

Care and Counsel in Missions: Ministering in a World of Oppositions, Pressures, and Schisms

By Philip Chang

A. Serving in Hard Times and Hard Places

Doing cross-cultural missions has become an increasingly hazardous activity for many in the twenty-first century. The mission field has always been a hard place for many mission/aid workers¹. Even with the vast technological advances in the last century that have eased communications and travel, many challenges still exist in the mission field. Global climatic changes, for example, have resulted in extreme conditions like flooding and drought in many different places, bringing about much suffering to mankind (Nicholls 2010). Besides the dangers and rising frequency of natural disasters like earthquakes, tsunamis, and cyclones that lead to much destruction and lives lost, mission workers are often faced with all kinds of opposition and challenging situations in the mission field. Those serving in “Red Zone” areas where there is conflict or war are constantly living under perilous and stressful conditions.² Spiritual attacks and risks of persecution or terrorist attacks can be expected as well. Many of the hotspots or hard places are situated in Asia and the Middle East, which still remain largely unevangelized today (Mandryk 2010, 57).³

In chapter 10 of Matthew’s gospel, Jesus offers a sobering pre-field orientation lesson to his disciples as he commissions them for their first mission trip. Before sending them out, Jesus explicitly cautions his disciples that they would encounter varying degrees of opposition in the mission field. Beginning with the least severe form, he uses six phrases to describe six increasingly intense hostilities that opposition can take. Marvin Newell (2006, 196-197) explains:

In this lesson Christ shows that His messengers could expect to be: *prevented*, “does not receive you” (v. 14); *rejected*, “nor heed your words” (v. 14); *detained*, “deliver you up” (vv.17, 19); *physically abused*, “scourge you” (v. 17); *pursued with intent to harm*, “persecute you” (v. 23); and finally *martyred*, “kill the body” (v. 28). It is instructive to note that Jesus declared that opposition would come from the state (v. 18), religious leaders (v. 17), or family members (v. 21).⁴

¹ *Mission/aid* is a broad, inclusive term used that represents the increasing focus and contribution of faith-based, Christian work around the world. Kelly O’Donnell suggests this term in his chapter *Ethics in Member Care* in *Christian Counseling Ethics*, edited by Randolph K. Sanders (2013). *Mission* includes both Christian workers serving in cross-cultural settings and national Christian workers located in their home/passport countries. *Aid* refers to the extensive area of humanitarian assistance, which encompasses relief and development operations by civil society, non-governmental organizations, the United Nations, and faith-based groups. Mission and aid often overlap with each other.

² *Red Zone* refers to those areas of the world where there is intense stress on a regular and sometimes daily basis, brought on by perceived or actual danger and threats to one’s safety. See *Doing Member Care in Red Zones: Examples from Middle East*, by Ray Hicks, in *Doing Member Care Well*, page 193.

³ According to the 2010 edition of *Operation World* by Jason Mandryk, the estimated population in Asia that remains unevangelized is 41.7% and non-Christian is 91.2%. For further details on the state of evangelization, major hotspots, and challenges in Asia, refer to pages 56-71.

⁴ The Scriptural texts used by Newell are taken from the King James Version of the Bible.

Some difficult situations, however, are not solely attributed or confined to natural forces or external factors. Mission/aid workers and their families may, in some instances, experience stressful situations or pressures due to prolonged personal health and family problems, cultural adjustment issues, organizational conflicts, and church splits.

In light of the increasing incidences of opposition, pressure, and schism in the world, many situations arise that require proper care and counsel to serve the emotional and mental health needs of mission/aid workers and their family members as well as the people in the mission field. Ironically, this presents many opportunities to serve in missions.

The Cape Town Declaration on Care and Counsel as Mission by The Lausanne Movement in 2010 reminds us of the stark reality:

We live in a world of unprecedented suffering and brokenness. These human conditions include different types and levels of social and psychological suffering which are often minimized, neglected, or because they are beyond what local people can cope with at a given time, left unattended or addressed from out-of-context perspectives.⁵

These conditions are obviously unjust and costly to both individuals and communities around the world. Conscience tells us that this problem cannot be neglected, meaning that a response is certainly called for.

Common sense will tell that the need to provide care and counsel in missions is not only critical; they are indispensable. Both the mission/aid workers and the people whom they serve, all have a need and demand for such services. When there is a need or demand, there must be a source of supply. Clearly, where difficult situations exist, the door is also wide open for many ministry opportunities in these hard places. This calls for action, but who should be responding to this call? Where will the supply of caregivers and counselors come from?

