Spiritual, Religious, and Faith-Based Practices in Chronicity

An Exploration of Mental Wellness in Global Context

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Chapter 6

Nourishing exchanges

Care, love, and chronicity in Lourdes

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6 Nourishing exchanges

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Introduction

The Marian Catholic pilgrimage site of Lourdes in South West France is renowned for its miraculous cures, whether one believes in their truth or not. The shrine's Medical Bureau is responsible for the identification and validation of these unexplained cures, which are then examined for their miraculous qualities by the local Bishop of Tarbes et Lourdes. Only when an inexplicable cure has been approved for its spiritual component can it be declared a miracle. The Bureau, with its roots in the *fin de siècle* height of Scientism, is focused on medical science. There is a logic in this pairing; modern medicine assumes conditions can be cured never to return. This allopathic belief is that pathological changes in body and mind result in health problems, the causes of which can be explained (diagnosed), and for which there will be some medicine, device, or operation that can alleviate or rid the person of the offending pathology (Dieppe, Roe and Warber 2015). This strategy has been spectacularly successful for many conditions, particularly acute diseases (e.g., appendicitis, heart attack, many types of infectious disease) but has not enjoyed the same success with many chronic diseases, the majority of mental health problems, or the highly prevalent general "dis-ease" and suffering amongst us. Moreover, even for acute disorders, the intervention of modern medicine will often leave people with chronic problems and suffering (Roberts et al. 2015). Despite a focus in the stories told about Lourdes on the acute cure, many of the pilgrims who go there have chronic conditions that cannot be "cured" per se. Seldom do the pilgrims expect a miracle; however, they are seeking care and relief. These qualities, we argue, are central to healing. For us, the potential in Lourdes in the twenty-first century is not about acute conditions needing a cure; it is instead an opportunity to understand how people with chronic conditions seek and often find healing through somatic, social, and sacred experiences. This chapter opens with two complex and contested binary oppositions for examination, namely healing versus curing and chronic medicine versus acute medicine. However, these binaries can only be temporary placeholders, a way of setting out the chapter's territory. Having argued that Lourdes can be distilled in such a way, we then complicate that oversimplification.

Acute and chronic: Healing versus curing

For cultural convenience, acute and chronic, healing and curing are binaries, typically placed far apart. The language, taxonomy, and bureaucracy of Western medicine drive much of this. They are, in fact, lived experiences in a fluid continuum and, at times, are encountered simultaneously. It is helpful then to think of acute and chronic states of health not as fixed, but sometimes separate, sometimes overlapping, always moving. For example, there are many relapsing and remitting conditions (such as multiple sclerosis) in which much of life is lived coping with chronic, perhaps minor problems, interspersed with “flares” demanding acute medical interventions. Acute conditions can often be cured while chronic conditions, in the vast majority of cases, cannot. Therefore, while being cured of an acute condition, a person can also be seeking relief from a chronic condition. Simple binaries are unhelpful here.

Chronic and non-communicable diseases and multi-morbidity are now the major health problems of the Western world (Bernell and Howard 2016; Chan 2011). We are living longer, which results in the development of a variety of chronic, age-related health problems that are incurable. In addition, many people describe mental health issues that are not easily delimited and boxed into convenient diagnostic categories. Chronicity is rising. But chronic physical and mental health problems cannot be thought of in the same simple terms of diagnosis and treatment that we use for acute health issues, the terms of reference that underpin modern Western medicine. There are often no obvious causes for chronic disorders, and no available interventions.

It is also important to acknowledge that the majority of older people have more than one chronic health problem; so-called “multi-morbidity” or “co-morbidity” contributes to the difficulty we have with the simple categorization of chronic health or mental health issues. Having several conditions is commonplace, particularly in an aging population. Yet, co-morbidity is seldom addressed in popular culture and is seen as an unwanted complication in the execution of medicine’s principal measure of validity, the randomized controlled trial. These trials only consider treatment for a single condition. Chronic health problems affect body/mind/soul together. They are hard to explain and hard for other people to understand (Goldingay 2018). People look to different ways of dealing with chronicity, such as in the case of Lourdes, religion, spirituality, and practices of pilgrimage.

Many of those who come to Lourdes, referred to as pilgrims, have a chronic illness or disease (Lourdes Sanctuary, n.d.). Those trying to help such people often assist them in finding ways of coping with their problems, allowing them to live fulfilling, flourishing lives despite physical, mental, and social difficulties. Pilgrims may hope for, but not expect, a miraculous cure of their condition. However, contrary to everyday cultural assumptions, you do not have to find a cure to gain help and relief; you can heal without being cured of your chronic disease (Waldrum 2013). Healing is a complex construct; it means different things in different languages and cultures. In English, the word can be used variably, as a verb, a noun, or an adjective. As authors, we think of healing as a positive

change towards a state of greater integration of mind/body/soul, as a journey, and as a process that leads to more harmony and wellness, as well as to our being able to function more fully, and to flourish (Dieppe et al. 2015; Rahtz, Warber and Dieppe 2019; Scott et al. 2017). We were interested to see if healing, thought of in this way, was something that might be promoted by visits to Lourdes. And importantly, rather than seeing pilgrimage as an activity entirely “set apart” in a sacred realm, with no relevance to the pilgrims’ quotidian lives, we asked how what is taking place in Lourdes could benefit the care of those with chronic conditions of various kinds.

From here, we focus on the relationship between healing and chronicity to highlight the necessary centrality to this discussion of the “whole-person” who changes over time within shifting communities and contexts. For us, these contexts are the totality of the immersive interpretative material and ephemeral experiences and beliefs from which people make meaning of their lives. They are, broadly, but not exclusively, a web of things, material and immaterial, such as people, places, practices, beliefs, memories, and expectations (Dieppe 2016; Greville-Harris and Dieppe 2015; Goldingay 2018).

