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“Alert and Oriented” in the Hebrew Bible and Contemporary Life

In emergency rooms, at hospital bedsides, at nurses' stations, at accident scenes, and in theaters of war, medical staff use a common language to describe patients' mental status. The shorthand “A&O” indicates that someone is alert and oriented, and medical teams refine this information by describing the number of axes of orientation a patient displays. Oriented times three (which is abbreviated as “O times 3” or “O × 3”) means the patient is oriented to person, place, and time. She can identify who she is, where she is, and what time it is (most often day, month, and year, or sometimes the more exact time of day). In an emergency or traumatic situation, oriented times four (abbreviated as “O × 4”) indicates the patient's ability to identify the event that precipitated the need for care. These assessments provide essential medical information and they also acknowledge how frightening and life-threatening situations have the potential to knock us off our moorings.

This medical jargon gives expression to a basic truth about human existence: we operate best as individuals and as members of

communities when we perceive and understand ourselves in relation to self, place, and time. Our ability to connect the current situation to the past—both the distant past and the recent past—increases our sense of well-being, centeredness, and balance. It contributes to our sense of wholeness and integrity. Things may be unfamiliar but we still know who we are, where we are, and what our relationships are to the world around us. Should any one of these axes of orientation fail to function correctly, we lose our ability to navigate in our personal, communal, physical, temporal, and geographic spheres. We find ourselves working with a malfunctioning compass, a map that is not drafted to scale, a cloud-filled sky that obscures the North Star.

This truth about orientation is juxtaposed with another significant reality, that to exist is to be in flux. We are constantly changing in large and measurable ways, as well as in tiny and often imperceptible ones. In emergency settings, medical personnel may ask a patient her name, meaning how she is identified on her driver's license and other official documents. Who we actually are, however, is far more complex; we each function with composite identities that encompass far more than our names, our current location, and the present moment. Many factors, including space, time, and circumstance, determine which of the multiple facets of our identities is of primary importance at any given moment. Most often, a person's identity as a father, for example, is not immediately relevant in a business meeting, but it is essential when he interacts with his daughter. A building or a geographic location is unremarkable until we connect it with a particular memory. One hour might seem like the next, days might blur together, unless we choose to name and mark them. Finding ourselves in a room surrounded by friends can be a wonderful experience; knowing how and why we are there heightens our sense of awe.

For millennia, religious and philosophical systems have explored two seemingly opposing truths. On the one hand, we have a deep need to anchor ourselves. On the other hand, we live in a constant state of change. While in a medical setting, the “A” of the “A&O” assessment refers to the identifiable state of being awake and conscious, we believe that faith traditions have long operated with their own corollary. We suggest that, from a religious or spiritual perspective, “A” describes the awareness that life consists of an additional dimension, one that transcends the self and the human. Much like the addition of a “z” axis in geometry produces the perception of depth through which a two-dimensional representation becomes three dimensional, this awareness deepens and enriches human experience. It is through this axis of awareness that all of creation’s seemingly disparate elements appear connected. In deistic faiths, this awareness is at the heart of a belief in God; many other people operate with this awareness without relating it to a deity. For spiritual and pastoral caregivers, an individual’s awareness and attunement become the focus of the “A” of any assessment of the people in our care. In this book, we will refer to this added dimension as spiritual awareness or attunement.

We all have the capacity to attune ourselves to what lies beyond the self. As pastoral educators Barbara Breitman, Mychal B. Springer, and Nancy H. Wiener explain, “In Hebrew, the word for musical ‘attunement,’ tuning one’s voice or instrument to vibrate with everyone else’s, uses the same root as *kavanah* (intention). In pastoral care, as in music and prayer, intentionality directs the heart and enhances sacred connectivity.”¹

Clergy and other pastoral caregivers serve a unique function. We draw people’s attention to that additional dimension of awareness

1. Barbara E. Breitman, Mychal B. Springer and Nancy H. Wiener, “*P’tach Libi B’Toratecha* [Open My Heart to Your Torah],” *CCAR Journal: The Reform Jewish Quarterly* (Summer 2012): 135.

that transcends the present yet also allows us to locate ourselves in the current moment and find attunement to it. By making space for this consciousness, we seek to support individuals and communities as they find purpose and make meaning. We encourage them to imagine different or new times, places, or states of being and to translate these imaginings into reality. By fostering interpersonal relationships and by facilitating rites and rituals, we identify the holy and affirm the existence of this spiritual dimension for individuals and communities. Offering presence and accompaniment, we walk with individuals and communities as they negotiate transitions in a constantly shifting world. We do this regardless of which of a person's many selves is in the foreground, and no matter the time or the place.