The supply of human resources to respond to such needs can definitely be found in the global church, where there are many Christian counselors, psychologists, therapists, community workers, caregivers, pastors, and even lay people who possess the relevant skills, experience, and training. However, such resources need to be mobilized. Perhaps the conversation recorded in Isaiah 6:8 of the Bible can serve as a serious reminder and motivation for the global church or individual Christian to respond accordingly.⁶

B. Development of Member Care

The past few decades have witnessed an unprecedented growth of cross-cultural mission workers in the world, particularly the significant growth among Asian missions. The latest edition of *Operation World* in 2010 provides a good indication that Asian missionaries make up

⁵ The electronic version of this document is available on the official website of The Lausanne Movement at: <http://www.lausanne.org/en/documents/cape-town-2010/1792-care-and-counsel-as-mission.html>

⁶ *Then I heard the voice of the Lord saying, "Whom shall I call? And who will go for us?" And I said, "Here am I, send me!"* (Isaiah 6:8, NIV).

a large proportion of the global missionary workforce today.⁷ Corresponding to the significant growth in the number of Asian mission workers, there is an urgent need for more member care services to ensure that these workers remain healthy in the broadest sense and thrive in their respective ministries. With better member care, *preventable attrition* among Asian mission workers will hopefully be reduced.⁸

What exactly is member care? In one sense, member care is nothing new. It really has its origins in the biblical admonitions to love and care for one another.⁹ Christians and mission workers have been trying to put this into practice since the beginning of the early church. “Yet what is new are the more organized attempts all over the world to develop comprehensive, sustainable member care approaches to support cross-cultural Christian workers,” says Kelly O’Donnell (2013, 444).

Due to its neutrality, the term “member care” is commonly used in place of “missionary care” because of sensitivities and security concerns in some countries or contexts toward Christian mission workers. It also implies a sense of belonging to a community, and connotes the mutual responsibilities that the mission workers (members) in a group have for each other.¹⁰ Thus, the term has become more acceptable and widely used by the missions community over the past two decades.

Different people have defined member care in many ways but the most widely accepted definition is that adopted by the Global Member Care Network. In its briefest form, it says, “Member Care is the ongoing preparation, equipping, and empowering of missionaries for effective and sustainable life, ministry and work.”¹¹

Member care began to develop back in the 1970s and became more formally defined in the early 1990s. The year 1996 saw the launch of a ground-breaking research study on missionary attrition among fourteen mission sending countries, known as ReMAP or *Reducing Missionary Attrition Project*. The publication of its findings in *Too Valuable To Lose* in 1997 played an influential role in stimulating the learning and practice of member care since then.¹² These developments also brought about a growing awareness of *MKs* and *TCKs* in line with a

⁷ The available estimates of long-term mission workers (serving more than two years) from selected Asian countries are as follows: China, 10,000; India, 82,950; South Korea, 19,950; Philippines, 4,500; Indonesia, 3,000; Singapore, 693; Bangladesh, 500; Thailand, 468; Malaysia, 380; Japan, 300; Taiwan, 280, and Mongolia, 20. These statistics are set out on pages 950-951 of *Operation World*. Due to security reasons and non-disclosure by several mission agencies during data collection, the figures should not be taken as exact numbers but rather, be used as a guide.

⁸ *Preventable attrition* is the attrition that could have been avoided by better initial screening or selection in the first place, or by more appropriate equipping or training, or by more effective shepherding during missionary service. On the contrary, *unpreventable attrition* is understood as acceptable or understandable attrition, such as retirement, completion of a contract, medical leave, or a “legitimate call” to another ministry. Further discussion on attrition is found in *Too Valuable To Lose*, edited by William D. Taylor, 1997.

⁹ Biblical verses like John 13:34, Galatians 6:2, Ephesians 4:32, Colossians 3:16, and Hebrews 3:13 are some examples.

¹⁰ O’Donnell discusses the historical development of member care in greater detail in Chapter 1 of *Global Member Care*, 2011. See also pages 442–445 of *Christian Counseling Ethics*, edited by Randolph K. Sanders.

¹¹ See the website of Global Member Care Network: <http://globalmembercare.com/index.php?id=34>

¹² The ReMAP project was commissioned by the WEA Missions Commission.

better understanding of member care.¹³ Regional inter-agency member care affiliations and national member care networks began to emerge in different parts of the world, a movement that was catalysed by the WEA Missions Commission and promoters of member care ministry. Mission agencies and churches likewise began to participate more actively in regional and global consultations on member care.

Following the successful conclusion of ReMAP, which focused primarily on missionary attrition, a second project ReMAP II was launched in 2002. This time, the research study involving twenty-two countries was an “even more challenging examination on missionary retention” (Taylor 2004, 2). Thus, ReMAP II was known as the *Retention of Missionaries and Agency Practices* project. The findings of ReMAP II were first published in 2004 and provided much insight into what ways sending structures—agencies and church—had addressed the critical issues to improve missionary retention. Useful case studies that offer insights on missionary retention and best practices from various countries were subsequently compiled and published in *Worth Keeping* in 2007.

