

The Barretstown experience: a rite of passage

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Abstract

Barretstown Castle Holiday Camp for seriously ill children may have long-term beneficial effects on children with life-threatening illnesses. The presented evidence suggests that the experience is a contemporary rite of passage. The different stages of separation, transition and reaggregation can be identified. The separation from family and civil society is remarkably complete. Established norms no longer prevail in the transitional phase of liminality. *Communitas* and I-thou relationships become the mode of interaction. Barretstown added the dimension of Therapeutic Recreation to an American camp experience. The structured sequences of Therapeutic Recreation mediated by *caras* (councillors) encourage personal change. The Barretstown experience may be a life-enhancing ritual process and an important social experience in chronic severe childhood illnesses.

Key words: childhood cancer, *communitas*, liminality, rite of passage, therapeutic recreation

Introduction

In 1988 Paul Newman founded the first Hole in the Wall Camp for seriously ill children in Connecticut. European children were sent to the American camp because there was no equivalent on this side of the Atlantic. Newman decided that there would be a European camp in Ireland. The original American camp was designed to cater for children with cancer or leukaemia, and these are the most common disorders seen in Barretstown. This study was prompted by a simple clinical observation: children with life-threatening illnesses appeared changed after returning from a camp experience in Barretstown. Parents also noted the change and many commented that their pre-illness child had returned. Cancer and leukaemia are the epitome of life-threatening illnesses in children. The survival rate has improved dramatically so that survival in childhood cancer is now

close to 80 per cent (Hewitt, Weiner and Simone 2003). The treatment is harsh and even in the best of hands their health-related quality of life is significantly poorer than their healthy peers (Eiser 2004). They miss out on full-time education and experience problems on returning to school (Larcombe, Walker, Charlton *et al.* 1990). There have been reports of post-traumatic stress and similar disorders in a small minority. As adults their lifestyle is remarkably conservative. They are less likely than their contemporaries to be smokers, drink alcohol or use recreational drugs, which may be due to a less active social life (Larcombe, Mott and Hunt 2002). This study makes a tentative attempt to understand the Barretstown 'magic' using sociological concepts rather than psychological measures. The research question for the study is: What are the attributes of the Barretstown experience that appear to have such a positive influence on the survivors of childhood cancer and other serious illnesses?

Exposition of the theory

The paper will first outline the theories and concepts that serve to frame an understanding of the camp events. The emphasis will be on the social action of ritual and in particular on the process of a rite of passage.

The social action of ritual

Catherine Bell (1997) claims that there is a spectrum of ritual activities that range from designated repertoires codified by tradition to various trivial activities that are difficult to categorise. She noted that rituals according to Durkheim were either a negative imposition of taboo separating the sacred from the profane or a positive attempt by humanity to commune with the sacred realm. Wilson (1954) suggested that rituals reveal group values that demonstrate how people relate to one another in various domains within a society. These claims suggest that ritual is a spectrum of activities that reveal and communicate both positive and negative social values. The ritual principle of revelation symbolises conditions that can then be made accessible to the purposive action of society. This principle is akin to diagnosis. 'Thus to name an inauspicious condition is halfway to removing that condition ... When something is grasped by the mind, made capable of being thought about, it can be dealt with, mastered' (Turner 1969: 25–26). The definition of ritual by Turner (1972: 1100) is 'a stereotyped sequence of activities ... performed in a sequestered place, and designed to influence preternatural entities or forces on behalf of the actors' goals and interests'. He has grouped rituals into seasonal, contingent and divinatory categories. Rituals may be seasonal, hallowing a culturally defined moment of change in the climatic cycle, as in a harvest festival. They may be contingent, held in response to great life events such as birth, marriage and death: life crisis ceremonies. These ceremonies reveal a new social order that requires a sanctioning process to validate the new arrangement and prevent disorder (Turner 1986). Contingent rituals

may also be therapeutic rituals of affliction, which are performed to placate or exorcise preternatural beings or forces believed to have afflicted villagers with illness. Rituals, like societies, are responsive to change, but most new rituals simply reconstitute previous components. They are variants of old themes rather than radical novelties. Rituals wax and wane but there are basic forms which tend to survive through change. Grimes (1985) proposed 16 categories of ritual, while Bell (1997) suggested six as a pragmatic compromise. There is no agreement but nearly all theorists recognise rites of passage as a basic form that mark a person's transition from one social status to another.

Rites of passage

Van Gennep (1960) singled out rites of passage as a special category, which may be subdivided into rites of separation, transition and incorporation. A rite of passage marks a recognisable cultural change in the passengers. The first phase comprises symbolic behaviour signifying the detachment of the individual from an earlier fixed point in the social structure. During the intervening transitional stage, the characteristics of the ritual neophyte are ambiguous; he passes through a cultural realm that has none or few of the attributes of the past or coming state. The behaviour of neophytes is normally passive or humble; they must obey their instructors implicitly, and accept arbitrary rules without complaint. Among themselves, neophytes tend to develop an intense comradeship and egalitarianism. Secular distinctions of rank and status disappear. The passage is consummated in the third phase of reaggregation and the neophyte is reincorporated into society with a new status. Turner (1969) further recognised the attributes of liminality and *communitas* in the transitional stage.

