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Missionary Kids and Trauma

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Abstract

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MA, Walden University, 2019

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Missionary kids (MKs) around the world are more exposed to trauma than non-MKs. MKs often struggle with grief, loss, and stressors of cross-cultural living. Childhood trauma leads to short-and long-term effects of trauma, often into adulthood. The purpose of this basic qualitative study was to explore adult, Christian MKs' perceptions of external trauma on the mission field. Contemporary trauma theory was used to frame this study. Semistructured interviews were conducted with 8 adult MK participants. These interviews were recorded, transcribed, and hand coded for analysis using Lui's 5 steps of data analysis: (a) initial reading of the text data, (b) identification of specific text segments related to the objectives, (c) labelling the segments of the text to create categories, (d) reducing overlap and redundancy among the categories, and (e) creating a model incorporating most important categories. The thematic analysis results indicated that MKs experienced difficulty with: (a) mental health; (b) civil unrest; (c) physical harm; (d) separation from loved ones and uprooting, "goodbyes;" (e) lack of support; (f) difficulty with cultural identity, belonging, and language barriers; and (g) experience with epidemics and natural disasters. This study promotes positive social change by providing a better understanding of MKs and their perceptions of their experiences on the field in regard to trauma. MKs may benefit from the results of this study through receiving better support services created specifically for MKs who have experienced trauma.

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Dedication

This dissertation is dedicated to my family and Christian MKs around the world.

Acknowledgments

I would like to thank God for getting me to this point in my life and education. My deepest appreciation goes to my family for their love, compassion and support throughout this lengthy process. I would not have been able to do this without them. Thank you to MKs around the world who volunteered to participate in my study. I would also like to thank my Ph.D. committee and especially Dr. Matthey for her consistent direction throughout this process.

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Chapter 1: Introduction to the Study

Introduction

Christian missionaries, and their children, serve with different organizations all around the world. Missionary kids (MKs), who are the children of missionaries, are often exposed to grief and losses as well as the stressors of living cross culturally (Kim, Pak, & Eltiti, 2017). Although there are other children who are raised abroad for various reasons, MKs are in their own category of children raised internationally as determined by unique characteristics. Not only do they experience grief, loss, and stressors of cross-cultural living, they also experience safety and trust issues along with difficulty with their own identity and sense of belonging (Kim et al., 2017). MKs tend to hide their grief, possibly because of a lack of permission to grieve because of a sense of responsibility to their missionary parents (Kim et al., 2017). MKs often try to support their parents in their ministry. Sometimes because of trying to keep up this Christian missionary reputation, they feel they have to be strong and not show weakness and, therefore, not allowing themselves to grieve properly.

MKs experience many mental health challenges related to their experiences on the field, including their transition from the host country to the home country. Repatriated young adult MKs often show less psychological well-being than non-MK students in the control group (Bikos et al., 2009). MKs also had more difficulty with social and cultural adaptation compared to a control group of non-MK college students (Bikos et al., 2009). Some MKs have reported feeling that they are a mix of the host culture and the home culture, and they do not fully feel tied to either one (Hopkins, 2015). MKs sometimes feel

that the transition to the home culture is a challenge, even though they have been exposed to danger and trauma in the host culture (Hopkins, 2015). Although MKs might experience more difficult situations in their host culture than in their home culture, over time the host culture becomes home. When MKs return to their parent's country of origin, they often feel lost and like they do not belong.

MKs, also considered Third Culture Kids (TCKs), are often resilient despite their traumatic experiences. Adult TCKs who reported multicultural involvement, as opposed to limited involvement in the host culture, had more resilient personalities, increased adaptive affective and cognitive styles, and increased levels of well-being (Abe, 2018). Multicultural involvement and transitions seminars have a positive effect on MKs as they transition from the host culture where they have lived to the home culture where their parents are from (Abe, 2018; Davis et al., 2010; Davis, Suarez, Crawford, & Rehfuss, 2013). When MKs meet friends and attend school and church in their host culture, they become rooted in the culture and learn to function within their surroundings.

Mental health care can be instrumental to treating the effects of transition and trauma. The mental health care of missionaries and MKs, often called "member care," has evolved significantly over the last 40 years and has become more helpful to the missionaries and their families (Crawford & Wang, 2016). Member care must be attuned to the needs of the missionary to be effective (Camp, Bustrum, Brokaw, & Adams, 2014). The sending agency should provide for the missionaries' needs, and it is important to have a relationship with a church that is involved in partnership with the missionary (Camp, et al., 2014). Missionary self-care is also an important aspect to be considered in

member care (Camp et al., 2014). Another part of member care is the continuation of member care over the course of a lifetime of missionary service (Camp et al., 2014). MKs are often considered by their mission boards in the context of educational needs (Morrison, 2017). Member care representatives are dedicated to caring for the mental health of missionaries and MKs (Crawford & Wang, 2016). Member care counselors can improve the services provided to the missionaries and MKs in their mission agencies.

MKs experience trauma in different ways while on the mission field. Trauma and its effects on MKs have not been widely studied (Kim et al., 2017). Learning about MKs and their perceptions of their lives in relation to trauma will help to fill this informational gap. Learning about MKs and their experiences will help therapists be more equipped to provide services to MKs and their families. Professionals and organization can use the results from this qualitative study to better serve MKs in the future.

In this study, I focused on exploring MKs' experiences with traumatic events on the field. In this chapter, the background for this study is presented, along with the problem statement, purpose of the study, research question, framework, nature of the study, definitions, assumptions, delimitations, limitations, and significance of the topic.

Background

The parents of MKs are principally U.S. citizens who do missionary work outside of the United States. There are also Christian missionaries serving from all over the world (Van Engen, 2019). Christian missionary outreach began early in the history of Christianity. Early Christians made the first international missionary journey when they crossed the borders of Israel into Gentile lands to the north (Van Engen, 2019). Although

Christianity was at first opposed, eventually it spread through the Roman Empire and was strongly supported by Emperor Constantine, along with other leaders over the next 1,000 years (Van Engen, 2019). During the time of Constantine, Christianity was supported and would continue to spread.

Following the Reformation, Protestant missionary-sending societies were slow to be organized, taking almost 200 years for protestants to effectively begin sending out missionaries (Van Engen, 2019). William Carey is often mentioned as the father of the modern missionary movement (Dixon & Kreitzer, 2018). In the early 1800s, Carey, like so many missionaries after him, lived internationally with his wife and children (Dixon & Kreitzer, 2018). While Carey lived in India, he participated in different tasks as a missionary, including translating the Bible into several languages and serving as a college professor (Dixon & Kreitzer, 2018). Carey and his family lived in harsh conditions in India, just as many missionaries live in difficult conditions today on the mission field (Dixon & Kreitzer, 2018). While in India, Carey's son died, and after a lengthy depression, his wife also died (Dixon & Kreitzer, 2018). Although things are much different on the mission field today compared to the 1800s, living in harsh conditions and confronting traumatic events is often part of missionary life.

After the Second World War, Christian missionary-sending agencies became more organized and active in taking the gospel of Jesus Christ to the world. Missions endeavors are being carried out today by various Christian groups from all over the world (Van Engen, 2019). In addition to the large numbers of Christian missionaries being sent out from the United States, there are full-time Christian missionaries being sent out and

funded by churches in Latin America, Asia, Africa, Europe, and other areas. (Van Engen, 2019) Such diverse cultural contacts represent a dynamic cross-cultural exchange. In all, there are more than 1.5 billion Christians in the world today (Van Engen, 2019). Through the centuries, the face of missions and the tasks of missionaries have varied; however, sharing the gospel of Christ has been and will remain the primary focus of missionaries.

Problem Statement

MKs live around the world, and many have reported experiencing trauma while living abroad. Approximately 400,000 Christian missionaries serve overseas, representing missionary-sending agencies from around the world, of which 127,000 are from the United States (Strand, Pinkston, Chen, & Richardson, 2015). Missionaries are a high risk group for trauma and posttraumatic stress disorder (PTSD) due to the natural stressors and exposure to traumatic events found in missionary settings (Kim et al., 2017). MKs are at higher risk for trauma because of the often unstable and sometimes remote locations where they live.

There are many missionary agencies that send Christian missionaries and their families around the world. Many of those missionaries have served in high risk locations throughout history (Puac-Polanco et al., 2015). In high risk areas, there is often a high potential for violence, danger, and exposure to harsh circumstances (Tan, Fong, Ho, Tay, & Chua, 2016). Although there is generalized overseas training for families who serve around the world, there is limited training that is tailored for trauma-based identification for missionary families, which contributes to MKs' reported, but often unidentified, stress, anxiety, and depression (Kim et al., 2017). Due to this limited training for

missionaries on how to recognize symptoms of trauma in MKs after exposure to traumatic events, there are limited supports for MKs after being exposed to traumatic events (Kim et al., 2017). It can be difficult to learn positive ways of coping to resolve mental health complications that can come from experiencing trauma.

While there is research on MKs and their difficulties with reentry to the United States, there is limited information about MKs and their experiences on the field in relation to trauma (Kim et al., 2017). The purpose of this basic qualitative study was to explore adult, Christian MKs' perceptions of external trauma on the mission field. The results from this study may provide information that will assist mental health professionals to have a more in-depth understanding of missionary families' experiences in the field in relation to trauma and allow them to better serve this population.

Purpose of The Study

The purpose of this basic qualitative study was to explore adult, Christian MKs' perceptions of external trauma on the mission field. I conducted semistructured interviews with adult MKs aged 18 years and older to gain insights into their perceptions of external trauma on the mission field. Missionary counselors can use the results of this study to have a better understanding of MK experiences while on the field, so they can be better prepared when providing trauma services to MKs and their families and promote the mental health well-being of this population.

Research Question

What are the Christian, adult, MKs' perceptions of external trauma on the mission field?

Theoretical Framework

Trauma exposure in childhood and adolescence is important to identify because it has been linked to psychopathology in adulthood, including anxiety, disruptive behaviors, depression, PTSD, and substance abuse (McLaughlin & Lambert, 2017). Before the age of 16 years old, approximately two thirds of children will have experienced at least one traumatic event (Barber, Kohl, Kassam-Adams, & Gold, 2014). Trauma in childhood can produce long lasting or severe difficulties (Alisa, Jongmans, ven Wesel, & Kleber, 2011). Each experience can be different for each individual depending on factors such as age, resilience, coping skills, core beliefs, and support systems. MKs have a need for intervention due to stress, depression, and anxiety; however, parental education and awareness for missionaries in the early detection of trauma in MKs can reduce the long-term symptoms of trauma (Davis et al., 2013).

I used contemporary trauma theory as the theoretical framework for this study. Contemporary trauma theory is a good framework for understanding childhood trauma because it provides a basis for the signs and symptoms of individuals who have experienced trauma (Goodman, 2017). With improved understanding of the experiences of this population, human service professionals can assist MKs with recovering from trauma.

Nature of The Study

I conducted this basic qualitative study to explore adult MKs' perceptions of and experiences with external trauma while on the field. In a basic qualitative study, the study is flexible in nature and the researcher strives to understand individuals' perceptions and

worldviews (Lui, 2016). Scholars use a basic qualitative design to obtain data about participants' perceptions of their experiences (Lui, 2016). I used purposeful sampling to find participants and then collected data from them using face-to-face, semistructured interviews. My participants were MKs who were 18 years of age or older and had experienced trauma on the field. Interviews were conducted until I reached data saturation.

Definitions

Home culture: The culture of the MK's parents (Hopkins, 2015).

Host culture: Where the missionary parents go to serve on the mission field. MKs are raised in the host culture; however, their home culture is that of their parents (Hopkins, 2015).

International Christian missionaries: Believers in Christ who live as expatriates to tell others about the Gospel of Christ (Camp et al., 2014).

