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Deacons as conversation partners on existential issues with older people: An empirical study in Norway

Åsta Marie Olafsson, PhD-kandidat, VID vitenskapelige høgskole

Hans Stifoss-Hanssen, professor emeritus i diakoni og profesjonell praksis, VID vitenskapelige høgskole

Anne Austad, førsteamanuensis i praktisk teologi, VID vitenskapelige høgskole
asta.olafsson@vid.no

Abstract

Deacons within the Church of Norway constitute a professional group that can encounter older people's need for existential conversations, but empirical research in this field is scarce. This study aims to explore professional deacons' perceived competence in the field of older people and existential issues. Three focus group interviews with 18 deacons and an inductive qualitative content analysis were used to answer the inquiry. We introduce the term "approachable deacons" as an analytical innovation. Based on the empirical material and the perspectives from diaconia and the psychology of religion, arguments are made for the societal contribution of the deacon profession. As approachable existential conversation partners, deacons may make an essential contribution to public mental health. We assert that the deacon profession represents a counterculture to society and healthcare, where time is short, older people may feel downgraded, and existential and religious literacy is limited.

Nøkkelord: Deacons, existential conversations, older people, empirical, approachable.

Introduction

1.1 Focus and aim

A growing number of research studies indicate that existential issues can be salient for older people in healthcare (van Der Vaart & van Oudenaarden, 2018). However, talking about existential issues is often considered to belong to the private domain in Scandinavia (Hvidt et al., 2020; Rykkje, Eriksson, & Raholm, 2013). Olafsson and Rykkje (2022) found that some of the older people in their study wanted to talk about existential issues in old age. Furthermore, most of them had a positive research interview experience regarding their thoughts around existential issues, suggesting that existential conversations may be of help and value. Chaplains and deacons are trained conversation partners, and there is much research on chaplaincy in institutional settings. However, chaplaincy in social care[1] settings, especially with older people, is largely ignored in research (Norris, 2014) and almost non-existent in a Norwegian research context.

There is hardly any Scandinavian empirical research on deacons as existential conversation partners. For instance, in the search for research in this field[2], the keywords "deacon" AND "pastoral care" AND "older people" and similar phrases from 2010 to 2022 yielded no results. Only six results were obtained with the search words "deacon" AND "pastoral care" from 1964 to 2021. One of these is a study by Carrion (2019), from a Catholic tradition in which the diaconate primarily has been the entrance to priestly service, a so-called transitional diaconate (Dietrich, 2011, p. 128). Danbolt et al. (2021) focus on themes found in pastoral care conversations within the Church of Norway in relation to the local community. Rodriguez-Nygaard's (2014) study contributes to the understanding of deacons' professional knowledge, where the combination of knowledge from different fields combined with theology in talking to people in difficult situations was one finding (p. 9). Fanuelsen's (2013), Gooder's (2006), and Henrey's (2007) works are non-empirical. Further, the increasing research on pastoral care consultations seems to be more focused on theoretical publications than empirical ones, according to Danbolt et al. (2021). However, a few empirically-based and newly published articles in Norwegian include pastors and deacons as pastoral care providers (Danbolt, Stokka, Sandsmark, & Stålsett, 2022; Grung, Danbolt, & Stifoss-Hanssen, 2016; Stifoss-Hanssen, Grung, Austad, & Danbolt, 2019; Stokka, Stålsett, Sandsmark, & Danbolt, 2022), although none specifically studied older people as recipients of pastoral care. Hence, this empirically based study fills this gap by focusing on the deacon as an interlocutor for older people around existential issues.

1 UK: The personal care given by public or private organisations to help people in society who need specialised assistance to live a comfortable, healthy, fulfilling life. (https://www.prospects.ac.uk/jobs-and-work-experience/job-sectors/social-care/overview-of-the-social-care-sector#what-is-social-care)

2 "Academic Search Elite" and "Atla Religion Database with Atla Serials".

