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Family Caregiving:

The Cost and the Privilege

A Message from the President

By Timothy Hibma, MSW

I have good news about spreading the *Good News*: more and more countries that used to *receive* missionaries are now *sending* missionaries to unreached people in the world. The bad news: as exciting and important as this is, pre-field training, debriefing, and on-going member care for these missionaries is not as established as it needs to be. God's Kingdom workers are suffering as a result. Many U.S. churches and small organizations are sending missionaries with inadequate language and cross-cultural preparation. Far too many young couples and individuals become disillusioned or burn out in their first term of missionary service. Often, they quit.

The mission of the Narramore Christian Foundation is to "meet the psychological needs of **underserved populations** by providing communications, services, grants, and seminars based on the integration of psychology and Scripture." There are places in the world where, for political reasons, U.S. missionaries are not allowed to live and work, yet missionaries from Central and South America are allowed free access. Will serving **underserved** Latin American missionaries become a new NCF ministry focus? We don't know, but we are praying about this and seeking the Lord's direction.

The need for NCF's ministries has never been greater. NCF has the experience and passion for being responsive and creative, developing programs and ministries to help meet the psychological and emotional needs of these precious Kingdom workers.

I am privileged to serve as a board member of Alongside, a counseling-focused retreat ministry in Michigan for pastors and missionaries who desire restoration and renewal. My conversations serving in this role as well as with many people in worldwide missions have led me to pray fervently for God to use NCF and others to bring understanding, care, encouragement and, if needed, treatment for those who cross cultures for Christ's sake.

We need more trained Christian counselors to help meet missionary needs. NCF is partnering with faculty of Rosemead School of Psychology to provide their students with the vision and challenge to use their gifts and training to encourage and heal missionaries on field and as well as in their passport countries. We hope to partner with faculty at other Christian graduates schools also.

The Apostle Paul writes in I Corinthians 16:15-18 (NRSV): *Now, brothers and sisters,you know that members of the household of Stephanas were the first converts in Achaia, and they have devoted themselves to the service of the saints; I urge you to put yourselves at the service of such people, and of everyone who works and toils with them. I rejoice at the coming of Stephanas and Fortunatus and Achaicus, because they have made up for your absence; for they refreshed my spirit as well as yours.*

Please pray with me today that God will raise up people like Stephanas who was such a blessing to the Apostle Paul. May God receive all praise and glory!

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FEATURE ARTICLE

Photo by Deborah K. Hoag

Family Caregiving:
The Cost and the Privilege

Karen F. Carr

Whoever finds their life will lose it, and whoever loses their life for my sake will find it.
(Matt. 10:39, New International Version)

Rebecca, a cross-cultural worker living in Central Asia, suddenly got the news she had been dreading. Her father's illness had progressed to the point where her mother could no longer manage his care on her own. Being thousands of miles away contributed to her sense of helplessness. Phone calls

with her mother heightened her concern and feelings of guilt. The decision about whether or not to leave her overseas home to help provide care for her dad kept her awake at night. She felt the turmoil of conflict between her call to full-time ministry and her call to help her family. When she did return to assist in her father's care, she found herself thrust into a world of unknowns and uncertainties.

Caregivers, as opposed to professional service providers, are unpaid family members or friends who take the responsibility to provide or coordinate care to ill or disabled loved ones. In many countries, there are no long-term care facilities for the elderly or disabled and families are the primary caregivers. In the United States, one in three family members is caring for a loved one with a disability. That is over 65 million informal caregivers![1] If unpaid caregivers were to be compensated, their annual labor would cost $642 billion in the US.[2] The US Census Bureau projects there will be a 28 percent annual increase in the population of adults over the age of 65 in the next 20 years.[1] The need for family caregivers is only going to increase.

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Advances in medicine mean that people live longer, but they may have complex multiple medical needs that need to be managed at home or in a skilled nursing care facility. Government programs may provide in-home care on a limited basis, but family caregivers will bear the greatest load of responsibilities. Most families cannot afford to pay for home-based nursing care, either as a supplement to what government subsidies provide or following discharge from government subsidized programs. Family members will eventually find themselves in caregiving roles, providing nursing tasks that are foreign and anxiety provoking. They may feel incompetent and worry that they will hurt their loved one or make things worse for them. They are expected to maintain all of their normal responsibilities and routines of life plus pick up the tasks that the ill person can no longer perform. They are stepping into a steep learning curve of new skills without adequate training, preparation, or needed resources. All this is happening while the caregiver is experiencing the deep grief that comes from seeing a dear loved one suffer and deteriorate.

It does not have to be this way! Research has shown that there are some very practical tools that can help build caregiver resilience. Despite published research recommending effective interventions for caregivers, many caregivers and medical professionals are unaware of what most impacts caregiver resilience. Before we look at what fosters caregiver resilience, let's go a bit deeper into the impact of caregiving on the caregiver.

Stresses of Caregiving

> *We are hard pressed on every side, but not crushed; perplexed, but not in despair; persecuted, but not abandoned; struck down, but not destroyed.* (2 Cor. 4:8-9)

When Rebecca arrived at her parents' home, she was shocked to see how weak her father was and how much weight he had lost. He could only walk with the assistance of a walker but every time he got out of bed, she feared he would fall. Her parents' house was not equipped with railings or a downstairs full bathroom. Rebecca was also distressed to see how tired and overwhelmed her mother appeared. Seeing the ravaging effects of illness triggered thoughts of her mortality and that of many close to her.

