

‘And the pain just disappeared into insignificance’: The healing response in Lourdes – Performance, psychology and caring

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Abstract

Three academic/practitioners from different disciplines (performance, medicine and psychology) describe the ways in which observing, and importantly, participating in the healing rituals of the French pilgrimage site of Lourdes challenged their ways of thinking about both their discipline’s research approaches and their understandings of community, caring and healing. By positioning themselves as both first-person and third-person researchers, they suggest that a new type of ‘trans-disciplinary’, longitudinal, reflexively sensitive methodology is needed in order to investigate activities involving groups of people and spiritual practices as a whole system in order to better understand how they can positively affect our innate healing response.

Introduction

Claire’s story

I was really poorly: I was on bed-rest. There was a lady sitting with me – just holding my hand because I was so poorly – and I just felt this warmth go over me [...] wash over me, and it just felt like I was being enveloped with it and just almost ... like ... being held. And it took over my body and I felt just complete calm and peace and the pain just disappeared into insignificance. (Interview with Claire, Accueil Notre-Dame, Lourdes, France, 2011)

The ‘it’ Claire is describing in this epigraph is a healing experience. The ‘here’ is the pilgrimage site of Lourdes in France (Harris, 1999). In this article we use Claire’s story, told to us from her bed in one of the hospitals close to the place where Saint Bernadette saw visions of the Virgin Mary in 1858, as a means of sharing our three different perspectives on how experience, spirituality, and culture combine to create the structures and processes that can enable a healing response like hers. ‘We’ are all both scholars and practitioners; an actor/performance studies specialist, an academic physician/health services researcher, and a writer/experimental psychologist. We have a shared aim of wanting to gain an improved understanding of the healing response. Our findings are shaped not only by the literatures and discourses

of our disciplines, but also by our experience as practitioners where human-to-human interactions are at the heart of what we do. We combine our perspectives and approaches, underpinned with knowledge from the disciplines of performance, medicine and psychology, to develop new trans-disciplinary methods – methods that should help us understand how spiritually shaped cultural practices generate experiences that can bring about a healing response.

Before describing Lourdes, its process, and practices to contextualize our research, it is important to first set out what we mean by the ‘healing response’ thereby giving direction and purpose to our study.

The ‘healing response’

The word ‘healing’ is used in different ways. We believe that a ‘healing response’ is the activation of the natural ability of the body, mind and soul of a person to regain balance and congruence after a period of disturbance or disruption (Dieppe et al., 2014). Just as we are all hard-wired for nurturing and caring for others, we all have the intrinsic ability to self-heal from many conditions, to regain the homeostasis that all living organisms seek (Fábrega, 1997). In the medical literature the term healing is used largely to describe bodily healing alone (the healing of wounds or the repair of a fracture), but in the complementary and alternative medicine (CAM), lay and healing literatures it has a much wider meaning, being used to describe wholeness, and the integration

of body, mind and spirit (Churchill & Schenck, 2008; Egnew, 2005; Kermayer, 2004; Scott et al., 2008). Our trans-disciplinary practice facilitates an engagement with this wider meaning (Bates et al., 2013; Brodzinski, 2010; Goldingay, 2012). We believe that it can be mediated by a whole-person engagement with complex sociocultural practices, made meaningful through pre-existing knowledges and beliefs, which enable a healing response through a healing experience.

In the opening, we described Claire's experience as just that, a 'healing experience'. For many in established medicine, dominated by an empiricist paradigm, experiences such as Claire's might be described as 'anomalous' at best (Cardena & Pekala, 2000). But more likely they would be dismissed, put down to a series of inauthentic sensations generated by religious hysteria in a gullible, vulnerable person. Yet, doctors often witness extraordinary, unexpected, transformational changes in a patient. Someone who seems to have an incurable or untreatable problem changes for the better for no apparent reason, a change that can occur relatively quickly, or over a period of weeks, months or years. These are not necessarily triggered by a religious or spiritual belief, or put down to the 'hand of God', but they are generated within a cultural context that shapes the beliefs and behaviours of its practitioners and patients. Given the encultured dismissal of such a possibility within medicine, it is hardly surprising that this process is poorly understood. However, rather than dismissing Claire's experience of being healed as an anomaly, we recognize its potential as the starting point of our enquiry.

