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Aspects of Biblical Prophecy in Clinical Counselling

Before I enlarge on the very issue, namely the question of what the prophetical element in clinical counselling might be, I am going to approach the situation of patients in a descriptive way.
People who are hospitalized, are **so** under various individual circumstances: while one undergoes an anticipated hospital stay e.g. for diagnostic purposes, another finds himself there for sudden treatment required after, say, an accident. What is common to the range of different situations is the in-patients´ experience of the fact that they are dependent on professional help. Usually the nursing staff and the medical personnel will be strangers to the patients. This involuntary "change of scene" may well lead to basic destabilization (depending on the patients´ psychological state and psycho-social network) as regards their own perspective in life and certainty of faith. The stabilizing function of daily routine and environment must not be underestimated in this context - for instance people still working might lose an essential means of structuring their day. Planning and doing your own thing - a mostly intact personal autonomy - is no longer an option. So the experience of being "stopped in midair" by an illness can lead to a basic crisis in life, frequently raising the question of **why** the illness occurred – and in turn what the meaning of one´s life really is. There are "cases" to illustrate that such a situation is initially perceived and interpreted as **crisis**,
at a later state, however, also considered a **turning point**.

We will **now** have to consider in how far this has to do with **prophetic** aspects.
Prophecy and counselling do **not** seem to go together – let alone **clinical** counselling.
On Old Testament footing, the "prophetic element" is to be understood as an attitude of resistance, i.e. one that does not conform to prevailing opinion supposedly constrained by circumstances - or motivated by opportunism.
The prophetic voice echoing from The Old Testament speaks out on more authoritative grounds, namely for the sake of God. It contradicts, warns, admonishes and criticizes, announces good and bad to come. The Biblical Prophets speak a clear-cut "Yes" or "No", they unambiguously "call" into a specific situation.
It seems evident to me that in a post-modern society a likewise performance is basically no longer viable. The "Dominus dixit" will possibly be replaced by an open invitation to a reflection of personal ambivalence or to a discourse on different positions.
I think this is how a clinical counsellor´s role in the multi-complex interaction in an institutional setting has to be described. It might well be that within the system (i.e. the clinic) conflicts are less about siding with one party (namely the "weaker" one) than about siding with a discourse which needs to be undertaken by various people involved (e.g. the multi-professional team).
As far as the counselling of the individual patient goes, let me say this:
The "prophetic element" of clinical counselling to me is **not** linked to the counsellor´s role as priest or "keeper" of the sacraments – **in fact** it lies in the counsellor´s availability as a person, i.e. in accompanying and "co-sharing" the identity crisis a human being finds himself in after falling ill (see below).
In doing so, the clinical counsellor puts himself at the patients "disposal" – functioning as a "container" (Bion) that can take in all sorts of ambivalent, undigested, seemingly lose items.

A coherent interpretation or a symbol, for instance, may render the contents "digestible" to the patient so that he can follow "a signpost to the future".

The theological reasoning behind this attitude of the counsellor is to be found in Tillich´s concept of man being accepted by God accepting man´s unacceptability (justification). Going back to the very situation in hospital: first and foremost the patient himself needs to **feel** accepted , experience for himself that he as a person **is being** accepted.
If a contact granting "inner space" is established, a joint process can lead to the patient´s realization of something "new" (either by development or demonstration). That again the patient may find helpful in terms of his personal identity and stability - respectively the search for religious self-discovery or reassurance.

