The Mobile Member Care Team as a Means of Responding to Crises: West Africa

by **Karen F. Carr, Ph.D.**

Chapter in *Psychological Interventions in Times of Crisis*. 2005. Bob Sternberg and Laura Barbanel, Eds. Springer Publishing Company.

Introduction

Karen Carr is the Clinical Director of the Mobile Member Care Team – West Africa (MMCT) which is a non-profit organization focusing on training and crisis response for missionaries and cross cultural workers in West Africa. Karen received her Ph.D. in Clinical Psychology from Virginia Commonwealth University in 1989. She did a post-doctoral fellowship in forensic psychology at the University of Virginia from 1989-1990. She then spent the next eight years working at a community mental health center in Henrico County, Virginia, first as a Clinical Supervisor and then as the Program Manager of the Emergency Services Unit. In 1998, she left this job to help develop and launch a crisis team, which became known as the Mobile Member Care Team. She and her two teammates, Darlene Jerome and Marion Dicke currently live and work in Ghana, West Africa.

Karen's interest in cross-cultural work actually began in 1983 when she went to Guatemala to do short-term work with a group of linguists. At that time she witnessed many workers who had experienced the trauma of war, evacuation, kidnappings, and robberies and were suffering post-traumatic symptoms. She was burdened by the fact that many of these symptoms and difficulties might have been prevented if the workers had received early intervention or if other preventative programs had been in place. It was this experience followed by other short-term trips to Latin America, Africa, and Asia that planted the seed of the MMCT vision in Karen's heart, which finally came to fruition in 1998.

An American psychologist working in West Africa

I woke up at about 4 am that morning of September 19, 2002 in Bouaké, Côte d'Ivoire to the sound of machine guns. Our

multidisciplinary team of three, known as the Mobile Member Care Team, had just begun leading a workshop for 14 cross-cultural workers, teaching them how to facilitate Sharpening Your Interpersonal Skills workshops (Williams, 2002) across West Africa. My first thought as I lay in bed and listened to the exchange of gunfire in the distance was that the gang of robbers who had been terrorizing the city for almost a year had finally been trapped and that they were having a shoot out with the police. But, as the gunfire became more intense and went on and on, I began to suspect that we might be having another attempted coup in the country. The radio news at 6 am confirmed that rebels were attacking government troops in three strategic locations in the country, including Bouaké, the city where we were training. This was the beginning of an eight-day siege that kept us trapped in a building, caught in the crossfire between government and rebel troops until we were finally evacuated out of Bouaké by French soldiers. When we got out, we were exhausted and in need of care. This time, instead of us being the ones to provide the debriefing and care, we were on the receiving end of it. And we were ready for it.

Two months before, I was in this same city, responding to a large-scale crisis. Eight armed robbers had entered a boarding school campus and spent the next couple hours holding people hostage trying to get money. As they left, they shot and killed one of the security guards and took one of the missionaries hostage, telling him that they were going to kill him and beating him around the face and head continuously. When they pulled over the car and got out to shoot him, he managed to escape, running a zig-zag route as bullets flew around him.

Our crisis team was called within hours of the robbery. I went up along with a visiting colleague, two psychology doctoral students who were there for a student practicum, and two missionaries we had trained to be peer crisis responders. We spent the next two days talking with adults and children, helping them restore some sense of calm, safety, and peace of mind. I remember sitting across from the man who had been taken hostage and looking at his bruised, swollen, and severely lacerated face as he talked about his ordeal. It struck me in that moment how personal this crisis felt to me—every person that I talked with that day was someone I had previously met, either in a workshop or in some social context. These people weren't just clients to me, they

were my friends and their crises had an emotional impact on me.

One couple I met with after that crisis were dorm parents for junior high boys. I had done a psychological assessment as part of their screening process and had recommended that they be accepted into that position. The man was particularly impacted by the robbery of the school. He saw the robbers drive off with his friend and felt a certain level of responsibility in not being able to prevent this from happening. Some weeks before, he and some of his friends had rushed over to a mission guesthouse nearby where a single missionary woman was locked inside while robbers were trying to break in. They managed to scare them off. This man talked with me about the stress he was feeling and how he was having some difficulty sleeping at night. We talked about various ways that he could lower his anxiety level. Some weeks later I heard that he had gone for some medical care because he was having chest pains. He was cleared of any medical problems. The day before the war started, this man was jogging around the campus track, and he fell over and died suddenly. Understandably, the entire campus, and especially his family, friends, and the junior high boys under his care, were already in an acute state of grief and shock when the war began. I had left the workshop to spend the day with the grieving family and as I looked in the face of his widow and his children, I thought about our conversation from several weeks before. I remembered his wife saying how relieved she was that she had not been made a widow when he had attempted to rescue his friend who was being kidnapped. "I'm just glad that I'm not a widow today." Those words haunted me as I looked at her grieving face. This woman and her children were not just clients to me. They were part of my personal life, part of the fabric of my social support system. I was in their world, they were in mine, and our worlds had been permanently changed.

The Mobile Member Care Team first came to Abidjan, Côte d'Ivoire, in 2000 to set up base and begin providing training and crisis response to missionaries across West Africa, a region about two-thirds the size of the U.S. We came with vision and passion; a vision to see missionaries and cross cultural workers thriving in their work, not just surviving it. We came with a love for Africa and Africans and a desire to learn more about the diverse and rich cultures on the continent. We knew that by

living in West Africa, we too would be exposed to crisis and trauma and an ongoing challenge would be to maintain our own mental health while also trying to help the people around us. But, it is one thing to know the risks intellectually and another thing to live it day in and day out. That is why we were glad to receive care ourselves from mental health professionals who came from the States shortly after we were evacuated from Bouaké. They met us in Abidjan, Côte d'Ivoire, our home base, and spent hours with us individually and as a team.