The study aimed to explore what deacons perceived as their competence in the field of older people and existential issues. The research question was: "What characterises deacons' perceived competence as existential conversation partners with older people?" In what follows, we explain how we understand the terms 'competence' and 'existential conversations'.

The sociologist Skau (2017) explains professional competence as consisting of necessary and appropriate qualifications in the exercise of a profession, a combination of theoretical knowledge, occupation-specific skills, and personal competence (2017, pp. 57-58). Furthermore, personal competence is described as "a unique combination of human qualities, characteristics, attitudes and skills that we more or less intuitively adapt to different professional contexts" (Skau, 2017, p. 61).

Concerning the 'existential', we rely on DeMarinis' (2008) understanding:

> The existential dimension is focused on the individual's understanding of existentiality and the way meaning is created. This dimension includes the worldview conception, life approach, decision-making structure, way of relating, and way of understanding. It also includes the activities of expressions of symbolic significance, such as rituals and other ways of making meaning (2008, p. 60).

The definition expresses a holistic approach by including the cognitive, social, spiritual, and physical dimensions. 'Existential conversations' is understood as conversations concerning existential issues such as death, meaning, guilt, shame, and common human basic conditions. Further, the conversations can encompass (overlapping) spiritual, religious, and secular themes (La Cour & Hvidt, 2010).

Our findings regarding deacons' existential conversations with older people are discussed in light of relevant research from the perspectives of diaconia and the psychology of religion. We start the dialogue with DeMarinis' work on existential health (2003; 2008; 2022) and Scandinavian research on pastoral care conversations and existential/spiritual care (Assing Hvidt et al., 2016; Giske & Cone, 2020; Grung et al., 2016; Kaspersen, 2020; Mandelkow & Reme, 2022; Stifoss-Hanssen et al., 2019).

1.2 Background – The Norwegian context and pastoral care

In post-secularised societies, secularisation is still occurring, but religion is also present (Johannessen-Henry & Iversen, 2019, p. 27). On the one hand, religious diversity is increasing in Norway, mainly because of immigration (Danbolt et al., 2021). On the other hand, church membership in the Church of Norway has decreased from around 95% of the population in 1970 to around 70% in 2019 (Repstad, 2020, p. 35). According to DeMarinis (2008), secularisation may result in a loss of meaning-making structures, and we can then argue that in the face of crisis, the need for the existential, including religiously literate professionals, may be more critical than ever.

Along with the individualisation trend in society, individuals' beliefs may be unique and more multiple, composed differently from one person to the other (Repstad, 2020). This may require competent interlocutors who can listen and put thoughts and

concerns into words. In that regard, Austad and Johannessen-Henry (2020, p. 73) found that Norwegian pastors' language moves between the secular and the religious, which underlines their capacity to talk about existential and religious issues in a secular context.

Older people of today grew up in a society in which the Church's position and the traditional Protestant faith were much more prominent than today. However, they face caregivers who are generally more influenced by secularisation trends. For example, a majority of Norwegian nursing students are not comfortable with spiritual conversations (Kuven & Giske, 2019), and not all healthcare workers have the ability to recognise existential language (Giske & Cone, 2020). The chaplain, whether a deacon or a pastor, may thus fill this gap.

1.3 Diaconia and the deacon in the Church of Norway

The science and education of diaconia are interdisciplinary (Stifoss-Hanssen, 2014). Regarding the deacon's competence, Hofmann claimed that deacons should be bi-lingual by having "professional skills for the field in which they work (social work, care, nursing, etc.), and they should have theological skills for interpreting situations in their counselling and preaching in the light of the gospel" (Hofmann, 2017, p. 139). Nordstokke developed a model for diaconal epistemology, in which knowledge from theology and the social sciences inform the theory of diaconia in an interdisciplinary way (2011, p. 17). Therefore, combining knowledge and reflection from both the social sciences and theology in the planning and assessment of the ministry is seen as a core component of the deacon's professionality. This is further concretised in the education of deacons within the Church of Norway; Deacons usually posit a bachelor's degree in health, social, or pedagogical studies, a year of diaconal studies (former model), or a master's degree in diaconia (new model). Rodriguez-Nygaard's (2014) empirical research on deacons' professional knowledge and what deacons do confirmed interdisciplinary knowledge among deacons. Concerning the focus of the present study, the deacons represent the existential conversation partners, who draw on their diaconia education with pastoral care, theological perspectives, internship, practical training, and other courses/further education.

