

## **PILGRIMAGE AND PEDAGOGY IN AN AGE OF PANDEMIC: *My Approach to Teaching Spirituality at a Health Science University***

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### **A World Disrupted, A World Revealed**

“When a large disturbance shakes a complex system, the weakest parts of the system collapse first.”<sup>1</sup> Such evidence can be seen as the COVID-19 virus impacted the most vulnerable within society—the elderly and those with preexisting medical conditions. Likewise, the pandemic exposed the fragility of social, economic, and political institutions, such as the brokenness of the healthcare system, racial injustice and economic inequality, to brittle supply chains, climate threats, political corruption, all of which has unraveled our social fabric. Indeed, if pandemic has revealed anything, it is the global interconnectedness of all things, and the instability of seeming certainty. Conversely, and more positively, pandemic has shed light on the ingenuity of human creativity in devising a vaccine and the resiliency of community to overcome.

This pandemic must ultimately be placed in a wider context, an ecological and theological one. In what has now become a classic, albeit contentious, essay on the relationship of Christianity and its alleged destructive influence on the way Western societies have conceptualized “nature,” Lynn White argues for the necessity of religion in reframing our relationship to nature.<sup>2</sup> While White’s arguments have spurred much debate, the connection he made between religion, said belief systems, and the ecological crisis—for good and for ill—

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<sup>1</sup> Kathi Vian, “The Deeper, Longer Disease,” *Institute for the Future*, 10 June 2020, <https://medium.com/institute-for-the-future/the-deeper-longer-disease-13e859de2d16>.

<sup>2</sup> Lynn White, Jr., “The Historical Roots of Our Ecological Crisis,” *Science* 1550, no 3767 (1967): 1203-1207.

undoubtedly highlights the inseparable connection between the two. Ecology is not only a branch of biology concerned with how organisms interact with their environment, in its broadest sense ecology (*oikos*) is the science of relationships. This includes both scientific as well as human ecology. As for theology (*theos*), Scripture is steeped in ecological language from Genesis to Revelation, from the creation narratives to the prophetic hope of a world restored. These narratives are about relationships: Yahweh as the God who is always-in-relationship, the One who is with us and all of creation.

Though COVID-19 is still in its infancy as a virus, we know that a pandemic is far too complex to be naively conceived as a manageable problem. Nevertheless, it has afforded us a “strange stillness” for reflection as one author put it, “to consider our broken relationship with the natural world, and our alienation from a deeper sense of purpose and meaning.”<sup>3</sup> Whether the cosmos is careening towards collapse or transformation, placing *oikos* and *theos* into respective discourse (*logia*) with each other is not only long overdue within Adventist theology, but paramount if there is any hope of the latter. To not address pandemic as a community of religious scholars would be to miss a moment of opportunity.

Over the course of the next couple days, you will be stimulated by a range of perspectives and methods employed to address our theme of ecology and theology in an age of pandemic. Each presenter brings her or his own expertise, scholarship, and experience to bear on the topic-at-hand. And my presentation this evening is no different. My aim, in the next few moments I have with you, is to address one specific aspect of our Call for Papers: that “strange stillness” to which I just referred—reflecting on our broken ecology of relationships with the world, each

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<sup>3</sup> Alexander J. B. Hampton and Annalea Rose Thiessen, “Introduction: Theology and Ecology in a Time of Pandemic,” in *Pandemic, Ecology, and Theology: Perspectives on COVID-19*, ed. Alexander J. B. Hampton (New York: Routledge, 2021): 1.

other, and consequently our alienation from a deeper sense of purpose and meaning. This fits within a broader discussion on the ever-growing interest in spirituality *vis-a-vis* religion, and its position as a meaning-making construct. The professional context from which I address this particular aspect of the CFP is that of a clinically trained pastoral counselor and practical theologian tasked with teaching spirituality to aspiring healthcare professionals at Loma Linda University—a faith-based health science university located in Southern California. Allow me now to set the stage for what follows by offering a brief overview of spirituality within the healthcare setting.

### **Spirituality and Healthcare**

“The effects of COVID-19 have had a major impact on people’s...activity, routines, livelihoods, mental health and well-being,” write the authors of an oft-cited article on spiritual care in relation to pandemic. Moreover, “People who have COVID-19 tend to present with severe distress associated with the disease that affects different aspects of their wholeness, including physical, emotional, mental, social and spiritual components.”<sup>4</sup> While social distancing and personal hygiene practices, such as the wearing of appropriate face masks, have proven to reduce the spread of infectivity and minimize contagion, thereby reducing the pressure on the overall public healthcare system, such interventions have been a double-edged sword of protection. Still, the psychiatric consequences persist and include “the prevalence of depression, anxiety, fatigue, insomnia, and post-traumatic stress.”<sup>5</sup> Amidst this dizzying array of symptoms, it appears the veil is rather thin, or perhaps even nonexistent, which separates the patient and

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<sup>4</sup> Nicolette V. Roman, Thuli G. Mthembu, Mujeeb Hoosen, “Spiritual Care—‘A Deeper Immunity’—A Response to Covid-19 Pandemic,” *African Journal of Primary Health & Family Medicine* 12, no 1 (2020): a2456, <https://doi.org/10.4102/phsfm.v12i1.2456>.

