Missionary Member Care: An Introduction

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Preface

The psychology faculty at Asbury University asked me to meet with them about developing a course on missionary member care, a course that could serve as an “anchor” course for a member care emphasis in the psychology major. At the end of the meeting I noted that, as far as I knew, no text book was available for such a course, but that I would like to write one.

The cover of Office 2007 for Dummies notes that the book is also “A Reference for the Rest of Us!” Likewise, this book has two purposes. First, it is primarily a text for an introductory course in missionary member care, but it is not only a college text. It is written at a level and in a style that should be easy reading for anyone who is interested in member care, such as missionaries interested in moving into a position in member care, mental health professionals, physicians, pastors, and anyone else who is considering becoming involved in member care.

This book is an E-book and most of the information about missionary member care has been written during the last quarter of a century, so much of that information is available online. Therefore, links are included whenever possible to elaborate on the information presented here. The reader can either just read the simplified material in this book or click on a link to the source of the material and read it in the original.

There is no need to read the chapters in this book in the order they appear. The chapters do not build on each other, but each one stands alone, such as the FAQ’s on a website. The chapter titles are the major questions I have received from people asking about serving in member care.

Years ago when I entered psychology, journal articles ended with a section titled “Summary.” Back then I found it helpful to read the summary first to see if the article contained information I wanted to learn. Later the Publication Manual moved the “summary” to the beginning of each article and called it the “abstract.” With this change I could read the article in the order presented rather than peeking at the end.

Each chapter in this book begins with a short summary or abstract of what is in the article so that readers can quickly determine whether or not the chapter is one they want to read in more detail. I am calling this first section “Short & Simple Summary.” Read this summary to find out if you want to read the chapter in detail. If you are not interested in more information, that is fine. If you want more information, you will find it in the chapter, and you can click on links in the chapter to find even more information on the Internet. Then each chapter ends with an invitation to email me suggestions to improve the chapter. Just click on my email address and send me a note.

I owe much to people who read the manuscript. John Powell, Paul Nesslerode, Art Nonneman, and Yvonne Moulton all made comments on the manuscript. I considered all of the suggestions each person made and followed most of them. Of course, I did not make all the changes they suggested, so I take full responsibility for any errors in the book.

Blessings on you as you read.
Chapter 1

What about Dorothy and Felix?

Short & Simple Summary

From the very first term of service in Acts 13-15 when one missionary quit and went home after a short time, missionaries have needed missionary member care. This became even more obvious when the two remaining missionaries would not even return to field together for a second term. This chapter tells about the first term of missionary service of the family of William Carey, often called the “father of modern missions.” As you read notice how this family functioned and try to pick out specific needs for member care—think about what could have been done to prevent problems and what could have been done to solve them when they occurred. Here are the topics covered in the chapter.

Dorothy as the Wife of a Shoemaker
Dorothy as the Wife of a Pastor
Felix as a Preacher’s Kid (PK)
Transition to the Field: 1793
Dorothy as the Wife of the “Father of Modern Missions”
Felix as a Missionary Kid (MK or TCK)
Felix as a Missionary
What about Dorothy and Felix?

A good way to introduce missionary member care is by beginning with a well-documented account of a family serving cross-culturally more than 200 years ago at the beginning of the modern missionary movement. Dorothy was born into a farming family in England in 1756. Her family attended a small country church there in the village of Piddington.

Dorothy as the Wife of a Shoemaker

Dorothy met William, apprenticed to the village shoemaker, at church. Like most young women in her day, Dorothy could not read or write; however William read continually and became a prolific writer as well. All seemed to be going well when they married on June 10, 1781, just as the war with the thirteen colonies in America was coming to a close. Two and a half years later William and Dorothy inherited the shoemaking business when the shoemaker died, and their marriage seemed to be off to a good start. They were two Christian young people who grew up in Christian families, attended the same church, married, and set out to serve Christ in business in their village.

Dorothy as the Wife of a Pastor

However, things changed within a few years when William began preaching in village churches. Four years later (1785) they moved to Moulton where he became an ordained minister. Four years after that (1789) they moved to Leicester where he could teach school during the day, work as a shoemaker evenings, and preach seven times every two weeks. Even with all that work, the family struggled financially, at times coming close to starving. During this time they had six
children, and two of those died at the age of two. Up to this point they were a rather “typical” struggling pastoral family.

However, William became more and more burdened for the “heathen” overseas as the years passed. In 1792 he published a pamphlet about the obligations of Christians to convert “heathens” in the different nations of the world. Later that year, he became a central figure in the formation of a new missionary sending agency. Soon William volunteered to go to India as a missionary, and he wanted to take Dorothy and their children with him.

Felix as a Preacher’s Kid (PK)

Felix was born in 1785, the year his parents moved to Moulton where William became an ordained pastor. In 1788 William and Dorothy had another son (William) followed in 1789 by yet another (Peter).

The family moved to Leicester in 1789 where they had a second daughter, Lucy who died before she was two years old (their first daughter, Ann had died at about two years of age in 1784). Felix, along with the rest of the family, found the loss of another child very difficult.

William supplemented his pastoral salary by teaching school, and Felix was one of his pupils. With his schedule of preaching, teaching, and his increasing interest in missions, William’s work schedule was very heavy.

Transition to the Field: 1793

Here are some events during the first half of 1793. These are not intended to cover everything that happened, but they were selected to show the lack of member care:

- January 9: William and his friend John were appointed as the agency’s first missionaries.
- January 16: Knowing that Dorothy was reluctant to go as a missionary, Andrew (representing the agency) met with a friend to lay plans to talk with Dorothy. She refused when they met with her.
- February 1: France declared war on Britain.
- March 26: Dorothy, William, and their three sons (Felix, William Jr., and Peter) said their goodbyes to each other, not knowing when (or even if) they would meet together again as a family.
- April 4: William, John, and 8-year-old Felix departed on a ship to meet up with a convoy for India, but they were delayed six weeks on the Isle of Wight because of the war (Dorothy remained at home pregnant and with the other children).
- About May 3: Dorothy gave birth to a son and named him Jabez (because I bore him in sorrow).
- May 22: Still waiting for the convoy, William and John learned of a Danish ship soon to sail for India. William wanted to see if Dorothy would go.
- May 24: After traveling all night, William, John, and Felix arrived for breakfast. They pled with Dorothy during the meal, but she still refused to go.
- May 24: On their way to ask someone for more money, John suggested that they go back to talk to Dorothy, but William refused. John said he was going back alone. William said he could, but it was a waste of time.
- May 24: John met with Dorothy and told her that “...her family would be dispersed and divided forever—she would repent of it as long as she lived...” Dorothy agreed to go to India on the condition that her sister come with them too. Dorothy and William then convinced Catharine to go with them, packed, sold other possessions, said goodbye to family and friends, and raised money for travel in less than 24 hours.
- May 25: The whole family, including 3-month-old Jabez left for Dover!
• May 30: Representing the agency, Andrew wrote a fund-raising letter saying, that William’s “heart is happy, having his family with him. An objection against the Mission is removed, of its separating a man from his wife…” Andrew went on to say that if William had not “taken his family he must have come home again in a few years. Now there will be no need of that. He will live and die in the midst of 100 millions of heathens…”

Andrew also concluded that God had prevented the departure so that William’s family might accompany him so that “all reproaches on that score might be prevented.”

John was pleased. William’s heart was happy. Andrew, the agency, and supporters were satisfied.

What about Dorothy and Felix?

Dorothy as the Wife of the “Father of Modern Missions”

The couple thought they barely had time to catch the ship, but it was more than two weeks late. June 13, 1793, they sailed from England with four children under the age of eight, one of them only six weeks old. They sailed for nearly five months without a single stop in a port and arrived in India on November 11, 1793. During the few days remaining in that year they lived in two places, first in Calcutta where Dorothy and Felix became ill with dysentery (which lasted a full year) and then in the Portuguese community of Bandel.

1794 was a year of moving, loss, and stress. In January they lived in Manicktullo which William thought was too civilized. During February-April they began to build a home in the Sunderbunds which was characterized as a “malarious uncultivated district” in which tigers had killed 12 men during the previous year. In May they began a three-week river trip to their next home, but Dorothy’s sister remained to marry a man she met there. June-July they lived with acquaintances in Malda, and William commuted to Mudnabatti to work. In August the whole family moved again to be near William’s work. Their son Peter (age 5) died there in October. Following are quotes from William’s letters and journals during the next 12 years.

• 1795: “You know that Dorothy sent a letter express yesterday to me…” (in the letter she accused William of being “unfaithful” to her).

• 1796: “If he goes out of his door by day or by night, she follows him; and declares in the most solemn manner that she has caught [sic] him with his servants, with his friends, with Mrs. Thomas, and that he is guilty every day and every night.”

• 1797: “Some attempts on my life have been made…. I am sorely distressed to see my dear children before whom the greatest indecencies and most shocking expressions of rage are constantly uttered.”

• 1798: “Dorothy is as wretched as insanity can make her almost and often makes all the family so too.”

• 1799: “…such a time of wandering up and down and perplexity as we have never had.”

• 1800: “Dorothy is stark mad.”

• 1801: “She has been cursing tonight in the most awful manner, till weary with exhaustion she is gone to sleep.”

• 1802: “Dorothy is quite insane, and raving, and is obliged to be constantly confined.”

• 1803: “Dorothy is as bad as ever.”

• 1804: “Dorothy is if anything worse…”

• 1805: “Her insanity increases, and is of that unhappy cast which fills her with continual rage or anxiety.”

• 1806: “Poor Dorothy grows worse, she is a most distressing object.”

• 1807: “My poor wife remains a melancholy spectacle of mental imbecility.”

Felix as a Missionary Kid (MK or TCK)

Within days of arriving in Calcutta on November 11, 1793, Felix developed the “bloody flux” (dysentery), and it lasted many months. In fact, after the repeated family moves noted above, Felix still had dysentery when they arrived in Mudnabatti on August 4, 1794. His brother, Peter, died after a two-week illness on October 11, 1794. William could find no one to make a coffin, no one to carry Peter to the grave because both Hindus and Muslims have many taboos about such things. They could find no one to help within seven or eight miles, but finally two of the “lowest of the low” did help. Here are more quotes from various sources as Dorothy’s psychosis began and the children were caught between her wild accusations and William’s denials.

- 1797: William: “I am sorely distressed to see my dear children before whom the greatest indecencies and most shocking expressions of rage are constantly uttered and who are constantly taught to hate their father.”
- 1798: William: “Poor Mrs. C. (Dorothy) is as wretched as insanity can make her and often makes all the family so too.”
- 1798: William: “Mine (children) are very badly off for want of a school.”
- 1799: Printer William Ward arrived to set up printing of translations, took Felix on as an assistant, and met with Felix and his brother for Bible study.
- 1800: William Ward: “We keep her from table. She has got an unfounded idea that I beat the boys; and she calls me all the vile names she can think of.”
- 1802: Joshua Marshman writing about confronting Felix: “…his two eldest sons were left in great measure without control; hence obstinacy and self-will took a very deep root in their minds.”
- During the following years, William Ward had a lasting influence on Felix.

Felix as a Missionary

- 1807: Felix (21 years old) sent as missionary to Burma.
- 1808: While visiting in India Felix’s wife died. William took care of their three children and urged Felix to remain a missionary in Burma.
- 1809: William: “I wrote you (his agency) to interest yourself in sending out a young person as wife for my son Felix.”
- 1811: Felix married again and had two children by his second wife. All three of them died in a boating accident.
- 1814: William: “I mourn for Felix in silence, and still tremble to think what may be the next stroke.”
- 1815: William: “He (Felix) is shriveled up from missionary to ambassador…”
- 1816: William: “His (Felix’s) departure from God has nearly broken my heart. May God restore him.”
- 1816: William: “Felix has become an awful profligate.”
- 1817: William: “Felix’s extravagances had stripped me of all I had.”
- Felix married two more times and his fourth wife outlived him.
- 1822: Felix died (36 years old) from cholera or high fever.

What about Dorothy and Felix?

During their years in India the family moved from one site to another. They had little or no contact with other Europeans during that time. They had no Indian converts in the first seven years, though some expatriates from other countries were converted. They were often in danger from flooding rivers, tigers, jackals and other things. They repeatedly had many diseases including dysentery, malaria, and other parasites. Several times they actually thought they were going to die.
On December 12, 1807, William wrote a colleague that “…it pleased God to remove my wife by death. She had been in a state of the most distressing derangement for these last twelve years…” Dorothy, the woman who had expected to live the life of a wife of a shoemaker in England, died at the age of 51 after 14 miserable years in India.

Dorothy was the wife of William Carey, widely acclaimed to be the “father of modern missions.” No one can question the commitment, dedication, effectiveness, and discipline of William Carey—but what about Dorothy? What about their marriage relationship? How did this marriage of the “father of modern missions” influence those of missionaries that followed? What about Felix, the oldest child of this first missionary couple? Did William learn anything from these sad endings? Did mission agencies learn anything from them?

What member care needs do you see?

What attempts at member care do you see?

What about William? Imagine what he is going through.

We will return to this story repeatedly in future chapters as we consider missionary member care issues.

Chapter 2

What is Missionary Member Care?

Short & Simple Summary

Although some missionary member care has been done since the days of Paul in the New Testament, the modern movement has developed primarily since the 1980s. In this chapter we note that the term was not even used much in the 1980s. In the 1990s two terms “missionary care” and “member care” emerged as nearly synonymous. After the turn of the century most definitions included something about preparing missionaries to serve and helping them develop so they will have effective and sustainable ministries. Here are the topics covered in the chapter.

Missionary Care (1992)
Doing Member Care Well (2002)
Global Member Care Network (2012)

What did Jesus do?

If you want more detail and links to other sources, read on.

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Many words can be used to describe what takes place in missionary member care. Some of those words are friendship, encouragement, affirmation, help, and fellowship as well as
sharing, communicating, visiting, guiding, comforting, counseling, and debriefing. All of these, and more, are facets of member care given by people who understand the special needs of missionaries.

Of course, all Christians have the care given by the Holy Spirit, the one whom Jesus promised in John 14-16. Translated “comforter,” “counselor,” or “advocate,” the Greek word (paraclete) literally means one called or sent to assist another, someone who has been invited to stand by our side.

In addition to the Holy Spirit, God often uses other people to come alongside and help individuals, whether they are missionaries or in other vocations. Most people living in their passport countries have other individuals they can call on for help, whether pastor, counselor, or friends in a small group—such as a Bible study group.

Among missionaries who are members of some mission agency or church but serving in another culture, the term used for this process of having someone come alongside to offer help is “member care.” This may be something routine such as regularly scheduled visits from a pastor asking, “How are you doing?” Or it may be as rare as a psychologist rushing to get to a missionary within a couple days for a trauma debriefing to help prevent post-traumatic stress disorder.

During the late 20th century, missionary member care was often called just “missionary care.” That definition was rather self-explanatory. Many people gave a one-sentence definition, followed by a sentence or two to expand on it. In 1992 Kelly O’Donnell stated in the introduction to his book Missionary Care that missionary care had emerged, and it was “devoted entirely to the care of mission personnel.”

He went on to say, “Member care, a term which is frequently used to describe this field, refers to the commitment of resources for the development of missionary personnel by mission agencies, sending churches and other missions related groups. It is basically synonymous with missionary care, and I have chosen to use both terms interchangeably throughout this volume.” (pp. 1-2). This statement was followed by a longer paragraph unpacking the definition. The terms appeared about equally in the book.

- Part One was titled “Missionary Care Overview”.
- Part Four was titled “Mission Agencies and Member Care.”
- Chapter 1 was “Perspectives on Member Care in Missions.”
- Chapter 2 was “Historical Notes on Missionary Care.”
- The introduction to Part One defined missionary care as “a means of encouraging and developing those on the front lines of world evangelization.”
- As noted above, at the beginning of Chapter 1, Kelly and Michele O’Donnell defined member care as “the ongoing commitment of resources and potential resources by mission agencies, sending churches, and related mission organizations for the development of missionary personnel.”

This is followed by two paragraphs of a more detailed elaboration. This entire book is available to be viewed or downloaded at:

https://sites.google.com/site/membercaravan/test/mc-counting-the-cost-book-
**Doing Member Care Well (2002)**

A decade later Kelly O’Donnell titled his book, *Doing Member Care Well* and added the subtitle *Perspectives and Practices from Around the World* (2002, William Carey Library). In the names of the parts, sections, and chapters “member care” occurs 13 times and “missionary care” occurs only once. In the Index, “member care” and “missionaries and member care” are subdivided into 31 parts and “missionary care” never occurs. O’Donnell defined member care as follows.

Member care is the ongoing investment of resources by mission agencies, churches, and other mission organizations for the nurture and development of missionary personnel. It focuses on everyone in missions (missionaries, support staff, children, and families) and does so over the course of the missionary life cycle, from recruitment through retirement. (2002, p. 4)

O’Donnell goes on to elaborate on the definition and to give examples in the introduction. Then, in chapter one, he presents a “Member Care Model for Best Practice.” In this model he divides member care into five types:

- Master Care: God caring for missionaries
- Self/Mutual Care: Missionaries caring for themselves and for each other
- Sender Care: Churches and individuals caring for the missionaries they support
- Specialist Care: Pastors, psychologists, physicians, counselors, financial advisors, etc. caring for missionaries
- Network Care: Interagency member care affiliations.

The first part of this book is available at:
https://sites.google.com/site/membercaravan/test/doing-member-care-well

**Global Member Care Network (2012)**

A decade later the Global Member Care Network defined member care as:

Member Care is the ongoing preparation, equipping and empowering of missionaries for effective and sustainable life, ministry and work.

Member Care addresses all aspects of well-being of missionaries and their dependents. It includes spiritual, emotional, relational, physical and economic matters. Member care addresses the needs of single people, couples, families and children. It seeks to empower missionaries to make healthy choices by offering ongoing training, resourcing and equipping in all these areas. It is integral to all aspects of mission including leadership, logistics, spiritual formation, and church life. It begins with selection and continues throughout the missionary life cycle to re-entry or retirement and beyond.

The responsibility for member care rests with the sending agency, the sending church, the receiving church, leadership (home/field), the team, families, individual supporters, competent member care providers and the individual missionaries themselves. Those providing member care will seek to develop competence in all relevant areas through ongoing learning, networking and resourcing. They will serve the mission community with humility, integrity and compassion, recognizing their own weaknesses and dependence on God’s grace and gifting.

http://www.globalmembercare.com/index.php?id=34
The Global Member Care Network summarizes it like this: Member care is doing whatever it takes, within reason, to insure that our workers are cared for and supported by their agency, field leadership, and sending church. It is the ongoing preparation, equipping, and empowering of missionaries for effective and sustainable life, ministry and work.

Obviously, there is no accepted general definition of missionary member care. Some definitions are so broad that they include nearly everything done, and others are so restricted that they omit things that should be included.

What did Jesus do?

Jesus sent people into ministry and helped them prepare to take the gospel around the world. Looking at what Jesus did with the people he sent out to spread the gospel, we see that people in missionary member care now do many of the same things.

- He “called” (selected/screened) his disciples. The first four were selected in Galilee to become “fishers of men” (Matthew 4:18-22). Others were called later.
- He wanted the 12 chosen ones to “be with him” and that “he might send them out…” (Mark 3:13-19). While they were with him he taught them verbally and by example over months.
- He gave these 12 people authority over evil spirits and power to heal the sick (Matthew 10:1; Mark 6:7; Luke 9:1).
- He gave them instructions about where to go, what to take and not take, what to do, how to get lodging, what to expect, and encouragement (Matthew 10:5-42; Mark 6:8-11; Luke 9:1-5). (Note that he sent them only to Israel, their “passport country”).
- He sent the 12 out (Matthew 10:5; Mark 6:7; Luke 9:2).
- When they returned, he listened to their report (debriefed) (Mark 6:30; Luke 9:10).
- He took the 12 to a solitary (quiet) place to get some rest (Mark 6:31-32; Luke 9:10).
- Years of mentoring followed, and after his resurrection he appeared to the remaining 11 and told them to go and make disciples of all nations (ethnic groups) (Matthew 28:16-20).
- Finally, just before he ascended into heaven, he met with them and sent them to Jerusalem, Judea, Samaria, and to the ends of the earth (Acts 1:6-9).

It is clear that there is no one generally accepted definition of missionary member care. Most definitions include something about helping missionaries develop so that will have effective ministries and keep doing those ministries for a long time. Perhaps a good definition can be made by combining what Paul said about the people who gave him member care, “They supplied what I needed, and they refreshed my spirit” (1 Corinthians 16:17-18; Philippians 2:25).

Note to the reader: If you have suggestions about other things that would better answer this chapter’s question, please email those to me at ron@missionarycare.com. In that email please tell me three things: (1) what you believe needs to be included, (2) links to relevant websites if available, and (3) how it better answers the question “What is missionary member care?” I plan to periodically update and expand the book with these suggestions.
Chapter 3

Is Missionary Member Care in the Bible?

Short & Simple Summary

The very short answer is, “Yes.” The need for missionary member care is found in the Old Testament in Jonah’s life and his missionary service in Nineveh. Unfortunately, none was available from other people, and Jonah rejected God’s attempts. The need for missionary member care is found in the New Testament in Paul’s life during his missionary service in many places. Fortunately, the church at Corinth and the church at Philippi both responded by sending people to meet that need. Paul responded with great appreciation for the half a dozen individuals who came to provide what he needed. Here are the topics covered in the chapter.

Jonah: First Call
Jonah: Second Call
Paul
Stephanas
Titus
Epaphroditus
Timothy & Mark

If you want more detail and links to other sources, read on.

The Bible contains many admonitions for Christians to love, care for, and build each other up. When asked what commandment was most important, Jesus said that the most important one was to love God with every part of your being, and the second most important one was to love others as you love yourself (Matthew 22:37-40; Mark 12:30-31). These commands had been around for thousands of years (Deuteronomy 6:5; Leviticus 19:18), and Jesus was just reminding people of them.

The command for Christians was reiterated and expanded by Jesus and writers in the New Testament.

- Jesus said, “Love each other as I have loved you” (John 15:12).
- Jesus also said, “By this all men will know that you are my disciples, if you love one another” (John 13:35).
- James said that people were doing right to “Love your neighbor as you love yourself” (James 2:8).
- Paul told the church at Galatia that the entire law was summed up in “Love your neighbor as you love yourself” (Galatians 5:14).
- Paul told the Thessalonians, “Therefore, encourage one another and build each other up” (1 Thessalonians 5:11).