First Example
On my routine round on one of the wards I inquire whether there is anything for me to do. A male nurse gives me the name of a woman who has been admitted after an attempted suicide. "Perhaps you could try and talk to her…"
The patient welcomes the opportunity. She starts talking about her fear of being transferred to a psychiatric clinic once more. She says she does not want to go there again and that she has experienced they cannot understand her there either. Since this has been her third suicide attempt, she feels they should finally accept that she does not want to continue to live.
Within me there is a feeling of anxiety and worry about the woman. She appears to be very strained, thin and emaciated but strong-willed.
I ask her what she thinks would have to be changed in order for her to find life worth living. She starts to tell her story: after her last stay at the psychiatric hospital she was allocated a flat in town. She has not found the apartment in the centre of town meeting her needs. It is too noisy, especially at night, so she cannot get any peace and quiet- and even worse she is not allowed to keep pets there. At this point she begins to cry.
When asked whether she has any experience with animals, she sits up a bit in her bed and reports how crazy she is about animals. She particularly loves horses, but dogs and animals as well. She used to live on a farm. (I am leaving out many details.) But now she could no longer live there. She could neither stand the financial pressure the farm was under nor the fact that her friend in charge of running the farm was addicted to alcohol.
Then she tells me about her married life, their daughter, their life together in the country- a long time ago. Now she was no longer in contact with her ex-husband and her 25-year-old daughter.Her daughter turned away from her when the mother was diagnosed with breast cancer. She could not cope with her mother´s ill state of health, which the mother could understand. Also, she herself had been very content living at her friend´s farm.
I pick up the red thread of "life in the country" as it seems to still render a life incentive for the patient that may be reactivated. "Well, that would be another chance to do something meaningful ", she says "but there is no such farm where I could find accommodation just like that). I just don´t have the money, you know. Perhaps it´s all just wishful thinking."
We talk about it being feasible and sensible to develop your own wishes and ideas for the future. What could then be put to practice, would remain to be checked
In the course of the conversation I begin to regret that I will not be able to establish a long-term contact. The patient is due at the psychiatric clinic the same day. I feel sympathetic towards her and would have liked to accompany her for some time.
One of my collegues who works at the psychiatric clinic comes to my mind. She seems the right one to reestablish the contact to this patient.
While I am sorting things out in my head, the male nurse comes in to tell the woman to get ready for the transfer by ambulance in an hour´s time.

There will be clinical pastors there, too, I tell the patient. She gives me the name of the collegue I had been thinking about earlier and says: "Well, Ms. X devoted time to me, too, when I was there. Her prayers really touched me."
The nurse enters the room to report that the ambulance service is early but we would have another couple of minutes. The patient takes in the message calmly. I ask her if there is anything I could do for her at present. "Yes, how about you praying for me and us saying the Lord´s Prayer together."
I say a free prayer in which I incorporate a verse from the Book of Isaiah: "A bruised reed will not be broken and a dimly burning wick will not be quenched." (Isaiah ch.42, v.3)
Having said the Lord´s Prayer, we look at each other. The patient seems to be relaxed and she
thanks me. As "fellow traveller" I give her a small bronze-coloured angle and ask her permission to inform my colleague that she is on her way. She is pleased and consents.
The she goes on to ask me: "…don´t you think you could help me find a communal residence in the country, perhaps on a farm which keeps animals?"
I agree to keep it in mind and let her know through my colleague if I come up with something. We cordially say good-bye.
Immediately I inform my colleague on her answering machine that the patient is about to arrive. The same evening we have a chance to talk to each other. My colleague has already contacted the woman and is wanting to counsel her comprehensively, namely empathetically bearing with her in her desolate state. She has known her for years and tells me that the woman is a borderline patient. We decide to investigate the possibilities of sheltered facilities in a rural environment… and to keep in touch.

Comment
What then is the prophetical element, are we **really** dealing with something prophetic here? As far as I´m concerned, the "prophetic" exists – or develops "in a third ".
First of all there is the space opened up through dialogue. The patient recalls a time when she actually felt/experienced joy in life. She thereby gains identity and develops will-power when she discovers her affection for animals.
Her longing to relate to living creatures has not been lost, her desire to care for animals is still alive. From her point of view, a relation to animals seems the most likely to work out.-
Also, her wish (and its fulfilment) to be contacted by my colleague opened a door to a perspective for the future.
Again: Not something entirely **new**, but the recollection of something familiar stabilizes.
In prayer it is the verse from Isaiah that opens a window of opportunity for identification.
Both the patient´s and the councellor´s thoughts are directed towards "the third" before whom the patient´s situation is voiced.
So the "prophetic word of old" renders the chance to **accept oneself** as someone who needs help, fellow-companionship and "divine guardianship".

