Global Member Care
Exploring and Celebrating Our History
Kelly O'Donnell

Global Member Care Consultation sponsored by MemCa. Vancouver, Canada, 2003

Let's go on a short, fascinating trip to explore highlights of member care history. On this journey we will review examples of the foundations, thinking, writing, and practices for our interdisciplinary and international field. Let's celebrate God's goodness and our accomplishments together!

I summarize five decades of member care activity with some core "notes and quotes" about member care. We start in the 1970's and travel into the 2010s. I also include links to creative video clips that artistically reflect the trends of each decade. Reviewing the past helps to guide our current and future practice of member care as the church—both in India and around the globe—seeks to work among the unreached and address the grand challenges facing humanity (Grand Challenges in Global Health, 2011; Johnson, Barrett, and Crossing, 2011; Johnstone, 2011; O'Donnell, 2011).

The 1970s: Taking Shape

The 1970's was a decade noted by the emerging influence of mental health practitioners and others with first-hand experience in mission. People were talking much more openly about the challenges of mission life. Many of the writings from the 1970's—some with more of an enduring impact than others—began to address the essential areas of preparation, selection, evaluation, field adjustment, longevity, children's issues, women's roles, and re-entry. Previously, *Evangelical Missions Quarterly* helped to get missionary care rolling by including articles in their first three issues on topics like furlough, stress, and culture shock (1964-1966). In California, Link Care began providing psychological care (1965) and Wycliffe set up its counseling department (1968). Two other forerunners in the USA were Missionary Internship (1954) and the Narramore Christian Foundation (1958). No one knew where all of this would lead, but there was obviously a felt need to intentionally consider ways to better support and equip mission personnel.

1970: Joseph Stringham
Likely Causes of Emotional Difficulties Among Missionaries
Evangelical Missions Quarterly, **Volume 7, (pp. 193-203)--**based on his experience in India.
Some of the factors that increase the likelihood of emotional difficulties among missionaries may be divided into two broad categories, internal and external. Internal factors are often things that make up the individual's personality [resentments, marital difficulty, guilt, early life trauma/deprivation, motivation]; external factors are things in the environment [culture shock, language, overwhelming work, children/school, medical care, etc.]…often given as causes for the missionary seeking psychiatric help. (p. 193)

1974: Sally Folger Dye
Decreasing Fatigue and Illness in Field Work
Missiology: An International Review, Volume 2, (pp. 79-109)
Fatigue and illness often hinder the productive field-work of missionaries, linguists, anthropologists, government workers, and others who attempt to live in foreign cultures. Many well-trained workers are forced to leave their fields before achieving their goals. They often feel a deep sense of frustration and a vague sense of guilt for years afterwards. This article attempts to bring research and experience together to create a fresh understanding of common human reactions in a cross-cultural environment. It then suggests specific ways for recognizing and controlling these reactions to prevent fatigue and physical as well as emotional illness. (p. 79) (Reprinted in *Helping Missionaries Grow*)

1977: Donald Larson
Missionary Preparation: Confronting the Presuppositional Barrier
Missiology, Volume 5, (pp. 73-82)
Missionaries do not always join the communities in which they reside and in which they seek to minister. Too often, the missionary lives at the margin of the community's center of activity, reducing [his/her] effectiveness considerably. Many such failures arise because the missionary is simply not ready to identify closely with [the] host community. This article examines [the] reluctance to identify and emphasizes the importance of dealing with this in…preparation. (p. 73).

What an amazing group of precursors who helped shape what was to become the member care field. **Let's celebrate!** www.youtube.com/watch?v=7EYAUazLI9k&feature=player_embedded

The 1980s: Front and Center

In the 1980s there was much excitement as people came together to find practical ways to support mission personnel. Much of this was developing in the USA and in a mental health-professional context. Missionary kids and their education/families was a topic of particular emphasis. Some of the key publications included: the special issues in the *Journal of Psychology and Theology* (1983, 1987) and the *Journal of Psychology and Christianity* (1983); the books *Culture Shock* (1983), *Cross-Cultural Reentry* (1986), *Honourably Wounded* (1987, updated in 2001), and *Helping Missionaries Grow* (1988); and the compendiums of the first and second *ICMK Conferences* held in Manila (1984) and Quito (1986).Some of the conferences that helped ground the member care field further were: Psychological Resources for Frontier Missions (1982, 1983); the annual Mental Health and Missions Conferences (starting 1980); and the three International Conferences on Missionary Kids (1984, 1986, 1989). InterHealth for travel medicine/care was founded in London in 1989.

