A pilgrimage to Lourdes, France, supported by health insurance, helps old and ailing Dutch people cope with the losses of growing old in secular Dutch society. Elderly people are very much in need of the churches that are disappearing, and with them the collective rituals and symbols that would help elderly people express and cope with pain. The pilgrimage is a ritual of remembrance and connection, linking past, present, and future, and the living with the dead. It offers a modern and deeply felt religious experience in which personal traumas and painful memories of lost relatives and dead children are elicited and articulated as narratives. Pilgrims' stories before, during, and after the journey are its most healing aspect and give insight into the process of healing and empowerment. (Pilgrimage, old age, storytelling, illness and healing)

In the Netherlands, a predominantly Protestant country with Catholicism dominating in only two of the 12 provinces (Limburg and Noord-Brabant), secularization accelerated since the 1960s (Knippenberg 1998). It is difficult to find any other country where the Christian tradition has eroded so rapidly and dramatically during recent decades. The percentage of people who are not affiliated with one of the Christian churches has increased from 24 percent in 1958 to about 60 percent in 2002 (Houtman and Mascini 2002). While churches are emptying and Dutch policy makers discuss whether deserted church buildings should be razed, conserved as historical mementoes, or sold to property developers who will convert the buildings into cafes, restaurants, or apartment buildings, people look for alternative devotional places. Pilgrimage sites, far from dying out in the modern secular world, are enjoying a growing number of visitors (Reader 2007). In 2007, a record number of 11,000 Dutch pilgrims journeyed with a pilgrimage organization to the Marian shrine of Lourdes. A still larger number of Lourdes pilgrims is expected in 2008, when the 150th anniversary of the Virgin Mary’s apparitions to Bernadette is celebrated.

Improved modes of transportation and communication have contributed to the growing popularity of pilgrimages, as they shape the conditions in which people can intensify and increase their religious activity. Even more important is that pilgrimage is a flexible form of ritual that accommodates a variety of goals and motivations, whether religious or secular, traditional or newly established (Michalowski and Dubisch 2001:165). Such flexibility has not only become important for those who want to realize their spiritual needs outside the traditional religious institutions, but also (as this article will show) for those who...
lament the loss of churches, desire to hold on to the past, and are in need of religious places that reconnect them with all that has been lost: the church, the familiar rituals, beloved relatives, and good health. This article depicts the meaning the Marian pilgrimage has for old and ailing Dutch people, and how going to Lourdes helps them to cope with acute pain and losses that come with growing old in secular society.

The Dutch pilgrimage to Lourdes is organized by three pilgrimage organizations. Associated with these organizations are six health-care insurance companies which offer their clients a trip to the famous Marian shrine in southern France. About 1,800 sick pilgrims journey to Lourdes yearly with funding of the insurance companies. This co-operation between religious tour operators and large insurance companies challenges the notion that “religion increasingly takes place at the margins of Dutch society” (de Graaf and te Grotenhuis 2005:143). From time to time, Dutch politicians question the wisdom of the subsidized pilgrimages, doubting their therapeutic value as long as the healing effects of such journeys have not been scientifically proven. In public debates, the healing power of pilgrimage is often ridiculed because pilgrimage is conventionally associated with people’s irrational hopes for miracles. The healing effects of pilgrimage, however, can hardly be understood from a biomedical perspective. Pilgrimage does not cure specific physical ailments, rather it addresses the human experience of loss and suffering (Dubisch and Winkelmann 2005). Previously, the churches offered a ritual space and symbolic repertoire to deal with loss and suffering. With the churches disappearing, pilgrimage offers a helpful alternative to deal with pain. However, not all persons in need are actually able to journey. When being old and ill, housebound and with little income, journeys are very much restricted. For these less privileged, the modern insurance companies provide the means to journey to Lourdes.

Though Lourdes has stimulated a vast literature about its history and rituals (c.f. Dahlberg 1991, Eade 1991, Harris 1999, Kaufman 2005, Vircondelet 2002), an ethnographic study of the pilgrims is still missing. To understand the experience and the effects of this pilgrimage from an emic point of view, in June 2004, I participated as a non-medical volunteer and anthropologist in a six-day pilgrimage that was organized by VGZ (Volksgezondheid), the largest Dutch public health-insurance company.¹ For the last 30 years, VGZ has facilitated pilgrimages to Lourdes, a service that over the years has grown to three journeys for about 600 pilgrims each year. VGZ stands out among insurance companies as it not only gives financial support, it defines the ritual structure of the journey, and organizes the pilgrims and the volunteers accompanying them. Transportation by plane, hotel accommodation in Lourdes, and the logistic collaboration with the shrine’s officials are handed over to an experienced pilgrimage tour operator. During my involvement in the VGZ pilgrimage, I had in-depth interviews with
a selection of pilgrims before, during, and after the journey. This article describes
the pilgrimage from home to the shrine and back, the stories elicited in the
successive phases of the pilgrimage, and how the stories and the rituals at the
shrine helped the pilgrims cope with pain and loss.2

