

## Small health pilgrimages: Place and practice at the holy well

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While established pilgrimage sites have extensive literatures, holy wells are less well documented, yet remain significant sites of pilgrimage with healing associations within more localised settings (Rattue 1995). Health geographers describe such settings as *therapeutic landscapes* where established reputations for healing are central to the production of place (Gesler 2003). Drawing from a sample of holy wells in Ireland, the operation of holy wells as markers of mind/body/spirit health is explored through a deep mapping of place. Taking account of material, symbolic and inhabited dimensions of wells, they are explored under three parallel themes. Retreat is identified as a core aspect of the well visits informed by phenomenological engagements and material spaces of the well where stillness forms the basis of a spiritual health practice (Conradson 2007). The histories of the wells also contain surprisingly liminal and carnivalesque recreational elements wherein the sacred mingled regularly with the profane. Finally, well pilgrimages connect to a range of scale issues around their position as between special-and-everyday spaces within which heterogeneous healing practices emerge. In the sustenance and revival of holy well visits, the notion of the small pilgrimage as a performance of health emerges to broaden our understanding of the wider pilgrimage process.

**Keywords:** pilgrimage; holy wells; therapeutic landscapes

### Introduction and context

High above the waters of Ardmore Bay on the south coast of Ireland, a sign labelled *Díseart Deaglán* or Declan's Hermitage, leads into a site containing an old holy well enclosed in a stone casement with ancient carved crosses on top and fresh cool water within (Figure 1). Long established as a pilgrimage site, the well is still visited on a daily basis by locals and tourist alike, keeping in train a long-established tradition of visits for the themes discussed in this special issue, ritual, retreat and recreation. A visitor in 1836 noted that during the 'pattern' (or patron), day of 24 June,

Several thousand persons of all ages and sexes assemble upon this occasion. The greater part of the extensive strand which forms the western part of Ardmore Bay is literally covered by a dense mass of people. (Hardy 1836, 58–9)

Yet, this site of ancient worship lives on in contemporary daily and seasonal enactments and rituals. Its function as a site of small health pilgrimage is also framed by the place, its views over the sea, the water itself and its many visitors,

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Figure 1. Contemporary image of St. Declan's Well Ardmore (photo: author's own).

from high church to low public. How geographical settings (place) and healing rituals (practice) intersect at holy well sites to produce therapeutic landscapes is at the heart of this paper.

While the extensive literatures on pilgrimage emphasise its function as an enactment of self-discovery and transformation through spiritual journey, the wider identity of pilgrimage has also been expressed through a range of health outcomes that arguably receive less attention (Turner and Turner 1978; Eade and Sallnow 1991; Harbison 1991; Taylor 1995; Maddrell 2009). These range from miraculous cures to relief from symptoms to improved mental health status, inscribed and reproduced in a range of forms and settings from Epidauros to Lourdes (Brenneman and Brenneman 1995; Gesler 1996, 2003). New forms of pilgrimage are increasingly becoming emplaced through their geographies and practices, as settings for wellness and new forms of personal health management (Coleman 2000; Smith and Puczkó 2009; Kong 2010). In linking together this interest in physical activity, mental healing and spiritual health, holy wells emerge as intriguing sites of contact for all of those different streams/strands of mind-body-spirit health. From a health geographer's perspective, such holy well settings emerge as small-scale assemblages that also speak to a wider relational geography informed and shaped by a range of material, symbolic and performative elements (Foley 2011.).

Many established pilgrimage sites have extensive literatures, but holy wells are less well documented and yet act as significant sites of pilgrimage

(with associated healing powers) within smaller and more localised settings (Rattue 1995). Irish holy wells, used here as representative sites for a much wider global form, function as slow/small/semi-everyday spaces of pilgrimage in contrast to large-scale and established pilgrimage sites (Turner and Turner 1978; Taylor 1995; Gesler 2003). Other small sites and settings are also well embedded inside traditional pilgrimage routes in the form of wayside shrines, route markers and traditional or established resting points. But this paper will take a different approach, drawing as it does from a medical/health geography perspective. It is not intended as a discussion of deeper anthropologies and sociologies of religion, but rather seeks to augment those perspectives with a focus on therapeutic place elements of pilgrimage (Kong 2010). Nonetheless, it is sympathetic to Eade and Sallnow's (1991) post-structuralist position in which earlier more rigid positionalities on constructed place practices are broadened out to consider multiple and contested sets of inhabitations and performances.