Methods and materials

This is a qualitative study based on focus group interviews with deacons within the Church of Norway.

2.1 Recruitment

In the fall of 2021, diaconia counsellors in five dioceses in Norway were contacted by e-mail and asked to help recruit deacons for focus group interviews. Interested deacons were requested to contact the first author directly. The recruitment process resulted in three focus groups: two from dioceses in Eastern Norway and one mixed group with deacons from two western and one eastern diocese. The interviews were conducted in January and February 2022.

2.2 Presentation of the participants of the study

The primary educations of the participants were: educators/teachers (8), nurses (5), social workers (2), occupational therapists (1), Christianity studies and courses in pastoral care (1), and a business school degree and courses in pastoral care (1). Some deacons had a master's degree, while others had a so-called old diaconia education. One deacon worked as a hospital deacon, while the rest worked as parish deacons, which, for most, included ministry in nursing homes or other institutions. All deacons had experience talking to older people about existential issues. As for gender, there were 17 women and 1 man. For confidentiality reasons, all deacons will be referred to as "she" and with letters from "Deacon A" to "Deacon R".

2.3 Data collection through focus group interviews

Focus groups gather opinions and reflections among participants who share specific common characteristics (Krueger, 2015, p. 2), in this case, deacons with experience talking with older people about existential issues.

Each focus group consisted of 6 deacons, for a total number of 18 participants. However, one of the participants could not connect to Zoom and sent her written reflections based on the interview guide. One interview was conducted physically, but the COVID-19 pandemic and geography compelled two interviews to be conducted via Zoom's digital platform. The interviews were conducted using a semi-structured interview guide with open-ended questions and a questioning route to ensure straightforward questions and high consistency across the three groups (Krueger, 2015, pp. 43-44). The interviews were audio-recorded. All interviews lasted two hours and were transcribed verbatim the following days before being imported into NVivo.

2.4 Analysis

The transcripts were coded in the analysis software program NVivo with seven main codes (the existential, significance for the older persons, experiences, competence, partners and health professionals, conversation settings, and the deacons' career choice) and various sub-codes. We then delved into the codes to work directly with the material, inspired by qualitative content analysis (Bengtsson, 2016; Ulla H. Graneheim, Lindgren, & Lundman, 2017; U. H. Graneheim & Lundman, 2004). Meaning units were extracted and analysed as suggested by Graneheim and Lundman (2004).

Table 1: Example of the data analysis process

Meaning unit	Condensed meaning unit – Description close to text	Condensed meaning unit – Interpretation of the underlying meaning	Sub-theme	Theme
(At an institution) but it's about spending that time with employees, so you get access to patients, or they call you, because I do not have an overview of who may have a need	The deacon spends time with employees to gain access to patients because she does not have an overview of who may have a need.	The deacon must actively collaborate with health professionals at institutions to get in touch with patients.	Relational competence	Deacons as approachable professionals

Qualitative content analysis is a method that emphasises similarities within and differences between parts of a text. The analysis can comprise the manifest content—a more descriptive analysis close to the text—or the latent content—which is on an interpretive level regarding the underlying meaning of the text (Bengtsson, 2016). This study aimed for the latter, using a hermeneutic process.

2.5 Ethical considerations

The Norwegian Centre for Research Data approved the study (NSD project 824483). Participants received oral and written information and signed consent forms. The participants were informed about maintaining anonymity and that they could withdraw from the study within three weeks after the interviews were conducted.

