

The Place of the CROSS in Missionary Care

Presented at the Mental Health in Missions Conference
Indiana, November 1999
by Erik A. Spruyt, Ph.D.

Thank you so much for giving me an opportunity to share with this conference. I am not a psychologist but was trained in orthopedic manipulative therapy and had a private practice/clinic for 10 years before becoming a full-time missionary. My training took eight years and during the last two I did a minor in psychiatry with an emphasis on what was then called “the post-concentration camp syndrome.” That was more than 25 years ago and I have forgotten most of it with one major exception. People could change overnight—even 25 and 30 years after a war—and suddenly start to relive their horrible experiences. This is often triggered by sudden, intrusive dreams to such intensity that hospitalization seems the only remedy. The then-therapy model was largely based on fight and flight and electroshock.

As Dr. Karen Carr writes in her paper “A Guest in their World,” I am now a guest in your world, a bit out of my depth but thankful for being given a plenary session in this conference. Missionary life for my wife and myself has had an increasing pastoral dynamic. We are convinced this is the time to bring the gospel, more than ever before, into a world on fire. But during these past years we have developed a second passion and that is to care for all those who go into the mission field. “Care for the Carers and Help for the Helpers” has become our second motto.

This paper will consider three trends relevant to modern missions:

1. Changes and challenges in missions
2. Member care practices and experiences
3. Conclusion

1. Changes and challenges in missions

The international missionary community has to respond to important changes in the world that affect missions. Therefore, missionary care must take new dimensions. We need to respond to:

- ❑ An increase of violence in our modern world
- ❑ An increase of non western missionaries and mission agencies
- ❑ An increase of critical attitudes toward traditional missions activity: “I vs. We”

❑ **An increase of violence in our modern world.** Missionaries & Violence: Changes

At any given moment this past decade there were (and there are now) about 50 armed conflicts going on simultaneously. Torture and rape is common practice in over 90 countries. A shift has taken place in who becomes a casualty. In WWI five percent were civilians; during WWII that figure went up to fifty percent; the Vietnam War reached a total of eighty percent civilian casualty rate; currently the rate is ninety percent around the world (UNICEF 1996). From the mid-eighties to the mid-nineties 2 million children died in war, 4 to 5 million have been wounded or disabled, 12 million were made homeless and 1 million orphaned or separated from their parents. The UNHCR counted 18 million refugees who fled across an international border (6 times higher than in 1970). Ninety percent of all war refugees are in developing countries and 2-1/2 to 5 million of the refugees are unaccompanied children.

Until recently missionaries and Christian humanitarian aid workers enjoyed a certain status, but that is no longer the case. During the eighties and nineties missionaries have become the deliberate targets of violence, attack, abductions, etc. At the same time a shift has taken place from nation fighting nation to so-called internal militia warfare: factions within one country fighting each other and/or their government. This has changed the nature of armed conflict. Violence and torture are no longer only used for extracting information, but as a means of social control by terrorizing a civilian population. Militias create a state of terror that affects the total fabric of social structures and relationships, as well as the mental health of a population. To advance their political goals or aspirations of greed and power (i.e., Liberia, Sierra Leone, Angola, Afghanistan etc.) the way of life of a whole population can be targeted. These strategies seem very effective, especially when those professions in a society that sustain the infrastructure of are targeted. Often these are the roles missionaries have fulfilled through time: teachers, nurses, primary health care workers, doctors, agriculturists, orphanage workers and pastors. The militias will try to de-stabilize the population to prove that the government cannot protect them and so the militia gains control. Gone are the days when missionaries fulfilled a role of negotiating and buffering in conflicts. Now they have become part of the conflict and they are deliberately targeted because they provide stability to the population.

Sexual violence as part of violent conflict is a reality not easily visible. Examples include the 200,000 Southeast Asian women abducted during WWII to provide sex 20-30 times a day for Japanese soldiers; or the 200,000 to 400,000 predominantly Muslim women raped by Pakistani troops in 1971 when they sought to suppress the Bangladesh independence movement. During the eighties, RENAMO militias murdered in cold blood about 150,000 peasants, displaced 3 million others, abducted and enslaved many women and totally destroyed the social fabric of Mozambique. Parliamentary Human Rights Group (UK) noted in 1994 that in Iran teenagers who were executed for political reasons were all first raped to deny them “automatic entry into heaven only granted to virgins.” In Iraq licensed rapist are employed as civil servants by the state and many prisons have specially-equipped rape rooms. In Arab/Islamic culture the honor of the family is in the purity of the bodies of the women of that family, their virginity, the clothes they wear and their modest behavior. In the Bosnia conflict and later in Kosovo, Serb militia raped many Muslim women. The list can go with on Cambodians in Thai refugee camps as well as Somalia, Kenya, Uganda, Sudan, Chechnya, Afghanistan and San Salvador. However, Rwanda showed that women are not only victims—here we saw women actively involved in the genocide! The same dynamic was seen in Eritrea, Ethiopia and Nicaragua. Women have taken up “a rather darker role: that of perpetrator.” (Derek Summerfield, psychiatrist with Oxfam-UK, (1996).

