Historical Notes on Missionary Care

RT and LA

Overview: Historically, mission agencies and sending churches "held high the ideal of sacrifice. Strong faith in God, it was reasoned, was the prescription for a healthy mind and spirit." It is therefore not surprising that member care was "largely informal and unorganised" wherever it existed. This misunderstanding of the need for care can be traced to our wrong biblical understanding of the model provided by Paul the Apostle. So while we read about the triumph of many modern missionaries, including the early pioneers, their sufferings, and those of their spouses and families often remain obscure and untold. It is only in the last twenty years that member care appeared on the screen of agencies and churches. With growing awareness and openness, more resources and personnel are now being channelled to care for members.

In an age that has been termed the "Me Generation," it is difficult to imagine mission organizations not being actively involved in the mental and emotional well-being of their missionaries. From pre-appointment psychological testing and culture-shock seminars to re-entry debriefing and on-site marital counseling, mission boards directly and indirectly are more actively involved in personal and relational issues than virtually any other type of organization--religious or secular.

Historically, within Protestant missions, this was not the case. Mission societies held high the ideal of sacrifice. Strong faith in God, it was reasoned, was the prescription for a healthy mind and spirit. Dysfunctional families and co-dependent spouses had not yet been identified, and professional therapy was not an option. Self-reliance was the mark of a missionary--tempered only by dependence on God through prayer.

This perspective was not simply a product of Puritan piety or American frontier individualism. It is one that draws from the very essence of the Apostle Paul's message. His words in Philippians 4 sum up this outlook:

> Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus....I have learned to be content whatever the circumstances. I know what it is to be in need, and I know what it is to have plenty. I have learned the secret of being content in any and every situation whether well fed or hungry, whether living in plenty or in want. I can do everything through him who gives me strength....And my God will meet all your needs according to his glorious riches in Christ Jesus. (NIV)

Yet, it is no secret that Paul himself had many needs and that he was often discouraged. In 2 Corinthians 1, he speaks of being "under great pressure, far beyond our ability to endure, so that we despaired even of life." Later on in chapter 11, he recounts physical abuse and dangers and deprivation of all kinds, and "besides everything else, I face daily the pressure of my concern for all the churches." Plain and simple, Paul was often stressed out. But the solution he offered was not rest--or even professional counseling.

> But this happened that we might not rely on ourselves but on God, who raises the dead. He has delivered us from such a deadly peril, and he will deliver us. On him we have set our hope that he will continue to deliver us, as you help us by your prayers. (2 Cor. 1:9-11, NIV)

Paul's perspective here is instructive: personal dependence on God and collective prayer are essential for a missionary to be able to persevere in ministry.

It has been this biblical perspective that has dominated the attitude of missions over the centuries--a perspective that does not contradict the use of mental health professionals, but one that does not suggest a need for them either. It has not been until very recent times that mission societies have seriously considered the need for specially trained pastors, therapists, and counselors who can relate to the particular needs of missionaries.

In many respects mission boards have been influenced by the spirit of the times. They have bought into the contemporary focus on mental health. But it could also be argued that the modern advances in mental health do in fact aid the cause of missions much like the advances in other areas of health and medicine. Mission boards are deeply concerned that they do not repeat the errors of the past by ignoring the stress and strain associated with mission work.

Yet what actually did happen in the past with regards to the care of missionaries? How was member care practiced? And further, what are some of the trends in staff care that we are seeing today? This chapter will take a look at these questions and give some representative highlights of missionary care over the last 300 years and more recently during the last two decades.

Early Examples of Missionary Adjustment and Care

One does not have to dig very deeply into Protestant missions heritage to find evidence of mental disorders. Indeed, some of the greatest names in the annals of missions history--including David Brainerd, David Livingstone, and C.T. Studd--would not have survived the battery of psychological tests most missionary candidates are now required to take. Other missionaries--both famous and obscure--suffered from serious depression and mental breakdowns.

George Schmidt

In many instances mission board personnel or fellow missionaries made an effort to minister to the troubled missionary, but in some instances the mission exacerbated the problem by an utter lack of compassion and understanding. This was true for George Schmidt, a Moravian missionary who served as an itinerant evangelist in Europe following the great Moravian revival of 1727.

While serving in Austria, Schmidt faced harsh opposition from the Jesuits who deemed him a heretic deserving of punishment. He sought to elude his enemies to avoid arrest, but was captured and imprisoned in a dungeon cell for three years, during which time his companion died due to the mental and physical torment and deplorable prison conditions. Finally, after three more years of hard labor, Schmidt broke down under the pressure. He agreed to sign a revocation of his beliefs and was promptly released.

