Some Historical Perspectives on Member Care

Kelly O'Donnell, updated September 2006

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

Human progress is not inevitable; it comes from the tireless efforts of people willing to be co-workers with God, and without this hard work, time becomes an ally of social stagnation.
Martin Luther King, Jr., 1963

Over the last 20 years, a special ministry, really a movement, has developed around the world which is called *member care*. At the core of member care is a commitment to provide ongoing, supportive resources to further develop mission/aid personnel. Sending organisations and churches, colleagues and friends, and specialist providers are key sources of such care. Several conferences and special training symposia, for example, have taken place over the last 10 years in countries like India, Singapore, Malaysia, Indonesia, Hong Kong, The Philippines, Korea, Ivory Coast, Cameroon, Nigeria, Cyprus, Germany, The Netherlands, Brasil, El Salvador, Canada, USA, New Zealand, and Australia. Member care has truly become international, plus a core part of mission/aid strategy!

The member care ministry and movement, as you may know, did not develop easily. It was often through crises, mistakes, and failure that we began to realise that Christian workers needed quality support in order to help them in their challenging tasks. At first many of us thought that we were being unspiritual or weak, and not trusting the Lord enough. But we were overlooking our own *humanness*, sometimes trying to be something that we were not created or called to be. We began to realise our Biblical need for one another—as seen in the dozens of "one another" verses in the New Testament (e.g., Hebrews 3:13; I John 4:7,8). We began to understand that the issue was not so much our having a lack of faith, but rather our need to clearly see God's plan and His provision of care.

I remember how much I myself needed better training and support during my first cross-cultural ministry trip (30 years ago!). I was a young, enthusiastic believer of 19. What joy I felt when I heard that I could join a short-term team to work with a tribal group in the mountains of southern Mexico. It was a mixed experience for me, as can be many mission experiences for people. Not surprisingly I got sick with stomach problems (unclean water), confused by the language (a different dialect of Spanish was used), and was often cold (did not bring the right jacket), tired (from the high altitude and reduced oxygen), and hungry (little food available in this poor area). By the time I returned to my home country, I was not very excited about doing mission work again. God used me nonetheless, but some of my struggles, as I think about it now, could have been easily prevented.

Member care, I have learned, is not about creating a comfortable lifestyle. Nor is it about trusting people instead of trusting the Lord. Rather, it is about further developing the resiliency and godliness to do our work well. We want to *balance* the realistic demands of suffering and sacrifice with the realistic needs for support and nurture in our lives. We can pray for stronger backs to endure, yet at times we must also find ways to lighten the load of ourselves and our colleagues. The call to take up our cross daily is also understood in light of the fact that we are to support each other as we bear our crosses together. And in light of the reminder from the Lord to come to Him for refreshment, as His yoke is easy and His burden is light.

I believe that the same discipline that Paul said is needed to "run to win" (I Corinthians 9:24-27) is also needed so that we can "rest to win" (Matthew 11:25-30). Think of member care then as a type of discipline. It is a personal, community, and Biblical practice—an *intentional* practice—to help renew us and remain resilient. May the Lord help all of us as we both run to win and rest to win!

Remembering our Roots!

The development of member care really has its origins in the Biblical admonitions to "love one another" (John 13:34), "bear one another's burdens" (Galatians 6:2) and scores of similar "one

another" verses that fill the New Testament. Member care, in this sense, is nothing new. Yet what is new is the more organized attempt to develop comprehensive, sustainable member care approaches to support cross-cultural Christian workers.

Member care was originally a secular term used in the business world. I became aware of the term in 1988 at a workshop organised by Missionary Internship in the United States. The workshop was "Member Care and the Development of Missionaries" facilitated by Sam Rowen and Ken Harder. One of the purposes of this workshop was to emphasise an approach to missionary care that harmonised personal development and growth with the prevalent model of clinical/therapeutic care. Subsequently my wife and I chose to use this term widely as we worked within the evangelical mission community, and along with others, to help popularise it internationally. As Christians who practiced member care, we were committed to value staff as *humans with intrinsic worth*, and not just *resources with strategic worth*. We were also committed to the integrity of the organization and its purposes in addition to the well-being of staff, including leaders, and their needs. Further, we wanted to provide quality services to staff and we expected quality services from staff.

The term *member care* was especially useful since it also connotes the mutual responsibility that people (members) in a group have to each other. So member care from the start was conceived as a "two-way street", as both senders and goers have responsibilities to each other. It also implied a sense of a community (belonging), which of course is a basic human need. Finally, member care was a neutral term, which could be more readily used in settings where security was an issue. The term has taken root over the last two decades internationally. (Note: Other related terms in English that have been used include personnel development, human resource management, staff care and development, people care, etc.)