Liminality

People in a liminal situation are threshold people and their status is ambiguous. The passage from a lower to a higher status is through a limbo of statelessness (Turner 1969). The liminal state of transition and transformation is the central part of the rite of passage. During liminality the passengers elude or slip through the network of classifications that normally locate status and positions in cultural space. Liminal entities are free from the status and the positions assigned and arrayed by law, custom, convention and ceremonial. Liminal phenomena offer a blend of lowliness and sacredness, of homogeneity and comradeship. Turner (1969) suggests that the liminal phase of ritual is an abandonment of the normal structure of society. Normal society is structured, differentiated and often a hierarchical system in contrast to the egalitarian morality of *communitas*.

Communitas

Turner (1969) distinguished the mode of social interaction in the everyday world from that in a rite of passage. The first is structured and differentiated with

consequential hierarchal positions. The second is that of *communitas*. Turner suggests that *communitas* becomes the mode of interaction during the liminal phase as the passengers abandon the normal, differentiated and often hierarchal social structure. The moral values of *communitas* are upheld against the coercive power of the outside world. For Turner (1969) community emerges where structure is not. He prefers the term *communitas* as a mode of human relationships to distinguish it from community as an area of common living. *Communitas* with its unstructured character represents the 'quick' of human relatedness – what used to be called a happening. *Communitas* has an existential quality and involves the whole of man in his relation to the whole of other men. Structure on the other hand has a purely cognitive tone and is essentially a set of classifications. Structure lacks wit and imagination, which are the hallmarks of community relations. *Communitas* is a style of human interaction that may vary from humour, dance and discourse to drawing and stories, but with the recognition that they derive from fresh metaphor – those moments when layers of history interact with present discourse to revealing dazzling new insights, intuitions and activities. These are inspirational moments or durations whereby previous structure is recast in an innovative way. The spontaneity of *communitas* can seldom be maintained for very long as free relationships tend to develop a structure. The individual perspective of *communitas* fits with Holloman's (1974) description of 'psychic opening' – the simultaneous lowering of major defence mechanisms, accompanied by a high degree of receptivity and suggestibility. This part of the rite of passage, the 'psychic opening', is a perilous occasion as stable structures and identities are temporarily suspended requiring the presence of special guides.¹

Collective effervescence

Auguste Comte understood the idea of religious force operating as a powerful influence on individuals. His historical trajectory of this force was one of decline from the religious to metaphysical (moral philosophy); from whence the force would peter out as it would be unreal in the context of positive science. Unlike Comte, Durkheim understood these forces as constant and sought to find the source of these forces. Karen Fields (1995) in the introduction to her new translation of *The Elementary Forms of Religious Life*, traced Durkheim's search for the origin of this force to collective effervescence in ritual practice: 'He found the birth of that idea in rites, at moments of collective effervescence when human beings feel themselves transformed, and are in fact transformed, through ritual doing' (Fields 1995: xli). She notes that Durkheim's account from ethnographic description opens with 'the practical occupations of life suspended, the validity of ordinary rules adjourned, people dressed and painted to resemble one another and the animal or plant by which they name their shared identity ... the participants experience a force external to them ... a collective effervescence ... by which their very nature is transformed'. Durkheim's account has clear

parallels with Turner's concepts of liminality and *communitas*.

Fun

Harvie Ferguson (1990) placed fun in the irrational world. He separates the rational from the irrational elements in his description of the bourgeois world view. Irrational visions are something of an embarrassment to post-Enlightenment bourgeois, as they do not fit into a scientific world order. The irrational according to Ferguson can be separated into four related visions. Of these fun is the most radical lens as it upsets ordered relations. The others are a longing for happiness, excitement and pleasure. The order of the material world (the cosmos) and the structure of experience (the psyche) are linked by a specific social relation such as obligation in feudal or freedom in neoliberal relations. The cosmos may be described scientifically but the non-rational elements only become evident when related to the subjective world of personal experience. Fun challenges the very possibility that there may be world order. The relationship between bourgeois 'rationality' and the uncompromising 'irrationality' of fun is difficult and challenging according to Ferguson.

Language and ritual

The peculiar forms of ritual in the animal kingdom are a source of fascination, but their expression is predictable and stereotyped. Biological ritual serves the genotype as it provides a form of quality control for potential mates. Ritual courtship displays gene qualities that can reassure a partnership. The ritual phenotype reflects the animal genotype – a fairly simple and valid display of information – that can be relied on for successful reproduction. There is some agreement that the emergence of language was the distinctive event in the evolution of humanity. Language development shifted the main storage of information from nature to culture. The shift is like the move from the abacus to the computer – a sudden exponential increase in memory. The power of language was not just a simple augmentation in information exchange for it also contained the possibility of disinformation. The power of language had to be regulated if it was going to be useful. Rappaport (1999) places ritual at the heart of humanity as it underpins the validity and reliability of language. Culture adopted ritual from the biological as a form of reassurance. He suggests that ritual authorises language through development of the sanctified word. *The Word* cascades through social relations and stabilises communication. Rappaport claims that human ritual transmits two broad classes of information. The first is self-referential with respect to social status, psychological well-being and physical health. The second class of information transmitted by ritual is the canon. Canonical messages are encoded from a fixed liturgical order. The self-referential messages refer to the here and now, but the canonical represent universal and eternal orders. Both classes of information are interwoven in ritual so that the canonical stream carries an invariant

process while the self-referential carries variable personal information.