1983: LeRoy Johnston
Building Relationships Between Mental Health Specialists and Mission Agencies
Paper presented at the Fourth Mental Health and Missions Conference, Angola, Indiana USA
There is a new openness today between the mission agency and those working in the area of mental health…The opening in the door came approximately 30 years ago when psychological assessment was initiated in the screening process with missionary candidates…virtually every major mission board now utilizes some form of psychological screening, including psychological tests, in the process of selection. With the growth of counseling courses offered at the seminary campus and the availability of trained pastors and Christian psychologists, mission leaders have recognized the value of the mental health professional. Mission boards have indicated the willingness to use appropriately trained mental health specialists to counsel missionaries who are experiencing some form of emotional stress. (p. 1) (Reprinted in *Helping Missionaries Grow*, 1988).

1984: Marjory Foyle
Missionary Stress and What to Do About It
Evangelical Missions Quarterly, Volume 21, (pp. 32-43)—much of her work was in India
Missionary life often is stressful. Of course not all missionaries feel stressed all the time. Many have very few serious problems, and adjust to their new situation quite readily. Others, however, feel really stressed by pressures of a new climate, language learning, unusual illnesses, and separation from

family members. However it must be emphasized that the positive gains of missionary life are enormous. Serving God in obedience to his command, and integrating with peoples of another culture are enlarging experiences. This explains why many missionaries at the end of their service affirm that they are glad they did it. They have no regrets for how they have spent their lives. (p. 32)

1985: Kevin Dyer
Crucial Factors in Building Good Teams
Evangelical Missions Quarterly, Volume 21, (pp. 254-258)
When we began back in the early 1960s, we just went to the field and began the work. It wasn't long before we realized that if teams were going to be effective, they needed to be trained together before going to the field. Merely bringing people together and sending them to the field wasn't enough. They needed time for in-depth preparation and interpersonal bonding. They came from all kinds of sub-cultures and religious backgrounds and minor preferences in personal tastes became magnified when living and working in the team situation. So training became the indispensable key to success for building and developing our teams. Since we began a six-month intensive training program, our casualty rate on the field has plummeted to four percent. (pp. 254, 255) (Reprinted in *Helping Missionaries Grow*, 1988)

The foundational decade of the 1980s for member care was marked with its increased visibility, influence, acceptance, credibility, competencies, and cooperation. People explored issues and resources for mission workers and helped to bring crucial matters into the front and center of mission. **Let's celebrate!** http://www.youtube.com/watch?v=uaHmcCp77JE

The 1990s: Connecting and Contributing Internationally

The 1990's saw the term "member care" being widely used to describe this emerging field, replete with its growing body of research, practitioners, materials, models, and concepts. Many noteworthy materials were written by a variety of authors from diverse backgrounds, including pastors, psychologists, trainers, mission leaders, and physicians: *Serving as Senders* (1991), *Naturally Gifted* (1991), *Missionary Care* (1992), *Too Soon to Quit* (1994), *Good Health Good Travel* (1993), *On Being a Missionary* (1995), *Raising Resilient MKs* (1998), *Thriving in Another Culture* (1998), *Building Credible Multicultural Teams* (1998), and *The TCK Experience* (1999). Also noteworthy are the special issues of the *International Journal of Frontier Missions* (October 1995), and the *Journal of Psychology and Theology* (1993, 1999).

The member care field truly went international. People intentionally traveled to discuss issues, provide services, and share resources regarding staff care, family adjustment, crisis care, team development, physical health, organizational development, interpersonal skills, conflict resolution, leadership training etc. Three examples of the international growth are: a) the member care consultations in the Middle East and North Africa , Europe, Latin America, and Central Asia, and many individual nations; b) the major international study on mission workers by the World Evangelical Fellowship (*Too Valuable to Lose* ,1997); and c) the launch of the Global Member Care Task Force (MemCa, 1998) which soon developed into an international network.

