

Porous Pastoral Care:

Priests' and Deacons' Pastoral Care Conversations in Local Communities in Norway

Abstract:

Although local parishes are prominent arenas for pastoral care conversations (PCC) in Scandinavia, little empirical research has been conducted on this practice. The present study qualitatively investigates priests' and deacons' experiences of their PCC in local parishes within the Church of Norway. We conducted and thematically analyzed five focus-group interviews (total $N = 58$). The results indicate that PCC are regarded as an important part of priests' and deacons' identity as clergy. However, many priests reported that the quantity of formal PCC is low. Deacons reported more formal PCC, but both groups stated that informal conversations constituted a larger part of their workload. The participants expressed uncertainty regarding how to frame the many informal conversations, and some priests reported an ambivalent attitude toward developing informal conversations into formal PCC. Careseekers were perceived as mostly nonfrequent churchgoers, and the themes of the conversations related to their expressed needs. Based on these findings, we conceptualize parish PCC as a porous practice that is integrated into congregational practices and local communities, often centered outside the pastoral office in informal encounters with nonfrequent churchgoers, and in dialog with ongoing demographic and cultural changes.

Keywords:

pastoral care | congregation | nonregular churchgoers | informal conversations

1. Introduction

This article focuses on pastoral care conversations (PCC) in local parishes in Norway. In Norway, as in other countries, PCC in parishes has been found to differ from chaplaincy care and counseling in clinical settings (Bunkholt, 2007; Grung/Danbolt/Stifoss-Hanssen, 2016; Louw, 2012; de Vries, 2019; Fowler, 2012). One example of this difference is that parish PCC is deeply intertwined with the communal life of the congregation (Fowler, 2012; Bunkholt, 2007). As the meaning of PCC is influenced by wide and narrow contexts (Brodd, 2018), it is necessary to consider the specific

settings in which PCC takes place to derive relevant models for these practices. Much of the empirically oriented pastoral care literature concerns chaplaincy in specialist healthcare contexts. Thus, we need more studies on PCC from local communities (Danbolt/Zock/Austad/Grung/Stifoss-Hanssen, 2021).

To fill this gap, in 2015, we conducted a survey investigating how priests and deacons based in local parishes within the Church of Norway perform and understand their PCC (Grung/Danbolt/Stifoss-Hanssen, 2016; Stifoss-Hanssen/Grung/Austad/Danbolt, 2019; Danbolt/Zock/Austad/Grung/Stifoss-Hanssen, 2021). We then conducted a qualitative follow-up study in 2019 and 2020 to obtain in-depth knowledge of priests' and deacons' experiences in their PCC practice. The present article is based on this qualitative study, asking what characterizes priests' and deacons' experiences of PCC in their local community.

1.1 Pastoral Care Conversations

While pastoral care refers to supportive and crisis care offered by ordained and layleaders within religious (in this case, Christian) communities (Doehring, 2015, 190), we use PCC to specify that the care takes place in the form of a conversation between the caregiver and an individual or group. By conversations, we mean mainly verbal talking, though conversations may also include nonverbal elements, such as symbols and rituals. Although laypersons can offer PCC (de Vries, 2019), this study focuses on the professional service priests and deacons provide.

In Norwegian, the term *sjelesorg* (soul care; German: *Seelsorge*) is applied in professional language to denote such guiding or supportive conversations. This term is not easily translated into English. It resembles the English term "pastoral care," but it can also include pastoral counseling. The latter refers to extended care undertaken by specially trained and endorsed counselors (Doehring, 2015, 190) and is usually conducted by chaplains in clinical settings. However, it also applies to longer conversations within the local congregation (Capps, 1998). Our use of PCC includes conversations that address emergent needs and those that constitute sustained care and may include several encounters.

Because PCC concerns communal care and well-being, it overlaps with diaconia. In the PCC literature from Norway, *sjelesorg* and diaconia are considered closely related, although there are distinctions regarding the scope and identity of the two practices (Austad, 2016; Bergem, 2008; Grevbo, 2018; Stifoss-Hanssen/Grung/Austad/Danbolt, 2019). In this article, we consider diaconia an umbrella concept covering PCC. As part of diaconal practice, PCC practitioners can delve deeply into individual suffering by listening to people's emotional conflicts and feelings of oppression. Additionally, pastoral caregivers may confront abusive and oppressive power structures by listening and engaging in dialogical conversations and addressing structural injustice (Schneider-Harpprecht, 2006).

Our understanding of PCC is closely related to the communal-contextual paradigm in pastoral care (Fowler, 2012; Patton, 1993). According to this paradigm, the individual is a relational being and is always part of a larger communal and social life network. Bonnie Miller-McLemore's (1993) seminal article, in which she coined the metaphor "the living human web," and her retrospective article published 25 years later (Miller-McLemore, 2018) confirm this shift of attention from "the living human document" – which focuses on the individual and the dyad of the caregiver and careseeker¹ – to "the living human web," whereby the individual is embedded in an interlocking public web of constructed meaning. Together with the intercultural approach to pastoral care and counseling (Austad/Johannessen-Henry, 2020; Doehring, 2015; Lartey, 2003; Schneider-Harpprecht, 2001), the communal-contextual approach has "eclipsed the dominance of the therapeutic [clinical pastoral] paradigm" (Ramsay, 2004, xi). However, the therapeutic paradigm still exists and is particularly prominent within healthcare chaplaincy in Norway (Frøkedal/Stifoss-Hanssen/Ruud/DeMarinis/Gonzalez, 2017). Additionally, many priests and deacons working in local parishes have undertaken clinical pastoral education, a well-established practice in Norway (Isaksen, 2019). This means that therapeutic aims and psychological insight are used in Norwegian local parishes but often in combination with other paradigms, such as the communal-contextual paradigm (Grevbo, 2006).