Stigma

Stigma is an individual's situation when disqualified from full social acceptance (Goffman 1990). Uncertainty of status for the stigmatised person operates in a wide variety of social situations. The visibly stigmatised individual will feel anxious due to unanchored interaction in mixed social situations. In stigma theory attributes are imputed from appearances. Stigmatised persons become aware of sympathetic others who do not share the prevailing prejudice. These may be because of a stigma shared or because they are 'wise'. Goffman describes a stigma shared as something that may begin with a shudder but end up as freemasonry. A stigma shared may also be a life event turning point when an individual learns that full-fledged members of the group are quite like ordinary human beings. The wise are usually either a member of family or a professional expert.

Theoretical summary

Rituals communicate values that provide a guide for social order. Rituals are separate from everyday activities but are still public events within which a community can endorse, renew or modify the old order. The reordering may be at a personal or group level, but public participation is necessary. Rituals may wax and wane. They have a knack of reappearing in another guise as societies respond to new challenges. Rites of passage mark cultural change and their tripartite structure can be recognised in many modern ceremonies. The first stage of separation isolates a group from the instrumental mundane world. The relaxation of social structure in the liminal stage enables an undifferentiated status in the neophytes so that they are open to change. The *communitas* style of human interaction encourages I-thou relationships. This mode of interaction can have peaks of collective effervescence whereby identities are suspended allowing social status and stigma to be recast in an innovative way. The power of ritual transformation lies in public recognition. The self-referential indices of participation become metaphors for change in personal identity. Witnessed attributes of achievement are metonyms that become a personal metaphor for a new reality. Metaphor is an image that qualifies an agent and is thereby efficacious (Fernandez 1973). In the final stage of reaggregation the neophyte is reincorporated into society through celebration of a new social identity. The social order communicated through ritual is independent of the natural order. The social order may have chronological links with the natural order but the precise timing is socially determined. Ritual transmits self-referential attributes of social status, psychological well-being and physical health intertwined with an abstract liturgy that connect the empirical present to an eternal and holy order. The latter if adopted can override the trials and tribulations of the natural order.

The Barretstown experience: I methods and methodology

Methods

The methods used were individual interviews,² participant observation of the service, and a review of reports³ and published literature. The position of volunteer paediatrician in Barretstown enabled unobtrusive observation of the camp as a member of staff. Six individual interviews were purposefully chosen with the more experienced members of the Barretstown professional staff, who were directly concerned with supervision of the camp activities. The six interviews lasted a mean of 27 minutes (range 16–56 minutes). The interviews were guided by a short list of topics, which gave some structure to the interviews. The interviews followed a topic list,⁴ but no attempt was made to confine the interview.

Methodology

The initial approach to the interviews held in 2003–04 was essentially that of grounded theory as described by Strauss and Corbin (1998). Their approach emphasises theory grounded in data. The focus of data collection was then to build an explanatory theory to reflect the children's experiences of Barretstown as understood by the professional staff. This approach gives preference to the data over theoretical assumptions, but the premises of the approach have been questioned (Thomas and James 2006). The interviews were transcribed in February–March 2005 after a lecture course in social theory. Concepts from sociology and anthropology permitted a broader understanding of the data. The final approach was more in the interpretative tradition of social theory.

Researcher's role

The positionality of the researcher modified during the course of this work. Initial engagement with Barretstown was from the perspective of an interested paediatrician. The position broadened through reading sociology as an undergraduate and postgraduate student in University College Cork. Wolf (1996) discusses the issue of power in field research and describes three possible influential dimensions that may distort the research process. These are: 1) A power differential between the researcher and the researched; 2) Exploitation of the researched; and 3) The power of representation and misrepresentation in the research reporting process. These points are well made, but so far as can be determined were not an issue in this project. The ethos of Barretstown is such that the professional staff are very keen to support research, and have established a research committee with volunteer experts from different disciplines. The question of exploitation did not arise as the professional staff are keen for publicity to aid their fund-raising activities. The third point of the power of representation will have to be judged by the academic community and the professionals themselves. The research was well received by the professional staff when presented

to a Therapeutic Recreation Workshop held in Barretstown 1–3 May 2007.

The Barretstown experience: II Findings

Barretstown Castle is a holiday camp for seriously ill children in County Kildare around 30 miles from Dublin. It is a multilingual camp that accepts children from all over Europe. Barretstown opened in 1994 and since then has gradually expanded so that it now caters for up to 1500 children per annum. The facility can provide for over 100 children with serious illnesses and over 100 staff and volunteers at any one time. Each session may last from a week to ten days. Barretstown is a member of the Association of Hole in the Wall Camps founded by Paul Newman. The American camp experience is part of growing up for many children in the United States. Newman had the idea that sick kids were entitled to go to camp as well and must have understood that:

During the course of treatment a lot of children become slightly peripheralised in their everyday life ... they feel perhaps outside mainstream society. (S2).

