

Staying Healthy in Difficult Places Member Care for Mission/Aid Workers

This article is a shorter version of the article presented at Fuller School of Psychology 19.02.09

Kelly O'Donnell, PsyD © 2009

*If you are going through hell, keep going.
Winston Churchill*

*The providence of God has led us all into a new world of opportunity, danger, and duty.
World Missionary Conference, Edinburgh, 1910*



A Somali woman at the gate of the UNHCR compound prior to registration and admission to a refugee camp in Dadaab, Kenya, October 2008.
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Oppportunity, danger, duty, hell. Life can be as difficult as it can be wonderful. And helping those whose life is even more difficult than our own can be very difficult indeed! There is so much misery that requires the interventions of the faith-based, government, and civil society sectors (e.g., natural and human made disasters, poverty, HIV-AIDS, malaria/diarrheic disease, and internecine war, to name a few). For the mission/aid community, helping can often involve staying sane—and alive—in unstable, insane places. It is not that mission/aid work always deals with life-threatening experiences, of course. Rather it is just that helping to relieve the “maims and moans” of creation takes its toll. Mission/aid workers, like the people they are helping, have some special challenges and needs indeed.

The purpose of this article is to provide a panoramic view of both the member care field and the common struggles of Christian workers in mission/aid. I begin with some reflections on developments that have shaped this field (Part One) and also share some of the future directions to consider in light of global realities and new ways of doing mission/aid (Part Three). In-between and at the core of the article are many examples of the adjustment challenges for Christian workers (Part Two). I include personal accounts and research, with an emphasis on workers from the African, Asian, Latin American, and Arabic-Turkic world (referred to as the A4). The “Resources and Readings” material in Part Four includes examples of tools used to help support workers; excerpts from various sources on adjustment, survival, and extreme stressors; and over 50 suggestions for a member care library plus important web sites.

Part One: Some Historical Notes on Member Care

Over the last 20 years, a special ministry within the Christian mission/aid sector, really a movement, has developed around the world that is called *member care*. At the core of member care is a commitment to provide ongoing, supportive resources to further *develop* mission/aid personnel. Currently there are an estimated 458,000 full-time “foreign missionaries” and over 11.8 million national Christian workers from all denominations (Barrett, Johnson, and Crossing, 2008). These figures do not reflect the number of Christians involved in the overlapping area of humanitarian aid, nor do they reflect the unknown number of “tentmakers” or Christians who intentionally work in different countries while also sharing their faith. Sending organizations and churches, colleagues and friends, specialist providers, and also locals who are befriended are key sources of such care.

The development of member care is reflected in the many conferences and special training symposia that have taken place. Such events have been occurring in the USA for 30+ years, gaining major momentum in the 1990’s and beyond. Similar events have also occurred over the last 15 years in countries like India, Singapore, Malaysia, Indonesia, Hong Kong, The Philippines, Korea, Ivory Coast, Cameroon, Nigeria, Cyprus, Germany, The Netherlands, Brazil, El Salvador, Canada, New Zealand, and Australia. Member care has truly become international, is increasingly mainstreamed into the ethos of sending groups, and is considered to be a central part of mission/aid strategy.



The third international consultation, Global Member Care Resources (MemCa), Vancouver, 2003.

The member care ministry and movement did not develop easily. It was often through crises, mistakes, and failure that we began to realize that Christian workers needed quality support in order to help them in their challenging tasks. One of the first books written to help with this need was written by Marjorie Collins in 1974, providing many ideas for how churches and friends could better support mission personnel (*Who Cares About the Missionary?*). Previously in 1970 Joseph Stringham, a psychiatrist and missionary working in South Asia published two landmark articles in *Evangelical Missions Quarterly* on the mental health of missionaries. Stringham identified a number of external and internal challenges including culture shock, being disillusioned with others, children, medical care, etc. (external) and resentment, sexual issues, marital struggles, dishonesty, guilt, spirituality, trauma/deprivation in earlier life, motivation etc. (internal).

Mental health practitioners in particular who ventured into mission/aid were frequently faced with a dominant belief that the desire for special/additional support might mean that Christian workers were being unspiritual or weak, and not trusting the Lord enough. As Tucker and Andrews point out in their article “Historical Notes on Missionary Care” (1992): “Mission societies held high the ideal of sacrifice. Strong faith in God, it was reasoned, was the prescription for a healthy mind and spirit...Self-reliance was the mark of a missionary—tempered only by dependence on God through prayer” (p. 24). But in retrospect, and at the expense of over generalizing a bit, we (speaking inclusively) were overlooking our own *humanness*, sometimes trying to be something that we were not created or called to be. We in the mission/aid community began to better appreciate our Biblical need for one another—as seen in the dozens of “one another” verses in the New Testament. We began to understand that the issue was not so much our having a lack of faith, but rather our need to clearly see God’s plan and His provision of care.

I remember how much I needed better training and support during my first cross-cultural ministry trip (30 years ago!). I was a young, enthusiastic believer of 19. What delight I felt when I heard that I could join a short-term team to work with a Nahuatl indigenous group in the mountains of southern Mexico. However it ended up being a mixed experience for me, as can be many mission experiences for people. Not surprisingly I got sick with stomach problems (unclean water), confused by the language (a different dialect of Spanish was used), and was often cold (did not bring the right jacket), tired (from the high altitude and reduced oxygen), and hungry (little food was available in this poor area). I had received no pre-field training and had never met my teammates before. By the time I returned to my home country, I was not very excited about doing mission work again. I probably did make a small contribution to the team and its agricultural work, but some of my struggles could have been easily prevented. I returned to this same area/indigenous group a few years later, as part of a team that was better prepared (see below.)



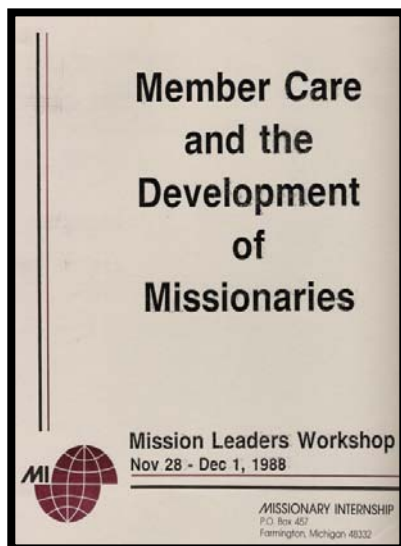
Nahuatl community in Puebla, Mexico, 1983

Member care, I have learned over and over again, is not about creating a comfortable lifestyle. Nor is it about trusting people instead of trusting God. Rather, it is about further developing the resiliency, to do or work well which includes our character, competencies, and social support. It is also about developing relational resiliency, which includes working through the inevitable differences and impasses with international and local fellow-workers. Member care helps to *balance* the realistic demands of suffering and sacrifice with the realistic needs for support and nurture in our lives. We can pray for greater strength to endure, yet at times we must also find additional ways to lighten the load on ourselves and our colleagues. Biblically, the call to take up our cross daily is also understood in light of the fact that we are to support each other as we bear our crosses together. As my brother the dentist says: ‘The only teeth you really need to floss are the ones you want to keep.’ In member care parlance, this equates to ‘The only people to whom we really need to provide member care are the ones we want to keep!’

Remembering our Roots

The development of member care really has its origins in the Biblical admonitions to "love one another" (John 13:34), "bear one another's burdens" (Galatians 6:2), "be kind to one another" (Ephesians 4:32), "teach and admonish one another" (Colossians 3: 16), "encourage one another day after day" (Hebrews 3:13) and scores of similar "one another" verses that fill the New Testament. Member care, in this sense, is nothing new. Christians and Christian workers, for better or for worse, have been trying to practice these relationship principles down through the centuries. Yet what is new are the more organized attempts all over the world to develop comprehensive, sustainable member care approaches to support cross-cultural Christian workers. These attempts have drawn on the contributions of practitioners from such diverse health care fields as travel and tropical medicine, psychology and psychiatry, intercultural and transition studies, pastoral care and coaching, personnel and human resource development, and recovery and trauma care.

