

# The Case Study Method of Anton T. Boisen

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Earlier issues of this journal have frequently cited the contributions of Anton Boisen as the founder of Clinical Pastoral Education. Indeed, his desire to supplement classroom experience with a reading of the "living human documents" led him to recruit four theological students for the first summer program of clinical training at Worcester State Hospital in 1925. However, it is important to note that Boisen did not design this program simply to introduce a new form of theological education. He was also—and perhaps primarily—looking for colleagues in research.<sup>1</sup>

As Paul Pruyser points out, nearly all of Boisen's writings are "intensely autobiographical."<sup>2</sup> Following his first major psychotic episode in 1920 and subsequent hospitalization, Boisen became engaged in a life-long search for meaning, understanding, and validation of his own experience. He was convinced that the type of mental illness which he experienced was a *religious* experience because of its curative, problem-solving nature. He believed that "many forms of insanity are religious rather than medical problems and that they cannot be successfully treated until they are so recognized."<sup>3</sup>

Because of this, one might say that Anton Boisen was a pioneer of pastoral assessment. His own training and background had taught him that one way to deal with a problem is to study it carefully. In *The Exploration of the Inner World*, Boisen defines theology as the *study* of religious belief—the "spiritual forces" which operate within us—rather than as a systematic *statement* of belief. In reference to the psychiatric patients which he and his students interviewed, Boisen said, "We have sought to determine the origin and meaning of these beliefs, their function in the individual's life, and their implications for a general system of values."<sup>4</sup>

In order to do this, Boisen developed an elaborate and thorough case study method. The best and most complete example of this method is found in Boisen's autobiography, *Out of the Depths*, which he labels as "my own case

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<sup>1</sup>Edward E. Thornton, *Professional Education for Ministry* (Nashville, TN: Abingdon Press, 1970), pp. 56, 58.

<sup>2</sup>Paul W. Pruyser, "Anton T. Boisen and the Psychology of Religion," *The Journal of Pastoral Care*, 1967, Vol. 21, No. 4, p. 209.

<sup>3</sup>Anton T. Boisen, *Out of the Depths* (New York, NY: Harper and Brothers, 1960), p. 113.

<sup>4</sup>Anton T. Boisen, *The Exploration of the Inner World* (Philadelphia, PA: University of Pennsylvania Press, 1971), p. 306.

record.”<sup>5</sup> However, the reader of that volume cannot fully grasp the philosophy or methodology behind the method. The purpose of this article is to describe Boisen’s case study method as an historical precedent to contemporary approaches to pastoral assessment.

### History

The case study method did not begin with Anton Boisen. As Brooks Holifield has pointed out, Harvard Law School began substituting case studies for classroom lectures as early as 1871.<sup>6</sup> Boisen first became acquainted with the case study method while studying with George Albert Coe at Union Theological Seminary in New York in 1909-1910. In Coe’s seminar on mysticism, Boisen read Delacroix’s careful case analyses of the experiences of Saint Teresa, Madame Guyon, and Heinrich Suso.<sup>7</sup>

Another major influence on Boisen’s method was Richard C. Cabot, M.D., with whom Boisen studied social ethics at Harvard Divinity School following his first hospitalization. When Boisen was asked which of Cabot’s publications had been most important to him, he did not mention any of Cabot’s works on social ethics but rather his best known medical work, *Differential Diagnosis*.<sup>8</sup> These two volumes were published as a result of Cabot’s work in his Clinical Pathological Conferences at Harvard Medical School. In these conferences, Cabot and his students would each make a diagnosis of the case being discussed and then consult with the pathologist to determine what had been the actual diagnosis. Importantly for Boisen’s method, this educational procedure used in medical school pointed to diagnosis on the basis of known facts as the most important part of learning from the “human documents.”

Cabot’s social ethics seminar on the preparation of case records for teaching purposes, which Boisen took at Harvard in 1922-23, also had a profound influence upon Boisen’s method. In this seminar, the case study written by each participant was mimeographed and distributed to all members of the seminar one week in advance of class presentation. When it was then considered by the group, the time was spent in exchanging views on material which had been read and in many cases commented on in writing before the class meeting.<sup>9</sup> An unpublished statement by Boisen to Cabot indicates the reason for Boisen’s extensive use of this method:

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<sup>5</sup>Boisen, *Out of the Depths*, p. 9.

