

THE EXPERIENTIAL VALUE OF THE CRITICAL INCIDENT

by Santosh Jain and Gary Greer

Many seminaries across the country require their Master of Divinity and Doctor of Ministry students to pursue, in addition to their regular theological course work, participation in Clinical Pastoral Education programs. Students participating in these programs receive supervision from an accredited supervisor and function as pastoral interns in various medical hospitals, correctional institutions and mental health facilities. Along with their pastoral functioning, the C.P.E. student participates in individual counseling encounters with his supervisor as well as group dynamic processes with other students.

Much has been said on the grassroots level of the C.P.E. programs about the learning process, a process called learning through the clinical method. Simply stated it is a method of learning whereby the student starts with and examines his prejudices, fears, attitudes, interpersonal and intrapersonal dynamics and faith system in the light of knowledge he receives in ministry, through group interaction and individual supervision.

This clinical method of learning is quite different from the more traditional educational mode wherein the student is given neat little packages full of helpful facts and information into which the student must plug his experience, often without the benefit of much personal insight. The struggle to integrate theory with experience is often a painful and arduous one. An integral part of that clinical learning method is for the student to experience, document and analyze those incidents that arouse some significant issue in him. In the C.P.E. vernacular these events of awareness are written in a form called Critical Incident Reports. Obviously, each student's critical incidents are unique to him as he gains valuable personal insight through this living laboratory method.

In the pages that follow, we would like to share a couple of such critical incidents that have become part of our experience as well as vehicles through which we have received invaluable spiritual insight and professional growth. We will begin with a narrative about Sarah which illustrates quite vividly some of the very same issues that seminarians, lay persons and clergymen might struggle with in the course of their seminary or pastoral experience.

The Experience of Santosh Jain

I had the privilege of seeing the patients and staff at the Rehabilitation Institute of Chicago, which is associated with Northwestern University

Medical School, as a Staff Psychologist for about five years. Patients, who were physically and neurologically disabled, were provided with much needed psychological services at the Institute. My primary responsibilities included rendering psychodiagnostic and psychotherapeutic services to patients and their families, providing consultation for treatment teams regarding therapeutic management, developing and coordinating behavioral treatment programs, acting as liaison with community organizations and providing follow-up services for discharged patients.

In retrospect, I am aware of the fact that along with the altruistic goals of providing desperately needed psychological services at the Institute, there were agenda items of my own. I strove for financial security, good evaluations and recognition from my colleagues. Obviously these all were common and legitimate goals when kept in proper perspective with larger issues. I justified my strivings by telling myself that all of us need the respect of our colleagues, and that I deserved to be secure after years of study. I took pride in being able to make accurate and comprehensive diagnostic assessments on which effective treatment plans were based, but I sometimes lost sight of precisely how profoundly the disabilities of my patients affected them emotionally and would change their lives, and of how my professional persona insulated me from their pain and protected me from gaining insight into my own.

About a year ago an incident occurred and caused me to reprioritize some of my well established notions about the infallibility of my profession's diagnostic procedures. I also caught a glimpse of the power of the human spirit and the identity of my professional persona. A patient, whom I'll call Sarah, was diagnosed by neuropsychodiagnostic testing and found to be aphasic, intellectually deficient and unable to speak. One day Sarah was sitting near another less neurologically damaged patient who was gradually falling out of her chair. Sarah, the supposedly non-communicative patient, began calling out and frantically moving her arms as she pointed to her fellow patient who was about to fall. According to neuropsychodiagnostic evaluation and therapeutic labels, Sarah should not have been able to generate verbal or symbolic communications. Sarah's behavior forced me to reevaluate the validity of neuropsychological tests and the potentialities of the non-communicative patient. Sarah was more aware than I of the important event going on in her world, and she solved the problem (a problem I thought to be too difficult or even impossible in the light of her limitations). Exactly whose awareness was limited? Certainly not hers!

Why had she not communicated before? Had it been that our diagnostic test battery failed to provide sufficient motivation to stimulate this patient to a level of exertion? Here was a woman who could neither

feed herself nor speak, but did care enough about her fellow patient that she struggled to generate the sound and gestures necessary to gain assistance for her friend. Perhaps our tests were not designed well enough to fully ascertain the limitations of her abilities. Maybe she did not bother to make sure the psychologist received valid answers on his tests. Possibly she was able to help her friend because she was operating on a different level of consciousness that our tests could not measure. Perhaps we failed to consider the power of the human spirit. I learned from Sarah that because of, and often in spite of our own fragility, we psychologists have the capacity to care for others in the midst of their fragility.