During that time, I was able to talk about the series of stressful events I had experienced over the past year and to begin to work through some of the emotional implications and personal lessons. I talked about the fears I had when we harbored 40 Liberian refugees during that eight-day siege—fear that mobs would come to kill them before our eyes. I talked about the pain of seeing people from Burkina Faso who had been burned out of their homes by Ivoirian militia, carrying all their possessions on their backs as they walked through our parking lot. I talked about the grief of seeing a country as beautiful and promising as Côte d'Ivoire begin to crumble and decay before our eyes because a few people wanted war while the majority longed for peace. I cried, I asked questions that didn't have answers, and I went back to the roots of why I was there. I found that those roots were deep and enduring and that I could finally answer the question of whether or not I was cut out to do this work. It wasn't about my strength or energy or will, really. It was about knowing that this was exactly what I was supposed to be doing and what I was made to do. As long as I could do the work with a motivation of love for the people I was helping and joy in doing that work, then I could keep going. After a period of rest and vacation, which helped to restore us to a place of renewed energy and vision, we entered into a new season of our work. Because the war continued, we were forced to relocate to a new country. So, as a team, we moved to Ghana, next door to Côte d'Ivoire. It was still centrally located in our 14-country service area and we were able to continue our efforts. This move also opened up new doors of opportunity for us to be more deeply involved with Africans.

What is the Mobile Member Care Team?

The Mobile Member Care Team is a non-profit organization designed to provide training and crisis response to missionaries

and cross-cultural workers living in West Africa. We work with the more than 10,000 missionaries and cross-cultural workers living in the 14 countries of West Africa, from Senegal to Nigeria. These workers come from many areas of the world (including the US, Canada, Europe, Brazil, Korea, Nigeria, and Ghana) and are members of a variety of organizations that focus on different services including medical care, community development, relief work, education, literacy, Bible translation, and church planting. Our goal is to help these workers cope and function effectively and with integrity in the midst of crises and constant exposure to violence.

We do this using a Community Psychology model, aiming to improve community life by promoting psychological well-being and preventing disorder. Using a primary prevention approach, we provide psycho-education that teaches practical skills such as how to manage conflicts, how to grieve, how to handle stress, and how to help others during crisis and trauma. These workshops serve the purpose of building awareness of needed skills, increasing existing skills, building and strengthening relationships within the communities, increasing knowledge, and creating networks. The training is very interactive, utilizing various methods of adult learning including small group tasks, whole group interaction, case studies, demonstration of skills, practicing skills, and personal reflection. Believing that there are strengths and skills within the community already that can be enhanced and accessed, we provide specialized crisis response training as a way of expanding helping resources within the community (Reissman, F., 1990).

Secondly, we provide direct care to cross cultural workers with psychological assessments, brief therapy, crisis intervention, and the mentoring of individuals who can provide psychological first aid to their peers (whom we call peer responders). To date, over 1000 cross-cultural workers have directly accessed these MMCT services in West Africa.

Each team member of MMCT is supported by donations from churches and individuals. There are no salaries paid to staff. Organizational costs are covered by workshop registrations and donations given by individuals and organizations who believe in the need for a service such as this.

What kinds of crises do Westerners living in West Africa experience?

Initially when we came to West Africa, our primary clientele

consisted of Westerners involved in mission work or humanitarian aid. These were people who came from fairly wealthy nations (US, Canada, England, Holland, France, Germany, etc.) who were making large personal sacrifices to work in a developing country. There are stresses and crises that are unique to someone in this situation and they can perhaps be put into several categories:
Violent crime – This is often something that missionaries directly experience, as opposed to being something they witness. The most common incidents are armed robberies, carjackings, and assaults in the course of a robbery. Typically there is not a well-developed or adequate police force to respond to these crimes. Because of corruption in some countries, the police may also be involved in, or overlook the crimes.

Violence related to war – This is typically not directed against missionaries, but they are observers to it and it may involve civil unrest, mobs, riots, and evacuation. Occasionally, missionaries may be caught in the crossfire or other war associated events.

Cultural adjustment issues – Things that are most difficult to deal with in West Africa are heat, language difficulties, dealing with poverty, not understanding or accepting cultural norms or cues, difficult traveling conditions, corruption in government officials, and infrastructure breakdown (i.e., intermittent or lack of electricity, water, trash removal, phone, and internet).

Health and sanitation – There is the constant threat of malaria, typhoid, dysentery, parasites, meningitis, AIDS, and injury or death from traffic accidents.

Job stress – There are constant demands and pressure, not enough time off, not enough staff, etc. A person may not be in a job that suits his/her skills.

Interpersonal crises – Most commonly these stem from the unresolved conflicts and tensions that come from being on a multi-cultural team that one did not choose. Many team members are living and working with each other under very high-pressure situations.

Grief and loss – There are many losses including separation from family (parents, adult children, or younger children placed in

boarding schools), premature death of friends and colleagues, loss of security, safety, familiarity, possessions, hopes, dreams, and constant changes of friends and living situation.

The psychological consequences of living with these types of stresses on a daily basis without adequate resources to respond to them most typically include depression, anxiety, acute stress disorder, post-traumatic stress disorder, and the exacerbation of pre-existing psychological conditions (i.e., personality disorders). When people or their organizations request counseling, the most typical presenting problems are burnout (fatigue, apathy, irritability, etc), depression, anxiety, interpersonal conflicts, or behavioral problems with children. Upon assessment, many of these symptoms are related to unresolved grief or an accumulated response to ongoing stress or trauma. It's not uncommon to hear a missionary describe multiple traumas that he/she has experienced over the years and to discover that this is the first time he/she is talking about them.

