When Stanley E. Lindquist was growing up, he met a lot of foreign missionaries. That's because many of them traveling across the country to speak in churches stayed with his family. Stan's father was an Evangelical Free Church pastor, generally serving small congregations of Scandinavian immigrants. Although Stan became a professional psychologist rather than a missionary, he has helped many others serve Christ on the foreign field.

After graduating from Fresno State College in California, Stan was teaching school when the U.S. entered World War II. He soon found himself in the army medical corps. In France, going to the aid of a wounded soldier, he stepped on a land mine. Both of his badly damaged feet were surgically reconstructed, but he lost his right eye.

Out of the hospital and the army, Stan began graduate work at the University of Chicago. He was interested in clinical psychology, which in those days wasn't considered very scientific. As a Christian, Stan wanted to get the best possible training, so he majored in physiological and comparative psychology, minored in experimental psychology, and took a second full major in clinical psychology. The founder of behavioral psychology, John D. Watson, had been awarded Chicago's first Ph.D. in psychology. Stan Lindquist was their first student to combine clinical work with "scientific" psychology. For his research on effects of loud noises, which related hearing loss at certain frequencies to injuries in the inner ear, he was granted a Ph.D. in 1949.

Discovering a need

Lindquist's first college teaching job was at Trinity College in the Chicago area. There, a missionary suggested that the Lord might want to put Stan's training to use in secular education. Stan went back to what is now Fresno State University as a professor of psychology.

In 1961, Stan took his wife Ingrid and their three sons to Europe on a sabbatical leave. Besides the French hospital where he had spent nine long months, he visited many institutions where innovative treatments such as group therapy were becoming established. There in France, a number of missionaries discovered a Christian psychologist in their area. They began bombarding Stan with their problems. Through those contacts, Stan says, "the Holy Spirit seemed to be telling me that my training and experience were in direct answer to missionaries' needs, and challenging me to do something about it."

Doing something about it

In addition to his teaching, Professor Lindquist began developing a private clinical practice in psychology. Drawn into business activities, he became knowledgeable about real estate. When the builders of a large apartment complex in Fresno went bankrupt, he was able to purchase the property in 1969 for far less than its value. Using that property as a base, Lindquist founded Link Care, a center where professional psychological services could be made available to missionary candidates preparing to go overseas, to seasoned missionaries on furlough, and to missionaries returning home as "battlefield casualties." Missionary families could live in the apartments while taking advantage of Link Care's ministry of "helping, training, listening, counseling, serving," or, in a word, caring.

Stanley Lindquist, who is now 70, answered God's call by taking up a career in psychology. Through his profession he found a unique way to enhance the Christian missionary enterprise.
WHAT MAKES AN EFFECTIVE MISSIONARY?

To the listening psychologist, a young missionary poured out his feelings of frustration, failure, anger, and anxiety. After years of preparation he was heartbroken at having to leave his field of service. In spite of a strong "calling" from God, he now felt that his life was a total loss. What could he do? Where could he go?

In 1965, Stan and Ingrid Lindquist made a special trip around the world to interview 350 career missionaries about their needs. After gaining firsthand knowledge of the devastating personal cost of missionary failure, they talked to mission agencies. Firm statistics weren’t easy to come by, since institutions prefer to appear successful. One Bible college discovered that 90 percent of its missions alumni had not continued beyond their first term overseas. Overall, it is estimated that between 15 and 50 percent of new career missionaries fail to stick it out, at a staggering cost to their agencies (approaching 20 million dollars a year). Intentional “short-termers” aren’t counted in figuring that dropout rate.

To assess failure requires a clear picture of what it means to succeed. Judging their effectiveness in a foreign setting is one of the hardest problems new missionaries face. Add language difficulties and other cultural adjustments, plus overly high expectations, and you have what looks like a system “cunningly devised to promote psychological breakdown.”

An experiment in caring

Stan Lindquist set up Link Care Center to attack the problem on three fronts: assessment, prevention, and rehabilitation. Standard seminary programs seldom address the “real” problems new missionaries will face. Many mission agencies have been unable or unwilling to do the kind of careful evaluation that would pinpoint potential problems before appointees are sent overseas. Missions suffering emotional trauma need a place to “come home to” where they will be both accepted and helped.

Link Care’s long-term goal is prevention. Candidates undergo a detailed evaluation process while they live with experienced missionaries in a supportive environment and receive cross-cultural training. By 1987, some 500 missionary candidates had gone through Link Care’s “controlled-stress” program. In 1987 alone, of 75 early returnees in the restoration program, 70 percent were able to go back to the field. During their residency, they provided another touch of realism for the new recruits.

