

Chaplaincy and religious plurality in the Norwegian context



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ABSTRACT

This article discusses chaplaincy as a professional capacity in a context of religious, demographic, and political changes. These changes are gradually converting chaplaincy services in Norway from a task that has traditionally been part of the work of the Church of Norway into more pluralistic services. We ask and discuss how pluralisation could challenge the professional paradigm of chaplaincy – with respect to both generic and specific aspects of these practices. This is done based on a sociological perspective questioning how chaplaincy is done in Norway from outside (by the institutions) and from within (from the point of view of chaplaincy and the people they are supposed to serve). Our empirical point of departure is our experiences in designing a master's degree programme in order to contribute to building chaplaincy competence for students outside the Church of Norway – and interviews with hospital chaplains in Norway related to the Church of Norway on how they interpret their role as professionals in the hospital.

Introduction

“We call it the *ministry of presence*,” said the chaplain at JFK¹, “*what I actually do, I walk through the terminals*” (Cadge 2017, 444). This quote is from an article by the sociologist Wendy Cadge on her research on how airport chaplains in the US, religious professionals in explicitly secular institutions, articulate their professional mandate, on how they define what they do in terms of presence in an everyday context where they work between the institution they are part of (the airport), their religious affiliation, and the people they are supposed to serve (passengers

and staff). They do religious work of sorts on behalf of the secular institutions for persons of any religious affiliation or none at all (Sullivan 2014). That might be considered a contradiction – so, what is a chaplain?

The formal answer to that question, in a Norwegian context, is that a chaplain provides spiritual and existential care to people institutionalised in prisons, hospitals, and care institutions as well as enrolled in the army and as students in universities and university colleges. And there is a chaplain at the largest airport (Oslo) as well. A chaplain in a Norwegian context serves indivi-

duals of all beliefs who ponder questions on meaning, belief, and relations to oneself and others. But what does it require to do that as a professional? What is the professional capacity of a chaplain in relation to this?

These are questions we explore and discuss in this article, and we do so in a context of religious, demographic, and political changes that are gradually converting chaplaincy services in Norway from a task that has been part of the work of the Church of Norway (CofN) into more pluralistic services. This is a plurality in the making, that brings up to date the professional requirements chaplains are supposed to meet and how their beliefs, world views and religious/life stance affiliations affect their professional capacity.

We do not intend to give final answers to these challenging questions, but we do intend to elaborate and discuss them. Our discussion will be partly based on two sources. First on Grung's experiences in establishing a new master's programme at the University of Oslo for training candidates for religious and worldview pluralist leadership and chaplaincy (the master's programme will be described thoroughly below). The second is the empirical data Bråten provides from interviewing CofN chaplains working in Norwegian hospitals with a mandate to serve all patients (the data will be presented below).

We start out by presenting the Norwegian context when it comes to religious demography and the organisation of chaplaincy services, followed by sociological perspectives from earlier research on chaplaincy as a profession. We then present the professional requirements for chaplains today in Norwegian institutions and how the new master's programme relates to this. After that we explore – based on empirical interviews – how chaplains working in Norwegian hospitals today view themselves as professionals, and how they talk about their beliefs/religious affiliation as part of their professionalism. Finally, we discuss how a more plural service brings the religious affiliation of the chaplain up to date, and how this is or is not regarded as a part of the chaplains' professional toolkit or professional service.

Chaplaincy in a Norwegian context

The context is Norway – and Norwegian institutions. In Norway, chaplaincy has been a task of the Church of Norway (CofN). The historical embeddedness of chaplaincy in the CofN is firmly illustrated by the terms used to describe the tasks of the chaplain, i.e., “spiritual and existential care”. The notion of *chaplaincy* is generally used – in a broader Western context – to describe more pluralistic practices than those provided by clergy in Christian churches (Sullivan 2014, 64). This entails that the term includes Humanist, Muslim, Buddhist, and other chaplains in addition to Christian chaplains. *Chaplaincy*, thus, has developed into a generic term. The terms chaplain and chaplaincy do not exist in the Norwegian language, however, and the direct Norwegian translation *kapellan* would at present only raise connotations of a minister in the CofN. Instead, the term “spiritual and existential care” or *sjelesorg* – from the German term *Seelsorge* – is used to describe chaplaincy practices in Norway (Baig, 2019; Hirsch & Røen 2016, 3).

