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Renewing the Soul's Apparatus

Paul, Freud, and the Affective Neuroscience of Transformation

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Abstract

This paper places Paul's call for the renewal of the nous in dialogue—not equivalence—with Freud's psychical apparatus and contemporary affective and predictive neuroscience. It argues that human transformation involves more than replacing one set of thoughts with another: feeling, expectation, memory, relationship, symbolic life, and action are reorganized together. Panksepp's primary emotional systems and the predictive models developed by Friston and Solms offer clinical chaplains useful orientations for listening. They do not authorize a new technique or turn chaplaincy into psychotherapy. Because chaplains often have only one encounter, the responsible aim is more modest: to discern the affective organization of a crisis, make room for a tolerable difference, and help the person and the clinical system find the right next resource.

Keywords: *affect, clinical chaplaincy, consciousness, prediction error, priors, reconsolidation, spiritual care*

Introduction: An Ancient Insight, a Contemporary Frame

Nearly two thousand years ago, Paul of Tarsus wrote to a divided and vulnerable community in Rome:

> *"Do not be conformed to this age, but be transformed by the renewing of the mind, so that you may discern what is the will of God—what is good and acceptable and perfect." (Romans 12:2, NRSVue)*

This sentence has echoed through centuries. Too often, it is reduced to an exhortation to think differently. Paul's term nous can include thought, but it reaches further toward perception, judgment, practical discernment, and orientation—the evaluative activity by which a world becomes intelligible and conduct becomes possible. Just as importantly, Paul addresses a community. The renewal he imagines is not

merely private improvement inside an isolated individual; it bears fruit in shared discernment and a different way of living together (Jewett, 2007).

I am not claiming that Paul was an affective neuroscientist, that neuroscience proves Paul, or that Paul, Freud, Panksepp, Solms, and Friston were saying the same thing in different vocabularies. I am placing them in conversation. Each supplies a language for asking how human beings become organized, how that organization may fail, and how transformation becomes possible.

I begin with Paul because this formulation arises from a Christian symbolic world, not because clinical care requires the person before us to inhabit that world. Every person lives within some system of symbols, loyalties, memories, authorities, and expectations through which existence takes on its distinctive order. The chaplain's task is not to substitute the chaplain's symbolic system for the person's own, but to learn how the person's world has been organized and what has now made it difficult to inhabit.

Paul's other writings deepen the picture. In Romans 7, he dramatizes the conflict between what he intends and what he finds himself doing. In Romans 8, the mind set on the Spirit is associated with life and peace. In 1 Corinthians 13, love is not sentiment but a disciplined way of being with others: patient, kind, enduring. Read alongside contemporary psychology and neuroscience, these texts permit us to understand renewal as more than a change of opinion. Renewal is a reorganization of the apparatus by which we feel, anticipate, judge, relate, and act.

Freud's Seelenapparat: The Apparatus of the Soul

Centuries later, Freud described what English readers know as the psychical or mental apparatus. His German term, *Seelenapparat*, carries the older resonance of Seele—literally "soul" or psyche—even though Freud's project was naturalistic rather than theological. In chapter VII of *The Interpretation of Dreams*, he proposed a structured, dynamic apparatus through which perception, memory, desire, conflict, and defense are organized (Freud, 1900/1953).

The phrase is useful because it refuses a shallow division between a material brain and an immaterial interior self. Human beings do not simply receive an objective world and then decide what it means. Experience is subjective – selected, weighted, remembered, defended against, and joined to other experience. We live through an apparatus of orientation—one that may become rigid, conflicted, disoriented, or overwhelmed, but one that also remains capable of change.

Paul's *nous* and Freud's psychical apparatus are not equivalents. Paul writes within a theological and communal account of transformation; Freud offers a clinical metapsychology. Their productive point of contact is narrower and more useful: neither treats human change as the simple correction of an idea.

Both direct attention toward a more comprehensive organization of desire, perception, relationship, and conduct.

Brain and Mind: Two Perspectives

Mark Solms and Oliver Turnbull distinguish between brain and mind without splitting them into two independent things. Brain language describes the organism from an objective, third-person perspective. Mind language describes the subjective, first-person experience of being that organism (Solms & Turnbull, 2002). The two accounts are not interchangeable, but neither is complete by itself.