Interestingly, many missionaries have lived with these kinds of stresses and have endured numerous crises, and yet have demonstrated a level of resilience and strength that is remarkable. Few studies have been done to examine the factors that contribute most significantly to this resilience but in conversations with many of these individuals, several core themes emerged. One is a sense of call or purpose. Those who feel that they are fulfilling their life's purpose by being in that place are more able to endure loss, hardship and disappointments than those who came for other motivations such as attraction to the job, a sense of adventure, or pressure from a spouse or family. The problem with these motivations is that one may not end up in the job one came for, the setting may not be adventurous or romantic at all, and coming because of pressure from a family member will lead to a sense of resentment later on.

A second theme that emerges as significant is having a sense of strong social/emotional support. The literature has identified two key areas of support contributing to resilience, which are team cohesion and consultative leadership style (Fawcett, J., 2002;

Fawcett, J., 2003). We view team cohesion as a means of promoting resilience and lowering stress level overall and therefore much of our programming is designed to promote better communication and to develop skills related to conflict management. Secondly, many cross-cultural workers reference the presence and attitude of their leaders as being a critical factor in how they coped with various traumas and stressors. In fact, there seems to be a distinct negative correlation between expressions of bitterness or disappointment in leadership during times of crisis and ability to adapt successfully to the losses of the trauma. This may be related to the actual support given by the leadership as well as the person's perception of and trust in their leadership in general. (Fawcett, G., 2003).

These observations of what contributes to resilience and successful adaptation to crisis have helped to shape our programming, which aims to promote coping and prevent those things which may lead to premature attrition or unhealthy coping responses. Those programs are described in more detail in the section entitled "The workshops of MMCT—The Training Strategy."

Psychological Issues to deal with after being in a war zone and evacuating

A unique type of stress that many expatriates living in West Africa have had to cope with is that of evacuating from the country they are living in during times of war and immediate danger (Carr, 2004). The experience of being evacuated from Bouaké and then subsequently from Abidjan, taught me several important lessons about the psychological impact of this kind of event which has implications for the kinds of themes that are important to address in any counseling offered post-evacuation. The key psychological issues are as follows:

Guilt – One thing in the evacuee's mind is who is being left behind. As we drove out of Bouaké, the streets were lined with Africans who were unable to leave. The silence was damning, the expressions hopeless, our guilt acute. The evacuee wonders what will happen to the ones left behind. There is a sense of abandoning others. This feeling may be more intense after one

leaves and then realizes that he or she did not leave adequate resources behind (i.e., advance pay for any employees who had to stay). Guilt may be enhanced or diminished according to what African colleagues have said to their expatriate friends before they left—whether it was a message encouraging them to leave or a plea to stay. Leaders may be particularly prone to guilt depending on how they made the decision for themselves and others to leave and how their followers or national colleagues have responded to them (i.e., with compliance or with resentment, criticism, and anger).

Anxiety – While we were under siege in Bouaké, we received frequent calls from the American embassy assuring us that they were working on getting us out of this dangerous situation. They repeatedly asked us for information about who was there and wanted to know the nationalities of each of us. We were a diverse group of 12 Americans, four Nigerians, and two Canadians. When the embassy personnel said, "Don't worry, we'll take care of our people, "I reminded them that our group was not all Americans and was told that there would be no guarantee of the non-Americans being evacuated out. Our leadership team of four discussed among ourselves who would stay behind with the Nigerians if they were not allowed to come. We knew we would not leave them alone, but we did not know what the implications of that would be. There was constant uncertainty about this until the day and hour that we actually all got out. Another source of anxiety for us was related to the physical danger we faced. When the fighting was the most intense, there were bullets striking the building we were in and we all lay on the floor in a hallway corridor with mattresses against the windows to prevent being injured by shattered glass. We wondered what we would do if any of us were injured or had a medical crisis. There would be no way to get anyone safely to a medical facility. In fact, one of our participants did get malaria during these eight days but we had medication for it with us. One of our team leaders fainted from the heat and dehydration, which gave us all a scare since our colleague from the school had died of an apparent heart attack just days before.

Another anxiety is knowing that friends and relatives who are far away are hearing the news of the war and that we may not be

able to communicate with them concerning how things really are. Sometimes things are not as bad as the media is portraying it and sometimes they are worse. When we were under siege at Bouaké our phones worked the entire time we were there. I can remember at one point, when the shelling was particularly close, praying that my mother would not choose to call at that moment to find out how we were. Fortunately, she did not.

Additionally, there are anxieties and fears that come post-evacuation with the uncertainties of where one will live, what will happen to one's possessions, what will happen to those left behind, and what the future will hold in general. One's goals and expectations all go through a process of re-evaluation and it is very helpful to have compassionate, patient leadership present during this time of questioning and uncertainty (Fawcett, J., 2002).

Grief – The evacuee feels a tremendous amount of sadness and grief during and after the evacuation. There are multiple losses. For our team, there was the loss of friends. Some of our expatriate friends and our governing board scattered to many different countries after the evacuation while others stayed behind. When we left for Ghana and said goodbye to our national friends and employees we didn't know if we would ever see them again. There was also the loss of our home and possessions. As we left, we had to make the difficult choice of what was most important to put into a suitcase. Irreplaceable mementos such as photos and letters were the first to be packed. We were later able to have some of our things shipped over to Ghana but others left everything behind and did not recover those things. The grief of evacuation continues after one leaves the country because many times the war is ongoing and from a distance one hears the news of atrocities such as rape, looting, mass graves, etc. This is currently the case in Côte d'Ivoire.

Anger – It's very common to feel a strong sense of anger and outrage at the injustices and senselessness of the war. This anger may be directed towards the organizational administration particularly when evacuation decisions are made unilaterally or if the person did not agree with a team decision to evacuate.