This close connection between spiritual care services in public institutions and the CofN is mainly due to the fact of the Church of Norway as a national state church with membership consisting of a solid majority of the population. The religious demography of the Norwegian people has changed today, however. This is due to immigration, to the fact that beliefs are no longer inherited but an individual choice, as well as institutional changes. The Norwegian Constitution was transformed in 2012 and the Church of Norway (CofN) is no longer a state church. Constitutionally, it is still a “folk church”, with a distinct position in Norwegian legislation,² but the reformed constitution mirrors a Norwegian population growing steadily more diverse in religions and worldviews. In 2017, seven out of ten Norwegian citizens were part of the CofN, which means that three out of ten were not; two of these are members of religious and life stance communities outside the CofN, while one out of ten has no religious affiliation.³ Churches other than the CofN, Islamic communities, the Norwegian Humanist Association (Secular Humanists) and Buddhists are

the four largest worldview groups.⁴ There are, however, regional and local variations in the degree of religious complexity. Oslo, the largest city in the country, has the most diverse population in this respect: 48.7 % are members of the CofN and 21.8 % are registered in other religious and life stance organisations.⁵

Formally, the Church of Norway still bears the main responsibility for religious services in public institutions – such as hospitals, prisons, and the armed forces (NOU 2013:1,165). This, however, is institutionalised in different ways – and growing religious plurality is mirrored by changes that give indications of a more religiously plural chaplaincy service to come: In 2017, the armed forces decided to hire an army imam and an army Humanist as chaplains alongside the clergy of the CofN and a priest from the Orthodox Church.⁶ The government has recently proposed a pilot project to develop a plural faith and life stance service in prisons by establishing a team of representatives from different faith and life stance communities.⁷ Two public hospital trusts (St. Olav in Trondheim and Helse Bergen) have employed Muslim chaplains as part of the chaplaincy service, working alongside chaplains from the CofN. Until recently, one hospital trust (St. Olav), had a humanist chaplain employed in a substitute full time position. And the hospital trust of Oslo (Oslo University Hospital) has established a group of volunteers from different beliefs. This group of volunteer conversation partners have had some training in chaplaincy and agreed to serve on a voluntary basis but receive a small fee if they are requested – and they must be requested. The group has been administered by the unit for equal services at the hospital, and, for now, the responsibility for passing on requests to the conversation partners are part of the tasks of CofN hospital chaplains working in the hospitals in Oslo. If the patient asks for chaplaincy services from someone else than a chaplain from the CofN, and is a Muslim, then a Muslim conversation partner is called. If the patient defines himself as a Humanist, one of the Humanist conversation partners is asked. The conversation partners are not, as a general rule, asked to meet patients across religious or

life stance affiliations in the same way as those who are employed as hospital chaplains are (Bråten 2019).

The CofN chaplains employed by Norwegian institutions are, as a rule, required to have the theological degree of *Cand. theol.* (six years) from one of the four institutions offering higher education in (Christian) theology, and to be ordained as ministers (or, in health care, deacons) in the CofN. In addition, particularly at the health institutions, training in clinical pastoral education (CPE) is required.

