

A Guest in their World

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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 are composites and all names are fictitious.

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.

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 mother tongue. 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.

Joe Smith, a master's level social worker, arrives on the field and offers 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 often do not have the right to be an authoritative or decisive 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. We do not strengthen and build up the body of Christ if we take the adversarial role.

Perhaps Joe Smith is able to make some key changes in response to loving feedback from missionary colleagues. Then, his next visit might look something like this. Mr. Smith is asked by a mission administrator to come to the field to do a workshop on transitions and to be available for counseling afterwards. He 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. He understands that even a crisis event that only involves one person can effect the entire community because of the family nature of inter-dependence and support that is common in missionary groups. He probes further with this administrator to find out what his expectations are and who in the community might need additional attention. He clarifies before coming what will be kept confidential and what will be shared. Mr. Smith talks openly with the administrator about the financial cost of his visit. They make an arrangement that covers the costs of his travel and provides for a modest honorarium. He works closely with the administrator to write a bulletin that will announce his coming and will explain his availability. Mr. Smith has been to this field before and is known by many of the missionaries there. He has developed a reputation of someone who is humble, unassuming, and available. He 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. He is aware of these things and he

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

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

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. We have a lot to learn. And we have some who are willing to teach us. We are guests in their world.

Suggested Reading:

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.

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.

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.

Websites: <http://www.membercare.org/>; www.asbury.edu/academ/psych/mis_care