Individuals can be helped by guiding them to evaluate the intensity of their anger in relation to actual events and to find appropriate ways to express and release these feelings. One missionary child I worked with expressed strong feelings of anger towards the rebels who had started the war and said that he wanted to go fight them himself. He also manifested his anger at school and at home, getting into fights and losing his temper frequently. It helped him to be able to identify his anger as part of his grief related to the losses he had experienced because of the war. With counseling and the help of his parents, he was able to develop more adaptive ways of coping with those feelings.

Existential Questions – Events such as evacuation raise questions such as, "Why did this happen?"; "Why did God allow this to happen?"; "What is my purpose here?"; "Where is justice?" Many of these questions can't be answered, but just having the opportunity to ask them in the presence of a non-judging person who can sit with the ambivalence and uncertainty can be very helpful. Over time this person can gently guide the evacuee to look at what they are learning from this and how they can grow as a result.

Africans in Crisis

Shortly after we arrived in West Africa, we began to realize that even though our team consisted of all North Americans, our clientele would not just be other Westerners. There was a need and request for our services from Africans as well. At first we hesitated, feeling that what we had to offer had been developed by Westerners and might not apply to African culture. There was also the language difficulty. All of our materials were in English and many of the African countries we work in are Francophone. However, Nigeria, Ghana, Sierra Leone, and Liberia, are in our service area and are English speaking. We responded to a request to come to a gathering of Nigerian missionaries in 2002. This was our first test of using our workshop materials with Africans and we looked to them for input and feedback.

We spent several days speaking at the Nigerian Evangelical Missions Association (NEMA) conference. This was a spiritual renewal conference for Nigerian missionaries. The conference planners were expecting about 1000 missionaries to come, but

the overflowing main assembly hall was filled with 1400 registered participants. We spoke twice to the whole group about managing stress, asking each of them to go through the process of identifying their stressors and their physical and emotional reactions to their stress, and then problem-solving ways that they could better manage this stress. This was done in 700 pairs! In the afternoon of each day when the heat rose to about 102 degrees, we did workshops for 300-400 at a time on managing conflicts. The four of us with the Mobile Member Care Team stood in the middle of a group of about 400 people who surrounded us in chairs, sitting as close together as they could. We were all outside, under a large tent covering, but the sun came through where we stood in the middle, dripping with sweat. We shouted at the top of our lungs because there was no microphone. In the back a man stood in front of a group of about 30 people translating everything we said into Hausa, the local language (for a small group there who did not speak any English).

After a short time of going over the handouts, we got them into pairs to talk about the areas of conflict management that they needed to work on and the sound was thunderous. I looked at the pairs and they were waving their arms, pointing to their handouts, sharing their hearts. Next we used role-play—asking two of the participants to demonstrate a scenario of handling a conflict poorly and then handling it well. Then we had them practice with made up scenarios, handling a conflict using some general principles of healthy conflict resolution. The session addressed attitudes about conflict (i.e., a tendency to avoid it or a tendency to win at any cost to the relationship), but also addressed practical ways to resolve differences. We wondered how this seminar would translate cross-culturally. After all, in many non-western cultures, conflicts are not resolved by face-to-face discussion but rather through a third party or other indirect means such as storytelling. However, in many Nigerian cultures, there can be heated debate that occurs face to face and many organizations had already experienced divisions and staff attrition because of unresolved conflict. We didn't in any way discount cultural traditions of managing conflicts, but offered some alternatives which were new ideas, and these did not seem to present a problem for those present.

Later we met with over 100 organizational leaders who wanted to

talk with us about how to improve member care in their organizations. We asked them about the kinds of stresses and challenges that their full-time volunteer staff were facing as they worked in cross-cultural settings. Many of the issues that they described overlapped with the kinds of crises experienced by Westerners living in West Africa. But there are perhaps some variations in the themes and patterns. Categories of crises for Africans working in human service careers might look like this:
Violence related to war – Rather than being mere observers, many African workers are in the midst of the war. They are direct targets because of the ethnic group or religious group to which they belong. Because of this they have experienced things such as family members being killed before their eyes, family members being raped in front of them, torture, homes being burned down or destroyed, entire villages destroyed, disappearance of family members, separation from family members while fleeing the war (some of whom have never been reunited), and injuries caused by bombs, guns, machetes, and mines.

Economic stress/crisis - Many of the workers rely on the donations of family members, friends, or churches for their income and are under-supported which means they are living at or below the poverty level. For many of them, this is a voluntary status – they have been educated as doctors, engineers, or teachers but choose to volunteer their services for a parachurch organization and sacrifice the security of a set income.

Children's education – While Westerners tend to have schooling options for their kids such as boarding school, international schools, or homeschooling, Africans do not have as many options and face serious challenges with getting a proper education for their children.

Job expectations and lack of margin – Many African pastors and church workers are expected to be available to those in need 24 hours a day and do not feel that they have the right or permission to turn people away or to set office hours that would allow them to have rest and margin. This leads to neglect of families and self-care.

Although the types of crises or sources of stress may differ between Africans and Westerners, many of the internal stresses are the same. Cultural norms may affect patterns of response such as unwritten rules about how grief or anger is expressed, but often the cognitive, behavioral, and emotional responses to trauma, grief, and loss are remarkably similar. It is the human reaction to loss to deny, be angry, be fearful, be sad, withdraw, and gradually to re-enter and rebuild with new strengths, new hopes, and the ability to help others (Greeson et. al., 1990). This pattern is commonly manifested regardless of culture, age, religion, or gender.

In Rwanda there is a proverb that says a man should swallow his tears. Many African men that I have talked to have told me that in fact it is very unusual for an African man to cry (although it really does depend on the ethnic group he comes from). Of course, we often hear this from North American men as well. Recently, we conducted a workshop with 24 participants, half of whom were men from Nigeria and Ghana. One of the facilitators was a man and as he shared one story, he became tearful. Rather than being ashamed of this behavior or rejecting it, several of the Africans stood up at the end of the workshop and thanked this man for being a role model and for communicating that it was OK to cry.