It is imperative that member care is not confused with pastoral care. It is a common mistake of many pastors, sending churches, and organizations to equate pastoral care with member care. Pastoral care is just one component or element of member care. Member care encompasses many other components that include, but not limited to, pre-field screening and selection, psychological assessment, medical check-up, counseling, orientation, training, fundraising, intercession, debriefing, crises intervention and trauma care, MK care and education, vacation and sabbatical, re-entry, debriefing, visits by church/agency leaders and support groups, communications, spiritual formation, mentoring, personal development education, leadership development, and retirement. Member care is extended not only to the individual mission worker but also to the spouse and dependant children.¹⁴

Kelly O’Donnell and Dave Pollock, with some initial help by Marjory Foyle, developed a model for member care that consists of five areas or spheres of care: master care, self care, mutual care, sender care, specialist care, and network care (O’Donnell 2002, 13–23). Each sphere is important to the mission worker, and includes one or more components of member care. Individuals, agencies, service organizations, and regional networks can use this model as a basic guide to enhance their provision of member care. This model also comes along with best practices, which are recognized principles and performance standards that are documented, reviewed, and adopted by many organizations and networks across the globe. A good way to describe this model would be a “wholistic model of member care.”

Dr. Brent Lindquist, President of Link Care, prefers the concept of “member health” rather than member care, with emphasis on “prevention rather than remediation” (2008, 13–23). In his opinion, current member care models tend to focus on tertiary and secondary care, which

¹³ MK is an acronym for *Missionary Kids*. Although not entirely the same, it is often used interchangeably with *TCKs* or *Third Culture Kids*. The latter is generally preferred due to security concerns.

¹⁴ In some Asian contexts where filial piety is of great importance, member care may be extended even to the elderly parents who are still dependent on some regular financial contribution from the mission worker. In such situations, the fundraising budget of the mission worker prior to deployment will usually include this extra amount.

assume that there are many specialist carers and counselors available to serve the needs of existing mission workers when in reality, they (the carers and counselors) are very few. Rather, a primary prevention strategy starts at the level of the local church and focuses on teaching skills of recognition and skills of health enhancement as opposed to skills of illness avoidance.¹⁵

C. Development of Care and Counsel As Mission

Parallel with the development of member care, a global network of Christian counselors, mental health professionals, and paraprofessionals from around the world has been taking shape under the auspices of The Lausanne Movement. This network, the Lausanne Care and Counsel as Mission Interest Group, essentially views the ministry of care and counsel as a means of engaging in missions to the whole world. Its chairman Dr. Brad Smith elaborates:

We use the phrase “care and counsel” to capture the breadth of multidisciplinary work done by Christian counselors and caregivers which goes beyond traditional counseling to include church and community-based ministries, emergency response to traumatic events, and educational outreach programs focused on marriage and family life. It includes people-helpers involved in counseling, pastoral care, spiritual direction, psychotherapy, coaching, mentoring, social work, crisis intervention, trauma treatment and more.¹⁶

This network envisions a paradigm of care and counsel as three concentric circles: (1) member care, (2) Christian counselling in support of the global church, and (3) care and counsel for the whole world.¹⁷ While there are existing networks and publications focused on the work of the two smaller circles—member care and pastoral care—it appears that proportionally there has been little research, training, theological reflection, or global conversation that focused on the overwhelming needs of the “big circle” and how Christian caregivers can respond.

Some practitioners are already involved in two or all three circles. But so far it appears that the circles have been developing independently with very little or no formal interaction with each other. It remains to be seen how the three circles or networks can organize themselves to collaborate and work together more closely and synergistically in the near future.

D. Some Critical Areas for Care and Counsel in Missions

Let us now look at some critical areas where the opportunities for care and counsel ministry are readily available. Since the focus of this paper is missions, the discussion will narrow down to the pertinent issues relating to mission/aid workers.

¹⁵ For further discussion on this subject, refer to *Bringing Member Care Home: Member Health? Thoughts About Contextualizing Care* by Brent Lindquist, 2008.

¹⁶ Smith, Bradford M. 2010. *What is Care and Counsel as Mission?*
<http://conversation.lausanne.org/fr/resources/detail/11024#.UyLsiec1aOQ>

¹⁷ For more information, see: Smith, Bradford M. 2009. *Care and Counsel as Mission: Christian Counseling's New Global Look*. <http://www.lausanneworldpulse.com/perspectives.php/1119?pg=2>

1. Pre-field Assessment, Orientation, and Counseling

Before deployment to the field, the typical mission worker normally undergoes a series of interviews, medical check-up, psychological assessment, orientation, and where necessary, counseling. This screening process enables the mission organization or church to assess the calling and suitability of the candidate for cross-cultural ministry.

While the medical check-up concerns his physical health, the psychological assessment helps the organization and the candidate to be aware of his personality traits and how he copes with stress. Not everyone, for example, has the resilience to stay effective and cope with working in Red Zone areas. It also helps to identify any personal issues that may need to be resolved before deployment. The entire pre-field process may take few months or even up to a year or longer to ensure that the candidate is adequately prepared.