Lourdes: An economy of caring exchange

For many, Lourdes is the unpalatable epitome of rampant consumerism exploiting the unintelligent and vulnerable, the last throes of a dying world driven by meta-narratives and superstition that will be inevitably proved fraudulent by the discoveries of scientific rationality. And, if one were to arrive as a tourist, among the six million visitors a year who visit the small town in the French Pyrenees, faced by streets of poor-taste pious commerce, it is easy to understand why this version of Lourdes would dominate one's understanding (Kaufman, 2005). However, beyond this, beneath this, there is a different economy at work – an economy of caring exchange. Lourdes has a network of buildings and services that enable pilgrims with a diverse range of health and care needs to visit. These operate on a continuum from campsites to dormitories and hotels to hospitals. If these places were to work like their conventional counterparts then many visitors would simply not be able to travel: they do not have

the caring infrastructure to support large numbers of visitors with healthcare needs. However, in Lourdes, there are stable, well-established, voluntary, no-cost support networks in place that go beyond merely enabling the visit of people with great physical or mental needs, to cherishing them (Hospitalité Notre Dame de Lourdes, 2013).

Many people travel as part of a large pilgrimage group, usually annual. These groups can exceed two thousand people. Of these groups the most important are the pilgrims who are ill – termed locally, '*les malades*'. This is a striking cultural inversion. It is made all the more visible because, in Lourdes, wheelchairs and '*voitures*' (the mobile beds that enable the transportation of those too ill to sit up) are the dominant mode of transport. Another significant portion of the pilgrimage group is made up of volunteers. They offer support in a number of ways. Preceding the trip this might be community fundraising efforts that enable subsidized travel for those who need it, but this is not their principal support: it takes the form of voluntary care. Whether it is providing companionship or writing a postcard, pushing a wheelchair or emptying a colostomy bag, these volunteers bridge the needs gap for these pilgrims between the support mechanisms that exist at home and those offered by conventional holiday hospitality. There is a wide range of people who volunteer, not all of them Catholic. And many return year after year. When long-term commitment of volunteers to third sector organisations is an ongoing challenge, we wondered why people would spend money in order to travel and give their time and energy to a stranger. Did they find it therapeutic?

A British gastroenterologist who has been leading a large pilgrimage for a number of years explained to us that he sees healing experiences happen for all members of the group. For him, it is not so much about the miraculous, spontaneous cure or full remission, but rather a return to equilibrium. He said he often saw it in 'the stockbrokers who go to wipe bottoms for a week.' His sentiment is not uncommon. This phenomenon, where carers have an increased sense of well-being because of their time of 'service', is known locally as 'the real miracle of Lourdes'. Thus far our work exploring this is predominantly experiential, based on the first-person experiential science, rather than third-person observation. Immersion in the site has not converted us, but rather challenged our own individual and disciplinary bias. We cannot claim naive objectivity, but rather engage with the ordinary experiences of extraordinary events. We do not look to the extremes of religious fervour for examples of how the healing response might operate in somewhere like Lourdes, but rather begin with a series of stories – our own.

Methodology

Our aim was to try to understand healing responses occurring within Lourdes. And we wished to do that within our genuinely interdisciplinary team, gaining insights from each other as people, as well as professional academics (actor, psychologist and doctor). The familiar patterns of scientific research were not appropriate for this work, as each discipline uses an approach, discourse and literature which is specific to its way of thinking. Furthermore, we were not seeking gold-standard reproducibility, instead we were attempting to understand how individual well-being can be enhanced by an immersive engagement in the spiritual community and landscape of Lourdes. And in so doing we set out to identify new ways of understanding efficacy in complex, culturally-formed settings.

Our whole-systems approach was longitudinal, giving us the opportunity to consider how healing processes are contextualized by time and culture, by expectations and motivations. Each of us examined relevant literature from our different disciplines, and each of us brings our own professional and personal experiences to the process. Each of us visited Lourdes on two or more occasions and immersed ourselves in the rituals and culture for periods of days or weeks. The three of us have also been involved in the creation of a documentary film about healing in Lourdes. As researchers we worked with deep levels of reflexivity, facilitated by discussions between us at the end of each day together in Lourdes, or at the end of a visit, and by further discussions during the development of this manuscript and other outputs. Each of us kept ethnographic notes of our experiences and feelings. We met and held unstructured interviews with over one hundred people in Lourdes, including priests, officials involved in the examination of potential miracles, doctors, nurses, carers and patients, and we accepted the opportunistic sampling involved. We kept notes, and in some cases filmed records, of these encounters.