Consider threat. From the outside, we may describe activity in a distributed defensive system involving subcortical and cortical processes. From the inside, the person experiences dread, vigilance, bodily constriction, or the felt certainty that something terrible is about to happen. Or consider separation distress: one account describes an attachment-related neural system; the other describes aching absence, abandonment, and longing for reunion. Brain and mind are two observational perspectives upon one living process, not two separate problems.

For clinicians and chaplains, the distinction matters. Change does not occur through correcting thoughts alone, because thought is always situated within feeling, bodily regulation, memory, relationship, and action. At the same time, feeling is never encountered clinically in a pure, uninterpreted state. Human beings feel within histories and symbolic worlds.

The Affective Core: Panksepp and Solms

Jaak Panksepp's cross-species affective neuroscience identified seven evolutionarily conserved primary emotional systems: SEEKING, CARE, PLAY, LUST, RAGE, FEAR, and PANIC/GRIEF (Panksepp, 1998, 2011; Panksepp & Biven, 2012). In the Pankseppian account, these are not emotion words applied retrospectively to behavior. They are affective-motivational systems that organize characteristic forms of feeling and action.

SEEKING energizes exploration, pursuit, interest, and the acquisition of resources. CARE supports nurturance and protection. PLAY supports social learning, reciprocity, and flexible engagement. LUST organizes sexual and erotic motivation. RAGE mobilizes protest when movement or need is blocked. FEAR organizes responses to threat. PANIC/GRIEF registers separation distress, loss, abandonment, and longing for reunion. This is a scientifically grounded taxonomy within a particular research tradition, not a complete or uncontested catalogue of human emotion. Its clinical value lies in the questions it allows us to ask, not in labels to impose upon persons.

Panksepp distinguished primary affect from secondary learning and tertiary cognition. In human beings, these levels are inseparable in lived experience. Shame, guilt, pride, humiliation, gratitude, and moral injury are complex emotions: primary feeling joined to memory, learned expectation, relationship, social judgment, symbolic interpretation, and thought. A person may therefore know exactly what they are supposed to believe while feeling something altogether different.

Solms sharpens the affective claim: in his account, consciousness is fundamentally felt. Before we know what something is, we register how we are doing in relation to need. His deliberately blunt clinical formulation is that "psychological patients suffer mainly from feelings" (Solms, 2018). People may explain their suffering through thoughts, narratives, doctrines, symptoms, or behavior, but suffering is registered affectively. For clinical chaplaincy, the question is therefore not only, "What is this person thinking?" It is, "What feeling is organizing what this person can think, say, believe, and do?"

Prediction, Priors, and the Relational Field

Karl Friston's free-energy principle and related predictive-processing accounts describe organisms as continually anticipating the causes of their sensory and bodily states. The brain does not wait passively for a finished world to arrive. It uses prior models to interpret incomplete signals, guide action, and keep the organism within viable bounds (Friston, 2010). Calling the brain a "prediction machine" is useful shorthand, but the point is not that it consciously forecasts the future. It is that perception and action depend upon expectations about what is likely, important, and possible.

A prior is not necessarily a conscious belief. Priors arise from bodily need, attachment, memory, repeated experience, culture, religion, and other symbolic systems. They shape what we notice, what we discount, what we fear, and what we take to be uniquely real. A child repeatedly met with neglect may come to expect that care cannot be trusted. Later kindness may be discounted, misread, or treated as dangerous because it contradicts an entrenched organization of experience.

Priors are not merely private expectations carried inside an isolated brain. They arrive as relationships. The clinical room contains ever-present others—parents, partners, children, communities, religious authorities, the dead, and representations of God—whose anticipated approval, judgment, abandonment, or care shapes what can be felt and said. Institutions are present as well: their routines, pressures, promises, exclusions, and discharge plans enter the encounter whether or not an administrator is physically in the room.

Prediction error is the mismatch between what the organism implicitly expects and what occurs. Consequential mismatch increases uncertainty and may produce affective arousal. Sometimes the model

changes. Sometimes the discrepancy is ignored, defended against, or explained away so that the prior can remain intact. The strength and perceived reliability of the prior matter as much as the new evidence.