In general, we seek to understand and respect cultural differences and norms as we work with people who are not from our own culture. But, we have learned that certain aspects of any culture (including and maybe especially North American culture) are not necessarily right or healthy just because they are the norm. We feel that we have gained the credibility and permission, by staying in a position of learners, sometimes to challenge cultural norms to the extent that they do not contribute to effective interpersonal relationships or adaptive responses to trauma. A specific example would be a cultural norm that says that a woman who is raped should be ashamed of herself and should never talk about what happened. We are not value free in our profession. We are not neutral. We have a mission and it is about promotion of mental health and the prevention of mental illness. Sometimes that means challenging cultural values and norms.

There are aspects of certain African cultures that seem to enhance one's ability to endure hardship. Some of the themes I have observed in many Africans that seem to promote resilience and community are:

- A lack of entitlement. Not always expecting to get what you want or what you think you have a right to helps one to endure disappointments and the failure of others.
- A tendency to apply grace when mistakes are made.
- An expectation that life will be difficult—not being taken by surprise when bad things happen.
- A strong sense of family and community—loyalty to one's relatives, clan, and tribe are extremely important.
- A high value placed on generosity and hospitality—this means giving freely to and welcoming others who are in need or who have less than you.

The Trauma Healing Workshop—A Workshop for African Christian Leaders

In 2004, our team was asked to help facilitate a trauma workshop that had been developed by staff from a mission that focuses on Bible translation into African languages and the application of scriptural principles to every day life in Africa. The workshop was particularly designed for Christian community leaders from African countries that were currently or had recently experienced the trauma of war or ethnic conflict. The participants of this workshop came from Burundi, Uganda, Democratic Republic of Congo, Chad, Nigeria, Ghana, Côte d'Ivoire, Liberia, and Sierra Leone. They all had personal stories of trauma, experienced in their hometowns, because of war and ethnic conflicts. Some of the violence was related to rebels seeking to destabilize the country and overthrow the ruling party. Some of it was related to two ethnic groups at odds with each other. Other violence related to tensions between Muslims and Christians.

One man described being in a bus that was ambushed. When the perpetrators left, 20 people had been killed. Another man talked about working with children who had been kidnapped and

forced to be soldiers. He worked with a boy who had been forced to club his mother and then watch as other children were forced to club her to death. Another man described his personal trauma of losing his father, sister-in-law, and six year old nephew during a raid on his village by Muslim fundamentalists. His father was a retired pastor and was shot and killed in front of his own house.

Still others talked about the kinds of atrocities that they had witnessed themselves or heard about from friends and family during the wars in their countries. They spoke openly about women being raped, sometimes with inanimate objects, people's arms and hands being chopped off, brothers selling their sisters for sex with soldiers, pregnant women being disemboweled, people being made to clap and dance as their houses burned down, and people being buried alive.

These were the images, the sounds, and the memories that people brought to the workshop. For many, the way to deal with these experiences had been just to try to forget them and to concentrate on moving on and helping others. Some were restricted by misconceptions of how Christians should deal with grief (i.e., that they should not show any grief or sadness, but should immediately move into a joyful or triumphant state). These misconceptions had blocked genuine healing from trauma.

We started each morning in a classroom setting using a textbook that was specifically developed for Africans (Hill, Hill, & Bagge, 2004). Each chapter opens with an illustration from an African village setting. Half the group received their lessons in French and the other half in English depending on their country of origin. Topics included how emotional wounds can be healed, the process of grief and how to help people who are grieving, how to help children who are traumatized, how to help women who have been raped, helping people with AIDS, caring for the caregivers, a process for releasing emotional pain, forgiveness, dealing with ethnic conflicts, and crisis contingency planning. We looked closely that the kinds of spiritual questions that people ask during these types of events like, "Why does God allow suffering?" During these teaching sessions, our process included lecture, large and small group discussion, role-plays and demonstrations, stories and case studies.

All but one of the 28 participants were men and for most of them this was the first time they had publicly discussed the topic of rape, which has typically been a taboo subject. We talked about the physical and emotional impact of rape on a woman and the kinds of things that make it worse for her (i.e., being blamed or ignored). We discussed ways that women who are raped can be helped medically as well as psychologically. Many of the men indicated that they never knew how women were affected by rape, and they committed to hold rape awareness seminars in their home towns as a way of more supportively responding to rape victims.

After the teaching sessions, the group went into their separate language groups and began to translate the written lessons into their own mother tongue so that these things could be taught in their home villages when they returned. Their translations were later checked by the staff to ensure true understanding of the meaning of the material, leading to accuracy of translation.

The group also had the opportunity to ask questions of the professional counselors present or to meet with them individually if they wanted. Some of the questions included things like wondering how to help a brother who had been forced to drink blood and was now having nightmares or wondering how to help a friend who had been very angry and violent since the war. I had individual counseling sessions with several men from Côte d'Ivoire with the assistance of a translator. Many of them came asking for help with their children who were manifesting post-trauma behavioral problems such as regressive behavior, acting out, and difficulties in school.

Another strategy that we used to facilitate the expression of emotional pain was to give them the exercise of writing a song of lament in their own language. The elements of this song would include the wrongs that had been done to them, how they felt about it, and some kind of affirmation of their trust in God as their helper and provider. Each person wrote his or her own song and put it to traditional music and then shared it with the whole group.