Here was a man who desperately needed the love and support of fellow Christians, but when he returned to the Moravian community of Herrnhut, he was shunned as an apostate. No sympathy or support awaited him there. He was seen as a failure. Devastated by the rejection, he returned to Austria in an effort to prove himself faithful, but was subsequently reassigned to South Africa in 1737.

In Africa, Schmidt faced opposition from Dutch Reformed ministers as he struggled to win converts among the Hottentots. At one point he was even chided by Count Nicolaus von Zinzendorf, the leader of the Moravians, for his harsh discipline: "You aim too much at the skin of the Hottentots and too little at the heart" (Kruger, 1967, p. 31). How sad that such advice was not heeded years earlier in Schmidt's own case. Perhaps he would have learned better how to deal with the native Africans.

Dorothy Carey

The story of Dorothy Carey is another sad case of a mission board mishandling an individual who desperately needed understanding and moral support. Dorothy was married to William Carey, known as the "Father of Modern Missions." When he agreed to team up with Dr. John Thomas to serve as the Baptist Missionary Society's first missionaries, Dorothy was informed after the decision was made. She had three little children and was pregnant with the fourth, and felt no special call to spend the rest of her life in the disease infested interior of India. If her husband felt called, he would have to go alone.

But that solution was not satisfactory to Thomas or the board. After her fourth child was born, Thomas visited her and pressured her into going. To the director of the Baptist Missionary Society, he wrote: "I went back and told Mrs. Carey her going out with us was a matter of such importance [that] her family would be dispersed and divided for ever--[that] she would repent of it as long as she lived" (Letter from John Thomas to Andrew Fuller, March 10, 1794, Baptist Missionary Society). She reluctantly agreed to go, fearing that God would punish her if she stayed home.

Thomas and the mission board failed to anticipate the consequences of forcing her to go against her will. Her first years in India were devastating for her. She endured poverty, loneliness, and debilitating illnesses, and worst of all, sorrow over the death of her five-year-old son. It was too much for her. She suffered a mental breakdown and was later described as being "wholly deranged."

South Sea Islands

In some instances mission societies became very actively involved in the emotional well-being of their missionaries--though not always with the kind of advice and solutions we would expect today. Such was the case in the early nineteenth century when rumors of sex scandals began drifting back from the South Sea islands. It seems that some single male missionaries were not able to resist the lure of the beautiful island women. To insure such temptations would not taint their candidates, the directors of the American Board of Commissioners for Foreign Missions insisted the candidates marry before sailing to Hawaii. Six of the seven quickly found agreeable women and were married only days before departing in 1819.

Not all the hastily-arranged marriages worked. When the London Missionary Society learned that Henry Nott, a missionary to Tahiti, was co-habiting with a native woman, they insisted he abandon her for one of the four "godly young women" who had been sent out specifically to prevent such scandal. The woman chosen for Nott created more scandal than she alleviated, however. "When intoxicated she is absolutely mad and cares not what she does or says," observed the local missionary doctor. When she died some time later, he speculated that she "drank herself to death" (Gunson, 1978, p. 153). Whether she was troubled with alcoholism before she came to Tahiti or whether the problem surfaced after she arrived is not known, but for her and for many missionaries, the stress of culture shock and cross-cultural living, combined with loneliness, took its toll on their psychological well-being.

David Brainerd
Depression was common--a problem often overlooked by mission societies. Consider the following accounts. David Brainerd, a missionary to the native Americans in the 18th century, was frequently tormented by loneliness and depression--a condition that is evident throughout his diary. Although he had been assigned to live and work with a veteran missionary couple who had seen success in their ministry, he chose to work alone and suffer the consequences: "I live in the most lonely melancholy desert, about eighteen miles from Albany," he lamented. Again, he wrote, "My heart was sunk....It seemed to me I should never have any success among the Indians. My soul was weary of my life. I longed for death, beyond measure" (Wynbeek, 1961, pp. 61-62).

J. Hudson Taylor
Depression also plagued J. Hudson Taylor, the founder and director of the China Inland Mission. In 1868, after he and his family barely escaped from an angry mob of Chinese who burned their mission house in Yangchow, he faced public criticism, especially in the British press. In the months that followed, he became so discouraged that he succumbed to "the awful temptation...even to end his own life" (Pollock, 1962, p. 195). Today most mission agencies would be equipped to offer hospitalization or counseling, but in Taylor's day such was not an option. And there was no mission director to order him home; *he* was the director.

