

A Guest in Their World

by Karen Carr

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As a clinical psychologist working in the world of missions, I have discovered that there are certain values and assumptions that can serve as bridges or roadblocks in the relationship between counselors and mission administrators. I was trained in a secular clinical psychology program that gave me many tools for working in middle class America. Any counselor who wants to work overseas with missionaries, however, will need a new and different paradigm. In my program, I was taught to be an expert, but in this world, we must be servants and learners. I was taught to be non-directive and vague, but we must have something practical and tangible to offer. I was taught about confidentiality and advocacy, but not so much about their limits. I was taught about objectivity and not having dual relationships, but then again my internship was not in a remote town of Africa. I learned secular theories regarding psychopathology that did not acknowledge the role of the soul, and certainly not the healing power of the Lord. My missionary colleagues have taught me new lessons and I'd like to share a few with my colleagues.

It seems that the missions world has become much more open to the contribution and influence of counselors. Mental health professionals are needed and wanted in the missions community. Most often they are used at the screening phase, but more are also being invited to come to the field to provide workshops, crisis intervention, or short term counseling. These visits have the potential to encourage and build up (I Thessalonians 5:11). Sometimes, however, they result in a mission administrator developing a fairly negative view of mental health professionals in general. Some of the contributors to this negative view are the use of jargon, an absence of recognizable integration of faith and practice, a style of therapy that may not be contextually appropriate, and a misperception of the role and motives of mission administrators. The following case studies illustrate how some of these barriers may develop. They are composites and all names are fictitious.

Case Study #1

Dr. Tom Jenkins, a clinical psychologist, has a brother on the field and offers to provide a workshop and counseling for missionaries during the two weeks that he will be there visiting his brother. The director accepts his offer and asks him to send a brief bio for field members to read before he arrives. In his bio, Dr. Jenkins emphasizes his degree and explains that he uses a cognitive-behavioral theoretical approach. When he arrives

on the field, he presents himself as an expert, describing his professional achievements in the States. While these credentials carry a certain weight and importance, they are not the leading quality that will bring trust or confidence from the missionary clientele. What may bring credibility on a standard resume or for a professional conference, could raise more suspicion than acceptance in the missions world. While our degrees and areas of expertise and theoretical orientations are important to us (and maybe our colleagues), they will not generally impress one whose life experience may far exceed our own. Our credentials are relevant, but not as relevant as our cross-cultural understanding. Our language, whether written or verbal needs to make a cultural shift, from an emphasis on professional expertise and clinical knowledge, to an emphasis on teachability, cultural sensitivity, and biblical understanding which reflect a genuine care for missionaries by entering their world.

While he is on the field, Dr. Jenkins does a stress management workshop in which he gives tips on lowering stress levels. He suggests separating work from home life and maintaining firm margins and boundaries. He does not realize that there are rarely clear distinctions between work and home life in the average missionary's life. Dr. Jenkins explains the current theories on stress management, but he does not offer a scriptural basis in his teaching, nor does he promote a discussion on how spiritual resources are effective in managing stress on the field. He says little about his relationship with the Lord or any previous cross-cultural experience. As he works individually with missionaries who have been through recent losses and trauma, he discusses the impact on their job performance and their families. He does not draw out the spiritual dimensions of their grief, nor does he appreciate the depth of their struggle to give themselves permission to grieve their own losses when their national colleagues have suffered far more in their eyes.

If we are to be helpful in the culture of missions, we must have a well grounded, deep, abiding trust in the Lord that permeates every aspect of our professional selves and naturally builds bridges as we articulate our integration of faith and practice. This will manifest itself in a style that is genuinely humble and respectful while also being competent and capable.

Case Study #2

Dr. Renee Wilson, a psychologist, has been asked to come to the field for several weeks following a traumatic situation. One of the field members was raped and has left the field, but a number of her colleagues on the field are struggling with what happened and have asked to speak to a counselor. When Dr. Wilson arrives, she sets up a schedule that allows individuals to sign up to see her. Several of the women she sees reveal that they were sexually abused as children and this rape incident has stirred up troubling memories and feelings for them. Dr. Wilson begins a process of uncovering, intensive therapy with these women, assuming that they will continue this work with a local therapist after she leaves. Several weeks after she leaves, the administration is distressed to discover that several women in the branch can no longer perform their job duties because their functional level has so declined. Additionally, there has been increased tension and stress in their families.

