

To the Ends of the Earth To the End of the Age

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[excerpted from the Introduction of *Doing Member Care Well*, 2002]

"I can handle the sickness and the poverty," the mother of four told me as tears welled-up in her eyes. "And we are committed to live among this people that we truly love. But I am just not sure if I want my husband to tell me anymore when he receives death threats. Would it not be better if he just kept these to himself?"

There is nothing too glittery about missions these days—especially missions which target the most historically neglected peoples and places in the world. Like the Muslims and Hindus in the impoverished and conflict-ridden areas of North India. Or the alienated Islamic-animistic Uighur people in the desolate borders of Northwest China. Or the Kurdish refugees who eke out an existence while walking the volatile tight rope between Iraq, Iran, and Turkey. Or in the case described above, in the dry lands of North Africa, where Islamic systems and advocates have endeavored to mute the Christian witness for over 1200 years. Missionaries are committed to going to the ends of the earth to serve such needy people. And member care workers are committed to support them in their efforts as long as it takes, even until the end of the age.

I used to believe that "life was simply difficult", to paraphrase Scott Peck's catchy opener in *The Road Less Traveled* (1978). After 15 years of working overseas, and observing some of the darker sides of human existence, I realize that these words are an understatement for many. The greater historical reality, the more accurate axiom, surely is "life is often traumatic". The dozens of "wars" that are currently being fought, the estimated 40 to 50 million refugees, and the countless children that die each year from malnutrition-related diseases, give ample testimony to this fact.

It is not that life and missions is always so bleak of course. Many, many good things are happening! Yet for those of us living in more secure and prosperous settings, the challenge is to counteract our own tendencies to deny or minimize the unpleasant aspects of our global community. We must regularly and soberly acknowledge that there really are large blocks of humankind that dwell beneath the dark shadows of poverty, war, and spiritual bondage: masses of distressed people who do not reside solely in our television sets, newspapers, magazines, counseling offices, or in the bracketed off recesses of our awareness.

As psychologists, my wife, Michèle, and I have been privileged to come alongside and support Christians who have purposefully crossed cultural and language borders in order to alleviate human misery through their compassion and skills, while sharing the hope of the gospel in a sensitive, contextualized manner. In the process we have met many fine missionaries and member care colleagues along the way, working together with them in many countries, and learning from each other. This learning—this multicultural, consolidated learning about survival, health, and growth in challenging mission settings—is recorded throughout the chapters of this book....[note August 2006—and recorded throughout this web site!]

Background Perspectives for Member Care

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"

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er" verses that fill the New Testament (see Jones and Jones, 1995, pp. 160-162). 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.

I like to define member care in this way. *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.* Member care is also the responsibility of everyone in missions—sending church, mission agency, fellow workers, and member care specialists. Another key source of member care is the mutually supportive relationships which missionaries form with those in the host culture. Whatever the source, the goal is to develop godly character, inner strength, and skills to help personnel remain effective in their work. Member care then is as much about developing inner resources within the person as it is about providing external resources to support them in their work.

At the personal level, each individual must find a balance between the realities of suffering/sacrifice with the normal desires for personal growth/fulfillment. At the agency level, we must harmonize the organizational emphasis on "achievement/task" with the staff needs for "support/member care". For some the greatest stress results from a poor fit between one's background and preferences with the type of agency *ethos*—the "established way of doing things". For others it is from the more common or anticipated stressors, such as cross-cultural adjustment. Different cultures/settings emphasize different aspects of member care too, such as the role of mutual support in a community context or the need for self-support/fortitude for those in demanding/isolated locations.

Some brief examples will give us an appreciation of the significance and diversity of the member care field:

- doing team building sessions in Central Asia to help a multinational team work through conflict in their goal differences, decision making preferences, and worship style;
- setting up an interagency missionary health care team in India to provide counseling, medical screening, and consultation to national and expatriate missionaries;
- encouraging missionary families in Indonesia to avail themselves of local hospitality and to form supportive friendships with at least two national families;
- running a reentry program for missionary children who will be returning to Europe in order to attend university;
- inviting two trusted pastors to a missionary center in South America for several days of ministry through Bible teaching and encouragement;
- meeting regularly for prayer and mutual support as part of a commitment between two missionary couples living in a large city of North Africa;
- organizing a team of care-givers in Europe to resource a mission agency's annual conference via counseling, seminars, and consultation;
- offering an informal retreat for "workers" from different Christian aid agencies in a safe and relaxing location outside of a war zone in the Middle East;
- consulting with the missions departments of local churches in the NSCs such as Singapore, Brazil, or Nigeria, as they develop logistical support for their missionaries, such as help with visas, children's education, medical insurance, and travel arrangements.