<sup>6</sup>E. Brooks Holifield, “Ethical Assumptions of Clinical Pastoral Education,” *The Journal of Pastoral Care*, 1980, Vol. 34, No. 1, p. 42.

<sup>7</sup>Boisen, *Out of the Depths*, p. 129.

<sup>8</sup>Henri J.M. Nouwen, “Anton T. Boisen and the Study of Theology Through Living Human Documents,” unpublished manuscript, Yale Divinity School, n.d. [c. 1968], p. 63. (Later published in part in *Pastoral Psychology*, Vol. 19, (September, 1968), pp. 49-63.)

<sup>9</sup>Boisen, *Out of the Depths*, p. 147.

I wish to express in the first place my very great appreciation of the method of teaching which is used in this class. I can say without reservation that of all the courses with which I have ever had to do I regard this as the most satisfactory from the pedagogical standpoint in that it supplies concrete material on which to work, it places the stress on what the student does rather than upon what the teacher says, the problems presented are of fundamental interest and importance, and the principles involved are so clearly brought out and summed up as we go along.<sup>10</sup>

The rest of the folder in which this statement is found contains case studies under the heading of the various topics considered by the class.

Finally, Boisen gained further appreciation for this approach while working with Miss Susie Lyons in the Social Service Department at Boston Psychopathic Hospital in 1923-24. In his previous sociological survey work, Boisen found that he could only gather factual information about an individual. Now, by applying case study principles and going into a home as a social worker to help a person in need, he found that he could study "the entire person in his social setting." By so doing, he could deal with more significant factors such as motives, values, and religious experience.<sup>11</sup>

### Theory

A careful reading of Boisen's work indicates that he had a two-fold objective for his case study method. He said, "I have sought to begin not with the ready-made formulations contained in books but with the living human documents *and with actual social conditions in all their complexity.*"<sup>12</sup> As Robert C. Powell pointed out, many leaders in CPE picked up on the aspect of the study of individual human experience but forgot that Boisen also sought to study the experiences of groups in society.<sup>13</sup>

*The Search for an Empirical Theology.* As clinical training developed from that first unit in 1925, Boisen began to define more clearly his overall objective for both aspects of his method. He was convinced that the study of human experience could enable a theological student to form his or her own theology. For Boisen, clinical training was an ideal opportunity for this, and he often voiced his disapproval at clinical training centers which focused upon the teaching of counseling skills and the study of psychoanalytic thought.<sup>14</sup> A

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<sup>10</sup>Anton T. Boisen, "What I have Gained from the Course Thus Far," unpublished memo to Richard C. Cabot, c1923, file 5, drawer 1, Boisen Files, Chicago Theological Seminary.

<sup>11</sup>Boisen, *Out of the Depths*, pp. 148-49.

<sup>12</sup>Boisen, *The Exploration of the Inner World*, p. 185.

<sup>13</sup>Robert C. Powell, "Questions from the Past (on the future of Clinical Pastoral Education)," speech given at the 1975 annual conference of the Association for Clinical Pastoral Education, Inc., October 17, 1975, p. 4.

<sup>14</sup>In an unpublished letter to Ralph Bonacker, dated December 15, 1944, Boisen wrote, "Please do not misunderstand me. I do not for a minute propose to leave Freud and Jung and Adler out of account. I merely insist that they be recognized as secondary sources and used to help interpret actual experience" (file 4, drawer 4, Boisen Files, Chicago Theological Seminary.)

clear statement of Boisen's objective, both for his method and for clinical training, is found at the beginning of his "Types of Mental Illness: A Beginning Course," a manual he wrote for use in clinical training centers in 1946:

This course is far less concerned with the consideration of techniques and skills than with the effort to discover the forces involved in the spiritual life and the laws by which they operate. It seeks to lay a foundation for the co-operative attempt to organize and test religious experience and to build a theology on the basis of a careful scrutiny of religious beliefs . . .<sup>15</sup>

*Living Human Documents.* Following this basic objective, Boisen then lists four more specific objectives for the use of his case study method in clinical training experiences. These objectives are also found in his "Beginning Course" manual, which contained many of his collected case studies and their analyses under a variety of headings:

1. To arouse an intelligent interest in the experiences of the mentally ill, acquainting the student with the achievements of psychiatrists, psychologists and social workers but raising questions and bringing to bear insights which are germane to his own special province.
2. To train the student in those methods of co-operative inquiry which are essential to the building up of a body of organized and tested knowledge pertaining to the experiences of the mentally ill and the means of helping them.
3. To explore the interrelationship between mental illnesses of the functional type and religious experiences which are recognized as valid.
4. To discover the forces and formulate the laws of the spiritual life, revealed in the disturbed conditions, which apply to human nature in general.<sup>16</sup>

Boisen's assumption in these goals is that the individual experiences of mentally ill persons will have general application to the student's understanding of the religious lives of "normal" persons, thus enhancing the student's ability to function as a minister.

