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THE TANGIBLE BATTLE

Rich and Kathy came to Kenya to teach at AIM's Pwani Bible Institute in Mombasa in 1993. They were not strangers to Africa, having been involved in missions since the 1970's, but the new assignment was nonetheless new. Rich was a busy Bible teacher with the challenging and rewarding work of building a basic Bible foundation for future African pastors. His previous ministry had been in Chad, and now he had the additional, daunting task of transitioning 13 years of notes and lesson plans from French to English.

"There was a lot of burning the candle at both ends on my part," Rich admits.

Kathy was simply learning how to be a mom in a strange land, while finding time to build relationships and engage in hospitality. She was pregnant with their second child, and it was a hard pregnancy. Kathy ended up on bedrest at about the same time a weary Rich came down with hepatitis, and they both ended up in the hospital.

"We spent the week passing notes between wards," Kathy recalls. "That was a difficult stretch."

But they coped, as missionaries are often expected to do. Another term, another furlough, and they were back at it again. The kids were growing up, and the ministry was gaining momentum—and adding demands.

The road between Rich and Kathy's coastal home in Mombasa, and Kenya's hub in Nairobi was, at the time, 275 miles of treacherous, broken pavement. Rich and his family had to travel this highway often, and one day they met with near-disaster. The road ahead of them was obscured with smoke from a brush fire in an adjacent field. Rich braked as he entered the haze, but the bus behind him didn't, and it slammed into the back of their little truck. They were sent flying and flipping to a crushing stop. The children in the back seat were miraculously unharmed, but Rich had a fractured skull.

At the sight of ruined car, Rich's mechanic declared, "I've never seen anybody get out of a vehicle like this alive."

All of them, even Kathy who was not in the car, were deeply shaken. Both Rich and Kathy became concerned for their kids' emotional well-being. They had heard about some counselors in Nairobi and thought it might be wise to let their kids talk with one. It was only one session, but it gave them what they needed: reassurance that they were on the right track to recovering from the trauma of the accident. For Rich and Kathy, this was their introduction to AIM Care—a relationship they did not yet know would be instrumental in carrying them through the many years ahead.

WHAT IS AIM CARE?

Sometime in the mid 1980's, AIM missionary Dave Dunkerton wrapped up his church planting ministry, went back to college to get a Master's degree in counseling, and returned to Kenya to start a formal, field-based ministry of Member Care for missionaries by missionaries. At the time, the concept was unprecedented, but Dave saw a burgeoning need. AIM Care was born, and with it, the vision of more fruitful ministries, and more resilient missionaries, through a service of preventative and restorative mental health and pastoral care. AIM Care joined together with another mission organization, and in 1991 opened the Tumaini Counseling Center in Nairobi.

Tumaini is the Swahili word for "hope." It is the only counseling center of its kind on the continent, with a ministry that encompasses dozens of African countries and many different evangelical mission agencies.

"Before AIM Care," psychiatrist and AIM Care missionary Roger Brown explains, "missionaries simply had to go home if they had any kind of mental health needs requiring professional help."

But some may ask, why would a missionary ever need help with their mental or spiritual health? Aren't they cut from something tougher than the average human being? Aren't they covered with an extra measure of God's protection and grace? As missionaries, we like to believe this. But Roger quickly sets us straight.

"Missionaries are not any different than other people," he says with the gentle tone of someone who's sorry to shatter a comforting myth.

Missionaries are not any different, but our circumstances can be. Coming to Africa, we face challenges that possibly nothing in our experience has prepared us for. In a cross-cultural setting, there's great potential for isolation, heightened stress, and emotional overload. Ministry pressures threaten to drive a wedge in our families. The overwhelming needs put us at risk for the textbook "compassion fatigue." And the environment—war-torn countries, high crime, bad roads, and other perils—opens a door to all kinds of possible trauma, both physical and emotional.

On any given standardized stress assessment, the average missionary scores somewhere "off the scale" according to Roger.

"People that are doing fine in their home culture may, in this context, regress. New issues can arise, and issues that once seemed to be settled, may not be anymore."

And emotional battles don't always hit us like a bus. They can build over time—often without our knowledge, and sometimes in plain view of our denial.

THE UNSEEN BATTLE

Phil and Jan also came to Africa to serve at a Bible school. In 1992, Phil was a lecturer at Moffat College of Bible in Kijabe, while Jan was at home with 5 kids. They were new to cross-cultural ministry, full of energy and promise. But a couple of years into their term overseas, Jan received word that her brother had died tragically. She was still struggling with the transition to life on the field and, into this, her brother's death was a powerful blow.