Some Personal Perspectives

A pivotal point in my own member care involvement was at the Mental Health and Missions Conference, held each November in Indiana (USA). This conference has been an oasis of inspiration for me and many others over the last three decades. Here, at a beautiful inn set in a national park, mental health professionals along with missionaries, church/mission leaders, graduate students, and member

care workers come together for networking, training, and mutual support. This conference has sparked many a vision to work in member care, and has served as a tangible rallying point for this field within the United States. Over the years many have yearned to see similar gatherings take root in other places of the world—and indeed this is happening!

It was during the 1990 conference when I was most deeply touched. The conference theme that year dealt with intervention models for helping missionaries, and the presentations were excellent. Surprisingly though, as the conference was drawing to a close, I found myself becoming uneasy. Something was stirring within me, which was hard to put into words. By the end of the last presentation, I was able to clarify my sense of unsettledness. It was an awareness that something important needed to be added to the methods and models we were discussing. Not just there at the conference, but in the general member care community as well. And then suddenly, from my heart shot out a verbal plea to all of us there: "*We must move beyond the individual, family, and agency approaches to care, and develop a more systematic, global, cooperative approach to providing member care. We must develop a **macro-model** for member care.*"

Shortly after the conference I began to write down my thoughts concerning this macro model—of how to further develop member care globally. In the summer of 1992, I published my ideas in an article for the *International Journal of Frontier Missions* and in the book *Missionary Care*. I called the article: "An Agenda for Member Care". Here are a few excerpts from the final section (O'Donnell, 1992, 111,112). These principles continue to profoundly influence me, and have guided my work in "proveloping" member care in missions.

- The member care momentum in missions today is most heartening. Yet there must be a direction for this momentum: to prioritize and channel member care resources towards those working among the least evangelized.
- Further developing this field is not something to be left up to chance. Neither is it the responsibility of a single conference nor a periodic meeting where member care issues are addressed. Rather, mutual consultation, coordinated efforts, perseverance, and interdependency are to be the guiding principles.
- Member care must keep in stride with current missions thinking and realities. The missions force is rapidly expanding, a fact which is especially true for missionaries from the Two-Thirds World. This expansion must be mirrored within the global missions community by developing appropriate, comprehensive member care programs and services.
- Finally, I am convinced that the time has come to actively pull together the various pockets of member care workers around the world. It is also time to systematically train and mobilize many others for this strategic ministry. And the time is here for anointed leaders to step forward and help steer this field in response to the Lord's direction.

These visionary comments were neither unrealistic nor without precedent. Cooperative endeavors were and have been on the rise. In fact, this book is a tangible expression of the above aspirations for coordinated efforts, comprehensive programs, mobilization, and leadership which I shared some 10 years ago! To get a better historical feel for some of these and other member care developments, refer to chapter 48 of this book as well as chapter 22 in Bill Taylor's (1997) edited work on missionary attrition, *Too Valuable to Lose*.

Will We Depart in Peace or in Pieces?—Revisiting Attrition

As a prelude to launching into the 50 chapters of this book, [note August 2006—and also for historical perspective] it would be important to summarize some of the major finding of the World Evangelical Fellowship's (WEF—now called the World Evangelical Alliance) attrition study upon which *Too Valuable to Lose* was based. *Doing Member Care* is a natural extension of this book, and together they represent some of the best international sources of information on missionary adjustment and member care strategies.

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The 3Ps of Attrition

Basically, the WEF study found the overall annual attrition rate to be 5.1% for the 453 mission societies that were surveyed. When items such as normal retirement and possible transfer to another agency were ferreted out, the bottom line figure becomes 3.1%—attrition that is "undesirable" because it is *premature, preventable*, and likely *permanent*. Think of this as the *3Ps of the 3%*, to help remember the findings.

In real person terms, this may mean that some 12,000 plus missionaries are lost each year out of the global missionary pool estimated to be over 400,000 (both Catholic and Protestant (Barrett and Johnson 2001)). Such undesirable attrition also spills onto others, negatively impacting thousands of family members and friends in the home/host communities.

More Results

So why do missionaries leave the field? In the WEF study, the main reasons were, in order, normal retirement (9.4%), children's issues, change of job, health problems, lack of home support, problems with peers, personal concerns, disagreement with agency, lack of commitment, and lack of call (4.1%). Note that those surveyed in this study were mission administrators such as personnel directors, rather than the actual missionaries themselves.

Several important comparisons were also made between different groups of missionaries.