Home care nurse aides came to the house once a week to check on her father's functioning and take his vitals. Some were professional and kind, spoke words of encouragement, and gave practical support. Others were condescending, impatient, and critical of the family care. Rebecca struggled with having to interact with so many different health professionals, each one with different personalities, priorities, and specialties. She felt torn between attending to ministry tasks she had left behind as well as helping to care for her dad in ways she had never imagined.

At the point of crisis, when a loved one is first diagnosed, family members and friends come out of the gate at full strength– diverting their energy and resources to caregiving. Some may quit their jobs or reduce ministry commitments. Family members lose sleep and neglect their personal care. They are reluctant to engage in enjoyable activities, which now seem frivolous. After a while, fatigue sets in, the immune system weakens, and isolation increases. Asking for help seems selfish and a little embarrassing. The caregiver sprints around and around the track. "Take care

of yourself" well-meaning friends advise, but they don't have to live with the guilt of wondering if that self-care will mean that the loved one suffers more or with the grief of wondering if this will be the last meaningful encounter. Eventually, the realization comes that this is not a sprint, it is a marathon but with no visible finish line. It ends, on some level, when the loved one dies, but no one can say when that will be. If the caregiver knew that this was going to be a long-term commitment, then perhaps choosing to slow down and ask for help would not only seem reasonable, but downright necessary.

Positive Effects of Caregiving

> *Not only so, but we also glory in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope.* (Rom. 5:3-4)

Despite the stressful realities of caring for a loved one who is ill or disabled, one in three caregivers report that they do not have strain or negative health effects.[3] Some positive consequences of caring for a family member are feeling needed, feeling good about yourself and what you can contribute, and finding more meaning in life.[3] Relationships may be strengthened as your family and friends come forward to provide you support and practical care. As a caregiver, you have the opportunity to learn new skills that can be quite fulfilling. These might be practical skills such as how to use a blood pressure cuff, relational skills such as increased assertiveness, or emotional skills, such as finding better ways to cope with stress.

The caregiver has the opportunity to grow from the many stresses and adversities encountered. Some may become more compassionate as a result of giving care. Mastering and overcoming challenges will make the caregiver stronger. Some will learn, out of necessity, to become more organized. Others grow in their capacity to be assertive and to confront in healthy ways. Some have opportunity to release perfectionistic tendencies and to set realistic expectations for themselves and others. The experience of surmounting overwhelming challenges may lead the person to think, "I am more resilient than I thought I was."[4]

Robertson McQuilkin was the president of Columbia Bible College and Seminary when he ended his career in order to give full time care to his wife, Muriel, who had been diagnosed with Alzheimer's disease. When some questioned his decision to resign his post and devote himself to caring for her, he said that she had cared for him for four decades and if he took care of her for 40 years he would never be out of her debt.[5] He cared for her for 25 years. McQuilkin said that *caregiving is a privilege*.[6]

McQuilkin wrote this poem, reflecting his focus on relationship and love.

Life is simpler now.
No longer knitting these two lives with threads of
conversation, but with the wordless assurances of love.
The motions of my soul more deeply tender,
hammered by the blows of adverse winds.
Love more pure, intense emerges from the fire.
Life is simpler now.
God's good gift for two busy people who celebrate the
past, and quietly wait with hope.[6]

Negative Effects of Caregiving

My God, my God, why have you forsaken me?
Why are you so far from saving me,
so far from my cries of anguish?
My God, I cry out by day, but you do not answer,
by night, but I find no rest. (Ps. 22:1-2)

Given the sheer volume of stresses laid upon the shoulders of family caregivers and the different ways they might experience hardship, it is no surprise that many have negative emotional struggles such as depression, anxiety, and anger.[7] Four out of ten family caregivers for cancer patients have depression and/or anxiety. The vast majority of caregivers experience significant sleep deprivation. This might be caused by worries about the future or a heightened alertness that comes from listening for the loved one to call for help or the sound of someone falling. Sleep deprivation, which leads to depression and fatigue, may also cause the caregiver to make mistakes when giving medications which can cause guilt and self-blame for subsequent medical events.[8]

Robert McQuilkin refers to the hazards of unrealistic expectations.[6] Caregivers may struggle with expecting the loved one to function in ways they did when they were healthy. Or, they may feel a need to constantly correct them when they say things that are untrue because of dementia related misperceptions. Caregivers may push their loved ones to perform at levels that are higher than their capability. Likewise, ill family members may push their family caregivers to do more for them than is reasonable or healthy. This results in disappointment and frustration for everyone. The caregiver needs to set personal boundaries but it is very difficult to do.

If the caregiver is not able to make a significant difference in the quality of life for the recipient, this can lead to fatigue, frustration, resignation, and negative health effects.[3] Decline in caregivers' health might be caused by them neglecting their own health

If the caregiver knew that this was going to be a long-term commitment, then perhaps choosing to slow down and ask for help would not only seem reasonable, but downright necessary.

