

# AN AGENDA FOR MEMBER CARE IN FRONTIER MISSIONS

■ Without adequate member care strategies there is little hope for the on-going maintenance of the frontier missionary movement. More than most, these missionaries require special attention, so that in the context of sacrifice and isolation, they can still reach the peoples they are called to.

By Kelly O'Donnell

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One of the pressing issues facing the missions community today is the care of its people. This is especially true of those who are pioneering work among the unreached, where isolation, social opposition, political unrest, spiritual warfare, and a lack of supportive care can incapacitate even the most robust, committed missionaries. Frontier missionaries need, and usually appreciate, all the supportive resources they can get. It is not enough to simply send out strong workers into the frontiers. These workers must also be maintained and nurtured, and not only for their own sakes, but ultimately for the long-term impact on the people groups they are targeting.

Missionary care, referred to in this article as *member care*, is being increasingly recognized as an essential ingredient of mission strategy. Member care can be defined as the investment of resources by mission agencies, sending churches, and related mission organizations to nurture and develop missionary personnel. Services which help prevent problems, support staff, and aid in restoration lie within the member care domain. Some examples include leadership training, pastoral counseling, reentry orientation, crisis intervention, prayer groups, and the overall encouragement that missionaries provide each other. Member care focuses on everyone in the mission, on adults as well as children, on candidates as well as those retiring from the field (O'Donnell and O'Donnell, 1990).

Member care, at the more global level, remains a relatively unorganized practice and an underdeveloped mission strategy within both frontier missions and the missions community in general. For example, apart from the previous three International Conferences on Missionary Kids (1984, 1987, 1989), which largely emphasized the needs of missionary children and families, there has been no major inter-agency gathering at an international level for member care providers. Neither has member care received much attention at such influential conferences as Lausanne II in Manila (1989) and the Congress on the Holy Spirit and World Evangelization in Indianapolis (1990). Yet member care should be a core ingredient of any global missionary strategy. It is a standard feature, not an optional luxury (O'Donnell and O'Donnell, 1991).

Shifting to the individual agency level, however, there are several noteworthy member care programs—Wycliffe Bible Translators, the Southern Baptist Convention, and The Evangelical Alliance Mission (TEAM) to name a few. Most mission boards, agencies, and mission leaders are in fact quite committed to the care and nurture of their people. There are of course exceptions to this, but on the whole the importance of member care is receiving greater recognition within most mission organizations.

My purpose in writing this article is to explore some of the ways to further develop and coordinate member care services, especially for frontier missionaries. Careful planning and mutual consultation will be needed between mission organizations, sending churches, and member care workers. It is my conviction that most of these additional

member care resources need to be developed and deployed to support those missionaries and agencies working with the least evangelized people groups. Filidis (1990) aptly puts it this way:

The sheer quantity of need vying for the attention of committed missions-minded Christians, requires a ranking of global mission priorities...To deploy large numbers of mission personnel in areas where viable churches already exist, or in harvest fields where Christian workers have already been sowing, reaping, and re-sowing year after year would therefore be strategically unwise. (p.3).

The goal then, is not just raising up more member care resources. Rather the goal—or *agenda*, if you will—is to strategically raise up and direct these resources so as to put greater closure on the Great Commission.

## Member Care Update

It is encouraging to note the many contributions to member care that have already been made. Here is a quick overview of some of the key materials, organizations, and other resources that are available.

1. *Books*. Many books have been written to address the various challenges of missionary life and missionary development. Some titles include Marjory Foyle's (1987) *Overcoming missionary stress*, *Manual for today's missionary* by Marjorie Collins (1986), Bill Taylor's (1991) edited work *Internationalizing missionary training*, and the compilation of readings edited by Kelly and Michele O'Donnell (1988) entitled *Helping missionaries grow*.

2. *Articles*. Several journals and magazines regularly publish articles on missionary care topics. Included here

are *Evangelical missions quarterly*, *Journal of psychology and theology*, *Journal of psychology and Christianity*, and the *International bulletin of missionary research*.

3. *Conferences*. The International Conference on Missionary Kids (ICMK) has met three times since 1984 to discuss the needs of MKs and their families. There has been considerable interest in holding future meetings at a regional level throughout the world, an example of which is the 1992 "European Children of Missionaries Education and Training" conference held in the Netherlands. The Interdenominational Foreign Missions Association (IFMA) and the Evangelical Foreign Missions Association (EFMA) periodically address member care items as part of their conference programs. Each year Missionary Internship offers a workshop where personnel directors in missions can meet together. In addition, the annual Mental Health and Missions Conference in Indiana, now in its eleventh year, and the recently established Enabling the Missionary Consultation in California provide forums to network and discuss missionary care issues.

