Labyrinths: A Pathway to Reflection and Contemplation

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Labyrinths are among the oldest man-made tools that encourage reflection, contemplation, and transformation. They were created 4,000 years ago, and evidence of their existence has been found in many cultures where they are believed to have been important in rituals and ceremonial dance. In medieval Europe, labyrinths were a symbol of the Christian faith; the labyrinth walk often was a substitute for the long pilgrimages of the Crusades (West, 2000; Westbury, 2001a). Over the years, labyrinths have been used for prayer, ritual, initiation, and personal and spiritual growth. Their current popularity has been called a “labyrinth renaissance” and attributed to the contemporary need to search for simplicity, deepen self-awareness, access intuition and creativity, and connect to the soul (West, 2000).

Labyrinths no longer are curious objects found only at spiritual retreats and wellness centers; they are being built in increasing numbers in a wide array of settings throughout the world, including in the United States. Labyrinths can be found in school playgrounds, hospital courtyards, public gardens, community parks, and even some prisons (Kern, 2000).

Designs and patterns of labyrinths vary, but the most popular used today are the seven-circuit Cretan design and the 11-circuit Chartres Cathedral pattern. The Cretan design comes from the Bronze Age and is named after the island of Crete, home of the mythical labyrinth in which the Minotaur lived. Many labyrinths are variations of this classic model. The eight-century-old Chartres Cathedral pattern is so named because of its location on the floor of the cathedral in France. It consists of 11 circuits, or concentric paths, which wind around four quadrants of a circle (West, 2000).

New patterns have been designed to fit smaller spaces, and a variety of materials have been used. Handheld models made of stone, acrylic, leather, and wood are available. Outdoor designs have been made of earthen mounds; garden hedges and flowers; mown prairie grasses; rock, brick, rope, and sand; mosaic tiles; and simply paint on pavement (Lonegren, 2002). Some labyrinths on the World Wide Web can be “walked” by a finger tracing a pathway on a computer screen.

Labyrinths differ from mazes, which have more complicated designs, are designed to tease and trick users, and often result in dead-end passageways. Mazes have been called left-brain puzzles because they offer choices and require decision making. In contrast, labyrinths are considered by some experts to be right-brain activity enhancers because they encourage movement along a single pathway in synchrony with “the music of the soul” (Labyrinth Society, 2002). Other experts assert that labyrinths involve the entire brain.

The power of labyrinths lies in their simplicity. A curving, winding pathway typically flows from the entrance to the center and then reverses along the same pathway back to the entrance and exit site. While walking, the body develops a peaceful rhythm as it follows the winding pathway inward (a process that some labyrinth experts call “journeying in”). This pathway leads to the “resting place,” the center of the labyrinth, a place of reflection, contemplation, and illumination. The pathway then is followed in an outward direction (a process called “journeying out”) toward union with the everyday world, which some experts call “rebirth.” Thus, the pattern aids in attaining an inner meditative state (Curry, 2000; Sands & Ferre, 2001).

In addition to walking labyrinths, a variety of laptop finger labyrinths are available. Using the nondominant hand to move along a labyrinth pattern is thought to open intuition and promote reflection and relaxation. Finger labyrinths are well suited for home use and as aids to introspection and journaling. Another recommended use is with patients in hospitals, clinics, and nursing homes and with visually, physically, or cognitively impaired people who are unable to complete traditional walking labyrinths. For patients with cancer, for example, finger labyrinths can be used for guided meditation before chemotherapy, radiation, or surgery. Double finger labyrinths also are available for group activities and exercises; using labyrinths may help promote the understanding of others’ views (West, 2001; Westbury, 2001b). Labyrinths also have been used with seriously ill and injured children and sometimes are included as part of their physical or occupational therapy sessions (Rossetta, 2001). Lastly, labyrinths may have an additional role in assisting healthcare providers in coping with personal or job-related stress.

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Users can employ various techniques to navigate labyrinths. They first must quiet the mind. Next, they should focus on a specific image, activity, problem, decision, or question. For instance, labyrinth users struggling with decisions and questions often find that answers present themselves during meditative walks. Other focusing activities include meditating by repeating a word, mantra, or phrase; stating an affirmation; reading spiritual or personally meaningful writings; or praying during walks. Many labyrinth users find that each time they walk or trace a labyrinth, they have new and different experiences and obtain additional insights into the connection between body, mind, and spirit.