Missionaries are not spared in these contexts. In debriefing missionaries during the past 5 years we have seen many people serving in the various countries mentioned above. Many had been exposed to violence and injustices or had lived for months or years under the threat of violence.

□ **An increase of Non Western missionaries & agencies**

Traditionally, Western Europe and North America have been the strong missionary sending nations. This is no longer the case. There is a shift occurring and in years to come other emerging missionary sending nations might be sending missionaries in larger numbers than Western Europe and North America together. The new sending nations that have come on the horizon are South Korea in Asia, Nigeria in Africa and Brazil in South America. We can also see an increase in mission activities from other countries as well. The mission scene will no longer be dominated by Westerners. This gives us a cultural and language challenge. We find Koreans serving in the Middle East & Africa; Brazilians in Africa and Eastern Europe; Indians in West Africa. Misunderstanding, language conflicts and different cultural approaches to the gospel, church and missions are coming more and more to the forefront on the field.

There are currently 450.000 missionaries (WEF) of which 150.000 are Catholics, all of them Western. It is estimated, if the current trend continues, Nonwestern missionaries might start outnumbering Western missionaries by 2020.

□ **An increase of critical attitudes toward traditional missions activity: I vs. we**

Missions has gone through an evaluation of the traditional approach to missions in terms of church planting and help for the poor. No longer is the “strong, superior, sending nations vs. inferior, receiving nations” dynamic very acceptable. We have learned (and are learning) that missions is not teaching people in other countries to dress like we do and build church buildings like we do although the effects of that approach are still visible in many countries. I recently visited an African country and way out in the middle of nowhere, surrounded only by small grass huts, there suddenly arose for our eyes a red-brick European church, complete with fenced cemetery!

Much of the focus has been on individual salvation based on Western individualistic values. In the West the individual is validated as a unit of society. Respect for individual property, personal success, individual rights and individual freedoms are high values. But we often serve in nations where the basic unit for society is not the individual, but the community. Individual thoughts, priorities or feelings are subject to the communal priorities. Identity, success, pain and suffering, etc., are only validated within a communal context. When the basic structure of the community is destroyed through armed conflict the majority of the people have lost their pathway for validating what they have gone through. Violence that is directed towards a particular people group affects more than the individual involved. Whether the individual is victimized, or not, he or she also suffer and feel pain because his/her community/ethnic group was targeted. People derive their value and significance from being part of and functioning in that people or ethnic group. When the group falls apart the individuals lose their reference for validation of who they are and what they feel. A state of “shalom” in the Old Testament was much more than an individual being blessed. Shalom is prospering in all relationships—with God, self, neighbor, community, even livestock and the land and the peoples around them.

In this context individual psychological help has very limited results. This is often the environment the missionary is working and living in. The successful missionary will have to learn to bridge that “I vs. We” gap. In other words, the missionary will change through this experience and might find himself/herself alienated from the group that sent him/her in the first place. Part of the heart of the missionary will be in the “We” dynamic he/she has embraced on the field. Missionaries living overseas in a more western compound, surrounded by westerners and western culture, might suffer less of this dynamic. An understanding of this dynamic is important when we consider reaching out to these missionaries because the Western highly individual-focused therapy models might be less effective and even confusing to the missionary, who can get lost between two worlds. A good understanding, preferably out of our own experience, is of enormous importance and value.

