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## Studying Case Histories

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## Studying Case Histories

### **A New Approach to Self-Improvement in Ministering to the Individual**

Ministering to a congregation is not only preaching. I entered the ministry laboring under the false impression that it is. Didn't all my friends urge me to study for the ministry because I had won the county oratorical contest two years in succession? Didn't I learn from the Apology itself that "there is nothing which holds people with the church more effectively than a good sermon"? Didn't Luther have so many hearers because he was a good preacher? I would develop my preaching and build up a congregation by "compelling them to come in" in that way.

I tried it and soon learned to know what it means to deliver a well-prepared and polished sermon to empty seats. Perhaps I needed more and better preparation, I thought. But I discovered that, the more time I spent on sermon-study, the less time was left for inviting prospects to church and the smaller my audience became. So I began to make more pastoral calls. But I often felt (as Kuhlmann has expressed it in *Watch Yourself Go By*) that I was a "merry-go-round pastor," getting off at the same place where I got on. That I needed more study of this phase of pastoral work was apparent. But where study? Books on the subject are few. To learn by experience is perhaps the best way, but "experience is a costly teacher." I feared it might cost a soul!

How about our pastoral conference? I thought. Why should we submit a sermon for criticism every month, always study ministering in public and never discuss our private ministry? Why should each of us endeavor to improve as a preacher and not as a *Seelsorger*? True, we did present cases of casuistry and discuss what to do in peculiar instances; but then we talked about general principles and not about detailed statements. We discussed unusual cases, not ordinary ones. What I wanted was practice in making calls on the individual who was in doubt, unbelief, perplexity, distress, or sickness,—practice where mistakes would not cost a soul! I wanted to learn from the brethren with experience and to have my mistakes pointed out. Social-service workers, lawyers, and others prepare for their professions by studying case histories. Why shouldn't the pastor do the same thing?

The conference agreed to study case histories every second month. We have done it for more than a year. It has proved very helpful to many of us. I have been requested repeatedly to write up the procedure and call it to the attention of other brethren. Hardly daring to believe that others could be so ill prepared for the pastoral ministry, I consent reluctantly. (This is no reflection

on the professors. They do a good piece of work at the seminary. But after we are in the field, we must develop farther.)

Somewhat fearfully I presented the first case history, laying myself wide open for criticism but visualizing the benefits which might come to the brethren if the custom spread throughout our Synod. I took a most ordinary case in order to illustrate the point that we need not discuss sensational or unusual cases to accomplish our purpose. I give a few brief excerpts here so that the method of studying case histories may be understood.

#### Ministering to the Sick — a Case History

The telephone rang one evening when I was about to leave home to conduct a church service. It was Mrs. S., a member of the church.

"Pastor," she said, "J. [her son] is sick. He has been rushed to the hospital. He has appendicitis. We waited too long, and the doctors fear that it has burst and that peritonitis has set in."

"I am very sorry to hear that," I said, "but don't you worry about him. He is in good hands. With God nothing is impossible."

"Can you go and see him?" she asked.

"By all means," I answered. "Of course he will not want to see me now. The doctors will be preparing him for the operation if he is not already in the operating-room. Nor will he want to see me for a while after the operation. I shall see him early in the morning. In the mean time let us pray God to take good care of him and trust God's promises that He will."

"Yes," she said; "that is all we can do."

"And that is enough," I replied.

*Discussion.* — Would you have postponed the church service for a half hour in order to call on a member dangerously ill?

Would you have promised to call on the patient after church, even if you were sure that he would not be conscious?

Is there any value in saying: "He won't want to see me now," rather than "I can't go now"?

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The following morning I went to see J. The operation had been performed, but J. was on the danger list.

"Good morning, J.," I said; "you are looking very well. How do you feel?"

"Pretty good."

"You should. The worst is over. Just a little quiet rest and patience, and I am sure you will be on your feet again."

There was a brief pause; then I resumed the conversation.

"Why do you think God let this happen to you?"

**"I don't know."**

**"I don't know either,"** I stated, **"but I do know that it is not an accident. He has a purpose in everything that He does. Sometimes He lets these things happen so that we realize how much we depend upon Him. You can't do much to help yourself. God must help you. . . . Will you pray with me for help?"**

**"Dear heavenly Father, I thank Thee that Thou hast kept me from harm and danger all my life and hast given me health and happiness. Without Thee I can do nothing. On Thee do I wait all the day long. Keep me now, Lord, for Thy mercy's sake. Restore my health. Do not look upon my many sins nor on their account deny my prayer, but for my blessed Savior's sake, in whom Thou lovest me, hear my prayer. Amen."**

He thanked me for coming, and I left with the suggestion that he rest in the arms of God.

*Discussion.* — What would you have said when you entered the room?

Would you have apologized for not coming the night before?

