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When the Inconceivable Becomes Felt

Three Encounters in Clinical Chaplaincy

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Abstract

Clinical chaplaincy is often described through broad terms such as presence, accompaniment, meaning, and spiritual support. This paper instead shows the work through three constructed clinical narratives: a man confronting an ALS diagnosis, a Filipino American family gathered around its dying matriarch, and a Christian husband facing the imminent death of his young wife. The cases illustrate how distress may remain cognitively understood yet affectively inconceivable, and how disciplined chaplaincy can help what was previously inconceivable become felt. The discussion links that movement to ever-present others, TRAB-S, Soul as the consciously felt life of Self, predictive processing, prediction error, and the possibility of reconsolidation. The chaplain does not provide meaning or produce compliance; the clinical task is to create relational conditions in which a rigidly organized world may encounter discrepant experience and new action may become possible.

Keywords: clinical chaplaincy, affect, Soul, Self, TRAB-S, prediction error, reconsolidation, ever-present others, CPE, clinical formation

There is an old problem in writing about chaplaincy. We are much better at describing what chaplains believe themselves to be doing than at showing what they actually do.

We speak of presence, accompaniment, meaning, hope, spiritual support, and compassionate listening. All are worthwhile. None, by themselves, adequately distinguish clinical chaplaincy from what any caring human being might offer another in distress.

So perhaps some show-and-tell is in order.

The three cases that follow are constructed clinical narratives. The first two are composites. The third grows out of an encounter from my own CPE residency many years ago, although the circumstances have been fictionalized and, after a quarter century, I no longer trust myself to separate every detail of one patient from another. The patient portrayed here is therefore fictional: a thirty-five-year-old woman with metastatic ovarian cancer, massive malignant ascites, respiratory failure, and an irreversible terminal prognosis.

What matters is not whether these particular conversations occurred. What matters is whether experienced clinical chaplains recognize the work.

Each case involves a crisis that cannot be fixed. In each, the chaplain has very limited opportunity. The chaplain enters an already active human system, perceives what may be happening beneath the presenting distress, and attempts a clinical intervention.

The cases also illustrate a proposition that I wish I had stated in a single sentence in *Clinical Chaplaincy: Principles & Practice*:

The gateway to clinical chaplaincy is helping the previously inconceivable become felt.

That requires some explanation.

Something can be cognitively understood while remaining affectively inconceivable. A patient can understand perfectly well that ALS is progressive while being unable to experience himself as dependent without simultaneously experiencing himself as worthless. Adult children can know that their mother is dying while being unable to experience themselves as a family without her organizing them. A husband can comprehend every word of a terminal prognosis while being unable to feel the possibility of his wife's death without experiencing the collapse of God, faith, fatherhood, and his entire moral universe.

Information does not necessarily change any of this. Neither does reassurance.

Sometimes what is required is an encounter in which an organizing expectation becomes affectively alive and, within a sufficiently containing relationship, something discrepant can be experienced alongside it. Then something different may become possible.

I. The Room After the Neurologist

Michael Reyes was fifty-eight when he was admitted after several weeks of weakness in his right hand, two falls, and an increasingly noticeable difficulty getting words out when he was tired. Three days of testing ended with a diagnosis of amyotrophic lateral sclerosis.

The neurologist had been careful. There were additional tests to complete, treatment options to discuss, and considerable variation in the course of the disease. Michael nevertheless heard the essential message: the disease was progressive, there was no cure, and eventually he would lose abilities he regarded as fundamental to who he was.

A nurse asked whether he would like to see a chaplain.

Michael said, "I'm not religious."

"That's okay," she told him.

An hour later the chaplain knocked.

Michael was sitting in a chair beside the window rather than in bed. His hospital gown was covered by a sweatshirt bearing the logo of a construction company. His arms were folded tightly across his chest.

"I'm Daniel, one of the chaplains."

"I told the nurse I'm not religious."

"She told me."

Michael looked at him suspiciously.

"Then why are you here?"

Daniel pulled a chair several feet away but did not sit.

“Because she thought you might want somebody to talk to who isn’t going to examine you, treat you, or tell you what decision you should make.”

Michael looked out the window.

“That’s a pretty low bar.”

“It is.”

Michael gestured toward the chair. Daniel sat.

For several seconds neither spoke.

Finally Michael said, “ALS.”

Daniel nodded.

“You know what it is?”

“I do.”

“Then you know.”

“I know something about the disease. I don’t know yet what it means to you.”

Michael looked at him for the first time.

“What it means is my life is over.”

Daniel resisted the impulse to contradict him.

“When you say your life is over, what part of it are you seeing?”

“All of it.”

But the answer came too quickly.

Daniel waited.

Michael’s eyes moved toward the sweatshirt.

“I own a contracting business. Thirty-two years. Started with a pickup truck and a toolbox. Now I’ve got nineteen employees. My son works with me.”

He looked down at his right hand.

“This is already going.”

Daniel followed his gaze.

“And the neurologist is telling me eventually the rest goes too.”

Another silence.

“My wife keeps saying we’ll handle it. Of course she says that. What else is she supposed to say?”

His voice changed slightly when he mentioned her.

Daniel noticed.

“What do you hear when she says, ‘We’ll handle it’?”

Michael’s jaw tightened.

“That she’s going to have to take care of me.”