<sup>5</sup> Giancarlo Lucchetti, Leonardo Garcia Goes, Stefani Garbulio Amaral, et al., “Spirituality, Religiosity and the Mental Health Consequences of Social Isolation During Covid-10 Pandemic,” *International Journal of Social Psychiatry* (2020): 1-8, <https://doi.org/10.1177/0020764020970996>.

clinician. As “*healthcare workers* risk their lives to save people who have COVID-19 while promoting compassionate care,” they, too, experience similar symptoms and trauma themselves.<sup>6</sup> To borrow a phrase from Henri Nouwen, healthcare workers during the pandemic are indeed the “wounded healers,” of our age, “called to recognize the sufferings...in our own hearts [as well as] make that recognition the starting point of our service.”<sup>7</sup>

If there ever has been a time where we have seen an overwhelming interest in, and need for spirituality, especially in healthcare delivery and patient care, it has been amidst this pandemic.<sup>8</sup> Harold Koenig, one of the leading researchers investigating the significance of spirituality in healthcare, has mounted an impressive *curriculum vitae* of peer-review manuscripts making what is now the indubitable assertion of how significant the spiritual dimension is to overall health and consequently to healthcare delivery.<sup>9</sup> The broader intellectual and cultural context is of course the growing trend to privatize and marginalize institutional religion in the West, while at the same time epistemologically turning towards lived experience.<sup>10</sup> Spirituality has thus become part of our *zeitgeist* now gaining an authority once

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<sup>6</sup> Roman, Mthembu, Hoosen, “Spiritual Care,” 1 (emphasis mine).

<sup>7</sup> Betty R. Ferrell, George Handzo, Tina Picchi, Christina Puchalski, William E. Rosa, “The Urgency of Spiritual Care: COVID-19 and the Critical Need for Whole-Person Palliation,” *Journal of Pain and Symptom Management* 60, no 3 (September 2020): 7-11; see also Philip Joseph D. Sarmiento, “Wounded Healers: A Call for Spiritual Care Towards Healthcare Professional in Time of COVID-19 Pandemic,” *Journal of Public Health* 43, no. 2 (2020): 1-2, <https://doi.org/10.1093/pubmed/fdaa232>; Henri J. M. Nouwen, *The Wounded Healer: Ministry in Contemporary Society* (New York: Penguin Random House, 1972).

<sup>8</sup> Marcus Renato Castro Ribeiro, Rodolfo Furlan Damiano, Ricardo Marujo, Fabio Nasri, “The Role of Spirituality in the COVID-19 Pandemic: A Spiritual Hotline Project,” *Journal of Public Health* 42, no. 4 (23 November 2020): 855-856; Fides A. Del Castillo, “Health, Spirituality and Covid-19: Themes and Insights,” *Journal of Public Health (Oxf)* 43, no. 2 (7 June 2020): e254-e255, <https://doi.org/10.1093/pubmed/fdaa185>.

<sup>9</sup> As I said, the list is long. However, two texts that are accessible and relevant to the discussion here include: Harold G. Koenig, *Faith and Mental Health: Religious Resources for Healing* (Philadelphia: The Templeton Foundation Press, 2005); *Spirituality in Patient Care: Why, How, When, and What*, 3<sup>rd</sup> ed. (Philadelphia: The Templeton Foundation Press, 2013).

<sup>10</sup> See Theodore R. Schatzki, Karin Knorr Cetina, Eike Von Savigny, eds, *The Practice Turn in Contemporary Theory* (New York: Routledge, 2001).

attributed to religion. These factors, among others, lend credence to the notion that spirituality is one of *the* primary arbiters of social identity and human interaction.<sup>11</sup>

Yet, in some ways, spirituality bears remarkable resemblance to religion in that it comes with its own unique challenges, namely the dizzying array of definitions and applications. What exactly do we mean by “spiritual” and what is “spirituality”? Across the swath of healthcare literature and practice the terms “spirituality” and “spiritual care” have come to mean virtually everything from the esoteric and transpersonal to the pedestrian. In fact, one healthcare student of mine went so far as to liken her view of spirituality to a bowel movement on the toilet! Any attempt to pin down a definition to which all can agree, or identify spirituality with a single essence or substance within people or the world seems to be an exercise in futility. To characterize spirituality as a highly controversial and contested concept is an understatement of gross proportion.

