The Missional Heart of Member Care  
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*Remember your church, Lord, to deliver it from all evil and to make it perfect in your love; and gather it, the one that has been sanctified, from the four winds into your kingdom, which you have prepared for it; for yours is the power and the glory forever.*
Didache 10:5

Missionary care has made great strides over the past fifty years and is increasingly recognized as a strategic and ethical necessity for mission. Starting in the early 1990s, the term “member care” began to be widely used to identify what was recognized as an emerging international and interdisciplinary field. Throughout the development of this field, its missional focus—indeed its heart—was clearly seen in its support of mission personnel themselves, as well as their work. Its foundational principles highlighted the biblical admonitions to love one another and, as reflected in the opening prayer above from the first-century church, in the yearning to be made perfect in God’s love.

This article presents a historical journey through several professional publications, organizations, and conferences dealing with the practice of member care. Starting in the pre-1960 era and traveling into the mid-2010s, I highlight trends in member care development. This chronology weaves my own commentary around a selection of core quotes from different authors. Knowing our history provides important perspectives for supporting the church’s endeavors to share the Good News and do good works among all peoples.

This survey of materials reflects the initial predominance, in the field of member care, of English-speaking, internationally experienced Americans, often males, and many with mental health care backgrounds. These demographics underwent a large shift starting in the 2000s as member care increasingly globalized into a multidisciplinary, culturally contextualized field. Many outstanding colleagues have contributed to the development of this field, but space here allows for only a sampling. These colleagues’ exemplary lives of faith in action and the compelling voices in their writings still speak clearly and powerfully to us today (Heb. 11:4).
Pre-1960s: A Poignant Prelude
In his dissertation, covering the first seventy years of the twentieth century, John Barclay presents a helpful overview of literature related to member care, a field that has been largely terra incognita. The following paragraphs from his dissertation give a feel for the terrain. [5]

Arthur J. Brown’s classic *The Foreign Missionary* (1907) was perhaps the first book to look comprehensively at missionary life, covering such topics as missionary motivation, qualifications, language learning, work, and support, as well as various aspects of missionary life, concluding with the missionary’s reward. Interestingly, he devotes a chapter to “the real strain of missionary life” in which he outlines the perils, strains, and stressors in the life of a foreign missionary, including issues facing the family. Apart from Brown’s book, revised in 1932 and 1950, most writing about missionaries was biographical, for example, Deaville Walker’s *William Carey: Missionary Pioneer and Statesman* (1926) and Norman Grubb’s *C. T. Studd: Cricketer and Pioneer* (1933). [6]

One of the earliest works (related to member care) was a “handbook” written for Church Missionary Society “candidates in waiting” by Georgina Anne Gollock in 1892 (revised in 1907). Mildred Cable and Francesca French wrote *Ambassadors for Christ* (1935), based on their years of pioneer work in the Gobi desert, with the express intention of giving frank and honest responses to questions from would-be missionaries about “the missionary calling, its demands and its problems, and also regarding the attitude of organized societies toward the missionary applicant” (7). A. T. Houghton’s *In Training: A Guide to the Preparation of the Missionary* (1946), Amy Carmichael’s *God’s Missionary* (1957), Douglas Webster’s *What Is a Missionary?* (1955), and A. T. Houghton’s *Preparing to Be a Missionary* (1956) tackle issues relating to training for missionary service, but they understandably display a new concern for the changing global context in which mission takes place. [7]

The need for better health care of missionaries was addressed by Paul Adolph, *Missionary Health Manual* (1954). Mabel Williamson, *Have We No Rights?* (1957), and Douglas Sargent, *The Making of a Missionary* (1960), stress the importance of missionaries’ being composed of the right stuff—spiritually, morally, emotionally, and physically. Harold Cook’s *Missionary Life and Work* (1959) bears a remarkable resemblance to Brown’s classic, and most of these books have much in common in terms of structure, style, tone, and content (Collins, 1972). Common themes are expressed in such words as “calling,” “sacrificial service,” “lifelong fulltime ministry,” “evangelism and church planting.” [8]

Examining this period of member care history, a “pre-era,” reveals poignant writings that describe the challenges and rewards of cross-cultural service. It is a noteworthy prelude to the steady progression of caregivers, concepts, and commitments that were just over the horizon.