Missionary kids (MKs): The children of international missionaries who have lived an extended period of time in a country or countries that are not the country of origin of the parents. They are a subgroup of third culture kids (TCKs; Bikos et al., 2014; Kim et al., 2017).

Missionary work: A wide variety of tasks, including living amongst people who are not Christ believers, following the Biblical command from Matthew 28:20, teaching about the Bible, serving the poor and widowed, giving medical care, and providing education (Bonk, 2000; Occhipinti, 2016).

On the field: A term that is used by the mission's organizations to refer to missionaries living and working cross culturally, usually as expatriates (Gingrich, 2016).

Posttraumatic stress disorder (PTSD): A series of symptoms that may occur when an individual has been threatened with death, experienced the violent or accidental death of another, or experienced or been threatened with sexual assault or serious injury (American Psychiatric Association, 2013).

Third culture kids (TCKs): Children of expatriates who grow up in a culture different from the culture of their parents (Bikos et al., 2014; Kim et al., 2017).

Trauma: The experiencing of something overwhelming and intolerable that affects how individuals relate to their physical reality and to their thoughts and feelings (Van der Kolk, 2015).

Traumatic events: An event or series of events that are physically or emotionally harmful, overwhelming, or threatening that have long-term effects on the individual and can affect the individual's functioning (Goodman, 2017).

Assumptions

In this study, I assumed that the participants would be truthful and cooperative in sharing their experiences. Another assumption was that the adult MKs would be willing to share these experiences in relation to trauma with me. I also assumed that I could prevent my personal biases from distorting the information and be able to accurately bracket the data.

Delimitations

In this study, there were many delimitations. I did not interview children of missionaries on the field, but rather adult MKs. I excluded counselors and their perceptions in relation to MKs. The perceptions of churches that sponsor missionaries were also excluded from this study. Other phenomenons that I chose to exclude included other mental health issues in relation to MKs, alcohol and drug addictions, and other experiences on the field not related to trauma.

In addition, I explored the mental health of MKs using contemporary trauma theory. Other theories might have been used, such as the Bayesian affect control theory, which looks at how people obtain meanings through social experiences (Schroder, Hoey, & Rogers, 2016), or the theory of defense cascade in relation to the Porges polyvagal theory that looks at human behavior in response to traumatic events (Kolacz, Kovacic, & Porges, 2019). I chose contemporary trauma theory due to its basic concepts in relation to trauma and the descriptions of trauma symptoms that individuals might experience after a traumatic event.

Although the findings of this study have limited transferability, the results of this study may be transferable to other international Christian missionary populations originating from other countries besides the United States. The results of the study could be transferable to TCKs, such as children of international business representatives and military families, because these children also often live outside of their home culture. These other populations raise children outside of their home culture and encounter traumatic experiences similar to those experienced by MKs.

Limitations

Limitations, challenges, and barriers need to be addressed when conducting research. One of the limitations of this study might have been possible participants deciding that the discussion of traumatic experiences was too difficult so they declined participation in the interviews. Another limitation was that participants might not have been honest about the traumatic events they experienced and might have downplayed the traumatic events because they were uncomfortable talking about this sensitive topic. I made the interview environment as comfortable as possible for the interviewees and gave them a brief explanation about how their experiences might be helpful to other MKs in the future to help address some of these possible barriers. One of the other inherent limitations of this qualitative study was that participants reported experiences that cannot be proven. Another limitation of this study could be researcher bias. Because I am an adult MK who experienced multiple traumas on the field, I was clear with the reader throughout the study in regard to my possible biases as an MK. I put measures in place to collect the data clearly with as little bias as possible. To mitigate researcher bias, I used bracketing in my researcher journal.

Significance

The findings of this study may be used to advance the knowledge in this discipline. The results of the study may also be used to identify how MKs perceive their experiences in relation to trauma. Further understanding of traumatic experiences in the lives of MKs will serve as foundational building blocks for the development of more in-depth support for this population. The results of this study included information that may

contribute to positive social change through promoting the awareness of MKs' external traumatic experiences. Mental health and human service professionals may use the findings of this study to have a better understanding of MK experiences and be better able to better serve them in therapy. The results from this study might also aid in the development of future programs used by missionary counselors and trainers to promote education and awareness for missionaries while promoting the importance of mental health.

Summary

In this chapter, I outlined the need for further study concerning MKs and trauma. I provided the nature and background of the study and presented the research question. In Chapter 1, the background, purpose of study, research question, the theoretical framework, nature of study, definitions, assumptions, definitions, and delimitations, limitations and significance were also discussed.

In Chapter 2, I will present a literature review on the topic to provide a synthesis of the existing research on the subject of MKs and trauma.

Chapter 2: Literature Review

Introduction

There are many Christian missionaries around the world who have experienced trauma. Missionaries and their children who have lived on the field are at a high risk for experiencing trauma and developing PTSD (Kim et al., 2017). The purpose of this basic qualitative study was to obtain more insight as to how adult, Christian MKs perceive their experiences on the field in relation to trauma. Scholars have provided a better understanding of what MKs go through while on the mission field; however, much of the extant research has been focused on the reentry of MKs to the home culture rather than the evaluation of their experiences while on the field in relation to trauma (Kim et al., 2017). In this chapter, I discuss the literature search strategy and theoretical foundation, before providing the literature review itself and concluding with a summary. The literature review portion of this chapter includes research on MKs and their reentry to the home culture, MKs living in difficult locations, trauma and its effects on individuals, and MKs' exposure to trauma due to their living locations.

Literature Search Strategy

I used various library databases and search engines to find sources for the literature review. Multidisciplinary databases in the areas of psychology, sociology, mental health, and health science were used. Databases, such as SAGE, EBSCO, and PsychINFO, were used to search a variety of peer-reviewed journal articles. I used the following keyword search terms and combinations of search terms: *trauma, MKs, missionary kids, children of missionaries, PTSD, TCKs, third culture kids, traumatic*

stress, *traumatic experiences*, *contemporary trauma theory*, *resilience*, *coping*, *community violence*, and *trauma informed care*. Time parameters for these searches were set to yield literature published between 2015–2019.

Theoretical Framework

Contemporary trauma theory was the theory used to ground this study. This theory has developed throughout the years, beginning with Freud who first attributed trauma to childhood experiences that negatively affected the individual (Lazeratou, 2017); however, Felitti et al. (1998) brought more awareness to childhood trauma and how adverse childhood experiences affect individuals for years to come. Van der Kolk (2015) explained the development of how trauma has been defined throughout the years as being contingent on the impact of those traumatic experiences on the individual and surrounding community. In the history of the development of contemporary trauma theory, there has been a paradigm shift as to the way individuals who have been through traumatic experiences are viewed.

Today, there is a deeper understanding of how trauma effects individuals. In the past, mental health professionals might have seen those suffering from the effects of trauma as weak or even morally deficient; however, victims are now seen as injured and in need of help (Goodman, 2017). The American Psychiatric Association (2013) outlined trauma and the possible effects it has on individuals of all ages. In most instances where individuals have experienced trauma, the signs of having experienced this trauma will show over time in symptoms that might be psychological, social, physical, or

physiological (American Psychiatric Association, 2013). In the past decade, researchers have also outlined how many individuals suffer from childhood traumatic experiences.

Trauma can have many different effects on individuals, and contemporary trauma theory provides an outline for the understanding of trauma symptoms. The main tenets of contemporary trauma theory are dissociation, attachment, reenactment, long-term effects on later adulthood, and impairment in emotional capacities (Goodman, 2017). Dissociation occurs when there is a physical and mental division within someone who has experienced trauma (Terock et al., 2020). Dissociation is used as a form of a personal defense mechanism (Terock et al., 2020). Attachment refers to an individual's ability to form healthy relationships (Terock et al., 2020). When a child experiences trauma, this can interfere with their ability to create trusting relationships (Terock et al., 2020). Reenactment can be described as a phenomenon where the individual who has experienced trauma will display behaviors that stem from the original traumatic event to feel a sense of control (Goodman, 2017). The long-term effects of trauma on adulthood include impaired development and functioning that might include physical and/or mental health problems (Monnat & Chandler, 2015). Those who have experienced trauma in childhood may develop a diminished sense of self, which can create complications in adulthood including emotional impairment (Monnat & Chandler, 2015). Impairment in emotional capacities can include emotional numbing and difficulty in self-regulation (Goodman, 2017). Emotional numbing and difficulty in self-regulation are directly related to the limbic system and the impact of trauma on the brain (Goodman, 2017).

Contemporary trauma theory provides a framework for understanding childhood trauma and how trauma be present years after the experience.

Scholars have provided an understanding of childhood trauma and the effects of trauma in general. Contemporary trauma theory has been used to better understand and prove the strong correlation between childhood trauma, adverse childhood experiences, and substance use and abuse disorders (Goodman, 2017). Researchers and practitioners are learning through evolving knowledge on what it means to have experienced childhood trauma and what those long-term effects might look like (Goodman, 2017). They are often using the underlying theory that trauma can have long-lasting, bio-psychosocial effects and finding different ways to approach this epidemic of childhood trauma.

Competing Theories

There are other extant trauma theories besides contemporary trauma theory. One theory that I considered using for this qualitative study was the Bayesian affect control theory. The main tenets of the Bayesian affect control theory outline how people obtain meanings through social experiences (Schroder et al., 2016). The Bayesian affect control theory helps address how individuals see or make sense of their experiences, which might depend on factors such as their upbringing and their individual world view (Schroder et al., 2016).

Another theory that I considered for this qualitative study was the theory of defense cascade in relation to the Porges polyvagal theory. This theory allows researchers to take a closer look at human behavior in response to traumatic events (Kolacz et al.,

2019). The theory of defense cascade found within the Porges polyvagal theory not only provides a construct as to how people see their own experiences but also how they also might behave in response to their past experiences with trauma (Kolacz et al., 2019). It is important to understand how people see their own experiences to deduce how they might behave in response to these experiences.

I did not choose either of these theories because contemporary trauma theory provides a more in-depth understanding of the entire bio-psychosocial impact that trauma has on individuals of all ages (see Goodman, 2017). I chose contemporary trauma theory due to its basic concepts in relation to trauma along with its descriptions of trauma symptoms that individuals might experience after traumatic events (see Goodman, 2017). Both of these competing theories can be used to help shed light on trauma and how trauma affects people; however, neither have such a specific layout of possible overlying symptoms that might be experienced due to traumatic experiences, whereas contemporary trauma theory does, so I believe contemporary trauma theory was more appropriate for researching MKs and their perceptions of experienced trauma (see Goodman, 2017). Both the Bayesian and Polyvagal theories are helpful in further understanding trauma and its lasting effects.

Literature Review

Many scholars have examined children and trauma; however, few researchers have addressed MKs and trauma. Researchers have investigated the effects of reentry to the home culture on MKs and have found that orientation at reentry helps the MK to adjust in the home culture (Davis et al., 2013). MKs have more stress, anxiety, and

depression than non-MKs as college students (Kim et al., 2017). Scholars have not addressed the presence or absence of trauma in the lives of adult MKs; consequently, the purpose of this study was to explore MKs' experiences with traumatic events on the field.

Defining Trauma

Trauma takes many forms and affects the way individuals think, feel, react, live, and see the world (Goodman, 2017). The effects of trauma can be long lasting unless individuals receive the appropriate evidence-based interventions (Hamberger, Barry, & Franco, 2019). Individuals can be affected by different life experiences in different ways (American Psychiatric Association, 2013). Trauma can be any incident or experience in which a person feels threatened or that there is a perceived danger (Amirkhan & Marckwordt, 2017; Bollens & Fox, 2019; Rosen, Handley, Cicchettia, & Rogoscha, 2018). About 89% of the U.S. population, including about 40% of children under the age of 13 years old, have experienced at least one traumatic experience (Vaughn-Coaxum, Wang, Kiely, Weisz, & Dunn, 2018). These traumatic events include wars, natural disasters, accidents, interpersonal violence, shootings, stabbings, the violent death of loved ones, abuse, and/or neglect (Erdener, 2017; Eroğlu, Hizmetleri, & Airkan, 2016; La Greca, Danzi, & Chan, 2017; Rosen et al., 2018; Vaughn-Coaxum et al., 2018). Trauma takes many forms and affects children all over the world. Traumatic experiences are interpreted differently by each individual.