Critics of spirituality identify the polyformic uses of spirituality, among other concerns, as rendering the term and its cognates valueless and meaningless.<sup>12</sup> The result is that, in terms of healthcare delivery, spirituality should have no place but rather should be *replaced* by more naturalistic and secular perspectives devoid of religion and/or spirituality. Spirituality, argues these critics, is meaningless. Those seeking to counter such arguments resort to a variety of tactics including the appeal to etymological purism—a view that espouses how a search for the original meaning of a term will resolve all confusion and get everyone on the same page. But the

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<sup>11</sup> David Tracey quoted in Ursula King, *The Search for Spirituality: Our Global Quest for a Spiritual Life* (New York: BlueBridge, 2008), 16.

<sup>12</sup> The criticisms leveled against the role of spirituality in healthcare are many. Some examples include the following: Anthony Bash, “Spirituality: The Emperor’s New Clothes?” *Journal of Clinical Nursing* 13 (2004): 11-16, <https://doi.org/10.1046/j.1365-2702.2003.00838.x>; John Paley, “Spirituality and Nursing: A Reductionist Approach,” *Nursing Philosophy* 9 (2008): 3-18, <https://doi.org/10.1111/j.1466-769X.2007.00330.x>; R. P. Sloan, E. Bagiella, T. Powell, “Religion, Spirituality, and Medicine,” *Lancet* 353 (20 February 1999): 664-667, [https://doi.org/10.1016/S0140-6736\(98\)07376-0](https://doi.org/10.1016/S0140-6736(98)07376-0);

truth is that, while words have a history, the nature of language is dynamic. It changes over time and is conditioned by circumstance, not to mention the socio-political dimensions of language. But just because a word is vague, contested, or has multiple definitions does not entail it lacks significance.

In an intriguing article published in the *Journal of Nursing Philosophy*, practical theologians, John Swinton and Stephen Pattison, embrace the multi- or polyvalent meanings of the term spirituality in healthcare, and argue on the grounds of functionality that such thinness and vagueness are actually its greatest strengths. “Multiple definitions,” they write, “may be indicative of the necessity and the flexibility of the term to meet particular needs that would otherwise go unmet.”<sup>13</sup> The appeal to spirituality functions contextually as a way of naming absences within healthcare as experienced particularly by those who are ill, disabled, or otherwise under duress. “In a highly secularized healthcare context, it [i.e., spirituality] seeks to recapture those dimensions of the human person that were once expressed in religious language and that are not captured effectively by biomedical discourse,” such as meaning, purpose, hope, connectedness, love, transcendence, etc.<sup>14</sup> It is important to note that such experiences and qualities of human existence “...do not actually describe what spirituality *is* as an identifiable discrete entity...”; rather, they are descriptive of a multifaceted human *quest*, “...engage[d] in for the purpose of gaining a sense of well-being, and take on particular significance in times of ill-health.”<sup>15</sup>

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<sup>13</sup> John Swinton and Stephen Pattison, “Moving Beyond Clarity: Towards a Thin, Vague, and Useful Understanding of Spirituality in Nursing Care,” *Nursing Philosophy* 11 (2010): 231.

<sup>14</sup> Swinton and Pattison, 232. For a fascinating study of how medicine and healthcare systems have reduced the clinician to “tiny cogs in an unstoppable machine” by erecting hostile boundaries between patient care, religion, and spirituality, see: Michael J. Balboni and Tracy A. Balboni, *Hostility to Hospitality: Spirituality and Professional Socialization within Medicine* (Oxford: Oxford University Press, 2019).

<sup>15</sup> Swinton and Pattison, 232 (emphasis mine).

In this respect, if spirituality in healthcare is to be viewed as a quest human beings engage particularly in times of ill-health, then it would appear the experience of sickness or disability can potentially lead to wholeness and healing, as such experiences often mark the beginning of a spiritual quest or journey.<sup>16</sup> Spiritual care, then, is the process by which a healthcare practitioner assists patients “on their multiple quests to make that which may be absent present.”<sup>17</sup> Swinton and Pattison describe that “for some people, this kind of quest may be an overtly religious one and they may require and seek religious care to meet religious needs. For others, their ‘spiritual quests’ may be human or even material.”<sup>18</sup>

In what follows, I would like to build on this description of spirituality-as-quest, what it takes to offer spiritual care, and apply it to my own context as a professor attempting to inhabit what I would refer to as a liminal space between religion and spirituality at Loma Linda University—the only Protestant faith-based health science university in America that requires religion courses for all of its 100+ undergraduate, graduate, and post-baccalaureate (e.g., MD, DDS, PharmD) programs. Specifically, I would like to propose the theory-rich practice of pilgrimage as a curricular organizing concept for teaching spirituality to aspiring healthcare professionals, with specific attention to occupational therapy students-in-training. Henceforth, this presentation shall be divided into two parts: (1) an overview of the role of spirituality in occupational therapy (OT) and OT education; and (2) engagement with the practice of pilgrimage and its utility for teaching spirituality and spiritual care to OT students.