But the main method reflected in this article, is simply the personal understanding that has been generated through these many interactions between us and with people in Lourdes, best reflected in the stories we each chose to tell.

Sarah's story

A quiet dusk was appearing at the horizon's edge. I joined the crowds, purchased my candle; its paper shield bearing unfamiliar words to unrecognised hymns. Dodging between ragged rows of wheelchairs moving with determined ferocity through coaches and cars, I followed the increasingly dense crowd to the Domain,

Lourdes' geographical heart ... Darkness arrived, unnoticed, and as the flame was shared from candle to candle, stranger to stranger, the full scale of this 10,000-person procession began to take form. Slowly they moved, at a wheelchair's pace. A crowd of people became a line of light, singing in unison in multiple languages, moving in unison – unrehearsed dancers sharing an unwritten score. The single thread of candlelight moved towards the empty plaza; its delicate structure threatened by the desire of pilgrims to be at the front, to get the best view. But there was no collapse to individualized chaos; instead, collectively, these strangers formed a line and wove a tapestry of light, moving left to right to fill the void before turning, and opening, to make way for the icon to arrive. (S.G., P.D., & M.F., unpublished field notes: personal reflections, summer 2011)

My first experiences of Lourdes were striking. I found the environment overwhelming and in order to attempt to understand it I took a causal approach. When faced with the sea of humanity that constructed the ten thousand strong candlelit procession (a nightly event in the Lourdes season) my first question was, how does the choreography work? As an actor I have worked with large companies and in order for a chorus of ten to collaborate in a meaningful way takes hours of rehearsal. But what I saw at Lourdes was ten thousand strangers who did not share a common language, many of whom had not experienced the procession before, pushing wheelchairs (a challenge in itself) and moving with collective clarity and purpose. My next thought was that this must be being tightly marshalled and managed. But all I could see were some volunteers holding two lines of rope, some clever town planning and one man walking backwards. How could this sophisticated level of holistic co-operation be possible?

As I watched the procession move towards the open space of the plaza in front of the Rose Basilica, I thought that the desire of the individual to move at speed in order to gain the best view meant that the ordered rows would disintegrate: anarchy was inevitable. Yet, the collaborative desire of the collective to work together to ensure that everyone, especially the most vulnerable, had the best experience appeared to take over: the sinuous line of candlelight held steady. As I watched on I realized that this was not simply a matter of cultural conventions – of the British tendency to form an 'orderly queue'. Multiple spoken, somatic, and emotional languages were in operation. A singularity of embodied purpose existed where a single language did not.

Two nights later I was no longer an observer of the procession, but a participant. I had been waiting

since 4 p.m. in hot sunshine with the rest of the group of Westminster pilgrims. It was my job to push Pete's wheelchair during the procession, and keep him comfortable and entertained while we waited. I met Pete for the first time that afternoon. Our instructions were few and sporadic. We met outside the St. Frai hospital as usual and were told to go to the Domain purchasing a candle en-route. We were then told to wait in a line, near where the procession would start. As the procession began we simply had to follow the person in front of us. Once we filled the plaza, the volunteers were asked to leave and wait at the edges to make space for more *malades* with the instruction to collect our wards and return to the hospital at the end of the event. This was a surprising demonstration of empowerment and collective trust – thus far I had only had half a day's preparation in the week before we left; as I looked across the plaza, I lost Pete. He became one of 10,000 people. In another situation I might have panicked, but that was not the way the group operated. If at any time I was uncertain then I would ask a colleague for guidance. During all my experience as a volunteer, the process included an intrinsic permission to ask for help. But it was more than permission. Here, to ask for help, and receive it with a smile and eye contact was surprisingly affirming. Within this community to be in a place of unknowing was our cultural 'norm'.