LOURDES AND NARRATIVE MEMORIES OF PAIN

The small town of Lourdes, nestled in the foothills of the French Pyrenees,
is the site of the world’s most famous modern Marian sanctuary. In 1858, 14-
year-old Bernadette Soubirous reported appearances of a young woman who,
through a series of 18 encounters, came to be regarded as the Virgin Mary. Since
then, the village of Lourdes has become an international religious tourist center,
receiving an estimated six million visitors each year. In the heart of this multi-
faceted ritual center is the grotto where Mary appeared to Bernadette and asked
her to dig a hole and to drink from and wash herself in the water that gurgled up.
Today, one of the highlights of the pilgrimage is the passageway through the
grotto, where pilgrims touch, kiss, or embrace the rocks, leave small offerings
at the spring, and pray before the Marian statue that has been erected near where
Mary appeared to Bernadette. Next to the grotto is an area where pilgrims fill
their bottles with tap water and light a candle. At the far end of this are bathtubs
where pilgrims can be immersed in the icy spring water.

The miraculous healings that happened during these rituals are often men-
tioned as the reason behind the popularity of the Lourdes shrine. In fact, only 67
such healings have been officially recognized since 1859, and it took the medical
office at the Lourdes shrine 50 years to get the last miraculous healing accepted
in 2005. The long and involved procedures and the advances of medical science
make it difficult for pilgrims to get their experiences of healing officially
recognized. While in the nineteenth century, belief in miraculous healing was
actively promoted, today the officials present the site as modern and rational.
Over the twentieth century, they became sensitive to accusations of Mariolatry
and irrationality and changed their attitude towards the miraculous aspects of
Marian devotion. They removed all the crutches that pilgrims previously left
behind in the grotto as evidences of healing. Officials even publicly declare that
the water of Lourdes has no healing elements, that examinations have proven the
water to be ordinary and having no therapeutic qualities.

The chronically ill pilgrims I followed to Lourdes do not hope for cures or
miracles. After many years of treatment and surgery, they have accepted the
prospect of never regaining their former health. The supposition that they jour-
neyed to Lourdes to be cured, they regarded as an insult. The incurable sick
pilgrims did not even communicate their bodily pain to Mary. What they did
communicate to her was the pain of being ignored and disrespected in society,
of not being taken seriously by medical specialists, and of being disconnected from the past and relatives who have died. The pilgrims’ greatest need was not to be healed, but to communicate private traumas that are no longer dealt with in the church and for which no rituals are ordinarily available.

Social scientists focusing on human suffering (Jackson 2002, Kleinman et al. 1997) agree that when people suffer under dominant power structures, the same structures often prevent them from speaking about it. They also say that the inner world of pain often goes beyond words: people have no language to express their experience. Literary scholars likewise emphasize the difficulty of describing emotional pain (Bal et al. 1999, Brison 1999), and that painful events can only be experienced when they are narrated. Van Alphen (1999:25–26) regards trauma as “failed experience” and ascribes it to the impossibility of experiencing, and subsequently recollecting, painful events. I believe that the ailing pilgrims to Lourdes do indeed have words to articulate their pain but structurally feel disallowed to express them. In my view, when pain or suffering destroys one’s capacity to communicate, it can be articulated through religious practice and narrative during pilgrimage.

This argument is inspired by symbolic anthropologists and the anthropology of religion. Geertz (1973), Orsi (1996), and Brown (2001) see religion as a way to restore speech and as a genre for communicating the emotions of pain and suffering. “Religious symbols,” Geertz (1973:105) writes, “give the stricken person a vocabulary in terms of which to grasp the nature of his distress and relate it to the wider world.” Orsi (1996:124–25), too, argues that religion offers the idioms and words that people who suffer need but are denied by the dominant culture, “the words to speak and complain about their pain, about things at home, about their fears and ambitions, the problems and possibilities of their everyday lives.” In the same vein, Brown (2001) holds that the act of speaking out—of creating reality through words—affects healing. By performing rituals and telling stories, people remake reality in order to have it bearable. The following description of the pilgrims’ journey to Lourdes will show that the Marian pilgrimage offers the ambiance and the symbolic repertoire for constructing narrative memories of pain. These memories make healing possible because they generate narratives that integrate painful and traumatic events of the past into the present while offering hope for the future.

