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Existential Care in a Modern Society: Pastoral Care Consultations in Local Communities in Norway

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Abstract: Data from a recent survey on pastoral care consultations (PCC) in Norway (N=408) is presented, showing that PCC is a service priests and deacons provide for people in the municipality, independent of faith affiliation. The most common PCC themes regarded mental and social distress, such as grief, conflicts, and loneliness. Furthermore, illness-related themes were prominent, and a specter of religious and moral issues. We discuss the results in the context of ongoing changes and reforms in both church and health care, and point at possible health promoting dimensions of PCC as existential assistance in the space between personal network support and public health care.

Keywords: pastoral care, folk church, local community, psycho-spiritual distress, existential care

Zusammenfassung: Der Aufsatz präsentiert die Ergebnisse einer quantitativen Studie zu Seelsorgeangeboten in Norwegen. Befragt wurde rund ein Viertel der Pfarrpersonen und Diakon:innen, die in der norwegischen Kirche tätig sind. Der Fokus der Untersuchung liegt auf den Themen, welche die Seelsorgegespräche bestimmen – Trauer, soziale Konflikte und Einsamkeit werden am häufigsten genannt. Das Autorenteam erläutert diese Ergebnisse vor dem Hintergrund von Veränderungen in Kirche und Gesundheitswesen. Seelsorgegespräche treten als

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eine Form existentieller Fürsorge in den Blick, die eine Lücke zwischen privaten Netzwerken und dem öffentlichen Gesundheitswesen ausfüllt.

Stichwörter: Seelsorge, Volkskirche, Ortsgemeinde, psychische und geistliche Belastung, existentielle Fürsorge

Introduction

In this article we present a mixed methods study on pastoral care consultations (PCC) in Norwegian local communities, asking: Which themes are the most frequently addressed in PCC according to local priests and deacons in The Church of Norway, how do they understand their PCC ministry, and what are the confidants' religious backgrounds? The context is a secular and pluralized society with long folk church (state church) traditions and ongoing reforms in public health.

Pastoral care consultation (in German *Seelsorge*) is in this paper understood as *a conversation intended to be helpful between a clergyperson (priest, deacon or other personnel authorized by their Church) and individuals or groups (e. g. family) who have uncovered a need to which the conversation responds.*

We use the term *clergy* as a common concept for ordained personnel. The Church of Norway is Lutheran, still we use the term *priest* which internationally bears Catholic connotations, because it parallels the Norwegian term *prest*. The more Protestant term *pastor* is in Norway associated with ministry of other Protestant churches than the Church of Norway.

Pastoral care consultations (PCC) can, of course, as well take place between lay persons and involve other church personnel and volunteers. In this regard, we acknowledge the identified move towards a communal contextual pastoral care in which care is understood as a communal responsibility of church members.¹ However, in this paper the focus is on the professional service provided by parish priests and deacons. We must also clarify at this point that we acknowledge PCC done in other religious and worldview contexts than Christian Churches (e. g. Muslim or Humanistic), shaped by other traditions and cultures but still relating to shared human needs.

A working definition of PCC, as the one we have presented for this paper, is useful for sharing an idea of what we are talking about, but that does not mean that we pretend this understanding to be universal. PCC is contextual, and as

¹ Barbara McClure, "Pastoral Care," in *The Wiley-Blackwell Companion to Practical Theology*, ed. Bonnie J. Miller-McLemore (Malden, MA: Wiley-Blackwell, 2012), 269–278.

such it comprises a multitude of changing and dynamic practices, adaptive for new situations and expectations.² The pastoral care consultation can be formally appointed in advance, or take place informally when a priest or deacon occasionally is approached by a pastoral care seeking person.³ Pastoral care can also appear within a conversation with a different primary aim like preparing for a baptism or a funeral. Such conversations are normally not labeled a pastoral care consultation in itself, but the clergy can recognize pastoral care when this is about to take place.⁴ To do ministry involves the pastoral care as an integrated part of practice, not set apart (let us hope) during other pastoral tasks as ritual conduct, preaching, teaching etc. Such an integrated understanding of pastoral care also makes it clear that it overlaps with the term *diaconia*, which is frequently applied to describe the caring ministry of the Church in the Scandinavian context.⁵

While much of the pastoral care literature reflects chaplaincy in specialist health care contexts, most of the PCC in Norway is carried out by parish priests and deacons in the local communities. Their extensive practice in this field is not visible in the same ways as other public services provided by the same professionals, such as conducting public rituals or teaching confirmands.

Background

Our experience from talking with clergy about their pastoral care practice is that they no doubt possess valuable tacit knowledge, but this experience based knowledge seems to be little reflected upon among peers, and even less regarded in scholarly contexts. This is paradoxical, as long as these local practices represent a great portion of the total pastoral care. However, many clergy have taken Clinical Pastoral Education (CPE), which is well established in Norway,⁶ and through that received training in PCC practice and reflections, but the CPE is primarily

² Emmanuel Yartekwei Lartey, *In Living Color: An Intercultural Approach to Pastoral Care and Counseling* (London: Jessica Kingsley Publishers, 2003), 176.

³ Daniel Louw, "Challenges to ICPC Pastoral and Spiritual Policy: From the Private Consultation of the Counselling Room to the Open and Public Space of Market Place Encounters." In Daniel Louw, David Ito, Ulrike Elsdörfer: *Encounter in Pastoral Care and Spiritual Healing, Towards an Integrative and Intercultural Approach* (Berlin: VIT Verlag 2012).

⁴ Anne Hege Grung, Lars Johan Danbolt, Hans Stifoss-Hanssen, «Sjelesorg på plass. På sporet av dagens sjelesorgpraksis i Den norske kirke.» In *Tidsskrift for Praktisk Teologi* no. 1 (2016).