Against the backdrop of the therapeutic paradigm, a Swedish anthology entitled *To Open an Enclosed Space* (Idestrom/Edberg, 2018) focuses on how PCC should be seen as an integral part of church and society. Based on empirical research, the editors claim that the meaning of PCC needs to be "opened up" and related to other church practices and challenges in the world (p.93). In American pastoral theology, the communal-contextual and intercultural paradigms have extended to advocacy, social justice, and international dialog (Fowler, 2012; Miller-McLemore, 2018). This led some scholars to question the scope of pastoral care and how pastoral caregivers can focus their expertise and maintain a sustainable PCC practice (Greider, 2008; Miller-McLemore, 2018). In terms of congregational community care, the boundaries between PCC and other ministries and how they influence one another have been questioned and this has been highlighted as an area in need of empirical research (Fowler, 2012). Because parish PCC is a dynamic and multifaceted practice that also borders on informal conversations (Danbolt/Stokka/Sandsmark/Stålsett, 2022; de Vries, 2019; Hauschildt, 1998), investigating the complexity of practitioners' experience and reflections on their practice is imperative.

1 The term careseeker is commonly applied in English literature on PCC to denote the person who confides to the priests and deacons. We use the term in this article, although we are aware that people not always are explicitly seeking care but participate in conversations that may eventually evolve into a pastoral care conversation.

1.2 The Norwegian Religious Context

Investigating PCC in Church of Norway congregations necessitates considerations on the Norwegian context and how congregations formally relate to the local community. The Church of Norway is called a “folk church” (Norwegian: *folkekirke*), whereby “folk” means “people” and refers to the church’s historical mandate to be a territorial church for the people of Norway. The Church of Norway is a Lutheran denomination defined in the Norwegian constitution of 1814 as the kingdom’s official church. In 2012, the Church of Norway formally separated from the state, though it is still regarded as a folk church in the Norwegian constitution, and 63.7% of the population belong to it (Statistics Norway, 2022). Yet, the number of members is slowly decreasing because of secularization and increasing religious diversity. Nonetheless, most people in Norway use the church for transitional rituals, particularly funerals. Statistics show that 83.2% of the dead are buried and 55.3% of the newborns are baptized in the Church of Norway, while 49.8% of 15-year-olds are confirmed in the church. However, the number of people actively participating in Sunday services and other church activities is much lower, averaging 50 participants per service (Statistics Norway, 2022). Furthermore, only about 30% of the Norwegian population report actually believing in God (Karlsen/Agasøster/Skjåk, 2019). Thus, a relatively large group of people in local communities are members of the Church of Norway but are not frequent churchgoers.

The Church of Norway is integrated into local community life in various ways. One example is the Church’s involvement in crisis interventions, on the increase since the 1980s (Danbolt/Stifoss-Hanssen, 2021). Today, the Church of Norway is transitioning from a privileged state church to a folk church within a civil society framework. Part of this picture is the population’s increasing plurality of religions and worldviews. A growing number of Norwegians, currently above 15%, are not affiliated with any religious or worldview community. Mainly because of migration, more than 3% belong to a registered Muslim congregation, and the Roman Catholic Church, which currently accounts for about 3% of Norwegians, is growing. The Norwegian Humanist Organization accounts for 1.5% of the population (Statistics Norway, 2022).

This growing pluralism is particularly visible in large Norwegian cities, such as Oslo, in some parts of which the Church of Norway is a minority among other minority religions. However, the presence of Muslims, Buddhists, Hindus, and Christians other than Protestant Lutherans is visible in smaller towns and rural areas as well. Oslo has the largest group of nonbelievers, whereas southern and western Norway are the most religious regions, where residents are particularly active in Christian congregations (Repstad, 2020).

1.3 The PCC Survey in Norway

As mentioned above, in 2015, the research group conducted a survey ($N = 408$) among priests and deacons in the Church of Norway (Grung/Danbolt/Stifoss-Hanssen, 2016). We found that most priests and deacons considered PCC a vital part of their ministry and reported engaging in PCC regularly. 61% reported having had five or more PCCs during the 4 weeks before the survey (27% reported 5–9 PCCs, and 24% reported 10 or more). The number was higher among deacons than among priests. Almost all the priests and deacons reported having PCCs with members of the Church of Norway, most often with members who were not regular churchgoers. Half of the priests and deacons had PCC contact “now and then” or “quite often” with persons from denominations other than the Church of Norway, one-third had conversations with persons connected to new-age spirituality or humanists, and a quarter reported having PCC with Muslims. Four themes stood out as the most frequently discussed: grief, family-related problems, conflicts, and loneliness.

The survey also contained open-ended questions asking the respondents to describe what they understood by pastoral care. The results showed that the priests and deacons considered their PCC generally client-oriented. However, they also wanted to be present in these conversations as their authentic selves, and they emphasized that PCC was rooted in their personal pastoral theology. The answers depicted PCC as a dialogical and relational practice that bridges the divide between kerygmatic-oriented and client-oriented PCC (Stifoss-Hanssen/Grung/Austad/Danbolt, 2019).

