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Pilgrimage walking is increasingly sought as self-therapy for different mental, physical and spiritual ailments, sudden life changes, crossroads or challenges. However, pilgrimage walking as therapy is largely an unexplored ground within health science / care / interventions notwithstanding millennia of human experience. To unfold the nature and add to the knowledge about pilgrimage walking as therapy, this article explores the health-related processes (as experienced mentally, physically, spiritually, socially and in nature), the after-effects (on daily life, behaviour and future actions) and the therapeutic mechanisms (that bring forth these processes and effects) involved in walking the St. Olav Way across Norway.

Qualitative open-ended questionnaires were made available at all pilgrim accommodations along the St. Olav route in 2017. In total, 53 pilgrims with an average age of 52 years from 13 nationalities holding different belief systems responded. Process, effect and therapeutic categories were generated through an inductive thematic text analysis of their answers. The findings indicate that pilgrims experience mostly mental health-related processes. People report after-effects involving improved mental, physical, spiritual and social health, personal health assets, and a more positive outlook on life. The stated therapeutics categories came down to three key mechanisms: walking, nature and community. Given the relational and dynamic nature of the results, findings are drawn on relational ontology and the mobility turn.

The study encourages further debate around pilgrimage walking's health qualities in a health context with the hope of arriving at universal therapeutic mechanisms of pilgrimage walking as to acknowledge pilgrimage walking as therapy in the future.

Key Words: the St. Olav Way; pilgrimage walking, nature, community; health processes/effects, therapeutic mechanisms; self-healing/therapy.

Introduction

Pilgrimages can be considered the biggest outdoor 'tourism industry' with around 400,000,000 going on pilgrimage yearly (Feiler, 2015). People have gone on pilgrimages since the dawn of time to honour and regulate their relationship to the gods, nature and supernatural forces, and features in most religions (Munro *et al.*, 2017). In the Middle Ages when Christian institutions were far more powerful than today, going on a pilgrimage was (officially at least) to get closer to God, to do penance, make a promise, be blessed or to seek health (Muir, 2017). However,

pilgrimage walking also enabled self-construction and independent thinking, and was why the church, wishing to be the sole connection to God, resented roaming hermits and confined them into monasteries (Baumann 1996). In the reformed countries, pilgrimages were prohibited out of Lutheran criticism of the church's doctrine related to pilgrimage and its ethical, economic and societal consequences. To Luther, pilgrimage was considered an erroneous practice as good deeds were regarded to lie with the relationships and responsibilities at home. Still, pilgrimage was to some extent practised in secret as in Norway (Jensen and Løverød, 2017).

Walking pilgrimages, such as the famous Spanish Camino de Santiago, experienced a revival in the 1990s, with the number of walkers steadily increasing towards its Middle Age heydays (Mitchell-Lanham, 2015). Research indicates that people undertake walking pilgrimages for more self- and health-oriented purposes, even self-therapy (Mikaelsson, 2012) or relief for a suffering soul (Eade, 2000). Indeed, a German clinical study has proposed the Camino as therapy (Brieseck, 2006). Furthermore, a qualitative psychological study of the Camino claims that pilgrimage walking in a nature and social context is beneficial for mental health and wellbeing (Jørgensen, 2008), and suggests that pilgrimage walking has salutogenic (health-fostering) and self-therapeutic potential. The term derives from the Latin word '*salutogenesis*', meaning 'birth of health' and was used by Antonovsky (1990), who focused on the factors that foster health and wellbeing rather than disease ('*pathogenesis*'). The salutogenic approach is concerned with the relationship between stress, health and coping in relation to our sense of coherence, e.g. if we experience stress that violates our sense of coherence, it can affect our coping and health. Thus, *salutogenesis* can be considered a relational approach towards our body, mind, spirit and environment.

An Austrian quantitative study on pilgrimage impacts on human wellbeing has shown that pilgrims were significantly more contented and positive about life and less concerned with their health problems (Preda, 2009). Courtney (2012) proposes, to therapists and clients alike, contemporary pilgrimage as a novel form of occupational therapy, thanks to its transformative potential. Maddrell (2013) also highlights the therapeutic dimension in pilgrimage walking's physical effort, community, landscape and silence, while a German psychiatric clinic, which uses pilgrimage walking as part of therapy, noted the walking's efficacious outcomes as medicine reduction (Brieseck *et al.*, 2013; Lunga, 2005). Yet, since the last review on pilgrimage walking and walking therapies made in 2015 (Jørgensen, 2017), scant attention has been paid to walking pilgrimages from a health perspective, despite countless testimonies of pilgrimage walking's beneficial effects, (Jørgensen, 2017).

Since the last review, a few new studies also suggest the therapeutic potential of pilgrimage. Warfield *et al.*'s (2014) constructivist grounded theory study, exploring the therapeutic value of different shrine, interfaith, ancestral, even motorcycle pilgrimages among 10 people, saw these journeys as therapeutic on mental, physical, spiritual and social levels, and called

for further research on the 'precise mechanisms of how pilgrimage is therapeutic' (Warfield *et al.*, 2014: 873). Moavens *et al.*'s (2017) ethnographic study, based on semi-structured interviews of 30 female shrine pilgrims to Shiraz, Iran, claims that spiritual health is achieved through 'pilgrimage therapy', which provides stress reduction, wellbeing, support, optimism, empowerment and life coping tools. These studies do not focus on pilgrimage walking as such, but Felieu-Soler *et al.* (2018) seek to evaluate pilgrimage walking's effect on pilgrims' mental health before, at the end and three months after walking the Camino in their ongoing quantitative online survey. Their preliminary results indicate that Camino walking has a positive and lasting impact on pilgrims' lives: it helps people break with routine, perform daily exercise, socialise more often, change their self-perceptions, lead a simpler less materialistic life, be more present, undertake 'forest bathing' and reconnect with their natural rhythm. Another quantitative study on the resurgent Japanese Shikoku temple walking pilgrimage claims that pilgrimage walking produces positive effects on mental and physical health by reducing tension-anxiety and oxidative stress without fatigue (NIAIST, 2015). Lopez (2013: 1) also argues that the 'pilgrim effect' does not vanish once people return to their daily life: 'their everyday life is marked by the pilgrimage experience and the different worldviews they met during the walk'. Thus, it is relevant to explore pilgrims' processes also 'post-spectively', in the time after the journey, to understand the impact of pilgrimage walking.

