

Liberty University School of Divinity

**Pastoral Counseling: The Pastor's Guide to
Ministering Chronic and Terminally Ill
Children and Their Families**

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by

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ABSTRACT

Millions of children will die this year due to chronic and terminal illnesses. The medical and psychological communities have attempted for decades to find a methodology that will help parents and the child find hope for the future. The psychological and medical communities' meta-analysis studies have shown that the goal of hope has been elusive for children and families in all current modalities. The Gospel of Jesus Christ is the only true assurance for parents and children experiencing chronic and terminal childhood illness. Paul wrote in his Epistle to the Romans that believing in the gospel brings life all joy, hope, and peace through the power of the Holy Spirit (Rom. 15:13). This thesis researched if upon faithful presentation of the Gospel of Jesus Christ to families amid childhood illness will change a believing family's trajectory for the future, from despair to hope. The researcher analyzed pastors and counselors through a random survey, which indicated that the role of pastors and counselors is crucial in ministry to chronic and terminally ill children and their families. The results showed that the implementation of hope-centered strategies based on the gospel could provide positive life transformation.

DEDICATION

This thesis is dedicated to families who have chronic and terminally ill children. The eschatological hope that you are seeking may be found in the Gospel of Jesus Christ.

May you find Christ's peace!

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Abbreviations

Abbreviations:

AACC- American Association of Christian Counselors

AFDC – Aid for Dependent Children (A minimal cash benefit from the government)

CBT - Cognitive Behavioral Therapy

CPT – Cognitive Processing Therapy

CTSD – Complex Traumatic Stress Disorder

DSM-V – Diagnostic and Statistical Manual of Mental Disorders, 5th Edition

EMDR – Eye Movement Desensitization and Reprocessing Therapy

FCC – Family-Centered Therapy

HRQOL - Health-Related Quality of Life

ICU – Intensive Care Unit

MF – Mindfulness

PST – Problem Solving Therapy

PTSD – Posttraumatic Stress Disorder

SPSS – Statistical Package for the Social Sciences

ST – Systems Therapy

TANF – Temporary Assistance for Needy Families (A time-limited minimal cash benefit from
the government)

TF-CBT – Trauma Focused Cognitive Behavioral Therapy

Chapter One: Introduction

Jesus said, “All things have been handed over to me by my Father, and no one knows the Son except the Father, and no one knows the Father except the Son and anyone to whom the Son chooses to reveal him. Come to me, all who labor and are heavy laden, and I will give you rest. Take my yoke upon you, and learn from me, for I am gentle and lowly in heart, and you will find rest for your souls. For my yoke is easy, and my burden is light”¹ (Matt. 11:27-30, ESV).

Childhood is a time of trial and discovery, joy-filled days of make-believe, and a time of innocence. Some children face a time of uncertainty due to the onset of a chronic and terminal illness. Those that have not experienced the Gospel of Jesus Christ encounter the window of time between diagnosis and an uncertain future as a time filled with anguish and fraught with emotional ambiguity. Other parents are able to rest in confidence, “no matter how foreboding the future, the Christian knows the end of the story of history.”² Christian parents hold to the promises of Jesus Christ that He gives rest to weary and that His kingdom will have no end through God’s grace (Matt. 11:28-29 and Luke 1:33).

All of humanity is blessed with God’s common grace and experiences it by the relationship God has placed in one’s life, the beauty of God’s creation, and by the innate ability to understand absolute moral truth and intrinsic evil.³ Paul stated,

“For when Gentiles, who do not have the law, by nature do what the law requires, they are a law to themselves, even though they do not have the law. They show that the work of the law is written on their hearts, while their conscience also bears witness, and their conflicting thoughts accuse or even excuse them” (Rom. 2: 14-15).

¹ Unless otherwise noted, all biblical passages referenced are in the *English Standard Version* (Wheaton, IL: Crossway, 2008).

² Billy Graham, *Unto the Hills a Daily Devotional* (Nashville: Thomas Nelson, 2010), 172.

³ Elmer L. Towns, *Theology for Today* (New York: Harcourt College Publishers, 2001), 31-35.

When humanity encounters the devastation of chronic and terminal childhood suffering, humanity needs the philosophical and theological wisdom of special grace to prepare for the journey of childhood suffering that lay ahead and the hope of the eschatological future of the Gospel of Jesus Christ. Humanity attains special grace by reconciling to Christ, and this is the only means of salvation.⁴

Statement of Ministry Context

The ministerial context of God leading and comforting His people at times of suffering is the assurance of hope for all believers. “And after you have suffered a little while, the God of all grace, who has called you to his eternal glory in Christ, will himself restore, confirm, strengthen, and establish you” (1 Pet. 5:10). The suffering of a child is, by its nature, a challenging event due to the abnormality of living in a fallen world. The profound effects on the family of a child’s suffering lead many to question their faith resulting in a spiritual battle with potentially devastating consequences. The impact of suffering and potential loss of a child may leave the family in a state of emotional ambiguous loss and feelings of not understanding the vagueness or clarity of their experience.⁵ David wrote, “The Lord is near to the brokenhearted and saves the crushed in spirit” (Psa. 34:18). Counselors and pastors are often called upon during these times to help believers with biblical guidance and the reassurance of heavenly hope. Conversely, non-believers may turn their inward grief toward God for allowing their child to suffer.

Parents whose child has been diagnosed with a chronic and terminal illness, often find the dismal diagnosis a complex and traumatic situation. Child suffering may be found in all

⁴ Towns, *Theology*, 31-35.

⁵ Scott Floyd, *Crisis Counseling: A Guide for Pastors and Professionals* (Grand Rapids: Kregel Academic, 2008), 75.

demographics, within every socio-economic status, and has been present since antiquity. Of the 135 million children to be born this year, six million will die worldwide.⁶ The disordered striking down of a child, at the child's prime of life, is proof of the fallen nature of the world. There is no cure for many chronic and terminal diseases, and a child stricken with these diseases suffers a significant amount of physical pain and mental torment. Science has attempted to find a psychological modality that will bring families enduring the journey of childhood suffering to positive life experiences. Cognitive behavioral therapy, CBT, held promise for the psychological community, but all modalities have been deemed as having a small potential in their effect on the family.⁷ Parents are caught in a quandary of despair and isolation, attempting to take charge of events that are beyond their control.

Believers and non-believers are united in their feelings of helplessness, depression, and guilt. The loss of a child is the loss of hope and dreams of a family embedded in this child, creating a deep sense of failure in parents who feel they have failed in their responsibility to protect their child.⁸ The number of children in the United States with chronic health conditions has dramatically increased in the past four decades, doubling from 12.8 to 26.6% of the child population in 2006.⁹ The increase in children being diagnosed with a chronic and terminal illness

⁶ Hans Rosling, THINK Global School, "Why the World Population Won't Exceed 11 Billion | Hans Rosling | TGS.ORG." YouTube. December 01, 2015. Accessed February 1, 2019. <https://www.youtube.com/watch?v=2LyzBoHo5EI>.

⁷ Emily F. Law, Emma Fisher, Jessica Fales, Melanie Noel, and Christopher Eccleston, "Systematic Review and Meta-Analysis of Parent and Family-Based Interventions for Children and Adolescents With Chronic Medical Conditions," *Journal of Pediatric Psychology* 39 no. 8 (2014): 880-886, accessed January 15, 2019, doi:10.1093/jpepsy/jsu032.

⁸ Tim Clinton and John Trent, *The Quick-Reference Guide to Marriage and Family Counseling: 40 Topics, Spiritual Insights and Easy-to-Use Action Steps* (Grand Rapids: Baker Books, 2009), 174.

⁹ Barry Segal and Dolly Segal, "Chronic Illness and Our Children's Health," Focus for Health. February 07, 2019. Accessed February 17, 2019. <https://www.focusforhealth.org/chronic-illnesses-and-the-state-of-our-childrens-health/>.

is an important factor for the ministerial context of reaching families with the Gospel of Jesus Christ and providing them hope. This thesis serves as an investigation of how the Gospel of Jesus Christ may reach a population of people that are desperate for truth and hope.

Many families are given duties or rituals of becoming untrained nurses and physician assistants for their children. These rituals rely on a highly regulated and disciplined approach to caring for their child. Children may return to the home with IV's, catheters, ventilators, and the need for constant monitoring so that the child may live. Failure to hourly monitor a child suffering from diabetes mellitus or cystic fibrous may result in death. The strain on the family causes a paradigm shift within the family unit. Parents live in terror of oversleeping, failing to keep a fixed schedule, or spending time away from an ill child due to the possibility of losing the child. The hardship of childhood suffering causes believers and non-believers to experience the full stages of grief, including: "denial, anger, bargaining, depression, and acceptance."¹⁰ The order in which the stages are encountered depends upon the individual experiencing the pain of the child's journey. Believers may be assured that the Holy Spirit in the role of the comforter will care for them in times of sorrow, while non-believers find it essential to look for existential truth that may only be found in the truth of Jesus Christ (John 16:7).

The trauma on families experiencing childhood illness causes overwhelming psychological, medical, and philosophical effects.¹¹ Families caring for an ill child run the danger of becoming "very narrowly-sometimes dangerously-focused" on the ill child, impeding

¹⁰ Elisabeth Kübler-Ross and David Kessler, *On Grief & Grieving: Finding the Meaning of Grief through the Five Stages of Loss* (London: Simon & Schuster, 2014), 7.

¹¹ Law, *Pediatric Psychology*, 866.

on the relationships with other children and the parents to each other.¹² A sibling may become indifferent to the family unit due to neglect.¹³ The constant barrage of the traumatic illness causes couples to divorce due to the illness becoming the foundation of the marriage.¹⁴ Many assume stress is the leading cause of divorce, but studies have shown that finances regardless of socio-economic income is the single most significant factor of arguments that lead to divorce.¹⁵

The financial impact of having a chronic and terminally ill child is a major economic factor. Another significant factor of chronic illness is the burden of stress on the family unit in addition to the financial impact on the potential earnings of the family unit.¹⁶ Many families are forced into government assistance for medical and living expenses. A National Institute of Health article detailed that 74.3% of welfare families that have chronically ill children reported that their child's condition made it very difficult to work; of these respondents, two-thirds had to miss work in the past three years due to their child's illness.¹⁷ Many families in a health calamity of childhood illness experience a financial crisis. Tim LaHaye held that the most critical point in the life of a believer is to be filled with the Holy Spirit and allowing Him to empower the

¹² Gary Brock, *When Children Suffer: A Sourcebook for Ministry with Children in Crisis*, ed. Andrew D. Lester (Philadelphia: Westminster Press, 1987), 122.

¹³ Brock, *Suffer*, 122.

¹⁴ Neel Burton, "The Rise and Fall of Divorce: Why did divorce rise, and why is it now falling?" *Psychology Today* (Jun 10, 2017), accessed February 5, 2019, <https://www.psychologytoday.com/us/blog/hide-and-peek/201706/the-rise-and-fall-divorce>.

¹⁵ Linda J. Waite and Maggie Gallagher, *The Case for Marriage: Why Married People are Happier, Healthier, and Better Off Financially* (New York: Broadway Books, 2000), 136.

¹⁶ Liam Delaney and James P. Smith, "Childhood Health: Trends and Consequences over the Life-course" accessed January 1, 2019, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3652568/>.

¹⁷ Lauren A. Smith, Diana Romero, Pamela R. Wood, Nina S. Wampler, Wendy Chavkin, and Paul H. Wise, "Employment Barriers Among Welfare Recipients and Applicant with Chronically Ill Children," *American Journal of Public Health*, 92, no. 9 (2002): 1453, accessed January 2, 2019, doi:10.2105/AJPH.92.9.1453.

believer to fulfill God's ordained plan for the home and family.¹⁸ Trusting in God for all the needs of the family will fill believers with hope, joy, and peace in any situation (Rom. 15:13).

Major psychological issues are common in caretakers of chronically ill children. Stress often causes serotonin levels to fall, causing brain receptors to turn on self-DNA, opening up an individual for diseases such as depression, panic disorders, and posttraumatic stress disorder or PTSD.¹⁹ PTSD, a disorder that is highly difficult to treat, results from fear over the near-death or death experiences of one's self or loved ones.²⁰ In the case of chronic and terminal childhood caretakers, daily experiences with critically ill children may lead to a breakdown of one's mental state. To help the family unit, a superior modality that interweaves the Gospel of Jesus Christ with counseling techniques may train families in spiritual formation that will care for both the mind and the soul.²¹

A parent's mental attitude is a significant source of how a child responds to "being cared for" over "being cured" when diagnosed with a chronic and terminal illness.²² Parents that believe in Christ often ask, if they were faithful and obedient servants of Jesus Christ, why do they have to be tested by God? Parents that are non-believers question, if God is loving, why do children suffer, or why should I believe in God if He causes childhood illness? The answers to these questions either by falsehoods and myths or the absolute truth of the gospel, determine the

¹⁸ Tim LaHaye, *How to Be Happy Though Married* (Wheaton, IL: Tyndale House Publishing, 1977), 129.

¹⁹ Timothy Clinton and George Ohlschlager, *Competent Christian Counseling Foundations & Practice of Compassionate Soul Care* (Colorado Springs, Col.: Waterbrook Press, 2002), 146-147.

²⁰ Allen Rubin, *Treatment of Traumatized Adults and Children, Clinician's Guide to Evidence-Based Practice*, ed. David W Springer (Hoboken: John Wiley & Sons, 2009), 3-4.

²¹ Mark R. McMinn, *Psychology, Theology, and Spirituality in Christian Counseling* (Carol Stream, IL: Tyndale Publishing, 2011), xvii.

²² Brock, *Suffer*, 115.

path that a family may follow in caring for a suffering child. Believers may question their faith and God's plan, while non-believers may challenge God to heal their child and earn their belief.

The routine practices of questioning everything by families in the trauma of chronic and terminal childhood illness provides an opening for the Gospel of Jesus Christ to be a moral foundation from which they may find rest. A child above the age of reason should be presented the Gospel of Jesus Christ, so that at the child's passing, the child may come to live with Christ in glory. Due to the nature of chronic and terminal childhood illness, time is of the essence for both the child and family.

Many families attempt to unify their resolve by creating local support groups, social media groups, and foundations that search for elusive cures. Many families find that solitude reopens grief. Some families chose to work in fear of grief and with the dismal daily suffering of a child in a unified societal group that helps others along a similar journey. One may view one's choices in life through the parameters of unique experiences and lifestyle preferences.²³ The shaping force of the unified groups is the attempt to unify experiences to be a foundation from which all are accepted and encouraged. These attempts are honorable, but peace and hope for the future will be allusive without Jesus Christ.

The author of this thesis is the sibling of a chronically ill sister, and the mother of four chronically ill children, and has endured the loss of a terminally ill infant. The author founded a counseling center that counsels families with chronic and terminally ill children. There are few resources to help families struggling with the enormity of medical costs progressing over

²³ Paul Chappell, *Guided by Grace: Servant Leadership for the Local Church* (Murfreesboro, TN: Sword of the Lord Publishers, 2000), 44.

\$10,000 annually.²⁴ The family that encounters resistance from an employer's insurance may be terminated from employment and forced into bankruptcy.²⁵ Unemployed families are forced to spend down assets to become eligible for government assistance.²⁶ The Gospel of Jesus Christ is the only hope for families struggling with the events surrounding childhood chronic and terminal suffering.

Statement of Problem

The problems this thesis will address is how to increase the effectiveness of bringing the Gospel of Jesus Christ to nonbelievers and enrich those believers in the middle of the spiritual and emotional battles with chronic and terminal childhood illness. There exists a moment in time between diagnosis and the onset of grieving for a healthy child, to a child that will be impacted by suffering due to chronic and terminal illness. At that moment in time, is the point where counselors and pastors are contacted for spiritual direction. A family's spiritual motivation sets the tone for the approach to the illness and opens an opportunity for pastors and counselors to show the love of Christ in the gospel message. A believing family can navigate illness with the peace of Christ calming inner turmoil. A nonbelieving family falls victim to questioning the existence of a wrathful God or challenging the sovereignty of God. The nonbelieving family will be filled with anger, which will lead to an emotional and chaotic state for the duration of the child's illness. If the prognosis is grim, the nonbelieving child and family will experience undue suffering and rage. The child may harbor feelings of worthlessness or burden due to the

²⁴ Gabrielle F. Miller, Edward Coffield, Zanie Leroy, and Robin Wallin, "Prevalence and Costs of Five Chronic Conditions in Children," *The Journal of School Nursing: The Official Publication of the National Association of School Nurses*, 32(5), (2016): 357, accessed February 20, 2019, doi: 10.1177/1059840516641190.

²⁵ Smith, *Public Health*, 1456.

²⁶ *Ibid.*, 1453-1455.

emotional state of the parents and family. For chronically ill children, the feeling of being a burden to the family may carry on into adulthood.²⁷

Pastors and counselors are given a two-fold responsibility when counseling the families of chronic and terminally ill children, the privilege of presenting the healing power of the Gospel of Jesus Christ, and wise guidance through the spiritual battle of caring for a suffering child.²⁸ Pastors and counselors may find that little preparation within seminary prepares one for the emotional trauma of counseling families that are amid the tribulation of a chronic and terminally ill child. The issue for pastors may be the reason that Paul spoke to the Ephesian Elders stating, “Pay careful attention to yourselves and to all the flock, in which the Holy Spirit has made you overseers, to care for the church of God, which he obtained with his own blood (Acts 20:28).

Families in crisis are fighting a spiritual battle between trust in God and the daily journey of caring for an ailing child. Gary Brock held that due to the fragility of the child and the family, a pastor or counselor must employ cautious sensitivity since that the position makes one a “representative of God be mindful of the ‘kind’ of God you represent.”²⁹ Pastors and counselors need to show compassion for the families, in faithful service to the Word of God. A wise counselor opens oneself to another’s way of thinking, by entering into the framework of a family caring for a chronic and terminally ill child, and committing to growing in understanding to another’s point of view.³⁰

²⁷ Ditta M. Oliker, “On Being A Burden,” *Psychology Today*, August 12, 2014, accessed February 2, 2019. <https://www.psychologytoday.com/us/blog/the-long-reach-childhood/201408/being-burden>.

²⁸ McMinn, *Psychology*, xvii.

²⁹ Brock, *Suffer*, 124.

³⁰ Gary Ahlskog and Harry Sands, *The Guide Pastoral Counseling and Care* (Madison, CT: Psychological Press, 2000), 5.

Caring for families under the duress of a chronic and terminal child illness is a crucial task for pastors and counselors. Scientific data has proven that when families experience distress, 40% seek clergy resulting in clergy spending 10-46% of their time in counseling members of the congregation.³¹ Pastors and counselors may find teaching families coping mechanisms through the peace of Christ may enable them to find strength.

Paul wrote with a believer's prayer and supplication, "the peace of God, which surpasses all understanding, will guard your hearts and your minds in Christ Jesus" (Phil. 4:7). Human suffering often enables man to become closer to God. "Suffering not only clarifies and purifies, but it also motivates the heart to action."³² Care must be taken when counseling families due to the ethical responsibility of the counselor to contribute commentary that will benefit the family.³³ Counselors and pastors have been called by God to care for the whole family regardless of the dilemmas being encountered. Counselors or pastors attempt to soften truth while avoiding short-term discomfort, underserves adults, and children.³⁴

The Gospel of Jesus Christ provides the armor for the spiritual battle of caring and potentially losing a child. A family that believes in the promises of Jesus Christ and puts on the whole armor of God finds hope for whatever future lay ahead (Eph. 6: 10-20). Non-believers that are struggling for truth and who have lost hope will find peace in Christ. The methodology of presenting the gospel families under the duress of an ill child is the focus of this thesis. The

³¹ W. Brad Johnson and William L. Johnson, *The Minister's Guide to Psychological Disorders and Treatments*, 2nd ed. (New York: Routledge, 2014), 2.

³² Tim Clinton and Ron Hawkins, *The Quick-Reference Biblical Counseling: 40 Topics, Spiritual Insights and Easy-to-Use Action Steps* (Grand Rapids: Baker Books, 2009), 250.

³³ Ahlskog, *Guide*, 5.

³⁴ Floyd, *Counseling*, 201.

researcher will combine data to create a childhood crisis intervention training series that will enable and empower the body of Christ to present the gospel.

The researcher will compare the ministry of urban center counselors and pastors to scientific modalities attempting to provide positive mindfulness therapies to families enduring chronic and terminally ill children. The thesis will focus on methodologies that empower counselors and pastors to bring the Gospel of Jesus Christ to believers and non-believers with hope-centered strategies. This thesis will analyze how hope-centered strategies are the preferred eschatological methodologies and are the most effective in both spiritual and emotional healing over scientific methodologies based upon their conclusive data results from an SPSS (Statistical Package for the Social Sciences) Algorithm and childhood crisis intervention training series.

Statement of Purpose

The researcher will conduct a random survey within the Fort Wayne, Indiana area, seeking to comprehend hope-centered methodologies of bringing the Gospel of Jesus Christ to those families in the emotional and spiritual battle of the diagnosis of chronic and terminal childhood illness. A small sampling of local Christian counselors and pastors were chosen to complete the survey. Faithful presentation and acceptance of the Gospel of Jesus Christ to families in the midst of a diagnosis of childhood illness were the chief factors in being considered for the survey. The analysis of the respondents will indicate that the role of pastors and counselors in childhood bereavement ministry may need to be streamlined with hope-centered gospel strategies. The preparation of pastors and counselors in seminary and ministry centers should be re-engineered in the field of childhood chronic and terminal illness education.

The cause of human suffering comes from the nature and the fall of the first man (Gen. 1-2). The feeling of not being able to alleviate a child's suffering overwhelms parents of ill

children. Billy Graham stated, “Suffering is part of the human condition, and it comes to us all. The key is how we react to it, either turning away from God in anger and bitterness or growing closer to him in trust and confidence.”³⁵ The issue for humanity is that when a child suffers, the realization of the fall and the depravity of the world becomes realized, and humanity is faced with the philosophical dilemma of one’s own mortality. Families attempt to understand God’s plan, questioning why a child should suffer, and why this child was chosen over another. To gain an understanding of human suffering, one must be presented with the gospel.

Jesus asked for all believers to share the healing message of the gospel to all of creation so that humanity may be reconciled to Him in His’ declaration of the Great Commission (Matt. 28:18-20; Mark 16:14-18; Luke 24:44-53; John 20:19-23; and Acts 11:4-8). The mission of the Great Commission in every gospel asserts its authority. Bill Hull held that the character of Christ might be understood in His call to obey: as a believer of Jesus Christ, a vision is needed to inspire self, and one needs accountability, training, structure to empower self, and loving relationships.³⁶ It is through obedience and training that disciples are able to find peace through the grace of Christ. Believers who encounter a chronic and terminally ill child have the ability to go through the spiritual battles surrounding childhood suffering and know with certainty that the eschatological future has been sealed through the Christ event. The Messianic age has given believers a gift of living at a time where they are in union with God until His return; this is the believers’ hope and patience for the future.³⁷

³⁵ Billy Graham, “Notable Quotes from Billy Graham,” Billy Graham Evangelistic Association, accessed on February 2, 2019, <https://billygraham.org/story/notable-quotes-from-billy-graham>.

³⁶ Bill Hull, *The Complete Book of Discipleship; On Being and Making Followers of Christ* (Colorado Springs: NavPress, 2006), 30-31.

³⁷ Ibid.

The tangible benefit for helping nonbelievers come to Christ, and strengthen believers in Christ, is to help prepare them for the spiritual battles of having a child with an illness. A spiritual battle may be encountered, but it does not define their resolve. Believers have been reconciled to Jesus Christ while living in this Messianic era and in holding to the hope and peace with God that awaits all who believe in Him. Families that place hope and faith in Jesus Christ are able to enter the spiritual battle of childhood disease and find peace in the chaos. The peace of the family equips the ill child with strategies of strength, faith, and hope for the duration of the battle of suffering.

Statement of Basic Assumptions

The foundational assumption of this thesis rests on the supremacy and authority of Sacred Scripture. “All Scripture is God-breathed and is useful for instruction, for conviction, for correction, and for training in righteousness, that the man of God may be complete, equipped for every good work” (2 Tim. 3:16-17). The Holy Spirit leads humanity, who obediently accepts the revelation of God in Sacred Scripture to ways of righteousness over depravity. A person that accepts one’s brokenness finds peace and joy in a reconciling relationship with Jesus Christ. “If we confess our sins, he is faithful and just to forgive us our sins and to cleanse us from all unrighteousness” (1 John 1:9). Those that are forgiven are sanctified with Sacred Scripture in which grace and peace may be found in the knowledge of Jesus Christ (John 17:17 and 2 Peter 1:2-4). Those that have found peace and hope through faith in Christ have no fear of death because salvation has been found in the Lord (Psa. 27:1). Paul stated the importance of the eschatological hope of faith in Christ in his Epistle to the Church of Rome, “For I am sure that neither death nor life, nor angels nor rulers, nor things present nor things to come, nor powers,

nor height nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord” (Rom. 8:38-39).