Dr. Wilson made several assumptions that may not be true. One assumption is that a local therapist would be available – often, even if one is available, he or she may not

speak the client's first language. Another assumption is that this kind of therapy work can be done on the field. I would propose that intensive therapy is not appropriate for the field given the stresses and demands of field living which require a great deal of energy. I believe that the most helpful form of therapy on the mission field is a brief, solution oriented mode, which is educational, goal oriented, and strength enhancing. Intensive work can be done in a less stressful, less demanding environment which may be available on a furlough or study leave.

Case Study #3

Joe Smith, a master's level social worker, is asked to present at a field conference and decides to offer a workshop on grief and adjusting to loss. He makes himself available for several days after the workshop for any that want to come see him for a private counseling session. Mr. Smith emphasizes that these counseling sessions are completely confidential. Tom and Betty have been on the field for 20 years. They have never been to see a counselor before but both have been feeling fairly depressed and low energy and they liked this counselor's presentation style in the workshop. As they talk with Mr. Smith, they help him understand that their new administrator has been abusive and critical. It seems that the administration has unreasonable expectations of them and does not at all understand their situation. In fact, the administration has asked them to go home to get some things taken care of but they are convinced that this would only make things worse. They ask Mr. Smith to explain to the administration that they should stay on the field.

Although it seems obvious that Mr. Smith only has one side of the story and does not understand the system context of this situation, nevertheless he may be pulled to respond as an advocate for this couple. In fact, many counselors have fallen into this particular pitfall of advocating for the "client" missionary and becoming an adversary to the administrator. Our role, in contrast, should be to strengthen the entire system whenever possible. In this particular example, the counselor has not spoken with the administration so he does not know the circumstances of the couple being asked to leave the field. Because he has stressed absolute confidentiality, he has ruled out the possibility of a consultative, collaborative relationship with administration. There may be possibilities he has not considered such as moral lapse, job performance problems, or low financial support and debt.

Whether or not a missionary stays on the field is a complicated decision that involves a number of factors including their mental health, support system, job performance, resources of the missions community, ethos of the organization, and the preferences of the family, home office, and supporting churches. We may have a contributing voice, but we do not have the right to be an authoritative or final voice in the decision. The administrator or field leader is the one who will remain on the field to care for and work with each of the missionaries there. It is this person who bears the responsibility of decision-making for field personnel. The input of the counselor will be helpful to the degree that he or she has built confidence with the administrative team. We have the opportunity to coach and mentor administrators in the value of member care if we take a supportive rather than an adversarial role with them.

Case Study #4

Dr. Jesse Peters is a psychiatrist from the U.S. who has been interested in working with missions for many years. He has done some work Stateside with a mission agency which is based in his local area and he eagerly accepts an invitation to travel to Africa to provide debriefing for a team of missionaries who have just been evacuated out of their country of service to another country in Africa.

As a medical doctor, Dr. Peters is aware of the medical precautions he must take—he gets his Yellow Fever shot and gets started on malarial prophylaxis. Dr. Peters has been following the international news and has some basic understanding of what has been happening politically in the country these missionaries have just left. His understanding of African politics and geography is minimal, however. He does not speak any French, but will be traveling to a French speaking country.

A combination of sleep deprivation, severe climate difference, language barriers, and general adjustment to new stimuli lead Dr. Peters to feel much more tired than he expects. He is unable to keep the pace he had hoped for. He is also surprised to learn when he arrives, that the missionary team is a multinational team with people from the US, Canada, Britain, Switzerland, Germany, the Netherlands, Brazil, and Fiji. His materials are all in English with a lot of idiomatic language and as he looks over his handouts, he realizes that many of his examples are specific to the U.S.

When Dr. Peters facilitates the group and individual debriefings, he notes that some people seem uncommunicative. Some give very poor eye contact, some seem sullen, some seem despondent, some seem angry. He interprets these behaviors within the context of what they would mean if someone were from and in the U.S.. He does not appreciate or understand the cross-cultural interpersonal dynamics that he observes.

Dr. Peters is especially uncomfortable when some of the members begin talking about the demonic aspects of what they have experienced. When some begin to talk about unexplained illnesses, curses, and demonic possession, he wonders about their grasp on reality. He does not have a spiritual framework to understand the spiritual battles and demonic activities that are commonly experienced in Africa. The missionaries served by Dr. Peters are grateful for his availability and technical skills. They are gracious in their response to him. Privately and among themselves, they know that he is very limited in his understanding of what they have experienced.