There it was.

Daniel said nothing.

Michael continued.

“Feed me. Dress me. Wipe my ass. Maybe listen to some machine breathe for me. That’s what ‘we’ll handle it’ means.”

His eyes filled, and he turned toward the window.

“I won’t do that to her.”

Daniel waited long enough that the silence became something they were sharing rather than something he was trying to fill.

Then he said, “So when you said, ‘My life is over,’ I wonder whether what you meant was something more specific.”

Michael turned back.

“What?”

“The life in which you’re the one who takes care of everybody.”

Michael stared at him.

Daniel continued carefully.

“Your employees. Your son. Your wife. You’ve spent thirty-two years building something. I wonder if the part that feels impossible isn’t only losing what your body can do. It may be becoming someone who needs other people.”

Michael’s face tightened.

“Same thing.”

“Is it?”

“Pretty much.”

Daniel let that stand.

After a while Michael said, “My father was useless the last three years of his life.”

The room changed.

“Useless?”

“Stroke. My mother did everything. Everything. He sat there.”

Michael’s right hand began rubbing his left forearm.

“He hated it. She hated it. Everybody pretended they didn’t.”

Daniel said, “And you’ve just been told you may become your father.”

Michael stopped rubbing his arm.

For several seconds he did not move.

Then, almost in a whisper:

“Yeah.”

The neurologist was no longer the only other person in the room.

Michael’s father was there. His mother was there. His wife was there. His son was there. Nineteen employees were there. Thirty-two years of work were there. So was a much younger Michael watching his incapacitated father and learning something about what it meant to be a man who could no longer do for others.

These were the ever-present others organizing the encounter.

Daniel did not explain this to Michael.

Instead he asked:

“Was your father useless?”

Michael looked irritated.

“I just told you—”

“I know what you told me he couldn’t do. I’m asking whether *you* think he became useless.”

Michael started to answer and stopped.

“No.”

“What was still there?”

Michael looked down.

“He was my dad.”

Daniel waited.

“He knew things. Even after the stroke. Couldn’t always get the words out. But he knew things.”

A faint smile appeared.

“He could tell when I was about to screw something up.”

“What did he do?”

“Give me this look.”

Michael demonstrated it, raising one eyebrow.

Daniel smiled.

Michael did too.

For perhaps two seconds the hospital room contained something other than ALS.

Then Michael said, “But that’s different.”

“How?”

“He was my father.”

“And you’ll still be your son’s father.”

Michael’s smile disappeared, but not into the same expression that had preceded it.

Daniel continued.

“You’ve told me what ALS may take from you. Your hand. Eventually your mobility. Possibly your speech. Your independence. Those are enormous losses, and I don’t want to make any of them smaller than they are.”

Michael nodded.

“But I’m wondering whether somewhere between the neurologist’s office and this room, ‘I am going to lose things that matter enormously to me’ became ‘I will become useless.’”

Michael looked at him.

“And I wonder whether those are actually the same thing.”

Silence.

Michael’s eyes filled.

This time he did not turn away.

“I don’t know how to be that guy.”

“What guy?”

“The one who needs everybody.”

Daniel nodded.

“That sounds different from ‘my life is over.’”

Michael gave a short laugh.

“Not much.”

“No. But maybe enough.”

Michael leaned back.

After a while he said, “My son has been wanting more responsibility in the company.”

Daniel noticed the change immediately.

Michael had moved into the future.

“What have you told him?”

“He’s not ready.”

“Is he?”

Michael smiled slightly.

“Probably more ready than I tell him.”

“What would happen if you let him become ready?”

Michael looked toward the window again, but now he seemed to be thinking rather than escaping.

“I’d have to teach him.”

Daniel said, “That sounds like something your father might recognize.”

Michael looked back at him.

Neither spoke for a while.

Finally Michael said, “Jesus.”

Daniel smiled.

“Not my doing.”

That got an actual laugh.

Then Michael became serious.

“I still don’t want my wife wiping my ass.”

“I believe you.”

“And I’m scared shitless.”

“I believe that too.”

“But that’s not today.”

“No.”

Michael looked again at his right hand.

“No,” he repeated. “That’s not today.”

Daniel stood.

Michael seemed surprised.

“You’re leaving?”

“I am. I’ve got other patients to see.”

Michael nodded.

At the door Daniel stopped.

“You don’t have to figure out how to live the rest of your life today.”

Michael looked at him.

“But you may have some things you still want to do while you’re figuring it out.”

Michael nodded slowly.

“Yeah. I think I need to talk to my son.”

Nothing about Michael’s prognosis had changed. Something about his future had.

What Happened?

Michael already understood ALS. He did not need the chaplain to explain his diagnosis.

What he could not yet conceive was himself as dependent and still himself.

His distress had organized itself around a prior: **Dependency means uselessness.**

That prior had history. He had watched his father become dependent after a stroke and had encoded more than a memory of what happened. He had developed an expectation about what dependency *meant*. ALS activated it.

The prediction was so powerful that Michael was affectively living inside a future that had not happened. His body remained capable of walking, talking, working, teaching, loving, and deciding. Yet in his consciously felt experience he was already the helpless father he remembered.

Then the chaplain asked: **Was your father useless?**

The question did not give Michael a new idea. It brought him into contact with discrepant experience already contained within his own autobiographical world.