From this conceptual framework, we examined the experiences of people visiting, volunteering, or working in Lourdes. Our interest was not in miraculous cures, the rare phenomena for which Lourdes is popularly known (Duffin 2014; François et al. 2014). Instead, we took a holistic approach to explore the more generalized day-to-day benefits people experience in Lourdes by considering the relationships between individual and collective, social and devotional practices in a complex “therapeutic” landscape. Lived religious or spiritual experiences are intensely contested, and we are not suggesting that pilgrimage to Lourdes is universally or uniformly beneficial to those who experience it. Without denying this complexity, the work within this chapter has a primarily positive focus. This decision to emphasize a strengths-based or beneficial perspective was further underpinned by our work on the relationship of context interpretation and healing to placebo and nocebo responses (Dieppe et al. 2014a, 2014b, 2016; Greville-Harris and Dieppe 2015).

Healing, both somatic and social, is a common term in pilgrimage studies¹ but is seldom defined (Eade 2018; Gesler 1996; Harris 2013), and, increasingly, reference is being made to wellness and well-being (Courtney 2013). Here, we set out to offer a working definition of healing as a journey with a positive trajectory enabled by a whole-person interpretive response to and within a context. Below, we provide a background to Lourdes, our ontological and epistemological positions, and describe what we found on our field research at Lourdes. Underpinned by a phenomenological frame, we also identify a nexus of beneficial factors that enable the healing process, synthesized into a novel framework of analysis, “nourishing exchanges,” used to examine our findings.

Lourdes and the Bureau (colloquially known as the Office of Miracles)

Lourdes is a Roman Catholic, Marian pilgrimage site, a shrine developed as a sanctuary for healing following a series of apparitions of the Virgin Mary seen by

Bernadette Soubirous in 1858. These visions subsequently gave rise to the creation of a distinctly modernist shrine that was directly influenced by late-nineteenth-century innovations, including railways, advertising, mass production and, importantly, the contested relationship of medicine and science (Kaufman 2005; Harris 1999). This modern foundation underpins much of Lourdes' religious life during the current April to September pilgrimage season. Daily, weekly, and festival-centered practices shape it. Its activities are open to tourists, individual pilgrims, and those travelling in large groups; cohorts of two thousand or more are common. These large groups come annually to spend about a week together as a diocese (Lourdes Sanctuary, n.d.). They bring their medical support staff, volunteers, and priests to supplement the emergency assistance provided by the resident doctors, nurses, and clergy in Lourdes. While in our work we spoke to tourists and small groups of pilgrims (typically families), the focus of this chapter is three large groups described below. To understand how miracles are the framework of possibility upon which the healing infrastructure of Lourdes is built, it is helpful to consider not the miracles themselves but their codification by the Office of Medical Observations, or "the Bureau."

Established in 1883 to examine reported cures, the Bureau applies to the question of miracles a series of clinical criteria with a methodology increasingly refined over its history. It has investigated more than seven thousand cases of an inexplicable cure, seventy of which have been deemed miraculous by the local Bishop. It is worth noting that this measurement and ratification of unexplained cures only addresses those reported to and authorized by the Medical Bureau: many more pilgrims and tourists report experiencing a "benefit" from being in Lourdes that is not recorded. These are termed, by some, "mini-miracles" (Higgins and Hamilton 2016) or "minor miracles" (Harris 2013). Within the formal system, if a pilgrim believes they have benefited from an exceptional cure and wish to bear witness to this, they approach the Bureau des Constatations Médicales (Office of Medical Observations) to make a declaration. The Bureau is separate from, but works for, the Church and is overseen by the Bishop of Tarbes et Lourdes (Lourdes Sanctuary, n.d.).² In 1862, the Bishop declared the first seven miracles. By then, in addition to the cures of the body, his criteria were the reliability of the seer and the spiritual fruits of the miracle. Here, regardless of the extraordinary nature of the scientific evidence, medicine yields to religion. Throughout our work, like many others, we have found the interrelationship of medical science and religion in Lourdes to be complex but fruitful (Spirituality and Health, n.d.). A point of continued reflection during our research was the pilgrims' ease in combining these realms through their daily lived experience. In contrast, for academics, medicine and religion typically exist in separate discourses, worlds, buildings, and often campuses.

The Bureau's formalized system of registering and testing exceptional cures limits those who declare their healing experience and therefore which cases become part of the "authorized discourse." In its measurement methods, not its understanding of and engagement with people, the Bureau is only concerned with the body, not the mind. And, with its allopathic underpinning, its focus is more

acute than chronic. Yet, much of the “benefit” we encountered was a generalized sense of increased, and often incremental, mental, emotional, and spiritual wellness. Symptomatic relief, such as reductions in chronic pain or anxiety, in the absence of any major change in any underlying pathology, appear to be common results of visits to Lourdes. These generalized benefits were acknowledged by the Bureau’s staff who often described these phenomena as “the real miracle of Lourdes.” The Bureau’s doors are open to all; however, it is not universally known or accessible. Therefore, of Lourdes’ reported six million annual visitors, those who present their healing experience at the Bureau are limited in several ways: people who know of its existence and that it is possible to register a cure; those who know how to access the Bureau; those who could, or would, want to describe their experience to a stranger; those who want their experience recorded; and importantly, those who believe in the idea of the exceptional cure as a sign of faith. Although miraculous cures seem like metaphysical anomalies beyond measure, the structures put in place at Lourdes to capture and, perhaps, limit them are in many ways constraining to our more productive understanding of how people benefit from their time there. To only speak of official miracles is to deny the site’s potential to facilitate non-miraculous healing.

To some extent, therefore, the power of the Lourdes’ miracle is controlled by medicine. This process of attributing scientific credence to the benefits experienced by pilgrims is central to Lourdes’ broader narrative, namely the power of science to prove the miraculous in the modern world. While we recognize that the polemics of science and religion continue, we saw in the activities of the town and the temporary communities who go there a holism. While some of the infrastructures might separate physical and mental health from spiritual and community well-being, we experienced a rich integration of these worlds amongst the pilgrims we met and interviewed. This holistic integration of worldview is central to our concept of nourishing exchanges.