There are several ways Dr. Peters could increase his cross-cultural sensitivity. Before leaving he could familiarize himself with the geography, politics, religion, and culture of the country he is going to through various news and written resources that are not limited to US publications. He could also do some reading which would help him become more familiar with his own cultural values and how these are perceived by people of other cultures. He could find out in advance what nationalities he will be serving and attempt to access resources in their mother tongue or consult with other mental health professionals from their home countries who may assist him. Once arriving, he could spend some time with several missionaries, not directly involved in the crisis, to gain a better understanding of the unique stresses and issues faced in this area. Finally, he could broaden and deepen his understanding of spiritual warfare as it is manifested in different parts of the world.

Key Aspects of Building Relationships Between MH Professionals and Mission Personnel

Roadblocks	Bridges
<ul style="list-style-type: none"> ▪ Expert mentality ▪ Use of technical jargon ▪ Non-directive, vague style ▪ Long term, intensive therapy model ▪ Unstructured, loose use of time ▪ Taking adversarial position with leadership ▪ Use of culturally biased materials ▪ Slow response to crisis situations ▪ Lack of accessibility ▪ Making assumptions about the needs of the organization rather than asking ▪ Lack of knowledge about cross-cultural counseling 	<ul style="list-style-type: none"> ▪ Servant mentality ▪ Humble approach ▪ Integration of faith and practice ▪ Biblical basis of teaching ▪ Solution focused, brief therapy model ▪ Provision of brief, relevant workshops and devotionals ▪ Knowledge of available local resources ▪ Knowledge of field's history and unique stresses ▪ Detailed communication regarding limits of confidentiality ▪ Building trust and credibility through visits and follow-up communication ▪ Cross-cultural experience and sensitivity ▪ Prayer with and for leadership and counselees ▪ Knowledge of demonic influences and spiritual warfare

Developing a Better Understanding of the Mission Administrators' Perspective

Mental health professionals who take time to cultivate relationships with mission leadership will ultimately provide a better service to the missionaries on the field. Just as some psychotherapy models in the past ignored and alienated the family members of identified patients, seeing them as the source of the problem rather than pivotal to healing, so have some mental health professionals treated the mission community. Our challenge is to maintain good boundaries and competent, ethical professionalism while also entering into relationships with missionaries and their leaders as genuine, vulnerable, co-laborers in Christ.

With this in mind, we have the serious task before us of chipping away at some of the negative reputations and perceptions that have developed in the minds of many mission administrators towards mental health practitioners. Some of these perceptions are the result of actual experiences and some based on bias or misperception. Regardless of the source, these are perceptions which can create barriers and which can perhaps be altered in the context of a genuine experience. Some examples of characteristics attributed to the "ineffective" mental health professional include: evasiveness; touchy-feely approach; permissiveness; liberal theological views; promoting weakness; opening up cans of worms; and stirring up old issues which are better left alone.

There are also certain realities that help to provide a context to the unique characteristics of missions communities on the field such as:

- 1) Many mission administrators have not had formal training in management skills and never intended to be in an administrative position. This is changing, however, as more experienced managers are coming into these positions and as organizations are providing more coaching and training in management techniques and procedures.
- 2) Missionaries are "volunteers" and therefore there may be few parameters for maintaining accountability or handling performance issues (i.e., they can't be fired)
- 3) Administrators on the field are under high levels of stress themselves and may feel overwhelmed if expected to handle intense psychological issues in their members.
- 4) Missionaries have suffered multiple losses even before experiencing any trauma or crisis.
- 5) The answer to a problem on the field is not always to go "home" nor is it always best for the person or the missions community if he/she stays on the field.
- 6) Missionaries are under considerable pressure to maintain an image of "super spirituality" and strength both on and off the field. Admitting a need for help can be very damaging to this image. Some may need an "honorable" reason to see a mental health professional. A crisis often provides this honorable entry into help.
- 7) The missions community is becoming increasingly cross-cultural with many new sending countries including Nigeria, Korea, and Brazil.

A Model Case Study

Heidi Schaeffer, a master's level counselor, is asked by a mission administrator to come to the field to do a workshop on transitions and to be available for counseling afterwards. She spends time on e-mail and the phone with the administrator, clarifying the expectations, needs of the community, values of the community, and recent crisis events within the community. She understands that even a crisis event that only involves one person can affect the entire community because of the family nature of inter-dependence and support that is common in missionary groups. She probes further with this administrator to find out what his expectations are and who in the community might need additional attention. She clarifies before coming what will be kept confidential and what will be shared. Ms. Schaeffer talks openly with the administrator about the financial cost of her visit. They make an arrangement that covers the costs of her travel and provides for a modest honorarium. She works closely with the administrator to write a bulletin that will announce her coming and will explain her availability. Ms. Schaeffer has been to this field before and is known by many of the missionaries there. She has developed the reputation of someone who is humble, unassuming, and available. She understands now the kinds of things that contribute to ongoing grief and stress in missionaries' lives. These are things like conflicts with others, saying goodbye to kids who will return to the home country for college, worrying about elderly parents, and severe sickness that is recurrent and life threatening in their friends and family on the field. She is aware of these things and she prepares for her

time on the field through prayer and the gathering of relevant resources.