Parallel to the growth of the member care was the development of the human resource emphasis in the humanitarian sector. Three influential examples are: a) the Psychosocial Support Program of the International Federation of the Red Cross (1993); b) (Denmark, People in Aid's *Code of Best Practice for the Management and Support of Aid Personnel* (UK, 1997, revised 2003); and c) special resources from fields like travel medicine (e.g., health screening, check-ups) and crisis care (e.g., debriefing courses).

1991: James Beck
Missions and Mental Health: A Lesson from History
The life of Dorothy Placket Carey comes to us through the pages of history as a sad chapter in the chronicles of modern missions. Her sacrifice of sanity, however, could lose all potential value to us if we fail to see her story as more than just a tragic biography. Her story is also very true, painfully true.

In her train have come many others who have suffered from the ravages of mental illness while serving in the modern missionary movement. We have an obligation to learn from lives such as Dorothy Carey's and thereby to reap some of the benefits that can emerge from the costly sacrifice that she made. She would not wish us to merely pity her. Perhaps she would want instead that we benefit from the example of her life so as to help others. (p. 1)

1995: Jeffrey Ellis
Stephanas: A New Testament Prototype of Member Care
International Journal of Frontier Missions, **Volume 12 (pp. 171-175)**
A closer look at I Corinthians 16: 15-18 will help us in understanding this first century example of member care in the frontiers and its implications for the modern missions community….There [in Ephesus] during his final missionary journey, Paul became the [beneficiary] of what we now call member care. It is heartening to read Paul's response, "I rejoiced at their arrival for they refreshed my spirit." Such "spirit refreshing" ought not to become a lost art. It is as needed today on the frontiers, as much as it was nearly 2000 years ago. Considering the demands and complexities of modern mission to the frontiers, it is needed more so today! (pp. 171, 174)

1999: M. Elizabeth Hall Lewis and Judith L. Schram
Psychology and Missions: The Role of the Mental Health Professional in Member Care
Journal of Psychology and Theology, **Volume 27, (pp. 83-86), issue on Psychology and Missions**
The pioneering efforts of many professionals have provided a foundation for the current trends in mental health and missions. Three such trends will be discussed: a trend toward networking and partnering, a focus on prevention, and a mobilizing of resources for crisis intervention....Mental health professionals have had a major impact on the field of missions and are attempting to mobilize their resources toward current missionary needs. However, certain important gaps remain to be filled. Although many could be mentioned and explored (e.g., the need to develop long-term member care teams on the field, the need for cross-cultural applications for mental health resources, the need to focus on the internationalization of member care) we will focus on three of these: the need for more sophisticated ethical standards, the need for further research, and the need to expand the role of mental health professionals in missions beyond member care. (pp. 84, 85, 86)

Member care continued to travel deeply into the mission/aid sector as it continued to travel broadly around the world. What a special time to connect and contribute together. **Lets' celebrate!** http://www.youtube.com/watch?v=YZzn2F3_FL0&feature=related

The 2000s: Global Faces and Facets
The 2000s were characterized by the accelerated expansion of the member care field. It became increasingly contextualized by sending groups/workers in different countries and further organized, visible, and inclusive. Regional and national affiliations and networks formed or were strengthened. The Global Member Care Resources group (MemCa) became a major presence in the member care field, providing a practical rallying point to help connect people together.

Member care-related departments/emphases within sending groups (churches and agencies) became much more common. The term "best practice" was linked with an international member care model (master care, self/mutual care, sender care, specialist care, network care) and this influential model circulated broadly. Many new practitioners emerged, including those who were now writing in their own languages/cultural contexts.

Many more books were written (the four book excerpts below are examples). Materials were translated. Organizations and people put up web sites filled with helpful resources mostly in English but also in languages accessible to many unreached peoples such as Chinese, Arabic, and Bahasa Indonesia[5]. There was an intentional effort to launch into new areas and learn from them. Such areas included international health care, the perspectives of local workers/newer sending countries, applications from personnel programs in the military, trauma care, and human resource management.