Research objectives and methods

The research team

The authors of this chapter comprise an international, transdisciplinary team with expertise in biomedicine, complementary medicine, human health, social science, and the humanities. All four authors work in academia, each pursuing somewhat different goals but with shared interests in lived human experience, humanity, healing, and wellness. While working mainly within a medical framework, two of the team members have a broader knowledge of other literatures and practices, and we all remain open to different ways of thinking about the world; we are pluralistic and combine systemic approaches with reductionist materialism.

Our team’s strengths involve the proactive consideration of researcher positioning and careful examination of our cultural beliefs along with a sensitive exploration of best practice in the studying and representing the religious “near” and “other” (Albera and Eade, 2019; Asad 1986, 2009; Geertz 1974,

1988; Eade and Albera, 2015; Hufford 1993, 1995; McCarthy Brown 1999). SG and PD had visited Lourdes previously to study pain relief there (Goldingay 2010; Goldingay et al. 2014a) and had become fascinated by stories they heard of people having life-changing experiences rather than the miraculous cures of disease (Agnew 2019; Harris 2013; Higgins and Hamilton 2019). They then teamed up with SW and ER to submit a successful research grant application to the Institution of Public Utility (Fundacao BIAL)³ to explore these observations further. Ethical approval was granted by the ethics committee of the College of Humanities, University of Exeter (19-04-2017). Funded by the BIAL Foundation in the summer of 2017, all four authors went to Lourdes for eight days to better understand people's experiences at Lourdes and how they support individual journeys of wellness and healing.

Methodology

Our overarching methodological framework was phenomenology (Maso 2001; Moustakas 1994; Van Manen 2016). We used qualitative methods that we have used previously in our work on healing (Rahtz et al. 2019). These include recorded, in-depth interviews (n=33 people), focus groups (n=10 pairs or groups), and pictorial representations of what people thought was happening to them in Lourdes (n=19 pictures). Seventy-two percent of the participants were women. Participants were aged between 15 and 87. Forty-one percent were under 25 years old, and 19% were over 75 years old, with an even spread of ages between these two groups.

In addition to the interviews, which included both verbal and drawn responses using a range of ethnographic modes including sensory, visual, organizational, and auto-ethnographic, each of us did a large amount of ethnographic work (Atkinson et al. 2001; Atkinson and Delamont 2010; Curtis and Curtis 2011; Given 2008; Lewis-Beck et al. 2004; Madden 2017; O'Reilly 2009; Pink 2015; Salkind 2010; van Donge 2006). This fieldwork included immersion in the Lourdes rituals, observation of others attending them, and taking photographs of activities and notable sights. Before, during, and after our time in Lourdes, individually and collectively, we reflexively considered our positioning as researchers along with our findings. Staying together in the same hotel enabled extensive discussions about our methods and findings each day. As much of the fieldwork was undertaken by each of us alone, rather than as a group, we found this approach challenging and informative, illuminating and enriching. Subsequently, we undertook a thematic analysis of our findings, to be reported elsewhere (Rahtz et al., in submission). As we write, we have had further group discussions about these findings, along with photographs and pictures drawn by participants. What follows is a phenomenological analysis informed by our thematic analysis and ethnographic work.

Spiritual and noetic experiences

Previous research trips led us to believe that many pilgrims to Lourdes come for reasons other than a miraculous cure, and people we spoke to had described

profound spiritual experiences resulting in relief from chronic pain (Goldingay et al. 2014a). We found the concept of the noetic to be central to this. We acknowledge the important work in psychological research and studies concerning “meaning in life,” perhaps best defined by the SONG test, “Seeking of Noetic Goals” (Garcia-Alandete et al. 2020). Our approach is more closely aligned to Husserl’s phenomenological understanding of the noetic (2018; 2019) and James’ definition of “noetic quality” (1925), along with the emerging field of Noetic Science (Institute of Noetic Sciences, n.d.).

Derived from “gnosis” or knowledge, a “noetic experience” describes something special, profound, and associated with a sense of knowing about the Universe. It also includes being connected with the Universe and feeling part of something bigger than ourselves. While such experiences occur for many of us at some time in our lives, they are usually fleeting but can leave a profound mark on us. Their attribution depends on our world view, our ontology. Scholarship in pilgrimage studies has moved towards holistic spirituality with its associated emphasis on well-being (Harris 2013). This holistic well-being was central to our understanding of our participants’ world view and associated contextual interpretation because it is a critical component in healing. Our prior belief was that many visitors to Lourdes would have a noetic experience. We also thought that they might interpret their experience in an ontological way, and that finding a clearer sense of meaning would help them on their journeys to improved physical, mental, and spiritual health and well-being, in other words, to help them heal (Rahtz et al. 2017). Nourishing exchanges, as we will explain, are valuable in this healing process.

Participants

Everyone we spoke to self-identified as a “pilgrim” rather than a “tourist.” These self-identified roles are not a fixed, clean-cut matter of being either a pilgrim or a tourist but rather markers of behavior; most tourists visit for a day or two to experience the spectacle of Lourdes as secular observers, but while there, they typically engage in a “spiritual activity” such as the candle-lit procession, which is part of the regular sacred activities in the Domain. Pilgrims travel to the site as a practice of sacred journeying, but they too enjoy shopping, tasting the local food, and travelling outside the shrine to places of interest. In the large pilgrimage groups, taking part in “secular” activities with their fellow group members like fancy dress competitions and talent shows are part of the weekly schedule each year and are relished as part of the pleasure and tradition of the diocese. Beyond this, it was not always possible, or indeed useful, to distinguish between “*malades*/assisted pilgrims” and other pilgrims. To do so would have reaffirmed the inaccurate assumption that “the well” aid “the sick.” Many people who travel to assist others have long-term conditions themselves, and many people who require daily medical care as part of their pilgrimage provide significant care and support for others. Below, we problematize this issue further. Within the groups’ categorization of pilgrims were people described collectively as “assisted pilgrims/*maladies*,” medical volunteers, other volunteers, clergy, and family

members. While the large pilgrimage groups we worked with were led and facilitated by Catholic Diocese and the vast majority of pilgrims are Catholic, it is essential to note that all faith is a lived and personal experience that should not be generalized.