Under certain conditions, reactivated memories may become labile and available for revision before they are reconsolidated. Prediction error is important in determining whether this happens, but mismatch by itself does not guarantee therapeutic change (Sevenster et al., 2014). Deep, nondeclarative patterns are especially difficult to alter. Solms emphasizes that psychoanalytic working-through ordinarily requires numerous and repeated encounters (Solms, 2018). This limitation is decisive for how chaplains should understand their work.

Renewal Through the Affective Systems

Read in this light, Romans 12:2 can be understood as a renewal of orientation: not the replacement of one set of thoughts with another, but a recalibration of affect, expectation, memory, relationship, and action. The seven primary systems help us notice where that organization may have become constricted or disordered. They should not be divided into good feelings to encourage and bad feelings to eliminate. FEAR protects against danger. RAGE defends movement and boundaries. PANIC/GRIEF preserves attachment by making separation matter. Even these painful systems are adaptive; the clinical question concerns their fit, proportion, flexibility, and relation to present reality.

SEEKING is a general-purpose appetitive and exploratory system. It does not command every other system, but it energizes searching, interest, and possibility and is deeply interwoven with many forms of motivated action. When SEEKING collapses, the world may feel closed. When it becomes captured by a rigid solution, the person may pursue what no longer meets the underlying need. Renewal may therefore involve neither simply increasing nor suppressing affect, but helping the person and the surrounding system discover a more workable organization.

Several conditions may support such reorganization. Trustworthy attention can reduce the need for immediate defense. A tolerable surprise can allow an old expectation to be encountered differently. Ritual, posture, breathing, gesture, and silence can supply bodily forms for meanings that words alone cannot hold. Shared practices and relationships can support a fragile new possibility after the encounter ends. None of these conditions is a guaranteed mechanism, and none belongs to the chaplain by right. They must emerge from the person’s world, the clinical situation, consent, and the chaplain’s actual authority.

The Clinical Art of Listening

If renewal is reorganization, listening is one of its instruments. Freud counseled analysts to cultivate evenly suspended attention rather than deciding in advance what was important (Freud, 1912/1958). Affective neuroscience adds a further discipline: to notice which feeling is alive, what need it may announce, what expectation it protects, and what action it prepares. The chaplain listens not only to the story but to the organization that makes this story possible now.

The analogy between analyst and chaplain must not be allowed to erase their differences. Psychoanalysis is a longitudinal treatment conducted within a particular therapeutic frame. Clinical chaplaincy commonly occurs under severe limits of time, task, role, authority, and boundary. A chaplain may see a patient once. No one is kept from discharge because spiritual distress remains unresolved. The chaplain therefore cannot promise reconsolidation, presume to conduct psychotherapy, or imagine that a brief moment of safety has rewritten a life.

What we can do is more modest and still clinically consequential. We can discern the affect organizing the crisis, listen for the prior that may be shaping the present, make room for an unexpected experience of recognition or safety, and help the person and the clinical system identify the right next resource. Sometimes the achievement is not transformation completed but a new possibility felt, named, and carried forward by someone with the time and authority to hold it.

This is where the present affective account and the companion TRAB-S framework belong together. Affect and prediction help us understand what may be happening. Task, role, authority, boundary, and soul help us determine what is ours to do about it (Roth, forthcoming). Theory without organizational discipline invites overreach; organizational discipline without attention to feeling becomes procedural and thin.

Implications for Clinical Chaplaincy

Each primary system offers an opening for assessment and spiritual care. These are questions for listening, not a diagnostic checklist:

SEEKING: Where have possibility, movement, curiosity, or agency become constricted?

CARE: What nurturance, protection, responsibility, or attachment is needed, offered, refused, or threatened?

PLAY: Is there room for flexibility, reciprocity, imagination, humor, or experimentation?

LUST: How are vitality, embodiment, intimacy, desire, or shame organized in this person's world?

RAGE: What need, movement, dignity, or boundary has been blocked or violated?

FEAR: What danger is anticipated, and how accurately does the anticipated danger fit the present?

PANIC/GRIEF: What loss, separation, abandonment, or longing for reunion is present?

The answers will not ordinarily arrive as tidy statements. They may appear in pace, posture, silence, contradiction, insistence, ritual request, bodily complaint, a family's anxiety, a team's urgency, or a story that can be told only indirectly. Clinical listening holds these observations provisionally. Persons are not documents written for the chaplain, and every reading remains partial.