*Actual Social Conditions.* In addition to the pastoral assessment of individual experiences, Boisen also applied his method to study social groups. One example of this is his study of the religious beliefs in his home town of Bloomington, Indiana. In this paper it was his objective

to study the history of a particular middle western county with special reference to a pattern which appears to be recurrent in the development of organized religion and the forces which are operative in determining this pattern.<sup>17</sup>

The similarity in language between this and objectives cited for individual studies indicates that Boisen simply shifted his efforts to a social setting while maintaining the same method. This was true in his first survey for Arthur Holt

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<sup>15</sup>Anton T. Boisen, "Types of Mental Illness: A Beginning Course for Use in the Training Centers of the Council for Clinical Training of Theological Students," Vol. 1, unpublished mimeographed book, 1946, p. 2.

<sup>16</sup>*Ibid.*

<sup>17</sup>Anton T. Boisen, "Dividend Protestantism in a Midwest County: A Study in the Natural History of Organized Religion," *The Journal of Religion*, 1940, Vol. 20, No. 4, p. 359.

of the Roxbury section of Boston<sup>18</sup> and his later studies of the Holy Rollers.<sup>19</sup>

All three of these studies were combined with others in Boisen's book, *Religion in Crisis and Custom*, first published in 1945. In the Preface to this volume, Seward Hiltner states that it was Boisen's methodological objective to apply the rigorous but imaginative methods of science to religious phenomena, whether in the study of religion in persons or in groups. Hiltner noted that Boisen "attempted with remarkable success to bring the results of these studies together into an integrated theory."<sup>20</sup>

Boisen also combines both aspects of his two-fold objective in another book, *Problems in Religion and Life*, published in 1946. He describes this as "a manual for pastors with outlines for the co-operative study of personal experience in social situations."<sup>21</sup> In his autobiography, Boisen notes that this book exemplifies the methods he has employed.<sup>22</sup> It is perhaps the most comprehensive and most practical application of his case study method to the work of the pastor. It contains outlines and bibliographies designed to assist the pastor in researching a variety of pastoral situations—again, with a purpose: to gain greater theological understanding of the issues involved and thus enhance the pastor's functioning.

*Scientific Principles.* In his case study method, Boisen sought to use the best-known scientific principles of his day. Even though he did much of his work during the time of the "Fundamentalist-Modernist" controversy in American religion, Boisen saw no conflict between the areas of religion and science. He believed that religion could learn much from science, and that in fact theology was "The Queen of the Sciences."<sup>23</sup> In much of his work, Boisen refers to John Dewey's five-step process of reflective thinking as an explanation of the weaknesses of previous scientific methods. In new areas of exploration, hard-and-fast conclusions cannot always be reached. However, the "distinguishing characteristic of modern science" is Dewey's fifth step: "Observation and experimentation to test by empirical fact the suggested solutions in the light of their consequences."<sup>24</sup>

In much of his published and unpublished work, Boisen repeatedly lists seven scientific principles which are important to his method: Empiricism,

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<sup>18</sup>Boisen, *Out of the Depths*, p. 149.

<sup>19</sup>Anton T. Boisen, "Religion and Hard Times," *Social Action* 1939, Vol. 5, No. 3.

<sup>20</sup>Anton T. Boisen, *Religion in Crisis and Custom* (New York, NY: Harper and Brothers, 1955), p. xi.

<sup>21</sup>Anton T. Boisen, *Problems in Religion and Life* (Nashville, TN: Abingdon-Cokesbury Press, 1946), p. 3.

<sup>22</sup>Boisen, *Out of the Depths*, p. 189.

<sup>23</sup>Boisen, *The Exploration of the Inner World*, pp. 181-215.

<sup>24</sup>Anton T. Boisen, "The Task and the Methods of Theology," unpublished mimeographed paper, n.d., file 4, drawer 3, Boisen Files, Chicago Theological Seminary.