Using pseudonyms, we offer extracts from those interviewed here for analysis. When in Lourdes, we chose to not try to label our informants according to what health problems they might want to disclose to us. We saw people who told us they were living with cancers, chronic neurological issues (e.g., the consequences of strokes), renal failure, cardiac failure, arthritis, and compromised sight and hearing. Some told us about living with more than one chronic condition. Some of our respondents would probably be labelled as having mental health disorders by conventional Western medicine, but in our experience such terminology was not used in Lourdes. People spoke of crises of faith, loss of spirituality, and emotional distress rather than mental health problems. But both their and our emphasis was on living a good life despite physical, mental, or spiritual issues, and the value of Lourdes to them on their healing journeys (Scott et al. 2017).

Locations of our research and pilgrimage groups

Our work took place in several locations within the town: three within The Domain (e.g., the Grotto, the procession way, and the Medical Bureau), and multiple locations outside (e.g., hotels, chapels, the riverside, and the Accueil Saint-Frai). Colloquially known as “the Domain” the Sanctuary of Our Lady of Lourdes is fifty-one hectares of carefully managed land that encloses the Grotto site of Saint Bernadette’s apparitions. This fenced enclosure includes much of the explicitly medical infrastructure of the town, the Bureau described above and the Accueil Notre Dame, which opened in 1997. There are two Accueils in Lourdes, Notre Dame inside the Domain and Marie Saint-Frai, just outside. It was here, at the Saint-Frai, that we conducted some of our fieldwork and interviews. The Accueils are specialist buildings for pilgrims who have demanding medical needs. Their architecture, structures, and staffing are redolent of a small cluster of hospital wards. They are spread across six floors over two wings, with a refectory and social spaces, and each week one of these wings, or even a whole level, is taken over by a large pilgrimage group. Much of our work was with the Westminster Pilgrimage from London, England who took over a floor of the Accueil Marie Saint-Frai for their annual pilgrimage, from the 21st to the 27th of July 2017. We also worked with a group of pilgrims who had come from Malta, and with the two doctors who travelled with them, as well as the English-based Order of Malta Volunteers (OMV), each of whom used the Accueil for their sickest pilgrims. The majority of the other pilgrims who do not have demanding medical needs but who need help with their basic care and to facilitate travel stay together in large hotels with their supporting volunteers, again taking over entire floors or buildings. These large pilgrimage communities come together for Mass, prayer, processions, outings, and entertainment, and we joined them in many of these activities. Elsewhere we have spoken about the importance of community

and connectivity to the process of healing (Goldingay et al. 2014a; Goldingay et al. 2014b). And within these well-functioning communities, a number of elements come together to create the nexus of a nourishing exchange.

Research findings: Nourishing exchanges

In our findings we foreground particular attributes that we think facilitate healing along with a sense of community and belonging, namely, 1) equality as nourishment, which includes a recognition of the importance of feeling safe, 2) compassion, loving hospitality, and the rejection of cultural norms (medical, spiritual, and societal), and 3) valuing of self-care and appreciation. These attributes add nuance to Gesler's observation that "[h]ealing takes place at Lourdes because the site is a focus for meaning" created by cultural expectation (1996, 104). Place holds open a space where meaning can be made, but as we have described elsewhere, meaning-making in response to cultural expectation can both enable and retard healing (Dieppe et al. 2016; Moerman 2012). As our participant Kevin (male, volunteer, 24) explained, Lourdes is more than a site:

It's a community whereby people feel they can come here, and they can express their worries. So, it's a place where they feel at peace whether that's if they're sick, or if they just simply want some time to reflect with their faith. And, they allow you to be with them as well so you actually get the experience from that as well.

Place, however, is not the whole story. Narrative also matters. Community matters. Sharing time with others matters. We thus illustrate that the activation of these qualities by people in nourishing exchanges brings about positive benefits, especially to those with chronic conditions that cannot be cured who find healing relief and improved daily wellness through the currency and exchange of care and love. We also observe that these qualities are transferable to the quotidian world and offer a means to better harness and value the excellent care work that is already taking place in a time of chronicity.

Equality as nourishment

In Lourdes, since its inception, collectively sick pilgrims have been termed *malades*. While the term *des malades* is difficult for politically reconstructed ears, within the vernacular of The Domain it is unproblematic and as acceptable as *Brancadier*, the name for male volunteers, or the similarly complex term for female volunteers, "Hand Maiden." And, as we will see below, this is not because it is ignored as a non-issue, but rather, because in a place of necessary equality, collective nouns are more often than not a means of shared identification; they are a matter of pride, rather than a tool for objectification.

All the large pilgrimages, for example, strongly identify with their group, and this is something that is supported by the common clothing they wear, which is

often national dress or traditional to their region. It is worth noting that groups such as the OMV have taken the explicit decision to call their pilgrims with special needs, “Guests,” and the Westminster Diocese “Assisted Pilgrims.” This decision is, in formal, policy-driven language, a clear indication of the informal ways that disability and infirmity are valorized and celebrated at the shrine. In our previous work, we noted that in Lourdes social power structures are inverted and the *malades*, who are often hidden away when the pilgrims return home, are celebrated (Goldingay et al. 2014a). This power inversion is indicative of how the *malades* are perceived more widely in Lourdes; others have noted that “for the week they were VIPs. They were special, they were the whole reason the place existed” (Lille 2005, 238).

In our latest research, we have also noted there were two ideas worthy of further nuance. First, like many visiting Lourdes for the first time, we may have thought the daily, public processing of people in wheelchairs to be exploitative and mawkish. From the outside looking superficially in, it would be reasonable to see the processions as a matter of objectification. But as observers, participants, and interviewers, we found that this shared celebration of humanity, a public performance of community, is central to establishing the conditions by which healing might take place. The complexity of how ill and disabled people are limited by dominant narratives of difference, tragedy, and loss is ably discussed in the work of Petra Kupperts (2003) and Kupperts and Marcus (2008).

Susan (female, *malade*, 81), who has visited Lourdes many times for what she called “spiritual refreshment” commented as follows:

I feel I belong to a huge community and together we venerate Mary. That is what I feel. The pleasure of being a part of such a big community, and of hearing the “Ave, Ave” of the candlelight procession.