Another way of looking at member care is to see it as a *discipline* for sending groups and workers to cultivate and work into their organizational ethos and personal lives, respectively. The same discipline that Paul said is needed to "run to win" (I Corinthians 9:24-27) is also needed so that Christian workers can "rest to win" (Matthew 11:25-30). I think of member care as a type of discipline. It is a personal, community, and Biblical practice. It is an *intentional* practice to help renew workers, to help them remain resilient, and to help them remain effective. The foundations of member care—loving one another—are embedded in the gospel, and hence are to accompany Christian workers wherever they go. See also "A Theological Perspective on Missionary Care" by Glenn Taylor in *Enhancing Missionary Vitality* (2002).



Member care was originally a secular term used in the business world. I first became aware of the term in 1988) at a workshop organized by Missionary Internship in the United States (shortly after my wife and I published *Helping Missionaries Grow; Readings in Mental Health and Missions* in 1988). The workshop was "Member Care and the Development of Missionaries" facilitated by Sam Rowen and Ken Harder. One of the purposes of this workshop was to emphasize an approach to missionary care that harmonized personal development and growth with the prevalent model of clinical/therapeutic care. This approach fit well with my background in both clinical and community psychology, the latter of which emphasized the roles of non-professionals, developing resources, human strengths, and community participation. Lights went on for me philosophically and practically. Subsequently my wife and I chose to use this term widely within the evangelical mission community, and along with others we helped to popularize it internationally.

The term *member care* was especially useful since it also connoted the mutual responsibility that people (members) in a group had to each other. So member care from the start was conceived as a "two-way street", as both senders and goers had responsibilities to each other. It also implied belonging: the sense of a community between members who are part of a group. Finally, member care was a neutral term, which could be more readily used in settings where surveillance and security were an issue. The term has continued to take root over the last two decades internationally, primarily within the Christian mission/aid sector. Similar terms that have been used include: personnel development, human resource management, psychosocial support, staff care and development, and people care.

As Christians who practiced psychology in member care, we were committed to value staff as *humans with intrinsic worth*, and not just *resources with strategic worth*. We believed healthy people and healthy organizations were key for successful projects involving Christian witness. We were thus also committed

to both the integrity of the sending organization and its purposes and the well-being of staff/leaders. Member care was to be holistic and involve everyone in mission work.

Member care began to be defined more formally in the early 1990s. It was and is still seen as the ongoing *investment of resources* by sending groups, service organizations, and workers themselves, for the *nurture and development* of personnel. It focuses on *every member* of the organization, including children and home office staff. It includes preventative, developmental, supportive, and restorative care. A core part of member care is the *mutual care* that workers provide each other. Workers receive it and they give it. Connecting with resources and people in *the local/host community* is also key. Member care seeks to implement an adequate *flow of care* from *recruitment through retirement*. The goal is to develop resilience, skills, and virtue, which are key to helping personnel stay *healthy and effective* in their work. Member care thus involves both developing *inner resources* (e.g., perseverance, stress tolerance) and providing *external resources* (e.g., team building, logistical support, skill training).

The above understanding of member care has been very influential and has circulated broadly. A similar description was first published in 1990 in an article by my wife and me "The Increasing Scope of Member Care" (*Evangelical Missions Quarterly*, p. 418). I am grateful to Dick Hawthorne and Tim Lewis with Frontiers and Sam Rowen and Ken Harder with Missionary Internship for their ideas on member care in the late 1980s and early 1990s.

More Reflections on Developing Member Care



In the early 1990's I began to explore the viability of developing more coordinated member care efforts at both the international and interagency levels. I became convinced that the time had come to deliberately pursue a consensually-derived "macro model" of member care in order to further support the Church's mission efforts, especially among unreached people groups. My initial ideas were published in an article "An Agenda for Member Care in Frontier Missions", I concluded with these words: "I am convinced that the time has come to actively pull together the various pockets of member care workers around the world. It is also time to systematically train and mobilize many others for this strategic ministry. And the time is here for anointed leaders to step forward and help steer this field in response to the Lord's direction" (O'Donnell, 1992, pp. 111-112).

These aspirations for a more global and coordinated member care approach were neither unrealistic nor without precedent. Cooperative endeavors were being seen in the rise of national and international missionary associations, and in the formation of partnerships of ministries/organizations focusing on specific unreached people groups (e.g., see the books on mission partnerships by Eddie Addicott, *Body Matters* 2005 and Phill Butler, *Well Connected* 2005). Likewise in the area of missionary care, there had been some encouraging cooperative developments via the three previous International Conferences on Missionary Kids (ICMK, in 1984, 1987, 1989). These historic gatherings, in retrospect, have served as the main interagency, international forums for member care workers to come together (not just for MK care personnel). ICMK eventually evolved into three regional groups for the Americas, Asia, and Europe/Africa, and also several local chapters (Wilcox, 1998).

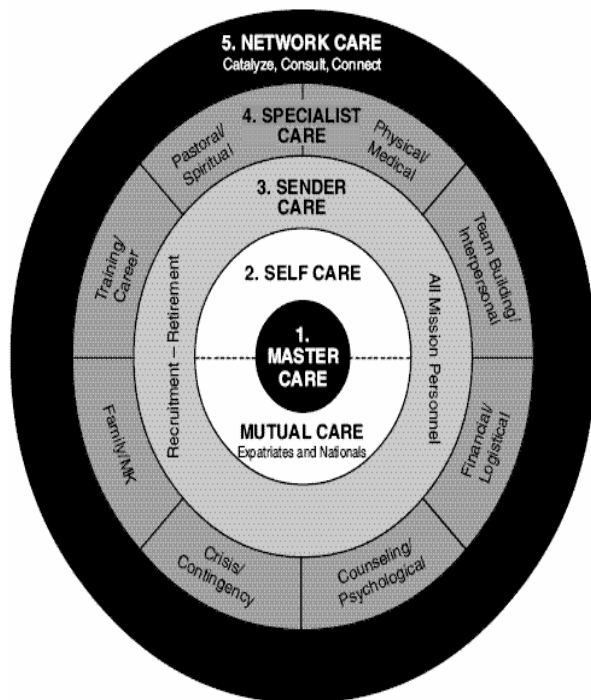
The member care field has also greatly benefited from three outstanding conferences that have brought people together in the USA over the years: Pastors to Missionaries Conference beginning in 1988 (www.barnabas.org); Mental Health and Missions Conference which began in 1980 (www.mti.org); and the Personnel Conference which goes back to at least the early 1970s (www.crossglobe.org). One additional USA-based conference is Families in Global Transition (www.figt.org), now in its eleventh year, which brings together people working in several international sectors for foreign service, business, education, mission, military, and non-profit. The conference is a tangible expression of the growing

interest in the emerging field of expatriate adjustment and transitions (e.g., see Melissa Hess and Patricia Linderman’s *The Expat Expert: Your Guide to Successful Relocation Abroad*, 2007 and Robin Pascoe’s *Raising Global Nomads: Parenting Abroad in an On-Demand World*, 2006).

Member care, like missions, was rapidly growing in the 1980s. By the early 1990s, as described above, it had developed into its own specialized field (O'Donnell, 1997). A next step was to see various professional streams come together (e.g., psychologists, residential care centers, crisis care specialists, mission pastors) not just for mutual support and additional training, but to more systematically provide/develop additional resources for the mission community (e.g., counseling, training, crisis care, screening, reentry, retreats).