4. *Courses*. Several courses are up and running to train member care providers who have a call to missions. Youth With A Mission in England has developed a three month Pastoral Support School. Both Rosemead School of Psychology and Fuller School of Psychology have graduate elective courses entitled Mental Health and Missions. Azusa Pacific University's "Operation Impact" program offers social science courses to missionaries on the field, leading to a master's degree with an emphasis in human resource leadership.

5. *Organizations*. Several independent groups provide training, counseling, and orientation services to missionaries. Link Care in California and Missionary Internship in Michigan are two of the most utilized. The Narramore Christian Foundation, Interaction, and Barnabas International are also noteworthy. Makahiki Ministries provides housing for missionaries on furlough or who need a period of rest. Mu Kappa is a fraternity organization on university campuses to support MKs. Several Christian mental health professionals donate part-time consultation services to mission agencies, with some regularly traveling overseas to consult.

6. *Research*. The MK Consultation and Resource Team (MK-CART) is a group which coordinates research on MKs and their families. According to

Dr. Leslie Andrews (1989) of MK-CART, between 1985 and 1989 there were over 35 graduate theses from American universities and seminaries in areas relating to the missionary family alone. There is also considerable research being done by mission consultants and mission agencies themselves on member care topics.

7. *Mission Agencies*. Many mission agencies have set up specific departments to oversee the provision of member care services. The names of the departments vary—such as personnel development, personnel services, pastoral services, and international counseling ministries—yet their existence reflects the priority which mission agencies have placed on the care of their people.

#### Cooperative Endeavors

The above seven areas point to the increased attention being given to missionary care and development. Building upon this foundation, I believe the next step should be in the direction of inter-organizational endeavors to develop and coordinate member care resources around the world. The time is right for this to happen.

Why is this so? There are three reasons. First, I believe the Lord is calling the missions community to prepare for what may very well be the final evangelistic thrust into the unreached peoples of the earth. God is raising up and developing a variety of supportive ministries to help reach these peoples—for example, intercessory prayer, spiritual warfare, Scripture translation, financial resources, and member care. In light of this, member care is best understood as playing a significant part in the broad, integrated, and Spirit-inspired plan to fulfill the Great Commission.

Second, the phenomenal growth in the number of missionaries in general requires a similar rise in supportive services and personnel. Barrett (1990) estimates that in 1990 there were 3,970 foreign mission agencies and 285,250 career foreign missionaries (Protestant and Catholic). By the year 2000 the estimate is up to 4,800 mission agencies and 400,000 missionaries. This growth is certainly good news! Yet keeping this new wave of missionaries healthy and effective will take some doing. It will necessitate the development of additional member care resources—such as field coaches, in-service training, and missionary support centers—born out of cooperative efforts between agencies.

Finally, there is a sufficient "critical mass" of member care resources with which to work. The last several years have witnessed an unprecedented increase in personnel, consultants, written materials, conferences, seminars, and organizations committed to the care and growth of missionaries. In fact, member care as a practice (though needing additional coordination and direction) has reached the point where it can now be considered a specialized field within missions.

#### A Proposed Agenda

I now outline several ideas for further developing member care resources and services. What follows is part visionary statement, part needs assessment, describing some of the major cutting edges of this field. My suggestions are just that—suggestions. They are intended to stimulate additional discussion and hopefully be expanded and modified by others. They are also as applicable to the general missions community as they are to those working in frontier missions. I address five basic areas: planning, mobilization, training, innovative services, and research/writing.

##### 1. Planning

One of the most important initial steps for promoting and coordinating member care would be to form an inter-organizational task force. This would be a planning team comprised of seven to twelve people who are respected and actively involved in member care. This planning team could possibly be set up as one of the Task Forces for the AD 2000 and Beyond organization. Individuals from such groups as Link Care, ICMK, IFMA, EFMA, the Mental Health and Missions conference, graduate training programs, and others, would be represented within this group. The intent would be to include a diversity of people who represent different disciplines and member care perspectives—mission leaders, mental health professionals, human resource specialists, and professors.