1960s and 1970s: Taking Shape
In the 1960s the editors of the *Evangelical Missions Quarterly* opened the doors to missionary care by including articles on the topic in their initial issues (1964, 1966). Examples include Ralph Odman’s tips for furlough, James P. Satterwhite on coping with stress, and William Smalley’s classic material on the shocks of a new language, unfamiliar culture, and self-discovery. [9] Other indications that missionary care was being taken seriously were the counseling services set up in California by Link Care Center
Missions is not an isolated field. Hearto of Member Care 3

(1965, Stan Lindquist) and Wycliffe Bible Translators (1968, Phil and Barbara Grossman). Two other significant forerunners were Missionary Internship (1954, in Michigan, focusing on missionary preparation) and Narramore Christian Foundation (1958, in California, focusing on psychological resources, including care for ministers and missionaries).

The 1970s were noteworthy for the rising influence of mental health practitioners, women, and people with firsthand experience in mission. People were talking openly and at times passionately about the challenges of mission life. Many writings from the 1970s addressed the areas of missionary preparation, selection/evaluation, field adjustment, longevity, children’s issues, women’s roles, and reentry: in short, how to better support and equip mission personnel.


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, parents’ influence, guilt, early life trauma/deprivation, motivation for service]; external factors are things in the environment [culture shock, language, overwhelming work, children/school, medical care]. The latter are often given as causes for the missionary seeking psychiatric help. (193)


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 of recognizing and controlling these reactions to prevent fatigue and physical, as well as emotional, illness. (79)


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 or 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. (73)

In the 1960s and 1970s people slowly started to shape the topical contours of the future member care field. Caring for mission personnel became intertwined with the passions and practices of mission.
1980s: Front and Center
During the 1980s excitement built that something new and important was happening in missionary care. People were working both independently and together; special gatherings were organized to support mission personnel. Much of this was fomenting in the United States in a professional mental health care context, although not exclusively (e.g., InterHealth, founded in 1989 in London). Missionary children and their education or families were topics of particular emphasis. Key publications, among many, included special issues on mission and mental health in the Journal of Psychology and Theology (1983, 1987) and the Journal of Psychology and Christianity (1983); the books Culture Shock (Myron Loss, 1983), Cross-Cultural Reentry (Clyde Austin, 1986), Honourably Wounded (Marjory Foyle, 1987), and Helping Missionaries Grow (Kelly O’Donnell and Michèle Lewis O’Donnell, 1988); and the compendiums of the International Conferences on Missionary Kids (e.g., Pamela Echerd and Alice Arathoon, 1989).[10]

Some examples of key gatherings are Psychological Resources for Frontier Missions (U.S. Center for World Mission, 1982); Mental Health and Missions conferences (1980–current); Evangelical Fellowship of Mission Agencies/Interdenominational Foreign Mission Association Personnel Committee workshops (1970s into the 2000s); the International Conferences on Missionary Kids (Manila, 1984; Quito, 1986; Nairobi, 1989); and Pastors to Missionaries (1989 to the present).


There is a new openness today between the mission agency and those working in the area of mental health. . . . The opening [of] the door came approximately 30 years ago when psychological assessment was initiated in the screening process with missionary candidates. Although it took a few years for this psychological screening to be accepted, 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, psychological depression, psychotic episode, etc. . . . In almost every case where a mental health professional is used by a mission board, the person possesses “secondary” credentials which make him acceptable. (1)


For the past 25 years I have been involved with International Teams in sending groups of missionaries to Asia, Africa, Europe, and Latin America. . . . 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 subcultures 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. (254–55)