When she meets with folks individually, she draws out their spiritual questions as well as their spiritual strengths and resources. Her work with them is brief and practical. She prays with them and commits to a follow-up plan with them. They know in advance what will and what will not be communicated to their administrators. Though she is a guest in their world, they treat her as one of their own.

Conclusion

Counselors have a lot to contribute on the mission field. We can offer workshops, consultation, assessment, and counseling. We can provide crisis intervention and debriefing. Our presence has the potential to be as Aaron and Hur were to Moses when they offered a very tangible way of providing strength, endurance, and courage in the battle (Exodus 17:12). But, if we do not enter into their world with cultural sensitivity, we also have the potential to harm and do damage. In the context of relationship, we can educate mission leadership about the member care needs of their people such that they are able to provide the ongoing care that enhances loving Christian community on the field. We have a lot to learn. And we have some who are willing to teach us. We are guests in their world.

Discussion Questions

- 1) What are other values, assumptions, or behaviors which might be roadblocks between mental health professionals and missionaries?
- 2) What might be other ways to build bridges between mental health professionals and missionaries?
- 3) For each of the case studies, talk about what you might do to improve the service being provided.
- 4) What areas do you need to work on in order to become a better "guest in their world?"
- 5) Think of one person who could give you honest feedback about what kind of "guest" you have been.

Suggested Reading:

Bowers, J., ed. (1998). *Raising Resilient MK's*. Colorado Springs, Colorado: Association of Christian Schools International.

Bubeck, M.I. (1984). *Overcoming the Adversary: Warfare Praying Against Demonic Activity*. Chicago, Illinois: Moody Bible Institute.

Dodds, L. & Dodds, L. (1997). *Collected Papers on Caring for Cross-Cultural Workers*. Liverpool, Pennsylvania: Heartstream Resources, Inc.

Foyle, Marjory. (1987). *Overcoming Missionary Stress*. Wheaton, Illinois: Evangelical Missions Information Service.

Gardner, L. "Proactive Care of Missionary Personnel." *Journal of Psychology and Theology*, 15 (Winter, 1987), 308-14.

Jones, M. (1995). *Psychology of Missionary Adjustment*. Springfield, Missouri: Logion Press.

Kraft, C.H. (1992). *Defeating Dark Angels: Breaking Demonic Oppression in the Believer's Life*. Ann Arbor, Michigan: Servant Publications.

O'Donnell, K. & O'Donnell, M., eds. (1988). *Helping Missionaries Grow: Readings in Mental Health and Missions*. Pasadena, Calif.: William Carey Library.

O'Donnell, K. & O'Donnell, M., eds. (1992). *Missionary Care: Counting the Cost for World Evangelization*. Pasadena, Calif.: William Carey Library.

Schubert, Esther. (1993). *What Missionaries Need to Know about Burnout and Depression*. New Castle, Indiana: Olive Branch Publications.

Stewart, E.C. & Bennett, M.J. (1991). *American Cultural Patterns: A Cross-Cultural Perspective*. Yarmouth, Maine: Intercultural Press.

Wagner, C.P. (1991). *Engaging the Enemy: How to Fight and Defeat Territorial Spirits*. Ventura, California: Regal Books.

Other Resources:

Mental Health and Missions Conference. Angola, Indiana. Annually in November. Contact Karen Nelson at mintern@aol.com, Mission Training International, Colorado Springs, Colorado.

European Member Care Consultation. Bi-annual meeting. Contact Kelly O'Donnell at Kelly_Michele_ODonnell@compuserve.com

Evangelical Missions Quarterly Journals (Published by EMIS, P.O. Box 794, Wheaton, IL 60189)

Interact Publication (Published by Interaction, P.O. Box 158, Houghton, NY 14744).

Intercultural Press—many publications on cross-cultural issues (Intercultural Press, P.O. Box 700, Yarmouth, ME 04096)

Pulse Magazine (published by EMIS, P.O. Box 794, Wheaton, IL 60189)

Mission Frontiers (published by the US Center for World Mission, 1605 E. Elizabeth Street, Pasadena, California 91104)

Websites:

www.membercare.org

www.asbury.edu/academ/psych/mis_care