

# **Caring for People in Missions: Just Surviving – or Thriving? Optimal Care for The Long Haul**

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## Presenters

Larry and Lois Dodds have been involved in the care of missionaries and other cross-cultural workers for over 30 years. Formally this has included providing medical care, counseling, human resource and personnel work, teaching adults and MKs, and many leadership roles such as field branch director and devotional committee chairmen. Informally this caring has included hospitality to many hurting missionaries, a ministry of encouragement, providing resources such as books, outfitting homes for missionaries and MK's. Their home (actually, 52 of them!) has been a hospital to the hurting from many lands and many ministries.

Lois and Larry Dodds served for 23 years with Wycliffe Bible Translators and the Summer Institute of Linguistics, including thirteen years in the Amazon jungle of Peru. During these years Lois served in various support roles, including human resources/personnel, as the school and community counselor, as a high school teacher, and as a writer in anthropology and linguistics. Larry served as physician for the members of SIL and WBT and other missions, as well as caring for the indigenous peoples of Peru and overseeing health training programs.

Lois, a graduate of Westmont College, earned an M.A. in education, with an emphasis in human development, from Azusa Pacific University, an M.A. in confluent education at the University of California, Santa Barbara, and the Ph.D. in psychology and education at UCSB. She is the author of ten books and more than 100 articles. She served in WBT's candidate selection and training program, Quest, for several years, and in this program counseled and taught nearly a thousand candidates. She has over 12,000 hours counseling in the cross-cultural setting.

Larry earned his degree in medicine at the University of Southern California, after graduating from Wheaton College. After internship and service in the U.S. military he took a family practice residency in Ventura, California. He is board certified in Preventive Medicine and has much experience in tropical medicine as well. Before working with Heartstream Resources he served for seven years as director of the Public Health Department of Ventura County in California.

Both Lois and Larry teach in the summers with Azusa Pacific University's overseas extension Masters Program, Operation Impact. They teach a variety of courses and subjects related to leadership, including human development, whole person studies, spiritual formation, ethics, creative leadership, and counseling. They have taught cross-cultural workers from dozens of organizations in more than twenty countries.

The Dodds have three children and seven grandchildren. Their daughter and her husband are missionaries in Peru.

**Heartstream Resources** is a non-profit organization serving the needs of cross-cultural workers around the world. The four purposes are to provide programs of restoration and renewal for cross-cultural workers wounded or depleted in service, to provide education/prevention programs, to assist mission agency leaders through education and consultation, and to research matters related to cross-cultural ministry.

Heartstream Resources was incorporated in 1992 by a group of missionaries from several countries. Planning is underway for the development of a residential center in central rural Pennsylvania.

# Caring for People in Missions: Just Surviving– or Thriving? Optimal Care<sup>1</sup> for The Long Haul

## Introduction

A missionary who came to one of our intensive care programs last year said, “I feel like an aborted baby left on the steps of the church. No one wants to finish me off, but no one wants to pick me up either!” This was her experience after 20 years of devout and effective ministry, which was ended prematurely and in a devastating way through a series of failures on the part of her mission and churches. She had been home from the field four years. She was unable to work, had no insurance, was still ill and seriously depressed, and with few resources to put her life back together. Sometimes she did not even have gas money to come for follow-up appointments. She is not alone in her experience of abandonment.

Caring optimally for the hundreds of thousands of cross-cultural workers around the globe who comprise the work force of world mission involves a radical shift in perspective. Because times have always been difficult, filled with political and economic turmoil ever since the days of the Apostle Paul, the world mission movement has generally operated in a survivalist mode. When missionaries went to Africa more than a hundred years ago, taking a coffin as a trunk, agencies thought little of caring for their workers over the long haul; life expectancy was only a few short years. Independence and “toughing it out” were emphasized. This survivalist mode has been complicated by missions unwittingly adopting the objectification of people common to the industrial revolution – that is, viewing workers as cogs for the machine of production, as slot-fillers, rather than as multi-dimensional persons.

This short-term perspective has cost the mission enterprise dearly, particularly because attrition rates throughout the history of world mission have been enormous. If one survived the overwhelming stresses initially, one might still be knocked out of the race through physical or mental illness. We know that countless missionaries have dropped out due to the combination of long term stress and insufficient organizational support. Most of these people are lost to ministry, and certainly to world mission. Many of them “fade into the woodwork,” shamed and discouraged by their choice to give up or their inability to meet the high demands of cross-cultural ministry. Attrition results from inappropriate selection, inadequate training, and sometimes the unwillingness or inability of agencies to equip people appropriately, as well as from the more recognized factors of insufficient personnel or finances, field hardships, illness, family problems and inability to cope in the face of another language and culture. (See *Too Valuable to Lose*, a new book on attrition.)

Today, we have the potential to care for missionaries in better ways. Knowledge about

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<sup>1</sup> “OPTIMAL” implies the best possible growth and development of the individual which maximizes his or her potential. This is promoted through an enriching, nurturing, supportive and challenging environment. In comparison, “ADEQUATE” implies providing only what is needed for survival.

human stress factors and conditions such as Post Traumatic Stress Disorder has grown greatly in the last twenty years. We have made great gains as a movement in learning how to train people to effectively meet the challenges of cross-cultural life (though this learning has not spread evenly through the mission movement.)

Studies of international and cross-cultural life have increased. Studies on the high cost of care-giving among human services workers of all types add greatly to our understanding of the needs of care givers – ministry and mission workers. Several books about missionary care, as well as depression and burnout, add significantly to our understanding of both prevention and treatment. In addition, we now have an almost instant network of communication and other resources to use in the care of missionaries. Most missionaries in the world are within 36 hours air travel of their home country. The world has shrunk so that resources for care are much more accessible.

We believe it is time to make the radical shift from survival thinking to “thrival” thinking. We need to replace the goal for missionaries to “make it through somehow” to making it optimally, to actually thriving in their places and roles of ministry. We see enough examples of this positive orientation to believe it can be practiced universally. We see enough examples of those wilting because of the survivalist approach to know that it does a great disservice to the cause of Christ, the church, and missions. O’Donnell (1995) obtained ratings from 96 cross-cultural workers in pioneer situations, including non-westerners, and found that the average rating by them for the quality of team life they experienced was 2.75, on a scale of 1 to 5, with 3 being adequate and 5 being excellent. We believe it would be fairly safe to assume this rating would apply to their mission experience in general, since team life incorporates most of the dimensions of need we will be describing here.

