Missionaries and the impact of trauma

BA Research Paper
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1 Introduction

“After the armed robbery we were afraid for a long time. We looked at every car with distrust. A few weeks later we saw the same car again, that was a very scary experience. Up to today I'm still very alert when a car is doing something unexpectedly. I think the fear for another traumatic incident is still there.”

This is one of the examples of what happened on the mission field. Hearing about such examples motivated me to write this research paper about missionaries and their traumas. It is known that missionaries do regularly experience difficult situations, but hardly any research has been done on missionaries and Post Traumatic Stress Disorder (PTSD). How do missionaries cope with traumatic events on the mission field? What kind of symptoms do they develop? Do they get any training or preparation regarding possible traumatic events before going to the mission field? Do they get any debriefing? If so, does it make a difference?

In this paper I quote regularly from questionnaires completed by missionaries. While the direct source is not stated in order to maintain confidentiality, permission has been obtained to reproduce them.
If you recognise any situations from the quotes, this is just accidental; several missionaries mentioned the same sort of experience.

After providing a definition of PTSD, the paper discusses it specifically in the context of cross-cultural missionaries. A series of preventative measures are then explored before drawing out the findings and conclusions.

2 Methodology

In this research paper I am focusing on qualitative research and not on quantitative research. So, notwithstanding the fact that I could mention percentage rates etc. I have chosen not to do so.
I do realise that there is a lot more to say about the diagnosis, its symptoms and treatment, but I realise that this research paper is not written for a medical or psychological course, but for a course on 'Biblical and Intercultural Studies' and therefore I have deliberately kept the information on diagnosis, symptoms and treatment quite limited. At the same time I cannot write about PTSD while ignoring the medical and psychological side completely. I have tried to find a balance.

I do realise that questionnaires are not necessarily the best method for qualitative research. In-depth interviews would be better. Because of lack of time, I have still chosen to send questionnaires to missionaries and mission agencies.
What is very clear, however, is that there is sufficient research potential to merit a PhD on this topic, and I have had to confine the depth of my study for the purposes of this research paper.

The topic of 'PTSD and missionaries' relates to many other subjects, including stress, crisis, management, debriefing, simulation courses, the theological question of suffering, and so on. Due to lack of space in this research paper, I will not go into detail on these topics, but only mention them briefly. Every single topic could be another area of research.

In this research paper I am focussing on Western missionaries and organisations. I realise that debriefing non-Western people or cross-culturally are important topics, but in this present paper there is no space to discuss this.

For the literature research, I have been mainly using the ANCC library (books and journals) and the internet. Furthermore I have done questionnaires and I have been speaking and emailing with some key people on this topic, who have been a great encouragement to me. These key persons are in general related to InterHealth, Edinburgh International Health Centre and MemberCare.

3 Post Traumatic Stress Disorder

3.1 Diagnosis

Post Traumatic Stress Disorder (PTSD) is an official diagnosis in the DSM, the *Diagnostic and Statistical Manual of Mental Disorders*, a diagnostic criteria handbook for professionals in psychiatry.
The significance of the PTSD classification lies mainly in the implications of a single category for traumatic events. There is explicit acknowledgement of the fact that PTSD can develop in people without previous psychological problems.

One of the essential elements of PTSD is that the person has experienced an event which is outside the range of usual human experience. The person has been exposed to a traumatic event in which the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others, and the person's response involved intense fear, helplessness, or horror.[1] This is well illustrated by one of the reactions in the questionnaires: “I thought the end of my life would be in this dirty ditch in this foreign country.”

The most common reactions to trauma fall into three groups:

1. The traumatic event is persistently *re-experienced*, in forms such as recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions, recurrent distressing dreams of the event, acting or feeling as if the traumatic event were recurring, intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event, physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

2. Persistent *avoidance* of stimuli associated with the trauma and numbing of general responsiveness, such as efforts to avoid thoughts, feelings, or conversations associated with the trauma, efforts to avoid activities, places, or people that arouse recollections of the trauma; inability to recall an important aspect of the trauma; markedly diminished interest or participation in significant activities; a feeling of detachment or estrangement from others;

1 'DSM-IV & DSM-IV-TR: Posttraumatic Stress Disorder (PTSD)' *BehaveNet* [website]

restricted range of affect, or a sense of a foreshortened future. “More and more I started to stay at home, avoiding contact.” one missionary said.