Chaplaincy – sociological perspectives

What is chaplaincy from a sociological point of view? Winnifred Fallers Sullivan (2014) states that professional religious work is usually thought of as work performed by clergy – ministers, rabbis, priests, imams, monks – as part of a religious institution. This definition does not cover the role of chaplains since he or she works in a secular institution caring for all kinds of people, regardless of what they believe in. That is how it is in the US, the context from which Sullivan writes (See also Cadge 2012). She describes this – just like the airport chaplain quoted in the introduction – as a ministry of presence: They are experts in being present. And she discusses what it means to be present, without hierarchy. The challenge chaplains experience being between the secular institution and its projects and politics, their religious affiliation and the people they are supposed to care for, are underlined: “There remains an unresolved tension between a presence that leads to trust and an ongoing need to account to yourself, your religious masters and the institution that employs you – as to the value of what you do – a tension that makes politics difficult” (Sullivan 2014, 189). Highlighting how chaplains underline the need to be there for soldiers, prisoners, patients, or others, she problematises how the coerciveness of chaplaincy is sometimes questioned, while a bigger problem might be that the project of the institution chaplains serve, might go unquestioned (Sullivan 2014, 190). These perspectives underline how the professionalism of the chaplain requires different kind of competencies as well as a constant awareness of the go-

vernmental and institutional context they are part of.

Chaplaincy, positioned as it is between the religious and the secular, does provide an interesting lens for analysing how religious and life stance plurality is politically governed in a society. That is a perspective from outside chaplaincy.

Chaplaincy positions are, as we have seen, with few exceptions, reserved for people with an educational background, grounded in Protestant Christian theological training and Clinical Pastoral Education (CPE). Against this background, we find it important to note that spiritual, religious, and existential care is also being conducted outside these official structures: It takes place within faith and life stance communities, in families or connected to other social settings. In Norway, part of this is connected to institutional structures, and therefore we will define it as “unofficial chaplaincy”: Clergy from the CofN employed as chaplains have for decades called upon colleagues and resource persons from other religious communities to care for patients and inmates who wish to speak to an imam, rabbi, or Catholic priest.

The other example of “unofficial chaplaincy” is at Oslo University Hospital with its team of voluntary conversation partners or a kind of, informal chaplains, referred to above.

When compared to official chaplains, it seems obvious that both visiting clergy, i.e. resource persons engaged ad hoc for particular cases, and the team of volunteers at Oslo University Hospital are not able to care for patients and dependents with the same presence (they have to be specifically requested) and possibly not the same quality (they do not have equal access to training). A possible consequence of a poorer service would be that this way of organising a more plural chaplaincy is becoming an obstacle to a more solid pluralisation of the chaplaincy staff. This could happen because what is regarded as the poor quality of the “informal chaplaincy” work, may be connected to pluralisation itself, not to the organising of these kinds of “unofficial chaplaincy”.

From within, the question would be for chaplains themselves and the population of the institutions in which they serve: How do they relate

to pluralisation? The quest to pluralise chaplaincy from within is anchored in the question about what chaplaincy is, for example: What is the explicitly religious or worldview component of chaplaincy? How important would it be for a patient (and their families), a prison inmate or a soldier to meet a chaplain sharing the same worldview or religious universe? If chaplaincy is about presence, does it matter – to those the chaplain relates to – who is present? We do not know the answers to these questions because no empirical research has yet been conducted on the needs of chaplaincy clients in the Norwegian context. What we want to emphasise, however, is that if the religious majority (in Norway this would be the CofN) answers these questions on behalf of everyone – including religious and life stance minorities – that would represent a single religiously based governmentalisation. It would be a way of relating to plurality and to governing in a plural setting from the perspectives of one religious group exclusively. We think such a position goes against parts of a current and important professional paradigm: To make the needs of confidants (patients, inmates, and soldiers) a premise for the service.

If people from outside the CofN are to be engaged in chaplaincy work, one of the salient questions is related to the possibility of their obtaining applicable competence and training. Therefore, the pluralisation of chaplaincy training and education is relevant when speaking about the pluralisation of chaplaincy in the Norwegian context – and therefore we turn to training first.