Do you have difficulty in getting people to talk when you call on them?

What is the value in having them express themselves?

Do you find that, if you are silent for a few moments, they will speak about themselves?

Is it always necessary to pray when calling on the sick? when making other pastoral calls at the home?

What is the value of *ex-corde* prayer as compared with written prayer?

In this instance would you have referred to the possibility of death and to justification by faith? If so, how?

Would you have "moralized" on the illness during the first call as I did?

Would you have spoken more explicitly of sin as the cause of illness?

Do you always read a portion of Scripture at every call?

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These excerpts cover one fifth of the case as I have written it. We studied the case in its entirety in conference. I quote only enough to suggest the method.

I believe it would be helpful for other conferences to study case histories, especially for the sake of the younger brethren. Of course, each man has his own style of ministering to the individual, and no one would say exactly what some one else said. That is true of preaching, too. Yet we study homiletics and continue in the ministry, to study the sermons of others, though we

would not preach them just that way. Through the study of case histories each man will develop a style all his own. The point is, he will develop. Unless we have reached the stage of perfection in this art, there must be room for improvement.

Surely we cannot be satisfied with walking into the sick-room, saying, "Good morning!" reading a Scripture portion, saying a prayer, and leaving. We ought not call on a prospect for church-membership, invite him to come to church, and let it go at that. We may have done a duty. We may have gotten something off our chests and consciences, but we shall hardly have touched the hearts of the individuals, except in so far as the Word of God always has in itself the power to accomplish the purpose for which it was given. Do we not need to learn the art of weaving a sermonet into the conversation, so that the patient or prospective member will not feel that he has been "preached at"? Must we not learn to pick up cues from the statements of our patients and, with these as a starting-point, lead their minds and hearts into the channels of God's grace and power? Is not this a part of being "apt to teach"?

For those conferences which may want to experiment with the study of case histories let me make a few suggestions.

1. The case should be an actual, not a fictitious one.

2. It should be written up in detail, not in general. A pocket note-book, a few notes after each call, a rewriting in full at the end of the case will serve the purpose. But be truthful; write what you said, not what you think you should have said.

3. It should be written when it occurs, not when the conference assigns it. If a conference is studying case histories, each member will find occasion to write up one case in the course of a year. No more than that are needed. Write your case at your first opportunity, and you will have it ready when the conference needs it.

4. Do not cover only sick-calls. The cases studied in a conference ought to cover the variety of cases as they will occur in the average pastor's experience. Do not pick out sensational cases. Remember that the object is not to justify yourself and to show what a skilful pastor you are, but to provide opportunity for discussion so that all may learn.

In closing, let me say that our discussion of this work suffers somewhat for lack of a good name. There is no accepted English equivalent of the German *Seelsorger*. We might call the ministry to the individual psychotherapy. That is what it is, the cure of the soul. But this term has acquired a connotation of "healing of the mind" and is usually associated with work other than that of

a pastor. Then, too, it sounds somewhat scientific for an humble pastoral visit. I see no good reason, however, why the term could not be introduced among the clergy as the most satisfactory term to cover the subject and gradually be brought to connote what it literally means. If we can speak of homiletics, hermeneutics, and dogmatics, why not psychotherapy? Of course, we would not try to teach our people to refer to their pastor as a psychotherapist, no more than we urge them to call him a homilist or a dogmatist. But considering the valuable and really scientific nature of the pastor's work as a *Seelsorger*, why should we hesitate to call it psychotherapy?

Whatever the term that we adopt, it is my hope that, to the glory of our Lord Jesus Christ, we may all become better servants of His in our ministry to the individual through our study of case histories in psychotherapy.

Wollaston, Mass.

ELMER A. KETTNER

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## Outlines on the Wuerttemberg Gospel Selections

### Pentecost

John 14:15-21

We are rejoicing today over the great miracle of Pentecost; and that is as it should be, for the great acts of God in behalf of His Church should fill our hearts with joy and praise, Ps. 106:1, 2. The importance of Pentecost is indicated by the prediction of the event in the Old Testament, especially in Joel 3:1 ff. But just when God would pour out His Spirit among men and what would be the full meaning of it for believers remained for our Savior to reveal to His disciples. And this He does in our text.

#### Our Lord's Comforting Declarations Regarding the Coming and the Work of the Holy Ghost

1. *Jesus promises His disciples another comforter after His departure*
2. *Jesus outlines the work of the Holy Ghost in His disciples*

#### 1

The text is part of Jesus' last utterances. His Passion is about to begin and will terminate with His death. Though He will rise again, He will thereafter not be visible to human sight. Therefore: v. 19a. Hitherto Jesus' presence in the flesh had been a source of consolation to His disciples, e. g., Matt. 14:27. The climax which would take Him from them was rapidly approaching, John 13:21. The "little while," v. 19, had shrunk to a few hours. True,