2006: Gladys Mwiti and Al Dueck
Christian Counselling: An African Indigenous Perspective
Africa hobbled into the twenty-first century covered with wounds from genocide in Rwanda, war in Sierra Leon, and ethnic cleansing in Darfur. HIV and AIDS kill even more people than war. The year 2001 began with 24 million Africans infected with AIDS—who will all die by 2010 unless a cure is found. In some countries, life expectancy will decrease by half by the year 2010….Chains of corruption mark many governments in Africa, as well as heavy burdens of national debt…. Despite the challenges described above, there are new signs of hope…there still remains a resiliency that can serve to rebuild what was broken….Discerning alternatives; rediscovering meaningful symbols, proverbs, rituals, and myths; reclaiming the lost; and legitimizing Africa experience through Christian faith—these are the tools with which we can rebuild and reclaim. These are the vitalities still alive in Africa waiting to be reclaimed so that after remembering the broken, African vitality can be restored. Christian counsellors within the Church in Africa will play a significant role in filling the vacuum and bringing restoring life to the peoples and families of Africa. (pp. 13, 17, 18, 19)

2007: Rob Hay, Valerie Lim, Detlef Blöcher, Jaap Ketelaar, Sarah Hay
Worth Keeping: Global Perspectives on Best Practice in Missionary Retention
The first missionaries sent from Costa Rica were sent out about 25 years ago. Much was learned by trial and error. Two key events prompted one Costa Rican mission agency to begin a programme of pastoral care. The first event involved a missionary couple and domestic violence. The couple returned home from the field, but the problem did not get solved until the wife turned to a government agency ,where she was able to receive counselling and protection for herself and the children….The second event involved a couple sent out from one of the mega-churches. In time, the family returned to Coast Rica due to health problems, but they found no support from their sending church because few members knew who they were. The above mentioned events were catalysts for a new pastoral care project…(*Pastoral Care to Costa Rican Missionaries*, brief case study by Marcos Padgett, p. 158)

2008: Bennet Emmanuel
Missionary Upholders Trust (MUT)
Christian Manager, July 2008, (pp.16-23—for the full article: http://www.cimindia.in/)
An estimated 40,000 missionaries and their family members operate under the umbrella of different mission organisations in India. The sheer number of missionaries and the magnitude of needs in mission organisations have unwittingly created a gap in the care of its members. Some missionaries are fortunate enough to be taken care by the organisations or other sources, but most of them do not have any form of support. With their measly resources, most missionaries are unprepared to meet any eventuality in the course of their daily lives. Barring few exceptions, missionaries have had to fend for themselves in other areas of need. This prompted the birth of Missionary Upholders Trust…The organisation's vision statement reads: "As followers of Christ, we care for, share with, and meet some of the common unmet needs of missionaries, at their affordable cost, working beyond all man-made boundaries, in a spirit of Christian love." (p.16)

The member care field grew broadly and consolidated further around the world. The field welcomed many new global faces and facets. **Let's celebrate—everywhere!**
www.youtube.com/watch?v=zlfKdbWwruY

2010s: Flowing Forward

It is encouraging to recall the flow of many folks with member care responsibilities who have worked together over the years to help truly make a difference in the lives of mission/aid workers and the people whom they serve. Our next decade will hopefully continue this flow.

To do member care well we need to diligently continue our own journeys of personal and professional growth. As "good practitioners," we must not shirk our duty to sojourn into difficult settings, including places permeated by conflict and calamity. We must acknowledge that those in greatest

need are often in places of greatest risk. And we must have clear ethical commitments that propel us towards providing quality services to the diversity of workers and senders in mission/aid.

This next decade is thus a special opportunity to continue to "to grow deeply as we go broadly." As a field we must develop quality member care workers from all *ethnê*: those who can work within their own cultures and cross-culturally. And we must base our work upon the trans-*ethnê*, New Testament practice of fervently loving one another—agape. Our love is the ultimate measure of our member care.

