Guidance for chaplains:

Engaging with minority religions (new religious movements) and alternative spiritualities in hospital

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1 Some principles for Christians engaging with any member of a minority religion

Clarity: Be clear about your own Christian faith and the teachings and practice of the Church of England.

Confidence: confidence in the gospel enables friendship, engagement and faith sharing as well as any necessary challenge.

Honesty: be honest about your own spiritual journey and any gaps or confusions in your own theological understanding.

Knowledge: obtain up to date accurate information about the groups you engage with and be ready to hear people's own stories about their beliefs and practices

Respect: offer respect and understanding for the spiritual explorations and choices made by others.

Reserve outright judgement: look for evidence of God's work in others. Do not try to second guess what God is doing.

Humility: remember that Christianity was once a new religious movement and was tested in the same way as NRMs are tested today.

Empathy: Christians were once persecuted, misunderstood and vilified as some NRMs are today.

Vigilance: be aware of false claims which could harm others. Be cautious and wary but not hostile.

Charity: provide care and help for those who may have suffered through contact with NRMs, including families who have other family members in NRMs. Where appropriate, make sure vulnerable people receive help and protection.

Discernment: use discretion to find out what a group wants and how it behaves.

Distinctiveness: be clear about the distinctiveness of Christian faith. The richness, variety and depth of what is offered in Christ should satisfy every part of a person's spiritual need and life pathway. If that does not happen, our mission and evangelism is at fault.

2.1 Overview: Issues in contemporary spirituality

- **Big questions:** Although religious attendance is in decline, people still ask the big questions of life. Why am I here? What is my purpose? What is the meaning of life? What happens when people die? Is there an afterlife?
    - **COVID-**19 many people are asking about whether this is God's punishment; the work of demonic powers; whether this is the signal for the end times; whether faith can protect them from catching or dying from it.
- **Rise of minority faiths:** niche religions fill the gaps in people's lives which are exposed when traditional faith retreats. They can change rapidly to meet anxieties and needs; they are reactive religions which give people what they say they want.
    - **COVID-**19 people are being attracted by minority religions offering immunity from the virus; God's protection from the virus (if you join them, conduct their rituals, recruit for them, or pay money to them); miracle healing; or secret knowledge about the virus and its 'purpose'.
- **Health and healing:** many new religions trade on how people feel about health and about being ill.
    - **COVID-**19 the pandemic provides an entry point for recruitment, to gain followers, credibility in the eyes of the vulnerable and often opportunities to make money.
- **Practices and therapies:** many contemporary practices and therapies have a spiritual element. Some are known to be fraudulent and some can be dangerous to health.
    - **COVID-**19 – the pandemic is fertile ground for healing rituals, therapies and practices which appeal to people who are isolated at home, including healing at a distance, channelling energy, at-home rituals and so on. Some groups are reinforcing panic and wild beliefs by repeating ideas that drinking weedkiller, bleach or taking particular drugs will prevent or combat the disease.

2.2 Spiritual aspects of sociological pressures affecting patients in hospital:

Individualisation: the sense of personal importance, primacy and entitlement.

The individualised person is necessarily healthy, vigorous and active. If you don't like your body you must change it. If you don't your anxiety will go up. Getting ill is a shock and can be intensely traumatic, especially if your spiritual practice reinforces a sense of being invulnerable. If you do get ill, nurses and doctors must immediately make you better; you must not be kept waiting, and you must be given the treatment you want. Anything else can lead to frustration and heightened anxiety.

Individualisation carries spiritual aspects – how I look, personal grooming, body art. Waxing practitioners and tattooists can often act as a person's spiritual adviser and confessor as well. Losing this control of the body in hospital, especially if it changes the way a person looks (eg operation scars) can be a spiritual issue.

COVID-19 Individualisation drives selfish behaviour – hence hoarding and flouting of rules for 'other people'. Some people who get the virus will be profoundly shocked and scared that their personal sense of invulnerability has broken down.

Post-Materialism: the importance of possessions.

Post-materialism means possessions go beyond utility and acquire special (often spiritual) meaning. It leads to a need to acquire things and to invest objects with spiritual force, crystals, texts, statues, all kinds of objects. Yet this face of a person's spirituality that may also be important if a person is ill.

What does this mean for patients? It can mean that being separated from your smartphone, especially if you are a young person, can be extremely traumatic. Hospital can cut you off from your layered reality which confirms who you are as a person. FOMO, the fear of missing out, can be extraordinarily acute in hospital. It is also important to be aware of what objects might be important to a person and what they might give you or ask you to interact with. Similarly, what might you be able to offer them to hold on to might have increased significance?