THE HEALTH INSURANCE COMPANY

To make a success of the pilgrimages, VGZ not only gives financial support, but also organizes the event, which includes the recruitment and selection of pilgrims and volunteers, planning activities, having an information evening for the volunteers, arranging a meeting between volunteers and pilgrims in the
The insurance company started as a merger of smaller national health services in the southern Netherlands that were based on Catholic principles. It insists that it does not sponsor the pilgrimages for publicity and stresses that the pilgrims are their clients with the most complex clinical pictures—combining somatic, mental, and psychological symptoms—and therefore their costliest clients. The company does want it understood that its business is "care giving," and characterizes care as paying attention and listening to others.

Facing rising numbers of applications for the pilgrimage each year, the VGZ pilgrimage co-ordinator makes selections based on the gravity of every client's illness, the feasibility of medical treatment during the journey, and people's need to get away for a while. She and some nurses make home visits to check on people's conditions, and consult medical specialists in doubtful cases. Consideration also is given to which pilgrims need similar care to determine who are able to share a hotel room in Lourdes. To have as many pilgrims as possible accepted, VGZ asks 115 euros for a pilgrimage that costs about 500 euros. The pilgrims are allowed to travel with close relatives who assist them during the journey but who pay the full fare.

In 2004, 600 out of about 1,600 applicants were invited to participate in one of the three pilgrimages organized that year. Only chronically ill clients who had not participated in pilgrimage during the previous five years qualified. Whether the clients were Catholic or had religious motivations to go on pilgrimage was not considered in the assessment. The six-day pilgrimage in June included about 200 pilgrims and 65 volunteers; they came from all regions in the Netherlands, albeit mainly from the southern Catholic provinces. Being old and sick, the pil-
grims were usually unable to travel and the pilgrimage to Lourdes offered them a chance to leave their homes and villages, extend their horizons, and feel free of distressing circumstances.

Departing from Eindhoven airport, everyone received a green scarf with a pin displaying the VGZ emblem. The scarf and pin were worn throughout the trip and gave a sense of belonging to the group. The medical helpers wore white and each had a name tag. In Lourdes, all were lodged in fine hotels so the pilgrims would feel free of the sickroom atmosphere of everyday life. The pilgrims were assigned to hotels by their postal codes, which facilitated communicating in local dialects and contacting each other after the pilgrimage. Each hotel group was led by a VGZ manager and consisted of pilgrims and helpers, which included a doctor, a priest, and several nurses.

The group to which I was assigned consisted of 34 pilgrims and 14 helpers. The pilgrims ranged in age from 50 to 86, the average being 65; 28 were women, and six were men. All came from the city of Venlo and its surroundings in the province of Limburg. Before the pilgrimage I selected 20 pilgrims for in-depth interviews a week before and several times after the pilgrimage (actually, from one week to two years later). Among them were five married couples, two mothers with their daughters who traveled together, two female friends, and four women journeying alone. With only six exceptions, all were visiting Lourdes for the first time. All the pilgrims had complex clinical conditions, combining different major and minor diseases with social isolation, limited mobility, and chronic physical deterioration. All described a pathological process of 10 years or longer.

The pilgrims sometimes participated in mass rituals organized by the Lourdes sanctuary, sometimes in the more intimate rituals that VGZ organized, and sometimes in still more private rituals held with each hotel group. This alternation of rituals appeared to be important for the rhythm of the pilgrimage and how the pilgrims experienced it. Upon our arrival in Lourdes, there was an opening ceremony for the VGZ pilgrims in one of the smaller churches at the sanctuary. On the morning of the second day, we had our own mass at the Grotto; in the afternoon, an official photographer of the Lourdes shrine took a photo of the VGZ group in front of the Rosary Basilica; and in the evening, we joined the Torchlight Marian Procession organized by the sanctuary. In the evening procession, which takes about one and a half hours, the pilgrims walk in groups behind their pilgrimage banner. Each carries a lighted candle while praying the rosary in several languages and singing the Ave Maria.