Regarding the kind of conversations counted as PCC, just under half of the respondents said that spontaneous conversations during accidental meetings counted as PCC (22% “yes” and 20% “most often”). About two-thirds said that ritual preparation conversations counted as PCC (28% “yes” and 35% “usually”). Accordingly, some differences among the clergy became apparent regarding their understanding of PCC relative to other practices. It was also evident that several of the clergy, particularly the women, had a flexible attitude and considered spontaneous conversations and ritual preparation conversations sometimes as PCC and sometimes not as PCC.

1.4 Research Questions

Based on these findings, we wanted to qualitatively investigate priests’ and deacons’ experiences of PCC by addressing the following overarching research question: What characterizes priests’ and deacons’ experiences of PCC in their local community? We also formulated three subquestions: To what extent and how are PCC considered part of priests’ and deacons’ ministry? How do priests and deacons

generally characterize their careseekers and the main themes in their PCC? What resources would priests and deacons need to improve their PCC?

2. Methods

2.1 Recruitment and Sample

The article is based on five focus-group interviews conducted between May 2019 and February 2020, before society closed down because of the COVID-19 pandemic. Four of the interviews were with parish priests, and one was with deacons. We obtained the sample through a combination of strategic and convenience sampling (Silverman, 2013, 141). Our goal was to achieve some demographic variation while being pragmatic in avoiding long-distance travel for the interviewers. The sample included priests ministering in the western part of Norway, the inland region, and the urban and suburban districts of the capital Oslo. The deacons were ministering in Oslo. The deacons and pastors represented local communities characterized by high and low numbers of immigrants and rural, suburban (including various socioeconomic levels), and urban-city districts. The variation in the sample enabled us to consider the clergy's experiences of different religious demographics across Norway (Repstad, 2020).

We recruited the priests by contacting the deans in the targeted regions and asking for permission to visit one of their regular deanery meetings, attendance at which is mandatory for priests. We then contacted one of the deacons, whom we knew, and asked whether she and her colleagues would be interested in having us visit one of their professional meetings in their deanery.

All except three participants ministered in a local congregation in the Church of Norway. The three exceptions were institutional chaplains: one at a prison and two at a nursing home. They were included in our sample because they were present at the deanery meetings in which we participated. In total, 58 participants, 49 of whom were priests and 9 were deacons, took part in the interviews. The distribution within the groups was as follows:

- PW (priests, West): 10 (3 women, 7 men)
- PI (priests, Inland): 12 (3 women, 9 men)
- PEU (priests, East urban): 10 (5 women, 5 men)
- PES (priests, East suburban): 17 (7 women, 9 men)
- DE (deacons, East urban): 9 women

We found the sample size satisfactory for our qualitative analysis. Because the dialogs in the material turned out to be rich and focused, and the sample included

participants with characteristics specific to the study aim, we considered the material to have the necessary informational power (Malterud/Siersma/Guassora, 2016).

2.2 Presentation and Interviews

At the deanery meeting before each interview, we presented the main results of our survey from 2015 (Grung/Danbolt/Stifoss-Hanssen, 2016; Stifoss-Hanssen/Grung/Austad/Danbolt, 2019; Danbolt/Zock/Austad/Grung/Stifoss-Hanssen, 2021). Assisted by PowerPoint slides, we presented our data on the quantity of PCC reported by priests and deacons during the 4 weeks before they participated in the survey, the groups of careseekers they encountered, and the themes of the conversations (see Chapter 1). The rationale for our presentation was to give the participants some ideas that might resonate with their experiences. We then had a small break, during which we provided information about the interview, including ethical issues. After the break, we turned on the recorder. We communicated to the participants that we were seeking spontaneous reflections based on their experiences, and that they were welcome to agree and disagree with each other. We used a semistructured interview guide (Kvale/Brinkman, 2009), focusing on the following four main questions while also leaving open the possibility of probing:

- 1) Does PCC account for a large part of your working hours?
- 2) Who are the careseekers in your PCC practice?
- 3) What do you talk about during PCC?
- 4) What would you need to improve your PCC practice?

The interviews lasted for approximately 1½ hours. We mostly let the conversation flow without interruption to facilitate the discussion between the participants. Generally, we aimed to capitalize on the potential of focus-group interviews to elicit a variety of viewpoints on the topic in focus (Kvale/Brinkman, 2009, 150).

2.3 Analysis

We used a reflexive thematic analysis (Braun/Clarke: 2021) with an analytical strategy on the inductive side of the inductive-deductive continuum. The interviews were transcribed and anonymised by a research assistant and then coded, beginning with descriptive codes and abstracting to categories. Two members of the research group coded the material separately before discussing the codes. This resulted in a codebook², which the whole research group discussed and subsequently amended.

2 A codebook is normally not used in reflexive thematic analysis, as the latter is generally conducted via open and organic coding. However, we chose to compile a codebook and coding agreement not because we wanted to be “accurate” nor to document the analysis or derive deductive themes

In the next step, we recoded and sorted the material using the agreed-upon codebook. Thereafter, the first author synthesized the codes and categories, and identified themes, moving the analysis to a more interpretive level, with the themes representing patterns of meaning across cases in the data set (Braun/Clarke, 2021). We consulted the relevant literature after the analytical process, and to underscore its inductive process, we present this literature mainly in the Discussion section of this article. However, because this study is a follow-up to our 2015 survey, the analysis was necessarily informed by previous empirical and theoretical developments.