A few examples illustrate the deficiencies of the survivalist and object mode. We know of a mission that believes it is not important for its workers to learn the national language. That would take too long and cost too much, so one person translates for a team of almost a dozen. Imagine the unnecessary stresses that adds to those workers! It seems analogous to asking a team to climb Mt. Everest without providing parkas, oxygen, training or conditioning. We know of missions which give people a few days of “training” in a U.S. city to prepare them for ministry in rural Africa. We know of missions who do so little screening that people end up on the field without the emotional or spiritual resources to survive the assault of culture shock, let alone to become effective in ministering.

We met one woman who went directly to the airport from her mother’s funeral (death by suicide) to a rural assignment overseas, with no support in sight. We know many missions which never give training on team work, yet use teams as their model of ministry. No sports team in the U.S. would even consider competing in a game if the teammates had never met or practiced together, or defined their plays. Yet missions routinely assign people to “teams” with little preparation about how they are to relate and work together. People are sometimes thrown together with little more in common than that they are assigned to the same country. The reasoning? It’s too costly of time and money to prepare people adequately. One missionary blithely told us, oblivious to the significance of his own statement, “Our mission policy is to only assign one couple per country, since two couples can never get along.” We have to ask, “What

kind of gospel are these people able to model?" Can they love the world adequately if they find it impossible to love each other?

This lack of training and preparation is sometimes rationalized on the basis of:

1. It costs too much in dollars or energy (to give the right tools and training).
2. The need over there is so urgent you must go at once.
3. We don't have enough time to train you.
4. Anyone can do the job who has a subjective sense of God's call.
5. You can "do all things through Christ." (But there is no teaching on how to distinguish what Christ asks from what everyone else expects.)

We learned first hand of how devastating this last rationalization can be. We were overseas teaching when a young couple asked, in tears, to speak with us. They were very exhausted and depressed, and were wondering what was wrong with them. We asked them to tell us about their responsibilities since coming to the field. This is what they faced: Soon after college, they got married and went to the field to be house parents for a mission. They had a toddler and an infant at breast, and were parenting 23 children ages 5 through 17. The wife also had six national household workers to supervise. In her spare time, she followed the airplanes by radio whenever they were flying in the interior. In his spare time, the husband did the purchasing and shipping for members in the interior. They were finding it impossible to keep up, and were feeling increasingly discouraged and depressed. They considered the problem was their own inadequacy. It had not occurred to them that their leaders were asking far more than was reasonable. Fortunately, we were able to encourage them and reassure them they were not deficient or unspiritual, as they feared. We helped them practice some assertiveness skills so they could speak to their leaders about their needs and their limitations, and ask to have their responsibilities reduced to a reasonable level.

Operating out of a mechanistic, task oriented approach relegates people to "slot filling" and to being discarded once used up. This attitude minimizes the need of the organization to care for people as persons. Such an orientation causes great harm. Also, insufficient knowledge about human needs and the complexities of cross-cultural adaptation and the demands of language learning, as well as over-simplification of the "task" of missions may contribute to inappropriate expectations on the part of leaders. They may look only at the maximum output which can be squeezed out of people, rather than seeing their needs as whole persons, with multi-dimensional lives. Another example of this view comes from our experience in the Amazon, where the temperatures are usually 90+ degrees, with 90% humidity – enough to wilt just about everyone. When it was finally feasible to have air conditioning, the airplanes and computers got it years before any of us people did. That equipment was expensive, after-all, and good stewardship meant prolonging its life by keeping it in clean, cool air.

The body of Christ is an organism, whose functioning should be growth oriented, nurturing, and interdependent. Isn't it contradictory to intend to honor Christ by building His body around the world and at the same time to treat His members as objects rather than persons? He has designed us, His children and chosen servants, for eternity. Should we see only the short term work each other can accomplish, rather than promoting His long term goals of growth and

service which brings Him pleasure?

What we report here is based upon the personal stories of many cross-cultural workers, representing many organizations, countries and ministries. We know first hand that even the best organizations sometimes don't do as well as they could in caring for their personnel. We have also seen extraordinary understanding and kindness in many people's lives as their organizations helped them over difficult times in their lives. And, we have also seen situations which have been harmful to individuals and families. Sometimes it seems this happens from organizations not knowing how to do better – and sometimes from knowing better but neglecting to do better.

## Types of Appropriate Care

In another paper we have described the process of how missionaries become sick and, through a “tumble down” process, are knocked out of ministry. That paper discusses the kinds of care needed and types of interventions appropriate at various levels of care. (See “How People Get Sick and Wounded,” presented at the Mental Health and Missions conference.) A chart of interventions from that paper is included at the end of this paper.

We use an acronym for identifying five dimensions of care and the interrelationship of these to one another: SPARE. SPARE can be personalized (SPARE Yourself!) or applied to others (SPARE Your Missionary!). When we add a sixth dimension, we call it SPARE-O. (This seems appropriate since our Father in heaven cares for even the sparrow who finds a home on His altar or falls from its nest. Since He cares for such a tiny creature, should we not give even more care to His children, His image-bearers?)

The five dimensions of human development, and thus of the kinds of care needed by people are:

- a. spiritual
- b. physical
- c. actualization (achievement, learning, professional development)
- d. relational
- e. emotional

The sixth dimension is **organizational**—the relationship of the person to the organization. Perhaps we should start with this, as the organization is the environment or ambience in which other needs are embedded, and are either attended or neglected. From this perspective, the organization has crucial impact and influence, just as do families of origin and culture.

1. **Spiritual care:** In general, missions have placed most emphasis on what are perceived to be the spiritual qualifications of a person, emphasizing the call to mission, training in Biblical studies, evangelism, and practical Christian service. There has been some on-going spiritual care of missionaries, most often in the form of visiting pastors or occasional speakers. In our experience, both as missionaries and care-givers, it seems the general assumption is that people will be able to feed themselves from the Scriptures, continue to develop their relationship with God, and grow in their spiritual lives with little or no help or stimulation from others. We have seen very little actual training in how to grow spiritually, how to feed oneself from the Word, and how to sustain oneself when far from a supportive community of faith. The relevance of such

training is even more crucial now because of the prior experience of people coming into missions, with more candidates coming from broken homes and often having been seriously wounded before coming to Christ. Our impression is that in recent years more missions are providing for pastoral care, regular teaching, and encouragement of growth – but more needs to be done. Spiritual growth happens coincidentally for most missionaries, as they are pressed to God by the extreme stresses, rather than intentionally. The lack of care pushes some out of mission work and leads to disillusionment, discouragement and even estrangement from God. This is especially true when abuses of spiritual power occur, when spiritual values focus on the responsibility of followers to be compliant and unquestioning rather than on the responsibility of leaders (and the organization) to nurture, build up and care for those under their leadership.