Europe's most famous walking pilgrimage, the Camino, is rapidly becoming overcrowded, passing 327.000 pilgrims in 2018 (Oficina de Peregrino, 2018) and, as a result, some pilgrims are seeking more distant and quiet Scandinavian walking pilgrimages (Schildmann, 2019). There is little research on the health aspects of pilgrimage walking these more remote, less 'branded', routes. One such route is the St. Olav Way in Norway.^[1] King Olav II Haraldsson was a Viking warlord, who was made a national saint after his death at the famous battle of Stiklestad in 1030.^[2] Devotees started to journey to his shrine in Nidaros Cathedral, Trondheim, creating a pilgrimage route that became part of the itineraries leading to Santiago de Compostela, Rome and Jerusalem. There are different variants of the St. Olav Way, but both the western and

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1. There are seven pilgrim paths in Norway under the name 'The St. Olav Ways' (Pilegrimsleden, 2019).
 2. For the historically interested, please see Anderson's (2018) short, but elaborate, account about St. Olav.

Figure 1: Nidaros Cathedral in Trondheim

Anke Verwold, 2017

Figure 2: St. Olav (detail from the frontal façade of Nidaros)

Anke Verwold, 2017

Figure 3: The St. Olav cross and Way symbol, often with a red arrow

Michael Schildmann, 2010

eastern variant of the Way measure ca. 650 km from Oslo to Trondheim (Raju, 2015). Although St. Olav's remains are no longer in the cathedral, different interests revitalised and recreated the trail in the 1990s, attracting approx. 1000 pilgrims a year (Anderson, 2019; Øian, 2019).

Knowledge about the Way's influence on health is scarce. Only one qualitative study, drawing on semi-structured retrospective interviews with five Norwegian pilgrims, has approached the path from a health-oriented perspective, by exploring their motives, experiences and the degree to which the journey contributed to health-related changes in their daily life. Pilgrims reported balance, meaning, continuity and mental/sensory presence, and the study concluded that the St. Olav Way is a supportive social arena and could help in the development of coping strategies within a health-promoting/rehabilitative context (Vestøl, 2013).

Although a Norwegian clinical assessment has claimed that pilgrimage walking is beneficial with regard to long-term sick leave, hospitalisation, health problems and medication (Lunga, 2006), other specialists, such as Spanish psychiatrist Gàndera, have been very critical of the idea of pilgrimage walking as therapy. According to Gàndera, based on a few cases, walking the Camino can provoke relapse among psychotic, bipolar and depressive walkers, and he calls the Camino a 'mobile mental hospital' (Apezteguia, 2007). The Norwegian Psychiatry Association, on the other hand, has argued that pilgrimage walking can cause stress through the absence of traditional patient-therapist roles (Aspaas, 2006).

This article seeks to go beyond existing research and criticism by examining the ways in which walking the St. Olav Way can bring about health-related processes and changes / effects. Drawing on pilgrim statements, it also reveals the therapeutic mechanisms of walking this trail.

Methodological and Analytical Approach

This article draws on the qualitative explorative approach, based on three open-ended questionnaires, investigating pilgrims' health-related 1) *prior* motives; 2) *ongoing* processes (as experienced mentally, physically, spiritually, socially and in nature), and 3) *after-effects* (changes in daily life, behaviour and future actions) and therapeutic mechanisms (that bring forth these processes and effects) associated with walking the St. Olav Way. The article deals with the two last aspects, while motives are the subject of a separate paper that is in production. Religious processes were not explored specifically but addressed under spiritual processes on the grounds that religious experiences are often regarded as 'spiritual'.

The questionnaires were sent to all pilgrim shelters along the Oslo-Trondheim trail and were available from May-October 2017. In order to include international pilgrims, the questionnaires were written in seven languages: Norwegian, English, Spanish, French, Italian, Polish and German. The first questionnaire was to be answered immediately upon picking up, while the second during or straight after the journey, while the third questionnaire could be completed three months after finishing the walk.

Figures 4-6: Examples of Norwegian pilgrim shelters/huts and tenting



Anke Verwold, 2017



Anke Verwold, 2017



Michael Schildmann, 2010

Pilgrims could fill out the questionnaires by hand (posting, MMSing, or scanning their answers) or electronically.

In total, 53 people responded, *i.e.* 5% of the 1004 who walked to Trondheim in 2017 (Nidaros Pilegrimsgård, 2017). There were 30 women and 23 men with an average age of 52 years (the youngest was 24, while the oldest was 75). They came from thirteen countries: Germany (19), Norway (14), Switzerland (5), USA (3), Sweden (2), Netherlands (2), Spain (2), and Brazil, France, Austria, Belgium, Hungary and Mexico (6). They had various occupations, ranging from students to designers (20), but the largest categories were retirees (12), teachers (8), health professionals (8) and humanists (5). Concerning beliefs, people described their faith affiliation in almost as many ways as there were respondents: Catholic (10), Protestant / Evangelist / Reformed / Baptist / The Norwegian State Church (15), Christian (8), Buddhist (1), while the rest defined themselves as: Atheist (4), Agnostic / spiritual / humanistic / universal (7), None (6) and Non-practising (2).