People in Aid's *Code of Good Practice* (1997 and revised 2003) is another timely example of the cooperation and advances that have benefited the mission/aid sector. This document, formulated by several humanitarian aid organizations from the United Kingdom and Ireland, discusses seven core principles for the management and support of aid personnel. Recognizing the draining realities of this labor-intensive profession, guidelines were drawn up to help ensure the security and well-being of staff. Organizations, both religious and non-religious, have been encouraged to discuss these principles, weave them into their ethos, and hold themselves accountable for their implementation. Funding for projects will likely increasingly include a budget for aid and mission organizations to provide resources for staff support and hence to put this or similar codes into practice.

As for the first decade of the 2000s, the list of developments fans out across the globe and across specialty areas. Books such as *Worth Keeping* (2007), *The Family in Mission* (2004), *Stress and Trauma Handbook* (2003), *Doing Member Care Well* (2002), *Enhancing Missionary Vitality* (2002), *Sharing the Frontlines and the Back Hills* (2001), the revision of *Honourably Wounded* (2001), and also going back to the 1999 book *The TCK Experience*, reflect the maturation of member care practice. Add to this the many organizations, articles, conferences, workshops, projects, and web sites, and it becomes readily apparent how member care has been established all around the world.



In addition, in 2000 a five-sphere *macro model* for member care (a model for which I was yearning some 10 years earlier!) was in fact developed by David Pollock and myself. This model has been widely used to “guide and goad” the provision and development of member care. It is described in “Going Global: A Member Care Model for Best Practice,” in *Doing Member Care Well* (2002). Three noteworthy adjustments to the model that I have made are: a) referring to “Specialist Care” as “Special Care” (sphere four) in order to emphasize the skills needed to support workers by both specialists *and* others with member care responsibilities such as leaders; b) the need for supportive input for sending groups, member care workers, and member care networks themselves; and c) the reality that many Christian workers are not necessarily sent out by a sending group and they too need member care resources. The model continues to emphasize “growth and development” (Fawcett, 2003, p.10) and “comprehensive multidimensional wellness” (Keckler et al, 2008, p. 206) in the context of sacrifice/demanding work.

Ongoing Flows

So much more could be said in this brief overview. Many names, events, materials and organizations could and should be mentioned! What was in many ways initially influenced by a North American/mental health context has greatly expanded to become the international and interdisciplinary field of member care. Recently I put together a power point presentation to try to highlight some of the major contributions to member care. It was not easy—there were so many materials. I suspect that for every contribution that I identified, there were likely three other significant contributions that could have also been included. For some additional materials on the development of member care, see these articles: “Some Historical Notes on Member Care” by Tucker and Andrews in *Missionary Care* (1992); and “The Annual Conference on Mental Health and Missions: A Brief History” by Powell and Wickstrom, and “Missionary Care and Counseling: A Brief History and Challenge” by Laura Gardner in *Enhancing Missionary Vitality* (2002).

I like to think of the historical development of member care in terms of Psalm 46:4 which says: “There is a river whose streams make glad the city of God, the dwelling place of the Most High.” Member care is like a stream of encouragement that flows into and from the lives of mission/aid personnel to support them in their difficult settings. Here is a list of four such streams—which I will call *flows*—that continue to shape the member care field (Box 1). These flows are part of a Divine and human movement that is refreshing the diversity of mission/aid personnel around the world.

Box 1. Member Care Flows

****1. Flow of Culture:** This flow is the organizational/group ethos which embraces member care. The practice of member care is understood to be thoroughly Biblical (e.g., Psalm 78:72; Proverbs 27:23,24; Hebrews 3:13 and many “one-another” verses). It is also increasingly acceptable and “safe” to talk about personal struggles and give/receive help. Self-care and mutual care are seen as being professional.

****2. Flow of Concepts:** This flow refers to ideas, values, principles, and tools that guide/shape the member care field. Member care has a growing body of literature, models, and good practices. The consolidated learning continues to develop, with member care practice being informed by many disciplines and overlapping areas such as human resource management, travel medicine, and trauma response.

****3. Flow of Caregivers:** This flow represents member care workers who provide and develop member care. There are many service organizations and health professionals around the world who devote all or part of their time for mission/aid personnel. The diversity of caregivers, including staff with member care responsibilities, increases both the relevance and the internationalization of the member care field.

****4. Flow of Connections:** This flow includes the new technologies and special gatherings to build relationships, train, and exchange updates. There are national and regional-level member care events, plus workshops at mission, aid, health, and human resource conferences. Email forums/updates, global briefings, web sites, radio, and internet telephony build upon and complement face to face interactions.

I would be remiss to simply talk in terms of the positive flows of member care, as encouraging and influential as these are. I need to also acknowledge the reality of three other flows which I call member care “flaws” (see Box 2). These flaws need our concerted attention and action in order to help the member care field stay healthy and on course. I am optimistic that we in the member care field, as we all continue to internationalize and grow, will be able to deal with these areas.

Box 2. Member Care Flaws

- **Flaw of Disparities** in resource allocation, with many local/national workers having limited access to needed resources such as medical attention, education for children, and finances.
- **Flaw of Deficits** in the quality of training and care that is available and culturally relevant for both member care workers and mission/aid staff alike.
- **Flaw of Dysfunction** that leads to poor personnel/operational practices including wrongful dismissals, fraud, political maneuvering, abusive leadership, and major deviance.

Part Two: Listening to Our Global Voices

In this section several mission/member care leaders share about their experiences—the joys and sorrows, issues and insights—of working in difficult settings.¹ [Note January 2009—some of these accounts are not included in this shorter version.] Their voices, and at times their cries, collectively recount the adjustment challenges and sacrifices of mission/aid workers, along with the organizational responsibilities for care, helpful member care programs, and discrepancies in resource allocations. These are just a sampling of the multitude of voices within the mission/aid community. I am especially interested in those senders/workers who are relatively new to the mission/aid world, and have grouped these together in terms of what I call the *A4 Regions*: African, Asian, Latin American, and Arabic-Turkic. Note that I specifically included photos to ponder, reflecting the nobility and challenges of A4 people. Have a look at the brief examples in Box 3 below as a prelude to the longer *A4* accounts that follow.

Voices from Africa²



Internally-displaced Congolese women wait patiently during a food distribution in Kibati, just outside the eastern provincial capital of Goma, where tens of thousands of people have been waiting for assistance since fleeing their homes during renewed fighting in the area. Cholera is now breaking out in the Kibati camp. © Les Neuhaus/IRIN Used by permission.

Voices from Asia³

Grave Consequences. India, Dr. Manoj⁴

The recent deaths of many young missionaries in different parts of the country have been very shocking. More so, because the causes of the deaths are malaria, enteric fever and other common treatable and preventable causes. Today when medical science has advanced so much, it is sad that these young budding lives have been lost through what could have been ignorance, neglect, or delayed/improper treatment....As a health professional, I would recommend that every missionary sent to the field, especially to the remote areas, be given a proper training in basic health and be oriented to the health realities of their locations, in addition to other areas of preparation.

Health Promoter 1—Reflection and Discussion

Defining some of the adjustment issues for mission/aid workers

Stress is the response of the entire person spiritually, emotionally, physically, socially to internal and external demands. Too much for too long results in: physical tension and emotional discomfort relational strains and lower cognitive functioning and sometimes addictive behaviors spiritual and relational struggles.

Burnout is the incapacitating result of emotional distress and behavioral dysfunction due to chronic, unresolved stress. **Compassion fatigue** is a special type of burnout resulting from dealing with people's problems. **Brownout** is a mild form of burnout and a precursor to it.

Culture shock is the incapacitating experience of: anxiety, confusion, value dissonance, discouragement, and identity challenges that result from trying to get one's needs (and wishes, preferences) met in unfamiliar or unavailable ways in a new culture(s).

