



# Resilience, Trauma and Pastoral Recovery: Why a Briefing?

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# Biography

- Jim McManus is President of the Guild of Health and St Raphael and a Member of the FaithAction Advisory Group. He is President of the UK Association of Directors of Public Health and participates in the Government's Scientific Advisory Group on Emergencies (SAGE)
- Jim is a Chartered Psychologist, Chartered Scientist and Fellow of the British Psychological Society in addition to being a Fellow of the Faculty of Public Health and registered Public Health specialist.
- Jim is currently a doctoral student in Theology at the University of Roehampton reading for a DTh in Practical Theology.

# Why a Public Health Approach?

The art and science of the organised efforts of society to protect and improve the health of the population

Faith is inherently social and affirms our social identity. A healthy society is therefore an inherently pastoral and theological priority

In theological context “the art and science of the organised efforts of faith communities to improve and protect the flourishing of God’s people.”

# The Public Health Population Mindset

1

Understand the distribution of risk, vulnerability factors exposure, impact and disease across lifespan and social strata

- It is almost never equal, there are always unequal impacts

2

Understand the same distribution for protective factors (eg social cohesion)

3

Identify what may work at different levels

- Individual
- Group
- Population

4

Identify actions



# Important presuppositions

(Important work to do but beyond the room available for this piece of work)

The whole basis for doing this at all is theological – commitment to the health of Gods people is a participation in the Mission of Christ

Faith in the public square

The grounding of response to trauma must be theologically wrought, no space for that here but important

Engagement – not uncritical – between scientific psychology, social sciences, social epidemiology and pastoral theology vital.



The framework  
this briefing  
offers – 4 pillars

Impact

Response

A Menu of tools and actions

Theological Reflection

Impact

Collective Major Trauma

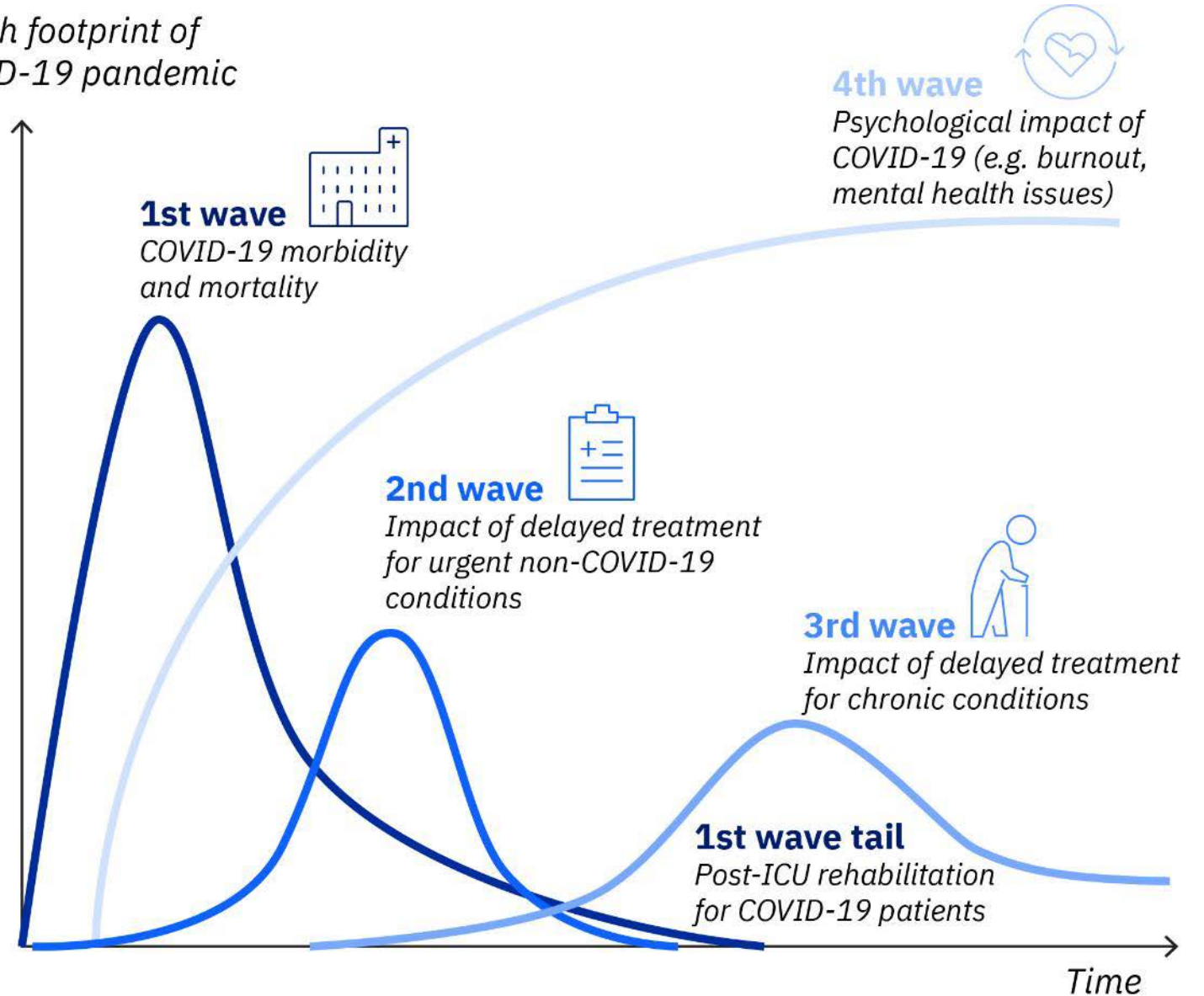
Syndemic Impacts

Individual and Group differences  
: different folks, different  
responses

Wait...  
Syndemic  
what?

See Singer, 2009

Health footprint of COVID-19 pandemic





# Response

Self-care is the foundation of good pastoral care for ministry

Identify protection factors and promote them (group identity, shared healing)

Identify vulnerability factor and address them

Avoid further harm or re-traumatising people from dangerous practice



# A Menu of tools

A menu chosen purposively not exhaustively , there are other tools

Assessed for evidence before inclusion

Following the individual, group, church, population levels

Lists of things NOT to do



# Theological Reflection

Action by the people of God must be grounded in prayer, worship and contemplative encounter with God

That means reflective dialogue including with evidence and practice

Discernment

Important in identifying what comes next



**A Broader Pastoral paper  
with an event at Sarum  
College**



**A Leadership Paper with an  
event (Lichfield Cathedral?)**

**What does come next?**