The supremacy and authority of the gospel have bestowed marks on believers of the Lord. Rod Dempsey described the importance of the extraction of the principles of a first-century disciple of Jesus Christ held within John 15:5-8: sacrificial and obedient submission to follow Christ; relational and local church communal followers that hold to the biblical priority of development of believers through continually growing and learning from the Word; and transformational and spiritual growth of the body of Christ verified by producing more fruit.³⁸ The principles or marks of a first-century disciple enable a parent to share the eschatological hope of Jesus Christ with an ill child and establish that in Christ, all things are possible.

Pediatric nurses have found that due to the life-changing event of critical illness on a child and family, current modalities must be reviewed to find positive support for family-centered care that spans the duration of crisis care with continuity.³⁹ Believers in Jesus Christ recognize that continuity is only achievable through a relationship with the Lord. God is filled with compassion and is righteous (Psa. 116:5). Believers find strength in God’s compassion and righteousness. Believers’ confidence is held in the knowledge that the Triune God is the same as He was in the beginning, is now, and forever will be in the future (Heb. 13:8). Believers are able to find the same peace that Christ’ offered to first-century believers, and through His grace, know that the future holds eschatological hope.

³⁸ Dave Earley and Rod Dempsey, *Disciple Making Is...How to Live the Great Commission with Passion and Confidence* (Nashville: B&H Academic, 2013), 27.

³⁹ Kate Curtis, Kim Foster, Rebecca Mitchell, and Connie Van, “Models of Care Delivery for Families of Critically Ill Children: An Integrative Review of International Literature,” *Journal of Pediatric Nursing* 31, no. 3 accessed on February 1, 2019, (May/June 2016): 332-335, doi:10.1016/j.pedn.2015.11.009.

God's revelation to humanity called for each to engage one another in life. The effect of a community would, "Iron sharpens iron, and one man sharpens another" (Psa. 27:17). The earthly ministry of Jesus held that followers should live in the community (Acts 2:44-47). God's call for community and fellowship provides the continuity of family-centered care support needed at the time of childhood illness. A healthy child has a school, hobby, and sports activities that provide time for parents to embrace other life events. Children that are critically ill are unable to have many hobbies and sports activities. School may have to be held under the diagnostic term of homebound due to illness. The interruptions to daily child life have a far-reaching impact on the parents. Care must be rendered continually, creating feelings of exhaustion, depression, and failure.

The body of Christ, following the example of Christ and the first disciples, provide fellowship for believers throughout the week. Disciples gather daily to offer prayers of intercession, study the Bible, and worship the King of kings. Believers find that if one is in need of spiritual refuge, then it is the imperative of all members to gather to support the family in love and peace (1 Cor. 12:25-27). Believers find that the body of Christ does not waiver in loyalty and support. Non-believers, unlike believers, fall into a system where the support of family is implemented during hospitalization but dissipates after discharge from the hospital.⁴⁰ Believers carry the burdens of one another and are the hands and feet of Christ on earth (Gal. 6:2). Continuity of care for families caring for ill children may be found in the body of Christ obediently responding to the gospel.

Those that have children diagnosed with chronic and terminal illnesses are in a spiritual battle. Spiritual battles occur every day and are part of humanity's thematic reality of being

⁴⁰ Curtis, *Journal*, 336.

created in the image of God.⁴¹ The reality of spiritual warfare is that Jesus Christ “has decisively overcome the forces of evil in His death and resurrection.”⁴² The issue for humanity is that many are unaware that the spiritual battles occurring during a chronic and terminal childhood illness are symptomatic of unsuspecting humanity comprehending the battle that rages for the souls of nonbelievers. Christians that enter into spiritual battle are consciously participating “in the continued outworking of Christ’s victory over Satan on the cross.”⁴³ The spiritual battles of nonbelievers are wrapped in depravity. Nonbelievers may share the image of God; however, they are effectively dead in sin. The ability exists to choose to deny sin rendering Satan and the evil forces of rage, anger, and chaos powerless.⁴⁴ Nonbelievers may fall victim to spiritual battles due to their lack of understanding the spiritual war was won by Christ through his passion, death, and resurrection.

Definitions

Adlerian Therapy or Individual Psychology – are used interchangeably and is the modality of hope, founded by Alfred Adler. Adler, part of the Freud and Jung Vienna Wednesday Society, held that man must overcome the inferiority complex within life to excel. Most modern psychoanalytic modalities that offer hope over inferiorities or depravity use a variation of the 12-step Adlerian Therapy. Adler had to overcome the death of a sibling within his life, which was the basis of finding hope.

⁴¹ A. Scott Moreau, “Spiritual Warfare,” *Evangelical Dictionary of Theology*, ed. Walter A Elwell, 2nd ed. (Grand Rapids: Baker Academic, 2001), 1144.

⁴² Millard Erikson, *Christian Theology*, 3rd ed. (Grand Rapids: Baker Academic, 2013), 819.

⁴³ Moreau, *Evangelical Dictionary*, 1146.

⁴⁴ *Ibid.*, 1144.

Believer or Disciple – are used interchangeably to describe a person that is a follower of Jesus Christ in word and deed.

Christ Event – is the term used to describe the all-encompassing the incarnation, ministry, passion, death, resurrection, and ascension of Jesus Christ.

Messianic Era- refers to the current age in which believers have a personal reconciled relationship with God, and through the Christ event, believers are filled with hope, grace, and patience till Christ comes again.⁴⁵

Spiritual Battle – refers to the conflicts that humanity faces daily and offers humanity the ability to choose to grow in righteousness by following a moral and godly decision making, or the ability to fall into the chaos of immoral and depraved surety.

Unipolar Depression – is a term used to describe the depression that often occurs due to the tension and stress within a spiritual battle. It is not a form of mental illness as commonly associated with mental illness; it is a complete state of hopelessness that may lead to suicide, divorce, or rage events.

Statement of Limitations and Delimitations

The thesis is limited in scope to ten pastors and counselors that have self-reported as being successful in bringing the Gospel of Jesus Christ to those families suffering from childhood chronic and terminal illnesses. The respondent pastors and counselors will have reported they work with either believers having limited spiritual faith or nonbelievers in the midst of a child suffering. The pastors and counselors will have given permission to be interviewed about their counseling methodologies and will be given a questionnaire to draw information to fulfill the requirements for the volunteer study. This thesis is projected to take

⁴⁵ Joseph Fitzmyer, *New Jerome Biblical Commentary* (Englewood Cliffs: Prentice Hall, 1990), 1393.

approximately three months and is limited to the urban geographical location of Fort Wayne, in Northeast Indiana. The thesis will be limited in time due to the constraints of the thesis due date. This thesis is limited to the time of diagnosis and the time thereafter; it will not analyze the aftermath of child loss. All information gathered through interviews and counseling processes will be performed in accordance with the faith and witness statement of Poe Baptist Church, a village of Fort Wayne, Indiana.

The thesis will include interviews about behavioral therapy and the gospel that draws conclusions from the behavior of families. The counselors and pastors' will self-report the acceptance or rejection of the faith of families through various methodologies of hope. This thesis will document successful counseling methodologies. It will be used to create possible recommendations for further outreach for pastors and counselors that are struggling to reach families of ill children with the creation of a childhood crisis intervention training session. The project will be limited by the amount of reliable data utilized by these pastors and counselors and the self-reporting of victims to pastors and counselors on the participants' effectiveness of accepting the gospel and finding the peace of Christ.

There are limitations of reliable data and prior research methodologies utilized by pastors and counselors, as well as a lack of consistent theological and philosophical handbooks from which methodologies may be drawn. The interview process from which the author of the thesis hopes to collect data will be limited to self-reporting of pastors and counselors who may inflate successes and fail to report negative counseling of survivors, through the act of attribution. The collection of data will be placed in an algorithm for scientific and theological reflection. This data collection poses issues of limitations due to the usage of mean and medium formulas; many exceptional formularies utilized by pastors and counselors may not be presented.

The thesis is not designed to address all global issues of families in a crisis of chronic and terminal child illness. This thesis is not designed to document families that are concurrently struggling with mental illness, addiction, or previous self-destructive behavior before a child's diagnosis. This project will document the self-reporting of pastors and counselors who work with families that fall into issues of unipolar depression, anxiety, PTSD, rage, and self-destructive behavior. The findings of this project may help pastors, and Christian counselors assure families who are struggling with a chronic and terminal childhood diagnosis of God's love for them and promote healthy behavioral choices and relationships in the future.

The thesis will be presented by a Baptist woman and mother of chronically ill children and may reflect the gender and theological bias of the author. The results of this thesis may only be effective for: pastors and counselors that are counseling families in the crisis of childhood illness within Indiana. The findings of this project may help pastors and Christian counselors empower families to embrace a relationship with Christ.

Thesis Statement

The purpose of this thesis is to prove from medical and psychological studies, analysis of relevant pastoral and counseling surveys, and theological reflection that hope and clarity for families of chronic and terminally ill children are reflected in the Gospel of Jesus Christ and the nature of salvation. This thesis seeks to explore and describe the methodologies and effects of the Gospel of Jesus Christ within families who are caring for chronic and terminally ill children. The thesis will examine psychological methods and those methods paired with the gospel to draw conclusions on the effect of faith on families impacted by chronic and terminal illness. The thesis underscores how the transformational power of the Gospel of Jesus Christ empowers Christians to have a greater dominion over the spiritual battle of childhood chronic and terminal illness and

the eschatological future. This thesis demonstrates how the influence of pastors and counselors are needed for spiritual, mental, and physical well-being.

Review of Literature

Several texts have valuable data on the background of chronic and terminal childhood illness for this thesis, including elements of hope. The crucial element of hope that is needed in all of humanity's life is the Gospel of Jesus Christ. Dave Earley and Rod Dempsey remarkably present the gospel within the text of *Disciple Making Is...How to Live the Great Commission with Passion and Confidence*.⁴⁶ The text provided invaluable tools to describe the traits of a believer or disciple of Jesus Christ.⁴⁷ The text enables pastors and counselors to use Sacred Scripture to fulfill the mission of the Great Commission.⁴⁸ The researcher utilized the text for its sound methods and to stress the importance of sharing the gospel with families where a time of potential loss is of the essence.

A study, written by Lauren A. Smith, Diana Romero, Pamela R. Wood, Nina S. Wampler, Wendy Chavkin, and Paul H. Wise, entitled "Employment Barriers Among Welfare Recipients and Applicant with Chronically Ill Children" explored the devastation and financial burden of childhood illness.⁴⁹ The data provided in the article demonstrated the financial issues of governmental TANF (Temporary Assistance for Needy Families) and AFDC (Aid For Dependent Children) programs facing families.⁵⁰ This study shows that the church and ministries

⁴⁶ Earley, *Disciple Making*, 4-5.

⁴⁷ *Ibid.*, 27.

⁴⁸ *Ibid.*, 1-12.

⁴⁹ Smith, *American Journal*, 1453.

⁵⁰ *Ibid.*, 1453-1455.

are needed by families falling into insolvency and suggests a greater collaboration between the financial crisis and the spiritual needs of families.

The importance of finances and caring for an ill child is among the foremost issues leading to family chaos and instability. Gabrielle F. Miller, Edward Coffield, Zanie Leroy, and Robin Wallin penned “Prevalence and Costs of Five Chronic Conditions in Children,” and found that of the five most common chronic childhood illnesses three of them could run families over \$10,000 annually in medical costs.⁵¹ The article illustrates the disparity in socio-demographic categories, and the researcher used data to demonstrate the need for the self-worth of families experiencing childhood illness.

The prevailing insights of James Estep and Jonathan Kim were utilized to present a post-modernity shift in Christian formation and faith development in the book *Christian Formation, Integrating Theology and Human Development*. Estep and Kim held that the goal of believers is to be shaped into the likeness of Christ and that this niche of believers held the key for a cultural shift.⁵² Valuable insights may be taken from social sciences enabling an active children’s ministry and outreach for pastors and counselors.⁵³

Elizabeth Kübler-Ross described the grief process through the lens of a mother losing a daughter to terminal illness and the emotional turmoil and isolation of that experience within the book *Living with Death and Dying*.⁵⁴ In the dismal experience of Kübler-Ross’ loss, medical professionals enabled Kübler-Ross and other parents to provide therapeutic care for their

⁵¹ Miller, *Nursing*, 357.

⁵² James Estep and Jonathan Kim, *Christian Formation, Integrating Theology and Human Development* (Nashville: B & H Publishing, 2010), 266.

⁵³ *Ibid.*, 5.

⁵⁴ Elisabeth Kübler-Ross, *Living with Death and Dying* (New York: MacMillan, 1981), 98-159.

children affording her significant experiences in the hospital subculture of empathetic mothers.⁵⁵ The experiences of Kübler-Ross and the overwhelming lack of proper scientific psychiatric approaches revealed the desperation and loneliness experienced by families.

Approaches that are more closely related to the theological field offer this thesis a more grounded defense. The need to present the Gospel of Jesus Christ to humanity within the framework of trauma and grief counseling, with the emphasis on relationship, is written by Scott Floyd in his remarkable book, *Crisis Counseling; A Guide for Pastors and Professionals*.⁵⁶ Floyd provided resiliency tactics for productive counseling in the ministry of children, which is replete with many challenging experiences for the family. The researcher used Floyd's work in the areas of tactical training and threatened loss.⁵⁷

Ed Murphy wrote *The Handbook for Spiritual Warfare* and assessed the issues of spiritual battles within the lives of believers and non-believers.⁵⁸ Believers and non-believers may fall victim to depression due to finances, suffering, and fear of the unknown.⁵⁹ Depression that is not labeled as bipolar depression or mental illness affects families in the midst of the crisis childhood illness, and pastors or counselors may benefit from sorting out the spiritual battle dwelling in fear of the counselee.⁶⁰ Many counselors and pastors have built upon Murphy's

⁵⁵ Elisabeth, *Living*, 98.

⁵⁶ Floyd, *Crisis Counseling*, 96 .

⁵⁷ *Ibid.*, 72-88

⁵⁸ Edward F. Murphy, *The Handbook for Spiritual Warfare* (Nashville: T. Nelson, 2003), 177-187.

⁵⁹ *Ibid.*, 491-493.

⁶⁰ *Ibid.*, 491 and 498.

realistic approach, providing a pathway centered on a vibrant relationship with Christ entrenched in biblical truth.

The impact on parents of chronic and terminally ill children placed into the new role of exhausted caretakers is a chief concern of the mental health and Christian communities. A distinguished group of Swedish psychologists, Malin Anclair, Fredrik Hjärthag, and Arto Juhani Hiltunen, performed a scientific study to find if two groups of CBT and MF (Mindfulness) counseled families, over an eight-week duration, would have a benefit to families in their quality of life and mindfulness.⁶¹ The article, “Cognitive Behavioral Therapy and Mindfulness for Health-Related Quality of Life: Comparing Treatments for Parents of Children with Chronic Conditions - A Pilot Feasibility Study,” is valuable to this thesis because it demonstrates the usefulness of CBT in attempting to plant the sense of hope but showed no significant change.⁶² The researcher found minimal changes in positive behavior were attributed to scientific CBT, proving that this methodology is futile without a spiritual component.

Andrew D. Lester, Gary Brock, and other learned colleagues detailed multiple ways in which children suffer. *When Children Suffer: A Sourcebook for Ministry with Children in Crisis* is useful to the thesis because it details critical illness suffering and impending fatal suffering of a child.⁶³ The text provided spiritual care centered on the need for hope within the family unit.⁶⁴ A competent pastor or counselor must seek out families to help through the darkness of child

⁶¹ Malin Anclair, Fredrik Hjärthag, and Arto Juhani Hiltunen, “Cognitive Behavioral Therapy and Mindfulness for Health-Related Quality of Life: Comparing Treatments for Parents of Children with Chronic Conditions - A Pilot Feasibility Study,” *Clinical Practice & Epidemiology in Mental Health* 13, no. 1 (2017): 2-3, accessed January 20, 2019. doi:10.2174/1745017901713010001.

⁶² *Ibid.*, 8-9.

⁶³ Brock, *Children Suffer*, 120-122.

⁶⁴ *Ibid.*, 119-121.

suffering. A competent counselor and pastor will allow the Holy Spirit to lead the counseling and not allow self-worth and self-glory to destroy the healing message of the gospel.⁶⁵

Elizabeth Kübler-Ross' modality is found in *On Grief & Grieving: Finding the Meaning of Grief through the Five Stages of Loss* and is used by most psychiatric, psychological, and Christian counseling facilities.⁶⁶ The author and the book have provided grief counseling a platform from which a strategy may be drawn.⁶⁷ The researcher utilized the process of grieving to interject when to present the gospel. The modality of Elizabeth Kübler-Ross allows proper implementation and integrated strategies allowing families to receive superior care.

The spiritual and mental needs of families with the hope for the future available in a relationship with Christ is vital for pastors and counselors. The book *Christian Theology* by Millard Erickson offers superior direction to the person of Christ and the nature of salvation.⁶⁸ Erikson's approach provides theological tenets and the presentation on the Doctrine of God and Nature of Salvation that has helped the researcher precisely stipulate the proper tenets for the presentation of the gospel.⁶⁹ The inevitability of death is the future of every person, for the nonbeliever death incurs the penalty of hell.⁷⁰ A Christian's death effects are a culmination of justification, sanctification, leading to the glorification of living in paradise with God.⁷¹

⁶⁵ Brock, *Children Suffer*, 119-121.

⁶⁶ Kübler-Ross, *Grief & Grieving*, 7.

⁶⁷ Kübler-Ross, *Grief & Grieving*, 125-159.

⁶⁸ Millard J. Erickson, *Christian Theology*, 3rd ed. (Grand Rapids: Baker Academic, 2013), 603-947.

⁶⁹ *Ibid.*, 95-152.

⁷⁰ *Ibid.*, 1075.

⁷¹ *Ibid.*, 1076.

The thesis relies heavily upon the foundation of accurate data collected from sources dedicated to trauma, counseling, and post-diagnosis crisis. A scientific study was held to find if psychoanalytic pooling of all current psychological methods analyzing 37 randomized control studies had produced any positive post-diagnosis behavior in parents, family, and child psychological counseling.⁷² Emily F. Law, Emma Fisher, Jessica Fales, Melanie Noel, and Christopher Eccleston, concluded that no significant post-treatment positive behavior was able to be identified in any of the studies.⁷³ The researcher used the data of, “Systematic Review and Meta-Analysis of Parent and Family-Based Interventions for Children and Adolescents With Chronic Medical Conditions,” to evaluate relevant scientific data and current modalities that describe the enormity of the impact of the chronic and terminal diagnosis on families. Among the modalities, eight studies of 1,047 parents were treated to improve mental health after diagnosis, and no significant improvement occurred post-treatment regardless of specific illness diagnosis.⁷⁴ The researcher used the data from this study of a meta-data analysis of CBT (Cognitive Behavioral Therapy), ST (Systems Therapy), and PST (Problem Solving Therapy) and the self-reported data of local Christian counselors and pastors utilizing versions of Adlerian Therapy or hope-centered therapy to evaluate how adding hope-centered therapy based on the Gospel of Jesus Christ made a significant impact on families attitudes towards illness. The proper presentation of the gospel and approach through hope-centered counseling is vital for families that accept the Gospel of Jesus Christ.

⁷² Law, *Pediatric Psychology*, 866.

⁷³ Law, *Pediatric Psychology*, 869-871.

⁷⁴ *Ibid.*, 872.

Counselors and pastors optimize sessions with families by preparing for superior counseling using an established moral methodology. *Competent Christian Counseling Foundations & Practice of Compassionate Soul Care* demonstrated Christian counseling modalities that help bridge psychological techniques and theology. The authors, Timothy Clinton and George Ohlschlager, interweave psychology and biblical tenets that enabled the researcher to present the importance of grief and childhood suffering accurately.⁷⁵ The hope for those in a spiritual battle is the early presentation of the gospel and the investment of spiritual training for the family. A competent Christian counselor has the ultimate goal of bringing and saving families with the salvation message of Jesus Christ and helping assist these families to grow in spiritual maturity that will help them become dedicated disciples that live positive lives for Christ.⁷⁶

Mark McMinn maintains that Christian counselors should properly counsel with the immersion of psychology and theology, adding an emphasis in the area of spiritual formation.⁷⁷ McMinn's intermixing of spiritual health and psychological methodologies is foundational for this thesis.⁷⁸ The researcher holds that the relevance upon spiritual formation and presenting the gospel are imperatives in providing wise counsel to families of terminal and chronic childhood illness. McMinn maintains that prayer in counseling, direct petition, and worship led by pastors and counselors helps families enter into the intimacy of knowing Christ and offers options to begin each communication with the soundness of psychological scientific base.⁷⁹ The overlap

⁷⁵ Clinton, *Christian Counseling*, 551-554.

⁷⁶ Clinton, *Christian Counseling*, 65.

⁷⁷ McMinn, *Psychology*, xvii.

⁷⁸ *Ibid*, 35-72.

⁷⁹ *Ibid.*, 79-102.

between the mental health of the family and the need for the truth of Christ is ingrained in humanity and is the essence of counseling.

Biblical Foundation

For this light momentary affliction is preparing for us an eternal weight of glory beyond all comparison, as we look not to the things that are seen but to the things that are unseen. For the things that are seen are transient, but the things that are unseen are eternal (2 Cor. 4:17-18).

Many families struggle as Paul did to encounter a world that seems so dismal that logical reasoning is gone. Families who are facing chronic and terminal child illness journey within the valley of shadows in painful child suffering and lingering finite human endurance. Through counseling and the Gospel of Jesus Christ, a healing journey may move families from the temporal emotions of grief to an awakening of a reconciling relationship with Christ through the Holy Spirit.⁸⁰ “A problem is often magnified by its proximity to us now so that it becomes disproportionate to other pertinent matters.”⁸¹ Families often become so involved in the illness that children and other matters are abandoned. “Trust in the Lord forever, for the Lord God is an everlasting rock” (Isa. 26:4). Wise counsel and the knowledge of the nature of God and salvation encourages families not to fear the future and to trust God in all matters.

Jesus said, “All things have been handed over to me by my Father, and no one knows the Son except the Father, and no one knows the Father except the Son and anyone to whom the Son chooses to reveal him. Come to me, all who labor and are heavy laden, and I will give you rest. Take my yoke upon you, and learn from me, for I am gentle and lowly in heart, and you will find rest for your souls. For my yoke is easy, and my burden is light” (Matt. 11:27-30).

⁸⁰ Clinton, *Family Counseling*, 175.

⁸¹ Erikson, *Theology*, 397.

Those that have been reconciled to God through the cross of Christ have an eschatological hope that is infinitely more important than the temporal life of this world. In following Jesus, fear is forsaken for hope as Paul stated to the Church of Rome, “Therefore, since we have been justified by faith, we have peace with God through our Lord Jesus Christ” (Rom. 5:5). The grace of Jesus Christ has bestowed on those reconciled to him everlasting peace, joy, and hope in the turmoil of everyday life. Children and families in the post-diagnosis phase of chronic and terminal illness are void of hope, and the only true hope is faith in Christ. “Every non-Christian hearing these words should be encouraged to think of them as words that Jesus Christ is even now, at this very moment, speaking to him or her individually.”⁸² Humanity’s free will to choose Christ is by its nature a gift due to “the very offering of such invitations implies the hearer has the genuine possibility of either accepting or rejecting them.”⁸³ Those that accept the invitation of Christ enter into the fellowship of the body of Christ and are supported through intercessory prayer, discipleship, and spiritual formation.

But when the goodness and loving kindness of God our Savior appeared, he saved us, not because of works done by us in righteousness, but according to his own mercy, by the washing of regeneration and renewal of the Holy Spirit, whom he poured out on us richly through Jesus Christ our Savior, so that being justified by his grace we might become heirs according to the hope of eternal life (Titus 3:4-6).