As we head into this next decade, may we flow forward together in member care, resolute to do all we can on behalf of: the mission/aid community, our very needy world, and each another. **Let's celebrate—with all peoples!** www.youtube.com/watch?v=Y8R9ZPT2T-I

References

Austin, C. (1986). *Cross-cultural reentry*: *A book of readings*. Abilene, TX, USA: Abilene Christian University Press.

Beck, J. (1991). Missions and mental health: A lesson from history. Paper presented at the *12th Annual Mental Health and Missions Conference,* Angola, Indiana.

Bowers, J. (1998). (Ed.). *Raising resilient MKs: Resources for caregivers, parents, and teachers.* Colorado Springs, CO, USA: Association of Christian Schools international.

Dennett, J. (1998). *Thriving in another culture: A handbook for cross-cultural missions.* Brunswick East: Australia.

Dye, S. (1974). Decreasing fatigue and illness in field work. *Missiology: An International Review*, *2*, 79-109.

Dyer, K. (1985). Crucial factors in building good teams. *Evangelical Missions Quarterly*, *21*, 254-258**.**

Echerd, P., & Arathoon, A. (1989). *Compendium of the International Conference on Missionary Kids, Quito, Ecuador, January 1987: Understanding and nurturing the missionary family (volume one).* Pasadena, CA, USA: William Carey Library Publishers.

Echerd, P., & Arathoon, A. (1989). *Compendium of the International Conference on Missionary Kids, Quito, Ecuador, January 1987: Planning for MK nurture (volume two).* Pasadena, CA, USA: William Carey Library Publishers.

Ellis, J. (1985). Stephanas: A New Testament prototype of member care. *International Journal of Frontier Missions*, *12*, 171-175 (https://sites.google.com/site/membercaravan/test/ijfm-1995-mc-issue-)

Emmanuel, E. (2008). Missionary Upholders Trust (MUT). *Christian Manager,* July, 16-23 (http://www.cimindia.in/).

Foyle, M. (1984). Missionary stress and what to do about it. *Evangelical Missions Quarterly*, *21*, 32-43.

Foyle, M. (1987). *Honourably wounded: Stress among Christian workers*. London: Monarch Books.

Gardner, L. (2002). Missionary care and counseling: A brief history and challenge. In J. Powell & J. Bowers (Eds). *Enhancing missionary vitality*: *Mental health professions serving global mission* (pp. 41-48). Palmer Lake, CO, USA: Mission Training International.

Grand Challenges in Global Health (2011). Retrieved from:
http://www.grandchallenges.org/about/Pages/Overview.aspx

Hale, T. (1995). *On being a missionary.* Pasadena, CA, USA: William Carey Library.

Hall Lewis, M., & Schram, J. (1999). Psychology and missions: The role of the mental health professional in member care. *Journal of Psychology and Theology*, *27*, 83-86.

Hay, R., Lim, V., Blöcher, D., Ketelaar, J., & Hay, S.. (20007), (Eds.). *Worth keeping: Global perspectives on best practice in missionary retention.* Pasadena, CA, USA: William Carey Library.

International Journal of Frontier Missions (October 1995). Special issue on member care.

Johnson, T., Barrett, D., & Crossing, J. (2011). Christianity 2011: Martyrs and the resurgence of religion. *International Bulletin of Missionary Research, 35,* 28-29.

Johnston, L. (1983). Building relationships between mental health specialists and mission agencies. Paper presented at the *Fourth Mental Health and Missions Conference*, Angola, Indiana (included in *Helping Missionaries Grow*, 1988, and available online at Member Caravan).

Johnstone, P. (2011). *The future of the global church*. Downers Grove, IL, USA: Intervarsity Press.

Jones, G., & Jones, R. (1993). *Naturally gifted: A self-discovery workbook*. Downers Grove, IL, USA: Intervarsity Press.

Journal of Psychology and Christianity (1983). Special issue on psychology and missions.

J*ournal of Psychology and Theology* (1983). Special issue on psychology and missions.

J*ournal of Psychology and Theology* (1987). Special issue on psychology and missions.

Journal of Psychology and Theology (1993). Special issue on psychology and missions.

J*ournal of Psychology and Theology* (1999). Special issue on psychology and missions.

Lankester, T. (1995). *Good health good travel*. London: Hodder & Stoughton.