- Missionaries from the NSC (e.g., Korea, Brazil, Nigeria) were a bit more at risk for "preventable" attrition than those from the OSCs (e.g., the UK, USA, Australia).
- Reasons for overall annual attrition between NSCs and OSCs were very different: for NSCs the top reasons were reported to be lack of home support (8.1%), lack of call (8.0%), inadequate commitment (7.3%), disagreement with agency (6.1%), problems with peers (5.7%), health problems (5.1%); for OSCs, the top reasons were normal retirement (13.2%), children (10.1%), change of job (8.9%), health problems (8.4%), problems with peers (6.0%), personal concerns (5.2%).
- In general the larger and older the mission society, the lower the preventable attrition rate.
- Those who worked in their own culture versus cross-culturally had almost the same preventable attrition rates.
- Workers in pioneer/church planting settings had lower preventable attrition rates than those in relief and development settings.

To continue, the most important factor in preventing attrition was reported to be the missionary having a clear call. This was then followed by having a supportive family, healthy spirituality, cultural adaptation, good relationships, pastoral care, and financial provision. Interestingly, a key component of pastoral care was the "regular communication" that occurred for field workers, which was rated even higher than pastoral visits or pre-field training (which are also very important).

Some Suggestions

How can we best make use of these findings? And how do we reduce our attrition rates? This is where "the rubber meets the road" and what *Too Valuable to Lose* and *Doing Member Care Well* are all about. There's no way around it: We in missions must commit ourselves to more comprehensive, culturally-sensitive approaches to sustain and nurture our personnel over the long-haul. This means we must prioritize time and finances for our personnel. It also calls for serious reflection on our member care approaches, mutual consultation on developing our care, and participative reviews of the quality of life for/by our mission personnel.

Who will do all this care? Leaders (church and mission) who make time for their people. Personnel development specialists who are available to support and further train our workers. And finally colleagues and friends—you and me—whose mutual encouragement provide the backbone for effective member care programs.

The findings from the WEF study, along with the material in this book, highlight the need for sending groups and all those involved in missions to support mission personnel in these ways:

- Clarify and grow in their sense of call
- Prepare realistically through good pre-field selection and training approaches
- Cultivate their walks with the Lord
- Stay connected with supportive friends and family
- Care for their children's educational and developmental needs
- Improve interpersonal, conflict resolution, and ministry-related skills
- Raise finances for long-term involvement
- Maintain good communication with leaders and peers
- Understand various service opportunities and career development possibilities
- Connect with leaders/mentors who can help them negotiate the missions world
- Receive helpful member care resources throughout the course of their missionary lives
- Go through exit interviews with follow-up for greater closure on their missions experience.

Attrition, historically, has been part of the cost the church has paid for penetrating the Enemy's darkness. People in battle are vulnerable, and inevitably get hurt. Our weakness as people and as sending agencies also make us vulnerable. So let's put attrition in perspective. Whether it be considered preventable or unpreventable, desirable or undesirable, *missionary* attrition happens as we work together to prevent the *eternal* attrition which hovers over the unreached peoples of the earth.

Too bad there is no attrition vaccination. However, discussing the above issues and suggestions with others will definitely help. Why not review the WEF study and a few chapters of the book *Too Valuable to Lose* with your colleagues? It would be good to do this as you are reading through the various chapters of this present book. Keep at it until you find practical ways to apply the material. This will be one of your greatest aids for preventing undesirable attrition!

Future Directions: PACTS

There is a purpose to human history—it is not random—and there will be a conclusion to this age, for the glory of God. God is at work in history to redeem people from every nation, tribe, and tongue (Revelation 5:9,10). Member care, as a service ministry which supports the missions task, is a means to this end.

Developing member care well is a process. We cannot expect, for example, younger sending groups to develop in just a few years what has taken other sending groups several years to achieve. It will take time and toil to “knit the net”: the net of caregivers, the net of concepts, the net of organizational member care culture; the net of communication; and the net of consultations. But it is happening!

I believe that there must be an intentional and Spirit-led direction as to how this global member care net is developed. Here are five such directions—PACTS—which will help us to work together and further “provelop” member care. PACTS involves forming close relationships with colleagues as we pursue cooperative tasks with each other.

Pioneering—Is it time to break out of some member care and missions bubbles? Yes indeed! We must go to places with relatively few member care resources. Prioritize those working among the least evangelized peoples. Innovate! Stretch! Help set up interagency member care teams for instance, in Central Asia, India, or Africa. Sure it would be challenging, but why not? Or how about helping to connect culturally sensitive member care workers with the many interagency partnerships ministering within the 10-40 Window? For some examples see chapters 12, 14, and 41.