Second Example
*On my visit to one of the intensive care units I get talking to the nursing staff in their office. They are at odds at how to deal with a patient in his early thirties. He has had a fall after an epileptic fit and has consequently suffered some fractures. They report to me that on admittance the man was **not** psychologically prominent. However, a day later he started to shout abuse and to gesticulate wildly. Both the nursing personnel and the doctors were at a loss. Finally a psychiatric evaluation was instigated. According to the staff, the psychiatrist after a 10-minute consultation concluded "This man is completely crazy." – and left.*

The patient, the staff continue, says of himself he is John the Baptist and of a (bearded) nurse he is Jesus. That would surely be a case for me since it was all to do with religious topics.

I visit the patient and address him, introducing myself by name and profession and tell him that I work on the ward as clinical counsellor. I ask him for his name and he says that he ***now*** *is* ***John the Baptist and has to preach, particularly calling for turning back and for repentance.***
I ask him if I may sit down for a short while, he is pleased and I take a seat at his bedside. Then he starts quoting verses from The Psalms, first and foremost lamentation – and asks for forgiveness for himself and others. While speaking he does not look at me - and goes on talking aloud for 10-12 minutes. Finally he recites The Ten Commandments.
I remain seated and listen to him - sensing that here is someone who has plunged into a different time and has slipped into the role of a prophetic lamenter. Disquieted and worried he is crying out for himself and for others – crying out to God. After a while he eye-contacts me and says: "I need a Bible because I don´t know if I am still able to say the Creed!"
I ask him whether he would like to read in the Bible. He answers: "No, I just want to know if I can still say the Creed."
I tell him that the Creed is to be found at the front of the Hymn Book, offering him one. He nods. I open up the Hymn Book and hand it to him. I ask him if we should say the Creed together. He agrees to that. The patient speaks in a very loud voice.
After the AMEN he looks at me, thanks me and says: "I´m so glad I know I can still do that!"
"Will you tell me your name?" I ask him. "I am NN, now I know again who I am!"
We say good-bye to each other and we arrange to meet again in two days´ time.
I feel rather exhausted, return to the office, but nobody is there. The nursing staff are occupied with the other patients. On the ward things have somewhat quieted down. Mr NN has stopped
calling out. On my return two days later, he is no longer on this ward, in fact he has been released from this hospital. In conversation with the nurses I am told that the patient has no more had those kinds of "religious fantasy."

Comment
Again we need to ask what the "prophetic element" might be.
The patient is obviously very familiar with the biblical tradition. He slips into the role of John the Baptist calling for repentance in the light of the oncoming Kingdom of God. He cries out and admonishes confiding in the knowledge of redemption/reconciliation through someone other than himself. The patient seems to reassure himself, giving his own name once more as he finds /returns to his own role as a Christian when he says the Creed and realizes "I can still do it!"
The "prophetic" in the sense of what directs to the future is the reassurance in his relationship to God. The patient changes from a lonely **caller** to a **confessor**.
He has attained certainty of himself and of his salvation that has been "effected".
On this short journey he experiences the presence of a fellow traveller. Once again the "space" which is made room for in the relation is decisive for self-finding and self-reassurance , in this case in his faith. The actual "spelling out" of the Creed establishes identity.

Conclusion
To me, both "cases" illustrate that "undigested material" verbally being disposed of by putting it into the counsellor´s "container" is something the client himself actively/productively **does .** By enduring the situation - and the counsellor´s availability as

the person opposite ("container") who minimally structures and "co-forms" this process in which "items" are put into a new context.
Thus a process of "acquisition" or "self-finding" takes place establishing identity - and in some sense acceptance of the individual´s own self in the face of God.

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