What has just been said thus far has not been said to discredit the results of our neuropsychological evaluations. Rather, it has been said to emphasize the fact that those results are therapeutic aids for treating the neurologically impaired, not boards and nails with which to build barriers for them. We must not allow our evaluations and labels to impede our inner sensitivity and insulate us from their pains. Sarah and patients like her have helped me heighten my level of awareness of my own patience, anger, fears, failures and transience. I am becoming aware of how these issues cause me to function.

I left the Rehabilitation Institute of Chicago and assumed the Directorship of Psychiatric and Psychological services at the Joliet Correctional Center in Joliet, Illinois in the Spring of 1984. I am often astounded at the terrific pace with which new critical incidents come in this maximum security prison setting. While at the Institute, I was convinced that those who had lost the full use of their minds and limbs suffered most profoundly. However, since leaving the Institute and coming to the prison setting, I have had to rethink my position. I have grown to realize that able-bodied, young men are also suffering tremendously, but in a different dimension. There is a deeper pain felt by the inmate. His suffering is to the point where he feels acute despair, hopelessness and may feel suicide is his only relief. Our free society continues to offer those with legitimate physical disabilities its love and empathetic concern. Those individuals in the free society still receive the benefits and support offered by their community; prisoners sense this and have great difficulty in accepting the realization that a six-by-eight foot cell is their home, and thirty-five foot stone walls are the perimeters of their world.

I am grateful to my patients at the Institute for their work on me as we journeyed along the same pathway. It is the lessons I learned there that are lighting my journey at the Joliet Correctional Center.

The Experience of Gary Greer

I began my journey as a Prison Chaplain shortly after graduation from Ashland Theological Seminary in the Spring of 1980. Seminary had been a time of spiritual and intellectual challenge. It was now time to put feet to the theological precepts and principles of counseling I received at ATS and Emerge Counseling Center. My journey has taken me behind the stone walls and iron gates of two different maximum security prisons. I have had many new experiences and several critical incidents that have provided me with the opportunities to confront myself, change and grow.

One such incident occurred the first year of my chaplaincy service. An inmate, whom I'll call George, had been brought to the prison's emergency room unconscious with severe trauma to his head and face. The doctors and nurses were able to stabilize the inmate's condition and he was transferred by ambulance to a community hospital trauma center. Later that same evening I drove to the hospital and made my way to George's bedside in the intensive care unit. He lay unconscious in the bed and the monitor screen indicated he had no brain activity whatsoever. As I stood quietly, the officer who was guarding the inmate looked up from his magazine and said, "What's the matter Rev? He's only a convict. It's better him than one of us." The callousness of the officer's remark had a tremendous impact on me. I can remember the helplessness I felt as I stood there and contemplated the fragility of the ember of life. It was during those few moments that I became aware of my own vulnerability, transience and loneliness.

An inmate's death, the death of a parishoner, or loved one, represents to all of humankind a note of finality. Even Christ wept at the tomb of Lazarus in spite of the fact that he knew he would raise Lazarus. It is often as we catch a glimpse of our own fragility that we receive inspiration to question the purposes and goals of our own lives. We can often use the awareness of our transience to motivate us to a new level of urgency concerning the execution of our task regardless of our station in life. All of us, especially professionals, must reprioritize the order of things, activities and dreams in our lives from time to time. It is ironic how unimportant some things become when they are reevaluated in the light of the eternal.

Another important lesson I learned through this critical incident is that ministry must be translated from the philosophical, academic and theological, into concrete, practical, flesh and blood issues of real life. It is not enough to have memorized creeds, Greek vocabulary and psychological theory. The real task is to touch people, whether they are inmates, patients or parishoners, where they hurt. All people helpers, whether clergyman, physician or psychologist, have been called to flesh

out the words of Isaiah when he wrote, "It is our task to bring the good news to the poor; to heal the broken hearted, to preach deliverance to the captives, and recovering of sight to the blind, to set a liberty to those that are bruised."