People were asked about their mental and physical health to see whether their pilgrimage was health-motivated and if their health would benefit from pilgrimage walking during or after the journey. Most people responded that their mental and physical health was 'good' (24), while the rest replied 'very good' (7), 'quite well' (2) or 'currently good / stable / ok' (4) (one thanks to medication). Some stated that they felt 'mentally good / ok' but physically worse due to 'physical ailments / disease' (4), and others said that

they were 'mentally well in general' despite physical sickness (2). Five responded that they were 'physically ok / well / good / healthy', but 'mentally troubled / vulnerable / tired / overworked / sad' and seeking to find healing through the Way. A few said that they had 'very / good mental health' with minor walking ailments' (3). Finally, one pilgrim reported excellent health, while another barred the question.

With regard to walking distances, nearly half of the respondents (21) walked the whole distance (650 km) in 16-42 days. Thirteen walked to Trondheim from other places along the route (10 in less than 10 days), while five walked only parts of it. Finally, five walked in from Sundsvall (450 km) and Östersund (270 km), Sweden, in 35 and 13 days respectively. On average, more than half walked for more than two weeks,^[3] around 20 km per day, either alone, with a friend / family member / partner or in a group (some changing between walking alone or with others).

The response rate to questionnaire 2 and 3 was respectively 47 and 44 participants. Reply forms were transcribed into English and anonymised by numbers. Answers were grouped under corresponding questions in the respective questionnaires for iterative thematic text analysis (Braun and Clarke, 2006), where theme units were generated inductively and grouped by emerging topics. Then, related topics were assembled into more overarching categories. Finally, the therapeutic mechanisms of undertaking the journey

3. Nidaros Pilegrimsgård (2017) defines long-term or 'long-range' pilgrims as people who have walked 14-16 days.

were interpreted in the light of pilgrims' perceived processes and effects, drawing on existing currents / paradigms / literature / theories. Since so few pilgrims walk the St. Olav Way and the pilgrim community is a moving and social one, *i.e.* people may hear of each other without having met, their quotes are marked with 'pil' (from pilgrim) and their number (*e.g.* 'pil.37') to avoid recognition.

Processes While Walking the St. Olav Way

To learn what pilgrims experience during their walking pilgrimage, people were asked about their mental, physical, spiritual, social and nature processes / sensations while walking. All these aspects constitute a walking pilgrimage the same way as being in the world constitutes a relation to our social environments and natural surroundings through our mind, body and spirit. In human development, processes bring about change / development in us through our relationship with the world, with all our predispositions and skills. Biological processes shape our capacity to interact with different environments, while cognitive / mental processes allow us to obtain and generate knowledge and understanding about ourselves and our world through our senses, thoughts and experiences, developing skills like problem-solving and decision-making (Eysenck, 1993).

A mental process in the context of pilgrimage walking can involve trying to find solutions to a personal challenge at home, partly with the help of others encountered on the way. A physical process can entail struggling with severe physical pain and finding the mental strength to go on. A spiritual process constitutes the feeling of coming closer to God or oneself, while a social process may be experiencing self-affirmation or finding answers to one's existential questions through social dialogue. Finally, there might also be a feeling of becoming one with nature or something bigger. The processes, described in the following sections, originate from the various conditions and experiences the pilgrims encountered during the walk. These experiences reflect mostly mental health processes, but the remaining processes are closely intertwined with these. No negative experiences were mentioned apart from minor walking ailments, certain churches being closed, some stretches with asphalt and occasional insensitive hosts *en route*.

1) Mental processes

Self-immersion

Self-reflection: 20% of the people mention time for self-examination and life-contemplation, the inner journey:

On such a long walk, there will be a lot of time to think, sort out one's thoughts and experiences, while at the same time think about the future (pil.47).

Some describe the Way as a walking meditation or self-immersion of thoughts and experiences, where they came closer to themselves and attained greater self-knowledge, understanding, and found answers to their existential questions.

Processing problems: Others describe the walk as a soul-cleansing process, where they dealt with and let go of difficult experiences such as death or heartache:

I could finally let go of my lost child and relationship (pil.9).

Other problems included getting rid of different anxieties such as 'forest-fright' or overcoming unconscious anger:

I came to think about my divorce ... Quite a lot of anger and frustration came up in relation to

Figure 7: 'Self-immersing' / 'nature bathing' through the many woods along the route



Michael Schildmann, 2013

my close relations ... I had been divorced for almost 10 years. Nevertheless, it was something I had not processed / discovered before. Also with regard to my children. Later, that summer ... I had a conversation with my daughter about things I probably wouldn't have been able to confront without the walking having led up to it (pil.40).

Self-release

Catharsis: A handful of people also describe a stream or release of emotions:

Anger, sadness, frustration, happiness, disappointment, freedom, peace (pil.16).

One man commented that:

Mentally, it was a roller coaster of emotions, where the good feelings appeared the most. We noticed how small things could give extreme joy, only taking off one's backpack and shoes could feel great. On the other side, we noticed how also very little things could give a bad mood if we e.g. after a long stretch had not found a good place to camp (pil.47).

Some moments could move people to tears or laughter:

What I've observed during my walks, is that I get in touch with my emotions after a while. One gets very perceptive to both negative and positive emotions. It's quite often one just starts laughing in the middle of nature (pil.11).

Mind liberation: A handful of pilgrims, on the other hand, describe the walk as a liberating process free from constant thinking:

It was liberating, because my brain really needed a break from stress, demands, deadlines etc. It took 5 days before it became quiet inside me. After 11 days, when I tried to think of a theme or challenge, it was as though the thoughts didn't stick to the brain anymore, but just passed by. Then, I sort of finally got a break from my thoughts (pil.48).