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care appointments or not eating well because they no longer have time to prepare meals. Studies have shown that some caregivers are more likely to have high blood pressure and cardiovascular problems compared with others who are not in caregiving roles.[1]

Caregivers are at a higher risk of depression and lower quality of life when the care recipient

- is uncooperative (e.g., refusing to bathe or to participate in activities that would give respite to the caregiver).
- has poor judgment, asks the same questions repeatedly, or is not able to understand instructions.
- needs significant care to walk, dress, eat, or use the toilet.[3]

In addition to emotional and physical effects, caregiving can also have a negative financial impact on family members. When the loved one is ill for a prolonged time, the family may lose income from lost employment or from out-of-pocket medical expenses.[8] The caregiver's anxiety may rise as savings begin to dwindle and medical bills pile up.

Managing multiple medical appointments may also be burdensome to the family. Besides the number of hours involved in going back and forth to different medical appointments, conversations with doctors may be confusing and frustrating. This is especially true if the family feels that the doctor's area of specialty addresses only one small aspect of the patient's total care needs. A family member may come to the doctor's appointment with a list of questions, only to be told that they will need to talk with a different doctor about that. The overwhelmed and exhausted family caregiver may come away from a doctor's appointment feeling dismissed and unheard, with minimal understanding of what has been said because of medical jargon used, rushed appointment times, and distractions caused by the loved one's needs.

Given the amount of stress and pressure on caregivers and the potential for profoundly negative impact, it is extremely important to focus on ways to support and care for them. The good news is that there is strong evidence that certain things can enhance the resilience of caregivers.

Enhancing Caregiver Resilience

> *I can do all things through Christ, who strengthens me.*
>
> (Phil. 4:13, Word English Bible)

Soon after Rebecca immersed herself in the role of family caregiver, she began talking with medical professionals about what supports were available for family members of patients. She was given phone numbers and websites of support groups in the community and chat groups online. Although these seemed like a good idea in theory, it was one more thing to add to her overflowing schedule, and the idea of pouring her heart out to strangers was also intimidating. Still, she knew that she was experiencing a lot of conflicting emotions so she decided to meet with a counselor to work on how she was coping.

Despite this support, Rebecca found herself often feeling anxious and incompetent to do the tasks of caregiving. She reached out to a nurse on one of the hotlines who gave her some practical information about the nature of her father's illness and potential treatment options. She discovered that this helped her to feel more knowledgeable when she discussed treatment options with the doctors. On another occasion, she asked the home health nurse to demonstrate how to give her father injections. She and her mother learned some valuable information about how to prevent bruising, and they both felt less anxiety about giving future injections. When her dad had physical therapy, her mom asked the staff to help her practice getting him from his wheelchair into the car. After that, they felt much more confident about getting him into the car without putting him at risk of falling. This in turn, increased options for him to engage in activities outside the house that improved his mood.

At first it was hard for Rebecca and her mom to accept help from other family members and friends. But gradually they realized what a difference it made and they welcomed the generosity of their community. Rebecca had no idea how long her family would need her in this capacity but she embraced her reality that this was to be a season of family caregiving. Conversations with her leaders helped her to negotiate a plan for continuing in some ministry activities while caring for her parents. Although it was a grueling journey, the privilege of caregiving, which she knew was a call, outweighed the cost.

There are many things that can increase the resilience of caregivers. Some of the more commonly known recommendations are support groups, respite care, and counseling. Other strategies such as shared activities with loved ones and conversations that lead to spiritual resilience can also be helpful. The resilience strategy that may be one of the most effective and least utilized is skills-building that results in the caregiver feeling more confident and competent.[1]

Skills-building: Interestingly, many caregivers report that their greatest sense of burden is not the number of caregiving hours or the severity of patient symptoms, but rather their lack of confidence, inadequate preparation to perform skills expected of them,

disruptions in lifestyle, and restrictions in activities that lead to social isolation.[8] Providing skills-training in practical/medical skills as well as emotional/relational (psychoeducational) skills so that the caregiver becomes more competent and gains mastery over difficult challenges is one of the greatest resilience boosters for caregivers.[7]

Practical skills could include giving injections, changing catheter bags, managing feeding tubes, monitoring blood pressure, using breathing machines, and handling suction machines. Many family members are expected to provide these medical services with minimal training, which can lead to anxiety and mistakes. Medically trained personnel who give training, feedback, and affirmation when the caregiver performs tasks correctly can have a tremendous impact on the confidence and overall well-being of the caregiver. A better understanding of changes to make in the home environment to improve safety in providing care also helps a caregiver.

Skill-building might also focus on increasing knowledge of the loved one's disease and the common emotional and behavioral problems associated with that disease. For example, if caregivers understand that their loved one's illness and medications cause extreme fatigue, they can adjust their expectations about what they are able to accomplish each day.

Training that teaches caregiver behavior or mood management skills, coping skills, and problem-solving skills is very beneficial. Classes which focus on both anger and depression management are actually more helpful for reducing depression and improving coping skills than support groups.[7]

In the research, two terms come up repeatedly as being associated with better mood and better health for caregivers: "personal mastery" and "self-efficacy." Personal mastery is defined as the extent to which you feel life circumstances are under your control. Self-efficacy is defined as the belief that you have the capability to successfully engage in specific action and to exercise control over events that affect your life.[1] Christians will likely struggle with these definitions, given that our emphasis is on surrendering our control over to God, whom we trust as Lord of our lives.

