Reformed Missions and Member Care
by W.L. Bredenhof (August 2004)

Introduction

The Canadian Reformed churches have been doing missions in Canada and overseas for nearly 45 years. In that time, all of our missions have experienced their ups and downs. Some of these ups and downs are administrative and rather insignificant. Others have dramatically affected the lives of our missionaries on and off the field. Our missionaries and their families have been robbed at gunpoint, beaten, have had their houses broken into, been threatened with death, been severely depressed, experienced culture shock and stress, and many other things we may never hear about. And those are only the problems *on* the field. Our missionaries have also experienced trials and turmoil in dealing with the people in their sending and supporting churches.

Someone recently did a study of cross-cultural missionary stress. On one particular stress scale (Holmes/Rahe), 300 points is considered the danger zone for potential physical illness. Scores of 351 or higher are considered alarming and would land most people in the hospital. The average cross-cultural missionary experiences 600 points of stress per year.[1] Somehow, God usually gives strength to adapt and endure stress that would almost kill the average person. Yet, it does happen that missionaries break down and can no longer do their work.

All of these factors combined lead to a rather high level of missionary attrition, also in our circles. Looking only at the Canadian Reformed churches, we have lost approximately 30% of our missionaries in or after only one term of five years. Most of these men went on to serve fruitfully elsewhere, but one abandoned the faith because of his sad experiences as a missionary. Some of these losses were perhaps not preventable, but some of them unquestionably were. What can we do to address this serious problem?

Evangelical missionary circles have been faced with the same issues for many years. One author estimates that between 20 to 50 percent of new missionaries fail to return for a second term.[2] Member Care is the evangelical response to the need to address unacceptable levels of missionary attrition. The field of Member Care is well-accepted and becoming well-developed in evangelical missiology. In October 1999, the World Evangelical Fellowship (now the World Evangelical Alliance) convened the Iguassu Missiological Consultation in Brazil. They crafted the Iguassu Affirmation, which includes this commitment:

> 14. Member Care. Service of the Lord in cross-cultural environments exposes missionaries to many stresses and criticisms. While acknowledging that missionaries also share the limitations of our common humanity and have made errors, we affirm that they deserve love, respect, and gratitude. Too often, agencies, churches, and fellow Christians have not followed Biblical guidelines in dealing with cross-

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[1] *Enhancing Missionary Vitality: Mental Health Professions Serving Global Mission*, John R. Powell and Joyce M. Bowers, Palmer Lake: Mission Training International, 2002, p.104.
[2] *Introducing World Missions: A Biblical, Historical and Practical Survey,* A. Scott Moreau, Gary R. Corwin, and Gary B. McGee, Grand Rapids: Baker, 2004, p.256.

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> cultural workers. We commit ourselves to support and nurture our missionary workers for their sakes and for the gospel witness.[3]

I want to propose to you this afternoon that we need to make the same commitment. As Reformed churches in mission, we need to take care of our people on the mission field. We need Member Care.

The field of Member Care exists to facilitate better pastoral attention for the missionary, his family, and the people with and for whom he works. We can define Member Care in the following way:

> Member Care is an emerging, specialized, interdisciplinary field that addresses the pastoral care of missionaries, their families, and, especially in crises, the people with whom they work.

This field is sometimes also referred to as Missionary Care, but this leaves out the people on the field who can also be affected by crises in the life of the missionary and his family. The term Member Care is broader and thus more suitable. The goal of Member Care is to help everyone involved with mission not only to survive, but more importantly, to thrive to the glory of God.[4]

Now, of course, this is a Mission Aid Conference. So, perhaps you are wondering what Member Care has to do with Mission Aid. The answer to that question brings us back to the thorny matter of definitions. My understanding of Mission Aid is that it is whatever services exist to augment and serve the mission of the church. Mission Aid promotes the cause of mission and the establishment of new churches of the Lord Jesus. It does not necessarily have to be directly connected to the missionary, but it definitely has to be directed towards the mission work.[5] With this understanding, one can definitely see how Member Care is connected with Mission Aid. Member Care is not directly mission work, rather it exists to serve the work of mission.

Having said that, we must acknowledge that there are different ways in which Mission Aid is connected with mission in our churches. In some situations, as in Hamilton and Smithers, mission aid and mission fall under the same board. There is even a tendency to eliminate any distinction between the two.[6] In other situations, such as in Surrey and Toronto, we have separate boards for Mission and Mission Aid. Member Care as Mission Aid can be implemented and executed more effectively under the combined approach. However, with careful planning and implementation of liaisons, it could probably also be carried out under the separate approach.