Most of us eschew the absurdities of “political correctness,” yet in the church and missions we often operate on equally absurd “spiritual correctness” which may come from twisting spiritual truth and values. We need to honestly evaluate these tendencies and ferret them out. Telling the truth is not always easy to do so missionaries use euphemisms and “nice” language to obscure facts some people think should not be revealed. This is especially true when people give reasons for why they drop out or return prematurely. The real truth is often a long way from the “spiritually correct” answer. If your daughter has been raped in the village, and has witnessed so much violence that she is ripped apart spiritually, emotionally and physically, you might be encouraged to say you are going home to take care of your aging parents. That is more “correct” than saying you are doubting God and struggling with your faith because God did not protect your child.

The whole missions endeavor is based on spiritual reality, principles and values. Building the Kingdom of God and establishing the body of Christ are spiritual work. Having an appropriate understanding of this, based in the Scriptures, is crucial. Our work is all about joining in the battle against Darkness, the Father of Lies, the Enemy of our Lord. Yet, many missionaries have no preparation for spiritual warfare. Spiritual preparation and on-going care must take into account that the spiritual battle is real. Missionaries must be taught, trained and equipped for battle. They must have proper support and back-up. To send them into battle without these is unconscionable. It is like sending sheep out to be devoured by wolves. Scripture tells us that we have an enemy who wants to devour us. Is it appropriate care to send people out unawares, unprepared, unequipped?

### **What’s needed?**

1. Teaching, training and equipping for spiritual warfare: This needs to be part of all candidate preparation. To not provide this is negligence. We have found, first hand and through countless stories from others, that we can withstand even horrendous onslaughts from the enemy if we are prepared and have a loving, caring body of believers around us. We also have seen that without spiritual preparation and faithful prayer, God’s children are sitting ducks for the enemy. Every believer needs a “survival team” to draw around himself or herself; how much more so those who are doing battle on the front lines. Jesus himself told the parable of the Master who sent out His servants to collect the rent on the vineyard. Each one was beaten and sent home empty handed, not because of failure, but because of faithfulness.

2. Pastoral care: Pastoral care in the form of a designated pastor for mission personnel

should be considered crucial. This can be provided for groups on the field, or in an itinerant way for those more isolated. Regular and frequent pastoral care is essential! Even “the best” and “the strongest” missionaries will benefit from such care. Missions need to value this care highly enough to assign personnel to pastoral, spiritual care, including teaching, hearing of confession, serving the sacraments. It isn’t very practical to expect that administrative personnel, such as supervisors, are going to be able to pastor people on the field. They usually have different temperaments, gifts and orientation from those who fulfill pastoral roles. Sometimes the difficulties they face are *because* of the supervisor. Expecting their supervisor who is causing them distress to “pastor” them puts the missionary into a difficult position. Not having sufficient pastoral care in Peru was a hardship for us. We only had opportunity to take communion once a year on our mission center. It would not have needed to be that way had we had a regular pastor for our body of 250 missionaries.

3. Self-feeding and support: Basic missions training should include how to study the Scriptures in order to feed oneself (not just cognitively, but at a heart level), and how to create support systems such as prayer/care groups and prayer partners. It’s fairly typical that missionaries don’t have the luxury of going to regular fellowship such as one enjoys in the homeland. Thus knowing how to feed oneself from the Word is crucial. Knowing a variety of approaches and methods of Bible study and devotional life enrichment enables a person to survive, and even to thrive. Not knowing leads to spiritual malnutrition. Taking responsibility for one’s own spiritual growth is foreign to most church goers; it should be taught to missionaries.

4. Teach “one anothers”: Teaching people how to support and care for each other should be set **as a priority of mission preparation and service**. Caring for each other is implicit in the meaning and practice of the gospel, yet many missions treat it as a luxury to be tacked on if people have enough time after their “work” is done. Jesus said, “...by this (how you love one another) will all men know that you are my disciples.” We need to elevate His view, to see that loving each other is the primary means of “doing missions.”

An example illustrates the importance of this principle of loving each other ahead of “the work.” While we were serving in Peru, there was a spiritual renewal among the SIL people which came after about twenty years of very arduous work in translating the Bible for tribes in the Amazon. People had grown exceedingly weary in well-doing, and many were losing heart to the extent of quitting. One of the results of the renewal was the love and caring for each other which developed to such a degree that it became notable to outsiders who came to visit the jungle center. Visiting professionals wanted to know what our “management secret” was that produced this result. Catholic religious who visited said that they experienced “community” more intensely there than they had in other places where they had lived and worked. The result of this caring was a spiritual explosion among the native churches and great leaps forward in the fruits of Bible translation.

5. Re-examination of spiritual values and definitions, and how they are practiced. Why do we give more emphasis to serving, following, compliance, niceness (not confronting or questioning), fitting in, faithfulness, obedience, etc., than to other Biblical values such as telling the truth or confronting wrong doing ? (Jesus openly acknowledged that he insulted the Pharisees when they called Him on it! He did not apologize for telling the truth.) Why don’t we emphasize

more the responsibility of members and leaders to care for each other, to nurture, build up, “love according to knowledge and wise insight”?

**2. Physical care:** For generations, the only “honorable” way to escape mission service, once begun, was to become physically ill. Withdrawing from service due to other causes was not honorable. This attitude seems to have developed because of the recognized role of disease agents, which one could not help contracting. This made a clear case for the person not having “failed;” disease was beyond one’s control, therefore one was not held accountable for becoming ill.

It is appropriate to view physical illness somewhat differently now, however. It is also highly appropriate to think of it in terms of PREVENTION and not solely from a curative perspective. The interplay of physical and emotional is much better known now than in previous decades. We know much more about the role of stress of all kinds upon the immune system. Psychosomatic disease is real disease, resulting in real dysfunction. Physical illness, due to whatever origin, effects all the other dimensions of functioning in quite a predictable fashion. It must be taken seriously. People must be cared for consistently and regularly, beginning with prevention methods (such as health and food education and immunizations) and progressing to regular interventions for preventing or minimizing budding illnesses. (See the Mental Health and Missions paper.)

We also know much more about prevention of harm at a macro level nowadays. Given that many missionaries around the world live and work in unsafe environments, often with open warfare, terrorism, and the threat of kidnapping or assault, we ought to make use of all that has been learned in the prevention and minimization of harm. Contingency planning is a pro-active way to prepare for the likelihood of kidnapping, terrorism, and other endangerment. We were tremendously impressed by the protective power of such training when our daughter was held up by a man who claimed to be a member of Sendero Luminoso in Peru. She handed over her valuables, but was most terrified that he would kidnap her little Andrew. She related later that she recalled her contingency training and was able to stay calm and act assured even under his threat that he had eight accomplices watching her movements when he released her. Her SIL colleagues practiced what they had learned about critical incident stress debriefing (CISD) and she recovered from the incident without developing post-traumatic stress syndrome (PTSD). We were enormously grateful that God protected her and her unborn twins, and that SIL had the wisdom to provide such training for the team in Peru. Other colleagues in Peru were captured and sentenced to death by Sendero, but also remained calm, interacted with their captors, and were released the next day. They had the assurance to even teach the terrorists how to use their projector to show the Jesus films. God’s sense of humor no doubt – the Sendero troops showed the movies all over that region of the Andes, and one of them was converted and went off to Bible school!