2.4 Ethical Reflections

We submitted the study to the Data Protection Service of Research at Norwegian Agency for Shared Services in Education and Research (sikt.no) and received ethical approval prior to the interviews. Anonymity and confidentiality were assured, and the participants gave their written consent. We deleted the audiotapes immediately after transcription, and the transcripts were anonymized. Because the priests were asked to participate by their respective deans and the interviews took place as part of deanery meetings, it was important to safeguard their voluntary consent. Before starting the interviews, we made it clear that they could leave if they did not want to participate or did not have the time to participate. We also informed them of their right to withdraw from the study at any time. In one of the deaneries, two priests left. All other participants stayed throughout the interviews and generally reported finding the meeting enriching, and that it gave them new insights into their practice.

3. Results

The cross-case analysis of the five focus-group interviews resulted in the identification of four main themes: 1) porous framing of PCC, 2) nonfrequent churchgoers as instigators of PCC, 3) person-oriented themes of faith and life, and 4) bringing PCC out of a hidden position. Theme 1, the most prevalent theme in the interviews, was divided into the four subthemes presented below.

(Braun/Clarke: 2021) but as a way of organizing a large volume of material and engaging the entire research group in the reflective analytical process.

3.1 Porous Framing of PCC

3.1.1 Many Spontaneous Unframed Conversations, Fewer Planned and Framed Ones

Reflecting on whether PCC accounted for a large part of their working hours, most of the priests reported that, quantitatively, formal PCC accounted for a small proportion of their working hours. However, qualitatively, it was considered a large part of their ministry. One of the priests said, “Regarding time, it may be a small part; but it’s also a question of how it features in terms of identity. Then, I think it’s maybe a larger part if I sit down reflecting on it” (PI). The priests underscored that, although formal PCC played a small part in their otherwise busy schedules, it was considered one of the core functions of their ministry, constituting their identity as priests. It was thus regarded as an important practice.

The deacons also emphasized the importance of PCC, though, unlike the priests, most reported having many planned PCCs during the week. A couple of the priests also touched upon this difference, stating that they asked the deacon to help them by taking on conversations. They thought the deacons had more time for PCC in their schedules and were more competent to follow up with the careseekers. A few priests, including the three chaplains, and a few congregational priests reported having several formal PCCs in their daily ministry. However, the main picture was that “planned and framed” PCC, as one participant put it, constituted a smaller part of their schedule.

I think it’s relatively rare for me to have a pastoral care conversation in the sense that I’m sitting down with a human being. We made an agreement that we would talk about something specific. I think that’s relatively rare. It’s often more in passing, when we meet at the grocery store or something like that. It’s more often like that than in an office setting, I think. (PW)

What was more prominent were the many informal conversations. As one of the priests put it, “We are simply drowning in conversations, but I cannot define all of them as PCC” (PES). Regardless of whether they defined such conversations as PCC, they were considered to constitute a significant part of the participants’ ministry. The clergy reported that these nonframed, often spontaneous conversations, referred to as “weekday conversations,” “small conversations,” “at-the-square conversations,” “open-room conversations,” “everyday conversations,” “spontaneous conversations,” “conversations in passing,” “in-between conversations,” and “stand-up pastoral care,” made up a much larger part of the working week than “planned and framed” conversations. Some of the senior priests noted that these conversations had become

much more common in the last 10 years. One priest stated, “I think that the number of scheduled and framed [conversations] is decreasing, but there is so much PCC in open spaces” (PW).

Several participants reported such conversations would have been prominent in their statistics had they all been counted. However, when filling in the required annual report, they mainly recorded the scheduled and framed PCC: “When we report statistics, we report much less,” one priest said. “We think that what counts are only the instances when people make an appointment for PCC, and you meet at the office or somewhere else” (PES).

Several participants expressed unease with this discrepancy between the number of informal conversations and their invisibility in the statistics. Some said that the statistics influenced their priorities, while others refused to give in to the idea that what can be counted is what is valuable.

3.1.2 Blurred Boundaries of PCC

All focus-group interviews included a long discussion on whether and on what premises conversations could be considered PCC. This discussion developed without the interviewer thematizing the identity of PCC. In these discussions, several of the participants underlined the fluid character of PCC. One of the priests reported:

I struggle a bit with defining what PCC really is, and I think it's interesting to challenge the concept because, in my experience, much of what a PCC should contain is not happening in closed rooms and is not arranged but rather develops into PCC through an encounter or a question or an opening. (PES)

Although, as discussed, some PCCs were scheduled and clearly framed as PCC, the boundaries between PCC and other conversations and practices were blurred in other situations. During informal conversations in public spaces in the local community, such as at the grocery store after work or as part of the clergy's more or less intentional walks to local pubs, football matches, and so on, the dialog could move between football results, the weather, and existential themes. The conversations were often short but could be particularly important for the careseekers at the moment, as one of the priests from urban Oslo observed:

I think, what is stand-up PCC? What qualifies? One thing is that you schedule an appointment for a conversation. Then, I think you can talk about everything, and it still qualifies as PCC. But in my ministry, I try to walk around in the local community two or three times a week, and there you meet people, and you talk about football results and existential themes because you are a target when you're wearing the pastoral vestment. And I think

it's difficult to count those conversations because suddenly you have said something that resonates, and it lasts only 3 minutes, and it is more important than other things. You can be out in the street talking for 10 minutes. It's difficult for me to tell whether it qualifies as PCC. (PEU)

Such informal conversations could also take place in the locality of the church, in the corridor before choir rehearsal, at the church coffee hours or in connection with other activities that take place in the church. They were commonly depicted as having porous boundaries with everyday conversation or small-talk.