On the third day, we took a day trip to the Pyrenees to distance ourselves from the sanctuary, get a breath of fresh air, and think and deal with the emotions that had been released during the previous days. Our priests also celebrated a mass laying on of hands in a small Romanesque church in a Pyrenean village,
Blessing the pilgrims one by one, talking briefly with each, and wishing them all well. On the fourth day, a Sunday morning, we participated in the International Mass organized by the Lourdes sanctuary in the huge Underground Basilica. That afternoon, our hotel group participated in the Procession of the Blessed Sacrament, also organized by the Lourdes sanctuary.

On the fifth day, our hotel group performed the most intimate ritual, the Way of the Cross, representing different scenes of Jesus's suffering and death. Guided by our priest, the group halted at each Station to meditate. That evening the pilgrimage concluded with a final VGZ ceremony in the church where the pilgrimage started. The next day everybody flew home, exhausted, confused, yet satisfied.

The VGZ ritual program left room for individual devotions at the sanctuary, shopping at the souvenir market, coffee breaks on the Lourdes terraces, and communication between pilgrims and between pilgrims and volunteers.

**NARRATIVE MEMORIES OF THE PILGRIMAGE**

This section deals with the successive phases of the pilgrimage and indicates how the pilgrims gained narrative mastery over painful events in their past. For privacy reasons, pseudonyms are used.

**Before the Pilgrimage: The Feeling of Loss**

A week before the departure to Lourdes, the pilgrims were unable to say why they were going. Instead they spoke about their medical history and with this included the most distressing episodes in their lives. In the course of their illness and frequent visits to medical specialists, they have become expert in explaining their maladies in clinical terms. They have little difficulty naming all kinds of scans, tests, diagnoses, medications, and medical specialties. The most life threatening episodes of falling ill, searching for a diagnosis, and rehabilitation were carefully narrated, with detailed memories of almost every hour and every doctor. During interviews they repeated their medical history in the same pattern, choosing the same storyline and the same anecdotes, and effortlessly resuming the thread whenever I interrupted them for explanations. These stories clearly existed before they were asked about the pilgrimage.

The pilgrims felt disempowered, not only because of a sick body limiting mobility and engagement in the world, but also because human relationships had become unequal. In their medical stories the pilgrims describe how they struggle with medical authorities who neither communicate with them nor with each other. They complain that the specialists do not take them for whole persons but only consider the specific ailment that matters for them. Old patients usually
suffer from several ailments simultaneously, and have a different specialist for each ailment. In this fragmented system the sick person becomes a link in a chain of specialists. The pilgrims have little confidence in them and complained that specialists do not take pains to communicate their diagnoses and decisions intelligibly and that they make numerous errors. Thus, pilgrims are constantly on the alert for incorrect judgments or treatments. As no specialist treats the body as a whole or supervises the different decisions and therapies taking place, the sick people feel very much responsible for doing so themselves.

Jo, a 62-year-old man, declared how he had to develop assertiveness and self-confidence from his numerous visits to specialists. "You constantly have to watch out, to stand up for yourself, to open your mouth. If not, they simply let you die. I don't want to have a check-up for metastasis after five years—I could be dead. I want to have that examination every year. But if I don't speak up, the doctors don't worry and simply let me die." He and other pilgrims express the necessity to be alert in order to survive. They lament that their specialists "look at the computer to go through the medical records, rather than listen to the sick person who is in front of them."

Physical pain is connected with feelings of being marginalized and not being taken seriously. The loss of respect is felt in various other domains, such as work. Many pilgrims, both male and female, attribute their cancer, lung disease, or other ailments to the machines, air pollution, or harmful substances they worked with when employed. In particular they blame their superiors for not taking them seriously when they began to have symptoms. They felt powerless because they had no alternative job opportunities and because their complaints were ignored. Health problems finally forced them to give up work, but no one took an interest in how they managed to live on in a world that became increasingly restricted.