A new master's programme

The Faculty of Theology at the University of Oslo (UiO) has organised courses for religious leaders with a “foreign background” since 2007. Norwegian ministries fund the courses, and the Council for Religious and Life Stance Communities in Norway (STL) and some of the largest umbrella organisations for religious minorities are conversational partners in profiling and recruiting participants. It is possible to follow this programme without any prior formal education. Leadership, Norwegian legislation, human rights and spiritual care are the foci. More

than 100 participants from various Muslim, Christian, Sikh, Buddhist, Jewish and other religious backgrounds have completed the course over the years. This programme is not aimed at providing leaders and other key personnel in religious communities outside the CofN with skills on an equal level to what is offered in the training of ministers for the CofN.

In 2017, the faculty started to work on a more inclusive, regular master's programme on interreligious leadership, ethics, and chaplaincy ("Lederskap, etikk og samtalepraksis", with the acronym LES).^{8 9} The work was boosted by a government grant in 2018 and the master's programme was launched in the autumn of 2019. Inspired and informed by related programmes elsewhere in Europe, Canada and the US, this master's programme aims to adapt to the needs in the immediate context, and most courses will be taught in Norwegian. One of the salient features of the Norwegian context is the inclusion of the Norwegian Humanist Organisation in interreligious dialogue. The master's programme will thus include a Secular Humanist worldview perspective on chaplaincy and spiritual/existential care in addition to the selected religious traditions that are being given focus: Islam, Buddhism and Christian traditions. The master has no tuition fee and is open to all applicants who meet the required qualifications: In addition an unspecified bachelor's degree, the programme requires two years of full-time work experience within the fields of social care, health care, religious and worldview-related work or teaching – paid or done on a volunteer basis.

Having a diverse student group in the courses of the master establishes – as seen from inside the master's programme – a pedagogical advantage in exposing the students to and having them work with religious and life stance relations and encounters throughout the learning process. In its first year, the group of students is diverse and represents various religious and life stance affiliations, just as we hoped. It is, however, difficult to secure diversity in the student group based on the requested qualifications, as religious/life stance affiliation cannot be made a requirement.

The overall aim of the master program is to equip its students to become skilled, empowered, and self-reflexive within various aspects of religious and life stance leadership and chaplaincy. The connection between chaplaincy and spiritual/existential care is a premise in the structure of the programme, and a connection between chaplaincy and leadership is as well. Religious and life stance leadership is defined beyond formal community leadership. It includes youth leadership, women's leadership, and taking on various types of responsibilities within faith and life stance communities and organisations. The master's programme includes both a six weeks' supervised internship and a master's thesis. Keeping practice and theory closely together during the whole learning process is pivotal. To explore, enhance, and develop significant practical, ethical, and critical as well as constructive abilities of the students towards the whole leadership and chaplaincy field, are important learning goals.

One of the most challenging aspects of such a master's programme is, from our point of view, to grasp both the generic, shared aspects and skill-learning needs cutting across religious and life stance diversities on the one side and specific skills and knowledge from the respective faith traditions on the other. The programme needs to encounter the generic and the specific. The generic, as representing shared aspects, would be partly shaped by interreligious (including the Secular Humanists in a Norwegian context) hermeneutics, and the specific would be a matter of including traditions and their ethical and moral universes connected to chaplaincy work.

We have divided the courses between obligatory and optional courses where the obligatory courses have an interreligious (including secular humanism) perspective and some of the optional courses have a profile connected to a specific religious or life stance tradition. Three traditions have so far received their 'own' course based on their numerical representation among religious and life stance organisations in the Norwegian context: The Buddhist and Islamic traditions and a course drawing on the resources of the Norwegian Humanist Association.