His father had been profoundly dependent. And his father had remained father.

The old prediction became affectively active at the same time that contradictory experience became available.

Michael's crucial statement was not his insight about his father. It was: **"That's not today."**

The previously inconceivable possibility—*I may become dependent without becoming nothing*—had begun to be felt.

And immediately there was movement: **"I think I need to talk to my son."**

A new action had become possible.

II. Before Gabriel Arrives

Lourdes Villanueva was seventy-nine and dying.

Born outside Iloilo City in the Philippines, she had come to California with her husband, Ernesto, in 1974. Ernesto had died nine years earlier. Since then, even more than before, Lourdes had been the gravitational center of the family.

Three of her four adult children were around the hospital bed.

Teresa, sixty, stood nearest her mother's head. She lived fifteen minutes away and had been Lourdes's principal caregiver through two years of ovarian cancer.

Her younger brother Paolo, fifty-six, also lived nearby. He stood opposite Teresa, periodically watching the monitor.

At the foot of the bed stood Elena, forty-eight, the youngest daughter and an ICU nurse at another hospital. She had flown in from Seattle the previous afternoon.

The fourth sibling, Gabriel, fifty-two, was somewhere over the Pacific returning from Singapore. His connecting flight was due into San Francisco that evening.

Lourdes was unresponsive. Her breathing was shallow and irregular.

The palliative-care physician had told the family that morning that she might die within hours.

When the chaplain entered, Teresa was speaking.

"She's waiting for Gabriel."

Elena said nothing.

Paolo nodded.

"She'll wait."

The chaplain introduced herself quietly.

Teresa immediately asked, “Can you pray that she holds on until my brother gets here?”

It was a perfectly reasonable request.

The chaplain almost answered it.

Instead, she noticed Elena.

Elena’s face had changed.

“I can certainly pray with you. Before I do, could you tell me a little about your mother?”

All three answered at once.

“Strong,” Paolo said.

“Stubborn,” Elena said.

Teresa shot her a look.

Elena added, “Strong.”

Paolo smiled despite himself.

“She ran everything.”

“Everything,” Teresa agreed.

“She still does,” Elena said.

Again Teresa looked at her.

The chaplain noticed the tension but did not pursue it.

“What did she run?”

Paolo laughed.

“Us.”

For the first time all three smiled.

“Church,” Teresa said. “Family. Parties. Baptisms. Weddings. Everybody’s business.”

“Especially everybody’s business,” Paolo said.

Elena smiled.

The chaplain looked at Lourdes.

“So this is the person everybody came home to.”

Teresa’s eyes filled.

“Always.”

“And now everybody has come home.”

Teresa touched her mother’s hair.

“Except Gabriel.”

The room tightened again.

“He’ll be here,” Paolo said.

Elena looked at the monitor.

“How long?” the chaplain asked.

“Maybe eight hours,” Paolo said. “If everything works.”

Teresa said, “Mom knows. She knows he’s coming.”

Elena spoke without looking up.

“She may not have eight hours.”

Teresa turned sharply.

“You don’t know that.”

“Neither do you.”

“She’s waiting.”

“Teresa—”

“She’s waited for all of us our whole lives. She can wait eight hours.”

Elena’s jaw tightened.

Paolo intervened.

“Okay. Stop.”

Silence.

The chaplain now understood something the referral had not told her. The crisis in the room was not simply that Lourdes was dying. The family had been given an impossible task: **Keep Mama alive until Gabriel gets here.**

And Elena, because she was both daughter and nurse, had been assigned another impossible task: **Know whether Mama can accomplish it.**

The chaplain moved slightly closer to the bed.

“Elena, can I ask you something?”

Elena looked at her.

“When you’re standing there looking at that monitor, are you here as Lourdes’s daughter or as an ICU nurse?”

Elena’s face crumpled.

“I don’t know.”

Nobody spoke.

“That seems like a very hard place to stand.”

Elena began crying.

Teresa looked startled.

“I’m supposed to know,” Elena said.

Paolo moved toward her.

“I’m the nurse. Everybody keeps asking me what’s happening. Is this normal? How long? Should we call somebody? Is she suffering? And I don’t know.”

Teresa said, “We don’t expect you to know everything.”

Elena looked at her.

“You’ve asked me twenty times if she’ll make it until Gabriel gets here.”

Teresa’s face changed.

“I just—”

“I can’t tell you that.”

“I know.”

“No, you don’t.”

“Elena.”

“I can’t keep her alive for Gabriel.”

There it was.

Paolo put his hand on Elena’s shoulder.

The chaplain watched Teresa. The oldest daughter had gone very still.

Finally Teresa said, “Nobody asked you to.”

Elena wiped her face.

“You didn’t have to.”

That sentence struck Teresa harder than an accusation would have. The chaplain let the silence hold. Then Teresa sat beside her mother.

“I don’t know what else to do. I’ve been taking care of her for two years. Every appointment. Every medication. Every meal. Every damn thing.”

Paolo sat beside her.

“I know.”

“No, you helped. You did. But—”

“I know.”

Teresa began crying.

“I don’t know how to do this.”

The chaplain asked, “Do what?”

Teresa looked at Lourdes.

“Let her die.”

The room became very quiet.

Paolo looked down.

Elena walked around the bed and stood beside her sister.