3. Persistent symptoms of *increased arousal* like difficulty falling or staying asleep; irritability or outbursts of anger; difficulty concentrating; hypervigilance, or exaggerated startle response,[2] as is illustrated by the next quote: “The nights after the attack we woke up every midnight at the time of the attack, panicking and sweating.”

To be able to call the post traumatic stress post traumatic stress *disorder*, the duration of the disturbance should be more than one month and the disturbance should also cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. There is a distinction between acute, chronic and delayed PTSD on the basis of both onset and duration of symptoms.[3]

PTSD can be thought of as a chronic and intense anxiety state which doesn't go away[4] and it can develop a considerable time after a traumatic incident.

3.2 Symptoms

It is important to realise that post traumatic stress is a normal reaction to an abnormal situation! Because of the differences between people, their experiences of themselves, and their environment, each person's response to a trauma is different.

Some people have suffered all the indicative symptoms of PTSD without having experienced a single, overwhelming trauma. Such cases may be more common than previously suspected and may be more common than those triggered by a single, dramatic event.[5]

Traumas usually happen suddenly and unexpectedly. Often the way somebody acts during a trauma is not the way this person would have chosen to react under normal circumstances. “People's reactions and responses after a trauma often feel so strong and overwhelming that it is not uncommon for people to feel that they are 'going mad' or 'losing complete control over their life'.”[6]

2 'DSM-IV & DSM-IV-TR: Posttraumatic Stress Disorder (PTSD)' *BehaveNet* [website]
3 'DSM-IV & DSM-IV-TR: Posttraumatic Stress Disorder (PTSD)' *BehaveNet* [website]
4 Fawcett, *Ad-mission*, 1999: 107
5 Scott et al., *Counselling for Post-Traumatic Stress Disorder*, 1992: xiii
6 Herbert, *Understanding your reactions to trauma*, 2002: 13

"Trauma is an experience that threatens the life and health of an individual or someone close to that person, with the threat going beyond any coping mechanism the individual may possess."[7] Traumas are 'overwhelming life experiences' which one cannot integrate into his or her belief-system.[8]

"Exposure to violence can destroy feelings of safety, justice, personal efficacy, and faith in humanity, as well as beliefs in a just and loving God. Concerns about mission, vocation, and personal sanity are other common side effects of continual exposure to trauma and injustice."[9]

Sometimes people suffering from PTSD are unwilling to talk about their experiences, because it can cause them to re-experience the pain and the anguish. This is a major reason though why people suffering from post-traumatic stress syndromes may be disabled for very many years.[10] The effects of trauma, if left untreated, can result in a variety of psychological and interpersonal impairments that can last a lifetime.[11] Reactions, however, vary considerably.

The development of PTSD symptoms is affected by the presence of social support after a traumatic event. There is a significant relationship between low levels of social support and higher rates of PTSD symptoms.

Failure to find others who can understand, care and both listen to and validate non-normative experiences only increases feelings of social isolation, depression, and debilitation, as one of the missionaries said: "I felt estranged even from my team members by then, also knowing that no one had been in this particular situation like I had. I thought they wouldn't understand."

3.3 Treatment and healing

Making a specific diagnosis can be very helpful for clients suffering from PTSD, unlike general counselling.[12]

Secondly, individuals have different treatment needs following a traumatic event and they may suffer post traumatic stress reactions at different stages following their trauma. Up till now it is not

7 Bochmann, 'Dealing with trauma', *Ministry* 1995: 10
8 Grant, 'Trauma in Missionary Life', *Missiology* 23/1 1995: 73
9 Ibid., 72
10 Wilkie, *Stress Breakdown*, 1990: 63, 64
11 Granot, 'The Impact of Disaster on Mental Health', *Counselling* 1996: 141
12 Rose, 'Counselling Following Trauma', *Counselling* 5/2 1994: 126

known why some people are able to cope with the event, while others are not.[13] Specific tactics of crisis counselling, these will vary among practitioners, while each of them has its adherents and detractors.[14]

Thirdly, the objective of treatment is to reach the point where trauma is accepted as an integral part of total past life experiences[15], empowering the individual to regain control in their own life. "The therapy for post-traumatic stress syndrome eventually has to turn the traumatic event into a learning experience."[16] Good news is that it can be a time of growth! "Many people who have successfully recovered from their trauma feel that they have grown a lot and that their life now has qualities, which it did not seem to have before the trauma."[17] It seems that there are two key factors which are very important for recovering from PTSD: creating an environment where the victim feels comfortable and safe, and disclosing the unsolved trauma and accepting it as a past experience to be integrated into life.[18]

Fourthly, support and reintegration into the community are essential in trauma recovery. The absence of it is often more traumatic than the original event. Sharing painful events and feelings allows the victim to make sense of what happened and to realise that events could not have turned out differently. The focus of healing needs to be empowerment, not patronisation. "One needs to feel affirmed, supported, and cared for by understanding others."[19]

Finally, there are no clear guidelines about how long it takes to recover from trauma. The process of recovery takes time and is unique to each person.