Drawing from a sample of holy wells on the island of Ireland, the ways in which such sites operate as markers of mind/body/spirit health are explored through a deep mapping shaped by geographical concerns with place/space, people and time. Structurally, the paper explores some of the theoretical concerns of therapeutic landscapes research and introduces the holy well in its forms and practices. The main part of the paper discusses three themes, ritual, retreat and recreation as multiple thematic concerns in the study of holy wells. Here, the emphasis of the paper is not chronological, but rather has a focus on a heterogenous and often competing set of identities and narratives. The paper finishes with a summary section on relational geographies and the notion of a therapeutic assemblage.

Given the focus on particular forms and practices of pilgrimage, I am drawn to what Lorimer (2003) describes as 'small stories', because as Cummins et al. (2007) have noted, an excessive focus on scale can sometimes be as much a barrier as an enabler of work in this area. In addition, wider discussions in the area of alternative spiritualities and geographies of belief and religion suggest a certain mobility and hybridity, both physical and conceptual, to sites associated with mind-body-spirit healing (Heelas and Woodhead 2005; Hoyez 2007; Lea 2008). Experiences of pilgrimage have the potential to resonate either in repeated and recurrent practice or as imaginative person-place connections in the everyday, noted by one participant as a 'flash upon the inward eye'. I am interested in enactments that can also be framed in part as special journeys. The holy well is one of a number of connected settings, all of which reflect a wider concern with water, health and place where such enactments and practices can uncover pilgrimage cultures (Foley 2010).

### **Theoretical frameworks**

Health geographers describe settings like holy wells as *therapeutic landscapes* where established reputations for healing are central to the production and maintenance of place (Gesler 2003; Foley 2010). Several of the foundational sites

in the literature on this subject included established sites with spiritual and medical healing identities such as Epidauros, Lourdes and Bath (Gesler 1992, 1998, 2003). Ongoing work on the subject, additionally framed by discussions of more secular settings such as wilderness, beaches and mountains, identifies affective and often spiritual encounters with a therapeutic outcome (Collins and Kearns 2007; Lea 2008). In nature-based encounters with wilderness, such engagements, as described by visitors to the Denali National Park in Alaska, have within them the seeds of transcendental and spiritual experience (Palka 1999). In addition, sites of pilgrimage and retreat have been especially important in the development of the subject through work on contemporary Christian sites such as St Anne du Beaupré and Benedictine monasteries in Southern England (Conradson 2005; Williams 2010). The work by Conradson is particularly important for a number of reasons. With an emphasis on retreat and stillness, Conradson describes a set of imaginative affective outcomes through imbrications in such sites, but also notes the possibility that different visitors experience such sites in different ways and with different outcomes. Conradson's more critical take on the term suggests that such settings may more realistically be recast as landscapes of therapeutic potential. In addition, ongoing work by Philo, Lea and Cadman on alternative spiritualities, situates that work in more everyday and secular settings where the experience of such spiritualities is also drawn from personal visits to settings conducive to such experiences but which are always contingent, relational and even uncertain in their religious associations (Philo, pers. comm.).

In extending these ideas to the holy well, it is also helpful to frame them within emergent post-phenomenological work in human geography. Partly inspired by the same person–place interactions that shaped the original phenomenological work of Relph (1976) and Tuan (1974), health geographers are beginning to look more closely at the relationships between affect/emotion and healing/well-being. I will make no attempt there to try and define affect other than to say that it makes me think not so much of the notion of 'sense of place' as a means to explore 'places of the senses'. Massumi, for example, notes that 'affect is synaesthetic, implying a participation of the senses in each other' (1996, 227). Recent work on affect has emphasised the pre-cognitive and experiential with work on emotional geographies also talking to this engagement (Philo and Parr 2003; Davidson and Milligan 2004; Gregg and Seigworth 2010). The extent to which watering-places bring together and make concrete a connective thread between the affective, embodied and performative opens the way to consider such empirical settings as 'therapeutic assemblages', which is more fully discussed elsewhere (Foley 2011).