This validation of unknowing appears to be important to other groups who visit Lourdes. In a return visit to Lourdes in 2013, I had the opportunity to interview some students from the Marcella Niehoff School of Nursing at Loyola University, Chicago. This was the programme's fifth year. Through its ground-breaking approach student nurses are selected to participate in a ten-day 'service' immersion where they work as volunteers in the *piscines* or baths (Baldochino, 2010). These are built over the spring that was found by St Bernadette following a vision of the Virgin Mary. This complex of buildings, rituals and people enables pilgrims and visitors to immerse themselves in the sacred water. For many this activity is a central rite of healing. For the student nurses working in the baths this process has a complex set of aims. In her paper at the first Lourdes International Scientific Seminar, the programme's leader – Professor P. Ann Solari-Twadell explained that it is concerned with

enhancing personal self-awareness of one's own spiritual health/distress as well as sensitivity to the role of religion and religious practices in supporting personal well-being, developing awareness of the spiritual well-being of another, as well as what role religious rituals and practices offer in supporting the well-being or transformation of others and reflecting on how [their]

service experience has transformed [the] self as well as future nursing practice. (Solari-Twadell, 2012)

These three approaches – personal reflexivity, awareness of others and recognition of the importance of ritual in transformation – combine to create an opportunity for these medical professionals to serve in an environment without diagnosis or patient checklists. The common sentiment amongst the students I spoke with was that this was a liberating experience. Lourdes provided a space where they could simply care for, and be of service to, the person (not the patient or diagnosis) in front of them. Their understanding of their experience was thoroughly considered, enabled by a sophisticated reflexive/analytical process embedded within the programme. Consequently, the richness of their observations cannot be fully explored here, but one point, which underlines the significance of unknowing as a cultural norm, is worth exploring further.

The *piscines* are segregated: the students were working in the women's side. It operates via a series of small teams led by an experienced volunteer. In many cases these team leaders can have decades of service in the baths, returning year after year. The '*madame*' the students were working with spoke little English and so much of the training was carried out through mimesis and touch. The students made some insightful observations about the way that touch was used in the sacred intimacy of the baths where pilgrims are often naked, ill and vulnerable. They called it 'definite' touch. This touch always had a clear intention: it could console, show support, slow someone down or direct someone. But it is the use of touch in a teaching context that I want to emphasize here. The students explained that in the organizational structures of hospitals they often felt it was hard to ask for help, and if they did, verbal instructions were often given from a distance and without eye contact. However, in Lourdes they noted that if they got something 'wrong' when helping a pilgrim in the baths, the response from colleagues (even if they both spoke English) was to place a hand over theirs and with a smile, eye contact, and a definite touch, guide their hand to a new practice. Through this definite touch they were affirmed in their un-knowing. Consequently, these medical professionals reflected that they now value their desire for clarification, value the opportunity to seek help and have a new confidence to care holistically for both their patients and also their colleagues.

Lourdes is a place of cultural inversion where norms of behaviour do not always apply in the ways we might expect. What I was seeing were rituals driven by cooperation – on a small and grand scale – working according to a score that most of the

performers had not even seen. What I experienced as an individual was empowerment and a collective desire for success. The teams volunteering in the *piscines* are working with people in the present moment, not a patient history, or diagnosis or check-list. I wonder, if in its inversion of cultural norms, by making the *malades* the most important people, other pilgrims are placed in a different performative state, a state where their own individualized experience is not the most important outcome of an event, an event where the experience of all others, not the self, matters most. This altruism does not negate the self; self-care, reflection and fulfilment provide a further braided narrative in the caring story of Lourdes. In my time there I experienced an enactment of collective trust amongst strangers.

What these practises demonstrate is that what takes place at Lourdes – to generate a sense of well-being and healing – is more than a string of events that we might call ‘performances’. It is beyond the experience of the individual. A simplistic reification of that notion into either biological or physiological definitions does not account for the complex socio-cultural, emotional and temporal elements that go into creating these healing events. Performance – in its widest sense – is a part of human behaviour. Its expressive force transcends cultures and histories. While for our team our development of new trans-disciplinary methods has found such a generalisation problematic, we also recognized that the allied disciplines of theatre, drama and performance studies have extensive literature and discourses that set out to quantify complex sociocultural systems. And in so doing it is able to reproduce, modify and adapt ‘real life’ in order to bring about change in its audience, whether that be an ephemeral laugh or a long-term shift in how an audience member understands their world. And, at their best, these performative investigations go beyond simply mapping an event, to considering the ways it brings about change in both actors and audience, at their best they ask how and why performance experiences are efficacious. In the case of Lourdes, how does an immersion in a place create a healing response?