Findings

In what follows, we present findings thematised by the deacons' perceptions 1) as approachable and 2) as professional, 3) of positioning their profession, and 4) of representing a counterculture to society.

3.1 Deacons as approachable

The analysis of the empirical data material revealed that the deacons talked about themselves and their ministry in a way that could be described by the term 'approachable', although they did not personally use this term. We understand an approachable person as friendly, available, and easy to approach and talk to.[3] We consider approachability to be more than available. Whereas having an open door may be interpreted as being available, approachability takes it further by being an individual characteristic that makes it easier for another person to make contact. It refers to the *quality* of being available. The following section will elaborate on this.

3.1.1 Approachability and boundary setting

Being approachable may be linked to individual qualities, and choosing a career often reflects this, as Deacon Q reflected on:

> I would probably dare to say that we who choose to become deacons… may have something in the first place… that is, there is an interest in care and conversations and those things. So, the personal suitability for one to actually make the career choice one makes, I think it is actually a lot of experience in it too because we do not start from scratch when we begin our (deacon) education.

The deacon's individual qualities and attitude towards older people were understood by the deacons as ways of being and appearing, which can have great significance concerning approachability. Further, the deacons had the perception that many felt seen, met, and acknowledged through the conversations without condemnation or criticism. Showing generosity, compassion, and humility and enduring what was being told without judging were pointed at. These individual qualities of the deacon and ways of meeting older people can be characterised as being approachable.

Approachability is not simply a passive way of being but also an active state. For instance, the deacons found that getting to know people partly required outreach work, such as delivering flowers to older people in connection with anniversaries and sharing one's name and phone number. Wearing a deacon collar or a shirt with "Deacon" on the chest was also seen as a way of being visible. Engaging in social happenings in church or institutions helped deacons connect with older people, and existential conversations often occurred in the extension of such arenas.

However, balancing approachability and private space was seen as a virtue of necessity. When individuals suffered from loneliness, some deacons occasionally found it challenging to meet the need for contact on the one hand and to set boundaries for themselves on the other. Examples would be conversations that, in the deacon's understanding, did not lead anywhere, and the deacon was unsure of when or how to make a closure. Furthermore, some wanted to meet the deacon in social settings, such as cafés and social media, or for the deacon to be available through text messages.

3 https://www.merriam-webster.com/dictionary/approachable, https://www.etymonline.com/search?q=approachable&type=0

Deacons P and M found it necessary to set some boundaries for themselves, but concurrently, they felt that some might experience this as their needs were not being met.

3.1.2 Approachability and perseverance

The deacons often mentioned perseverance as a strength: "To endure what is to come. Being able to endure, and have time, is a strength for us" (Deacon H). Furthermore, they experienced that when people knew about their duty of confidentiality, it helped them to speak more freely, knowing that their stories were secured with the deacon, not written in their journal, and could not be used against them in health settings. Consequently, the deacon could be perceived as a safe place to go for struggling people. However, as one narrative portrayed, this trust may take time to gain. An old nursing home resident had had conversations with Deacon P for two years. The deacon had sometimes opened up to talk about faith, but the woman had not seized the opportunities. However, as she approached death, she revealed that feelings of shame and guilt had created a perception that God could not be a part of her life. However, her son conveyed that the Lord's Prayer had carried them through challenging situations in life. Eventually, the three shared communion, and the older woman prayed the Lord's prayer. The deacon reflected that the relationship they had developed over time opened up conversations about faith when death knocked on the door.

3.2 Deacons as professionals

In this study, the deacons described themselves and their work as existential conversation partners in different ways and with different metaphors, such as being a fellow traveller, a wailing wall, a mirror, a fellow human, a representative of God and the church, an interlocutor, a bridge builder, one who endures, and one who has time. These were seen as part of their professional identity. In addition, the deacons accentuated relational competence and conversation skills as essential professional competencies: active listening and tuning in, seeing the person, and being aware of nonverbal communication. Furthermore, knowing how to close the conversation well before leaving the person: "And it is about this human dignity and enduring boundaries; that it is an upright human being that you leave" (Deacon L). The deacons also believed that people know that pastors and deacons are used to listening to crises, grief, and loss and can talk about faith and outlooks on life.