A child might experience multiple traumatic events rather than just one at a time, and when this happens, a child might develop complex trauma (Dauber, Lotsos, & Pulido, 2015). Complex trauma has also been defined as trauma that is of an interpersonal

nature that is prolonged or repeated (Nieuwenhove & Meganck, 2019; Wamser-Nanney, 2016). Those individuals with multiple trauma exposure might also experience posttraumatic stress and eventually can develop PTSD (Hyland et al., 2017; La Greca et al., 2017; Prescod & Zeligman, 2018; Priebe et al., 2018). PTSD that has developed after trauma is difficult to diagnose due to its comorbidity with anxiety disorders and major depressive disorders (Elhai, Ratcliffe, Sharp, Li, & Claycomb, 2015). Experiencing trauma can have many different outcomes, but receiving treatment for trauma symptoms can help create more positive outcomes after traumatic experiences.

The effects of trauma can be seen in an array of symptoms. These symptoms often come from trauma that has caused an individual to feel helpless and have intense fear (Erdener, 2017; Hook, 2016). Some individuals might not be affected much, while others might develop full onset PTSD (American Psychiatric Association, 2013). Adverse childhood experiences, first explored by Felitti et al. (1998), are also considered traumatic experiences (Beutel et al., 2017; Zyromski et al., 2018). These are events in the home of a child, such as violence, incarceration, mental health issues, neglect, abuse, poverty, and addiction (Zyromski et al., 2018). There are many different situations that can cause people to experience trauma.

Causes of Trauma

There are many causes of trauma. Some causes of trauma are those previously mentioned such as war, natural disasters, accidents, interpersonal violence, shootings, stabbings, the violent death of loved ones, abuse, and neglect (Erdener, 2017; Eroğlu et al., 2016; La Greca et al., 2017; Rosen et al., 2018; Vaughn-Coaxum et al., 2018). Many

individuals also experience adverse childhood experiences, such as violence, incarceration, mental health issues, neglect, abuse, poverty, and addiction in the home (Beutel et al., 2017; Zyromski et al., 2018). Trauma can be caused by an array of experiences and learning how to address trauma is essential to individuals' well-being and healing.

Trauma can also include environmental happenings in the community. Individuals may experience multiple traumas due to community violence (Darawshy & Haj-Yahia, 2018; Nöthling, Suliman, Martin, Simmons, & Seedat, 2019). Community violence is defined as the exposure to violence in the neighborhood and around the home that may involve physical and threatened harm (Kohl, Gross, Harrison, & Richardson, 2015). Violence and trauma are closely associated with PTSD and depression; the more exposure to trauma, the greater the risk of negative mental health outcomes (Nöthling et al., 2019; Stokes & Jackson, 2016). If parents are not able to successfully mediate or serve as buffers during and after these traumatic events, children often internalize these events, causing them to experience more trauma than if the parents were able to buffer (Darawshy & Haj-Yahia, 2018). Limited exposure to violence and strong, supportive families to buffer the effects of violence could reduce the number of symptoms that develop after trauma.

Trauma is caused by an individual's lack of ability to cope with what they are experiencing . Coping is defined as a way to regulate the effect of stress on well-being and mental health (Jensen, Thoresen, & Dyb, 2015). When a child is overwhelmed and has exhausted their available resources, he or she may have difficulty in managing

emotional reactions to stress and have difficulty with attachment (Jensen et al., 2015; London, Lilly, & Pittman, 2015). Childhood trauma can cause adults who have new traumatic exposure to develop PTSD, which is often being caused by the previous avoidance of coping (Allen, Mercer, & Lilly, 2016). The human body, mind, and emotions are seen as an integrated system, and trauma can cause damage to that system (Hook, 2016). While there are many causes of trauma, there are many factors that influence how much an individual is affected by trauma. Resilience, how the trauma is interpreted by the individual, family, and support systems, and interventions play a role in a person's response to trauma and response to the healing process.

Symptoms and Effects of Trauma

There are many symptoms and lasting effects from experiencing trauma. Mental health symptoms such as PTSD and depression are common in those individuals who have experienced trauma (Eide & Dyrstad, 2019; Tait, Currier, & Harris, 2016). Those who have experienced war are also at high risk for depressive symptomology and prayer and coping have been helpful in helpful in reducing these symptoms (Tait et al., 2016). Those who have experienced military conflict have had negative mental health outcomes compared to those who have not experienced this kind of trauma (Eide & Dyrstad, 2019). People in combat have experienced many forms of violence and have feared for their lives (Schaal, Koebach, Hinkel, & Elbert, 2015). Experiencing trauma, especially for high-risk populations, can leave lasting negative mental health effects, but through positive coping, these effects can be mitigated.

Symptomology following traumatic events can include feelings of detachment, problems with concentration, sleep disturbances, depression, and increased anxiety due to the traumatic experiences (Prescod & Zeligman, 2018; Wamser-Nanney & Chesher, 2018). Numbing, hyperarousal, loneliness, sadness, self-loathing, and withdraw are all posttraumatic stress symptoms that have all been associated with traumatic experiences (Kohl et al., 2015; Wamser-Nanney & Chesher, 2018). Disassociation is also often a symptom after experiencing trauma (Herzoga, D'Andrea, & DePierro, 2019; Mahoney & Benight, 2019; Wamser-Nanney & Chesher, 2018). Symptoms will often appear after a traumatic experience; it is important to recognize these symptoms and effects of trauma to lessen these symptoms and effects as soon as possible.

Children may show symptoms of trauma in many different ways. When children experience trauma, the trauma can negatively affect their grades in school and their ability to focus (Ullah, Ahmadullah, Ahmed, & Shahzad, 2016). Childhood abuse has a direct effect on wellbeing and health in adulthood, and it is a predictor of the leading causes of chronic illness; increased risk of chronic physical and mental illness; and alcoholism, smoking, depression, suicide attempts, and even death (Choi & Graham-Bermann, 2018; Skeffington, Rees, & Mazzucchelli, 2017). Difficulty with self-regulation and self-definition is also attributed to interpersonal, prolonged, and repeated trauma such as abuse in childhood (Choi & Graham-Bermann, 2018). Understanding and recognizing the symptoms of childhood trauma is essential for obtaining future treatment.

Symptoms of trauma include impaired social and psychological functioning and increased cognitive impairment that effect personal care, work, and leisure along with

decreased quality of life and lowered self-esteem (Gatfield & Ho, 2017; Lee, Bullock, & Hoy, 2016). Chronic toxic stress and heightened cortisol reactivity are not as easily diagnosed. In the absence of adequate social support, an individual may experience ongoing or repeated stress to heightened activation of the hypothalamic-pituitary adrenal axis (Joos, McDonald, & Wadsworth, 2019). Although chronic toxic stress and heightened cortisol reactivity can be hard to detect, they can be identified and related to trauma.

Although there are many negative effects of trauma, there are some possible positive effects of experiencing trauma. Some individuals who have experienced trauma gain higher levels of emotional intelligence and experience posttraumatic growth (Cengiz, Ergun, & Cakici, 2019; Tuck & Patlamazoglou, 2019). Postraumatic growth goes along with the idea that positive outcomes can come from negative experiences and is associated with psychological resilience (Cengiz et al., 2019; Tuck & Patlamazoglou, 2019). After trauma, individuals who show higher levels of cognitive complexity often are more likely to report posttraumatic growth (Tuck & Patlamazoglou, 2019). Although there are many negative effects of trauma, there are also positive effects that should not go unnoticed.

Prevention Measures

Although many individuals who have experienced childhood trauma will suffer with short- or long-term effects of trauma, there are prevention measures that can be taken to help protect individuals. The learning of positive coping prior to traumatic events can be helpful in reduction of symptoms and lasting effects of trauma as coping

flexibility can play a protective role in decreasing symptoms following trauma (Park, Chang, & You, 2015). Many scholars believe that effective coping can help buffer the development of negative outcomes for mental health after experiencing trauma (Park et al., 2015). Emotional stability and positive coping are indicators of lower levels of PTSD symptomology after traumatic experiences (Bosman, van der Knapp, & van der Velder, 2015; Rodin et al., 2017) Being able to help others along with flexible coping and having friends for support has also been associated with prevention of long-term effects after a traumatic experience (Rodin et al., 2017; Stein et al., 2018). Resilience has been a widely discussed term in association with prevention of negative effects of trauma (Malgarim, Macedo, & Freitas, 2018; Van der Werff, Elzinga, Smit, & van der Wee, 2017). Resilient outcomes have been connected to emotional regulation, caregiver relationships, cognitive flexibility, meaning-making and social intelligence, and growing through other's experiences (Levey et al., 2016). According to the concept of resilience, trauma victims can flourish despite the adversity and gain reward rather than negative symptoms (Manning & Miles, 2018; McKay, Skues, & Williams, 2017). Education and use of positive coping strategies and strengths can also help mitigate symptoms posttrauma (Cherewick et al., 2015; Kisiel, Summersett-Ringgold, Weil, & McClelland, 2017). Fostering resilience and learning positive coping may be one of the biggest prevention measures to help reduce signs and symptoms of trauma.

Practicing positive coping can help mitigate the symptoms of trauma. Positive coping and healthy functioning, along with fostering hope and facilitating coping, are also connected to spirituality, religion, and health (Proctor, Cleary, Kornhaber, &

McLean, 2018). Positive coping can also aide in prevention by being modeled by parents for children. It is possible that parent's behaviors and cognitions may help in children's psychological adjustment after an event that could be perceived as traumatic (Kichline, Kassam-Adams, Weiss, Herbers, & Marsac, 2017). It is important to teach coping and foster resilience to help mitigate potential symptoms of traumatic experiences.

Intervention Measures

There are various evidence-based models that have been created to treat victims of trauma based on the knowledge that trauma has lasting effects on survivors. Trauma-informed care is an essential part of intervention, and it begins with an understanding of trauma and trauma's lasting effects on individuals (Roberts, Chandler, & Kalmakis, 2019). Meeting survivors where they are in their experience with trauma is a part of trauma-informed care (Barnes & Andrews, 2019). This trauma-informed care intervention might be care at a doctor's office, hospital, addictions clinic counseling clinic, in the military services, and across human services organizations (Brewerton, 2019; Currier, Stefurak, Carroll, & Shatto, 2017; Fredrickson, 2019; Hales et al., 2019; Hamberger et al., 2019; Nandi, Puranam, Paccione-Dyszlewski, Van Dusen, & Elisseou, 2018). Critical incident stress debriefings soon after the trauma are also helpful in reducing symptoms of trauma after a stressful event (Aucott & Soni, 2016). All of these interventions are helpful in mitigating response to trauma.

Specific evidence-based therapies are also helpful in treatment of trauma. Trauma-focused cognitive behavioral therapy, dialectical behavioral therapy, and eye movement desensitization and reprocessing, amongst other evidenced-based therapies,

have been proven helpful in reducing trauma symptoms (Harvey, Hunt, & White, 2019; Lewey et al., 2018; Pfeiffer, Sachser, Haan, Tutus, & Goldbeck, 2017). Trauma-focused cognitive behavioral therapy works through trauma narratives and helps traumatized individuals work through their negative cognitions of traumatic events and helps with long-term functioning (Deblinger, Pollio, Runyon, & Steer, 2017; Knutsen, Czajkowski, & Ormhaug, 2018; Knutsen & Jensen, 2019) while dialectical behavioral therapy helps individuals by practicing grounding and meditation techniques (Harvey et al., 2019). eye movement desensitization and reprocessing use movement and neurological techniques to help reduce negative brain reactions to trauma (Calancie, Khalid-Khan, Booij, & Munoz, 2018; Fereidouni, Behnammoghadam, Jahanfar, & Dehghan, 2019; Saltini et al., 2018). Other therapies such as art therapy, somatic regulation, yoga therapy, and first aid intervention are used for specific populations to reduce trauma symptoms (Finn, Warner, Price, & Spinazzola, 2018; Hass-Cohen, Bokoch, Findlay, & Witting, 2018; Hechanova, Manaois, & Masuda, 2019; Macy, Jones, Graham, & Roach, 2018). These evidence-based therapies aid in the prevention of PTSD after a traumatic event.