The experience of being understood of equal value to another is central to nourishing exchanges as vehicles for healing (Greville-Harris and Dieppe 2015). This ethos was also reflected through the views shared with us by the *malades* we spoke with, and with the rhetoric shared by group leaders in the briefings and worship we observed. There is something vital here, the potential of Lourdes as a model of equality. And, this equality was not only evident in the valorization of the *malades*. It was also apparent in the importance placed on community. There was a prevailing ethos that to be in community is to care for one another reciprocally. To be in a well-functioning community, therefore, is to be in a perpetual nourishing exchange of care and love that enables healing.

This reciprocal exchange enabled by equality moves beyond a trite neoliberal rejection of altruism, where someone “does good” as an instrumental expression of power and gives to a person whom they perceive to be weaker or with a greater need (Agrawal 2001). It also moves beyond a presumption that universally The Church or The Faithful are exploitative or exploited. This beneficial environment is about a series of mutually nourishing exchanges repeated throughout the long course of the pilgrimage from the early moments of planning and fundraising to

the friendships that continue after the pilgrims return home. There is a sense of equality and reciprocal understanding from which, through mutual care given by both the *malades* and volunteers, everyone benefits. Beyond this complexity, there is, as John shared, a simplicity to the pilgrimage that shifts pilgrims into a state where they can step aside from their everyday lives and surrender space and time to giving and receiving nourishment:

It's a very simple way of block booking a week or two where I can just come and give back without agenda, without an ulterior motive. It's very, very, very simple (laughs).

What John alludes to here is a freedom, afforded by Lourdes structures, to be released from the social expectations of a complex home life and to find space for different kinds of relationships where nourishment is central. As Lewis Hyde (2019, 52) notes, the gift economy can only function if there is an equality between giver and recipient. He explains, "a gift that has the power to change us awakens a part of the soul [...] but we cannot receive the gift until we meet it as an equal." Equality in a nourishing exchange is not a linear process but a matter of giving and receiving. Nourishing exchanges are part of an extended, circular process built on equality and certainly, in part, a sense of being part of something larger than yourself, social, temporal, or spiritual.

Prosocial behavior: Reciprocity, altruism, and beneficence

Prosocial behavior was important to our respondents, who often came on several occasions in groups to share the Lourdes experience. As Marta (female, *malade*, 53) explained:

I have come with my children as a family outing in the past, rather than with a group like this, and it is a completely different experience. It is much more valuable if you come with a group, because people get to know each other, and they share, and work together and help each other, it is much better.

Furthermore, we heard of many examples of pilgrims helping each other. Joan (female, *malade*, 72) who has had a stroke said:

Yesterday I was talking to this man in our group, and told him about my troubles, and he said something that I really understood, and it made me look upon myself differently, he told me not to fight the problem, but to accept it and work with it, and that way I would get better. And that has changed everything, I see now that I have been approaching this in the wrong way, that I need to accept and be grateful for what I still have, rather than railing against what I have lost.

Significant research exists on the topic of prosocial behavior, it is important in evolutionary biology, anthropology, and economics. In the Social Sciences, it is

underpinned by the work of Durkheim, Mauss, and Bordieu (Blogowska et al. 2013; Norenzayan et al. 2016; Penner et al. 2005; Simpson and Willer 2007). Much of the literature explores the motivation for reciprocity and assumes that, while you might give away your resources for no benefit now, you expect compensation later. This “tit-for-tat” is termed “reciprocal altruism” (Marsh 2016). It assumes both parties share an objective equality in their perception of materials or time exchanged. In Lourdes, it is not reasonable to assume that people see the same value in things and experiences. For example, the Domain operates in six languages, and what is being shared is often ephemeral and immediately rewarding, for example, eye contact, a smile, assistance from strangers. This process is not then about reciprocal altruism. What we saw taking place in the daily exchanges between the volunteers and the *malades* was not done with an expectation of repayment.⁴ We also considered the common Christian trope of self-sacrifice, where you give now so that you might be rewarded later in heaven. While important in Christian dogma and personal belief, the causal relationship of being in service to another to receive heavenly reward was not expressed by any of our participants. Many volunteers who were travelling in service spoke explicitly of the benefits they experienced in caring for another without expectation of a specified reward.

Nor is this straightforward altruism. Altruism places one person in a position of power to “do good” for another – even if that other person has not been consulted or can communicate their needs. Medicine offers a helpful way to unpack this prosocial complexity which can be a problematic issue. For example, in the U.K. in 2005, following the discovery that a doctor (Harold Shipman) had murdered some of his patients, the Royal College of Physicians rejected medical altruism as problematic because “it is the claim of altruism that allows the medical profession to claim moral superiority” (Royal College of Physicians 2005). Medical ethics has been dominated, instead, by the concept of beneficence (acting in the patient’s best interest/duty of care), alongside the other principles of patient autonomy, justice, and non-maleficence (not doing harm) (Gillon 1994).

While we recognized this ethos of beneficence in many of the Lourdes’ interactions, a problem remains, namely the underpinning sociocultural dynamic remains where the powerful (e.g., the medical expert, the priest, the young, fit volunteer) aid the weak, the *malades*. And while this dynamic does of course exist, we found that this phenomenon was perceived by the external observer rather than the people involved in the prosocial interaction. Therefore, our understanding is that in Lourdes, this prosocial behavior is not an exchange (doing a single action in order to be rewarded later) but more a matter of “gift-giving” within the social and cultural context of a “gift economy.”

Care, love, and the possibility of a deep-gift economy

The most interesting work in the field of the gift economy has come out of scholarship exploring gender and economic inequality (Cheal 2017; Mauss 1990; Simpson and Willer 2007). In pilgrimage studies, too, the importance of anglophone, political-

economic processes are coming to the fore (Coleman and Eade 2018; Eade 2020). As with many things in Lourdes, this ethos of gift-giving bypasses the dominant assumptions of a capitalist economy: categorization and qualification, competition and measurement, scarcity and self-interest. The exchanges we observed were not “tit-for-tat;” there was deeper nurturance at work.