⁵ Stephanie Dietrich et al. eds., *Diakonia as Christian Social Practice: an Introduction* (Oxford: Regnum Books International, 2014).

⁶ MF Norwegian School of Theology, Religion and Society, Oslo, offers courses in CPE. See "Clinical Counselling Full and Part Time" Norwegian School of Theology, Religion and Society (website)

clinically oriented and not to the same extent reflecting the “on regular basis” PCC in local communities.

The undercover character of pastoral care consultations compared to more visible tasks in the family of practical-theological disciplines makes PCC even more dependent on evident knowledge for further improvement of practice and scholarly reflections. Such scholarly reflections have recently been undertaken by Idestrom and Edberg and other Swedish colleagues,⁷ see particularly the contribution by Lundmark.⁸

It may be asked if the field of Practical Theology now is in a transitional phase, taking a plural turn.⁹ This would entail that practical theologians are not only defining churches as their privileged partner of conversation, but that the various strands of Practical Theology include either inter- or trans-religious perspectives or relate closely to other religious traditions.¹⁰ This question is also reflected in PCC literature. Miller-McLemore, in a retrospective article about her seminal metaphor for PCC “the living human web,” reflects the shift of attention not only to communal and contextual paradigms, but also to intercultural paradigms.¹¹ There are different interpretations of the metaphor “the living human web” and the fields of practice and scholarly work expand in line with an increasing interest in additional discourses among scholars, e. g. interreligious diversity.¹²

accessed March 1, 2020, <https://www.mf.no/en/studies/clinical-counseling-full-time-and-part-time>

7 Jonas Idestrom, Gunilla Löf Edberg, *Att öppna ett slutet rum. Självård och ecklesiologi* [To Open Up a Locked Room. Counseling and Ecclesiology] (Stockholm: Verbum, 2018).

8 Mikael Lundmark. “Församlingen och rollerna. Rollteoretiska och ecklesiologiska aspekter på självård och församling.” In Idestrom, *Att öppna ett slutet rum*, 169–194.

9 This is part of the empirical and practical turns described in recent practical theological literature, e. g. by Graham. See Elaine Graham, “The State of the Art: Practical Theology Yesterday, Today and Tomorrow: New Directions in Practical Theology.” *Theology* 120, no. 3 (2017): 172–180 and Armin Kummer “Reforming Pastoral Care.” *International Academy of Practical Theology. Conference Series*, 1, 2019.

10 R. Ruard Ganzevoort. “Forks in the Road when Tracing the Sacred Practical Theology as Hermeneutics of Lived Religion: Presidential Address to the Ninth Conference of IAPT, 2009” Researchgate (website), accessed January 17, 2021, https://www.researchgate.net/publication/238070309_Forks_in_the_Road_when_Tracing_the_Sacred_Practical_Theology_as_Hermeneutics_of_Lived_Religion

11 Bonnie J. Miller-McLemore, “The Living Human Web: A Twenty-Five Year Retrospective” *Pastoral Psychology* 67 (2018): 305–321.

12 Kathleen J. Greider, “Religious Pluralism and Christian-Centrism” in *The Wiley-Blackwell Companion to Practical Theology* ed. Bonnie Miller-McLemore (New Jersey: Wiley Blackwell, 2012), 452–462.

Cultural and religious context

The Church of Norway, as the parallel churches of Denmark and of Sweden, is called a *Folk Church* (Norwegian: *folkekirke*). *Folk* in this context means people, referring to the Church's historical mandate to be a territorial church for the people of Norway. The Church of Norway was defined in the Norwegian constitution of 1814 as the Kingdom's official church. From 2017 the Church has been formally separated from the state, but still it is regarded, also in the Norwegian constitution, as a folk church, and in 2019 covering 70 % of the Norwegian population. To give an idea of the activities, statistics show that 88 % of the dead are buried by the Church, 58 % of the 15-years old are confirmed, and 54 % of the new born are baptized in the Church of Norway. Average service participants are 89 persons (Statistics Norway 2018). The number of members is slowly decreasing due to secularization and increasing religious diversity, but still the majority of the people in Norway use the Church for transitional rituals. The Church is in different ways integrated in local community life. An interesting example is the Church's increasing involvement in psychosocial crisis interventions since the 1980s.¹³ The Church of Norway is in a process of relocating from being a privileged and almost monopoly state church to a folk church within the frame of civil society.

A part of the picture is an increasing religious and worldview plurality in the population. A growing number of the Norwegians are “nones,” people who are not affiliated to any religious or worldview community, now counting above fifteen percent. More than three percent belong to a registered Muslim congregation, and the Roman Catholic Church is growing, mainly due to migration, accounting for about three percent. The Norwegian Humanist Organization includes one and a half percent.

The increasing pluralism is particularly a phenomenon in the largest Norwegian cities, such as Oslo, where the Church of Norway in some parts of the city is a minority among other religious minorities. But also in smaller towns and places the presence of Muslims, Buddhists, Hindus and others, as well as other Christian confessions than Protestant Lutheranism is visible.

¹³ Lars Johan Danbolt and Hans Stifoss-Hanssen, “Ritual and Recovery: Traditions in Disaster Ritualizing” *Dialog* 56, no. 4 (2017): 352–360.

Public Health and Pastoral Care Consultations

In a Swedish study DeMarinis (2003) found that pastors in the Church of Sweden talked about a huge number of different themes with their confidants.¹⁴ It turned out that grief-related issues were the most common among these themes. The Swedish study did not focus on the cultural or religious background of the confidants, and not on how the ministers understood their PCC practice. In a time with changes in a pluralistic direction, it would be important to know more about whom the clergy serve with pastoral care in the local communities, what they talk about, and how the clergy themselves understand their PCC practice.