TCKs and MKs

There are individuals who have spent their developmental years in countries other than that of their parents. Individuals known as TCKs have grown up overseas and learned how to live in that new culture (Melles & Frey, 2017). There is a subgroup under TCKs called MKs (Melles & Frey, 2017). TCKs and MKs learn to adapt to other cultures, and loss becomes a part of their lives (Faleiro, 2018; Melles & Frey, 2017). They learn to transition to different countries, learn different languages, and often move

with their family wherever their parents need to go, whether it be for army families, embassy kids, expats, or missionaries (Faleiro, 2018; Melles & Frey, 2017; Starr, 2017). Some TCKs identify as adult TCKs when they are adults and describe growing up in a "neither/nor world" as being difficult to maneuver (Hopkins, 2015). Over the years, these children have been described as globally mobile, cross-cultural, transnationals and transcultural (Linton, 2015). Although it might be difficult, the different culture becomes part of the child's permanent identity.

MKs and Trauma

Many missionary families and MKs experience trauma. Missionaries are exposed on the field to traumatic events and natural stressors and are at high risk for PTSD and trauma (Kim et al., 2017). Many missionaries have served in high-risk locations throughout history (Puac-Polanco et al., 2015). There is often a high potential for violence, danger, and exposure to harsh circumstances (Tan et al., 2016). Countries where there are MKs, such as in Latin America, are often exposed to the trauma of war, killing of civilians, violence, and multiple traumas that the countries deal with during their unrest (Brenneman, 2014; Fotta, Posocco, & Smith, 2016; Kubota, 2017; Mendez, 2019; Reyes, 2019; Schwartz & Straus, 2018). Violence in Central America has been prevalent, for example, since before the 36-year civil war of Guatemala; however, it has now become a global security threat due to torture, mutilation, desecration of dead bodies, and rape. and it is widely known as one of the world's most violent peacetime zones (Kubota, 2017; Mendez, 2019). Missionaries and their families live in zones such as these around the world, and they experience violence and traumatic experiences due to

living in these zones. Missionaries and their families might have to live and function for as long as the war and violence lasts (Keown, 2018; Kubota, 2017). Many MKs struggle with reentry to their home country after these experiences while living on the field (Kim et al., 2017). Trauma-exposed students, similar to MKs, often struggle with risky behaviors, substance use, and abuse, and they have difficulty with delayed gratification (Aarstad-Martin & Boyraz, 2017; Boyraz et al., 2018). MKs who have experienced trauma may have more difficulty with reentry to the home country

Missionaries and MKs experience trauma due to where they live on the mission field. In most cases, missionaries and their families are exposed to many stressors and traumatic events along with physical, mental, and emotional dangers while trying to develop a sense of their own personal identity (Davis, Edwards, & Watson, 2015). In order to help with these traumatized individuals such as MKs and their families, trauma team unites have been developed.

There are trauma team units, such as member care, that help mitigate symptoms of trauma in MKs. Member care is for missionaries and their families to help mitigate complex trauma; however, it is important to evaluate MKs to understand their perceptions of trauma on the field (Fadden & Mercer, 2019; Kim et al., 2017). Member care counselors can provide individual and family therapy to missionaries who have been affected by traumatic experiences (Crawford & Wang, 2016). Member care representatives are often dedicated counselors who care for the mental health of missionaries and MKs (Crawford & Wang, 2016). Member care consists of counselors

who can be available to missionaries and their families, while on the field, when requested.

Qualitative Studies Related to Trauma

In an autoethnographic, exploration study, Hopkins (2015) explored the struggle as an MK leaving the host culture for the home culture. Hopkins discussed the traumas experienced on the mission field, ranging from the loss of close friends to emergency evacuation from a war zone. Hopkins found that although it is possible to acculturate and become successful in the home culture, Hopkins felt suspended between the two cultures, and even upon returning to Senegal, did not feel entirely at home. Hopkin's research provided implications for further research of MKs and their struggles with trauma and loss while living on the mission field.

In an individual case study, Faleiro (2018) discussed life as a third culture kid in the Middle East. Faleiro experienced various traumas as a TCK, including war in the host culture and repatriation without being able to say goodbye. Faleiro discovered that the concepts of alienation, identity, and home influenced Faleiro's writing. These topics provide future implications for research on TCKs and MKs around the world on the topics of identity and alienation.

In a qualitative investigation, Bikos et al. (2009) discussed MKs and their feelings during the process of repatriation to the home country. MKs in the process of repatriation often feel emotional numbness and anger Bikos et al. Data were collected from 13 participants, nine adult MKs and four MK supporters, through interviews. Bikos et

al.discovered that MKs sometimes feel intimidated, disoriented, and disillusioned as they face the cultural differences between the host culture and the home culture.

Summary and Conclusions

The major themes in the literature included defining trauma, causes of trauma, symptoms and effects of trauma, prevention measures, intervention measures, TCKs and MKs, and MKs and trauma. If missionaries are educated on the possible effects of trauma and are able to spot symptoms as they develop, MKs will be more likely to receive the proper treatment prior to experiencing difficulty with long-term symptoms after trauma (Kim et al., 2017). Although MKs are provided assistance in reentry programs, training missionaries on a broader spectrum will help MKs who are struggling to receive services sooner than in the past.

More is known about trauma and how trauma effects people biopsychosocially; however, there is still a lack in knowledge of how MKs perceive their experiences in relation to trauma. This study helped in filling in this gap in the literature and will extend knowledge in the area of MKs and trauma.

In Chapter 3, I will review the research methods for this study.

Chapter 3: Research Method

Introduction

The purpose of this basic qualitative study was to explore adult, Christian MKs' perceptions of external trauma on the mission field. I conducted semistructured interviews with adult MKs aged 18 years and older to gain insights on their perceptions of external trauma on the mission field. Missionary counselors can use the results of this study to have a better understanding of MK experiences while on the field, so they can be better prepared when providing trauma services to MKs and their families as well as promote mental health well-being in this population. In this chapter, I present the research design and rationale; role of the researcher; methodology and design; procedures for recruitment, participation, and data collection; issues of trustworthiness; ethical procedures; and a brief summary.

Research Question

What are the Christian, adult, MKs' perceptions of external trauma on the mission field?

Research Design and Rationale

The purpose of this basic, qualitative study was to explore Christian adult MKs' perceptions of external trauma on the mission field. In this study, I employed a basic qualitative design to understand the experiences of MKs on the field in relation to trauma. The basic qualitative study is descriptive, and scholars use this design to understand the world views and perceptions of the participants involved in the research (Lui, 2016). Another purpose of a basic qualitative design is to provide a brief summary of the raw

text and establish links between the research aim and the themes that arise from the collection of the data (Lui, 2016). In addition, a basic qualitative design can serve as a fundamental building block for more research (Kahlke, 2018). I used a basic qualitative design because it was able to provide me with the most pertinent information in regard to MKs and trauma.

I chose not to use quantitative or mixed methods because they would not allow me to collect the data that I needed to answer the research question in this study. Quantitative researchers test a hypothesis by objective and scientific means, and the data are reported in numerical and statistical format (Bloomfield & Fisher, 2019). A mixed-methods study combines qualitative and quantitative approaches in research design and data collection (De Ceunynck, Kusumastuti, Hannes, Janssens, & Wets, 2013). A mixed-methods approach is often more expensive to conduct, and it requires more time and energy than using a single method approach; however, conducting a mixed-methods study can often improve the reliability and validity of the data results while also giving the opportunity to observe the data through hypothesis testing (De Ceunynck et al., 2013).

I chose to use the basic qualitative design in this study to explore and understand the subjective experiences of MKs in relation to external trauma. Qualitative scholars attempt to understand the experience of the individual and understand the relationship between the individual and a particular phenomenon (Bloomfield & Fisher, 2019). Understanding the experience of individuals and their perceptions of these experiences in relation to trauma helped me to answer the research question.

I considered using a case study, grounded theory, or phenomenological design for this study; however, none of these qualitative designs would have provided me with as pertinent of data for answering the research question as would a basic qualitative design. A case study is a detailed analysis of a situation or event in a defined timeframe, such as a natural disaster or political conflict, that relies on multiple data sources for evidence (Heale & Twycross, 2017; Yin, 2013). Researchers use case studies to better understand the underlying causes related to the phenomenon that is being investigated (Heale & Twycross, 2017). Case studies provide a more detailed description of whatever the theme is that is being researched. I chose not to use a case study because a detailed analysis of one specific situation or event would not have allowed me in-depth information in regard to MKs' experiences and how they perceive them. Grounded theory is used when there is a lack of research about a particular topic and a theory about the phenomenon needs to be created (Ivey, 2017). It is not used to prove or disprove research but rather allows information to emerge without using a particular theory (Ivey, 2017). There is existing information about MKs; therefore, grounded theory would not have been appropriate because a theory does not need to be created to study the topic. A phenomenological design is used to understand people's lived experiences in relation to a phenomenon over a period of time (Heale & Twycross, 2017). The use of a phenomenological design would have allowed me to understand individuals' lived experiences; however, it would not have provided me with in-depth information on how they perceived these experiences. Although these qualitative designs would have provided me with some information, they would not have directly addressed the research question.

Role of the Researcher

In this qualitative study, my role as the researcher was that of an instrument because I collected and analyzed the data. By functioning as an instrument in the collection of information, I needed to be careful to seek out biases in my research (see Chenail, 2011). Biases or opinions of the researcher can alter the results of the research (Wadams & Park, 2018). To mitigate personal biases and any preconceived ideas that I might have had concerning experiences from growing up as an MK with trauma on the mission field were bracketed in my research journal. Bracketing is used by researchers to mitigate the potential detrimental effects of biases related to the research in order to increase rigor in the research project (Tufford & Newman, 2010). To mitigate personal biases, I bracketed my experiences and ideas with the topic in my researcher journal.

I did not have a personal or professional relationship with the participants interviewed in this study or did I conduct any research at my place of employment. Finally, I provided participants with a $10 gift card as a small incentive and token of appreciation for participating in the study.

Methodology

Participant Selection Logic

The criteria to participate in this study included being 18 years of age or older, being an MK, and having lived through experiences that could be considered traumatic. I recruited participants via a Facebook post and had participants e-mail me if they were interested in participating in the study and met the research requirements. If they met the requirements, I asked them to participate in the study.

I had eight participants in my study. In a basic qualitative study, eight to 15 participants can be considered a good sample of the population where saturation might be reached (Nelson, 2017). There is not an exact number of what constitutes a good sample because all research is different; however, if a researcher starts with a specific number, as the samples increase, fewer different responses are recorded and at that point saturation has been reached (Nelson, 2017). The number of participants grew as necessary to reach saturation. I began recruitment by e-mailing the participants to see if they fit the eligibility requirements for the study. I introduced myself in the e-mail, discussed the study eligibility criteria, and then followed up with the participants if they responded that they met the criteria.