Post traumatic stress disorder can occur after exposure to an extreme stressor(s) (with the threat of death/serious injury to self or other) accompanied by intense fear, helplessness or horror. The stressor can be persistently re-experienced in intrusive and distressing recollections, dreams, or flashbacks; psychological and physiological distress when reminded of the stressor; avoidance of things associated with the stressor; and persistent symptoms of increased arousal such as difficulty falling asleep, irritability, hyper-vigilance, and difficulty with concentration.

Applications:

1. Which of these adjustment issues above have you experienced?
2. What are some other serious adjustment issues for mission/aid personnel?
3. In which of the *A4* accounts do you see evidence of burnout or PTSD?

Darkness and Developments. India, J J Ratnakumar⁵

One has to visit our country to understand the spiritual battle that goes on to deliver the people from the bondage. Coupled with the presence of the evil spirits, the caste system cripples society. As the importance and status of a man or woman is decided at birth, some people will never be able to enjoy equality. The cultural bondage very often enters even the Christian churches, preventing people from worshiping under the same roof....The present estimate is that there are over 18,000 unreached postal Pin Codes out of about 28,000 pin code areas. (A pin code consists of about 35, 000 people)...As mission leaders struggle to meet the growing needs of the country, frontline missionaries face some of the following difficulties.

- Poor living conditions make their daily living miserable
- Children getting separated on account of education
- Increasing needs of the missionary as the family grows in size
- Persecution affecting the ministry and the morale
- Diseases that keep them away from the ministry
- Very little support; limited resources to execute their plans on time
- Inadequate training to face the challenges on the field and ministry
- Loneliness that drive them "mad"
- Constant attack of the evil one while they are with out Christian fellowship
- The pressure from the society, especially on the "first-generation Christians"
- Very little reserves to face crises
- No one to listen, understand, empathize or counsel
- No encouragement at the needed time from senders and supporters
- Lack of rest resulting in burn-out.

Our organization, Missionary Upholders Trust (MUT), is one of the main and pioneering member care organizations in India...Specific projects include rest houses, medical help, retreats, calamity relief, shelter for retired missionaries, marriage enrichment, interpersonal skills training, and member care consultation for organizations.⁶ For more information: www.membcaremutinnet



A father holds his injured child as he surveys the damage to the devastated city of Balakot, Pakistan.
Date picture taken: 10/17/2005 © Edward Parsons/IRIN. Used by permission.

Personal Adjustments. China, Anonymous⁷

We had no idea at all of what to expect going deep into this region of the country...The weather was cold, but bearable. Once the sun went behind the mountain the temperature dropped quickly too. The attitude of that place is about 3000 meters above sea level. Water boiled at about 83 degrees Celsius, and so meat and nuts remained hard after being cooked. The only way was to use a pressure cooker. Sometimes these cookers exploded due to poor quality. The University guest-house we stayed in did not provide a refrigerator. As the temperature remains cold throughout most of the year we just placed a basket outside our window as an alternative fridge. We placed meat into it and cooked them when we needed them. At times, the weather warmed up and the meats turned bad. That explained how we got constant diarrhea.

In the new region we were in, the local speakers spoke a local dialect that sounds like the hissing of a snake. I mean they use lots of “Ss” in a sentence. As an overseas Chinese I faced different struggles in language learning. The locals could not understand why I did not know the language, when I looked just like them. In fact, often they were a little angry when I politely asked them to repeat a certain phrase they had just spoken. They thought I was trying to be funny, or worse to be sarcastic. Although they were more open to me than to the westerners, they also expected me to know and function within their worldview.



Women forming a group to fetch safe drinking water from somewhere where a tubewell has not sunken below rising flood waters, Bangladesh. September 2008. © Shamsuddin Ahmed/IRIN. Used by permission.

Health Promoter 2—Reflection and Discussion

Short Questionnaire on Stress

Here is a brief tool to assess aid worker stress. It is used by the International Federation of the Red Cross and Red Crescent Societies and many other organizations and workers (*Managing Stress in the Field*, 2001, http://www.ifrc.org/cgi/pdf_pubshealth.pl?stress.pdf). Try assessing your own stress levels too.

Instructions: Rate each of the following items in terms of how much the symptom was true of you the last month.

0 = Never 1 = Occasionally 2 = Somewhat often 3 = Frequently 4 = Almost always

- ___1. Do you tire easily? Do you feel fatigued a lot of the time, even when you have gotten enough sleep?
- ___2. Are people annoying you by their demands and stories about their daily activities? Do minor inconveniences make you irritable or impatient?
- ___3. Do you feel increasingly critical, cynical or disenchanted?
- ___4. Are you affected by sadness you can't explain? Are you crying more than usual?
- ___5. Are you forgetting appointments, deadlines, personal possessions? Have you become absent-minded?
- ___6. Are you seeing close friends and family members less frequently? Do you find yourself wanting to be alone and avoiding even your close friends?
- ___7. Does doing even routine things seem like an effort?
- ___8. Are you suffering from physical complaints such as stomach aches, headaches, lingering colds, general aches and pains?
- ___9. Do you feel confused or disoriented when the activity of the day stops?
- ___10. Have you lost interest in activities that you previously were interested in or even enjoyed?
- ___11. Do you have little enthusiasm for your work? Do you feel negative, futile, or depressed about your work?
- ___12. Are you less efficient than you think you should be?
- ___13. Are you eating more (or less), smoking more cigarettes, using more alcohol or drugs to cope with your work?

Total Score: (Add up scores for items 1-13)

Interpretation: No formal norms are available for this measure. Based on the content of the items, a score of 0-15 suggests the delegate is probably coping adequately with the stress of his or her work. A score of 16-25 suggests the worker is suffering from work stress and would be wise to take preventive action. A score of 26-35 suggests possible burnout. A score above 35 indicates probable burn out.

Based on "The Relief Worker Burnout Questionnaire" in *Coping with Disaster* (1999) by John H. Ehrenreich

Voices from Latin America⁸

Health Promoter 3—Reflection and Discussion

Family Adjustment Scenarios

Scenario One: What could be done to help this family?

A Middle Eastern family is having trouble dealing with stress while going through the orientation program of its agency. The program takes place in North Africa, and requires that the participants move to a new city every two to four weeks over a three month period. The parents are concerned that they have been moving around too much, both pre-field and now during orientation, and that their two children are suffering as a consequence. The oldest is an eight-year old girl who has started wetting the bed three times a week at night, and the youngest is a boy, aged two, who is not eating very much food.

Scenario Two: How would you help this boy?

A five-year old Argentine boy (missionary kid) does not want to go to his primary school in Kyrgyzstan, which he has been attending for two months. He is in pre-school and complains that some of the kids make fun of him by sticking out their tongues at him and saying that his drawings are ugly. During the last month the boy often whines and complains as he rises to get ready for school. When he returns from school he is often hard to make contact with and acts mean towards other family members.

Scenario Three: How would you try to help this couple?

A couple with no children that has been working in Indonesia for the past five years is having marital problems. The husband is Korean and the wife is Singaporean. The work is doing well but the workload has affected their relationship. Or so they say it has. Both acknowledge that they have come from "dysfunctional" families, in which there was alcoholism and poor parental modeling of conflict resolution. They have seen a counselor on furlough and attended a marriage retreat on the field, but no lasting changes have occurred. The wife's relationships with local women are significant, and she is having a significant impact in their lives. The husband has few close relationships outside of his work and is wondering if he is going through a mid-life crisis. Their sending agency decides to let them continue on the field and to do the best they can until they can get some more help somewhere.

Voices from the Arabic-Turkic World

Faith in the Fire.