Furthermore, DeMarinis interpreted the results as a response to what has been regarded as secularization of the Nordic countries and possible existential disruption as part of the postmodern condition. She pointed to this development as a challenge to public health, stating that individuals' meaning-making is essential for cultural, existential, psychological and physical well-being. This Swedish study sets out to analyze "pastoral care as a part of a healthcare system, with special emphasis on existential health and healthcare."¹⁵

DeMarinis' study is based on, and finds support in several empirically-based models for studying the relationship between the experience of meaning in life, and mental health. Examples of such models are Sense of Coherence, developed by Aaron Antonovsky¹⁶ and Sources of Meaning, developed by Tatjana Schnell.¹⁷ Valerie DeMarinis has discussed the assumption that secularization may represent a loss of meaning-making structures, and hence be a possible threat to public mental health in other publications.¹⁸ Furthermore, the analysis of DeMarinis has been confirmed in the following years, for example by Ulland and DeMarinis,¹⁹

14 Valerie DeMarinis, *Pastoral Care, Existential Health, and Existential Epidemiology: A Swedish Postmodern Case Study* (Stockholm: Verbum, 2003).

15 DeMarinis, *Pastoral Care* (n. 14), 13.

16 Aaron Antonovsky, *Unraveling the Mystery of Health: How People Manage Stress and Stay Well* (San Francisco: Jossey-Bass, 1987).

17 Tatjana Schnell, "The Sources of Meaning and Meaning in Life Questionnaire (SoMe): Relations to Demographics and Well-Being." *The Journal of Positive Psychology* 4, no. 6 (2009): 483–499.

18 Valerie DeMarinis, "The Impact of Postmodernization on Existential Health in Sweden: Psychology of Religion's Function in Existential Public Health Analysis." *Archive for the Psychology of Religion* 30, no. 1 (2008): 57–74.

19 Dagfinn Ulland and Valerie DeMarinis, "Understanding and Working with Existential Information in a Norwegian Adolescent Psychiatry Context: A Need and a Challenge" *Mental Health, Religion & Culture* 17, no. 6 (2014): 582–593.

and by Lloyd,²⁰ both demonstrating the existential vulnerability of young persons in relation to modern conditions. Cecelia Melder²¹ has further strengthened the understanding of secularization accelerating existential vulnerability and public mental health risk, applying the WHO theory of existential health.

Even though the Nordic countries are regarded as some of the most secular in the world, particularly Sweden, the traditional folk churches have always performed their care in good understanding with the public health care.²² This is different in the Netherlands, another highly secular country, but without a similar folk church history.²³ There are simply not enough Dutch local pastors any longer to do this kind of counseling for non-church members. In the Netherlands there are for a great part professional spiritual caregivers (being more or less independent from registered faith community) who perform similar care as Norwegian priests and deacons – mostly in care institutions but increasingly also in community care. The study in this paper reflects a similar folk church background as for the study of DeMarinis on pastoral care in the Church of Sweden.

Although empirical research related to PCC is increasing, it seems to be a predominance of theoretical publications. As demonstrated in a meta-study of research literature published in the *Journal of Pastoral Care and Counseling* 2010–2014, 43 % of the articles were found to be theoretical, 23 % quantitative and 33 % qualitative.²⁴ The present mixed methods study explores pastoral care by focusing on a broad specter of clergy experiences framed by context and culture of Norwegian local communities.²⁵

20 Christina Lloyd, “Moments of Meaning-Towards an Assessment of Protective and Risk Factors for Existential Vulnerability Among Young Women with Mental Ill-Health Concerns: A Mixed Methods Project in Clinical Psychology of Religion and Existential Health.” (PhD diss., Acta Universitatis Upsaliensis, 2018).

21 Cecelia A. Melder, “Vilshetens Epidemiologi: en Religionspsykologisk Studie i Existentiell Folkhälsa” (PhD diss., Acta Universitatis Upsaliensis, 2011).

22 The relationship between church and public health has been thoroughly discussed in a white-paper by the Church of Norway from 2015 called “Kirke og Helse” – “Church and Health”. “Kirke og Helse (website) accessed March 1, 2020, https://kirken.no/globalassets/kirken.no/om-kirken/samfunnsansvar/diakoni/helse_kirke_hefte_2015.pdf

23 Hetty Zock, “Chaplaincy in the Netherlands. The Search for a Professional and Religious Identity”, *Tidsskrift for praktisk teologi / Nordic Journal of Practical Theology*, 2 (2019): 11–21.

24 Pamela R. McCarroll, “Taking Inventory and Moving Forward: A Review of the Research Literature and Assessment of Qualitative Research in JPCC, 2010–2014.” *Journal of Pastoral Care & Counseling* 69, no. 4 (2015): 222–231.

25 Daniel Louw, “Challenges to ICPC Pastoral and Spiritual Policy: From the Private Consultation of the Counselling Room to the Open and Public Space of Market Place Encounters.” In Daniel Louw, David Ito, Ulrike Elsdörfer: *Encounter in Pastoral Care and Spiritual Healing, Towards an Integrative and Intercultural Approach*, (Berlin: VIT Verlag, 2012).

Aim

The aim of this study was to contribute to empirical research on local community pastoral care consultations (PCC) in a pluralizing society with long folk church traditions. Thus, we ask in this paper: Which themes are according to the clergy the most frequently addressed in their local community PCC, what are the confidants' religious backgrounds, and how do parish priests and deacons understand their PCC ministry?

Material and Method

Data were collected by an online questionnaire²⁶ with both set and open answer alternatives which allowed for quantitative and qualitative data analyses. Invitation to participate was sent by e-mail to 1326 priests and deacons in Norway, registered as members of The Norwegian Association of Clergy and The Norwegian Association of Deacons. These account for about 80 % of all priests and deacons in active practice in Norway. 408 (31%) responded, of whom 317 (79%) were priests and 87 (22%) deacons. 45% were women and 55% men, less equal within the two professions: 75% of the deacons and 37% of the priests were women. Regarding age, 4% were in their twenties, 16% in their thirties, 22% in their forties, 33% in their fifties, and 25% in the sixties – almost the same for priests and deacons.