This does not mean everyone was 'thought-free'. As one person explained:

Personal conflicts or struggles would circle in the head. Then new things would come up. It's very dynamic and moving, and that's a good thing (pil.43).

Self-restoration

'Walker's high': Others refer to a flow-like, happy state of mind, noticeable around Day 5:

After 5 days, one no longer feels the pain – it becomes a sort of intoxication: one gets higher

and higher at mind, almost levitating above the ground. One gets health-wise only happier and happier the more one walks. It's a good form of drug addiction (pil.36).

Some also became less troubled while walking:

I noticed I mostly ended up in a very light pleasant state of mood: there were no worries, it was just to walk and enjoy nature (pil.47).

Wholeness and empowerment: Apart from wellbeing and meaning, the journey made some feel empowered and energetic, while others whole:

Walking brought me together, body, mind, spirit and heart, feeling complete, functional, grateful (pil.30).

Their experience seems to relate to physical fatigue:

I experienced overwhelming exhaustion, and later on I could enjoy the harmony of my body and soul (pil.1).

Underlining the body-mind connection, one man explains:

to let oneself out physically has an invaluable important strong spiritual effect (pil.44), .

Mental peace and healing: 20% describe the Way as mentally relaxing, even healing fatigue:

The whole first week, I walked and yawned incredibly much ... It didn't come out of the fact that I was physically tired ... My soul was tired ... It lasted for a week, but I cannot quite remember when it passed. I cannot remember I yawned in this way the last half of the journey, and I have not yawned this way since. But at least I managed to walk off my tiredness, so it seems the walk had a healing effect on my worn-out soul (pil.48).

Presence and simplicity: Finally, long-term pilgrimage walking seems to give a different access to reflection, making people more present. A handful of respondents say that the Way allows a break from everyday stress (obligations, appointments, expectations) and to live in the moment, being, focussed on walking, eating, sleeping:

We were only in the present, and didn't know what was ahead of us, neither by weather, road or landscape. The experience was here and now. Everything we had with us, we carried on our backs (pil.42).

However, one woman had trouble enjoying the moment:

The first day, I felt very spry and eager to get going, but very soon I started to feel bored. The

Figure 8: Daisies outside a shelter

AnkeVerwold, 2017

condition lasted a couple of days, until I finally found joy in seeing the willow herb flourish, was able to pick the petals off the daisy and say 'loves, loves me not' (pil.48).

In fact, another pilgrim describes presence as a product of being mentally and bodily synchronised through movement.

2. Physical processes

Improved shape and sleep: A total of 16% of the respondents were prepared for the physical trial or did not experience the Way as that difficult, having done pilgrimage walking before. Another 16% found the journey physically challenging due to walking ailments, illness, long walking days, being faced with their limits, having underestimated the task and climate / terrain conditions, affecting their whole experience. Most people, however, experienced improved shape and sleep, while everyday chronic pain disappeared in some cases.

Persistence and coping: A few describe how walking ailments (sore back / shoulders / feet / legs) or physical surroundings, such as weather and walking conditions, could affect their mood and motivation:

I ran too fast to get out of Oslo (lots of asphalt) and got tendonitis. My thoughts were sad, because I possibly had to quit. Still, I was determined to go on – with success. That makes me proud (pil.26).

For many, mental determination was crucial for reaching the destination and dealing with physical challenges. As many as 16% report how the effort of walking / feeling their bodies at work and completing the Way gave them a sense of satisfaction and coping, strengthening their mental and physical capability and

health considerably. However, as a woman commented:

all is not will, but the sum of body, spirit, mind, nature (pil.30).

Thus, underlining the holistic nature of pilgrimage walking.

3. Spiritual processes

Religious reflection and spiritual enrichment:

Concerning spiritual experiences, pilgrims distinguished between personally spiritual and institutionally religious experiences. Some describe their experience as a notable, beneficial spiritual enrichment of life, where spiritual impulses came primarily through solitude. A handful of people also describe the journey as a spiritually religious reflection or renewal, a coming closer to God or believing in something omnipotent looking after them.

Others experienced a strengthened or commenced spiritual / personal process, looking for solutions to life situations:

I'm facing a crossroad I can't figure out – it would be nice if the journey could give me more insight, so I'd know what benefits me best (pil.40).

While another woman reported becoming more spiritual:

the longer I walked, the more I got spiritual. As if I was going deeper into it (pil.49).

4. Social processes

Community feeling and sharing: A few reported meeting no pilgrims, noting that the route is far less crowded than the Camino. Most, however, experienced the journey as socially nice and warm, where they met new people and even made new friends. Many emphasise the importance of social contacts, despite appreciating solitary walking:

To be by yourself is very healthy sometimes, but without relationships we 'dry out' like a flower. I see myself in others more. People confirm who they are as human beings (pil.34).

People describe how enriching encounters produced a strong community feeling:

Experiencing so many people from different nations, walking for different reasons, gave a community feeling that brought valuable dimensions to the walk (pil.42).

Figure 9: Walking and talking along the Way



Michael Schildmann, 2013

Actually, 20% say the community served as a mutual motivation, guidance, support and inspiration in the sharing of private matters. One man compared the Way to a ‘mobile mental advisory’:^[4]

Exciting people, revelations, stories, good advice – I can both give and receive – people who confide in me with their problems. It’s almost like being a shrink, and many are psychologists to me (pil.36).

Educational and social practice: Pilgrims also refer to the community’s instructive practice, leading to a change of behaviour, perception, values and life views:

looking at the world more accurately (pil.20)

I noticed the difference of seeing things, whatever you see in a good mood or in a bad one. The same thing / issue can be interpreted in so many contrary ways (pil.34).

The Way is also regarded as a social practice; an arena in which to test one’s social skills or challenges:

Meeting other people helped me be more confident and took away some of my shyness (pil.24).