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<sup>16</sup> Siroj Sorajjakool, *When Sickness Heals: The Place of Religious Belief in Healthcare* (Philadelphia: Templeton Foundation Press, 2006).

<sup>17</sup> Swinton and Pattison, 233.

<sup>18</sup> *Ibid.*

## Spirituality in Occupational Therapy Practice and Education

Of the many religion courses I teach for the various health science programs at Loma Linda University, “RELR 536: Spirituality and Everyday Life”—a course taught for the Master of Occupational Therapy (MOT) Program—is among my most popular.<sup>19</sup> But I must confess, before taking this course on, I knew virtually nothing about occupational therapy, who they are, what they do, and the unique role they play in healthcare delivery. Wanting to be student-centered in my course learning objectives, I had to overcome a rather steep learning curve. I consulted with faculty colleagues in the MOT program, as well as the few OT students I had met on campus, spoke with occupational therapists in the community, and started to familiarize myself with the prodigious amount of literature regarding spirituality and OT. So, I would like to pass on some of what I have learned by way of a brief overview of the field, domain, and process of OT practice.

According to the official document of the American Occupational Therapy Association (AOTA), *Occupational Therapy Practice Framework: Domain and Process* (henceforth referred to as the *Framework*), OT is defined as:

the therapeutic use of everyday life activities ([which are referred to as] occupations) with individuals or groups for the purpose of enhancing or enabling participation in role, habits, and routines in home, school, workplace, community, and other settings. Occupational therapy practitioners use their knowledge of the transactional relationship among the person, his or her engagement in valuable occupations, and the context to design occupation-based intervention plans that facilitate change or growth in client factors (body functions, body structures, values, beliefs, and spirituality) and skills (motor, process, and social interaction) needed for successful participation.<sup>20</sup>

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<sup>19</sup> While I have made this course completely my own, it was originally developed by a former colleague of mine in the School of Religion at Loma Linda University, Siroj Sorajakool. I am indebted to Siroj for many things, not the least of which is giving me the opportunity to make this part of my annual teaching load.

<sup>20</sup> *Occupational Therapy Practice Framework: Domain and Process*, 3<sup>rd</sup> ed. (American Occupational Therapy Association, 2014): S1 (bold mine).



It is easy to overlook or take for granted the significance of the OT, because their scope of work is focused on the seemingly mundane aspects of life, the everyday. We often do not realize how important an OT is for the simple reason that we give little attention to that which we do naturally, habitually, and without thinking. Yet, the vast majority of our 80 years or so of existence on this planet is comprised of such things as sleeping, trying to get to sleep, working, commuting, sitting, looking at a screen, preparing and making food, eating, exercising, using the toilet, tending to household chores, etc. It is precisely in the performance of these daily activities by patients that OTs locate their domain of practice.

One of the keys to understanding the philosophical underpinnings of OT lies in an explication of the phrase “transactional relationship.” As in: “Occupational therapy practitioners use their knowledge of the transactional relationship *among the person...*” to “...design occupation-based intervention plans that facilitate change or growth...” This phrase represents a holistic view of the human person that OTs bring to their practice. Put in another way:

A core philosophical assumption of the profession, therefore, is that by virtue of our biological endowment, people of all ages and abilities require occupation to grow and thrive; in pursuing occupation, humans express the totality of their being a mind-body-spirit union. Because human existence could not otherwise be, humankind is, in essence, occupational by nature.<sup>21</sup>

By recognizing the import of the transactional mind-body-spirit relationship, as the client participates in daily activities, OTs use occupations as both the means and the ends of interventions. “This knowledge sets occupational therapy apart as a distinct and valuable service (Hildenbrand & Lamb, 2013) for which a focus on the whole is considered stronger than a focus on isolated aspects of human function.”<sup>22</sup> With respect to process, OT bears much resemblance

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<sup>21</sup> Barbara Hooper and Wendy Wood, “The Philosophy of Occupational Therapy: A Framework for Practice,” in *Willard and Spackman’s Occupational Therapy*, 12<sup>th</sup> ed., eds. Barbara A. Boyt Schell, Glen Gillen, and Marjorie E. Scaffa (Philadelphia: Lippincott Williams and Wilkins, 2005), 38.