Two questions were asked to answer the aim in the present paper: 1) “What kind of themes do you talk about in the pastoral care consultations?” 40 different themes were proposed (listed in Table 1). These were almost the same as found in the already mentioned Swedish study by DeMarinis (2003). 2) “How often do you have consultations with people with the following religious or worldview affiliations?” Six alternatives were listed. The questions had pre-set answer alternatives: “(Almost) never,” “Now and then,” “Quite often,” and “Very often.” The alternatives were not defined by objective values such as how many times the different alternatives refer to, but through self-reporting, which means that we measured the respondents' subjective experiences of their practice. Furthermore, the priests and deacons were asked to answer in their own words how they understand pastoral care. The quantitative data were analyzed by descriptive statis-

26 We used *Questback*, an online survey and feedback software for data collection.

tical analyses, the qualitative data by thematic analyses²⁷ combining inductive and deductive strategies. The study was approved by the Norwegian data authorities.

Results

The Most Frequently Addressed Themes in PCC

In the questionnaire we asked “What kind of themes do you talk about in the consultations?”, and 40 themes were mentioned (see Table 1). Four themes stand out as the most frequently addressed: grief, family-related problems, conflicts, and loneliness. In the data material these items are strongly inter-correlated (Cronbach’s alpha, .616). This indicates that they also to some extent appear together, e. g. that loneliness might be a side theme when grief is a main theme and vice versa, etc.

The three next most prominent themes are the *illness-related items* such as depression and mental illness (almost identically filled in), and somatic illness, which also was highly associated with the other two, indicating associations between these three illness-variables (Cronbach’s alpha, .651).

As a clear number eight of the most prominent themes in PCC was God images. About one third of the clergy reported that they speak quite or very often about this. This is the first typical “religious” topic. More than one in four of the clergy also reported that they quite or very often talked about ethical questions, fear of death, lack of meaning, guilt, and love affairs. Furthermore, themes like forgiveness, feeling of emptiness, spiritual growth, shame and ageing were relatively frequently addressed of one in five.

Typical “sometimes” themes were: prayer, God’s absence, spiritual experiences, healing, suffering, identity, problems with the Bible, suicidal thoughts, faith struggle, unanswered prayer, and alcohol/drug problems. At the end of the list there are themes which 50 % or more of the clergy reported that they (almost) never talked about. These themes are economic affairs, God’s judgment, Church political issues, social insecurity, other religions, immigration, unemployment, hell, and sanctification. There were no particular empirical associations between these themes.

27 Virginia Braun and Victoria Clarke, “Using Thematic Analysis in Psychology” *Qualitative Research in Psychology* 3, no. 2 (2006): 77–101.

Table 1: Themes in the pastoral care conversations

What kind of themes do you talk about in the pastoral care consultations? In order of total mean scores	Response in %				Mean 1-4: Total / men / women	N=
	(Almost) never	Some-times	Quite often	Very often		
1. Grief	0,5	18,5	54,6	26,4	3,07 / 2,95 / 3,21	395
2. Family-related problems	1,8	28,2	53,3	16,8	2,85 / 2,69 / 3,03	395
3. Conflicts	4,7	46,1	38,9	10,4	2,55 / 2,53 / 2,57	387
4. Loneliness	6,0	46,5	36,6	10,9	2,52 / 2,36 / 2,72	386
5. Somatic illness	15,4	51,1	27,4	6,1	2,24 / 2,12 / 2,38	377
6. Mental illness	11,8	56,8	26,7	4,6	2,24 / 2,20 / 2,30	390
7. Depression	13,6	51,8	31,3	3,3	2,24 / 2,18 / 2,32	391
8. God images	17,9	47,5	29,0	5,5	2,22 / 2,11 / 2,35	380
9. Ethical questions	16,2	55,6	25,5	2,7	2,14 / 2,14 / 2,16	377
10. Fear of death	16,3	57,1	22,9	3,7	2,14 / 2,10 / 2,20	376
11. Lack of meaning	18,7	53,0	23,5	4,7	2,15 / 2,09 / 2,21	380
12. Guilt	17,9	57,6	21,3	3,2	2,10 / 2,05 / 2,15	381
13. Doubt	16,6	59,2	21,6	2,6	2,11 / 2,09 / 2,13	381
14. Forgiveness	16,6	61,1	19,7	2,6	2,09 / 2,07 / 2,11	381
15. Love affairs	23,7	51,3	20,8	4,2	2,06 / 2,01 / 2,10	381
16. Feeling of emptiness	26,8	48,5	22,0	2,7	2,01 / 1,95 / 2,08	374
17. Personal / spiritual growth, maturity	21,4	58,6	17,9	2,1	2,01 / 1,99 / 2,02	375
18. Shame	30,2	46,7	19,1	4,0	1,97 / 1,93 / 2,02	378
19. To become older	34,4	41,5	19,6	4,5	1,94 / 1,85 / 2,04	379
20. Prayer, meditation	27,6	55,0	15,3	2,1	1,92 / 1,85 / 2,00	381
21. God's absence	27,9	55,4	16,2	0,5	1,90 / 1,82 / 1,99	378
22. Spiritual experiences, mystics	29,8	53,5	14,9	1,9	1,89 / 1,83 / 1,96	377
23. Healing	25,1	61,6	13,0	0,3	1,88 / 1,91 / 1,89	379
24. Theodicy, problem of suffering	34,0	51,2	13,1	1,6	1,83 / 1,77 / 1,89	374
25. Identity problems	38,9	44,5	13,9	2,7	1,80 / 1,79 / 1,82	376
26. Problems with the Bible	31,4	58,1	9,5	1,1	1,80 / 1,80 / 1,80	371
27. Suicidal thoughts	31,2	59,3	8,4	1,0	1,79 / 1,79 / 1,79	382
28. Faith struggle	38,4	50,4	9,9	1,3	1,74 / 1,75 / 1,73	376