To be sure its programs are on the right track, Link Care is working on a large-scale research project on "Measuring and Predicting Effectiveness in Cross-Cultural Work." Until quantitative data are available, Stan Lindquist has to rely on what the missionaries themselves, and the over 50 agencies that have sent people to Link Care, have to say. It may not add up to hard scientific evidence, but a growing collection of anecdotal evidence convinces Stan that the Link Care approach is the way to go.

While adult missionaries attend classes at Link Care...
When Stan Lindquist first went to his university teaching job, the head of the psychology department knew the young Ph.D. had done research on hearing. Jokingly, he asked: Which ear did Stan specialize in, the right or the left? Scientists try to discover general principles or laws describing the widest possible range of phenomena. At the same time, though, science becomes more and more fragmented as its disciplines become more specialized.

In the 1940s Lindquist was considered almost schizophrenic to take a complete major in clinical psychology while preparing himself to do solid research. The combination is now fairly common, but some psychologists still want to pattern their discipline after the natural sciences, especially physics, where mathematics reigns. Some physicists, however, regard psychology as too "soft" to be much of a science at all.

Are people objects or subjects?

Theology has a definite stake in debates about scientific boundaries. Science is usually defined as dealing exclusively with the natural world accessible to our physical senses. Yet within ourselves we experience phenomena not measurable or even observable from outside, such as our emotions and beliefs. Behavioral psychology tries to exclude inner attitudes from consideration, focusing only on external "behaviors."

Some Christian scholars, emphasizing the biblical understanding that we are made in the image of God, argue that sciences of the human person should not be modeled after physics, which would require ignoring the spiritual qualities that make us distinctively human. Other Christian scholars prefer to retain the narrow definition used for "hard" sciences, but with the reminder that science can provide only a limited perspective on the world. Such "perspectivalists" argue that a scientific description is always incomplete. It must be balanced by a religious perspective, and vice-versa.

The human sciences also face another dilemma. Should psychological therapy be included as part of their discipline, even when clinical work cannot be put on a firm scientific footing? Medical schools teach a mixture of medical science and medical practice. Psychiatrists (who have M.D.s), psychotherapists trained in psychology, and seminary-trained pastoral counselors are all mental health workers, but where should the professional lines be drawn?

What psychologists learn about human behavior can be used to help people or hurt them. The world needs more Christians trained in the human sciences who will care for hurting people. Christian theology sees the human person as a physical, mental, and spiritual whole, even if for now our knowledge of the parts has to come from different disciplines.
Psychology is obviously important to Dr. Lindquist, but he thinks of it as "the handmaiden of Christianity: it exists to serve us in our Christian walk by helping us understand how God made us." Some people distrust psychology for fear it may reveal things we prefer to hide—especially from other Christians.

In a 1975 Christianity Today article, "Dishonesty on Cloud Nine," Lindquist wrote that God lets all Christians go through "low points in life" to teach us what couldn't be learned any other way. Emotional dishonesty about those low points can produce deep, lonely despair, sometimes leading to psychosis or suicide. Confessing his own experiences of failure and defeat, he wrote: "Knowing that others have conflicts too and are coping with them gives hope to Christians who are in the midst of depression."

Link Care reminds Christians of the apostle Paul's honesty: "We are afflicted in every way, but not crushed; perplexed, but not driven to despair" (2 Cor. 4:8). Guided by God's love, we can uncover sources of stress in our lives, see what stress does to our bodies, and learn to cope with the "distress" it causes us.

Most coping skills are based on Scripture and common sense. Simple things like ordering our priorities, setting reasonable goals, practicing a positive attitude, talking out problems with a trusted person, and taking an occasional "mental health break" can mean the difference between a down time and total despair. We must learn to distinguish "neurotic guilt," to be confronted as false and then forgotten, from "real guilt," to be confessed (1 John 1:9) and set right (Matt. 5:24).

God requires faithfulness, not "success." But he requires it of all of us, not just of missionaries overseas.

The Lord is my shepherd, I shall lack nothing.
He makes me lie down in green pastures,
he leads me beside quiet waters,
he restores my soul.

Psalm 23:1-3 (NIV)

For God did not give us a spirit of timidity, but a spirit of power,
of love and of self-discipline.

II Timothy 1:7 (NIV)