The task force would meet two or more times a year to pray, plan projects, and make recommendations for the overall member care field. Clerical support would be a must to help carry out the chosen projects. Participants would serve for a few years and then others would be periodically rotated into this group. Here are a list of important projects that this group could help oversee.

a. Develop a referral list of individu-

als and organizations who can provide professional services to missionaries around the world. Put this on a data base and have it available at key places. Keep this updated. Possibly write up a resource and referral manual based on this information. There would be some security issues involved in compiling such a list, and safeguards would be in order.

b. Oversee the writing of occasional papers to help give greater direction and clarity to the field. Some examples would be papers on the current status of member care in missions, member care practices in non-Western mission agencies, cross-cultural issues in member care, member care opportunities for sending churches, services available for missionaries at different stages of missionary life, and annotated bibliographies on member care areas which draw on articles from non-Western countries.

c. Plan a regular international conference on member care. This would serve as a strategic forum to exchange ideas, network, and coordinate member care efforts. Be sure to encourage the attendance and participation of non-Westerners. Also encourage member care topics to be an integral part of mission conferences. Plenary sessions, workshops, and poster sessions would be excellent avenues to highlight and discuss such topics.

d. Send out a regular newsletter to inform and link the member care community together. The newsletter would be a means to exchange ideas and share information.

e. Explore ways to set up regional, inter-organizational task forces at key locations around the world, especially areas within the "10-40 Window." These would meet together regularly to pray, plan, and further develop member care in each respective region.

f. Consider setting up a "Member Care Association" which can support and provide networking opportunities to member care workers. This type of association may start off as a regional chapter and expand into a larger organization (Rogers, 1991).

## 2. Mobilization

There are many potential member care workers who are currently either studying or working in a related area. Many have an interest in frontier missions, but are not sure what steps to

take to become more involved either part-time or full-time. Opportunities and guidelines for involvement could be shared with them, both in written form and verbally, through articles, at conferences, and through personal contact.

a. Focus on undergraduates in Christian universities who are preparing for the behavioral and

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human service fields. There are many opportunities to speak in classes about missions and member care. Having member care representatives at student conferences like Urbana and Europe 90 would be key. Students need to be challenged and understand how they could practically prepare for involvement in this field.

b. Focus on graduate students in Christian schools who are pursuing degrees in psychology, counseling, and related areas. Conduct chapels, visit classes, provide information, give ideas for research, and encourage the formation of a support group for students committed to missions.

c. Encourage professionals around the world to be more involved in services to missionaries. Do not limit this to just North Americans or Westerners. Professionals may also be encouraged to financially support other professionals working in member care areas.

d. Recruit retired missionaries and current personnel to provide member care services. Writing letters of encouragement, running a Bible study, being available for counseling, and doing some work for the personnel department would be examples.

e. Explore practical ways in which sending churches can increase their involvement in member care. Using materials from the Association of Church Mission Committees or having church leaders do field visitations are examples. Cooperation with mission agencies in the preparation and on-field support of staff is key.

## 3. Training

Training programs in member care areas are needed, as are continuing education opportunities for member care workers. It would be helpful to develop a missions component or track within several existing graduate programs in counseling, psychology, and human resources. Likewise it would be important to include a member care track in seminars and mission departments.

a. Develop member care tracks in Christian graduate schools. Identify several key programs in which to develop such a track. Some possible schools would be those represented at the Rech Conference, which focussed on training issues for Christian graduate programs in psychology (Tan and Jones, 1991).

As part of the training, include a core course on "member care in missions" as well as the "Perspectives on the World Christian Movement" course. Where there is no specialized track available, consider offering a three day seminar, or better, an elective course on member care. Also develop practicums and internships with supervision for students wanting to prepare for work in member care. Include practical short-term experience overseas in a missionary role as part of the training.

b. Organize seminars and workshops on member care areas at conferences where there is an interest in member care in missions. Examples would include the conferences sponsored by the IFMA/EFMA, the Christian Association for Psychological Studies, the Association of Christian Schools International, and the International Conference on Christian Counseling. Also continue to provide workshops at ongoing conferences related to member care—e.g., Enabling the Missionary, Mental Health and Missions Conference, and ICMK.

c. Encourage and provide workshops for member care workers within mission agencies themselves. Train missionaries in basic people-helping skills, either pre-field or else while they are on the field. This would strengthen their ability to offer mutual support to each other. Team, department, and ministry leaders would be strategic candidates for this training. Training could be done in coordination with several programs, such as the Pastoral Counseling Institute or YWAM's College of Counseling and Health Care.

d. Hold member care consultations

and conferences at different places around the world. Include nationals as part of the steering committee. Regional consultations will provide a sharper focus and greater opportunity for specific issues to be discussed.