<sup>22</sup> *Framework*, S4.

to other healthcare professions in terms of evaluating, intervening, and targeting intervention outcomes. However, “only occupational therapy practitioners focus on the use of occupations to promote health, well-being, and participation in life.”<sup>23</sup> This holistic perspective represents a significant departure from the traditional empiricist model of medicine and healthcare, and has been one of the hallmarks of this field since its inception in the early 1900s.

Another important term in the aforementioned definition of OT, is the significance of spirituality. Ever since spirituality was formally appropriated as a factor that impacts client’s occupations in the 2nd edition of the *Framework*, international scholars and practitioners in the fields of religion, occupational science, and occupational therapy have becoming increasingly engaged in dialogue, developing theories, and conducting research on the relationship between spirituality and daily activities. The daily activities that occupy people’s time and space constitute the nexus of meaning-making for clients who are otherwise permanently disabled and/or in need of rehabilitation. Spirituality, for the OT, is thus connected to a patient’s ability to create and experience meaning through daily activities or occupations.

With the holistic philosophy of care inherent within the field, it would seem any discussions about spirituality would find unparalleled resonance among OT theorists. However, such an assumption would be misplaced, for the complexity and confusion around the terms spiritual and spirituality are also extant within OT literature. Since the 1990s, when OT theorists such as Egan and DeLaat, Vargo and Urbanowski, and Loretta do Rozario began to examine the significance of spirituality in earnest, these concepts have since gone through an evolution but were originally focused on how OT practitioners’ beliefs, attitudes, and opinions about spirituality could inform the field. What was lacking were the unheard voices of *patients*, and

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<sup>23</sup> *Framework*, S10-11.

how spirituality should relate to clinical practice. And so in the early 2000s, as Mick Collins notes, a significant shift took place where “researchers started to explore how clients’ associated spirituality in relation to their lived experiences.”<sup>24</sup> We cannot underestimate the monumental importance of this shift in perspective.

Academics are apt to quibble over definitions and theories of spirituality, but what is often omitted in such debates are “the voices, habits, and perceptions of ordinary people,” especially as it relates to healthcare, who address “issues of purpose, identity, and the self”—the very language of spirituality.<sup>25</sup> As Swinton and Pattison suggest, it is this language of spirituality that is “particularly helpful in times of chaos, struggle, and distress, i.e., in situations where people are ill or under pressure.” Thus, in any discussion about the use of spirituality, it is critical to ask ourselves *who* is using the language and *for what purpose*. “The task is to listen and to understand the function and direction of the language of spirituality, not to question its validity or right to exist and be used.”<sup>26</sup>

This discussion of spirituality, grounded in how patients use the language of spirituality, clearly has implications for clinical practice, as well as the formal training and education of OTs. The problem is despite the holistic orientation, of which spirituality plays a significant part, not to mention the “historical, theoretical, and personal evidence suggesting the importance of infusing spirituality into practice, American occupational therapists are not incorporating spirituality into treatment,” according to an oft-cited study by Cara Belcham.<sup>27</sup> In the *Journal of*

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<sup>24</sup> Mick Collins, “Spirituality and Occupational Therapy: Reflections on Professional Practice and Future Possibilities,” in *Spirituality Across Disciplines: Research and Practice*, eds. Marian de Souza, Jane Bone and Jacqueline Watson (Switzerland: Springer International Publishing, 2016), 205.

<sup>25</sup> Swinton and Pattison, 229.

<sup>26</sup> Ibid.

<sup>27</sup> Cara Belcham, “Spirituality in Occupational Therapy: Theory in Practice?” *British Journal of Occupational Therapy* 68, no. 1 (2004).

*Occupational Therapy and Mental Health*, Douglas Morris cites no less than 40 studies to demonstrate how there is a major gap between theory and practice as it relates to the construct of spirituality.<sup>28</sup>

Findings from these studies reveal how many OTs believe they possess inadequate skills to address spiritual matters with clients, are fearful of imposing their own personal beliefs onto patients, do not fully understand the connection of spirituality to occupation, and report how their formal OT curricula did not prepare them to address the spiritual needs of their patients through the therapeutic modality of occupation, especially in times of crisis. Failure to address this theory-practice gap in OT not only undermines its holistic orientation, but could lead OTs to being out of compliance with the written accreditation standards for spiritual care as mandated by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Occupational therapists are required to be alert to patients' spiritual needs and at the very least know enough when to refer to other members of the multidisciplinary treatment team.

