

The Center for Medical Mission's *e-Pistle* February 2013

I don't know where the time has gone but it seems to keep leaving me in its dust. I'm sure part of the reason for that is that Daniel Tolan is no longer in the office working with me. We will continue to work together for events like our Orientation to Medical Missions and the Global Missions Health Conference, but I'm your contact if you need help with something. susan.carter@cnda.org.

I'm just back from a quick trip to Malawi where I was one of a three-member organizational review team. We didn't have a lot of time, but staff members were free to share so we learned a lot. We will appreciate prayer as the final report is written. I have a strong sense of responsibility that the report offer help to both strengthen as well as move the ministry forward.

Probably most of you have heard that Dr. Dan Fountain was welcomed into heaven on February 12. We were all saddened to learn of his passing but rejoice that he has received the reward for which he labored so faithfully. He will be missed by many! Please pray for wisdom for the people dealing with the ministries Dan had planned to fulfill. Specifically, there is the April course at ECHO.

This is a shorter issue of the *e-Pistle* as there is no article from Dr. David Stevens. I thought I would give him a break since his schedule is so full. OK – I don't really have that power, but I did tell him it would be OK. I expect he will have an article again next month.

Though short, I trust you will find this issue helpful!

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Cura Animarum

by Rev. Stan Key

Many scholars would say that Plato's *Symposium* is the foundational text for the Western world's understanding of love. Written around 400 BC, the book describes a dinner party (i.e., a drink-till-you-get-drunk boys' night out) where the guests are invited, one after another, to give speeches in praise of love. As the wine flowed more freely, the orations became more loquacious. Socrates and his friends concluded their discussions in describing homosexual love (!) as the highest and noblest form of human affection.

And *this* is the classic text on love for western civilization? No wonder we are so confused. No wonder immorality, divorce, dead-beat dads, abuse and gender confusion are threatening the very survival of our culture. No wonder we have produced an entire generation of people who understand "love" in terms of "that-which-makes-me-happy."

The key to understanding this cultural confusion lies in a short course in Greek vocabulary. The term Plato used for love was *eros*. Though the Greeks could at times use this term to describe noble dimensions of altruistic behavior, the word also permitted much more animalistic interpretations. *Eros* often described a form of love that was self-seeking, self-gratifying and sensual. To love with this kind of love meant to seek those relationships that bring me joy, pleasure, happiness and enhance my sense of self-worth. It is easy to see how the English word "erotic" took its cue from the Greeks.

Thank God for the gospel! It is astounding that the writers of the Greek New Testament never once used *eros* to describe the love that was manifested in Jesus Christ. Though the term would have been familiar to them, they consciously avoided a word that simply could not convey what God had done in Christ. Instead, they chose the word *agape*. This was a term (used more than 200 times in the New Testament) that gave them the ability to describe a new kind of love, a love that was virtually unknown until Jesus showed us what it looked like. The chart below describes two very different kinds of "love."

Eros

Self-centered

Based in the

Seeks to possess

Finds joy in getting my needs met

Grounded in the beauty of the beloved

Agape

Other-centered, self-giving

Based in the will

Seeks to give

Finds joy in seeing your needs met

Grounded in the character of the lover

Frankly, I know no better path out of our cultural confusion and moral decay than to rediscover the agape-love of God... and then sharing *that* kind of love with everyone we know!

Opportunity to Respond

We have been asked to generate a list of medical mission institutions that have residency programs for national physicians. Since you are in the field, you can help us generate a complete list. If your ministry is involved in training national MO residents, would you please send me the name of the institution and the type of residency training that is taking place there? It would also be helpful to have a contact for that institution as well. You can send it to me at susan.carter@cnda.org. Thanks so much!

Announcements

CMDA National Convention

If you are in the U.S. around the first of May, we hope you will come be a part of CMDA's 2013 National Convention which will be held at Ridgecrest near Asheville, North Carolina on May 2-5, 2013. The theme for this meeting is Rest and Renew at Ridgecrest! For more information, visit www.cnda.org/nationalconvention.

Center for Medical Missions' Orientation to Medical Missions for New Medical Missionaries

Plans are moving forward to expand our Orientation to Medical Missions conference to 3 ½ days from the usual 2 ½ days. It is also probable that we will hold a second conference this year due to the number of interested participants. If you know of someone who will soon be going to the field for long-term ministry, I hope you will tell them about this conference. Previous participants have found it very helpful. This year's conference will be at a retreat center which will facilitate fellowship and additional sharing time. For more specific information, you can contact me at susan.carter@cnda.org. I hope to have all the information on the website by next month.