#### 4. Innovative Services

Mission agencies usually wrestle with the realities of finite resources—funds, staff, office space, and services. Creativity and lots of perseverance are called for when trying to provide member care within mission agencies as well as for the missions community at large. Member care personnel are encouraged to channel their current skills and strengths in new ways, to experiment, to innovate, and to initiate helpful changes.

a. Start missionary support/care centers around the world. These would be places where missionaries could go for rest, restoration, and further training without having to return to their home country. They would also hopefully be staffed by multinational and multilingual individuals, representing different organizations and different disciplines.

Some strategic locations would include the West and East coast of the United States, New Zealand/Australia, and Europe (due to the amount of missionaries they send out). In addition, locate centers in Cyprus and Southern Spain for the Islamic world in the Middle East and North Africa respectively, South Korea for East Asia including China, Singapore for Southeast Asia, perhaps two locations in India, one in Kenya and in southern Africa, and a place in Brazil and Spanish-speaking South America.

b. Form member care consultation teams that are either formally or informally associated. These teams could concentrate on one part of world, such as missionaries working with Hindus in southern India, or focus their work by providing services to only a few mission agencies.

c. Establish or make available houses for furlough, retirement, or rest at different locations around the world. Put together a description of these places and make them available to the missions community.

d. Develop programs in conjunction with mission agencies to support missionaries during transitions such as during pre-field training (e.g., Missionary Internship, Link Care) and reentry (e.g., Mu Kappa, Narramore Foundation).

e. Set up special supportive coaching

services for tentmakers who work in restricted access countries and who may not be part of a mission organization. Some of this may be done in conjunction with the churches that send out such workers.

#### 5. Research and Writing

There can never be enough solid research and insightful, practical helps for missionaries. The member care field would greatly benefit from additional articles, books, and research projects. Those with expertise and experience can build upon the materials that have already been written, by authoring materials on stress management, cultural adjustment, missionary preparation, and missionary families. Especially useful would be materials on organizational development, multinational teams, and cross-cultural applications of member care. Empirical research is also needed to further identify member care issues, evaluate the effectiveness of member care programs, and study the nature of the missionary experience.

a. Continue to encourage articles to be written in journals like *Evangelical missions quarterly*, *International bulletin of missionary research*, *Journal of psychology and theology*, *Journal of psychology and Christianity*, and others. Be sure to also keep the general Christian community informed by writing articles for magazines such as *Christianity today*, *Destiny*, *Moody*, and *Decision*. In addition, continue to write inhouse articles within mission agencies and circulate relevant member care materials. It would be timely to begin publishing a journal specifically devoted to member care issues.

b. Periodically organize the key articles in this field into a compendium, perhaps every five years. Include an annotated bibliography of the research and articles in different member care areas. Be sure to search out articles written by non-Western missionaries and non-Western member care workers.

c. Prepare and distribute video and audio tapes from teaching and seminars on member care areas for the missions community.

d. Encourage students to write doctoral dissertations and masters' theses on topics related to missionary care and quality of life.

e. Form specialized research groups and projects which focus on different areas of the missionary experience. Key areas needing research would be identified and then research strategies would

be designed. The MK CART group, which coordinates and conducts MK-related research, is a good example of what can be done to encourage individual and joint research projects.

f. Begin a special journal on member care in missions. Include innovative, practical, and scholarly work. Make sure the editorial board includes people from a variety of mission organizations, disciplines, and nationalities.

#### Check Points For Member Care

How do we begin implementing some of the above suggestions? I believe there are three necessary steps for launching member care in a more coordinated direction for frontier missions.

First, a few seasoned leaders in this field must initiate the formation of the inter-organizational task force previously described. I would encourage this group to begin by spending some considerable time in prayer, seeking the Lord's heart and direction for member care. Depending on the Lord's leading, this task force could then oversee the next two steps.

Step two is to convene a major member care conference which will attract participants from various countries and organizations. This conference could be held in conjunction with another global evangelization conference, such as the Global Conference on World Evangelization to be convened in Seoul, Korea in June, 1994. Another option would be to include it as a main track at a similar conference.

Third, a regular newsletter must be sent out to update the member care community and link workers together. Upcoming conferences and special events can be announced. The newsletter could be eventually expanded into a magazine which would include brief articles. All three of these steps will be keys to consolidating and stimulating member care as a field.

After this launching period, it will be important to monitor the ongoing impact of both individual and coordinated efforts at member care. Here are four areas to periodically review which can help keep us on track. Together they can be used as a grid to examine our contributions to missions through member care.