Through the mercy of Jesus Christ reconciled, humanity is richly rewarded by the atoning death of Christ. For believers and non-believers, God’s holiness and goodness is the source from which all higher love flows for his creation. C.S. Lewis stated, God “is the source from which all your reasoning power comes: you could not be right and He is wrong any more than a stream

⁸² Wayne Grudem, *Systematic Theology, An Introduction to Biblical Doctrine* (Grand Rapids: Zondervan, 1994), 694.

⁸³ Erikson, *Theology*, 326.

could rise higher than its source.”⁸⁴ Believers and non-believers may doubt the nature of God due to the suffering of a child, but it is in the suffering that a family may be reconciled to God. The Holy Spirit mercifully changes the hearts of humanity by spiritually giving new life through the washing of regeneration.⁸⁵ Millard Erikson reflected that the Sacred Epistle of Titus reflects the importance of humanity’s sacred gift of salvation through the grace of Christ’s atoning death.⁸⁶ The gift of salvation for humanity is far more awe-inspiring due to God’s love and mercy because humanity deserves condemnation.⁸⁷ The lack of control within a family experiencing the post-diagnosis phase of child illness is regained by accepting the gift of reconciliation offered by faith in Christ and through the work of the Holy Spirit. Counselors and pastors that have experience with presenting the gospel to families with chronic and terminally ill children may utilize a conceptual framework of theological or theoretical foundation to bring hope to a family in crisis.

⁸⁴ C.S. Lewis, *Mere Christianity*, vol. 7 (Grand Rapids: Zondervan, 2002), 48.

⁸⁵ Grundem, *Theology*, 974.

⁸⁶ Erikson, *Theology*, 266.

⁸⁷ Erikson, *Theology*, 266.

Chapter 2: Foundations

“You are my hiding place and my shield; I hope in your word” (Psa. 119:114).

Conceptual Framework

The conceptual framework needed to solve the problem of properly counseling families in the crisis of trauma of childhood illness while presenting the hope-centered message of the gospel may be found integrating current psychological methodologies with theological truth drawn from Scripture. Scientific data has proven conclusively that the positivity of current post-diagnostic psychological modalities is elusive, which is the reason all modern studies have concluded “limited potential” or “failing to promote positive behavioral impact.”⁸⁸ This thesis is theologically dependent upon the nature of salvation and the response of each person to respond to the Gospel of Jesus Christ. The research will analyze hope-filled psychological counseling modalities, which enable families that are suffering from post-diagnostic childhood chronic and terminal illness to find peace and assurance for the future. The interweaving of theological and psychological foundations is the permutation of chapter two.

Theological Foundations

The theological framework is built around the presuppositions that the nature of salvation was man being reconciled to God through the death of Christ on the cross in the penal substitutionary atonement. Man’s condition needed the perfect sacrifice due to man’s predilection to depravity. The penalty for every human being is hell, but through faith in Jesus, one may be reconciled to the Father through faith, repentance, and absolute obedience to Him. A believer has the assurance of hope and through God’s grace, patience, and peace. Hope, peace, assurance, and love of the Creator await all who come to faith in Him. Sacred Scripture reveals

⁸⁸ Law, *Pediatric Psychology*, 866-872.

the heart of God and articulates many of the themes common in families experiencing trauma from a suffering child. The gospel brings hope for the future, even if the future holds child loss.

Doctrine of Salvation

The main theological foundation for the disposition of this thesis is the nature of salvation. The nature of salvation or the Doctrine of Soteriology is the fundamental identity of why humanity exists. Due to the nature of humanity's free will and the fall of man in Genesis, sin has caused a transgression between humanity and God's laws, moral codes, holiness, righteousness, and justice. Paul wrote in his Epistle to the Romans,

But because of your hard and impenitent heart you are storing up wrath for yourself on the day of wrath when God's righteous judgment will be revealed. He will render to each one according to his works: to those who by patience in well-doing seek for glory and honor and immortality, he will give eternal life but for those who are self-seeking and do not obey the truth, but obey unrighteousness, there will be wrath and fury (Rom. 2:5-8).

Families that do not know the gospel are in a precarious state; they have to endure the trauma of a suffering child without knowing that the eschatological hope of repenting and reconciling with God provides the hope that evades their existence.

The Creator of all seeks a personal relationship with His creation through His Son Jesus Christ. This relationship stems from His merciful grace as Paul wrote, "For all have sinned and fall short of the glory of God" (Rom. 3:23). For those believers of faith have an advantage over nonbelievers, that is to take the hand of the Savior and follow Him into eternity. C. E. B. Cranfield specified, "All alike may receive this righteousness by faith and none has any claim to it on the ground of merit; for all alike-Jews as well as Gentiles-have sinned, and receive righteousness as a free gift altogether undeserved."⁸⁹ The merciful Lord and Savior seek a

⁸⁹ C. E. B. Cranfield, *International Critical Commentary: Romans 1-8*, no 2 (New York: T & T Clark, 1975), 204.

personal relationship, and Christians who have answered His call must deny self-pursuits and falsehoods over His truth. Some people believe in a self-estimated maturity, leaving behind spiritual maturity, seeking false answers and ideologies seeking themselves, and not God.

What then? Are we Jews any better off? No, not at all. For we have already charged that all, both Jews and Greeks, are under sin, as it is written: “None is righteous, no, not one; no one understands; no one seeks for God. All have turned aside; together they have become worthless; no one does good, not even one.” Romans 3:9-12

Salvation is not based on one’s merit because humanity would never attain the standards of God. James D. G. Dunn reflected, Paul references both the glory lost in man’s fall and the glory that fallen man’s ability lacks to reach in consequence.⁹⁰ “The reference confirms the double thrust of Paul’s polemic: he reduces the difference between Jew and Gentile to the same level of their common creatureliness so that this recognition of their creaturely dependence on the Creator’s power can be put to all as the paradigm of faith.”⁹¹

Faithfulness in Christ is through one’s faith that one may be rescued from the world and terror of hell (John 3:16). Not to be confused or misunderstood, as having belief in Christ, having faith in Christ is something different entirely. Faith in Christ transforms the individual, leading them in the Spirit and walking by faith instead of sight (2 Cor. 5:7). Belief in Christ merely implies that one affirms that Jesus Christ was a historical person or affirms that He was a good and faithful servant of the Father. Believing in Christ Jesus and claiming to be Christian without one’s faith being demonstrated within their life is hypocrisy. These individuals are Christian by name alone, for faith in Christ refers to one giving all they are to Christ. Paul, or Saul rather, was a great persecutor for the Jewish opponents of the early Christian church. Saul witnessed the

⁹⁰ James D. G. Dunn, *Word Biblical Commentary: Romans 1-8*, vol. 38A, (Grand Rapids: Zondervan, 2018), 180.

⁹¹ Ibid.

death of Stephen (Acts 7:58), yet this great persecutor of the Christian faith had a fateful encounter on the road to Damascus (Acts 9:1-8). Jesus' appearance to Saul on the road instilled within Saul a faith like no other, Saul became known as Paul and through his inspired faith went to great lengths for his faith in Christ. Paul and the apostles apart from John (whose faith in Christ instilled in him the courage to stand at His cross and witness His sacrifice) were martyred for their faithfulness in Christ. This is the difference between belief in Christ and faith, faith in Christ is going beyond oneself and following the will of God without fear of being martyred for being a witness of His truth.

Doctrine of Depravity

The nature of humanity's depravity incurs God's justice, and the result is the need for punishment to appease God's wrath. The appeasement to God was not due to an overbearing deity. The worthiness of God's holy and righteous nature called for humanity to be accountable for the fall. Humanity was unable to reconcile with God in the sacrificial system of the Old Testament, and temporary sacrifices could not reconcile the believing Israelites to the Creator.

But when Christ appeared as a high priest of the good things that have come, then through the greater and more perfect tent (not made with hands, that is, not of this creation) he entered once for all into the holy places, not by means of the blood of goats and calves but by means of his own blood, thus securing an eternal redemption (Heb. 9:11-12).

Millard Erikson held Christ's sacrifice is the central theme of the atonement, where Christ achieved eternal redemption, which ended the temporal effect of Mosaic sacrifices and offered humankind a once-for-all atonement.⁹² Jesus Christ, the perfect offering, who by His sinless nature, was begotten and not made and is one in being with the Father became the holy living sacrifice for all humanity on the cross. Jesus fulfilled the prophetic foreshadowing of Isaiah 53

⁹² Erikson, *Theology*, 740.

and took upon Himself the curse of the cross so that humanity was no longer estranged from God. Families are frightened by the potential loss of their child and struggle helplessly to help their child. The parents and child may find rest in the assurance that the loving God who would give His only son as a sacrifice will gather his people unto Himself and bring them peace and hope.

The Scriptural history of humanity is presented as a historical and persistent state of rebellion against God and the plan of salvation.⁹³ The nature of depravity has placed humanity in the predicament of failing to fulfill God's moral expectations.⁹⁴ "Sin is any failure to conform to the moral law of God in act, attitude, or nature."⁹⁵ N.T. Wright holds that the nature of Old Testament law was to reveal immorality and sin; the fact remains that no person ever kept it perfectly which was Paul's foundation in Romans 3:20 which states, "For by works of the law no human being will be justified in his sight, since through the law comes knowledge of sin." James Hamilton held that the Book of Romans points to salvation through judgment showing the need of the gospel for humanity, and this is exemplified by Paul describing God's justice and righteousness three times,⁹⁶

Whom God put forward as a propitiation by his blood, to be received by faith. This was to show God's righteousness, because in his divine forbearance he had passed over former sins. It was to show his righteousness at the present time, so that he might be just and the justifier of the one who has faith in Jesus
Romans 3:25-26.

All of humanity has been unable to live a life without sin, except for Jesus Christ, the Hypostatic Union of God and man.

⁹³ Grudem, *Theology*, 490.

⁹⁴ Erikson, *Theology*, 839.

⁹⁵ Grundem, *Theology*, 490.

⁹⁶ Hamilton, Jr., *Salvation through Judgment*, 453.

Doctrine of Regeneration and Edification

Jesus informed all of His followers that in order to enter His kingdom, a true believer must be born again in the Spirit. Jesus described to Nicodemus how one could enter the kingdom of God was not by following signs, “Jesus answered, ‘Truly, truly, I say to you, unless one is born of water and the Spirit, he cannot enter the kingdom of God. That which is born of the flesh is flesh, and that which is born of the Spirit is spirit’” (John 3:5-6). Many people believe in the Christ event but have not fully been sealed to Christ by the Holy Spirit. The physical transformation that occurs within the life of a follower of Christ brings the believer into union with Jesus, and this is referred to as the baptism by the Holy Spirit (Rom. 6:3-5).

Some families may present as baptized followers but have not allowed the Holy Spirit to indwell within their hearts requiring pastors and counselors to re-introduce them to the gospel. Other believing families may present in fear questioning their faith as the Churches of Ephesus and Galatia did after the Judaizers maligned the teaching of Paul. Pastors and counselors may have to present the points of Paul, that believers have been regenerated and through faith have the assurance of God (Gal. 3:1-6). Non-believers are searching for truth and reaching for logical reasoning to which their future and that of their child depends. All believing and non-believing families are desperate for healing. They experience fear, anxiety, depression, uncertainty, grief, and are completely reliant on the message of the gospel.

When presenting the Gospel of Jesus Christ and attempting to inform people of the depraved nature of humanity, many may find that those espoused believers are, in fact, Christians in name only. Many claim to be followers of Christ, and believe in the Christ event, but have never attempted to surrender their hearts to the Holy Spirit. “The basic change in the direction of one’s life from an inclination to sin to a positive desire to live righteously is termed

regeneration or, literally, new birth.”⁹⁷ Many families may present as believers, but amid a devastating crisis, they fail to turn inward to Christ, and this may be caused by the church community failing to edify neophytes. Jesus informed His disciples that the Holy Spirit would freely indwell them permanently as a means for salvation (John 2:37-39 and 2 Cor. 1:22).

Regeneration is the work of God and not of man.⁹⁸ The families that are believers in name only have not accepted Christ, although they may have experienced an effectual calling. This post-diagnostic trauma is not a time for humiliation; it presents an opportunity for a pastor or counselor to understand the issue and present them with assurances and hope found within the gospel. The effect of regeneration produces irresistible grace, a product of the Spirit’s work on the heart. The response of each person is voluntary to God’s invitation to respond to Him obediently.⁹⁹ Spiritual life is assured to those who enter into a relationship with Christ, and through the mercy and grace of God regenerates the hearts of humanity (1 Pet. 1:3, 23). A believer that is regenerated in Spirit is sealed to God, meaning God has pledged Himself on the believer’s heart ownership.¹⁰⁰ The seal on a believer’s heart is an authentic, authoritative, and signed document that this person belongs to God.¹⁰¹

Jesus commanded all disciples to evangelize all areas of the earth with the gospel (Matt. 28:18-20). The role of the church is to evangelize and edify those that come to be followers of Christ. A believer is unable to change the hearts of non-believers, the power and authority to

⁹⁷ Erikson, *Theology*, 840.

⁹⁸ Grudem, *Theology*, 699.

⁹⁹ *Ibid.*, 700.

¹⁰⁰ Paul Enns, *The Moody Handbook of Theology*, rev. (Chicago: Moody, 2008), 280.

¹⁰¹ *Ibid.*

fulfill the mission of the Great Commission came from Christ (Matt. 28:18).¹⁰² Paul spoke of the importance of edification for the body of Christ in Ephesians 4:12, describing works of service to help build up believers.¹⁰³ The body of Christ must edify each believer in the truth of the Gospel of Jesus Christ, so that fear is overcome by spiritual maturity.

A believer that is indwelt by the Holy Spirit has been given the grace that has permanency upon the condition of depravity. The Holy Spirit will regenerate and edify the heart of a believer. Edification is the work of the Holy Spirit and the church on the hearts of humanity training and ministering to each believer to worship and glorify God.¹⁰⁴ Edification strengthens faith, intensifies one's awareness and knowledge, and provides the words needed to share faith with others.¹⁰⁵ Edification helps all of humanity to worship, which brings the worshipper into proper contact with God.

The families challenged by the trauma of childhood illness may feel tested or abandoned by God. The grace of a community that encourages faith in God provides eschatological hope and the love of God for the family. The body of Christ has the ability to embrace families and help them cope in the face of spiritual trials. The vital role of churches, inspired by first-century believers, should re-ignite the focus of the ecclesiological role:

The focus of Matthew 28:18-20 is ecclesiology it's about the church's inauguration, identity and union with Christ in order to be an extension of His own life in the world. Ecclesiology is the fountainhead of missiology.

¹⁰² Erikson, *Theology*, 973.

¹⁰³ *Ibid.*, 974.

¹⁰⁴ Grudem, *Theology*, 1008.

¹⁰⁵ *Ibid.*

Like Jesus, we are commissioned to do it. It is who we are and that's what makes it great.¹⁰⁶

A family in crisis may experience feelings of abandonment and isolation due to their role as caregivers for a child experiencing immense physical suffering. The body of Christ has the ability to meet these families in their homes, at work, or in a store and give them words of encouragement, so they know they are not alone in their journey. Pastors and counselors may foster counselees and direct them to faith communities in which the body of Christ actively encourages, edifies, and prays for families enduring the trauma of post-diagnostic childhood illness. The body of Christ has the capacity to serve them by being the hands and feet of Christ on earth. This is because the heart of Christ-centered ministries and the church is the Gospel of Jesus Christ.¹⁰⁷

Doctrine of Justification, Sanctification, and Glorification

The nature of salvation essentially answers why did the Christ event occur; the Christ event occurred to provide spiritual healing and growth.¹⁰⁸ Jesus' atoning death restored each believer to a state of righteousness before the father.¹⁰⁹ John Murray held that regeneration was an act of God in us, whereas justification is the judgment of God on each believer.¹¹⁰

Justification is a legal act of God that forensically and legally declares a believer to be seen as righteous in the sight of God.¹¹¹ A non-believer may claim that God has passed judgment on the

¹⁰⁶ Robbie F Castleman, "The Last Word: The Great Commission: Ecclesiology," *Themelios* 32 no 3, (2007): 69, accessed on March 6, 2019, <http://resources.thegospelcoalition.org/library/the-last-word-the-great-commission-ecclesiology>.

¹⁰⁷ Erikson, *Theology*, 980.

¹⁰⁸ *Ibid.*, 763.

¹⁰⁹ *Ibid.*, 883.

¹¹⁰ John Murray, *Redemption Accomplished and Applied* (Grand Rapids: Eerdmans, 2015), 121.

family due to the depravity of a parent. Pastors and counselors may describe the atoning act of salvation, as declaring one righteous with the promises of an eternity with Jesus Christ (Rom. 3:20 and 5:1). Families may merely need the body of Christ to embrace them and allow them to grow in love and faith within the body of Christ. A believer is justified through the grace of God and the Holy Spirit ((Rom. 8:1-17).

Families need the support of the body of Christ so they may face the child's crisis in faith and be sanctified by growing in the likeness of Christ.¹¹² A believer is made holy through edification, ultimately reaching the embodiment of the Imago Dei or Image of God. Sanctification is where the Holy Spirit confers the atoning work of Christ on the believer.¹¹³ A believer is deemed a child of God possessing the virtues of moral goodness and spiritual worth (1 Thes. 5:23 and Titus 2:14).¹¹⁴ Believing families do not go unscathed from the trauma of child illness. Pastors and counselors may approach these families in prayer and intercession, knowing that their moral fortitude and resolve will help them at this time of great need. Non-believing families will question their self-worth and the goodness of a God who will challenge the health of a child. In the current socio-political climate, some families may be tempted to abandon the child or have the child institutionalized. Pastors and counselors may need to overcome secular morality with the truth of hope in the gospel.

¹¹¹ Grudem, *Theology*, 724.

¹¹² *Ibid.*, 746.

¹¹³ Erikson, *Theology*, 897.

¹¹⁴ *Ibid.*, 898.

The final stage of salvation is glorification; this is the era of a time that is to come.¹¹⁵ The time of glorification is the culmination of events within a believer's life. Paul stated, "For those whom he foreknew he also predestined to be conformed to the image of his Son, in order that he might be the firstborn among many brothers. And those whom he predestined he also called, and those whom he called he also justified, and those whom he justified he also glorified" (Rom. 8:29-30). The eschatological hope for the future of all believers is an eternity with Christ fulfilled in glory.¹¹⁶ The glorification with Christ is the event in which death is forever destroyed, and victory in Christ is proclaimed (1 Cor. 15:25-26). Family members lost in death will be reunited together in Christ eternally. The beauty and knowledge of living in glory impart believers with the power in the security of future eternal joy and hope. The temporal issues of life have little bearing on a believer's glorification. Believers are promised a time of glory, while non-believers are in search of promises for the future that seems bleak from the child's suffering.

The Gospel within the Christological Hymn, Philippians 2:5-11

Believers and non-believers may struggle with suffering. Sacred Scripture is filled with poignant narratives that describe suffering. The Pauline Christological hymn is an exceptional example of high theology and the Gospel of Jesus Christ. Theologians have argued for millennia about the authorship and the placement of such an essential theological confessional statement. Throughout the Pauline corpus, this hymn is unique in its style and vocabulary.¹¹⁷ The narrative of the gospel and themes of depravity, the fall, judgment, hell, the wrath of God, and the need for

¹¹⁵ Erikson, *Theology*, 924.

¹¹⁶ *Ibid.*, 926.

¹¹⁷ Thomas R. Schreiner, *Interpreting the Pauline Epistles*, 2nd ed. (Grand Rapids: Baker Academic, 2011), 27- 28.

the perfect living sacrifice to reconcile fallen man to God may frighten many non-believing or Christian in name only families. The remedy for struggling families is presenting tenets on suffering, humility, obedience, and the ultimate exaltation of Jesus Christ as timeless biblical principles presented in Paul's Epistle to Philippi.

Paul wrote the Christological hymn to the Church of Philippi, a colony of Macedonia that was mainly populated by Roman war veterans and had societal structures that allowed women, such as Lydia, to be given a place of honor and leadership in the newly formed Christian faith.¹¹⁸ The secularized worldview of Philippi was that of being overtaken by Roman control while worshipping the indigenous Greek Hellenistic culture popular pagan goddess Diana and Silva, the Thracian deity.¹¹⁹ Families may relate to the foreign control of the Roman army as the disease that has overtaken the child. Families may also find that modern-day secularization parallels with the pagan culture of antiquity.¹²⁰ The hymn follows a Pauline salutation,

Have this mind among yourselves, which is yours in Christ Jesus, who, though he was in the form of God, did not count equality with God a thing to be grasped, but emptied Himself, by taking the form of a servant, being born in the likeness of men. And being found in human form, he humbled himself by becoming obedient to the point of death, even death on a cross. Therefore God has highly exalted him and bestowed on him the name that is above every name, so that at the name of Jesus every knee should bow, in heaven and on earth and under the earth, and every tongue confess that Jesus Christ is Lord, to the glory of God the Father
Philippians 2:5-11.

¹¹⁸ Ben Witherington III, *Paul's Letter to the Philippians*, A Socio-Rhetorical Commentary Series (Grand Rapids: William B. Eerdmans Publishing Company, 2011), 5.

¹¹⁹ Gordon D. Fee, *Paul's Letter to the Philippians*. The New International Commentary on the New Testament, no 1 (Grand Rapids: William B. Eerdmans Publishing Company, 1995), 88.

¹²⁰ F.F. Bruce, *Paul Apostle of the Heart Set Free* (Grand Rapids: William B. Eerdmans Publishing Company, 1977), 222.

The hymn contains themes of tenderness, compassion, love, and the Spirit of Christ through the dimension of unity in humility.¹²¹ The hymn exaltation of Paul pronounces Christ “as being in the form of God,” and his exaltation achievement through the incarnation, resurrection, and ascension and his further coming in the future are reflective of Isaiah 45:18-24 of the LXX.¹²² Parents of chronic and terminally ill children will be significantly benefited from information on the nature of salvation and may identify the glorification doctrine within the theme.

Paul closes with the theme of Christ, being the suffering servant of Isaiah 53. Gordon Fee held that many translations did not capture the focus of how God became man. Fee espoused in verse seven that Paul’s introduction of themes was very close to Isaiah’s suffering servant, δούλου, and ἐκένωσεν but may be missing relevant data.¹²³ Fee believes that “slave” actually may describing the current state of a fallen humanity enslaved in sin with the immense need of atonement.¹²⁴ This is based upon δούλου described as “a slave or servant” and ἐκένωσεν described as “to empty, falsify, be in vain.”¹²⁵ Verse seven is vital for describing how Jesus suffered for humanity. Families may find the suffering of an innocent slave is equivalent or matches the suffering of an innocent baby or child. Believers and non-believers may be able to equate that if God cared so deeply for them that He became man and suffered for sin, then their current state of suffering with an ill child has eschatological ramifications.

¹²¹ F.F. Bruce, *Philippians, Understanding the Bible Commentary Series* (Grand Rapids: Baker Books, 2011), 56.

¹²² David Seeley, “The Background of the Philippians Hymn 2:6-11” *Journal of Higher Criticism*, no.1 (1994): 49-72.

¹²³ Fee, *Philippians*, 88.

¹²⁴ *Ibid.*

¹²⁵ ESV and KJV Lexicons, Bible Hub, last modified 2018, accessed on February 22, 2019, <http://www.biblehub.com/lexicon/philippians/2-7.html>.

The hymn presents the gospel in a compelling rhythmic hymn. The hymn presents timeless principles of obedience, humility, and suffering, but it ends on the triumphant glorification.¹²⁶ In verse ten, Paul reflected on elements drawn from the LXX Isaiah 45:23 that all creation shall pay homage and worship, with bended knee, at the Paraousia.¹²⁷ The Greek definitions of πᾶν meaning all or every, γόνυ meaning the knee, κάμψη meaning to bend, ἐπουρανίων meaning of heaven, ἐπιγείων meaning of the earth, and καταχθονίων meaning under the earth are essential because they show that all of humanity will acknowledge the authority of Jesus Christ.¹²⁸ Those that deny Jesus are subject to damnation, and those that accept His lordship will see His exaltation. Ben Witherington stated that this verse should never be underestimated; with every bended knee, believers will pledge allegiance to Christ.¹²⁹ Non-believers will be forced to a bended knee but, whereas believers will journey to eternal glory, non-believers are condemned; but, their knee will bow.¹³⁰

The Gospel of Jesus Christ has all historical truth. If pastors and counselors are unable to present the gospel because the family denies the existence of God, then the pastor or counselor should pray and ask if the family would allow the ill child to be counseled. God's plan for the reconciliation of the family may be through the child helping the Holy Spirit to bring the family to faith. All counselors and pastors hope that families in the trauma of post-diagnosis child

¹²⁶ Witherington III, *Philippians*, 6.