Finally, people report that talking while walking seemed to make thoughts / conversation flow easier, going deeper into things.

5. Nature processes

Stimulation of the senses: A few experienced parts of the route as difficult due to challenging passages or weather. However, most people felt moved by the astonishing landscape, and found that walking whole days in Norwegian nature was peaceful, relaxing and mentally refreshing:

The nature is very beautiful, just being in these surroundings is healthy (pil.23).

A handful of people emphasise how walking in nature made them aware of and awakened all their senses, such as enjoying the great views, sounds, scents and tastes of nature, or rain / sunshine / wind against their skin, making them feel alive:

I could absorb the whole experience more intensely: thoughts, nature, details of the road (pil.28).

A man mentioned solitary walking in this landscape can also encourage intense meditation. In fact, 20% underline the importance of being alone in nature without distractions / conversations in order to be able to contemplate and feel the calm and energy of nature.

Sense of coherence: Being in nature appears to strengthen a sense of belonging, coherence and life direction. More than 20% of the respondents refer to being close to or a part of nature, something bigger or divine:

I felt small and big at the same time, like a drop in the Whole (pil.18).

Figure 10: Stunning nature views



Michael Schildmann, 2010

Figure 11: Walking by a river bank



Anke Verwold, 2017

Figure 12: Norwegian wild flowers



Anke Verwold, 2017

Figure 13: The St. Olav path crossing Dovre mountain

Michael Schildmann, 2010

Others refer to it as flow:

As I went on, I felt I got into a flow zone, everything went by itself (pil.47).

Effects of Walking the St. Olav Way

Not everyone experienced change while walking the Way, and one remained an atheist having become disillusioned by an ‘unSamaritan’ host. Most people, however, report lasting after-effects, which they perceive influenced their daily life, behaviour and future actions. These mainly centre around improved mental, physical, spiritual and social health, greater personal health assets, and a more positive outlook on life:

I would say the effects are of a lasting character in the way they have left a meaningful trace no one can take away (pil.48).

Improved mental, physical, spiritual and social health

Mental improvement: Pilgrimage walking turned out beneficial for a quarter of respondents, some of whom got rid of their anxieties:

The experience has affected me in a way that I actually feel I have gotten closer to better health than before I walked (pil.48).

Another pilgrim reveals that pilgrimage walking is not only mentally helpful but life-saving to him:

My mental health is always worse when I start walking but becomes better afterwards. Pilgrimage walking prolongs my life. I’ve had

serious hospitalisations, also between the walks, but it is pilgrimage walking that has saved me each time (pil.36).

Both of these quotes are similar to Kierkegaard’s (1847) famous words written in a letter to his ailing sister-in-law:

I walk myself to a daily wellbeing every day and walk away from every illness ... By walking, one always comes closer to wellbeing ... but by sitting still, and the more one sits still, the closer one comes to illness.

Increased physical health and activity: A quarter of participants experienced physical change in terms of weight loss, a better physical condition and digestion. People also report a stronger and firmer body, improved self-assurance and, consequently, a desire to stay fit. Half of the pilgrims became inspired to do regular physical activity or similar hikes / pilgrimages / long walks more often, having experienced first-hand the positive effects of doing long-term long-distance pilgrimage walking.

Strengthened spiritual health: To some, the Way has given balance and a deeper connection between their mind, body and soul / spirit, generating a sense of oneness:

The walk has given the soul a space to live inside the body, a place to call home; to live in agreement with my inner nature (pil.48).

In fact, 25% of the pilgrims state a general wellbeing, caring more for their physical and spiritual needs, feeling happier, experiencing mental peace and clarity, restored energies, spiritual calm, and easier decision-making:

4. In Gandara’s critique of pilgrimage walking, the Camino is described as a ‘mobile mental hospital’ (Apezteguia, 2007).

The fact I was able to commit to take up a loan and build the cabin without anxiety, I attribute to the effect of having completed the walk entirely on my own (pil.48).

Reinforced social liaisons: Some say that the pilgrimage has strengthened their partnerships and / or human / family relations (referring to people in their lives or those they had walked with) and that people have become more important in general. Respondents feel they have become more kind, patient and tolerant towards their fellow humans at home, work, and socially. A woman explains this change in terms of learning

from other pilgrims' stories/reasons for their journey, which were not visible to begin with (pil.28).

Others report being more confident about themselves and more open towards and inclusive of strangers, saying the Way made it easier to socialise / talk with people:

I feel more secure about myself and open. I always thought I was shy, however, doing the Way encouraged me to ask for help and make connections (pil.24).

Improved personal health assets

Self-strength and coping: A quarter of people declare that the journey has given them greater inner strength:

To know I managed to reach the goal is good to carry with me as part of my self-confidence, my identity (pil.45).

Completing the challenge of walking the Way, has made people believe in themselves and realise their personal resources:

The Camino / Olavsweg, like a therapist, helps one manage one's life better (pil.17).

Self-awareness: A handful of people report greater self-consciousness:

The Way has helped me see things better; be more aware of my habits; observe my feelings, thoughts, and emotions on a daily basis (pil.23).

Others have become more self-reflective and attentive to their wishes and needs, their inner voice. Some say to have found themselves and dare to follow new / old dreams (the Way having once been a goal, and, now realised, being an inspiration to new objectives, even pilgrimages). To others, the trail has been a confirmation of their person, a long-needed life change, or being on the right track:

It has been a confirmation that it's wise for me to change my life, to stop the rat-race (pil.23).

Improved outlook on life

Greater life perspectives, meaning and trust: A quarter of pilgrims mention finding existential meaning and having a different outlook on life, being humbler towards life, comparing life to the hardships of the Way:

If something feels heavy in life, I think back on the walk and remember the hard moments and say to myself: this is nothing (pil.47).