In the US they are giving kids something that otherwise they would be denied. It is just fun based camp activities. For most Americans the effect of the summer camp is kids kicking up the dust. (S5).

It is a damn good holiday for the children and a very stimulating time. (S2)

Paul Newman said, 'when I first saw Barretstown Castle I knew this was where I wanted the first European camp to be'. The Irish Government donated the use of Barretstown Castle and the grounds to the organisation. It is not a cheap option. It takes four million euros to run Barretstown every year. Despite the cost there is a strong view that the experience is very worthwhile. There is no feeling of waste even though money has not been spared. 'I just think it's invaluable. I think it's unique. I don't think you could put a price on it really' (S3). There was an interesting concern expressed that there was a danger of complacency. 'It is so obviously setting out to do good that I think there maybe at times a feeling that gosh aren't we doing good' (S2). There is an occasional voice heard that it may disillusion some children. 'Cynics say why give them ten days of magic in heaven and send them back to maybe not such great places' (S4). The magical description is common and as a category reflects incomprehension.

The magic thing is, it sounds ridiculous, the way everyone says its magic or whatever, but it's so true. It is hard to describe but it is tangible. (S3)

I still can't tell you what that magic is. (S5)

Anybody that comes down and becomes part of it – they understand it straight away. (S3).

Psychological studies have shown improvement in the campers' self esteem and well-being, but the mechanism is not understood.⁵ The process appears to

operate in a different realm. The parents have a different experience. They often write in gratitude and surprise at the change. 'A father wrote back Jimmy left us twelve days ago and we sent him to Ireland. He has not come back the same child' (S3). They sometimes visit Barretstown subsequently to try and understand their child's new well-being.

All the children in the camp still have or have recovered from a life-threatening illness. Their experiences of ill health are similar because they will have been treated by similar protocols despite their diverse backgrounds. Their morbidity is largely determined by the harsh treatment rather than the underlying illness. These illnesses affect social class indiscriminately (Schillinger, Grosclaude, Honjo *et al.* 1999). The one exception is a camp that caters for children with HIV who tend to come from a less fortunate socio-economic background. Access to the holiday camp is dependent on hospital referral. Barretstown has a well-defined philosophy of care. The principle of non-discrimination informs the work ethic and all programmes are provided free of charge. Funding is dependent on the support and generosity of individuals, corporations and foundations.

The Barretstown experience is unusual in that children with a life-threatening illness are exiled away from home and hospital in a play camp for ten days. The separation from civil society is remarkably complete. During that time they do not have access to their families or friends (no mobile phones) and there is no communication with the outside world (no TV, internet, radio or newspapers). The Barretstown staff only see the endpoint of separation. The children have already separated from their parents and families by the time they reach the castle. Many have travelled long distances from as far away as Russia. They are collected at the airport by special Barretstown buses. They arrive in the 500-acre grounds with a great deal of noise and horn-blowing. They are met at the castle door by great cheers from the assembled staff. They tumble from the buses dazed, tired and bemused. They lose contact with the outside world. 'They arrive rather frightened and shy and certainly very tired. The first day is the shell shock day. The second day is the confusion. What is going on here?' (S3). 'The children themselves are I suppose both excited and afraid' (S4). The separation from their previous life is virtually complete.

The founder's objective was to allow sick children have an enjoyable holiday experience like their healthy peers. There is no deliberate learning. The children live in a group of cottages, which are overseen by Caras. The Caras are specially trained and can be either temporary volunteers or permanent professionals. The point is to start 'moving them outside of their comfort zone' (S1) through the programme that is challenging them 'to move beyond their perceived limitations' (S1). It takes a day or two for them to settle in. Then they just begin to become 'totally themselves' (S3). In Barretstown there is a real sense of equality and lack of hierarchy. It is a state of betwixt and between during which children abandon normal social rules and behaviour. In the dining hall the children dance

during and after mealtime, often to well-known tunes such as 'Batman', and at times have created their own choreography with the Caras. All the trappings of modern communication are abandoned in favour of close communication with their peers. They make close friendships.

It's just that sense of belonging here ... the feeling that they are not alone, the feeling that they have somebody else on the same medicine or who hasn't any hair. They don't mind coming out with loads of jargon because people understand it here. (S3)

That affirmation and feeling that they belong somewhere. The way the children totally open up and share things they have never shared before. They just feel that here it's the normality. They weren't able to socialise and now they are. (S5)

The children are deliberately kept in their own protected little world – like a microcosm. 'The children get into an environment where they feel very relaxed and very comfortable. So visitors to the castle are not allowed to be spectators of the children's activities' (S1). The idea is almost like a cocoon enclosing 'the kind of environment in which they will thrive more in' (S1). The regulations ensure that we 'avoid at all times having people walking through'. In that way we 'maintain that level of comfort for the kids – if the environment is safe, they will be more willing to take on challenges. They don't expect to see any strangers' (S1).

Barretstown gradually became distinct from its sister camps in the United States through its emphasis on Therapeutic Recreation.⁶ There are fourteen core activities including canoeing, archery, horse-riding, arts and crafts and creative writing. The philosophy of therapeutic recreation underpins these activities with a core theme of Serious Fun following the model of Challenge, Success, Reflection and Discovery. The children choose a challenge based on their abilities. The challenges are structured to ensure success. The children reflect on their experience at the end of the day and discover their previously compromised or unrecognised potential.