3.2.1 Perceived resources of the deacon ministry

In Deacon B's experience, many older people needed to talk about existential issues, and the deacons encountered older people who struggled with self-examination. Conversations with a deacon may offer the possibility of finding peace and alleviation for older persons, as perceived by the deacons in this study, to be free from guilt, shame, and unhealthy images of God, freedom through forgiveness, release from the life lived, and entering death with peace.

The deacons observed alleviating expressions, such as lowering of the shoulders and sighs of relief. Deacon O announced that sometimes, when praying the Lord's Prayer and calling down blessings on an older person, family members or health personnel had notified that the person had found peace. Deacon N shared a concrete example of an older man who was constantly angry and offered conversations with her. They talked about death and questions of an afterlife, and the deacon sensed that the patient was able to find peace before death.

The deacons found listening essential, more so than providing answers—active listening, seeing, mirroring, acknowledging, being present, showing interest and compassion, and giving time and space for the older people to tell their life stories and whatever was on their hearts. Several deacons had received responses from individuals that conversations had been valuable, even when the deacons had mainly been listening and looking for implicit answers.

Furthermore, the deacons shared cases in which persons with dementia 'came to themselves', as one deacon put it, through old songs, prayers, and religious rituals, which are resources used by the deacons. A few needed help sorting thoughts and "cleaning up a messy faith" (Deacon L). Some deacons also conveyed that they felt they had to rectify the church's preaching, for instance, regarding the feeling of unworthiness around communion. Deacon C had met nursing home residents invited to communion who would respond with utterings, such as "Oh! Finally, I can receive [communion], too!" The deacon reflected:

> We must somehow help to clean up many stupid and bad things that the church has done in the past. And that can be demanding. (…) It is important that they also experience that "Yes, I am worthy enough, I am good enough".

Moreover, the deacons mentioned liturgies and rituals as valuable resources when older people did not feel worthy enough or in cases of shame, guilt, and sin. Some deacons highlighted humour as significant. Deacon A emphasised that older people have experienced losses and grief, so creating sanctuaries for joy was also part of 'the existential'.

3.2.2 Navigating unfamiliar terrain

Despite being professional, the deacons often had to deal with the uncertainty that occasionally emerged in demanding communication settings. These included occasions when the deacon was unsure if she was welcome by the older person, when the individual was ill or did not have the energy to talk, or when pastoral care conversations did not lead to progress. Other examples would be when communication was challenging because of heavy medication, hallucination, incipient dementia, other diagnoses, or when the need was on the verge of therapy.

The most frequently mentioned challenge for deacons was psychiatry. They found it demanding to navigate this unfamiliar terrain, and without colleagues to spar with, the burden could be heavy to bear. Deacon C also experienced manipulation: 'You're

the *only* one I can talk to. If you disappear too, then what?' She felt that these persons had taken advantage of her conscience. Some deacons used metaphors such as 'being on thin ice' (Deacon A) or 'becoming a checkmate' (Deacon B) about burdensome situations. When feeling the despair of the person without being able to help, Deacon A revealed: "It weighs me down very much", and Deacon O shared: "It is a little tough to be stuck, knowing that you cannot help".

Another area where the deacons felt they were falling short was suicide. Deacon E addressed the uncertainty and challenges of assessing the severity of the condition and how to respond:

> Perhaps I especially think I fall a little short when those you have a conversation with express that "I have thought about suicide". Then I feel that, hmm… okay, how do I handle this? And how serious, and where are you?

Navigating unfamiliar terrain called for reflection, and the deacons accentuated continuous reflection on life and ethics in general as part of being trained deacons.