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Affiliations—Bring together member care workers for mutual projects, mutual support, and mutual consultation. Purposefully affiliate! Set up regional or organizational networks of care givers. Specialists can likewise band together for personal and professional support—physicians in travel/tropical medicine, personnel directors, crisis caregivers etc.). Form short-term teams with members from different agencies or service groups. Encourage their members to track with mission personnel over time. In addition, convene and attend strategic consultations of mission personnel and/or member care workers to discuss ways to further coordinate services. These can be small and informal or larger and more formal. Prioritize these for regions of the world where coordination is still really needed. Africa is a prime example. Finally, consider forming a national or regional member care task force within your organization or interagency, similar to the various ones that are described in chapters 13 and 48.

Continuing Growth/Care—Member care is an interdisciplinary field, requiring lots of work to keep on top of new developments and to maintain one's skills. Prioritize time to read, attend seminars, and upgrade (see the materials listed in chapter 50). It would be helpful for some to link with a few of the secular umbrella agencies like the World Health Organization and the International Union of Psychological Science as a way to network and stay on top of current trends (see Pawlik and Ydewalle, 1996). Build connections and bridge gaps between the “faith-based” and “non-faith-based” organizations involved in international health, exchanging information on the management and support of personnel. Some examples would be attending conferences, reading journals, and reviewing the peer support network and psychosocial support program for staff offered by humanitarian aid organizations (see chapters 27 and 35). Do not isolate ourselves by interacting solely with the evangelical community! Also, member care can be a burnout profession. So we must maintain accountability with others, pace ourselves, find ways to emotionally “refuel”, seek God, and practice what we preach!

Training—Resource missionaries and member care workers alike via workshops at conferences. Include member care tracks at major conferences. Teach member care courses, seminars and modules at key graduate schools/seminaries, including the Bible Colleges in Africa and India, and the missionary training centers in Asia and Latin America. Training in peer counseling, marriage enrichment, family life, team building, spiritual warfare, and crisis intervention are especially important (see chapters 15, 16, 37 for examples). Further, help mission personnel from both the New and Old Sending Countries develop member care skills (e.g., attending the “Sharpening Your Interpersonal Skills” courses that are taught in many places now) and member care programs which are culturally relevant. There could be opportunities to join with groups like Youth With A Mission and Operation Mobilization, who offer counseling courses in different locations to train their missionaries in helping skills, or the Operation Impact program at Azusa Pacific University which provides various field-based courses in the area of leadership development.

Special Projects—Based on strategic needs and common interests, pursue some short-term and longer-term projects together. Some current projects that are being done include maintaining and updating a global referral base of member care organizations (chapter 49) along with a global member care web site (www.membercare.org); supporting the efforts of groups like Trans World Radio’s “Member Care Radio” which broadcasts encouraging programs for field workers, doing joint research/articles; and setting up member care hubs/groups in needed areas (e.g., Chiang Mai, Cyprus, India). Let us be sure to pursue some projects together where we get a bit “dirty”—and take some risks. A cutting edge example would be to provide supportive services—critical incident debriefing, counseling, reconciliation seminars—to people who have been traumatized by war and natural disasters see chapters 20, 25, 43, 47. In short: be proactive; do not reinvent the wheel; pursue God's heart for the unreached peoples; and prioritize time to work on strategic, doable, field-related projects.

Final Thoughts

Member care strengthens missionaries so that they can effectively love, evangelize, and disciple people groups; endure hardship; and grow as people. It is a pioneering, practical, and deeply personal ministry. Doing member care well is a direct and strategic way to fulfill the Abrahamic Covenant initially described in Genesis 12 along with both the Great Commandment and the Great Commission. That is to say, God blesses us and thus we bless others, especially those who bring the blessings of God to the unreached.

Tolkein (1965, p. 325) has said it well.

Everything that is gold does not glitter.
Not all those who wander are lost.
The old that is strong does not wither.
Deep roots are not reached by the frost.

In the world of missions and member care, some of the choicest servants are unheard of, not necessarily professionally trained, and not usually invited to be plenary speakers at conferences. But they are solid gold—they sparkle internally, privately, out of the lime light; and they are sturdy folk, with deep roots in God, putting into practice the biblical call to "love one another". It is not the member care specialists—as important as these are—which are the main practitioners of member care, even though some of them might be leading the member care charge. Rather, it is the missiological equivalent of "the average person on the street"—the missionary on the field. Herein lies the backbone and the future of member care: mutual support and spiritual nurture between missionaries and between missionaries and the people to whom they are called. We member care workers primarily polish the gold that is already there. May God give us grace to follow their examples of sacrifice. And may we do our part in supporting them in their most holy work, serving with them unto the ends of the earth and until the end of the age.

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