¹²⁷ Fee, *Philippians*, 223.

¹²⁸ Lexicons, Bible Hub, Philippians.

¹²⁹ Witherington III, *Philippians*, 153-155.

¹³⁰ *Ibid.*

illness will reconcile their relationships with Christ and find the only hope that lasts for the future.

Paralyzing fear often presents in those in a post-diagnosis phase of child illness. The devastation creates feelings of anxiousness and despair. Paul revealed to the Philippians, to fear not or have feelings of anxiety (Phil. 4:6). According to H. C. G. Moule, “There the mental action here blamed is commended; a discrepancy fully harmonized by a view of different conditions. Here, the saints are enjoined to deal with every difficult circumstance of life as those who know and act upon, the fact that ‘the Lord takes thought for me’” (Psa. 40:17)¹³¹ Paul gives people a model prayer life for all believers to follow. One’s petition should be given to God with an unquestionable mark of a carefree soul with a true submission of prayer for both peace and thanksgiving. God gives calm tranquility of spirit that is incomprehensible to those who have not received it through the power and Spirit of Jesus Christ, in the knowledge and love of God.¹³² Paul tells the Philippians that by prayer and supplication with thanksgiving, they should let their needs known to God, whereas Moule suggests, “The temperament of the Christian should always be one of thanksgiving. Nearly every Psalm, however deep the sorrow and contrition, escapes into the happy atmosphere of praise and gratitude.”¹³³ The temperament of the family must be challenged from despair to reflect the hope found in the Gospel of Jesus Christ.

¹³¹ H. C. G. Moule, *The Cambridge Bible for Schools and Colleges: The Epistle to the Philippians* (South Yarra, Victoria Australia: Leopold Classic Library, 2015), 112-113.

¹³² John Wesley, *Philippians: Explanatory Notes & Commentary* (Scotts Valley, CA: CreateSpace Independent Publishing, 2015), 190.

¹³³ Moule, *Philippians*, 112-113.

The Gospel of Hope within the New Testament

The counselor or pastor that helps the Holy Spirit bring those that have repented of their sin to the process of sanctification may find it difficult to instill hope during a time of sorrow, fear, and anguish due to a child's diagnosis. Many pastors and counselors may tell the families to simply read the Book of John or provide an in-depth study of the Christological Hymn in Philippians.

Wayne Mack has suggested that many times pastoral counseling is based on the false hope of the reality of a situation; in the case of chronic and terminally ill children, this may be complete physical healing over the spiritual healing of the Gospel of Jesus Christ.¹³⁴ Elisabeth Kübler-Ross described the stages of denial within the five-stage grief modality. Stages of grief are symptomatic of confusion, fear, and shock, which may lead a person to deep depression.¹³⁵ Biblical counselors and pastors must convey the positive saving message of the gospel without confusing the gospel as a source of complete physical healing. Parents within the hospital network typically form a support system and many hope for a cure under the duress of terminal illness.¹³⁶ Pastors and counselors must offer the Gospel of Jesus Christ as a source of hope for salvation and peace through the journey of chronic and terminal childhood illness.

Believers that present the Gospel of Jesus Christ should stress the necessity for each person of reason to repent and come to faith. The hope-filled message of the gospel provides

¹³⁴ Wayne A. Mack, *Counseling: How to Counsel Biblically*, John A MacArthur, ed. (Nashville: Thomas Nelson Publishers, 2005), 115.

¹³⁵ Kübler-Ross *On Grief & Grieving*, 7.

¹³⁶ Kübler-Ross, *Living with Death*, 102-103.

many benefits for distraught families. Mack stated that all counselees must be made aware of the importance of hope within the gospel, stating:

During difficult trials, the gospel produces joy and hope (Rom. 5:2-3; 12:12; 1 Thes: 4:13).

The gospel produces hope-filled perseverance (Rom. 8:24-25).

The gospel produces hope-filled confidence (2 Cor. 3:12; Phil. 1:20)

The gospel produces hope-filled faith and love (Col. 1:4-5).

The gospel produces hope-filled stability (Heb. 6:19)

The gospel produces hope-filled enthusiasm (1 Tim. 4:10).¹³⁷

All families need a relationship with God, and the gospel ensures hope within times of trials.

Biblical counselors and pastors need the biblical foundation of the gospel; without it, Proverbs

10:28 states the wicked of this world will perish. Thus, it is imperative that biblical counseling

and scientific case reviews be employed to provide a nucleus from which a biblical counselor or pastor may counsel families.

Theoretical Foundations

The theoretical foundation is based on copious amounts of scientific research that has led to conclusions of “having potential” or “failed to produce the desired conclusion, more data needed.”¹³⁸ Post-diagnostic pediatric chronic illness has negative impacts on child, parent, and family functioning.¹³⁹ Parents of children with chronic and terminal medical conditions commonly report increased parenting stress, anxiety, depressive symptoms, financial strain, and family conflict leading to divorce.¹⁴⁰ The stark lack of successful data is reflected in the fact that less than half of families of chronic and terminally ill children that are referred to therapy

¹³⁷ Mack, *Counseling*, 114.

¹³⁸ Law, *Pediatric Psychology*, 866-871.

¹³⁹ Ibid.

¹⁴⁰ Ibid.

enroll.¹⁴¹ The families that enroll in therapy have approximately 30-35% successful completion therapy rates (regardless of positive or negative outcomes).¹⁴²

Christian counselors have similar outcomes. Parents and siblings that are in a complicated traumatic lifestyle of caregiving to a child with chronic and terminal illness are often impacted with depersonalization, repression, detachment, and dissociative disorders.¹⁴³ People that experience multiple exposures to life-ending events incur identity and emotional disorders. The Christian and psychological counseling communities' acknowledgment of the disorders caused a change within the DSM-V (Diagnostic and Statistical Manual of Mental Disorders- fifth edition) manual.

PTSD grows from normal responses of fear, helplessness, or horror from a life event and has been deleted with the inclusion of a persistent sense of blame, mood, and feelings.¹⁴⁴ This anomaly in the description of PTSD is due to the scientific community's inability to label those that experience trauma continually as being post-trauma. Most Christian counselors and scientists who counsel victims of trauma are pursuing a plea to recognize that Posttraumatic Stress Disorder has the implication of an event being in the past.¹⁴⁵ Those families that are currently experiencing the pain of trauma are not diagnosable as post because that implies trauma

¹⁴¹ Shannon Self-Brown, Ashwini Tiwari, Betty Lai, Sarah Roby, and Kelly Kinnish, "Impact of Caregiver Factors on Youth Service Utilization of Trauma-Focused Cognitive Behavioral Therapy in a Community Setting." *Journal of Child and Family Studies* 25, no. 6 (2016): 1871, accessed January 19, 2019, doi:10.1007/s10826-015-0354-9.

¹⁴² Ibid.

¹⁴³ Daniel Sweeney and Heather Gingrich, "Traumatic Grief, Loss and Crisis 2.0" (video), LightUniversity.com(Forest, VA: Light University, 2015).

¹⁴⁴ Sweeney, Traumatic.

¹⁴⁵ Ibid.

has stopped. Families that are in a state of constant trauma with an ill child are diagnosed as CSTD (Complex Stress Traumatic Disorder) though it was not expressed in the DSM-V.¹⁴⁶

The scientific case studies that have governed much of the work in the field of post-diagnostic pediatric chronic and terminal illness are meta-analysis studies that pulled counseling information from thousands of counselees and methodologies throughout the world. The meta-analysis case studies were reviewed with aims to find the best modality to counsel families in the post-diagnostic phase. The Law et al. meta-analysis studies attempted to pull data to find if an approach that through various CBT modalities could produce a positive treatment continually, and they all lacked significant statistical proof.¹⁴⁷

Scientific case studies in which the gospel was absent, have not produced a significant modality through which scientific counseling has garnered success. Numerous global case studies have been performed, and researchers have attempted to perform studies at varying stages within the post-diagnosis phase to change the interactions and attitudes of the family. The most positive modality found that when an ill child was in ICU (Intensive Care Unit) and the family was counseled by certified nursing staff with FCC (Family-Centered Care) therapy, positive changes were created but, when the family left the hospital, the positivity ceased.¹⁴⁸ FCC therapy is a multi-pronged approach that includes:

- Medication, e.g., antidepressants, anti-anxiety, mood-stabilizing, antipsychotic
- Psychotherapy
- Group therapy

¹⁴⁶ Sweeney, Traumatic.

¹⁴⁷ Law, *Pediatric Psychology*, 866.

¹⁴⁸ Curtis, *Journal*, 339-340.

- Art, music or play therapy
- Alternative therapies, e.g., water therapy, massage, biofeedback, hypnotherapy
- Brain stimulation treatments, e.g., electroconvulsive therapy, vagus nerve stimulation, transcranial magnetic stimulation¹⁴⁹

FCC, is a therapy modality for children and families in distress. These families are labeled high-priority, and the treatment plan is intense and overseen by a psychiatrist; medication is typically administered.¹⁵⁰ Nurses reflected that unless children and families were in a hospital setting, continuity of care, could not be accomplished as observed in a meta-analysis study of the United States, Ireland, Thailand, and Australia.¹⁵¹

A meta-analysis study by Law et al. concentrated on modalities of CBT, PST (problem solving therapy), and CT (cognitive therapy). These modalities were chosen from past meta-analysis studies due to the emphasis of the intervention on the role of the family and broader societal context in an individual's emotional functioning and adjustment and focus on altering negative patterns of interactions.¹⁵²

Participants were parents of children and adolescents (ages 0–18) with one of the following chronic medical conditions: asthma, cancer (patients inactive treatment and survivors), cardiovascular diseases, cystic fibrosis, diabetes mellitus, epilepsy, painful conditions (i.e., sickle cell disease, chronic pain, fibromyalgia, juvenile rheumatoid arthritis, irritable bowel syndrome, and irritable bowel disease), spinal bifida, solid organ transplant, and traumatic brain injury.¹⁵³

¹⁴⁹ "Treatment," Family and Children Center, accessed on March 1, 2019, <https://www.fcconline.org/1028-2/treatment>.

¹⁵⁰ Ibid.

¹⁵¹ Curtis, *Journal*, 334-337.

¹⁵² Law, *Pediatric Psychology*, 867.

¹⁵³ Ibid., 868.

The goals were the efficacy of parent- and family-based psychological interventions in improving parental mental health, behavior, and family functioning among parents and families of children with chronic medical illness.¹⁵⁴ The interventions of this meta-analysis study was based on a minimum sampling size often including interventions that met the following criteria: “(1) a primary aim of the intervention was to change thoughts, behaviors, or psychological well-being of parents or families; and (2) treatment duration (e.g., number of sessions) for parents equaled at least 50% of the child’s treatment duration.”¹⁵⁵

The random study discovered that based on current theoretical modalities family adjustment to a post-diagnosis chronic illness may affect members’ “maladaptive thoughts, feelings, and behaviors; family members’ ability to solve problems and communicate effectively; and patterns of interactions between family members, as well as between children, parents, and broader community systems such as school and the hospital.”¹⁵⁶ The meta-analysis study displayed three forms of therapy (CBT, PST, and CT). These therapeutic modalities were performed in person, online, and through phone calls in individual, family, and group therapy settings to find if variables of therapy, mode of delivery, or setting assessed relevant changes to the mental health of the family or child.¹⁵⁷ The overall analysis reflected that although numerous studies have been performed, the science is still in its infancy and that significant findings were small.¹⁵⁸

¹⁵⁴ Law, *Pediatric Psychology*, 867.

¹⁵⁵ *Ibid.*, 868.

¹⁵⁶ *Ibid.*, 867.

¹⁵⁷ *Ibid.*, 871.

¹⁵⁸ *Ibid.*, 879.

The scientific meta-analysis studies have shown promise but, a more pressing issue has overtaken scientific study and Christian literature. Psychoanalysis and psychotherapy have been challenged by the trauma of child sexual abuse and the long-lasting aftermath of issues including, drug, alcohol, and sexual addictions. Due to the recidivism rate of child sexual abuse, many exemplary scientists have changed focus to help the increasingly more significant number of victims that child sexual abuse has neglected.¹⁵⁹

Christian counselors who primarily counsel traumatic counselees, have switched their focus to the alarming number of child sex abuse victims.¹⁶⁰ The issue for children in post-diagnosis chronic and terminal illness phase is that medicine has been able to prolong their lives, but the quality of their life is impacted by the illness and not having the hope found in a reconciled relationship with Jesus Christ. The Law et al. meta-analysis study noted that medical advances in the past two decades have resulted in an increase in the prevalence of pediatric chronic medical illness. Many children in developed nations are surviving or living longer with conditions such as cancer, diabetes mellitus, and cardiovascular diseases. The issues surrounding how the families cope with the trauma has not been adequately addressed to give patients and families positive effects.¹⁶¹

The impact of childhood illness and trauma overtakes a family forever changing children and their ability to cope and may limit their childhood development.¹⁶² The traumatic post-diagnosis phase of childhood illness affects people's "physiological, neurobiological, cognitive,

¹⁵⁹ Sweeney, Traumatic.

¹⁶⁰ Ibid.

¹⁶¹ Law, *Pediatric Psychology*, 866.

¹⁶² Sweeney, Traumatic.

and spiritual” conditions through intrusive ways.¹⁶³ A child going through the trauma of post-diagnosis childhood illness may exhibit elaborate or bizarre defense mechanisms to cope with the trauma of end of life issues.¹⁶⁴ The focus of Christian based counseling should always be the child and never, the traumatic issues, or the illness causing the trauma.¹⁶⁵ Families who are impacted by the trauma of childhood illness are in a crisis state and maybe counseled from debilitating issues of bewilderment, helplessness, desperation, apathy, and confusion by knowing that these are universal feelings and God has not abandoned them.¹⁶⁶

Christian counselors and pastors often use the same methodologies as scientists but integrate the Gospel of Jesus Christ within the methodology. Second Timothy 3:16 reflected that the Bible is the breath of God given for teaching, correction, and training for all humanity’s righteousness. The prophet Isaiah described the temporal nature of this world fading, but the Word of God stands the testament of time (40:8), this was likewise affirmed in the Gospel of Matthew (24:35). The Bible is the affirmation of God’s holiness and sovereignty, with the knowledge He is incapable of falsehoods and is humanity’s only hope (Hebrews 6:18). The Revealer of all the truth of the Bible invites all of humanity into a relationship with Him. The counselor’s due diligence is required to find the proper counseling mechanisms that will engage each person. In a group or family setting, Adlerian play therapy helps both children and adolescents show their emotions surrounding the post-diagnostic phase.

Current psychological modalities are rooted in the modalities of Jung, Freud, and Adler.

¹⁶³ Sweeney, Traumatic.

¹⁶⁴ Clinton, *Counseling*, 559.

¹⁶⁵ *Ibid.*, 560.

¹⁶⁶ *Ibid.*, 606.

Most scientists, counselors, and some pastors utilize one variation of their modalities that best reflects the needs of the client. Adlerian individual psychology is based on one overcoming their inferiorities. “God, who is eternally complete, who directs the stars, who is the master of fates, who elevates man from his lowliness to Himself, who speaks from the cosmos to every single human soul, is the most brilliant manifestation of the goal of perfection to date.”¹⁶⁷ Adler though Jewish, became an outspoken Atheist who believed that if humans could conquer inferiorities, they could live their best life through hope. All Adlerian therapy is based on hope. The integration of the hope in overcoming inferiorities and the hope of the gospel may be the most successful modality of post-diagnosis families.

Children-Adolescent

No experience is a cause of success or failure. We do not suffer from the shock of our experiences, so-called trauma - but we make out of them just what suits our purposes.¹⁶⁸

The counseling of children by those that are Christians and scientists is typically performed by means of Adlerian play therapy. Adlerian play therapy is generally classified as a Cognitive Behavioral Therapy or CBT. In many cases, children and adolescents do not have the ability to process the post-diagnosis phase and the full impact on their lives of a chronic and terminal illness. Children that experience the trauma of life-threatening disease are at greater risk of societal issues: “every 21 seconds a child is arrested, every 4.5 hours a child/adolescent commits suicide, and every 47 seconds a child is confirmed abused.”¹⁶⁹ The number of those

¹⁶⁷ Alfred Adler, *The Individual Psychology of Alfred Adler: A Systematic Presentation in Selections from His Writings* (New York City: Harper Perennial, 1964), 107.

¹⁶⁸ Adler, *Individual Psychology*, 208.

¹⁶⁹ Sweeney, *Traumatic*.

abused may be underestimated due to the statistic only addressing confirmed abuses.¹⁷⁰ It is not uncommon for a child that is draining the financial means of a family to be abused by a parent. A sibling or sibling group could be subjected to abuse because a parent may feel that focus must remain on the ill child and not the siblings.

The ill child and siblings of a family may experience the trauma of the disease and not be able to process the issue verbally. Inability to process the trauma is due to the elevated neurotransmitter, catecholamine, substantially increasing the sympathetic nervous system and over-stimulation of the limbic system.¹⁷¹ Trauma is an adversarial event; due to the intrusive nature of trauma, therapy must not be invasive.¹⁷² “With play, we have an inexpensive and efficient means to help children develop.”¹⁷³ Experienced counselors are aware of the impact of illness on a child, and most exhibit maturity beyond their years.¹⁷⁴

Adlerian play therapy utilized by counselors involves allowing directed play to become the symbolism of the illness.¹⁷⁵ Children may draw and utilize manipulative toys in the sand; this gives children control over the uncontrollable illness teaching coping and release.¹⁷⁶ Art projects create feelings of safety due to the emotions placed onto play media; this allows children to displace the negativity of illness onto the media rather than the illness or family members.¹⁷⁷

¹⁷⁰ Sweeney, Traumatic.

¹⁷¹ Ibid.

¹⁷² Ibid.

¹⁷³ Ibid.

¹⁷⁴ Michael R. Leming and George E. Dickinson, *Understanding Dying, Death, and Bereavement* (Belmont, CA: Wadsworth, 2011), 176.

¹⁷⁵ Sweeney, Traumatic.

¹⁷⁶ Ibid.

¹⁷⁷ Ibid.

During sessions, children and adolescents are encouraged through directed play to describe the turmoil inside the trauma. Adlerian play therapy is an essential modality in counseling children and has shown as a beneficial therapy in children and adolescents. Children with enhanced behaviors and diagnosed as experiencing trauma that may be diagnosable PTSD, may be helped using techniques of: “free play, directed play, games, art techniques, metaphoric storytelling, bibliotherapy, drama therapy strategies, adventure therapy techniques, sand tray therapy, prop based play intervention, movement and dance, music, and other creative process therapies.”¹⁷⁸ The most common play therapies are sand and art therapy, in which children are directed to describe the trauma and move forward in play. Adlerian play therapy may be performed in 10 sessions over a two-week span for children in distress and has the additional benefit of helping children, adolescents, and adults who are so traumatized they are unable to verbalize fear.¹⁷⁹

Adolescent-Adult

To be a human being means to possess a feeling of inferiority, which constantly presses towards its own conquest. The greater the feeling of inferiority that has been experienced, the more powerful is the urge for conquest and the more violent the emotional agitation.¹⁸⁰

Traditional therapy of discussing issues in life as one moves forward with better mechanisms to handle stress is more common in adolescent and adult therapy. Adlerian therapy in the clinical practice of scientists, pastors, and counselors encourages hope. Traditional

¹⁷⁸ Terry Kottman and Kristin Meany-Walen, K. *Partners in Play, An Adlerian Approach to Play Therapy*, 3rd ed. (Alexandria, VA: American Counseling Association, 2016), 3.

¹⁷⁹ Sweeney, Traumatic.

¹⁸⁰ Alfred Adler, *Superiority and Social Interest: A collection of later writings*, ed. H. L. Ansbacher and R. Ansbacher (New York: Viking Press, 1973), 55.

individual psychology therapy concentrates on the orderly building of a relationship that moves counselees forward to the goal of launching in wellness. Cognitive Behavioral Therapy (CBT) works to alter one's behavior of emotional trauma of a life event. Cognitive Processing Therapy (CPT) works to alter how the brain processes the trauma of a life event. The individual client's need is the guide from which a counselor chooses the appropriate manner of treatment.

Trauma Focused-CBT or TF-CBT in the clinician practice of PTSD and CTSD concentrates on "psycho-education skills, relaxation skills, affect expression and regulation skills, cognitive coping skills and processing, and trauma narrative" depending upon client need.¹⁸¹ TF-CBT counselors attempt to identify the specific traumatic event that occurred in families or individuals after the child's diagnosis and then respond to the problem behaviors.

Cognitive Processing Therapy or CPT has been deemed to be a safe and effective intervention for both acute and chronic CTSD and PTSD following a range of traumatic experiences in adults, children, and adolescents; however, most scientists, counselors, and pastors prefer play therapy for children.¹⁸² Due to the cruelty of post-diagnosis child illness, the counselor must determine if a client has the ability to be directed to describe the traumatic events in writing and continually journal throughout CPT.¹⁸³ The most successful technique for adults is a CPT technique that attempts to train the brain to reprocess events is known as EMDR or Eye Movement Desensitization and Reprocessing Therapy.

¹⁸¹ Aprille Woodson-Campbell, "Comparative Analysis of Trauma Focused-Cognitive-Behavioral therapy and Adlerian Therapy," *Journal of Trauma and Treatment* (2014), 1, accessed on March 1, 2019 doi:10.4172/2167-1222.100020.

¹⁸² Nilamadhhab Kar, "Cognitive behavioral therapy for the treatment of post-traumatic stress disorder: a review," (2011), 5, accessed February 1, 2019, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3083990>.

¹⁸³ Glenn Schiraldi, *The Post-Traumatic Stress Disorder Sourcebook; A Guide to Healing, Recovery, and Growth* (New York, NY: McGraw Hill, 2016), 116.

EMDR is a CPT that is a very invasive technique that is suited for adults only. EMDR has a success rate of 90% in adults that have incurred a single traumatic event. Due to the nature surrounding chronic and terminally ill children, this is an improbable effective modality that significantly lessens the success rate.¹⁸⁴ Often those parents having significant issues processing the trauma of post-diagnosis chronic and terminal child illness are prescribed pharmacotherapy to help elevate extreme high and low emotional outbursts. The Fort Wayne, Indiana metropolitan area, has no scientists, pastors, or counselors practicing EMDR due to its developing strategies.

The Gospel

The work of the Gospel of Jesus Christ and effective Christian counseling is found in all teachings and counseling of Sacred Scripture, which incorporates modern techniques and allows the Holy Spirit to lead the counselor to facilitate client-change.¹⁸⁵ Proverbs 20:5 reflects, “The purpose in a man’s heart is like deep water, but a man of understanding will draw it out.” The depth of post-diagnosis child suffering encourages pastors and counselors to reach out with the gospel, but care must be taken not to become an adversary. The gospel must be presented to families with the hope of Christ. Possible beginning statements of effective counseling may include:

- Ask the clients if prayer may be given at the beginning and end of each session.
- Ask the clients how is their spiritual life of and beliefs.
- Ask the client to lift up Christ and His love for the child and family.
- Describe to the client how Christ went through suffering.
- Describe in detail

¹⁸⁴ Schiraldi, *Stress Disorder Sourcebook*, 116.

¹⁸⁵ Clinton, *Counseling*, xiv.

- Describe in detail to the client that Christ knew of the child and family in His earthly ministry and chose to become man so that through Him, they could be reconciled.
- Describe to the client the issue with the fallen nature of the world.
- Describe how God hears the client's prayers and how God knows their emotions and fear.

These statements allow the pastor or counselor to integrate the gospel into modern techniques with the lack of the adversarial approach. Children may be encouraged by the inclusion of Christian symbols within their play center environment and asked if they know what the significance is of baby Jesus, the cross, or a miniature Bible.