Caring for each other is important for everyone, but it is most important for people serving in another culture. Those who have no one to care for them are likely to find life very difficult. The Bible gives examples of both someone who had no member care (Jonah) and someone who did have member care from several people and churches (Paul).
**Jonah: First Call**

God usually sent Old Testament prophets to speak to people in their own culture. However, God called Jonah to serve cross-culturally. When God called him into service, there was no one there in his home culture to help him process his call and prepare to go.

God’s call to Jonah in the first two verses of the book is detailed and clear. Unfortunately, Jonah did not respond appropriately. Chapters 1 and 2 show us both the bad and the good in Jonah.

- Jonah got off to a bad start by disobeying God. God told him to go east, but Jonah went west. He did this specifically “to flee from the Lord” (Jonah 1:3).
- When serious problems arose, Jonah did not even try to help, rather he went below deck to sleep (Jonah 1:5).
- However, he was honest with the crew and told them he was running away from the Lord (Jonah 1:10).
- His theology was correct when he referred to the Lord, the God of heaven, as the creator (Jonah 1:9).
- When the crew asked what to do, he told them to throw him overboard because the storm was his fault. He was self-sacrificing (Jonah 1:11-12).
- Jonah prayed a prayer of “repentance” from within the fish in Chapter 2. He ended with thanksgiving, a vow to the Lord, and an acknowledgement that salvation was from the Lord.

There was really no opportunity for member care in these first two chapters. Jonah ran from God without giving anyone a chance to help. People still do that today.

**Jonah: Second Call**

God’s call to Jonah in the first two verses of Chapter 3 is shorter with less detail. Fortunately, Jonah responded more appropriately. Chapters 3 and 4 show us both the good and the bad in Jonah.

- Jonah obeyed God and went east to Nineveh (Jonah 3:3).
- The first day there Jonah started into the city (Jonah 3:4).
- Jonah delivered God’s message (Jonah 3:4).
- His ministry was incredibly successful, resulting in the salvation of 120,000 people (Jonah 3:5-10; 4:11).
- He still had correct theology, knowing that the Lord was a gracious, compassionate, loving, relenting God (Jonah 4:2).
- However, Jonah became angry that God had not destroyed Nineveh as he had threatened (Jonah 3:10-4:1).
- In his displeasure, Jonah’s prayer became bitter and ended with him asking God to take his (Jonah’s) life (Jonah 4:3).
- Jonah ignored God’s question, sat down to pout, and waited to see what would happen (Jonah 4:4-5).
- Jonah’s anger spread to everything around him, even to the loss of the vine God had given to shade him (Jonah 4:6-9).
  
  Jonah did not finish well. A member care provider may have been able to help Jonah deal with his anger and lack of love for the people to whom God had sent him. We do not know if Jonah was ever to deal with that or if he carried his anger to the grave.

**Paul**

In the New Testament, Paul, first missionary to the Gentiles, listed some of his stressful situations for us.

- Worked hard, labored, toiled
- Imprisoned repeatedly
- Beaten, lashed, stoned
- Constantly on the move
- Shipwrecked, a night in the sea
- In danger from own countrymen
- Danger in the city
- Danger in the country
Danger from “false brothers”
Went without sleep
Hungry, thirsty
Cold, lacked clothing
Pressure of the concern for the churches

(2 Corinthians 11:23-28)

Paul obviously needed some member care, and he got it. He specifically mentions five people who were member care providers for him. These were Stephanas, Titus, Epaphroditus, Mark, and Timothy (Fortunatus and Achaicus also accompanied Stephanas on a member care consultation).

Stephanas

Near the end his first letter to the church at Corinth, Paul mentions “that the household of Stephanas were the first converts in Achaia” (1 Corinthians 16:15). Achaia was a Roman province in what is now the southern half of Greece, and Paul visited it on his second and third terms of service. Although Athens may have been the most important city in this province, Corinth was the capital.

Stephanas and his family were not only the first ones to become Christians in Corinth, but also they were some of the very few baptized by Paul himself (1 Corinthians 1:16). Paul noted that the members of this family had “devoted themselves to the service of the saints” (1 Corinthians 16:15). When the church sent people to do missionary member care, it sent some of its most experienced and valuable members.

Paul wrote, “I was glad when Stephanas, Fortunatus and Achaicus arrived, because they have supplied what was lacking from you. For they refreshed my spirit and yours also” (1 Corinthians 16:17-18). Note that in this early missionary member care visit they brought what was needed, and they refreshed the spirits of those serving cross-culturally.

Titus

When writing to the church at Corinth again, Paul mentioned his need for missionary member care saying, “When we came into Macedonia, this body of ours had no rest, but we were harassed at every turn—conflicts on the outside, fears within” (2 Corinthians 7:5). Many missionaries today could write this passage about themselves because serving God cross-culturally has changed little in this regard.

Again the church at Corinth sent someone to provide missionary member care. They sent Titus, a good friend and co-worker of Paul himself. Titus had served with Paul and was pastor of a church on Crete. Paul wrote, “But God, who comforts the downcast, comforted us by the coming of Titus, and not only by his coming but also by the comfort you had given him. He told us about your longing for me, your deep sorrow, your ardent concern for me, so that my joy was greater than ever” (2 Corinthians 7:6-7).

In spite of the problems with divisions in the church and immorality there, the church at Corinth was very sensitive to the need for missionary member care. However, other early churches also saw the need and acted to meet it.

Epaphroditus

The church in Philippi, further north in Macedonia, realized that Paul was in need of member care. They sent Epaphroditus on a member care trip to see Paul. Paul wrote back, “I think it is necessary to send back to you Epaphroditus, my brother, fellow worker and fellow soldier, who is also your messenger, whom you sent to take care of my needs” (Philippians 2:25).

Epaphroditus is an example of missionary member care workers needing care themselves. Writing about him, Paul said,
“For he longs for all of you and is distressed because you heard he was ill. Indeed he was ill, and almost died. But God had mercy on him, and not on him only but also on me, to spare me sorrow upon sorrow” (Philippians 2:26-27).

Timothy & Mark

Paul did not hesitate to ask for help. When he felt deserted and had few friends nearby, he wrote to Timothy saying, “Do your best to come to me quickly” (2 Timothy 4:9). Paul went on to say, “Get Mark and bring him with you, because he is helpful to me in my ministry” (2 Timothy 4:11). Finally, he asked Timothy to bring the coat he had left and his scrolls.

Paul recognized his need for missionary member care, felt free to request it from people he knew and trusted, accepted it graciously when it was provided, and thanked both those who came to meet his need and those who made it possible for a member care visit.

Note to the reader: If you have suggestions about other things that would better answer this chapter’s question, please email those to me at ron@missionarycare.com. In that email please tell me three things: (1) what you believe needs to be included, (2) links to relevant websites if available, and (3) how it better answers the question “Is missionary member care in the Bible?” I plan to periodically update and expand the book with these suggestions.

Chapter 4

What Has Missionary Member Care Been Like Since Bible Times?

Short & Simple Summary

We have little information about missionary member care that was given for nearly 2000 years as Christianity spread around the globe. Missionaries were weeks if not months from “home” and communication took at least that long if it was successful at all, so any member care was given by colleagues on the field. However, during the 18th and 19th centuries it became apparent that member care was needed. Little was done until near the middle of the 20th century, and great interest was not shown until the last quarter of that century. Here are the topics covered in the chapter.

Early Protestant Missions
Recent Protestant Missions
1950s
1960s
1970s
1980s
1990s
2000s
After New Testament times unmarried Roman Catholic priests and nuns spread Christianity around the world. They literally “renounced marriage for the Kingdom of God” (Matthew 19:12). The majority of these Catholic missionaries traveling all over the world were men, and they had chosen to remain single so that they could better please God. Therefore, there were no marriage and family issues, and there were no third culture kids growing up between cultures.

Likewise, there were no member care specialists such as psychologists, social workers, and counselors. Any member care given came from the other missionaries in the group serving together.

**Early Protestant Missions**

The Protestant reformation in Europe in the 16th century was primarily aimed at reforming the Roman Catholic Church rather than reaching out to different people groups on other continents. Reformers such as Luther and Calvin had a ministry aimed at Christians in their own culture, those who had a different Christian theology.

The First Great Awakening in 18th century protestant Europe and the American colonies was also aimed primarily at Christians who had a different style of worship and theology. It emphasized personal commitment and morality over ritual and ceremony. It did result in the salvation of some of the slaves in the colonies, but the awakening was not aimed at taking the gospel to other cultures.

However, some individuals in both America and Europe did begin to take Christianity to other people groups. From the beginning such individuals and families revealed a need for member care. Here are some examples.

- **David Brainerd.** Born in Connecticut and missionary to Native Americans living in New Jersey in the 18th century, David Brainerd suffered from loneliness and depression. He wrote, “I live in the most lonely melancholy desert...My soul was weary of my life. I longed for death, beyond measure,” (He chose to work alone rather than with a veteran missionary couple with whom he had been assigned).

- **Dorothy and Felix Carey.** Born in England and missionary to people in India near the end of the 18th century, Dorothy and Felix were the wife and son of William Carey, often called the “Father of Modern Missions.” As noted in Chapter one, Dorothy was severely mentally ill and Felix turned his back on God after serving briefly as a missionary (No help from the agency in England, William tried to help on site.).

- **J. Hudson Taylor.** Born in England and 19th century missionary to China, J. Hudson Taylor at age 37, after 20 years of missionary service said, “Hope itself had almost died out.” He had such intense internal conflict that he agonized that “every day, almost every hour, the consciousness of failure and sin oppressed me.” He sank to such despair that he had “the awful temptation even to end his own life.” “Maria, his wife, stood between Hudson and suicide” (J. C. Pollock, 1962, *Hudson Taylor and Maria*, New York, McGraw-Hill, p. 195-196).

- **Adoniram Judson.** When his wife and daughter died, 19th century American missionary to Burma, Adoniram Judson’s grieving process turned into a mental disorder. Reclusive, he dug a grave in the jungle where he remained—filling his mind with thoughts of death. He said, “God is to me the Great Unknown. I believe in him, but I find him not.” (Fellow missionaries cared for him).

- **Mary Livingstone.** When she and their children could not keep up with him, David Livingstone, 19th century Scottish missionary to Africa, sent them back to England. There
Mary found cheap lodging for herself and the children, but was so distressed that she turned to alcohol. When David returned five years later he had no time for his family. (Even though Mary and the children were right there, their agency did nothing for them.).

Early Protestant missionaries from Europe and America to Asia in the 18th and 19th centuries had little missionary care. For more information, see “Historical Notes on Missionary Care” by Ruth Tucker and Leslie Andrews, Part One, Chapter 2 of Missionary Care: Counting the Cost for World Evangelization at
https://sites.google.com/site/membercaravan/test/mc-counting-the-cost-book-

Recent Protestant Missions

The first half of the 20th century was similar to the 18th and 19th centuries regarding member care. Member care, when it was given, was primarily by family members on the field as well as missionary colleagues there too. Missionaries were expected to make a lifelong commitment to their call, to be spiritual giants, and be up to facing anything that happened. Some of them even traveled to the field with their belongings in the coffins they expected to be buried in. They have been called such things as “lone rangers” and “heroes of the faith,” like those mentioned in Hebrews 11.

Member care was still primarily a matter of helping missionaries reach the field, handling their finances in their passport country, and shipping needed items to them. Little was done to prepare them for service, to help meet their personal needs, or to help them reenter their passport countries. When missionaries returned before their expected term of service was completed or did not return for another term, they were often seen as disobeying God’s call.

One thing that was done for them was to help with the education of their children by beginning boarding schools.

Although some of these schools have closed, here is a sample of some that are still serving TCKs.

- Rift Valley Academy (Kenya). RVA began classes in 1906, and US President Teddy Roosevelt laid the cornerstone of one of the buildings on campus in 1909. It now serves students whose parents serve with 80 agencies located in 20 African countries http://www.rva.org/.

- Dalat International School (Malaysia). Dalat began in 1920 in Vietnam as a school for C&MA missionaries. Due to war conditions it moved several times, finally to Penang, Malaysia. It continues to provide “education for life founded on a biblical worldview” http://www.dalat.org/.

- Morrison Academy (Taiwan). Classes began at Morrison Academy in the fall of 1953 with 35 students, and tuition was $10 per month. Four agencies assumed responsibility for the school, and it has grown to three campuses across the country http://www.mca.org.tw/.

Missionary member care as we think of it today did not begin until past the middle of the 20th century, but even before that pastors often provided pastoral care of missionaries their churches supported, much like Stephanas, Titus, Timothy, and Mark did in the first century. This pastoral care was provided by some local churches, by some denominations, and by some mission agencies. Some agencies had “international pastors” who served full time visiting missionaries periodically on a regular schedule. This providing of pastoral care became more formalized in the Pastors to Missionaries Conferences by Barnabas International. Now the annual PTM Conference motto is “Providing Encouragement for Member Care Workers” http://ptm.barnabas.org/.

Few, if any, mental health professionals were involved in missionary member care. Often there was mutual suspicion between the church and missionaries on the one hand and psychologists and psychiatrists on the other. However, there were some notable exceptions. One of them was a Christian psychologist, Henry Brandt, who completed his PhD in 1952.
One day R.E. Thompson, who had no salary to offer, asked Henry to help in counseling the missionary candidates in his young organization. Within a month, Henry had a full load counseling people in Missionary Internship, now Mission Training International [http://www.mti.org/]. Henry trained missionaries at home and ministered to them abroad. At his own expense he reached out to countless men and women stationed in extreme and isolated locations. He was the first counseling psychologist to meet with the missionary wives after the Auca massacre in the Amazon in 1956. For more information, see [http://biblicalcounselingoutreach.com/henry-brandt-biography/index.shtml].

Another notable exception was Clyde Narramore. In 1954 Dr. Narramore and his wife began a radio broadcast and monthly magazine, *Psychology for Living*. In 1958 he founded the Narramore Christian Foundation ([http://www.ncfliving.org/](http://www.ncfliving.org/)) which still publishes *Psychology for Living*, and it has also ministered to thousands of missionaries and their children through seminars held around the world. For more information see [http://en.wikipedia.org/wiki/Clyde_M._Narramore](http://en.wikipedia.org/wiki/Clyde_M._Narramore).

Another major contribution of Clyde Narramore to missionary member care was one of the first books about missionaries written by a mental health professional. In their “Christian Psychology Series” in 1969, Zondervan published his brief book, *Problems Missionaries Face*, which is basically a report of research he had done on the subject. He begins that book by describing what happened as he and his nephew, Bruce Narramore, took off from Mexico City. He wrote, “You see, we were on the last leg of a world trip, returning from several foreign mission fields. In Brazil alone, we had spent time with missionaries from more than forty missionary organizations…” Though he was aware of the limitations of his research, the information he gained from 35 missionaries in Puerto Rico in 1968 is still relevant today. Bruce Narramore and the Narramore Christian Foundation are still making major contributions to missionary member care today.

The last half of the 20th century was a time of increasing missionary member care as mental health professionals added their knowledge and skills to the pastoral care available at the time. Here is what happened decade by decade. This is not intended to be an exhaustive list, just a sample of what was done each decade. Look at the names of the organizations and events to get some “feel” for what happened. Most of these links will appear in later chapters when they are “answers” to the questions asked in chapter titles.

### 1950s
- Mission Training International, 1953 (now Missionary Internship) [http://www.mti.org/]

### 1960s
- Some agencies added children’s staff and counseling staff
- Book: *Problems Missionaries Face*, 1969

### 1970s

### 1980s
Missionary Member Care

• Interaction International
  http://www.interactionintl.org/home.asp
• Mu Kappa, 1988, http://www.mukappa.org/
• MK-CART/CORE, 1987 (15 years, 3 major studies)
• Tumaini Counselling Centre, 1980s,
  http://tumainicounselling.net/
• Books: (1) Cross Cultural Reentry: A Book of Readings,

1990s

• Heartstream Resources, 1992,
  http://www.heartstreamresources.org/
• Share Education Services, 1994,
  http://www.shareeducation.org/
• Godspeed Services, 1995,
  http://www.godspeedservices.org/
• ReMAP (Reducing Missionary Attrition Project) 1995-1997
• Women of the Harvest, 1997 which became Thrive, 2013,
  http://thriveministry.org/
• Member Care Radio, 1998,
  http://www.membercareradio.com/
• A Quiet Place, 1998 http://www.aqpretreat.org/
• Quiet Place Ministries, 1998,
  http://www.quietplaceministries.org/
• Missionary Care Ministry, 1999,
  http://www.missionarycareministry.org/


2000s

• Alongside, 2000, http://www.alongsidecares.net/
• Mobile Member Care Team, 2000, http://www.mmct.org/
• The Well, 2000, https://www.thewellcm.com/
• ReMAP II (Reducing Missionary Attrition Project Two) 2002-2007,
  http://www.worldevangelicals.org/resources/rfiles/res3_96_link_1292358945.pdf
• Missionary Resources Connection, 2001,
  http://www.mresourcesconnection.org/
• E-Books appeared on Missionarycare.com, 2003
• Doctor of Ministry in Member Care, 2003,
  http://www.ciu.edu/academic-programs/doctor-ministry-program
• Cornerstone Counseling foundation, 2004,
  http://www.cornerstonecounseling.in.th/index.html
• Cross-Cultural Workers, 2005,
  http://www.crossculturalworkers.com/
• Child Safety and Protection Network, 2006,
  http://childsafetyprotectionnetwork.org/
• Doctor of Ministry in Member Care, 2007,
  http://www.ciu.edu/academic-programs/doctor-ministry-program
• Global Member Care Network, 2007,
  http://www.globalmembercare.com/
• Member Caravan, 2008,
  https://sites.google.com/site/membercaravan/home
• Member Care Associates, 2009.
  http://membercareassociates.org/
• Books: (1) Fitted Pieces: A Guide for Parents Educating Children Overseas, 2001. (2) Doing Member Care Well:

Just glancing over this chapter makes it clear that very little was done in missionary member care until the 1980s. Since that time people have been increasingly responding to the needs that missionaries have expressed.

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Chapter 5

Why Do Missionary Member Care?

Short & Simple Summary

The simple answer is to help missionaries develop so that they will have an effective ministry and keep doing that ministry for a long time. However, at a more basic level people do missionary member care as their part in fulfilling the Great Commission. This involves consideration of conflict between principalities and powers at a higher level and what it means when people serving God encounter people serving Satan. Member care must be given to people serving in their home culture as well as those on the frontlines of the conflict entering foreign territory. These encounters are expected to become more intense as we near the time when Christ returns. Here are the topics covered in the chapter.

The War between Good and Evil
Serving at Home
Invading Enemy Territory
End Times
Today
Other Reasons
If you want more detail and links to other sources, read on.

********************

Jesus told his disciples, “All authority in heaven and on earth has been given to me. Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you. And surely I am with you always, to the very end of the age” (Matthew 28:18-20). Jesus further told them that they would be his witnesses in Jerusalem, Judea, and to the ends of the earth (Acts 1:8).

This “Great Commission” is being carried out by the whole church. Many Christians pray for it, contribute money to help carry it out, and send people off, such as the church at Antioch did with Barnabas and Paul (Acts 13:1-3). Paul and Barnabas later returned and reported to the church at Antioch as well as to the headquarters of the church in Jerusalem (Acts 14:21—15:21).

Definitions of missionary member care usually say that missionaries should have effective and sustainable lives and ministries. Member care is about helping missionaries have effective ministries and lives as well about helping those missionaries stay in the battle against evil.

The War between Good and Evil

Just as people serving in the armed forces of nations enter into physical/ideological battles of the wars between nations, Christians serving in the missionary force enter into spiritual/ideological battles in the war between principalities and powers. In both kinds of war there are many support staff at home for every soldier on the front lines. In both kinds of war there are casualties, and people need care, whether their wounds are physical, mental, emotional, or spiritual. Just as individuals wounded in armed battle need care, so do those working at a computer in an office at home need care when wounded by a colleague.

Serving at Home

At the training sessions during the orientation of his twelve apostles Jesus told them where to go, what to take, what to do, and how to deal with conflict. He was not kidding when he went on to tell them to be on their guard because he was sending them out like sheep among wolves (Matthew 10). Jesus specifically told those apostles NOT to go to the Gentiles or even the Samaritans, but to go to the lost of Israel. They were not to serve in another culture at that time.

Jesus warned them that, among other things, the following would happen (Matthew 10).

- They will flog you… (v. 17).
- But when they arrest you…(v. 19).
- Brother will betray brother…(v. 21).
- All men will hate you…(v. 22).
- When you are persecuted…(v. 23).
- Flee to another (place).…(v. 23).

Note that these things are to be expected, he uses “will” and “when,” not “if.” These were expected by people serving in their “passport” culture, such as pastors in churches and missionary homeland staff. These do happen to individuals serving God in their own culture. Such individuals need care from someone.

Mark reports that these 12 apostles went out two by two and did what Jesus had told them to do (Mark 6:7-13). When they returned, they gathered around Jesus and told him what they had done and taught. Jesus then took them to a quiet place to get some rest (Mark 6:30-32).

At the similar orientation session for 72 others, Jesus sent them out in twos (Luke 10:1-16). Again no one went alone. And once again the 72 came and reported to Jesus after a successful ministry (Mark 10:17). Even when sending people
to serve in their own culture, Jesus made sure that no one went out alone, but everyone had at least one other person to care for him or her.

**Invading Enemy Territory**

Years later the church in Antioch sent Paul and Barnabas off to take the gospel into other cultures. Still later Paul wrote to the church at Corinth about what he had experienced. Here are some things he wrote about; note the parallels with what Jesus had said to those serving at home (2 Corinthians 11).

- I have been flogged more severely… (v. 23).
- I have been in prison more frequently…(v. 23).
- I have been in danger from false brothers…(v. 26).
- I have been in danger from my own countrymen and from Gentiles…(v. 26).
- Five times I received 39 lashes, three times I was beaten with rods and once I was stoned…(vv. 25-26).
- I have been constantly on the move…(v. 26).

In addition to these, in common with those serving at home, Paul noted the following.