Sending organizations ought to really “know their people”—they should clearly understand and know how to recognize mental health needs of their workers, so that referrals can be made to the appropriate professionals when the need arises. Once they have established good communications and rapport with the workers, any significant or unusual changes in their behaviors can easily be recognized. The workers should be made aware that it is safe to reveal emotional difficulties to their mission administrators, and that their response will be confidential and compassionate and not punitive or judgmental.

Mission organizations often have, in addition to medical advisers, a range of member care resources and mental health professionals within their networks. They include Christian psychiatrists, psychologists, and counselors who combine their training in mental health with their knowledge of Scripture to provide the best services they can offer. There are also marriage and family therapists, social workers, clinical counselors, and pastoral counselors who assess mental health issues and provide therapies and interventions to those who need help.

2. Suffering and Hardship

“To be human is to suffer. To be engaged in humanitarian work is to suffer even more!” (Dodds and Gardner 2011, 167). Suffering is quite a common experience in the lives of many in the mission field. Suffering can come from many causes, and in many forms. It could be due to persecution, sickness, or the loss of loved ones. A more common cause is culture shock. Many suffer due to their inability to adjust well to transitions—to a new place, strange foods, and a different environment. Some may suffer from loneliness or homesickness. For others, it might be the lack of personal privacy. Unfortunately, many mission workers are not well prepared for suffering—physically, mentally, emotionally, or even spiritually. Some have not even fully understood or grasped a sound theology of suffering before entering the mission field.

To prepare mission workers for intense hardship, they must be made to understand and accept the realities of suffering and persecution. They must learn to persevere and be joyful in whatever the circumstances. “Affliction must be recognized as something we all need to deal with,” says Edith Schaeffer (1978, 28).

Mission agencies can follow the example of Jesus. He prepared the disciples for mission, and made sure they knew that the cost is high. According to Antonia van der Meer, “Jesus taught the disciples through his attitudes towards suffering, not seeking his own comfort, being willing to pay the price for the fulfilment of his mission, seeking in all things to please God and to bless and restore fallen human beings. Jesus also taught them through his sermons, parables, and answers to their questions” (2012, 99).

As part of his preparation to deal with hardships, it is advisable for the mission worker to “build and maintain relationships which serve as resources” (Dodds and Gardner 2011, 173). Relationships with the local church and community can be a source of friendship, protection, and support in times of hardship. Caregivers can also stay connected, provide encouragement and emotional support, and help restore the person who has undergone suffering.

Restoring mission workers after difficulties, hardship, and suffering is critical to their future wellbeing.¹⁸ Colleagues, friends and family can participate in this process in various practical ways. Special training in crisis management for the entire organization is very helpful especially in preparation to respond to unexpected incidents like war, terrorist attack, kidnapping, or hostage situation. Professional help like counselling or debriefing must also be provided when needed. Grief counselling may be required in the event of the loss of a loved one. Pastoral counseling and praying together will certainly help to provide a sense of comfort and peace during the difficult times.

3. *Debriefing and Re-entry*

The dictionary definition of the word *debrief* is, “to interrogate someone on their return from a mission in order to assess the conduct or results of the mission” (Hotchkiss 2007, 131). Previously its usage was associated with the military. The term has come to be used more widely and literally means “talking through an experience after it has taken place” (Hawker 2002, 458).¹⁹

Two types of debriefing are helpful during re-entry when mission workers return from the field (O’Donnell 2002, 30). The first is *operational debriefing*, normally carried out by the sending agency and church. As the word suggests, the main focus of this debriefing is on work-related experiences and issues of the worker.

The second is *emotional debriefing*, which is done more privately with an external person who is independent of the organization or church. The main focus of this is to explore the feelings and personal experiences of the worker, who can express himself freely during the debriefing process. This is also known as *personal debriefing* (Hawker 2002, 458).

¹⁸ More suggestions may be found in pages 178-182 of *Global Servants: Cross-cultural Humanitarian Heroes Vol. 2: 12 Factors in Effectiveness and Longevity*, by Lois A. Dodds and Laura Mae Gardner, 2011.

¹⁹ For an excellent guideline on debriefing, see *Guidelines for Crisis and Routine Debriefing* by Debbie Lovell Hawker, 2002.

A third type of debriefing is *critical incident debriefing*. This is a highly structured form of personal debriefing which usually takes place after a traumatic experience. The aim is to help with recovery and prevent post-traumatic stress reactions from developing.

The process of debriefing, particularly for those who experienced prolonged stress, trauma, and critical incidents, is crucial. This is important and relevant for both the mission/aid workers as well as those whom they serve, including families, children, refugees, and victims of abuse and persecution.

During re-entry when workers return home for furlough or retirement, pre-home assignment interviews and debriefing should always be arranged. There should be no compromise. Some workers may not feel they need the debriefing, or feel uncomfortable that there is a stigma associated with attending one. Thus, making it compulsory will give the worker the opportunity to “unpack their baggage” and bypass initial resistances (Chang 2013a, 16–17).