History of Member Care

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[3] *Global Missiology for the 21st Century: The Iguassu Dialogue,* William D. Taylor ed., Grand Rapids: Baker, 2000, p.21

[4] Taylor, p.486.

[5] *Proceedings of Second International Mission Aid Conference*, p.18 (presentation of C. Stam in lieu of H. Plug).

[6] Ibid., "Get rid of the whole distinction mission aid/Mission. Aid doesn't really fit, just call it Mission. Aid is just helping the mission function and as such it is just mission work."

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Now to give you a better idea of this field and how it can serve our Reformed mission work, I'd like to make a brief survey with you of its history. As we will see shortly, the notion of member care is Biblical. It's development as a field is recent, but many of the principles have been around since apostolic times. Therefore, we can agree that member care is nothing new, "it is expected and required."[7]

In this brief historical survey, we'll follow the structure suggested by Laura Mae Gardner, a member care expert affiliated with SIL and Wycliffe. She describes six stages in the history of the field. The first encompasses the whole time leading up to 1940. She characterizes this as "self-care." "Missionaries of this time period were expected to make a lifetime commitment, to be extremely hardy physically and psychologically, and to be spiritual giants."[8] However, the reality was different. Missionaries of this time were also known to fall into depression and faced many different trials – and certainly not all were as resilient as the romantic picture leads us to believe. Pastoral care for these missionaries was not a consideration, and in most cases could not be effectively carried out at any rate due to the distances involved. However, towards the end of this period, in the 1920s, some mission agencies began employing psychological pre-field testing.[9]

The second stage covers 1940-1960 and is characterized as "shared care." During this period, evangelical missionaries often rallied together to provide pastoral care for one another and for their families. This care was provided on the field by untrained personnel and the home front generally remained uninvolved.

The third stage, described as "structured care" encompasses the 1960s. In this decade, evangelical mission agencies began accepting responsibility for pastoral care of their workers. Missions began to use mental health professionals for pre-field, on-field, and post-field assessments, treatments, and consultation. Several organizations were established around this time to specifically provide pastoral care for missionaries.

"Specialized care" characterizes the fourth stage from 1970-1985. In this time frame, evangelical mission agencies and member care organizations developed more specialized approaches to specific problems, for example, with learning disabilities in missionary children and more sophisticated interview procedures for pre-field testing.

The fifth stage encompassed 1985 to 1995 and Gardner describes this stage as "Pervasive Care." "Mission agencies began to examine their structures for responsiveness to human need."[10] At this time, contingency planning became more focussed, as did an emphasis on structured debriefing. Insurance for medical evacuations was taken more seriously, and the evangelical world saw a significant increase in the number of residential therapy centers developed to address missionary pastoral care.

The last stage is described as "Globally-shared care" and it covers 1995 to the present. Globalization has also affected the development of member care as a field. It is increasingly recognized that member care cannot be exclusive; it has to have a global reach. More and more countries are becoming sending countries in the Christian mission – their place has to be considered in Member Care. Evidence of this trend towards globalizing member care can also be seen in the dialogue at the Iguassu Missiological Consultation.

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[7] Powell and Bowers, p.41.
[8] *Ibid*.
[9] *Ibid*., p.15.
[10] *Ibid*., p.43.

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Now, where do our Reformed missions fit in this historical survey? Our historical development of pastoral care for missionaries is at an early stage. Because of our church-centered missions emphasis, our development has been and will be different from what Gardner describes as having taken place in evangelical circles. Nevertheless, we can see ourselves being in stages one and two for the most part. There has been some self-care and some shared care, especially where we have more personnel on a given field. Sometimes our missionaries have also employed resources offered by evangelical mission agencies on their field. Some of us are moving into stage three. In some places, as we will see, more attention is being given to this field. However, things have to develop further and in the rest of my presentation I want to develop a vision for the future of member care in our circles. To start with that, I'd like to look at the Biblical and Confessional basis for Member Care.

Biblical and Confessional Basis for Member Care

When we come to this field, we are faced with an abundance of Biblical data. Even if there is little that specifically applies to missionaries, the Bible says much in general about believers caring for one another. To organize this data for you this afternoon, I'll follow the model proposed by Kelly O'Donnell, a member care specialist who works with several evangelical organizations.[11] You can see his model here on the overhead. This is not to say that there are not other models possible, only to say that I find his model to be the most useful one for organizing what the Bible teaches on this matter. Also, the Scriptures do not directly speak to the two outer spheres in O'Donnell's model. So, we'll only be looking at the first three, Master Care, Self and Mutual Care, and Sender Care.