A number of leading Muslim background believers (MBBs) met together in 2001 with representatives from some sending agencies who work with them. They explored what it meant to practice Christian spirituality in Islamic contexts while respecting and contributing to their own cultures/societies. Together they have recommended significant principles for ministry within these societies (excerpts below). The MBB churches expressed their deep gratitude to the global church for the ongoing prayer and support. For additional research/discussion see: *From Seed to Fruit: Global Trends, Fruitful Practices, and Emerging Trends Among Muslims* (2008), edited by Dudley Woodberry; and Fran Love and Jetele Eckheart (2000), *Ministry to Muslim Women: Longing to Call Them Sisters*.



A Lebanese boy with his mother try to cope with continuous air raids. Beirut, 20 July 2006. © Haitham Moussawi/IRIN. Used by permission.

The church in Muslim contexts (including those who labor among them) should strive to communicate the gospel incarnationally, and disciple in ways that honor and embrace whole families.

- Pray for the family
- Provide new MBBs with a scriptural view of the family
- Reconciliation with family is a important first goal in discipleship
- Encourage and train a new MBB to share his faith with his family when appropriate
- MBB children need priority care; they do not benefit from fellowship in the same way as adults
- Train children in how to live for Christ; do not train with fear, but with faith
- Encourage daily family Bible reading, devotions, quiet time
- Trust God for our children's safety
- Counter [non-Christian] religious education from schools
- Encourage MBB to persevere through persecution.

The global church must embrace a theology of suffering in order to be faithful to Scripture and stand alongside believers in Muslim contexts.

- The global church must identify scripturally sound ways to join in the fellowship of His suffering, avoiding heresies or syncretistic tendencies valuing prosperity, safety, and/or security above biblical truth and testimony.
- Practical means must be found to stand with MBBs at all times, including times of persecution.
- The global church must avoid the temptation to unnecessarily remove MBBs from their culture. Extraction results in 'cultural suicide' and removes the most effective witness for Christ.
- Networks must be developed which will give support to embattled MBBs.



Lebanese authorities bury 30 bodies in wasteland outside Tyre, Lebanon, 29 July 2006. They had lain unclaimed for 10 days in the burned-out shells of cars, or scattered around the war-ravaged villages of south Lebanon.

© Hugh Macleod/IRIN

Research on Mission/Aid Adjustment

[Note: Summary of the ReMAP studies on attrition/retention for mission personnel are not included here]

Box 3. Research on Mission Workers

Gish, 1983 (*Journal of Psychology and Theology*, reprinted in *Helping Missionaries Grow* (1988))

Sample: 547 field missionaries in several countries and with several organizations

Stressors (reported by 40%+ to be moderate to great):

- Confronting one another when necessary
- Crossing language and cultural boundaries
- Time and effort maintaining donor contact
- Amount of work
- Work priorities

Parshall, 1987 (*Evangelical Missions Quarterly*, reprinted in *Helping Missionaries Grow* 1988)

Sample: 390 American missionaries working in 32 countries, with 37 mission societies

Spiritual stressors:

- Maintaining devotional life
- Maintaining a sense of “victory”
- Managing feelings of sexual lust

O’Donnell, 1995 (in *International Journal of Frontier Missions*)

Sample: 110 mission personnel (70 Western and 40 non-Western), one agency, working mostly in Asia

Struggles (reporting high or extreme stress):

- Type of work for married men—53%
- Marital issues for married women—45% (caution--small sample size)
- Relationships with colleagues for single women—40%
- Personal struggles for men—40%

**Quality of team life: (clarity of goals, quality of communication, time together as a group, team cohesion, sense of mutual support, time with leader, time spent on stated goals, team morale)

Rated on a five point scale with 3 = adequate; average rating for eight areas was **2.75**

**Most helpful resources: friends’ encouragement, devotional life, prayer partnerships

Carter, 1999 (*Journal of Psychology and Theology*, adapted in *Enhancing Missionary Vitality* (2002))

Sample: 306 missionaries, mostly North Americans working in 13 fields

Additional stressors to those identified by Gish 1983 above (reported by 40%+ to be moderate to great):

- Seeing needs I am unable to meet
- Self expectations
- Time for personal study of the Word and prayer
- Freedom to take time for myself
- Family responsibility vs. ministry
- City driving

Schaefer et al, 2007 (*Journal of Traumatic Stress*)

Sample: 256 missionaries working in Europe and West Africa, from USA-based mission organizations

- Frequency of severe traumatic events was significantly higher in unstable settings (West Africa)
- Higher number of traumatic events was strongly associated with: greater PTS and functional impairment, increased depression and greater resilience (positive adaptation)
- Lower resilience associated with increased distress levels
- Number of traumatic events strongly associated with risk and protective factors
- Strong sense of purpose was associated with higher rates of traumatic events

Box 4. Humanitarian Aid Workers

Room For Improvement 1995 (adjustment and care issues for British aid workers)

Sample: 200 emergency and relief workers from the UK, working in several organizations

Stressors (mentioned by more than 40% of the group):

- Managers—workload, organization, communication
- Non-managers—organization, security, witnessing suffering
- Men—security, workload
- Women—organization, expatriate colleagues, lack of privacy, security, communication
- Work hours—half worked more than 60 hours/week, over 25% more than 70 hours/week
- Security concerns—armed military presence, driving in the dark, dangers in evacuation; about half said security guidelines were not adequate and enforced

Strategies to reduce stress:

- Talking about problems, socializing (86% had someone with whom to talk about problems)
- 26% admitted drinking more than usual
- Almost half did not get a performance evaluation during or after their posting
- About 90% received some type of debriefing at the end of their term
(75% said they also had the opportunity to talk about the emotional aspects of their posting)

International Committee of the Red Cross, 1996 (Bierens de Haan, debriefing ICRC field workers)

Sample: 2350 delegates interviewed at the ICRC Geneva headquarters

32% (756) received debriefing to detect psychological disturbance; 7% (165) diagnosed as suffering from stress such as “cumulative stress or traumatic stress.” “Findings suggest that if staff resistance to violent emotions and stress is to be increased, interpersonal conflicts and problems of lack of leadership arising in the field must be taken as seriously as critical incidents and multiple traumatization linked to war.”

Holtz, Salama, Cardozo, and Gotway, 2000 (*Journal of Traumatic Studies*)

Sample: (Mental health outcomes, 70 expatriate and local human rights workers in Kosovo)

- Elevated measures of: anxiety (17.1%), depression 8.6%), posttraumatic stress disorder (7.1%)
- Workers at risk for elevated anxiety symptoms had worked with their organization longer than 6 months, those who had experienced an armed attack, and those who experienced local hostility

Eriksson, Foy, and Fawcett, 2003 (*Centers for Disease Control and Antares Foundation Conference*)

Sample: (World Vision staff, 101 participants in 35 nations; average time on the field about eight years)

Top Five “Chronic” Stressors:

- Separation from family (68% rated moderate to extreme stress)
- Travel difficulties, threatening checkpoints, rough roads (56% rated moderate to extreme stress)
- Team conflicts (53% moderate to extreme stress)
- Feeling helpless to change people/place problems (52% rated moderate to extreme stress)
- Environmental stress like excessive heat, cold, noise (46% rated moderate to extreme stress)

Organizational Stressors: Lack of direction from management (31%), lack of recognition for work (31%), asked to work outside one’s professional training (24%), criticism of work by agency authorities (20%)

Exposure to Trauma: 62% had direct/personal exposure to trauma, 67% had witnessed a traumatic event, 84% know someone who has experienced a traumatic event, 23% felt their life was in danger. The events most frequently associated with life threat were: being threatened by a person with serious physical harm, being chased by a group or individual, being near gunfire, being shot at, seeing a dead body.

Consequences and Personal Vulnerability: Up to 25% in the “risk range” on measures for depression, PTSD, and burnout; vicarious trauma exposure and chronic stress related to burnout and depression; significant relationship between past trauma (family of origin mostly), social support, positive health behaviors, organizational factors, and measures of adjustment.