- I was shipwrecked three times (v. 25).
- I spent a night and day in the open sea (v. 25).
- I have often gone without food (v. 27).
- I have often been cold and naked (v. 27).
- Besides everything else, I face daily the pressure of my concern for all the churches (v. 28).

Today as individuals face the “wolves” of missionary life whether they are malaria, dengue fever, parasites, depression, anxiety, conflict, burnout, grief, guilt, temptations, assault, the violent death of a colleague, or demonic forces, they may need someone to come and stand by their sides.

When soldiers come back from the front, they are expected and allowed to report that the battle was terrible, that they were anxious, discouraged, and that the conflict was awful. Some have said, “War is hell.” Missionaries are on the frontline of a spiritual war between the powers of good and evil, and their battles are even worse. Soldiers are expected to report that “War is hell” and that they are “struggling,” but similar comments from returning missionaries may be perceived as emotional or spiritual weakness (inadequate faith). Some missionaries may even believe that and remain silent. Such missionaries need even more member care during which they can share their inner battles, because they are literally in a war against the forces of hell. The military now has medical and psychological help to care for their wounded. Christians must not shoot their wounded missionaries. Engaged in physical/ideological/spiritual battles in strange cultures far from family, friends, community, and church, missionaries are lonely. With social support absent, emotional needs unmet, and living in a strange culture, why would Satan not take advantage of them as well?

**End Times**

One day when Jesus was sitting on the Mount of Olives the disciples came to him alone and asked about the sign of his return and the end (Matthew 24). Jesus told them things that would happen in the end times.

- People claiming to be Jesus would deceive many… (v. 5).
- There would be wars and rumors of wars…(v. 6).
- Nation would rise against nation…(v. 7).
- There would be famines and earthquakes…(v. 7).
- Christians would be persecuted and killed…(v. 9).
- All nations would hate Christians because of Jesus…(v. 9).
- Many would turn away from Christianity…(v. 10).
- Then they would betray and hate each other…(v. 11).
- Wickedness would increase…(v. 12).

Then Jesus said, “This gospel of the kingdom will be preached in the whole world as a testimony to all nations, and
then the end will come” (v. 14). When one reads the “bulleted” items in this chapter, it becomes obvious that people serving under these conditions need care to continue serving and to do that service effectively.

John noted that Jesus did not tell them all this to frighten them, but to keep them serving. Even though it would get so bad that people who killed Christians would see it as an offering to God, Jesus wanted them to continue serving. Jesus told them so they would remember that he had warned them (John 16:1-4). As the end times near, such needs for care will increase.

Today

No one knows whether or not we are in the end times Jesus was talking about. However, we do know that most people today do not serve as missionaries very long. Many studies have confirmed that the attrition rate is very high. To return to our military analogy, missionaries today tend to drop out before the end of their first term or do not re-enlist for a second term.

Of course, some of this attrition is unpreventable. For example, some missionaries do not return because they died while serving. Others do not return because they reached retirement age. Still others do not return because they married someone outside the agency or completed their contracted assignment. Nothing can be done about this kind of attrition.

However, other attrition is preventable. Even more people leave because of problems in their marriage, because of family problems, or because of problems with their agency, their team, their culture—or because of the catch-all category of “personal reasons.”

Two of the largest research studies ever done were to study this problem of preventable attrition. In 1995 The World Evangelical Fellowship Missions Commission began what came to be called ReMAP I (Reducing Missionary Attrition Project). This study included data from more than 400 agencies with a total of nearly 20,000 missionaries from 14 sending countries. The final report, Too Valuable to Lose: Exploring the Causes and Cures of Missionary Attrition, was published in 1997, and contains nearly 400 pages of valuable information (edited by William D. Taylor).

ReMAP II, Worth Keeping: Global Perspectives of Best Practice in Missionary Retention, began in 2003 and was published in 2007. This study, written by Rob Hay, Valerie Lim, Detlef Blocher, Jaap Ketelaar and, Sarah Hay, included data from 600 agencies with 40,000 missionaries from 22 countries, and it contains more than 400 pages of valuable information.

Other Reasons

Of course, all the reasons to care for people in general are applicable to caring for missionaries too. Here are some of those.

- Jesus commanded his disciples to “Love one another.” He told them to love each other as he had loved them—when they did that other people would know that they were his disciples (John 13:34).
- Missionaries are often in situations where they need help, and few people are there to care for them. Member care people make themselves available to work in these difficult situations.
- Etc.

This list could go on and on because people help others for a variety of reasons, some good and others not as good. People help out of compassion for those hurting, pity for those in difficult situations, to atone for some wrong they have done, or guilt feelings for the abundance they have. Some mental health professionals went into their occupation to make large amounts of money, and probably none of those would go into missionary member care.
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Chapter 6

Who Needs Missionary Member Care?

Short & Simple Summary

The short answer is that all missionaries need some kind of member care. However four centuries ago John Donne wrote, “No man is an island, entire of itself. Each is a piece of the continent, a part of the main.” Like everyone else missionaries are individuals; but when they are married and have children additional units are formed. These units may also need care. In addition, missionaries are usually parts of teams with which they work closely, fields (often a region or county), and agencies. These additional units may need care as well. Here are the topics covered in the chapter.

- Individuals
- Married Couples
- Families
- Teams
- Fields (regions, countries, etc.)
- Agencies

If you want more detail and links to other sources, read on.

********************
In modern individualistic western cultures where people learn to “make it on their own,” even Christians may believe that they do not need help from anyone except God. They may believe that asking for help is a sign of immaturity or weakness, a lack of faith or spirituality, or perhaps a symptom of illness—either mental or physical. However, from the beginning of missions there have been few “Lone Rangers,” and even the Lone Ranger had Tonto, his national companion.

Although some people do live in isolated areas and make it on their own, most people live with others. Some missionaries, such as David Livingstone, have lived for long periods of time alone; however, nearly all missionaries need member care, at least the care that a colleague can give them. For some that is enough, but others may need care from someone in the home office or someone from outside the agency. Such member care may be given to one missionary at a time or in various groups. Here are some examples of member care we have given along with links to helpful materials available on-line as well as recommendations for some of the best material available published printed material.

**Individuals**

The most basic delivery of missionary member care is one person providing care for another individual. The one-on-one face-to-face relationship is the most direct and personal one. Helpful material is available online in the following two books.

- **What Missionaries Ought to Know: A Handbook for Life and Service** at [http://www.missionarycare.com/ebook.htm#ought_to_know](http://www.missionarycare.com/ebook.htm#ought_to_know)
- **Psychology for Missionaries** at [http://www.missionarycare.com/ebook.htm#psych](http://www.missionarycare.com/ebook.htm#psych)


Following are a variety of different “groups” of people that often need help as a unit.

**Married Couples**

Shortly after delivering his well-known “To an Unknown God” sermon, Paul left Athens and went to Corinth. There he met Aquila (native of Pontus) and his wife, Priscilla. This married couple had recently evacuated from Italy because Claudius had ordered all Jews out of Rome (Acts 18:1-2). After spending a year and a half working together in Corinth (Acts 18: 11), the three of them left for Syria, but Paul left Aquila and Priscilla in Ephesus (Acts 18: 19) where they discipled Apollos (Acts 18: 26).

Moving often and living in a different culture puts a strain on the marriage relationship, a strain that takes many couples by surprise. Of course, providing care for either the husband or the wife may help, but dealing with them both at the same time is much more effective because it can also deal with issues in their relationship itself. Helpful information is available online in *Missionary Marriage Issues* at [http://www.missionarycare.com/ebook.htm#marriage](http://www.missionarycare.com/ebook.htm#marriage).

The chapters of this book are available individually as brochures in pdf format that can be printed and given to couples. [http://www.missionarycare.com/brochures.htm](http://www.missionarycare.com/brochures.htm) (right column).

Finally, published printed information is available on marital issues at [http://www.missionarycare.com/dbTopics.asp](http://www.missionarycare.com/dbTopics.asp). The links to “marital problems” and “women’s roles” are particularly relevant.

**Families**

Young married couples serving as missionaries may have children in their homes, and that means another set of relationships to consider, those between parents and children living in the family. Living in a culture that has different dynamics in the relationships between parents and children or adolescents may put a strain on a family in a host culture. The following three books are written for parents. The first is about missionary kids in general, the second about helping parents understand adolescents, and the third about helping children reenter their home culture.
• **Raising Resilient MKs: Resources for Caregivers, Parents, and Teachers** at http://www.missionarycare.com/ebook.htm#resilient_mks
• **Understanding Adolescence** at http://www.missionarycare.com/ebook.htm#adolescence
• **I Don’t Want to Go Home: Parent’s Guide for Reentry for Elementary Children** at http://www.missionarycare.com/ebook.htm#going_home

  Leslie Andrews edited *The Family in Mission: Understanding and Caring for Those Who Serve* (2004), and it was published by Mission Training International in Palmer Lake, CO. This book includes not only information about the MK-CART/CORE family study, but also the boarding school study and the Adult MK study. For more information about it see http://www.missionarycare.com/dbFullArticle.asp?articleid=816.

  Finally, published printed information is available on family issues at http://www.missionarycare.com/dbTopics.asp. The links to “family” and “dysfunctional families” are especially relevant.

**Teams**

Neither Jesus nor the early church sent individuals out alone. When Jesus sent the 12 disciples out, he sent them out two-by-two (Mark 6:7). When he sent the 72 out ahead of him, he sent them two-by-two (Luke 10:1). The church at Antioch sent Paul and Barnabas out as a team (Acts 13:1-3), and John joined them on Cyprus (Acts 13:5). When Paul and Barnabas disagreed so sharply that they parted company, each chose another person to accompany him. No one went alone.

A team is a group of missionaries who work together closely in the same city, the same institution, on the same project, etc. Teams usually have an individual that is designated as the leader. Married couples serve together by their own choice, but that is not always the case with other teams. They may be appointed to work together by administrators who do not realize that some individuals may not work well together. Even those who have chosen each other and worked for some time may develop disagreements like Paul and Barnabas did at the beginning of their second term of service. Such team members may need member care to help resolve differences. Perhaps a member care person could have helped prevent John’s premature departure or Paul and Barnabas parting company.

Published printed information is available on team issues at http://www.missionarycare.com/dbTopics.asp. The links to “leaders” and “team development” are relevant.

Multicultural teams are special cases because they introduce at least one more culture to the mix. If all the missionaries on a team are from the same sending country, two cultures are involved: the one from which the missionaries come and the host culture. When missionaries from another country are added, even if they speak the same language as the other missionaries or the host culture, it increases the number of different cultures on the team. This complicates things and may require someone from member care to sort out the differences.


**Fields (regions, countries, etc.)**

Larger groups of missionaries that may not work closely together, may not live near each other, and may seldom see each other—but are all under a leader, often called the field director, make up a field. This is a larger administrative area and may consist of a whole country, a major part of a country, or even several adjacent countries. The teams on the same field may develop disagreements between cities, rural vs. urban missionaries, etc., and may need member care personnel to resolve them.

The early church apparently did not have “fields” but they did have missionaries in different countries and cities. Note in the first five verses of Acts 18 we have the following missionaries in Corinth.

- Paul from Athens (another city in Greece)
- Aquila and Priscilla from Italy
- Silas and Timothy from Macedonia

These teams (they were from different passport countries) served there in Corinth for a year and a half together.
Agencies

Sometimes an issue involves a whole mission agency. This may be a systemic problem at the heart of the organization, it may be a theological issue that needs to be resolved, or it may be any other problem that involves everyone in the agency. When this is the case the resolution may involve “turf wars” and the loss of personnel. Such a situation occurred soon after Paul and Barnabas returned from their first term of service.

They had returned to their sending church, reported what God had done with them, and spent time with the disciples there (Acts 14: 26-28). Then some men came to Antioch and raised the question of circumcision being necessary for salvation. The sending church could not resolve the issue, so they sent Paul, Barnabas, and some other believers to headquarters in Jerusalem. They, along with some believers who were Pharisees, met with the apostles and the elders. Here is the process they used to solve the dispute as described in Acts 15.

- Give both sides a chance to present. Paul and Barnabas presented their position, then allowed the Pharisees to present theirs (verses 5-11).
- Give time for adequate discussion. This was a crucial issue (salvation) so there was “much discussion” (verse 7).
- Be quiet. Note that “the whole assembly became silent” as they listened to the discussion. Too often in such situations there is an undercurrent of whispering in the crowd (verse 12).
- Listen. “They listened.” There is a big difference between being quiet and really listening. Put yourself in the other’s place and really try to hear and understand what the other side is saying. Too often we “turn them off,” let our minds wander, think about what we are going to say in reply, or just doze off in a long discussion (verse 12).
- Allow others to finish. “When they finished, James spoke up.” Do not interrupt until others have finished (verse 13).
- Keep to the issue. The issue here was whether or not circumcision was necessary for salvation. Imagine all the other issues that could have been proposed from the books of the law! Also discuss the issue, not personalities.
- Express feelings appropriately. There are no reports of verbal attacks or counterattacks during the discussion.
- Apply scripture. There may be differing interpretations, but certainly at least look at what the Bible has to say. James quoted from Amos 9 (verses 15-18).
- Propose a solution. James said, “It is my judgement, therefore, that…” (verses 19-21).
- Settle on essentials. They all agreed on several items and wrote a letter. (verses 20-29).
- Accept the decision. When the delegation delivered the letter back to the church at Antioch, “The people read it and were glad for its encouraging message” (verses 31-32).
- Reaffirm your friendship. “After spending some time there” for fellowship, they were sent off “with the blessing of peace.” (verses 33-35).

This process may work to solve the problem as it did there in Jerusalem. However, a position may be so strongly held that it still does not work. References to published printed information available about the agency are at http://www.missionarycare.com/dbTopics.asp. The links to “agency responsibility,” “organization,” and “system” are relevant.

When problems arise individuals may need care, but in addition to that, there may be marriage issues, family issues, team issues, field issues, and agency issues. All of these need to be considered when providing missionary member care.

Note to the reader: If you have suggestions about other things that would better answer this chapter’s question, please email those to me at ron@missionarycare.com. In that email please tell me three things: (1) what you believe needs to be included, (2) links to relevant websites if available, and (3) how it better answers the question “Who needs missionary member care?”
plan to periodically update and expand the book with these suggestions.

**Addition by the author in 2016:**
During the last decade people that I have never met wrote 3000 emails to www.missionarycare.com. After consulting several people about ethical issues, I compiled some of these into a 100-page book available from me at ron@missionarycare.com. This book is for those serving in member care, so I am sending it to member care workers who request a copy rather than posting it on-line for the general public. Please tell me if you would like it as a .pdf or .doc file for your computer or as a .mobi or .epub file for your e-reader. Rather than reading what mental health professionals write about missionaries seeking help, read what missionaries say “in their own words.” That book is now has the following 18 chapters, each with five to ten emails or parts of emails.

1. Constrictive Criticism
2. Cries for Help
3. Critical Comments
4. Database Issues
5. Everyday Problems
6. Financial Issues
7. From Non-Missionaries
8. General Requests
9. Leadership Issues
10. Marriage Issues
11. National’s Requests
12. Potential Member Care Providers
13. Psychological Disorders
14. Reentry Issues
15. Singleness Issues
16. Student Issues
17. TCK Issues
18. Thanks

ron@missionarycare.com  pdf, doc, zip, mobi, or epub file.

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**Chapter 7**

**Who Does Missionary Member Care?**

**Short & Simple Summary**

The short answer is that God is the center of missionary member care. However, he also commands us to love (care for) each other as we love (care for) ourselves. So God cares for missionaries, missionaries care for themselves, and missionaries care for each other on the field. In addition, people who sent the missionaries and people who specialize in helping missionaries care for them as well. Here are the topics covered in the chapter.

- God’s Care
- Self Care
- Colleague’s Mutual Care
- Sender Care
- Specialist’s Care
- Network Care

If you want more detail and links to other sources, read on.

***************
The best summary of the types of people who provide missionary member care appeared in the April, 2001 issue of *Evangelical Missions Quarterly*. Written by Kelly O’Donnell, “Going global: A member care model for best practice” places various categories of people providing member care in a series of concentric circles. This article is the first chapter of *Doing Member Care Well: Perspectives and Practices from around the World* (2002) also edited by Kelly. This chapter is available at https://sites.google.com/site/membercaravan/test/doing-member-care-well, and it serves as the source of the outline of this chapter.

**God’s Care**

“Cast all your anxiety on him (God) because he cares for you” (1 Peter 5:7). There is no question that God loves missionaries, but the question is will they listen to him and obey what he commands. Moses warned the people to do all that God commanded “so that you may live and prosper and prolong your days in the land that you will possess” (Deuteronomy 5:32-33). Of course, that was written about the Israelites taking the promised land. But some missionaries today fail to obey his commands and are not long in the land or task to which God has called them. They claim to follow the greatest commandment to love God with all their heart, soul, and mind (Matthew 22:37; Deuteronomy 6:5), but they may not set aside time each day to commune with him and they may not keep the fourth commandment to not do any work on his Sabbath (Exodus 20:8-11). They are too busy to set aside time, as commanded, to let God care for them. See the first part of the brochure at http://www.missionarycare.com/brochures/br_mentalhealth.htm


**Self Care**

The second greatest commandment to “love your neighbor as yourself” (Matthew 22:39; Leviticus 19:18) contains two parts—love yourself and love others. Many missionaries fail to regard their bodies as the temple of the Holy Spirit (1 Corinthians 6:19-20), and they abuse those bodies. Failing to eat right, exercise regularly, and rest enough, these missionaries set themselves up for a premature departure from the work to which God has called them. There is nothing wrong with them taking care of themselves (loving themselves). In fact, it is commanded. See the third part of http://www.missionarycare.com/brochures/br_mentalhealth.htm

In addition, the “Stewardship of Self” series at http://www.missionarycare.com/brochures.htm has other brochures relative to caring for oneself.


**Colleague’s Mutual Care**

The second part of the second greatest commandment is to love others. This involves a variety of missionaries in several possible relationships in which missionaries care for each other. This may involve

- Colleagues from the same agency
- Missionary colleagues from several agencies
- Expatriates who are not missionaries
- Nationals from the missionary’s host country

With whom missionaries enter a relationship will depend on the type of group they want and who they want in it. For instance, if it is an accountability group in which everyone is vulnerable and wants much confidentiality, missionaries would probably choose different people than if they want a social group in which people remain at a rather surface level.
Some missionaries may rather be with people from their own agency, but others may prefer people from another agency or with believer expats who are not missionaries. This is a matter of personal preference.

Of course, missionaries also want to keep up relationships with people from their passport countries. These may be done through digital media such as telephone, email, Skype, instant messaging, Facebook, and other media yet to be invented. Several things need to be considered here.

- Such media are not confidential.
- Anything missionaries say or send will exist “forever.”


**Sender Care**

When writing about both Jews and Gentiles calling on the name of the Lord to be saved, Paul asked several questions in Romans 10:14-15.

- How can they call on one they have not believed in?
- How can they believe in one they have not heard of?
- How can they hear without someone preaching to them?
- How can they preach unless they are sent?

Missionaries have individuals and organizations that have sent them to serve in other cultures. Neal Pirolo wrote *Serving as Senders* (1992, revised in 2012) to tell the “senders” how to carry out their role. These “senders” fall into three major categories: (1) individuals and/or their families, (2) local churches and/or denominations, and (3) parachurch mission agencies. Pirolo emphasized the following kinds of support.

- Moral support
- Logistics support
- Financial support
- Prayer support
- Communication support
- Reentry support

Niel Porolo also wrote *The Reentry Team: Caring for Your Returning Missionaries* (2000) to elaborate helping missionaries as they return. These books are suitable for individuals doing such things as caring for missionaries’ houses in USA, finding housing in USA, sending birthday or anniversary wishes, and so forth. They are also suitable for local churches or groups of people for handling the logistics of getting personal things to them or filling their pantry with food when they return. Finally, they are suitable for denominations or agencies for all things.


**Specialist’s Care**

Sometimes sender care is just not adequate to solve the issues missionaries are facing. When that happens, some missionaries may want to involve experts in some particular area, so they consult specialists. Such specialists need to recognize that missionaries are often likely to be more interested in a servant than an expert, practical advice rather than non-directive counseling, and empathy rather than objectivity. See Chapter 31 of *Doing Member Care Well: Perspectives and Practices from around the World* (2002) edited by Kelly O’Donnell.

O’Donnell specifies eight types of specialist care and includes two chapters relevant to each type.

- Pastoral/Spiritual Care: See Chapters 32 and 33
- Physical/Medical Care: See Chapters 34 and 35
- Training/Career Care: See Chapters 36 and 37
- Team Building/Interpersonal: See Chapters 38 and 39
- Family/MKs: See Chapters 40 and 41
- Financial/Logistical: See Chapters 42 and 43
Network Care

O’Donnell called for “care from international member care networks to help provide and develop strategic, supportive resources—‘facilitators’ of member care.” Information about this is available from the Global Member Care Network at http://www.globalmembercare.org/ “connecting and developing member care worldwide”

Following are some of the things available at this time. This list will be elaborated in later chapters.

- Conferences
- Workshops/courses
- Facilities/hubs of member care
- Overseas counseling center
- Free or low cost retreats
- Resources for MK/TCK


Note to the reader: If you have suggestions about other things that would better answer this chapter’s question, please email those to me at ron@missionarycare.com. In that email please tell me three things: (1) what you believe needs to be included, (2) links to relevant websites if available, and (3) how it better answers the question “Who does missionary member care?” I plan to periodically update and expand the book with these suggestions.

Chapter 8
How Does a Person Become a Missionary Member Care Provider?

Short & Simple Summary

There is no short and simple answer to this question. Missionary member care is so new that no generally accepted route has been developed for interested people to follow. The following topics are things that help one prepare for providing member care.

Call
Reading
Training
Model/Mentor
Conferences
Missionary Experience
Formal Education
Final Comments

If you want more detail and links to other sources, read on.
Because such a great variety of people provide missionary member care, there is no simple answer to this question. On the one hand, people who want to pray for missionaries, or send birthday cards, or email encouragement just do it with no particular preparation. On the other hand people who want to provide psychiatric member care to missionaries have to go to college, have to go to medical school, and have to serve several years in a psychiatry residency before they can do so.