Objectivity, Continuity, Particularity, Universality, Economy, and Disinterestedness. The principle of Empiricism seems to be most important to his method. He defines this as "the raw material of experience in all its complexity," which is taken as the starting point. He calls for the inductive method, saying that the researcher may be guided by generalizations and "hunches," but actual experience gives him his primary sources and his final authority.<sup>25</sup>

The concept of Disinterestedness is also very significant to Boisen's method. He believed that the good scientific worker, in his desire to find the truth, must be able to "recognize and discount personal bias."<sup>26</sup> In discussing this principle in *The Exploration of the Inner World*, Boisen said that while his own experience gave him the ideas of what to look for, he sought to remain objective by excluding his experience from the field of inquiry.<sup>27</sup>

### Forms

In keeping with the above theory and objectives, Boisen's case study method followed a general pattern of fact-finding, presentation and analysis of data, and discussion of generalizations or implications. In order to have standardized, reliable instruments with which to gather data in empirical fashion, Boisen developed several case analysis forms. The forms discussed in this section are those which were used to study the individual experiences of patients in psychiatric hospitals—the "living human documents." To my knowledge, these forms do not appear in detail in any of Boisen's published works. On the other hand, a detailed methodology for his study of social groups is apparent in his later publications.<sup>28</sup> Therefore, the rest of this article will be devoted to a discussion of the method used to study individual experience.

*Form A.* What I shall call "Form A" was apparently used frequently by Boisen throughout his career. It appears in many different places in his personal files which are maintained in the Hammond Library at Chicago Theological Seminary. It was reproduced in his "Beginning Course" manual which he distributed to clinical training centers and which is dated 1946. Since this manual contains many cases from Worcester State Hospital, one may assume that Boisen used this form in the late 1920's while he was employed at Worcester. At the end of the form, Boisen gives reference to an unpublished "Syllabus of Examination for Psychiatric Cases" by Adolf Meyer, indicating that this may have provided a basic structure for Boisen's form.

I shall list the basic categories of inquiry which appear in this form.

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<sup>25</sup>*Ibid.*

<sup>26</sup>*Ibid.*, p. 2.

<sup>27</sup>Boisen, *The Exploration of the Inner World*, pp. 184-85.

<sup>28</sup>For example, see "Questions for the Study of a Religious Cult," in Boisen, *Problems in Religion and Life*, pp. 124-25.

Many detailed questions appear under each category, but space does not allow their inclusion in this article:

**I. Preliminary Orientation**

[A brief description of the patient, including age, sex, and previous admissions to the hospital.]

**II. Social and Religious Background**

[The outstanding features of the patient's heredity and environment, including the social, economic, and religious status of parents, grandparents, and other family members.]

**III. Personal History (Previous to Illness)**

**A. Early Childhood**

1. Pre-natal Influences
2. Birth Conditions
3. Disposition
4. Walking, Talking, Weaning (if breast-fed), Sphincter-control
5. Physical Health and Vigor

**B. School Years**

1. Studies
2. Special Abilities and Disabilities
3. Health
4. Social Relationships
  - a. With members of the home group
  - b. With teachers
  - c. With school-mates
  - d. With pets
4. Work and Play
  - a. Leisure time
  - b. Chores and duties at home
5. Personality

**C. Adolescence and Maturity**

1. Social Adjustments
  - a. Primary Loyalties [with parents and other groups]
  - b. Social Contacts
  - c. Accomplishments
  - d. Recreations and Satisfactions
  - e. Religion [church affiliation, attendance, attitudes]
  - f. Personality [12 characteristics listed]
2. Sex Adjustments
  - a. Childhood and Adolescent Difficulties
  - b. Attitude toward the Same or toward Opposite Sex
  - c. Special Attachment or Antagonism toward Either Parent or Other Member of Family
  - d. Love Affairs and Disappointments
  - e. Sex Irregularities Before and After Marriage
  - f. Marriage [facts concerning courtship, wife, children]
3. Vocational Adjustments
  - a. Plans and Ambitions
  - b. Industrial Record
  - c. Attitude toward Work
  - d. Relationship with Employers and Fellow Workers
  - e. Opportunity for Self-expression
4. Physical Condition and Health

#### D. Later Years

An examination of any major changes in the person's life situation and current health condition.