The techniques of Christian counselors and pastors are not new scientific breakthroughs. This thesis actively pursues previous research and ongoing research that has lacked proper techniques and data to draw successful conclusions. A significant problem in the meta-analysis studies is that they have failed to bring families hope. John MacArthur cautioned that psychology or psycho-therapy could not gain advancement from blending the schools of Freud, Rodgers, or Jung with Christianity because they omit the fullness of God's Word in unsophisticated, incomplete, insufficient, and ill-adapted secular methods that are unable to help those experiencing deep and spiritual wounds.¹⁸⁶ This is demonstrated in a large number of case studies that have been performed by psychologists and have concluded in ambiguity and dismal failure in bringing families' hope. Presenting the gospel to the parents and child that may be near death due to a chronic and terminal childhood illness is of vital importance. The child and parent's eschatological future relies on the love of the Savior and reconciling to the King of

¹⁸⁶ John MacArthur, *Counseling; How to Counsel Biblically*, John A MacArthur, ed. (Nashville: Thomas Nelson Publishers, 2005), 4.

kings. The eternal hope held within the Gospel of Jesus Christ for families of chronic and terminally ill children presented by pastors and Christian counselors will be compared in the research methodology intervention and implementation.

Chapter 3: Methodology

“Why are you cast down, O my soul, and why are you in turmoil within me? Hope in God; for I shall again praise him, my salvation and my God” (Psa. 42:11).

Christ mandates the need to present the gospel to all of humanity in the mission of the Great Commission (Matt. 28:18-20). The Gospel of Jesus Christ is the only true source of hope for parents that are confronted with the unthinkable, the inevitable loss of their precious child. The eschatological hope of families with ill children has both positive long and short-term effects. A pastor or Christian counselor may address the issue of presenting the gospel to counselees with hope from the centrality of Scripture, which promotes perseverance and encouragement in all situations and alleviates the element of alarm for the future.¹⁸⁷ Many of those within the realm of the behavioral sciences have rejected the need for the gospel, failing to provide hope as presented in this thesis with the data collected from the Law meta-analysis study.¹⁸⁸

In order to find a proper methodology to present the Gospel of Jesus Christ to ill children and their parents, the researcher has created a step-by-step approach to solve the problem. The researcher has analyzed chronic and terminal childhood illness case studies within the Law meta-analysis forum and worked with this data. The researcher has analyzed the self-reporting of local pastors and counselors from theological and philosophical schools to produce a more significant presentation of the gospel. Many Christian counselors have adapted a commingling of psychoanalysis protocol and the gospel that attempts to teach coping skills to those in trauma, making the grief and potential bereavement manageable for the family and child. The researcher has conducted a case study of ten pastors and counselors and has gathered confidential

¹⁸⁷ Mack, *Counseling*, 130.

¹⁸⁸ Law, *Pediatric Psychology*, 886.

information through interviews so that the data collected may be presented to illuminate critical elements of presenting the gospel for pastors. The data will be presented to Christian counselors through an SPSS algorithm to scientifically prove through a Z-Score that there is significant hope for post-therapy families that are presented the gospel in counseling and embraced by the body of Christ. All participants have been confidentially interviewed at the researcher's counseling office at Holy Family Center, Inc., in Poe Baptist Church in the village of Poe, Indiana. The participants of this case study will agree on the supremacy of Sacred Scripture and the "buy-in" to the profound need of the gospel in the lives of chronic and terminally ill children and their parents.

The researcher developed a questionnaire, flyer, recruitment letter, and interview questions to ensure that proper protocol was followed when finding the answer of how to present the gospel to chronic and terminally ill children and their families. The researcher conducted face-to-face interviews with local Fort Wayne pastors and counselors and used the data gathered to develop a baseline. The researcher investigated the number of people that accepted the gospel, which may be attributable to positive life transformations in families based on the nature of the evidence presented by the respondents. The researcher focused on questions that could be used to interpret data and connect positive and negative outcomes of gospel presentation methodologies.¹⁸⁹ The outcomes are arranged so that the expertise of coequal, collaborative, and cooperative participants may empower the universal body of Christ on qualitative methodologies that are usable, understandable, and teachable to all believers called to present the Gospel of Jesus Christ to ill children and their families.

¹⁸⁹ Tim Sensing, *Qualitative Research, A Multi-Methods Approach to Projects for Doctor of Ministry Theses* (Eugene, OR: Wipf & Stock, 2011), 58.

Many theologians and pastors within the field of family counseling ministry may be hesitant to implement new psychological strategies due to the influence of scientific beliefs over biblical truths. This case study highlighted if pastors and counselors are utilizing a combination of psychological and theological tools or if they are utilizing biblical counseling as their primary source. The respondents of this case study were asked to describe their successes and the issues surrounding families who failed to receive the gospel. The eschatological hope of the gospel enables families to encounter the trials of childhood illness with the strength and grace of God. This case study pursued specific ideologies to implement and improve local communities.

The pre-diagnostic events that surrounded the family are instrumental in how a family will respond to the trauma of child suffering. Believing families require the body of Christ to pray, nourish them with the Word, and help them to stabilize in their new family dynamic. Non-believing families search for an answer as to why this happened and what may alleviate the anxiety, stress, and fear that overcomes their reality. Many non-believers are so overwhelmed in their grief that they may present with argumentative, un-teachable, and confrontational demeanors when hearing the message of the gospel. Non-believers need to journey through their grief and find the eschatological hope of the Gospel of Jesus Christ, but this may not always be possible due to their free will to reject Christ. The results of this thesis are achievable through the development of an intervention design and the implementation of the intervention design.

Intervention Design

The research question of this thesis was: how do pastors and counselors' approach chronic and terminally ill children and their parents with the Gospel of Jesus Christ. In order to logically present the gospel to chronic and terminally ill children and their parents, one must revisit the current status of the issue. At this time, science has attempted to present through

psychological analysis, group, and cognitive-behavioral therapies that hope may be found through the means of psychological counseling. These attempts have concluded that more research needs to be performed or are listed as failures in post-therapy meta-analysis studies.¹⁹⁰ Christian counselors and pastors are working in the field of grief counseling with the parents and their chronic and terminally ill children, but a uniformed guide to help the body of Christ present the gospel has not been developed. The lack of hope, guidance, and dismal coping skills for the parents and child are the reasons for this case study. The universal body of Christ has a duty to fulfill the mission of the Great Commission, and children and families facing chronic and terminal childhood illness are among the greatest in need of the Gospel of Jesus Christ. “Whoever receives one such child in my name receives me, and whoever receives me, receives not me but him who sent me” (Mark 9:37). The body of Christ has been tasked to present the gospel in their role as anointed priests by Jesus Christ. No believer encountering the tragedy of the suffering and impending death of a child should ever feel abandoned or forgotten by the saints. The body of Christ is the representatives of Jesus Christ and should embody the love of Christ for those in the remotest parts of the earth (Acts 1:18).

The intended purpose of this study was to gather data and contrast the results with the conclusions of the Law et al. meta-analysis studies that are based solely on various psychological treatments. The first purpose of this thesis was to provide the universal body of Christ, a uniformed childhood crisis intervention training series that holds methodologies that will help present the gospel to children and parents experiencing childhood illness. The second purpose was to provide the scientific community with a random case study and SPSS algorithm Z-score of the success of presenting the gospel over psychoanalysis protocol. The strategies and goals of

¹⁹⁰ Law, *Pediatric Psychology*, 886.

this thesis were to find proper approaches to help bring those experiencing the unimaginable pain of chronic and terminal childhood illness hope through the gospel.

The data collected from respondents revealed fascinating ideologies and methodologies in their approaches of intervention and implementation of presenting the Gospel of Jesus Christ to families in the midst of childhood illness. Data from this thesis was shared to empower positive life transformations in children and families in the midst of childhood illness. The results of the data collected were arranged so that the expertise of coequal, collaborative, and cooperative participants has the ability to be utilized for training and empowering the universal body of Christ on qualitative methodologies that are usable, understandable, and teachable. The nature of this case study compels the researcher to include a scientific APA approved algorithm, that analyzed the data of this case study and the Law et al. meta-analysis studies to draw a scientific conclusion over the impact of the Gospel of Jesus Christ and its ability to provide positive coping mechanisms and positive mindfulness during the period of post-diagnosis chronic and terminal childhood illness.

The theological rationale for this thesis was to encourage members of the body of Christ to present the gospel and help families in crisis build a relationship with the Lord. Believing families are in need of brothers and sisters in Christ to present the gospel, pray, and work on bringing them to spiritual maturity so that they will have the tools needed to have a positive life transformation through the Holy Spirit. “He has made everything beautiful in its time. Also, he has put eternity into man’s heart, yet so that he cannot find out what God has done from the beginning to the end” (Ecc. 3:11).

Non-believers are in search of things that are unable to quash their innermost desires. The search leads to depravity and emptiness. The truth of all desires is a relationship with God. At

times of great stress, non-believers are unable to find peace and hope, due to their lack of relationship with the Creator. All must enter into a relationship with the Lord of lords to find eternal peace. Tedd Tripp wrote, “The human soul was created for finding infinite eternal joy.”¹⁹¹ The joy and hope for all humanity rest in repenting and entering into a relationship with the Father through Jesus Christ. Jesus stated to his disciples, “All things have been handed over to me by my Father, and no one knows the Son except the Father, and no one knows the Father except the Son and anyone to whom the Son chooses to reveal him” (Matt. 11:27). It is a theological imperative that children and families are presented the gospel because it is the only true source of peace, joy, and hope for all circumstances that their future holds. The Bible states, “Behold, the eye of the LORD is on those who fear him, on those who hope in his steadfast love, that he may deliver their soul from death and keep them alive in famine” (Psa. 33:18-19).

The Strategic Action Plan

The plan of action for this thesis was to create a random case study of local pastors and Christian counselors that present the Gospel of Jesus Christ to families enduring the crisis of terminal and chronic childhood illness. The case study pursued:

- How pastors and counselors present believers and unbelievers the gospel.
- Discover how pastors and counselors overcome objections to the gospel.
- Question what are the pastors and counselors’ percentage of unbelievers that came to faith in Christ.
- The pastors and counselors’ approximate percentage of counselees that experience a positive life transformation.

¹⁹¹ Tedd Tripp and Margy Tripp, *Instructing a Child’s Heart*, (Zondervan: Grand Rapids, 2008), 118.

The resulting data were collected to create a childhood crisis intervention training series. The results were placed in an SPSS algorithm to find the difference in hope between families that are presented the gospel, and those within meta-analysis studies that have endured psychological therapy without the gospel. It was the hypothesis of the researcher that the families who have heard the Gospel of Jesus Christ will have higher rates of measurability and positive life transformations than those within the meta-analysis studies.

The Purposes and Objectives

The purposes and objectives of the project's intervention were to create a childhood crisis intervention series for pastors and the body of Christ that is usable, understandable, and teachable so that all families may be reached with the intervention of the gospel. Those within the scientific community find that the statistical SPSS algorithm may establish a basis for sound biblical counseling techniques over the utilization of APA approved techniques. MacArthur stated the compelling issue with psychology,

“Virtually all psychotherapy turns people inward, studying feelings, grouping for suppressed memories, seeking self-esteem, scrutinizing attitudes, and generally listening to one's own heart. But emotions are hopelessly subjective, and our own hearts are deceitful. Only biblical counseling can offer reliable, authoritative, objective answers.”¹⁹²

Many Christian counselors and some pastors have been lured into practicing psychotherapy with intermittent biblical ideals within a session. The meta-analysis studies of this thesis have proven that psychotherapy has failed to provide positive life transformation for many families in the crisis of terminal childhood illness. Biblical counseling may break the barriers of disillusionment and trauma of families experiencing chronic and terminal childhood illness, uncovering the answer to the research question of how pastors and counselors' approach chronic

¹⁹² MacArthur, *Counseling*, 80.

and terminally ill children and their parents with the Gospel of Jesus Christ, is constructed on the foundation of divine truth. Divine truth of the gospel provides an intervention exposing how the gospel equips, edifies, and empowers the body of Christ to serve families of ill children with the eschatological hope of Jesus Christ.

The Tasks to be Accomplished

The first task to be accomplished was to find local pastors and counselors who counseled chronic and terminally ill children and their families. This task was accomplished by contacting the Associated Churches of Fort Wayne, Children's Hospital Network, grief counseling centers, police and fire department chaplains, and child evangelism centers of North Indiana. The secretaries and office staff were able to provide the researcher with names of pastors and counselors who have counseled families in the crisis of chronic and terminal illness.

The second task for the researcher was to send each of the experts in the field of child loss bereavement counseling a recruitment letter asking for an interview, a questionnaire that held the data to be included in the SPSS algorithm for comparison to the meta-analysis studies, and an informed consent form that invited the pastor or Christian counselor to share their methodologies.¹⁹³ The researcher waited a week to ensure all parties had time to read the materials, and then called each expert to schedule a face-to-face interview.

The third task was to hold the interviews in the researcher's office at Poe Baptist Church. The researcher reviewed the informed consent forms and ensured that pastors and counselors understood their rights within the research study and that all documentation was signed.¹⁹⁴ The researcher briefly communicated the research question and asked how the pastor or Christian

¹⁹³ Appendix A, B, and C.

¹⁹⁴ Appendix C.

counselor brought families to Christ. The researcher discussed interview questions to examine specific methodologies of presenting the gospel, how the respondent overcame objections, and reviewed the self-reported success rate of the respondent.¹⁹⁵

The fourth task was to place the data collected into an SPSS algorithm to determine the probability that those that believe in the eschatological promises of the gospel have a significantly higher hope-filled life transformation than those non-believers were accurate.¹⁹⁶ The data collection provided information for a childhood crisis intervention training session of methodologies that help empower positive life transformations of children and families in the midst of childhood illness.¹⁹⁷ The outcomes of the data collection were arranged to empower the universal body of Christ with qualitative methodologies that are usable, understandable, and teachable.¹⁹⁸

The Specific Steps Taken

The specific steps that were taken to determine how local Fort Wayne pastors and counselors presented the gospel was the foundation of the thesis while working within the spectrum of theological, philosophical, and psychological fields for the child and the parents.

- A research packet was sent to Christian counselors and pastors of the Fort Wayne, Indiana area.
- Each pastor or counselor, who was included in the mailing, was contacted in a period of one week.

¹⁹⁵ Appendix B and D.

¹⁹⁶ Appendix F.

¹⁹⁷ Appendix G.

¹⁹⁸ Ibid.

- Each pastor that responded was given the code Pastor A or B, and so on.
- Each counselor that responded was given the code Counselor 1 or 2 and so on.
- Each pastor or counselor that agreed to participate was given an ethical consent form, which was signed before a review of the questionnaire, and the additional interview questions were asked.¹⁹⁹
- Each respondent met at the researcher's office for private interviews and was recorded on audiotape.
- All audio surveys were collected and stored on an encrypted flash drive that is locked in a safe within Poe Baptist Church; the researcher is the only person that knows the code for the encryption and the code for the safe.

A mailing of 25 research packets resulted in ten research respondents willing to participate. Each research packet included the following items: a recruitment letter, a questionnaire survey, and an informed consent form.²⁰⁰ The respondents to the research packets included five pastors and five counselors. Each respondent was encouraged to meet at the researcher's private office. The data collected in the audio recording was security coded and kept on a flash drive. The research question and consent forms are kept in a locked safe, and only the researcher knows the combination. The respondents were assigned sensitive identification protection through redacting formatting elements of A-E and 1-5. A recording device was turned on during each interview after a review of the consent form. The questionnaire and research question forms were reviewed, and at the conclusion of the interview with the respondent, the audio recorder was immediately turned off. Ethical protocols were followed, and the privacy of

¹⁹⁹ Appendix B, C, and D.

²⁰⁰ Appendix A, B, and C.

families' precise confidential data was not used in the collection of data for this research thesis. HIPAA regulations were in full compliance. A schedule of encrypted pastors and counselors' designations, the location of the researcher's office, timelines, and durations of all interview activities was created.²⁰¹

Ethical Issues Related to Informed Consent

The role of the researcher is a sacred trust formed between the researcher and the respondents of this case study. The families who are enduring the pain of chronic and terminal childhood illness formed a sacred bond with their pastor or counselor. The role of the researcher holds many ethical responsibilities; for this reason, the researcher maintains:

1. The researcher considered all informants (Pastors and Christian Counselors) rights first and foremost.
2. The researcher safeguarded the rights, sensitivities, and interests of all respondents.
3. The researcher communicated all research objectives to all respondents.
4. The researcher protected the privacy of all respondents.
5. The researcher will not exploit respondents.
6. The researcher made reports available to respondents.²⁰²

All pastors and counselors were provided with a research packet containing a recruitment letter, a questionnaire, and a copy of the informed consent documents related to the case study.²⁰³ The pastors and counselors discussed and agreed to the informed consent form by signing the document before the face-to-face interview portion of the case study was performed.²⁰⁴ The

²⁰¹ Appendix E.

²⁰² Sensing, *Research*, 33.

²⁰³ Appendix A, B, and C.

²⁰⁴ Appendix C.

researcher holds that respect for all persons must be performed while ensuring due diligence in the areas of beneficence and justice, resulting in respect for all communities.²⁰⁵

The Resources and Types of Data Collected for the Case Study

The researcher accepted the role of catalyst within this thesis and sought data that enabled all readers to have the ability to draw from the essence of the work product.²⁰⁶ The research will equip and enable believers to analyze personal situations in which a child has been diagnosed with serious illness and impact the traumatized family with hope-filled methodologies that present the Gospel of Jesus Christ. The methodologies presented within the data collection are presented in the childhood crisis intervention training series created to help believers personally develop their own presentation of the gospel and accept their priestly role in the mission of the Great Commission.²⁰⁷ Data collected from this qualitative research case study included: written documents, in-depth interviews, and direct observation of participants.²⁰⁸ The researcher utilized a three-angle approach of the researcher, insider, and outsider for data collection to properly ensure that sources covered the entire spectrum of the thesis.²⁰⁹

The researcher utilized a recruitment poster posted within the Associated Churches of Fort Wayne.²¹⁰ The researcher utilized the contents of the research packet and an interview questionnaire to properly conduct the random case study with expert Christian counselors and

²⁰⁵ Sensing, *Research*, 33.

²⁰⁶ *Ibid.*, 42.

²⁰⁷ *Ibid.*, 42.

²⁰⁸ *Ibid.*, 79.

²⁰⁹ *Ibid.*, 75.

²¹⁰ Appendix H.

pastors.²¹¹ The researcher attached a document describing all equipment, personnel, and various other resources utilized for the completion of the case study.²¹²

The qualitative research of this thesis focused on the main collection of data to discover the methodologies used by experienced pastors and Christian counselors that present the gospel to families in the midst of chronic and terminal childhood disease and a percentage estimation of the families that have accepted the gospel and found peace in the grief of chronic and terminal childhood disease. The specific types of data collected for the training session included the differing methodologies of how pastors and Christian counselors have presented the Gospel of Jesus Christ to chronic and terminally ill children and their families. The data included all types of resources the respondents employed to reach families with the gospel. The respondent pastors and counselors described how to overcome challenges as well as the best approach to tenderly and mercifully evangelize families undergoing unimaginable trauma.

The case study portion of the thesis was based upon the self-reported life transformations of pastors and Christian counselors. The pastors and counselors were asked to estimate their rate of success and how they personally overcame rejection of the gospel. The data from experienced pastors and counselors were placed in an SPSS algorithm that quantified the impact of the success of hope-filled life transformation over meta-analysis studies that presented only psychoanalysis methods that have failed to produce any significant hope-filled life transformation.

²¹¹ Appendix A, B, C, D, and H.

²¹² Appendix I.

The Tools for Gathering Information

The researcher's tools used for gathering information for this case study included: setting the boundaries for the area of study; data from experienced pastors and Christian counselors; information from observations of materials pastors and counselors used to present the gospel; face-to-face interviews; research documents; and setting the protocol for audio recording and privacy of the process of the case study.²¹³ The setting for the gathering of information was in a private office of Holy Family Center within Poe Baptist Church.²¹⁴ The respondents of this case study are experienced pastors and Christian counselors who have presented the Gospel of Jesus Christ to children and families experiencing the daunting pain of chronic and terminal childhood illness.²¹⁵ The events that occurred within the interview were properly overviewed in the scope of the informed consent, face-to-face interview of methodologies and experiences, discussed the preliminary questionnaire, and thanking each respondent. Oversight provided by Reverend CW Jones, Senior Pastor of Poe Baptist Church.²¹⁶ Data collected was divided into methodologies of presenting the gospel and statistical probabilities of success using biblical counseling and CBT within the SPSS algorithm.²¹⁷ The additional tools needed to accomplish this thesis are included in the appendix.²¹⁸

²¹³ Sensing, *Research*, 91.

²¹⁴ Ibid.

²¹⁵ Ibid.

²¹⁶ Ibid.

²¹⁷ Ibid.

²¹⁸ Appendix J.

Protocols for Using Tools

The main purposes of the interview format were: to obtain specialized data from experienced pastors and Christian counselors including how each respondent presented the gospel to bereaved families, how objections were overcome, success rate, and if the gospel could be statistically proven to provide hope when modern psychoanalysis methodologies had failed. The researcher was able to observe the respondents and describe in detail how they presented the gospel to children and families in trauma.

The interview procedure:

- The office for each interview was conducted in a private office in the back of the counseling offices in Poe Baptist Church. The church staff was not present in the building at the time of the case study interviews to ensure privacy.
- The researcher began by introducing herself and reviewing the rights of each participant in the informed consent. The researcher informed the pastors and counselors that a letter or number would identify them and that their true identity would be unavailable to the general public.
- All interviews began by reviewing the rights of each respondent and communicating that the interview would be audio-recorded and asking permission for the researcher to take notes. All respondents were accepting of this format. The respondents were informed that recordings, the researcher's notebook, and other research documents are kept in a locked safe within the researcher's office. The researcher is the only individual that has access to the data.
- The audio-recording equipment was turned on per the respondent's acceptance of the researcher's protocol.

- The researcher informed each respondent of the research question, “how do pastors and counselors approach chronic and terminally ill children and their parents with the Gospel of Jesus Christ?”
- The researcher welcomed each of the respondents and thanked them for their helpfulness and participation.
- The researcher set the stage of the interview by sharing that the researcher has four chronically ill children and lost a child in infancy due to chronic and terminal illness.
- The researcher asked if the pastor or counselor had reviewed the questionnaire; all had finished answering the questions.
- The researcher asked each respondent questions from the interview sheet and allowed participants to add an in-depth analysis of their methodologies and successes in the field.
- All participants were informed that they would have access to the training session and the SPSS algorithm at the conclusion of the thesis.
- At the conclusion of the interview, respondents were reminded of the privacy protocols of all information gathered and thanked for their participation.
- The audio-recording equipment was turned off at the interview’s conclusion.
- The researcher took notes and observed each participant, and these observations were immediately placed in the researcher’s notebook after the respondent left the office.²¹⁹

²¹⁹ Sensing, *Research*, 105-107.

The Analysis Procedures and Methods

The researcher has found that coding data produced a workable and logical path to appropriate analysis. The researcher utilized a locked safe to store data, and upon the conclusion of the last interview, the researcher systematically coded data. The steps that are taken for analysis included:

1. The researcher determined the types of data that answered the question of how to present the Gospel of Jesus Christ to chronic and terminally children and their families.
2. The researcher identified themes of those respondents who take a purely biblical approach and those that combine psychoanalysis techniques with the gospel or gospel themes.
3. The data from the interviewed pastors and counselors were analyzed with a meta-analysis case study. The analysis provided data that described methodologies, how objections were overcome and offered the ability to find a scientific conclusion on an SPSS algorithm.
4. The researcher recorded data in a notebook and observed the participant's numerical success rate and different methodologies of the presentation of the gospel.
5. The researcher performed a "test run" on counseling colleagues to ensure the success of the case study.
6. All colleagues stated that they found the documents had the ability to be employed in the case study and were approved by Rev. CW Jones, who provided oversight.²²⁰

²²⁰ Sensing, *Research*, 207-209.

7. The researcher constructed a table of results in order to display the overall findings of the case study adequately.²²¹

The thorough intervention plan enabled the researcher to progress to the implementation of the intervention.

The Intervention

Purposes and Objectives

The purposes and objectives of the intervention were to study the data collected from the random case study and utilize it in a childhood crisis intervention training session and an SPSS algorithm. Christian counselors rely heavily on psychoanalysis techniques for licensing, which have caused a thrust towards the APA methodologies over the Gospel of Jesus Christ. The nature of this thesis requires the data to be presented in APA format so that it may be reviewed and utilized by Christian counselors. The SPSS algorithm is the APA accepted format of Christian counselors, psychologists, and psychiatrists.

The childhood crisis intervention training session is the vehicle that will help pastors and the body of Christ overcome fears of rejection and present the Gospel of Jesus Christ to bereaved parents and children. The training session is a two-part session that will equip and empower the body of Christ as they fulfill the mission of the Great Commission. Families in the midst of the enormity of child suffering must be engaged through non-judgmental means allowing their coping abilities to grow with the counselor, pastor, or member of the body of Christ.²²²

²²¹ Appendix K.