Since we are all fragile, we can allow ourselves the luxury of being aware that we share the joys, hopes, sorrows and failures of life with our fellow men. It is only when barriers and defenses fade, when divisions and differences disappear, that we can communicate freely. We discovered that there are few significant differences between a psychologist and an aphasic or the chaplain and an inmate. We are all vulnerable. We are all transitory. The powerful human spirit is resident in all of us. It is a beautiful lesson to learn that there is little in life that is static. We are all pilgrims in progress. Time changes people. Circumstances change and events occur in our lives or the lives of those we love and are concerned about that profoundly affect us. Catastrophic accidents, financial reverses and serious illnesses all put us in touch with our own transience. The awareness of our own transience is a powerful tool for the student, minister and psychologist to relate to clients, who are struggling with their own morality, disability or perceived personal imperfections. It is only as we lay hold of our own transience that we can empathize and help the struggling client and challenge him to grow. It is the vulnerable self in all of us that must learn to become more comfortable with the fact we do not have all the answers to the bigger questions of life and death and faith.

The Critical Incident and Ministry

Dr. Jain's journey as a psychologist and mine as a chaplain has brought us to the place where we must touch the root of the inmate's suffering. Our challenge is to have unconditional positive regard for the prisoners despite their criminal histories. We have both felt and seen the divine potential in each of these men in spite of the fact that many of them have been convicted of heinous crimes against their fellow human beings.

Our interactions with people like Sarah and George have caused us to examine other significant issues as well. We often come face to face with someone we do not always recognize at first. That someone is our professional personas. The Psychiatric Dictionary gives the following Jungian definition of the persona:

Persona (per-so'-na) With this term Jung denotes the disguised or masked attitude assumed by a person, in contrast to the more deeply rooted personality components. "Through his more or less-complete identification with the attitude of the moment he at least deceives others, and also often himself,

as to his real character. He puts on a mask, which he knows corresponds with his conscious intentions, while it also meets with the requirements and opinions of his environment, so that first one motive then the other is in the ascendant. This mask, viz. the ad hoc adopted attitude, I have called the persona, which was the designation given to the mask work by actors of antiquity. A man who is identified with this mask I would call "personal" (as opposed to "individual").¹

A most helpful benefit of the critical incident for the student minister, or layman, is to present him with the opportunity to meet his own persona. For some students it is the first time they might have been aware they were even wearing a mask. For others it may be the rare opportunity for them to take their mask off, if only for a moment, and gain perhaps the painful awareness of what it is like to not have it to hide behind.

Another benefit is for the student to realize as he counsels, ministers or preaches that he must encounter not only the persona of others, but the vulnerable selves of others which lie beneath their masks. It is here to the vulnerable real self that the Holy Spirit will make His impact, often using us through clinically proficient ministry. Often critical incidents expose our own quest for material security and pseudo-security of the praise from our colleagues. I believe no one summarized more effectively the futility of collecting things that we think will make us more secure than the scriptures that tell us not to store up for yourselves treasures on earth where moth and rust destroy and where thieves break in and steal (Matthew 6:19). The scriptures also speak quite succinctly about our overestimating the value of our own intellectual pursuits and struggling to be secure. The scripture again tells us, we are all like the grass of the field. Today we sprout, grow tall and flourish. As the noon day sun rises, we become dried and parched. Tomorrow we shall be gathered together in bundles and used for fuel in the oven (Luke 12:28). Our individual lives are temporary in the scheme of the universe. We are transient. The security of wealth, health, recognition, even life itself is so fragile and almost vaporous. We are all more vulnerable than we want to admit.

The Potential

There is an ember of eternal potentiality that glows in the breast of every member of the human family. Those of us who interact with others in an effort to effect change or growth in them, must realize that we are accompanying our fellow humans on their journey through life. We must constantly be mindful as we encounter others that we are touching much

more than mere organisms. Wayne Oates addressed the issue by saying, "Even though we are strangers and pilgrims in an idolatrous world, we are members of the commonwealth of those who care. Out of this caring relationship comes a feeling of ability and a feeling of single-hearted devotion, valuing ourselves as we are valued by God and those to whom we are profoundly related."²

The clergyman and psychologist will only become comfortable with his or her own humanness when they can see and touch that same humanness in others. Christ himself is able to touch the humanness in us because the humanness of the incarnate Christ struggled with the rigors of life and death. The purpose of the Kenosis was to robe God with flesh so that He could be understood by men as well as provide grace for them. He still chooses to reveal His love to mankind through the Christ in us. Christ laughed with the merry and wept with the crushed. We should do no less.

There are few significant differences between any of us. We are all transitory. The ember of eternal potential is in each of us. The work of grace is equally necessary for us all. The infinite strives to be the friend to each of us.

FOOTNOTES

¹C.G. Jung, "Psychological Types," *The Psychiatric Dictionary* (New York: Harcourt, 1923).

²Wayne Oates, *The Psychology of Religion* (Waco, Texas: Word Books, 1973).