I initially used purposeful sampling to obtain participants. Purposeful sampling is often used in qualitative research (Suen, Huang, & Lee, 2014). In this form of sampling, participants are selected based on the purpose of the study, and each person is expected to bring distinctive and valuable information to the research study (Suen et al., 2014). I reached out to those participants who might fit my criteria and used them to form a snowball sample. Snowball sampling occurs when people who participate in the research reach out to others who might be interested in participating and who meet the study criteria (Streeton, Cooke, & Campbell, 2004). Champions are those individuals who draw others in the target group to participate in the research, thereby called snowballing (Streeton et al., 2004). I asked participants to think of others who might fit the inclusion criteria to recruit all necessary participants.

Qualitative researchers strive to achieve data saturation. Data saturation occurs when all of the study participants are giving the researcher the same information in relation to the topic, such as repeating themes, words, ideas, and experiences (Nelson, 2017). Once I began hearing the same words, themes, ideas, and experiences from the participants, I conducted one more interview to be sure no new ideas were given. When no new information was given, then I knew that I had achieved data saturation.

Instrumentation

I was the instrument in this study. I did not use a republished instrument but created an interview protocol to help with gathering the data for the study. An interview protocol is a semistructured interview method that researchers use to gather data (De Ceunynck et al., 2013). The main purpose of the interview protocol are to give structure and direction for the interview (De Ceunynck et al., 2013). I created my interview protocol using examples of protocols from other qualitative studies in the literature review and developed the interview questions used from a trauma-informed review protocol by the Substance Abuse and Mental Health Services Administration (2015). This research protocol ensured that I said the same things in the same order to all participants and improve the credibility of the findings.

Before conducting the interviews with participants, I determined the content validity of the interview protocol. Content validity refers to making sure all dimensions in research are covered and ensuring the ability of an instrument to measure the concepts of the subject of research (Patrick et al., 2011). In this study, I had an expert review panel consisting of a trauma professional, a counselor, and an MK review the interview

protocol for content validity. It was important to have these individuals come from different backgrounds to make sure the questions and interview protocol provided the data necessary to answer the research question. The trauma professional and the counselor had the necessary professional background to make sure no harm was done to the researcher participants, and the MK was able to understand the questions from the standpoint of the research participants. The expert panel review members were able to provide the necessary feedback to adjust the questions to be most appropriate for the research participants and to accomplish the aims of the study.

I used my iPhone to audio record the phone interviews. I used the TapeACall app to automatically transcribe the audio into text in the phone conversations with the participants. Not only did I have the initial recording, but I also had the transcription as a backup. It is important to have backups in case any primary methods should fail unexpectedly.

Procedures for Recruitment, Participation, and Data Collection

I collected my data via semistructured, phone interviews with the participants. These one-time interviews were 30 minutes to 1 hour in duration. I recorded all the phone interviews on my iPhone using the TapeACall app for automatic transcription. Participants were recruited via a general Facebook post using purposive sampling and, then, by snowball sampling.

If participants became upset for any reason during the interview, I stopped the interview and asked the participant if he or she would like to continue. If they said yes, then I continued the interview. After the interview, I provided directions for participants

to access mental health care on https://www.linesforlife.org/ along with the National Suicide Prevention Hotline phone number of 1-800-273-8255 in case they ever needed additional support for any feelings of distress.

After the interviews, I followed up with the participants to share the results of the study and carry out the follow-up procedures. Member checking is also known as participant or respondent validation (Birt, Scott, Cavers, Campbell, & Walter, 2016). Member checking is a technique for the exploration of the credibility of the results where data are returned to the participants so that they can check the data for accuracy and resonance with their experiences (Birt et al., 2016). It is often used as a validation technique (Birt et al., 2016). In conducting member checking for this study, I asked the participant to check the transcript of their interview and state whether everything was correct in his or her memory or if there was anything that he or she would like changed or corrected.

Data Analysis Plan

When coding the themes that I found in the transcripts from the interviews, I did not use software for analysis; rather, I coded the data by hand. I used a voice-to-text software called TapeACall to help me transcribe the data. I analyzed the data in the transcriptions by following Lui's (2016) five steps of data analysis:

- Initial reading of the text data,
- Identifying specific text segments related to the objectives,
- Labelling the segments of the text to create categories,
- Reducing overlap and redundancy among the categories, and

- Creating a model incorporating most important categories (p. 132).

When conducting the interviews with my participants, and after recording and transcribing the interviews using TapeACall for iphone, I did an initial reading of the transcript word for word (see Lui, 2016). As I read through each interview, I then identified text segments specifically related to my research question by hand, using a highlighter. Once I highlighted all of the texts that related directly to my research question, then I created categories on an Excel spreadsheet using my computer (see Lui, 2016). When I created all of the categories that I got from the themes within the text, I then combined categories that I saw were similar to others to decrease redundancy within the categories (see Lui, 2016). Finally, I created a model, using my computer, of the categories most related to my research question (see Lui, 2016). Each time I interviewed an individual, I used this same step process and condensed the categories as I went along. When I saw that the information was fitting into the same categories, I knew I had reached data saturation (see Nelson, 2017). Once I believed I was not receiving more themes for categories in my interviews, I did one more interview to make sure there was nothing new added to the data, and I stopped interviewing participants when I found that no new themes emerged from the final interview.

If I had found a discrepant case in my interviews, I would have documented this in my findings. A discrepant case, or a disconfirming case, may point to a new theory that needs to be tested (Booth, Carroll, Ilott, Low, & Cooper, 2013). Themes that are different from the majority of the data are called outliers (Su & Tsai, 2011). Outliers are data that do not fit in the main presentation of data (Kwak & Kim, 2017). By isolating outliers, the

quality of the data can be improved (Booth et al., 2013; Su & Tsai, 2011). By isolating outliers, a researcher can make a clearer distinction between what the themes are of the majority of the data and set that apart from individual outliers. Throughout this research, it was possible that I will encounter discrepant cases and outliers in the data. I presented any discrepant case and indicated any outliers in the results section of my dissertation.

Issues of Trustworthiness

Credibility

Credibility is a component of trustworthiness. A qualitative study is considered credible when others who have shared the same experience immediately recognize this experience (Cope, 2014). Credibility is defined as the truth of the data or the interpretation and representation of the data by the participants' views (Cope, 2014). I used member checking and audit trials to ensure the credibility of my study findings. Member checking helped increase credibility because the participants were able to read the transcripts to make sure they were accurate, and they were given the opportunity to change or delete anything that was not accurate. With an audit trail, I was be able to increase credibility because I kept a transparent description of the entire process of my research along with my findings.

Transferability

Not only does a study need to be credible, but it also needs to be transferable. Transferability is when the findings of the study can be applied to other groups or settings (Cope, 2014). Transferability can be achieved if others who are not part of the study can also relate to the findings and associate the findings to their own experiences (Cope,

2014). My research will be transferable if others can relate to the findings. Other groups, such as Christian groups and organizations, may be able to use the results of this study to better understand traumatic experiences and the effects on their children. Adult MKs who have been through traumatic experiences internationally will also be able to relate to the findings of this research.

Dependability

Along with transferability, dependability is essential to qualitative research. Dependability is defined as consistency of the data over similar conditions (Cope, 2014). Another way dependability can be achieved is if another researcher concurs with each stage of the process throughout the study (Cope, 2014). I made the research and steps of the research process clear so that the findings of the study can be replicated with similar participants in similar conditions, thereby ensuring dependability.

Confirmability

Confirmability is important to a qualitative study. The researcher's ability to represent the participants' responses through the data rather than that of his or her own lens shows the confirmability of the research (Cope, 2014). The researcher can increase confirmability by describing how interpretations and conclusions were established and showing they came directly from the data (Cope, 2014). I made sure to provide direct quotes from the participants that show the emerging themes found throughout the data in order to increase confirmability.

I obtained Institutional review board approval, number 06-17-20-0297035, prior to collecting any data. I upheld ethical treatment of human beings, and I followed the

components presented in *The Belmont Report*, which are respect for persons, beneficence, and justice (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978). I ensured the rights of the participants. If a participant chose to drop out or became emotionally distressed, I stopped the interview immediately. I respected the desires of the participant and did not use the information if a participant chose to drop out. There was no penalty for dropping out. If they were distressed, I asked if they needed a moment and if they wanted to continue. I had resources for immediate help if the participant needed it.

There are multiple ways that I ensured that the data were confidential. I used numbers and not the names of the participants. I was the only one who had access to the data, and the data was on a password-protected laptop. The data will be stored for 5 years; after 5 years, I will destroy the data. Once I had the results of the study, I disseminated the results via email in the form of a brief summary of my study and provided it to the participants. At the time of the initial interview, I gave each participant a $10.00 gift card online as a small incentive and a thank you for participating in my research. I did not need any outside institution permissions to conduct this research, or any permissions to post recruitment posters for volunteer participants through any organization, because I posted on Facebook, and the participants contacted me privately via email.

Summary

In Chapter 3, I covered the role of the researcher, methodology, instrumentation, procedures for recruitment, participation and data collection, and a plan for data analysis

and issues of trustworthiness. In Chapter 4, I will focus on the presentation of the results of this research.

Chapter 4: Results

Introduction

The purpose of this basic qualitative study was to explore adult, Christian MKs' perceptions of external trauma on the mission field. The following research question guided this study: What are adult, Christian MKs' perceptions of external trauma on the mission field? In this chapter, I discuss the settings for the study, demographics, data collection, data analysis, evidence of trustworthiness, and the results of the study before concluding with a summary of the chapter.

Setting

There were some conditions that were out of my control as the researcher that might have influenced the participants and their experience at the time of the study. One of the main conditions that might have affected the participants was the COVID-19 pandemic and the fear of the virus. Some other factors that might have had an influence on the participants were the political and racial tensions that the United States experienced after the death of George Floyd. I noticed that some of the participants had life stressors that were triggered by these societal happenings.

Demographics

The individuals who participated in this basic qualitative study were adult MKs over the age of 18 years old who were raised on the international mission field by Christian, missionary parents. I interviewed four men and four women for this study on MKs and trauma.

Data Collection

I collected data from eight participants for this basic qualitative study. Each participant volunteered to be part of a 45-minute, semistructured interview. The interviews were audio recorded for research purposes, and I was the data collection instrument as the researcher. Originally, I was going to use the Dragon app for iPhone as presented in Chapter 3; however, this app would not transcribe audio interviews, so I had to switch to TapeACall. Each interview was recorded via my iPhone using the TapeACall app on iPhone. After the semistructured interview was recorded, I used TapeACall to transcribe the interview from the recorded audio. I then went through and cleaned up the transcripts by hand. When the transcripts were ready, they were sent to the participants for member checking. Once the participants confirmed the accuracy of the transcripts, they sent them back to me via e-mail. I encountered no unusual circumstances during the data collection process.

Data Analysis

I used Lui's (2016) 5-step plan for data analysis to move inductively from the coded units in the interviews to larger representations including categories and themes. I coded the interviews, created categories, and then reduced overlapping categories to identify the themes that emerged from the eight interviews. The themes that emerged were (a) mental health; (b) civil unrest; (c) physical harm; (d) separation from loved ones and uprooting, "goodbyes,"; (e) lack of support; (f) difficulty with cultural identity, belonging, and language barriers; and (g) experience with epidemics and natural disasters. There were no discrepant cases to be factored into the data analysis.

Evidence of Trustworthiness

Credibility

Credibility is defined as the truth of the data or the interpretation and representation of the data by the participants' views (Cope, 2014). I used member checking and audit trials to ensure the credibility of the study findings as described in Chapter 3. Member checking helped increase the study credibility because the participants were able to read the transcripts to make sure that they were accurate, and they were given the opportunity to change or delete anything that was not accurate. By keeping an audit trail through my research journal, I was be able to increase credibility because I kept a transparent description of the entire process of the study along with my findings.

Transferability

Transferability is achieved when the findings of the study can be applied to other groups or settings (Cope, 2014). My research is transferable because other mission groups can benefit from the findings. Other groups, such as Christian groups and organizations, can use the results of this study to better understand traumatic experiences and the effects on their children. Adult MKs who have been through traumatic experiences internationally will also be able to relate to the findings of this research.