Two groups have produced documents about guidelines, standards, or codes for giving member care. The first was the “Code of Best Practice in Member Care” developed by the Evangelical Fellowship of Canada at the turn of the century. Although it was written for Canadian organizations, it is a good model for others around the world. This eight-page document did not deal with the preparation of people serving in member care, but people serving in member care would find it valuable. Copies of it are available at: http://www.worldevangelicalalliance.com/commissions/mc/mc_southafrica/resources/Code%20of%20Best%20Practice%20in%20Member%20Care_EFC.pdf.

Nearly a decade later the Member Care Forum of Global Connections produced “Guidelines for Good Practice in Member Care,” a 27-page document organized around 11 core values. Each of these core values is followed by more detailed guidelines to help put the values into practice. These guidelines were developed for missionaries from the United Kingdom, but are certainly good models for others as well.

Core value 11 (Member care providers) states, “Member care is provided by people with appropriate skills and experience, who receive adequate training and experience.” The guidelines are divided into two parts. The first part, “appropriate framework for providers,” deals with ethics, accountability, supervision, and so forth.

The second part, “training for providers,” is divided into the following three statements (page 23),

- “Ensuring member care providers have appropriate training, for example in listening skills, pastoral care, child protection, and when to recommend professional treatment.
- “Ensuring member care providers have access to regular ongoing training such as conferences and learning from others in the mission or humanitarian sector.
- “Ensuring professional member care providers maintain their registration/accreditation and Continuing Professional Development” (Guidelines for Good Practice in Member Care, page 23).

Copies of the full document are available from Global Connections at http://www.globalconnections.co.uk/Resources/Global%20Connections/Codes%20and%20Standards/Member%20Care%20Guidelines%20complete.pdf.

Since there is no specific path to becoming a missionary member care provider, I will switch to the first person for the rest of this chapter and share the things that have been most helpful to me.

Call

One of the most important things for anyone in missions is a sense of the call of God to service. Bonnie (my wife) and I had always supported missionaries through prayer and contributing money. Our call to member care gradually developed over several years.

- Our first short-term mission trip in 1989, for our 25th wedding anniversary, resulted in our feeling a general call to some kind of missionary service (I was 47 years old).
- We began contacting mission agencies, but none of them were interested in me. My PhD was in experimental
Missionary Member Care

Reading

Reading existing literature is also an important part of becoming a missionary member care provider. At 50 years of age, I knew my memory was not nearly as good as it was when I earned my PhD in my twenties. However, by my 50s personal computers were available with databases that could supplement my memory. I learned the basics of Microsoft Access and entered information about every item I read whether it was a magazine or journal article, a book, or a chapter in an edited book.

That “memory supplement” database is online at http://www.missionarycare.com/database.htm where it has been helpful to many students who are writing papers, theses, and dissertations. Not everyone preparing for missionary member care needs to create a database, but all such people do need to read and “store” that information in a way they can retrieve it.

Training

The “Guidelines for Good Practice in Member Care” specified that member care providers have appropriate training in such areas as listening skills, pastoral care, child protection, and when to recommend professional treatment http://www.globalconnections.co.uk/resources/codesandstandards/membercareguidelines/section11.htm. In 1992 I began at the University of Kentucky in a respecialization program in counseling psychology approved by the American Psychological Association. I also got a minor in marriage and family at Asbury Theological Seminary as part of that program. I took practicums at a Christian college, a theological seminary, a state university, and at a private secular behavioral health center. To make sure I had adequate training, in 1996 I passed the Examination for Professional Practice in Psychology, the national exam necessary for licensure.

Of course, each individual interested in preparing for missionary member care would not take these same steps, but each one should make sure that they are getting appropriate training. Today with much education available online, some of the programs do not adequately give “hands-on” experience in such areas as listening skills, pastoral care, child protection, and...
when to recommend professional treatment. Taking courses taught me the “book learning” part, but the practicums with supervision were priceless in exposing me to things not written in books.

Model/Mentor

In April 1995 one of my colleagues at Asbury College returned from a conference and said, “Ron, I met someone at a conference last weekend that is doing exactly what you have been talking about with missionaries.” At the time, I had never heard of missionary member care and did not know that anyone else was involved. I got contact information immediately, and that evening Bonnie and I were on the phone talking with a couple who had been involved in it for 15 years.

They were about ten years older than we were, and they were in the process of retiring from another college. We spent about an hour talking and they opened up the world of member care to us, inviting us to attend a conference (Mental Health and Missions) in November. They became our models, and we later asked them to mentor us to help us get from where we were (still employed) to where they were (retired and serving missionaries full time). They were available through email and telephone any time, and we met annually at the conference to talk face-to-face. Their contributions to our lives were invaluable.

Conferences

In November 1995 I attended the annual conference on Mental Health and Missions in Angola, IN. This was a very exciting time for me to find so many people who were interested in missionary member care. After the very first meeting of the conference I called Bonnie and said, “I want you to come with me next year. These are our kind of people.” I met in person the people who had been reading. I was able to eat meals with them and get acquainted with them personally. This conference encourages university or seminary students to attend as part of their preparation. Bonnie and I have not missed an MHM conference since then.

Of course, people in other areas would not attend this conference. Other similar conferences, such as the PTM (Pastors to Missionaries) conference, are also held annually. Attending such a conference lets a person learn from the presentations as well as network with other individuals involved in missionary member care. For a list of such conferences see Chapter 14.

Missionary Experience

One thing that I did not get was long-term missionary experience. Although I took short-term trips, I never experienced language learning and living several years in a host country as a missionary. I had taken many courses in Greek and a year of German as an undergraduate, and I had passed the French exam as part of my PhD. However, when I took a quarter of Spanish nearing the age of 50, I realized that I could not learn nearly as fast as I had 30 years earlier.

In addition, by the time I had completed respecializing in counseling and completed four practicums, I was 55 years old and realized that I might spend the rest of my life preparing for missionary member care and never actually do any of it. Though such experience would have helped me better understand and empathize as well as giving me more credibility with missionaries, I decided not to get it.

Formal Education

When I was preparing to serve in missionary member care, there was no formal education available in it. However,
since then some programs in member care are being offered at various institutions.

Columbia International University offers a degree in member care at [http://www.ciu.edu/academic-programs/doctor-ministry-program](http://www.ciu.edu/academic-programs/doctor-ministry-program). Prerequisites for admission to this Doctor of Ministry in Member Care program are a Master of Divinity degree (with a 3.0 GPA) and at least three years of active ministry after that degree.

Also, Redcliffe College offers an MA in Member care at [http://www.redcliffe.org/Study/PostgraduateCourses/MemberCare](http://www.redcliffe.org/Study/PostgraduateCourses/MemberCare). This degree is completed in three to four years of part-time study with three-week summer school residential intensives and self-study with email support. This postgraduate MA in member care is validated by the University of Gloucestershire.

**Final Comments**

People who feel called to serve in missionary member care with a particular agency would be wise to contact that agency to find out what it requires. Some agencies want people with particular academic degrees. Other agencies want people who are certified or licensed in some particular profession. Still others do not care about degrees or certifications, but they want someone who has specific characteristics or experience.

Other people feel called to serve in some particular capacity such as a physician, psychiatrist, counselor, psychologist, or pastoral counselor. These individuals need to contact professional associations to see what is needed to be licensed in these areas. They also need to contact professional associations in the states and/or nations in which they will be practicing to find out what is required there.

Our experience has been that most missionaries themselves are not very concerned about such requirements as long as they can talk in confidence to someone who really cares about them, someone who will listen empathically.

Finally, “Training and using member care workers” by Richard Gardner and Laura Mae Gardner is available as Chapter 23 in *Missionary Care: Counting the Cost for World Evangelization* at [https://sites.google.com/site/membercaravan/test/mc-counting-the-cost-book](https://sites.google.com/site/membercaravan/test/mc-counting-the-cost-book). This chapter has further suggestions for training.

Note to the reader: If you have suggestions about other things that would better answer this chapter’s question, please email those to me at ron@missionarycare.com. In that email please tell me three things: (1) what you believe needs to be included, (2) links to relevant websites if available, and (3) how it better answers the question “How does one become a missionary member care provider?” I plan to periodically update and expand the book with these suggestions.
Chapter 9

How Does a Missionary Get Member Care if/when Needed?

Short & Simple Summary

The short answer is that it depends on the kind of member care the missionary wants. Missionaries have to decide what is wrong, and then decide what kind of help, if any, they need. Here are some of the options missionaries may have.

God’s Care
Self Care
Colleague’s Mutual Care
Sender Care
Specialist’s Care
Network Care
An Example

If you want more detail and links to other sources, read on.

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This chapter covers the same topics found in Chapter 7. Chapter 7 was about the people who gave that particular kind of member care; however, this chapter is about how missionaries who want member care are likely to come to those who provide it.

God’s Care

Missionaries are likely to perceive God as caring for them. They believe that they can get God’s care in several ways, but primarily through prayer and reading his Word. When missionaries sense a need, they usually pray to God about it—asking God to meet that need. If they are not completely satisfied with that, they may study what God has said about that need in the Bible as they continue praying. Many times these actions of asking God and obeying what he says meet the need.

Self Care

Sometimes missionaries need to take action themselves to meet their own needs. When they are not eating right, exercising enough, or resting well, they may find that correcting these health habits will meet their need. They often know what they should do, and they need to “Just do it!” If they do so they may not need to seek help from anyone else. If so, that is wonderful.

Colleague’s Mutual Care

When they are unable to make needed changes on their own, some missionaries may look to someone nearby who is able to help them. This may come in the form of asking another colleague with their agency for help. They may prefer to look to another expatriate who lives nearby. They may rather have someone or some small group hold them accountable. If so they can begin an accountability group or a support group to help meet their needs. This is the first level at which the needs are shared with another person.

Sender Care

Some missionaries would prefer to look for help from someone they know among their senders. They may contact their agency about their needs; they may contact their local
Missionaries may feel more comfortable sharing their problem with someone they do not see every day rather than with someone they meet frequently nearby.

Other missionaries prefer someone that has little connection with them. In 1993 Christopher Rosik published an article titled, “Mission-Affiliated Versus Non-Affiliated Counselors: A Brief Research Report on Missionary Preferences with Implications for Member Care” in the Journal of Psychology and Christianity. One of the things he found was that who missionaries wanted to counsel them depended on the missionary’s status. He asked more than 50 missionaries who had served on the field and more than 50 missionary candidates who had not served on the field whether they would prefer to have a counselor from within their agency or from outside the agency. Here are the results for those with these preferences.

Missionaries who had served on the field:
11% preferred someone from inside the agency.
88% preferred someone from outside the agency

Missionary candidates who had not served on the field:
50% preferred someone from inside the agency
29% preferred someone from outside the agency

Specialist’s Care

When missionaries are not satisfied with the help they receive from people they know, they may want to consult a specialist of some kind. They want an expert in some particular area rather than the people to whom they have access. When they do, much depends on the agency policy, what their insurance covers, and the availability of such personnel.

These missionaries may not realize that the treatment they get often depends on who they choose to see. For example, they may not realize that if they choose to see a psychiatrist they are more likely to receive a prescription for medication than if they see a psychologist. Furthermore, they may not know that a cognitive behavioral psychologist will treat them quite differently than a psychodynamic one. They may not know that biblical counselors, pastoral counselors and Christian counselors may do quite different things. Specialists need to be sure that the missionaries coming to see them know what they do.

Network Care

Chapter 7 mentioned the availability of care from international care networks. These networks connect and help develop missionary member care worldwide. As mentioned in Chapter 7, this section elaborates on what is available now. Listed below are services available at this time. See more options at the Global Member Care Network at http://www.globalmembercare.org/index.php?id=177 “connecting and developing member care worldwide”

Conferences MHM;PTM
- Conference on Mental Health and Missions http://www.mti.org/programs/MHM
- Barnabas International http://www.barnabas.org/
- Global Missions Health Conference http://www.medicalmissions.com/conferences/

Workshops/courses
- Mission Training International http://www.mti.org/
- Heartstream Resources http://www.heartstreamresources.org/

Facilities/hubs of member care
- Link Care center http://www.linkcare.org/
- Marble Retreat http://www.marbleretreat.org/
- Heartstream Resources http://www.heartstreamresources.org/
- Godspeed Services http://www.godspeedservices.org/
An Example

What member care missionaries receive depends very much on what they “diagnose” is wrong with themselves. Here are several examples of what that might be for missionaries who feel sad and discouraged.

- Normal mood swing. Nothing needs to be done because they will return to normal soon.
- Reaction to some loss. Nothing needs to be done because it just takes time to get over it.
- Spiritual problem because of lack of devotions and church attendance. Make new commitment to God, talk to pastor, join accountability group.
- Spiritual problem because of intentional sin. Repent and ask God’s forgiveness, talk with pastoral counselor.
- Poor health habits. Eat better, get more sleep, exercise.
- Chemical imbalance. Have doctor change blood pressure medicine, prescribe an antidepressant, see psychiatrist.
- Poor cognitive habits. Get cognitive-behavioral therapy from a counselor or psychologist, or follow instructions in Feeling Good: The New Mood Therapy.
- Social isolation. Interact more with people or join support group.
- Demonic. See someone who has deliverance ministry.

The help missionaries receive depends on what they think is wrong and what kind of help they want.

Note to the reader: If you have suggestions about other things that would better answer this chapter’s question, please email those to me at ron@missionarycare.com. In that email please tell me three things: (1) what you believe needs to be included, (2) links to relevant websites if available, and (3) how it better answers the question “How does a missionary get member care if/when needed?” I plan to periodically update and expand the book with these suggestions.
Chapter 10

How and Where Is Missionary Member Care Done?

Short & Simple Summary

The short answer is almost anywhere and in an ever increasing variety of ways. In Bible times member care was done by traveling to where the missionary was (or the missionary traveling “home”) and talking face-to-face or through a letter, or through a combination of the two. Today changes in technology, especially during the last half century, have opened many more ways through which missionary member care can be provided nearly instantly. Here are the topics covered in the chapter.

In the Bible

Consider the how and when of missionary member care of Paul. “I was glad when Stephanas, Fortunatus and Achaicus arrived, because they have supplied what was lacking from you….The churches in the province of Asia send you greetings. Aquila and Priscilla greet you warmly in the Lord, and so does the church that meets at their house” (1 Corinthians 16:17-19). The Corinthian church had sent the three men to personally provide missionary member care to Paul, and he sent a written reply back with them.

Also consider how headquarters in Jerusalem communicated their decision on an important issue to people on the field. “Then the apostles and elders, with the whole church, decided to choose some of their own men and send them to Antioch with Paul and Barnabas…. With them they sent the following letter:…The men were sent off and went down to Antioch, where they gathered the church together and delivered the letter. The people read it and were glad for its encouraging message” (Acts 15:22-31).

Note that there were three means of communicating and delivering member care.

- Face-to-face talking, such as Stephanas, Paul, and the others who went with them
- Writing a letter, such as 1 Corinthians or the decision of people at headquarters

The “how” and the “where” of missionary member care must be considered together because they are so interrelated. Until recent years, the options available for both of these were far more limited than they are today. With the technology available today, especially that related to communication and transportation, people serving in missionary member care have a broad range of possibilities. We will begin with member care options in Bible times and then go on to those available today.

In the Bible

Consider the how and when of missionary member care of Paul. “I was glad when Stephanas, Fortunatus and Achaicus arrived, because they have supplied what was lacking from you….The churches in the province of Asia send you greetings. Aquila and Priscilla greet you warmly in the Lord, and so does the church that meets at their house” (1 Corinthians 16:17-19). The Corinthian church had sent the three men to personally provide missionary member care to Paul, and he sent a written reply back with them.

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Note that there were three means of communicating and delivering member care.

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If you want more detail and links to other sources, read on.

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Since Bible times

Little had changed relative to transportation and communication when William Carey, the “father of modern missions,” and his family left England to go as missionaries to India near the end of the 18th century. They sailed on a ship for nearly five months without stopping even for supplies. To request an item from headquarters back in England took months as ships carried the letter back. Then to receive the aid from the home office took additional months as ships sailed to India again.

However, within a century major changes began to take place. By the end of the 19th century the steam engine had been invented and developed to the place where ships were no longer subject to the whim of the winds and the sea. Locomotives could rapidly transport both people and goods across continents. In addition, the telephone and telegraph had been developed to the point that communication not only across continents, but across oceans was possible.

Finally, by the end of the 20th century airline travel had made it possible for a person to be half way around the world in a single day. The digital revolution had made it possible to communicate electronically with people around the world, free of charge, 24 hours a day, seven days a week. Offerings could be taken for special needs and instantly transferred to where they were needed nearly anywhere in the world. Today member care has the potential of being instantly available anywhere in the world at any time. Here are some of the possibilities that have implications for member care.

Communication

Technological developments made it as easy, as fast, and as costly to communicate with someone on the other side of the world as to call someone across the street.

- Mail. Both surface mail and airmail take original documents from place to place. Postal systems and airmail have made some mail more reliable, more secure, and faster than it was when William Carey went in the 18th century. Mailed documents include only words on paper.

- Telephone and fax. Telephone conversations include audible conversations so that some nonverbal cues are available, and the telephone makes instant replies possible; however, no written documents are available unless they are sent by fax.

- Email. Email is “free” and fast for those who have computers, tablets, or “smart phones,” and it includes written documents. However, messages may sit in the receiver’s inbox for hours or days, so “conversations” may take a rather long time.

- Instant Messaging. IM is also free and fast for those who have computers and internet access, and it includes a written “transcript” of the conversation. Since it is a conversation done in real time, it requires that the two people involved be at their computers during that entire time. It does not include many nonverbal cues.

- Skype. Skype is also free and fast for those who have computers, tablets, or “smart phones” and internet access. In addition to the audio, it includes video (if both people have good connections) so that both can get more nonverbal cues as well as seeing something of the other’s “environment.” In addition, “group” conversations can be arranged with people from different countries included in the conversations.

- New things yet to be invented. Half a century ago, before the digital revolution, many of the things described above
were science fiction; today they are reality. Who knows what else will be invented that will have implications for member care?

This new technology provides many more options for how missionary member care is done and many more options for where it is done. No longer do the missionary and the member care provider even have to be on the same continent. Of course, issues raised are the time it takes, the expense it costs, and how “personal or impersonal” it is. It also raises legal and ethical issues discussed in a later chapter. Finally, the seriousness of the problem must be considered. For example, if a missionary is suicidal, being there in person is much better than talking on the phone. Fortunately, other technology makes it possible for a person to get anywhere in the world in about a day—or contact someone in the host country in minutes.

**Transportation: Cargo, currency, and people**

Technological developments have made it possible to get people, cash, and objects to the other side of the world in a single day or even less if necessary; however, it may be very costly. However, if the missionaries can wait a week, all of those can be accomplished at a much lower cost for shipping.

When missionaries need a part for equipment, it can often be ordered and shipped directly by air to the host country. If the object they need is at headquarters, it can be shipped by air to be delivered the next day—at a price, and at a lower cost if they can wait a few days.

When missionaries need personal care, member care providers can be in the host countries within 24 hours if airlines have space. We can fly from our airport 20 minutes from home and be 12 time zones away in 25 hours, and we do not live near a hub.

When missionaries need currency, the home office can usually wire it to them in a matter of hours if it is a large amount. If they need smaller amounts of cash, the home office can place it in their bank account in their passport country, and the missionary can get it in local currency through an ATM right in their host country as soon as the deposit is credited to their account.

What a difference between that and Bible times when Paul needed encouragement and the offering was taken for him. But it took weeks or months for Stephanas or Titus to get to him when the offering was sent by the Corinthian church.

**Telehealth**

Telehealth (or Telemedicine) is the general name given to the rise in providing care for people from a distance, which is now possible. It is widely used for medical consultations and for providing medical care for people who are at a distance from health care providers, such as those living in rural areas. The following link gives a good overview of the whole field with many links to specific areas of telemedicine [http://en.wikipedia.org/wiki/Telemedicine](http://en.wikipedia.org/wiki/Telemedicine). The following article is more limited, but it does include preventive medicine as well [http://en.wikipedia.org/wiki/Telehealth](http://en.wikipedia.org/wiki/Telehealth). The U.S. Department of Health and Human Services has much information about telehealth at [http://www.hrsa.gov/ruralhealth/about/telehealth/](http://www.hrsa.gov/ruralhealth/about/telehealth/). Be sure to click on the “Telehealth Toolbox” on that page for an excellent overview of telehealth.

Telehealth includes all areas of medicine, including telepsychiatry. One can add the prefix “tele” to virtually any field in the mental health area, type it into a search engine and come up a list of links to websites about that area. This includes counseling, psychology, psychotherapy, pastoral counseling, etc. Readers can make that kind of search for their own discipline. Because I am a psychologist, here are some links that I have found relative to telepsychology.
Telepsychology

The American Psychological Association (APA) sends their monthly publication, Monitor on Psychology, to all members of APA. Here is one relevant item from the Monitor on Psychology during each of the last four years.

- “Telepsychology is in the rise”
- “A new emphasis on telehealth: How can psychologists stay ahead of the curve—and keep patients safe?”
- “More states reimburse for telehealth services”
- “Phone therapy works for mild to moderate disorders, study suggests”
  http://www.apa.org/monitor/2013/01/phone-therapy.aspx

In addition, on July 27, 2012 the APA released a draft document “Guidelines for the practice of Telepsychology” for public comment. A copy of this 18-page document is available at.

In addition to professional standards, missionary member care providers need to be aware of the laws of their own state and country and the laws of the states and countries in which the missionaries serve. I live in Kentucky, and the laws about “Telehealth and Telepsychology” are available at http://www.lrc.ky.gov/kar/201/026/310.htm. It is the providers’ responsibility to find the laws under which they work (usually easy) and the laws where the missionaries live (usually more difficult).

Finally, there are many other sources that pertain to several mental health disciplines. For example there is a 60-page article, “Telepsychology & Telehealth: Counselling Conducted in a Technology Environment,” published in Counselling, Psychotherapy, and Health at http://www.mentalhealthacademy.com.au/journal_archive/cph0817.pdf. Also, “Resources & Updates for Psychotherapists, Counselors, Marriage & Family Therapists, Social Workers, Psychiatrists and Other Mental Health Professionals” are available at http://www.zurinstitute.com/telehealthresources.html.