The pilgrims also have to cope with religious authorities who, although much younger, dictate what they have to do. Jo says: "During mass, a young priest orders us to stand up, sit down, and stand up again. We no longer submit but leave the church. We are addressed as if we are children, which we do not tolerate." Consistent with the secular trend in Dutch society, the pilgrims, while religious, are not churchgoers. Many say that they cannot attend church regularly since there are insufficient priests available to celebrate mass every week. What priests remain are so old that they often fall ill and fail to show up for services. Increasingly, moreover, one priest ministers to several parishes concurrently and celebrates mass in each church only once every few weeks. Other pilgrims describe their non-attendance as criticism of practices and ideologies prevalent in the church. They claim to have problems with young Dutch priests who belittle elderly people and show arrogance rather than respect towards them.
The pilgrims feel very much at home with Catholic liturgy and recall longingly the time when churches were many and full. Churches previously helped them cope with loss but now do not. Arno, a 75-year-old man, misses the church rituals in which deceased relatives could be remembered. He says, “There are so many people lost in the family and I miss them very much. They still belong to the family but in church, their names are lost. The priest no longer remembers them in Mass like in former days, when he mentioned their names on all Souls’ Day. The church has done away with all these rituals, but I do not accept that my dead loved ones also disappear.” Similarly, 70-year-old Lieske speaks of more and more gaps in her life. “This week,” she said, “I counted the people I recently lost and found that nine [of my] beloved passed away in only two years.” The loss of people confronts the pilgrims with their own finitude and strengthens their sense of lacking social support, that everything and everyone falls away, and that they are on their own.

When being most in need of them, relatives and close friends die. For the old, a vivid concern with the past becomes overwhelming. But as the churches no longer connect people to their past and their deceased relatives, they seek alternative rituals, which for them are generally lacking (Meyerhoff 1984). For elderly people, especially when they are sick, rituals would ease existential uncertainty and anxiety by giving them a sense of continuity and predictability. As church rituals are also lacking, old people create their own private rituals of “remembering” (Meyerhoff 1984:320) through pilgrimages to Marian sites, visits to local Marian chapels and to the graves of loved ones, lighting candles in chapels and in their homes, and prayers to Mary. But people long for places where collective ritual action makes private pain visible and recognized.

*During the Pilgrimage: The Feeling of Pain and Relief*

During the pilgrimage, storytelling changed as the medical framework ceased to dominate the narratives and the pilgrimage offered an environment in which pain could be safely expressed and taken seriously. What mattered then was the interaction between volunteers and pilgrims. Upon arriving in France, each pilgrim was offered the use of a wheelchair. During the days that followed, the pilgrims were constantly with volunteers, who were instructed to “push their wheelchairs, be patient, and listen.” In contrast to their relations with doctors at home, there was no distance between the pilgrims and the medical, religious, and insurance authorities at Lourdes. The doctor in our group was constantly with the pilgrims, gave medical treatment when needed, pushed wheelchairs, and paid attention to the stories of their illnesses. Unlike his scarcity back home, the priest was present every day. He stayed in the same hotel and quickly responded whenever he was solicited.
For each new item on the program, the volunteers took charge of a different pilgrim, giving each the opportunity to tell and retell his or her stories. In the company of fellow sufferers, the pilgrims no longer felt alone and they freely expressed what bothered them. They preferred talking to volunteers whom they would probably never meet again, rather than to pilgrims from their neighborhood. Sitting in a wheelchair with a volunteer behind them, they felt safe to confide sorrows they ordinarily stifle. The volunteers, for their part, gladly listened to all stories. The nurses said that in their work, they have no time to listen to their patients as they could then. The pilgrimage thus created an environment in which pilgrims could express their suffering to receptive volunteers. In this pattern, groups moved from hotel to sanctuary to the shopping areas, and to the ritual events of the pilgrimage.

From the first day, the pilgrims wanted to shop for souvenirs as gifts or for statues or headstones to be placed on the graves of relatives. All bought candles to light at the sanctuary in remembrance of loved ones. This search for mementos prompted stories about past pilgrimages to Lourdes made by relatives, often fathers or mothers. Emotions began to flow on the second day with the VGZ celebration at the grotto. Roos, a 59-year-old woman who has been rheumatic for ten years, grieved for a dead child. No longer constantly aware of her rheumatism and the difficulties of walking, she said, “I don’t even think of it anymore. I am here to remember my son. The pain came when I saw Mary in the grotto, I felt the pain passing through my body, from my toes through my belly to my head, and I immediately realized that pain—that is Pieter.”

Her youngest son had died at age 26 in an industrial accident five years earlier. Roos complained that people would not allow her “to tell her story” of her son’s death, which she constantly dwelt on. The statue of Mary in the grotto evoked these memories, because Roos first came to Lourdes just after giving birth to Pieter. “Now I have come back to Lourdes to part with him again.” Her emotions vacillated between grief for her son, anger towards his superior for his negligence, and jealousy of her daughter-in-law and her son’s colleagues who were supported in their mourning. Her husband and oldest son dealt with their sorrow in silence and told Roos to endure her pain and forget it. “But I cannot forget this pain,” Roos said. “People think that after a year of mourning you have to stop crying and start life again, but this pain will stay with me forever. One never forgets the death of a child.” Roos’ mourning mingles with nostalgic memories that also hurt, but “it feels good to remember all those precious moments.”