Dependability

Dependability is defined as the consistency of the data over similar conditions (Cope, 2014). I have clearly explained the study and the steps of the research process so

that the findings of the study can be replicated with similar participants in similar conditions, thereby ensuring dependability.

Confirmability

Confirmability of the research can be shown through the researcher's ability to represent the participants' responses through the data rather than that of his or her own lens (Cope, 2014). I made sure to provide direct quotes from the participants to show the emerging themes found throughout the data in order to increase confirmability. I obtained Walden University Institutional Review Board approval prior to collecting any data. I upheld the ethical treatment of human beings and ensured their rights as participants by following the components presented in *The Belmont Report* written by National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1978), which are respect for persons, beneficence, and justice. If a participant was distressed, I asked if they needed a moment and if they wanted to continue. I also had resources on hand for immediate help if the participant needed it.

Over the course of this study, there were multiple ways that I ensured that the data were kept confidential. I used numbers and not the names of the participants. Additionally, I was the only person who had access to the data, which were stored on a password-protected laptop.

Results

Mental Health

Mental health in MKs was mentioned repeatedly in the interviews in the form of depression, anxiety, loneliness, and distrust. Participant 1 stated, "I have like, I have very

strong memories of experiencing like really deep depression." Participant 2 stated, "I think um negative, was the loneliness." Participant 2 also stated, "as an adult, um I think it's just the same thing um for awareness um the lack of trust before trustworthiness is established." Participant 3 stated,

> I think emotionally um that feeling of heightened alertness and uh danger awareness um is something that I've, uh the you know impacted me then…it's almost second nature for me to look and see where are the exits, and you know what would I do if someone rushed in the room with machine guns, you know?

Participant 4 stated, "I notice myself becoming more and more depressed and my anxiety going insane, and then I wasn't sleeping well." Participant 5 stated, "there was an overwhelming uh feeling of despair of uh having a sense that that the chaos of moving and the experience of not belonging, and the lack of friends, and the isolation that I felt, and the loneliness." Participant 7 stated,

> I had a lot of unresolved grief that um happened and, and I like I said I've been working through a lot of this stuff … the next couple of years um of dealing with a lot of depression and I think anxiety um because I thought I'd handled a lot of the unresolved grief that the fact that maybe I'll never get to go back to the Philippines or I'll never get to see the people that I grew up with.

Participant 8 stated,

> I would say I've kind of dealt with a fair amount of depressions a result, I think of, of using that as far as sort of deal, using that being that way when I deal with, with stress and anxiety and, and pain…I'm good at compartmentalizing. So, when

> things happen, I don't. I can, I can take things that are painful or un unpleasant and not react, and I can, I can kind of box them up and put them away.

Due to their traumatic experiences, MKs reported mental health struggles. Some of these mental health struggles (i.e., anxiety, depression, and isolation) came from experiences in the countries where they experienced trauma while growing up on the field.

Mental health is something that MKs have struggled with after their experiences of growing up on the mission field. This mental health theme clearly aligns with the literature review. MKs have more stress, anxiety, and depression than non-MKs as college students (Kim et al., 2017). The symptoms of trauma include impaired social and psychological functioning and increased cognitive impairment that effect personal care, work, and leisure along with decreased quality of life and lowered self-esteem (Gatfield & Ho, 2017; Lee et al., 2016). Childhood trauma can cause adults who have new traumatic exposure to develop PTSD, often being caused by the previous avoidance of coping (Allen et al., 2016). MKs have a higher risk for mental health problems due to their experience and their perceptions of their experiences in regard to trauma.

This theme of mental health also aligns with contemporary trauma theory. The main tenets of contemporary trauma theory include dissociation, attachment, reenactment, long-term effects on later adulthood, and impaired emotional capacities (Goodman, 2017). The data obtained through the interviews are congruent with the theory in that the long-term effects of trauma on adulthood include impaired development and functioning that might include physical and/or mental health problems (Monnat & Chandler, 2015). It also aligns in that those who have experienced trauma in childhood

may develop a diminished sense of self, which can create complications in adulthood, including emotional impairment (Monnat & Chandler, 2015). Emotional numbing and difficulty in self-regulation are directly related to the limbic system and the impact of trauma on the brain (Goodman, 2017). Contemporary trauma theory provides a framework for understanding childhood trauma and how trauma can be present years after the experience.

Civil Unrest

The witnessing violence and death fell under the theme of civil unrest in this study. This theme was mentioned by multiple MKs during their interviews. Events, such as bombings, shootings, grenade explosions, murder, massacres, guerrilla warfare, civil war, kidnappings, riots, and weapons, were mentioned by the participants. Participant 2 stated,

> Part of that was political uh problems in the country because it was unsafe for us to really travel…The other thing is the civil unrest did bring um awareness for us that we um were in a dangerous country right… a bomb go off or hearing a big fire cracker, and not being sure if it's a big fire cracker or a bomb...we could see the army base and we could see bombs and gunshots um going back and forth from the mountains that's behind it, to the base and it was um, it was the guerrillas…I had, even though there was unrest, and there were things that happened, but were very negative, for example, I mean like I saw probably 20 dead people in a street just a couple of years before that.

Participant 3 stated,

> Political instability would probably be my biggest memory of being there…we would we would be awakened that night by you know gunfire and um grenades and you know just kind of the bomb, bomb sounds… I remember stepping over his blood, that was running down the street. I saw him, the crowd, it just started to gather and blood's running down the street and I stepped over it to go get the mail, and I came back and very matter-of-factly told my parents what had happened.

Participant 8 stated, "We always had to be careful that we were told that these rebels would put land mines and potholes on main roads." Many MKs have experienced civil unrest while on the field. This civil unrest takes many forms, whether it be explosions, warfare, kidnapping, or just basic fear.

Civil unrest entails witnessing violence, death, and other difficult circumstances, and this theme aligns with the findings from the literature review. Violence and trauma are closely associated with PTSD and depression; the more exposure to trauma, the greater the risk of negative mental health outcomes (Nöthling et al., 2019; Stokes & Jackson, 2016). Some causes of trauma are war, natural disasters, accidents, interpersonal violence, shootings, stabbings, the violent death of loved ones, abuse, and neglect (Erdener, 2017; Eroğlu et al., 2016; La Greca et al., 2017; Rosen et al., 2018; Vaughn-Coaxum et al., 2018). Missionaries often serve in areas where there is civil unrest, and they can experience trauma while living in those countries.

This theme of civil unrest also aligns with contemporary trauma theory. According to contemporary trauma theory, those who experience trauma will show

effects of experiencing that trauma (Goodman, 2017). Those who experienced trauma on the field have effects of those experiences whether short or long term. Contemporary trauma theory has been used to better understand the correlation between childhood trauma, adverse childhood experiences, and substance use and abuse disorders (Goodman, 2017). The data collected were in alignment with trauma theory in that children who are raised in areas of civil unrest will often show signs of having experienced trauma.

Physical Harm

Other than physical harm that falls under civil unrest, other physical harm, such as sexual abuse, was mentioned along with illness. Participant 2 stated, "we flew out of this little village and as we were flying out the plane got shot at." Participant 2 stated, "he kissed me, which was weird and gross." Participant 3 stated,

> Probably the most kind of an overarching theme was just kind of um physical danger. The environment was uh politically unstable, and I think that that colored a lot of my experience there…as a result, we were sent home um with instructions to return with all of our passports and um addresses of next of kin in the U.S. and you know there was a very real um threat of us having to be um air evacuated from boarding school.

Participant 4 stated,

> Like driving through riots and not being allowed to play outside because your neighbors are shooting guns up in the air and you don't know where the bullets are gonna land… bullets go up and they must come down so, like there were like

> a couple of like places where you can see like bullet holes and then like cement walls and stuff and just like bullets and like random gunshots and stuff like that.

Participant 6 stated,

> They misdiagnosed it as worms, and so they sent me home, um and my appendix ruptured, and so I was in extreme pain, uh distended stomach, um gangrene setting in… I had only a 50% chance of surviving the surgery.

Whether it be an illness or any form of abuse or being shot at, physical harm was mentioned by multiple participants in the study.

Physical harm can come in many forms. This theme of physical harm aligns with the literature review. Many individuals experience adverse childhood experiences such as violence, incarceration, mental health issues, neglect, abuse, poverty, and addiction in the home (Beutel et al., 2017; Zyromski et al., 2018). Difficulty with self-regulation and self-definition is also attributed to interpersonal, prolonged, and repeated trauma such as in childhood abuse (Choi & Graham-Bermann, 2018). Whether the physical harm be in the home or in the immediate surroundings, whether it comes in the form of abuse or illness, it can have a lasting effect on the individual. Childhood abuse has a direct effect on wellbeing and health in adulthood, and it is a predictor of the leading cause of chronic illness, increased risk of chronic physical and mental illness, alcoholism, smoking, depression, suicide attempts, and even death (Choi & Graham-Bermann, 2018; Skeffington et al., 2017). Childhood trauma can have many lasting effects on an individual's well being and overall health long into adulthood.

The theme of physical harm aligns with trauma theory. When a child experiences trauma, this can interfere with their ability to create trusting relationships. Children who experience trauma will often show signs of having experienced trauma. Reenactment of the traumatic experience is common in children. Reenactment can be described as a phenomenon where the individual who has experienced trauma will display behaviors that stem from the original traumatic event to feel a sense of control (Goodman, 2017). These concepts align with contemporary trauma theory in that, when individuals suffer trauma in an earlier stage of life, it can continue to affect them in a later stage of life if not properly processed.

Separation From Loved-Ones and Uprooting (Goodbyes)

Separation from loved ones, such as friends and family, was mentioned throughout the interviews. Various participants discussed the difficulty of being uprooted and always having to say "goodbyes." Participant 1 stated,

> Something overwhelming Intolerable Um, and that's kind of what some of these moves were for me, because they really um just really kinda existentially unsettling experiences where I was really uprooted as a young person during a really formative period of my life.

Participant 2 stated,

> That was negative and although boarding school was a big positive for me um it was also a big negative ...because one of the saddest things is having to say goodbye to everybody, Um over the years. The sense of loss is big.

Participant 4 stated,

> People are always coming in and out of your life. Um and so we're just constantly having to say goodbyes to people who you had come to think of us family, um knowing that you're probably never going to see them again. …I was in Senegal for boarding school and uh so like at one put the borders closed between Senegal and Guinea for my parents like we're not able to come to Senegal without being outside of Guinea for at least 60 days. Um, so like if anything happens like, my parents wouldn't be able to come to the country and be with me or anything like that…always say goodbye to people and never knowing when people are gonna come in and out of your life that really made me afraid to make new friendships and relationships and like.

Participant 6 stated,

> The Korean CIA came to our house and they took my father away, um and he was gone for 3 days. Um and during that time, we were full of fear, thinking you know, is he ever going to return…I contracted the flesh-eating parasite, um that ate the lining of my intestines and almost killed me, and it took me 5 years to recover from that parasite and it, it, it just it's really wild that the experience of life and death as a 9 year old um really impacted me, and I was more prepared for another life and death experience as an adult um it didn't blindside me.

Participant 7 stated, "like my parents really weren't always around um because they were out doing missions. Um I was raised with and by um the people who lived with us."

Participant 8 stated,

> We said good bye to lots of people we knew we would never, ever see again, and it wasn't like they died. And it wasn't people dying. It was. It was people just going away…One morning, my mom and dad said, we got to leave, pack your bags, we gotta go, and I mean, we did what we could fit into the back of a pickup truck, and that was pretty rough, because that was, was terribly unexpected, you know, moving is hard on children usually moving with no notice. That's especially difficult.