Member care has been defined more formally as the ongoing *investment* of resources by sending groups, service organisations, and workers themselves, for the *nurture and development* of personnel. It focuses on *every member* of the organisation, including children and home office staff. A core part of member care is the supportive, *mutual care* that workers provide each other. It is a "two-way" street: we receive and we give. Connecting with resources and people in *the local/host community* is also key. Member care seeks to implement an adequate *flow of care* from *recruitment through retirement*. The goal is to develop resilience, skills, and virtue, which are key to helping personnel stay *healthy and effective* in their work. Member care thus involves both developing *inner resources* (e.g., perseverance, stress tolerance) and providing *external resources* (e.g., team building, logistical support, skill training).

More Reflections on Developing Member Care

Another fascinating historical note that not too many may recall related specifically to supporting mission personnel in frontier missions. In 1981 and 1983 there were two special conferences held in Southern California. These conferences were called "Psychological Resources for Frontier Missions". I was privileged to attend the first one, which was held at the US Center for World Missions. The second one was held at Biola University. Here are some paraphrased notes that I took from the presentations by Ralph and Roberta Winter. They are still worth our serious reflection today!

> **Ralph:** Psychological fitness involves appropriate behavioral patterns and habits. We want to rebuild a daily devotional discipline that will reach to the ends off the earth. Something must occur daily in our life in order to dominate our life.
>
> **Roberta:** Spiritual disciplines are very important for spiritual heath. Belief and obedience are important. The will is involved in believing, the will can influence spiritual health. Both emotional and encouraging support are important. Physical heath is also important. Balanced meals are an example—sometimes there can be simple solutions for our struggles—don't over-spiritualize. Culture shock can influence everything—spiritual, physical, and psychological health. Finally be aware of spiritual warfare, including psychological attacks. Claim God's promises and use your authority over Satan.

Member care was recognised as a *field* in the early 1990s. I believe it would be accurate to say that the status of member care as a field was significantly clarified and confirmed via the comments in the 1992 book *Missionary Care: Counting the Cost for World Evangelization*.

> It is encouraging to note the growing contributions to missionary care by agencies, consultants, and missionaries themselves. So much so in fact, that a field has now emerged devoted entirely to the care of mission personnel. *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 mission-related groups. It is basically synonymous with *missionary care*, and I use both terms interchangeably throughout this volume (pp. 1,2).
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> .…member care is an interdisciplinary field, drawing on the concepts and contributions from the behavioral and mental health sciences. It has a growing recognized body of literature, specific types of practitioners/helpers, and various techniques for effecting staff development. (p. 11).

In the early 1990's I began to explore the viability of developing more coordinated member care efforts at both the international and interagency levels. I became convinced that the time had come to deliberately pursue a concensually-derived "macro model" of member care in order to further support the Church's mission efforts, especially among unreached people groups. My initial ideas were published in an article "An Agenda for Member Care", whereby I encouraged leaders in the member care field to "step forward and help steer this field in response to the Lord's direction" (O'Donnell, 1992, p. 112).

These aspirations for a more global and coordinated member care approach were neither unrealistic nor without precedent. Cooperative endeavors were being seen in the rise of national and international missionary associations, and in the formation of partnerships of ministries/organizations focusing on specific unreached people groups (Taylor, 1995). Likewise in the area of missionary care, there had been some encouraging cooperative developments via the three previous International Conferences on Missionary Kids (ICMK, in 1984, 1987, 1989). These historic gatherings, in retrospect, have served as the main interagency, international forums for member care workers to come together (not just for MK care personnel). ICMK eventually evolved into three regional groups for the Americas, Asia, and Europe/Africa, and also several local chapters (Wilcox, 1998).

Member care, like missions, was rapidly growing in the 1980s, and by the early 1990s, as I previously shared, had developed into its own specialized field (O'Donnell, 1997). The next step was to see various streams of this field come together (psychologists, residential care centers, crisis care specialists, mission pastors, etc.) not just for mutual support and additional training, but to more systematically provide and develop additional resources on behalf of the mission community (e.g., counseling, training, crisis care, screening tools, MK reentry programs).