The chaplain realized that Lourdes had spent decades organizing this family. Now, as she died, her children were desperately trying to continue organizing themselves around her.

But Lourdes could no longer perform her role. And nobody knew who they were without her doing it.

“What would your mother be doing right now if she could sit up and see the three of you?”

Paolo laughed through his tears.

“Giving orders.”

Teresa smiled.

“Definitely.”

Elena said, “She’d tell me to stop crying.”

“She’d tell everybody to stop crying,” Paolo said.

Teresa shook her head.

“No. She’d cry.”

Paolo looked at her.

“Then she’d tell *us* to stop.”

They laughed.

Something shifted.

“And what would she say about Gabriel?” the chaplain asked.

The laughter disappeared.

Teresa answered immediately.

“Wait.”

Elena said, “Are you sure?”

Teresa looked at her.

“Yes.”

Then she hesitated.

Paolo noticed.

“Really?”

Teresa looked down at her mother’s hand.

“I don’t know.”

No one filled the silence.

Finally Paolo said, “I think she’d say, ‘Why did that boy go all the way to Singapore?’”

Elena laughed.

Teresa did too.

Then Paolo became serious.

“She wouldn’t want him thinking he killed her because his plane was late.”

Teresa looked at him.

The chaplain stayed silent.

Paolo continued.

“She wouldn’t do that to Gabriel.”

Teresa’s expression changed. For two years she had been protecting her mother. Now another possibility was emerging: protecting her brother.

Elena said quietly, “We could call him.”

“We talked to him this morning,” Teresa said.

“No. I mean now.”

“He’s on the plane.”

“He has Wi-Fi. Maybe he’ll get a message.”

Teresa looked toward Lourdes.

The chaplain asked, “What would you want him to know?”

“That Mama knows he’s coming.”

Paolo said, “And that it’s okay.”

Teresa turned toward him.

“What is?”

“If she can’t wait.”

Teresa began crying again.

“I don’t want her to think she has to.”

No one spoke.

Then Elena walked to the head of the bed. She took her mother’s hand.

“Mama.”

Her voice changed. The nurse was gone. It was a daughter’s voice.

“Gabriel is coming.”

She stopped.

Teresa stood beside her.

“He’s trying to get here. He loves you.”

Paolo moved closer.

“And we’re here, Ma.”

Teresa was crying openly.

“We’re all okay.”

Paolo looked at her.

Teresa caught the look and almost laughed.

“Okay, we’re not okay.”

Elena smiled through her tears.

Teresa leaned closer to Lourdes.

“But we will be.”

That sentence hung in the room.

“You don’t have to wait for Gabriel,” Teresa continued.

She put her forehead against her mother’s hand.

“You don’t have to wait for anybody.”

Paolo put an arm around Teresa.

Elena placed her hand on Teresa’s back.

For the first time since the chaplain entered, the three siblings were touching one another.

After a while Paolo looked at her.

“We were supposed to pray.”

“We still can.”

Teresa nodded.

“We’re Catholic.”

“Would you like me to pray in the Catholic tradition?”

“Please.”

The chaplain prayed for Lourdes, for the life she had given and the family she had gathered; for Gabriel traveling toward her; for Ernesto, whose absence was also present in the room; for Teresa, Paolo, Elena, and Gabriel; and for peace in whatever came next.

Together they prayed the Lord’s Prayer.

At its conclusion Teresa spontaneously began:

“Hail Mary, full of grace…”

Paolo and Elena joined her.

The chaplain stood with them while the family prayed its own prayer.

When they finished, Teresa looked at Elena.

“Come sit down.”

Elena glanced reflexively toward the monitor.

Teresa saw her.

“No.”

She pointed to the chair beside her.

“Come be her daughter.”

Elena sat.

Paolo pulled another chair alongside them. The three children sat beside their mother.

At the door the chaplain heard Teresa say:

“Somebody message Gabriel.”

Paolo took out his phone.

“What do I tell him?”

Teresa looked at Lourdes.

“Tell him we’re with her.”

She paused.

“And tell him he doesn’t have to make the plane fly faster.”

What Happened?

Again, no clinical intervention altered the prognosis.

The chaplain did not determine whether Lourdes could hear. She did not tell the family that Mama was “waiting” for Gabriel. Nor did she correct them and insist that she was not.

She perceived the task the family system had unconsciously created: **Keep Mama alive until Gabriel arrives.**

Nobody in the room possessed the authority to accomplish that task.

Roles nevertheless organized around it. Teresa, the caregiving eldest daughter, became responsible for holding everything together. Elena became the nurse who must know. Paolo became mediator. Gabriel, though thousands of miles away, became one of the most powerful persons in the room. Lourdes remained the family’s organizing center even while unconscious.

The chaplain did not lecture the family about Task, Role, Authority, Boundary, and Soul. She used TRAB-S to perceive what was happening.

The task could change from *keep Mama alive* to *accompany Mama while she dies*. Elena could relinquish the impossible authority to predict death and become a daughter again. Teresa could cease being only caregiver and become a grieving child. Paolo could become brother rather than referee. And Gabriel could become someone to be cared for rather than the condition that had to be satisfied before Mama was permitted to die.