A. B. Simpson
Another mission leader who suffered depression throughout much of his life was A.B. Simpson (1843-1919). According to his biographer, A.W. Tozer, just before he founded the Christian and Missionary Alliance, he plunged "into the slough of despond so deep that...work was impossible." It was a time of utter despair. "I wandered about," he later recalled, "deeply depressed. All things in life looked dark and withered" (Tozer, 1943, p. 71).

Adoniram Judson
Sometimes periods of deep despair were caused by the death of a loved one--a trauma that was much a part of the mission experience in generations past. When Adoniram Judson, the great missionary pioneer to Burma, learned in 1826 that his wife Ann had died--soon to be followed by his baby daughter--his normal grieving process gradually turned into a mental disorder. He became a recluse and went out into the jungle and dug a grave, where he kept vigil, filling his mind with morbid thoughts of death. Spiritual desolation engulfed him: "God is to me the Great Unknown. I believe in him, but I find him not" (Anderson, 1972, p. 391).

Judson's recovery came not through psychiatric counseling or group therapy. Rather, it was aided by an outpouring of love and prayer from fellow missionaries. The years following that crisis were some of his most successful and productive years as a missionary.

Mary Morrison
For Mary Morrison, the cause of her adjustment struggles--again, depression--was not as clear. She was the wife of Robert Morrison, the patriarch of China missions, and it is entirely possible that her frequent separations and loneliness contributed to her mental breakdown. Robert complained of lack of correspondence from friends and family back home, and Mary may have felt that neglect even more keenly. To a friend, Robert wrote: "Yesterday I arrived in Canton....I left my dear Mary unwell. Her feeble mind much harassed....My poor afflicted Mary....She walks in darkness and has no light" (Broomhall, 1924, p. 59). Her condition fluctuated back and forth in the years that followed until she died in 1821, after twelve years of marriage.

Mary Livingstone

For Mary Livingstone, the wife of Africa's great missionary-explorer, David Livingstone, the problem was one of outright neglect. Because she and the little ones were not able to keep up the pace on his exploratory expeditions, he sent them back to England in 1852, where Mary found cheap lodging for herself and the children. It was a most distressing time for her, and the rumor among the mission community was that she had fallen into spiritual darkness and was drowning her sorrows in alcohol. When David finally returned five years later, he was a hero with no time for family. He made a quick visit home before launching a whirl-wind speaking tour.

One can only wonder where the directors of the London Missionary Society were during this time. Did they not recognize their responsibility in seeing that families such as the Livingstones were kept intact and in making sure that wives were not overwhelmed with depression? Perhaps they could be excused if Mary were off in some distant land, but she was right under their nose in London. Mary Livingstone was not an easy woman to deal with, but she deserved more attention than the mission gave her.

Not all missionaries, of course, suffered from such serious problems as those mentioned in the previous examples. Yet many of their needs were either overlooked by mission agencies or else could only be partially met by the fledgling member care services that were available. Missionaries were to depend on God for their well-being. The early eras of Protestant missions were times of growth and experimentation for mission agencies. As they slowly matured, they developed better evangelistic strategies, clarified organizational structures and policies, and eventually in this century established more systematic services to care for their personnel.

The Current Practice of Member Care

Significant shifts in member care practices have been occurring during the last 20 years. These shifts are reflected in several major trends, eight of which will be discussed in the remainder of this article. Specifically, we will be taking a look at trends in recruitment and selection, human service models, additional supportive services, flexible policies and programs, the care of missionary children, performance appraisals, local church involvement, and para-mission service agencies.

Recruitment and Selection

Candidate screening has become an issue of great importance in the last two decades. Although it is tempting to assume that selecting the right candidates will guarantee their personal adjustment and success as missionaries, this is not always the case. With the rising incidence of abuse of all kinds within the general population, an increasing number of emotionally and psychologically bruised individuals are applying for missionary service. This current reality has required us to improve our testing and interview procedures. "How to screen for and reduce problems" continues as a major concern for personnel directors and leaders within mission agencies.

Candidates who may appear remarkably well-qualified for missionary service may have difficulty overseas, not only because of their background experiences, but because their ways of coping and achieving in their home culture simply do not work for them in their cross-cultural setting. No doubt this happened among missionaries of earlier generations, but usually the person became a "missionary drop out." Reducing missionary attrition and predicting missionary success are two goals to which more and more agencies are committing themselves.

Human Service Models

Expectations and models for missionaries have changed. Under what can be referred to as the "missionary warrior model," earlier missionaries were called to endure hardship as "good soldiers of Jesus Christ." The mission's primary responsibility was to send them to the place of hardship, pray for them, and receive reports from them during furloughs.