Miguel’s story

The most challenging place was the railway station. We’d wait for the pilgrim-packed trains to arrive and hurry to the carriages where the sick and frail, most of them bed-ridden, moaned and cried. The sight of those helpless adults, totally reliant on other people’s help, made me want to run. Their physical frailty pierced through, reaching down into my own fears and

vulnerability. By my side, Paolo, a helping pilgrim like myself, moved through the carriage with the grace of a ballerina: he greeted, touched, listened and comforted as if those decaying strangers were his own siblings, parents or children. I was in awe. I followed him closely, tried to imitate his gestures, supported his effortless helping. By the end of the week, my legs and arms had learned the gestures; the mind and heart only had to follow. (S.G. P.D., & M.F., unpublished field notes: personal reflections, summer 2011)

My parents gave up taking us to church in our early teens; it was a bore. My sister and I spent most of mass mocking the priest’s tone of voice and pinching one another. Fifteen years later, then an academic psychologist, I found myself handing out questionnaires for my doctoral research at the end of Catholic services. There was no escaping; I had to sit through mass, often two or three a day. One time, a priest talked about Lourdes as the strangest and most wonderful of places. His description, though pious, had something of truly exotic – a plot taken from a Borges story and set on Mars, I thought, and signed up immediately for the parish yearly pilgrimage to Lourdes.

My first impression was that my literary imagination had played a trick on me. Lourdes is oppressively physical; it leaves little space for the mind to wander. Thousands of people rush, walk, bathe, process, pray and are wheeled around every day, at every hour of the day, up to 2 a.m. The sheer number of *malades* is astonishing: the multitude of lepers and blind we read about in the New Testament are in full sight taking the first rows and centre stage. In this place, faith is not a theological abstraction: it’s action.

There were about 30 of us in my pilgrimage group. The 14 men, with ages ranging from 19 to 72, shared a dormitory. We’d wake up every day at 6.30 to be at the railway station by 8, ready to rush towards the arriving trains. I do not know what I hated most: the military discipline by which we were organized in small groups, ordered around the platforms and were told how to remove the *malades* from the train, or the contact with the ill pilgrims. By mid morning I felt exhausted. Most of us struggled. But one of the pilgrims that had also come with our group was not; Paolo was beaming: helping the *malades* came as something completely natural to him. This chubby and lively Italian, a bright young academic in biochemistry, let action take over. There was no inner struggle, only a flowing movement of reaching out to the frail and needy. I’d never seen anything like it before.

My expertise in the psychology of beliefs felt entirely obsolete. At Lourdes, gestures and behaviours come

first, not the ‘word’ of belief. True, many come here with a religious motivation: to ask for healing, to support the sick, to pray, to feel close to God. And there is an obvious display of religious symbols. But all these elements are submerged by the forcefulness of action, especially if you’re there as a helping pilgrim – the pilgrimage of the ones you’re looking after becomes yours. You not only take them out of the train and around the sanctuary, but you kneel and pray for them. Their stories, their wounds and desires, are no longer a piece you could have read on a newspaper, but become part of you. The odd notion of being brothers and sisters in Christ becomes a real one, not through belief but the shared action, the collective performance of rituals.

Early anthropologists wrote about religion as a way to alleviate fear of the unknown (Malinowski, 1982; Marrett, 1914): supernatural stories were woven around natural phenomena to make sense out of a complex and dangerous world; only then, rituals that acted out these stories were created. At Lourdes, I thought that it could have been the other way around. The gestures and actions of rituals came first, and the stories followed much later, very much how explanations for events that happen in our lives follow as way of creating an ordered meaning. But actions themselves can be a pre-verbal form of meaning-making (von Uexhill, 2010). Watching Paolo’s actions towards the *malades* made me want to imitate him. As the days progressed, I saw my own hands beginning to act effortlessly, my first frightened impression of the *malades* being replaced by a desire to meet them.