Likewise, others retrieve sensory sensations from the trip to get comfort, rest and joy. Many are thus more relaxed about life, distinguishing essential issues from less important, and are more confident to plan and move in new directions with their life. To some, the Way has resulted in life changes such as quitting / changing their jobs:

The thoughts about taking my signals seriously became so urgent that I made a career shift (pil.39).

Others are more accepting of life, trusting everything will arrange itself, letting more go of control:

I have a totally different trust; a larger openness and tolerance for what happens of big and small events. I let myself lead (pil.48).

A simpler, present and slower life: A handful of participants describe leading a less consumerist life, appreciating the simpler things / what they have, realising that a lot is not needed to have a good life, giving away or getting rid of material things, and finding meaning / spiritual depth through doing good. Others have slowed down their life and reduced their social media use in order to be more present:

To do the things you want when you want, and not postpone them; dare to do the things you didn't dare before, and enjoy every single day (pil.49).

Therapeutic Mechanisms of Walking the St. Olav Way

In the light of the experienced processes and effects, pilgrims were also asked to define / describe what, according to them, constitute the therapeutic mechanisms of the Way. Everyone was able to refer to therapeutic factors through their personal notion of 'therapy', which is commonly defined – often interchangeably – as something that both cures and benefits people. A quarter of respondents explicitly referred to the journey as 'therapeutic', stating

it's a brilliant therapy for the body and soul (pil.7):

the pure miracle cure! (pil.36).

A retired man tries to explain:

The pilgrimage makes it possible to think a lot of yourself, your life, your future, the future of our nature and society, where you actually walk; it encourages you to trust in your own ability. You get to know what beauty and success means to you. You leave behind what disrupted your life at home. You return proud, having completed the walk and happy having met some friendly people. This, together, has a therapeutic effect (pil.4).

From people's comments, the therapeutic aspects of the Way come down to: walking, nature and community.

Mindful walking

Pilgrimage walking:

Over 10-12 days something more happens than just a weekend trip (pil.41).

One of the therapeutic mechanisms of walking the St. Olav Way involves the act of long-term long-distance walking. A person describes it as a holistic process, purifying, strengthening and unifying the body, mind and soul:

With physical walking over a longer period of time, the soul and mind get time and space to 'fall into place', reflect, see clearer (pil.37).

Reflective walking: People state that walking has a therapeutic effect due to its calming, stress-reducing, and self / life-reflective qualities. A man comments that it is

a relaxation technique that favours objective observation and reflective meditation (pil.21).

However, a woman explains:

Walking clears your head. You learn to care for and take care of yourself. You must also make sure your body is fine, because it must work perfectly. This teaches you to be mindful with yourself (pil.9).

Physical effort: Some emphasise the physical effort of tiring oneself out as therapeutic, restoring resources / energy and discharging the mind:

To be in physical activity, tiring myself out every day, seems very satisfying on my mood and psyche (pil.47).

Great bodily effort also seems to be cathartic, helping mentally process different concerns:

When you physically reach your limits, you are more concerned with yourself and deep traces emerge, which can then be treated (pil.15).

Present walking: Another reported therapeutic factor of pilgrimage walking came from distancing oneself from everyday life, being more present – mentally, physically, spiritually – focusing on the here and now, without distractions:

To be in each moment, in each step, making a big journey through the presence and closeness to one's body and mind over time through such an experience, has transfer value (pil.39)

it brings you closer to what is important for you, to who you are (pil.23).

Slow motion: Another pilgrim declares that moving, experiencing and processing slowly allows for individual pace, time and space:

You move at a pace that leaves enough time to experience and process impressions. You decide about each step and are independent of other circumstances (pil.2).

Following one's own pace is also viewed as wholesome:

I'd say walking in this manner forms a unity of body, mind and soul (pil.1).

Nature

Being in nature was clearly mentioned as another healing aspect, making pilgrims feel part of nature, a bigger whole, a sense of belonging:

You feel the earth, hear the wind, smell the air, see the trees, mountains, waterfalls. You feel physically and spiritually connected with the world through nature (pil.23).

Many state that solitary walking and being connected with nature also makes them reconnect with themselves, becoming more 'spirit-nourished' and self-regulated:

Pilgrimage walking in nature and solitude is the ideal place to reconnect with oneself and nourish the spirit; feeling your heart connect with the surroundings also helps you balance your own emotions (pil.18).

Social community

Finally, people mention the therapeutic influence of the community, coming from the disclosed social support and upfront conversations about different life matters:

I doubt we would open up to each other so much if the setting was another. It was natural to take on the other's sorrows, questions, family conflicts and acknowledgements. Such conversations are rare (pil.40).

Many also underline the fellow pilgrims' supportive role in processing challenging life issues and finally altering one's outlook:

Walking a pilgrimage is like therapy. Like a therapist, it helps you process challenging parts of your life. If everything seems overwhelming, a therapist may help you change your point of view, so you recover. A therapist is at your side for the time of the process to assist you. And this is exactly what I see happening on the Camino/Olavsweg (pil.17).

Discussion

The survey results provide a rich account of the participants' processes, effects and therapeutic mechanisms of walking the St. Olav Way. Clearly, not everyone set off or walked the journey as a pilgrim; it also included long-distance hikers, nature / solitude seekers, and even cross-country walking tourists. Pilgrimage is usually defined as travel involving a destination and devotion / purpose (Tingle, 2018). Ultimately, each person creates, decides for and defines her / his own journey and gives it meaning (Camino Forum, 2015). The passage from the poem 'Caminante, no hay camino' by Machado (1912) can be ascribed the individual and protagonist nature of pilgrimage walking, and has become a proverb to many pilgrims – not only for their journey, but also for life:

*the way is made while walking
While walking, the way is made'.*

Nonetheless, some respondents ended up walking or returning as a pilgrim:

I love the moment I no longer said: 'I'm walking the St. Olav Way' – I would say: 'I'm a pilgrim' (pil.30).

