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<div align="center">Meditators as Modern-Day Pilgrims</div>

Twelfth-century pilgrims to Saint Thomas Becket's shrine in Canterbury experienced

miraculous healings. In the years surrounding Becket's assassination and veneration at

Canterbury, monks collected accounts of miracles that had occurred either at the shrine, while

the pilgrim was on their way to Canterbury, or even after a sick person's prayer at their home

(Finucane 1977, 87)[1]. These miracle records shed light on the role of belief, ritual and experience

for medieval pilgrims.

Like medieval pilgrims, chronically ill patients in Massachusetts leave their everyday

context in the hopes of finding inner peace. Created by Dr. Jon Kabat-Zinn, meditation-based

stress reduction programs employ mindfulness meditation in a structured group setting to provide

patients with tools to heal themselves through directed attention (Kabat-Zinn 1982, 37).

Although mindfulness meditation has Buddhist origins, Kabat-Zinn severed the ritual practice of

mindfulness meditation from its religious roots to make his program palatable to a secular culture

seeking healing without religious dogma.

The social phenomena of religious pilgrimage and mindfulness meditation resemble each

other in their use of ritual practice. For a Christian pilgrim in medieval England, religious

pilgrimage to a sacred site or relic offered solace from emotional and physical stressors.

Similarly, Kabat-Zinn's secularization of mindfulness meditation enables modern areligious

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[1] In this research paper, the author cites scientific research articles and books of historical research. In order to simplify the retrieval of reference information, a modified Chicago citation style has been used that includes both page number and year of publication.

people to engage in ritual without religion. In their book *Ritual and its Consequences*, Seligman *et al*. describe two major orientations towards religion and social organization. The ritual orientation emphasizes order, outward action, and the creation of an alternate "as if" reality (Seligman 2008, 19). In contrast, the sincere orientation is described as the pursuit of authenticity, wholeness, and "a genuine and thoughtful state of internal conviction" (Seligman 2008, 103). This framework sheds light on the similarities between the ritual experience of a medieval pilgrim and a modern meditator. This paper will argue that mindfulness meditators suffering from chronic illness are a present-day equivalent of medieval pilgrims in search of healing. This resemblance is seen in a shared emphasis on the healing experience, the centrality of ritual practices, and the role of community.

To clarify the experiences of these two social groups, it is helpful to distinguish between disease and illness: 'disease' is defined as an ailment compromising biophysical health, whereas 'illness' refers to the individual's understanding and experience of their health deterioration. In the same way, a 'cure' can be seen as complete medical recovery from a disease, whereas 'healing' reflects an improvement in the individual's experience and ability to cope with their illness (Vellenga 2008, 328). For both pilgrims and meditators, alternative medical interventions were often futile and experiences in shrines and meditation programs, respectively, often brought them healing, not a cure.

Finally, it is important to acknowledge the temporal and contextual gap separating these two social groups. Information on the miraculous experiences of medieval pilgrims is predominantly found in written documents that passed through the hands of monks who selected and recorded stories out of their own intentions and biases (Finucane 1975, 5). Accounts in this paper are therefore used as case examples and are not representative of all pilgrims of this

period. To make the two social groups discussed here more comparable, examples from the lives of pilgrims are limited to those whose intentions and actions reflect a desire for healing.

In contrast to the historical research method described above, Dr. Kabat-Zinn investigates clinical questions through quantitative, controlled studies. His methods and results are therefore more narrow than similar work done by an historical researcher. This paper will therefore make use of primary and secondary sources to shed light on the lives of twelfth-century pilgrims, while also using modern studies to examine the experiences of modern-day practitioners of mindfulness meditation.

Belief and Experience

Thomas Becket was one of the most popular English saints of the medieval period. He became archbishop of Canterbury in 1162 and his assassination in his cathedral on 29 December 1170 sparked one of England's most revered pilgrimage traditions (Barlow 2004). In the years following his death, Becket's shrine at Canterbury became known as the place where the Martyr "manifests himself in innumerable miracles", and this soon attracted visitors from England's poor masses as well as the wealthy elite of neighbouring countries (Abbott 1898, 528). In this period, two Canterbury monks named Benedict and William gathered what is believed to be the largest miracle collection of the Middle Ages (Ward 1982, 89). Their collection of Saint Thomas' miracles reveals the highly personal activity of storytelling that abounded in this period of medieval English history (Koopmans 2011, 5).