Another component comes to us from the experience of the U.S. Military. As a result of the high rates of PTSD in troops after the Viet Nam war, the military changed its training and deployment procedures. During the Gulf War units were trained together, deployed together, brought home together, debriefed together. The vital role of a close functioning unit was impressive enough to change the Army’s way of doing things.

## **What's needed?**

1. Initial health screening. Agencies need to provide for careful initial health screening, giving watchful attention to the underlying basic health status of a candidate. This includes both physical and mental health. It is a major indicator of how resilient a person will be under the high stress of mission training and field life. One's physical and emotional history are the best predictors of future health and resiliency. Certain problems predispose persons to illnesses which may make functioning in field situations difficult. Someone with experience in the field or world region where candidates will be assigned needs to make the careful assessment of their health in the light of realities there.

2. Appropriate insurance. Once accepted for service, agencies need to provide appropriate insurance for both physical and mental health care. In the stresses of the first term and especially in hardship locations, there is a greater likelihood of health problems. Providing good insurance is a means of caring for people. Yet, few missions include insurance for the areas of health most likely to be assaulted. Depression is more likely than a heart attack while on the field, yet few agencies provide mental health coverage in their benefits. In our 13 years of caring for hundreds of missionaries in Peru, I saw only one expatriate with a heart attack but many who were clinically depressed and even at times suicidal. Ideally coverage should be available within the country of work, not just within the homeland. (Providing care in lieu of insurance is sometimes possible. Placing medical personnel on the field to serve members is most desirable. For example, AIM and SIL have a cooperative mental health clinic in Nairobi, staffed by two psychiatrists and other personnel.)

3. Inoculations and training in food and water handling: If ministering outside the U.S. or Western Europe, this is essential. The Center for Disease Control in Atlanta publishes guidelines regularly for inoculations for diseases worldwide. It is crucial to follow their recommendations. People should be taught about diseases endemic to their areas (such as schistosomiasis in Africa), and especially about protecting themselves against AIDS and other diseases by carrying their own syringes and medicines, avoiding blood transfusions and other invasive procedures. Training should include how to sterilize and store water, meat, fruits, and vegetable and dairy products. Not knowing such basics may result in frequent, debilitating illness, and even loss of life.

4. Frequent leaves and more travel funds. Agencies should recognize that when they place people in locations where local medical care is unavailable or not up to standard, they might need to leave more frequently to secure good medical care. This may mean higher travel benefits and more frequent leaves. When possible, visiting medical personnel can consult with workers about their health concerns, especially helping them sort out when they need to leave in order to get appropriate care. Missions might be able to recruit consultants to visit fields, though they should be alert to ethnocentric knowledge of disease. Consultants are most useful when they are knowledgeable about local diseases.

5. Designate a health worker in the home office. Another medical benefit, easily accessible now, is to have a designated health worker in the home office to correspond by e-mail with field members, and to connect them with professional resources for advice. Outside entities can also provide such services.

6. Contingency planning: Provide contingency training to prepare people in advance how to deal with crises, sudden evacuations, the outbreak of war, and so on. Critical Incident Stress De-briefing should be provided for members after traumatic events. Most psychologists are not trained in this method, which is not therapy; it is prevention. Training in crisis prevention and understanding of post traumatic stress disorder (PTSD) is enormously helpful. Goode (1995) provides an excellent overview of crisis and contingency planning.

7. Crisis teams: Have in place a crisis team from within the organization or another entity to respond immediately to disaster and crisis. Kelly and Michelle O'Donnell (of Member Care Associates), Karen Carr, Bruce Swanson (CBI) and others have been laying the groundwork for a mobile crisis team. Perhaps your agency can support their efforts.

**3. Actualization:** Cross-cultural workers have the same needs as their home constituency for ongoing learning, both personal and professional. A wise agency looks out for the achievement needs and growth needs of its personnel. A long-haul perspective accepts the validity of a person's need for stimulation, change of pace, and exposure to others in his or her field. A short term perspective values getting more current work done over the benefit of keeping persons growing and thus developing more potential to contribute. SIL provides a good example of development among linguistic and Bible translations personnel. They are encouraged to attend workshops on the field, meet with consultants, update, do advanced degrees, write professional papers, and in other ways enhance their ability to contribute to their own growth as well as to the goals of the organization.

### **What's needed?**

1. Promote life-long learning: Agencies can introduce the concept of life-long learning and growth in the initial training of candidates. Trainers would ideally model the benefits to the person, as well as to the organization.

2. Encourage growth plans: People can be encouraged to develop growth plans for themselves, not just their work, and to talk regularly with supervisors and supporters about how to implement their plans.

3. Foster continuing education: Missions can direct people into courses, degree programs, and other forms of training which enable them to stay current in their fields as well as to continue enjoying learning. Allowing "assignment time" for study programs is one way to encourage people to grow, so they are not forced to give up vacation time for development.

4. Teach adult development: Understanding adult development can help administrators recognize when personnel may be transitioning into another life stage with new desires and requiring new skills. These maturing persons begin new ministries or assignments. In some cases, individuals might "grow out" of an organization because of their personal development. They may need to go on to another kind of ministry which better fits their new growth and skills. A wise organization will see such growth as beneficial rather than as a threat to the status quo.

5. Regular job reviews: Another crucial aspect of continued learning is having regular – at least annual – job reviews, in which each person receives feedback about job performance,

mission roles, and perceived needs for growth. Workers can give feedback about their role contentment, needs for further training, etc. It seems few missions have such a regular review process. One major benefit is that it provides a natural avenue for feedback, so that confrontation is not so feared. It also spares the worker the traumatic experience of being told, on the eve of furlough, or while on furlough, that he or she is not wanted back. Issues and concerns are dealt with all along during field life (or home assignment), instead of being “stored up” and dumped after there is no opportunity for improvement.

6. Due process: Along with regular performance reviews, missions should have in place a clearly communicated “due process” for handling grievances, allegations of wrong doing, failure to meet expectations, and so on. With such a process available there is higher likelihood of restoration when a person gets wounded and is thereby set back in development and ministry.