Taking into account the wider material, symbolic and inhabited dimensions of wells, these are explored here under three related themes. First, the *rituals* of the holy well pilgrimage connect to a range of scale issues around their position as between special-and-everyday spaces within which a heterogeneous set of healing (spiritual and practical) practices emerge (Dahlberg 1991). While large annual visits known as 'pattern days', are associated with the patron saints of the wells, there were and are multiple smaller daily visits too. In the rituals of holy well visits,

the notion of the small and everyday pilgrimage as a performance of health emerges to broaden our understanding of the wider pilgrimage process. These performances of health are identifiable as a set of spiritual/health practices. The division here is intentional as such pilgrimages operate simultaneously at two levels, wherein spiritual and health dimensions are both distinct and connective. The role of the spiritual dimension is central to the meaning of the practice but is also a component of the mind and body health associated with retreat, recreation and ritual in turn. Second, *retreat* is identified as a core aspect of well visits informed by a phenomenological engagement with the settings and material spaces of the well, where stillness forms the basis of a spiritual health practice (Conradson 2007). This is also a deeply embodied retreat, requiring both a physical and mental (re)placement of and in space. Yet, there are also tensions between the practice and experience of retreat, where the individual and communal can lead to contested configurations of encounter. Finally, the histories of the wells also contain *recreational* elements represented by surprisingly liminal and carnivalesque inhabitations wherein the sacred mingle regularly with the profane (Ó' Cadhla 2002; Foley 2010). Here, the relationship between pilgrimage and Turner's contested concept of *communitas* (as a shared communal feeling) can be encountered as almost an excess of *communitas* with the wider roles of holy wells as social gathering points tallying with parallel fair, kermesse, wake and carnival cultures across mainland Europe (Turner 1973; Bakhtin 1984; Shields 1991). Embodied performance also plays a role in these recreational encounters, albeit again a contested and at times anti-therapeutic one, wherein bodies engage in unholy and unhealthy practices (Conradson 2007).

### Introducing the holy well

Wells with sacred identities are a global phenomenon and all the more interesting for that, but in Ireland they have deep and sustained histories in place that arguably make them the best-preserved examples. Holy wells can be seen as sites of informal and indigenous health and Kathi Wilson's representation of nature as a '24 hour pharmacy' to First Nations in Canada is an interesting parallel (Wilson 2003). Yet, such a definition, almost always discursively associated with non-Western and non-White settings, has a potentially wider applicability. As sites of small pilgrimage, holy wells have complex and ambivalent histories. Some were originally of contested pagan origin, others were then subsumed into a still semi-paganised Celtic Christian theology/practice and finally, more formally catholicised with the creation of an independent Ireland. As a result well identities are broad mixes of the curative, cultural and social, a factor evident in small pilgrimage settings in other Nordic countries as well (Maddrell 2011).

As material spaces, holy wells comprise a range of forms and constructions from very rough shallow pools in the ground to elaborate sites familiar to other pilgrimage settings. Typically, the wells themselves would be covered, usually by some sort of stone surround that can be a rough assembly of stones or a more

substantial structure. The well settings tend to be rural, though many urban wells remain (see Figure 4), and are usually surrounded by trees and bushes, many of which (ash, hazel, white-thorn) have particular cultural associations with healing. While many wells also contain specifically religious structures, such as oratories, altars or Stations of the Cross (Figure 2), others are more secular in appearance. In most wells there will be a variety of left objects often identified as votive offerings, which consist of a range of materials and forms that will be described in more detail later (Figure 3). While wells in different countries have their own symbolic meanings there is a surprising similarity not just across the British Isles but indeed globally in the general appearance of such healing water sites.

As pilgrimage settings are invariably spaces of change and movement (of people, objects and meanings), new uses and identities, associated with groups of difference such as neo-pagans and Travellers emerge. These are in turn shaped by independently developed contemporary cultural practices so that they have increasingly become spaces of memory and mourning as well. Ironically for sites that are of their essence, organic, grounded and free, holy wells have been subject to a surprising number of contestations shaped by a series of ‘gazes’ including the religious, colonial and medical where they have at different times been suppressed, overwritten and dismissed (Hardy 1836; Ó’Cadhla 2002). As sites of pilgrimage they are naturally liminal spaces with a liminality that is part framed by narratives and texts that bring them into contact with the exercise of power by church and



Figure 2. Faghart: St. Brigid's shrine (photo: author's own).