What does it mean for a Christian to have high levels of personal mastery and self-efficacy? The opposite of personal mastery and self-efficacy is fatalism and passivity (e.g., believing that there is nothing we can do to change our circumstances). This is also contrary to Christian teaching. Christians believe that we can strengthen ourselves in the Lord (I Sam. 30:6). We believe that we can overcome extreme adversity with the Lord's help (Phil. 4:13). We know that we are helpless on our own, and we do not attribute our strength or success to our own efforts alone (2 Cor. 3:5). Although we know that we are not the masters of our lives, we do set goals for ourselves, engage in problem-solving, and access social supports to help us. Therefore, Christians might score fairly low on an assessment measuring personal mastery or self-efficacy that does not take faith into account. However, if we understand personal mastery and self-efficacy from a Biblical perspective, then we believe that our strength and endurance come through trusting the Lord and that we can be change agents in the world through prayer and God-inspired action. From this perspective, we can embrace the concepts of mastery and efficacy as a joint effort between the Lord and us to increase caregiver resilience.

Social Support: Social support leads to more happiness, health, and longer life (contrasted with those who are socially isolated). Several studies have shown that those who participate in mutual support groups compared to those with no mutual support report less distress and better social and psychological quality of life.[7]

Shared Activities with Loved Ones: This is a resilience strategy that improves well-being in both caregivers and care recipients. Those involved in this kind of activity have decreased stress and increased meaning in life. Activities might create memories or be reminiscent of pleasurable times together. Some ideas include

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making a scrapbook of memories, singing together, or looking at pictures. Couples might discover new activities to enjoy together or might be able to engage in activities that they have enjoyed all their married lives such as completing crossword puzzles, watching favorite television shows, or reading out loud to each other.[4]

Respite Care: Some studies have looked at whether taking regular breaks from caregiving improved well-being for those in those roles. The studies found that caregivers who got a break by having someone else care for their loved one (e.g., daycare) had better regulated stress hormones, lower levels of anger, and lower levels of depression. The study found that these benefits continued throughout the day even if the person returned to caregiving activities.[4] Respite care can also lead to less anger and a more positive attitude about the caregiving situation.[7]

Counseling: Cognitive Behavioral Therapy is a short term, goal-oriented type of counseling that focuses on changing the thoughts and behaviors which are influencing negative emotions. It is highly effective in treating depression and anxiety that is so commonly experienced by caregivers. Counseling can also help caregivers enhance their coping skills and examine problems from a new perspective. Caregivers who actively address issues as opposed to avoiding them will have lower levels of stress.[1] Counseling that targets anger issues can teach the caregiver techniques to recognize and manage frustration, to learn how to alter perspectives, and to learn better ways to rest and relax.[7]

Spiritual Resilience: Some studies have focused on different types of spiritual coping as it relates to caregiver resilience. An example of positive spiritual coping would be someone who focuses on finding a lesson from God in the midst of the suffering. This kind of coping is associated with a lower risk of health problems.[1] Less effective spiritual coping includes choosing to believe that the suffering is a punishment by God or characterizing God as rejecting or abandoning.

Combination of resilience strategies: In a powerful conclusion after reviewing many research articles that described evidence based interventions for caregivers, Gallagher made this statement: *We conclude that programs that target specific components of caregivers' quality of life (such as perceived burden, mood, and perceived stress, as well as coping and self-efficacy) and that include some combination of skill building, education, and support are currently the most effective interventions*[7] (p. 47).

Recommendations for Caregivers, Supporters of Caregivers, and Health Care Personnel

Caregivers:

- Arrange for skills training for the specific medical tasks being performed in the home.
- Get skills training focused on anger management or depression management.
- Take classes that teach positive ways of coping.
- Work on ways to increase social support.
- Catalyze friends and family members to help provide respite.
- When going to doctor appointments, have someone come along who can take notes and keep track of questions that need to be asked.
- Get training in good sleep practices.
- Obtain training in assertiveness and communication skills for relating to medical professionals or to patients who have impaired judgment or reasoning skills.

Supporters of Caregivers:

- Encourage caregivers to engage in pleasurable activities such as meals with friends, going to the gym, taking a class, taking walks, or taking a vacation.
- Ensure regular doctors visits for the caregiver.
- Work out a plan for healthy meals.

The caregiver has the opportunity to grow from the many stresses and adversities encountered. Some may become more compassionate as a result of giving care. Mastering and overcoming challenges will make the caregiver stronger. Some will learn, out of necessity, to become more organized. Others grow in their capacity to be assertive and to confront in healthy ways.

- Help the caregiver stay organized with scheduled appointments and medication regime with calendars or other helpful reminder tools.
- Encourage and affirm the caregiver when new skills are learned and mastered.

Health Care Personnel:

- Consider the needs and well-being of the family caregivers as part of the discharge plan for patients.
- Consider assigning a dedicated staff member (case worker) whose focus is on the needs of the family caregivers. This person might provide an initial assessment of the caregiver's resources (practical, relational, and emotional). Recommendations could be made to address training and support needs.
- Have a mechanism in place for early detection of depression, and patient anger and/or anger in caregivers.
- Recommend cognitive behavioral therapy to address depression, anxiety, and anger.
- Provide opportunities for caregivers to observe, practice, and receive feedback as they learn new skills. Encourage and affirm them when new skills are learned and mastered.
- Encourage caregivers in ways that help them grow in confidence and competence.

Special Recommendations for Those in Ministry:

- Involve mission leadership in decision-making about ministry assignment and the amount of time that may be spent for family caregiving.
- Request emotional, prayer, and financial support from home church and key donors.
- Meet with a pastor or spiritual director to work through issues related to call, priorities, ministry focus, and family commitments.