Even the doctors are surprised at what the children can do here. Doctors find that they can do more things than they thought children could do when they are on leukaemia treatment, and along with everyone else their eyes are opened when they see the children whiz up the high ropes with a prosthetic femur. (S2)

The Caras are specially trained in therapeutic recreation. In the morning the Caras present the challenge by telling the children what they are going to do that day. The challenge is by choice.

Each child is challenged to the limit of his or her ability within the group. (S1) In some subtle way they make sure that they succeed. It happens because of the tremendous skill of the staff. It's easy enough to set challenges, and I suppose it's easy enough to make everybody succeed in their challenge. The subtle bit is to make them feel that they themselves have succeeded rather than being helped along (S2).

To some extent they 'rediscover their childhood ... The discovery element comes right through the programme. What they are doing is different from what they thought they could do' (S1). In this discovery the children learn to 'redefine themselves' (S1).

Every activity is debriefed ... you actually make time to reflect and establish a reality for the child about their experiences. (S3)

The idea is to help the children to process what they are doing. There is also spontaneous reflection on the part of the children in groups. (S1)

The cottage chat is a similar type of reflection and these are guided reflections during the evenings. None of the other camps facilitate this time in the evening in their schedule for the group to come together and talk about what's happened. (S3)

The Caras are aware that reintegration into civil society is not a simple home coming:

The last couple of cottage chats are refocusing them externally – preparing them to leave. (S3)

They often leave full of self-confidence and bright eyed and bushy tailed. It's very fascinating to watch it. (S2)

Some of the kids don't know how Barretstown has affected them until they go home. They feel more confident with their friends. They don't feel that they are kind of keeping their friends back. (S6)

When they are at home and have settled, they begin to realise what they learned. They feel different in their home setting. (S3)

The stage of reaggregation and reincorporation into society can only be inferred from this study but reports, letters and emails on file in Barretstown suggest that the effect is significant. Letters from parents are especially convincing to this researcher.

Analysis

The chief focus of this study is to try and understand the Barretstown experience. The interviews with the administration staff suggest that the Barretstown experience has many features of a ritual that in other cultures mark a social process of change. The children's experiences can be interpreted as the stages of a rite of passage – separation, transition and reaggregation and the middle stage can be further elaborated into liminality and *communitas*. There is strong evidence of separation from civil society. The transitional stage has attributes of liminality in that the location is off the beaten track in a rural setting and the campers do not have any access to the media. All the trappings of modern communication are abandoned in favour of the close communication with their peers and Caras. Collective effervescence is very obvious in the dining hall,

which is the nerve centre of Barretstown. Participation in the dancing is gradual, but by day three nearly all of the campers join in with abandon. Illness no longer seems a burden. This point of view is based on observation of different campers in ten-day sessions over five years. Barretstown is a topsy-turvy world where the coercive powers of modern medicine, disease stigma and familial anxiety are temporarily held at bay. The mode of interaction is that of *communitas* and there is no visible social hierarchy even amongst the staff. Fun is not part of the classical description of *communitas*. As Ferguson (1990) emphasised, it is part of the irrational world and tends to subvert social order. Fun, in the context of seriously ill children, is the perfect foil to the scientific world of hospital medicine. It is also the business of Barretstown. The relationship between Barretstown and the campers is captured by their motto of 'serious fun'. In fun there is a subversive genius that can be utilised to reorder the psyche in special circumstances. Fun subverts the social order of illness and opens the possibility of change. The fun is serious because the task is grave and the benefits are not a foregone conclusion.

In Barretstown the special guides are the Caras. In the American camps they are called councillors, but that word in a European context does not depict their role in Barretstown. It is more in keeping with a further qualification of the Irish word *Cara*, the Gaelic for friend. In Barretstown the Caras are more than a friend to the children. They are an 'Anam Cara' which translates fairly accurately to a cross between a mentor and a soul mate. They are specially trained to interact with the children through the core activities. The campers have a close relationship with their Caras and the reports of cottage chats have a quasi-religious quality. In many ways the Caras are the heart of Barretstown. They set the atmosphere through their zany style of *communitas*.

Ritual communicates both self-referential and canonical information. The different activities of Barretstown are self-referential. A child may climb the high ropes, sit on a canoe, make a pot or simply pat a pony on the nose. The activities are beyond the limit of the children's imagination of their ability. Successful participation in the self-referential activities becomes an index of personal change in the children. The second class of information transmitted by ritual is the canon. Canonical messages are encoded from a fixed liturgical order. The therapeutic recreation sequence of challenge, success, reflection and discovery could be regarded as the canonical liturgy of Barretstown. The self-referential messages refer to the here and now, but the canonical represent universal and eternal orders. Both classes of information are interwoven in ritual so that the canonical stream carries the invariant process while the self-referential carries the variable personal information. The Caras apply the canonical sequence to all aspects of their interaction with the children. Difficulties become a challenge that can be successfully overcome. The children may reflect on various experiences and discover their latent potential during cottage chats. The campers are unaware that the canonical process of therapeutic recreation underpins