Figure 3. Holy well: Our lady's island (photo: author's own).

state authorities. As Eade and Sallnow (1991) suggest, these texts may also act as a tool for the contestation of that power. Figure 4 identifies the location of the estimated 3000 Irish wells, and the marked wells are representative examples studied in detail for this paper.

Sources used can broadly be identified as primary, secondary and observer participant. Archival material collected nationally in Ireland in the 1930s was especially valuable from a historical perspective via a set of surveys referred to as the National Folklore Collection that contained a considerable depth of information on holy wells (Mac Cárthaigh 2010). As secondary material, a range of writers have produced listings of holy wells, augmented in the recent past with web-based surveys and more critical commentaries on well histories (Logan 1980; Bord and Bord 1985; Nolan and Nolan 1989; Rickard and O'Callaghan 2001). Finally, a set of representative wells, chosen for their geographical spread, size and availability of documentary evidence were visited by the author. Where possible the visit took place on pattern days but also at other times of the year, to provide direct observer participation in the rituals and recreations of the well and to observe their functions as sites of stillness and retreat at different times.

### **Ritual practices at the holy well**

A distinctive feature that characterises the Irish holy wells in terms of culture and religion is their associated rituals and practices that function simultaneously as

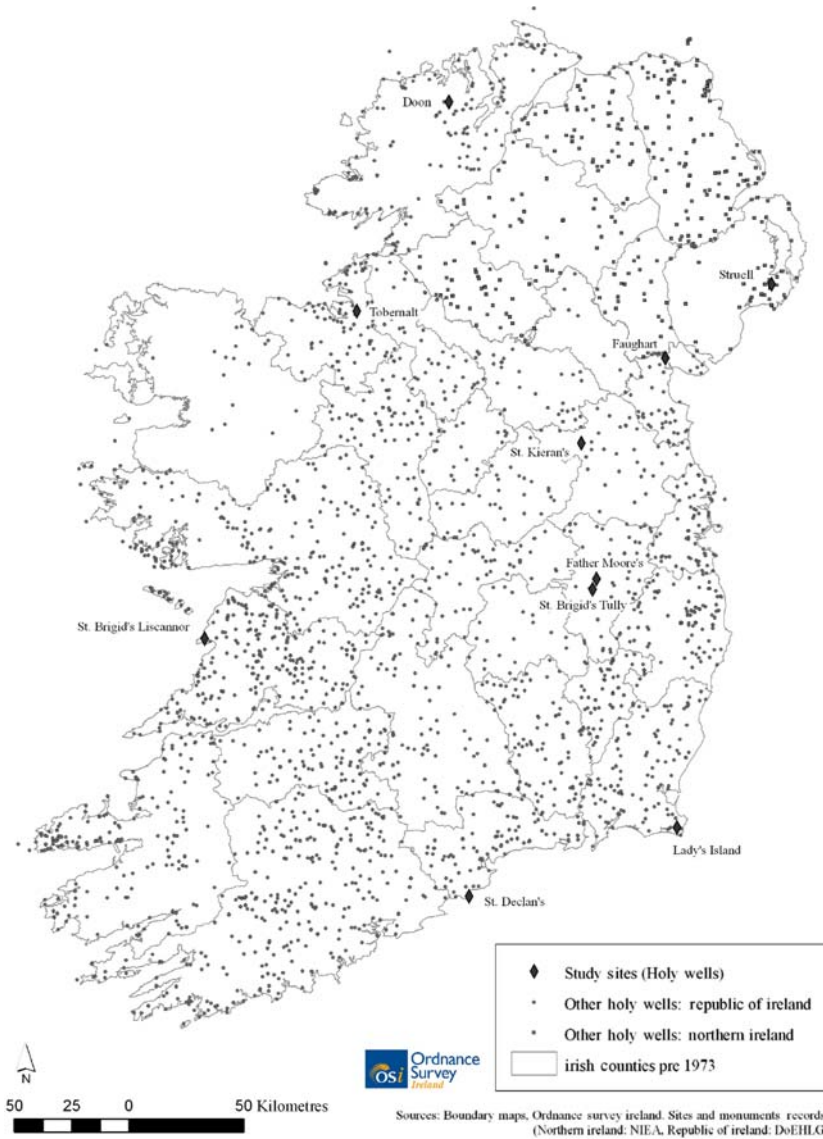


Figure 4. Location map of Irish holy wells.