The gain by including both a generic and a specific perspective on chaplaincy and spiritual care is twofold: It establishes an interreligious, dialogical teaching environment where the students contribute with their own experiences and develop self-reflexive tools, as well as providing a shared pool for diverse knowledge and building trust. The article “Teaching Spiritual Care in an Interfaith Context” is based on reflections on a related study program in a Dutch context. The authors claim spiritual care in a multi-faith context to be a “complex and hybrid” endeavour (Ganzevoort et al. 2014, 195). From different angles, this article asks how this complexity and hybridity should shape the teaching of spiritual care. In the conclusion, the authors state: “Rather than taking one shape of spiritual care – usually the Christian one – as the yardstick to measure all others, each tradition’s perspective on spiritual care challenge taken-for-granted assumptions of the discipline” (Ganzevoort et al 2014, 196). In Norway, the Lutheran Protestant understanding of spiritual care is interwoven in the professional paradigm existing around spiritual caregivers (chaplains). The challenge is to introduce other traditions to the professional paradigm in addition to the Lutheran Protestant. One way of doing this is to introduce the various traditions in a conversation where a plurality of traditions is represented.

At present, the training of hospital chaplains requires courses in Clinical Pastoral Education (CPE). In general, these courses are only open to ministers and deacons in the Church of Norway. This poses a major challenge for training a plural chaplaincy within the framework of CPE. There are signs of change: In the spring of 2020 the Norwegian School of Theology, Religion and Society cooperate with the faith and world view services in the Armed forces on a course that is open to participants representing all world views. But the question remains; if and how would there be space for plurality in the design of education for spiritual caregivers within the professional paradigm of Norwegian chaplaincy? There is a need to start articulating and sharing the resources within Islamic, Buddhist and Secular Humanist traditions related to spiritual and existential care. These traditions are com-

plex in themselves, and the effort of articulating the resources would be an intra-religious effort and involve international resources as well. If the CPE in Norway at some point in the future would develop into a plural education regarding both form and content, this may represent an excellent opportunity for a specialisation for interested candidates from the master’s programme. The ambitions of the new master’s programme are connected to both knowledge and personal formation. But we still do not know how this kind of training fits into the present professional paradigm for chaplaincy in Norwegian institutions. The new master’s programme only partly aims to challenge the CPE, as the programme has a broader scope and will provide more of a generalist education. The supervised internship, however, in health care institutions, prisons, the Norwegian defence and various organisations is supposed to take place inside the institutions, tightly connected to the existing chaplains who will provide the supervision.

The master’s programme thus accentuates the dynamics between a generic and a specific understanding of religious and life stance leadership and chaplaincy. How is this experienced by those who do chaplaincy in Norwegian institutions at present? In what follows we will turn to interviews made with CofN chaplains in Norwegian hospitals, and we will deal with questions on the generic vs the specific by exploring how they frame their religious belonging as part of their professionalism.

The professional role of chaplains in hospitals – as perceived by CofN chaplains

Health services in Norway are provided as part of a universal welfare state based on public and collective responsibility for social insurance and services to all citizens. The aim of the welfare state is to promote social security, equality – and fairness (Kuhle and Kildal 2018). Patients are, by law, granted equal access to services.¹⁰ And the aim to create services equal for all is undermined when health services to citizens with migrant backgrounds are on the agenda.¹¹

Chaplains in hospitals, most of them from the CofN, are supposed to talk to all kinds of

patients, no matter what their religious affiliation might be. Based on this, it is important to ask how those who do the services, understand their role – and how they understand their belief and their position as ordained clergy or deacons in the Church of Norway as part of their professional position as hospital chaplains.

One of the authors (Bråten) conducted interviews with hospital chaplains (clergy from the CofN employed by the hospital trusts) in 2017 and 2018. Individual interviews were made with 17 hospital chaplains/deacons from the CofN serving at seven different hospital trusts. The interviews lasted from one to two hours and are mostly done in personal meetings at the hospital where the chaplain works. All but one interview was taped, and they were transcribed by Bråten. The interviews are made in Norwegian and the quotes have been translated into English by the authors of this article.

Chaplains were asked how they initiate contact with patients, how they introduce themselves, what they do in meetings with patients, and they were asked to reflect on what they do in terms of providing hospital services equally to all. It should be underlined that the interview data gives insight into the narratives of the chaplains and their interpretation of what they do but do not provide insight into their actual practices.