As an educator at Loma Linda University, I feel the weight of responsibility to help bridge this theory-practice gap. Fortunately, numerous studies investigating perceptions of spirituality and spiritual care in OT practice exist. It is therefore possible to identify multiple curricula areas to address in erecting a learner-centered curriculum. Through education, OTs may better understand the dynamics and language of spirituality in order to operationalize it in practice and make the connection with occupation as a therapeutic modality. To do so will necessitate personal engagement with spirituality and how that relates to one's everyday life and experiences of disease, loss and/or disability. Through education, therapists can become familiar with the use of spiritual assessment tools to use in the profession. Taken together, both the

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<sup>28</sup> Douglas N. Morris, "Perceptions of Spirituality and Spiritual Care in Occupational Therapy Practice," *Journal of Occupational Therapy and Mental Health* 29, no. 1 (2013): 63.

theoretical and practical engagement of spirituality will undoubtedly contribute to a more complete understanding of the AOTAs position on spirituality as a clinical construct.

Based on these recommendations for revision in OT education, I have sought to construct a course in concert with Swinton and Pattison’s functional use of spiritual-as-quest utilized by healthcare patients in times of crisis and loss. I believe this opens the door for the rich and enduring practice of pilgrimage as an extremely useful resource for constructing a learner-centered curriculum. Not only is the ancient practice of pilgrimage becoming increasingly popular to religious and secular people alike, but the use of pilgrimage or journey in metaphorical terms has stood the test of time across religions and now secular contexts to portray one’s (spiritual) development over the arc of one’s life. In fact, a number of recent articles, appearing in publications as far ranging as the *Christian Century* and *National Geographic*, have proposed pilgrimage as perhaps the most important post-pandemic practice.<sup>29</sup> In the following section of this presentation, I would like to elaborate on what I mean by pilgrimage by offering a brief overview, then in the final section, move to its profitability in teaching spirituality to healthcare students in general and OT students in particular.

### **The Enduring Relevance of Pilgrimage**

For Protestant Christians, pilgrimage—the practice of one who perseveres on an arduous journey to a sacred place—rests largely in the shadow of the magisterial reformers’ condemnation of how this practice was abused by the Church in the Middle Ages. Leading the charge was Augustinian friar, Martin Luther. Church historians Richard Kieckhefer and Graham Tomlin list several reasons for Luther’s strong opposition: pilgrimage sites were often enmeshed

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<sup>29</sup> Wesley Granberg-Michaelson, “Has the Pandemic Prepared us for Pilgrimages?” *Christian Century* 15 July 2021, <https://www.christiancentury.org/article/reflection/has-pandemic-prepared-us-pilgrimages>; Kerry Walker, “Could Pilgrimages be the Next Post-Pandemic Trend?” *National Geographic*, 2 May 2021, <https://www.nationalgeographic.co.uk/travel/2021/05/could-pilgrimages-be-the-next-post-pandemic-trend>.

with financial corruption; pilgrimages encouraged escapism from the true duties of the Christian life; pilgrimage destinations were a distraction from the places where God could be found locally, namely one's parish.<sup>30</sup> Concerning the latter, Luther penned these words: "For if Christ is sitting at the right hand of His Father, why, then, should we seek Him in Rome...? You will not find God there; you will find the devil. For God will not let Himself be found in a place of our own choice and choosing."<sup>31</sup> Despite their theological disagreements, John Calvin (and other Reformers) shared this point of contention with Luther, though Calvin's primary objection was the cult of the saints—the belief that relics of saints possessed supernatural power and served as a point of contact between divine and human worlds.<sup>32</sup>

Notwithstanding the abiding intellectual influence of luminaries like Luther and Calvin, modern-day pilgrimage is undergoing its own reformation. As a practice that belongs to the whole Church, not to mention a variety of world religious traditions, those across the spectrum of Christianity are reclaiming this ancient biblical discipline as twenty-first century pilgrims. This is exemplified by one of the most prolific New Testament scholars today, N.T. Wright, who has taken up the subject of pilgrimage and applied his own stamp of approval. At one point in Wright's life, however, he confesses: "I no more contemplated going on pilgrimage than I would have considered kissing the Pope's ring."<sup>33</sup> But his thinking was radically changed based on an

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<sup>30</sup> Richard Kieckhefer, "Major Currents in Late Medieval Devotion," in *Christian Spirituality II: High Middle Ages and Reformation*, ed. Jill Raitt (New York: Crossroad, 1987), 105; Graham Tomlin, "Protestants and Pilgrimage," in *Explorations in a Christian Theology of Pilgrimage*, ed. Craig Bartholomew and Fred Hughes (Hants, U.K.: Ashgate, 2004), 112-116.