COVID-19 - many people are buying things which they believe magically protect them and their families from the virus, crystals, talismans, amulets, 'healing' jewellery etc. Being separated from these objects or finding them fail, is traumatic.

The power of money

For some people, money = control, including one's spiritual pathway and destiny. Paying for a spiritual counsellor or practitioner, a spiritual course, or giving money to a group invests people in the beliefs and ideas being offered. For some people formed in this way, the very idea of the NHS being free at the point of need is a confusing idea. And the issue of value and cost comes into play. Are doctors and nurses really taking me seriously if I don't have the control of paying for my treatment and dictating the terms? Where am I in the pecking order of treatment? These matters are both ontological and existential and therefore are actually in the hospital chaplain's ambit. What is my value? Am I being treated properly? Who cares about my treatment and whether I get well? This is related to attention and notice. Am I being noticed? Am I worth enough to be promptly responded to?

COVID-19 -it may come as a shock to many people that the virus is no respecter of wealth, status or privilege (including affecting the heir to the throne) and that there is no 'better' treatment to be bought if you or your loved ones need to come into hospital.

Conceptual diversity

A big feature of contemporary spirituality is the ability to believe different (and sometimes contradictory) things at once. Some Christians believe Jesus was an alien, or in reincarnation. Others will offer atheistic views to one person and claim Christian faith to another. DIY spirituality describes the phenomenon of gathering different bits of spiritual practice and cobbling them together in home made rituals, spells or habits of prayer. This means that patients may talk to a chaplain about the 'Christian' bits while concealing the concerns they have about the beliefs and practices of other groups they have been part of or therapies and practices they have used.

COVID-19 - the presence of the virus has led to a rise in superstitious practices, a search for supernatural prophylactics and miracle cures. These may be mixed in with Christian faith.

Further notes for chaplains

Many minority religions and alternative spiritualities are reactive and only work in the now, not the future, so they don't answer the big questions of life and they don't substitute for real indicators of value meaning and purpose in a person's life. Secondly, if people get ill, or if someone they love gets ill or dies, these spiritual edifices prove their fragility. They are quite often not strong enough to give people what they need at times of crisis. It is then very often that those people look to people of faith for the hope that is within us. But they may lack the language to articulate what they are looking for clearly; they may be particularly anxious or suspicious or they may become very fatalistic – what's the point, nothing works.

But people may seek to draw you into their spiritual needs and world view and a very important question here is where the boundaries lie. What is beyond the pale in pastoral care for people whose spiritually is formed through these filters? For most Christians and historic faith traditions the boundary stops short of the anything goes mentality. But what is the boundary – what use of the chapel, what words, actions, or spiritual practice would require challenge or re-negotiation? Where does accompanying the patient and caring for them become enabling something which might in the end be unsatisfactory and unhelpful to their healing? This is not just a question for hospital chaplains but also for all medical staff making decisions for a patient who expresses these needs. There can be a clash of perspective and lead to difficult questions.

3 New Religious groups operating in the hospital setting – some issues

Targeting: Most minority religious groups are benign, law-abiding and peaceful. However some deliberately target vulnerable people, including those who are physically or mentally ill, or they target bereaved families. There are some spiritual ambulance chasers. You may find them leafleting in A&E or the hospital cafeteria offering prayer, healing, or simply miracles. People calling themselves psychics sometimes make offers of diagnosis or treatment.

Bereavement: Similarly, it's worth being aware of anybody unusual offering bereavement counselling services to families. Spiritualists, including those calling themselves Christian Spiritualists (not all of those recognised by the National Spiritualist Union) sometimes offer bereavement services to families in hospitals and hospices and ask to hold services or give families private sessions in which the dead person can be contacted. Some people calling themselves New age shamans or soul seekers have left cards for people at hospice open days and fund-raising events.

'Church' and Christian language: Many new religious movements offer healing services, practices or therapies and may leave their literature or phone numbers for patients or their families to find. Sometimes people have no idea that the people leaving the literature are not a Christian church or other group that they would trust. Some groups identify themselves as a 'Church' when they are not part of mainstream denomination, because they know people trust that word. They may also use Christian language and may conceal their provenance and intention.

Further notes for chaplains:

You may not only be faced with the need to understand where patients and their families, doctors and nurses are coming from spiritually and where they need support, but also they may need your

protection from those who might be out to exploit them not just when they're in hospital but when they go home. Some new religions are canny enough to realise that they will be exposed if they become too visible in the hospital environment and try to make just enough contact to allow them to get into the family's environment after discharge. NRMs that act like this do not have the families' best interests at heart; most will be on a power trip or after recruitment or donation.