At the same time there is a growing skepticism of western psychological interventions in nonwestern cultures. Again, the missionary can be caught in the middle of this skepticism. Joan Giller in her paper: “Caring for Victims of Torture” reports about her three years in the Luwero Triangle in Uganda. She focuses on a group of women war victims who basically all had been raped, besides all the other horrible things they had experienced. She becomes “deeply suspicious” about the use of “Western instruments” within languages and cultures that are non-western. She uses the DSM 3 PTSD model to discover what it might show in this cross cultural situation. She finds a level of symptomatology that would warrant the diagnosis of PTSD, but the women were not presenting these problems. Nor did these problems seem to impair their social functioning. Her findings are that none of the women asked for psychological help. They all asked for practical help: financial assistance, help with the rebuilding of their houses and medical help because of backaches and vaginal discharge after the often multiple rapes. This kind of help was given and the women appeared satisfied. Dr. Joan Giller concludes that she could not find

people who wanted psychological help and that western expertise was not suitable in this situation. She suggests we should leave the emotional and mental recovery to their own animistic practices. Most of the women interviewed confessed at first to be Christian, either Catholic or Protestant, and later they confessed that they believed in the spirits and traditional ways of healing. In other words, they believed in animistic practices. Her conclusion on missions is that we should leave these people in their animistic culture because that is the way they find the best healing and we should respect their culture and not disrupt their ways. In his critique of Western style psychological interventions, Derek Summerfield (1996) suggests a similar approach.

As Christians this is something we should listen to very carefully and realize they are making a point. We need to realize there is a huge shift taking place in the humanist worldview: a swing from superior attitudes, like “we know what is best for you” to “we should not intervene with indigenous cultures.” We cannot accept their conclusions because they are based on a humanist worldview. However, we should receive the challenge to rethink the basis of our approach based on a Christian worldview. We definitely do not see anything positive in returning people to their animistic idols and renewed bondage to the demonic forces! Rethinking what the bringing of the gospel means in another culture should be an important part of both the missionary’s preparation as well as an integral part of our thinking about missionary care.

2. Member Care Practices and Experiences

A new trend is emerging: psychology has fallen in love with missions. Missionaries are a very interesting group of people apparently in need of help. Until recently missionaries had to care for themselves. Out on the field they often found themselves existing in survival mode while coming home meant that a missionary should bring home stories of how many got converted and how many schools and field clinics were built. This all needed to be supported with accompanying slides, photos and now video impressions. There was often little room for asking the missionary, “How are you doing?” Less than twenty percent ever received help with debriefing. If one was lucky perhaps a few minutes were set aside in the church service to share about a missions experience of 3 years. Hardship, failure, cultural adjustment, problems with schooling the children, financial restrictions, sicknesses, injustices, corruption and violence witnessed on the field, doubting the Scriptures or personal calling are things one does not talk about in our success-driven Christian culture. After all, Christians have Jesus and He makes everything alright and Christians are victorious. This “you’ll get over it” mentality is not only found among Western missionaries, but also often among Christian groups on the field and nonwestern missionaries. We have modeled very well and these dynamics are well copied!

No wonder psychology got involved. Too many missionaries did not make it. Too many are still hurt and feel completely misunderstood even after ten years at home. Church, family and friends cannot imagine what goes on inside the returned missionary, have little or no reference to help interpret what has happened to the missionary in a cross-cultural context. No wonder the founder of the international member care movement is a doctor in psychology.

Yet there are big challenges in helping the missionary. Missionaries are different from firefighters and rescue personnel who receive regular debriefings. Missionaries do not have the luxury of regular debriefings. They often show symptoms from cumulated stressful events spread out over several years. Although it is positive there is a growing interest in finding new ways to care, many of the carers have not been out in the field and have limited understanding what life is like in Africa or Asia or Eastern Europe. I greatly respect a psychologist who moved his family to Africa and lived there for the past 4 years or so. This family has been through an enormous adaptation process. Because of this, the missionaries feel understood from the beginning. I respect the price this family has paid.

A crucial element in missionary care (of both expatriate and indigenous missionaries) is the place of the cross of Jesus Christ. The cross is the main reason why missionaries are sent. They take the message of God, himself, coming inside humankind and resolving the problem of sin through Jesus voluntarily taking upon himself that horrible cross and dying for you, me and indeed the whole world. Salvation through Jesus Christ has always been the core of mission activity. There are many ways to preach the gospel: one can even do it with words! So many missionaries have also ministered to the practical needs of populations. If it were not for the mission schools, a person like Nelson Mandela would most likely not have had an education. But however the gospel is preached, the cross is central in the life and activities of missionaries.