Because there has usually been no time to prepare before, a person will have to make sense of the trauma after it has happened. This working through enables one to make sense of the experience and re-adjust one's life accordingly. Successful recovery cannot take place until someone has found a way of understanding his or her traumatic experience.[20] This is also evident from the questionnaires.

13 Ibid., 125, 126
14 Granot, *Counselling* 1996: 142
15 Horie, 'Emotional injuries and healing', *Carer&Counsellor* 1999: 34
16 Wilkie 1990: 63, 64
17 Herbert 2002: 52
18 Horie, *Carer&Counsellor* 1999: 33
19 Grant, *Missiology* 23/1 1995: 80, 81
20 Herbert 2002: 22

If the disaster victim is perceived as a psychiatric patient, practitioners may rely on pharmaceutical agents or lengthy therapy. They sometimes overreact, inappropriately seeking to treat victims as though their reactions to the trauma were abnormal.[21]

Treatment of PTSD has been studied from different perspectives but it has to be said that the best treatment is prevention.

21 Granot, *Counselling* 1996: 142, 143

4 Link between missionaries and PTSD

In this chapter the link between missionaries and PTSD is examined. Do missionaries experience post traumatic stress and are they vulnerable to develop PTSD symptoms? What kind of stressors do they experience? Are some missionaries more likely to develop psychological problems than other missionaries?

4.1 Stressors for missionaries

On the mission field, missionaries experience different types of stress: basic stress (e.g. basic living conditions), environmental stress (e.g. a harsh climate) and traumatic stress. In addition, there may be losses which make life difficult. It is the cumulative impact of all these types of stress and losses which will influence the extent to which an individual is able to cope.[22]

Missionaries encounter a variety of potentially stressful experiences: "Difficulties commonly reported include cross-cultural adjustment, loneliness, communication problems, unpredictable circumstances, role ambiguity, long working hours, little opportunity to relax or socialise, overwhelming responsibility, ethical dilemmas, and powerlessness, etc."[23] All of these difficulties were mentioned in the questionnaires. On top of these, missionaries working in aid face large-scale poverty, injustice, suffering, despair and death.[24]

The events though that seem most traumatic, do not always cause the most stress. Sometimes it is the events that may not be considered very threatening which have a big impact. As some missionaries said: "I was the leader. The whole situation got very serious. The whole responsibility and the lack of wisdom to handle that situation was quite a traumatic event which took me quite some time to overcome." and "I also experienced a clash between mission and local church when all trust had disappeared as traumatic." The questionnaires showed that many missionaries can cope well with political instability and war situations because the conflict is external and not aimed at them personally. Personal criticism and conflict in relationships can be more difficult. Also the stress of ongoing frustrations should not be underestimated.

22 Lovell, *Working through trauma*, 2006: 20
23 Gamble et al., 'Aid Workers, Expatriates and Travel' in Zuckerman, ed., *Principles and Practice of Travel Medicine*, 2001: 448
24 Lovell, *Psychological Adjustment Among Returned Overseas Aid Workers,* 1997: 2

Missionaries are at a risk of severe exposure to traumatic events. The questionnaires reported a big diversity of exposure to traumatic events. Research suggests that the severity of trauma exposure plays a primary role in the development of PTSD symptomatology.[25] However, the *meaning* of the traumatic incident to that individual person is sometimes more determining than the incident itself. This was clearly illustrated by a situation in which several missionaries experienced the same trauma, but since the personal situations of these people were different, the ramification for each person was different as well.

Some traumas missionaries experience may be directly related to cultural norms, which is very well illustrated by the next quote from a missionary: "This culture is so much about family relations and honour, ours so much about true and false. I felt strange and even estranged from this culture, felt I didn't belong in this culture. At a certain point I found myself hating this culture, almost wanting to shout at them to tell me the truth."

Missionary life sometimes involves taking risks and can be very dangerous. This is especially true in some violent parts of the world. Some of these risks may have a harmful effect on mental health. The effects of violence and trauma cannot be underestimated.