both symbolic spiritual acts and performances of healing and well-being (Taylor 1995). While there are many variants, two core elements of holy well ritual are rounding rituals and the leaving of a range of objects. The former might be broadly framed as spiritual and the latter curative, but they merge in more complex ways within their practice. Indeed, such mergings of spiritual/healing practices are fundamentally characteristic of pilgrimage rituals on a global scale from Galway to



the Ganges (Harbison 1991). While many are no longer practiced with the same intensity as in the past, their traces linger in to the present and the rounding ritual and use of the rag tree are as evident now as 300 years ago, even as new objects and meanings emerge in place.

The rounding rituals (*turas* in Irish) are performed on a daily basis by individual visitors and vary from well to well. They usually involve the saying of specified prayers at specified locations. At St. Brigid's Well, Liscannor, the rounding ritual in 1934 was listed as follows:

10 rounds and 5 rounds around the cross to finish and last a penal prayer over the well. First, 5 rounds are made around the statue of St. Brigid, then the pilgrim ascends a flight of about 15 stone steps, and 5 more rounds are made about the cross. After which the pilgrim kneels about 25 yards from the stone cross and kneels all the way to the cross. After uttering an Our Father, H. Mary and Glory be to the father, the pilgrim while holding the cross, walks slowly around the cross stone, while uttering prayers all the while; and each time kisses the cross. During each of the 15 rounds, 5 Our Fathers, 5 H. Marys and 5 Glories are recited. Pebbles are used to count the rounds. (NFC 1934; Daniel M. Sexton, N.T.)

At St. Kieran's Well in Castlekeeran, the local instructions suggest 'going round the five crosses (surrounding the well) three times' (NFC 1934). The history of rounding rituals are centuries old and well-established across the Celtic and indeed other cultural worlds (Bord and Bord 1985). While these routes are traced by individuals on everyday visits, during 'events' such as annual pilgrimage seasons and pattern days celebrating the patron's birthday, the performances are more communal. At Our Lady's Island during the pilgrimage season from mid-August to early September, processions are held around the edge of the island. Under the recent church-led pilgrimages, pilgrims are enjoined to process once around the island reciting 15 decades of the Rosary, though a more traditional practice involved nine full circuits, often with one foot in and one foot out of the water (Logan 1980). All of these rounding rituals are essentially place-performative, wherein their repetition embeds the identity of the place.

Paralleling the more overtly religious prayers and rituals, a parallel set of healing rituals are arguably more important in terms of a therapeutic experience. The prayers and rounding rituals are a mix of the *ex-voto* and *pre-voto*; performed in the promise of a favour to come, as well as in gratitude for those already granted (Carroll 1999). Yet, a large part of the business of visiting a holy well is to come for a cure. Many wells are named specifically for the particular body part or illness they reputedly cured, such as eye wells or wart wells, though many were relatively panaceal (Logan 1980). Linked to this a range of healing rituals emerged, the most prominent of which was the leaving of offerings on rag bushes or trees. This ritual was (and is) a mix of the embodied, symbolic and performative wherein an object that should have touched the body (such as a strip of cloth from a petticoat), was dipped in the well water, rubbed on the affected part and left on the tree to let nature take the now disembodied illness away. Examples were to be found at most wells in Ireland and the example illustrated is

from Tobernalt Holy Well (Figure 5). Indeed one can see from the image that older, curative traditions and forms such as the rag, have been augmented by a very contemporary form of practice with a whole new range of objects, still arguably embodied, emerging at well sites. Other healing rituals, repeated at many pilgrimage sites with ascribed curative powers, included the leaving behind



Figure 5. Rag tree ritual: Tobernalt (photo: author's own).

of crutches as symbolic representations of cures for lameness and other mobility problems (though Harris [2010] notes this practice is now excluded at Lourdes). Historic images exist of a line of crutches surrounding Fr. Moore's Well in Kildare, while in Doon Well, they served a dual function of left object that in turn were treated as ersatz rag bushes.