Each evening, a few would come before the whole group and

share their personal stories of trauma and pain. Even though most African men do not cry in public, some of those in our workshop did weep openly as they shared their stories. For some, it was the first time they had ever talked publicly about what they had experienced. For many, it was the first time they had shared their pain without having someone give them a pat answer or a sermon or by telling them to stop thinking about it. The group responded to each person by quietly listening and then gathering around them with expressions of support and praying for them.

During the second week of the seminar, each person was given an opportunity to write down on a piece of paper, the experiences and feelings they had which were bringing them the most pain. They had a time of personal reflection and then shared these things in pairs. Afterwards the group came together and in a special ceremony, each person walked to the front of the room where there was a large wooden cross and laid his or her paper at the foot of the cross, symbolizing the act of giving their pain over to Christ, who according to Christian beliefs is the pain-bearer. Then the papers were gathered up, taken outside, and burned as we all stood watching and quietly singing. After this ceremony, one man shared that ever since his house had been destroyed, he had been obsessed with drawing up new house plans. He would draw plans over and over again and then destroy them. His wife tried to get him to stop but he felt that it was out of his control. After taking his wounds to the cross, this man testified that the destruction of his house was one of the things he had written on his paper and he genuinely felt that he had been released from his compulsion to draw house plans. The way he said it was, "My sickness of 'house' has been healed."

Two nights later, after the "taking our wounds to the cross" ceremony, we had a session where we identified where we ourselves were culpable. Many people in the midst of trauma have also done things that they were ashamed of or engaged in actions they knew were wrong. And, many began to realize that they were still holding onto hatred and bitterness towards the people who had harmed them, killed their family members, burned their homes, and committed many atrocities. It was very

hard to let go of this. Yet, it seemed clear that this hatred and bitterness was the fuel for ongoing pain, deepening wounds, and a desire for revenge that seems to feed the continuing cycle of violence in so many countries. Forgiveness is a central aspect of the Christian faith. Jesus forgave His persecutors as he died on the cross and He commanded his followers likewise to forgive their enemies. However, it's a command that many Christians struggle with and are loathe to follow, especially when their persecutors have not asked for forgiveness, and even continue to harm them and seem glad for their pain. Nonetheless, that evening, we all wrote down areas where we needed forgiveness and once again took those things to the cross. In the testimonies afterwards, many shared that they felt they had now forgiven the ones who had hurt them the most deeply. And for some, we could see a transformation in their facial expressions – from anger and pensiveness to genuine joy.

The seminar ended with a time of planning for the future. Specific goals were set for workshops like this to be held in the local areas in the coming months and for us as a group to meet again in early 2006 to assess progress and continue to do translation work together.

One always wonders about the long-term impact or effectiveness of a particular seminar. Time will tell, but immediately after the workshop, we gathered written evaluations from the participants to try to determine what the significance of the training had been for them. Many spoke of now having more hope and a decreased sense of anger and sadness. Quite a few referenced the significance of being able to let go of bitterness and to forgive the ones who had wronged them. Some referred to the value of better understanding the grief process and their plan to encourage others to mourn more genuinely rather than trying to cover over their feelings and deny their pain. Overall, it seems that the aspect of the workshop that most impressed each person and resulted in life change was the process of identifying wounds, symbolically taking them to the cross (surrendering them to a trusted source), and choosing to forgive those who had caused their wounds. In a world filled with violence that has been perpetuated through the generations, perhaps workshops like these are a start to trying to end the cycle of retaliation and

revenge.

The Workshops of MMCT—The Training Strategy

Three workshops currently form the core of our training strategy: Sharpening Your Interpersonal Skills (SYIS), Peer Response Training (PRT), and Member Care While Managing Crises (MCMC).

Sharpening Your Interpersonal Skills (SYIS)

The **SYIS** is a four and a half day workshop developed over a period of nearly thirty years by Dr. Ken Williams of International Training Partners. MMCT has conducted 29 of these workshops over the past four years with 645 participants. This workshop provides training in key knowledge, attitudes and skills needed for developing and maintaining healthy relationships. Some of the topics are: listening, building trust, living in community, helping others manage grief, confrontation, conflict resolution, and managing stress. We facilitate six to eight of these a year in the region with about 24 participants from various mission organizations and countries of service in each workshop.

Aside from the personal growth that many experience through this workshop, we see other benefits, too: we as an MMCT team are coming to know many missionaries in the region and are identifying the natural "people helpers" that are potential peer responders for the future. In addition, we are able to begin working relationships with mission leaders who take the workshop, which later makes a difference when we are called in as consultants during crisis situations. Also, missionaries from several organizations who have worked in the same area for decades are sometimes for the first time in a setting where they can build community and informal support networks across organizational lines. This is crucial on the front lines of mission work and far too often not the case. Additionally, for many of these cross-cultural workers, it may be the first time they have interacted with a psychologist. This gives them an opportunity in a non-threatening environment to develop a relationship with a mental health professional and break down negative stereotypical views about them.

Peer Response Training (PRT)

Building on the basic interpersonal skills covered in the SYIS, the PRT is a six-day workshop designed for those already coming alongside their peers as helpers. The PRT workshop requires an application process that includes recommendations from their SYIS facilitators affirming their basic interpersonal skills; from their mission leader confirming their confidence in them, their availability to serve and the mission's intention to use them once trained; and from a mission peer who expresses confidence in their interpersonal skills in crisis situations.

MMCT has offered this workshop three times and has trained 51 cross-cultural workers to be peer responders. Participants learn about the typical impact and effects of crisis, the potential pathological effects, how to make initial contact and how to provide one on one psychological first aid. The workshop also includes personal assessment of attitudes towards suffering. Other topics include when and how to make referrals and ethical issues such as confidentiality and boundaries. The last session of each day is a coaching group time when a group of four participants meets with the same staff person to share with one another what they have been learning and experiencing. These coaching relationships lend themselves to ongoing post-workshop mentoring through email, phone and occasional visits as we travel through the region.