Website Resources for Caregivers:

www.apa.org/pi/about/publications/caregivers/index.aspx

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She has served in full-time missionary care since 2000. Karen lived in West Africa for nearly 15 years, providing training and crisis response with the Mobile Member Care Team (www.mmct.org). She has written several chapters and articles focusing on trauma care for missionaries. Karen currently lives in Virginia and enjoys spending time with good friends, kayaking, birding, and walking. Supporting family caregivers became a passion when her stepfather was diagnosed with Stage 4 cancer. This article is dedicated to him and her mom.

Angst to Trust:

Christ's Work Changing Me

A Memoir: The MK ReEntry Seminar

Naomi Balk

Fear, Sadness, Shame, and Anxiety: these feelings prevailed in my summer of transition when I moved from a trying season in a boarding school in South India to college in America. God showed his faithfulness in my boarding school days, and in 2016, after seventeen years of my parents loving and ministering across cultures in South Asia, I was moving from home in Asia to life in "my country," America. Once in the States, I attended the two-week MK ReEntry Seminar sponsored by Narramore Christian Foundation. This was a safe haven for me in the midst of my transition and a stepping stone that enabled me to start a new phase of life in America. Here is some of my transition story.

In different phases of my seventeen years growing up in Asia, I felt the sea breeze blow through my hair on tiny islands off the coast of India. I lingered in the scent of the spice gardens of Sri Lanka. I peered through a school bus window in South India. As romantic as I craft these pictures to be, the reality included trials of living and moving for my family and me. All we would have was a suitcase of carefully chosen possessions to make a home, family bonds that kept us looking out for each other, grit to carry us through to a new normal, and a call to ministry from a caring God.

We had moved before, and in 2016 the plan was straightforward for me: move to America. Yet, there is so much more involved in moving cultures. It includes heavy emotional baggage such as acclimatizing to different values, different modes of communication, different boundaries. Moving, especially across cultures, means losing a place that feels normal. After living and investing in a place, it felt like leaving a part of myself behind. Only memories and sacred pictures keep that part of myself from draining away. Processing both the good and the bad of a place is indescribably indispensable to embracing the new after the move. That and more was what I was in the middle of that summer, and there was a heaviness in my heart.

During the summer that I transitioned into an unfamiliar culture, I felt like a bowling ball thrown down an alley to hit objects at the distant end. The alley was my journey and the pins were my goals: a successful college career, friends, and stability. Reaching these goals seemed impossible because I felt like I was floundering in unknowns, without a foundation of familiarity. Inside, I clenched a knot of emotions— lurking, then rising, ever convoluted, even gut-wrenching.

Where are you, Fear of the unknown? Where are you, Tears of Sadness, longing for wholeness and love but only finding echoing regret? Where are you, Shame, keeping me in a box and cowering? And Anxiety, I defy you; your noose is no longer strangling on my neck.

What were some balms that soothed the strain of those emotions of transition? Truth came through the MK ReEntry Seminar. The main purpose of this program is to connect transitioning missionary kids, third culture kids, and military kids to available lifelines, and help them establish a solid new beginning in America. I carry many life lessons and memories with lifegiving experiences from having participated. I would like to share some lessons I gleaned from those two weeks.

The MK ReEntry program gave me a chance to begin four crucial processes of transition and my walk with God: first, to reconcile my past by rejoicing in the good; second, to find room to grieve the loss of friends, place, and culture; third, to dispel lies keeping me from powerful truths of God; and fourth, to meet with God and gain hope and grace to move forward. Throughout the year, I have continued to weave these truths deeper into my life, and Christ has continued his work of healing in my heart. My spiritual growth is evident in how I now see the paralyzing emotions of fear, sadness, shame, and anxiety melt in the truth of Jesus. He has called me loved and he has given me a home and identity that is secure. Confidence in Christ and the promises he gives have replaced the strain of instability and insecurity.

My time at the seminar was spiritually and emotionally impactful. Key ingredients were the sessions, the loving and accepting community, the common ground of transition and of Christ, the opportunity and permission to laugh, and the small groups that invited processing the past. The list goes on, but these lifelines occurred within a context in which I felt safe and invited. Additionally, the leaders and staff served huge doses of God's grace and love to us kids who were in the midst of culture moves. I remember their servant-leader hearts shining through so clearly

as they imitated Christ when he washed the feet of the disciples.

I now see God's hand directing me in the past. He knew just what he was doing when he brought me to my knees in that difficult season of strained emotions and transitioning from known to unknown, normal to unexpected, ready to unprepared. I realize that through that experience, I've become more established in my faith. I'm more aware of the truth God offers and the life he gives even in the hurting places. As much as it hurt, I've learned that I live by dying; I've learned to stand on my spiritual feet by being brought to my knees.

The summer I was a part of the MK ReEntry Seminar, I was a big tangle of emotions and haunting thoughts. Fear of the unknown was lurking, **but** God's light and reassuring peace triumphed through the questions. Tears of longing for belonging and meaning **turned** to tears welling up from beholding the beauty and majesty of the King who loves me. Shame eating at me inside and causing me to hide my true self was **diminished** because Christ Jesus demolished its power and invited me to venture into the freedom of all he created me to be. Anxiety of getting it wrong and trying to control my uncontrollable world was **replaced** with an assurance that no matter what, I am a child belonging to God.