Missionaries may be directly or indirectly exposed to traumatic events that put them at risk of developing symptoms of PTSD. The nature of humanitarian relief has changed in the past decades.[26] Aid is more and more politicised and when goods like food and medical resources are scarce, they become a means of power and control. Missionaries can become targets of or witnesses to violence. They get caught up not only in wars, but also in things like armed robbery, rape, and similar threats against person and property. This is so common that "some larger sending agencies are conducting special pre-departure courses to prepare overseas workers for the possibility."[27]

For some missionaries, the most disturbing part of their experience comes when they return to their home country. One missionary describes this very clearly in the questionnaire: "Our furloughs always brought minor shocks, mainly caused by the 'progress' society had made in our absence. We felt ignorant, uncertain and dependent on the grace of others to listen and to help out in problem situations or where I had to make choices, which made me feel a dummy in my own circle of

25 Eriksson et al., 'Trauma Exposure and PTSD Symptoms in International Relief and Development Personnel' *Journal of Traumatic Stress* 14/1 2001: 206, 210
26 Ibid., 205
27 Foyle, *Honourable Wounded*, 2001: 216

family, friends, church and country." The first six months of re-entry are generally known to be the most difficult ones.
Return to normality following overseas mission work can be a long process, often longer than 18 months. Missionaries need sufficient time to overcome stress symptoms, before being sent on another assignment, to prevent problems with cumulative stress.[28]

4.2 Personal aspects of the missionary

Premature attrition exists and was addressed as early as the 1920s. It continues to be a major concern, both for personal and health related reasons.[29] In terms of mental health it is clear from Lovell's research that missionaries who report psychological problems on return had, on average, spent significantly longer overseas than those who did not report such problems. A majority of those who had experienced psychological problems had not received treatment.[30]

Why had they not received treatment? Partly because missionaries "have been trained to be tough and not to let certain feelings affect them"[31], partly because some missionaries attempt to ignore their own difficulties because they perceive these as very small in comparison with the great needs they encounter overseas. And finally, some missionaries tend to invalidate their own feelings.
The belief that one is 'overreacting' and that symptoms of stress or normal depressive reactions are a sign of weakness or inadequacy, may intensify stress symptoms. The vast majority of returned missionaries who invalidate their feelings have a history of psychological problems. Missionaries who invalidate their feelings appear to be especially vulnerable to developing and maintaining psychological difficulties.[32]

Research suggests that a number of missionaries are attracted to expatriate work and life style out of motivation to escape existing problems[33], or stemming from a traumatic childhood.
Growing up in a traumatic environment makes somebody a likely candidate to seek out unintentionally traumatic situations in adult life. According to Grant most missionaries suffer from unresolved or pathological grief because they have not had the opportunity to work through a multitude of spiritual and psychological injuries. Many who work with traumatised populations

28 Lovell 1997: 99
29 Brierley, *Mission attrition,* 1996: 20
30 Lovell 1997: 32, 38
31 Grant, *Missiology* 23/1 1995: 75
32 Lovell 1997: 58, 60, 69
33 Gamble et al., 'Aid Workers, Expatriates and Travel', Zuckerman 2001: 451

identify with those whom they care for and many missionaries also suffer from survivor guilt. Having been spared tragedy can become a curse rather than a blessing for some.[34]
Lovell makes clear though that only a small proportion of the people who apply to go overseas as missionaries do so because of emotional difficulties, but the vast majority are psychologically healthy.[35]
So there is no suggestion that the majority of missionaries are psychological unhealthy on departure, but research does point to a minority who are unconsciously motivated by forgotten abuse or trauma. Although a significant amount of missionaries do develop psychological problems during or following their mission work, one should not overlook the fact that the majority of them do not develop such problems.

But, as Grant writes on this topic:

> "Hardship, suffering, and even death become the road taken by many missionaries. Unconscious motives, driven by forgotten abuse, inevitably lead to disillusionment and depletion on all levels of one's being. Martyrdom can also be an unrecognised replication of a childhood trauma. ... A life of dedication and self-sacrifice requires a great deal of discernment."[36]

4.3 'Shattered assumptions'

Regardless of psychological history, premature attrition is a fact of mission life. The question is in what frame of mind these missionaries return.