²²² Geri Miller, *Fundamentals of Crisis Counseling* (Hoboken: Wiley, 2012), 151-152.

Process

In order to accomplish the two-fold goals of the thesis, the researcher has created an SPSS algorithm to compare this study with a meta-analysis study and has created a two-part training session that equips the body of Christ with methodologies from experienced counselors and pastors who have presented the gospel to families with chronic and terminally ill children. Experienced pastors and counselors were chosen with the help of Associated Churches of Fort Wayne, Children's Hospital Network, police and fire department chaplains, and child evangelism ministries. All pastors and counselors had been in child grief counseling for several years. Each pastor and counselor was sent a research packet containing a recruitment letter, a questionnaire, and an informed consent form.²²³ All were contacted by the researcher after receipt of the packet and asked to participate in this case study. This resulted in each meeting with the researcher in a private office, review of informed consent, and giving an audio-recorded interview from which the researcher was able to analyze common themes, slippages, and silences.²²⁴ The researcher observed differences in body language and tone of the participants and recorded initial findings and any additional statements that were not within the parameters of pre-authorized questioning in an after-action notebook.

Data was collected through a questionnaire, face-to-face interviews in which respondents described their successful presentation of the gospel, ideas for overcoming objections, and the percentage of people (child and parents) they had been reached with the gospel through biblical counseling. Data was analyzed to find the common methodologies used to present the gospel,

²²³ Appendix A, B, and C.

²²⁴ Sensing, *Research*, 165.

methodologies that failed to reach children and families, methods that helped families cope within the grief of having an ill child, and the statistical percentage of all families reached.

The self-reported pastors and counselors' percentage of families reached was placed in an SPSS algorithm to find scientific probabilities and conclusions comparing the gospel with methods based solely on psychoanalysis from a meta-analysis study. The Law et al. meta-analysis study included data on specific diseases, differing countries, and differing psychoanalysis methodologies. The work product of this study did not reflect specific disease or varied psychoanalysis methods due to the scope of this study. The counselors within this thesis adhere to many of the same APA therapies, and this was recorded in the responses of the data collected. The researcher utilized tables to incorporate the data given in the interviews.²²⁵

The researcher sought data on specific methodologies to present the gospel and asked pastors and counselors to provide detailed accounts of the methodologies they have been employed to reach children and their parents. The pastors and counselors were prepared for this questioning due to the scope of the queries they were presented in the questionnaire. The researcher used the data from the face-to-face interviews and analyzed the data to discover specific methodologies that presented the hope of the Gospel of Jesus Christ.²²⁶ The common themes that were identified were placed into the childhood crisis intervention training series. Slippages were identified and placed on the childhood crisis intervention training series in order to equip and empower the body of Christ. Silences rarely occurred in the interviews, and this data was placed in the researcher's notebook.

²²⁵ Appendix K.

²²⁶ Ibid.

The techniques employed by the researcher were based on the Sensing triangulation method. The crosscheck method employed by the researcher was placed in a system of checks and balances and incorporated in the analysis of all data. The triangulation consisted of:

- The first variant in the triangulation was the researcher's own perspective.
- The second variant in the triangulation was the outsider perspective gained from the Poe Baptist Ecclesial Board.
- The third variant in the triangulation was the insider perspective gained from Reverend CW Jones.

The perspectives from the differing offices gave the researcher different angles of data interpretation, yielding the ability to adhere to all scientific qualitative research protocols. The qualitative research protocols enabled the research product to have a "vision considered saturation point to support the criteria of trustworthiness."²²⁷

Issues

The issues with the nature of this case study is that the scientific community have attempted to find a therapy, a medication, or a combination of both to help families amid the battle of chronic and terminal childhood illness. All meta-analysis studies have been inconclusive or have failed when the families have left the daily therapy, which was offered upon initial diagnosis in a hospital. The Gospel of Jesus Christ is the only true source of eternal hope. Unfortunately, many in the scientific community reject the premise of faith. Many Christian counselors have adopted the same premises of the psychological community and have failed to present the gospel to children and families in the midst of chronic and terminal childhood

²²⁷ Sensing, *Research*, 76.

suffering. “He who justifies the wicked and he who condemns the righteous are both alike an abomination to the LORD. Why should a fool have money in his hand to buy wisdom when he has no sense” (Prov. 17:15-16)? Many Christian counselors interviewed for this case study have let the allure of scientific status impact their presentation of the gospel and have chosen to present moral lessons in therapy. This method has resulted in children and families not coming to faith and an increase in trauma at the time that the child passes.

Questions

The researcher prepared a questionnaire and interview questions for uniformity and precision in the collection of data. The researcher used a standard interview format, data was collected from the questionnaire, and respondent answers and observations made by the researcher were recorded in the after-action notebook. Questions were included to engage those that use APA therapies and those that combine APA therapies with biblical counseling so that an accurate random assessment could be attained.

Sensitizing Concepts

Pastors and counselors have differing concepts of finding vital clues to answering how to present the gospel to families and children experiencing chronic and terminal childhood illness. Counselors want the SPSS algorithm to find a suitable scientific analysis, and pastors want a training session to enable them to equip the body of Christ with expert methods to reach families in the crisis of childhood illness. The most logical path for the researcher was to provide each group with significant data to answer the research question. The inclusion of the SPSS algorithm and a childhood crisis intervention training session that equips pastors and the body of Christ to fulfill the mission of the Great Commission are the work products created from the data of this thesis.

Chapter 4: Results

“Make me to know your ways, O LORD; teach me your paths. Lead me in your truth and teach me, for you are the God of my salvation; for you I wait all the day long” (Psa. 25:4-5).

The Case Study Results Found a Juxtaposition of the Hypothesis

Jesus Christ mandated that all believers fulfill the mission of the Great Commission by sharing the gospel to every person in every nation (Matt. 28:18-20). The research question of this case study was to find the methodologies of pastors and counselors who brought the Gospel of Jesus Christ to parents and children experiencing a chronic and terminal illness. The researcher interviewed numerous pastors and counselors that are experienced in counseling the unthinkable devastation of a suffering child and family. The pastors and counselors differed in: gender, years of experience, places of employment, and religious affiliation. The pastors and counselors were unified in their belief that the child and family should receive counseling and be presented the gospel; however, a significant difference distinguished pastors and counselors. The difference yielded an unexpected result, which may impact how the church provides referrals to believers and non-believers to Christian counselors.

Table 4.1. Pastors (A-E) and Christian Counselors (1-5) Genders and Experience

Pastors and Christian Counselors’ Genders

| A | B | C | D | E | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|---|
| M | M | M | M | M | M | F | F | F | M |

The designation for male is M and female is F.

Pastors and Christian Counselors’ Years of Experience

| A | B | C | D | E | 1 | 2 | 3 | 4 | 5 |
|----|----|----|----|---|----|---|---|----|----|
| 12 | 50 | 27 | 10 | 8 | 16 | 9 | 4 | 20 | 39 |

The researcher hypothesized that pastors and Christian counselors would have superior hope-filled results over those of psychotherapy counselors presented in the Law et al. meta-analysis study. The overall goal of this case study was to find methodologies of pastors and counselors that provide the life transformative hope of the Gospel of Jesus Christ to chronic and terminally ill children and their families. Believers hold that the Gospel of Jesus Christ has the power of life transformative change and hope as written by Paul in his letter to the Romans, “May the God of hope fill you with all joy and peace in believing, so that by the power of the Holy Spirit you may abound in hope” (15:13). Believers hold confidence in the expectation of the eschatological eternal hope-filled future of eternal glory, and chronic and terminally ill children require the confidence of hope in their physical, psychological, philosophical, and theological suffering. The goal of finding methodologies to reach chronic and terminally ill children with the Gospel of Jesus Christ was achieved.

The physical suffering of the child and the parents’ traumatic devastation plays significant roles in how pastors present the gospel. Research has proven that the stress levels of the parents may have traumatic effects on the child with a chronic and terminal condition.²²⁸ The urgency of the need of an ill child and family to hear the Gospel of Jesus Christ is the decree of Jesus Christ to all believers. “Truly, truly, I say to you, whoever believes has eternal life. I am the bread of life. Your fathers ate the manna in the wilderness, and they died. This is the bread that comes down from heaven so that one may eat of it and not die” (John 6:47-50). The main issue that pastors hold is at the forefront of a chronic and terminally ill child is the urgency of time. “And there is salvation in no one else, for there is no other name under heaven given among men by which we must be saved” (Acts 4:12). A child of the age of reason should be

²²⁸ Anclair, *Mental Health*, 389.

presented the gospel so that the child will have an eternity filled with the hope and love found in a relationship with Jesus Christ. A child that has the ability to communicate should be presented the gospel so that the child knows God's love.

Some of the Christian counselors chosen for this study have concluded that the presentation of the gospel is the work of the church, and they utilize a moral theme modality combined with CBT as the means of counseling the family. The counselors assert that the morality of their methodology attempts to teach the parents to reject immoral behavior.²²⁹ Counselor 1 suggested that when talking to a child, one should allow the child to draw strength from self and learn how to handle difficult situations such as hospitalization by learning coping skills found only within CBT.²³⁰ This would take the emphasis of obediently surrendering to Christ and suggest that one may do well in life without a relationship with Christ. John Street held that when psychology is "placed in juxtaposition with the counsel of man, the absolute superiority of the Word is unmistakable. God's purposes in the life of man will prevail."²³¹ The Bible states, "The LORD brings the counsel of the nations to nothing; he frustrates the plans of the peoples. The counsel of the LORD stands forever, the plans of his heart to all generations" (Psa. 33:10-11). Estep held that all Christian educators of children should take an integrative approach that values theological and theoretical insights in their presentation of the revelation of God's creation.²³² This study will demonstrate that the allure of APA methods has caused a dismal life transformation for many families with chronic and terminally ill children.

²²⁹ Counselor 1. Interviewed by author. Poe, Indiana. July 24, 2019.

²³⁰ Ibid.

²³¹ John Street, *Counseling; How to Counsel Biblically*, John A MacArthur, ed. (Nashville: Thomas Nelson Publishers, 2005), 31.

²³² Estep, *Formation*, 58.

The Christian counselor is often a first responder to chronic and terminally ill children and their families, and their mission is to provide wise counsel to families enduring the devastation of grief. This case study has revealed that in the case of this random survey of pastors and Christian counselors, many counselors have rejected the position held by Timothy Clinton and George Ohlschlager, “counseling is not Christian when it ignores the church and when it is done in isolation from the community of believers...who come together for the purpose of worship, edification, transformation, and service.”²³³ Many Christian counselors have fled from this AACC definition to the adoption of APA psychotherapy. It is not clear if this was due to a state license, a requirement of employment, or due to the ability of the counselor to receive insurance allotments.

Due to the dissent of local Christian counselors to the accepted norms of their profession as laid out by organizations such as the AACC or American Association of Christian Counselors, the intervention plan did not yield the results of proving Christian counselors and pastors counseling chronic and terminally ill children and their parents, had a statistically better result of providing eschatological hope to these families in crisis. The case study did yield the unexpected results of Christian counselors not using the Bible as the foundation to counsel chronic and terminally ill children and their parents. The divergence of this result was not due to poor design or faulty implementation of the researcher’s case study.

Case Study Methods of Presenting the Gospel of Jesus Christ

Due to the nature of chronic and terminal illnesses, and the untold timing of issues that may cause a lack of responsiveness in the child, all pastors agreed that urgency is an issue. Pastor

²³³ Clinton, *Competent Counseling*, 31.

A stated that the body of Christ must step in and present the gospel in this situation.²³⁴ Pastor A questioned if many saints of his flock would present the gospel.²³⁵ “The imperative of the Great Commission is defined clearly, but many believers are paralyzed by the fear of rejection.”²³⁶ The urgency of presenting the gospel was a theme that unified all pastors and counselors. The person tasked with presenting the gospel was a point of difference.

Table 4.2. Pastors and Counselors and their Roles in Presenting the Gospel of Jesus Christ

Should the Gospel of Jesus Christ be Presented to Chronic and Terminally Ill Children and Their Families?

| A | B | C | D | E | 1 | 2 | 3 | 4 | 5 |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

Is it your Role as a Pastor or Christian Counselors to Present the Gospel?

| A | B | C | D | E | 1 | 2 | 3 | 4 | 5 |
|-----|-----|-----|-----|-----|----|----|----|----|-----|
| Yes | Yes | Yes | Yes | Yes | No | No | No | No | Yes |

The issue that the majority of the counselors stated is that a family normally goes to the hospital, thinking their child is weak or has the flu, and they are caught unaware of the profound desolation that awaits.²³⁷ Parents are told a devastating terminal diagnosis, and they go from preparing for the future of a joy-filled childhood to caring for a chronic and terminally ill child.²³⁸ Imagine arranging a play date or going to a dance recital to the unbearable buying of a

²³⁴ Pastor A. Interviewed by author. Poe, Indiana. July 17, 2019.

²³⁵ Ibid.

²³⁶ Pastor B. Interviewed by author. Poe, Indiana. July 22, 2019.

²³⁷ Counselor 3. Interviewed by author. Poe, Indiana. August 22, 2019.

²³⁸ Ibid.

burial plot and preparing for life without the child.²³⁹ The methods provided in this case study are the products of pastors A-E and counselors 1-5.

Methodologies of Presenting the Gospel

All pastors and counselor 5 stated the gospel should be presented to the child and parents in a format that is simple and benefits the child. “The parents are heart-broken and do not have the ability to logically process complex spiritually mature themes so it is best to chose themes that a child has the ability to process and this will help the parents as well.”²⁴⁰ Believing parents may ask questions such as: “why has God given our child so many health issues; we have been people of faith, why us, or we expect a miraculous healing for this child because we are people of faith.”²⁴¹ Pastor E stated that the last statement is always a question over a statement because the parents are bargaining with God for their child’s life.²⁴² Miracles do happen, but often the course is set to the eternal glory that awaits the child that comes to faith in Christ.

A wise pastor or counselor helped by the Holy Spirit will present the gospel to the child and parents so that the heart of an all-loving and merciful God will become their foundation. The pastor and counselor should prepare for presenting the gospel through role-playing (to improve the presentation and prepare to overcome objections) through prayer.²⁴³ The presentation of the gospel should be delivered with joy and hope.²⁴⁴ Parents and the child of believers need

²³⁹ Counselor 3. Interviewed by author. Poe, Indiana. August 22, 2019.

²⁴⁰ Pastor D. Interviewed by the author. Poe, Indiana. August 30, 2019.

²⁴¹ Pastor E. Interviewed by the author. Poe, Indiana. September 22, 2019.

²⁴² Ibid.

²⁴³ Pastor C. Interviewed by author. Poe, Indiana. August 9, 2019.

²⁴⁴ Pastor B. Interviewed by author. Poe, Indiana. July 22, 2019.

reassurance that God loves them, and His plan may be unknown to them, but His gospel is the eschatological hope of all believers.

Families that are unbelievers are in an utter state of bewilderment and have no assurance of the future. The essential state of their condition is that “they are lost and in Jesus Christ, they are found.”²⁴⁵ Pastor D stated, “The only path that will bring a family peace is the hope of the gospel. Families that endure the suffering of a child without the gospel will typically end in such chaos that divorce becomes the norm.”²⁴⁶ Many of the unbelieving families are contentious and confrontational.²⁴⁷ Pastor E stated that unbelievers are looking for someone to blame, and they typically confront a pastor by claiming “if God exists, He would not kill children or if God wants me to believe then cure my child.”²⁴⁸ It is helpful for pastors and counselors to prepare mentally for the task at hand by studying Sacred Scripture to ensure that they have asked the Holy Spirit to guide them as they prepare to present the gospel.

The Approach of Presenting the Gospel of Jesus Christ

The approach of pastors and counselors were vastly different, which was exhibited by the dissimilarities in the effectiveness of counseling. All effective pastors chose a “grief team” approach methodology, which consisted of members of the body of Christ preparing to provide the child and parents with the gospel. Pastor D held, “it does not matter what title a pastor uses (grief ministry, grace team, ministers of providence) or methods he employs, the body of Christ has been called to present the gospel and minister to one another at periods of grief. Somewhere

²⁴⁵ Pastor D. Interviewed by the author. Poe, Indiana. August 30, 2019.

²⁴⁶ Ibid.

²⁴⁷ Counselor 1. Interviewed by author. Poe, Indiana. July 24, 2019.

²⁴⁸ Pastor E. Interviewed by the author. Poe, Indiana. September 22, 2019.

over time, family interventions have been lost.”²⁴⁹ Each pastor must ensure the spiritual health of the flock; therefore, each pastor should provide members to counsel the parents and child through the time in the hospital and prepare for the family’s needs at home.²⁵⁰ The body of Christ should surround this family, providing meals, babysitting, prayer, transportation, spiritual support, and maintain this support throughout the duration of the child’s illness.²⁵¹ The family must feel that in their deep sorrow, the body of Christ is lifting them up. The pastor knows that he is preparing the child to go home and preparing the parents to find that through the Gospel of Jesus Christ, they will find joy, peace, and hope.²⁵² Dave Earley and Rod Dempsey wrote the challenge exists of knowing what to emphasize, “You need a clear vision, core values, concise views, clean vehicles, and concrete verifiers” that equip, empower and release those that engage the lost.²⁵³

Pastor B stated an example of how the body of Christ should be trained occurred in his last church:

A young mom and dad had gone through IVF to have their beautiful daughter, and one day the eight-year-old went to school and collapsed on the playground. The school called the mom that the child was taken to the hospital. The mom had no idea the seriousness of the situation, and she called the prayer chain asking for prayer, assuming it was the flu. The mom and dad met each other at the hospital; at that same time. An assistant pastor, hearing the urgent prayer request, drove from the church to be with the family. The parents were told that the child had an undiagnosed heart issue and that she was on life support. The assistant pastor kept his hands on the shoulders of both parents and prayed as they received the devastating news. The little girl passed away within

²⁴⁹ Pastor D. Interviewed by the author. Poe, Indiana. August 30, 2019.

²⁵⁰ Pastor B. Interviewed by author. Poe, Indiana. July 22, 2019.

²⁵¹ Ibid.

²⁵² Ibid.

²⁵³ Earley, *Disciple Making*, 228.

an hour of her parents' arrival. The assistant pastor held the father as he collapsed in his arms.

The assistant pastor called for the mercy team, but he never left the parents. The mercy team came with women and men who stayed with the couple as they attempted to say goodbye to their precious child. They filled the halls with the saints who prayed for the parents and drove them home. As they arrived, food was setting on their table for all that came to express sorrow, pray, and grieve with the family. The assistant pastor drove the father to the funeral home and helped as he chose the small casket. The mom was driven by other women of faith and chose a dress for her child's funeral. The bereavement appointments were performed through prayer, wise counsel, and the hope of the gospel. God's love surrounded them during their deepest pain and sorrow. They were presented the gospel from the beginning; the assistant pastor let the gospel guide them during the loss of the child, through the funeral preparations, the funeral, and the months after the devastating loss through fellowship and care calls.²⁵⁴

The struggle and complexities of child suffering and loss are overcome by each member of the body of Christ, answering the call of fulfilling the mission of the Great Commission and standing with one another in faith. The Christian counselors within this study do not take this approach.

The Christian counselors of this case study adhere to strict APA standards. Counselors are assigned a case, and they meet with the family in the hospital and evaluate the parents for any mental deficits; they have typically been prescribed Prozac if a deficit is detected or Valium for stress and trauma.²⁵⁵ (It is not uncommon for counselors to have parents prescribed these medications by the hospital upon learning of their child's diagnosis).²⁵⁶ The goals of each counselor are to ensure that the parents have a proper attachment with all of their children, that they do not mentally decline with the experience of unipolar depression, and to maintain communication with the parents so that the child's passing does not trigger a suicide attempt.²⁵⁷

²⁵⁴ Pastor B. Interviewed by author. Poe, Indiana. July 22, 2019.

²⁵⁵ Counselor 4. Interviewed by author. Poe, Indiana. September 4, 2019.

²⁵⁶ Ibid.

²⁵⁷ Ibid.

Due to the nature of Valium and Prozac, the counselor must ensure the parents are not suicidal because psychological pharmaceuticals will not kill the person. However, the drugs will leave lasting mental deficits that create an uncertain mental recovery.²⁵⁸ In some cases, counselors have placed one or both parents in the psychiatric ward due to the possibility of a possible overdose or suicidal tendencies.²⁵⁹

A counselor meets for 2-3 hours for an intake in which all family data is reviewed. The counselor encourages a family of faith to draw strength from their faith. If the family asserts a lack of faith, a counselor attempts to draw upon hope in the future through independent thinking, self-assurance, and self-sufficiency.²⁶⁰ The counselor will then make a treatment plan of cognitive therapy or CBT with parents and typically Adlerian Play Therapy with the child.²⁶¹ The duration of therapy is pre-determined by insurance coverage. The average length of therapy is an hour, every week, for eight to ten weeks. Many insurance companies may allow for additional therapy if a parent displays other mental or addiction issues during the initial therapy. Moral themes of honesty, integrity, and decency are the themes presented to those that self-describe as a non-believer.²⁶²

Christian counselor 5, who does present the gospel in counseling, stresses the importance of having a grief ministry to place individuals that are experiencing the grief and trauma of their child in chronic and terminal suffering.²⁶³ The nature of his position does not afford the

²⁵⁸ Counselor 4. Interviewed by author. Poe, Indiana. September 4, 2019.

²⁵⁹ Counselor 1. Interviewed by author. Poe, Indiana. July 24, 2019.

²⁶⁰ Counselor 3. Interviewed by author. Poe, Indiana. August 22, 2019.

²⁶¹ Ibid.

²⁶² Counselor 4. Interviewed by author. Poe, Indiana. September 4, 2019.

²⁶³ Counselor 5. Interviewed by author. Poe, Indiana. September 12, 2019.

counselor the ability to cross certain lines of propriety, including driving the family to appointments and care for them during the bereavement events. “The body of Christ would be well-served to redefine how to approach the grieving so that all believers are truly brothers and sisters in Christ.”²⁶⁴ Counselor 5 and pastors agreed that the gospel should have an interactive component within the presentation to a child.

The Interaction Component

The message of the gospel is simplistic to believers, but to those in the midst of child suffering, may find the gospel to be too challenging. The pastors and counselor 5 of this case study have chosen to interweave the gospel in interactive presentations.

- Pastor A uses a bracelet in which each bead represents a tenant of the gospel. Pastor A and the child make a bracelet for mom and dad so that in repeating the gospel tenets (sin, Jesus’ death, sacrifice), the child describes the gospel by placing a bracelet on each parent as well as themselves.²⁶⁵ The child, through the Holy Spirit, gives the parent an invaluable gift of the Gospel of Jesus Christ and a cherished bracelet.²⁶⁶
- Pastor B uses the method from Moody Bible College in which he uses the story of the gospel to tear a piece of paper to form a cross.²⁶⁷ Pastor B typically takes out a single piece of paper for the child and the parents. The parents and child all participate a second time in reciting the message of the gospel.²⁶⁸

²⁶⁴ Counselor 5. Interviewed by author. Poe, Indiana. September 12, 2019.

²⁶⁵ Pastor A. Interviewed by author. Poe, Indiana. July 17, 2019.

²⁶⁶ Ibid.

²⁶⁷ Pastor B. Interviewed by author. Poe, Indiana. July 22, 2019.

²⁶⁸ Ibid.

- Pastor C uses storybooks and figures that he brings to the hospital. He introduces the gospel with simple themes and reads them the gospel from a child's storybook.²⁶⁹ He gives the figures and storybook to the child and asks the child and parents to repeat the gospel. The child is asked to come to Christ and say a believer's prayer. The child and Pastor C ask each parent to do the same. Pastor C gives the figures and books to the child to remember the gospel.
- Pastor D created a coloring book. Pastor D, a youth minister, presents the child and each parent the gospel by reading the narrative and asking them to pray the believer's prayer at the end.²⁷⁰
- Pastor E converted a pull-trailer for a truck into a caboose and presented the gospel to children that are movable (wheelchairs) in the trailer through movies produced in the late 1970s.²⁷¹ In cases where children are bedridden, he uses a very colorfully decorated cart to show the movies and give each child a cross and tracks.²⁷²

Several Christian counselors adhere to APA guidelines and use moral themes in counseling. The themes may have theological references. The themes are not the Gospel of Jesus Christ.