This new technology provides new possibilities for providing missionary member care. However, it also produces new pitfalls which we must be careful to avoid.

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Chapter 11

When Is Missionary Member Care Done?

Short & Simple Summary

The short answer to this question is “from recruitment through retirement.” People who remain in their passport cultures tend to have a support system that remains relatively constant for them. Missionaries used to spend four years in their host countries, then one year at “home,” and repeat the cycle. Today many of them spend two years in their host countries and half a year at “home.” Regardless of what schedule they have, missionaries are in transition much of their lives and need a support from a flow of caregivers. Here are the topics covered in the chapter.

Stage 1: Recruitment
Stage 2: Screening
Stage 3: Preparation and Pre-Departure Orientation
Stage 4: Departure
Stage 5: Arrival
Stage 6: Field Life
Stage 7: Preparation for Returning “Home”
Stage 8: Reentry

Stage 9: Ongoing Support

If you want more detail and links to other sources, read on.

Many definitions of missionary member care say that it should be given from recruitment to retirement, meaning that various types of member care are needed for life from the time the people become missionaries. David Pollock wrote “Developing a flow of care and caregivers” for Interact in 1997 and expanded it for inclusion in Doing Member Care Well: Perspectives and Practices from Around the World in 2002. It is available free as chapter two at https://sites.google.com/site/membercaravan/test/doing-member-care-well. The headings in this chapter are taken from that chapter, as is a summary of some of the content.

The longer potential missionaries have been part of a healthy, caring, local church the better it is. The more that part of the body of Christ has been nurturing growth through membership in small groups and teaching the word from the pulpit, the more likely it is that those new missionaries will have positive experiences serving in other cultures. When those people move toward cross-cultural service, a new level of care is needed as they move from stage to stage.

Stage 1: Recruitment

When people begin to feel God calling them to service or hear a plea from missionaries for help, they may begin contacting mission agencies. At this point they may need help discerning whether their “call” is from God to them personally or whether the call is just their sense of compassion for poor people.

Potential missionaries and recruiters from agencies must be careful to remember what Jesus told the crowd in Luke 14:28-30—that if they are planning to do something, they need
to count the cost to see if they can complete it so they will not be ridiculed. If prospective missionaries are overly optimistic and/or recruiters are trying to meet a quota, neither of them may ask the hard questions. Recruiters need to be honest about the cost, and prospective missionaries need to be realistic.

Someone needs to ask the “hard” questions. For example: Should a family go if teenagers in it do not want to go? Should a married couple go if only one of them feels called? Is a single person prepared for a life of celibacy? Are the prospective missionaries prepared for the positions they expect to fill? Likewise, someone needs to encourage the prospective missionary to ask questions. How will my children be educated? Who do we talk to if we need counsel? What about my taking an antidepressant? In general, ask lots of member care questions as well as others.

The major caregivers during this time are friends, family, pastors, and recruiters who want to find people who will have a long and fruitful ministry cross-culturally.

Roy Johnston has a helpful chapter, “Should I be a missionary,” in Helping Missionaries Grow: Readings in Mental Health and Missions. This article contains many helpful questions and is available as Chapter 2 at https://sites.google.com/site/membercaravan/test/helping-ms-grow-book.

Stage 2: Screening

At this stage some people need to be “screened out” and other people need to be “screened in.” These screenings are for the good of the applicant, the good of the agency, and the good of the nationals being served in the host country.

People who have severe mental disorders, such as schizophrenia, that are not responding to treatment should be screened out. People who have disorders that will disrupt the team on the field, such as borderline personality disorder, need at least to be kept from serving cross-culturally—though they may serve at home. People who want to serve but are unqualified for the position need to be told “no” or “not yet.” This screening needs to be done early in the process, before they have taken major steps such as quitting their job or selling their house—or even announced that they are going to be missionaries.

People not screened out need to be screened in. The agency needs to find out as much about the candidate as it can to evaluate how they may serve best and what needs they may have in the future. If they have chronic medical issues, a history of relationship problems, come from dysfunctional families, and so forth, plans need to be made for the member care that may be needed to prevent potential problems or treat those problems if they occur.

Physicians, mental health professionals, and personnel officers are the member care people involved here.

Helping Missionaries Grow: Readings in Mental Health and Missions at https://sites.google.com/site/membercaravan/test/helping-ms-grow-book contains several chapters that are relevant to screening.

- Chapter 3: “How to choose the right missionary” by Marjory Foyle
- Chapter 4: “Candidate selection criteria: A survey” by Larry Ferguson, Dean Kliewer, Stanley Lindquist, Donald Williams and Robert Heinrich
- Chapter 5: “How to select church planters” by Thomas Graham
- Chapter 6: “A rationale for psychological assessment” by Stanley Lindquist
- Chapter 7: “Essentials and tools of psychological assessment” by Larry Ferguson, Kean Kliewer, Brent Lindquist, and Stanley Lindquist
- Chapter 8: “Misuses of psychological assessment” by Brent Lindquist
Stage 3: Preparation and Pre-Departure Orientation

People need to have not only formal training but also practical experience in their passport culture. For example, individuals who want to be teachers but have never taught may find that actual teaching is quite different from education classes, and they need to learn that before they attempt to teach on the field. People who want to plant churches but have never served in a ministry position may find that shepherding a congregation is quite different from attending church regularly. In addition, people must have some degree of spiritual maturity to face situations that occur when living in another culture.

Before leaving, prospective missionaries need some kind of orientation to prepare them for what is ahead. They need to learn how to “leave right” so that they will be able to “enter right” when they arrive in their host country—and again when they reenter their passport country. Most individuals have high expectations for their missionary service, and these should be made more realistic. They also need to have some idea about what kind of adjustments they will have to make, and what they may experience. Becoming helpless as a child when one does not know the language is very difficult.

Veteran missionaries and cross-cultural trainers are the member care providers at this stage.

Helping Missionaries Grow: Readings in Mental Health and Missions at https://sites.google.com/site/membercaravan/test/helping-ms-grow-book contains several chapters that are relevant to preparation and pre-departure training.

- Chapter 11: “Pretraining variables in the prediction of missionary success overseas” by William Gordon Britt III
- Chapter 12: “Preparation: Pay the price!” by Phil Elkins

Stage 4: Departure

Pollock is well-known for suggesting that people build a RAFT to depart. RAFT is an acronym as follows.

- **R**econciliation. Unresolved conflicts need to be settled if possible.
- **A**ffirmation. Both the missionary who is leaving and the friends and family staying at home need to express appreciation for each other.
- **F**arewells. Goodbyes need to be said to everyone involved.
- **T**hink destination. Looking forward to getting where they are going and planning for what they will be doing is helpful.

Friends, family, and the local body of believers are the primary caregivers for this stage.

Stage 5: Arrival

When new missionaries arrive on the field, it is good if the field director and available missionaries greet them at the airport or at least during the first few days. However, the primary member care provider at this time is a good mentor. This mentor has primary responsibility for introducing the missionary to the culture and the local community to the missionary.

The mentor should be available to answer questions and make suggestions about living in the new culture, advice about everyday things that are not included in guidebooks. In addition the mentor should take newcomers to meetings, shopping, on local transportation, teach them how to cross the street, etc. This will make the new individuals feel as “comfortable” as possible and that someone cares.
Helping Missionaries Grow: Readings in Mental Health and Missions at https://sites.google.com/site/membercaravan/test/helping-ms-grow-book contains several chapters that are relevant to arrival.

- Chapter 31: “Finding a sense of belonging in your new place” by Terri Gibbs
- Chapter 32: “How we reduced those early cultural surprises” by Alexander Bolyanatz

Stage 6: Field Life

On the field there can be many sources of care. Weekly prayer/fellowship times, accountability groups, quarterly staff retreats, annual conferences, and other such meetings provide opportunities for care. If/when crises occur, specialists in debriefing can come, pastoral visits bring care, counselors or psychologists can visit at regular intervals, and other specialists can visit when needed.

Leaders at the home office who are responsible for given areas of the world, country field directors, and team leaders for given cities all need to be evaluated on how they view the people under them. Missionaries who find themselves responsible to inept or vengeful leaders are in a very difficult position and are likely to leave the field, leave the agency, or leave missions completely.

Local churches of missionaries are responsible for not only praying for them and sending their monthly financial support but also for communicating with them, sending items they need, and letting them know they are not forgotten. (See Chapter 18)

“A model for mutual care in missions” by Kenneth Williams is available as Chapter 4 in Missionary Care: Counting the Cost for World Evangelization at https://sites.google.com/site/membercaravan/test/mc-counting-the-cost-book- This model applies to all stages, but is particularly important for field life.

Stage 7: Preparation for Returning “Home”

Returning “home” may be more difficult then moving to the host country was. Pollock suggests building a RAFT for this transition as well: reconciling, affirming, saying farewells, and thinking about the future back “home.” Using the Internet, missionaries can often look at rental properties, enroll children in school, apply for work, and other essentials.

The local church can help with this process. It can be the “hands and feet” for doing what cannot be done on-line. Church members can clean the house and stock the shelves of the pantries. They can send information about how to get utilities started, and perhaps actually do it for the returning missionary.

For more complete information see Before You Get “Home:” Preparing for Reentry at http://www.missionarycare.com/ebook.htm#before_reentry.

Stage 8: Reentry

Ideally, the mission agency, the local church, and the family will work together to make reentry as easy as possible for missionaries returning home. It is vital for good communication to coordinate the three. If mentors are available, they may be able to do this. Mentors in reentry play the same roles as those in arrival, answering questions and helping the missionaries fit in at “home.”

Reentry retreats or seminars help returning missionaries process how they have changed, where they are going, and how they are doing relative to others. As a part of the retreat, or about that time, most missionaries have two types of debrief. First, they have an organizational debrief conducted by someone in the agency. This debrief is about their work-related experiences. Second, they have a personal debrief in which they can talk about feelings and express themselves freely.
without fear of rejection or condemnation. Such debriefs are to help them heal wounds from the past and prepare for the future. For more complete information see Coming “Home”: The Reentry Transition at http://www.missionarycare.com/ebook.htm#reentry.

Helping Missionaries Grow: Readings in Mental Health and Missions at https://sites.google.com/site/membercaravan/test/helping-ms-grow-book contains several chapters that are relevant to reentry.
- Chapter 48: “Reentry stress: The pain of coming home” by Clyde Austin
- Chapter 49: “Welcome home! Easing the pain of MK reentry” by David Pollock

Stage 9: Ongoing Support

Some missionaries may need continued attention after they reenter their passport countries. Retiring missionaries may feel like their identity as missionaries has been destroyed, may not have a social support system back in their local community, or may not have adequate financial resources to support them for life. Long-term missionaries may have sacrificed financially and socially for the sake of the gospel, and they deserve continued attention.

Other missionaries may have quit because they have been deeply hurt. Majory Foyle called them the “honourably wounded.” They may have physical ailments that continue to plague them. They may have psychological disorders that they cannot overcome. They may be devastated spiritually. They have sacrificed for the sake of world evangelization and deserve someone to come alongside and see them restored.

Third Culture Kids (TCKs) who have spent a significant part of their developmental years between cultures may not understand how and why they are different. Even as adults, these TCKs may need seminars, reunions, internet networking, and coaching to help them fit in.

Maintaining a constant flow of various kinds of member care for people on the move all the time is difficult, but it is possible.

Remember that you can download David Pollock’s chapter in “Developing a flow of care and caregivers” in Doing Member Care Well: Perspectives and Practices from Around the World in 2002. It is available free as chapter two at https://sites.google.com/site/membercaravan/test/doing-member-care-well. His chapter elaborates on all stages presented in this chapter.

Note to the reader: If you have suggestions about other things that would better answer this chapter’s question, please email those to me at ron@missionarycare.com. In that email please tell me three things: (1) what you believe needs to be included, (2) links to relevant websites if available, and (3) how it better answers the question “When is missionary member care done?” I plan to periodically update and expand the book with these suggestions.
Chapter 12

What Are the Major Areas Covered in Missionary Member Care?

Short & Simple Summary

Missionaries are people, so they deal with the same issues that all other people face. However, in addition to those issues, missionaries face issues serving cross-culturally. There is no generally accepted list of which are the most important topics, so different individuals may choose different issues. I found five areas that seem to be primary. Three of those issues relate to serving cross-culturally: the problem of missionaries leaving their work in such great numbers, the issues related to their children growing up between cultures, and issues related to changing cultures themselves. In addition, family and mental health issues are important. Here are the topics covered in the chapter.

Attrition
Third Culture Kids
Reentry
Mental Health
Family

If you want more detail and links to other sources, read on.

Missionaries are people, so they need help in facing all the issues that other people do, plus the additional issues faced by individuals who live and work in a culture different from the one in which they grew up. To decide which were the major areas I looked at the member care books on my shelves to discover what authors were writing about and what editors had chosen to place in their books, journals, and magazines. I found five major areas, three pertaining primarily to those who work cross-culturally and two found in the general population who do live and work in their passport culture. Following is a brief description of each of these five areas, each with the following parts.

- A list of books dealing with the area, with links to those posted on the internet
- A list of edited books with sections of several chapters dealing with the area with links.
- Links to brochures available on [www.missionarycare.com](http://www.missionarycare.com) dealing with the area
- Links to a database that will produce an annotated bibliography of printed sources about that area.

Attrition

In Chapter 2, the Global Member Care Network defines Member Care as the ongoing preparation, equipping and empowering of missionaries for effective and sustainable life, ministry and work. Near the end of the 20th century, about the time missionary member care began to develop, it was clear that the “sustainable” part was not a reality. After years of preparation, a year of raising funds, and a year of language school, far too many missionaries either quit serving and came home before their first term of service was completed or
completed that first term and never returned to the field as they had originally planned. They became “attrition statistics.”

After hearing at a 1993 conference in Brazil that 75% of Brazil’s cross-cultural missionaries either quit during their first term of service or did not return for a second term, the Mission Commission of the World Evangelical Alliance (WEA), http://www.worlddea.org launched a study of attrition. They called it the “Reducing Missionary Attrition Project” (ReMap I) to find out whether or not attrition was really that high, why missionaries quit, and whether the rate was different in the older sending countries (OSC in North America, Europe, and Australia) from that in the new sending countries (NSC in Latin America, Africa, and Asia).

The results of ReMAP I also suggested changes that might lengthen the time missionaries served, so another major study, ReMap II, was conducted to follow up and find out if the changes really did make a difference. The changes did make a difference. These two studies are the core of knowledge about missionary attrition about the turn of the 21st century.

**Books.** Two books, one covering each of the major research projects, are available in print, both new and used.


A 12-page summary of the two ReMAP projects is at http://www.dmgint.de/fileadmin/user_upload/PDFs1/ReMAPI_summary.pdf

**Sections in Books.** *Helping Missionaries Grow: Readings in Mental Health and Missions* edited by Kelly and Michele O’Donnell contains a section on “attrition” which is available as Chapters 40 and 41 available at https://sites.google.com/site/membercaravan/test/helping-ms-grow-book.

**Brochures.** Two brochures related to attrition are available


**Third Culture Kids**

Missionary kids (MKs) and others who lived in other cultures were viewed as no different from other children who grew up in their own countries until the last half of the 20th century. Observing her own children overseas and back “home” Ruth Useem, a professor at Michigan State University, discovered that people spending a significant part of their developmental years outside their parents’ culture build relationships to all the cultures but do not have a full ownership with any. She called these Third Culture Kids (TCKs).

TCKs have a much broader world view, think differently, and relate to others differently. Though they do not identify fully with any of the cultures they have lived in, they do identify with other TCKs who may have grown up in entirely different cultures. These TCKS can identify someone who is not a TCK. For example, I heard one TCK talking to another about a third one say, “She may have lived overseas for a couple years, but she isn’t a TCK. She doesn’t think like one.”

TCKs include not only missionary kids, but also military kids, children of diplomats, children of people in international
business, etc. Of course, TCKs are part of missionary families, but they are different from their parents who did not grow up between cultures. TCKs have been studied widely and many books written about them. The education of children living overseas has been of great concern to their parents.

During the 1980s three major international conferences on MKs were held in Manila, Quito, and Nairobi. In 1987 the MK-CART/CORE was formed by 12 sending agencies. MK-CART/CORE means Missionary Kid—Consultation And Research Team/Committee On Research and Endowment. This group did three major research studies over the next 15 years. The most complete report of this research is in Leslie Andrews’ book *The Family in Mission* listed below.


**Books.** Here are some books most relevant to TCKs of missionary parents. Printed ones are available used and new.

- **Don’t Pig Out on Junk Food: The MK’s Guide to Survival in the U. S.** (1993) by Alma Daugherty Gordon published by Evangelical Missions Information Service in Wheaton, IL, is not about diet issues, but it is filled with suggestions for teenage TCKs coping with all aspects of life back “home.”
- **Third Culture Kids and Adolescence: Cultural Creations** (2005) by Ronald L. Koteskey posted on-line is available free of charge at [http://www.missionarycare.com/ebook.htm#cultural_creations](http://www.missionarycare.com/ebook.htm#cultural_creations). It is written for TCKs, but it also is of interest to parents of TCKs who want to understand their children.

**Sections in Books.** Two edited books have multiple articles on TCKs or MKs.


**Brochures.** Two brochures related to TCKs are available.


**Printed sources.** Lists of published printed articles, books, and chapters in books is available at
Missionaries and other people who have spent years living in another culture have long known about the “culture shock” that often occurs after the “vacation” phase of moving to a new culture. People were warned about it so they would not be surprised if and when it happened. However, many people did not realize a kind of “reverse culture shock” occurred when people returned to their passport countries after living in a host culture for an extended period of time.

In *The Odyssey*, written thousands of years ago, Homer described Odysseus’ reaction when he woke up in his home country 20 years after leaving it. “He did not recognize the pathways stretching into the distance, the quiet bays, the crags and precipices. He rose to his feet and stood staring at what was his own land, crying mournfully: ‘Alas: And now where on earth am I? What do I here myself?’” Missionaries looked forward to coming home, expecting to be eagerly welcomed, join their friends, and pick up life where they had left off. However, they had changed, their culture had changed, their friends had changed, and they felt lonely and abandoned. Since the latter part of the 20th century, missionaries have been warned about what to expect upon reentering their passport country, but it is still difficult—even when expected. Much has been written about reentry, and here are some of the sources written for missionaries.

**Books.** Here are some books most relevant for returning missionaries. Printed ones are available used and new.

- **Re-Entry: Making the Transition from Missions to Life at Home (1992)** by Peter Jordan and published by YWAM Publishing has been the classic for two decades.
- **Burn-Up or Splash Down: Surviving the Culture Shock of Re-entry** (2006) written by Marion Knell is more detailed and includes a section on TCKs.

**Sections in Books.** Two edited books have multiple chapters on reentry.


**Brochures.** Three brochures relative to reentry are available.


**Printed sources.** Lists of published printed articles, books, and chapters in books is available at

- **Re-entry:** http://www.missionarycare.com/dbListArticles.asp?TOPICID=84.

**Mental Health**

Although mental health professionals have been involved in the selection of missionaries for nearly a century, the relationship between them and the missions community was a tense one for many years. Many agencies and their missionaries were suspicious of psychology because some of the influences of behaviorism, psychoanalysis, and humanism were viewed as secular, even evil, forces.

However, toward the end of the 20th century Christian approaches to both counseling and psychology developed; professional associations of both were begun; and they grew rapidly. Psychologists formed the Christian Association for Psychological Studies (CAPS) http://caps.net/ and counselors formed the American Association of Christian Counselors (AACC) http://www.aacc.net/. The annual Conference on Mental Health and Missions (MHM) began in 1980, and has met annually ever since http://www.mti.org/programs/MHM. By the beginning of the 20th century, missionaries and mission agencies were becoming much more accepting of mental health professionals. Excellent accounts of what happened are available in Chapters 1-7 of *Enhancing Missionary Vitality* below.

**Books.** Three books are primarily about mental health.

- *Honourably Wounded: Stress among Christian Workers* (2001) by Marjory F. Foyle published by Monarch Books is centered around stress. However, Marjory is a psychiatrist with many years of experience with missionaries in Asia, and this book has mental health material throughout. (An earlier edition of this book was published in the USA under the title *Overcoming Missionary Stress* (1987).

**Sections in Books.** Four edited books have multiple chapters on mental health.

- *Helping Missionaries Grow: Readings in Mental Health and Missions* (1988) edited by Kelly and Michele O’Donnell contains a section on “psychological assessment” with three chapters and a section on “mission agencies and mental health” with three chapters. These are available as Chapters 6-8 and 42-44 available free of charge at https://sites.google.com/site/membercaravan/test/helping-ms-grow-book.


**Brochures.** Seven brochures relative to mental health are available at


Psychological testing is at http://www.missionarycare.com/brochures/br_psychtesting.htm.


Depression is at http://www.missionarycare.com/brochures/br_depression.htm.


Printed sources. Seven lists of published printed articles, books, and chapters in books are available at http://www.missionarycare.com/dbTopics.asp. Click on “Peer counseling,” “Anxiety,” “Depression,” “Personality disorders,” and “Psychopathology.”

Family

During the 20th century, as the divorce rate rose rapidly, more and more missionary candidates came from broken homes and struggled with the resulting hurts those homes produced. Likewise, as the percent of babies born to unmarried women rose rapidly, more and more candidates came from homes where they had no experience in watching a married couple function as husband and wife. These people had little knowledge about how to relate to each other as a couple and little knowledge about how to rear their own children because they had come from dysfunctional families themselves.

Developing a well-functioning family is difficult under “normal” circumstances in a couple’s passport country, and it is far more difficult when parents try to do so immersed in a different culture. In their host country, they may have little support from anyone who knows their own culture. They may be confused by what people in their host culture do—and have no idea about why those people do it. As a result, family issues have become a major area of concern.

Books. Here are some books about family issues faced by missionaries.

- Missionary Marriage Issues is available free at http://www.missionarycare.com/ebook.htm#marriage.
- Missionary Singles Issues is available free at http://www.missionarycare.com/ebook.htm#singles.

Sections in Books. Two edited books have sections on families.

- Helping Missionaries Grow: Readings in Mental Health and Missions (1988) edited by Kelly and Michele O’Donnell contains a section on “family life” with five chapters and a section on “missionary couples” with three chapters. These are available as Chapters 16-20 and 21-43 available free of charge at

Of course, all of the material about TCKs and MKs earlier in the chapter is a part of the family issues here.