1. *Cooperation*. To what extent are we working on our own as independent workers, or as separate departments, or as individual agencies within this field? Suppose we are providing pastoral coaching services to teams in North Africa. Who else is involved in a similar

ministry? Let's keep networking and finding ways to work more closely together.

2. *Priorities.* To what extent do we provide our services with a clear sense of which needs and requests to target? For example, how important is it to support mission agencies whose members may be more at-risk? A case in point would be missionaries working in an isolated and oppressive frontier setting who have less access to important member care resources. Which guidelines are we using to help determine the specific direction of our work?

3. *Availability.* To what extent are our services accessible to those whom we want to serve? Do we wait for missionaries to take the initiative and come to us? Are other responsibilities crowding out the actual direct services we would like to provide? It is important to scratch where missionaries really itch, and not just when and where it feels good for us.

4. *Building.* To what extent are we helping to establish something more permanent through our services? There is a difference between providing services and setting up ongoing member care ministries and structures. Consider a group of mission agencies, for instance, engaged in the burnout-prone work of medical relief for refugees. How could a long-term, supportive ministry be organized for this and similar mission settings?

Reviewing these four areas is not always a comfortable task. They are reminders, indeed challenges, to think and act as strategically as possible in our service to missionaries. The basic strategy thus becomes clearly identifying which services to provide, for which groups of missionaries, in cooperation with which other member care providers, and with a view towards building which types of long-term ministries. Regular appraisals of our ministry and mutual accountability are keys to maintaining the strategic impact of our work in member care.

#### Member Care in the Future

Member care, as we have seen, is a growing field that is increasingly becoming "mainstreamed" into mission thinking and mission organizations. Given this reality, what are some of the implications for the future?

First, mission agencies and sending

churches will have access to additional strategic resources needed for their mission programs. Missionaries will not only be healthier, but more effective as well.

Second, expect to see the entrance of additional culturally sensitive, member care workers—especially missions-minded mental health professionals—

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into the member care field. This will involve a significant increase in the individuals and member care teams who are willing to relocate overseas in order to serve the missions community.

Third, member care will be seen as a prerequisite for missionary effectiveness. The notion, for instance, that pre-field orientation with a dab of on-field pastoral counseling equals member care will be expanded to include a much broader perspective focusing on ongoing staff development. Mission agencies will therefore continue to release more finances and develop more resources for missionary care programs.

Fourth, member care will be seen as the responsibility of everyone involved in missions rather than being charged to only a few specialized ministries. Mutual care between mission personnel will be increasingly encouraged, complemented by the development of additional member care resources and services.

Finally, expect to see greater cooperation between mission organizations. Agencies, sending churches, and related mission organizations will coordinate their efforts and share resources to support the mission personnel working within a specific region or a particular people group.

#### Putting It All Together

The member care momentum in missions today is most heartening. Yet there must be a direction for this momentum: to prioritize and channel member care resources towards those missionaries and agencies serving

among the least evangelized.

Ultimately, the adjustment and development of missionaries is God's concern. Member care must be kept in this perspective. It is important to plan, to implement new programs, and to seek to further organize this field. Yet we must be careful not to get ahead of God and do anything simply because it sounds like a good idea.

Member care must also never become an end in itself. All the focus on adjustment and personal growth must not detract us from the sacrificial call to take the gospel to all peoples. Member care is to remain in its proper place—as a servant to the missions community and to the mission task.

Further developing this field is not something to be left up to chance. Neither is it the responsibility of a single conference nor a periodic meeting where member care issues are addressed. Rather, mutual consultation, coordinated efforts, perseverance, and interdependency are to be the guiding principles.

Cooperative endeavors, like any team effort, are seldom free from interpersonal friction and misunderstandings. People and organizations are different, and this difference can create obstacles when seeking to implement coordinated member care programs. We need to anticipate such obstacles, discuss our differences, and trust God to hold us together to accomplish His purposes.

Member care must keep in stride with current missions thinking and realities. The missions force is rapidly expanding, a fact which is especially true for non-Western missionaries. This expansion must be mirrored within the global missions community by developing appropriate, comprehensive member care programs and services.

We must not forget the spiritual nature of our work in frontier missions. Intercessory prayer, worship, spiritual warfare, and member care services are all required as we work together to reach the peoples of the earth for Christ.

Finally, I am convinced that the time has come to actively pull together the various pockets of member care workers around the world. It is also time to systematically train and mobilize many others for this strategic ministry. And the time is here for anointed leaders to step forward and help steer this field in response to the

Lord's direction. ■

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