The years surrounding Saint Thomas' assassination were marked by theological and philosophical controversy over the Church's definition of a miracle. For thirteenth-century theologian Thomas Aquinas, the definition of a miracle reflected his premise that the supernatural world is distinct from "the order of natural causes" (Bartlett 2008, 9). The most

important factor in Aquinas' definition of a miracle was its cause - miracles were caused directly by God and were "outside or beyond the order commonly determined or observed in nature" (Finucane 1977, 52). This new definition of a miracle gave a theological solution to the practical problem of papal canonization (Bartlett 2008, 10). In 1200, Pope Innocent III issued a papal bull requiring indisputable evidence of a miracle before a person could be officially canonized by the Catholic Church (Bartlett 2008, 10). As a result, miracle collections were no longer catalogues of personal encounters with the supernatural; they instead became evidence of a saint's miracle for use in papal investigations (Koopmans 2011, 205). Therefore, miracle accounts from Becket's shrine come from a period of change where the experiences of everyday people were distinct from the theories and procedures of the religious elite (Koopmans 2011, 203).

The illiterate and uneducated masses of medieval England formed the majority of those experiencing miracles (Finucane 1977, 55). Amid theological discussion on the definition of miracles, pilgrims in twelfth- and thirteenth-century England accepted their experiences as miraculous without investigating the exact cause of their healing. Pilgrims and clergy were occupied by their experience of miracles, and not their understanding of how and why miracles occurred (Ward 1982, 30). The pilgrim's emphasis on experience is further confirmed by Saint Thomas' popularity and veneration prior to his official canonization in 1173 (Barlow 2004). For example, Becket's first posthumous miracle was recorded to have occurred within one week of his death (Abbott 1898, 419). Indeed, pilgrimage in this period was characterized by a search for a healing experience independent of sincere belief or understanding.

Like medieval pilgrims in search of healing, patients in Kabat-Zinn's program seek an experience of inner healing, not a changed worldview. Kabat-Zinn explains that "this form of meditation requires no particular religious or cultural belief system" (Ludwig and Kabat-Zinn

2008, 1350). Although mindfulness meditation has a religious basis, its practice has been severed from its Buddhist origins for North American practitioners. Patients in Kabat-Zinn's program engage in ritual practices without subscribing to the worldview from which it originates.

The first participants in Kabat-Zinn's program did not know how or why the program improved their quality of life; after years of suffering from chronic pain, many patients were desperate for help to cope with their situation (Fjorback and Walach 2012, 3). Participants are not interested in identifying the exact cause of the improvement in their condition. Even researchers admit that the mechanism by which mindfulness meditation improves mental health remains unclear (Fjorback and Walach 2012, 11). Participants are not expected to understand how the program improves their sense of well-being.

Medieval pilgrims and modern meditators share an emphasis on the experience of healing. Medieval theologians debated the definition and theology of miracles while pilgrims experienced miraculous healings in large numbers. For the modern-day meditator, participants commonly express improved pain and stress management despite controversy over the mechanism and effectiveness of mindfulness-based stress reduction programs. For both groups, it is clear that experience and action supersede sincerity, belief and understanding.

Meditation, Pilgrimage, and the Role of Ritual

Ritual and sincerity are opposite orientations to religion and society. "Ritual orientations stress the performative, repetitive, subjunctive, antidiscursive, and social. Sincere orientations, on the other hand, tend to privilege the indicative, unique, discursive, and private" (Seligman 2008, 115). Kabat-Zinn's program is ritualistic in its emphasis on repetition. It is an approximately 10-week course that involves a weekly group session and daily meditation exercises. Kabat-Zinn argues that detached observation of experiences can be achieved "by

repeated practice" (Kabat-Zinn 1982, 35). The weekly group meditation sessions also reinforce the program's ritualistic nature, according to Seligman's theory. The program encourages sharing and community-building, an aspect to be discussed in detail later. The meditation program exemplifies what Seligman would consider "subjunctive" in that it creates an alternative, imagined experience of life distinct from the real world of suffering experienced by most patients in the program.