Re-entry is usually stressful, as a number of factors impact a returning mission worker.²⁰ They could be physical stresses like jetlag, professional stresses like finding a new job, stresses of deputations, and financial stresses. Fitting back into the local church is not easy after being away so long in the mission field.

Debriefing is a biblical idea, practiced by Paul and the Antioch church (Acts 14:27), Peter (Acts 11:4ff), Tychicus (from Paul, Ephesians 6:21) and Timothy (from Paul, I Thessalonians 3:1-6), among others. Even Jesus debriefed his disciples on various occasions. It is the confidential sharing of one’s story, complete with experiences and feelings, with someone who is willing to listen and care without judgment or criticism. It is a verbal processing of past events and helps to bring closure.

Depending on the type of debriefing, the caregiver who does the debriefing could include a counselor, the head of the missions department of the sending church, a trusted friend/skilled friend, a pastor, or a personnel officer of the mission agency.²¹ Good listening skills are essentially required to conduct debriefing, since it is a session for the worker to do the talking.

4. Stress, Critical Incidents, and Trauma

Stress is our reaction to events and circumstances outside ourselves. In ordinary doses, stress is normal, necessary, creative. When prolonged and excessive, it is harmful—this is what incapacitates many missionaries (Hale 2012, 377). Over-stressed situations can result in physical, emotional, mental, or behavioural effects.²² If not managed properly, it can lead to nervous breakdown, fatigue, depression, or burnout.²³

Life in the mission field can be hazardous and some workers and local people alike may experience traumatic events such as robbery, assault, rape, suicide, or witness a friend’s murder,

²⁰ See *The Re-entry Team* by Neal Pirolo, 2000, and *Burn-Up or Splash Down* by Marion Knell, 2006.

²¹ O’Donnell (2002), page 31.

²² For a checklist of over-stressed symptoms, see page 43 in *Honorably Wounded*, by Marjory Foyle, 2001.

²³ See the chapter on Stress in *On Being A Missionary*, by Thomas Hale, 2012.

and natural disasters such as earthquakes and tsunamis. Others may encounter evacuations, guerrilla warfare, terrorist attacks, threats, religious persecution, loss of a child, and sexual abuse. The list is by no means exhaustive.

While some victims of trauma may have received compassionate responses and appropriate intervention, many have had little or no attention. They may even be functioning at high levels of stress for months or years before the symptoms of unresolved trauma begin to show in a way that can no longer be ignored.

To thrive in the mission field, therefore, mission/aid workers ought to first let go of those burdens that weigh them down. Otherwise, excessive pressures or prolonged stress situations can potentially lead to the risk of developing post-traumatic stress disorders (PTSD) or other stress-related illnesses and the unthinkable—attrition. Many of the more severe symptoms and disorders are preventable and treatable, but only if they are detected early on. Prevention is undoubtedly the best medicine. This is where critical incident debriefing is needed.

5. Marriages in Mission

Marriages of missionary couples are not perfect like any other marriages, but by and large there is a strong quality of dedication to each other, to the children, and to God's calling. According to Foyle, "Research has shown that the major problem of married missionaries is their relationship with each other, this probably made worse by seeing too much or too little of each other, and by role problems" (2001, 165). These problems are not unique to missionaries.

All kinds of problems can arise in marriages. Some could be due to expectations, clash of personality, or immaturity (Foyle 2001, 173). Some couples rush into marriage too quickly and rush out into the mission field almost immediately. This is a recipe for disaster, because there has not been sufficient time for them to know each other better. Once they are in the field, they have to cope with culture shock and other stresses from the demands of work. Usually newly married couples are advised to wait at least a year after marriage before going into the mission field. This gives them ample time to build and strengthen their relationship. The only exception is if they had both been serving some time already in the field and met out there.

Another cause of stress on the marriage is when one spouse travels away too frequently and for long periods of time. This can cause loneliness to the other spouse. The one who is always travelling will also be exposed to temptations like pornography and sex. In some organizations, mission executives are discouraged from travelling alone. They usually bring along the spouse or a colleague. This is not always possible, however, if they have children who need to be looked after. It is also costly for the organization.

Some couples come from different cultures or countries and met on the mission field, leading on to marriage. Cross-cultural marriages have their own set of challenges. They may not know or understand each other's background and families that well. "The cross-cultural couple marries, not just each other, but each other's family" (Fraser-Smith 1993, 23). Relating to in-laws and relatives, and keeping to cultural obligations of the spouse's family also require a lot of effort to meet expectations.

When marital problems arise for the missionary couple, there is added pressure of trying to keep things under wraps and not affect their Christian witness in the field. If the problems get serious, it will be advisable to seek professional marriage counseling quickly.

6. *MK and TCK Care*

A missionary kid or MK normally accompanies his or her parents to the mission field in a culture other than the parents' home culture. Every MK's experience is varied and unique. They may live abroad for as little as one year to as many as twenty years. Some attend international schools or boarding schools, while others attend local schools. Some MKs move between different countries and cultures, while some experience only one. These factors can influence the MKs' sense of personal and cultural identity to some degree.