After an early discussion about our planned research with one of the medical staff working with the *malades*, author PD noted:

She also said that she thought that many of their group would benefit from sharing things about their visits with us, and that taking part in our research could be an additional beneficial part of their pilgrimage.

The currency of exchange we observed was one of care. Mutual care is central to all activities for these large pilgrimage groups. We would argue that the primary animating force underlying this exchange of care is love. In a refinement of the field of the gift economy, critic and writer Ronald Grimes speaks of the possibility of a deep-gift economy that undermines or suffuses “THE economy” (Grimes 2002). We see this as central to Lourdes’ potential as a model of care in a time of chronicity. Grimes argues that to live in the twenty-first century is “a dialectical dance” with the planet and all its inhabitants. We term the manifestation of Grimes’ global dialectical dance that we observed in Lourdes a nourishing exchange. From a deep-gifting perspective, these exchanges are not about an objective reward but rather about the mutual benefit received in nourishing one another. Perhaps the Lourdes’ “mini-miracle” then is a dialectical dance of nourishing exchange that suffuses behaviors foregrounded by the economy and its associated cultural norms. As poet Gary Snyder (2007) explains, “the real heart of a gift economy [is] an economy that would save, not devour, the world” (34). While Lourdes is, of course, imperfect, and not universally beneficial, the activities there bring significant benefit to many pilgrims. In a time of chronicity, where cures are not available, the possibility of the nourishing care we saw in Lourdes offers a rich locus of potential.

Loving hospitality and care

After attending one of the regular social events for priests, doctors, and nurses, held in the Medical Bureau, SG made the following note:

The tiny room was packed with people passing cups over each other’s heads, laughing, and waving as new people squeezed in from the overflow that took the party into the corridor. I was chatting with a Phillipino nurse from an Islamic family who was travelling with the London pilgrimage. “I love it,” she said. “We work hard. But we play harder. It sets me up for the rest of the year.”

While its focus is the *malades*, the Bureau facilitates and nurtures the registration and collaboration of health care professionals who visit Lourdes as volunteers. Anyone can register, whether they are travelling as part of a group or as

individuals. During this research trip, we were based in the Bureau where we observed two important factors enabling nourishing exchanges, namely collegiate collaboration along with hospitality and care.

The intimate interactions of staff with visitors, the worship in the Bureau's chapel, and end of day socials, all of which we observed and participated in, created important collaborative spaces for health care practitioners. They were from a dynamic variety of fields, trainings, nations, and spoken languages. People valued the opportunity to meet in a supportive environment to share experiences and facilitate support in a compassionate and safe setting that promotes openness. Compassion enabling professional transparency and vulnerability is a quality we have noted elsewhere in the work of health care professionals volunteering in the Baths in Lourdes (Goldingay 2010; Goldingay et al. 2014a). The Bureau's Director, Dr. Alessandro de Franciscis, a Harvard-trained physician and Naples-born former politician, sets this nourishing tone. While each large pilgrimage group has their approach and tradition, the Bureau echoes, or perhaps enables, an ethos of loving support that we found in all of the pilgrimages we encountered. We note it because it is indicative of the importance of care, deep-listening, and gifting, which we found to be common practice within these large pilgrimage groups. Kevin explained the importance of "togetherness" and "bonding" with strangers:

I find that even people that are struggling with their faith, or you know not even the Catholic belief, there's almost like a togetherness, a bonding between people from all over the world. You see different pilgrimages and different religions and different languages come together, and it's a real sense of community, which I really love.

This context is indicative of the importance of care, deep-listening, and gifting which we found to be common practice within these large pilgrimage groups.

Both the idea and experience of community are felt intensely during the pilgrimage. It then takes on a different form as pilgrims return home. The Bureau's care of this transient community extends beyond the actual pilgrimage time in Lourdes, with remote support available during preparations to travel for the Directors of Medicine for each pilgrimage, and a quarterly in-house journal, *Fons Vitae*, circulated to its forty thousand international professional members. There is a commonality in two critical areas of life for those who interact with the Bureau, medicine, and religion: the vast majority of those registered are Roman Catholic. Both medicine and religion therefore provide a framework of commonality and community that transcends the limits of spoken language, culture, or geography, thereby fostering a sense of collective purpose. We observed that, because the interactions were taking place across nationality and areas of health care specialization, the focus and professional dialogue was not siloed into the minutiae of developments in specific fields. Instead, it fell into the commonly shared area of interest, patient care, conviviality, and compassion. These, coupled with equality, enable nourishing exchanges.

Assumptions about care and medicine

While spending time in the Accueil Saint-Frai, SG made the following note:

Kneeling by the wheelchair, the volunteer asked for help, looking worried about the distress of the person they were with. And there it was again from the Medical Team Lead. No words. Eye contact. Smile. Walk over. A guiding hand. A nod. Another smile. The calm care of a low-tech, high-touch environment. No need to shout instructions across the ward. No machine going ping. Kind laughter echoing from the corridor. Distress eased, not amplified.

Lourdes is a shrine for the sick.⁵ This purpose is supported by the town's infrastructure of hotels and restaurants, besides its religious center, that facilitates the movement of thousands of wheelchairs to the daily activities in "an economy of caring exchange" (Goldingay et al. 2014b), akin to Higgins and Hamilton's (2019) conception of a "therapeutic servicescape." This sympathetic collaboration between the care needs of the pilgrims, the operational needs of the Domain's infrastructure, and the socio-economic needs of the town might appear tangential to healing. It is, however, this complex network of long-established relationships and collaboration that provides the rich locus of potential for nourishing exchanges. These ephemeral structures are easy to dismiss. Yet, they enable and nourish care. For people with chronic health needs, a cure is not always available, but care is.