The transition has not been easy, but I have continued to journey from Fear, Sadness, Shame, and Anxiety to Christ. He is what I need most desperately. The MK ReEntry Seminar was a channel to process my past, work through the present, and embrace the season of college in America. And by coming to the light, I am being transformed from having angst and insecurity in my heart to being confident in Christ no matter where I go.

Naomi Balk is a sophomore at Columbia International University, studying Communications and Bible. She is learning about God, herself, and others, and about the art of writing. Capturing the beautiful color in life, traveling, and relationships are things that she is passionate about. She moved to America after growing up in Asia. Her article expresses her personal process of transition. She also writes for *The Rambler*, CIU's student magazine, and for their marketing department. "Never be lacking in zeal, but keep your spiritual fervor, serving the Lord" (Romans 12:11, NIV) is a life goal.

What MKs say:

I have loved these last two weeks! I have learned so much about myself and have a greater understanding of how to care for myself. I am more secure in my identity as a daughter of Christ. I feel more confident in my transition and am excited to see what the Lord does through living in the U.S. – MK from Turkey and Wales

I am one of the MK staff who came through the program two years ago. That experience changed my life. – MK from Brazil

Now I have some lifelong supporters that I can talk to for help and that can guide me through life. – MK from Egypt

I am blown away by the amazing friendships I've built in just two weeks and have especially appreciated the support of counselors and the staff here. – MK from Thailand

I've been overwhelmed by a sense that I am precious and God is pleased with me. Regardless of my life circumstances, God's acceptance is enough. – MK from Kenya

I came back as MK staff this year…It was incredible to get to come back and contribute a little back to a place that God has used so deeply in my life! Thank you…for changing the course of lives here! – MK from Tanzania

Pass the word:
MK ReEntry Seminar
July 15 – 27, 2018

http://ncfliving.org/what_we_do/mk-reentry-seminar.html

Continuing Education In

Counseling and Member Care

An Intensive Seminar for Cross – Cultural Workers
8-20 October 2017
Chiang Mai, Thailand

Sponsored by the
Narramore Christian Foundation

Since the first Counseling and Member Care Seminar in 2002, when NCF began bringing this seminar to Kingdom workers near to where they live and work, over 450 cross-cultural workers have been challenged, trained, and encouraged in faith and service. The goal of the seminar is to equip missionaries and missionary care providers through a sound integration of Biblical truth with psychological understanding. One appreciative participant shared, *I love understanding more the integration of theology and psychology, and I have a greater understanding of how to read the Bible.*

Seventeen staff donated their time to serve 37 brothers and sisters in Christ with ministries "to every nation, tribe, language and people" (Rev. 14:6) in Brazil, Cambodia, China, India, Jordan, Malaysia, Nepal, Philippines, Sri Lanka, Taiwan, Thailand, Vietnam, and Zambia. Picture this community: a beautiful expression of the Lord's intention for his church as together we sang, dined, learned, cried, and shared stories of struggle and brokenness, and in the final hour of the seminar celebrated the Lord's Supper.

We work diligently to keep the focus of the seminar on the presence and grace of God in our lives. Participant evaluations confirmed that our goal "to equip his people for works of service, so that the body of Christ may be built up" (Eph. 4:12) was met. Reflecting on the worship hour that begins each day, a participant wrote, *The worship sessions were clearly very well thought through and carefully led. I thoroughly enjoyed the guided meditation experiences. The personal stories were another real highlight. I appreciated the breadth of stories and the exceptional willingness of the staff to be vulnerable and open with their lives. The stories added immensely to the experience of the seminar.*

Another wrote, *The seminar has been excellent. I have appreciated the input of such an experienced, gifted, and humble staff team [and] my fellow participants...a rich breadth of backgrounds, nationalities, fields of service, and serving contexts. The breadth of topics covered and tools shared have equipped me to serve others better.*

Join us in prayers of thanks for those who attended, for the staff who poured into their lives, and for NCF donors whose gifts help keep this seminar affordable for missionaries.

Sorting Through Today's Mixed Messages about Parental Discipline

Robert Larzelere

Since World War II, the pendulum of parenting advice has swung from overly strict discipline to increasingly positive and permissive advice today. Not only is spanking widely opposed, but some parenting experts oppose all negative disciplinary consequences, even timeouts.

What is the best balance? Does research support exclusively positive parenting?

No research has disproven Dr. Spock's fifty-year-old opinion: "Good-hearted parents who aren't afraid to be firm when it is necessary can get good results with either moderate strictness or moderate permissiveness…[whereas] a strictness that comes from harsh feelings or a permissiveness that is timid or vacillating can each lead to poor results" (Spock, 1968, p. 7). It is the extremes that are harmful to children – being too punitive or too permissive. The best balance between those extremes was called authoritative parenting by Dr. Diana Baumrind in her groundbreaking research in the 1960s (contrasted to authoritarian or permissive parenting). I was astounded at how well the children in her study were doing ten years later if their parents had used an authoritative balance of love and limits during preschool. Consistent with Spock's opinion, it was the extremes that led to problems in adolescence. Authoritative parents combine parental nurturance with give-and-take communication, age-appropriate maturity demands and autonomy, and firm discipline when necessary. Yes, they do the things recommended by positive-parenting advocates including understanding their child's perspective, putting a priority on a positive relationship, and talking things through. However, they also maintain regular daily schedules at home with, for example, mealtimes and bed times, and expect age-appropriate chores. They set clear limits and enforce them when necessary, sometimes with spanking.