Separation from loved ones, no matter the reason, along with uprooting and having to say goodbyes without know if they will ever see the person again was mentioned as being difficult by the participants.

Separation from loved ones and uprooting without being able to say proper goodbyes is an occurring theme throughout the MK world. This theme aligns with the literature review. In an individual case study, Faleiro (2018) discussed life as a TCK in the Middle East. Faleiro experienced various traumas as a TCK, including war in the host culture and repatriation without being able to say goodbye. When a child is overwhelmed and has exhausted the available resources, he or she may have difficulty in managing emotional reactions to stress, and a child might have difficulty with attachment (Jensen et al., 2015; London et al., 2015). Learning to say goodbye and dealing with loss is not something that comes naturally to most and can be considered a trauma in itself.

This theme aligns with trauma theory. Separation, no matter the reason, from loved ones can cause unsettling feelings and can be a traumatic experience. Those who have experienced trauma in childhood may develop a diminished sense of self, which can

create complications in adulthood including emotional impairment (Monnat & Chandler, 2015). This aligns with trauma theory in that effects can be long-lasting after experiencing a traumatic event. People experience trauma differently. People who have experienced trauma may develop complications in adulthood as stated in trauma theory.

Need for Support Services

Throughout the interviews, it was evident that all of the participants had experienced little to no support services during or after the traumatic events they suffered as MKs. Participant 1 stated, "in terms of support services I received in the past really very little." Participant 2 stated,

> Because we were away from home, and if we heard something scary um, we weren't always able to get or talk to someone, uh to get released from our questioning anxiety or whatever …so, I had um in college um, um I had some um MK debriefing kind of stuff.

Participant 4 stated,

> Yes so counseling um also just being a part of a small group of uh missionary kids…those I had were great, they were really good counselors, um but there was an aspect of me being a missionary kid, that's just unless you have experience living overseas you don't, it's really hard to comprehend.

Through the interviews, the participants voiced a further need for services for MKs who have been raised on the field.

The need for support services for MKs and their family is evident throughout the data. This theme aligns directly with the findings from the literature review. Although

MKs and missionary families are often resilient, there is a need for extra support. Resilience has been a widely discussed term in association with prevention of negative effects of trauma (Malgarim et al., 2018; Van der Werff et al., 2017). Being able to help others, along with flexible coping and having friends for support, has also been associated with prevention of long-term effects after a traumatic experience (Rodin et al., 2017). Support is necessary to be able to prevent short- and long-term effects of trauma after an individual has experienced a traumatic event.

This theme is also in alignment with trauma theory. The long-term effects of trauma on adulthood include impaired development and functioning that might include physical and/or mental health problems (Monnat & Chandler, 2015). If individuals receive support, their symptoms might be mitigated. In the past, mental health professionals might have seen those suffering from the effects of trauma as weak or even morally deficient; victims are now seen as injured and in need of help (Goodman, 2017). Those who are injured due to trauma and lack services might have more crippling effects with time

Difficulty With Cultural Identity, Belonging, and Language Barriers

All of the participants alluded to the difficulty with cultural identity, feelings of belonging, and language barriers in one way or another. Participant 1 stated, “I was in a really bad school environment I was getting bullied a lot at school, I was really an outsider in my school.” Participant 2 stated, “so, um it was I, I remember crying because I couldn’t speak Spanish.” Participant 4 stated,

> I felt very different. But I had no way to like express that difference without being seen either like um you know if you wear African clothing, but you're White like there's just an idea, idea of like cultural appropriation. Um, if that is the right word, and so like when I feel I'm more African, I can't express that in an outward manner that I feel African.

Participant 5 stated, "I was very young I was, uh I was different from the people around me …but there's not, not starting with a feeling of, of belonging uh it's certainly a difficult part for me." Participant 6 stated,

> I am totally a third culture kid, where I'm an American but, I don't always feel like I fit in here. Um, I am a Korean but never accepted as a Korean. I'm, I'm a White skin always was an outsider, and in Thailand even though I learned the language well preach teach and write and read, no I was always seen as an outsider, so I, I don't have a culture where I feel totally at home. I'm always a little bit of an outsider. A little bit of a nomad, if you will.

Participant 7 stated,

> Like we can't figure out who we are simply because our um identity is so fluid and we kind of just have to form who we're not as opposed to who we are and well I struggled with that a lot.

Participant 8 stated, "when for most of my life, it wasn't. I wasn't serving in a different country; I was living in a country that was home." Difficulty with cultural identity, belonging, and language barriers were mentioned throughout the study by the adult MKs.

Difficulty with cultural identity and a sense of belonging, along with feeling of being uprooted, are themes that continued to come up in the research. This theme aligns with the literature review. In most cases, missionaries and their families are exposed to many stressors and traumatic events along with physical, mental, and emotional dangers while trying to develop a sense of their own personal identity (Davis et al., 2015). Researchers have focused on the effects of reentry to the home culture on MKs and found that orientation at reentry helps the MK to adjust in the home culture (Davis et al., 2013). Having the support necessary after experiencing trauma in the form of in the form of MKs reentry orientations can be helpful to MKs and adjustment.

This theme is in alignment with contemporary trauma theory. In most instances where individuals have experienced trauma, they will show signs of having experienced this trauma with time. Symptoms might be psychological, social, psychical, or physiological, therefore affecting the being as a whole (American Psychiatric Association, 2013). Difficulty with belonging and identity are often signs of psychological and emotional distress. The theme was congruent with trauma theory.

Experience with Epidemics and Natural Disasters

Multiple MKs discussed their experiences with epidemics and natural disasters that they had experienced while growing up on the field. Participant 4 stated,

> There is the Ebola outbreak in West Africa. Um, and that was my senior year uh my senior year of high school, so um I got to experience an epidemic…I was exhibiting signs of PTSD. Um, so because of all this stuff that's happened with

> COVID it, brought up a lot of suppressed uh memories and feelings, um from when I went through the epidemic in West Africa.

Participant 5 stated,

> I did have uh some experiences of um, of being in being in the Philippines when there was uh so there were overwhelming things going, on such as for example uh earthquake, when I was, I was very small. Um, a for several, really a series of uh of tropical storms and typhoons.

Experience with epidemics and natural disasters was mentioned as having an impact on the MKs.

MKs and their families are exposed to many different experiences. This theme aligns with the literature review. In most cases, missionaries and their families are exposed to many stressors and traumatic events along with physical, mental, and emotional dangers while trying to develop a sense of their own personal identity (Davis et al., 2015). These can be considered traumatic events that include wars, natural disasters, accidents, interpersonal violence, shootings, stabbings, the violent death of loved ones, abuse, and neglect (Erdener, 2017; Eroğlu et al., 2016; La Greca et al., 2017; Rosen et al., 2018; Vaughn-Coaxum et al., 2018). Traumatic events that MKs experience can be crippling in development of personal identity and lasting effects after experiencing trauma.

This theme was also in alignment with trauma theory. According to trauma theory, where trauma is present, signs and symptoms will follow (Goodman, 2017). Impairment in emotional capacities can include emotional numbing and difficulty in self-

regulation (Goodman, 2017). Emotional numbing and difficulty in self-regulation are directly related to the limbic system and the impact of trauma on the brain (Goodman, 2017). Contemporary trauma theory has been used to better understand the correlation between childhood trauma, adverse childhood experiences, and substance use and abuse disorders (Goodman, 2017). Researchers and practitioners are learning through evolving knowledge what it means to have experienced childhood trauma and what those long-term effects might look like (Goodman, 2017). Researchers have used the underlying theory that trauma can have long-lasting bio-psychosocial effects.

Summary

In this study, the themes that emerged were (a) mental health; (b) civil unrest; (c) physical harm; (d) separation from loved ones and uprooting, “goodbyes,”; (e) lack of support; (f) difficulty with cultural identity, belonging, and language barriers; and (g) experience with epidemics and natural disasters. I found from the data collection and research are congruent with contemporary trauma theory. In this chapter settings for the study were discussed, along with demographics, data collection, data analysis, evidence of trustworthiness and the results of the study. Future implications for research will be discussed in Chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this basic qualitative study was to explore adult, Christian MKs' perceptions of external trauma on the mission field. The main themes that emerged in this study were (a) mental health; (b) civil unrest; (c) physical harm; (d) separation from loved ones and uprooting, "goodbyes,"; (e) lack of support; (f) difficulty with cultural identity, belonging, and language barriers; and (g) experience with epidemics and natural disasters. In this chapter, I present my interpretation of the findings, the limitations of the study, recommendations, implications, and a conclusion to the study.

Interpretation of the Findings

Mental Health

The findings of this study confirmed the information from the literature review in regard to mental health and trauma. As college students, MKs tend to be more anxious, stressed, and depressed than college students who are not MKs (Kim et al., 2017). Adverse effects on personal care, leisure, and work as well as lower self-esteem and a decrease in the quality of life are part of the impaired psychological and social performance and the rise in cognitive difficulties that occur as symptoms of trauma (Gatfield & Ho, 2017; Lee et al., 2016). Adults who have experienced trauma as children and are then confronted with a new traumatic experience may develop PTSD (Allen et al., 2016). As a result of their traumatic life experiences and their perceptions of these experiences, MKs have an elevated risk for mental health problems.

The findings in this basic qualitative study in regard to mental health also confirmed contemporary trauma theory. Problems resulting from damaged emotional abilities, continuing effects later in adulthood, reenactment, dissociation, and difficulties with attachment are all basic principles of contemporary trauma theory (Goodman, 2017). The continuing effects of trauma in adulthood incorporate the damaged development and functioning that may produce problems with physical and mental health, which was seen in the interview data gathered in this study (see Monnat & Chandler, 2015). The findings also aligned with contemporary trauma theory in that those who have suffered traumatic experiences as children may develop a diminished sense of self, which can cause difficulties with emotional impairment in adulthood (see Monnat & Chandler, 2015). There is a direct relationship between problems with self-regulation and emotional numbing and the impact of trauma on the brain and the limbic system (Goodman, 2017). Trauma can be present years after the traumatic experience, and the contemporary trauma theory provides a framework for understanding trauma suffered in childhood.

Civil Unrest

The findings of this study also confirmed the information found in the literature review in regard to civil unrest and trauma. Trauma and violence are believed to be related to PTSD and depression in that the risk of negative mental health problems increases with more exposure to trauma (Nöthling et al., 2019; Stokes & Jackson, 2016). Abuse, neglect, war, natural disasters, accidents, stabbings, shootings, and other interpersonal violence (along with the violent death of loved ones) can all cause trauma (Erdener, 2017; Eroğlu et al., 2016; La Greca et al., 2017; Rosen et al., 2018; Vaughn-

Coaxum et al., 2018). Missionaries who live and work in other countries where there is civil unrest often experience trauma where they live and serve.

The findings in this basic qualitative study in regard to civil unrest confirmed contemporary trauma theory as well. According to contemporary trauma theory, those who experience trauma will show the effects of having experienced trauma (Goodman, 2017). MKs who have experienced trauma on the field often suffer both short- and long-term effects. Contemporary trauma theory provides a better understanding of the correlation between adverse childhood experiences, substance use and abuse, and childhood trauma (Goodman, 2017). MKs who have been raised in areas of civil unrest will often show short-and long-term effects of having experienced trauma.

Physical Harm

The findings of this study aligned with the information found in the literature review in regard to physical harm and trauma. There are various types of physical harm. Difficult experiences may occur in childhood, such as poverty, addiction, violence, abuse, mental health issues, neglect, and having a family member in prison (Beutel et al., 2017; Zyromski et al., 2018). Long-term and repeated trauma, such as the type that occurs in child abuse, can produce difficulties with self-definition and self-regulation (Choi & Graham-Bermann, 2018). Traumatic situations in childhood (whether they occur from abuse, illness, or other origins) can have a long-term effect on the person. Whether the physical harm occurs in the community or in within the family, abuse in childhood directly affects health and well-being in adulthood and is a predictor of future chronic illness, alcoholism, mental illness, depression, smoking, suicide attempts, and death

(Choi & Graham-Bermann, 2018; Skeffington et al., 2017). Trauma experienced in childhood predisposes the individual to a greater risk of trauma in the future.