their experience of Barretstown. The self-referential activities in contrast are indices.⁷ Indices cannot genuinely occur in the absence of the conditions or events that they signify. They require participation that can be witnessed. That is why the indices used in ritual tend to be impervious to falsification and misinterpretation. These indices demonstrate the information and have substantive rather than abstract content. This is easily seen in the children who are in some way compromised through illness and yet manage to achieve certain activities such as climbing high ropes. They indicate their achievements, and these cannot be denied as they are publicly recognised. The activities are indices akin to performatives such as pledges and demonstrations. The sequence of challenge, success, reflection and discovery is symbolic of social transformation. They are the invariant canon of therapeutic recreation that imposes a force of social change on the participants. The two classes of message, the self-referential and the canonical are interdependent. The campers accept the ritual process through participation in the activities. The activities are the variable indices of different achievements that are cheered and endorsed by their peers and repeatedly reaffirmed by the Caras. The cheers are not flattery. Rituals exclude this form of deceit. This is ensured by a process that contains activity indicators that are witnessed and recognised. The advantage of physical display is that it is more concrete than verbal abstraction and therefore more convincing and less ambiguous. The activities are primary and are augmented by verbal endorsement of cheering friends and reflective cottage chats. Physical display of achievement and participation in activities and celebrations are the essence of Barretstown.

The Barretstown experience in Turner's classification is a contingent ritual in response to an affliction of a life-threatening illness such as cancer or AIDS. Their childhood experience has many social difficulties as a consequence of a medical condition. Stigma may be an important reversible factor in the child's relationship with the world. Many children can be easily recognised from the consequences of their treatment. The uncertain status of a child with cancer operates in a wide variety of social situations. The stigma is to do with relationships, and is a matter for both society and the child. This uncertain status can be ameliorated or eliminated by good social circumstances and the corollary of poor social circumstance probably holds. Barretstown may reduce or eliminate the feeling of stigma in vulnerable children. The ability of children with cancer to cope with stigma will to a certain extent depend on their immediate family provision of a protective cocoon and also to the extent that that their interactions are with sympathetic others.

The children's experiences and their change in outlook do not fit interventions such as complementary or alternative medicine. There are no extra medicines other than continuing specific treatments as recommended by their referring hospitals. Barretstown does not have counselling. There are no clinical psychologists or child psychiatrists. There is no hypnosis, massage, herbal remedies, heat treatments or acupuncture. The focus is not on a change in lifestyle,

nutrition, or hygienic measures. Barretstown works in tight cooperation with hospital medicine but biomedicine remains in the background unless needed. Barretstown seeks to complement orthodox medicine by reducing rather than extending medical hegemony. All aspects of medical care are underplayed. The focus is on having a good time. Chemotherapy continues but is taken for granted. All prescribed remedies are charted but they are usually given amidst the hurly burly of the dining hall. The paediatric nurses ensure compliance, but are unnoticed as they have no medical garbs and they wear bright t-shirts or jerseys with the Barretstown logos like everyone else. All attending professionals are known by and have a name tab with their first name only. There is a sophisticated medical facility available on site that monitors the children's health and supervises treatment. This medical centre is a light-hearted place away from the activities and the fun, but ready and willing to respond to unexpected medical complications. It also offers quiet time as some of the campers can easily get tired. The children know it's there. It is purposefully and affectionately called the med shed. The med shed looks after any physical disorder but is otherwise not part of the Barretstown experience.

The notion of ritual in medical practice in the twenty-first century carries a hint of pathology or a whiff of witchcraft. Ritual behaviour as a pathology is a feature of obsessive-compulsive disorder in which stereotyped practices such as hand-washing become repetitive, useless and destructive to sociability. Personal rituals can become debilitating and if so help is sought in the domain of psychiatry. Most medical practitioners consider therapeutic rituals as part of anthropology. Barretstown has not been recognised as a rite of passage since the holiday camp opened in 1994. Ritual hardly seems to be in the lexicon of the psychologists and the paediatricians who have had an academic interest in the camp. The realisation that ritual practice was at the heart of the Barretstown experience was unexpected at a time when Ireland's economy was surging ahead. We were leaving the world of miracles and fairytales to folklore. Nonetheless a ritual passage in a modern guise may be a possible explanation for the efficacy of Barretstown. The surprise is its location at home here on our own doorstep and not as found in far-flung places. This ritual is part of our contemporary life, and yet not an especially modern or a postmodern custom. It has the hallmarks of a universal practice.

Kiernan, Gormley and MacLachlan (2004a) have shown specific positive effects on children's well-being in their Barretstown studies. Other workers (Kearns and Collins 2000) support the suggestion that camping programmes enhance well-being when they are situated in natural surroundings and thereby provide a therapeutic landscape⁸. Barretstown would certainly qualify as an appropriate time-out location from stressful situations. Further research is needed to explore the therapeutic landscape dimension.