- Counselor 1 uses CBT in the form of Adlerian play therapy with moral themes but does not present the gospel. Counselor 1 felt that the family was upset with the news of their ill child, and more stress could come from a lack of biblical understanding.²⁷³

²⁶⁹ Pastor C. Interviewed by author. Poe, Indiana. August 9, 2019.

²⁷⁰ Pastor D. Interviewed by author. Poe, Indiana. August 30, 2019.

²⁷¹ Pastor E. Interviewed by author. Poe, Indiana. September 22, 2019.

²⁷² Ibid.

²⁷³ Counselor 1. Interviewed by author. Poe, Indiana. July 24, 2019.

- Counselor 2 uses CBT in the form of Adlerian play therapy with moral themes but does not present the gospel. Counselor 2 stated, “due to the importance of a child’s mental health, if a child presents as a believer, I ask the child to draw a picture of what heaven looks like.”²⁷⁴
- Counselor 3 uses CBT in the form of Adlerian play therapy with moral themes but does not present the gospel. Counselor 3 held that the importance of counseling a child and the parent at this stage was to provide strength and teach self-reliance.²⁷⁵
- Counselor 4 uses CBT in the form of Adlerian play therapy with moral themes but does not present the gospel. Counselor 4 stated, “APA psychotherapy dictates that causing more stress may cause damage.”²⁷⁶
- Counselor 5 uses CBT in the form of Adlerian play therapy with the presentation of the gospel in the form of sand therapy. Counselor 5 describes the gospel with biblical figurines and asks the child and parents to use sand art to create the truth of the gospel.²⁷⁷
A parent is in a state of grief-stricken bereavement; however, a parent finds the joy of interacting with their ill child. The repetition helps the parent and child comprehend the message of the gospel.²⁷⁸

²⁷⁴ Counselor 2. Interviewed by author. Poe, Indiana. August 15, 2019.

²⁷⁵ Counselor 3. Interviewed by author. Poe, Indiana. August 22, 2019.

²⁷⁶ Counselor 4. Interviewed by author. Poe, Indiana. September 4, 2019.

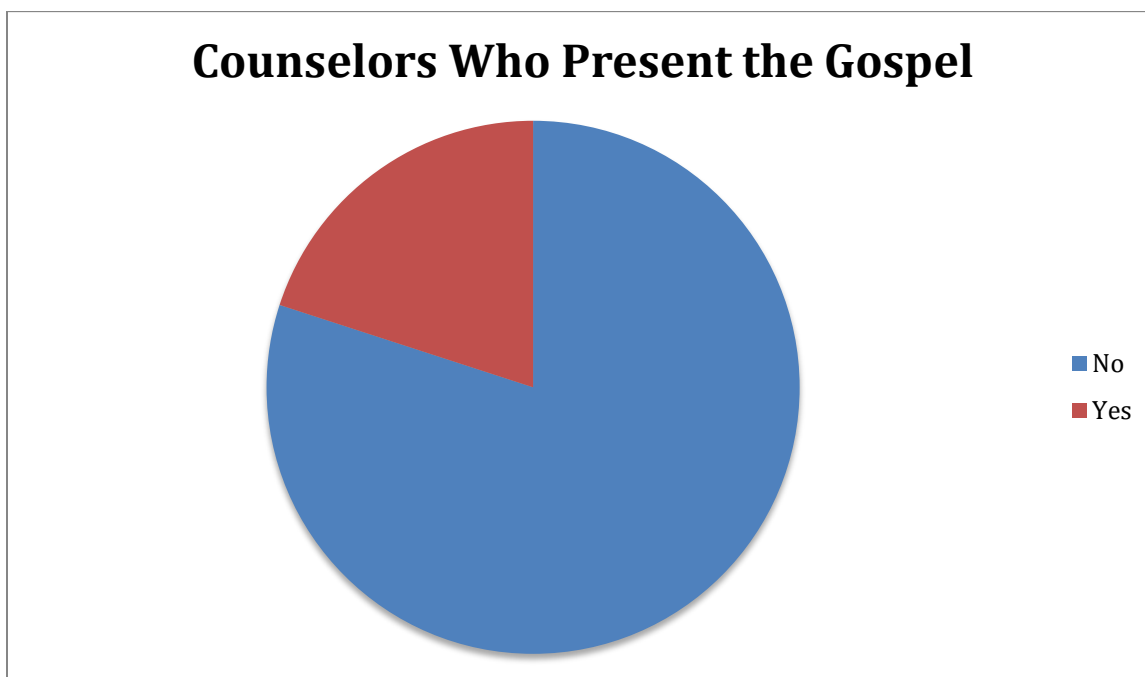
²⁷⁷ Counselor 5. Interviewed by author. Poe, Indiana. September 12, 2019.

²⁷⁸ Ibid.

Issues

A paradigm shift has occurred in the methods of those that espouse to be Christian counselors, but hold that the gospel is to be presented by the body of Christ. The Chart shows that in the city of Fort Wayne, Indiana the 80% of the Christian counselors chosen for this case study, believe that they should not present the gospel when counseling chronic and terminally ill children and their families.

Table 4.3. Counselors that Present the Gospel



The Christian counselors of this case study were unified in the belief that the most effective ways to counsel the child were with Adlerian Play Therapy, a form of CBT. The parents were mentally assessed and counseled with various forms of CBT. Counselor 5, who presented the gospel to children and the parents, combined the presentation of the gospel with CBT.²⁷⁹

²⁷⁹ Counselor 5. Interviewed by author. Poe, IN. September 12, 2019.

The hospital counselor may be the only person that is in the position to counsel the chronic and terminal child and the parents and with the gospel. Many theologians are pointing to a spiritual warfare component that divides societal believers into science and theology believers, leading to the downfall of many pastors and counselors. “Effective ministry in our day demands that we must recover the knowledge and experience of the spirit world that the early church possessed. We must relearn the forgotten art of spiritual warfare.”²⁸⁰

Most counselors feel that their duty is to mentally assess the background of the family dynamic and not present the gospel. Counselor 2 stated that issues arise from a traumatic event such as chronic and terminal child illnesses that cause: divorce, disassociation, avoidance, and attachment disorders.²⁸¹ A counselor must be prepared to intervene on behalf of the child and parents to ensure proper mental health. The societal mindset of the current generation is to question everything, and mental health professionals are finding it difficult to operate in the current societal conviction in much the same manner as pastors.

The second issue is best described by Pastor E, who claims that presenting the gospel has never been more difficult due to society’s hatred of authority.²⁸² Pastor E described being confronted by a parent, ranting, “there is no God, or my child would not be dying.”²⁸³ One must be prepared for anger, rage, and threats. Pastor E claimed that if a team was to present the gospel, one person might present the child with the truth of the gospel, and the other team member may talk to the parents long enough for the child to come to Christ.²⁸⁴ All persons in a hospital

²⁸⁰ Murphy, *Warfare*, 7.

²⁸¹ Counselor 2. Interviewed by author. Poe, Indiana. August 15, 2019.

²⁸² Pastor E. Interviewed by author. Poe, Indiana. September 22, 2019.

²⁸³ Ibid.

ministry must receive permission to give children toys, books, and gifts from the hospital administration and the children's parents. This may be the only time that the child hears the truth of the Gospel of Jesus Christ before the child is called home. The pastor or counselor must quickly present the gospel. Pastor E said it is not uncommon for a parent to change their mind in the middle of the presentation; therefore, speed and precision are essential.²⁸⁵

The post-modernity mindset has caused the chaos of moral truth and falsehoods. Millard Erickson opined, "By its very nature, post-modernism denies the possibility of systematic descriptions of things so that an attempt to describe is an impossibility... in areas such as the nature of knowledge, the locus of meaning, and rejection of foundationalism."²⁸⁶ Post-modernity is an age in which Satan is unleashed as illuminated by, the denial of absolute truth for depraved intrinsic evil. There was a time when parents and grandparents sought the help of a pastor to ensure their child knew of the saving power of the gospel.²⁸⁷ The issue for many families is that they are no longer the definition of a biblical family. It is becoming rare to find married couples with their children who have embraced the gospel.²⁸⁸ Many families are single-parent households with children from multiple relationships, and this defiance of Judeo-Christian norms is difficult to challenge in society today without being labeled some form of a bigot.²⁸⁹ Pastor E felt that it is imperative to have a grief ministry practice how to overcome anger and rage.²⁹⁰

²⁸⁴ Pastor E. Interviewed by author. Poe, Indiana. September 22, 2019.

²⁸⁵ Ibid.

²⁸⁶ Erickson, *Theology*, 228.

²⁸⁷ Pastor C. Interviewed by author. Poe, Indiana. August 9, 2019.

²⁸⁸ Pastor D. Interviewed by author. Poe, Indiana. August 30, 2019.

²⁸⁹ Pastor C. Interviewed by author. Poe, Indiana. August 9, 2019.

²⁹⁰ Pastor E. Interviewed by author. Poe, Indiana. September 22, 2019.

Members of the body of Christ must know that the time of Timothy has come and that they may be persecuted for presenting the gospel, so a team must be formed and armed in truth.²⁹¹

But understand this, that in the last days there will come times of difficulty. For people will be lovers of self, lovers of money, proud, arrogant, abusive, disobedient to their parents, ungrateful, unholy, heartless, unappeasable, slanderous, without self-control, brutal, not loving good, treacherous, reckless, swollen with conceit, lovers of pleasure rather than lovers of God, having the appearance of godliness, but denying its power. Avoid such people. For among them are those who creep into households and capture weak women, burdened with sins and led astray by various passions, always learning and never able to arrive at a knowledge of the truth (2 Tim. 3:1-7).

The message of the gospel has never been more needed as it is in communities within the Northern Indiana area. Many former millennial Christians who were raised from infancy in the church are turning inward and relying on self-truth and reject the gospel.²⁹² Pastor E, who has dedicated his life to child evangelism ministry, has, in previous years, been able to bring thousands of children to Christ each year.²⁹³ This year he brought only 950 children to Christ down from his norm due to parents preventing their child from hearing the gospel (13 families fell into the parameter of this case study).²⁹⁴ This societal shift is reflected in the probability of how the gospel contrasts with APA meta-analysis in bringing hope in the lives of those in the traumatic struggle of chronic and terminal childhood illness.

²⁹¹ Pastor E. Interviewed by author. Poe, Indiana. September 22, 2019.

²⁹² Ibid.

²⁹³ Ibid.

²⁹⁴ Ibid.

SPSS Data and Deferential of the Gospel with Post-Treatment Intervention

Counselors 1-4 did not keep numerical data of their counseling of chronic and terminal children and their parents. These counselors stated that the main focus was on providing self-coping skills for these families. The main issue for these families is decline; decline may include the ill child, parents, and siblings.²⁹⁵ Counselor 5 felt that within the past year, he had visited with approximately seven families and has approximately an 18% intervention rate. He does admit that he does not keep track of families after counseling due to the nature of APA regulations on counselors. The counselor respondents of this case study are unified in their aims to teach positive self-coping mechanisms and self-control to families. The counselors of this case study believed that hope might be found in learning and having a measurable positive life transformation and self-control during the illness and in the future bereavement through cognitive behavioral therapy. Counselor 4 stated, “Any parent that experiences the impending death of a child has the ability to fall into a state of depression with suicidal intentions. My job is to ensure that the parent is able to transition from the death of the child with self-control and regain some hope for their future.”²⁹⁶ The pastors of this case study have chosen a different approach.

Pastors had worked with several families that fell into the parameters of this case study, and the pastors admitted that in some cases, the families became overwhelmed with influences from job disturbances, insurance not covering expenses, siblings acting out, and feelings of being overwhelmed leading to some family breakdowns. The pastors included those children and families that were presented the gospel. Pastor A expressed joy that there were not many families

²⁹⁵ Counselor 3. Interviewed by author. Poe, Indiana. August 22, 2019.

²⁹⁶ Counselor 4. Interviewed by author. Poe, Indiana. September 4, 2019.

that fell into the parameter of this case study within the US because many brothers and sisters in Christ in Africa and Indonesia have to counsel many more families that have chronic and terminally ill children.²⁹⁷

The SPSS algorithm reflects the number of families that were presented the gospel and the post-treatment success by the pastors and counselors of this case study. Pastors and counselors' scores were tallied and provided a score of over -6, which would be computed as 0 by the parameters of the SPSS algorithm. This score was compared to the Law et al. meta-analysis studies and found similar results.²⁹⁸ The researcher based the hypothesis of this case study upon the assumption that pastors and Christian counselors were presenting the Gospel of Jesus Christ to counselees that had chronic and terminally ill children and their parents. This case study found that the respondents may choose APA methodologies over the gospel resulting in similar results as the Law et al. meta-analysis studies.²⁹⁹

Table 4.4. 2018-2019 All Respondents' Families of Chronic and Terminally Ill Children

| | # of Families | % Accepted Gospel |
|-------------|---------------|-------------------|
| Pastor A | 2 | 100% |
| Pastor B | 2 | 100% |
| Pastor C | 3 | 66% |
| Pastor D | 4 | 25% |
| Pastor E | 13 | 78% |
| Counselor 1 | 0 | 0 |
| Counselor 2 | 0 | 0 |
| Counselor 3 | 0 | 0 |
| Counselor 4 | 0 | 0 |
| Counselor 5 | 7 | 18% |

The Mean is 3.87

²⁹⁷ Pastor A. Interviewed by author. Poe, Indiana. July 17, 2019.

²⁹⁸ Law, *Pediatric Psychology*, 884-886.

²⁹⁹ Ibid.

The Standard Deviations is 40.5

The Z-Score is -6.3778

The algorithm shows that there is a preponderance of self-reported evidence that using the Bible as the foundation of counseling will provide eschatological hope for those that choose a relationship with Christ. The Z-Score illustrates that the body of Christ has the ability to expand and grow in presenting the Gospel of Jesus Christ to chronic and terminally ill children and their families. The results of this case study compared to the Law et al. meta-analysis studies highlight that there is a more positive life transformation for families that hear the Gospel of Jesus Christ.³⁰⁰

The SPSS algorithm was computed with the inclusion of only pastors that self-reported presenting the Gospel of Jesus Christ to counselees and found that the eschatological hope of the gospel significantly impacted parents of children with chronic and terminally ill children. The data from this modality proved the hypothesis of the researcher that chronic and terminally ill children and their parents have positive life transformations and are filled with eschatological hope when presented with the Gospel of Jesus Christ and the truths of salvation. Pastor B espoused that a parent learns self-control and coping through the process of growing in spiritual maturity by studying the Gospel of John, the Christological Hymn of Philippians, or any number of biblical passages, “Christ will bring them peace through the Holy Spirit by being obedient to the Word.”³⁰¹

³⁰⁰ Law, *Pediatric Psychology*, 884-886.

³⁰¹ Pastor B. Interviewed by author. Poe, Indiana. July 22, 2019.

Table 4.5. 2018-2019 Pastors' Families of Chronic and Terminally Ill Children

| | # of Families | % Accepted Gospel |
|----------|---------------|-------------------|
| Pastor A | 2 | 100% |
| Pastor B | 2 | 100% |
| Pastor C | 3 | 66% |
| Pastor D | 4 | 25% |
| Pastor E | 13 | 78% |

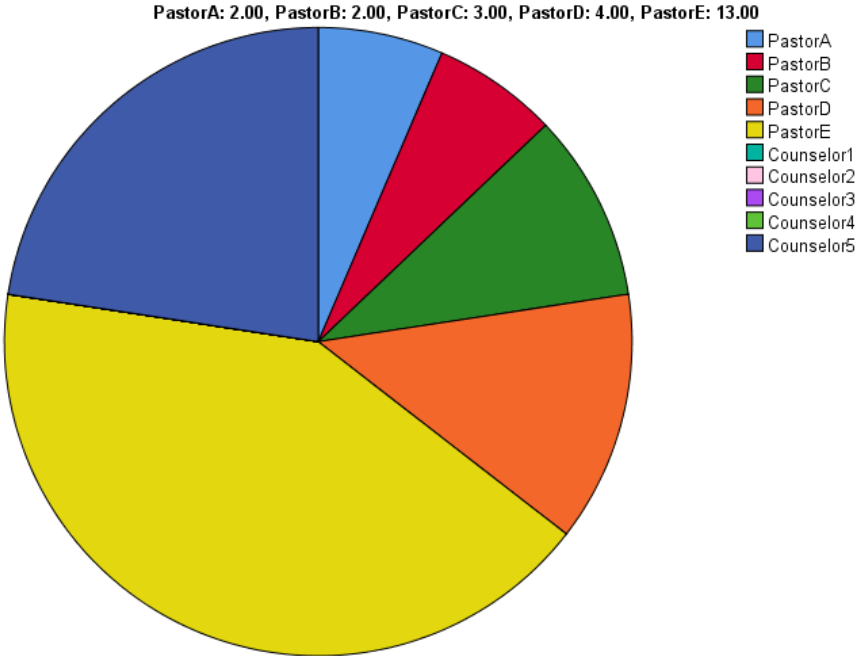
The Mean is 3.1

The Standard Deviations is 3.93

The Z-Score is 1.75573

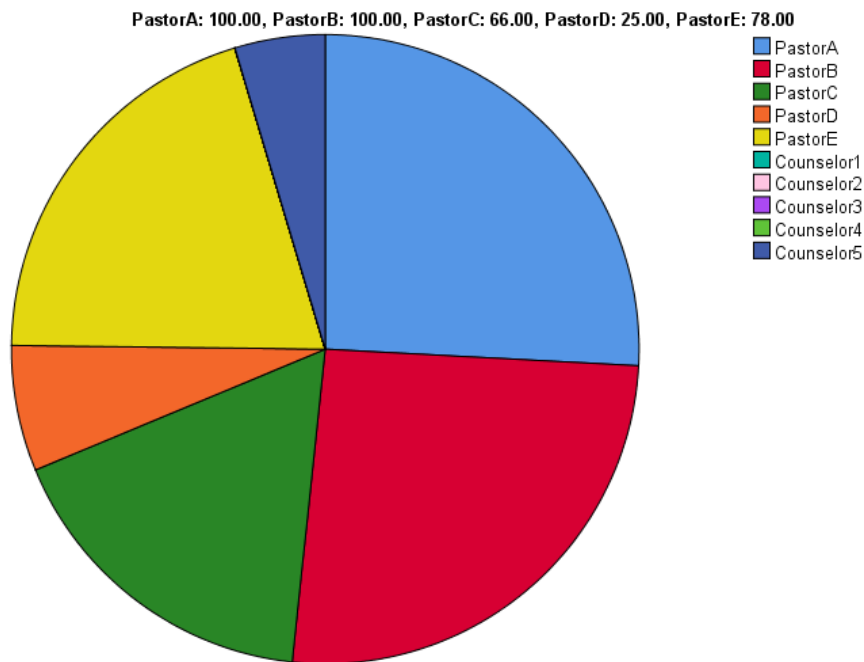
The positive Z-Score of the pastors indicates the probability that further researchers will have the ability to recreate a similar study with a positive outcome. The scores provided are scientific evidence that those that experience the eschatological hope of the Gospel of Jesus Christ have up to 95.99% positive life transformations. Due to the nature of scientific guidelines, the pastor's scores are scientifically irrelevant because all respondents are not included. The pastors Z-score does provide an illustration of how the message of the gospel may be scientifically calculated as a bearer of hope over depression, peace over despair, and love over bereavement. The results from the data of this case study enable the body of Christ to present the gospel in usable, understandable, and teachable modalities to chronic and terminally ill children and their parents.

Table 4.6. Number of Families Counseled by Respondents 2018-2019³⁰²



³⁰² IBM SPSS Statistics.

Table 4.7. Respondent Rate of Effectiveness in Presenting the Gospel³⁰³



These results indicate that when families are presented the Gospel of Jesus Christ, they have a positive post-counseling response over those families presented with CBT only in the Law et al. meta-analysis study.³⁰⁴ Believers know that eschatological hope awaits all that come to faith in Christ. The hope of the gospel has the ability to transform the tragedy of losing a child to knowing that the child is with Christ, and the believing parents will see the child again.

The results of this case study may cause many pastoral teams and pastors to review the Christian counselors' preferences on the presentation of the gospel in their counseling methods. The interview process allowed the researcher the ability to find that many Christian counselors do not present the gospel. The counselors seemed to rely on APA guidelines and CBT over the

³⁰³ IBM SPSS Statistics.

³⁰⁴ Law, *Pediatric Psychology*, 884-886.

tenets of their faith. The most significant issue for children and families is that the Christian counselor may be the only person in a position to present the Gospel of Jesus Christ before the child dies. A church may want to find if a Christian counselor is utilizing the gospel with CBT as Counselor 5 had for over 39 years or if they assume that the gospel presentation is the role of the church.³⁰⁵ The conclusion of this case study reveals a need for more research in the merging of APA behavioral therapy with the theological foundation of the Gospel of Jesus Christ.

³⁰⁵ Counselor 5. Interviewed by author. Poe, IN. September 12, 2019.

Chapter 5: Conclusion

“Jesus said to him, ‘I am the way, and the truth, and the life. No one comes to the Father except through me. If you had known me, you would have known my Father also. From now on you do know him and have seen him’” (John 14:6-7).

It is apparent that more research must be done so that parents and chronic and terminally ill children may find the hope that is the nature of salvation within the Gospel of Jesus Christ. This random case study has uncovered many unforeseen issues including Christian counselors relying on pastors to present the gospel and solely utilizing APA methods; the need for the body of Christ to prepare for crisis events through spiritual training; and the responsibilities of a pastor referring a suffering counselee to a Christian counselor that does utilize biblical standards and proper edification of the saints. The issues for counselors that claim to be utilizing Christian methods but hold the APA standards with moral themes as the standard-bearer poses a theological dilemma for the body of Christ and those that are denied the truth of the Gospel of Jesus Christ.

The purpose of this thesis was to prove from medical and psychological studies, analysis of relevant pastoral and counseling surveys, and theological reflection that hope and clarity for families of chronic and terminally ill children are reflected in the Gospel of Jesus Christ and the nature of salvation. The research for this thesis showed that when counselees are presented the Gospel of Jesus Christ and placed into the caring arms of the body of Christ, they are able to find eschatological hope and the peace of Christ. A spiritual battle rages each day for the souls of all that are not in Christ. The gospel equips the saints with the strength to endure battles with faith and hope, as well as aid the Spirit engage the lost with the gospel. All Christians, including counselors, are asked by the Second Person of the Triune God to share the gospel to all of humanity (Matt. 28:18-20).

Christian counselors have to counsel many people that enter into the trauma of chronic and terminal childhood illness with the added burdens of mental illness, addiction issues, systemic child and spousal abuse, and a myriad of lifestyle issues that may lead to suicidal tendencies. The nature of psychoanalysis and the demands of working with those who are in a state of psychosis have caused many Christian counselors to embrace APA methodologies over the gospel.

Christian Counselors

This thesis revealed that many respondent Fort Wayne Christian counselors reject the positions held by Timothy Clinton, President of AACC and George Ohlschlager that “counseling is not Christian when it ignores the church and when it is done in isolation from the community of believers...who come together for the purpose of worship, edification, transformation, and service.”³⁰⁶ The majority of respondent Christian counselors reinvented Christian counseling to align perfectly with the standards of the scientific community and its thrust towards psychoanalysis methodologies. The respondents furthered their agenda by creating moral themes instead of biblical truth. The foundation of their thrust has led to the Gospel of Jesus Christ not being presented to those that are experiencing unimaginable devastation caused by the traumatic diagnosis of chronic and terminal childhood illness. The counselors that used CBT for parents and Adlerian play therapy for the child were unified in their belief that the families’ future was so horrific that psychoanalysis, medication, and possible forced hospitalization may be warranted.

To understand the thrust of Christian counselors, one must review the founders of psychoanalysis Sigmund Freud and Adlerian play therapy Alfred Adler. Both Freud and Adler

³⁰⁶ Clinton, *Competent Counseling*, 31.

were raised in Jewish households, and both chose to deny God as they advanced in the studies of the psychology of the human mind. Freud held that each person formed the created God of Christians in the image of the person's own father, and that relationship was the determining factor of the person's relationship with God.³⁰⁷ Adler, unlike Freud, held that a counselor must teach the importance of the individual's religious belief systems to be useful to help one move towards the individual's ability to master one's lifestyle.

