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All Things New: A Holistic Theology of Major Depression and Pastoral Care

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any change in leadership style due directly to experiencing the leadership seminar, while acknowledging a possible need to do so in the future.

Eshleman, R. J. (2015). *A holistic process for leading organizational change*. Ed.D., The Southern Baptist Theological Seminary.

The current change theory base is fragmented and siloed; years of research and studies have yielded nuanced conclusions that demonstrate little practical results. Recent research demonstrates the organizational change failure rate for secular businesses is as high as 80%. Since 1994, the church has had a steady failure and plateau rate of 80%. With over two million resources available for organizational change, and an emphasis on church revitalization by organizations as such as NAMB, is it possible the disconnected variations of organizational change have created so much confusion that it prevents a simple, comprehensive, and comprehensible understanding?

In order to explore this question, and to advance a preferred method, case studies of organizational change within the Bible were conducted, and secular organizational change studies were evaluated. Context analysis was used to review current change theory literature. Six functions of change were identified: cultural awareness, change catalyst, evaluation of the change and culture, decision, implementation, and monitoring of outcomes. Each function was identified from various organizational change events in the Bible, and groupings of secular research. Three new classifications of change were introduced based on Scripture and exegesis: change leading to regression, change leading to revival, and covenantal development. A holistic process of organizational change is advanced that is bibli-

cal and universal. Five key recommendations were made for future research of organizational change for secular and church related change efforts.

Giovanetto, T. S. (2015). *All things new: A holistic theology of major depression and pastoral care*. M.A., Trinity International University.

This study approaches the topic of mental illness within the church, integrating biblical theology and clinical psychology to propose a model of pastoral care for the severely depressed. Examining the history of distrust between the church and the social sciences, and criticizing prominent models of pastoral care built upon the chastisement of mentally ill individuals, the thesis proposes a model of care built upon the acceptance and validation of persons facing psychological distress. In this model, ministers teach sufferers to employ the paradigm of biblical lamentation: voicing one's distress before God, remembering His past faithfulness, replacing present rumination with meditation on His promises, and looking to the future consummation of all things in eternity. Pastors are also encouraged to increase mental health awareness in their individual congregations, join with other local ministers to provide regional support groups, and grow the church body into a community which lends faith and hope to the clinically depressed by means of fellowship and practical support. Pastors are also urged to build relationships with local mental health professionals to treat the spiritual, social, and physical needs of affected individuals. The life of Jesus Christ is examined, emphasizing His ministry as an estranged God renewing estranged people and His redemption of psychological distress in Gethsemane and at the cross.