MKs are part of a larger group called Third Culture Kids or TCKs, which includes other globally mobile kids, such as children of expatriate workers, diplomats and military personnel. According to Dave Pollock,

A TCK is a person who has spent a significant part of his or her developmental years outside the parents' culture. The TCK frequently builds relationships to all of the cultures while not having full ownership in any. Although elements from each culture may be assimilated into the TCK's life experience, the sense of belonging is in relationship to others of similar background. (2009, 19)

Just like any adult, TCKs also face many challenges in cross-cultural settings. One of them is the issue of transitions—moving from one place or situation to another, and having to make adjustments each time. Change is a normal part of life in any transition but with cross-cultural transition, the adjustment stress is intensified (Knell 2001, 48). Saying goodbyes and losing friends are painful experiences, and unresolved situations and stress are usually carried over into new situations. It is possible for children to develop feelings of discomfort, rejection, resentment, grief, withdrawal, panic, fear, and even depression during the transition cycle.²⁴

TCKs are also subject to the risk of crisis and trauma experiences. Some years back, some gunmen attacked a Christian boarding school in Pakistan, killing several people. The kids needed a debriefing as a group to process their traumatic experience and later, many of them moved to another boarding school in Thailand. Those who relocated together to the new school did not have to experience the difficulties of saying goodbye to their close friends.

Debriefing is useful even for TCKs, as it helps them to process their feelings and let go of the past. Sometimes, it is hard for the kids to verbalize but they can express by drawings or writing down their experiences (Hawker 2002, 469). It can also help the debriefer to detect any unusual behaviour or symptoms with the child that might require further professional help. Sadly, isolated incidences of disorders, child abuse, or substance abuse among TCKs do occur.

²⁴ Dave Pollock developed a model called the *Transition Experience Model* which explains the different stages of the transition experience when a TCK moves from one culture to another. A table illustrating this model is reproduced in Marion Knell's *Families on the Move*, 2001.

Besides schooling and transitions, the primary concern of most missionary parents is naturally the spiritual wellbeing of their children (Chang 2013b, 139). Sometimes there exists a misconception among Christians that MKs, just like pastors' kids, should be super-spiritual, and inevitably, they face a lot of expectations. Such stereotyping of MKs can put unnecessary pressure on them and even their parents. If the parents are prominent or successful personalities, they may feel they have a certain reputation to live up to. Even without such expectations, the children may sometimes feel self-conscious about this.

TCK care should start from the time when the parents begin considering going overseas. Mission agencies and churches must also be involved. Schooling options will need to be explored. Careful planning and preparation will help the children experience an easier transition in the field. It is also important to get them involved early on. Reading the stories and experiences of other TCKs can be very helpful. In recent years, several books with stories by Asian TCKs have been published.²⁵ These provide valuable insights that will help the parents, children, sending church, mission agency, and caregivers understand how to provide better care and counsel for the TCKs.²⁶

There are plenty of opportunities for caregivers to serve TCKs in the area of debriefing, counselling, coaching, teaching, dorm-parenting, and organizing TCK camps. Many MK schools also have openings for full-time or part-time staff.

7. Singles in Mission

Tens of thousands of single people are serving short-term or long-term as Christian mission workers outside their home country (Hawker and Herbert 2013, 1). A high proportion of mission workers from Asia are singles, and mostly women. Some singles enjoy their single lifestyle or feel called to be celibate, and do not consider marriage. For some, it is a “cross to carry” or “thorn in the flesh” with the constant hope of marriage one day. Others may want to marry but have not met the right “match” yet. Some have experienced broken relationships. Some are separated, divorced, or widowed.

Evangelical Christians who are single, unlike their secular friends, are expected to refrain from sexual activity and pornography. This makes them different from many of their non-Christian friends. Mission workers who are single face even more challenges in the mission field. In many cultures, it is not normal or respectable to be single. Many get pressured by their families or society to get married. In most Asian societies, more pressure is put on single men because of the need to produce a male heir and carry on the family name (Chang 2013c, 34–35).

It is sometimes not easy to relate to co-workers who are married and have children. It can also be lonely at times, being far away from family and loved ones. Homesickness is quite common. For single women, menopause may be a difficult time, because they know that they have reached the age beyond any hope to bear any children (Foyle 2001, 141). Single women

²⁵ See *Kids Without Borders* edited by Helen Loong and Polly Chan; *Growing Up Global* edited by Cindy Loong; *Rice, Noodles, Bread or Chapati?*, edited by Polly C. Ho.

²⁶ *Raising Resilient MKs: Resources for Caregivers, Parents, and Teachers*, edited by Joyce M. Bowers, 1998 is an excellent resource book on MKs.

also face harassment from the men in some societies, and there is no exception for foreign mission workers. Single male mission workers may also receive unwanted attention from single female colleagues in team situation (Chang 2013c, 43).