The lines between PCC and other formal church practices were also described as blurred. In this regard, the participants mentioned ritual preparation conversations, such as conversations before a wedding, baptism, or funeral. They also mentioned conversations as part of a prayer walk in an evening service, when visiting the local school, or during home visits. Particularly the deacons emphasized the latter.

The priests and deacons reported that some of these conversations resembled or were even identified as PCC. In other cases, they regarded them as another type of practice. Sometimes, the participants were unsure which category the conversations belonged to and considered them somewhere between PCC and other practices. Sometimes, conversations gradually developed into PCC. In other words, PCC occur when the priests and deacons were doing something else. As one of the deacons reported, "Pastoral care conversations happen between all the other things that happen." (D)

3.1.3 Spontaneous Conversations as Ambivalent Spaces of Possibility

The priests and deacons described these porous situations as "spaces of possibility" and considered them gateways to longer and deeper conversations. Many of the participants appreciated them as such:

I have probably been among more people outside than in church. And when you present yourself as a deacon and are clear about who you are, those conversations arise at the volunteer center, at the shopping mall. It is a question of how much the church exists outside its own house. (D)

However, informal conversations were also regarded as ambivalent, not only because of their ambiguous identity but also because several priests reported they were often unsure whether they wanted to use these spaces of possibility. They did not know whether they would have time in their busy schedule to develop a relationship with a potential careseeker.

We are hiding; we don't have time. We must find these arenas to provide possibilities for meeting points. And it is also a challenge, I think, because if you first open up, you can be doing it all the time. (PEU)

This ambivalence was also related to the lack of a physical confidential framework for conversations in public or open spaces. One of the priests stated,

If you are standing by the bread cutter [at the grocery store] and have started to discuss “grief” and you're having a long conversation there by the bread-cutter, and a known person, passes by. That would be very “frameless.” I would never have done that. It is something about having contact, but then having to stop. We are in thousands of such situations, and each situation needs specific timing. (PEU)

In such situations, the priests and deacons had to use their professional judgment to decide how to act. This was usually not a straightforward matter of telling the potential careseeker to contact them at another time and place, as they found that the person often did not make contact. Accordingly, as one priest put it, “If it [the conversation] is going to happen, it must happen when they are passing by the church.” At the same time, they considered it important to establish a safe space there and then to protect the careseeker from other listeners.

3.1.4 Context, Content, and Careseeker: Elements Defining PCC

In reflecting on which conversations could be included as PCC, the context of the conversation, its content, and the careseekers' understanding of what kind of conversation they were taking part in were mentioned as considerations. Two of the contextual elements brought up were place and time. One priest said:

The definition is interesting. In my primary PCC training, I learned that there should be a desk between us, and then it was a pastoral care conversation. Then, we should close the door and take care of everything. But what about a person who has been calling me for 30 years for 4 minutes, once a week? Is that a pastoral care conversation? It's quite deep there and then. Perhaps we think too narrowly of PCC. At least in my tradition. (PES)

For some, the place where the conversation happened – that is, the physical room, which was often an office with closed doors – defined the conversation as PCC. However, when the time of the conversation and its physical location went undefined, the nature of the conversation often became unclear. In these situations, the conversational theme came into play to design its character. As the above quotation indicates, if the conversations were “deep” and “existential,” they could be regarded

as PCC. In addition, visible markers, such as the wearing of pastoral vestments, the black or green shirt, contributed to lending an ecclesiastical character to the conversation.

Some of the deacons also brought in the perspective of the careseeker, that is, how the careseeker understood the conversation, whether they thought of it as a PCC or more like conversations they normally had with friends in the local community. The deacons asked if the careseeker should not have the power to define the identity of the conversation in which they were involved. However, the careseeker's perspective on the informal conversations was often not expressed, and as one priest stated, "PCC is often not ordered." Accordingly, the priest and deacons had to interpret the careseekers' needs and understanding of the situation.

Thus, when classifying nontimed and nonframed conversations, instead of time and place, the participants referred to the content of the conversation, the careseekers' understanding of the conversation, whether they had access to the careseeker's point of view, and the visibility of the ecclesiastical identity.

3.2 Nonfrequent Churchgoers as Instigators of PCC

The participants discussed different groups of careseekers. Several of the priests and deacons reported that "nonactive church members" – those who did not frequently attend Sunday services or did not volunteer for other church activities – were those who most frequently sought conversations. In contrast, "active church members" seldom made contact.