I have carefully avoided using the word ‘experience’ and wrote about ‘action’ instead. Experience is a part of the mental realm of attributions and explanations. What I perceived as wonderful at Lourdes was the immediacy of action; and how my very perception was altered. The *malades* were the centre of our attention and the sanctuary was always full of them. At the end of my pilgrimage, I no longer saw them as an aspect of life that has gone wrong or is ending, but part of that wondrous ebb which binds us all that breathe and feel. They are, like small children, the most special all of us, because their frailty calls out to our nurturing side, and in an explicable – and healing way – reconnects us with our own vulnerability.

Upon my return to Oxford, walking down the town centre, I noticed something peculiar, eerie, which I could not place. As usual, the streets were full of young, healthy looking people acting busy, getting ready for the start of a new academic year. It took me a while to realize that what I noticed as strange was not something which was there, but something which was lacking — where were all the frail and elderly people? Where had they hidden them?

Paul’s story

For the last few days I have been immersed in the religious rituals of Lourdes, and they have made me feel uncomfortable, but now I have the chance to re-enter what I assume will be my comfort zone – I am invited to talk to some pilgrims (‘patients’) in the hospital. I enter the hospital and find that it is indeed familiar territory in which nurses in starched uniforms stride the wards with confidence, while sick people lie dutifully in their beds, in some cases connected to violating tubes: this is just fine, I think, here are my sort of rituals!

I am directed to the bed of Sister D, an older nun, who is here in search of healing. I introduce myself and ask her to tell me her story. It is an amazing story from a medical point of view, but the experience is truly amazing for other reasons. She tells me her deepest secrets, fully aware that her words are being recorded. She admits to me that she has never told anyone about these crucial issues of soul and suffering before, never has this been revealed to another in any of her 78 years on this earth. She breaks down and cries, and I comfort her. Neither of us is aware of anything other than our interaction – the room disappears. Our belief systems are poles apart, but we share an understanding of what she needs and of how to interact as fellow human beings. (S.G., P.D., & M.F., unpublished field notes: personal reflections, summer 2011)

Western medicine today is about biology. It is based on the belief that the human body is a machine that is susceptible to damage, and that much of that damage can be technologically ‘fixed’. As a modern doctor I am a ‘body mechanic’. And in the culture in which I work my patients understand this. They know that I cannot deal with their social problems, their loneliness and poverty, nor with their existential angst or tortured souls, they know that I do not have a pill for these problems and so they do not present them to me. They ‘play the game’ of telling me about their symptoms and letting me examine their bodies so that I can label them with a biological problem and prescribe a pill or recommend an operation to fix them up. A ‘person’ becomes a ‘patient’. Although some of their illnesses (such as depression) can come with a cultural stigma, and others, such as obesity, are accompanied by blame, most diseases are not considered to be anyone’s fault except that of choice of parents (genetic susceptibility), unconscious contact with an infectious organism, or simple ‘bad luck’.

And yet their diseases and illnesses are all too often inextricably linked to the social problems and the tortured souls of their owners. And we (doctors and patients) all sort of know that. But there is some kind of understanding that this is dangerous territory, and the culture in the UK does not allow most doctors or their patients to go there. In Lourdes it was all very different. Sister D knew that I was a doctor, and I opened up the conversation much as I would have done with anyone coming to my clinic at home. But she, although a native of the UK, did not respond in the way that our medical culture says you should. She told me about her social problems and, most astonishingly, of her beliefs, her loss of belief, her deepest, darkest fears, and past tragedies and violations, all within minutes of our first meeting. Why?

After meeting Sister D and Claire I re-entered the rituals of Lourdes, so very different from the medical rituals in the hospital, with a different mind-set; I had realized that something was going on in this strange little hamlet in south-west France that was facilitating unusual interactions and healing responses. I allowed myself to see what was going on in a different way – to feel the power of the rituals and performances, and of the camaraderie between pilgrims, carers and priests, and of the comfort that one person provides to another, unencumbered by power or position. In biological terms I perhaps let my intuitive, feeling, right brain take over from my analytical, cynical, left brain, and I was then able to appreciate the mystery of Lourdes. To put it another way, I had to step away from my role and teaching as a Western doctor in order to see the medical value of visiting Lourdes.