Table 1: (continued)

What kind of themes do you talk about in the pastoral care consultations? In order of total mean scores	Response in %				Mean 1-4:	N=
	(Almost) never	Some-times	Quite often	Very often	Total / men / women	
29. Unanswered prayer	43,0	45,4	10,3	1,3	1,70 / 1,63 / 1,79	378
30. Alcohol / drug problems	46,3	43,4	7,7	2,6	1,69 / 1,75 / 1,57	379
31. Economic affairs	50,1	42,4	6,9	0,5	1,58 / 1,58 / 1,58	378
32. God's judgment	51,2	44,0	4,5	0,3	1,54 / 1,54 / 1,53	376
33. Church political issues	56,9	35,2	7,0	0,8	1,52 / 1,51 / 1,54	370
34. Insecurity related to societal changes	56,0	36,5	6,7	0,8	1,53 / 1,50 / 1,56	376
35. Sexual difficulties	57,9	37,8	3,5	0,8	1,47 / 1,51 / 1,42	374
36. Issues regarding other religions	62,2	34,0	2,7	1,1	1,43 / 1,45 / 1,39	374
37. Immigration	67,7	27,2	3,8	1,3	1,39 / 1,37 / 1,41	373
38. Unemployment	66,8	28,7	4,5	0,0	1,38 / 1,34 / 1,43	377
39. Hell	65,2	31,6	3,2	0,0	1,38 / 1,39 / 1,36	375
40. Sanctification / holy life	71,2	25,3	3,2	0,3	1,33 / 1,38 / 1,26	372

The table shows the distribution of responses in percentage and mean score total and for gender.

The Conversation Partners' Religious Affiliations

We asked the priests and deacons how often they had provided PCC with persons who had the following religious or worldview affiliations: 1) Members of the Church of Norway, but not frequent church-goers, 2) Church-members who were regular church-goers, 3) Members of Christian denominations others than the Church of Norway, 4) "New Age" spirituality, that is, with no or a loose affiliation to a faith community,²⁸ 5) Humanists, 6) Muslims, and 7) Others.²⁹

Almost all of the priests and deacons frequently had pastoral care consultations with members of the Church of Norway, most often with members who were

²⁸ The term "New Age" could advantageously have been replaced by e. g. "new forms of spirituality" as used by Paul Heelas et al. in *The Spiritual Revolution: Why Religion is Giving Way to Spirituality* (Oxford: Blackwell, 2005). However, the rest of the answer alternative "spirituality, [...] with no or a loose affiliation to a faith community" should be clarifying.

²⁹ No one used the "others" option, and thus it is not reported in Table 2.

not regular church-goers, two third (68.2% of the clergy “quite often” or “very often”). But also, one third of the clergy had provided PCC to regular church goers (37.3% “quite often” or “very often”). Half of the priests and deacons (51.7%) had PCC contact “now and then” or “quite often” with persons from other denominations than the Church of Norway, one third (37.9%) with persons connected to “New Age”-spirituality, one third (30.9%) with humanists, and one in five with Muslims (20.4%) “now and then” or “quite often” (but not “very often”). For more detailed information, see Table 2.

Table 2: Religious background of the confidants

Confidants' religious background	Respondents in %				Mean 1-4:	N=
	(Almost) never	Some-times	Quite often	Very often	Total / men / women	
Members of CofN, but not regular Churchgoers	1,8	30,1	52,4	15,8	2,82 / 2,69 / 2,99	400
Members of CofN, and regular Churchgoers	6,4	53,1	30,5	6,8	2,44 / 2,39 / 2,51	391
Member of other Christian faith community	48,0	45,8	5,9	0,3	1,59 / 1,61 / 1,55	374
“New age” – spiritual with loose / no affiliation	61,9	34,9	3,0	0,3	1,42 / 1,37 / 1,48	371
Humanists	69,1	29,6	1,3	0,0	1,32 / 1,31 / 1,33	373
Muslims	79,6	19,1	1,3	0,0	1,22 / 1,23 / 1,20	373

The Table shows percentage distribution for each variable and mean score total and for gender. CofN means Church of Norway.

Understanding of PCC

Most of the priests and deacons reported that they considered pastoral care to be an important part of their work. They were asked to answer in their own words “What is pastoral care consultation according to your understanding?”

Some answers were short and poetic: “It is to talk about life, all things that life includes, happiness and sorrow, and see it all under God’s big perspective.” Some answers consisted of just one word or a brief sentence: “Walking together”, “Preaching for the individual”, “Helping persons who ask for it”, “To meet people where they are.” Many of the answers were longer. Some of the respondents applied Christian metaphoric phrases in their descriptions, like “conversations in

the light of God's heaven", "bring God's light into life's dark corners", "mirror God's love and convey God's grace", "to link the human's story to God's great story".

The priests and deacons did only to a small extent quote PCC definitions from pastoral care literature.

We identified three main themes in the participants' understandings of PCC: 1) PCC is anchored in the church and the Gospel, 2) PCC responds to needs presented by the confidants, and 3) PCC is intended to be helpful for the confidants and the wide range of needs they seek PCC for.