Conclusion

Barretstown is a liminal place that generates a temporary spirit of *communitas*, which encourages ritual transformation through self-referential activities framed by the canonical sequences of therapeutic recreation. The physical separation of Barretstown from the everyday is remarkably complete. The psychological separation is even more convincing. The Barretstown rite of passage can be understood as a ritual of social and psychological transformation. The efficacy of ritual is through a special form of communication. This justifies the need for the unique spatial and temporal arrangements of Barretstown. Mundane matters and instrumental communication are excluded from the camping experience. The social orders of the outside world no longer apply and so cannot interfere with ritual communication. Ritual transmits meaningful rather than factual communication that depends on a respected canon intertwined with self-referential information. Therapeutic recreation provides the symbolic structure for the canon and the self-referential activities indicate to the campers and others their meaningful participation in ritual. Seriously ill children may be socially compromised to the extent that reassurance in the outside world seems hollow. That reassurance is not convincing because of self-imposed social exclusion. They do not have sufficient well-being to fully participate in the social world of their contemporaries. In the ritual participation of Barretstown activities they make a public demonstration of their undeniable ability, which is endorsed by their peers and Caras. The ritual process authorises their well-being. The stage of reaggregation and reincorporation into society can only be inferred from this study but reports, letters and emails on file in Barretstown suggest that the effect is significant and permanent in some. The interviews of selected professionals from the Barretstown staff are representative of the senior and experienced personnel. Previous reports of the Barretstown experience had more quantitative methodologies. This study gives a sociological perspective and a new way of understanding the Barretstown experience. The sociological concepts of rite of passage, liminality and *communitas* offer new approaches that may help clarify the Barretstown magic. The ritual process combines a respected external process with participation in individual activities that are convincing indicators of unsuspected capability.

Notes

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1 A possible downside of Barretstown is the risk involved when stable structures and

- identities are temporarily suspended when guiding an initiate from one social status to another. Szakolczai (2001) emphasises the importance of special guides. Little attention has been paid to the role of the Caras, but their contribution is crucial and like that of special guides.
- 2 The interviews were conducted in the interviewee's office or a comfortable room. All interviews were recorded on a portable Sony IC Recorder ICD-MS515 onto a 'memory stick'. The recordings in the 'memory stick' were imported into a laptop computer for simultaneous listening and transcription of the interviews. The interview dates of the staff were as follows: Staff 1 (S1): 10 September 2003; Staff 2 (S2): 13 June 2004; Staff 3 (S3): 13 June 2004; Staff 4 (S4): 14 June 2004; Staff 5 (S5): 15 June 2004; Staff 6 (S6): 13 June 2004.
 - 3 The Association of Hole in the Wall Camps publishes an annual review, www.holeinthewallcamps.org. Barretstown has published stories, poems and pictures from the camp: T. O'Dea (ed.), *Serious Fun* (Dublin: Gill and Macmillan Ltd, 2005) and intermittently publishes a magazine, www.barretstown.org. Mission statements and camp philosophy can be found on the websites. There is a file in Administration called the Harry Potter drawer containing emails, postcards and letters from the parents and the campers.
 - 4 The topic list was: History of your involvement with Barretstown; Philosophy of Barretstown; The children's experience from your point of view; Is it worth the effort?; Any drawbacks?; Views on evaluating the children's experience; Who else should we interview?; The way forward?
 - 5 Gemma Kiernan and her co-researchers (Kiernan *et al.* 2001; 2002; 2004a; 2004b; 2005) have published a number of papers from Barretstown using quantitative methodologies. These are meticulous and rigorous studies from a psychological perspective.
 - 6 Therapeutic recreation has its sources in the United States from the play and recreation movement, military hospital recreation in the First World War and the emergence of recreation therapy in state hospitals. Peterson and Stumbo (2000) is a relevant reference.
 - 7 Peirce's classification of signs into symbols, icons and indices is a matter of debate and is discussed by Hoopes (1991). According to Peirce a sign can be an icon, an index or a symbol. An index is part of what it indicates; an icon resembles the signified, whereas a symbol is meaningless without an interpreter.
 - 8 Therapeutic landscapes have been researched by Gesler and Kearns (2002) who try and understand the contribution of place to the healing process. The concept of therapeutic landscapes is usually outside everyday experience as for instance in sacred pilgrimages, spas and hospitals. Baer and Gesler (2004) suggest that landscapes should be considered beyond exceptional cases, and part of everyday experience. They argue that therapeutic landscapes can become a psychological space to escape from a situation. Even though the circumstances of Barretstown suggest a therapeutic landscape, the process there suggests more an intervention rather than a background therapeutic milieu for well-being. Landscapes are regarded as fairly permanent scenarios associated with well-being. On the other hand passages are transient structures associated with ritual change. Passages may be part of a therapeutic landscape, but are by definition in a secluded spot away from the panorama. Therapeutic landscapes are more in keeping with an appropriate milieu for long-term human development. Landscapes can be considered as a social milieu exterior for optimal development of a society, whereas passages are a short-term intervention to effect change in our psycho-social milieu interior. Turner's concepts of structure and anti-structure (Turner 1969) reflect the difference between hierarchy

and *communitas*, or between landscape and a rite of passage.