As we have explored elsewhere, Lourdes ethos is underpinned by the beneficial practices of deep-listening, attentive and well-intentioned care, along with a low-tech, high-touch environment (Goldingay 2010, Goldingay et al. 2014a). These qualities both construct and are an expression of the operational norms of Lourdes. Progress in medical technology is not a driving force. And while some may see this as detrimental, the people we spoke with valued this person-centered, calm kindness of care. Moreover, the potential of Lourdes' low-tech, high-touch environment as a training ground for developing high-quality patient care is well-established.⁶ In our experience, healthcare in our modern hospitals and communities is often routine and somewhat "soulless," being dominated at times by protocols and bureaucracy. Palliative care stands out as something of an exception. The very fact that the patients are dying, and the recognition that medical science cannot cure the problem, frees up the carer to work within a spiritual, caring ethos, rather than a goal-driven one that is searching for a materialistic solution. As Lille (2005, 239), in a case study exploring the practice of pilgrimage, concluded, her participants identified the reasons for accompanying pilgrims to Lourdes because they:

closely reflect the aims of palliative care [...] enabling patient choice and respecting patient autonomy [...] provision of spiritual care [coupled with] benefits that are not readily available within a hospice setting [...] the experience of communitas, of belonging and friendship, which formed during the pilgrimage and chance of a holiday.

Lourdes provides a model of healing that is freed from medical buildings and infrastructure; it is instead built on nourishing exchanges that exist in the experience of people facilitated by a convivial, caring environment of equality and safety. This sense of safety, equity, and care was central to another aspect of nourishing exchange, namely nourishing the self.

Assumptions about self-care

What I found at the grotto was pure – err – silence in the sense [...] that someone, and that probably is Mary – is there with us, based on the fact that it's so still, and it's so peaceful, and you almost feel like if you have anything that you need to get off your chest and explain that's the place where, you know, someone is watching and someone is saying it's going to be all right.

(Kevin, male 24)

It would be reasonable to expect that in a community orientated towards care for another that self-care would be rare, especially one that is Christian, where narratives of self-sacrifice are common. However, we found that self-care remains an important factor in the nourishing exchanges. While mental health is not part of the popular medico-miraculous narrative of Lourdes, many of our participants noted an increase in mental wellness and feelings of appreciation. As Sharon (female, 35) explained,

I am an amputee, I have lost my right leg to cancer, so travelling is a bit limited, so my very first trip after my treatment in the U.K. was Lourdes. So, it is something that helps. It fills me, so during the year if my battery is running low and I have to refill it (laughs). It makes me live, it is a place that really and truly adds life, a lot. And I feel I can really relate with the heavens above. I know that God is everywhere, but being here gives me some very good me time [...] quality time with God.

She describes how her self-care, her “me time,” is entwined with quality time with God and that a nourishing relationship both with Lourdes and the divine “adds life, a lot.” As another participant succinctly expressed, “The craziness of the rest of the world keeps going, but whilst I’m here it’s yes, you’re content with what you’re doing.” Participants’ narratives about self-care focused on two primary sources: times of quiet reflection afforded by the religious infrastructure in the town and the wider landscape, and, as with Sharon above, a stronger connection to a sense of the divine.

There are two points worth noting here. First, the volunteers’ schedules, published in the large pilgrimage groups’ handbooks, are relentless – in particular, if the assisted pilgrim volunteer is working with needs assistance with personal care, like dressing. 5:30 am team briefings and prayers are common. Second, although the days start early, Lourdes has a vibrant nightlife, and the

bars are full of pilgrims until the early hours. Each large pilgrimage group “adopts” a bar for the duration of their trip. “Feeling knackered” is common (Kevin, male, 24). We were surprised then that individuals choosing to set time aside for personal reflection, quietude, and self-care was frequently referred to as part of pilgrims’ beneficial experience.

The Grotto is the site of Saint Bernadette’s apparitions and is the sacred center of Lourdes. While it is in the busy heart of the Domain during the day, Mass is conducted here in the open air throughout the day and pilgrims sit in silence to pray and contemplate. Many volunteers we spoke with described going to the Grotto after leaving bars and restaurants late into the night. In our interviews, the qualities attributed to therapeutic landscapes are in evidence, but beyond this, there is a nourishing exchange that facilitates a sense of personal centeredness, safety, and fortitude. As Kevin explained, this self-focused, nourishing exchange is built on deep-listening to the landscape and in it finding the divine’s presence and response:

The Grotto is shaped in the sense that the water runs down and you know, you can hear the river at the back behind you. It just feels like someone is there and someone is listening to you and then that’s always reassuring [...] Although, you’ve got all of the masses and you’ve got your life outside of Lourdes there’s a time when you can just say you know, I need somewhere to think and someone to just make sure that I’m okay. And, that’s what I think the Grotto gives you. It gives you a place of stillness and prayer where you can really try and look for a Mary and try and look for God and to allow them to just – [...] to feel that someone is listening to you. And, I’ve got enriched by that every year. I feel that the Grotto is the most special part, especially at night time [...] that’s when I feel that I’m most calm so I’m actually in touch with my faith then. And, also, I feel that with the stillness then that’s when I can feel much closer to God.

Kevin conveyed the ways that these nourishing exchanges with focal places in Lourdes can be single high-point noetic moments. Still, for him, it is a slow development over years with the river and the rocks and the stillness of the landscape.

Remaining with self-care while returning us to questions of equality, John explained that not all of the self-realizations in Lourdes are comfortable. However, through the process of spacious reflexivity and self-care afforded by the pilgrimage, he shared that there is a chance not only to recognize but also to try out “the best version of yourself” (Goldingay 2010). And, in so doing, recognize the ways you can reflect that positive change in quotidian life:

If you walk along any of the streets and look at the cafes and the hotels, you’re as likely to see someone who’s in an electric wheelchair than you are an able-bodied person having a cappuccino, having a beer, having a – whatever! And, [...] no one would bat an eyelid you know. No one would look twice at someone, anyone – whether they were in a stretcher, you

know – whatever [...]. They would think good for them [...] the situation we're in in the U.K. now where I feel that we push and we aim for an equal society, but even myself, I catch myself doing it. Someone is out in a bar in an evening in a wheelchair and having a good few [...].

We found this complex and thoughtful reflexivity seeking self-development expressed in many ways by several participants included realizations around being more patient, less self-centered, more compassionate.