Most people have three fundamental assumptions: that the world is benevolent, and that it is meaningful and that the self is worthy. There are times that these assumptions are shattered. These are times marked by trauma. Regardless of population, and regardless of research approach, traumatic events have a profound impact on one's fundamental assumptions about the world.[37]

In general expatriates show greater belief in a benevolent and meaningful world and in self-worth than those remaining in their home country. On return to their passport countries, the assumption of world benevolence does not appear to have been shattered for the majority of them, despite the

34 Grant, *Missiology* 23/1 1995: 76, 77
35 Gamble et al., 'Aid Workers, Expatriates and Travel', Zuckerman 2001: 451
36 Grant, *Missiology* 23/1 1995: 76
37 Janoff-Bulman, *Shattered Assumptions,* 1992: 6, 45, 51

horrendous situations some have experienced.[38]

Missionaries who choose to engage in work which involves suffering, and are to some extent prepared for what they encounter, may be affected differently to people who have been subject to involuntary and/or unexpected critical incidents. One difference may be that the last group "may struggle to find any sense of meaning or benefit to be gained from the experience" while the first group, in contrast, "may feel that their exposure to the suffering of others has served a purpose, as they have been able to help other people."[39]

A minority of returned missionaries report a belief in a malevolent or meaningless world, or lacked a belief in their own self-worth. This may have been a consequence of a particular traumatic incident, or due to on-going stressful circumstances.[40]

Some may have experienced a loss of purpose in life on return to their home country, rather than while overseas, because they were distressed by the greed, materialism and self-centredness they encountered. But in general world assumption scores remain relatively stable following return from overseas.[41]

There seems to be a correlation between those returning with significantly altered assumptions and perspective of life and those experiencing psychological problems.

Notwithstanding the fact that mission work can result in psychological problems, we should not forget that most missionaries cope well with trauma. "In fact, some people report that traumatic experiences such as disaster work lead to positive changes in their lives."[42]

It has to be accepted that life can never be the same as before the incident. One missionary worded this clearly: "A number of people died suddenly who were very close to me…mainly from HIV/AIDS. When someone dies now I feel it terribly…it reminds me of all who have died and been close to me. I sometimes also fear close friends and family dying whereas before all of this I wouldn't have felt that this."

38 Lovell 1997: 78, 80
39 Ibid., 87
40 Ibid., 87, 88
41 Ibid., 88
42 Lovell 2006: 52

4.4 Secondary traumatisation

Hearing about traumatic experiences can cause the listener to develop 'secondary trauma', 'vicarious traumatisation' or 'compassion fatigue'. “That is, they may feel traumatised or emotionally drained by what they have heard.”[43] Either missionaries themselves or their debriefers can develop secondary trauma, as both missionaries and debriefers may be daily exposed to stories of horrible disaster and tragedy in their work. “Being empathically engaged with trauma victims may cause PTSD-like symptoms.”[44]

The potential for exposure to personal or secondary trauma is a concern when making the commitment to work in mission. “Trauma related distress may contribute to general difficulties during the time of service, as well as subsequent readjustment problems.”[45] A high degree of personal satisfaction with work does not seem to prevent secondary traumatisation.[46]

Debriefers have to make a specific point of self-care, because listening to traumatic incidents can be damaging.[47] Therefore an often neglected or overlooked, but important aspect of debriefing, involves giving the debriefers themselves supportive listening following a debriefing session.[48]

43 Ibid., 51
44 Birck, 'Secondary Traumatization and Burnout in Professionals Working with Torture Survivors', *Traumatology* 7/2 2002: 85 [Online Journal]
45 Eriksson et al., *Journal of Traumatic Stress* 14/1 2001: 206
46 Birck, *Traumatology* 7/2 2002: 88 [Online Journal]
47 Rose, *Counselling* 5/2 1994: 126
48 Carr, 'Crisis intervention for missionaries', *Evangelical Missions Quarterly* 33/4 1997: 456

5 Prevention of PTSD

In this chapter prevention of PTSD is discussed along with topics of selection, training and preparation, debriefing, and the role of organisations.