Larson, D. (1977). Missionary preparation: Confronting the presuppositional barrier. *Missiology*, *5*, 73-82.

Lindquist, L. (1994). *Too soon to quit; Reflections on encouragement.* Rockford, IL, USA: Quadrus.

Loss, M. (1983). *Culture shock: Dealing with stress in cross-cultural living*. Winona Lake. IN, USA: Light and Life Press.

Mwiti, G., & Al Dueck, A. (2006). *Christian counselling: An African indigenous perspective.* Pasadena, CA, USA: Fuller Seminary Press.

O'Donnell, K. (1992). (Ed.). *Missionary care: Counting the cost for world evangelization.* Pasadena, CA, USA: William Carey Library.

O'Donnell, K. (2002). (Ed.). *Doing member care well: Perspectives and practices from around the world*. Pasadena, CA, USA: William Carey Library.

O'Donnell, K. (2011). *Global member care: The pearls and perils of good practice.* Pasadena, CA, USA: William Carey Library

O'Donnell, K. & Lewis O'Donnell, M. (1988). (Eds.). *Helping missionaries grow: Readings in mental health an missions*. Pasadena, CA, USA: William Carey Library.

O'Donnell, K. (2011). Global mental health: A resource map for connecting and contributing. *Psychology International, 22*(2), 4-6.

People in Aid (1997). *Code of best practice for the management and support of aid personnel.* London: Author (2003 edition available online at: www.peopleinaid.org).

Pirolo, N. (1991). *Serving as senders: How to care for your missionaries.* San Diego, CA, USA: Emmaus Road.

Pollock, D., & van Reken, R. (1999). *The TCK experience: Growing up among worlds.* Boston, MA, USA: Intercultural Press.

Roembke, L. (1998). *Building credible multicultural team.* Bonn: Verlag für Kultur und Wissenschaft. (published also in 2000 by William Carey Library.)

Stringham, J (1970). The mental health of missionaries: Likely causes of emotional difficulties among missionaries. *Evangelical Missions Quarterly*, *7*, 193-203.

Taylor, W. (1997). (Ed.). *Too valuable to lose: Exploring the causes and cures of missionary attrition.* Pasadena, CA, USA: William Carey Library.

Tezel, B., & Mortenson, P. (1986). *Compendium of the International Conference on Missionary Kids, Manila, November 1984*: *New directions in missions—implications for MKs:* West Battleboro, VT, USA: ICMK.

Notes:
A longer version of this article is published in the *International Journal of Frontier Missions*, *29* (2), 2012: The Frontier Heart of Member Care: Historical Highlights for Good Practice (www.ijfm.org).

For more information on member care history, see "MC History: 40 Years-40 Quotes" (which includes links to other historical materials) at the *CORE Member Care* blogsite: www.coremembercare.blogspot.com/search/label/MC%20history. See also chapter one (member care history) in the author's book *Global Member Care: The Pearls and Perils of Good Practice* (2001).

The 50 articles in *Helping Missionaries Grow* (1988, out of print) and the links to the five video clips in this article are on the *Member Caravan* website: https://sites.google.com/site/membercaravan

*****

Dr. Kelly O'Donnell is a consulting psychologist and CEO of Member Care Associates, Inc. (MCA), based in Europe. With his wife Michèle, also a psychologist, he has provided member care internationally in mission/aid over the past 25 years in order to foster personal, team, and organizational health/effectiveness. He is also actively involved in the field of global mental health and coordinates the Mental Health and Psychosocial Working Group of the Geneva-based NGO Forum for Health. Kelly holds graduate degrees in clinical/community psychology including a doctorate from Rosemead School of Psychology, Biola University, USA. His publications include over fifty articles and four books in the member care field including *Doing Member Care Well: Perspectives and Practices from Around the World* (2002) and volume one in the Global Member Care series, *The Pearls and Perils of Good Practice* (2011). In addition he enjoys providing a steady stream of reflections and resources for good practice via the MCA-related websites. www.membercareassociates.org. Kelly and Michèle have two special, trans-cultural daughters with whom they regularly consult on all kinds of current issues: Erin, aged 22 and Ashling, aged 18.