**4. Relational care:** We believe the church in general, and mission as an extension of it, needs to re-affirm that our call to Christ is a call to relationship. We were not meant to live independent lives, but to be interdependent as the body of Christ. Yet, missions often give only lip service to the importance of living in community and in intimate relationship with one another. Part of this may be based on our American values of independence and self-reliance. Some have policies and practices which pit relationship against “getting the job done” – as though the call of loving people on God’s behalf, so that they come to know and trust Him, is a task to be ticked off a list. Some groups seem to measure “spirituality” by the amount of work done, the hours spent in busyness, the miles driven, rather than by the outcome of people transformed, by being loved to Christ. They may promote activities while neglecting to build relationship within mission families and among team members. This communicates a false gospel, an empty spirituality. Part of this may be because most of us have not experienced this kind of “community” life in our home country and thus don’t know how to create it when we move to another country.

We have a friend active in the Korean missionary movement. He is a third generation Christian. He tells us that to this day “spirituality” in a Korean pastor or missionary is measured by the degree of neglect of the family, because the early missionaries to the Koreans modeled their “spirituality” by being so dedicated to the church that they neglected time with their families. This neglect became a (false) indicator of dedication. We know of other situations where mission team members are too busy to relate, and do not truly even care for each other. To what extent is the gospel hindered when Jesus’ mandate for our loving one another is ignored, and even de-valued?

#### **What’s needed:**

1. Value relationships and teach skills: Missions need to teach and model the importance of relationship, within the family, the partnership, the team, the organization. To attempt to make converts without having the basics of relationship building in place is misguided and likely ineffective. Communication and intimacy skills, friendship building skills, support group formation and maintenance, and a host of other skills should be taught as essentials in training. Conflict styles, attitudes and assumptions need to be examined. We have seen teams grind to a halt, or explode, because team members lacked basic skills in communication and conflict management. Considering that Jesus said we will be known as His disciples by our love for one another, it makes sense that Satan loves to use conflict as a means to destroy missionaries. How

many candidates are taught about the enemy's strategy for attempting to destroy them and their ministries?

People can only remain healthy and optimal in their relationships through good communication and intimacy. Intimacy is the life blood of relationship, as essential as the flow of blood is to the health of the body. Without it, people wither up, lose their resiliency, and lose heart for reaching out to others. Without close relationships in a field setting people become isolated, alienated, and ineffective. They may become physically ill.

SIL friends Glen and Linda Smith, who have worked under terrorism in both Peru and Papua New Guinea, call their support group their "survival group." Through the years it has been the intimate relationships within their small group that has sustained them through multiple hardships. They have supported each other, prayed, interceded, and sustained each other in many practical ways. That has been our experience too.

2. Include self-study in training: Self-study is an essential aspect of teaching about relationship, for without understanding who we are, and what made us as we are, we can not relate freely to others. A program such as Wycliffe's Quest (a 30 day orientation program), as I taught it for seven years, modeled how such self-study is a productive beginning in teaching relational skills. We need to understand and accept ourselves, plus deal with past wounds and deficiencies in order to get past ourselves to minister to others.

3. Foster relationships across agencies: Missions should foster the building of a wide network of friendships, across mission lines, denominational lines, and cultural lines. We know one situation where a young family in a Muslim country were never told by their burned out colleagues that any other missionaries or Christians existed in a particular city. They endured two years of isolation before discovering some other missionaries who were eager to include them. They did not have to live such lonely lives!

4. Allow "time outs:": Another practical way agencies can care for members is by allowing for "time out" when people are in trouble relationally. Without being punitive, emphasizing caring, leaders can allow couples, partners, and teams time off from regular work to mend their relationships. Keeping healthy relationships also protects missionaries from being drawn into unhealthy and addictive habits, which are maladaptive ways of coping with pain and discouragement. Giving time out for restoration is far cheaper than treating addictions to alcohol, drugs or sex, broken marriages, disturbed children, suicide attempts or collapsed teams. (The average cost of treatment programs for addictions or suicide attempts, for instance, is \$1,000 to \$1,500 per day, usually requiring at least a 30 day stay.) Losing a family to mission service, even within the first term, easily mounts up to a half a million dollars of mission money lost! The human cost, of course, far outweighs the dollar cost.

5. On-field workshops, marriage enrichment, etc.: Many kinds of enrichment can be taken to the field setting to help persons enjoy healthier relationships. Parenting workshops, marriage encounters, personality type, communication skills and experiential learning lend themselves to workshops or mini courses at field sites. We often take such training to the field, and in addition coach and counsel missionaries about how to keep their lives in balance.

**5. Emotional care:** Emotional care, is of course, tied directly to relational care. Missions do have every reason for fostering the healthy emotions of their members, even though some leaders idealize missionaries as “pioneer types” who supposedly need no one but God. None of us was designed to be independent; some of us just have illusions that we are. We all have emotional needs, and to the extent that they are met in healthy ways we live and minister effectively.

Every person needs to feel that he or she is wanted, included, valued, appreciated. We all need to know that people around us love us, respect us, value our gifts and contributions. To the extent that a community, whether mission or church, communicates this love and care, its members are filled up emotionally in order to minister to others. Emotional emptiness is like an empty gas tank, stalling attempts to minister because the person has used up what he or she once had to give. Much burnout is created by emotional expenditures exceeding emotional intake over a long period.

In missions we especially need to be alert to and sensitive to the needs of single persons. Without close relationships, singles will not likely function any better than a person in an unfulfilling marriage. We all must be emotionally nurtured by someone, hopefully by at least a spouse or partner and a small group of people. Singles need families. Families need singles. We need to be careful to not over-use buzz-words like “dependency” or “co-dependency” in mission. This sometimes does an injustice to singles who have a legitimate need for interdependency, just as do married people. We notice that those who most often accuse singles of “dependency” are themselves very dependent in a marriage – but they fail to recognize that their marriage is providing the support which they seem to think singles do not need.

### **What’s needed?**

1. Provide healthy channels for relationships: As organizations and leaders we must provide healthy channels for people to build close relationships so that their intimacy and nurture needs can be met. This will undoubtedly require a commitment of time, dollars for getting people together, and energy on the part of leaders. But, as with all prevention strategies, a dollar spent now is a hundred saved in the future. To not attend to emotional needs is to increase the rate of illness, depression, and attrition.

2. Accept the importance of relationships for emotional health: The strategies listed above under “relational care” apply to emotional care, since the two dimensions are so interrelated.

3. Consider single persons: Be intentional in including singles in activities. Give them the same considerations as families. For example, don’t assume that because a woman is single she has any less need for creating and maintaining her own home, relating to men, or enjoying family activities. When we first went to Peru almost 30 years ago, single women and men worked 48 hours a week. That seemed unfair to me, as the men all had wives to care for the house, cook, clean, shop, arrange social activities. The single women did not have wives, obviously, but no allowance was made for their needs to care for these matters of daily life. We became advocates for them to have Saturday off. And during that time, it was typical for singles to be asked to move much more frequently than families, or to be randomly assigned housing partners without

consent.