Brochures. More than two dozen brochures about family issues are available.


Printed sources. Four lists of published printed articles, books, and chapters in books are available at [http://www.missionarycare.com/dbTopics.asp](http://www.missionarycare.com/dbTopics.asp). Click on “Family,” “Dysfunctional families,” “Marital problems,” “Marital status,” and “Women’s roles.”

Of course, missionary member care also has information about many other issues, but these five areas are certainly major ones.

Note to the reader: If you have suggestions about other things that would better answer this chapter’s question, please email those to me at ron@missionarycare.com. In that email please tell me three things: (1) what you believe needs to be included, (2) links to relevant websites if available, and (3) how it better answers the question “What are the major areas covered in missionary member care?” I plan to periodically update and expand the book with these suggestions.
Chapter 13

What Are the Ethical Issues in Missionary Member Care?

Short & Simple Summary

Ethical codes have been around for thousands of years, but applying them to issues raised by new technologies is not simple. The fact that professionals from many different disciplines provide missionary member care and the fact that the missionary member care providers often live in a different country than the missionaries receiving the care make the ethical issues even more complex. There is no way anyone can give a meaningful short and simple summary. Here are the topics covered in this chapter.

Ancient Codes
Recent History of Missionary Member Care Ethics
Professional Association Ethics
Ethical Issues Raised by New Technologies

If you want more detail and links to other sources, read on.

When dealing with questions of morality, right and wrong, people usually consult some code of ethics. These may be codes that originated in antiquity or codes that originated in the 21st century.

Ancient Codes

Although all member care people would look at both, Pastoral Care people may be more likely to look to the Scriptures while mental health people may be more likely to look to the Hippocratic Oath.

The Israelites had the books of the law in Old Testament times. The Ten Commandments as stated in Exodus 20 and Deuteronomy 5 and written in the 2nd Century B.C. are excellent summaries of what was considered right and what was considered wrong centuries ago. The first four of these commandments referred to relationships with God and the last six were relevant to relationships with other people.

In the New Testament, when Jesus was asked which commandment was the greatest (Matthew 22:35-40), he replied by quoting Deuteronomy 6:5 which summarized the first four commandments—one’s relationship to God. Then he added Leviticus 19:18 which summarized the last four commandments—one’s relationships to others. Christians today call these the Great Commandments. These Old and New Testament commandments still provide the basis of Judeo-Christian ethics.

Preaching on the plain in Luke 6, Jesus quoted that second great commandment after presenting a series of blessings and woes, he said, “Do to others as you would have them do to you” (v. 31). This is often called the Golden Rule. Paul quotes it as well in Galatians 5:14. This Golden Rule is found in many cultures and religions and is a good guide to relating to others.

When it came to ethics related to helping others, especially in the medical field, the ancient Greeks looked to the
Hippocratic Oath from the 5th Century B.C. The classical version of this oath includes five points. After noting that he was making his covenant before all the gods and goddesses and promising that he would provide free medical instruction for his own children and for his teachers’ children, Hippocrates said he would do the following.

- Benefit the sick and do no harm.
- Not assist in, or even suggest, suicide or abortion.
- Not use the knife (surgery), but leave that to men who did so
- Do no intentional mischief, no sexual relations with patients
- Hold what he saw or heard in confidence.

He ended by hoping to enjoy life and be honored if he kept the oath, and he would accept the opposite if he transgressed it.


Few, if any, doctors today are asked to take this oath. Today (postmodern world) most medical schools write their own versions of the “Hippocratic Oath.” Thus, there are many such oaths today. The classical one would be acceptable to most missionaries today if they substituted “God” for “all the gods and goddesses,” but that would probably not be acceptable to most medical school graduates.

Recent History of Missionary Member Care Ethics

New books about member care in general, and codes of ethics in particular, for those serving in member care have appeared at about the turn of each decade.


- Responsibility
- Professional Competence
- Personal Values and Legal Standards
- Confidentiality
- Client Welfare
- Relationships with Other Professionals
- Psychological Assessment


The second major member care book appeared shortly after 1990. *Missionary Care: Counting the Cost for World Evangelization* (1992) edited by Kelly O’Donnell and published by William Carey Library also has one chapter about ethics. Chapter 19, “Ethical Concerns in Providing Member Care Services.” This chapter presents a case study which discusses the following ethical issues.

- Organizational Responsibility
- Confidentiality
- Counselor/Consultant Competence
- Use of Testing
- Personal Values and Legal Standards


**Around 2000.** Ethics in missionary member care became a major topic at the turn of the century. Two overall codes of ethics appeared in different countries on different continents. Two more major books also appeared about the same time.

The Code of best practice in Member Care developed by the Evangelical Fellowship of Canada was published in 2001.
This code, arranged in six sections around different aspects of life, is good for people in other countries as well. It is at http://www.worlddevangelicals.org/resources/view.htm?id=59

Member Care Guidelines also appeared about this time in the UK. These guidelines for good practice in member care are developed around 11 core values and are available from Global Connections at http://www.globalconnections.co.uk/resources/codesandstandards/membercareguidelines. Missionary member care workers are urged to read these codes, both available free of charge. They will at least make the workers aware of ethical issues they face.

Doing Member Care Well: Perspectives and Practices from Around the World (2002) edited by Kelly O’Donnell and published by William Carey Library has one chapter on Ethics. Chapter 26, “Best Practice Guidelines,” presents summaries of both the Canadian and UK guidelines above. These guidelines are much broader than the ones given a decade earlier which were primarily for mental health professionals counseling someone.


- Chapter 51. Ethical principles for mental health work with missionaries
- Chapter 52. Excerpts from professional codes of ethics
- Chapter 53. The use and misuse of psychological assessment in missionary candidate evaluations
- Chapter 54. Professional use of the internet: Legal and ethical issues in a member care environment

Around 2010. A decade later Global Member Care, Volume 1: The Pearls and Perils of Good Practice (2011) by Kelly O’Donnell was published by William Carey Library. This book contains a section titled “Ethics/Human rights in Member Care: Developing Guidelines in Mission/Aid.” This section contains four chapters as follows.

- Chapter 9. Encountering Ethical Member Care
- Chapter 10. Pursuing Trans-Cultural Ethics
- Chapter 11: Extending the Foundations of Good Practice
- Chapter 12: Resources for Good Practice

Guidelines for Good Practice in Member Care also appeared about this time in New Zealand. These guidelines for good practice in member care are based on the core values of the Global Connections document in the UK and are organized around 10 topics. This document is available at http://www.missions.org.nz/images/guidelines%20mc%2017%20july%202012.pdf.

For those who have access to a library which has interlibrary loan, a list of books, chapters, and articles in printed form is available at http://www.missionarycare.com/dbListArticles.asp?TOPICID=37.

Professional Association Ethics

Professionals from various backgrounds are involved in providing member care. Those professionals know their own codes of ethics; however, some readers considering entering member care may be interested in what these codes say. Here is a list of the most common ones.

Ethical Issues Raised by New Technologies

By the turn of the century it had become obvious that the digital revolution, especially the Internet and all it makes possible, raised new issues related to missionary member care in the areas of physical and mental health. Few questions were raised about a radiologist interpreting an X-ray or MRI from the other side of the world. But what about a psychiatrist diagnosing depression via email? What about a counselor providing therapy via Skype? Clearly technological advances were far ahead of current ethical codes and existing laws.

Telehealth is most relevant to missionary member care, and it includes such things as telephone, interactive videoconferences (such as Skype), email, texting, instant messaging, bulletin boards, websites, social media (such as Facebook), chat, and anything else that may be invented. Telehealth is used in the United States to serve people living in remote areas where there is a lack of professionals to meet needs. Of course, it can also be very useful to meet the needs of missionaries around the world.

During the first decade of the 20th century professional associations and legislative bodies wrestled with the ethical and legal implications raised. This is a constantly changing area, so anything written at this time may well be out of date as soon as next month. Any search engine will result in dozens of websites with current information. The Telehealth Resource Center at http://www.telehealthresourcecenter.org/legal-regulatory and the Center for Telehealth and e-health law at http://ctel.org/ will give you a start.

A good introduction to telehealth in counseling and psychology is in the June 2011 Monitor on Psychology published by the American Psychological Association at http://www.apa.org/monitor/2011/06/telehealth.aspx. Just as different professional associations have different general ethical codes as noted above, so do they have different positions on telehealth. Likewise, different states and nations have different laws regarding telehealth. Because I taught psychology for 35 years and live in the state of Kentucky, I am including links to those below—readers can find links relevant to them through search engines.

In July 2012 The American Psychological Association posted a draft of “Guidelines for the Practice of Telepsychology” inviting public comment. This link may no longer work when people read this book, but a search for the final draft will be able to be found with a search engine. http://apacustomout.apa.org/commentcentral/commentcentralPDF/Site26_Telepsychology%20Guidelines%20Draft_July2012_posted.pdf. This APA document gives eight guidelines.

- Competence of the psychologist
- Standards of care in the delivery of telepsychology services
- Informed consent
- Confidentiality of data and information
- Security and transmission of data and information
- Disposal of data on information and technologies
• Testing and assessment
• Interjurisdictional practice

The last guideline refers to the fact that different states (and different countries) have different laws—and the missionary member care provider is responsible to obey the laws of both. This brings us to the issue of state laws about telehealth. Mental health professionals may find that it is illegal for them to provide mental health care for someone in another state—that they may lose their licenses in their own state if they do.

For those who would like to see an example of a state law, this link leads to “Telehealth and telepsychology” in Kentucky http://www.lrc.ky.gov/kar/201/026/310.htm. This document is divided into five sections.

• Definitions
• Client requirements
• Competence, limits on practice, maintenance and retention of records
• Compliance with federal, state, and local laws
• Representation of services and code of conduct

Like other things in missionary member care, the ethical issues are very complex. Because the missionaries receiving the care and the professionals providing the care are often in different countries, the complexity increases greatly because of the interaction of the differences.

Note to the reader: If you have suggestions about other things that would better answer this chapter’s question, please email those to me at ron@missionarycare.com. In that email please tell me three things: (1) what you believe needs to be included, (2) links to relevant websites if available, and (3) how it better answers the question “What are the ethical issues in missionary member care?” I plan to periodically update and expand the book with these suggestions.

Chapter 14
What Conferences Are Held about Missionary Member Care?

Short & Simple Summary

The short and simple answer is that conferences and similar events are held in many places around the world. The two oldest, largest and most widely known conferences in the USA, as well as a relatively new one attended by people from around the world, are in this chapter as well as links to where the reader can find out about others currently offered. Here are the topics covered in this chapter.

Mental Health & Missions Conference
Midwest Conference on Missionary Care
Global Member Care Network (GMCN) Conference
Other Similar Events
Does It Help

If you want more detail and links to other sources, read on.

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Attending conferences is a great way to learn about a topic as well as getting to meet people who are leaders in the
field and others interested in the topic. Of course, the presentations vary in quality, depending on who is leading them, but there is nearly always something helpful in every presentation. Here is some advice about attending a conference.

- Room on-site. Meeting people in the hall can lead to important discussions that people staying in less expensive off-site lodging may miss.
- Eat on-site. Our most important contacts have come from eating with people. Every meal—breakfast, lunch, and dinner—is an important time to network.
- Talk to people during breaks and free times. You can rest after the conference is over.
- Do not always eat with your friends. Try to eat with different people at every meal so that you make as many contacts as possible.
- Go to sessions whenever they are offered. You may sleep through an important opportunity when you take a nap.
- Pick up handouts not only from the sessions you attend but also from others occurring during the same times.
- Take notes. You will be amazed at how much you do not remember because you are overwhelmed with information for two or three days.

**Mental Health & Missions Conference**

Every year since the first meeting in 1980 the Mental Health and Missions (MHM) conference has met in northeastern Indiana in the lodge of a state park in November. MHM is an annual gathering of primarily Christian North American mental health professionals who gather together for mutual encouragement and professional development in the care of Christian cross-cultural workers. Recently between 200 and 300 people have attended the conference each year. MHM is meant for counselors, social workers, psychologists, psychiatrists and other mental health providers. Such individuals will find this conference relationally rich and professionally invigorating. Although member care personnel, leaders from mission agencies, and students are welcome, they must remember that presenters will be targeting mental health practitioners.

The conference begins with dinner and a plenary session Thursday evening and ends with Sunday brunch. The schedule includes many workshops, a few plenary sessions, and the Research & Resource fair on Saturday evening. The R & R Fair is an interactive venue for sharing relevant research and ministry resources. Held Saturday night, the fair showcases 20-30 organizational resources, literature reviews, and presentations of research.


**PTM Conference**

The PTM (Pastors-to-Missionaries) Conference was birthed in 1989 to gather those whose hearts were tugged toward encouraging those whose ministries called them to far-flung places around this planet. PTM Conference seeks to build, equip and network member care workers in a Christ-centered community environment.

PTM Conference Values are:

- Pastoral Care of Cross-cultural Missionaries: By providing a primary focus on pastoral care giving.
- Personal Encouragement for the Caregiver: By providing refreshment and encouragement.
- Professional Development of the Caregiver: By providing instruction and resources for continued growth in attitude, knowledge, and ministry skills.
- Proactive and Preventive Response to Missionaries Needs: By providing pastoral caregivers with models, tools and skills to help missionaries with their normal missionary...
development. In addition, we will provide training in how to respond to crisis situations.

- Partnership with All Involved in Care giving: By providing a safe place for dialogue among those who give pastoral care to missionaries including field personnel managers, local sending churches, sending agencies, pastoral care providers as well as missionaries themselves.

  The conference is usually held in the fall from Tuesday evening through Friday morning and is sponsored by Barnabas International. Current information is available at http://ptm.barnabas.org/.

**Global Member Care Network (GMCN) Conference**

The first GMCN Conference was held in Chiang Mai, Thailand, during five days in April 2012 with more than 350 people from more than 35 countries attending the conference. Each day of the conference focused on a different aspect of Member Care, namely:

- Status Quo of Member Care
- Continuing Spiritual Development
- Crisis and Catastrophes
- Relationships: Marriage, Family, Singles, TCKs
- Sending Churches and Mission Agencies

  These aspects were emphasized through the devotions, plenaries and workshops. In addition short member care reports with voices from different regions were given from:

- Asian and Pacific region
- Europe and North America
- Africa and Middle East
- Latin America

  Twenty one workshops were presented in 4 sessions during the course of the week. The outcome of the conference could be seen on different levels:

- Focusing on God and spending time in His presence
- Encouragement of individuals – spiritually and in terms of their Member Care involvement
- Stimulation of the further development of regional member care networks
- Formal and informal networking
- Positive feedback from participants about having another GMCN conference

  Another GMCN conference is scheduled to be held during January/February 2015, in Antalya, Turkey with reservations made for 400 participants. For more information see http://www.globalmembercare.com/index.php?id=187&L=0.

**Other Similar Events**

Although they are not national or international conferences in the same sense as the ones described above, numerous other gatherings are held. They are called such things as seminars, consultations, workshops, courses, and so forth. Many of them offer valuable education to people interested in missionary member care. They are held in different parts of the USA as well as in other countries around the world.

Beginning in 2007, the **Midwest Conference on Missionary Care** has been an annual event co-sponsored by Minnesota Renewal Center, Barnabas International, and Transform Minnesota (formerly the Greater Minnesota Association of Evangelicals).

The aim of this conference is to inform, inspire, and educate the church – including laity, pastors, leaders, mission coordinators, and mission committee members – in providing effective care to their overseas missionaries and missionary families. The event is held every February in the Twin Cities area (Minnesota) churches. Attendees come from around the upper Midwest and throughout the country. Speakers and workshop leaders include local church leaders, national mission leaders and missionary care professionals.
The conference is held Friday evening and all day Saturday. The schedule includes a few plenary sessions and many breakout sessions. Current information is available at http://www.mctwo.org/.

Another good one of these is “Continuing Education in Counseling and Member Care,” an intensive counseling seminar for missionaries, pastors, and other Christian workers. It is sponsored by the Narramore Christian Foundation and is offered annually in Chiang Mai, Thailand.

For more than 30 years the Narramore Christian Foundation offered intensive two week seminars in counseling in the United States. More than 2,000 people have taken this training. With minor modifications related to member care this seminar is available in Asia. Although this seminar is designed especially with missionary member care personnel in mind, the sessions include a broad range of counseling, problem solving and growth topics that apply to anyone in a people helping, pastoral care, or counseling ministry. For further information see http://www.ncfliving.org/seminar_thailand01.php. The Narramore Foundation also offers the seminar in western Asia.

Other member care events occur across the United States and around the world throughout the year. Many of these can be of great help. The best place to find out what they are as well as when and where they are going to be held is in the monthly Global Member Care Network (GMCN) Newsletter to which you can subscribe at http://www.globalmembercare.org/newsletter/user/subscribe.php. You can find out more about the newsletter as well as look at some of the archived newsletters at http://www.globalmembercare.com/index.php?id=57.

The last section of the newsletter is “Global Member Care Events.” Here are some of the events that appeared in 2012.

- Michigan Member Care Inservice.
- Sharpening Your Interpersonal Skills. Egypt, Jordan UAE, and many others
- European Member Care Consultation Germany
- MUT Consultation on Member Care in India
- Building Skills for Member Care with Excellence. California
- Resilience Week 2012. Kenya
- 3rd Asia Member Care Network Conference. Malaysia
- Debriefing Training Workshop. Georgia, USA
- Central and Eastern European Mission Forum 3
- Member Care Conference in Northeast Brazil
- Middle East Member Care Conference. Egypt
- Member Care Conference in Southeast Brazil
- EURO TCK Consultation. Germany
- Member Care Managing Crisis Workshop. Uganda
- Serving as Senders in Belfast. Ireland
- Missionary Care Foundations Course. Kenya
- Trauma Debriefing Workshop. Jordan

Of course, the Counseling and Member Care Seminar sponsored by the Narramore Christian Foundation was in this list as well.

Much is available to people around the world who want to become involved in missionary member care. Individuals can attend events lasting anywhere from a couple days on a weekend to two full weeks.

**Does It Help**

Some individuals may question whether such training will make them able to help other people. During the 1970s and the 1980s people began to question whether or not individuals had to be professionals to be able to help others. Dozens of studies appeared in professional literature, many of them in Psychological Bulletin which is not available free on-line. However Andrew Christenson in the UCLA department of psychology published “Who (or what) can do psychotherapy: The status and challenge of nonprofessional therapies” in Psychological Science, of the American Psychological Society. Christianson’s abstract of that article begins with the following:
Research suggests that paraprofessional therapists usually produce effects that are greater than effects for control conditions and comparable to those for professional therapist treatment. Other nonprofessional psychological treatments, such as self-administered materials and self-help groups, have also demonstrated positive effects...

You can read the whole article, including a list of references directing you to the literature which shows that paraprofessionals can be quite effective in helping others at http://data.psych.udel.edu/abelcher/Shared%20Documents/7%20Professional%20Issues%20(25)/Christensen%20Jacobson%201994.pdf.

One of the most important things in missionary member care is for the missionary to know that someone cares for them enough to spend time with them and really listen to them. Just knowing that someone cares is therapeutic.

Note to the reader: If you have suggestions about other things that would better answer this chapter’s question, please email those to me at ron@missionarycare.com. In that email please tell me three things: (1) what you believe needs to be included, (2) links to relevant websites if available, and (3) how it better answers the question “What conferences are held about missionary member care?” I plan to periodically update and expand the book with these suggestions.

Chapter 15

What Resources for Missionary Member Care Are Available on the Internet?

Short & Simple Summary

The short answer is that there are scores of websites providing information about missionary member care. This chapter presents links to the best of these that go to missionary member care providers, to resources missionaries themselves can use, to resources for those who want to provide member care, and to resources for TCKs. Here are the topics covered in this chapter.

Mis-links
Member Care Providers
Member Care Resources for Missionaries
Member Care Resources for Providers
MK-TCK Resources

If you want more detail and links to other sources, read on.

**********************
Whenever looking for anything about missions on the Internet, the place to begin is at [http://www.mislinks.org](http://www.mislinks.org). Mislinks purpose is to connect people with missions resources. Looking for links to missionary member care is no exception. Under the “Practicing” section on the home page two sections are relevant: “Member Care” and “Missionary Kids.”

**MisLinks**

These two topics have a total of 123 links to relevant material. These links are placed in categories under each topic. **Member Care** has 77 links divided into the following five categories:
- Key Member Care Websites (17 links)
- Member Care Organizations (27 links)
- Books and Articles (17 links)
- Link Pages (9 links)
- Bibliographies (7 links)

**Missionary Kids** has 46 links divided into the following seven categories.
- Core MK Sites (9 links)
- Getting Connected, Staying Connected (2 links)
- MK Education (8 links)
- Further Research (5 links)
- Seminars, Programs & Helpful Resources (9 links)
- Blue Ribbon Awards (4 links)
- Journals, Articles & Books, (9 links)

There is probably no other collection of links that have anywhere near as many as found at Mislinks. As usual, when trying to follow any collection of links, some are very helpful, others are slightly helpful, and still others are broken so they are of no help.

There is no need for the links given there to be repeated here. Readers are encouraged to begin on the Mislinks page when looking for any topic related to member care. Following are links to the websites I have found most helpful in doing member care. Although there is some overlap between these categories, the websites are listed as (1) Member care providers, (2) Member care resources for missionaries, (3) Member care resources for member care providers, and (4) MK-TCK resources.

**Member Care Providers**

The following organizations provide member care either to missionaries in the United States or to missionaries on their fields or both.

- **Barnabas International** is a world-wide ministry of encouragement to missionaries, MK’s, mission agencies, pastors to missionaries, and national pastors. It provides conferences, retreats, pastoral care to missionaries on the field, reentry seminars for TCKs, and sponsors Mu Kappa (a ministry to missionary kids) [http://www.barnabas.org](http://www.barnabas.org).
- **Link Care Center** has been caring for people since 1965. It offers counseling, pastoral care, and training to people in all walks of life, with a special emphasis on people in missions and ministry. Located in Fresno, California, it offers residential treatment there as well as on-field services abroad [http://www.linkcare.org](http://www.linkcare.org).
- **Marble Retreat** is an interdenominational psychotherapy center serving ministers and missionaries in crisis. It offers a blend of spiritual and emotional approaches to touch the whole person. Located in the Colorado Rockies, people there have brought healing through Christ-centered brief intensive psychotherapy since 1974 [http://www.marbleretreat.org](http://www.marbleretreat.org).
- **Alongside** is a nonprofit organization whose mission is to provide professional spiritual, mental, and emotional care to missionaries and their families, to the end of promoting personal wholeness and ministry effectiveness. Its 2.5-week
Renewal and Growth Sabbaticals are offered monthly in Michigan http://www.alongsidecares.net.