The Core of Member Care

"*And I will pray the Father, and he will give you another Counselor, to be with you forever, even the Spirit of truth, whom the world cannot receive, because it neither sees him nor knows him; you know Him, for He dwells with you, and will be in you.*"
John 14:16-17

The core of Member Care is to be found with the Master, our Lord Jesus. He cares for all of us, whether we're a missionary, Mission Board, or mission congregation. He provides for us by sending us His Holy Spirit, the *paraklete* (Counselor, Comforter, Helper). We can be assured that whatever crisis we might face, we do not face it alone. Even when our mission work is going well, we must acknowledge the work of the Holy Spirit. Apart from the Lord Jesus and His Holy Spirit, we can do nothing (John 15:5).

Initial human involvement in Member Care

[11] "Touring the Terrain: An International Sampler of Member Care Literature," by Kelly O'Donnell, in *Evangelical Missions Quarterly* 37.1, January 2001, p.21.

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"Or do you not know that your body is the temple of the Holy Spirit who is in you, whom you have from God, and you are not your own? For you were bought at a price; therefore glorify God in your body and in your spirit, which are God's."
1 Corinthians 6:19-20

The missionary (and this can be extended to his family members) has a body that is the temple of the Holy Spirit who has been sent out by the Master. This means that the missionary must take care of himself first. Insofar as he is able, he has a responsibility to maintain his physical and mental health. He may not recklessly endanger his health – and the same holds true for his family. Thus, Member Care begins among missionaries and missionary families with "Self-care."

With regard to our mutual responsibilities:

"*Bear one another's burdens and so fulfill the law of Christ*." Galatians 6:2

In a general way, believers are called to support and encourage one another, especially when they face suffering of any variety. In the mission situation, this applies first to the relationship between the missionary and the sending church. However, as time goes on and the mission congregation develops and matures, this also becomes a more weighty command for those on the mission field. Ideally, the mission congregation will take on more responsibility for the overall encouragement and support of the missionary family, especially in times of crisis.

Respecting the mission congregation:

"*Shepherd the flock of God that is among you, exercising oversight, not under compulsion, but willingly, as God would have you…*" 1 Peter 5:2

This text shows that the (missionary) pastor has a responsibility to care for those who have been placed under his oversight. Regardless of the circumstances, he must be a shepherd for the sheep. If a shepherd becomes sick or otherwise incapacitated, the sheep are still there and still require attention and care.

"*For we are God's fellow workers; you are God's field, you are God's building."*
1 Corinthians 3:9

The mission congregation is God's work. We work with God in the development and oversight of this congregation, but yet we must recognize that the work ultimately belongs to God. Since it belongs to Him, we must also trust His care for believers on the field even if we, for whatever reason, are no longer able to provide pastoral care. That does not in any way diminish our obligation to continue providing the greatest possible level of pastoral care.

Concerning prayer

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"*…Your kingdom come…*" Matthew 6:10

"Preserve and increase Thy church…Destroy the works of the devil…" HC LD 48

Prayer is important, not only for our missionaries, but also for the people with whom he works. Prayer should be an explicit component of any care program – not only in the event of a crisis, but all the time. Should there be a crisis, "Your kingdom come" ought to form the theme of our prayers. We may also recognize our own calling in these words. It is our calling to work towards the preservation and increase of the church – for God does use us as His instruments to that end (cf. Matthew 16:18). Thus, our member care must seek the best means by which this may be accomplished. "Destroy the works of the devil…" – that helps us to recognize that the evil one is actively pursuing ways to destroy and decrease the mission of the church in this world. He works on the field to destroy our work and, sometimes in more subtle ways, he also works among those in the sending and supporting churches. We have to be aware of the power of evil and the cunning of the deceiver. In a given crisis situation, we should ask ourselves: "How is Satan working here to destroy this work and how can we best respond?"

"*And lead us not into temptation, but deliver us from the evil one.*" Matt. 6:13

"That is: In ourselves we are so weak, that we cannot stand even for a moment. Moreover, our sworn enemies – the devil, the world, and our own flesh – do not cease to attack us. Wilt Thou, therefore, uphold and strengthen us by the power of Thy Holy Spirit, so that in this spiritual war we may not go down to defeat, but always firmly resist our enemies, until we finally obtain the complete victory." HC LD 52.