Almost all the pilgrims in our group had to cope with the death of a child or with seriously ill children. Pilgrims also narrated secrets that they have always suppressed, like the shame of children who ran away from home, committed suicide, or turned out to be homosexual. The pilgrimage enabled them to vent
their pain. In addition to the loss of loved ones, there were other troubles of home and family.

Hanneke, a 58-year-old woman, has suffered from arthritis and heart disorders for 12 years and can hardly walk. She had undergone 14 operations during the past 16 years. Her pain, she said, was not with her own body but with her husband’s illness and her marriage. Seven years ago her husband fell ill with a rare hereditary lung disease and was told he had only three years to live. He had to stop work, and he labors so much for breath that he can only sit in a chair and watch what is going on. “Now that he can no longer order his staff around,” Hanneke complained, “he dictates to me what I have to do. He is a totally changed man, domineering, disrespectful, always quarreling, and treating me like dirt. He makes me so miserable and angry that I often smash coffee cups against the wall, but only when he can’t see it.” Once, Hanneke left home, but returned. “How can I abandon my husband? We had a very good life together. We have a son and a grandchild; how can I leave him when he has only a few years to live? I have put on a mask and I totally efface myself and my pain in order to care for him.”

In Lourdes, Hanneke has time to cry, to feel her own pain, and to enjoy the care of the volunteers. It is she, not her sick husband, who is the center of attention. This enables her to distance herself from him and the trouble his illness has caused in the private sphere of the family. “I take off my mask and give in to my own feelings and emotions. I start to recognize that I am ill too, that it is not only my husband who is suffering.” Hanneke told the priest about her suffering and he repeated it when laying on of hands. “At that moment he appreciated and recognized my suffering,” she said. Like Roos and many other pilgrims, Hanneke mingles painful and nostalgic memories. She narrates how she used to enjoy life with her husband, how much she liked his attentive gestures, love letters, and small presents.

Painful memories give rise to nostalgic memories but also trigger memories of pain that pilgrims had thought were no longer there. Pilgrims kept saying, “pain, kept in the depths of my body, suddenly surfaces and makes me feel sad.” Suppressed memories of World War II, of a first husband, or a miscarriage more than 50 years earlier surfaced. Saddened, they would start to cry and then had difficulty stopping as the remembrance of one painful event triggered others. Through crying and storytelling, bottled up grief and anger flowed and brought emotional relief. The pilgrims felt healed by making these restless memories settle, often describing the process as “emptying the backpack.” The backpack loaded with sorrow and pain gradually became lighter through the pilgrimage.

The VGZ pilgrimage, comprising a sequence of ritual and symbolism, facilitated an emotional release. It nurtured self-confidence that enabled the pilgrims to speak out loud. In public rituals, pilgrims played an active role through
singing, carrying candles, praying aloud, or reading the Bible. Microphones carried their voices all over the sanctuary. Singing the Ave Maria and raising the burning candles to the rhythm of the song, the pilgrims performed and were seen, heard, and recognized. This shift from their marginal position in life to center stage in Marian ceremonies was a form of therapy and empowering.

Nostalgic memories were prevalent during the International Mass on the third day of the pilgrimage, held in the Underground Basilica that holds up to 25,000 pilgrims. The mass, with pilgrims of many nationalities and dozens of priests and bishops, was celebrated with a huge choir that pilgrims were invited to join. The Dutch pilgrims, with their empty churches, were delighted to see so many children and priests at the mass. The familiar liturgy, the smell of incense, and the Latin chants that they knew by heart but no longer sang in church were eagerly absorbed. They were pleased to experience the church in all its glory and rediscover things they had thought were already lost.

During the ritual, Arno became overwhelmed with emotion and memories, which attracted a doctor who came to sit next to him. After leaving the church, Arno explained, “Amid all those people, celebrating Mass and praying to Mary, I suddenly realized that Mary is still with us. I felt her and understood that I do not need to worry anymore. Everything changed quickly, nothing is like it was before. Everything we are familiar with and that gives us something to hold on to changes or disappears. My family, the church, everything becomes lost. I only have Mary, but I have been afraid that one day she would also be taken away by people saying that she doesn’t exist anymore. Now I know she is still there, carefully watching over us, and as long as she is not lost, neither will my family and I be lost.”