The history of missions throughout the centuries suggests that each era has determined how learning and scholarship would serve adjunctive and supportive functions in Gospel proclamation. For example, both medicine and education have played important roles in mission strategy and practice for many decades. . . . It should be no surprise that a number of misconceptions and unfortunate practices have caused the Christian public (even more specifically, the more conservative element) to question the value and contributions of Christian behavioral scientists. . . . The involvement of psychology in missions is not altogether new. Daring and creative pioneers in the late 1920s began to use psychological and psychiatric services in the process of selecting missionaries for overseas service (Hunter, 1965). Those initial ventures were harbingers of what has been a slow but growing use of psychological services by missionary agencies (Johnson and Penner, 1981) and continuing efforts to create effective working relationships between mental health professionals and mission agencies (Johnston, 1983). (269–71)

This foundational decade was marked by missionary care’s increased visibility, influence, acceptance, credibility, competency, and cooperation. People explored issues and developed resources for mission workers’ adjustment and growth and brought crucial matters into the limelight.

1990s: Connecting and Contributing Broadly

The 1990s saw the term “member care” being widely used to describe an emerging field with a growing body of research, practitioners, materials, models, and concepts. Many noteworthy books related to member care were written by authors from diverse backgrounds, including pastors, psychologists, trainers, mission leaders, and physicians. Most were still being produced, however, by people from the Global North. Representative works include *Serving as Senders* (Neal Pirolo, 1991), *Missionary Care* (Kelly O’Donnell, ed., 1992), *Too Soon to Quit* (Lareau Lindquist, 1994), *Good Health, Good Travel* (Ted Lankester, 1995), *On Being a Missionary* (Thomas Hale, 1995), *Raising Resilient MKs* (Joyce Bowers, ed., 1998), *Thriving in Another Culture* (Jo Anne Dennett, 1998), *Building Credible Multicultural Teams* (Lianne Roembke, 1998), and *The Third Culture Kid Experience* (David Pollock and Ruth Van Reken, 1999).[11] Also noteworthy were the many articles related to member care found in *Evangelical Missions Quarterly*, the special issue on member care in the *International Journal of Frontier Missions* (October 1995), and the special issues on psychology and missions in the *Journal of Psychology and Theology* (1993, 1999).

The member care field spread internationally, bringing in colleagues from many regions to share resources and discuss issues such as family adjustment, crisis care, team development, physical health, organizational development, coaching, leadership training, lessons from the past, biblical foundations, and future directions. Four key indications of member care’s international growth were (1) the number of member care consultations held in regions such as the Middle East and North Africa (early 1990s); in Europe, Latin America, and Central Asia (later 1990s); as well as in many individual nations; (2) the establishment of member care ministries such as Tumaini Counselling Centre in Nairobi, and Missionary
Upholders Trust in India; (3) the major international study on mission-worker attrition undertaken by the World Evangelical Fellowship and published in the 1997 book Too Valuable to Lose (William Taylor, ed.); and (4) the birth in 1998 of the Global Member Care Task Force (MemCa).[12]

Growth of the member care movement in mission was paralleled by development of human resource management in the humanitarian sector. Three noteworthy steps were relevant for member care: the establishment of the Psychosocial Support Program by the International Federation of the Red Cross (Denmark, early 1990s), with its focus on staff as well as survivors of conflicts or calamities; the launch of People in Aid’s Code of Best Practice for the Management and Support of Aid Personnel (1997); and the development of special resources such as those in travel health care (e.g., health screening, briefings, checkups) and in crisis/trauma care (e.g., training courses in debriefing).[13]


The life of Dorothy Placket Carey [the first wife of pioneer missionary William 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. (1)


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 it was nearly 2000 years ago. Considering the demands and complexities of modern mission to the frontiers, it is needed more so today! (171–74)


The pioneering efforts of many professionals have provided a foundation for the current trends in mental health and missions. Three such trends [are] . . . 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. (84–86)

In the 1990s member care gained recognition as a field of its own and continued to travel deeply into the heart of mission. The decade became an unprecedented period of reflection, connection, and collaboration.