Several important principles can be gleaned here: first, in the face of spiritual war (which is one way of describing mission work), we are called to prayer. That means that in both the heavier and lighter battles, we have to be praying constantly and meaningfully. This petition also teaches us to confront our own weaknesses – both organizationally and individually. We need the Holy Spirit to uphold and strengthen us and our prayer must be for His power in us. The goal is the complete victory that comes at the last day (1 Thess. 3:13). Whether mission board, missionary, or mission congregation, we must help each other to persevere to that day.

So, we do have some solid foundational principles to work with as we work towards developing effective member care plans. At this point, let's take a brief look at how your mission board or organization might go about developing a Member Care Plan.

Developing a Member Care Plan

Before I develop this point, let's take a brief look around us at what's already in place. As you will have noted, Smithers has a Member Care Plan. It was developed in 2002-2003. I also looked into what Toronto and Surrey have done. As I understand it, Toronto does not have any written policies in this area. Toronto's missionary, Rev. Stephen 't Hart has made some arrangements for some aspects of member care through

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Wycliffe's resources in PNG. Pre-field assessments are available for candidates through the Missionary Health Institute (MHI) in Toronto. Toronto also uses the services of MHI for debriefings. Though I could be wrong, I also understand that Surrey does not have any written policies. There is one exception in that they have developed a protocol to deal with kidnappings in Brazil. So, from what I can tell, Member Care is relatively undeveloped in our circles.

Now, let's say that I've convinced you this afternoon of the need to implement something. You want to develop a Member Care Plan. Where do you start? If everything goes well on the mission field, we would not need a Member Care Plan. However, experience teaches all of us that on the mission field, you have to expect the unexpected. And many times, the unexpected is not pleasant. Further, by its very nature, the unexpected cannot always be anticipated. However, you can rule some things out. For instance, we would not give thought to the possibility of a tropical typhoon in Fort Babine. Likewise, kidnappings for ransom are something that do not take place on our field. But both of those items may be live possibilities on your field.

The first step in developing a Member Care Plan is to identify contingencies. A contingency is simply something that may or may not happen. Usually it comes with a negative connotation. So, how do we identify contingencies? It involves the kind of creativity that was lacking before September 11, 2001. Mission boards have to collaborate with missionaries to identify potentially destructive or disruptive situations. One author suggests asking the question, "What three or four predictable events would disrupt your church-planting strategy and work? What event or events on the field would disrupt your normal life and put demands on the [sending] church which could be disruptive to business as usual?"[12]

Every mission field is different, but there are some concerns that seem to be almost universal. Among them are education and welfare of missionary kids (MKs), violence or threat of violence, concerns regarding re-entry or repatriation, and death in the family in the home country. Some creativity and careful thought, perhaps also some bitter experience, will help you to identity contingencies in your particular mission situation. Of course, some contingencies might be only remotely likely of happening. It is possible to put too much down into a Member Care Plan.[13] This is why's it best to concentrate on a half dozen contingencies at the most.

Having identified contingencies, the next step would be to find viable means of preventing these contingencies and possibly mitigating their consequences for the mission work. Included with this step would naturally be the provision of pre-field assessment and training. This may equip prospective missionaries with the knowledge they need to make a responsible decision about being a missionary. It may also equip them, should they decide to accept that call, to deal with many cross-cultural stresses. So, let's say that the inclusion of pre-field assessment and training is a given for a Member Care Plan.

Other things are not so obvious and require careful attention to the identified contingencies. As an example, perhaps you have identified kidnapping as a contingency

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[12] "Member Care at the Frontiers: More than Counseling" by Jerry Reddix, in *Mission Frontiers*, Sept/Oct. 2002, p.13.

[13] *Honorably Wounded: Stress Among Christian Workers,* Marjory Foyle, Grand Rapids: Monarch, 2001, p.133.

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on your field. What can be done to prevent that? Various resources out there outline procedures that missionaries can follow which will enhance their safety in a threat environment. I have mentioned one of those resources on the handout. Such a resource should be consulted when drafting the Member Care Plan. Other resources are available to address a wide range of contingencies. The Internet will be an invaluable source of help in identifying these resources.

