



---

## **Coping with Stress and Trauma in Cross Cultural Missions: A Brief Summary for Missionaries in West Africa**

by Karen Carr, Ph.D. and Frauke Schaefer, M.D.

In 2005, a research project was led by Dr. Frauke Schaefer in cooperation with the Mobile Member Care Team in West Africa and GEM in Europe in order to better understand the needs of missionaries on the field.

### **The goals of the study were:**

- *To better understand the frequency of trauma in both stable and unstable cross cultural settings.*
- *To explore the association between traumatic events and psychological symptoms.*
- *To identify factors which might increase or decrease the seriousness of posttraumatic stress symptoms.*

A survey with questions related to traumatic experiences, psychological functioning, and ways of coping was completed by 206 missionaries in West Africa (from a variety of mission organizations) and 50 missionaries in Europe. All of these participants were at least 20 years old, had been on the field for at least 2 years, and were currently on the field at the time of completing the survey. The average age of these missionaries was 46 years. Sixty one percent were female and thirty nine percent were male. Seventy nine percent of the respondents were married and twenty percent were single. The nationality of participants was American (68%), European (14%), Canadian (11%), and other nationalities (7%).

*In West Africa, 92% of the male and 85% of the female missionaries reported one or more severe traumas in their life. In Europe, 82% of male and 73% of female missionaries in Europe reported one or more severe traumas. In comparison, in the general population of the U.S, 61% of men and 51% of women reported one or more severe traumas. The differences are even greater when comparing these three populations by who had experienced three or more severe traumas as shown in the table below.*

<b>Population</b>	<b>% of men with 3+ traumas</b>	<b>% of women with 3+ traumas</b>
U.S. General Population	10%	5%
Missionaries in Europe	47%	30%
Missionaries in West Africa	71%	64%

**Twenty five percent or more of missionaries in West Africa have experienced one or more of the following 11 traumas:**

- Serious medical illness (61%)
- Car, train, or plane accidents (56%)
- Unexpected death of family member or close friend (51%)
- Immediate exposure to fighting, civil unrest, war (48%)
- Burglary in the home without confrontation (41%)
- Serious threat or harm to family member or close friend (38%)
- Seeing another person seriously injured or dying as a result of accident or violence (34%)
- Burglary outside the home without confrontation (33%)
- Evacuation (31%)
- Being in the midst of a mob or riot (29%)
- Robbery with confrontation (25%)

**Twenty five percent or more of missionaries in Europe have experienced the following four traumas:**

- Car, train, or plane accidents (66%)
- Unexpected death of family member or close friend (54%)
- Burglary inside the home without confrontation (38%)
- Burglary outside the home without confrontation (32%)

The types of traumas that were the most closely associated with posttraumatic or depressive symptoms were “immediate exposure to fighting, civil unrest, and war”, “serious threat or harm to family member or close friend”, and “unexpected death of family member or close friend.” This would indicate that missionaries experiencing these types of traumas (see above for the percentages of West Africa missionaries experiencing these events) are at a higher risk for experiencing posttraumatic reactions and therefore would benefit from specialized member care on the field (i.e., trained counselor or peer responder). Other associated factors of traumatic experiences are mentioned below and also need to be taken into consideration when assessing member care needs for missionaries. In addition to reactive care, all missionaries would benefit from proactive, preventative member care that focuses on educating and training them as they prepare for possible traumatic events.

One problem that can develop following a traumatic incident is *Posttraumatic Stress Disorder (PTSD)* which is an anxiety reaction characterized by things such as vivid recollections of the event, flashbacks, nightmares, difficulty sleeping, hypervigilance, and avoidance of anything that reminds a person of the event. Some may develop a less severe reaction called *Posttraumatic Stress Syndrome (PTSS)*, which can also be described as partial PTSD or subthreshold PTSD and is associated with functional impairment. People may also develop *depressive symptoms* following traumatic events.

In the general U.S. population about 2% are currently suffering from PTSD and 4% have PTSS. In Europe, 2% of the missionaries surveyed had PTSD and 4 % had PTSS. In contrast, the West Africa missionaries had a significantly higher rate of

posttraumatic stress symptoms than the other missionaries, but not as high a rate as one might expect given the high incidence of traumatic events. *In this sample, 5% of the West Africa missionaries had PTSD and 15 % of them had Posttraumatic Stress Syndrome (PTSS). When isolating the missionaries that evacuated from Ivory Coast and that live in higher risk areas such as Ivory Coast, Guinea, and Nigeria, we found that the combined rate of PTSD and PTSS was as high as 28%.*

The most interesting finding, however, is that the difference in posttraumatic stress symptoms between the missionaries in Europe and the missionaries in West Africa was not statistically significant when controlling for traumatic events. In other words, we might have expected the West Africa missionaries to have a much higher rate of posttraumatic stress symptoms because of the chronic stress from health and adjustment factors and the severity and frequency of the traumas they have experienced. *In fact, an increased resilience and strong sense of purpose was noted on average with those who had higher rates of traumatic events.* The resilience items which were highest amongst those who had lower posttraumatic stress and lower depressive symptoms were “a sense of control in one’s life” and “a tendency to bounce back after adversity.” It would be interesting to know what the PTSD and PTSS rates would be amongst missionaries who had experienced similar trauma but left the field. It may be that these results are partly due to a higher level of resilience on average amongst those missionaries who stayed on or returned to the field after experiencing trauma.

What factors have helped those missionaries who stayed on the field to be so resilient and cope so well? We can make some interpretations based on these data and previous research, but more research will need to be done in order to further identify the reasons for this hardiness. Some possibilities are spiritual factors (God’s help, trusting in God, having a strong sense of call, the prayers of supporters, a theology of suffering which anticipates and accepts risk and suffering as a part of the missionary life), emotional support factors (good interpersonal relationships, support of administration, support of member care providers such as MMCT and peer responders in the region), training and education (Sharpening Your Interpersonal Skills Workshops, Crisis Management workshops), and psychological interventions (debriefings, counseling).

This study found that the factors strongly associated with severity of post-traumatic stress were depression, anxiety, functional impairment, subjective severity and number of traumas, resilience factors, and a higher level of irritability and anger. Other studies have shown that typically what makes traumatic stress worse is life stress after the trauma, the severity of the trauma, and a lack of social support. Conversely, those who report supportive relationships with peers and leaders tend to cope better with trauma. This study also found that those with higher levels of marital satisfaction had lower levels of posttraumatic stress. This would imply that a key way of reducing post-traumatic stress is to engage in behaviors even before the trauma that enhance stress management and that increase the quality of social supports and the marital relationship. *Providing member care resources that focus on the development of interpersonal skills, managing conflicts, team building, marriage enrichment, crisis preparation, and stress management through training, consultation, pastoral care, and appropriate counseling interventions is an essential part of an effective strategy for reducing post-traumatic stress and enhancing the missionaries’ ability to cope with the inevitable traumatic stressors on the field.*

For further information about the written resources, training, consultation, and counseling available to missionaries in West Africa, see the Mobile Member Care Team website at [www.mmct.org](http://www.mmct.org). The Sharpening Your Interpersonal Skills Workshop (see [www.itpartners.org](http://www.itpartners.org)), Member Care While Managing Crises Workshop, and Peer Response Training are all designed to help further equip missionaries for healthy, resilient service on the field.

For more details about the findings of this research project, an article has been submitted for publication entitled Traumatic Events and Posttraumatic Stress in Cross-Cultural Mission Assignments by Schaefer, et.al. Contact Dr. Frauke Schaefer at [fraukeschaefer@cs.com](mailto:fraukeschaefer@cs.com) for more information.