2000s: Global Faces and Facets
In the 2000s, accelerated expansion characterized the member care field. It became increasingly contextualized by and for sending groups and workers from different countries, and the field became increasingly organized, visible, and inclusive as well. Regional and national affiliations and networks were strengthened and new ones formed. The Global Member Care Resources (also referred to as MemCa) affiliation emerged, quickly becoming a major presence and practical rallying point that helped to link the diversity of people concerned with member care.

Member care–related departments and emphases within sending groups (churches and agencies) grew to be much more common. A member care model featuring the five spheres of master care, self/mutual care, sender care, specialist care, and network care, developed by Dave Pollock and myself in 2001, became influential.[14] Many new practitioners were now working and writing in their own languages and cultural contexts. Member care ministries such as The Well and Cornerstone in Thailand were set up. Three edited volumes provided state of the art information: Enhancing Missionary Vitality (John Powell and Joyce Bowers, eds., 2002), Doing Member Care Well (Kelly O'Donnell, ed., 2002), and Worth Keeping (Rob Hay, ed., 2007).[15] Materials were translated. Organizations and individuals put up websites filled with helpful resources; most are in English but some are in other languages also.[16]

In the midst of this decade’s incredible development, unresolved relational issues in member care and mission and in leadership took their toll. It eventually became apparent that an international fraud was significantly contributing to these issues, wreaking havoc in parts of the evangelical church and mission community.[17] This sad reality was a wake-up call for better governance and steadfast integrity in view of the estimated $39 billion lost each year from “ecclesiastical crime,” as well as the widespread corruption problems in the international humanitarian and health sectors.[18] In spite of that setback, and although clearly lacking in many places, member care grew globally. As a field, it was not primarily dependent on one country, one discipline, or one organization for its continuance.

2000: Beram Kumar, Member Care Handbook (Selangor Darul Ehsan, Malaysia).

The Church of developing nations, who for a long time has served only as a backdrop to the strong sending churches of the developing nations, is beginning to move to the forefront of missions. . . . Much of the emphasis of this book is on “responsible sending,” the failure of which, we feel, is the greatest cause of missionary failure (attrition). . . . The primary target readership for this handbook are pastors, mission leaders, missionaries, and missionaries-to-be in Malaysia. However, the principles and problems discussed here would apply for most “new sending countries of the two-thirds world.” . . . “Let the shipwreck of others be our beacon of light.” (16–17)
Africa hobbled into the twenty-first century covered with wounds from genocide in Rwanda, war in Sierra Leone, and ethnic cleansing in Darfur. . . . Chains of corruption mark many governments in Africa, as well as heavy burdens of national debt. . . . Despite the challenges . . . there are new signs of hope . . . whereas Africa has been raped repeatedly and is still being ravaged by external forces, 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 African 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. (13, 17–19)


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 of by the organisations or other sources, but most of them do not have any form of support. With their meagre resources, most missionaries are unprepared to meet any eventuality in the course of their daily lives. Barring [a] few exceptions, missionaries have had to fend for themselves in other areas of need. This prompted the birth of Missionary Upholders Trust in 1993 . . . [whose] 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.” (16)

Member care grew, struggled, and consolidated further around the world. The field welcomed many new global faces and facets into its efforts to support the mission community.

2010s: Crucial Directions and Commitments
The current decade has seen the global impact of member care in mission continue. Three noteworthy conferences are examples: two international member care consultations (the first held in Thailand in 2012 and attended by 350 people; the second held in Turkey in February 2015 with 360 participating) and at the regional level, the 2012 Member Care Consultation in India, organized by Missionary Upholders Trust and attended by nearly 200 people, many of whom were senior mission leaders from over seventy-five organizations in India.