Adler held that humanity wanted to overcome their inferiorities. "The gracious strength of the divine goal always flows from the insecurity, the constant inferiority feeling of needy mankind."³⁰⁸ Adler used the idea of spirituality or religious belief to advance the belief of individual strength in lifestyle choices, while Freud held that religion and the belief in God was a menacing hindrance to mental health. The fact remains that both men were deniers of the gospel.

John MacArthur is an outspoken critic of Christian counseling that is not entirely centered on the Word. MacArthur suggested that Christian counseling has taken from the undue secular influences of psychology and placed that over spiritually mature saints.

"While secular psychologists contemptuously dismiss the Bible as an archaic and mistaken psychology, their Christian colleagues desperately labor to prop up its fledgling therapeutic with an apologetic of psychological naiveté...In other words, the biblical text is a shallow and imprecise psychology and must only be seen as the starting gate of a more informed therapeutic."³⁰⁹

Theologians and pastors have found that over time, the Gospel of Jesus Christ has been subjugated, causing members of the body of Christ to hold that the Bible is insufficient in a post-

³⁰⁷ Sigmund Freud, *Totem and Taboo*, (Boston: Beacon Press, 2001), 171.

³⁰⁸ Heinz Ansbacher and Rowena Ansbacher, *Superiority and Social Interest, a Collection of Later Writings*, (Evanston, IL: Northwestern University Press, 1964), 277.

³⁰⁹ MacArthur, *Biblical Counseling*, 35.

modernity secular society. Members of the APA have challenged biblical counseling with the allegations that the Bible contains unrealistic myths, the same findings that were held by Freud and Adler.³¹⁰

The Bible states, “All Scripture is breathed out by God and profitable for teaching, for reproof, for correction, and for training in righteousness, that the man of God may be complete, equipped for every good work” (2 Tim: 3:16-17). It is apparent that those of the local Christian counseling community should respond to this study with a self-introspection and find if the counseling chosen to help families in the crisis of chronic and terminal childhood illness may harm them because it lacks the Gospel of Jesus Christ. Many communities have a grief team and discipleship groups that are actively helping the community. Christian counselors that lack the ability to provide continuity of care for the family of a chronic and terminal child should investigate church programs and find groups that are prepared to care for the family through the bereavement process and with the Holy Spirit bring the parents to spiritual maturity.

The Body of Christ

The Gospel of Jesus Christ calls for an end of the Levite priesthood and calls for all believers to become priestly bearers of truth that must bring the Word to all nations. The author of Hebrews 7: 23-28 described that Jesus is the high priest and from his authoritative role commands all to bring the gospel to all of humanity. Fear and lack of spiritual maturity have prevented the eschatological hope of salvation through Jesus Christ to be shared with chronic and terminally ill children and their parents. The body of Christ has been entrusted with the revelation of God’s sacred plan. The body of Christ is also responsible for being prepared for presenting the gospel. A time of crisis, the diagnosis of chronic and terminal childhood illness,

³¹⁰ MacArthur, *Biblical Counseling*, 35.

should not be a time when members of the body of Christ recoil in fear. Times of trauma should be when the body of Christ stands firm in the truth of the Gospel of Jesus Christ and evangelizes the hope that all believers have for a future with the Lamb.

In Ephesians, Paul encourages believers to accept the gifts of the Holy Spirit that will prepare the body of Christ to present the Gospel of Jesus Christ.

And he gave the apostles, the prophets, the evangelists, the shepherds and teachers, to equip the saints for the work of ministry, for building up the body of Christ, until we all attain to the unity of the faith and of the knowledge of the Son of God, to mature manhood, to the measure of the stature of the fullness of Christ, so that we may no longer be children, tossed to and fro by the waves and carried about by every wind of doctrine, by human cunning, by craftiness in deceitful schemes. Rather, speaking the truth in love, we are to grow up in every way into him who is the head, into Christ, from whom the whole body, joined and held together by every joint with which it is equipped, when each part is working properly, makes the body grow so that it builds itself up in love (Eph. 4:11-16).

Several pastors seemed worried that more members of their churches would refer a family in crisis to the pastor rather than describe the eschatological hope of the gospel. The majority of Christian counselors chose to believe that at some point, a family would be presented the gospel, so they opted to utilize APA standards. It is apparent that the body of Christ is not utilizing the gifts of the Holy Spirit. This brings up many troubling concerns, including: are saints being encouraged by their communities to become spiritually mature, are those in the pastoral staff equipping the saints with the Word, and is the truth of Jesus Christ being preached? These are areas that need further research, but it is apparent that many in the local community of believers are ill-prepared to evangelize a family in the trauma of chronic and terminal childhood illness.

The biblical answer to many issues that plague the body of Christ may be found in Acts 2. Peter preached, and believers shared in the breaking of bread, communal sharing of earthly materials, prayer, and devout fellowship. The devout fellowship is missing in many churches in

the local community due to attempts to become materially better off than one's parents, dual parents working, children's activities, and numerous demands that have caused one's bank account and home to become status symbols of one's celebrity within the community. Members of the body Christ have to recapture the events surrounding the early church.

And they devoted themselves to the apostles' teaching and the fellowship, to the breaking of bread and the prayers. And awe came upon every soul, and many wonders and signs were being done through the apostles. And all who believed were together and had all things in common. And they were selling their possessions and belongings and distributing the proceeds to all, as any had need. And day by day, attending the temple together and breaking bread in their homes, they received their food with glad and generous hearts, praising God and having favor with all the people. And the Lord added to their number day by day those who were being saved (Acts 2:42-47).

Fear may be overcome through biblical Christian fellowship. Spiritual maturity may be attained for members of the body of Christ through Christian fellowship. The Gospel of Jesus Christ may be shared with humanity and chronic and terminally ill children and their parents through Christian fellowship and using tools such as the childhood crisis intervention training session. Pastors may want to reflect on their own passion for the gospel and find if they are presenting the gospel with the passion and zeal of Peter in Acts 2.

Pastors

Pastors have been shown to present the Gospel of Jesus Christ to chronic and terminally ill children and their parents throughout this study, but collectively they admit to sending difficult cases to counselors. They have failed to check if the Christian counselors are sharing the gospel. Many pastors doubted if believers within their congregation would share the gospel. It is apparent that this case study calls for pastors to check the credentials of Christian counselors and encourage the saints.

The duties of pastors are daunting, but since many pastors admitted that they had not interviewed counselors or counseling groups that they referred to the difficult cases too for evaluation; a new approach is warranted. The lack of oversight may result in godless moral principles being practiced as psychological norms with a child or family experiencing the trauma of childhood illness. In the Book of Proverbs, it is written, “Leave the presence of a fool, for there you do not meet words of knowledge. The wisdom of the prudent is to discern his way, but the folly of fools is deceiving” (Prov. 14:7-8). Pastors may host a coffee meet and greet or offer to interview counselors at their offices and ask practical questions such as:

- Do you believe in the supremacy of Scripture?
- Do you share the Gospel of Jesus Christ with counselees?
- Do you pray for the counselees?
- Will you refer the counselee back to the church for training in spiritual maturity and fellowship? (It is acknowledged by all in the counseling community the privacy of the counselee not be broken).

A pastor may ask a subordinate ministry team member to find the proper Christian counselors who hold firm in sharing the gospel and the supremacy of Scripture. These extra steps will ensure that believers are provided the truth that comes from the Gospel of Jesus Christ. Another step pastors may take to is ensure that members of the body of Christ are actively involved in fellowship.

The importance of fellowship to the early church and its significance to the growth of the church may be witnessed in the 3,000 people coming to Christ after Peter’s preaching. This was an unprecedented time where believers grew in spiritual maturity through the encouragement of one another in fellowship. Many believers are so involved in secular activities that many church

pastors reported their fellowship and discipleship programs were on sabbatical until the beginning of autumn due to the congregant's busy summer schedules. This ideology may help believers wanting to do many things, but it denies the importance of fellowship and the Gospel of Jesus Christ.

The Bible warns pastors not to allow the congregation to alter the gospel. This methodology will lead to errors. The letter of James warned that believers should not be idle:

But be doers of the word, and not hearers only, deceiving yourselves. For if anyone is a hearer of the word and not a doer, he is like a man who looks intently at his natural face in a mirror. For he looks at himself and goes away and at once forgets what he was like. But the one who looks into the perfect law, the law of liberty, and perseveres, being no hearer who forgets but a doer who acts, he will be blessed in his doing (Jam. 1:22-25).

Pastors may want to encourage fellowship at the church on evenings if small home groups are unavailable through the summer due to prior commitments. The pastor may offer a variety of food and beverages each night to encourage the saints to come to pray, grow, encourage, and share the gospel with those that need the truth of Jesus Christ. Some unbelievers may come for free food. Some unbelievers may come because they need help due to poor lifestyle choices, and others may come due to being convicted by the Holy Spirit. Unbelievers should be lovingly shown the hope that comes from a relationship with the King of kings.

The priestly role of each member of the body of Christ has been made apparent in Sacred Scripture, and it is due to the enormity of this role that the pastor should prepare saints for issues that may arise, including the diagnosis of a chronic and terminally child. The Book of Jeremiah states, "For I know the plans I have for you, declares the LORD, plans for welfare and not for evil, to give you a future and a hope" (Jer. 29:11). The eschatological hope for all of humanity's future was realized in the Christ event. Families that are experiencing the trauma of chronic and

terminal childhood illness may find eschatological hope with the help and dutiful preparations of the body of Christ and the faithful leadership of a pastor.

A faithful pastor will prepare for uncertainties and equip the saints to be ready to mobilize when the unthinkable may occur. A family that is devastated by the diagnosis of chronic and terminal childhood illness needs reassurance. A family in turmoil may gain the hopeful reassurance of the eschatological future from the saints within the congregation, who are given wisdom by the Holy Spirit, to lead the family through the devastation. Paul wrote, “May the God of hope fill you with all joy and peace in believing, so that by the power of the Holy Spirit you may abound in hope” (Rom. 15:13). Pastors may be encouraged to begin a grief team ministry to prepare for when a traumatic event occurs. Some pastors may need to combine their ministries as a universal body of Christ grief team program due to the small congregation size.

The devastation for families that endure the loss of a child is beyond words. The chronic and terminally ill child and parents are in need of the body of Christ to love them as Christ loves the church. The parents will cling to the eschatological hope-filled promises of being with their precious child again. The only hope for the future rests in the promises of Jesus Christ when all believers are meet by the King of kings and Lord of lords and hear: “Well done, well done my good, and faithful servant enter into the joy of your Father’s kingdom for great is your reward” (Matt. 25:23).

Appendix A

Recruitment Letter Sample

April 4, 2019

Pastor John Higgins
Senior Pastor
Hope Baptist Church
123 Main Street
Fort Wayne, IN 46804

Dear Pastor Higgins:

As a graduate student in the School of Divinity at Liberty University, I am conducting research as part of the requirements for a Doctor of Ministry degree. I have two chronically ill children and lost a child to terminal illness and have found few pastors and Christian counselors have ventured into bringing the Gospel of Jesus Christ to families in the crisis of childhood illness. The purpose of my research is to understand how local pastors and counselors present the Gospel of Jesus Christ to families with children who have been diagnosed with chronic and terminal illnesses, and I am writing to invite you to participate in my study.

If you are 25 years of age or older, a pastor or Christian counselor who works with families who have children diagnosed with chronic and terminal illness, and are willing to participate, you will be asked to complete a face-to-face interview and a questionnaire. It should take approximately an hour and 20 minutes for you to complete the procedures listed. Your name will be requested as part of your participation, but your identity will be kept confidential.

To participate, sign the consent document attached to this letter and return it in the provided self-addressed, stamped envelope. The consent document contains additional information about my research. Upon receipt of your signed consent form, I will contact you to schedule an interview.

Sincerely,

Barbara F. Holston-Jones, M.Div.
Researcher

Appendix B

Questionnaire for Pastors and Counselors that Bring The Gospel of Jesus Christ to Survivors of Child Loss

1. Do you counsel dying children about the hope of the Gospel of Jesus Christ?

Yes No

If yes, what age would you feel that it is appropriate for counseling?

2. Do you feel it's the responsibility of your ministry to bring the Gospel of Jesus Christ to surviving family members of deceased children?

Strongly Agree 4, Agree 3, Disagree 2, Strongly Disagree 1

Why?

3. Are the socioeconomic resources of parents that are blamed for the struggle in accepting Christ?

Strongly Agree 4, Agree 3, Disagree 2, Strongly Disagree 1

4. Do you feel it is the role of the church must to be more involved in helping survivors accept Christ?

Strongly Agree 4, Agree 3, Disagree 2, Strongly Disagree 1

5. Do you feel that there is a spiritual nature to the problem?

Strongly Agree 4, Agree 3, Disagree 2, Strongly Disagree 1

Why?

6. Do you feel there are biblical precedents that the church should utilize to heal the trauma of child loss?

Strongly Agree 4, Agree 3, Disagree 2, Strongly Disagree 1

If you agree, what are the precedents? If you disagree, what is your biblical precedent?

7. Do you utilize a preferred ontological methodology to engage chronic and terminally ill children and their lack of trust?

Yes No

8. Do you utilize a preferred ontological methodology to engage the parents of ill children and their lack of trust?

Yes No

What is your ontological methodology for parents of these children?

9. Do you gain knowledge of their situations so that you may introduce the healing power of the Gospel of Jesus Christ?

Strongly Agree 4, Agree 3, Disagree 2, Strongly Disagree 1

10. Has your ministry responded historically to counseling ill or dying children?

Yes No

11. Has your ministry responded historically to counseling parents of ill or dying children?

Yes No

12. Do you track your success rate with implementation of the introduction of the Gospel of Jesus Christ?

Strongly Agree 4, Agree 3, Disagree 2, Strongly Disagree 1

13. Are there strategies that you have an aversion with? Why?

Strongly Agree 4, Agree 3, Disagree 2, Strongly Disagree 1

14. Do you introduce children or parents to discipleship groups of survivors within your ministry or that of another ministry?

Strongly Agree 4, Agree 3, Disagree 2, Strongly Disagree 1

15. Do you have a plan to create an environment to help chronic and terminally ill children and their parents within your community?

Yes No

16. Would you like to share you preferred methodology for reaching survivors of child loss?

Thank you and may the peace of Christ be with you and your ministry!

Appendix C

CONSENT FORM

Pastoral Counseling: The Pastor's Guide to Ministering to Chronic and Terminally Ill Children and Their Families

Barbara Holston-Jones
Liberty University
School of Divinity

You are invited to be in a research study on presenting the Gospel of Jesus Christ to chronically and terminally ill children and their families. The goal of this study is to learn ideologies that bring the message of the Gospel of Jesus Christ to families experiencing the diagnosis of chronic and terminal childhood illness. You were selected as a possible participant because you are a pastor or Christian counselor who shares the Gospel of Jesus Christ with families and children experiencing chronic and terminal childhood illness and you are 25 years old or older. Please read this form and ask any questions you may have before agreeing to be in the study.

Barbara Holston-Jones, a doctoral candidate in the School of Divinity at Liberty University, is conducting this study.

Background Information: The purpose of this study is to learn methodologies of pastors and counselors that have success in the field of gaining the trust of victims and presenting the Gospel of Jesus Christ. The research question is How do pastors and counselors' approach chronically and terminally ill children and their parents with the Gospel of Jesus Christ?

Procedures: If you agree to be in this study, I would ask you to do the following things:

1. The first task will be to answer the questionnaire. This should take approximately 20 minutes. Face-to-face interviews will occur at the offices of Holy Family Center and will be held in the private office of the researcher. Interviews will take approximate one hour and will be audio taped.

Risks: The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

Benefits: Participants should not expect to receive any direct benefit from this study.

The benefit to society of this research is to equip society with techniques and methodologies that help families find the peace of the Gospel of Jesus Christ and the hope of the eschatological promises of salvation during the crisis of childhood chronic and terminal illness.

Compensation: Participants will not be compensated for participating in this study.

Confidentiality: The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher and faculty mentor will have access to the records. I may share the data I collect from you for use in future research studies or

with other researchers; if I share the data that I collect about you, I will remove any information that could identify you, if applicable, before I share the data.

- I will conduct the interviews in a location where others will not easily overhear the conversation.
- Participants will be assigned a pseudonym.
- Data will be stored on a password locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University, Poe Baptist Church, or Holy Family Center, Inc. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Contacts and Questions: The researcher conducting this study is Barbara Holston-Jones. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at 260-312-3166 and/or bjones289@liberty.edu. You may also contact the researcher's faculty chair, Dr. Michael Whittington, at mcwhittington@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record me as part of my participation in this study.

Signature of Participant

Date

Signature of Investigator

Appendix D

Pastoral Counseling: The Pastor's Guide to Ministering to Chronic and Terminally Ill Children and their Families.

Interview Questions

1. How do you approach a family that has been given a diagnosis of chronic and terminal childhood illness?
2. Do you use an integrative approach of psychoanalysis such as CBT and the Gospel of Jesus Christ?
3. If you use CBT, which specific psychoanalysis modality do you find works best for an adult?
4. If you use CBT, which specific psychoanalysis modality do you find works best for a child?
5. If a believing family is troubled about faith, how do you reaffirm the gospel?
6. If a family is referred to you and claim to be agnostic or atheist, how do approach them with the eschatological hope of the gospel?
7. If the family claims they are uninterested in faith, do you ask a family whose child has a terminal prognosis for permission to present the gospel to the dying child, so that the child of reason may enter into a relationship with the Lord?
8. Do you offer discipleship or fellowship groups that encourage those in the middle of the spiritual battle of childhood suffering to continue being encouraged by the body of Christ with continuity of care therapy?
9. Do you offer Bible studies and worship services that may be offered in a home of a family with a child that is in the midst of childhood chronic and terminal illness?
10. Do you trace the number of families you have brought to Christ?

Appendix E

| Assigned Title | Location | Date/Time |
|-----------------------|----------------------------|------------------------|
| Pastor A | Poe Baptist Church Offices | July 17, 1-2:15 pm |
| Pastor B | Poe Baptist Church Offices | July 22, 10-11:45 am |
| Counselor 1 | Poe Baptist Church Offices | July 24, 1-3:30 pm |
| Pastor C | Poe Baptist Church Offices | Aug. 9, 10-12:20 pm |
| Counselor 2 | Poe Baptist Church Offices | Aug. 15, 1-3 pm |
| Counselor 3 | Poe Baptist Church Offices | Aug. 22, 9-11 am |
| Pastor D | Poe Baptist Church Offices | Aug. 30, 1-3:15 pm |
| Counselor 4 | Poe Baptist Church Offices | Sept. 4, 8:30-10:15 am |
| Counselor 5 | Poe Baptist Church Offices | Sept. 12, 11-12:45 am |
| Pastor E | Poe Baptist Church Offices | Sept. 22, 2-4 pm |

Appendix F

SPSS Algorithm

$$\sigma = \sqrt{\frac{\sum(x - \mu)^2}{N}}$$

Appendix G

Childhood Crisis Intervention Training Session for the Body of Christ

Goals for the childhood crisis intervention training session include the abilities to replicate, equip, educate, and empower the body of Christ for grief team ministry!

- I. Pray that the Holy Spirit lead all that undertake the mission of presenting the Gospel of Jesus Christ in the formation of a “Grief Response Team” for chronic and terminally children and their parents.
- II. Prepare for each presentation of the gospel by role-playing with other members of the body of Christ.
- III. Each member of the body of Christ should study Scripture and pray for guidance from the Holy Spirit so that an encounter with a grieving family may be handled through Christ.
- IV. The presentation of the gospel should be upbeat regardless of the traumatic circumstances.
- V. Select gospel themes that are simple enough for the child to understand and so that the parents may comprehend the gospel message while in a state of crisis. Themes should help a child understand the gospel. The gospel’s themes are vast but the importance is that they have the ability to help a child come to Christ. Possible themes may include:
 - A. God’s love for His creation, creation sinned and is separated, deserved judgment, belief in Jesus Christ alone grants grace through cross, He offers forgiveness, opening heaven for all who believe.³¹¹
 - B. The plan of salvation bracelet gospel themes: sin a black bead, blood a red bead, Jesus’ purity a white bead, heaven a gold bead, and growth in Jesus a green bead.³¹²

³¹¹ Pastor B. Interviewed by author. Poe, Indiana. July 22, 2019.

³¹² Pastor A. Interviewed by author. Poe, Indiana. July 17, 2019.

C. A plan may include themes of the Character of God, depravity of mankind, the atoning death of Jesus Christ, and the urgency for faith in Him.³¹³

D. Jesus is Lord, and through His dying on the cross, a person must recognize Jesus is Lord, through repenting one shows their belief, and by surrendering one is given the grace of God.

- VI. The gospel should be presented in an interactive format including: crafting, a movie, coloring book, figurines, or CBT Adlerian sand art therapy.
- VII. Repetition is important for a child's understanding and coming to faith. Parents in the traumatic crisis of a chronic and terminally ill child need repetition as well, to overcome their mental state.
- VIII. The child should be given something to remember the gospel: bracelet, tracks, a child Bible, coloring book, figurines, or storybooks.
- IX. Members of the "Grief Response Team" should practice answers to common questions and objections.
 - A. Why does God allow children to suffer?
 - B. We have been a good Christian family why us?
 - C. I will come to faith if God heals my child?
 - D. How is God good, if he allows others to suffer?
 - E. Why does everyone need to hear the gospel and come to Christ, if there are people dying without hearing it?
- X. Ask for volunteers that are able to cook, babysit, and serve the family. Keep lists and over recruit due to other obligations that may arise in volunteer schedules.

³¹³ Counselor 5. Interviewed by author. Poe, IN. September 12, 2019.

- XI. The event of chronic and terminal childhood illness will occur in every church, it is essential for the body of Christ to be prepared and know how to help through careful Bible study.
- XII. Conclusion is a call to arms and the armor of God (Eph. 6: 10-24) and prayer for all that serve the King of kings in the midst of chronic and terminal childhood illness.

Appendix H

Research Participants Needed

Pastoral Counseling: The Pastor's Guide to Ministering to Chronic and Terminally Ill Children
and Their Families

Are you a pastor or Christian counselor who counsels families of terminally ill children?

Are you 25 years or older?

If you answered **yes** to these questions, you may be eligible to participate in a research study.

The research purpose is to develop superior methodologies to help the families of chronically and terminally ill children discover the love of Christ that enables them to overcome the impact of child death in their lives. If you choose to participate, you will be asked to complete a face-to-face interview and a questionnaire. It should take approximately an hour and 20 minutes for you to complete the procedures listed.

Adult Pastors and Christian Counselors are eligible.

The study is being conducted at Holy Family Center, Inc.
3709 East Yoder Road
Poe, IN 46819

Please contact Barbara Holston-Jones at (260) 312-3166 or bjones289@liberty.edu for

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515

Appendix I

Resources

- Recruitment Letter
- Questionnaire
- Informed Consent Form
- Interview Questions
- Flyer
- SPSS Algorithm
- After-action notebook
- Poe Baptist Church Ecclesial Board (Outsider Perspective)
- Poe Baptist Church Pastor, Rev. CW Jones (Insider Perspective)
- Law et al. meta-analysis studies

Appendix J

Tools Utilized for Gathering Data

- Olympus Audio Recording Equipment VN-541PC
- Observers of Rev. CW Jones and members of the Poe Baptist Ecclesial Board
- After-action notebook recorded immediately after interview
- Apple Mac Laptop and Desktop Computers
- Safe within the Researcher's Office (The researcher has the only access information)

Appendix K

Results' Tables

2018-2019 All Respondents' Families of Chronic and Terminally Ill Children

| | # of Families | % Accepted Gospel |
|-------------|---------------|-------------------|
| Pastor A | 2 | 100% |
| Pastor B | 2 | 100% |
| Pastor C | 3 | 66% |
| Pastor D | 4 | 25% |
| Pastor E | 13 | 78% |
| Counselor 1 | 0 | 0 |
| Counselor 2 | 0 | 0 |
| Counselor 3 | 0 | 0 |
| Counselor 4 | 0 | 0 |
| Counselor 5 | 7 | 18% |

The Mean is 3.87

The Standard Deviations is 40.5

The Z-Score is -6.3778

2018-2019 Pastors' Families of Chronic and Terminally Ill Children

| | # of Families | % Accepted Gospel |
|----------|---------------|-------------------|
| Pastor A | 2 | 100% |
| Pastor B | 2 | 100% |
| Pastor C | 3 | 66% |
| Pastor D | 4 | 25% |
| Pastor E | 13 | 78% |

The Mean is 3.1

The Standard Deviations is 3.93

The Z-Score is 1.75

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