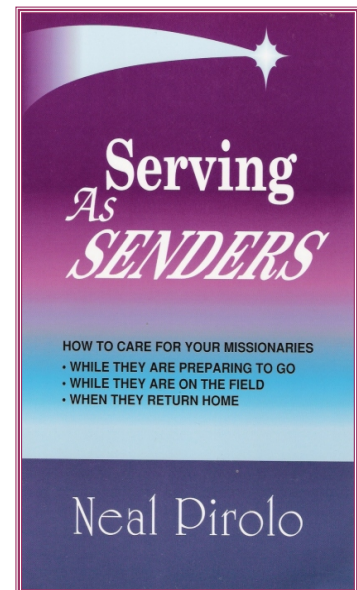
Part Three: Future Directions for Member Care⁹

In March 2006, I was privileged to be part of a member care working group which met in Asia as part of the first “Ethne to Ethne” conference. The conference was attended by some 350 leaders from the international Evangelical mission community. It focused largely on networking in order to effectively work among Unreached People Groups (UPGs). UPG is a missiological term that refers to ethno-linguistic groups who do not have a viable, Christian community/church (representing about 25% of the earth’s 6.7 billion people). Our purpose in the working group was to: “...discuss, envision, and discern ways to provide and develop member care resources, on behalf of mission/aid workers who are serving among UPGs. What structures, approaches, and issues do we need to consider in order to help these workers remain healthy and effective?”

One of our guiding principles as a working group was to consider both current and new resources/directions for supporting the *diversity* of mission/aid workers among UPGs. This principle is reflected in Christ’s conclusion to the Kingdom parables. “Therefore every scribe that has become a disciple of the kingdom of heaven is like the owner of the house that brings from his treasure new things and old things” (Matthew 13:52). Many of these “treasures” are directly relevant for all of types Christian workers in the world today, estimated to include 458,000 “foreign missionaries” and 11.8 million national workers, along with many more that do not fit into these two broad categories such as “tentmakers” (Barrett, Johnson, and Crossing, 2008).

The need for old/new treasures must also take into account the significant shifts in demographics among the world’s 2.1 billion “affiliated Christians,” especially the growing majority of Christians in/from the Global South and the proportional decline in Christians in/from the global North (Johnson and Kim, 2006). These treasures must also support the efforts to resolutely and responsibly deal with the world’s greatest problems, including the need to eradicate poverty (e.g., the 910 million urban slum dwellers), provide universal education, promote gender equality, combat HIV/AIDS, foster environmental sustainability, etc. (United Nations Millennium Development Goals <http://www.un.org/millenniumgoals>). Here are 12 such treasures—current and future resources/directions—that I believe are crucial for member care. The final treasure, “ethne to ethne member care”, pulls together all the other treasures as well as this entire article.

Treasure 1. Sending Churches and Support Teams—The church has a core, Biblical role in both sending and supporting workers. Historically this has often not been the case as often sending agencies (as a missiological structure of the church) have undertaken much of the member care responsibility. Sending churches can support workers in the areas of logistics, finances, prayer, communication, reentry, etc. The sending church along with “support teams” need to be trained to send well and to serve their workers well. Neal Pirollo’s book, *Serving as Senders*, is a superb resource which is available in 12 languages (www.eri.org). Note though that some new ways of “going” do not reflect the usual approaches to “sending” (e.g., Asian Christians going to the Middle East for employment; Chinese workers with various levels of training/support heading “West” with the gospel; Christians living in Western countries who minister to UPG neighbors; Christians working in secular NGOs and United Nations offices/field settings; people creatively providing resources to UPGs via the internet). We will thus need to consider additional ways to support these “goers”, including the roles for the sending churches, sending agencies, member care groups, and a variety of support teams working together.



Treasure 2. CEOs/Leaders—Loneliness and discouragement occur for most people in leadership. They, like all mission/aid personnel, need supportive member care. One resource for supporting mission leaders is the “LeaderLink” training offered in various locations around the world by Cross Global Link (www.crossgloballink.org). Another example is the India Mission Association’s retreats for CEOs and spouses (www.imaindia.org). In addition to its positive impact on leaders, these retreats have also helped open the doors to member care in India—leaders are gatekeepers, and what they experience can be passed on to staff. K Rajendran’s account about his struggles as a leader in South Asia reflect just some of the many challenges of mission leaders (see chapter eight *Doing Member Care Well* (2002). Some excerpts: “It is 12:45 midnight. I toss in bed, pleading for sleep to overtake me...We are asking many questions....These questions meander through my mind and nearly overtake me...I almost panic. It is now 2:30 am...Many CEOs and other leaders have many similar sleepless nights” (pp.77-79).



Treasure 3. Relief/Aid Workers—Psychosocial support is increasingly being recognized as a necessary and ethical organizational resource for workers in Complex Humanitarian Emergencies (CHEs). This support includes briefing, stress management, debriefing, and practical help for relief workers as well as equipping them with trauma/healing skills to help survivors (e.g., see the account in Randy Miller’s interview with a World Vision relief worker, “Staying Sane and Healthy in an Insane Job” (1998) and the many accounts in *Sharing the Front Lines and the Back Hills*, edited by Yael Danieli, 2001). Many disaster scenarios provide opportunities to interact with and help UPGs, leading to ongoing joint programs in community development. It is especially important to consider the reality of “neglected emergencies”—the ones that get overlooked due their chronic, seemingly unsolvable problems and overall lower profile— including “fragile states affected by ongoing conflict, poverty, corruption, and weak infrastructure (Gray, 2008, Moeller, 2008). One timely resource is the radio program and

materials created to help survivors and caregivers in both natural and human-made disasters (www.seasonsofcar.org). See also two publications in particular from the International Federation of the Red Cross and Red Crescent Societies: *Managing Stress in the Field* (2001) www.ifrc.org/publicat/catalog/autogen/4773.asp and *Psychological Support: Best Practices* (2001) www.ifrc.org/publicat/catalog/autogen/4516.asp. The following quote, from the later publication, highlights the relevance of equipping relief/aid workers with psychological skills. It also reflects some of the emotional consequences that can affect workers themselves.

The distinction between psychological needs and other priorities in relief operations is an artificial one, as psychological needs permeate and affect all other aspects such as shelter, food distribution, and basic health care. Provision of traditional relief aid is, therefore, not sufficient. *Neglecting emotional reactions may result in passive victims rather than active survivors* [italics mine]. Early and adequate psychological support can prevent distress and suffering from developing into something more severe, and will help the people affected cope better and return more rapidly to normal functioning (p. 5).

Treasure 4. The Diaspora of Peoples— There are geographic “movements” of people all over the globe. Our human interconnections are significantly shifting too through globalization and digitalization. Christians would do well to track with such changes, and seriously consider ministry to those who are now much more accessible. Two types of physical “movement” involve people who cross borders for economic reasons or who flee for safety as part of internationally or internally displaced peoples. What an opportunity for the church to connect with these people, many who are in our own physical and/or digital “neighborhoods.” For more updates on the needs of refugees, the poor, etc., visit the web site of World Vision International (www.wvi.org) and the UN High Commissioner for Refugees: (www.unhcr.org).

Treasure 5. Persecuted Humans— Tens of thousands of Christians (and those from other religions) are affected by discrimination and human rights violations, including religious liberty violations, as a result of their religious and political beliefs and/or ethnicity. There are major physical, economic, and psychological consequences to violating humans through persecution (e.g., Companjen’s, *Hidden Sorrow, Lasting Joy*, 2000). We must find ways to better support Christians and all people who suffer in this way (see chapters 19 and 45 in *Doing Member Care Well*, 2002 on pressure/persecution and advocacy). John Amstutz commented in Humanitarianism with a Point. “...the place of hospitality and kindness toward followers of Jesus Christ is no small matter, particularly those who are being persecuted for their faith in Him.... [It is time] to speak clearly and fully of the essential need of intentional humanitarianism— member care— toward those who have chosen to suffer loss for Christ in these nations” (*Doing Member Care Well*, 2002 p. 39). See the materials from the Religious Liberty Commission (www.worldevangelical.org), Amnesty International (www.amnesty.org), and at the United Nations High Commissioner for Human Rights, including the *Universal Declaration of Human Rights* (www.un.org/rights). Finally, consider Wilfred Wong’s perspective as a human rights advocate regarding persecution and the expansion of the church.