Mindfulness meditation also bears many similarities with Seligman's definition of the sincere orientation. Sincere elements of the program include individual discipline, self-responsibility and the use of "internal resources" (Kabat-Zinn 1982, 37). It also emphasizes the centrality of authenticity by encouraging teachers in the program to meditate as well (Kabat-Zinn 2003, 150).

The practices of medieval pilgrims are of the ritual approach due to their use of repetition. Pilgrims often underwent elaborate rites at the beginning their pilgrimage, including fasting, confession and specific blessings (Finucane 1977, 48). For example, the ritual approach to confession is seen in one pilgrim to Canterbury who claimed to have been so ill that he had been "confessing himself, not once, but seven times, a week" (Abbott 1898, 495). Arrival at the shrine would often require the removal of shoes and it was also common for pilgrims to kneel, pray, and light a candle to show their devotion (Finucane 1977, 49). Through these ritualistic acts, pilgrims escaped the everyday reality of their illness and engaged in a ritual community centered at the saint's shrine.

Pilgrims experienced social unity despite difference in motivation (Finucane 1977, 40). Whether they went for penance, out of thanksgiving, or simply out of a desire to travel, external ritual enabled pilgrims to join the ritual community through shared behaviour. Like Seligman

proposes in his theory on ritual, pilgrims experienced social unity through their shared behaviours, not their belief or convictions. For both the medieval pilgrim and the mindfulness meditator, external behaviour facilitated community formation.

Another aspect of the ritual orientation is the secondary role of belief. Seligman describes the ritual approach as different from the sincere approach in that it privileges action over intent (Seligman 2008, 105). This ritual approach is seen in Kabat-Zinn's program, where patients are encouraged to let go of their expectations and simply perform the exercises (Kabat-Zinn 2003, 148). Patients participate hoping for relief, yet are told to let go of expectations for the program at the same time. This dichotomy highlights that Kabat-Zinn's program is of the ritual approach because it allows for contradictory beliefs and expectations.

Medieval pilgrims also held contradictory beliefs. For example, pilgrims would likely have believed that God's power was the same everywhere (Finucane 1977, 85). Despite this religious belief, many pilgrims travelled from shrine to shrine in the hopes of being healed, suggesting a belief that God's power was more present at the shrines of his saints.

Accounts of Becket's miracles also give examples of pilgrims that were explicitly told not to expect healing. In one case, the Saint visited a lame boy in a vision, saying "you shall certainly not recover. Go hence, I will do nothing for you" (Abbott 1898, 476). The boy is not given an explanation, and is thus not held responsible for the Saint's inaction. For the practice of both medieval pilgrimage and modern mindfulness meditation, rituals are to be performed diligently and properly – sincere belief is secondary.

Ritual and the Subjunctive

In his theory on ritual, Seligman argues that ritual imagines an "as if" universe that creates order in the midst of a chaotic, discontinuous existence (Seligman 2008, 17). Jonathan Z.

Smith writes the following on the subject of ritual's role in a complex world: "Ritual represents the creation of a controlled environment where the variables (i.e., the accidents) of ordinary life may be displaced precisely because they are felt to be so overwhelmingly present and powerful" (qtd. in Seligman 2008, 27). Ritual exists because it is different from real, lived experience.

A subjunctive view of ritual is intrinsic to Kabat-Zinn's program. Kabat-Zinn teaches his meditators, many of whom suffer from chronic pain, to observe experiences with "detachment", i.e., without any interpretation or judgment of them as being either good or bad (Kabat-Zinn 1982, 34). Kabat-Zinn encourages participants in his program to "avoid becoming involved in the content of individual thoughts" and empowers them to control their thoughts and emotions instead of being controlled by them (Kabat-Zinn 1982, 36). The meditation ritual thus helps patients detach from their overwhelming circumstances and create the controlled environment described by Smith.

Seligman also states that "ritual helps refine our ability to respond properly to situations" (2008, 35). By repeatedly performing a ritual act, the individual acquires the act as a new possible response to life events. Seligman's interpretation of ritual is evident in what Kabat-Zinn explains is the purpose of mindfulness meditation:

> "The experience of patients practicing mindfulness meditation suggests that increased awareness and sensitivity to the attributes of pain and to stress reactions in the moment, lead to the *spontaneous development of new cognitive and behavioral coping responses* to pain and stress, replacing nonadaptive conditioned pain behaviors and knee jerk stress reactions" (Kabat-Zinn 1982, 44; *emphasis added*).