The interview has been analysed using a thematic analysis (See for example Braun and Clarke 2006). At first, all interview transcriptions were read completely in order to get a full overview. Then concrete questions were asked regarding the data material; the questions important for this article were the following: How do the chaplains talk about their role in the hospital? How do they relate to serving all patients? What do they underscore as their competency? How do they relate to the theological part of what they do and the religion they represent? Based on these questions, themes were defined (role, serving all, competency, theology/belief) and searched for in the interview material. Quotes were sorted based on the themes defined, and interpretations were carried out.

Role

CofN chaplains define themselves as part of the working staff at the hospitals but with a specialised task. Some define themselves as health workers, but there is also a tendency to define themselves as helpers – helpers who are present not to heal or cure but to stand by the patient. Some explicitly talk against what they describe as a hegemonic discourse in medicine, i.e., relating to humans as if they were consisted of separate fragments and, in so doing, denying a truly holistic approach that includes death as part of life. This assumedly hegemonic discourse is used by some interviewees to contradict perspectives held by the chaplain him- or herself, as one CofN chaplain puts it ironically: “Hospitals do not prevent death, they just postpone it.”

They underscore that to grieve, for example, is normal, it is not a sickness and not a diagnosis. To grieve, to face a crisis, and to die are all experiences that are normal; these experiences are difficult but need to be dealt with.

They talk about their mission as chaplains, following up on that perspective, as being able to assist in coping with challenges. Some underline explicitly that they – based on that perspective – represent a counterculture and a counter-competence inside hospitals. Another difference they are proud to represent is that they are someone patients can talk to in the hospital system who can keep confidentiality even towards other hospital staff. They are supposed to follow their own obligation of confidentiality, not sharing knowledge about the patient with the rest of the staff – unless it is necessary (a matter of life and death).

Hospital chaplains from the CofN see themselves as part of the hospital institution but also – due to their counter competence and principle of confidentiality – somewhat outside of it.

Being a professional

A salient question following the reflections above is what the particularly confessional part of the hospital chaplains' work consists of, or, to be more precise, how they talk about belonging to the CofN as part of their professional duty as chaplains. One chaplain emphasises:

Competence is an absolute demand. We are hired for our competence, not for our religion. We are educated on worldviews and health and we are supposed to take care of this for all patients. Our education is supposed to make us capable of seeing, understanding, and meeting [patients and their families]. (Hospital chaplain F)

Chaplains are, as spelled out by this chaplain, hired for their competence. In this quote, competence refers to the formal requirements a chaplain is supposed to meet: Clinical Pastoral Education (CPE). This is a kind of training added to their ordination as ministers or deacons in the Church, it is offered in different contexts, but it has so far – as we have described earlier – not been open to all. And, as underlined by the chaplain quoted, this particular competency makes chaplains capable of meeting people who face different kinds of crises related to health and death, meaning that conversation partners who lack this kind of competency will not be able to deal with it like professionals in the same way.

Being a professional and a believer

But then the interviewees are also clergy with their beliefs, this is part of them as individual beings but also as professionals, as one put it: “I believe, I am a clergyman after all.” Their religious affiliation is an important part of the professional job they do as hospital chaplains, something that is revealed in different ways in the interviews, sometimes as part of underlining that they are not out to proselytise or intervene in a patient’s religious beliefs or non-beliefs, they are not normative in that way. Still, to be a believer includes – some emphasise – a desire to make other people able to use their belief as a resource for facing challenges. The others must discover the resources they have themselves inherited; this is underlined by several as utterly important, but they do not frame it as their mission as chaplains to convince people to accept their view, to perform a missionary service. This is how two different chaplains express it:

I can’t have salvation from the evil for people facing death as my main motivation. That would have made me crazy [laughs] if I considered that as my responsibility. There are, however, Christian beliefs resonating like

that, holding it as the most important. And it might be important to me, as well, beneath a lot of layers, but not in the professional job I do. (Hospital chaplain W2)