The proprium of PCC was by many of the respondents *anchored in the church context*. Many underlined that God, the relationship to God, or faith perspectives are not necessarily addressed in pastoral care consultations, but the fact that "God is present in the conversation" and that the pastoral caregiver represents the Church and carries with him- or herself an awareness hereof, is a constituting element of the conversation to be pastoral care as these quotations express: "Faith is the pastor's underlying support and resource." This happens "in light of the Church's faith," or "in the presence of the Triune God." "To be aware that one is a priest and represents the Church." Many pointed out that linking "faith and life" is central to pastoral care, as shown in this example: "...interpret life experiences in ways that open up for faith, hope, and love".

The priests and deacons were concerned about *the needs of the confidants*, and to tailor their responses accordance with that. The following citation underlines this open and flexible confident centered approach.

It is a conversation between me and one or more persons who have come to me and want to talk about something which is of personal importance to them. It can be about specific faith related problems, but not necessarily. Often it is more about kinds of life problems. Their relationship to God or the dimension of God might often be a part of this, but that is no prerequisite for regarding the conversation to be pastoral care.

Some of the respondents had descriptions of their conversation partners in pastoral care like "a person in one or another kind of crisis", "a suffering person", "a person in a vulnerable situation". Others wrote about typical features of the pastoral caregiver: "...has time", "confidentiality", "makes herself available", "are mentally completely present", "a person who conveys Christ's love for humans."

The third theme which pointed to the *PCC as helpful* for the confidants was further deepened in the responds to the open question "What is the goal of pastoral care?" Some answered that it is about improving the care-seeking person's relations with others, one self, and God, or they want to "help the individuals to take responsibility for their own choices and lives." Others underlined that pastoral care consultations first of all should be "an encounter," a "place for inter-

preting life,” and for “discovering meaning and coherence.” Aims like “to see God’s presence”, “to nourish the faith in the Triune God,” or to “get a more honest relationship with God,” are pointed at by many of the respondents.

One of the respondents also underlined that “small-talk may have the nature of pastoral care,” and that the goal actually is that the conversation whatsoever takes place, because somebody “simply needs someone to talk to.”

Discussion

For most of the clergy in this study PCC appears to be an integrated part of their parish ministry. The priests and deacons underlined mainly three pillars in their understanding of PCC: it responds to significant *life experiences and existential or spiritual needs*, it is *intended to be helpful*, and it is *rooted in their personal pastoral theology*, often expressed metaphorically. No one limited their understanding of PCC to something only relevant for their own registered church members. They referred to “humans”, “persons with needs/crises”, “persons in a vulnerable situation” and so on. It seems like these persons could be anyone in their local community, regardless of their membership or worldview affiliations. Most of the clergy experienced their PCC ministry as an important and meaningful part of their ministry, though from time to time challenging.

As mentioned under Background, our study is inspired by the DeMarinis’ Swedish investigation,³⁰ particularly regarding the counseling items presented to the respondents. The structure of the design is similar, forming a comparatively large sample of clergy; and the cultural contexts resemble, as Sweden has a comparable history of religious and social commonalities with Norway. As for comparing the results we find that the PCC themes were largely similar. Features that make the studies differ, regard the increasing plurality in our countries after early 2000 when the Swedish study was performed; this is reflected in the fact that our study has included items on the confidants’ religious background, and we have discussed this quite thoroughly. Furthermore, the effect of transferring care burden in the society from specialist hospitals to the municipalities («The Coordination Reform»³¹) was not present at the time when the Swedish study was performed, but it was a dominating fact at the time of our research – this also is discussed in the following.

30 Valerie DeMarinis, *Pastoral Care, Existential Health, and Existential Epidemiology: A Swedish Postmodern Case Study* (Stockholm: Verbum, 2003).

31 The Coordination Reform is further described below.

The clergy reported to be providing PCC to persons and groups with different worldviews including Humanists, Muslims, people from other Christian denominations than the Lutheran Church of Norway, as well as persons with no religious affiliation (“nones”). None of the priests and deacons reported that they often had consultations with e. g. Secular Humanists or Muslims, but relative to the limited percentage of the population comprised by these groups, there is reason to assume that these are not underrepresented in the PCC ministry, especially when we also consider that persons from other religious contexts are not likely to be served by the rites of passage of the Church of Norway. Most of the PCC do indeed relate to Church members, as long as they make up the largest part of the population, and they also have other areas of contact with the clergy like funerals or other rituals, education, youth activities and more. The point is that the clergy do not put focus on demarcations of own faith-community, but seem to be available for needs in the local community at large.

The themes most often spoken of in the pastoral care consultations were grief, family-related problems, conflicts, and loneliness. It is good reason, both empirically and theoretically, for seeing these four items in connection with each other. These items are normally not regarded as illness, even though complicated grief appears as a diagnosis in the DSM-5.^{32 33} Most people in Norway have solid family relations or other reliable networks, but still 8 % have two or less people to talk with if they have serious problems, and 16 % are plagued by loneliness.³⁴ It is relevant to regard these items as experiences of *mental or social distress*. Such distress is not the same as illness, but might contribute to the development of mental disorders such as depression or angst if not met by adequate care.

The clergy’s PCC seem to be reflecting what is at stake among people in their communities. For example, as shown, grief is the most prominent theme in the PCC practices, while suicide is a “now and then” theme (Table 1). This mirrors the prevalence of all deaths and all suicides in Norway per year, respectively about 770 and 11 per 100 000 inhabitants.^{35 36}

32 American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* (American Psychiatric Publications, 2013).

33 Paul K. Maciejewski et al., ““Prolonged Grief Disorder” and “Persistent Complex Bereavement Disorder”, but not “Complicated Grief”, Are One and the Same Diagnostic Entity: an Analysis of Data from the Yale Bereavement Study,” *World Psychiatry* 15, no. 3 (2016): 266–275.