Accommodation can be a problem too. Due to tight mission budgets, single mission workers are usually expected to share a home or even a room with another colleague. This situation may not be the best because of the lack of privacy, and not everyone can get along that well. It is easy to feel tensions and result in conflicts. On the contrary, some housemates can get so close that they can “fall in love” with the other but confuse that feeling with same sex attraction (Hawker and Herbert 2013, 133). Handling sexuality is not easy, because sexual feelings do not automatically go away or decrease when single people answer God’s call to full-time service. Sexual urges can be a problem for some because it can cause guilt, anxiety, or fantasies (Foyle 2001, 154–157).

Sexual temptations are always a challenge to single mission workers. It could simply begin with feelings of stress, pornography, fantasies, masturbation, and ending up in sexual relationships.²⁷ While it is usual to assume that the person would fall into a heterosexual relationship, some could even be tempted and fall into a homosexual or same sex relationship. When this happens and gets found out, the sending church or agency will ask, “How could this happen?” The best way to prevent this is obviously at the pre-field selection and assessment stage, where the candidate is screened properly.

Some agencies especially in the West do consider and accept homosexually-oriented celibates for mission service (Foyle 2001, 158). In certain liberal jurisdictions, employers cannot reject or terminate someone simply on the grounds of homosexual orientation. In Asia, the issue of homosexuality is quite a taboo subject in the church. Recently, some excellent theological papers and resources have become available that will help answer questions and clarify the Christian position on this issue.²⁸ These resources will be useful for pastors, counselors, and mission executives.

8. Conflicts

In cross-cultural settings, the occurrence of cross-cultural conflicts is almost unavoidable. When two people come together, chances of conflict are high because both are fallen creatures and different from each another. “People are often the problem! Some people are conflict prone” (Anderson and Mylander 2002, 137). If they come from different cultures, it adds another dimension. Many conflicts arise simply due to simple miscommunication and misunderstanding of the local culture and language. Some conflicts are caused by differences in goals, values, and

²⁷ See Chapter 8 on Stress and Singleness in *Honorably Wounded* by Marjory Foyle for a very open discussion.

²⁸ See the paper by Chia, Roland. 2004. Questions and Answers On Homosexuality. *Church and Society In Asia Today*, 7, no. 1: 1–20. <http://www.ttc.edu.sg/csca/CS/2004Apr/FAQs%20on%20Homosexuality.pdf> (accessed November 13, 2013). Also see chapters 19–26 in *Single Mission: Thriving as a Single Person in Cross-Cultural Ministry* by Hawker and Herbert, 2013. Another excellent resource is by Whitehead, Neil E., and Briar Whitehead. 2013. *My Genes Made Me Do It! Homosexuality and the Scientific Evidence*. 3rd ed. <http://www.mygenes.co.nz/download.htm> (accessed November 19, 2013)

ethics, or simply, poor interpersonal skills. Other conflicts in the mission field may arise within the family due to marital issues or between parents and child. Conflicts can strain relationships if they remain unresolved, thus affecting the effectiveness and ministry of the mission worker.

Some relationships, even in the absence of conflicts, can be quite stressful to the mission worker. Often, the mission worker can relate well with the local people because he has a personal calling to love and serve them. However, he may not relate so well with his co-workers or fellow missionaries in the field. Some relationships in the workplace can turn out to be quite difficult and often stressful. According to Dr. Les Parrott, these are “high-maintenance relationships” and it is useful to identify them so that practical steps can be taken to address such relationships (1996, 1–9).

At times, a mission worker may have to work with someone who is a “control freak.” He could be his superior or peer. Parrott identifies ten most common characteristics of control freaks—they are obnoxious, tenacious, invasive, obsessive, perfectionist, critical, irritable, demanding, rigid, and close-minded (2000, 22–36). Relationships with control freaks are often stressful and high-maintenance, sometimes resulting in conflicts. It may come as a surprise but some workers may not realise or admit that they themselves are control freaks and the cause of stress and conflicts with their colleagues.

A conflict need not necessarily be always destructive; it can also be constructive and “play its part in transforming us into the likeness of Christ” (Huggett 2003, 23). There is a Chinese proverb that says, “If you haven’t fought with each other, you do not know each other” (Augsburger 1992, 42). Skilful handling of conflicts can turn it into something constructive, leading to transformation in attitudes, behaviours, and conflict situations. This can lead to positive mutual outcomes, reconciliation, and cooperation between the parties (42–72).

“The more quickly conflict can be resolved, the better” (Hale 2012, 238). Sadly, many interpersonal conflicts between mission workers never see a final resolution, or the resolution is delayed for months or years. This usually is due to one or both parties refusing to humble themselves and reach out to the other with a forgiving spirit (250-251).

A major problem in mission organizations that have more than one level of leadership is that members with a complaint against their immediate leader might “go over his head” and talk to the next level up. This is unhealthy as it may encourage backbiting and the avoidance of face-to-face resolution with the immediate leader (258). Culturally, Asians in general do not like confrontation, but rather, prefer to use the role of a mediator. The ReMAP II study suggests that in Malaysia, for example, there is a general lack of proper structures within mission agencies and churches for handling of complaints from mission workers and dealing with interpersonal conflicts (Chang 2004, 74). This is also true in many other countries.