Recent publications reveal the wealth of experienced practitioners and consolidated learning in the field: Thriving in Difficult Places (3 vols., Brenda Bosch, 2014), Family Accountability in Missions (Jonathan Bonk, ed., 2013), Single Mission: Thriving as a Single Person in Cross-Cultural Ministry (Debbie Hawker and Tim Herbert, eds., 2013), Global Member Care, vol. 1, The Pearls and Perils of Good Practice (Kelly O'Donnell, 2011); vol. 2, Crossing Sectors for Serving Humanity (Kelly O'Donnell and Michèle Lewis O'Donnell, eds., 2013), Member Care in India (J. Manoharan et al., 2012), and Global Servants; Cross-Cultural Humanitarian Heroes (3 vols., Lois Dodds and Laura Mae Gardner, 2011).
The field’s development is also seen in the extensive library of podcasts on a broad range of member care topics (e.g., Member Care Media); the resource updates from Global Member Care Network, Member Care Associates, and Brigada Today; and the updated model of global member care presented in O’Donnell and Lewis O’Donnell (Crossing Sectors for Serving Humanity, 2013). Member care continues to expand into new areas as colleagues from diverse backgrounds are being challenged to pursue “global integration”—thinking and linking more broadly across sectors on behalf of the major challenges facing the world, including the United Nations’ sustainable development goals, vulnerable populations, and least reached peoples.

Conclusion
I encourage all who have member care responsibilities to consider the following seven directions or crucial commitments as a basis for good practice in our future individual and joint work.

1. We commit to diligently pursue our own journeys of personal and professional growth—to grow deeply as we go broadly.
2. We commit to integrate the inseparable areas of our character (resilient virtue) and competency (relevant skills) with compassion (resonant love).
3. We commit to follow God into new areas of learning and work: crossing sectors, cultures, disciplines, and comfort zones.
4. We commit to embrace our duty to enter difficult settings, including those permeated by conflict, calamity, and corruption, as those in great need are often in places of great risk.
5. We commit to have clear ethical commitments and standards that guide our provision of quality services to a diversity of workers and senders in mission.
6. We commit to develop quality member care workers from all peoples, mutually learning from those who work within their own cultures and those who serve cross-culturally.
7. We commit to base our work upon the trans-everything practice of fervently loving one another—agape. Our love is the ultimate measure of our member care.

The opportunities are vast for the love of God to lead us further into the missional heart of member care, building upon an amazing legacy. Member care will continue to have a positive impact within the mission community and to cross new boundaries of service on behalf of our very needy world. Ad majorem Dei gloriam.

Notes

[1]. Kelly O’Donnell, ed., Missionary Care: Counting the Cost for World Evangelization (Pasadena, Calif.: William Carey Library, 1992). Though the term “member care” is more recent, the field of member care can now be said with reasonable accuracy to be fifty years old. See the 1964 and 1966 articles published in the Evangelical Missions Quarterly cited below (note 9). For more information on the historic 1998 meeting that launched the Global Member Care Task Force (MemCa), including the photo of the participants that accompanies this article and core quotes on the role of friendships and consultations in developing the member care field, see http://coremembercare.blogspot.com/2012/01/mc-global-letters2.html.

[2]. For examples of the missional heart of member care in my writing and in fifty years of member care quotations, click the link at http://membercareassociates.org/?page_id=763.


[14]. This influential model is described in Kelly O’Donnell, ed., Doing Member Care Well: Perspectives and Practices from around the World (Pasadena, Calif.: William Carey Library, 2002), chap. 1; it can be found online at www.worldevangelicals.org/resources/source.htm?id=61. For tributes and links to commemorations of the life and work of David Pollock, go to the CORE Member Care Weblog at http://coremembercare.blogspot.com/2014/04/pax-deliving-in-peace-13.html.


[16]. Links to resources in various languages are available at http://membercareassociates.org/?page_id=43.

[17]. For information on the Nordic Capital Investments KB fraud—an international, multimillion dollar/euro Ponzi scheme which continues to be confronted—see the PETRA People Network website (https://sites.google.com/site/petrapeople).


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