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How 15 Years in Jail Transformed My Theology

By Fred Rottnek

Our capacity for growth and sustained ministry comes from experience, wisdom, and persistence. There are no shortcuts. I fear that we educators try to package transformative life experiences into a syllabus or a sign-in sheet. We want students to have the life-changing epiphanies, but we shy away from preparing them for the turmoil and heartache that contributes to self-knowledge. Often the transformation takes decades – over the course of our education and our professional lives. Or, using a more Ignatian metaphor, we want the revelation without the cannonball.

My cannonball hit over 30 years ago. And the last 15 years of my convalescence have been in jail.

My Path to Jail

I was a good Catholic boy. The middle child of three in a household of working-class parents in Saint Louis County, Missouri, I grew up with the very best of intentions. I was introverted and bookish, but I wanted to do something with my life worthy of the talents that God gave me. And I cultivated those academic talents at a ferocious pace.

My cannonball came at age 22, but I couldn't name it as major depression until I was 25. It was manifest in some spectacularly bad choices: leaving a full scholarship in graduate school at Harvard and, later, abandoning the path of becoming a Jesuit after eight days in the novitiate. After my diagnosis, a new drug called Prozac, and some initial years of psychotherapy, I entered medical school at Saint Louis University. The path of medicine as a vocation did not come all at once. It required effort to find my authentic self and experiences of service that created meaning with different definitions of success. I chose electives that resonated with my upbringing and my values, including electives with the city's homeless population. After graduation, I found my comfort zone in a family

medicine residency focused on community-based experiences with the poor and underserved.

After my family medicine residency, I joined the program's faculty, and through a new contract with the County Health Department I started my time as the Medical Director of Corrections Medicine. In the shelters, I had already begun caring for the frequent fliers of the criminal justice system – the homeless, the poor, and those without resources. Now, behind bars, I had staff support and resources; professionally, in my mind, this was a step up.

I entered my work within the criminal justice system with another important tool – the study of theology. Just a few months before I started in correctional health care, I enrolled in the Health Care Mission graduate program at Aquinas Institute of Theology. I learned how to engage in focused, critical reflection, how to articulate matters of mission across intersections of professions both inside and outside of Catholic health care, how to respect the human side of theology, and how to be patient and grateful for my own convoluted journey.

In Jail, Life's Lessons Are Taught with a 2x4

We love jail and prison stories. Correctional facilities provide interesting and intense intersections. As a result, the correctional health care setting is an ideal setting for theological reflection. People are at their best and their worst – often on the same day. Some emotions are raw, some are absent, and others are disciplined. There are huge power imbalances – allowing for great charity or great brutality.

Sam was a patient of mine in juvenile detention. He was charged with raping and almost killing a seven-year-old girl. The day he turned 13, he was certified as an adult and transferred to the jail to stand trial as an

adult. He spent most of the next three years in the jail's psychiatric infirmary. At trial, faced with a life-without-parole sentence, he accepted a plea bargain and will not be eligible for parole until he is 64. Both of Sam's parents had criminal records related to drugs, and they had lost custody of Sam's two younger siblings. During his incarceration in our jail, Sam went from a D and F student to an A student; he was able to adhere to a behavior plan so he could shoot hoops on a daily basis; and he grew in stature and personal responsibility. Now he will spend the rest of his life behind bars.

Caring for a 13-year-old in an adult jail forced me to ask whether theology could explain a child committing such a horrendous act. I had been raised in a popular culture and in a church that divided people into good and bad. I had been taught to stay on the safe side – with good, well-intentioned, holy people. Now more than ever, in caring for Sam, these core beliefs were shattered. Sam was a child – a child who had been repeatedly traumatized by those who should have been caring for him. Labeling Sam as *bad* didn't inform my understanding or my actions. If I were to make sense of Sam, much less care for him as a physician, I needed to revisit my most basic belief structures on human nature.

A trauma-informed lens was my way in. As children, none of us aspire to be chemically dependent. We don't aspire to rape and murder. We don't aspire to be in prison. So, if we find ourselves in these situations, something has gone terribly wrong in our lives. How we respond to those root causes of behavior, our baselines of normal, affects how we care for those who are incarcerated. Few of my patients' choices are as simple as they may appear. I had to move beyond a good/evil dichotomy to broader yet very practical questions:

- Do people have value in and of themselves?
- Do human beings have the ability to grow and change?
- Do people make the best choices based on the data in front of them?
- How does living in an environment of violence, trauma, and toxic stress affect an individual's health, well-being, and decision-making?

My answers that came over the past 15 years: Yes, yes, yes, and deeply yes. I have learned that my strength

and resilience as a jail physician comes from a lens of understanding my patient's behavior even more than making a correct diagnosis. The better a physician listens the better he practices. Now I can listen far more comfortably to the senior who has molested children or the pregnant woman who is addicted to heroin. My patients are now people with unimaginable stories of barriers to flourishing; they are no longer bad or weak or broken.

The Gospels guide us to move beyond the false simplicity of good and evil. Jesus taught to people's behavior. Jesus hung out with people often criticized – if not ostracized – by their communities, and he enjoyed their company. He understood complexity. He pointed individuals and crowds towards self-care, healthy relationships, and welcoming communities.

Treating people as evil is too easy. It's dismissive, and it's a way we let ourselves off the hook. More importantly, it's a paradigm that does not allow for improvement of the human condition. Although I cherish my formal theological education, it was Sam who forced me to question my beliefs about human nature. In doing so, I became a more effective physician.

Professional Formation and Messiness

We may want simple and only somewhat risky lessons that result in transformational learning and growth for our students. But, the reality is that transformation and vocation do not occur in a structured course with clearly-defined learning objectives. We need our cannonballs to force us to flourish and to live in effective service to others.

Nothing has been tidy about my professional formation. But without my messiness and reflection, my service and my teaching would have been impossible.

We cannot – and should not – protect our learners from their cannonball experiences and the subsequent messiness. And we should pray they encounter a Sam.

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