During the performance of the Stations of the Cross on the fourth day, emotional release reached a climax. The priest guiding the group invited comparing one’s own suffering with that of Christ. As this was near the end of the pilgrimage, the pilgrims did not expect much from this ritual, which they had often performed “automatically” in the past. However, the priest, who had listened to the pilgrims’ stories over the past few days, integrated each’s sorrow in his meditations at the Stations, and the pilgrims were so moved they could not refrain from crying. Everybody identified with the suffering and how people fall, scramble to their feet, then fall again; that bit by bit, everything is taken from them except for incomprehension and loneliness. At the Station of Mary, the priest managed to encapsulate the pilgrims’ suffering in the powerful image of the sorrowful Mary mourning her lost child. This Marian image now symbolized the pilgrims who felt lost and had lost so many things. This empowered the pilgrims to consider their own pain as on a par with Mary’s.

The pilgrims returned home emotionally and physically exhausted from a journey of profound transformation. It entailed physical movement from home
to the sanctuary, from one ritual space to another, and emotional movement that brought what had been hidden to the surface with marked therapeutic effect. For the pilgrims, the journey was no holiday but painful and arduous. They set out with stories, remade their stories, and constructed new ones in which private pain was no longer silenced and which gave them the power to take up their lives.

After the Pilgrimage: The Feeling of Power and Control

After their return home, the pilgrims secluded themselves and slept for days. Some disconnected the telephone to rest and recover, some fell ill. The pilgrims were exhausted from the few days in which many memories surfaced. They described it as an overwhelming experience that confused them but simultaneously felt good. It was not holiday but therapy.

Although the pilgrims had pleasant relationships with fellow pilgrims and volunteers, none of them has contacted any of the other pilgrims, nor did they intend to do so. As the Lourdes experience raised painful memories, people hesitated to recount the experience. The articulation of pain was contextually bound to the sacred space of Lourdes and to the temporary community of volunteers and pilgrims. Having experienced it, they wanted to distance themselves and rest.

Though the pilgrimage is not much commented on, the pilgrims do pass on the material memories they bought in Lourdes. They distributed souvenirs to their children, grandchildren, and friends. Those who went on pilgrimage in remembrance of deceased family members put candles and marble statues from Lourdes on their graves.

Three weeks after the journey, the experience inspired new and positive actions. Roos collected all that she had saved about her son’s death: photographs of his wedding and burial, newspaper cuttings about the accident, his obituary, and letters with the court’s judgement of her son’s employer. Not organized before, she arranged them in an album and displayed a wedding photo in the living room. Hanneke continued having “terrible dreams” every night. She dreamt of being dead herself. “It’s so strange,” she said, “I see myself being placed in the coffin, wearing my wedding dress, and my husband and son standing next to me. It is so beautiful.” When asked how she interpreted these dreams, she said, “It is so amazing that my husband is alive and cares for me, that he puts me in my wedding dress. I feel quiet now, as I am not sure anymore that he will die first. I always thought that my illness would not kill me, that I only had to care for him. Now I recognize that I feel a wreck and I could die myself.” Hanneke narrated her dreams to her husband and now worries less about him, and both worry more about her.

For Arno, the pilgrimage offered a future. When looking back on his life, he suffered from all the losses he experienced, and in particular, the loss of faith.
Before the pilgrimage I hardly dared to look ahead, I was always considering the difficult events I lived through. Now I see that there is a future, that there is not so much lost as I have always been thinking. I was not sure anymore that Saint Mary was there, listening to me when I was in need of her. Churches get empty or leave us on our own, ceremonies and rituals do not exist anymore, how could I be sure that Mary is still there?

Two years after the pilgrimage, I visited Arno and his wife, who told me that in the year following the pilgrimage they resumed churchgoing, which they rarely did previous. Now, each weekend they assist as sacristans in the chapel of a nursing home, clean the chalices and the candlesticks, and assist at the altar during mass and Communion. They proudly narrate how, one Sunday around Christmas, they took power. The chapel was full but the old priest did not show up because of a pouring rain. Arno and his wife then led the ceremony, took care of the profession of faith, the intercessions, and the prayers. Arno’s wife read the Bible, blessed the hosts, and administered Communion, and Arno assisted. “At the end, we won warm applause,” the couple proudly related. Considering that the Catholic church excludes women from religious leadership, this was a remarkably provocative performance.