> *It is important for parents to be proactive and preventative, not just reactive.*

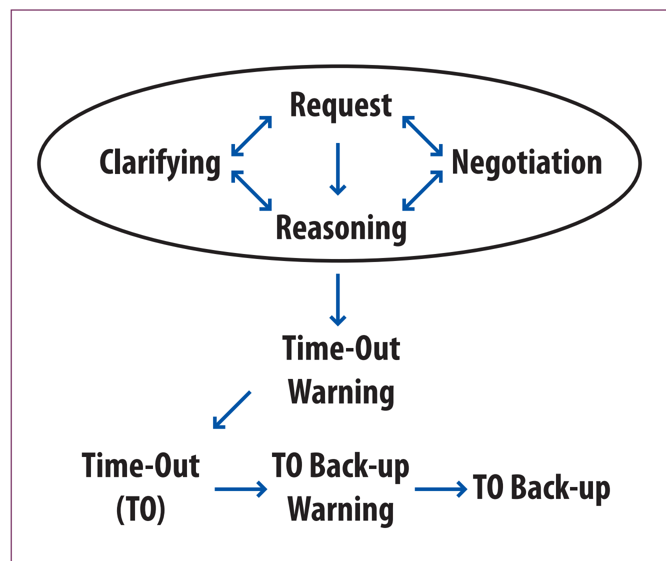

Figure 1: An authoritative-parent model of conditional sequencing of responses to noncompliance (Larzelere, Cox, & Mandara, 2013, © American Psychological Association, reprinted with permission)

It is important for parents to be proactive and preventative, not just reactive. Proverbs has four short passages advocating firm discipline using the rod of that era, but over six chapters about children learning wisdom from their parents. So it is important that parents teach children godly wisdom – about living life and incorporating scriptures and what the Lord has taught them from experience. Children need to be taught how to behave and why, not just receive punishment when they disobey. It also helps to be preventative – to anticipate problems ahead of time. For example, we can forewarn our children that they will need to get ready for bed in a few minutes.

My students and I have been doing research on parental responses to misbehavior for thirty-eight years. Figure 1 provides an overview of what we have learned. The circle at the top represents some positive ways to respond to misbehavior; the bottom half illustrates the consistent sequence of actions proven to work with the most defiant young children. Authoritative parents prefer to resolve problems by understanding and talking things through to a resolution, but they also clarify when cooperation is required.

When it fits the situation, parents should first try to understand their child and find mutually acceptable resolutions to conflicts. We found that a mutually acceptable compromise was the best way to defuse a discipline episode with toddlers, regardless of the type of noncompliant behavior. These compromises allow toddlers to express their newfound independence, but within limits acceptable to their parents. For the most defiant toddlers, however, this practice can increase their defiance later if used more than 30% of the time. Defiant toddlers must learn that they cannot always get a compromise to their liking.

Parents need to find the best way to combine love and limits for each child.

Like Dr. Baumrind, we also found it helpful for parents to ask children why they are acting the way they are. This helps parents respond in a way that fits the situation while also communicating that a child's reasoning is important--not just his or her behavior. Authoritative parents want children to behave appropriately for the right reasons, not just because they are forced to do so.

Nonetheless, authoritative parents are not afraid to set and enforce appropriate limits. The lower part of the diagram is based on the lock-step sequence used by clinical psychologists to help parents manage defiance in children between the ages of about two and eight. Authoritative parents can use a clear warning to signal when prompt cooperation is expected. A single warning makes the transition clear, but must consistently be followed up by the consequence, such as timeout, unless the child starts cooperating promptly. One guideline is for timeout to last one minute for each year of the child's age. Leaving the timeout location prematurely results in a backup after a single warning to the child ("TO Back-up" in diagram). The traditional two-swat spank backup has been replaced by a forced room isolation for one minute, but only because spanking has fallen into disfavor. Appropriate spanking can be acceptable and does not have research to oppose it except when it is overused in intensity or frequency. Research shows non-abusive spanking to be more effective than most alternatives primarily when children around ages two to six years of age defiantly refuse to cooperate with milder disciplinary tactics, such as verbal corrections or time out. Forced room isolation is the only backup shown to match the effectiveness of the spank backup on average, but each of those two backups worked better for some children. It is important afterwards for parents to assure the child of their love and to have the child tell them what he or she will do differently in the future.

Every child is different. Some children rarely need the timeout sequence. Young defiant children need something like that more consistently. But parents should always be preparing children for the next stage in their development. Even with defiant children, reasoning will help them cooperate with what parents say later, even if it is often necessary to resort to the timeout sequence to enforce cooperation.

In short, parents need to find the best way to combine love and limits for each child.

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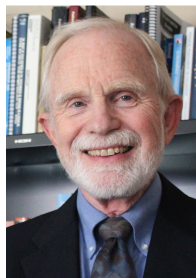

Robert E. Larzelere is the Endowed Professor of Parenting in the Department of Human Development and Family Science at Oklahoma State University. He has over 100 publications, including Authoritative Parenting (APA Press, 2013). His career has been devoted to improving the quality of research about parenting and families. His research on parental discipline has advanced the understanding of authoritative parenting, which combines nurturance with appropriate discipline resulting in long-term benefits for children. Authoritative parenting combines the strengths of parental discipline research from clinical child psychology and child development, areas that tend to ignore and sometimes contradict each other. He has investigated alternatives to spanking to help Americans go beyond wishful thinking to identify other disciplinary responses to defiance that might be as effective as traditional spanking.