[Y]ou know, I believe in a great God who is tolerant. We are allowed to respect the beliefs of others. But if you had asked me, as a Christian, I would have wished that the whole world became Christians. Because I have a comforting belief and feel that Jesus is my best friend. But as a hospital chaplain, I think that what is most important is to take care of and meet the needs they [patients and their next of kin] have. And I am willing to go an extra mile when it comes to that, because that is – if you ask me – what is most important. (Hospital chaplain D2)

But even if these chaplains, just as the airport chaplain quoted in the introduction to this article, consider their main task is *to be present*, to listen to the patient, and reply to their needs and questions, chaplains are quite often addressed as religious – or more precisely – Christian authorities by patients and families. This is made explicitly in an indirect way when chaplains refer to a tendency among patients, they meet to underline that they are not very religious. They talk about this as a tendency among patients to refer to their belief from childhood (*barnetro*), patients also talk about how they were baptised and were married in church, how they used to pray their *Fadervår/aftenbønn* (“The Lord’s Prayer”/“children’s prayer before bedtime”) but point out at the same time that they are not that religious, or just a bit religious.

Chaplains usually talk about this tendency as examples of religious privacy and/or embarrassment. We would suggest another interpretation, reading the questions as a request to the chaplain as a religious authority: Do they qualify as religious people? Is their belief enough to face the chaplain – and to face God? The tendency among the chaplains interviewed is to be willing to meet these questions, reassuring the patient that all kinds of beliefs are good enough. Belief cannot be ranked – it is something you simply have if you have it, one chaplain underscores. And if the patient or family members want the chaplain to reflect together with them on how it is possible to use belief as an asset, how it is possible to activate resources the other inherits, they do so.

These chaplains do, as we understand it, act as a kind of religious authority. But this is not usually directly referenced as acting with authority by the chaplains in the interviews. If they do sometimes talk about themselves as religious authorities, it is usually as part of narratives where sacraments and rituals are enacted.

Serving all

The mandate of the hospital chaplains of the CofN is to serve all patients, no matter of their belief. Simultaneously they tend to underline that if someone express wishes they do not consider themselves able to meet or explicitly ask for someone else – they will get someone else to come. In most cases they will have to call someone from outside the hospital, at Oslo University Hospital from the group of voluntary conversation partners. There are also chaplains who underline that they are not satisfied or fully comfortable with the close to monopoly situation they – as chaplains from the CofN – are part of in hospitals. When they refer to monopoly, they refer to their religious affiliation. These chaplains are, as all the others, eager to underline the professional training they have had in order to make them capable of meeting and being present to everyone. They have, however, experienced as one chaplain puts it: “That not everyone wants to talk to me.” This is, as this chaplain interpret it, due to his position as a clergy and the part of his professionalism that has to do with religious affiliation and belief.

The chaplains interviewed express their concern to respect and even encourage other religious beliefs than their own among patients in their work. They tend to accentuate their generic competency – that is, their clinical pastoral competence – as their main asset, leaving their specific religious identity and affiliation somewhat aside as less important. They sure do talk to everyone about almost everything that is important to the patient. Still, their religious affiliation is present in their work, and they experience both to be addressed by patients as religious authorities and that some do not want to talk to them because of it.

Concluding questions

In this article, we have brought up the question of chaplaincy’s professional paradigm in the Norwegian context. A question we do not try to answer is how the current Norwegian model of chaplaincy, which to a large degree could be called a *monoreligiously based interfaith chaplaincy*, could question its own professional paradigm.