These examples may indicate that the pilgrims have made fundamental changes in their lives and regained the power and the agency to fulfill their wishes and do what is good for them. While they can hardly intervene in the biomedical cure of their disease, they feel empowered to maintain the emotional healing that began during the pilgrimage. The painful events that overwhelmed them before are now within their grasp.

CONCLUSION

This Marian pilgrimage for sick Dutch pilgrims helps them cope with losses when growing old in secular society. The Dutch health-care insurance companies offer people who are in need of lost church rituals the possibility to go to Lourdes for spiritual care, giving those who are usually homebound access to an international sacred place. Before the pilgrimage, the pilgrims were depressed by personal losses they could not communicate in the biomedical domain, to the family, or in church. Ritual places and symbols that could help them in giving meaning to and accepting their pain were diminishing or absent. During the visit, pilgrims gained narrative mastery over painful events in their past. The Lourdes shrine was a place for breaking their silence, facilitating expressing painful memories to bring about emotional healing and empowerment. After the pilgrimage, the pilgrims could cope with their pain and gain control over their situation.

These data challenge the theory that people in pain have no words to express their pain, and confirm findings that religious practice offers the language to
articulate emotional experiences of pain (Brown 2001, Orsi 1996, Geertz 1973). The stories that are made at the Lourdes site are “illness narratives” (Kleinman 1988) in which sick people relate their biomedical disease to emotional suffering. Kleinman interprets the denial of illness narratives in medical care as a form of disempowerment of sick people. However, he does not reckon with religion as an idiom through which such illness narratives can be expressed. The Lourdes site appears to be a place where illness narratives that were unspeakable become articulated, and private problems of suffering and illness aired.

Though the Dutch pilgrims did not seek a physical cure at the shrine, they experienced a healing of emotional and silenced pain. Healing from religious journeys is often downplayed by a biomedical frame of mind, which does not take seriously personal traumas for which there is no biomedical cure, such as the death of a child, the loss of church and religious rituals, or the pain of growing old. But during the pilgrimage, these traumas were put center stage under the favorable conditions of attentive volunteers, comfortable hotels, and medical and pastoral care.

The totality of the event is key to the pilgrimage’s efficacy at healing (c.f. Dubisch and Winkelman 2001). Pilgrims will probably not feel the same relief if they do not pass through the different rituals in a specific sequence. By passing through this sequence of rituals, pilgrims are led to a catharsis of emotions. Such a release of emotions has to be carried through a safe environment in which old wounds become gradually activated and articulated. This power of the Lourdes pilgrimage must be understood as a process that starts and ends at home.

The community of fellow ailing people on a common mission is also critical. Rather than being isolated at home, the pilgrims share the company of fellow sufferers with whom they pray, sing, cry, carry candles, attend mass, and do some shopping. Not only the social relations among pilgrims but also the relations between pilgrims and volunteers is important for healing. Without an audience willing to listen to the pilgrims’ tales of woe, healing might not happen. The priests, especially, contributed to the power of the pilgrimage, as they were able to place individual suffering within meaningful and powerful religious narratives, as with Jesus’s agony and Mary’s grief over her dead child. All this makes the journey an emotionally exhausting experience that heals and reintegrates the pilgrims into the world.

Pilgrimage can be seen as “religion pour mémoire” (Hervieu-Léger 1993), a religious practice meant to remember and for continuity when loss and discontinuity seem to predominate. The commemoration of dead relatives—ancestors and children—is an important aspect of memory work at Lourdes. With remembrance, the pilgrimage is simultaneously a ritual of connection, linking past, present, and future, as well as linking the living with the dead. As such, it is particularly meaningful for elderly people, for whom life-stage rituals are generally
lacking but who have an urgent need to recollect and organize their past in order to envision a future.

NOTES

1. I thank Trudy van Helmond, policy officer and pilgrimage co-ordinator of the VGZ, who kindly let me be a volunteer in the June pilgrimage in 2004. She gave me ample information on the pilgrimages and critically read drafts of this article. I also thank the pilgrims for letting me share in their intimate stories and moving experiences at the Lourdes shrine.

2. I gratefully acknowledge the support of NWO (the Netherlands Organization for Scientific Research) and NORFACE (New Opportunities for Research Funding Co-operation in Europe) for part of this research.

3. The pilgrimage tradition originated with the beginning of the company in the early 1900s, when collectors went door-to-door to collect the insurance premiums and money for the so-called "Lourdes Fund" for the pilgrimages.

BIBLIOGRAPHY