There is nothing new about the persecution of Christians. Such actions have taken place since the birth of the church 2000 years ago. More Christians have been imprisoned, tortured and killed for their faith in the 20th Century than at any other time in the Church's history.... But it's not all doom and gloom. One reason why there is persecution in so many different countries today is because the church is expanding its frontiers throughout the world. More than at any other time in the history of Christianity we can truly regard the Church as a global community. It is because the Church is growing in places traditionally hostile to the Gospel that in many of these locations the backlash of persecution occurs. Governments or religious extremists feel threatened by the spread of Christianity and try all sorts of methods to stop its growth, ranging from murder and genocide...to more subtle measures such as the introduction of restrictive laws on church registration... (2002, pp. 477-478).

Treasure 6. Special Support for A4 Workers—There is an increasing number of Christian workers from the *A4 Regions*. A4 senders/workers desire to provide develop quality member care approaches that fit their own sending groups, personnel, and cultures. Their experience in member care is also relevant for those from other sending nations (e.g., see the article on the India organization, Missionary Upholder’s Trust (*Ethne-Member Care Update* 11/08; www.ethne.net/membercare/updates). Quality care is also emphasized in a special listing of “15 Commitments of Member Care Workers”, developed with consideration for diversity in MCW backgrounds (*Upgrading Member Care, Evangelical Missions Quarterly*, 07/06). The commitment to quality care for A4 workers is also clearly stated in these excerpts from the *Declaration* by the Philippine Missionary Care Congress of October 2005: (*Global Member Care Briefing*, Feb. 2006; www.membercare.org).



...we will foster a culture of care among our churches and mission organizations compliant with the model and mandate of Christ to love and serve each other; we will endeavor to raise awareness about Member Care that would catalyze the Filipino church to harness capacities in order to ensure the flow of care towards those who were sent out; ...we will share knowledge, resources, and personnel; cooperate in stewardship of God’s resources with each other and with the global member care community so that potentials are maximized and excesses are minimized in serving cross-cultural Christian workers;...we will seek out good practice models of Member Care that are biblically founded, and harness the existing strength of the Filipino culture for missionary care; we endeavor for the cross-cultural Christian workers’ personal growth that includes the nurture of each of their family members; ...we will raise more church leaders and ministers particularly focused on Member Care, adequately equipped and tooled to serve the needs of the Filipino missionary including their families and home-based personnel;...we will personally engage in caring for Filipino cross-cultural Christian workers- celebrating their joys, sharing in their sorrows, supporting their needs and supplicating for their victory in seeing the unreached peoples coming to Christ. (*Global Member Care Briefing*, February 2006; www.membercare.org).

Box 5—Member Care Materials Relevant for the A4 Regions

Chinese: www.Chinamembercare.com

Arabic: <http://Arabicmembercare.googlepages.com>

Bahasa Indonesia: <http://Indonesiamembercare.googlepages.com>

Spanish: www.cuidadointegralcomibam.blogspot.com

Korean: www.wearesources.com

Resources in many languages:

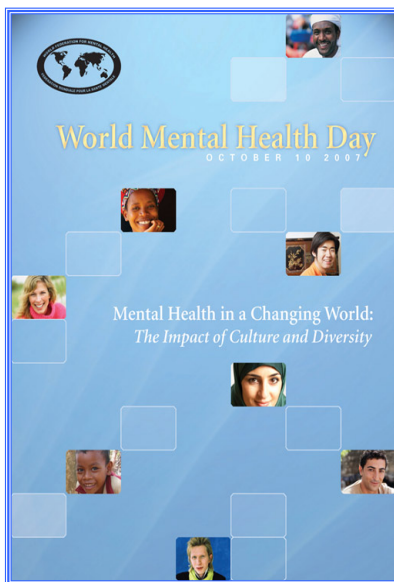
Reality Dose: <http://mcaresources@googlepages.com>

Christian Recovery International: www.christianrecovery.com

World Federation of Mental Health: www.wfmh.org

World Health Organization (emergencies): www.who.int/mental_health/resources/emergencies

Treasure 7. Training and More Training— Member care is not just a “specialist” function—something to be only provided by “professionals”. Rather it is essential to further equip various member care workers (MCWs), leaders, senders, and mission personnel themselves with “special” member care skills. These skills help to sustain workers for the long-haul. Training includes such areas as: counseling, crisis care/debriefing, organizational systems/dysfunction, interpersonal skills, personnel development, and family/marriage. One course in particular that continues to make its international rounds is the one week intensive “Sharpening Your Interpersonal Skills” (www.itpartners.org). Another course offered primarily in Africa is based on the book by the same title: *Healing the Wounds of Trauma; How the Church Can Help* (2004), and also translated into some 40 languages spoken in Africa. Offering member care-related courses via the internet (e.g., www.headington-insitute.org) and via workshops at conferences, are also good ways forward. Currently there is no global calendar of training and related events like conferences for the member care community (there was for a few years until mid-2006). Hopefully such a calendar will be restarted in the near future.



Treasure 8. Secular Connections— There is so much mutual benefit from connecting with the international health, humanitarian, business, human resource, media, and educational sectors. How do they manage/support their staff and how do they help/protect humans in need of aid and developmental resources? How do they maintain “good governance” in light of corruption and dysfunction? One key document dealing with the management and support of aid workers is the *People In Aid Code of Good Practice* (2003, www.peopleinaid.org). Its seven principles and various “key indicators” (criteria for determining the extent to which the principles are being followed) have also served as helpful guides to many organizations in mission/aid. See also the web sites for the Society for Human Resource Management (www.shrm.org), AtHealth (www.athealth.com), the International Society for Traumatic Stress Studies (www.istss.org), World Health Organization (www.WHO.org), the World Federation for Mental Health (www.wfmh.org), Families in Global Transition (www.figt.org), Humanitarian Policy Group (www.odi.org.uk/hpg), Transparency International (www.transparency.org), and AlertNet (www.alertnet.org).

Treasure 9. Coaching—Coaching is a growing approach for further equipping workers. It focuses on both personal and professional development. Strategy-related coaching has been around for many years (e.g., “Coaching Missionary Teams” by Tim and Becky Lewis, 1992). But coaching as a core component of member care is also rapidly developing. Coaching can occur via face to face and the variety of telecommunications such as skype and webcams. Keith Webb describes coaching in the mission context:

Coaching is an ongoing conversation that empowers a person or team to fully live out God's calling—in their life and profession. The goal of coaching is to develop a person or team to more effectively reflect, correct, and generate new learning. It's learning new ways to learn, listening to the heart and the Holy Spirit, and taking action to reshape their lives around that learning...Coaching focuses on learning rather than teaching. Coachees (those who are coached) are in the driver's seat. Coachees choose their own growth goals. Coachees reflect deeply about their current situation. Coachees think through their options. Coachees decide their next steps. All the while, the coach actively listens and asks reflective questions, supportively challenging limited beliefs and behaviours. Advice-giving is kept to a minimum so that the coachee can discover Holy Spirit-inspired solutions. (*Ethne-Member Care Update*, November 2006, pp. 3-4; note: later published in *Evangelical Missions Quarterly*, volume 44, 2008, pp. 284-291)

Gary Collins sends out regular newsletters with many coaching and counseling helps. The newsletters are concise, user-friendly and archived on his web site. (www.garycollins.com). See also: International Coach Federation (www.coachfederation.org), Christian Coaches Network (www.christiancoaches.com), and the Institute for Life Coach Training (www.lifecoachtraining.com).