Labyrinths offer uninterrupted time for contemplation and reflection, and a range of experiences can result. For some people, walking a labyrinth is an intense and dramatic personal experience; for others, it simply results in a heightened awareness of the moment (West, 2000). Some general tips for labyrinth users follow (Telesco, 2001; West, 2000).

- At first, novice users may experience awkward attempts at meditation and often try too hard to reflect and contemplate. They may need to be reminded to slow down, focus on deep breathing and relaxation, and allow thoughts and actions to flow naturally and spontaneously.
- No right way to walk labyrinths exists. Some people prefer to walk quietly with their hands behind their backs, whereas others stretch out their arms and “fly” around them.
- The purpose of labyrinth walks should be the process involved (i.e., reflection and contemplation), not reaching the center or endpoint.
- Labyrinth walkers seeking answers to questions or solutions to problems may find that other questions and problems surface during walks. Allowing these new problems and questions to reveal themselves may lead to greater insights and enhanced problem solving.
- Powerful or life-changing insights may occur, but labyrinth walkers more commonly come away from the experience with a feeling of relaxation; a connection between mind, body, and spirit; and a sense of peace.

During the past two years, a proliferation of books, magazine articles, and Web sites have addressed the topic of labyrinths. West (2001) published simple directions for creating finger labyrinths, and other authors have described labyrinth construction in their books (Curry, 2000; Kern, 2000; Lonegren, 2002). Additional information can be found on the World Wide Web.

- www.labyrinthproducts.com
- www.labyrinthproject.com
- www.labyrinthsoociety.com
- www.stonecircledesign.com

Labyrinth walking is a form of psycho-neuro-immunology and can be a component of an integrated approach to providing care. Nurses can facilitate labyrinth use to various extents, from informing patients about labyrinths in the community to helping them build labyrinths in or near cancer treatment facilities. Nurses also can make finger labyrinths available to patients before cancer treatment. Labyrinths are yet another tool available to oncology nurses to assist patients in achieving a contemplative and transformational state of mind.

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References
Question: What are some considerations in creating labyrinths for patient use?

Answer: Two important aspects of building labyrinths for use by patients with cancer are the materials and locations. Labyrinths built of materials found in nature are preferable to those built with artificial components. Other considerations in building labyrinths in healthcare settings include available space, handicapped accessibility, climate, drainage, settlement of the site, lighting, landscaping, security, hours of availability, maintenance, surrounding noises, and, of course, budget. Many factors vary by region.

Climate is a major factor to consider when choosing locations and building materials for outdoor labyrinths. Snow and ice in northern climates dictate the need for materials that can withstand erosion, scraping during snow removal, and sand and salt application if open year-round. Dark materials are inappropriate for use in warm climates; their heat retention may be too intense for some patients to withstand. Therefore, many labyrinth experts advocate the use of building materials indigenous to the specific region.

Garden labyrinths in temperate regions are beautiful and peaceful but involve higher maintenance costs (see Figure 1). Elaborate terrazzo labyrinths are far more costly than pavers or bricks set directly into the ground (see Figure 2), which are, in turn, more costly than patterns simply painted onto concrete surfaces, such as parking lots.

Competition for space usually is critical, especially for indoor space. If a labyrinth is to be built indoors, for instance, will the space be reserved for the use of the labyrinth or will it be a multipurpose setting, such as a waiting area with a labyrinth? What is the traffic pattern? Will regular foot traffic in the area interfere with labyrinth walkers?

Options for indoor labyrinths vary widely and include portable canvas labyrinths (see Figure 3); permanent tapestry or carpet labyrinths perhaps installed in lobbies; labyrinths made of tile, wood parquet, or other materials and permanently set in the flooring; and small stones arranged accordingly (see Figure 4). Initial costs and maintenance vary with each of these options. Some patients who are hooked on labyrinths create their own to use while on vacation (see Figure 5).

Regardless of whether indoors or outdoors, labyrinth pathways used by patients with cancer should have nonslip surfaces and be wide enough for wheelchairs and walkers. Ideally, outdoor labyrinths should be located near handicapped parking areas and be wheelchair accessible. Also helpful are a brief explanation about labyrinths and a set of guidelines for navigating them near the entrance.

Conclusion

Labyrinths can give patients and staff “time out” from the daily struggle of fighting disease, lessen anxieties, address grief, and reduce stress. Labyrinths offer a vehicle for patients, family members, and healthcare providers to feel supported, connected, and renewed.

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