At first she was just shocked and confused. She knew about AIM Care's ministry, but she was hesitant to seek counseling.

"I didn't want to be one of those people with emotional problems," Jan confesses. "I can be a fabulous actress; people had no idea. But away from my support group, I realized I was not handling life very well." What Jan described as her "gardenvariety anxiety" only grew worse. At some point, she couldn't face going to church or being with people. She felt as if she had lost her ministry, and feared she was also losing her ability to be the mom she needed to be. Jan describes how she felt on her worst days as being trapped in "a dark and narrow ravine."

"You know there's a sun up there, but you just can't see it."

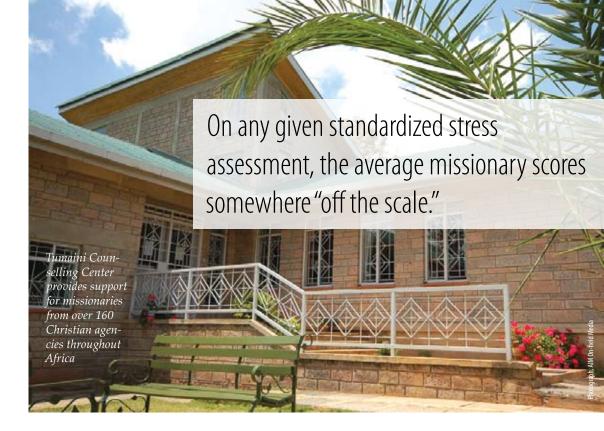
When Jan finally realized it was beyond her own ability to resolve her crisis, when the emotional pain was finally too much, she called AIM Care.

"There was a part of me that needed to come out into the light. At Tumaini, I could bare my soul and be safe. I needed a place like that. They were walking along side me—helping, not pushing. I felt understood, not judged. And I knew that one of the most important things in my life—my Christian faith and principles—would be honored there."

ack in Mombasa, Rich and Kathy were entering into a similar dark valley, but by a different route. Some years into his ministry, Rich was asked to take on additional roles to his teaching. Then he was asked to be the Academic Dean. Then the 9/11 attacks occurred, and this led to regular street demonstrations in their strongly Muslim city, as well as a deteriorating environment in their daughter's local school. This pushed them to a point where they needed to move her to boarding school some 13 hours away. But then the frequent visits to encourage her, and the frequent absences from the responsibilities at Pwani, led Rich and Kathy to question their ministry effectiveness.

"I could see I was spiraling down," Rich remembers.

A prior struggle with depression, thought to be under control, was surfacing again, and with intensity. Rich and Kathy remembered how the staff at Tumaini had helped their family through the car accident years ago, and they quickly realized that Rich needed their help again—they all did.



"If it touches him, it touches me, and then the kids." Kathy describes what felt like an attack on their family. "It's part of the spiritual fallout of working for the Kingdom. We are exposed to a spiritual darkness we might otherwise not be."

For Rich and Kathy, the return to Tumaini was the beginning of a long-term relationship with the counselors there—one that became an integral part of their continued ministry. In fact, it was the reason they could continue. Along the way, AIM Care helped them with the burdensome decision to change ministry locations, helped with hard schooling decisions for their kids, and guided Rich through his battle with depression. This counseling also helped set the stage for further, life-changing counseling from a ministry called Link Care when they went home on furlough.

"He's a new man," Kathy says of her husband today. "Rich and I are different people."