4. Plan and practice means of affirmation: One way emotional needs are met is through periodic and formal expressions of affirmation. People need to be appreciated, and to be told that their dedication and service are noticed and valued. Just because we have given up much to follow the Lord in mission service, we should not assume that we should overlook appreciating others who have done the same. Having some kind of group recognition, such as a gift for years of service, provides a natural avenue for expressing thanks. One of the high lights of our years in Peru was during dedications of some New Testaments. The program leader would often ask us to stand, based on how our work had contributed to the translation of the Scriptures. It was exciting and awesome to see two or three hundred stand--pilots who had flown the translators, nurses who had talked them through illnesses by radio, doctors who had delivered their babies, teachers who had taught their children, grocers who had supplied them food, printers who had made primers and Scripture portions, intercessors who had prayed.... By the end, we would all be standing, rejoicing that together we had made possible the translation of a New Testament in a language which had never even been written down before. Secular organizations give visible recognition – plaques, emblems, etc. for recognition of service to the organization. Does your organization give any recognition for time spent with you in service, even if for only 5 years?

6. **Organizational care**: In one sense this sixth dimension of care could be placed first, for it is within the context of the organization that our other needs are either met or left unmet. We believe that missions need to take much more seriously the degree to which the organizational personality, ethos, philosophy, leadership style, culture and policies color the lives of the people within them. It seems this reality is often overlooked. We teach about cross-cultural adjustment, but rarely about organizational adjustment. In reality, we usually have to adjust simultaneously to both a new cultural context and a new organizational environment.

Other than giving a general orientation to a mission's structure and hierarchy, some history and introduction to policies, it seems most missions give little thought to the relationship of its members to the larger body. Thus, most members are not prepared to deal with the rather amorphous "they" who begin to structure and oversee their lives in myriad ways. Because ministries in general, and missions in particular, exercise widespread authority and influence in the lives of their members, this lack of information is a crucial area of neglect. People need to be given clear expectations about the involvement of an organization in a person's life. Unclear expectations about resolving differences, for instance, create difficulty. Having clear expectations is especially hard in a democratic organization, when the "they" is really "we." Which "they" do I protest to when "we" is hurting "me?" In a more top-down authority structure, members are more likely damaged by decision making about their lives and ministry which excludes them from the decision making process or appears unresponsive to their needs.

We need to keep in mind that an organization is a living system, hopefully an open one. It is characterized by the complex interaction of power, structure, individual members, history, leadership styles, goals and vision, philosophy, policies and practices, unvoiced assumptions and expectations. There are both formal and informal structures and roles. Sometimes the system is faulty and the organization becomes the source of the dysfunction of its members, so the members become wounded by the organizational dysfunction. We believe analysis of member needs must

include assessment of organizational health. Interventions may need to include systemic changes, for it is highly unlikely to make a member healthy and keep him or her healthy while remaining in a dysfunctional system.

Leaders are, of course, the visible expression of the organization. Therefore they carry the responsibility of communicating to members that they are valued and cared for. Members need to be encouraged, affirmed, visited in their work places. They need leaders to embody the care of the organization, to express care and understanding. Members likewise need to care for leaders, for leaders are one of them, members of the same body. Members are guilty of hurting leaders, of not affirming, encouraging, appreciating. Members often elect leaders for their valued gifts, only to reject or discourage them because their leadership skills don't measure up to the levels of expertise they had in their chosen fields. How many great pilots, linguists, doctors, pastors, church planters, have suffered from being placed in leadership roles which did not fit them and for which they were untrained? How likely are they to affirm those whom they lead if they are not also being affirmed?

An example illustrates the complexity of life within a mission organization. A young couple raised what they were told would be 100 percent of their support, only to discover when reaching the field that the support figures were old, and that they in fact had only 70 percent of what was needed. Lack of funds left them feeling trapped, because even getting together with colleagues in the same megapolis required money for transportation. The wife could seldom go out with little children. Pregnancy, loss of a baby, and isolation led to depression. No one in the organization took responsibility for the compounded errors; the couple felt little care was communicated. Both husband and wife became disillusioned with an organization they had expected to care for them abroad as it had overseen them in the homeland. Who was to blame? Who had the power to correct the errors? The diffusion of responsibility made resolution of the problems very difficult.

They described their predicament with a metaphor. They felt they had been launched into the sea, but half way to the other shore their sails were ripped off, the wind ceased and they could no longer sail forward. Neither shore was visible. They knew not where or when they would again see land.

Another situation we have seen is failure to define key operating terms, such as what a team is. Prior understanding of what "team" means can help new comers as well as veterans. We asked members of one team to define "team." "We work in the same country so we are a team. (Although ministries were not coordinated)." "We want a 'family' where we can make decisions together and we will all do what we agree upon and where we will be nurtured by each other." "I would like a leader to tell us what to do, and then we will all do what he says." "I would like to work on my own ministry but have it coordinated with others who are doing other ministries so that they inter-link." No wonder that there were difficulties on the team. Perhaps there is no "optimal" team, but at least members need to be clear how they inter-relate and agree on what they expect of each other. The potential for disillusionment and disappointment is high without prior agreement.

Perhaps the most crucial aspect of organizational care (or distress) is how leaders

function. We have seen enormous traumas and devastation caused through organizational errors or misjudgments. Usually these come about because of diffusion of responsibility or a particular leader taking on power which he or she does not actually have. A field leader, for example, may compel the resignation of members or send them home, even though it took dozens of people to get them into the organization and to the field. Lack of due process and unclear lines of authority, plus abuses of power can lead to devastating results. We know of cases of Post Traumatic Stress Disorder precipitated by organizational “malpractice” with outcomes in people’s lives that are just as devastating as rape, robbery or assault.

We believe missions, the world-wide outreach of the body of Christ, ought to live by a **higher standard** than do organizations in the world in general. Our experience points to quite the opposite, however. We sometimes see missions operating below the standard, most often out of ignorance of appropriate and fair ways to relate to personnel. Abuses of power are tolerated or excused on the basis that “Christians should not sue Christians”. The result is that some leaders in some organizations seem to act as though they are not accountable. It appears they lack the basic safeguards for fairness and justice which are practiced in secular organizations. Leaders forget that, as Paul said, “God gave them authority to BUILD UP, not to tear down.” (2 Cor. 13:10 Phillips) Over-emphasis on the values of servanthood, obedience, humility, and compliance in followers as being synonymous with spirituality pave the way for the tolerance of abusive misuse of power. Those who are wronged are encouraged to forgive and forget; they are to put it behind them and not seek resolution or correction in the system; that’s the nice Christian thing to do. Those who abuse power are often neither reprimanded nor removed from a position which allows abuse to continue. The “whistle blower” is often cast as the wrong-doer, rather than the abuser of power being viewed as acting wrongly. We believe a serious re-examination of attitudes about these matters is warranted.