3.3 Deacons' positioning in relation to other professions

Without being explicitly asked, the deacons sometimes explained their occupation in relation to other professions, mainly health workers, as well as pastors. However, it was not a matter of putting their competence in a better light but to exemplify their distinct contribution. The following section elaborates on this.

A holistic view of human life permeated the interviews, and Deacons G and R mentioned this as essential for choosing the deacon profession. Deacon H shared an example of an older man with incurable cancer who was suddenly sent to the hospital for his stomach problems, which had nothing to do with his cancer. The health workers treated his stomach only, but the deacon perceived that the man was in shock because of his short life expectancy. She could sense and interpret his situation at the existential level and was there to hold his hand, listen, and talk.

The participants highlighted that considering when to use prayer and blessings as resources is unique for deacons, as opposed to the roles of most health professionals. Deacon I conveyed that the episodes she experienced as the most powerful were occasions in which she represented the church through religious rituals. Deacon A gave an example of a woman with advanced dementia, narrating that when she read the Bible and sang with her, the woman could suddenly reflect on Scriptures and questions as if she did not have dementia. She reflected:

> I have really wondered about this. It's as if something is missing, or as if there is something in her that is not demented. (…) And then I feel that I really get to use my skills, because the others who come to visit don't do such things.

According to the deacons, assessing existential and spiritual needs seemed difficult for health personnel. Deacon P shared the story of an incident when employees called

upon her in a nursing home for a patient with dementia. The employees were quite sure he was not religious. The deacon approached him in her way, and it appeared that he wanted the old hymns and the Lord's Prayer. The deacon reflected on how people might judge patients based on the here and now, without being able to reach behind the dementia condition.

The deacons positioned themselves towards pastors, too, mainly because they had more time available for existential conversations than pastors. However, Deacon K also reflected on some pastors' sermons not being existential enough; they pointed to hope but were not concerned about how to live life or be a bereaved person. She based this on utterings from older people.

Lastly, conversations with a deacon were seen as an option when there was no need for a psychologist. One woman put it this way when the general practitioner (GP) suggested a psychologist: "But I do not need that because I have someone I talk to, and that helps me a lot". She had been having regular conversations with Deacon D.

3.4 Counterculture to society and healthcare

The data material revealed that much of the deacons' understanding of their ministry concerning older people could represent a counterculture to society and healthcare, where time is short and older people may feel downgraded, as the following will portray. However, the deacons did not use the term counterculture.

3.4.1 Taking older people seriously

Sometimes, a deacon could fill gaps in the health system, as reported by Deacon D:

> This is very general, but I put it very much together with the time in life where they are. And that there may not be so many forums where they are taken seriously. I often hear about how the GP follow-ups are. For example, one is easily dismissed on many questions, and… I remember a psychiatric nurse who said many years ago: 'Yes, they are only anxious old ladies, there are many others who need me much more'. I'm thinking, who takes seriously these old, anxious ladies who are perhaps really struggling with their big life crises?

Deacon C reported that her motivation was linked to the wish for older people to feel as good as possible and to have meaningful days instead of "sitting in a waiting station" towards the end of life.

According to the deacons, older people sometimes felt downgraded and often used the word 'outdated'. Therefore, the deacons valued giving older people time and attention and taking them seriously at a time when social development is fast, and the older people easily lose track.

Some deacons also felt compelled to be a voice for the voiceless, even when it was demanding and a dilemma concerning their position and cooperation with other professions. For example, Deacon P spoke about an old lady who had experienced very insulting behaviour from health personnel in home care. The deacon then reported

the case to the department manager at the patient's request. Deacon O had been made aware of an old lady living in unworthy circumstances in her own home and had reported it to her GP. However, the GP did not want to act until the deacon visited the woman and saw her situation. When she did, the case was taken further.