Mary's Song

Luci Shaw

Blue homespun and the bend of my breast
keep warm this small hot naked star
fallen to my arms. (Rest…
you who have had so far
to come.) Now nearness satisfies
the body of God sweetly. Quiet he lies
whose vigor hurled
a universe. He sleeps
whose eyelids have not closed before.
His breath (so slight it seems
no breath at all) once ruffled the dark deeps to
sprout a world.
Charmed by doves' voices, the whisper of straw,
he dreams,
Hearing no music from his other spheres.
Breath, mouth, ears, eyes
he is curtailed
who overflowed all skies
all years.
Older than eternity, now he
is new. Now native to earth as I am, nailed
to my poor planet, caught that I might be free,
blind in my womb to know my darkness ended,
brought to this birth
for me to be new-born,
and for him to see me mended
I must see him torn.

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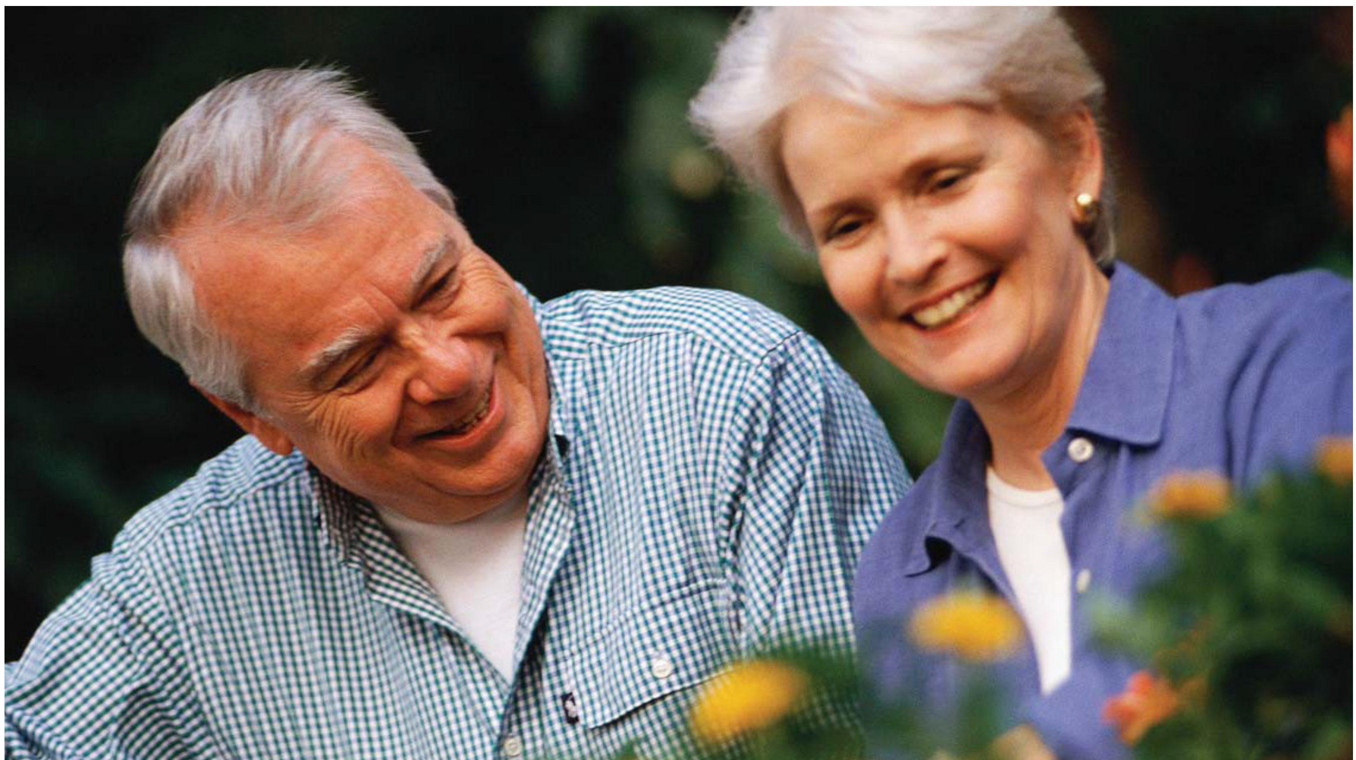

Memorial Gifts: You can honor a friend or loved one who has gone to be with the Lord with a memorial gift for the ministries of the Narramore Christian Foundation. We will include your friend or loved one's name with yours in Psychology for Living.

Planned and Deferred Giving: Quite often individuals and couples who need most of their current financial resources for personal and family support are able to make sizable contributions to Christian ministries and the Lord's work through **deferred giving and careful estate planning.** You can designate resources for the Lord's work and reduce current taxes and future estate taxes. Prayerfully consider **deferred giving to NCF by means of a will or trust, annuities, gifts of real estate, stocks, or personal property, or an endowment.**

For more information, please go to www.ncfliving.org or contact Craig Scoon, Vice President of Finance, at P.O. Box 661900, Arcadia, CA 91066, (626) 821-8400, or cscoon@ncfliving.org,

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