And their ministry was affected too. "Sometimes we offer people a shallow

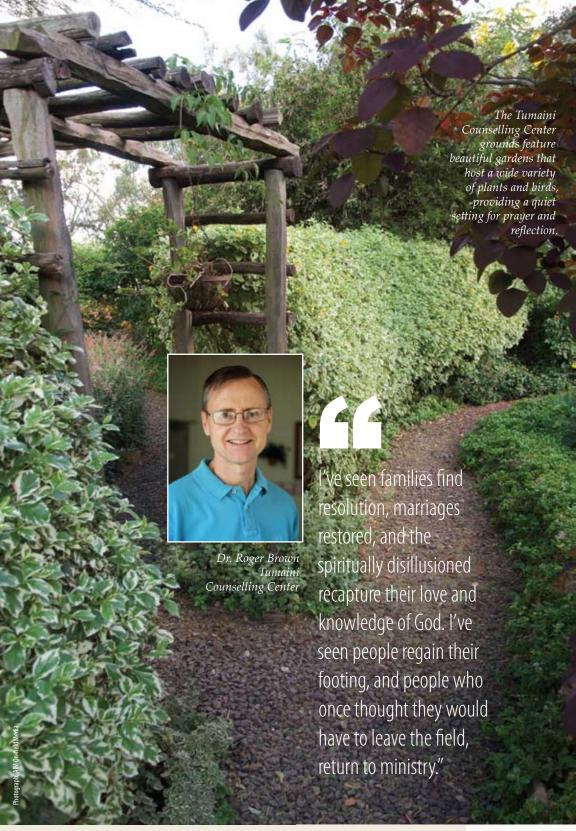
spirituality because we haven't worked through our own issues," Kathy says. "In some ways, the crises are a God-send."

Jan can relate. Her emotional pain cut right through her own ministry of member care to the women on staff at the school where her husband was a Chaplain.

She remembers the frustration. "I thought, 'How can I be having these problems? People look to me for encouragement."

AIM Care helped her see that we all come to the mission field with a weakness, or more than one perhaps. "You don't get to pick your problem," Jan often tells her colleagues. It is part of the reality of our broken world, and part of our nature as broken human beings.

Jan also came to understand her struggles as part of what God was doing in her life—part of her sanctification, not some departure from it. This helped her to open up and become more approachable for others to talk to about things they tended to keep hidden.



"The part of my life I most disliked became my ministry platform," she declares with joyful surprise.

The ministry of member care is one that, in some ways, all of us can be involved in. Member care can include anything from the simple and sincere encouragement between one missionary and another, to the complex, clinical help from the counselors at AIM Care. But in whatever form it comes, God is honored when we care for one another.

ALL IN THIS TOGETHER

By all accounts, the counselors at AIM Care would seem to have one of the hardest, most unrewarding jobs in the mission. Their daily grind consists of our worst days—when families and ministries are hanging in the balance, and we are at our wit's end. They know missions without the pretense. Missionaries without the veneer.

Yet, when asked what's most rewarding about his ministry, Roger has a remarkably long list.

"I've seen families find resolution, marriages restored, and the spiritually disillusioned recapture their love and knowledge of God. I've seen people regain their footing, and people who once thought they would have to leave the field, return to ministry."

Being in a position to witness God's healing touch in people's lives is the greatest privilege of all, and serving fellow missionaries in their time of need, one of the greatest testimonies we can have, according to Roger. He recounts the many "one-another's" in the Bible: Love one another, encourage one another, bear with, build up, pray for, and spur on one another. This is at the heart of member care, Roger explains.

"What a testimony to the world around us when we care for one another!"

Without this care, Phil and Jan might not have made it 20 years. They are still thriving in ministry as they graduate the last of their six children from Rift Valley Academy this summer. Phil has a crucial ministry training pastors in basic church leadership

skills, and Jan is the orientation coordinator for new missionaries in AIM's Eastern Region.

Without this care, Rich and Kathy might not be retiring this month with a strong and genuine sense of "finishing well." Rich and Kathy are wrapping up decades of service in Africa, but their ministry isn't over. As they head home, they hope to mentor a new generation of missionaries from their home church.

Good member care can make the difference between flourishing and merely coping on the mission field, between retiring strong and retiring bitter or disillusioned, between a whole career and a single term. And it can make the difference between another generation following in our footsteps or taking one look at missions and deciding it's just too costly a path.

As AIM pursues its vision and engages some of the hardest to reach people and places in Africa, the task will only get harder. We should expect some trouble, just as we should expect Jesus to be with us—to the very end of the age. But we should also find comfort in the knowledge that we have fellow sojourners at our side, willing to walk us through trials both big and small, and able to lift us from the darkest ravine if ever we should find ourselves there. The missionary life can be a battle sometimes, but take heart, we are all in this together.

getINVOLVED

All of the therapists at Tumaini Counseling Center

are missionaries who are supported by donations from churches and friends. More mental health professionals are needed: psychiatrists, psychologists, marriage and family therapists, and other areas of counseling. There is also a need for counselors to serve the broad population of missionaries coming from around the world, especially the growing sending areas of South Korea and South America. For further information, visit tumainicounselling.net

If you would like to donate to this very specialized ministry of support for missionaries, please specify AIM Care Counseling (Project ID – 000836)