Miraculous cures of terrible diseases (such as cancer) have been recorded as a result of a visit to Lourdes. I had the privilege of being able to examine some of these records, and one or two of these cases are truly extraordinary. But there are very few of them, and the ‘denominator’ (the number of people coming to Lourdes in search of a cure) is huge. To me it did not seem any more remarkable to have these small numbers of anomalous cures recorded in Lourdes as it does to hear the occasional anecdote from a colleague about the unexpected recovery of one of their patients from what was thought to be a fatal condition. Very strange things happen very occasionally. The issue is attribution. As doctors we put such events down to chance or some unknown variables or intervention; in Lourdes the Vatican can attribute them to the power of God.

But it is not these miraculous cures that are the miracle of Lourdes. The miracle of Lourdes is about the ability of Sister D to unburden herself of her deepest fears and problems to a complete stranger, and of Claire to feel her pain ‘disappear into insignificance’. Modern doctors might attribute Claire’s

response to the ‘placebo effect’, or to the release of endorphins triggered by emotion, or some such. But these dismissive approaches explain nothing. After all, we do not know what the placebo effect is; indeed, we cannot even explain consciousness by our biological model. So all we are doing by saying things such as placebo effect (or ‘wishful thinking’ in lay terms) is that we do not understand what is going on but that we are not prepared to attribute the events to anything other than our comfortable model of how things work on this earth.

I found Lourdes in general, and Claire and Sister D in particular, very challenging to my medical belief systems. It does not matter to me that I cannot explain what was going on within the biological model of the body that dominates my profession. What does bother me is that their (and my) experiences were wonderful and important and hugely valuable, but they are ones that do not happen in my clinics at home. I want to know how as much as why, and my profession needs to learn how.

Discussion

The three authors of this article are all ‘academics’ who work within the modern, rational world: we try to understand phenomena and explain things for a living. But each of us found aspects of Lourdes beyond the normal, academic explanations that we use within our differing disciplines and belief systems.

We sat down to plan this article together, and found it difficult to know how to convey the mystery of Lourdes, its spirituality and its culture, to others. We agreed that we should base it around our observations and experiences, and agreed to write something that challenged our detached standards of academic writing in the first instance, without knowing what each of us would produce. We were each touched by what the other two had written, and felt emboldened to share our experiences with you. Sarah talks of being ‘overwhelmed’ and not understanding how the rituals of Lourdes can continue in the absence of choreography without descending into chaos. She puts this down to some sense of a shared, embodied purpose. Miguel admits to the sense of individual vulnerability that is engendered by watching the *malades* and their carers in Lourdes. He talks of action rather than belief or experience – emphasizing the gestures and rituals that allow a shift in perception. Paul also admits to discomfort, but goes on to put emphasis on the fact that the environment within Lourdes allows people to ‘break the rules’ and behave in different ways. Like Sarah he sees some inversion of our normal roles (Sarah’s emphasis on the fact that the *malades* are central to

Lourdes rituals, infrastructure and rhythms). Paul, like Miguel, found himself out of his comfort zone, and doing and feeling new things, rather than thinking and analysing new ideas.

There is, we believe, an important common thread to these stories, and indeed to the stories we have heard from other observers, participants, carers and *malades* in Lourdes. And that is the power of a large group of people acting with a common purpose – in this case the purpose being the healing of the *malades*. History testifies to the power of large groups of people acting with common purpose, most often a negative one, and we think there is a common aspect of humanity that is being revealed here. This is important to modern academia, as it takes us away from the highly individualized ‘atomized’ world and ways of thinking that tend to dominate today. This is not a completely new insight: for the past 30 years, cultural psychologists have highlighted how most research is biased – our participants are amongst the most highly educated and affluent people in the world (Matsumoto, 2001); cultural replications of studies, including those on perceptual illusions such as the Muller-Lyer arrow illusion, either fail or show disconcerting variation (Henrich et al., 2010).