When asked why they thought frequent churchgoers did not seek PCC, some priests and deacons suggested the reason could be related to their dual role as congregational leader of the volunteers and as counselor. They thought that frequent churchgoers may feel they lacked "the anonymity necessary to talk about one's life." A few priests and deacons also noted that frequent churchgoers often say that they are "doing okay," that they "cannot complain." They suggested that this reluctance to open up could also be a matter of having larger networks of people to whom they could confide. One of the deacons said, "I think it is very interesting: Those who are in church won't have these conversations, or they say they do not need them. But it's the people outside church who want to talk." Another deacon said:

I think they [frequent churchgoers] feel that the deacon is for those who really need it, and that they do not fall under this category. So, it is almost a shame to have a consultation with the deacon, because then you must really be having a hard time. (D)

Defining their ministry as a service for the local community, several of the clergy reported talking with Muslims, Hindus, and people affiliated with other religions or

spiritualities. This could happen in public spaces or under other circumstances, such as at the local school or when preparing for funerals with multireligious families. The prevalence of intercultural and interreligious conversations seemed to differ between the deaneries and parishes depending on the demographic variation and current leadership in the cultural and religious communities they were cooperating with. In particular, those deacons who ministered in a multicultural local community worked with the integration of migrants and were thus involved in formal and informal intercultural conversations that sometimes turned into PCC. Although the deacons did not fully agree on the premises for counting conversations as PCC, they said these conversations often moved into existential themes about “life and challenges and faith.”

Generally, the interviews portrayed a picture of the local clergy serving their local community and indicated that encounters with nonfrequent churchgoers were important instigators of PCC.

3.3 Person-Oriented Themes of Faith and Life

The participants reported many different conversational themes, including relationship issues, grief, existential themes, God images, prayer, and mental illness. The themes related to both faith and life and seemed to be based on what the particular person was seeking.

In the interviews, the participants reported that a few people suffering from mental illness and with limited social networks sought conversations. These conversations mostly took place at the church office and were scheduled and framed. Thematically and structurally, they resembled psychotherapy, and the clergy perceived themselves as substitutes for health professionals, although they were clear about their pastoral identity. The deacons in particular reported having quite a few conversations similar to psychotherapy sessions based on the themes and the situation of the careseeker. They also reported finding those conversations challenging.

Confirming this picture, some priests said that although the timed and framed conversations could contain discussions about God, the kerygmatic aspect of PCC was most apparent in the informal conversations.

What we have talked about already for a while: the “at-the-square” conversations, that is where the kerygmatic-like conversations happen, at least in my experience. But when someone asks to have the door closed, then it is bordering on having a diagnosis, because then I replace other professionals. It is uncommon that people want the door closed to talk about spiritual matters. (PES)

The attentiveness to the careseeker's lifeworld made the priests and deacons refer to the PCC as "conversations about life and faith" or just "conversations." The term PCC was rarely used in communication with people in the local community, as the term was considered difficult to understand for people outside the professional guild.

3.3.1 Bringing PCC Out of a Hidden Position

Several priests believed that pastoral care was not discussed much in professional fora. One priest even stated that it had become a "stepchild" in practical theology.

Some had attended clinical pastoral education, which they described as eye-opening. Others had received supervision. However, both the priests and deacons reported a lack of regular supervision based on concrete cases. Although some expressed ambivalence about having longer conversations and reported that they were busy with other activities, several priests and deacons believed that they needed to improve their competence in pastoral care. One said:

I think that professional knowledge of, or competence in pastoral care is useful in many parts of my ministry. So, to be good at and manage the craft well is the key to so many areas of our work. So, if one should focus on something, I think it should be that. (PI)

Some priests and deacons reported that they had become more critical of what they called "the activity church" because it required administration and organization and made their schedule too busy, leaving them little time to build relations with their congregations. They emphasized that they wished that "coming to church involved the opportunity to talk to a human being in a qualified manner about what really matters and what is difficult in life and be taken care of" (PW). On the other hand, the different activities in the church seemed to provide spaces of possibility for encountering the community members.

Generally, the priests and deacons underscored the need to put PCC on the agenda in professional open fora and closed supervision groups, to articulate and reflect on the often-hidden practices that were actually going on and eventually open up to new PCC practices.

4. Discussion

4.1 Pastoral Care as a Porous Practice

In this study, we investigated the extent to which and in what ways PCC was considered an important part of priests' and deacons' ministry, how they generally characterized their careseekers, the main themes of their PCC, and what resources they needed to improve their practice.

The results indicate that the practice of parish PCC is integrated into congregational practices and practices in the local communities. Our findings support the multiplicity of forms of PCC in parish practice in the Church of Norway, which Bunkholt (2007) identified as crisis care, existential conversations, spiritual guidance, ritual preparational conversations, follow-up care conversations (often after funerals), and informal talks. However, the priests and deacons in our study point out that the boundaries between the different types of conversations in this typology may be porous, and that such conversations sometimes navigate hybrid or ambiguous spaces. As such, our study resonates with Idestrom's (2018) ethnographic study conducted within the Church of Sweden, which concludes that PCC is not an isolated activity but is related to other congregational and social practices regarding both the physical location in which they take place and their meanings.

In line with the idea that PCC is a dynamic and multifaceted practice that can happen wherever people meet each other (de Vries, 2019), we conclude that PCC cannot be circumscribed with a definite line. Instead, we conceptualize the practice of PCC in local communities as porous in the sense that it opens onto other communal practices. It may emerge from other practices and absorb elements of other practices. This porous circumscription reflects how PCC can move between different spaces and places and can take place in locations where people go about their daily business. Porous PCC is neither totally unframed and liquid nor entirely framed and closed.