We obviously need more research to explore not only the governmental but also the human aspect related to the pluralisation of chaplaincy. What happens in institutions where chaplaincy caretakers mostly represent one religious tradition? What impact does it have on the Secular Humanist, Muslim, Buddhist, and those who do not know what to believe in – when most encounters with a chaplain is automatically an interreligious encounter, where they possibly must explain and define themselves as “other”? In the LES master’s programme, the students will explore possibilities of establishing a practice of spiritual care, drawing on resources from other traditions than the Christian Protestant one, as well as being trained in interfaith approaches to spiritual care. The chaplains interviewed in Bråten’s project clearly identified themselves as spiritual caregivers emphasising presence and acceptance of all and tended to downplay their own religious confessional identity. Would this provide an opening for negotiating the professional paradigm of becoming religiously/worldview plural? Another possibility is that today’s chaplains would rather avoid religious and worldview markers connected to chaplaincy work so that they can keep a low confessional profile. This could be a strategy that might be considered crucial for the general acceptance of chaplains from the CofN: Facing a religious plural population.

We would like to add – contributing to that discussion – that acknowledging religious belonging as part of the chaplaincy profession does not contradict the idea of chaplains being present to everyone, regardless of religion. But it might contradict a chaplaincy profession open to CofN chaplains only.

We do not have the answers to all the questions we have posed, but we believe it would be useful to explore them further in the Norwegian

context. Such an exploration would both entail comparison between Norway and other contexts more familiar with the pluralisation of chaplaincy as well as provide more knowledge about the Norwegian context itself.

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Notes

- 1 John F. Kennedy int. airport, New Jersey, USA.
- 2 As of 1 January 2017, the Church of Norway has been a legal subject, responsible for all employees in the Church. <https://www.regjeringen.no/no/aktuelt/farveltil-statskirken--fortsatt-folkekirke/id2525748/> (accessed 02 July 2018).
- 3 Among the 22 per cent who belong to other religious and life stance groups, more than 20 per cent are Muslims, while approximately 14 per cent are affiliated with The Norwegian Humanist Association as the largest, and 56 per cent are part of Christian communities other than the Church of Norway. <https://www.ssb.no/en/kultur-og-fritid/statistikker/trosamf> (accessed 10 September 2017).
- 4 These are numbers from Statistic Norway for 2018: <https://www.ssb.no/kultur-og-fritid/statistikker/trosamf/aar> The Norwegian Humanist Association is not listed in this as a separate entity, but according to their official website, they have more than 90 000 members in 2018: <https://human.no/om-oss/english/> (accessed 14 October 2019).
- 5 <https://www.ssb.no/kommunefakta/oslo> (accessed 3 June 2019).
- 6 <https://forsvaretsforum.no/soldat/aktuelt-ny-feltimam> <https://forsvaret.no/aktuelt/forsvarets-egen-filosof> <http://www.ombudsmann.no/media/1199/ombudsmannnemnda-for-forsvarets-dok-5-2017.pdf> (accessed 3 June 2019).
- 7 Prop.130 Lov om tros- og livssynssamfunn of June 2019 is both a law proposal on belief and life stance communities and a white paper. The white paper comprises a chapter on how belief and life stances are supposed to be handled in public institutions and in health care services. The law proposal and white paper will be discussed and voted on by the Norwegian Parliament in the autumn of 2019. <https://www.regjeringen.no/no/dokumenter/prop-130-l-20182019/id2660940/sec1> (accessed 9 September 2019).
- 8 One of the authors of this article, Anne Hege Grung, has been in charge of the working group developing the new master's programme and is the one responsible the programme itself.
- 9 For a full presentation of the programme, see the websites of the Faculty of theology, UiO: <https://www.uio.no/studier/program/les-master/index.html>.
- 10 <https://lovdata.no/dokument/NL/lov/1999-07-02-63?q=pasientrettigheter> (accessed 15.09.19).
- 11 One example is a national strategy on migrant health published by the then centre-left government in 2013: Health and care services equal for all, a national strategy on the health of migrants 2013-2017 (my translation): https://www.regjeringen.no/contentassets/2de7e9efa8d341cfb8787a71eb15e2db/likeverdige_tjenester.pdf (read 15.09.19).

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