5.1 Selection

Nowadays, applicants have to go through a selection procedure most of the time. Selection criteria have become more strict since it became clear that many people volunteered for mission in an attempt to escape from their own psychological difficulties.[49]

Those who can not effectively work in another culture are likely to suffer from stress-related problems and cause their families, their colleagues and the organisation to suffer. “In an attempt to reduce such problems, many organisations now include psychological screening in the selection process.”[50] A psychological assessment can be used not only to say 'yes' or 'no' but also to provide recommendations that will help to maximise the probability that the candidate will adjust well. Where there is a vulnerability to psychological problems, this should be carefully assessed. Knowledge of vulnerabilities can make clear which kind of special support might be beneficial.[51]

Still “many people who show no particular signs of vulnerability at assessment go on to develop difficulties while overseas, or return home early because of stress.”[52]
It is recommended that there should be a brief reassessment before every new assignment, even if the applicant has worked overseas previously.[53]

5.2 Training and preparation

Having selected well, what benefit can training and preparation have?
Research shows that training and preparation does have a positive impact on the mental health of missionaries. Missionaries need an explanation of what to expect in terms of culture shock and the

49 Lovell 1997: 94
50 Gamble et al., 'Aid Workers, Expatriates and Travel', Zuckerman 2001: 451
51 Ibid., 453
52 Ibid., 457
53 Ibid., 453

longer-term adjustment process. This will encourage them to think ahead and identify potential stressors.

It is not unusual for expatriates to have stress-related symptoms at some point. Awareness about this helps them to understand their own reactions and to normalise them, which is clearly illustrated by the next quote from a questionnaire: “I knew a bit about PTSD. It made me aware of possible reactions like avoiding things, being angry or irritable. It made me feel that it was a normal thing.”

Those who have not been informed about normal symptoms of stress may worry that they are 'over-reacting'. This is likely to maintain and intensify the symptoms.
When missionaries have not been properly prepared, the may give up or else developing stress-related symptoms. As part of their training with regard to stress management, expatriates should be given information about the importance of taking sufficient time to rest and relax.[54] This was made very clear by Foyle who told me: “One of the most important things for missionaries is that they take regular holidays.”[55]

During their preparation, missionaries can start anticipating potential difficulties and prepare their own personal coping mechanism. This gives the missionary an opportunity to think realistically about what they might find stressful or traumatic during their overseas mission work. They should be helped to identify healthy ways in which they can manage the stress.
One of the most important parts of the training and preparation of missionaries is informing them that it is normal to experience some stress-related symptoms when doing overseas mission work, and that they should not think they are 'not coping' if they have some such symptoms.
“Research has shown that people are more at risk of developing problems such as depression or post-traumatic stress disorder if they do not accept that some mild symptoms are normal, and instead they think that they are 'over-reacting' or 'going over the edge'.”[56]

It is helpful to let people know what they should expect, because many missionaries can cope quite well with events for which they were prepared. The more psychologically prepared people are for traumatic experiences, the less severe any symptoms of stress or trauma are likely to be.[57] One missionary I spoke to recounted how, looking back on an attack, she realises that some of her

54 Ibid., 457
55 Personal conversation with Marjory Foyle
56 Lovell 2006: 11,12
57 Ibid., 6, 9

helpful automatic reactions were largely the result of previous simulation exercises.

5.3 Debriefing

Even with good selection and training, traumas can occur. Debriefing is a key element.
"Debriefing after trauma is a structured approach to help an individual or a group of people deal with the flashbacks, mental confusion, guilt, anger and frustration which commonly occur after traumas. The aim is to help those affected by a trauma to begin to regain some control over their reactions."[58]

There are several models of debriefing. One of them is the Critical Incident Stress Debriefing (CISD) model, developed by Jeffrey Mitchell. This model is well-known.[59] Some models are group interventions, others are being used with individuals following trauma.[60]

Debriefing is different from counselling. It is recommended that personal debriefing is offered to all missionaries. Debriefing is more likely to be effective if the debriefer is trained and experienced, and perceived as 'credible' by the debriefee. "Debriefing may be especially helpful for missionaries who may otherwise feel isolated and have difficulty finding people to talk to about their experiences."[61]
According to Lovell, debriefing may fail to help if the session is too short or if provided too soon after a traumatic event. In Baas' opinion though one can hardly debrief to soon, as long as there is proper follow-up.[62]

Comments from two missionaries on their debriefing are:
"A trauma expert came and stayed some days with us. Our colleagues went on furlough and saw psychologists in our home country, but we felt our own discussions with this trauma expert were much more useful and relevant."
"It was a good debriefing, touching on most of the difficult points. The debriefing was done by a psychologist who knows the local culture very well. She could imagine a lot, and we prayed for several things. I feel very safe with her. Still I can write her about problems I face here."