The decisive statement was Teresa’s: **“But we will be.”**

Everyone in that room knew Lourdes was dying. What had remained affectively inconceivable was **the family existing without Mama at its center**. Then, in the very presence of the dying mother, the siblings experienced themselves holding one another. The prediction changed while the loss was affectively alive. The dying matriarch could be released from the last impossible task her children had unknowingly assigned her: **holding the family together.**

III. When a Miracle Changes

Rachel Morgan was thirty-five.

She had metastatic ovarian cancer with massive malignant ascites and progressive organ failure. Her abdomen was markedly distended and painful. She had deteriorated into respiratory failure and was mechanically ventilated. Although there had earlier been periods in which she appeared intermittently responsive, by the time the chaplain became involved there was no realistic expectation that treatment would reverse the underlying disease.

Her husband, Daniel, would not discuss withdrawal of life support.

The ICU attending called the chaplain.

“He’s a religious guy. He thinks God is going to heal her. We need you to help him understand that isn’t going to happen.”

The chaplain listened.

“I can talk with him.”

“We really need somebody to get through to him.”

“I can help him talk about what he believes and what he’s facing. I can’t tell him what decision to make.”

The physician looked frustrated.

“Fine. Just talk to him.”

First Encounter

Daniel was sitting beside Rachel holding her hand when the chaplain entered.

“Are you a Christian?” Daniel asked almost immediately.

The chaplain understood that this was not casual conversation.

“Yes.”

Daniel relaxed slightly.

“Good.”

He began talking.

He and Rachel had been married eleven years. They had two daughters, Emily, nine, and Sophie, five.

“She does everything for those girls.”

He looked at his wife.

“And she’s my best friend.”

He told the chaplain about their church, a non-denominational congregation with contemporary praise music Rachel loved.

“She sings constantly at home. Badly.”

He laughed.

“She has a terrible voice.”

For an instant Rachel was no longer the critically ill woman in the bed. She was a thirty-five-year-old mother singing worship music badly in her kitchen.

Then Daniel became serious.

“We believe God heals.”

The chaplain nodded.

“The doctors don’t understand that.”

“What don’t they understand?”

“They keep talking like this is over. It’s not over. God can heal her.”

“Yes. You believe God can.”

“I know He can.”

The chaplain noticed the distinction.

“She’s thirty-five. She has two little girls. She’s a wonderful mother. She’s a wonderful wife. Surely the Lord isn’t going to take somebody like Rachel away from her children.”

The chaplain felt the temptation to answer the theology.

He didn’t.

“You love her very much.”

“More than anything.”

“And it sounds as though the possibility that she could die isn’t simply unbearable. It doesn’t make sense to you.”

Daniel looked at him.

“Exactly.”

“It doesn’t fit with what you know about Rachel.”

“No.”

“Or with what you know about God.”

Daniel’s eyes filled.

“No.”

There was the clinical problem. Not ignorance. Not stupidity. Not even denial in the ordinary sense. **A world that no longer cohered.**

“Tell me what you’re praying for.”

“A miracle.”

“What would the miracle be?”

“She gets up and comes home.”

“Completely well?”

“Yes.”

“And that’s what you’re asking God for.”

“Every minute.”

The chaplain did not challenge it.

After a while he asked, “What are Emily and Sophie being told?”

“That Mommy’s very sick.”

“Have they seen her?”

“No.”

“Do they know she might die?”

Daniel looked almost offended.

“No.”

“They’re praying too?”

“Of course.”

“What are they praying for?”

“That Mommy comes home.”

The chaplain looked toward Rachel.

Daniel followed his gaze.

Neither spoke.

“I’d like to come back tomorrow, if that’s okay.”

Daniel nodded.

At the door the chaplain stopped.

“I’m going to pray for Rachel tonight.”

“Pray for healing.”

“I’ll pray for Rachel.”

The chaplain left. He had accomplished almost nothing the physicians had requested. But he had learned what he needed to know. The ventilator was not the central problem. Rachel was dying inside a symbolic world in which her death had become evidence of something impossible about God, goodness, parenthood, and justice. And two little girls were already inside that world with their father.

Second Encounter

The next afternoon the chaplain returned.

Emily and Sophie were there.

Emily stood near the bed staring at her mother.

Sophie pressed against her father’s leg.

The girls had been prepared for what they would see, but preparation could not make their mother look like their mother.

Sophie whispered, “Why is Mommy so fat?”

Daniel winced.

The chaplain crouched closer to her height.

“Mommy’s body has a lot of extra fluid in it because she’s very sick.”

“Does it hurt?”

“The doctors and nurses are giving her medicine so she won’t hurt as much.”

Emily was looking at the ventilator.

“Is that breathing for her?”

“Yes.”

“Because she can’t breathe?”

“It helps her body breathe right now.”

Emily looked at her father.

Daniel said, “Just until Mommy gets better.”

The chaplain looked at Daniel.

Daniel looked back.

The boundary was clear.

The chaplain would not contradict a father in front of his daughters.

Emily walked to the bedside.

“Can she hear us?”

“We don’t know how much Mommy can hear. But lots of families talk to someone even when they can’t answer.”

Emily took her mother’s hand.

“Hi, Mommy.”

Sophie began crying.

Daniel picked her up.

“Hey. Hey. Mommy’s going to be okay.”

Sophie buried her face against him.

Daniel was soothing his daughter with the same prediction with which he was soothing himself.

Then Emily began singing.