In their manifestation as sites of pilgrimage with a strong affinity to a sacred patron, the sites also represent settings in which a form of spiritual/soul health is encountered. While many of the more communal performances are framed by the Catholic faith and its practice, they are sites that are open to more informal spiritualities as well. Given the pagan antecedents of holy wells and their sites and patron saints in particular, they also attract an alternative set of rituals that can be far removed from official church practice. Wicca, practitioners of a modern pagan religion and a range of alternative spirituality groups leave red ribbons at St. Kieran's Well and are also part of a wider *Féile Bhríde* Festival at St. Brigid's Wells in Kildare. St. Brigid in particular appeals to such groups, having an alternative identity as a traditional Celtic goddess with healing powers. In addition, alternative rituals at the well also bear an element of nature worship and this leads neatly to a consideration of the well sites as affective sites of contemplation and stillness (Conradson 2007).

### **Retreat and affective spaces at the holy well**

As most studies of holy wells attest, the settings and surroundings are framed by deeper cultural meanings and can be argued, in landscapes of therapeutic potential terms, as being affective spaces of healing (Healy 2001; Bourke 2001; Foley 2010). Not everyone feels the same emotions or outcomes, either spiritual or curative, in terms of a specific physical effect; though tales of miraculous cures are manifold (Logan 1980). But on another level, an individual's imbrication in such settings is experiential and imaginary within their own psyches and this can, to an extent, be seen as an experience that sits somewhere between performance and imagination. Though small scale compared to the experience of a wilderness environment, a peaceful moment alone at a natural holy well site also allows one to experience the divine in the space itself, but also from within. In Figure 6, a man has detached himself from a bigger crowd at the pattern day at St Kieran's in 2010, to perform his own personal prayers.

In addition, the Irish term *loc fás* or hermitage, was often used in conjunction with sites, such as St. Declan's in Ardmore, where the site acted as a setting to promote retreat, contemplation and, as Conradson observes, mindfulness (Conradson 2010). Retreat as a core aspect of well visits is also a phenomenological engagement with the material spaces of the well within which stillness forms the basis of a spiritual health practice (Conradson 2007). In those wider identities as sites of rest, retreat and restoration their deeper potential as safe havens emerge. Indeed, one strand of research on wider pilgrimage practices notes the searching for a certain place within one feels at peace and in philosophical terms at least, safe.



Figure 6. Retreat at St. Kieran's Well (photo: author's own).

Many visitors to holy wells leave notes that express this feeling. At St Brigid's Liscannor, requests were noted to 'ease the pain endured by my wife', written by a man called Charlie. At other wells, especially St. Kieran's and Fr. Moore's notes were also left to ease the plight of cancer sufferers. In thinking of both stillness and safe havens, a sense of bodily energy frames the visit/pilgrimage and contributes to a renewal of both the physical and the spiritual body, even if that renewal is only temporary or ephemeral. Both therefore are significant though understated elements of embodiment and affective practice at the holy well, which contribute to wider healing and wellness outcomes.

Finally, it should be apparent that there is also a strong relationship between retreat, affect and mental health; mental healing is and was strongly associated with holy wells. In the case of Tobernalt this was literally so as one possible translation of the well's name was the 'Well of the Insane'. Another famous well in Kerry, *Tobar na nGealt* was described as having a similar association where individuals with lengthy histories of mental illness were cured by drinking the well water and eating the water-cress nearby (Logan 1980). While other treatments for mental health were more punitive, such as the well at Kilbarry, where pilgrims with mental problems were placed in darkened cells for three nights, in general there was a sense that well spaces were effective settings for recovery (Brenneman and Brenneman 1995). Indeed, given that mental health/illness is also characterised by its recurrent status, the annual, seasonal,

intermittent and contingent visits to the well reflected the flow of mental health. In revisiting the notions of energies and renewal, the recharging that took place at wells was and is as much mental as physical. One might also link this to wider cultural practices of pilgrimage in general, where the regular visits were as much part of the treatment as the expected cure and indeed a large proportion of wells visits were for the regular treatment of chronic illnesses such as eye problems, migraines, arthritis, rheumatism and even tumours. It was certainly the case that the instant or miracle cure was less commonly found, though enthusiastically reported, and as a result the wider function of the well as having a more acute curative dimension was less common (Foley 2010).

