

## Thoughts for ministers during the first phase of the coronavirus crisis

We are offering these out of the work of a three-year project on trauma and tragedy in Christian congregations.

First thought: context is everything. You will know better than anyone else how your particular community is likely to react.

Second: this *is* a trauma to communities, the nation, the world. It's not a shock-event like a fire or a terrorist attack, but slowly there has built, and is still worsening, a crisis that shatters people's assumptions that the world is generally safe and reliable, and that all that we have worked for in businesses, churches and communities will be fruitful. The loss of those assumptions, the breaking of connections between people, and the overwhelming of people's ordinary resources – all of these are characteristic of trauma.

Some of the wisdom that has been gained about trauma recently can help us:

- a) People's whole selves are affected – they may feel all sorts of strange symptoms because the body is reacting to the fact that they are not safe. Emotions will be all over the place in surprising ways. Concentration may be difficult. Sharing this information – that it is normal to be up, down, energetic, exhausted, afraid - will help people to cope with it.
- b) People react very differently depending on different backgrounds and experiences, including past traumas.
- c) People respond best when they have clear, reliable information; when they have something to do – 'agency' of some sort; and when they are cared for in warm and authentic ways. Even phone calls can be reassuring.
- d) We make sense of things by being able to integrate the experience into an overarching story. But it is much too soon to assemble a coherent narrative out of all this. Even the process of meaningfully gathering together to lament what has been lost is very hard. The trauma is unfolding and there are many losses yet unrevealed

Community responses to disaster typically show a 'heroic phase', full of energy and self-sacrifice, which burns itself out and is followed by a 'disillusionment phase', which may contain much mutual blame and suspicion. Only as the disillusionment phase loses its force can realistic, hopeful re-making take place.

Many of the responses in communities can be celebrated and affirmed. It is worth ministers thinking about what, over and above the generous and heroic actions of many in the secular world, Christian story and practice can contribute. That is particularly true in this time approaching Holy Week and Easter. Public worship may be suspended, but these great transformative moments in the whole human story need some sort of marking.

Lastly and in a way most importantly, this is a very confusing and draining time, a time when ordinary healthy rhythms are lost. Trauma professionals are disoriented! You may be feeling in yourself and your body the impact of trauma - feeling low and anxious one day and hard to get your brain in gear, energetic the next, and all at a time when clergy are needing to be creative and adaptive in their approach. So *self-care*, attending to your own well-being, is vital. That includes the basics of good rest, eating, and exercise. It also includes having people you trust whom you can share with, and making sure you are in touch with them.

With warmest wishes for every blessing in this strange time,

Christopher Southgate, Carla Grosch-Miller and Hilary Ison  
Tragedies and Christian Congregations Project  
[www.tragedyandcongregations.org.uk](http://www.tragedyandcongregations.org.uk)

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