Several joint member care projects were launched in the 1990s. Examples include the MK-CART/CORE group's research on missionary kids and school personnel; the 1992 book *Missionary Care* which was the collaborative effort of six consulting editors and 23 authors, the 1997 WEA book on missionary attrition called *Too Valuable To Lose ,* a landmark book in that it included authors from all over the world; special gatherings that have brought together member care workers, like the First European Member Care Consultation held near Geneva (June 1997), and smaller, informal day consultations in Singapore to address member care topics via case studies; the formation of separate interagency member care groups for the regions of the Middle East (1993), North Africa (1994), Europe (1997), Asia (1998), Central Asia (1998), and Latin America (1999); and the launching of the global MemCa group by Dave Pollock and myself [note August 2006: some of these groups have been cohesive and others, not so much; for more information on such groups see chapter 48 in *Doing Member Care Well*, 2002 and see the “Regional” section at www.membercare.org]

Similar developments were making and continue to make their mark on the health sciences, where the increased emphasis on international, interdisciplinary cooperation has been called upon to tackle human problems. For instance, within my field of professional psychology, there are over 60 international psychological associations and related organizations (APA Office of International Affairs, 1998—note that this figure is over eight years old!). International psychology, seen as both a vast network and a social movement, is actively involved as a health care partner around the globe. Pawlik and d'Ydewale (1996) comment:

> The role of international cooperation and exchange (of persons, knowledge, and experience) may seem all too obvious in the interest of developing cross-national understanding and good will among people of different nationality, ethnic, or other background. Psychology has been opening up to and has become a partner in many such initiatives, too numerous to be cited in detail... A more recent example is the initiative (through the [International Union of Psychological Science] Committee for the Psychological Study of Peace...) to help mitigate postwar stress disorders in war stricken Rwanda and Burundi. Other example's are psychology's contributions to international educational programs (Gelman & Lee, 1995) or to world-wide health education initiatives under the aegis of the World Health Organization (WHO) (p. 489).

Another example of coordinated efforts is seen in the People in Aid's *Code of Best Practice* (1997 and revised 2003; www.peopleinaid.org). This document, formulated by several humanitarian aid organizations from the United Kingdom and Ireland, discusses seven core principles for the management and support of aid personnel. Recognizing the draining realities of this labor-intensive profession, guidelines were drawn up to help ensure the security and well-being of staff. Organizations, both religious and non-religious, as well as those outside of the United Kingdom/Ireland, have been encouraged to discuss these principles, weave them into their ethos, and hold themselves accountable for their implementation. Outside funding for projects will likely be increasingly contingent on the degree to which aid and mission organizations are putting this or similar codes into practice.

As for the first decade of the 2000s, well, the list can go on and on. One example: books such as *Doing Member Care Well* (2002), *Enhancing Missionary Vitality* (2002), *Sharing the Frontlines and the Back Hills* (2001), the revision of *Honourably Wounded* (2001), and also the 1999 book *The TCK Experience*, reflect the maturation of member care practice within both the faith-based and secular community. Add to this the numerous organizations, articles, conferences, workshops, projects, web sites, etc., and it becomes readily apparent how member care has taken root all around the world.

Some Final Thoughts—Ongoing Anointed Flows

So much more could be said in this brief and sketchy overview. Many names, events, materials and organizations could and should be mentioned! Earlier this year I put together a power point presentation to try to highlight some of the major contributions to member care. It was a challenging task, yet so encouraging to step back and gaze at the bigger picture. Nonetheless, I suspect that for every contribution that I identified, there were likely three significant contributions that I did not include, due to limitations in my knowledge base.

As I reflect upon my journey in member care over the last 25 years, one of my main conclusions is this: Anointed and Spirit-led *cooperative planning*, rather than chance, has characterized the development of the international field of member care. It is God and people working together. Psalm 46:4 says “There is a river whose streams make glad the city of God, the dwelling place of the Most High.” Here is a list of five such streams—*anointed intentional flows*—that continue to shape the member care field. These flows are part of a Divine and human movement that is making glad (encouraging) the diversity of mission personnel around the world.

1. Flow of Culture: the organisational/community *ethos which embraces* member care.

- Member care is Biblical (Psalm 78:72; Proverbs 27:23,24; Hebrews 3:13 and many “one-another” verses). It is also OK to talk about our struggles and give/receive help.

2. Flow of Concepts: ideas, values, principles, tools which *guide/shape* the member care field.

- Member care has a growing body of literature, models, and good practices. Our consolidated learning as a field continues to develop.

3. Flow of Caregivers: member care workers who *provelop*—**pro**vide/de**velop**—member care.

- Service organisations and various types of service providers exist. A diversity of caregivers with member care responsibility connect with and contribute in many ways.

4. Flow of Conferences: *special gatherings* where we can meet, work, train, and share updates.

- National and regional member care consultations. Workshops at mission, aid, health and human resource conferences.

5. Flow of Communication: *new technologies* to build relationships and exchange information.

- Email forums/updates, global briefings, web sites, radio programmes, internet telephony, which build upon and complement our face to face interactions.

For some additional materials on the development of member care, see:

- Some Historical Notes on Member Care; Ruth Tucker, Leslie Andrews in *Missionary Care* (1992).

- Missionary Care and Counseling: A Brief History and Challenge; Laura Mae Gardner in *Enhancing Missionary Vitality* (2002).

- The other articles in this section of the *Ethne-MC* web site.

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