It was one of the praise songs from their church.

Daniel stared at her.

Sophie lifted her head.

Emily’s voice trembled.

Daniel joined her.

Then Sophie did.

Three voices sang to Rachel.

Halfway through, Daniel could no longer continue.

He bent over his wife's hand and sobbed.

Emily stopped.

"Daddy?"

Daniel tried to recover.

The chaplain moved closer.

Emily asked:

"Is Mommy dying?"

The room went still.

Daniel looked at the chaplain.

The chaplain looked back.

It was Daniel's question to answer.

Finally Daniel said, "The doctors think she might."

Emily began crying.

Daniel reached for her.

"But we're praying for a miracle."

Emily climbed into his arms beside Sophie.

Then she asked:

"What if the miracle doesn't happen?"

Daniel closed his eyes.

The chaplain waited.

Daniel looked at him.

"Chaplain?"

For the first time he was asking for something rather than telling the chaplain what he believed.

"I don't know what God will do."

Daniel stared at him.

"And I don't think believing in God means we get to know."

Daniel began crying again.

The chaplain looked at the girls.

"But I do know something about your mommy."

"What?" Sophie asked.

"She loves you."

Sophie nodded.

"And you love her."

Both girls nodded.

"And nothing that happens in this room can make that not have happened."

Emily corrected him.

"Not *happened*. She still loves us."

The chaplain nodded.

"You're right."

He looked at Daniel.

"She does."

The girls stayed another twenty minutes.

They talked to Rachel.

Sophie told her about something that happened at kindergarten. Emily told her their dog had slept on Mommy's side of the bed.

Before leaving they sang another song. This time the chaplain knew it. He sang too.

Third Encounter

The chaplain returned that evening.

The girls had gone home with Daniel's sister.

Daniel was alone beside Rachel.

"They want me to let her die."

The chaplain sat down.

"They want you to make a decision about continuing the ventilator."

"Same thing."

"It may feel like the same thing."

Daniel looked at him angrily.

"You agree with them."

"I'm not here to decide for you."

"Do you think she's going to get better?"

This time evasion would have been dishonest.

"I've talked with her doctors. They believe Rachel is dying and that medicine cannot reverse what's happening."

“That’s not what I asked.”

“No.”

Daniel waited.

“I haven’t seen anything that makes me think they’re wrong.”

Daniel turned away.

“So much for faith.”

The chaplain allowed the anger.

After a while he asked:

“Tell me what faith would require me to say.”

“That God can heal her.”

“I don’t think you’ve ever doubted that God *can* heal her.”

Daniel looked back.

“Then why won’t you say He will?”

“Because I don’t know that.”

“Then what good is faith?”

The chaplain waited.

There it was again, but now Daniel himself had spoken the perplexity aloud.

“Maybe that’s the question you’re actually facing.”

Daniel said nothing.

“If Rachel dies, what happens to your faith?”

Daniel’s face tightened.

“I don’t know.”

“And what happens to God?”

“I don’t know.”

“And what happens to everything you’ve taught your daughters?”

Daniel looked toward the door through which they had left.

“I don’t know.”

“That’s a terrible place to be.”

Daniel began crying.

“I promised them God was going to bring their mother home.”

The chaplain said nothing.

“I promised them.”

“You were trying to protect them.”

“I lied to them.”

“You told them what you desperately needed to be true.”

Daniel shook his head.

“I can’t do this.”

“Do what?”

“Tell them their mother’s dead.”

“She’s not dead.”

“Yet.”

“No.”

Daniel looked at Rachel.

“She would know what to say.”

“I suspect she would.”

“She always knows what to say to them.”

“What would Rachel say to them now?”

Daniel shook his head.

“I don’t know.”

The chaplain waited.

Daniel looked at his wife.

Then, almost inaudibly:

“She’d tell them God loves them.”

The chaplain said nothing.

“She’d tell them she loves them.”

He rubbed Rachel’s hand.

“She’d tell them to take care of each other.”

A pause.

“She’d tell Emily to help Sophie, but not too much because Emily thinks she’s everybody’s mother.”

A tiny smile.

“And she’d tell Sophie to listen to her father.”

“What would she tell their father?”

Daniel covered his face.

For a long time he could not answer.

Finally:

“Take care of my babies.”

The room changed.

Daniel lowered his hands.

“She’d tell me to take care of them.”

The chaplain nodded.

Daniel looked at the ventilator.

“If I tell them to turn that off, I’m killing her.”

“Is the ventilator curing Rachel?”

“No.”

“Is it preventing what’s killing Rachel from killing her?”

Daniel did not answer.

After a while:

“No.”

The chaplain let the distinction remain in the room.

Then Daniel said, “I keep thinking if I stop believing hard enough…”

He stopped.

The chaplain waited.

“…then that’s when she’ll die.”

There it was.

The hidden task.

Daniel had not merely been waiting for God to perform the miracle.

He had become responsible for sustaining the conditions under which the miracle could occur.

“If you let yourself believe she might die, it feels as though you’re giving up on her.”

Daniel nodded.

“And maybe giving up on God.”

Another nod.

“What if loving Rachel and believing in God don’t require you to predict what God will do?”

Daniel looked at him.

“What if faith isn’t keeping Rachel alive?”

Silence.

“What if that’s a job you’ve given yourself that was never yours?”