More recently, however, there has been a growing interest by mission agencies to take responsibility for the holistic development of their people. For example, many mission agencies are now creating and filling member care positions in order to support and further equip their staff. In some instances, professional, in-house counselors are used to provide direct care to missionaries. In other cases, member care personnel refer missionaries to outside resource organizations. Although this "holistic" human service model is gaining respectability, funding these new services still poses a considerable challenge.

Additional Member Care Services

Preventive pastoral care of field missionaries is one way in which missions are addressing the increasingly complex spiritual, emotional, and psychological needs of their missionary personnel. One mission identified pastoral care as the most prominent need facing its missionaries. In response to that need, the mission appointed "pastors to missionaries"--clergy couples who would visit the same field(s) year after year. In other instances, pastors, counselors, and/or psychologists are going to fields, some for short-term care and others for extended stays.

Many agencies are providing more opportunities for personal growth and in-service training. These opportunities are offered through retreats, team development sessions, workshops, and annual conferences.

Missions are also confronting the need to restore staff who become dysfunctional. Dysfunction frequently stems from burnout, cross-cultural adjustment struggles, pre-field problems, or moral failure. As one mission executive said, this often requires distinguishing between temporary versus long-term incapacitation.

One of the difficult decisions a mission must make is whether or not to bring a missionary home for help. One mission, for instance, made counseling help available to a couple on furlough who were experiencing marital difficulty. The problem seemed to have abated and so the couple was permitted to return to their overseas assignment. Within a few short months following furlough, however, the couple was once more struggling in their relationship with one another. The stresses of living in another culture, separated from normal support structures available in the homeland, had merely compounded the couple's marital distress. If adequate member care services were available overseas, the mission and/or couple would probably not face the dilemma of whether or not to "tough it out" or to return home.

Another form of member care has developed in response to the disruption missionaries experience in their ministries and personal lives due to international terrorism, national political chaos, and crime inflicted on them personally. Crisis response teams have emerged as a way of responding to these threats. Immediately upon release from their Muslim captors in the Philippines in 1992, for example, three missionary women and one child were flown to Manila where a crisis response team from Wycliffe (SIL) began attending to them in their trauma.

Flexible Policies and Programs
Missions are developing more flexible ways of addressing the various needs of their people. Schooling for children is a good example. Parents frequently are presented with several educational options for their children, apprised of the pros and cons, and then encouraged to make informed choices based on their awareness of the possibilities, in contrast to earlier policies which often required that all children attend boarding school.

Other changes in policies have affected terms of service, furlough options, and retirement benefits. Furlough options typically range from a three-month leave every two years to a 12-month leave every four years, in contrast to previous 12-month leaves every six or seven years. One mission, for instance, grants three months of furlough time for every 12 months invested in direct service. Missionaries may then arrange the timing and length of their furloughs based on their family needs.

Improved health insurance policies and retirement plans are being made available. In the case of at least one mission, a cash bonus at retirement helps missionaries to make one-time big purchases, such as a home or automobile. Further, much more freedom is granted for missionaries to return home for additional training, furloughs, or in the event of a family emergency or death. While this practice potentially can complicate relationships with supporters who may not always understand why such frequent trips are required, it nevertheless enhances the missionary's sense of individualized care by the mission.

Missionary Children's Care
Interest in the "missionary kid" (MK) grew rapidly in the 1980's. Earlier in the 1970's, the rise of the family and home schooling movements began to impact missions in important ways. Desiring to be faithful to their God-given responsibilities as parents, missionaries and candidates questioned the wisdom of sending their children away to boarding school. They tended to express their ambivalence in one of four ways: (1) choosing alternative forms of educating their children apart from boarding school; (2) switching missions; (3) returning to their home culture after their first term, or at the time their first child began school; or, (4) opting out of missions altogether.

Such pressure upon missions resulted in their taking a closer look at the needs of MKs. Few missions had structures within their organizations devoted to MK and family needs. Largely as a result of the International Conferences on Missionary Kids--held in Manila, 1984; Quito, 1987; and Nairobi, 1989--missions became more sensitized to the well-being of their MKs. Now missions provide a variety of support services to MKs such as transition seminars upon permanently re-entering their parents' home culture as well as the opportunity to return to the host culture in which the MK grew up, along with his/her spouse, at the expense of the mission. In-house publications for MKs, such as "SIM Roots," "MK Communique," or "Catalyst" are now common ways to establish and maintain relationships among adult MKs.

Performance Appraisals
There is a growing emphasis on improving accountability relationships for missionary personnel and mission organizations. Various missions have tried to implement evaluation processes at the end of a missionary's term of service and prior to departure for furlough. Sometimes this has worked well, other times not so well.