British psychiatrist Dr. Marjory Foyle recently did a retrospective study of 300 cases of depression among expatriate workers. She found that organizational decisions or handling of issues were a major factor in precipitating depression. (Her study is not yet published.) Our experience with missionaries is consistent with her findings.

In another paper, presented at this IFMA/EFMA conference, we list several things which we regard to be mission malpractice. (See paper for workshop on Selection and Professional Ethics.)

### **What’s needed?**

1. Codes of ethical conduct: Mission agencies and leaders need to have clearly written **codes of ethical conduct for themselves** as agencies, as well as for their members. These should include clearly defined, published, description of “due process” for handling grievances, allegations, and so on. Lines of power should be clearly defined, both in reference to assignments and decisions about changes. No one person should have the power to put others out of ministry, field assignment, etc. If it has taken a candidate committee to accept people, it should take committee action to discharge them or in some other way encourage their departure. Personnel decisions should never be based on third-party allegations. Members “in question” should always have a right to their own defense, with evidence presented in person by witnesses rather than being based on hearsay. We know of cross-cultural workers sent home based on hearsay or lies,

with no recourse for appeal. We know of people who were “fired on furlough”, not knowing when they left the country that there was any problem. They had not been informed beforehand that they would not be invited back.

Amazingly, even these basic rights, protected in courts of law, are sometimes overlooked in some mission situations. Leaders sometimes assume that “spiritual authority” gives them the right to ignore fairness and justice. We have observed first hand the devastation created when these basic rights are swept aside and people are thrown out without regard to due process. Mission leaders do with seeming impunity what secular leaders would not dare to do because a court of law would find them liable for breach of fair process. It seems to us that such careless handling of members is as reprehensible as the “sins” or failings for which people are cast out. Such behavior is, among other things, a violation of trust, as we are to seek to restore one another when overtaken by faults (Gal. 6:1)

We believe it is imperative to establish a professional code of standards for missions – something akin to the Evangelical Council on Financial Accountability. Mission agencies would commit to adhere to such a standard and could use the label as they use the ECFA label. One function of such a body for setting standards and ethical codes could be to adjudicate grievances to give people a recourse without going to a court of law.

2. Regular performance reviews: Reviews (including informal mission roles and contributions) should be used to encourage members and guide their growth, preventing “last minute” or absentee expulsion from the field.

3. An ‘ombudsman’-type person: Agencies should accept responsibility to support, encourage, and aid members, both on the field and at home. A positive way to do this is by having a designated member care person, who among other responsibilities, serves as an advocate for those in any kind or state of need and who can hear and handle concerns with the organizational relationship. Wycliffe and some other large missions have been moving in this direction. Mission leaders should be trained in the care of members, learning how to identify their needs and make appropriate interventions with the organization when needed. Such a person is like the “spotter” on the gymnastics team who watches out for and catches those who fall.

4. Team training: Team training is essential for optimal effectiveness. This requires a large commitment of staff time, funds for training and on-field team maintenance. Yet, bearing the up-front cost of this will increase the long term effectiveness and reduce attrition, and in the long run, will cost much less. Clyde Austin and his wife have pioneered workshops for teams, as well as the parents and sibs of the team members to help bring the families along as strong supporters of their family members.

5. Teach about organizational expectations: If this is done in the beginning it prevents many problems and paves the way for more effective relationships. Reviewing policies for fairness and growth orientation is also important. What are the assumptions behind the policies? Caring for missionaries means moving away from punitive and stigmatizing requirements and toward restoration and teaching. It means assessing policies and practices and changing those which inhibit growth. It means keeping a very careful eye on the functioning of the organization,

as well as the effectiveness of the members.

Following are some specific ways to foster optimal development and prevent burnout in organizations. These cut across the six areas of missionary needs and care.

## **Ten Ways To Foster Optimal Human Development In The Organizational Setting**

1. **CREATE A CLIMATE OF TRUST.** This involves warmth, acceptance, genuineness, respect, honesty, integrity, consistency and fairness.
2. **MODEL EQUALITY OF PERSONS.** Differentiate the hierarchy of roles and tasks from the equal value of each individual person and his or her contribution to the team.
3. **MATCH PERSONS AND JOB ROLES/TASKS.** Based on temperament, motivations and job readiness/preparedness, persons should be placed in those roles which best allow for the expression of their gifts, motivations and experience. Persons not appropriately matched are more susceptible to burnout, as well as probably being less effective and less motivated.
4. **CREATE CHALLENGE AND OPPORTUNITY** which foster the development of persons intellectually, spiritually, morally, and which allow for acquiring new knowledge and skills.
5. **INVITE PARTICIPATION.** Participatory leadership and decision making allow a degree of involvement and “owning” of outcomes which contributes to the sense of worth of each person.
6. **REWARD DIVERGENT THINKING.** Allow for and encourage innovation, creativity and difference. In the long run these are the seeds for and source of organizational renewal and transformation.
7. **BE HONEST, OPEN AND TRANSPARENT.** Clearly communicate one’s self (especially as leader), vision, purpose, goals, plans, etc. (Hidden agendas on the part of leadership creates suspicion and mistrust.) Make expectations clear and give feedback regularly.
8. **RECOGNIZE, ACKNOWLEDGE AND REWARD** the contribution of each person, especially those who by personality or task are likely to be overlooked.
9. **PROVIDE SUPPORT and RESOURCES** which enable persons to meet the expectations and goals established, both personal support (such as for family and educational needs) and organizational support, such as funding, space, etc.
10. **AFFIRM! CELEBRATE! APPRECIATE!** - each person, each achievement, every effort.