References

- Baer, L. and W. Gesler 2004 'Reconsidering the concept of therapeutic landscapes in J.D. Salinger's *The Catcher in the Rye*. *Area* 36: 404–13.
- Bell, C. 1997. *Ritual Perspectives and Dimensions*. Oxford: Oxford University Press.
- Durkheim, E. 1995. *The Elementary Forms of Religious Life*. New York: The Free Press.
- Eiser, C. 2004. *Children With Cancer: The Quality of Life*. New Jersey: Lawrence Erlbaum Associates.
- Ferguson, H. 1990. *The Science of Pleasure: Cosmos and Psyche in the Bourgeois World View*. London: Routledge.
- Fernandez, J.W. 1973. 'Analysis of Ritual: Metaphoric Correspondences as the Elementary Forms'. *Science* 182: 1366–7.
- Fields, K. 1995. 'Religion as an Eminently Social Thing', *The Elementary Forms of Religious Life*. New York: The Free Press.
- Gesler, W. and R. Kearns 2002. 'Landscapes of Healing', *Culture/Place/Health*. London: Routledge.
- Goffman, E. 1990. *Stigma: Notes on the Management of Spoiled Identity*. London: Penguin Books Ltd.
- Grimes, R.L. 1985. *Research in Ritual Studies*. New Jersey: Scarecrow Press.
- Hewitt, M., S.L. Weiner and J.V. Simone 2003. 'The Epidemiology of Childhood Cancer', pp. 20–36 in M. Hewitt, S.L. Weiner and J.V. Simone (eds), *Childhood Cancer Survivorship: Improving Care and Quality of Life*. Washington, D.C.: The National Academies Press.
- Holloman, R.E. 1974. 'Ritual Opening and Individual Transformation: Rites of Passage at Esalen', *American Anthropologist* 76: 265–80.
- Hoopes, J. 1991. *Peirce on Signs: Writings on Semiotics by Charles Sanders Peirce*. Chapel Hill, NC: University of North Carolina.
- Kearns, R. and D. Collins 2000. 'New Zealand children's health camps: Therapeutic landscape meets the contract state', *Social Science and Medicine* 50: 1047–59.
- Kiernan, G., J. Laurent, T.E. Joiner, S.J. Cantanzaro and M. MacLachlan 2001. 'Cross-cultural examination of the tripartite model with children: Data from the "Barretstown Studies"', *Journal of Personality Assessment* 77: 359–79.
- Kiernan, G. and M. MacLachlan 2002. 'Children's perspectives of therapeutic recreation: data from the "Barretstown Studies"', *Journal of Health Psychology* 7: 599–613.
- Kiernan, G., M. Gormley and M. MacLachlan 2004a. 'Outcomes associated with participation in a therapeutic recreation camping programme for children from 15 European countries: Data from the "Barretstown Studies"', *Social Science & Medicine* 59: 903–13.
- Kiernan, G., M. Gormley and M. MacLachlan 2004b. 'The Revised-Perceived Illness Experience Scale (R-IE): Data from the Barretstown studies. 141', *Behavioural Medicine* 30: 23–31.
- Kiernan, G., S. Guerin and M. MacLachlan 2005. 'Children's voices: Qualitative data from the "Barretstown Studies"', *International Journal of Nursing Studies* 42: 733–41.
- Larcombe, I., J. Walker, A. Charlton, S. Meller, P. Morris Jones and M. Mott 1990. 'Impact of childhood cancer on return to normal schooling', *BMJ* 301: 169–71.
- Larcombe, I., M. Mott and L. Hunt 2002. 'Lifestyle behaviours of young adult survivors of childhood cancer', *British Journal of Cancer* 87: 1204–9.

- Peterson, C.A. and N.J. Stumbo 2000. *Therapeutic Recreation Programme Design: Principles and Procedures*. Chapel Hill, NC: Allyn and Bacon.
- Rappaport, R.A. 1999. *Ritual and Religion in the Making of Humanity*. Cambridge: Cambridge University Press.
- Schillinger, J.A., P.C. Grosclaude, S. Honjo, M.J. Quinn, A. Sloggett and M.P. Coleman 1999. 'Survival after Acute Lymphocytic Leukaemia: Effects of socioeconomic status and geographic region', *Archives of Disease in Childhood* 80: 311–17.
- Strauss, A. and J. Corbin 1998. *Basics of Qualitative Research*. London: Sage Publications Ltd.
- Szakolczai, A. 2001. 'In a permanent state of transition: Theorising the East-European condition', *Limeri. Journal for Theory and Practice of Liminal Phenomenon* 1.
- Thomas, G. and D. James 2006. 'Reinventing grounded theory: Some questions about theory, ground and discovery', *British Educational Research Journal* 32: 767–95.
- Turner, V. 1969. *The Ritual Process: Structure and Antistructure*. New York: Aldine de Gruyter.
- Turner, V. 1972. 'Symbols in African Rituals', *Science* 179: 1100–5.
- Turner, V. 1986. 'Dewey, Dilthey and drama: An essay in the anthropology of experience', pp. 33–44 in V. Turner and E.M. Bruner (eds), *The Anthropology of Experience*. Chicago: University of Illinois Press.
- Van Gennep, A. 1960. *The Rites of Passage*. Chicago: The University of Chicago Press.
- Wilson, M. 1954. 'Nyakyusa Ritual and Symbolism', *American Anthropologist* 56: 228–41.
- Wolf, D.L. 1996. 'Situating Feminist Dilemmas in Fieldwork', in D.L. Wolf (ed.), *Feminist Dilemmas in Fieldwork*. Colorado: Westview Press.