34 “SSB” Statistics Norway 2017 (website), accessed January 17, 2021, <https://www.ssb.no/soziale-forhold-og-kriminalitet/artikler-og-publikasjoner/sosiale-relasjoner>

35 “SSB” Statistics Norway 2019 (website), accessed January 17, 2021, <https://www.ssb.no/en/does/>

36 FHI – Folk Health Institute (2018). <https://www.fhi.no/en/op/hin/mental-health/suicide-and-suicide-attempts/>

The fact that grief is so often addressed in PCC must also be seen in the context of the broad contact that priests and deacons have with bereaved persons as ritual leaders and pastoral consultants at funerals. As shown, most of the funerals in Norway are officiated by the Church of Norway. Many clergy do follow up consultations with bereaved persons in need of care. Grief could for many people include experiences of family problems, loneliness and existential meaning making. As mentioned, complicated grief could be diagnosed, but there is a debate on the relevance of that.³⁷ In Norway bereaved persons might have a sick leave a couple of weeks in the most acute period, but grief is less subject to medical treatment and more likely to be taken care of by family and friends, and by clergy. This is then a ministry in the space between health care and network support. We do not yet have research on bereaved persons' experiences with PCC, but it is reason to assume that for many bereaved PCC can be helpful as a non-diagnostic way of dealing with their grief processes. Many bereaved will probably not regard their distress as kind of illness that they should contact their GP for – except for perhaps getting a sick leave, as mentioned, in the acute period. Loneliness is described as a possible and sometimes destructive pathway in bereavement, and for many that might diminish mental and existential health.³⁸ In that perspective the great effort of PCC can be regarded as public mental health promotion, as well as a buffer against what has been called the “diagnostic culture” of contemporary society.³⁹

It is documented that the abundant efforts by the church when it comes to funerary ritualizing is of important health promoting value for the individuals and groups, as it is for people's religious and existential ways of coming to grips with their profound experiences of loss.⁴⁰ Losing loved ones can for many people cause mental and social distress,⁴¹ but from a health care perspective bereavement mostly is regarded as a “normal” process most humans are supposed to undergo several times through their life span. Many bereaved people experience that their grief processes not only are temporarily reducing their function level at work, school, in social life etc., grieving also implies religious and existential perspec-

37 Svend Brinkmann, “Could Grief be a Mental Disorder?” *Nordic Psychology* 70, no. 2 (2018): 146–159.

38 Abir K. Bekhet and Jaclene A. Zauszniewski, “Mental Health of Elders in Retirement Communities: Is Loneliness a Key Factor?” *Archives of Psychiatric Nursing* 26, no. 3 (2012): 214–224.

39 Brinkmann “Could Grief” (n. 37), 146.

40 Lars Johan Danbolt and Hans Stifoss-Hanssen, “Ritual and Recovery: Traditions in Disaster Ritualizing” *Dialog* 56, no. 4 (2017): 352–360

41 Marc Cleiren, *Bereavement and Adaptation: A Comparative Study of the Aftermath of Death* (London: Taylor & Francis, 2019).

tives.^{42 43} In that respect many bereaved persons might experience PCC to be helpful as an opportunity to reflect upon the existential and spiritual dimensions of bereavement. Death and loneliness are among basic existential concerns people have to deal with, closely connected with loneliness (existential isolation), as described by Yalom.⁴⁴ Existential meaning making is thus an important part of dealing with grief and the other prominent PCC themes in this study; family-related problems, conflict and loneliness. However, existential meaning-making as well is a red thread through most of the other themes reported, such as guilt, doubt, shame, forgiveness, God's absence, identity, ageing and more (see Table 1). Search for relational meaning can be regarded to be "the core issue in our individualized era,"⁴⁵ and PCC meet this issue within a spiritual framework which is about being-in-relation.

This underlines that the clergy not only take care of what is falling between health care and family support, but meet a particular need for spiritual and existential meaning-making which usually neither family nor the health care systems have competence or tools for dealing with. Religion is for many persons a plausible network in civil society with sometimes strong tradition-based bonds to families as well as professional relationships with public systems like school and health-care. Existential meaning making in PCC is provided by different means, such as oral dialogues, rituals, symbols, metaphors, and parallel narratives from religious and cultural traditions. This corresponds with the understanding of meaningfulness as not only a cognitive understanding of what is the meaning of their life experiences when certain situations occur, but a sense of belonging, significance, directedness and consistency in life, even when life is hard to understand or accept.^{46 47}

In Norway, as in the other Scandinavian countries, the health care system has in the recent years been reorganized in terms of a so-called Coordination Re-

42 Irvin D. Yalom, and Morton A. Lieberman, "Bereavement and Heightened Existential Awareness," *Psychiatry* 54, no. 4 (1991): 334–345.

43 Vincent van Bruggen et al., "The Existential Concerns Questionnaire (ECQ)—Development and Initial Validation of a New Existential Anxiety Scale in a Nonclinical and Clinical Sample" *Journal of Clinical Psychology* 73, no. 12 (2017): 1692–1703.

44 Irvin D. Yalom, *Existential Psychotherapy*. Vol. 1. (New York: Basic Books, 1980).

45 Hetty Zock, "The Spiritual Caregiver as a Liaison Officer: Relational Experiences, Spirituality, and the Search for Meaning" *Counseling et Spiritualité* 29, no. 2 (2010): 65–83.

46 Tatjana Schnell, "The Sources of Meaning and Meaning in Life Questionnaire (SoMe): Relations to Demographics and Well-Being" *The Journal of Positive Psychology* 4, no. 6 (2009): 483–499.

47 Robert A. Neimeyer and Laurie A. Burke. "Loss, Grief, and Spiritual Struggle: The Quest for Meaning in Bereavement" *Religion, Brain & Behavior* 5, no. 2 (2015): 131–138.

form.⁴⁸ One of the principles is that more of the health care should be provided in the local primary care systems. The second level healthcare should be more specialized in diagnostics and in intensive as well as high-tech treatment. This means that patients, who some years ago would have been hospitalized for several weeks, now leave hospital after surgery within one or a few days. The idea of the Coordination Reform is that the patients should have tailored transitions over the health care levels, which means that municipality care and specialist care should be coordinated for each patient. This reform generates higher responsibility and new challenges to the local faith communities for providing pastoral care as long as there has not followed chaplaincy resources with the reform.