Another aspect of self-care that participants noted was a quality of self-development emerging from their nourishing exchanges. As Kevin expressed:

In the U.K., I'm a police officer. So, obviously, I deal with different religions and different communities, and no matter what community I would deal with, being at Lourdes gives me an understanding of different people. So, like we've got people who are elderly and people who are sick. We've also got young people this year in terms of a new community and some with learning difficulties. And, I feel that it gives you patience. I feel that I'm a lot more patient coming back from Lourdes and it gives me a time where before I think I wouldn't necessarily have – be the best person to approach and I feel that it gives me time to reflect and to, you know, to understand people who are different. People come from different communities. People you know share different values. Lourdes, I think it makes you reflect on how you are as a person, I think. And, you know no one's perfect and I feel that people in Lourdes, they get a sense that they've done a good duty for the week and they want to instill that in their lives.

Individuals are nourished within these communities; this is in part enabled by collectivity and in part by the immersion in the actuality and imaginative landscape of Lourdes, its history, its symbology. The well-functioning community is made up of cared for individuals – and that care is in turn shared between self and others. Nourishing exchanges in Lourdes take many forms but share a common thread of a well-functioning community with an ethos of equality, simplicity, and commitment to each other and one's self. This may help explain why so many pilgrims come so often.

Conclusion

Seen from the outside, Lourdes is a place of complex dualities. At first glance, it belongs to a residual culture, one formed in the past yet still active in the present. In many ways, the outsider's understanding of the present now appears to be at odds with this past. Certain things seem out of place, an expression of something we have, as a society, now moved beyond. Superficially, Lourdes is explicitly Christian, Catholic, predominantly white, patriarchal, and hierarchical. Its landscape has been tamed, and the river formalized. It is built on old symbols and practices of medicine; such as white

coats and nurses' caps. It is, to all intents and purposes, anachronistic to our postmodern or late modern view. However, this is not its totality. There are paradoxes and complexity here too, hardly surprising in light of much scholarship discussing the incommensurability between the sceptic and the believer (MacIntyre 1964). While these complexities from a residual culture appear to be in opposition to the equality, safety, and ease necessary for nourishing exchanges to support healing, they become important in the intimate care taking place in these loving communities. We found much that is anachronous to being positive. This systemic understanding moves our work from the realms of empirical evidence to consider positive experiences, described by François et al. (2014) as, "anticipation and hope, belief and confidence, fervor and awe, meditation and exaltation, [...] compounded by the spiritual atmosphere of the place, ritual gestures, hymns, and prayers." And while we agree with their conclusions, we do not simply place these experiences together under "mental" effects (2014, 162). Instead, we argue that it is the unique, intersecting, and systemic combination of social, somatic, atmospheric, experiential, geographical, historical, intellectual, temporal, and spiritual elements that create an integrated system of nourishing exchange. And that system, experienced by each individual, enabled by a willing community, has the rich potential to bring about healing.

Healing here has the potential to be enabled by nourishing exchanges in four principal ways, namely, 1) a whole-person interpretative response is invited in relationship to a context, in this case, Lourdes, 2) the possibility of positive change and growth towards a state of greater integration of mind, body, and soul is supported, 3) a journey and a process that can lead to more harmony and wellness is being facilitated, 4) carers intend to help people to function more fully in their lives. Nourishing exchanges are beneficial for meaning-making in the context of chronic illness; they are enabled by prosocial behavior; they disrupt rather than reject social norms. Within nourishing exchanges, equality and feeling safe are possible; hospitality and care are central; love and appreciation are primary; intelligent self-awareness and reflexivity are fundamental.

Our conclusions about the key components in the nexus of beneficial factors that facilitate nourishing exchanges and thus healing in Lourdes is summarized in Table 6.1. Nourishing exchanges are a gift. Lourdes' "mini-miracles" occur in the dialectical dance between people and ideas, each other, sacred places, symbolism, themselves, and the Divine. By thinking about the process of gifting rather than the action of altruism or reciprocity, we might turn towards an ethical community where expectation is not a condition for treating someone as an end in itself, but rather a localized exchange that is nourishing and a catalyst for transformation, growth, and healing. It is then a matter of hope. And perhaps that is where the principle benefit of Lourdes lies, that in this immersive environment participants live a different version of their better selves; they are living in a state of reflection, appreciation, and hope, and in so doing enabling healing for themselves and others.

Table 6.1 The nexus of beneficial factors

Nourishing exchanges enable healing by:

- Facilitating a whole-person interpretative response to and within a context
- Enabling positive change and growth towards a state of greater integration of mind, body, and soul
- Supporting a journey and a process that leads to more harmony and well-being
- Helping people function more fully

Nourishing exchanges are beneficial nexuses of meaning-making:

- They are enabled by prosocial behavior
- They are expressions of a deep-gift economy
- They disrupt social norms

Essential attributes:

- Equality and feeling safe
 - Hospitality and care
 - Love and appreciation
 - Intelligent self-awareness and reflexivity
-

Notes

- 1 Pilgrimage Studies is a well-established international, transdisciplinary discourse examining the motivations for and experiences of sacred and secular pilgrimage. The *Ashgate Studies in Pilgrimage* series (www.routledge.com/Ashgate-Studies-in-Pilgrimage/book-series/APIILGRIM) and Centre for Pilgrimage Studies offer core resources (<https://pilgrimagestudies.ac.uk>).
- 2 The complexity of this process, as much social as scientific, is ably described in Ruth Harris's excellent book *Lourdes: Body and Spirit in a Secular Age* (1999).
- 3 The Fundacao BIAL supports research into what enables a healthy human being, both from the physical and spiritual point of view. It works particularly in fields largely still unexplored but which warrant further scientific analysis.
- 4 *Malades* is the Lourdes' collective term for pilgrims with health care needs. We will return to this complex idea in later sections.
- 5 Many religious traditions have shrines. They are places set apart as sacred, often marking an important location. They can be small, a simple altar for votive offerings, or large landscapes such as Lourdes. In many traditions they are dedicated to certain groups of people; in Lourdes the shrine is dedicated to the healing of the sick.
- 6 This is exemplified by Dr Anne Solari-Twadell's clinical placement programme at Loyola University's Marcella Niehoff School of Nursing.

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