- **Godspeed Services** is a faith-based organization offering help to intercultural workers who are hampered by emotional, situational or physical stresses. The goal of Godspeed Services is to address these stressors so that workers are enabled to fulfill their purpose and calling. Godspeed Services offers pastoral care at their home office in Columbia, South Carolina, as well as making referrals elsewhere http://www.godspeedservices.org.

- **Narramore Christian Foundation’s** Psychology for Living is a website which contains many fine on-line articles dedicated to preventing and solving problems through counseling from a Christian perspective. The site has a section devoted to missionary psychological services including counseling and debriefing in crises, on-field retreats, and a reentry seminar for MKs who have just completed high school and are returning to the USA or Canada http://www.ncfliving.org.

- **Missionary Resources Connection** Enhancing the health, ministry effectiveness, and longevity of service of missionaries and their families, Missionary Resources Connection promotes a wide-ranging continuity of care throughout the career-span of missionaries http://www.mresourcesconnection.org.

**Member Care Resources for Missionaries**

The following websites provide information useful to missionaries on the sites.

- **Thrive** (Originally Women of the Harvest) ministers specifically to women serving in cross-cultural missions. With the demands of adjusting to a new culture, organizing a home and being involved in ministry, women can find themselves drained, lonely, and in need of relationships with other women. Thrive was begun to meet those needs http://thriveministry.org.

- **Missionary Care** provides resources for missions and mental health. People can download free of charge 14 books and 90 brochures related to life and service, things missionaries ought to know. They can also download a database containing annotated bibliographies of 900 published books, articles, or chapters of books—or they can search the database online http://www.missionarycare.com.

- **Cross-Cultural Workers** web site has many of the same resources as Missionary Care, but it is more generic in nature and terminology so that it never mentions missions or evangelism. It may be more useful to cross-cultural workers in some settings http://www.crossculturalworkers.com.

- **Peter’s Wife** contains help and encouragement for women living cross culturally. Living outside our own culture is stressful. Keeping a home, helping husbands, and raising kids can be very difficult without the usual support systems of home. Peter’s Wife is written by and for those who have given up the comforts and normality of “home” to serve people in a different culture. The Article List page is particularly helpful http://pw.mikediane.com.

- **Member Care by Radio**. Member Care Media (MCM) is a media ministry of TWR specially prepared for cross-cultural workers whose obedience to the Great Commission has taken them to difficult regions. The program content not only reminds them of God’s promise that He is with them to the very end of the earth, but also addresses changing needs from recruitment to retirement http://www.membcareradio.com.

**Member Care Resources for Member Care Providers**

The following websites provide information useful to member care providers on the sites.
• **Member Caravan** offers materials to support those who are interested/involved in member care and international work in the health care fields. It is especially oriented towards graduate students and others receiving/offering training in member care-related areas [https://sites.google.com/site/membercaravan](https://sites.google.com/site/membercaravan).

• **Global Member Care Network (GMCN)** Sponsored by the Mission Commission of the World Evangelical Alliance, GMCN exists to resource, equip and connect internationally all Christian practitioners of member care at any level. It is a professional community in which mutual learning, training, and sharing can take place. It is committed to developing the member care profession by setting high standards, advancing the kingdom of God, and glorifying his name [http://www.globalmembercare.com](http://www.globalmembercare.com).

• **Heartstream Resources** for cross-cultural workers serves missionaries and humanitarian workers through offering programs of restoration and renewal for those wounded or depleted in service, providing education and prevention programs for cross-cultural workers relative to effectiveness training, care, and well-being. It also assists agency leaders through education and consultation as well as conducting and applying research [http://www.heartstreamresources.org](http://www.heartstreamresources.org).

**MK-TCK Resources**

The following web sites provide additional resources particularly relevant to MKs (Missionary Kids) and other TCKs (Third Culture Kids), as well as links to other sites.

• **Interaction International** is a catalyst and a resource working cooperatively in the development of programs, services and publications to provide and contribute to an ongoing flow of care that meets the needs of Third Culture Kids (TCKs) and internationally mobile families [http://www.interactionintl.org](http://www.interactionintl.org).

• **Mu Kappa** is a fraternal association for MKs. To a missionary kid, the phrase "MK" suggests a sense of identity and belonging, giving him or her a kindred spirit with other MKs. Mu Kappa capitalizes on that built-in belongingness and has organized in a formal way what MKs have always felt [http://www.mukappa.org](http://www.mukappa.org).

• **Child Safety and Protection Network** is a collaborative network of mission agencies, faith based NGOs and international Christian schools intentionally and strategically addressing the issues of child protection. The Network began in 2006 and in six years had 50 agencies which had participated in the network in the past or had shown an interest in becoming part of the network [http://childsafetyprotectionnetwork.org/](http://childsafetyprotectionnetwork.org/).

Much information is available on the Internet because missionary member care developed at about the same time as the Internet became available to the general public. Books, articles, and people involved in member care around the world are available there.

Note to the reader: If you have suggestions about other things that would better answer this chapter’s question, please email those to me at [ron@missionarycare.com](mailto:ron@missionarycare.com). In that email please tell me three things: (1) what you believe needs to be included, (2) links to relevant websites if available, and (3) how it better answers the question “What resources are available on the Internet for missionary member care?” I plan to periodically update and expand the book with these suggestions.
Chapter 16

What Printed (or for E-Readers) Resources about Missionary Member Care are Available?

Short & Simple Summary

There is no shortage of books and articles about member care topics, and the most important ones about member care itself are discussed in this chapter. Books about member care for missionaries are beginning to appear in formats for E-readers, and those are noted as well. Finally, a database of printed materials is presented. Here are the topics covered in this chapter.

Printed Books
Books for E-readers
Periodicals
Annotated Bibliographies

If you want more detail and links to other sources, read on.

Printed Books

Hundreds of articles and scores of books are available about missionary member care and all the areas it covers. These began to appear about 1980 and have increased in number and in the places producing them in the years since.

E-readers such as Kindle and Nook have been invented and are very popular with missionaries who like to carry many books with them. E-readers will probably never totally replace printed books, but they are becoming increasingly popular in the last few years. Missionary member care resources are beginning to appear for these.

Printed Books

Scores of books related to missionary member care are available; however, there are only a few books that have been about the whole field of member care, and these are all edited books.

- Helping Missionaries Grow: Readings in Mental Health and Missions. (Kelly O’Donnell, Ed., 1988, William Carey Library). This book is divided into four major parts: missionary preparation, missionary families, missionary adjustment, and special issues. It contains 50 chapters written by 49 authors, and most of them had been published previously in periodicals or presented as papers at professional meetings. A list of all the titles of all the chapters in this book is available in Appendix A at the end of this book. Helping Missionaries Grow is out of print, but the entire book is available for download at https://sites.google.com/site/membercaravan/test/helping-ms-grow-book.

- Missionary Care: Counting the Cost for World Evangelization (Kelly O’Donnell, Ed., 1992, William Carey Library). This book is divided into five major parts: overview, clinical care, team development, mission agencies, and future directions. It contains 25 chapters written by 23 authors, and they are a mixture of articles
published previously in periodicals and originals. A list of all the titles of all the chapters in this book is available in Appendix A at the end of this book. Missionary Care is out of print; however, the entire book is available to be viewed or downloaded at https://sites.google.com/site/membercaravan/test/mc-counting-the-cost-book-. 

- **Enhancing Missionary Vitality: Mental Health Professions Serving Global Mission** (John R. Powell & Joyce M. Bowers, Eds., 2002, Mission Training International, Palmer Lake, CO). This book is divided into nine major parts: the mental health and missions conference, professional intervention, complexities of cross-cultural service, interfaces with sending agencies, models of preventive services, clinical interventions, innovative models, ethics and professional standards, and applied research. It contains 56 chapters written by 46 authors, and they are primarily chapters written for this volume. A list of all the titles of all the chapters in this book is available in Appendix A at the end of this book. The book is available for purchase from MTI at http://www.mti.org/purchase/.

- **Doing Member Care Well: Perspectives and Practices from around the World** (Kelly O’Donnell, Ed., 2002, William Carey Library). This book is divided into three major parts: The member care context, regional issues and insights, and providing and developing member care. It contains 50 chapters written by 49 authors, and they are a mixture of published previously in periodicals and originals. A list of all the titles of all the chapters in this book is available in Appendix A at the end of this book. The first part of this book (Chapters 1-5) is available at https://sites.google.com/site/membercaravan/test/doing-member-care-well. It is also available for purchase at MTI.

- **Other Books.** Of course, there are many other books about specific topics in missionary member care. An excellent list of 50 books is at Member Caravan at https://sites.google.com/site/membercaravan/home. This site offers excellent materials to support those interested in member care, and it is oriented toward students receiving training in member care. Explore the whole site to see what is available. For the 50+ books list click the link on the left side of the home page, then download a pdf of the list at the bottom of that page.

### Books for E-readers

Some missionary member care books are available either as printed books or as digital books to be read on E-readers. Other member care books are available only in digital formats to be read on computers or E-readers. Missionary Care has 14 E-books available in several digital formats. Here are the most popular ones.

- **What Missionaries Ought to Know**
- **Psychology for Missionaries**
- **Missionary Marriage Issues**
- **Missionary Singles Issues**
- **Third Culture Kids and Adolescence**
- **Raising Resilient MKs**

All of these books, as well as others, are available at http://www.missionarycare.com. People may download the books in .mobi format for Kindle, in .epub format for Nook, and other formats (.doc, .pdf, .zip) to be read on a computer.

**Serving as Senders Today** by Neal Pirolo, a missionary member care book for churches or anyone else helping send missionaries to other cultures, is available in many places as a printed book or in Kindle format at Amazon.com.

### Periodicals

Mission agency publications sometimes have articles in them suggesting what people can do to help the missionaries they support. Likewise, denominational publications
occasionally urge their readers to encourage their missionaries. However, two Christian mental health professional journals have frequent articles related to missionary member care.

- The *Journal of Psychology and Christianity* ([http://caps.net/membership/publications/jpc](http://caps.net/membership/publications/jpc)) has published articles for more than three decades. In fact, an article in a 1983 issue was reprinted in that first major book, *Helping Missionaries Grow*.

- The *Journal of Psychology and Theology* ([http://journals.biola.edu/jpt](http://journals.biola.edu/jpt)) also had an article reprinted in that first book. In addition to that, this journal has devoted three complete issues to missionary member care articles.

Finally, *Evangelical Missions Quarterly (EMQ)* has an article about some aspect of missionary member care in nearly every issue. This publication is widely read by missionaries around the world at [http://www.emisdirect.com/](http://www.emisdirect.com/).

### Annotated Bibliographies

The database on Missionary Care has the largest number of references for published material relevant to missionary member care at [http://www.missionarycare.com/database.htm](http://www.missionarycare.com/database.htm). Useful to those involved in missionary member care, this database has information about 900 published articles, books, and chapters in edited books. People who know how to use Microsoft Access can download the entire database and carry it with them on their computer’s hard drive. Those who would prefer to search the database online can do that as well.

People can click a link to get a list of more than 100 topics relative to missionary member care and then browse the database by topic. For example, if they click “anxiety,” they will get an annotated bibliography of scores of available articles in the database about missionaries and anxiety from 1966 to the current date. This bibliography contains full reference information for each item as well as a brief summary of it. This does not mean that the whole article or book was about anxiety, but that it contains some information about anxiety in missionaries.

People who click on the title of the article or on “read full citation” will get a short quote from the article (Gems) and an outline of the article. I just did that for the top article in the list, and here are the results.

**Gems:** After 25 years serving overseas, one missionary family recalls walking into their home that had been completely stocked with food, cleaning supplies, paper products, along with cards, notes, and flowers from the congregation. Included was a church directory with a list of phone numbers of key people they could contact if they needed anything. They felt accepted, loved, and cared for the moment they arrived home.

**Outline:**
- **Introduction** (11 challenges listed)
- **Missionaries** (5 things listed to make the transition easier)
- **Mission agencies** (5 ways listed that agencies can help)
- **Local Church** (4 ways listed the church can help)

The full citation also includes a list of links to other topics discussed in the article and a link to other articles written by the same author.

People who want to find what a particular person has written can click a link to get a list of the more than 450 authors in the database. Then when they click the author’s name, they will get an annotated bibliography of everything in the database by that author.

This database has been very valuable to students who are writing papers, theses, and dissertations in the area of
missionary member care. Of course, they must keep in mind that this is a database of printed material, not a database of material on the Internet. If they are attending a Christian university or a theological seminary, they may find the books and articles they need there. If books or articles are not in the library, students usually find that they can get the needed material through interlibrary loan at their institution.

Many of the articles in the database are from *Evangelical Missions Quarterly*, and those articles are available on-line, but they are not free. People who buy an on-line subscription from Evangelical Missions Information Service can search all back issues for a year. [http://www.emisdirect.com/store/subscriptions/new-subscribers/emq-online-new-sub-1yr](http://www.emisdirect.com/store/subscriptions/new-subscribers/emq-online-new-sub-1yr).

In summary, printed information about missionary member care is available. Some of it is also in digital formats and can be downloaded. If it is out of print, much of it can be found through interlibrary loan or through used books available on-line.

Note to the reader: If you have suggestions about other things that would better answer this chapter’s question, please email those to me at ron@missionarycare.com. In that email please tell me three things: (1) what you believe needs to be included, (2) links to relevant websites if available, and (3) how it better answers the question “What printed (or for E-readers) resources about missionary member care are available?” I plan to periodically update and expand the book with these suggestions.

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**Chapter 17**

**What Email Lists or Newsletters Distribute Information about Missionary Member Care?**

**Short & Simple Summary**

As is the case in many situations, there are periodic communications regarding missionary member care to which interested people can subscribe. This chapter has some ranging from those which include news from around the world to those that include only information about one organization. Here are the communications described in this chapter.

- Global Member Care Network Newsletter (GMCN)
- Resources for Good Practice Update
- The Well Member Care Center Newsletter
- Mobile Member Care Team Communiqué
- Member Care and Counseling Resources
- Resource Tool for Personnel Workers
- Africa Member Care Network
- Member Care Southern Africa
- Brigada Today

If you want more detail and links to other sources, read on.
People involved in missionary member care may like finding email in their inboxes periodically. Here are some things you can subscribe to. Most of them are archived so that you can read those sent months or years ago. Included are links to subscribe to them or visit the archives.

**Global Member Care Network Newsletter (GMCN)**

Sponsored by the World Evangelical Alliance mission committee, this monthly newsletter has the following usual contents:
- Sponsor
- Editorial
- Surveys
- Global Map
- Resources


**Resources for Good Practice Update**

Sponsored by Member Care Associates and aimed at member care workers in missions as well as cross-cultural aid workers, this monthly newsletter has a different theme each month.

Past Newsletters are available at [http://membercareassociates.org/?page_id=125](http://membercareassociates.org/?page_id=125).

Subscriptions are available at [MCAresources@gmail.com](mailto:MCAresources@gmail.com).

**The Well Member Care Center Newsletter**

Sponsored by the Well in Chiang Mai, Thailand, this monthly newsletter has the following usual contents:
- Spiritual Formation/Retreats
- Marriage
- Children and Families
- Transition and Cross-Cultural Training
- Training and Conferences
- The Last Word…


Subscriptions are available at [http://thewellcm.us2.list-manage.com/subscribe?u=93ed99d9b6c8479d135b01b96&id=42f9450e8c](http://thewellcm.us2.list-manage.com/subscribe?u=93ed99d9b6c8479d135b01b96&id=42f9450e8c).

**Mobile Member Care Team Communiqué**

Sponsored by the Mobile Member Care Team, this quarterly newsletter has a different theme every three months. The communiqué has been rather erratic recently, but the archives are still valuable.

Past Communiqués are available at [http://www.mmct.org/#/resources/communiqu](http://www.mmct.org/#/resources/communiqu).

Subscriptions are available at [mmct@mmct.org](mailto:mmct@mmct.org).

**Member Care and Counseling Resources**

This monthly email is sent by John Leverington, Director of Olive Tree Counseling Center. It covers different subject matter each month, but it is not archived at this point. It is primarily links to websites that have information useful to people in member care, in counseling and in schools regarding...
organizational leadership, family, and mental health issues. To subscribe, contact John.Leverington at john.leverington@gmail.com.

**Resource Tool for Personnel Workers**

This monthly "resource tool" is designed to provide encouragement for “personnel workers” in ministry-related areas. It is a source of encouragement for people providing missionary member care rather than information for them to use in helping others. It is written by Ken Royer on staff at Link Care. People wanting to be added to the list email Ken at kenroyer@linkcare.org or kenroyer@aol.com.

The above newsletters have been around for several years and are for English speaking missionary member care workers, primarily those from North America and the United Kingdom. As member care spreads to other continents and other countries, such newsletters are beginning to appear for them as well. Here are some examples.

**Africa Member Care Network**

This network has been sending bimonthly newsletters since 2011 at http://us2.campaign-archive2.com/home/?u=895d43ef69926eab7812e0395&id=72b7e4778.

**Member Care Southern Africa**

This network has been sending out newsletters since 2012 at http://us2.campaign-archive2.com/?u=407209516f9457da095ea4268&id=1f412d120a&e=673b949319.

The final newsletter listed below is not primarily about missionary member care, but it does have some good member care information along with other valuable information. It has been in existence since 1994, and it has thousands of subscribers.

**Brigada Today**

Brigada is a growing collection of web- and email-based resources staged from the offices of Team Expansion at Emerald Hills in Louisville, Kentucky, USA. *Brigada Today* is a web journal offering resources, strategy tips, tools & “hacks” to Great Commission Christians. It is edited by Doug Lucas at Team Expansion.

Each weekly email contains about a dozen items that range across the missionary spectrum. To view the current one go to http://www.brigada.org/. If you want to sign up to get it via email each week, you can sign up on that page. If you want to look at its archives, you can go to the archives tab.

Note to the reader: If you have suggestions about other things that would better answer this chapter’s question, please email those to me at ron@missionarycare.com. In that email please tell me three things: (1) what you believe needs to be included, (2) links to relevant websites if available, and (3) how it better answers the question “What email lists or newsletters distribute information about missionary member care?” I plan to periodically update and expand the book with these suggestions.
Chapter 18

What Can Ordinary Laypersons Do to Provide Member Care to Their Own Missionaries?

Short & Simple Summary

The short answer is, "Get Serving as Senders and put it into practice." Serving as Senders was published in 1992 and revised as Serving as Senders Today in 2012. It has page after page of practical things everyone can do to provide care for missionaries they know. Here are the topics covered briefly in this chapter, the chapter titles of the core of the book.

Moral Support
Logistical Support
Financial Support
Prayer Support
Communication Support
Reentry Support

If you want more detail and links to other sources, read on.

Of course, most Christians do not go as missionaries nor do they serve full-time caring for missionaries. Many Christians believe that there is not much else they need to do relative to world missions other than perhaps sending some money for their task and now and then praying for them, especially during times the church emphasizes missions.

Paul begins Romans 10 talking about his longing to see the people of Israel saved. Further into the chapter he notes that anyone who confesses and believes will be saved (vv. 10-11), noting that Jew and Gentile are the same in this respect—that everyone who calls on the name of the Lord will be saved (vv 12-13). Then he asks a penetrating series of questions about this salvation (vv.14-15):

- How can they call on him if they do not believe in him?
- How can they believe in him if they have not heard of him?
- How can they hear about him if no one goes and tells them?
- How can anyone go and tell them if they are not sent?

Some people are “goers” and other people are “senders.” The goers are responsible to tell those who have not heard about Jesus. The senders are responsible to care for those who go. Some senders serve full-time in that position, but most senders do it out of concern for carrying out the great commission. In 1992 Neal Pirollo published his book,  Serving As Senders: How to Care for Your Missionaries While They are Preparing to Go, While they are on the Field, and When They Return Home  . Two decades later he revised it, publishing it with the slightly different title, Serving As Senders Today. Pirollo specifies six different kinds of support missionaries need, and these are the topics covered in this chapter. The books are valuable to anyone wanting to care for missionaries, and they are widely available both new and used.

Moral Support

Moral support is simply being there for your missionaries to encourage them whether they need a morale
boost or a dose of reality. This is something anyone can do, and friends can probably do it better than any professionals. Here is how it happened with Paul and Barnabas as they prepared for their first term of missionary service.

After Stephen was killed, persecution of Christians increased, and they spread to many different places. Some of them wound up in Antioch (of Syria) where they spread the gospel to Jews who lived there. Some Christians from Cyprus and Cyrene also went to Antioch and began preaching to the Gentiles as well—and many of those Gentiles became believers. The church leaders in Jerusalem sent Barnabas to investigate what was going on. Barnabas was thrilled, so he found Saul (Paul) and brought him to Antioch. Both of them stayed there for a full year teaching the gospel, and soon believers there were called Christians. When the church in Antioch heard that there was going to be a food shortage in Jerusalem, they sent aid to the people there. It was a caring, supportive church. (Acts 11:19-30).

Saul and Barnabas were part of a small group with a Simeon, Lucius, and Manaen. These five men were fasting, seeking God, and open to what God had to say. God told the group to set Saul and Barnabas aside to do the work to which he had called them. After more fasting and prayer Simeon, Lucius and Manen laid hands on Saul and Barnabas and sent them on their first term of missionary service. Note what these ordinary people did in Acts 13:1-3.

- They fasted, sought God, and were open to God’s leading.
- They were a part of God’s call to missionary service.
- They fasted, prayed, and probably talked about what Jesus had said to the apostles when he sent them out (Matthew 10:5-42; Mark 6:7-11; and Luke 9:1-5).
- They probably also talked about what Jesus said to his disciples after his resurrection (Matthew 28:18-20).
- They commissioned them by the laying on of hands.
- They sent them off.