58 Wright, 'Debriefing after Trauma' *Carer&Counsellor* 8/1 1998: 27
59 Carr, *Evangelical Missions Quarterly* 33/4 1997: 452
60 Rose, 'Psychological Debriefing: history and methods', *Counselling* 8/1 1997: 51
61 Lovell, *Debriefing Aid Workers*, 2004: 5-13
62 Personal communication with Lee Baas

One of the key questions that comes up for missionaries who experience trauma is: Why did God allow this to happen? “Debriefers will be most effective if they have developed their own theology of suffering and are at peace with the difficult questions of why God allows evil things to happen and why there is so much suffering and pain. This is not for the purpose of sharing it with the victims, who will need to discover it for themselves, but rather so that they can abide with the trauma victims during their time of deep spiritual turmoil.”[63]

5.4 Support

The best treatment of PTSD is prevention by early intervention. The likelihood of developing PTSD is greatly reduced if the missionary has an opportunity to talk about the traumatic event and is given information about common reactions.[64] Trying to 'avoid talking about it' may increase the likelihood of persistent symptoms.[65]

“Trauma victims must be encouraged to voice their experience, pain humiliation, frustration, and loneliness.”[66] One should be ready to listen without forcing people to speak about their experiences or their feelings. Some people are afraid they will not know what to say. It is important to remember that one does not have to provide any 'answers'.[67]

Supporting can also be done from a distance, as is made clear in the next quotes from missionaries:
“A great help to me have been some friends at home, I was in close and regular e-mail contact during that time. There I felt I could open up and share really my feelings and concerns. This helped me a lot to see things in perspective.”
“We did not get debriefing officially, but relatively good communication at home and freedom to talk about these things.”

The opposite experience we see in the next quotes from missionaries:
“The police men who spoke to me afterwards, did not take it serious at all and just told me it would be the normal risk of life. Their careless and unconcerned behaviour was probably almost that bad as the incident itself.”

63 Carr & Jerome, 'Mobile Crisis Response: Responding in the Aftermath of Trauma' in Powell & Bowers, eds., *Enhancing Missionary Vitality*, 2002: 327
64 'Missionary Medical Moment, Post Traumatic Stress Disorder' *Godspeed Missionary Care*, :1-2 [website]
65 'Missionary Medical Moment, Acute Stress Disorder' *Godspeed Missionary Care*, :1-2 [website]
66 Bochmann, *Ministry* 1995: 11
67 Lovell 2006: 27, 28

"I did not want to see anybody at all, especially not team members as they could not handle the situation very well and everybody had good advices and was full of pity, which was no help at all."

5.5 Management and policies

Trauma is inevitable for many missionaries. But by offering care to our workers, we can lessen its painful impact and facilitate the healing process. Ignoring missionaries who have suffered trauma may cause them to develop serious symptoms and experience a lack of fruitfulness.[68]

The debriefing of returning missionaries is often a pro forma exercise. This is often due to a lack of understanding and training, rather than to emotional indifference on the part of mission agencies.[69] "Most personnel departments are not trained or set up to help those who suffer from mild or severe PTSD. As a result, usually only missionaries in extreme emotional or physical distress get professional attention."[70]

It is good to train some staff members in each region to conduct Critical Incident Debriefing (CID), so that they can do debriefing on the field.[71] By making briefing and debriefing compulsory and by emphasising that CID is not counselling, but a crisis management tool, it is possible to de-stigmatise CID.[72]

Sending organisations, family members, and friends all have an opportunity to provide valuable support to missionaries. Good communication is vital.

"When personnel are sent into potentially dangerous areas, they should receive a security briefing before they leave their home country, including do's and don'ts to increase safety, and written contingency plans to be followed in the case of evacuation, hostage taking or other crises. All organisations should ensure that they have such policies."[73]

"Phone, email and video conferencing can all be effective ways of providing support, as long as the

68 Carr, *Evangelical Missions Quarterly* 33/4 1997: 452
69 Grant, *Missiology* 23/1 1995: 72
70 Ibid., 79
71 Lovell 2006: 23
72 Townsend et al., 'Preventing Post Traumatic Stress Disorder amongst International Aid Workers', *Voluntary Agency Medical Advisors* 1998: 24
73 Lovell 2006: 10

person offering support has good listening skills. In many cases, just listening helps people feel better. Remember to thank, praise and affirm your staff – there may be no-one else doing that, and such appreciation can help them to keep going during difficult times."[74]

A clear illustration is the following quote of a missionary: "For me it was a bit difficult, how my home office reacted. After they had some experience with traumatic events of other workers and did not handle them very professionally, they changed completely to the opposite. Out of their fear they might miss something important, they forced me to come home and to deal with that at home. For me I felt it was completely the wrong thing and I felt strongly I should overcome that and deal with it in the country itself. I think they should have better spent their money on sending somebody competent to meet me in X. to go through the whole situation rather than take me out of my normal life."