Kabat-Zinn's program thus attempts to create a world where patients respond differently to pain and stress. This world can be understood as Seligman's "subjunctive universe" because of how different it is from the familiar world of suffering experienced by the average hospital patient.

<u>Ritual and Community</u>

Medieval pilgrimage encouraged the formation of social bonds. Pilgrims transgressed conventional social boundaries of age, gender and social status through shared experiences (Goodich 2007, 4). Pilgrims immersed themselves into the social role of pilgrim by wearing badges, carrying a staff, and staying in designated pilgrim hospices (Goodich 2007, 4). Some pilgrims even donned souvenirs to show they had visited a particular shrine. For example, pilgrims to Becket's shrine were given a diluted mixture of the Saint's blood to drink or wear in a phial around the neck (Barlow 2004). These aspects of the pilgrimage experience exemplify what Seligman describes as the core of ritual practice – ritual is a human construct that creates social cohesion (Seligman 2008, 19). Canterbury pilgrims sought healing through rituals that defined them as pilgrims and joined them to the sacred community.

Widespread interest in divine activity also encouraged community formation (Koopmans 2011, 16). As pilgrims shared personal miracle stories, all those interested in news about the saint were joined to one another through the act of storytelling. In contrast to previous research, Koopmans states that it was primarily storytelling, and not miracles themselves, that created social bonds (Koopmans 2011, 17).

The role of storytelling in encouraging community formation among pilgrims resembles the practice of sharing stories in Kabat-Zinn's program. Kabat-Zinn says that sharing experiences in a group context is a key element of his program, even stating that "group support

enhanced individual motivation and compliance" (Kabat-Zinn 1982, 37). A meta-analysis examining the impact of these programs found that "a state of connectedness and an experience of being, belonging and caring are strong pillars of this program" (Fjorback and Walach 2012, 4). The program's group sessions promoted the formation of social bonds and supports the view that ritual is a communal activity.

Another similarity between Becket's shrine and Kabat-Zinn's program is the social makeup of participants. Indeed, many Canterbury pilgrims sought healing from the Saint because physicians were powerless to cure them (Abbott 1898, 461). For example, one pilgrim by the name of Hugh de Beauchamp prayed to Saint Thomas because he "could not find a physician to undertake the cure of Nicolas his son suffering from dropsy" (Abbott 1898, 495). Another example comes from the very earliest of Benedict's miracle accounts: Aaliza of London vowed to Saint Thomas that she would go on pilgrimage in exchange for her the healing of her daughter, but only after "potions, caustic, and other remedies had been tried in vain" (Abbott 1898, 454). Like Kabat-Zinn's meditation programs in the biomedical context, supernatural healing was often a second resort for medieval pilgrims to Canterbury.

Kabat-Zinn's program resembles Becket's shrine in its accommodation of those who had already sought healing through other available resources. Kabat-Zinn states the following about his meditation program: "In the hospital, [my program] functions as a "net" to catch patients who tend to "fall through the cracks" (Kabat-Zinn 1982, 33). Many of the first participants in Kabat-Zinn's program were chronically ill patients who were unsatisfied with their symptom management or who had no other medical resources available to them. The meditation program supplemented medical care and served as a "referral outlet" for physicians with no further treatments to offer their patients (Kabat-Zinn 1982, 34).

At their core, medieval pilgrims and mindfulness meditators resemble each other in their desire to overcome adversity. The medieval understanding of disease processes made for ineffective diagnosis and therapy, leaving medieval doctors with little to offer their patients in terms of curative treatments. Likewise, many modern chronic diseases remain poorly understood and intractable, leaving patients in pain and uncertainty. Both pilgrim and meditator experienced an inability to change their circumstances. In this context of suffering, ritual helped them overcome challenging circumstances. Ritual action provides stability and agency in an otherwise chaotic world. For the twelfth-century pilgrim to Canterbury, a deeply-rooted, community-oriented faith in God encouraged belief in and the experience of miracle healings. In the modern context, the quasi-religious practice of mindfulness meditation is palatable in its spiritual core yet religiously-unaffiliated exterior. Religious medieval pilgrims and secular present-day meditators may have vastly different beliefs and behaviours, but amid these differences, the timeless practice of ritual satisfies a shared longing for inner peace and well-being.

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