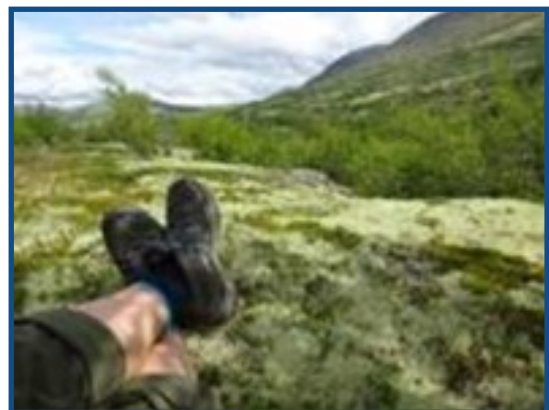
People's experiences mainly reflect mental health processes which are related to self-immersion (self-reflection and processing of problems), self-release (catharsis and mind liberation) and self-restoration (peace, happiness, wellbeing, empowerment, mental healing, presence). The trail is also described as an arena where one can test one's social skills, share experiences, re-evaluate one's values, feel a sense of belonging and coherence, stimulation of the senses, and gain greater coping skills. The after-effects involve improved mental, physical, spiritual and social health

quality, personal health assets (such as self-belief and self-consciousness) and outlook on life (with more meaning, positivity, presence and trust). The therapeutic mechanisms were found in the physical effort of present, reflective and slow long-term long-distance walking, the enriching encounters with nature and inspiring interactions with people.

Both processes and effects relate to *salutogenesis*, healing and health assets irrespective of people's health prior to the journey, generated by the interaction between walking, nature and socialising. The beneficial experiences are perceived as therapeutic, especially if the Way has helped people to resolve specific issues (which are often the starting point for the journey). The therapeutic features – walking, nature and community – are also considered relevant to health by health authorities, and are often recommended or sought-after for a complete and healthy life (Public Health Report, 2018-19). If we look at the processes and effects through the therapeutic mechanisms of walking the Way, we see that they are closely linked to existential and relational meaning; people's innate need to meaningfully connect with themselves, nature and social others across time and space. This encourages us to explore the therapeutic mechanisms of walking, nature and community, drawing on both relational ontology and the mobility turn.

Relational ontology contests the dominant Western constructivist representational approach, where nature is seen as an object outside ourselves and subject to human inquiry and control (Tilley and Cameron-Draum, 2017). Research on pilgrimage, which has drawn on the relational approach (Sidorkin, 2002), explores people's intimate engagement with pilgrimage sites and landscape. Nature is not a mere material object, but is actively intertwined and

Figure 14: Walking rest on a 'moss bed'



Anke Verwold, 2017

Figure 15: The Norwegian 'oceanic' plateau landscape

Michael Schildmann, 2010

involved in dialogue with us (Maddrell *et al.*, 2015; Eade, 2018). The mobility turn also inspires us to understand our dynamic world through how we move, who we move, the outcomes of our movement and so on (Urry, 2002; Sheller, 2017), in addition to our embodied practices across time and space, such as in pilgrimage (Coleman and Eade, 2004; Gale *et al.*, 2015, Tingle 2018). Moving in and sensing the world belongs together in a dynamic relation: without our bodies, we cannot sense the world or self-reflect (Martinsen, 2004). We experience the world through our bodies and senses, the bodily experience coming before reflection (Merleau-Ponty, 1994), disassembling Descartes' *'cogito ergo sum'*. Maybe it should be: 'I am / move / walk in-relation-to the world'?

Walking the St. Olav Way helps people connect with themselves, nature and social others through a physically demanding and intense experience of nature. It can elicit catharsis, flow, verging into transcendence, reflection and a re-evaluation / confirmation of self, life, values and knowledge. It appears to give the participants meaning, new perspectives, empowerment, and a strengthened sense of coherence and health assets to self-actualise and cope self-efficiently with life challenges (Csikszentmihalyi, 1990; Antonovsky, 1990; Bandura, 1995). Pilgrimage walking can thus be considered an embodied process of a more-than-representational 'being' or 'becoming-of-oneself-in-the-world' (Merleau-Ponty, 1968). Some of those who completed the Way, saw themselves as experiencing 'infinity', the 'invisible' or transcendence, where they became complete and left the journey transformed. Walking is also considered the easiest and lowest threshold means to better health (NHD, 2019), and pilgrimage walking could be a suitable health promotion activity in initiatives aiming, for example, to strengthen meaning-making (Schnell and Pali, 2013),

sense of coherence (Super *et al.*, 2016) and self-health/care (Ziguras, 2004).

Nature is deeply embedded in Norwegian culture and is reflected in the solitary or collective practice of *'friluftsliv'* ('open-air life'), a term introduced by Ibsen. However, many people have alienated themselves from nature and even their responsibility for it – as if we were living next to nature and not 'in' it (Tilley and Cameron-Draum, 2017). The hustle and bustle of city life and our innate relationship with nature encourages some to seek and reconnect with nature and, thereby, themselves. According to some respondents, walking in nature stimulates all the senses, giving a sense of belonging, serenity, simplicity and connectedness with oneself, nature and the world. Nature walking also seems to foster self- / life-reflection through its reflective quality over past, present and future. This process can be compared to Freud's oceanic feeling, Maslow's (1970) altering peak experiences, or Reader's (2005) 'pilgrimage immersion', where people go through their 'pilgrim's process' for a later life progress. Nature immersion is well-known for its health-benefitting, self-regulative and self-restorative qualities. Japanese forest-bathing has shown to relieve stress and burnout, whereas month-long forest-walking has proven to decrease clinical depression (Hansen *et al.*, 2017). Kaplans' (1989) Attention Restoration Theory claims that the effortless observation of nature over time is health-giving and promotes recovery from illness. However, nature walks have also shown to elicit unwanted thinking, that a hectic life can otherwise suppress (Lorentzen and Viken, *Submitted*) in contrast to problem-solving, flow (Lunga, 2006) or even 'pilgrimage senility'; the mind going blank as described by a Shikoku walking pilgrim (Reader, 2005).