As Christians we are familiar with the incredible power of Jesus in dealing with sin: through the cross we are set free from sin and guilt in a guilt-ridden world! We all have a testimony and have heard the testimony of others and the enormous changes that meeting and then walking with Jesus brings to a human life. This is also the core of missions: a personal relationship with Jesus Christ and a lifestyle that lines up with that relationship. There are at least two principal testimonies about Jesus:

1. I call this "the testimony of John the Baptist": Jesus is "the Lamb of God that takes away the sins of the world." This is probably the best known testimony of Jesus and the motivation of missions to bring this message to the ends of the world.
2. A less commonly understood message is what I call "the testimony of Jesus about himself." After his own baptism and after the 40 days in the desert we find Jesus in Luke 4:16 quoting from Isaiah 61. The repetitive element in this passage is Jesus telling why he has come: "to bind up the broken hearted" - "to comfort all who mourn" - "to provide for those who grieve" - "to bestow on them a crown of beauty instead of ashes" - "the oil of gladness instead of mourning." This was all at the beginning of Jesus' ministry but we also find him teaching at the very end of his ministry in Luke 18: 31-34. At this time he is going up to Jerusalem but his disciples do not understand him at all. (They still have political aspirations—Jesus is going to deliver them from the Romans.) Jesus teaches that "everything that is written by the prophets about the Son of Man will be fulfilled." In verse 32 is a very graphic description of what Jesus then has to go through and ultimately what he can identify with. The prophet Isaiah in chapter 53 could have been continuing right after Luke 18:34 when he describes the man "familiar with suffering" - "man of sorrows" - "despised and rejected."

The key here is that Jesus took upon himself our sin. He did not just do away with it, or say "you are all right now." He said that sin deserves death and sin cannot stand before God. Justice has to be done and death is the penalty. Then Jesus invites us to let our sin fall on him and he becomes sin for us. In this way he dies in our place. ***In the same way Jesus takes upon himself our suffering and pain*** and in this way validates our experience. He says it really has happened and now he invites us to let our pain fall on him and let him become pain for us. Jesus is not only the "sin bearer" but also the "pain bearer." It is interesting that Isaiah 53 and 61 talk about sorrow and grief repeatedly. Often these verses are quoted as a basis to pray for physical healing or as a basis for us to go into the world and tell others about this. Unfortunately, we have missed the point. ***It is actually for us.***

Jesus is incredibly powerful in his invitation to let our pain fall on him. The gospel is quite directive when it states that no one can come to the Father except through Jesus. No one can be set free from sin except through the Son. I see, also, a directive for where to go with our emotional pain, grief, loss and failure. It is interesting that in the debriefing process we find the missionary is often struggling with issues very similar to a grieving process. Similarly, in trauma care we deal mostly with grief and loss. As the cross was the main reason for the missionary to go to the field, we as carers should bring missionaries in need back to that cross and the person of Jesus—especially in situations of grief, loss, pain and failure. Jesus is so capable of binding up the

brokenhearted. The cross should take a central part in caring for missionaries. In our debriefing times we often listen for hours, sometimes for days, as missionaries journal, draw, cry and express all kinds of emotions. After a few days we start gently to meditate on those verses mentioned above and start to bring all that they said, wrote down and have drawn to the cross and give the pain to Jesus. There is Someone we can bring our pain to—Someone who validates our pain and who can handle our pain.

Tim was a missionary in Sierra Leone with over ten years of Africa experience, and had all the symptoms of secondary traumatization (DSM 4). He wanted to leave and could no longer stand the stories and the environment. He was exhausted and mulled over the stories in his head all day and night and was impaired in function. We met him in Conakry, Guinea, on his way out but God began to minister to him as we shared from Isaiah 61 and 53 as well as Luke 4 and 18. We listened and after a few days he had a powerful experience. As he puts it, "I felt my heart being bound up." This was not catharsis, but a deep emotional change and revelation of Jesus. As we continued to follow Tim, he came to Le Rucher for debriefing six months later. At this time we found sustained emotional and mental stability in Tim even though he had gone back to Sierra Leone and served that country and people in the direct aftermath of incredible atrocities and heard and seen much more during those six months. Jesus is incredibly powerful! We have to remember our pain and to forgive—not forget and forgive, but **remember and forgive**. In this process Jesus becomes the pain bearer and the narrative of our lives is changed.