Daniel began crying again.

This time the chaplain said nothing more.

Several minutes passed.

Finally Daniel asked:

“Can you pray?”

“Yes.”

“Not for healing.”

The chaplain waited.

Daniel looked at his wife.

“Just…for us.”

They prayed for Rachel, for Daniel, for Emily and Sophie. For love strong enough to remain love when it could no longer control what happened. For courage for whatever came next. For the physicians and nurses.

And for God to be present in a room in which nobody knew what God was going to do.

When the prayer ended Daniel remained silent.

Then he said:

“I need to talk to the doctor.”

“Do you want me to stay?”

“No.”

Daniel looked at Rachel.

“I think I need to do this.”

The chaplain left.

What Happened?

The chaplain did not persuade Daniel to withdraw life support. That distinction is crucial. The physicians had assigned the chaplain a task: **get through to the husband**. Had the chaplain accepted it, the pastoral relationship would have become an instrument for obtaining medical compliance. The chaplain instead helped Daniel recover the capacity to encounter the situation and make his own decision.

At the beginning, Daniel’s world had organized itself around a sequence: **Rachel is good. Rachel is a good mother. God is good. Therefore God will not allow Rachel to die.** Rachel’s prognosis created catastrophic prediction error. Her death would not merely mean losing his wife. It threatened an entire symbolic world. Either Rachel’s goodness did not matter, God was not good, faith did not work, or Daniel had failed to believe sufficiently.

It would have been easy for the chaplain to attack this theology.

“Sometimes God’s answer is no.”

“We don’t understand God’s will.”

“You have to let her go.”

Such statements might even be theologically defensible. Clinically, they could be disastrous. Daniel did not need his religious world dismantled. He and his daughters were going to need that world. It needed

to become sufficiently capacious to contain Rachel's death. And so something seemingly small occurred. God **can** heal Rachel. Daniel does not therefore know that God **will** heal Rachel. Faith can remain present in uncertainty.

The children were especially important. Emily asked the question the adults had been circling: **"What if the miracle doesn't happen?"** That was not a theological debate. It introduced into lived experience a possibility Daniel had been unable to feel.

Later another ever-present other became crucial: Rachel herself. The chaplain did not tell Daniel what his wife would want. He asked: **"What would Rachel say?"** Daniel knew. "Take care of my babies." He heard himself saying it. The husband whose task had been to sustain the miracle began becoming the father whose task was to care for two daughters through whatever happened. And finally Daniel revealed the underlying affective organization: **"I keep thinking if I stop believing hard enough, then that's when she'll die."**

Now we were no longer discussing doctrine. We were at the Soul of the encounter. Daniel had unconsciously assumed an impossible authority. His faith was keeping Rachel alive. Relinquishing certainty therefore felt causally connected to her death. The chaplain returned authority to where Daniel's own theology said it belonged. **"What if faith isn't keeping Rachel alive? What if that's a job you've given yourself that was never yours?"** Again, the decisive outcome was not: "Turn off the ventilator." It was: **"I need to talk to the doctor."**

The chaplain had not produced a decision. He had restored Daniel's capacity to make one.

From Show-and-Tell to Theory

What connects these three cases? On the surface, very little.

One is an individual confronting progressive neurological disease.

One is a Filipino American family gathered around its dying matriarch.

One is a Christian husband facing the imminent death of his young wife.

Yet clinically the movement is remarkably similar.

Michael is unable to experience dependency without uselessness.

Lourdes's children are unable to experience Mama's death without the disintegration of the family.

Daniel is unable to experience Rachel's death without the collapse of God, faith, marriage, fatherhood, and moral order.

Each person can intellectually understand the relevant facts. The problem is not lack of information. The problem is that a particular reality remains **affectively inconceivable**.

This is where I want to make an important distinction. It would be tempting to say that good clinical work makes the previously unthinkable thinkable. That is not quite right. It leaves us too high in the cortex. The previously inconceivable must first become **felt**. Only then can something genuinely new happen.

Soul, Self, and Affect

This helps clarify why I have used **Soul**, rather than simply Self, as the final term in TRAB-S.

The Self is the organized person: embodied, relational, remembering, predicting, acting through time. Soul names something related but different.

Soul is the consciously felt life of that Self.

It need not be introduced here as a separable metaphysical substance. It names the lived interiority of the person: what it *feels like* to be this Self, in this body, in these relationships, occupying this role, confronting this situation.

Affect is therefore not merely an emotion added to an otherwise cognitive Self. Affect is foundational to consciousness.

Michael's proposition, "My life is over," is interesting. Michael's *felt experience of himself already becoming his helpless father* is clinically decisive.

Daniel's assertion, "God heals," is interesting. The terror that *if he ceases believing strongly enough Rachel will die* takes us closer to the clinical center.

The Villanueva siblings all know that Mama is dying. Their inability to feel themselves as still a family without her is what organizes the room.

Clinical chaplaincy begins to become possible when we move from what people say they believe toward how their world is being consciously **felt**.

The Ever-Present Others

None of these encounters occurs only among the people physically in the room. Michael's father is there. His mother is there. His wife and son are there. The younger Michael watching his incapacitated father is there.

In Lourdes's room, Gabriel is powerful precisely because he is absent. Ernesto is there. The remembered Mama organizing weddings, baptisms, meals, church, and everybody else's business is there. Generations of family obligation are there.