Recently there was a renewed eruption of fighting in Côte d'Ivoire and about 200 missionaries were evacuated from the country (some of them for the third time). They were scattered to at least four surrounding West African countries. In each of these locations, peer responders who had been trained by MMCT were involved in providing practical help in housing, food and child care as well as emotional and social support and the opportunity to talk about the crisis they had just experienced. At the time, all of the MMCT staff were off the continent and so were only able to provide coaching and mentoring from a distance. The feedback we received from the recipients of the peer debriefing care was very positive. One organizational administrator wrote the following to us following the crisis: "*The Peer Responders met together a couple of times in Dakar to*

determine how best to handle all the different missions and needs. It was GREAT to see! Our group not only had a group debriefing, we also had Peer Responders come to talk with the children, youth and one on one individual debriefings. I was so thankful for how well our group accepted the whole concept and heard over and over how helpful it was for them. You all have done a great job of training people." Though we still need objective measures to determine the efficacy of our programs, it was good to see that during a major crisis situation, those who had been trained to respond were available, worked cooperatively across organizational lines, and were very appreciated by the community they served.

Member Care While Managing Crises (MCMC)

By participating in the five-day MCMC workshop, a mission leader will learn about normal responses to crisis and how to support others through the necessary stages of grief after loss or trauma. We address the strategic role a mission administrator plays in member care while managing crisis situations. Given the evidence that team cohesion and trust in leadership are two key factors in the mitigation of acute stress reactions in traumatic situations, this training is a particularly key strategy in trying to enhance the strength and skills of organizational leaders and increase their leadership competence in crisis situations (Fawcett, J., 2002). Specific topics include: the impact of crisis; developing policies, procedures, and protocols; the dynamic of trust for leaders in crisis situations; confidentiality and communication; information management; assessment of vulnerable members; unique needs in cases of suicide, sexual assault or evacuation; leadership styles in crisis; the when, why and how's of debriefings and crisis committees. From 2000-2004 MMCT conducted four MCMC workshops with 86 organizational leaders and managers.

After the evacuation of about 200 missionaries from Côte d'Ivoire, a regional administrator who had been through this training and has also been involved on our Governing Board wrote the following related to the efficacy of the MMCT crisis training: "*Congratulations, if you were to die tonight I think you could rest in peace because MMCT-WA is a total success in that*

an evacuation of a large country is taking place with no members of MMCT-WA on the continent and yet every mission group seems to be well cared for through the joint efforts of an army of trained peer debriefers. So yea, the hours registering people, writing materials, hauling suitcases from airport to airport, workshop training, coaching and sleeping in less than adequate conditions has paid off. Six years ago that wouldn't have happened, or at best it would have been a fumbling attempt. Now because of MMCT there is a sort of missions without borders happening where the various mission communities are no longer in their own little boxes, but they know and are friends with others through common workshops and training and now they are helping each other and working for each other's well being."

Other Services of MMCT

Other programs of MMCT include providing assessment, short-term counseling, crisis intervention, and making referrals. The team has one psychologist who works with other mental health professionals who come for short-term visits. She is also able to work with a consulting psychiatrist who lives in Côte d'Ivoire when medical evaluations are warranted. MMCT has been involved in 164 clinical cases and has served 384 cross-cultural workers through psychological intervention over the past 4 years. Written requests for feedback regarding the effectiveness of this treatment have yielded positive self-reports related to recovery time, ability to remain in overseas service, self-acceptance as opposed to self-criticism, and depth of understanding of normal responses to trauma which has decreased a sense of confusion and inadequacy. MMCT also has a resource library in Ghana with over 900 volumes related to issues such as cross-cultural relationships, leadership, stress, grief, and trauma. These books are lent to any missionary working in West Africa. Smaller libraries have been established in several other countries.

Personal Challenges for a psychologist working in West Africa

Multiple Relationships: Over these four years, I have worked closely with missionaries and cross cultural workers who have been shot at, beaten, robbed, taken hostage, carjacked, had their babies kidnapped, or lost their children or spouses to malaria. At first, the people I worked with were strangers to me, but as I interacted with workers through our workshops and other events, I became part of the community and formed friendships. At times I have wondered if every missionary I ever met or socialized with would one day need some kind of crisis intervention. At first I tried to set apart certain missionaries who would be my friends and for whom I would never provide crisis intervention. However, this is not practical when there are few other mental health professionals available to help. In the 14-country area that we serve, there are only three mental health professionals available to serve missionaries and cross cultural workers (including myself). So, multiple relationships cannot be avoided. In fact, I think that they can enhance the quality of service as long as a certain degree of objectivity is maintained and as long as the mental health professional maintains healthy boundaries and knows when to disqualify him or herself from service (i.e., when I was evacuated from Bouaké we did not agree to provide counseling for the kids who had been evacuated from the missionary school in the same town. Instead we helped to arrange for counselors to come from the States who could help them as well as us).

Chronic Exposure to Stress and Trauma: We came to care for those working on the front lines and to try to prevent unnecessary psychological/emotional damage resulting from trauma. And the fact that we live here and are also experiencing our own trauma of war, evacuation, robberies, and cross-cultural stresses does increase our credibility with those we came to serve. However, we also realize that we have a daily challenge of making sure that we also do not fall prey to burnout or trauma related illnesses. Several things have helped in the prevention of burnout for our team members – a governing board, the nurturance of healthy team relationships, and a balance of work, rest, and fun.

The MMCT Governing Board consists of nine mission leaders who live and work in West Africa. They embrace the vision of the

Mobile Member Care Team and meet with us regularly to discuss our goals, strategies, progress, failures, hopes, and frustrations. One of their foremost goals is to ensure that we are taking the vacation and rest that we need in order to be renewed and refreshed. They take this role very seriously and hold us accountable to good self-care.