Despite identifying contingencies and taking preventative measures, contingencies can still happen. Despite our best efforts, we can still find ourselves in the middle of a crisis. This is the third step in developing a Member Care Plan: outlining a response to contingencies. If this happens, then this is what we will do; this is how we will respond. As much as possible, these protocols would then be followed. Naturally, none of this is considered the law of the Medes and Persians. As with everything in mission work, there has to be flexibility. Nevertheless, it is invaluable to have thought through these contingencies and our responses to them before they happen. Damage might still be done, but with good preparation, under God's blessing we can mitigate the consequences to a degree. We cannot just let go and watch how things will turn out. An *ad hoc* approach to contingencies is not responsible, and more often than not, the outcomes of such an approach leave a lot to be desired.

So, I would put it before you this afternoon that we *need* to consider identification, prevention and our response to contingencies. As part of both prevention and response, you also have to identify available resources, human and otherwise. Some of these human resources may be available in country, others may require travel to or from the mission field. It will probably be helpful to create a Member Care Team, a group of brothers and sisters responsible for guiding the execution of the Member Care Plan in the midst of a crisis. Such a team could consist of fellow missionaries on the field, sending or supporting church members, sending church council members and so on. Ideally, the members of such a team would receive some sort of training. It would also be good to identify agencies or organizations that may be helpful in a given contingency, whether MHI in Toronto, or MTI in Colorado or whatever else. Also helpful would be collecting available print resources – again, there are some recommended starting points on the handout – and distributing these to your missionary family.

Brief Overview of Smithers' Member Care Plan

At this point, let's shift gears and look at a Member Care Plan (MCP) in the flesh, so to speak. I've included the substantial parts of the Smithers plan with the handout. The only thing that's missing is the introductory material, most of which we went through already under Biblical and Confessional principles.

There are three parts to this MCP. The first part outlines Preventative Measures. You can see that there is some introductory material contained there as well. Note that the preventative measures begin with the calling process, providing the option for "an appropriate psychological assessment." Because of mixed reviews of this kind of an assessment, our mission board hesitated to insist on it. You can go through the list of items for yourself and if you have any questions on specific details, I'd be happy to address them later. Just one last feature to note here is the list of brochures at the end. The website where these free brochures are available is listed on the handout.

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The second part of the Smithers MCP is the section on Member Care for the Missionary Family. In this section, four contingencies were identified: urgent medical emergency, non-urgent medical situation, violence or threat of violence, and a broad category entitled "situations requiring counselling." With each of these contingencies, the mission board has outlined a response for each of the parties involved. In passing, I would note that the element of prayer is found in each response.

The third part is equally important and involves "Emergency Pastoral Care of the Mission Congregation." This is why we call it Member Care rather than Missionary Care. This is a spot where there is bound to be considerable difference between our MCP and anything you might produce. This is because our sending church is much closer to the field, roughly 100 Km, rather than the thousands of kilometers most of you would have. Nevertheless, the idea that the sending church bears some responsibility for the pastoral care of the mission congregation is worth considering, even if you don't parse it in exactly the same way in a crisis.

Conclusion

I trust that this presentation has given you an adequate introduction to the field of Member Care. I wanted to introduce this topic because mission is my passion. And Satan wants nothing more than, if it were possible, to destroy the mission of the church. This is why we should care about Member Care. For, you see, the care we give to our people will affect the development of God's kingdom through the mission of the church in the world, for better or for worse. God's message of grace and peace through Jesus Christ can only be amplified when we show the world that we care about our missionaries and mission congregations. However, if we show a lack of care and compassion, for instance, by being lacklustre and *ad hoc* about contingencies, we could potentially damage our gospel witness in the mission field.

The time is overdue for Reformed missions to develop a thoughtful Member Care approach. One evangelical author put it this way, "Member care has grown in prominence and is now generally understood to be a biblical responsibility and a central component of mission strategy."[14] But is it for us? How much more effective could we be as churches in mission if we took this field seriously? I leave that for you to ponder.

Before I finish off, I would like to make one last suggestion. We are a small missions community. Through the Internet and other means, we have options for a great deal of interconnectivity. Shouldn't we be able to develop some kind of way to network and pool our resources? This could be as informal as using e-mail to share information on certain human or print resources. Or it could be developed more formally as a kind of Reformed Member Care organization. The possibilities are as wide as our vision. And being Reformed missioners, our vision for mission should not only be as big as our sovereign God, but just as caring and compassionate. Thank you.

[14] *Evangelical Dictionary of World Missions*, *sub* Member Care in Missions, p.615.

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