Another example of moral support is when Stephanas, Fortunatus and Achaicus visited Paul who said, “They refreshed my spirit” (1 Corinthians 16:17-18). Still another example is when Titus visited Paul who said that God “comforted us by the coming of Titus and….he told us about your longing for me, your deep sorrow, your ardent concern for me, so that my joy was greater than ever” (2 Corinthians 7:6-7).

Simeon, Lucius, and Manaen were just close friends who cared for Saul and Barnabas. Likewise, missionaries today need close friends to encourage them as they face difficult circumstances.

### Logistical Support

Logistical support simply means the practical taking care of missionaries’ affairs at home and getting things they need to them on the field. It means helping them get their affairs in order and get the supplies they need to take with them before they go, continuing to care for them and supply them after they have left, and get what they need when they return.

Paul mentioned these things as well. He wrote, “I was glad when Stephanas, Fortunatus and Achaicus arrived, because they have supplied what was lacking from you” (1 Corinthians 16:17-18). He also wrote to Timothy and said, “When you come, bring the cloak that I left with Carpus at Troas, and my scrolls, especially the parchments” (2 Timothy 4:13). Who hasn’t forgotten to pack something when they went on a trip?

Missionaries today need people to help in many ways. If they own property at “home,” they need someone to mange it and maintain it. They need people to handle their financial affairs at home in such ways as depositing money and seeing that bills such as taxes and insurance are paid. If they send out mailings to supporters, they need someone to see that they are printed and posted. The needs are varied and depend on the missionaries’ ways of doing things.
Financial Support

This needs no explanation. Missionaries are very open about such things. They often tell supporters how much more money they need pledged for monthly financial support and how much extra they need when special needs arise. They also give praise when the needed funds are pledged or given.

Prayer Support

This also needs no explanation. Missionaries are very open about asking for prayer for themselves, their families, and their ministry. Many of them send periodic requests for prayer or post those requests on websites or blogs. When these prayers are answered, they let their supporters know as well.

Communication Support

Communicating with missionaries has been important since the beginning of Christian missions. Paul appreciated hearing from the church at Philippi through “Epaphroditus, my brother, fellow worker and fellow soldier, who is also your messenger” (Philippians 2:25).

Paul wrote to the Corinthian church, “The churches in the province of Asia send you greetings. Aquila and Priscilla greet you warmly in the Lord, and so does the church that meets at their house” (1 Corinthians 16:19).

Also consider how headquarters in Jerusalem communicated their decision to people on the field. “Then the apostles and elders, with the whole church, decided to choose some of their own men and send them to Antioch with Paul and Barnabas…. With them they sent the following letter:….The men were sent off and went down to Antioch, where they gathered the church together and delivered the letter. The people read it and were glad for its encouraging message” (Acts 15:22-31).

Today most people are able to communicate encouragement directly to their missionaries, and they can do so much faster.

- Mail. Airmail takes only days rather than weeks or months.
- Telephone. Telephone conversations include audible conversations, and it makes instant replies possible.
- Email. Email is “free” and fast for those who have computers, tablets, and “smart phones.”
- Instant Messaging. IM is also free and fast for those who have computers and internet access.
- Skype. Skype is also free and fast for those who have computers, tablets, or smart phones and internet access. In addition to the audio, it includes video (if both people have good enough connections). In addition, “group” conversations can be arranged with people from different countries included in the conversations.

Reentry Support

Many supporters do not realize that it is often difficult for missionaries to come “home.” The problem is that the missionaries are often grieving, leaving the work to which God has called them, and they find that “home” no longer feels like home to them. At this time they need reentry support. Let us now look at what Jesus did when those he had sent on an evangelistic ministry returned, as well as what Paul and Barnabas did when they returned from their first term of missionary service.

In Luke 9:1-10 (also found in Matthew 10-14 and in Mark 6), we have a summary of the first “reentry” after an evangelistic campaign. When the disciples returned, they reported to Jesus, telling him what they had done (v. 10). Of course, they did not report to Jesus because he needed to know. They reported to him because it was good for them to review for themselves what had happened, and it was good for all of them to hear from each other what had happened while they
were gone. Then Jesus took them with him to a remote place near Bethsaida, the beginning of the first “reentry retreat” or “transition workshop,” a time to talk about what had happened to them, how they had changed (v. 10).

The first cross-cultural reentry by Christian missionaries is recorded at the end of Acts 14. There we read about Paul and Barnabas returning to their “home church” in Antioch where they had been commissioned. They had completed their work during their first term, and they gathered their local church together to report what had happened. They reported two things (v. 27).

- First, they reported all that God had done with them. Note that they did the same thing when they arrived at headquarters in Jerusalem and met with the apostles and elders there for the first time (15:4). It was good for them to report to their supporters and those to whom they were responsible what God had done with them.
- Second, they reported how God had converted those of other cultures. Again note that they did this same thing when they visited from congregation to congregation as they traveled (15:3). It was good to report what God had done for others.

Likewise, it is good for returning missionaries to have people who really listen to them as they tell what God has done within them as they served him in another culture and what God did in the people to whom they ministered. Too often missionaries find that people back “home” have no real interest in what God has done either in them or in the people they served—instead the people at “home” would rather talk about the football game last night or the new movie being released next week.

One of the best supports people can give to a reentering missionary is their genuine interest and full attention. They do not need a professional counselor; rather they need someone who will listen as they share.

In addition to Serving as Senders, Neal Pirolo has written an entire book expanding this last point. The book is titled The Reentry Team: Caring for Your Returning Missionaries, and it is filled with great information about helping your missionary come “home.”

Note to the reader: If you have suggestions about other things that would better answer this chapter’s question, please email those to me at ron@missionarycare.com. In that email please tell me three things: (1) what you believe needs to be included, (2) links to relevant websites if available, and (3) how it better answers the question “What can ordinary laypersons do to provide member care to their own missionaries?” I plan to periodically update and expand the book with these suggestions.
Appendix A

What Is in the Major Books about Missionary Member Care

Short & Simple Summary

There is a big difference between telling someone that a book has 50 articles and actually telling them what the articles are about. The four major books about missionary member care are edited books, and three of them do have about 50 authors. This Appendix actually lists the major parts into which the books are divided and the titles of all of the articles. Here are the four books in which the titles are listed.


This entire book is available for download at: https://sites.google.com/site/membercaravan/test/helping-ms-grow-book

This first book about missionary member care is divided into four major parts:

- Missionary Preparation
- Missionary Families
- Missionary Adjustment
- Special issues

Within these four major parts are sections, each containing several chapters, on the following 16 topics:

- Candidate Selection
- Psychological Assessment
- Missionary Effectiveness
- Training Considerations
- Family Life
- Missionary Couples
The book contains the following 50 chapters each under one of the sections in the major parts listed above:

1. Psychology and missions: Reflections on status and need
2. Should I be a missionary?
3. How to choose the right missionary
4. Candidate selection criteria: A survey
5. How to select the best church planters
6. A rationale for psychological assessment of missionary candidates
7. Essentials and tools of psychological assessment
8. Misuses of psychological assessment
9. How spiritual are missionaries?
10. Missionary fit: A criterion-related model
11. Pretraining variables in the prediction of missionary success overseas
12. Preparation: Pay the price!
13. A preliminary study on psychologists in missions
14. Crucial factors in building good teams
15. Teaching power encounter
16. Characteristics of a healthy mission system
17. Developmental tasks in the life cycle of mission families
18. Stress on mission families living in “other culture” situations
19. The missionary’s need for family life training
20. Missionary family restoration for early returnees
21. Stress factors in missionary marriages
22. Positive possibilities in mid-life transitions
23. Resolving conflicts in Christian marriage
24. Toward a greater understanding of the real MK: A review of recent research
25. Personality development in the children of missionary parents
26. Missionary children: Correlates of self-esteem and dependency
27. To send or not to send? Missionary parents ask
28. What about the kids? MK education symposium
29. The educational needs of children of expatriates
30. Bonding and the missionary task
31. Finding a sense of belonging in your new home
32. How we reduced those early cultural surprises
33. Stress producing factors in cultural adjustment
34. Decreasing fatigue and illness in field work
35. Sources of missionary stress
36. Worksheet on balanced living
37. Missionary relationships: Powderkeg or powerhouse?
38. Separation: Balancing the gains and losses
39. Overcoming stress in singleness
40. Why do they leave? Reflections on attrition
41. Proactive care of missionary personnel
42. Building relationships between mental health specialists and mission agencies
43. The current status of the provision of mental health services to mission agencies in North America
44. Some suggested ethical guidelines for the delivery of mental health services in mission settings
45. Women’s roles in mission; where are we now?
46. Wives: Homemakers or mission employees?
47. Current issues of women and therapy
48. Reentry stress: The pain of coming home
49. Welcome home! Easing the pain of MK reentry
50. Culture-sensitive counseling and the Christian mission
(49 authors contributed to this volume)

Missionary Care: Counting the Cost for World Evangelization (Kelly O’Donnell, Ed., 1992, William Carey Library)
This entire book is available to be viewed or downloaded at:
https://sites.google.com/site/membercaravan/test/mc-counting-the-cost-book-

This second book about missionary member care is divided into five major parts.
- Missionary Care Overview
- Counseling and Clinical Care
- Team Development
- Mission Agencies and Member Care
- Future Directions
Each of these major parts has five of the following 25 chapters:
1. Perspectives on member care in missions
2. Historical notes on missionary care
3. Core issues in missionary life
4. A model for mutual care in missions
5. Supporting missions through pastoral care
6. Current issues in screening and selection
7. Psychopathology in missionary personnel
8. Understanding and managing stress
9. Short-term missionary counseling
10. Crisis intervention in the mission community
11. Multinational teams
12. Coaching missionary teams
13. Field leaders and team nurture
14. Tools for team viability
15. Guidelines for short-term field consultants
16. Nine essentials for organizational development
17. The dynamics of healthy missions

18. Career development and the mission agency
19. Ethical concerns in providing member care services
20. Supporting mission leaders
21. An agenda for member care in missions
22. The increasing role of the sending church
23. Training and using member care workers
24. Missionary support centers
25. The member care consultation
(23 authors contributed to this volume)


This third book about missionary member care is divided into nine parts. Like the previous two books, this one is primarily written for North American missionaries.
- The mental health and missions conference
- Professional intervention shaped by context
- Complexities of cross-cultural service
- Interfaces with sending agencies
- Models of preventive services
- Clinical interventions
- Innovative models
- Ethics and professional standards
- Applied Research
The book contains the following 56 chapters each under one of the sections in the major parts listed above:
1. The annual conference on mental health and missions: a brief history
2. Mental health professionals in missions: An overview
3. Mental health advances in member care
4. Member care in the service of missions: What is in the driver’s seat?
5. Missionary care and counseling: a brief history and challenge
6. Pastoral and psychological caregivers
7. A theological perspective on missionary care
8. Whirling teacups: a bi-cycle analysis of missionary growth
9. Spiritual dimensions in mental health
10. Maintaining spiritual vitality: Spiritual resources for tough times
11. A practical approach to missionary transitions
12. Missionary stressors and implications for care
13. Stress and coping: Learning how to be resilient
14. Forgiveness in healing wounded servants
15. Families in mission: Issues and resources
16. Missionary women speak
17. Serving single
18. Married women in missions: The effects of role expectations on well-being and self esteem
19. Re-entry: An introduction
20. The reacculturation of missionary families
21. A tripartite model for missions consultations
22. In-house staff vs. outside consultants
23. Organizational consulting with mission agencies
24. What mission CEOs want from mental health professionals
25. Dimensions of care in the missions community
26. Choosing the right people: Factors to consider in pre-service assessment
27. Tools used to assess missionaries
28. The call: Psychological, cultural, & spiritual counterfeits
29. Affective domain training: A critical ingredient in missionary preparation
30. Training missionaries in how to relate well: Pay little now or a lot later
31. Team building
32. Conflict resolution
33. Intersections of physical and mental health
34. Brief counseling/therapy during overseas visits
35. Missionaries and moods
36. Psychosomatic disorders
37. Crisis intervention and debriefing
38. Caring for mission personnel in crisis: A matrix approach
39. Mobile crisis response: Responding in the aftermath of trauma
40. Personality disorders and overseas missions: Guidelines for the mental health professional
41. Recognizing and dealing with demonic involvement
42. When should they leave: Retention and referral of personnel in field settings
43. Facilitating confession, forgiveness, and reconciliation
44. The why and how of restorative care
45. Long-term therapy: A long journey towards deep healing
46. On-site and rotating professional services
47. Mobile member care teams
48. Virtual teams
49. Intensive care community: Moving beyond surviving to thriving
50. Residential care facilities
51. Ethical principles for mental health work with missionaries
52. Excerpts from professional codes of ethics
53. The use and misuse of psychological assessment in missionary candidate evaluations
54. Professional use of the internet: Legal and ethical issues in a member care environment
55. Research in mental health and missions
56. MK-CART/CORE: A multi-mission research model (46 authors contributed to this volume)

This fourth book about missionary member care is divided into three parts. Unlike the previous three books, this one is primarily written for missionaries from all over the world.

- The member care context
- Regional issues and insights
- Providing and developing member care

Some of these parts are divided into sections, and some of the sections are subdivided as well. Following is a list of all chapters.

1. Going global: A member care model for best practice
2. Developing a flow of care and caregivers
3. Christianity and 2000: Changes today, challenges tomorrow
4. Humanitarianism with a point
5. Commemorating the witnesses to the faith
6. Challenges and care for Asian missionaries
7. MK education and care: Lessons from Asia
8. Care for Christian workers in India: Dark obstacles and divine opportunities
9. Field care for Asian missionaries in south Asia
10. Member care for African mission personnel
11. Member care in North Africa: Finding life in the desert
12. Mobile member care team/west Africa: Our journey and direction
13. Member care development in South Africa
14. Tumaini Counseling Centre: Ten years in/from east Africa
15. Awakening pastoral care in Latin American missions
16. Pastoral care from Latin America: Some suggestions for sending churches
17. Preparing to persevere in Brazilian missions
18. Holding on to the good: A short experience for emotional debriefing
19. Ministering wisely in the Middle East: Christian service under pressure
20. Doing member care in red zones: Examples from the Middle East
21. Jesus Christ: The heart of member care
22. Joy and sacrifice in the Lord
23. Giants, foxes, wolves, and flies: Helping ourselves and others
24. Sexual purity in missions
25. Surviving war as a caregiver: A personal account
26. Best practice guidelines
27. Care and support of local staff in Christian humanitarian ministry
28. Administrative guidelines for remaining or returning
29. Reinventing missionary commitment
30. Running well and resting well: Twelve tools for missionary life
31. A guest in their world
32. Pastoral encouragement: Seven letters to Christian workers
33. Reviewing personal spirituality
34. Helping missionaries start healthy and stay healthy
35. Health and safety guidelines for preventing accidents
36. Career development for mission personnel
37. Training Asian counselors for missionary care
38. Building resilient teams: the CACTUS Kit
39. The potential and pitfalls of multicultural mission teams
40. Caring for missionary families: Applications from the military
41. Supporting expatriate women in difficult settings
42. A mindset and department for member care
43. The perils of pioneering: Responsible logistics for hostile places
44. Guidelines for crisis and routine debriefing
45. Human rights advocacy in missions
46. Field counseling: Sifting the wheat from the chaff
47. The cross of Christ in debriefing and ethnic reconciliation
48. Developing member care affiliations
49. Global member care resource list
50. Touring the terrain: An international sampler of member care books
   (49 authors contributed to this volume)

181 articles in four books!

Other E-books by the Author

http://www.missionarycare.com/ebook.htm contains a dozen E-books by Ron which can be downloaded free of charge by anyone, anytime, anywhere. These books may be downloaded as .doc, .pdf, and .zip, files to be viewed on a computer or as .mobi or .epub files to read on a Kindle, Nook, or other e-reader. They may also be distributed to anyone as long as they are given to others free of charge and unchanged.

- What Missionaries Ought to Know...: A Handbook for Life and Service is a compilation of many of the brochures about missionary life.
- Psychology for Missionaries which considers implications of general psychology for missionaries.
- Missionary Marriage Issues is a compilation of many of the brochures about married life on the field.
- Missionary Singles Issues is a compilation of many of the brochures about single life on the field.
- Before you get “Home”: Preparing for Reentry is written for use several months before returning.
- Coming “Home”: The Reentry Transition can be used as preparation for debriefing in a group, when being debriefed, or to debrief yourself.
- Reentry after Short-Term Missionary Service is for people serving from a week to a couple years.
- We’re Going Home: Reentry for Elementary Children is a story and activities for children 6-12 years of age.
• *I Don’t Want to Go Home: Parent’s Guide for Reentry for Elementary Children* is a companion book written specifically for parents to help them assist in their children’s reentry.

• *Third Culture Kids and Adolescence: Cultural Creations* is written specifically for adolescent TCKs but is also applicable to other adolescents.

• *Understanding Adolescence* is a companion book written specifically for parents of adolescents.

• *Missionaries and Bribes* is written to help missionaries decide what they should do when facing a situation that seems like bribery.

The following two books are not by Ron, but they are relevant to missionary member care, are out of print, and are available free of charge on the same website.

• *Raising Resilient MKs: Resources for Caregivers, Parents, and Teachers* was edited by Joyce Bowers and first published by ACSI in 1998.

• *Bribery and the Bible* was written by Richard Langston and first published in Singapore by Campus Crusade Asia Limited in 1991.

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**About the Author**

Ron and his wife Bonnie taught for 35 years in Christian colleges as well as in public and Christian elementary schools. Bonnie taught elementary school as well as teacher education at the college level, and Ron taught psychology at the undergraduate level in college. Our three children are all married and have families of their own. As member care consultants with GO InterNational of Wilmore, KY, we are now retired and, as volunteers, we provide member care for missionaries. We are not licensed health care professionals, but we emphasize care, encouragement, growth, and prevention of problems rather than treatment of severe problems. We provide such care to anyone, anytime, and anywhere at no charge for our time, usually providing our own transportation to the nearest airport and asking that those we are helping provide ground transportation, lodging, and food. Rather than working as professionals for pay, we provide member care as amateurs in the original sense of the word—out of love rather than for money. We have a mailing list of about 175 prayer supporters as well as about 55 financial supporters. We do whatever we can to help missionaries. We do not belong to any sending agency but help others as someone with no official connection to their agency. Listed below are things we are currently doing, but we are always open to new ways to help. Let us begin with the most general forms of help, continue with helping missionaries through their years of service, and end with specific ministries.
**Websites.** We have two websites, www.missionarycare.com and www.crossculturalworkers.com. Both websites contain brochures and books which people anywhere in the world can visit to read, download, print, copy and distribute the information free of charge to anyone who can use it. www.missionarycare.com freely uses the term “missionary” and is easily found when people search for missionary care. www.crossculturalworkers.com never uses the term “missionary” so that anyone working in a culture where accessing material on missionaries would endanger their ministry can visit freely.

**Brochures.** Both websites contain 87 “brochures” on topics relevant to living in other cultures and working as missionaries. These brochures may be downloaded as .pdf files and distributed to anyone as long as they are given to others free of charge.

**E-books.** Both websites contain a dozen E-books which can be downloaded free of charge by anyone, anytime, anywhere. These books may be downloaded as .doc, .pdf, and .zip files to be viewed on a computer or as .mobi or .epub files to read on your Kindle, Nook, or other e-reader. They may also be distributed to anyone as long as they are given to others free of charge and unchanged.

**Database.** A database with more than 880 references to published material about missionary member care is on www.missionarycare.com. Those visiting this database can find reading lists or annotated bibliographies on any of more than 100 topics. They can also find lists of materials published by particular authors.

**Missionary Care by Radio.** Trans World Radio broadcasts in 180 languages to reach people through radio. TWR has begun a daily 15-minute program in English with broadcasts reaching from Central Asia through North Africa, and you can find out more by visiting www.membercareradio.com. TWR is adapting the brochures to a format suitable for broadcast to let Christians working in this area of the world know that they are neither alone nor forgotten.

**Orientation.** In an effort to decrease attrition, we participate in the training of new missionaries. We have made presentations on expectations, generational differences, moral purity, and conflict resolution. Of course, during our time at orientation we are available to talk privately with any missionary candidates who want to see us.

**Seminars.** We present information on various topics to a variety of missionary groups. We have done seminars on third culture kids, leadership, generational differences, conflict, anger, adolescence, maintaining mental and physical health, maintaining sexual purity, and psychology from a Christian perspective. We have made these presentations to groups as varied as the entire missionary force of one agency, missionaries on a field, seminary students, university students, field directors, national pastors, retirees, and appointees.

**Missionaries in Our Home.** Missionaries have stopped by our home to discuss issues that concern them. We have talked with individuals and couples about a variety of topics ranging from grief to interpersonal relationships to debriefing when they return to the states. These are often people who have met us in larger group settings such as conferences, retreats, orientations, seminars, or perhaps discovered us on our web page.

**Missionaries on the Field (from Our Home).** Missionaries serving on their fields are unable to stop by our home, so we have communicated with them in a variety of
ways. Of course, telephone conversations are always helpful, and long distance rates between most countries are now quite reasonable. E-mail is free, but the time between sending a message and receiving a reply may be rather long. Skype is free and instantaneous.

**On-Site Visits.** At the invitation of missionaries, we visit them on the field to help them cope with various issues. We do this only if everyone involved wants us to come, and we have the blessing of the mission agency. At these times we have talked with individuals, couples, and groups of missionaries. We are not sent by the agency, but go only when invited by the missionaries themselves.

**Care of Missionaries in a Geographical Area.** We want to provide care for missionaries from several different agencies in a given place. We go on a regular basis to the same missionaries so that they will get to know us and feel free to talk with us, rather than just going to help in a crisis situation. We visit Bolivia whenever invited, usually talking with 30-35 missionaries from about five different mission agencies each time.

**Reentry.** We facilitate reentry retreats for missionaries in transition as they return to the USA. This includes a group debriefing as we talk for two days about where they have been, are now, and are going.

**Missionary Kids.** Since we live near a college that has a rather large number of TCKs, we were very involved with them while we were teaching at the college. Of course, now that we are retired and travel more, we are unable to keep up the same active relationship. However, we do let them know that we are available to help them however we can, and they contact us for everything from taxes to borrowing things to personal problems.