The metaphor of porosity encapsulates the blurred edges of PCC conversations. In contrast to structured and framed psychotherapy, PCC is an organic, church-based activity within the local community. Scheduled and framed PCC conversations can also, in some sense, be considered porous, as they can lead to or develop out of other activities. For instance, in our material, one of the priests reported using their professional judgment to turn framed conversations with traumatized refugees into activities to foster fellowship with other congregants. However, just as porous edges are not entirely open, PCC has some distinctive hallmarks. In our study, we found that, when the ecclesial context of the conversations was unclear, the priests and deacons focused on its existential content and their professional ecclesiastical identity (sometimes manifested in pastoral vestments) when reflecting on what was going on.

We were aware from our previous survey that only a minority of priests and deacons drew a clear line between PCC and informal conversations (7%) or clearly identified informal conversations as PCC (22%). Most were open toward those conversations, with some reporting that they were usually PCC (20%) and others reporting that they were usually not PCC (52%). Our previous study also found that ritual preparation conversations can sometimes be hybrid practices (35% thought ritual preparation was usually PCC, and 36% thought it was usually not PCC). In our discussion, we suggested that, although PCC took place in hybrid spaces, the clergy seemed to be able to determine which conversations were PCC and which ones were something else (Grung/Danbolt/Stifoss-Hanssen, 2016; Stifoss-Hanssen/Grung/Austad/Danbolt, 2019; Danbolt/Zock/Austad/Grung/Stifoss-Hanssen, 2021). In the current qualitative study, however, we found that several priests and deacons are uncertain about where to draw the lines between PCC and other conversations. This was particularly apparent in their reflections on informal conversations, in which their role as clergypersons was often blurred and interaction took place in public and private spaces.

That congregational PCC is intertwined with other aspects of ministry and with community life is not a new insight (Fowler, 2012). However, our results provide insights into priests' and deacons' experiences of navigating between different practices in the local community from a PCC perspective. Although the identity of conversations could be unclear, the clergy generally seemed to know how to act toward careseekers. However, we also found examples of ambivalence and uncertainty among the participants regarding handling and prioritizing different roles, tasks, and practices in their porous PCC practice in terms of both time and space.

4.2 Informal PCC and Pastoral Identity

The participants' preoccupation with ambiguous informal conversations emerged as a prominent finding. Their emphasis on these conversations may result from broader trends of democratization and individualization, whereby relationships have become more egalitarian and informal. In line with these sociocultural developments, PCC has shifted from an institutional and formal practice toward more spontaneous, informal interaction (de Vries, 2019). The prominence of spontaneous, informal conversations corresponds with the Norwegian study on PCC among adolescents ($N = 314$), which found that seven out of ten priests, deacons, and other PCC providers often experienced these types of conversations (Danbolt/Stokka/Sandsmark/Stålsett, 2022).

Nonetheless, possibly because of their ambiguity, these conversations seem to have been the subject of little professional reflection and thus to have become a hidden part of the clergy's ministry. This gap between practice and formal profes-

sional reflection is also found in some of the pastoral care literature. In a Norwegian context, some have argued that “everyday pastoral care conversations” (Grevbo, 2018, 32), although difficult to describe precisely, should be the subject of theoretical reflection and professional development (Bunkholt, 2007; Grevbo, 2018). Eberhard Hauschildt (1998), who has studied PCC extensively within a German context, suggested that, in practice, these everyday conversations do not match those described in textbooks on PCC. Such conversations do not live up to the kerygmatic or spiritual marks specified nor fit with the psychological standards featured in these books. He claims this may lead to guilt among caregivers who spend time on forms of communication that cannot be termed PCC (Hauschildt, 1998). Although more has been written on congregational PCC recently (e.g., Brodd, 2018; Idestrom, 2018; de Vries, 2019; Fowler, 2012), our material reflects Hauschildt’s concern. We observed similar frustration regarding the fact that what is commonly regarded as PCC and what priests (in particular) usually include in their official reporting constitutes a smaller part of their schedules than these kinds of everyday conversations.

However, in line with the concern expressed by Greider (2008) and by a couple of priests in our interviews, we ask whether a wide definition of PCC could dilute the practice and lower professional standards. This question could relate to a potential lack of depth in informal conversations. It could also relate to confidentiality as a core characteristic of PCC – a quality that could be jeopardized in open spaces. Moreover, the professional nature of these informal conversations may be weakened by the lack of an explicit mutual understanding of what is occurring in the interaction. We did not have access to the careseekers’ perspectives regarding whether they saw the clergy as professionals or considered them as they did other people in the local community. However, the priests (in particular) seemed to place much weight on their double role as both an ordinary member of the local community and a professional clergy person who is sometimes regarded as having some form of extraordinary connection with the transcendent. It seems that this double role as a “nonordinary” professional and an “ordinary” community member attracted careseekers to informal conversations, and several of the priests believed that their pastoral role impacted the perceived care of the seeker.

Although we found an ambivalent attitude toward informal conversations, most of the priests and deacons who participated in our study seemed to be mindful of the possibilities those everyday conversations bring, whether about life, faith, or both. Such small, spontaneous openings in time can be seen as *kairos*³ – as opportune and decisive moments when important conversations can occur (Guldbergsen,

3 The greek term *kairos* means “the right time,” the time when things “come to a head,” requiring decisive action. This is in opposition to the term *chronos*, which is understood as the “clock time”

2021). Because PCC is part of “being church,” the church takes shape within the local community together with the local people and is present where kairos appears.