This calls for mission agencies and sending churches to have in place the proper procedures and framework for handling complaints and resolving conflicts. There should also be counselors and caregivers available with the appropriate experience and expertise to serve in this area.

E. Attrition is Not Always A Bad Thing

Sometimes, attrition may not be a bad thing. Some individuals are just not suited or ready to be sent into the mission field. Somehow, few do slip through even with the proper screening or preparations. Some go with all their ‘excess baggage’ or unresolved issues from their past (Chang 2013a, 16–17). They could be high-maintenance people. They may be control freaks, so fixed in their ways, not teachable, and unwilling to change or adapt to others. They can potentially become a constant source of conflict within a multicultural team. It may be more beneficial for them to return from the field. If they stayed on, more problems may arise and thus, affect the ministry of other workers.

F. Human Resources for Care and Counsel

During the early development stages of member care, many of the key practitioners were mental health professionals. The scenario has changed over the years, with more paraprofessionals and lay people being involved. Member care practitioners have become quite a diverse group today, and come from a variety of training backgrounds and organizations (O’Donnell 2013, 445). There are few reasons for this phenomenon.

First, the scope and need for member care services had expanded significantly as a result of the massive increase in the number of mission/aid workers globally. Mental health, however, is just one of the many components of member care. Notwithstanding that, there are still not enough professionals or trained specialists to meet the growing demand for member care services, particularly in the areas of mental health and counseling.

Second, the widespread use of paraprofessionals or lay counselors had gained momentum over the years (Tan and Toh 2011, 237). This is due to the shortage of professionally trained personnel to cater to a steadily increasing demand for mental health services, especially from the socioeconomically disadvantaged population (Tan 1991). Research evidence also supports the use of lay or paraprofessional counsellors as mental health providers because of their effectiveness (Tan and Toh 2011, 238). According to Vikram Patel of the Royal College of Psychiatrists, “the assessment of mental health need not be done by a specialist. It requires nothing more than compassion, good listening skills, and some basic knowledge” (2003, 20).

Third, lay counselling has become a significant part of Christian ministries today, especially in the context of the local church, but it also extends to other contexts like parachurch organizations and mission groups (Tan and Toh 2011, 238). Due to licensing laws in certain jurisdictions, however, it may be necessary to use terms like *lay helping*, *lay caring*, *lay helpers* and *lay caregivers*, rather than *lay counseling* and *lay counselors*. So far as member care services are concerned, those who are not licensed are usually known as *member caregivers* or *member care practitioners*.

This is an encouraging trend as the global church continues to supply more paraprofessionals and lay counselors to fill the existing needs and gaps. But not many have considered using their skills and professions in the area of missions, particular those from the Asian churches. The harvest is plentiful but the workers are few. The needs in the mission field are great but the counselors are few. Despite the abundance of opportunities to serve in Asia and

the Middle East, it is observed that most of the mental health professionals and counselors serving in the mission field still tend to come from the West.

The Asian missions community is grateful to our Western colleagues for their continuing efforts and commitment to Asia. However, Asia cannot perpetually depend on the West for the supply of Christian workers. So far, some efforts are being made to address this issue. For example, some counselling and member care centres have already been set up in various parts of Asia by expatriate mental health professionals to serve the communities and train up the locals. After the knowledge transfer, the locals will hopefully be able set up new centres and multiply the efforts. But still more could be done.

G. The Missing Link

Communications must surely be the key to matching the demand and supply. There needs to be better dissemination of the job opportunities from the missions community to the mental health/counseling community. Likewise the latter should also attempt to make contact with the member care community. For example, there are currently job openings in the field for the following positions: counselor, psychologist, addiction specialists, psychiatrist trainer, member care coordinator, member care director, just to name a few. These job openings are with various Christian organizations and centres located all over Asia and the Arab world. The mission agencies will have in their respective database a long list of these openings that are updated regularly. Some may even be listed on their public websites. Individuals who are seriously interested could make enquiries through the various local mission agencies or mission networks. This will definitely help to fill up the human resource gaps in the mission field.

H. Conclusion

The need for Christian mental health workers to provide care and counsel services in Asia is enormous. It presents many opportunities to minister wherever there is opposition, pressure, and schism. It is legitimate, holistic, and welcomed everywhere. While efforts have been made to fill this human resource gap, the personnel have come mostly from the West. The major challenge to the Asian church, therefore, is to mobilize her own people to capture the vision and seize these opportunities—to serve in care and counsel as mission throughout Asia and the Middle East. But how can this be best achieved? Communications—between the mental health community and the missions community—is probably the key. This is the missing link. For too long the two have done things quite independently. It is definitely time for the two “circles” to get talking more with each other. Better late than never.

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