### **Recreational practices at the holy well**

While the healing reputation of the well, in both forms, constituted a substantial part of its appeal as a pilgrimage space, this reputation was not without contestation (Dahlberg 1991). More negative views of the holy well identified two broad reasons for challenging the established narratives of cure and spiritual enrichment. While the view of more rational medical gazes saw the wells as sites of superstition and ignorance, a second contestation related to the wider recreational aspects of holy well pilgrimages, which continue a debate well known from the works of Chaucer and beyond (Turner 1973; Eade and Sallnow 1991). More specifically, the recreational aspects of pilgrimage were argued to be both unholy and unhealthy, part of what Eade and Sallnow (1991) saw as 'a realm of competing discourses'. In the case of the holy well, these arguments were especially associated with the activities of the pattern day.

Pattern days were named after the ascribed day of celebration for the patron of the well, with the word pattern being a transcription of the Irish word *patrún* or patron. Common pattern day dates included 17 March for St. Patrick, 24 June for St. John and 1 February for St. Brigid, which not uncoincidentally was also the date of *Imbolc*, the pagan festival marking the arrival of spring (MacNeill 1982). On and around such days, celebrations not akin to carnival were organised and in some cases such as at Ardmore and St. Kieran's, the celebrations lasted up to a week. On a typical pattern day, rounding rituals and other prayers and religious celebrations were carried out up to midnight after which the celebrations would begin in earnest, with the pattern being an excuse, in many cases, for an all-night party where music, revelry, drink, violence and even sex were involved (Hardy 1836; Harbison 1991). In particular, pattern days were associated with faction fighting, where local parish rivalries were enacted in almost ritual ways over decades and which were perceived as almost recreational (though often fatal) in their actions and outcomes (Ó'Cadhla 2002).

Nineteenth-century traveller's descriptions describe with horror, and of course its traditional companion, barely disguised glee, the depravities witnessed. Hardy recounts in detail the immoral behaviour at Ardmore and especially at the bathing wells at Struell, where



Before the assembled multitudes ... go forward in a state of absolute nudity, plunge in, and bathe promiscuously ... In these tents, and in the adjoining fields, under the canopy of a pure sky, they spend the whole night, quaffing the soul-inspiring beverage, and indulging in various gratifications to which the time and place are favourable; for it is understood, that while the jubilee continues, and as long as the happy multitudes remain on the sacred ground, they cannot contract new guilt (Hardy 1836, 9).

Given the unusual presence at a well of two medieval bath houses side by side, male on the left and female on the right (Figure 7) and the co-presence of alcohol and nakedness, it was little wonder that such 'unhealthy practices' emerged as they did. Over time, however, there was a clampdown on such contested pilgrimage practices. The church, which had always maintained a fairly ambivalent position on well worship, banned patterns because of their immorality and lack of religiosity, while the colonial powers were also concerned about public order in relation to the drink and in particular, the faction fighting (Ó'Cadhla 2002). Things are much tamer nowadays but the old practices and the narratives sustain in many places and music and dancing is still held around St. Brigid's Wells at Kildare and Liscannor. In employing Conradson's (2007) reframing of therapeutic benefit as a contested and relational outcome, then the unhealthy and unholy performances at the well simultaneously reflect this. This also reflects wider pilgrimage discourses where the sacred and profane were never far apart (Turner and Turner 1978).



Figure 7. Struell holy wells: Men's and women's bath-houses (photo: National Library of Ireland).

From a rational and secular perspective, pilgrimage practices at the holy well were seen as the preserve of the ignorant, uneducated and superstitious. While this was in part a reflection of a wider colonial attitude to the 'aboriginal' Irish, even within Ireland, the development of an organised medical culture and system from the mid-nineteenth century onwards was a significant factor in the decline of holy wells. In part this was to do with the creation, post-Famine, of the beginnings of a structured primary health care system, with dispensaries, clinics and the beginnings of a country doctor service (Foley 2010). It was paralleled by a newly ambitious Catholic church, which was involved in an extensive centralisation process from about 1870. The building of parish churches was a key ingredient of that modernisation process and led to a deliberate disengagement from holy well worship in many areas for both political and moral reasons.