# Ten Ways to Prevent Burnout in Your Organization

1. **RESPECT INDIVIDUAL DIFFERENCES.** Recognize that individuals vary in the amount and kinds of stress which they can carry (i.e., having different thresholds of over-stress). This is due to motivational, temperamental, physical and other factors, as well as to their differing levels of coping ability, skills and resources.
2. **PROVIDE FOR AND INSURE REGULAR “TIME OUT”,** and allow for unscheduled time out when the person needs it. In mission situations which present perpetual demands, four weeks vacation a year is reasonable, but more time off or out may be needed, especially in hardship locations. Time out on a daily and weekly basis needs to be insured as well.
3. **TEACH AND ENCOURAGE APPROPRIATE ASSERTIVENESS** which gives a person freedom to state or describe his or her needs, limits, desires, etc. Approachable and responsive leaders, plus members who can identify their needs and limits, create the most conducive organizational climate.
4. **LISTEN CAREFULLY AND WITH DISCERNMENT** to a person’s presentation of his or her limits, motivations, skills, etc., and to what the person says about his or her needs. Be alert to unspoken, non-verbal clues to over stress, such as “nervousness,” cognitive difficulty, or emotional exhaustion.
5. **RESPOND WITH EMPATHY AND WITHOUT JUDGEMENT OR CONDEMNATION** whenever a person indicates he or she is becoming over stressed, exhausted, burned out, etc. Trust that the individual knows better than anyone else when he or she is reaching his or her limits.
6. **OBSERVE CAREFULLY** for signs and symptoms (interpersonal, cognitive, emotional, physical) which indicate a person may be having difficulty in the job/role/situation. Assess these with professional help if possible. (Identifying ahead of time a backup team of professional resources for such consultation is very helpful.)
7. **ENCOURAGE AND PROMOTE PHYSICAL FITNESS,** both nutritionally and in terms of exercise. Exercise keeps one fit, which allows one to endure greater stress. It also reduces stress on a day-to-day basis by providing diversion and a break from the usual demands or interactions.
8. **IF INTERVENTION IS NEEDED** to protect either the individual or the organization from harm, it should be carried out with the utmost caring, loving concern, focusing on the person’s need for renewal rather than on the loss of competency, effectiveness, etc. **Inappropriate confrontation which makes the person feel rejected or judged as inadequate only contributes to the downward spiral and causes further loss of self-esteem, depression, etc.** For this reason it is always best to discuss the person’s needs, etc., face-to-face with him or her rather than to make any pronouncements or unilateral decisions without consulting the person. E-mail and telephone calls are poor substitutes for communicating in such highly charged situations. It is also crucial to protect the person by not sharing his or her private information inappropriately.
9. **RESTORATION AND RENEWAL OF THE PERSON** is the foremost goal in intervention. Be sure to communicate that clearly, lovingly, repeatedly.
10. **FOLLOW UP** regularly with those taking time out for periodic renewal or longer-term recovery to encourage and affirm them and their progress.



## Some Practical Ways to Meet Needs of Returning Missionaries

As an organization, you can also help your cross-cultural workers by providing for re-entry needs. Re-entry programs offered by agencies such as Missionary Training International or Heartstream offer several benefits to help missionaries make the transition back to the homeland. Such programs usually devote 7–10 days to one or more of these elements. If as an organization you can not provide for re-entry, you can encourage the sending churches in providing this care.

1. Buffer zone: A neutral zone of time between the stresses and work of leaving the field and the stresses and work of arriving home. This zone is both physical and psychological in nature, allowing persons to move towards some state of equilibrium before the next round of demands.
2. Rest: Time for the body to readjust to a new “clock” or time zone, new climate, and new physical demands.
3. “De-briefing” the field experience: This includes telling about one’s field time, including both negative and positive elements, with those who understand and have had similar cross-cultural experiences. This is important before encountering the reality that most of one’s home constituency do not seem to care to know in detail what one has experienced or accomplished. Having understanding and knowledgeable listeners begins the healing process. A couple who returned from Russia consulted us about their extreme stresses on the field. Months later they told us that their healing began when we listened to them for hours, validating their distress. We were the first ones to listen without minimizing the awfulness of their experience. Each time it had been minimized, they had felt even worse.
4. Re-assessing the field experience: This includes working on unresolved issues or conflicts, and working towards the healing of the wounds of service **before** entering the new round of stressors which furlough presents.
5. Update on the home culture: This provides both practical tips and insights into the changes in one’s own culture during the time away. Examples: how to use an ATM machine in banks and stores, how to use a microwave oven, new hair and clothing styles, the value changes in both secular and church society. This is especially helpful for MK’s who may not know U.S. coins, how to use phones, how to define a city block, etc.
6. Update on mission organization: Returning missionaries are faced with changes in the organization they have served, including policy changes, new leadership, new requirements, new methods, new acronyms, new departments.

In addition, some missionaries need additional care, particularly if they suffer from burnout, depression, chronic fatigue, painful field experiences or traumatic departures. In Heartstream Resources programs we focus on the 5–10 percent who return in crisis or with serious or severe problems. These include physical illness (especially chronic or undiagnosed), exhaustion, depletion, depression, emotional depletion, family and marriage problems, relational

conflicts on the field, “battle fatigue” of spiritual depression, oppression, crises of faith, burnout, etc.

These elements are almost always intertwined, as problems in one dimension invade all spheres of life when not attended immediately. Our focus is on restoration in the physical, emotional and spiritual areas of life through **in depth time**, assessment and care by **a team of professionals** via these modes of therapy: time out for rest and reflection **with no demands for giving**, medical assessment, treatment, counseling of various types, education, new skills, spiritual nurture and care and other related therapies. At Heartstream we offer more than can usually be included in a traditional re-entry program, including broader and deeper support **in community** by **a team with overseas experience**. Healing is best promoted in the loving, caring, body of Christ in **intentional community**.

## Conclusion

We are called to care for God’ children and servants in the world of mission, especially whenever we have any role of leadership among them. We need to take this challenge seriously, knowing that God Himself is our resource. We realize that what we suggest here is comprehensive and costly. It may seem overwhelming to missions which have limited resources for member care. Yet it is reasonable, and achievable. If we as leaders will commit to and accept responsibility to channel God’s abundant resources to those under our care, He will provide. He offers us “everything we need for life and godliness, according to His great and precious promises...”. (II Peter 1:3 Ph.)

## Levels of Prevention and Intervention in Care

Level	What we see	Goal of P/I	What we do
1. Primary:  “Isn’t she/he beautiful?!!”	health; normalcy; strength life satisfaction	protect; prevent; strengthen coping skills; enhance normalcy & optimal growth	teach, model; nurture; nourish; communicate, inoculate, group skills, healthy groups and organizations.
2. Secondary:  “Catch it quick!”	microscopic changes; minute disturbances which are beginning of physical or emotional disease	detect incipient changes/problems; reverse the process; restore to normal; urge life–style changes (to reduce risks)	screening tests inventories questionnaires train, teach; organizational: job satisfaction interviews and performance reviews
3. Tertiary:  “I hurt!”	symptoms appear; trouble comes to consciousness; pain or distress	diagnose problem discover root treat symptoms to reverse process restore to normal function	testing, questions, interview, examine counsel, treat prescribe & proscribe make life style changes to minimize risk behavior; restore
4. Crisis:  “Call 911!”	life–threatening: physical illness or psychosocial crisis spiritual crisis	crisis management emergency or urgent care reverse process of disease; seek to restore function; some may not recover	life–saving measures long–term treatments and therapies change life–style radically

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