In Rachel's room, Emily and Sophie are present before they ever enter. The church is there. Its praise music is there. The congregation's stories about healing are there. The physicians are there. Daniel's God is there. The healthy Rachel who is supposed to walk out of the hospital is there.

These are not decorative pieces of history. They participate in the present encounter.

Clinical chaplains listen not merely for who is speaking but for **who else is in the room**.

Prediction Error and Reconsolidation

Now we can go one step further.

Human beings do not meet each new experience without expectation. Our histories generate priors—predictions about ourselves, others, relationships, institutions, God, safety, abandonment, dependence, loss, and what happens next.

Michael carries: **Dependency means uselessness.**

The Villanueva family carries: **Mama holds this family together.**

Daniel carries: **If Rachel is good and God is good, God will not let Rachel die.**

In crisis, reality collides with prediction. That collision creates prediction error. But prediction error by itself does not necessarily produce growth. It may instead produce panic, denial, rigidity, anger, splitting, spiritual distress, or desperate attempts to make reality conform to expectation. Something further is required. The organizing expectation must become affectively active while discrepant experience becomes available.

Michael remembers his dependent father—and discovers that his father remained father.

Lourdes's children confront their mother's death—and simultaneously experience themselves holding one another.

Daniel feels the terrifying possibility of Rachel's death—and discovers that he can remain husband, father, and perhaps believer without knowing what God will do.

This brings us to **reconsolidation**. Memory is not simply a static archive retrieved intact from storage. When an emotionally organizing memory or expectation becomes reactivated, new experience may alter how that memory is subsequently organized and what it predicts.

We should be modest about what we claim. A chaplain cannot look at a patient after a thirty-minute conversation and announce that neurological reconsolidation has occurred. But reconsolidation offers a powerful conceptual model for understanding the sort of change these encounters may facilitate.

The sequence looks something like this:

prior or organizing prediction → activation → affective experience → discrepant experience/prediction error → possible reconsolidation → new possibility for action

And this is why the distinction between *thinkable* and *felt* matters so much. The chaplain does not simply introduce an alternative proposition. The old organization must become alive enough to encounter something new.

Presence Reconsidered

This also allows us to rescue the word **presence** from vagueness.

Clinical chaplains are rightly taught the importance of presence. But presence cannot mean merely occupying a chair while another person suffers. The relationship has a function. At its best, the chaplain helps create a sufficiently containing interpersonal field in which an experience that has previously been too threatening to feel can become affectively present without overwhelming the person. The chaplain does not force it. The chaplain does not manufacture emotion.

The chaplain perceives, follows cues and clues, notices the ever-present others, recognizes roles and boundaries, attends to affect, and asks the question that may permit the person or system to encounter something differently.

"Was your father useless?"

"Are you here as Lourdes's daughter or as an ICU nurse?"

"What would Rachel tell their father?"

These are not magic questions. Asked at the wrong time, they might be clumsy or even harmful. Their clinical value comes from everything that precedes them: disciplined perception, relationship, timing, affective attunement, and an emerging formulation of what is happening.

TRAB-S at the Bedside

Task, Role, Authority, Boundary, and Soul are not merely categories for organizational consultation. They are continuously present in clinical encounters.

Michael's task shifts from imagining the entire course of ALS to living today and beginning to prepare his son.

Elena's role shifts from ICU nurse back to daughter. The Villanueva siblings relinquish authority they never possessed over the timing of death.

Daniel discovers that keeping Rachel alive by believing hard enough is not his task.

Boundaries between medicine and chaplaincy, professional and family role, present and imagined future, life and death, are constantly being negotiated.

And beneath all of it is Soul: **What is it like—what does it feel like—to be this Self occupying this role, with this task, under this authority, at this boundary, now?**

That question takes us directly into clinical chaplaincy.

What, Then, Does the Clinical Chaplain Do?

The chaplain does not reconsolidate another person's memory.

The chaplain does not give meaning.

The chaplain does not make grief disappear.

The chaplain does not remove uncertainty.

The chaplain does not necessarily resolve spiritual distress.

And the chaplain certainly does not get people to do what the medical team wants them to do.

The chaplain helps establish relational conditions in which what has previously been inconceivable may safely enough become felt. Once felt, it may encounter something new. Once something new can be experienced alongside the old prediction, meaning may begin to reorganize. And when meaning reorganizes, different action may become possible.

Michael can talk to his son.

Teresa can tell Gabriel he does not have to make the airplane fly faster.

Elena can become a daughter.

Daniel can talk to the doctor.

These may appear to be small outcomes. They are not. Each represents movement from a closed predictive system toward renewed possibility.

Clinical chaplaincy does not change the diagnosis. It does not reverse ALS. It does not keep Mama alive until the airplane lands. It does not make metastatic cancer disappear.

Sometimes what clinical chaplaincy changes is what becomes possible for a human being to experience while reality remains exactly what it is. And that may be the gateway to everything that follows.

The previously inconceivable becomes felt. What can be felt may become available for integration. What can be integrated may be reconsolidated differently. And what is reconsolidated differently may permit a human being, a family, or even a system to find another way of being and acting in the midst of crisis, distress, loss, grief, or perplexity.

That is not simply presence.

That is clinical work.

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