<sup>31</sup> Martin Luther, "The Gospel of St. John 2:22," in *Luther's Works*, American Edition (55 vols.; ed. Jaroslav Pelikan and Helmut T. Lehmann; Philadelphia: Muehlenberg and Fortress, and St. Louis: Concordia, 1955-86), 22.250.

<sup>32</sup> J. G. Davies, *Pilgrimage Yesterday and Today: Why? Where? How?* (London: SCM, 1988), 100. See also John Calvin, "Catechism of the Church of Geneva" in *Calvin: Theological Treaties*, ed. J. K. S. Reid (London: SCM, 1954), 120; Peter Brown, *The Cult of the Saints: Its Rise and Function in Latin Christianity* (Chicago: University of Chicago Press, 2014).

<sup>33</sup> Tom Wright, *The Way of the Lord: Christian Pilgrimage Today* (Grand Rapids: Eerdmans, 1999), 4.

*experience* he had on his first visit to the Church of the Holy Sepulcher in Jerusalem. In that moment, he realized “he had become a pilgrim.”<sup>34</sup>

Such is the sentiment of many people today as they depart by the millions on pilgrimages to the Holy Land, Rome, Santiago de Compostela, and numerous other “sacred places” around the world. Of Western Europe’s six thousand plus pilgrimage sites approximately 100 million people visit each year, 60-70% of whom are religiously motivated.<sup>35</sup> What was once thought, especially among Protestant Christians, as an ancient medieval exercise tethered to a system of salvation by works, is now being incorporated as a meaningful spiritual discipline across denominational lines. And this says nothing about Muslim, Buddhist, and Hindu pilgrims, or so-called secular pilgrims, all of whom also embark on pilgrimages by the millions each year.<sup>36</sup> Moreover, beyond the rich and theory-laden religious concept of pilgrimage, the literal, physical practice of walking with spiritual intent to what one deems a sacred place, may just be a significant antidote to lockdowns in a post-pandemic world. What better way to reconnect with the world, with people, than putting one foot in front of the other immersed in God’s good creation? “After several days walking,” writes Kerry Walker in *National Geographic*, “when the mind calms, you observe your surroundings more keenly, seeing simple things like rocks, flowers and birds as if for the first time. The outer journey from place to place becomes an inner journey from head to heart.”<sup>37</sup>

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<sup>34</sup> Ibid., 4-7.

<sup>35</sup> See Craig Bartholomew and Robert Llewelyn, “Introduction,” in *Explorations in a Christian Theology of Pilgrimage*, ed. Craig Bartholomew and Fred Hughes (Hants, U.K.: Ashgate, 2004), xii.

<sup>36</sup> On the contemporary development of pilgrimage, particular the role of secular sites, see Ian Reader, *Pilgrimage: A Very Short Introduction* (Oxford: Oxford University Press, 2015).

<sup>37</sup> Walker, “Could Pilgrimages be the Next Post-Pandemic Trend?”  
<https://www.nationalgeographic.co.uk/travel/2021/05/could-pilgrimages-be-the-next-post-pandemic-trend>.

As interesting as the history and theology of pilgrimage may be, like many religious and/or spiritual practices, it is not an intellectual activity so much as an experiential one. Thus, assuming the viability of contemporary pilgrimage, how does one practice it? What happens when one is on pilgrimage? Based on the work of French anthropologist Arnold van Gennep and his study of the rituals and rites of passage from childhood to adulthood, three general phases of pilgrimage emerge: separation, transition, and incorporation.<sup>38</sup> These three categories constitute the basis for Victor and Edith Turner's classic study on pilgrimage and their revolutionary concepts of *liminality*—the experience of being “in between worlds,” and *communitas*—the experience of oneness by pilgrims in shared rituals.<sup>39</sup>

The first stage of pilgrimage, **separation**, is about exchanging the familiar for the unfamiliar; it is about leaving home. The next stage, **transition**, is about moving from ordinary time to sacred time. It is about letting go of the structures to which one has become accustomed and learning to inhabit a new kind of rhythm. Consequently, this may be the most unsettling aspect of pilgrimage because it knocks one off balance. But the experience of disequilibrium is often necessary to enter into the heart of pilgrimage and its final stage—**incorporation**, or how one re-enters life prior to pilgrimage. This stage is critical, for the powers, structures, and roles of pre-pilgrimage life can easily subvert the life changes encountered along the way.

Separation, transition, and incorporation, as well as the concepts of *liminality* and *communitas* all figure prominently in the lived experience of people who are ill, suffering loss, and/or are disabled, not to mention the caregivers of those who are experiencing these things with them. Though the details may vary, the stories of a diverse range of lived experiences still

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<sup>38</sup> Sheryl Kujawa-Holbrook, *Pilgrimage—The Sacred Art: Journey to the Center of the Heart* (Woodstock: SkyLight Paths, 2013), 58f.