The Listening Loop: Orientations, Not a Protocol

The following movements describe a disciplined arc of attention. They are not a sequence to impose, and a single encounter may permit only one or two of them:

Join and regulate. Attend to tone, pace, posture, bodily cues, and the degree of safety actually available in the encounter.

Track affect. Ask what feels most alive, not only what happened or what the person thinks should be happening.

Infer priors provisionally. Listen for the expectation organizing the moment—what the person seems to know will happen before it happens.

Allow memory and relationship to emerge. Notice memory traces and ever-present others without forcing hidden material into conscious recollection.

Notice a tolerable mismatch. Attend to places where present experience differs from expectation without confronting, correcting, or manufacturing surprise.

Support what emerges. If care, agency, grief, anger, safety, or meaning becomes newly feelable, stay with it. Do not treat it as something the chaplain has installed.

Close within role and time. Put emerging meaning into provisional words, document what is clinically relevant, and connect the person or team with the right continuing resource.

Conclusion: Transformation as Renewal of Orientation

Romans 12:2, Freud's psychical apparatus, Panksepp's primary emotional systems, and predictive accounts of mind do not collapse into a single theory. Their differences matter. Placed in disciplined conversation, however, they point toward a common clinical correction: human beings are not transformed by cortex-first explanation alone.

We feel before we can give a full account of what we feel. We anticipate before we know that we are anticipating. Memory and relationship shape what can count as evidence. Symbolic systems give suffering its particular order and make some responses feel uniquely realistic. Transformation therefore involves the reorganization of feeling, expectation, memory, relationship, meaning, and action.

Clinical chaplaincy participates in this work without claiming ownership of it. We occupy, often briefly, a disorienting space in which an old world no longer holds and a new one has not yet formed. Our task is to listen closely enough to discern what is organizing the crisis, humbly enough to know the limits of our reading, and clinically enough to act within our actual role and authority.

Paul's exhortation was addressed to a community learning how to live differently together. That communal horizon remains essential. Renewal is never only an event inside one person's head. It is carried—or defeated—by bodies, relationships, institutions, rituals, and the ever-present others through whom a world becomes believable. The soul's apparatus is renewed when a more livable organization of feeling and meaning becomes possible and when the right human community is prepared to help sustain it.

References

Freud, S. (1900/1953). *The interpretation of dreams* (J. Strachey, Ed. & Trans.). In *The standard edition of the complete psychological works of Sigmund Freud* (Vols. 4–5). Hogarth Press.

Freud, S. (1912/1958). Recommendations to physicians practising psycho-analysis. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 12, pp. 109–120). Hogarth Press.

Friston, K. (2010). The free-energy principle: A unified brain theory? *Nature Reviews Neuroscience, 11*(2), 127–138. doi:10.1038/nrn2787

Jewett, R. (2007). *Romans: A commentary* (R. D. Kotansky, Assoc. Ed.). Fortress Press.

National Council of Churches. (2021). *New Revised Standard Version Updated Edition*. Friendship Press.

Panksepp, J. (1998). *Affective neuroscience: The foundations of human and animal emotions*. Oxford University Press.

Panksepp, J. (2011). Cross-species affective neuroscience decoding of the primal affective experiences of humans and related animals. *PLOS ONE, 6*(9), e21236. doi:10.1371/journal.pone.0021236

Panksepp, J., & Biven, L. (2012). *The archaeology of mind: Neuroevolutionary origins of human emotions*. W. W. Norton.

Roth, D. (2025). Task, role, authority, boundary, and soul: TRAB-S. *Clinical Chaplaincy Papers, No.1*. ClinicalChaplaincy.org.

Sevenster, D., Beckers, T., & Kindt, M. (2014). Prediction error demarcates the transition from retrieval, to reconsolidation, to new learning. *Learning & Memory, 21*(11), 580–584. doi:10.1101/lm.035493.114

Solms, M. (2018). The neurobiological underpinnings of psychoanalytic theory and therapy. *Frontiers in Behavioral Neuroscience, 12*, Article 294. doi:10.3389/fnbeh.2018.00294

Solms, M. (2021). *The hidden spring: A journey to the source of consciousness*. W. W. Norton.

Solms, M., & Turnbull, O. (2002). *The brain and the inner world: An introduction to the neuroscience of subjective experience*. Other Press.

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