There is also an increasing number of refugees and migrants settled in local communities. Varvin underlines that if refugees can feel safe and establish new human relationships after often very traumatic experiences, they more easily settle and get a feeling of being at home.⁴⁹

It is on the agenda for the present health care policy in Norway that voluntary organizations (NGO – Non-Governmental Organization) and local peer initiatives should be encouraged to play a part in health promotion and recovery. From the perspective of the health authorities, local churches are regarded as NGOs in civil society, even though PCC is performed by church professionals, having a valuable potential for providing supportive environments, as well as occasions for existential reflection and for participation in meaningful activities. Other locally based religious and worldview communities may also be involved in this service, although it is a matter of resources and coordination.

Demarcation of inside and outside seems not to be an issue in local PCC according to the present material. PCC practice is not withdrawing from society, as some sociologists have suggested as an effect of secularization.⁵⁰ PCC interact with and respond to needs and challenges in the local community. This is no less important now that the health care systems rely more on local resources as a consequence of the Coordination Reform. How this transference of tasks affects priorities of resources in a Church already facing downsizing in many congregations, is a nearby question, but not touched upon in the present study.

48 “NOU 47: Norwegian Governmental Whitepaper” Norwegian Ministry of Health and Care Services (website) accessed January 17 2020, https://www.regjeringen.no/contentassets/d4f0e16ad32e4bbd8d8ab5c21445a5dc/en-gb/pdfs/stm200820090047000en_pdfs.pdf

49 Sverre Varvin, “Eksil i fremmedfryktens og traumatiseringens skygge.” *Agora* 31, no. 01–02 (2014): 394–405.

50 C. John Sommerville, “Secular Society/Religious Population: Our Tacit Rules for Using the Term ‘Secularization’” *Journal for the Scientific Study of Religion* (1998): 249–253.

As mentioned, the Church of Norway was a state church until 2017, and as such it was a part of the institutionalized Norwegian welfare system as provider of religious and ritual support through the life span.⁵¹ The inhabitants' perception of the Church of Norway has probably not changed, and still the Church's identity, as expressed in central strategy documents, is to be a folk church with an ambition of providing rituals and care in local communities, which also is regarded as contributions to health promotion and significant in coping with life.⁵² The Church serves the population from the identity of being a Christian Church, however, in pluralizing communities this also includes engagement in dialogues between different faith and life stance organizations, and there are also examples of interfaith ritual practices,⁵³ as well as ad hoc ritualizing after accidents or disasters where several faith expressions have been included.⁵⁴ The idea of cultural openness is not something new, but an ongoing effort, and as such it is not surprising that clergy seem to understand their PCC ministry with regard to the increasing plurality among the inhabitants. In this respect, PCC probably is the Church of Norway's most outreaching practice on local level.

Limitations

The response rate (31 %) could ideally be higher, but still acceptable. The sample actually includes about 25 % of the total clergy workforce in the Church of Norway. It is reason to argue that the rest of the Norwegian clergy probably would not have responded very differently. The distribution on gender, age and between the professions is adequate. There is a limitation that we have only asked clergy and not volunteers and parishioners, as well as professionals from other churches, religions or life stance communities. We are now investigating these groups in order to complete the picture.

51 Ulla Schmidt, "State, Law and Religion in Norway" *Nordic Journal of Religion and Society* 24, no. 2 (2011): 137–153.

52 Church of Norway, *Church and Health* (website), accessed January 17, 2021, <https://kirken.no/nb-NO/church-of-norway/resources/church-and-health/>

53 Louise Lund Liebmann, "Interfaith dialogue in Christian Norway: Enactment of Inclusive Religiosity as Civilized Behavior" *Journal of Religion in Europe* 10, no. 3 (2017): 301–327.

54 Dag Husebø and Øystein Lund Johannessen, "Interreligious Dialogue in Oslo in the Years Following the Terror Attacks of 22 July 2011" *Religion and Dialogue in the City: Case Studies on Interreligious Encounter in Urban Community and Education* (2018): 115.

Conclusion

We argue from this study that PCC is a prominent part of clergy's practice in the Church of Norway, rooted in the priests' and deacons' understanding of their ministry and attentive and adaptive to social and demographic changes in society. The clergy regard their increasingly plural local communities as their work area, ministering PCC to their own church members as well as others. PCC is understood as an important part of the ministry motivated from the clergy's pastoral theology, the vocation from persons in need of their assistance, and an idealistic wish of being at their service.

The most prominent themes in the consultations regard mental or social distress and illness-related issues, but there is also a broad specter of religious, moral and other themes related to the confidants' life experiences.

We have discussed the findings in the context of increasing pluralization in society and the recent Coordination Reform in the Norwegian health care systems, arguing that local community PCC maintain an important function in the space between health care and family support, particularly taking care of the existential perspectives related to the broad specter of themes addressed in these practices. The pluralization processes seem not to lead to withdrawal from community engagement to retracted congregational PCC practices, but rather adaptation to the ongoing demographic and cultural changes.

There is a need for more research on the content and contexts of pastoral care, including data from confidants and the perspectives of municipality health management. Even though the welfare state cares for people from cradle to coffin with institutionalized systems independent of religious affiliations, there is nothing in this material indicating that the PCC provided by the Church of Norway (and perhaps also other religious societies which have not been part of this study) has become outdated or less relevant. Rather, it is reason to argue that the Church of Norway, also after having been separated from the state meets the needs for existential care in local communities.