74 Ibid., 22

6 Conclusions

I found out that with this research paper I have touched on a topic which has proven to be a real issue for missionaries.

I received many more questionnaires back from missionaries than from mission agencies. The topic seems to be much more an issue for missionaries than for mission agencies. Two missionaries mentioned that they found it difficult to fill in the questionnaire, because it made them think back to the traumatic event(s) and it was worse to write about it than to talk about it.
Three missionaries said that their faith helped them to deal with the emotional consequences of the event.

The bigger mission agencies seem to pay more attention to debriefing than the smaller and more traditional mission agencies. Some agencies do the debriefing themselves, while others contract it out to professional debriefers. Debriefing in the country where the trauma happened is generally much more helpful than going to the home-country for debriefing, where one is being taken out of one's usual environment.

The average missionary functions well. Although many missionaries experience post traumatic stress, not many are officially diagnosed with Post Traumatic Stress Disorder. Sometimes because the symptoms are not 'bad enough' for it, sometimes it is prevented by proper debriefing. Missionaries who report psychological problems have, in general, been overseas for longer than those who do not report such problems.

There seems to be some correlation between the way the mission agency handles a traumatic situation and the way the missionary ends up viewing the trauma in spiritual terms, but more research on this topic would be helpful.

From the questionnaires it was clear that not just missionaries developed post traumatic stress symptoms, but also the children of missionaries. This is beyond the scope of this research paper to discuss, but is certainly an important topic.

Missionaries who have experienced severe traumatic events understood the questionnaire. Others asked for a definition of trauma. How 'bad' has the situation to be to call it a traumatic event? It seems, then, that people don't really know what 'trauma' is unless they have experienced it themselves. Some people are not aware of 'minor' traumatic things on the mission field and think it's just part of mission life and you have to 'get on with it', and therefore they do not pay attention to symptoms which they are developing. Many people don't realise that the ongoing stresses and frustrations can be just as traumatic as one or two 'big' events.

There are several organisations who focus on care for missionaries or debriefing. During my research I found out that they do not always know about each others' existence. This is a pity, because it sometimes makes people feel that they are the only one interested in this area, and carrying the burden and passion for it alone.

From the questionnaires the conclusion can be drawn that the accumulation of trauma makes one more vulnerable to develop PTSD, especially if not properly debriefed. Proper selection, preparation and training, debriefing and support can prevent a lot of problems. And prevention is the best treatment.

7 Recommendations

More research is merited, not only regarding the children of missionaries and PTSD, but also regarding, for example, the management of trauma, simulation courses, and cross-cultural debriefing.

More debriefing in the country where the trauma happened is recommended, rather than debriefing in the home country. Personal debriefing could best be done by independent debriefers, separate from the organisation, so missionaries feel freer to voice their experiences and feelings.

Since missionaries who report psychological problems have been longer overseas than those who do not report such problems, it might be worth considering shorter contracts, so that there would be less time for stress to accumulate, and readjustment on return might be easier. Contracts could be renewed after psychological reassessment for those who wish to continue the work.

Articles on the topic of missionaries and trauma could be published in mission magazines, to make people aware of this topic.

Every mission organisation should have a trauma and debriefing handbook, so that in the case of a traumatic event, everyone knows the procedure.

In the training for missionaries, proper attention should be paid on this topic, both by mission agencies and mission training colleges.

Mission training colleges have a lot of potential here, since they are often independent from mission agencies, while they train a lot of missionaries, including those who will work for smaller denominational mission agencies. It might be well worth considering the provision of simulation courses in these colleges. During the summer these colleges could provide training for mission agencies on the preparation of missionaries, simulation courses and debriefing. A positive side-effect will be that this also encourages networking.
World-conferences are also very helpful in networking, so that people know who else is interested in this particular topic and involved in it. The annual Mental Health and Missions Conference is an

example.
Cross-cultural training should be encouraged, since it has a strong and positive effect on cross-cultural adjustment and cross-cultural skills development.

During this research I became more and more passionate about this topic, since it became very clear to me that this is really an issue. It is unlikely that the last day of my research paper will also be the last day of my involvement in this topic.

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