3.4.2 Time as a resource

The most frequently reported resource in the focus group interviews was having time. An essential aspect of the deacon's ministry was to spend extended quality time, be a fellow human, and have "the possibility to set aside a whole day for a person when needed" (Deacon B). The deacons experienced that listening gave space for important narratives that allowed people to shrug their shoulders. One example was an angry older man in a nursing home. The nurses resigned because of his temper and asked Deacon E to talk with him. She did, and it turned out that there were many things he had not reconciled with in his life. After several conversations, he called family members with whom he had conflicts to reconcile. This example shows the need for chronological time and Kairos, understood as being present in the situation and the encounter[4]. Having time may be a prerequisite for building enough security and trust to open to sharing complex stories from life, as Deacon C emphasised while pointing out that deacons have fewer imposed duties than pastors, allowing them to spend their time differently. A former bishop had conveyed to the deacons at a supervisory meeting: "You should have time in your calendar".

Continuity in follow-up was also highlighted, not least in the face of dementia. Continuity allowed the deacons to go deeper into the persons' situations. Deacon K often noticed that "the most important thing can emerge almost completely at the end of a conversation, although you try to pinpoint it a little earlier". Furthermore, deacon R reflected that there could be many layers before the core topic was revealed. For example, sometimes, people had families tired of repeatedly listening to the same stories; thus, deacons could offer a listening ear. Furthermore, taboos were mentioned, and Deacon G had the experience of an old lady who had lost a child many years ago when such an issue was not discussed. After the conversation, the woman uttered: "Now I'm a new person when you leave because I have been allowed to talk about that grief".

Another type of situation mentioned was when a person wants to end life because it is too challenging. For example, a patient locked in bed because she had lost many functions asked Deacon P to help her die. The deacon explained to her that she could not meet this request but offered conversations instead. They talked about withstanding unbearable pain, and by enduring the conversations with the patient, the deacon helped her get through the days.

4 Kairos is seen as a qualitative character of time and chronos as chronological time (Smith, 1986)

4. Discussion

The main finding of this study was that deacons perceived themselves as approachable, which was related to individual qualities and their profession. They experienced that through their competence and resources, they could bring peace and alleviation to older people, although this was not always the outcome. The deacons' positioning implied that they complemented health workers with their existential and religious competence and had more time for conversations than pastors. Conversations with a deacon were sometimes an alternative between the GP and a psychologist. The deacons in this study reported having time as a resource and did not deprioritise older people. Hence, deacons may represent a counterculture to society by providing time to listen and talk with older people, take them seriously, and speak on their behalf, as they often feel outdated.

In what follows, we discuss the deacons' competencies and their profession's possible societal contributions based on this study's findings and relevant research within the field of diaconia and the psychology of religion.

4.1 Deacons' possible contributions to existential health

The older generation grew up in a society contrary to postmodern culture. There are good reasons to believe that an encompassing spiritual universe served to give people in the past a somewhat firm basis in life and, consequently, a more robust mental health. As mentioned earlier, DeMarinis (2008), interpreted that secularisation may result in a loss of meaning making structures. It then follows that secularisation and fragmentation may represent a general hazard to public mental health.

DeMarinis sees *the Church of Norway plan for diakonia* (Kirkerådet, 2020) as a public health expression (2022, p. 63), and we argue that since deacons have many conversations touching on meaning and the existential dimension, they may contribute to public mental health. Within the Church of Norway alone, there are approximately three pastoral care conversations per deacon/pastor per week; thus, we may assume that there are around 100,000 conversations per year (Stifoss-Hanssen et al., 2019, p. 82). Grung et al. (2016, p. 32) also found that deacons have more pastoral care conversations than pastors. Although there is a lack of population-based research from the perspective of those who have conversations with deacons in Norway, there are good reasons to assume that deacons may strengthen public mental health through their many existential conversations. Based on a study in Sweden, DeMarinis (2003) advocated that existential strengthening in Nordic countries and the essential contribution from religious communities is vital from the perspective of public mental health.