We have been practicing an Arminian-based model of interactive group therapy in cross-cultural environments like Rwanda (for 5 years), Burundi, Liberia and Sierra Leone, and for the past two years in many townships in South Africa. Our staff member and colleague, Dr. Rhiannon Lloyd, has conducted hundreds of 4-day residential workshops with mixed tribal groups of 50 to 80 participants at a time. Tutsis and Hutus have been brought together and led into an understanding of the biblical basis of ethnicity. Together they have been led in sharing their experiences and pain as a group and they have had their pain and loss validated. These groups are led into repentance to each other and on behalf of their tribes. Foremost they are led to Jesus, the pain bearer, before we talk about forgiveness. First, the heart needs to find a place to take the pain. Otherwise, forgiveness becomes a myth. The workshop culminates with people acknowledging their pain and that they need help and they find it in and around the cross. They literally hammer onto a wooden cross slips of paper on which are written their personal sources of pain they have identified and communicated with one another during the workshop. They are symbolically released from their pain, but it is through the cross working in actuality in their lives that real freedom and healing comes.

In Rwanda we focused on leaders for participation in these workshops and have worked towards training local pastors to run the workshops. For three years now a Hutu and a Tutsi pastor have been trained to minister these workshops together, and they have traveled with the workshop to all major towns in Rwanda. We have evaluated the workshop results with follow-up meetings after three and six months and after one year. We could write a separate book filled with all the testimonies of sustained change in people.

For example, Judith lost more than two hundred family members in the genocide. She participated in the workshop and realized her nation could not be rebuilt on bitterness and hate. She let Jesus minister to her and found a place to go to with her pain. Out of that place at the cross she forgave. In the meantime, the main perpetrator in the killings of her family was now in prison. He had become a Christian and wanted to express to his victims how wrong he had been. A local pastor set up a meeting between Judith and this man that took place in the prison. He listened to Judith's story and asked forgiveness **and** received forgiveness because Judith had found a place to go with her pain. Judith now supplements this man's poor prison diet on a daily basis. This testimony has, in turn, initiated a whole series of restorative actions in the community.

We have also seen similar things taking place between the different ethnic groups in South Africa—very powerful changes in communities and individuals because together they have come to the cross to leave their pain. Sustained changes had led to new joint initiatives between those who would never have considered working together before. Now they are in unison combating crime, poverty and domestic violence!

3. Conclusion

During the past decade we have worked with individual western missionaries, increasingly with nonwestern missionaries and with missionaries in traumatized communities. Big changes and shifts in paradigms are taking place. For missionaries across the board, the cross is the main reason why they do what they do. To see the world reached with the message of Jesus and salvation through him only is the missions mandate. Many missionaries are putting their practical skills to service in needy communities out of compassion based on the work done by Jesus on the cross.

In caring for missionaries we should help them become more effective in the message of the cross and rethink our approach to church planting, practical help, justice, women and life span issues. Much can be done in the training phase that has a preventative effect. Consideration of security issues and evacuation plans are needed. Interagency collaboration is no longer a luxury, but a must. Supporting one another without trying to change each other's entity as an organization is a clear biblical call.

We should practice the best standards known in caring for missionaries and adopt best practice statements for care for our missionaries. Above all, we should bring returning missionaries back to the cross—the central pillar of their life. Providing “Care for the Carers” or “Help for the Helpers” without the cross of Jesus Christ as the central point is much like building a house on sand. As individuals and communities we should remember what has happened and learn to walk with Jesus, not only as the bearer of our sin but now as the bearer of our pain as well. Then we can forgive and the narratives of our lives change.

Resources:

- “A Guest in their World” by Karen Carr, Ph.D. -- Mental Health in Missions Conference 1999
- “Caring for the Victims of Torture in Uganda, Personal Reflections” by Joan Giller MD.
- Swiss, S & Giller, J.(1993) “Rape as a Crime of war”: A medical perspective, Journal of American Medical Association 270, 612-615
- “The Changing Shape of Security for NGO Field Workers” by Carl Rogers, Director of Corporate Security, World Vision International. Address to US Defense Intelligence Agency. 1997/1998
- “The Impact of War and Atrocity on Civilian Populations” by Dr. Derek Summerfield in Relief Network Paper 14. ODI-UK.
- “Healing the Wounds of Ethnic Conflict, The Role of the Church in Healing, Forgiveness and Reconciliation,” by Dr. Rhiannon Lloyd - Mercy Ministries International.
- Thoughts from “God and the Victim, Theological Reflections on Evil, Victimization, Justice and Forgiveness.” edited by Lisa Barnes Lampman, 1999
- Statements of Best Practice Mercy Ministries International - Field Consultation at Le Rucher 1998
- “Ad-mission, The Briefing and Debriefing of Teams of Missionaries and Aid Workers” by Graham Fawcett, 1999
- “The Grief adjustment Guide” by Charlotte Greeson, Mary Hollingsworth and Micheal P. Wasburn. Questar Publishers, Inc. 1990