Most minority religions chaplains come across can be engaged with hospitably but there are always a few which are hostile, exploitative and looking sometimes to hide behind the credibility of the chaplain or the Church in order to gain a foothold. If you are not sure about a group's aims or intentions or what they are about you can always check them out with INFORM, with anne.richards@churchofengland.org, the National Adviser on new religious movements or with the existing network of diocesan advisers (see resources, below).

4 Some specifics in the pastoral care of people from a minority religious background

Jehovah's witnesses: JWs strictly enforce a prohibition on (taking in) blood. Hospitals have care pathways for the management of adult patients refusing blood including the JWs and the hospital liaison committee will look at particular cases. If JWs do decide to accept blood, this is an extremely traumatic decision for them with considerable social and spiritual consequences – 'shunning'.

Exclusive groups: some members of exclusive groups find it extremely difficult to be in contact with other people outside the group, particularly if they are in a ward. Sometimes those people have extremely high personal and moral standards (for example about swearing, modesty, contact with bodily fluids or using shared lavatory facilities) and may attempt to cut themselves off as far as possible from those around them, or prevent their children from interacting with others, not letting them play in the play area etc. For them, the experience of being in hospital, no matter how exemplary the care, may be spiritually distressing, as their beliefs and behaviour feel to them to be being compromised. This can be particularly acute if they feel that they are letting their community down or will be criticised for what they have done when they get home. If they're being visited by their own ministers in hospital it will help if members of staff are aware how best to help them feel that they are keeping their standards up to the best of their ability.

Illness and failure: For some patients, getting ill is a mark of spiritual sin, and a failure of their spiritual life. This is especially true for some churches and especially personal development movements which promise health and success as hallmarks of spiritual advancement, and they don't want people demanding their money back. Some NRMs actually throw out members who are sick and who cannot provide labour or money to the movement and those people can feel both friendless and despairing. Others are sometimes in a terrible predicament because once they are outside an enclosed movement they may have renewed contact with their family who may want them to leave and come home.

Atheism: People of no faith may be very clear about how they want to talk about illness and death and very clear about what they want to happen, - but for those around them spiritual questioning may actually become more acute, especially if things happen or are said by the person which appear to challenge the views they held when they were well. (Reports of dead relatives; spiritual beings; I'm going to miss you etc). The new atheism may be fashionable for some people in society, but it comes with its own set of spiritual challenges and we need to be aware of this.

5 Volunteer chaplains

The report 'Fit for the 21st Century?' http://dharmicweb.com/network-health.org/documents/NPSPCH_report_web.pdf (2020) argues that Christian chaplaincy is not able to provide care to 'all faiths and none' and that greater provision of service from minority religions and 'no-faith' chaplains needs to take place. Simon O'Donoghue of the Non-Religious Pastoral Support Network was the lead author. There is an increasing challenge to Christian chaplains and their history of exemplary care with regard to diversity and inclusion in chaplaincy teams in relation to patient need. Minority religions are of course interested in reports of this kind and the opportunities offered.

Compare with Ben Ryan's examination of chaplaincy in https://www.theosthinktank.co.uk/cmsfiles/archive/files/Modern%20Ministry%20combined.pdf

Most members of minority religions are as kind, caring and well-intentioned as any person volunteering their service. However, some minority religions are very keen to gain credibility and access by being associated with those faiths they see as carrying the most influence. Chaplaincy, as a front-line, public facing ministry, is sometimes seen as a good way in. Sadly, there are also groups which actively seek out vulnerable people and see them as opportunities for recruitment, propagation of beliefs and spiritual practices and may seek to volunteer more for the aims of the group than for a desire to care for others.

6 Resources:

Up to date information on minority religions may be obtained from INFORM (www.inform.ac) inform@kcl.ac.uk +44 (0)20 7848 1132 10am - 4.30pm Monday - Friday

Inform, c/o Department of Theology and Religious Studies, King's College London, Virginia Woolf Building, 22 Kingsway, London WC2B 6LE

The INFORM website has links to many useful publications and leaflets on particular minority religions and issues arising from them.

The Church of England in relation to new religious movements, alternative spiritualities, deliverance ministry guidelines, contact Dr Anne Richards anne.richards@churchofengland.org 0207 898 1444.

New Religious Movements page on the C of E website: https://www.churchofengland.org/more/policy-and-thinking/our-views/new-religious-movements