4.2 The deacons' societal contributions

We found that the deacons' perceived individual qualities, outreach work, and professional competence may make them easy to approach. The deacons' existential literacy is valuable, and they can meet patients from a different perspective than health workers. A Danish study revealed that GPs mostly avoided religious or spiritual issues

due to apprehension regarding insufficient competencies and shyness (Assing Hvidt et al., 2016). In Norway, GPs may not have the time or competence to talk about existential issues (Kaspersen, 2020), and health workers often refer to the chaplain (Giske & Cone, 2020). Regarding psychologists, Mandelkow and Reme (2022) found that religion is poorly thematised in university psychology training.

Engel (2006) assessed the diaconal work among older people in the congregations she studied as being at the expense of work among the marginalised. Moreover, she characterised diaconal work as more entertaining than providing attention to difficulties or life issues, and that the older people were often better-off pensioners rather than marginalised (2006, p. 163). Nonetheless, older people are not a homogenous group and are not necessarily a counterpart to the marginalised. By contrast, the deacons in this study experienced a need for conversations among the older generation. Deacons may thus fill a gap between GPs, healthcare workers, and psychologists, as portrayed in this study. Further, they contribute to older people's need for existential conversations and to their need to participate in religious rituals, which in turn may contribute to public mental health.

As exemplified earlier, some deacons felt an urge to be a voice for the voiceless and pointed out injustice on behalf of older people, which can be interpreted as political diaconia or advocacy. Moreover, the deacons talked about older people with respect, mirrored, for instance, in the example of the deacon who asked, "Who takes these old, anxious ladies seriously?" We interpret this as a counterculture to 'ageism', a term coined by Butler (1969, p. 243) for the "prejudice by one age group toward other age groups". Gran thematised ageism in a Norwegian setting and explained the term to mean "stereotypes, negative perceptions of the elderly and ageing" (2019, p. 90).

Approachability may be seen as a value of the deacon profession. However, for implications for practice, knowing when and where to set boundaries is essential to avoid being taken advantage of and boundless working conditions. There is a vulnerability to being a deacon; navigating unfamiliar terrains may be despairing, and in psychiatry cases, deacons may fall short. The deacons highlighted reflection on one's practice as a crucial factor, and Hofmann (2017) stressed this as an essential part of the deacon's competence. However, having sparring partners may help, and here, the deacons and the employers would be jointly responsible for finding reasonable solutions. Moreover, DeMarinis suggested that cooperation between mental healthcare workers and diaconal professionals may be very fruitful (2022, pp. 65-66).

4.3 Methodological considerations

The interviews were conducted by a deacon and co-facilitated by a pastor. Being 'insiders' in the research field made communication go easy. However, the researchers' preunderstandings may have coloured the questioning and the analysis. Nevertheless, considering that this study is rare in a Scandinavian setting, it provides new knowledge about Norwegian deacons' perceived competencies as existential interlocutors for older people.

As for the interview settings, we decided to conduct three physical focus group interviews because we assumed that would make the dialogue smoother. Nonetheless, we assessed the digital interviews to be as rich a material as the physical interviews. Furthermore, the gender distribution was skewed, but it was representative of the profession. Finally, we studied deacons' perceptions of their competencies, as we were interested in their perspectives. Interviewing older people about their experiences with deacons as existential conversation partners could have provided deeper knowledge of diaconal practice and is therefore recommended for further studies.

Conclusion

Although this article is empirically based on deacons, the findings may have transferable or inspirational value to other ecclesiastical professions. However, grounded in the findings and discussion with extant literature from the field of diaconia and the psychology of religion, we assert that the deacon profession represents a counterculture to society and healthcare, where time is short, older people may feel downgraded, and existential and religious literacy is limited. Thus, we posit that the deacon profession has a distinct societal contribution, which is interpreted as complementary to health professionals and pastors. Furthermore, as approachable existential conversation partners with older people, deacons may make an essential contribution to public mental health, both in quality through their competence and quantity through their high number of conversations. There is a need for more research on older people's experiences from existential conversations and nursing home chaplains' and deacons' work in a Norwegian or Scandinavian setting.

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