## **Conclusions**

In the sustenance and even revival of holy well visits, the notion of the small pilgrimage as a performance of health emerges to broaden our understanding of the wider pilgrimage process. In a set of historical pilgrimage practices that were both 'typical and unique', it is also easy to see how they connect to a set of themes focused on ritual, retreat, recreation and wider histories of water worship (Strang 2004). While representative examples of each have been discussed above, they only scratch the surface of how such themes can be discussed in relation to pilgrimage practices in other forms and jurisdictions (Hermkens, Jansen and Notermans 2009; Harris 2010). Indeed, given the ways in which contemporary pilgrimage practices such as the Camino de Santiago, although structurally different in its focus on the route rather than endpoint, have developed new and hybrid meanings containing strong elements of wellness, unaffiliated spirituality and emotional growth, it is no surprise to see holy wells experience something similar (Coleman 2000; Foley 2010). Indeed, there has been a revival of interest, admittedly small, in holy wells in Ireland, which may be strengthened by similarly emergent formulations of spirituality and mind/body/spirit health. It is in these practices associated with the pilgrimage to the holy wells that a true relational health emerges, expressed through a range of imbrications in place.

A focus on the relational also has the capacity to be explored more fully in wider pilgrimage settings. Empirical accounts of holy well practices and narratives identify a connection to a spiritual power and energy that was and is also a feature of such settings. Indeed, at many wells, stories note that the 'power' of the well was at its height around pattern days and pilgrimage seasons and has a reduced energy at other times of the year. This mobile energy in the spiritual place suggests differential powers of healing and renewal that may also have potential for exploration in wider pilgrimage cultures and settings. It is clear from other cultures also that the role of water, ritual and perceived spiritual/physical healing remains central, such as at the Kumbha Mela (Singh 2006) and indeed on

a daily basis at Varanasi or the Yucatan (Varner 2002). As Eade and Sallnow (1991) argue this also speaks to the incorporation of both people (through performance/embodiment) and place (site topographies) into a relational sacred geography.

This paper has also sought to emphasise the health geographer's perspective and in particular the potential for the therapeutic landscapes concept to be more readily used in studies of culture and religion (Williams 2007). As a set of spatial acts/performances shaped in turn by social-spiritual spaces and reflected in an embedded deep mapping, holy wells represent a range of pilgrimage narratives (Harbison 1991). In returning to the expressed interest at the beginning of the paper on the relationships between place and practice, the themes linked together yet also make the point that practice makes place and vice-versa. This interest in the wider roles of performance and in an associated sense, affect and emotion, is informed by wider theoretical work in cultural geography, which could be developed further. In identifying holy wells as performative spiritual landscapes, shaped by local cultures and religious practices, one can begin to see how such sites are networked and mobile across space and time.

The nature of the holy well pilgrimage also connects to a range of scale issues around their position as 'between special-and-everyday spaces' within which a heterogeneous set of healing practices emerge. In considering the themes of ritual, retreat and recreations, each reflects scales of engagement from the individual to the communal and on to the wider cultural/societal scale framed in turn by wider religious and spiritual identities and cultures. There are different scales folding in on themselves and yet also acting outwards in the practice of small local pilgrimages. At contemporary holy wells, it is not uncommon to find left objects, such as medals, crosses and cards from Lourdes, Fatima and Medugorje acting as local/global connectors. This global connectivity of ritual and practice turns up in other unexpected ways too. Other global groups emerge, such as groups of women worshippers from the USA, who regularly include St. Brigid's Well in Kildare as part of their organised tours of alternative spiritual sites (Sacred Site Tour 2011).

The aim of this paper was to consider the small pilgrimages at holy wells as a form of therapeutic assemblage. As material places with reputational associations with health, even if that health was hard to authenticate, their identities fell firmly within the definition of therapeutic landscapes noted above. They are and were occupied by bodies in a whole range of health statuses from the very healthy to the extremely unhealthy. Yet, they were also spaces which not only had varied material geographies but that also incorporated different spaces, isolated, open to the elements, enclosed and shadowy, hidden and public, lost and found, all with their own distinctive healing potentials which appealed to different types of individuals and groups who in turn were seeking out spaces of difference. Holy wells were also subject to contested performances and meanings, which may even have been counter-productive. They were (and still are) by their nature sites of more-than-biomedical healing, linked through a set of informal folk healing

practices. They can be re-imagined as affective settings of ‘Slow Health’, wherein renewal and recovery of the body, mind and spirit remain at the core of their identity.

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