#### IV. History of Present Illness (previous to present admission)

Includes symptoms, changes in behavior, religious concern, attitudes of family toward illness.

#### V. Characteristics of the Disorder (during period of observation in hospital)

##### A. Changes in Condition

##### B. General Appearance and Behavior

##### C. Intellectual Functions

##### D. Content of Thought

1. Sense of the Mysterious and Uncanny
2. Sense of Peril
3. Personal Responsibility
4. Erotic Involvement
5. Philosophy of Life
6. Plans and Ambitions

#### VI. Diagnostic Impressions

##### A. An Appraisal of the Life Situation

##### B. An Analysis of the Reaction Patterns

##### C. An Analysis of the Personality Organization

##### D. A Consideration of the Clinical Label

##### E. A Forecast of the Outcome

##### F. A Plan of Treatment

#### VII. Interpretation

The diagnostic impression is a consideration of the patient's problem in light of his previous history and of our knowledge of other cases of mental disorder. It is directed specifically toward the problems of classification, prognosis and treatment and it seeks to do this as concisely as possible. From the standpoint of our general problem it is of great value to follow this with an attempt to relate our findings to the experiences of normal persons and to constructive religious experience. More important still is the attempt to review the patient's experience in the light of certain general hypotheses to see how far these hypotheses will explain the phenomena. In any such attempt it is hardly worth while to begin with any fixed categories. The question before us is What is there in this man's particular experience which becomes intelligible when we consider it in the light of certain leads or theories? What light does this case throw upon the laws of the spiritual life with which we are all concerned?

#### VIII. Observations and Progress Notes

Good case records depend the primary data upon which the case record has been based. Such data should include the daily notes and observations both before and after the case has been written up and the diagnostic summary made.

After the completion of the report the daily or weekly notes and observations should from time to time be supplemented by diagnostic and interpretive comments.

*Form B.* Another instrument found in Boisen's files follows essentially the same format as Form A but is much more detailed in some areas. Most of the questions are spaced about an inch apart, indicating that this form could be filled out by the researcher while interviewing the patient. This form differs in two major areas from Form A. The first is a section labeled "Religious Concern" which appears under "Characteristics of the Disorder" (segment V in Form A). It reads as follows:



*Religious Concern*

Degree of concern about vital issues

Forces upon which he conceives himself to be dependent—personal or impersonal? human or superhuman? friendly or unfriendly? monistic or dualistic?

Practice of prayer, Bible reading, attendance at religious services

Self estimate—exalted or self-depreciative?

Ideas of—communication with God

conflict with evil spirits

remorse over sins

expiation

cosmic identification

rebirth

previous incarnation

prophetic mission

The second section of Form B which does not appear in Form A is one labeled "Religious Attitude and Orientation." It is a separate section following one labeled "Present Condition" and before the Diagnostic Summary. It reads as follows:

RELIGIOUS ATTITUDE AND ORIENTATION

Present Concern about Vital Issues

His Interpretation of the Disturbance

Attendance at—church services

mental health conferences

Practice of Prayer

of Bible reading

Reasons given for Attendance or Non-attendance at Church

His concept of the Bible

His idea of the chief end of life

His concept of God

His concept of the cross

*Form C.* Form C is worthy of note because it appears to be that which Boisen used to gather data for the 173 cases summarized in Part I of *The Exploration of the Inner World*. Before discussion of these data he wrote,

I have also interviewed most of the patients with the aid of a list of questions based upon the analysis of the thought content found in the first eighty cases [possibly with the use of Form A]. These questions have proved most helpful in gaining access to the mind of the patient and revealing his significant ideas.<sup>29</sup>

This questionnaire was developed in cooperation with Dr. Helen Flanders Dunbar, who came to Worcester State Hospital in the spring of 1927 in order to research the symbolism found in acutely disturbed patients.<sup>30</sup> Entitled "Schizophrenic Thinking," it contains 34 detailed questions under the six categories found in section V.D. of Form A plus a section labeled "Religious

<sup>29</sup>Boisen, *The Exploration of the Inner World*, p. 17.

<sup>30</sup>*Ibid*, p. 17n. c.f. Boisen, *Out of the Depths*, p. 160.