One mission, for instance, required that its field committees evaluate "problem families" one year prior to furlough. They were to evaluate all aspects of the ministry in order to determine whether or not the missionary family should be invited back. Field leaders found it difficult, however, to face up to and be the bearer of bad news and consequently would send a recommendation to the international office that "so-and-so needs counseling" with little more specificity.

Another problem, not yet resolved entirely, involves the apprehension to make use of counseling and assessment services on the part of missionaries themselves. At a time when mission leaders are becoming more and more open to psychological counseling, missionaries can be exceedingly reluctant to use psychological services due to negative connotations associated with seeking such help. Counseling can be perceived as "punishment," or a subtle type of performance appraisal, or even a sign of weakness rather than as an opportunity to grow.

A sub-set of the missionary community, single women, poses a particular challenge for field leaders who often are inadequately prepared for overseeing and working with these missionaries. Single women have often been discriminated against in ways such as living and housing allowances and leadership opportunities. While the typical trajectory for fulfillment in use of one's gifts remains open to men, at certain levels it is closed to women. Very few missions have women in field leadership roles or executive positions at the international level. In this case, the need is to hold the organization accountable in the way it uses or does not use its people--in this instance, its single women.

Local Church Involvement
Increasingly individual local churches have assumed greater responsibility to provide long-term member care for the missionaries they send out. Consider the following example.

Whittier Area Baptist Church in California (described in chapter 22 of *Missionry Care* book, 1992) trains missionary candidates from its congregation in the areas of self-awareness, marital relationships, and financial management. This church encourages the formation of support teams who develop personal relationships with these missionaries and maintain them through regular phone and fax contacts. Adult Sunday School classes adopt families of missionaries, while a Care Committee provides money for counseling, care, housing, and new clothes when missionaries return on furlough. The church even has a Training and Review Committee which functions specifically to do interventions in troubled situations. During the annual missions conference, a special service is held which is directed specifically to the healing of broken missionaries.

This church is but one example of many that, in conjunction with mission agencies, are actively caring for their missionaries.

Para-Mission Service Agencies
Finally, a number of para-mission service agencies have been organized since the 1970's in order to serve the member care needs of mission agencies. *Mental Health and Missions* (MHM) is one such informal organization. MHM meets annually to bring together psychologists and others interested in issues like member care. The founders, Dr. John Powell and Dr. David Wickstrom, both consulting psychologists to missions, identified the need for mental health professionals who work in missions to have a forum for networking, sharing, and relating more knowledgeably with each other and with mission agencies. Since its founding in 1980, MHM has attracted approximately 240-250 people to its conference.

Link Care is one of the earliest para-mission agencies to be established. It is an outgrowth of an academic sabbatical in the early 1960's when Dr. Stanley Lindquist travelled around Europe visiting therapeutic centers and missionaries. As a result of affirmation received for his services, he began to provide counseling to missionaries back in the United States on an ad hoc basis. In the last 4-5 years, nearly 30 full-time staff at Link Care have served approximately 100 mission agencies in different ways, including candidate assessment, pre-field and on-field training, and short-term and long-term counseling services for missionaries.

Following World War II, *Missionary Internship* (MI) began as an effort to prepare former GIs for returning overseas as missionaries. Now MI serves approximately 60 agencies each year through its educational opportunities, including pre-field orientation, furlough missionary program, and special missions conferences.

Interaction was formed in the early 1970's under the leadership of David Pollock and services missions widely in providing transition seminars for returning MKs as well as missionaries. In addition, *MK-CART/CORE* emerged in the mid-1980's as an MK research agency working on behalf of member missions to identify, plan, implement, and evaluate research requested by these missions. Already two multi-mission research projects are nearing completion while a third longitudinal study is in development.

Summary

Member care in earlier years was largely informal and unorganized; that is, when it even existed. If the mission or field leader were a caring person, then some type of member care may have happened. Significant shifts have been occurring, however, especially in the last 20 years, as reflected in the eight trends previously described.

Member care will play an increasing role in missions, serving the cause of Christ by preventing problems, supporting and developing missionary personnel, and restoring those who have become incapacitated. It will be a key to keeping the worldwide missionary force resilient and effective. Member care is more than just a trend. It is a crucial and practical mission strategy which is here to stay.

Questions for Discussion

1. What can mission organizations learn from some of the member care practices of earlier Protestant missionary societies?
2. What other models may have been in operation over the years besides the "warrior model" described in this article?
3. Which of the eight recent trends described in this article have impacted your mission organization the most?
4. How can these two aspects of missionary life be balanced together: the reality of sacrifice and suffering in missions and the need for personal fulfillment and growth?
5. What might some of the future trends look like in the practice of member care?

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