The findings in this basic qualitative study in regard to physical harm also aligned with contemporary trauma theory. The ability of a child to create trusting relationships later in life is impacted by experiencing trauma early in life (Terock et al., 2020). Having experienced trauma early in life causes children to later show signs resulting from that trauma (Alisa et al., 2011). Reenactment of the traumatic experience is common in children, and it can be described as a phenomenon in which the child who has experienced trauma exhibits behaviors that originate from the traumatic event in order to achieve a sense of control (Goodman, 2017). These concepts aligned with contemporary trauma theory in that trauma that affects individuals in an earlier stage of life can continue to affect children in a later stage of life if not properly processed.

Separation From Loved Ones and Uprooting, "Goodbyes"

The findings of this study were congruent with the information found in the literature review in regard to separation from loved ones and uprooting (i.e., goodbyes) and trauma. Faleiro (2018) talked about life as a TCK in the Middle East in an individual case study. Faleiro experienced multiple traumas as a TCK, including war in the host culture and being sent away from the host culture without being able to say goodbye. A child might have difficulty with attachment and difficulty in managing emotional reactions to stress when a he or she is overwhelmed and has exhausted all available resources for coping (Jensen et al., 2015; London et al., 2015). For most individuals,

learning to say goodbye along with dealing with loss is not something that comes naturally and in itself can be considered a trauma.

Contemporary trauma theory was confirmed in this basic qualitative study regarding separation from loved ones and uprooting. Separation from an individual's loved ones, no matter the reason, can cause unsettling feelings, and this can be a traumatic experience. Those individuals who have experienced trauma in childhood may, with time, develop a diminished sense of self, which can create complications in adulthood, including various forms of emotional impairment (Monnat & Chandler, 2015). This theme was in alignment with contemporary trauma theory in that effects can linger long after the experiencing of a traumatic event. People experience trauma differently, and support after childhood traumatic experiences can mitigate the lingering effects of trauma into adulthood.

Need for Support Services

The findings of this study confirmed the information found in the literature review in regard to lack of support services and trauma. There is a need for extra support even though MKs and missionary families are often resilient. Resilience has been a term widely discussed in association with prevention of negative effects of trauma (Malgarim et al., 2018; Van der Werff et al., 2017). Being flexible and coping after a traumatic experience, along with having friends for support and the ability to help others, have been associated with the prevention of long-term effects of trauma (Rodin et al., 2017). Receiving support after a traumatic experience is helpful in the prevention of short- and long-term effects of trauma.

The findings in this basic qualitative study in regard to lack of support aligned with contemporary trauma theory. Impaired development and functioning, including physical and/or mental health problems, are possible long-term effects of trauma in adulthood (Monnat & Chandler, 2015). Symptoms after trauma can be mitigated if individuals receive support (Goodman, 2017). Victims are now seen as injured and in need of help, whereas previously, mental health professionals and others might have seen those suffering from the effects of trauma as weak or even morally deficient (Goodman, 2017). Traumatized individuals who do not receive adequate services to mitigate the effects of trauma may suffer devastating effects of trauma with time.

Difficulty With Cultural Identity, Belonging, and Language Barriers

The findings of this study aligned with the information found in the literature review in regard to difficulty with cultural identity, belonging, and language barriers and trauma. Missionaries and their families are exposed to stressors and traumatic events as well as mental, emotional, and physical dangers while developing a sense of their own personal identity on the field (Davis et al., 2015). When focusing on the effects of reentry to the home culture on MKs, researchers found that orientation at reentry helps with transition and for MKs to adjust in the home culture (Davis et al., 2013). After experiencing trauma, having the necessary support in the form of reentry orientations and other transition programs can be helpful to MKs' process of adjustment.

The findings in this basic qualitative study regarding difficulties with cultural identity, belonging, and language barriers also confirmed contemporary trauma theory. Often individuals who have experienced trauma will show signs of having experienced

this trauma with time, and symptoms can take many forms (i.e., psychological, social, psychical, or physiological symptom), thereby affecting the being as a whole (American Psychiatric Association, 2013). Belonging and identity difficulties are often signs of emotional and/or psychological distress (American Psychiatric Association, 2013).The theme of difficulty with cultural identity, belonging, and language barriers was congruent with trauma theory.

Experience With Epidemics and Natural Disasters

The findings of this study confirmed the information found in the literature review in regard to experience with epidemics and natural disasters and trauma. Although missionaries and their families are struggling to develop their own sense of identity, they are often exposed to traumatic experiences and stressors as well as emotional, mental, and physical hazards (Davis et al., 2015). These traumatic experiences include neglect, abuse, violence, accidents, stabbings, shootings wars, and natural disasters (Erdener, 2017; Eroğlu et al., 2016; La Greca et al., 2017; Rosen et al., 2018; Vaughn-Coaxum et al., 2018). The development of personal identity can be impaired and long-lasting effects of trauma can occur when MKs experience trauma on the field.

The findings in this basic qualitative study in regard to experience with epidemics and natural disasters aligned with contemporary trauma theory. In contemporary trauma theory, it is suggested that when trauma has occurred, the individual will experience the signs and symptoms of trauma (Goodman, 2017). The consequences of trauma on the brain and the limbic system may include problems with self-regulation and emotional numbing (Goodman, 2017). Through evolving understanding, mental health practitioners

and researchers are learning more about the consequences of trauma in childhood and the correlation between harmful experiences in childhood and the use and abuse of drugs and alcohol (Goodman, 2017). Long-term, biological, social, and physical adverse effects can result from experiencing childhood trauma.

Limitations of the Study

When identifying the limitations of this study, I found no issues with trustworthiness. Credibility, transferability, dependability, and confirmability were all taken into consideration when conducting this study, and I took proper measures to ensure these elements of trustworthiness. No issues arose during the execution of this study.

When thinking about limitations related to the method, design, and conceptual framework of this study, one limitation was the inability, due to COVID-19, to interview the participants in person. Personal interviews may have allowed the participants to feel more comfortable in sharing their experiences. Personal interviews also would have allowed me to take into consideration their body language during the interviews.

Another limitation of this study is that traumatic experiences can be difficult to talk about, and due to this sensitive subject, participants might not have been fully honest about their experiences and might have felt the need to downplay their experiences. Inherently, some of the limitations of this basic qualitative study stemmed from the use of semistructured interviews and concern participants reporting experiences that cannot be proven. Finally, researcher bias was a limitation to this study since I am a MK who

experienced various traumas on the mission field. I took precautions to collect the data with the least amount of bias possible.

Recommendations

In this basic qualitative study, I focused on trauma theory and MKs' perceptions of traumatic experiences. Recommendations for further research include studies on the actual levels of trauma that MKs experience via trauma assessments and studies that have to do with trauma and substance use and abuse in MKs. I recommend quantitative studies be conducted to measure the relationship between trauma and substance use and abuse in the MK population. Some other recommendations for future research include examining the effectiveness of various trauma therapies with MKs, as well as studies that differentiate between MKs and other non-MK trauma victims and how these populations might react differently to trauma. I recommend qualitative studies that would explore the effectiveness of these therapies, along with quantitative and qualitative studies that would help differentiate between MKs and non MKs who have experienced trauma. These studies might be done in order to continue providing a better understanding of how to provide better services to MKs and their families while on the field to mitigate the short- and long-term effects of trauma.

Implications

This study promotes positive social change in that it creates a better understanding of MKs and their perceptions of their experiences on the field in regards to trauma. It promotes positive social change in that, because of this deeper understanding of MKs and trauma, better support service can be created specifically directed at MKs. With this

deeper understanding of MK trauma, individuals and organizations can provide better services to MKs and their families to mitigate short- and long-term effects that might come from experiencing trauma in its many forms.

Methodological and theoretical orientation played a big part of this study. The basic qualitative study was selected to directly understand MKs and their perceptions of their experiences in regard to trauma on the field. The theoretical orientation (i.e., trauma theory) gave the orientation for the study to be able to take a deeper look at MKs and trauma. Through this methodology and theoretical orientation, a more in-depth view of MKs and their perceptions in regard to their experiences with trauma was explored.

Recommendations for practice given the information in this study are for therapists and organizations that work with MKs and their families to further create services that are directly molded to better service MKs and their families after traumatic experiences. Given the information found in this study, not only should there be a broader awareness but there should also be a conscious effort to support the needs of this specific population.

Conclusion

MKs do experience trauma, they experience short- and long-term effects of trauma, and they are in need of increased support services while on the field. This information can be used to better tailor transition seminars for MKs upon reentry to the United States. Mission-sending organizations and counselors can use this information on MKs and trauma, to further explore depression and anxiety experienced by MKs who suffered trauma on the field. Specialized mental health services can help mitigate the

effects of short- and long-term trauma so often experienced by MKs. More in-depth workshops and trainings on resilience prior to going to the field can be done by mission sending organizations and training centers based on the information found in this study. This study about MKs who have experienced trauma can be used to better support missionary families and MKs while on the field. Counselors, social workers, and human service practitioners can use this information in order to provide services that are more tailored to MKs and their families needs in regard to trauma experienced while on the field. Resilience and techniques that are taught to the family unit prior to going to the mission field and further developed on the mission field will help trauma be less damaging to the MK and family when they experience trauma on the field. Discovering and addressing trauma experienced by MKs on the field, in a professional and timely manner, will help adult MKs live happier and healthier lives without being inhibited by the lasting effects of trauma.

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Appendix: Interview Protocol

Interview Protocol

Hello! Thank you for agreeing to be part of this qualitative research study. My name is Lindsay Stone, and I am a PhD student at Walden University. I am interviewing adult missionary kids called MKs, who were children of Christian missionaries serving internationally on the mission field, over the age of 18, to learn more about their experiences growing up on the field and their perceptions of their experiences in regards to trauma. Trauma is the experiencing of something overwhelming and intolerable that affects how individuals relate to their physical reality and to their thoughts and feelings (Van der Kolk, 2015). Traumatic event refers to a single event or series of events that are physically or emotionally harmful, overwhelming or threatening, that have long term effects on the individual and can affect the individual's functioning (Goodman, 2017). This will be a 45-minute, semi-structured interview. This interview will be audio recorded for research purposes. There are no right or wrong answers. I would like for you to feel comfortable sharing what you really think and feel if that is okay with you. Your name and identifying information will be kept confidential. If you become uncomfortable you can stop this interview at any time without any consequences. Please take a moment to read over the informed consent for this study and sign and date at the bottom to give your consent to participate in this study.

Interview Questions:

1) Tell me a little about what your life was like growing up with missionary parents?
    a. What country did your parents serve in?
    b. What was most memorable about serving in that country?
2) What were your most negative experiences growing up as an MK on the field?
    a. How did these experiences affect you emotionally and physically?
3) What long term effects do you have from some of these negative experiences as an MK?
4) How have these experiences as an MK affected you as an adult?
5) What support services did you receive as a child from these experiences?

6) What support services are you receiving as an adult from these experiences as an MK?

7) Is there anything else you would like to tell me about your experiences growing up as an MK?

Thank you again for participating in my research study and for sharing openly with me about your experiences on the field. I am hopeful that this research will help provide a better understanding MKs in the future, along with better services for preparation and support of MKs and their families while on the field. I will be transcribing these recordings of the interviews and will send you the transcript of the interview for you to review and confirm for accuracy. Once I have obtained your confirmation, I will mail you a $10 gift card as a token of appreciation for participating in my study. If you feel that unwanted thoughts, feelings or memories have emerged due to the questions in this study please contact someone you can further process these with on https://www.linesforlife.org/. Thank you again for your time and participation.