Concern.” The “Philosophy of Life” and “Religious Concern” sections are reproduced below. Note the interest in symbolic thinking in question 29:

#### PHILOSOPHY OF LIFE

26. How much serious thinking do you do? What is your idea of what we are in the world for?
27. What is your idea of God? What reason do you have for believing in God? Have you ever seen him? heard him? What is your attitude toward him? his attitude toward you? How do you think we can please God most?
28. Do you believe in other superhuman beings besides God? (If the answer is, Yes, inquire into the reasons for such a belief, searching particularly for any special experiences which may have led to such belief.)
29. What is your idea of this universe in which we live? What do you think of when you see  
a) the sun? b) the moon? c) the stars? d) water? e) fire? f) flowers? g) trees?  
h) rocks?  
(In case of particular ideas inquire into their possible origin, as in previous reading, early teachings, etc.)

#### RELIGIOUS CONCERN

30. What does church mean to you? Have you been accustomed to attending it? To what church do you belong? How often do you go to the services here? What is your reason for going, or not going?
31. What does prayer mean to you? Has it given you any special comfort or help? Have you received any special answers to prayer? For what kind of things should one pray?
32. What does the Bible mean to you?
33. What ups and downs have you had in your religious life? What attempts have you made to turn over a new leaf? Have you had any periods of marked awakening? of back-sliding? When were you at your best?

### Evaluation and Implications

The forms cited above may appear to be too tedious and complex to be used as general instruments of pastoral assessment. However, they were intended to point out major areas of concern for the person seeking to understand another individual's experience. In the introductory statements to both forms A and C, Boisen warned against their use in a systematic or mechanical way. They were designed to help Boisen and his students identify the central problems and difficulties which would then lead the researcher into specific areas which needed further study. Boisen also noted that in the preparation of case records for teaching purposes the researcher may depart from the suggested plan of organization in order to highlight significant findings. This is indeed the way in which Boisen prepared many of his cases for use in clinical training groups.

At the same time, it is perhaps the thoroughness and exhaustiveness of Boisen's case study method which is its primary strength. Indeed, as I noted at the beginning of this discussion, Boisen had a *reason* to be thorough—he was engaged in a search for meaning and understanding of his own experience. This helped him to know which questions to ask in making a pastoral assessment. Nevertheless, as Paul Pruyser notes, Boisen was never satisfied with

“one-shot impressions” in the write-up of his cases.<sup>31</sup> He was careful not to place too much emphasis on the precipitating factor of a disturbance, because he was convinced that acute disorders were the result of the *accumulation* of inner stresses throughout a person’s developmental history. It was only through the careful gathering of these developmental data that Boisen could obtain a longitudinal view of “the ups and downs, the contradictions and inconsistencies, the morbid fantasies or the healthy reality testing which one patient would manifest over a stretch of time.”<sup>32</sup> For this reason, Boisen insisted on adequate information in order to make an accurate assessment. In keeping with his theory, he also often included bibliographic references in his case analyses, indicating that he usually sought to make use of written research available on the subjects being considered.

Therefore, there are at least two points at which Anton Boisen’s case study method can have relevance to contemporary efforts at pastoral assessment: First of all, a common dilemma of the “busy pastor” is to be forced to make superficial judgements based on inadequate information. The extra investment of time spent in learning the details and the background of the parishioner’s situation will enable the pastor to be more prescriptive, and therefore more effective, in his or her pastoral care and counseling. For example, many of the questions listed under the “Religious Concerns” sections of Forms B and C above would enable the pastor to have a more complete understanding of the parishioner’s religious history and theological understanding, thus facilitating communication on issues of deep spiritual concern to the parishioner.

This leads to a second important implication of Boisen’s method. As stated earlier, a basic goal of Boisen’s method was to study and understand religious experience as well as to stimulate the formation of the student’s own theology. As part of his case discussions, Boisen prepared many questions which forced students to think theologically about human experience. The ability to think theologically about human situations is a stated goal in many educational experiences (including CPE) for seminarians and pastors. Indeed, it is a very worthwhile goal, but it is very hard to achieve. In my experiences in teaching and supervision thus far, I have found both students and professors often fail at the point of being able to make significant theological assessments of pastoral situations. Until this is done, the pastor is unable to minister to the whole person. The legacy of Anton T. Boisen to the art of pastoral assessment may well be the insight that one must take the time and the discipline to ask the right questions in order to obtain a more complete theological perspective on human situations.

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<sup>31</sup>Pruyser, *op.cit.*, p. 215.

<sup>32</sup>*Ibid.*