When much of our focus is on helping others manage conflicts and build healthy team relationships, our credibility hinges on having a well functioning team. This is a daily goal and is assisted by having a team covenant that focuses on our commitment to accountability, encouragement, open, honest communication, conflict resolution, trust, and consensus decision-making.

Finding the balance of work, rest, and play is not easy in this setting but seems crucial to our longevity. There's a value among missionaries that promotes working to the point of exhaustion or illness. Our work can be intense and often involves long hours and a rigorous travel schedule. One principle we try to honor is to maintain Sundays as days of rest and reflection, as a way of rejuvenating and regaining perspective. Vacations can be a challenge in this part of the world – even a nice hotel on the beach may have disruptions and hassles that increase rather than decrease stress (i.e., there's no running water or the electricity goes off or rodents are sharing the room with you). As a team, we are committed to sometimes taking a few weeks off the continent on a regular basis for retreat and focused reading.

Few Mental Health Professionals: It's a challenge to be in a place where there are so few mental health professionals. Often times when I am working on a case or in a difficult situation, I use the phone or e-mail to consult with fellow mental health professionals in North America. But, this is costly and time consuming and I can't get immediate feedback. This is a luxury that we take for granted in North America. Before I came to West Africa, I worked in a community mental health setting where consultations, supervision, and case staffings were daily events. Staying up to date with clinical knowledge and getting consultation in areas where I do not have as much expertise is a

continual challenge.

The Overwhelming Need: Simply put, when someone is in an environment where he or se is surrounded by genuine need and suffering, it is a challenge to not become overwhelmed and to feel hopeless or weary. I am constantly aware of my limitations and weaknesses. I have to continually go back to the priorities we have set and the vision we have, and try to resolve each day to do my part to contribute to them. To try to do more is to burn out. To do less is to forsake compassion.

Future Goals

The Mobile Member Care Team—West Africa was started in 2000 with a goal of providing crisis response and training to missionaries in West Africa. It is the first team of its kind but we and our Global Advisory Board envision other teams like this being set up in other parts of the world. While the types of stresses and trauma may be different, many of the principles of intervention would remain the same. Our strategy is to identify staff who can help to implement the MMCT model in other parts of the world and to train them through an apprenticeship with MMCT in West Africa. We hope to begin doing this within the next couple of years.

Another future goal is to conduct outcome research in order to assess more objectively the effectiveness of the MMCT model in enhancing coping skills and preventing maladaptive responses to trauma in this setting. A research project is currently underway in a collaborative effort between MMCT and Dr. Frauke Schaefer of the Duke University Health System entitled "Coping with Stress and Trauma in Cross-Cultural Mission Assignments." The purpose of this study is to provide a more accurate estimate of the prevalence of PTSD symptoms, depression, and anxiety symptoms among missionaries in West Africa as well as to identify resilience factors that help them cope. This will help us to do a better job of evaluating the needs in the field and to customize our services to respond to those needs.

Conclusion

Why do I do this kind of work? The living conditions are difficult, the income is negligible, and the risk for secondary trauma is

high. But, I wouldn't trade this work for anything. When I'm sitting across from a missionary family and experiencing the thrill of being a part of their personal growth and recovery or when I'm in the midst of a workshop and looking at relationships forming and conflicts being resolved or when I'm enjoying the closeness and companionship of my teammates knowing that we've been through some of the most incredible experiences together (i.e., lying in a hallway while shells went off close by), then I know that I'm exactly where I'm supposed to be. By God's grace, I'll endure the hardships and continue to walk the road that I encourage others to walk.

Websites for further information

The MMCT website www.mmct.org The International Training Partners website www.itpartners.org

References

Carr, K.F. (1997). Crisis Intervention for Missionaries. *Evangelical Missions Quarterly, 33* (October), Wheaton, IL: Evangelical Missions Information Service.

Carr, K.F. (2004). Who Are the Better Missionaries: Those Who Leave or Those Who Stay? *World Pulse, Vol. 39(7),* Wheaton, IL: Evangelical Missions Information Service.

Fawcett, G. (2003). Preventing trauma in traumatic environments. In J. Fawcett (Ed.). *Stress and Trauma Handbook* (pp. 40-67), Monrovia, California: World Vision International, 2003.

Fawcett, J. (2002). Preventing Broken Hearts, Healing Broken Minds. In Y. Danieli (Ed.) *Sharing the Front Line and the Back Hills* (pp.223-232), Amityville, NY: Baywood Publishing Company.

Fawcett, J. (Ed.) (2003). *Stress and Trauma Handbook.* Monrovia: California: World Vision International.

Greeson, C., Hollingsworth, M., & Washburn, M. (1990). *The Grief Adjustment Guide*. Sisters, Oregon: Questar Publishers.

Hill, M., Hill, H., Bagge, D., & Miersma, P. (2004). *Healing the Wounds of Trauma.* Nairobi, Kenya: Paulines Publications Africa.

Jerome, D. & Carr, K. (2002). Mobile Member Care Teams. In J. Powell & J. Bowers (Eds.). *Enhancing Missionary Vitality* (pp.399-407), Palmer Lake, Colorado: Mission Training International.

Jerome, D. (2001). Mobile Member Care Team – West Africa: Our journey, and Direction. In K. O'Donnell (Ed.). *Doing Member Care Well: Perspectives and Practices From Around the World* (pp.117-126). Pasadena, California: William Carey Library, 2001.

Reissman, F. (1990). Restructuring Help: A Human Services Paradigm for the 1990's. *American Journal of Community Psychology, 18* (2), 221-230.

Williams, K. (2002). *Sharpening Your Interpersonal Skills.* Colorado Springs, Colorado: International Training Partners, Inc.