Most of the actions taking place in Lourdes are communal, and while there is space for individual prayer and activity, it seems that it is the shared, communal activities that have the healing power. The scientific disciplines that Miguel and Paul come from, wish to explain away the miracles of Lourdes as reappraisal, coping, placebo effects or whatever – individualistic approaches that now seem inadequate to all three of us. There are clear historical reasons to approaching Lourdes in this way. The single most influential academic volume on the study of religious experience, written over 100 years ago by William James, defines religion as ‘the feelings, acts and experiences of individual men in their solitude as they apprehend themselves to stand in relation to whatever they may consider the divine (James, 1902). Back then, James was trying to break away from a theological and philosophical tradition that monopolized the study of religion, but perhaps the time is now ripe to look at the religious phenomenon with wider lenses. We probably need to focus less on individual cognition and more on the shared behavioural aspects of religion to understand places like Lourdes. Recent work on synchronized behaviour, showing common patterns of physiological arousal between participants in a ritual (Konvalinka et al., 2011), is a potentially more plausible approach as it moves the emphasis from the thoughts and feelings of an individual to the effects of collective performance on physiology. Miguel described Lourdes as ‘an extraordinary case of collective action purposefully orchestrated for the care of the weak’, and Sarah writes of

it as ‘a singularity of embodied experience ... to work together to ensure that ... the most vulnerable have the best experience.’ The mystery concerns how this orchestration heals the cared for and the carers. The healing experience and healing response happen to individuals, but in Paul’s words this healing is dependent on ‘focused attention with good intention’ within groups of people.

Such phenomena are difficult to investigate, particularly within the scientific paradigms that Miguel and Paul work within. Interdisciplinary research does not lie quiet in well-established procedural or taxonomical drawers. One of its great strengths is its capacity to disrupt disciplinary ‘norms’ and decouple findings from canonical assumptions. The whole system approach of humanities scholars like Sarah, who look at things ‘top-down’ rather than ‘bottom up’, may be more appropriate. We are now trying to develop the methodologies described here, based around auto-ethnography, reflexivity and genuine sharing of ideas and emotions, that will, we hope, allow us to integrate Sarah’s approach with that of Paul and Miguel. We hope that such methodology will provide insights into spirituality, culture and health, and to the miracle of Lourdes.

In the past we used standard empirical research methods to try to help us understand what is going on in Lourdes. We asked people to fill in questionnaires, we interviewed individuals, and we used qualitative methods to analyse their responses and to analyse writings and records in the town. But we now feel that such methods cannot adequately describe what is going on, or allow us an effective understanding of the mystery of the experiences and activities that we have witnessed there, or of the spirituality of the place. We believe there is a need to develop a different type of methodology.

A first essential step is to abandon simple causal models. Lourdes hosts a ‘whole system’ phenomenon, without boundaries, that may be better understood from the standpoint of complexity theory (Byrne & Callaghan, 2014), and perhaps through a realist approach to research (Pawson, 2013), rather than a linear causal model based in reductionist science. In addition, the observers (researchers) need to be reflexive, as in the descriptions above.

We suggest a new trans-disciplinary approach. Our suggested method is to involve people of different disciplines in the research, as well as some key informants who work in the environment to be studied. Data collection can come from a combination of observation, discussions, interviews and casual meetings or witnessed events, documented by the observers, who can act in a reflexive way (considering ‘what prior assumptions and “baggage” am I bringing to this observation?’ for example). This can be followed by discussing these data and reflections together, in

an interdisciplinary group, and observing what new insights and ideas emerge from such discussions. These emergent ideas and frameworks can be documented and then fed back to some of the people 'on the ground' who have contributed to the data collection to assess their response to the ideas and conclusions of the researchers, that can be further modified in the light of these inputs. We believe that such an approach is a truly 'trans-disciplinary' one that could help us understand the complexity of the whole systems and mass events that take place in spiritual sights such as Lourdes on a daily basis.

We must also find appropriate ways of disseminating such data, and this may be achieved more effectively with media other than the printed word, which has constrained us in this article. We were able to make a film on a trip that the three of us made together to Lourdes in 2011, which seems to have been a more effective way of conveying the wonder of Lourdes than talking or writing.

Finally, we wish to emphasize that the healing responses observed in Lourdes need further research and investigation.

Not only do experiences like Claire's have important potential, they also enable us to engage with particularly pressing issues: the World Health Organization has described the global rise in non-communicable disease as 'a slow-motion catastrophe' (Chan, 2011). This, coupled with the continuing rise in population and reductions in the pharmaceutical industry's ability to find new drugs that are not hugely expensive, means that we need to find treatments for non-communicable diseases such as chronic pain and dementia, fast. However, for academics working on contested topics, using emerging methods in complex environments presents a significant challenge. We are trying to rise to that challenge and would welcome engagement with others with similar interests.

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