We exist, are aware of our being, reflect over, see and interpret ourselves *in relation to* and *through* others in an entangled lifeworld – or invisible ‘meshwork’ (Ingold, 2007). However, we connect increasingly through our mobile phones and not by the full range of our senses, and may feel estranged in an internet-based high-speed ‘liquid society’ (Bauman, 2005), where time for ‘corporeal co-presence’ is rare (Urry, 2002). If we become deprived of bodily social contact, we risk losing meaning, even identity, and sensitivity to both each other and nature. Pilgrimage walking is also liquid in the sense of people coming and going due to different walking paces and plans. Still, people find themselves along the same continuum, where millions have walked before, and mirror themselves in each other’s experiences, like on the St. Olav Way, changing their self-perceptions and life-views. Some feel it is easier to disclose themselves and deal with their disquiets in a moving, anonymous, small-scale pilgrim community rather than a static psychotherapeutic face-to-face setting. Fellow pilgrims become each other’s supporters, confessors and advisors, making pilgrimage walking comparable to ‘walk-and-talk therapy’, but without the presence of the traditional therapist (Jørgensen, 2017).

This research on the St. Olav Way indicates that the processes and effects observed come about thanks to the three aforementioned therapeutic mechanisms: embodied, long-term walking in nature and social space. Indeed, healing through pilgrimage has been described as a ‘biopsychosociospiritual’ phenomenon, that involves enhanced wellbeing and renewal as a result of self-transformation, typical for long-distance walking pilgrimages where one journeys in nature and a social environment (Winkelman and Dubisch, 2005). This suggests that the therapeutic framework of the St. Olav Way, like the Camino, lies in long-term ‘psycho-physio-spiritual’ walking in nature and a social setting (Jørgensen, 2008). It also helps to explain why many participants will repeat walking pilgrimages; people seek

to relive the same good feeling (pil.36).

Pilgrimage walking seems ‘to work’. As many pilgrims say: it is all about the journey, not the destination.

If one compares the range of health-benefits with what one would typically achieve in standard treatment, it makes one wonder why this knowledge is not better known and transformed into practice in the health services (Lunga, 2005). Meaning can also be medicinal, and what is meaningful is relative to cultural context. Likewise, in psychotherapy, it is the

relational context that promotes change. Such a context would be optimal for promoting self-healing and placebo in medical treatment, and often sufficient to explain recovery in alternative treatments (Ekeland, 1999). As with meaningful experiences, knowledge becomes meaningful and significant in relation to and when dispersed among us. This article seeks to contribute to meaningful knowledge and further discussion about pilgrimage walking in a health context.

Conclusion

As with the Camino (Jørgensen, 2008; 2017), the therapeutic mechanisms behind the health-processes and -effects of the St. Olav Way appear to lie in the physical effort of long-term, long-distance walking in a nature and social context. This combination of mechanisms, across time and space, embodies our being and nexus to our life-world. The relational and moving power of pilgrimage walking is not only a salutogenic, regulative and restorative tool, it is also a relational tool in our contemporary society, characterised by individualism, discontinuity and disconnection in various forms, including health care.

Pilgrimage walking can be regarded as a self-initiated, self-restorative self-help tool in sustaining self-health / care for the privileged, since not everyone can afford such a journey, take a long holiday (if doing the walk in one go), are allowed to ‘go roaming abroad’ during ‘welfare-regulated’ sick-leave, or able to walk due to physical limitations (although some do walking pilgrimages by wheelchair or tandem bicycle on alternative side-roads). Hopefully, this article will contribute to change this situation by attracting the health authorities’ attention and inspire them to make pilgrimage walking available as self-therapy on ‘green prescription’ (Jørgensen, 2017) and acquire a rightful place in the scientific world (Haller, 2017).

Reflections Upon the Study and Recommendations for Future Studies

The validity of the St. Olav findings is supported by similar results in the studies by Jørgensen (2008), Maddrell (2013) and Feliu-Soler *et al.* (2018) and by the currents, literature and theories outlined above. The after-effects were measured three months after the journey, so it is hard to talk of long-term effects; a follow-up study is needed. The initial plan of taking blood samples (to track elevation of serotonin levels pre, during and post-walking), asking people to keep diary entries, fill out different wellbeing/mood scales along the way on a daily and weekly basis (to track the ongoing processes) and doing in-depth post-interviews were all abandoned due to practical reasons and insufficient time. Such a design would, ideally, be optimal and strengthen validity. As for generalising from the results, larger population groups are recommended in future replication studies, preferably drawing on participants' background in the analysis (not only in the methods section), if not, thereby, disclosing their identities (depending on pilgrim frequency). Finally, longitudinal studies (including control studies) of other walking pilgrimages such as the Japanese Shikoku (Reader, 2005), European Via Francigena (Lucarno, 2016), the Middle East's Abraham Path (Bonder, 2010) and Korea's Baekdu-daegan (Sheperd, 2011), are strongly encouraged, to see if it is possible to one day arrive at a consensus about the therapeutic mechanisms of pilgrimage walking and to acknowledge pilgrimage walking as therapy.

Figure 16: Pilgrim boots drying together around a shelter stove



Anke Verwold, 2017

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