I Don't Want to Go!

by Dr. Ronald Kateskey

Dorothy Carey is a prime example of a spouse who did not want to go as a missionary. She told her husband, "the father of modern missions," she did not want to go. She told the agency she did not want to go. She told a prospective teammate she did not want to go. She refused to go repeatedly over a four-month period—even when William Carey and their oldest son left for the field without her and the younger children. She finally

consented to go after repeated meetings and essentially being threatened by another member of the team.

What happened?

As one might expect, Dorothy did not have a good experience as a missionary and tried to sabotage the work William was doing. She and William obviously did not have a happy marriage and a nurturing home for their children while they served on the mission field.

Another missionary couple was present during some of their disagreements, and the visiting husband wrote, "She has uttered the most blasphemous and bitter imprecations against him...seizing him by the hair of his head, and one time at the breakfast table held up a knife and said, 'Curse you. I could cut your throat...you rascal...God almighty damn you.'" Before she was confined, she followed William through the streets raving and railing against him.

Of course, Dorothy was an extreme case in that she became mentally ill and had to be confined most of the later years of her life. She even tried to kill William a couple of times while serving in India.

Could such a situation happen today?

Of course, it could (never say "never"), but it is much less likely today than it was 200 years ago. Several factors are in place to prevent such a scenario today.

- Many agencies have developed criteria for screening people with mental problems.
- Such agencies also would refuse to send someone who did not want to go.
- Member care departments provide counsel and medication to those who are mentally ill. They also provide marital counseling to couples who have conflict.
- Many cultures have a very different view of mental illness and people in those cultures would take a dim view of such lengthy confinement.

However, even with these safeguards, similar problems do occur, and some are unnecessary tragedies.

Could it happen to other family members?

Such differences between a husband and wife obviously have an impact on their marriage. However, even when both of them want to go, their offspring may say, "I don't want to go!"

- Elementary children. Thinking about leaving their friends, changing schools, leaving their pets, leaving their rooms and so forth, many children do not want to go. If parents handle this right, most children (even those who do not want to go)

readily adjust to the new situation—and then do not want to return to their passport countries.

- Teenagers. Adolescents give similar reasons for not wanting to go, but they are more likely than children to fail to adjust to the new situation. Adolescents have different cognitive capacities and do not hesitate to argue with their parents—more likely to continue agitating after they go. They tend to do something that will strike at their parents' ministry. For example, boys tend to break the law and get in trouble with the police while girls tend to act out sexually and may become pregnant.

What if the person doesn't say so?

Sometimes people do not say they do not want to go, but they use all kinds of passive resistance to hinder going, behaviors commonly called being passive-aggressive. Rather than openly refusing to do something, they just hinder getting the job done. Here are a few of their traits.

- Resistant to suggestions
- Critical of authority
- Repeated failure of simple tasks
- Forgetting obligations
- Resentfully stubborn
- Sullen sarcasm
- Sulking sabotage
- Complaining procrastination
- Willful incompetence
- Intentional inefficiency

These people may be aware of what they are doing and do it purposely. However, they may not realize what they are doing or why. Any of us are less excited about participating in something we really do not want to do.

What can we do about it?

The best solution to a difference between husband and wife is for them to talk and pray together, alone and perhaps with a counselor, until they can come to some agreement. However, they may not be able to reach an agreement that is acceptable to both. Then they are left with four options.

- Both stay. One option is that they serve a mission agency in some capacity in their passport country, with neither of them going to serve in another culture. This enables them to be involved in missions without the stress of cross-cultural living. The problem may be that the one wanting to go may resent having to stay at home and the one not wanting to go may feel guilty for keeping the other home.

- One goes and the other stays. This was the option that Dorothy and William first chose to do, but they could not do so because of the war prohibiting travel. This allows both of them to live where they wish, but it results in separation of the couple for long periods of time. For a relationship to flourish, people must spend time together.
- Both go. This is what Dorothy and William did with Dorothy feeling forced to go. The problem with this solution is that the one forced to go may continue to balk at every step and may greatly resent the pressure.
- Both stay and then go. If the problem with going is related to something that will change over time, perhaps a delay in leaving will resolve the problem. For example, if the problem is that one feels responsible for dying parents, the couple may be able to take care of the parents for a few years, and then go to another culture.
- Promote the positive. When children do not want to go, emphasize getting things they (not you) want. For example, talk about the new friends, good food, etc. (not another visa in their passport, learning the geography of a country, etc.).
- Leave one behind. Sometimes teenagers prefer to remain in their passport country with the family of a friend. For example, they may not want to leave close friends or may want to graduate from their hometown high school.

Whatever you do, keep talking, negotiating and compromising until everyone involved can live with your solution. God does not require you to sacrifice your marriage or your family to serve Him in another culture.

For a more complete treatment of this topic as well as other topics, please visit www.missionarycare.com or www.crossculturalworkers.com. Also please let your non-medical colleagues know about these free resources listed.

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