

Pilgrimage and mental health: A qualitative study about motivation and well-being among religious and secular pilgrims



Paulus P. Blommaert^{1,2} & Arjan W. Braam^{2,3}
p.blommaert@propersona.nl

¹ Department of Flexible Assertive Community Treatment, Pro Persona Mental Health Care, Tiel, The Netherlands

² Department of Emergency Psychiatry, Department of Residency Training, Altrecht Mental Health Care, Utrecht, The Netherlands

³ Department of Humanist Chaplaincy Studies for a Plural Society, University of Humanistic Studies, Utrecht, The Netherlands

Background

As a phenomenon, pilgrimages belong to age-old ritual traditions. Also in contemporary times, millions of people engage in pilgrimages. From a theoretical perspective, the ritual of pilgrimage (even coined by C.G. Jung as ‘the archetype of pilgrimage’) may relate to self-reflection, e.g. to matters of identity and existential concerns, to obtaining help or healing, or to connect with the supernatural or numinous.

Research question

Whether and how could pilgrimage be meaningful to mental health or for people coping with a mental health vulnerability.

Method

Qualitative interviews, semi-structured, employing a topic-list, were held with individuals who had taken part in a religious pilgrimage (**Santiago de Compostella, SdC, N=4**) or in a secular pilgrimage (**Walk of Wisdom, N=4**; with additional observations by the first researcher). A thematic (deductive) analysis generated preliminary results.

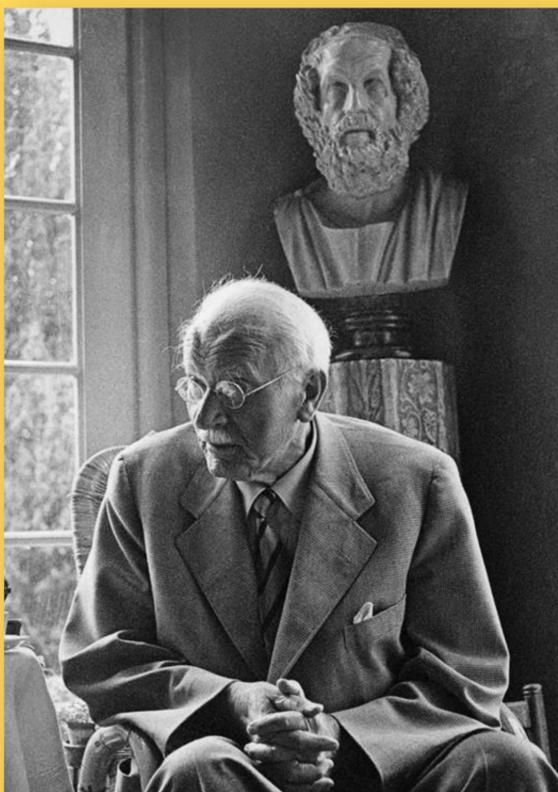
Results

Table 1 shows demographic characteristics of the **SdC** and **WoW** participants. SdC participants were substantially older. All had a partner relationships. In both groups, half of the participants worked or had worked as care-professional or coach. In each group, one participant had a history of mental health care.

Table 1. Characters participants WoW and SdC

	WoW	Santiago de C.
Total participants	4	4
Male : female	0 : 4	3 : 1
Mean age	47	72
Partner	4	4
Children	3	4
History in mental healthcare	1	1
Helping profession	2	3

Carl Gustav Jung (1875 – 1961)



Main themes (**Table 2**) included that pilgrimage had a **quest dimension**, pursued both **self-care** with respect to important interpersonal questions (e.g. a broken contact with mother), and **altruism** (listening to others). Furthermore, pilgrimage led to **transformation**, such as experiencing the ‘here-and-now’ and ‘letting-go’, emotional relief, contemplation, a sense of meaning and direction, as well as connection (social as well as religious).

Table 2. Themes from the qualitative, semi-structured, interviews classified in archetype characteristics

Code words	Archetype characteristics
Achievement	Inner growth and selfcare
Search	
Self	
Connection	Widening one’s personality or life-view
Altruism	
Selfcare	
Discover	
Be part of a greater whole	Transformation
Better focus in the present moment	
More fulfilment	
Emotional relief	
Increased role of religion during the pilgrimage	

Quotes from participants

About a pilgrim: “that is someone who is looking for himself. So, someone who walks for several days in a row, looking for the deeper layer in himself.”

“I found out that there are still things from the past that I would rather have ‘brushed up’. But the pilgrimage offers an opportunity for acceptance.”

About the role of religion: “(...) more in the end. There are also more rituals, such as the mass. Also being together (...) You have the same experience as many people; you feel togetherness.”

Discussion

The theoretical core-components of the archetype of pilgrimage seem to be supported by the data, such as (1) inner growth and self-care, (2) widening one’s personality or life-view, and (3) transformation. A therapeutic potential for those who have to cope with a mental health vulnerability is imaginable, with their possibility to experience a change in life (although the pathways to change need further modelling and investigation), the particular timing in a period of necessity, and promoting physical health.