<sup>39</sup> Victor and Edith Turner, *Image and Pilgrimage in Christian Culture* (New York: Columbia University Press, 1978).



reveal a similar pattern of pilgrimage stages and concepts. Stories are important because they are how humans throughout history and across cultures have communicated important truths and constructed meaning. Recognizing and respecting these pilgrimage narratives, therefore, are central to the delivery of healthcare, for they represent patients and caregivers' quests of spirituality. For these reasons, pilgrimage amplifies our understanding of the functional, performative, and expressive language used to relieve absences in current healthcare delivery. Pilgrimage offers a framework for OTs to understand and apply spiritual constructs in clinical practice. It also serves as a way to teach spirituality and spiritual care at a health science university in general, and OT students in particular.

### **Teaching Spirituality to Occupational Therapy Students: A Pedagogical Proposal**

In teaching “Spirituality and Everyday Life” to OT students at Loma Linda University, I have drawn on the enduring practice and metaphor of pilgrimage as a theoretical construct, and have discovered it works extremely well for a diverse student population who come from all over the map in terms of geography, ethnicity, and religion or no religion. In my educational milieu, I work as a practical theologian, scholar of Christian spirituality, pastoral counselor, and ordained clergy. As such, I am expected to offer the latest scholarship from my disciplines in dialogue with the very best in biomedical science and healthcare practice, represent my denomination with its distinct doctrinal positions, yet do so in such a way that allows all my students a place at the conversation table respecting her or his own views and practices of faith or no faith. You may not be aware of this, but not every student at Loma Linda University is a faithful Sabbath-keeping, tithe-paying, Second Coming believing Seventh-day Adventist. In fact, most of the programs are comprised of very few SDAs. The religious and non-religious spectrum is very broad. This is my liminal space—a very complex and challenging place to teach religion and

spirituality, to say the least. As a boundary-crossing concept and practice, however, *pilgrimage* possesses empirical and existential pull irrespective of one's religion, spiritual, or secular orientation. Pilgrimage, journey, or quest is a metaphor with broad appeal and therefore serves as a type of universal spiritual vocabulary to which all can participate.

Equally important to using pilgrimage as a theoretical construct, is to engage the students in the experience of pilgrimage in an educational milieu. That is, spirituality is not something you can fake; it is not one among many tools in the healthcare practitioner's toolbelt. And the popularity of all things "spiritual" is not to be leveraged for a proselytizing end. Spirituality is integral to who you are. Spirituality is about being. Therefore, in order to authentically identify with and guide patients on their spiritual quests to make that which is absent present, they must travel the journey themselves, or at least become explicitly aware of their own spiritual quests and where they are in that quest. For this reason, the course itself is a type of pilgrimage. Based on hundreds of weekly journal entries by students, integrative reflection assignments, oral and written feedback forms, and student evaluations, I have amassed a considerable amount of data which point to how many of my students, to one extent or another, experience separation, transition, incorporation, not to mention *liminality* and *communitas* over the course of the academic term. This was no less true amidst the pandemic when the online learning community became a critical lifeline for quarantined students struggling to adapt and experience wholeness.

To do this, I offer brief lectures, invite guest presenters, screen a movie about the transformative power of pilgrimage called *The Way*, assign readings in spirituality from OT journals, incorporate spiritual practices of silence, reflection, and awareness into every class session, require spiritual interviews with patients, and equip students with inventories and basic spiritual care skills applicable to the clinical setting. The primary purpose for this hybrid

pedagogical approach is to curate conversations about students' own experiences of spirituality-as-quest, all of which, I believe, addresses the theory-practice gap in occupational therapy education regarding spirituality.

There is much that can be said about the specifics of my course, "Spirituality and Everyday Life," such as the curriculum, learning objectives, assessment strategies, and methods employed. And I would be delighted to email my syllabus to any who may be interested. After all, we are not only scholars advancing research in our various areas of expertise, but first and foremost we are educational practitioners whose primary responsibility is to give moral shape to our student's lives. My primary objective with this address, however, was to frame spirituality as a series of quests for meaning, hope, connectedness, God—as one consequential expression of people's lived experience of illness and/or disability, not to mention the disorienting experience of pandemic life—and intentionally connect those elements with the enduring practice and metaphor of pilgrimage as an organizing concept for teaching spirituality to healthcare professionals-in-training. Admittedly, there is plenty of room for further developing pilgrimage as a curricular organizing concept, as well as how to appropriately assess the impact such teaching has on clinical practice while in training and beyond. But for the time being, I shall have to be content with what I have set forth here and recognize the inherent limitations of this venue. Thank you for your generous attention.