4.3 Place-Making and Space-Making

In unravelling their PCC practice and reflecting on the identity of PCC, the priests and deacons not only emphasised the timing of conversations but also the places in which they happened. The office, with its chairs, candle, table, and door closed for about an hour, was the traditional space for PCC. Then, when most of their current PCC practice happened elsewhere, this created uncertainty. The grocery store was offered as an example. The grocery store is primarily for shopping, but it is also a place for local gossip and everyday chat. However, its spatial sociocultural meaning (Nynäs, 2008) does not generally include a place for longer confidential conversations. Therefore, when approached by people from the local community expressing personal crises or existential concerns, two questions seemed to arise for the priests and deacons: What kind of conversation is going on? How can I take care of the careseeker in this setting?

In other words, place and time were not only essential considerations in the reflective work the clergy engaged in circumscribing PCC but also in their professional practical concern. Because the priests and deacons found their kairos for PCC in a multitude of places, they were creating space in different localities (Rønsdal, 2021). They had to find a way to take care of the careseeker in an ethical, safe space, which could mean finding a sheltered physical place there and then.

When we consider these findings through a spatial-theoretical lens, it becomes clear that place is not only a backdrop against which practice unfolds but is intimately tied to practice (Wharf/Arias, 2009). From a spatial perspective, we can see how the understanding of PCC is closely related to the perceived meaning of the places (Nynäs, 2008). We also see how the center of congregational PCC as a porous practice has moved from the office, the church building, and the sickbed to other places where people in the local community meet. Finally, the spatial perspective focuses on the priests’ and deacons’ reported need for creating a safe space, as many conversations were initiated in public places.

4.4 Regular and Nonregular Churchgoers

One of our findings from our 2015 survey (Danbolt/Zock/Austad/Grung/Stifoss-Hanssen, 2021) was that over two-thirds of the priests and deacons reported frequently having PCC with members of the church who were not regular churchgoers (68.2% “quite often” or “very often”), whereas only around one-third said they frequently provided PCC to regular churchgoers (37.3% “quite often” or “very often”). We reasoned that the high number of nonregular churchgoers who sought PCC

was linked to the high number of funerals in the Church of Norway (Statistics Norway, 2022). Because grief was the most frequently reported theme in the survey and the priests and deacons often considered ritual preparation conversations before funerals to constitute PCC, extensive funerary practices could explain these numbers.

The focus-group interviews conducted in this study confirmed that ritual preparational conversations are an important arena for PCC with nonregular churchgoers. For some priests, this was even the most common opportunity for PCC. However, this study expands the picture by emphasizing that encounters with nonfrequent churchgoers also happen elsewhere in the local community. Additionally, this study shows that frequent churchgoers are often reluctant to seek PCC, and that this could be a matter of avoiding involvement in dual roles with the clergy and having a larger personal network. This network could include mutual pastoral care, in which members of the congregation care for each other in everyday life (de Vries, 2019) instead of seeking help from the professional clergy.

Regardless of the reason for this picture, the fact that nonregular churchgoers sought PCC more often than regular churchgoers moves the hotspot of professional PCC practice beyond the core group of congregational members. It shows that PCC is a practice for everyone in the community, even those who are not church members. We previously described PCC as a local outreach practice (Danbolt/Zock/Austad/Grung/Stifoss-Hanssen, 2021), as it includes people from different denominations with a variety of worldviews and suggested that the clergy might understand their PCC ministry relative to the increasing plurality of the population. The practice of PCC then throws into question the idea of center and periphery (Wyller/Heimbrock, 2010), as it can occur wherever people meet and is open to everyone in the local community.

5. Strengths and Limitations

Conducting focus-group interviews allowed us to obtain diverse personal viewpoints from 58 clergypersons within a reasonable timeframe. All the priests and deacons participated actively in the discussion, and our general impression was that they answered based on their own experiences and community contexts. However, we may have influenced their answers by presenting the results of our pastoral care survey before the interviews. Although we did not include explicit normative statements on PCC in the presentation, some participants said that they found our approach to PCC open and wide, which made them think of and reflect on informal conversations that they had not thought of as PCC before the interview. The interactions in the interviews also evoked new reflection, which some of the participants commented upon. Our view is that the interaction during the inter-

views and our input ahead of the interviews increased the richness of the material. However, the enthusiasm for professional reflection on PCC, discussed in the last part of the interviews, may have been temporary and influenced by the themes under discussion.

We do not know how many respondents in the focus-group interviews had participated in the survey 4 years earlier. Thus, we must consider the possibility of no participatory overlap between the two studies when interpreting the results. Finally, because the data collection occurred before the Covid-19 lockdown, this study may not reflect some fundamental and lasting changes in PCC practice.

6. Conclusion and Further Research and Practice

In conclusion, we depict parish PCC as a porous practice integrated into congregational practices and local communities. It is largely centered outside the pastoral office and in encounters with nonfrequent churchgoers. As part of “being church,” PCC takes shape within the local community together with the local people. Its themes, structures, and forms can be seen as highly person-oriented and adapted to demographic and cultural changes, specifically pluralization and informalization.

Given the growth in informal PCC reported by our participants, the way in which the clergy navigate open space is an important area for further development in research and practice. The ambivalence of the participants regarding their pastoral identity during these informal conversations and how to take care of their careseekers professionally calls for further research from the perspective of the careseeker and discussions in professional fora. As one of the participants stated, “Knowing how to take care of the persons we encounter outside the closed door and the 90° chairs – that, I think, is important.”

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