Treasure 10. Internet and Telecommunications—We want to develop skills to use the Internet well. It is now a main tool for many who want to stay in touch with the member care field and colleagues, exchange resources etc. Some of the skills needed include using voice over internet technologies (VOIP), podcasting, running web sites, and using webcams for consultation. Thomas Friedman is well-known for his observations on how the world is becoming increasingly “flat”—that is, the greater accessibility to other people and resources and the greater possibility to equalize opportunity/development. In *The World Is Flat* (2007), he describes “the convergence of ten major political events, innovations, and organizations....and the multiple new forms and tools for collaboration that this flattening has created” (p. 51). The tenth “flattener” in particular refers to advances in our “digital, mobile, personal, and virtual” capacity:

...engines can now talk to computers, people can talk to people, computers can talk to computers, and people can talk to computers farther, faster, more cheaply, and more easily than ever before. And as that has happened, more people from more places have started asking one another the same two questions: Can you hear me now? Can we work together now? (p. 198-199).

But note that in spite of these incredible changes and communication advances, many people— member caregivers and service receivers—do not have inexpensive, reliable, and fast access to the internet, or to computer technology, much less a stable environment in which to live! So the internet is currently a real luxury item for many—and possibly not even a “culturally-relevant” means of communication.

Treasure 11. Resiliency—Member care seeks to develop strong people who balance the need for support/growth with the reality of sacrifice/suffering. Good member care helps develop resiliency—the inner strength, consistent practices, and social supports necessary to successfully deal with and grow through life's challenges. Resiliency is necessary of course to work effectively in UPG settings, many of which are very demanding. Both the experiences of “barely surviving and actively thriving” are realities for Christian workers. Resiliency is developed through hard experiences and via the courageous examples we see in the people who receive the services of mission/aid workers.

Here is a brief quote from *Stress and Trauma Handbook: Strategies for Flourishing in Demanding Environments* (2003). The quote is from the chapter by Cynthia Eriksson et al. It summarizes research on the adjustment of World Vision aid workers from over 30 countries:



...for each of the mental health risk adjustment measures (depression, post-traumatic stress disorder, and burnout) 30-50 percent of staff scored in the moderate to high-risk range. This is a significant number of people who are working and 'surviving' while experiencing considerable emotional distress. These staff may not be incapacitated by these symptoms presently, but we cannot deny the effects that depression, burnout, and PTSD can have on relationships, work, and personal health. An NGO's commitment to people includes the welfare of beneficiaries around the world, but it also includes the well-being of staff who commit their lives to serving and saving others." (p. 95)

This 30-50 percent figure is likely similar for many organizations with staff serving in more volatile areas. I believe it is also important to consider the impact of the emotional distress and behavioral dysfunction that occur leading up to the actual diagnosis/development of the three disorders mentioned in this research. Workers are vulnerable, yet still able to provide effective services in spite of their heavy stress loads. The disorders which sometimes do result reflect the realities (consequences) of humans who serve God in difficult places.

Final Thoughts



Treasure 12: *Ethne to Ethne* Member Care

I would like to now pull together the previous member care treasures as well as this entire article on staying healthy in difficult places. We'll consider a final treasure:

- prioritizing resources/directions
- that are visionary/practical
- to further provide/develop member care
- for/by all people groups.

The Vision: As Christians we believe there is a purpose to human history, and that there will be a conclusion to this age. We see how God is actively involved in history to redeem humans from every nation, people group, and language (Revelation 5: 9,10). It is an “ethnê to ethnê” strategy, in which believers from different people groups reach out to other people groups, until “all of the earth is filled with the knowledge of the glory of the Lord.” The vision is thus for all ethnic groups to be involved in *cross-ethnê* mission.

The Commitment: Member care is a service ministry which supports this historical and biblical vision. As an international movement of quality people who provide and develop quality resources, the member care community is committed to helping mission/aid workers grow in the personal character, professional competencies, and life skills necessary to work effectively. This includes workers from *all* ethnê.

The Strategy: Now let's consider an amazing corollary to this commitment: I want to suggest that this also means that we are committed to seeing quality member care workers (MCWs) from *all* ethnê raised up and trained, including those within/from the Least-Reached People Groups (LPGs) and the A4 regions (Africa, Asia, Arabic-Turkic, and America-Latina). And these MCWs work both within their own cultures *and* cross-culturally. So the focus is twofold: supporting the diversity of people involved in Christian mission; and training others from various cultures to be quality care providers. **Member care, then, is also very much an “ethnê to ethnê” strategy.**

The Directions: *Ethnê to ethnê member care* (E2MC) is very challenging. What can help the member care community as it moves in this direction? It will be important to set up opportunities for colleagues from different cultures to interact with each other (forums, conferences, writing, networks etc.). It will also be important for colleagues with member care training/experience in different cultures/countries, to facilitate learning and practice as “multicultural bridges”. Multi-cultural Southerners/Easterners who have sojourned for extended periods to the North/West and vice versa, will play key roles. Such multi-cultural learning is a core part of providing and developing member care well. And it is a two-way street.

Growing and Going: E2MC requires the best of our conceptual thinking and research skills; extensive practical experience; a commitment to use transcultural principles (concepts common across cultures, especially ethnic and organizational “cultures”); and lots of personal connections and ongoing relationships with colleagues. Said another way, we as a member care community are heading increasingly towards the reality of “boundaries without borders”—that is we are aware of our personal cultural/disciplinary identities and member care competencies (boundaries) as we intentionally work with those having different geographic/ethnic identities and member care concepts (borders). E2MC challenges us to grow *deeply as persons* as we go *broadly as practitioners* to all peoples.

Love: Above all, the core of E2MC involves the trans-ethnê, New Testament practice of fervently loving one another—like encouraging one another each day; bearing one another’s burdens; and forgiving one another from the heart. By this all people will know that we are His disciples (John 13:35). The Great Commission and the Great Commandment are inseparable. Our love is the final apologetic. It is the ultimate measure of the effectiveness of our member care.

Health Promoter 4—Discussion and Reflection
Doing E2MC Well

Suppose you were going to write or edit a book called *Doing E2MC Well*. If there were three sections in the book, what would you title them? What would be a few chapter topics and types of authors to include?

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A boy plants a flower after taking a swim in pools formed by rain waters in the Mathare slums, Kenya. March 2008 © Julius Mwelu/IRIN Used by permission.

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Endnotes

¹ These leaders are from the “A4” regions, referring to Africa, Asia, Arabic-Turkic, and America-Latina regions. A4 overlaps with the terms “Newer Sending Countries” and “Global South”.

² To receive Africa Member Care Updates contact: mcsa@xsinet.co.za

³ To receive Asia Member Care Updates contact: member-care-asia@yahoogroups.com

⁴ Missionary Upholders Trust, *Care and Serve Bulletin*, March 2004; excerpts p.3

⁵ Excerpts from unpublished paper, October 2004; jjratnakumar@gmail.com

⁶ To receive India Member Care Updates contact: ima@imaindia.org

⁷ Chinese –Asian Member Care Project (CHAMP) 2005; www.Chinamembercare.com

⁸ To receive America-Latina Member Care Updates (Spanish) contact: cuidadointegral@gruposyahoo.com.ar

⁹ This material reflects some of the initial thinking of the Member Care working group from March 2006, which I have expanded and updated periodically. I am grateful for the contributions from the other facilitators of our working group as well as the insights of the participants. The initial version, “Future Directions: 12 Treasures for Member Care” was originally published in *Encounters*, May/June 2006, pp.49-52. www.momentum-mag.org