Through our work as pastoral caregivers, the two of us know that individuals and groups seek out and are most receptive to our support, care, and counsel when their axes of orientation have loosened or failed to serve them. This can happen because of trauma, an unexpected life transition, or even an anticipated change. As pastoral theologian Carrie Doehring expresses it, "People become most aware of their values when they reach turning points in their lives and must make choices or when they are thrust into decision making because of a crisis. . . . [T]heology is a way to talk about people's deepest values."² In this way, pastoral caregivers help people to articulate these beliefs, explore how the flow of life's events and changes might challenge these beliefs, and, if necessary, forge new belief systems.

In our exploration of the theologies that underpin pastoral caregiving, we began to study the biblical *metzora*, commonly translated as "leper."³ Of the many categories of people represented

2. Carrie Doehring, *The Practice of Pastoral Care: A Postmodern Approach* (Louisville: Westminster John Knox, 2006), 111.

in the Bible, the *metzora* provides an example of an individual who suffered from a physical condition that required him to spend a period of time outside the community’s encampment in the place known as *michutz lamachaneh* (literally, outside the camp). In its narration of the *metzora*’s story, the Bible recounts how the *metzora* (the care-receiver), the priest (the caregiver), and the broader community were all affected by the *metzora*’s diagnosis and subsequent movements in and out of the camp. The *metzora*’s separation from the community was replete with repercussions for him and it also had ripple effects on innumerable others.⁴

The more broadly we read, the more profoundly we appreciated two intertwined aspects of our lives as social beings: first, our ability to remain oriented is dependent on the ways we process information arriving from different sources; and, second, our lives are inextricably interconnected, meaning that we do not and cannot understand ourselves or thrive in isolation. The Talmudic maxim, *o chevruta o metuta*, either companionship or death,⁵ as well as the words of Virginia Woolf, “To be myself, I need the illumination of other people’s eyes,”⁶ took on new meaning and resonance for us. Guided by these insights, we came to realize that they found expression in virtually every field we encountered. As our initial narrow scope broadened, we explored diverse fields including biblical studies, anthropology, sociology, theology, ritual studies, neuroscience, and psychology. By placing these disciplines in conversation with each other, we constructed an integrated understanding of the efforts

3. In chapter 3, we will explore the range of possible translations of the word *tzara’at*, the skin disease with which the *metzora* was afflicted.

4. Throughout this book, we use male pronouns to refer to the *metzora*, as Leviticus does.

5. Mishnah *Ta’anit* 3:23; Babylonian Talmud *Ta’anit* 16b.

6. Virginia Woolf, *The Virginia Woolf Reader*, preface and notes by Mitchell A. Leaska (New York: Harcourt Brace, 1984), 103.

human beings make to maintain and regain their senses of orientation during times of transition.

An ever-expanding body of questions captured our imaginations and helped us conceive of broader and more varied implications for pastoral care. Finding answers to our new questions became the heart of our work. We sought to understand: What can we learn from the Bible about our human propensity to orient ourselves to geography, time, and self, and to remain aware of the transcendent? How can our experiences of the *metzora* and other biblical figures who spent time separated from the community at large help us understand the impact of losing one or more of the axes of orientation? How does a person transition from one state of being, or one understanding of self, to another? During these transitions, what are the roles and functions of other people, communal norms, and rituals? What impact does the loosening of one person's axes of orientation have for her family, friends, and community? And, after a period of disconnection or disorientation, how does everyone who was affected regroup and reengage with daily life, the community, and the transcendent? In the following pages, we present the framework we used to explore these questions.

Mental Maps

While our ancestors who collected and transmitted the Torah's teachings did not have access to the teachings of modern science about the brain and its workings, they did understand the human need and ability to create mental maps of ourselves and our environs. Through stories, human beings helped each other "map out" the terrain of their inner and outer worlds. In antiquity and now, our mental maps allow us to situate ourselves, others, and objects in time, to orient ourselves in space, and to locate people in the landscape

of our relationships. While we might still intuit that our minds hold “maps” of our lives and our world, the findings of modern neuroscience explain how this happens.

As psychiatrist Daniel Siegel explains, different parts of the brain transmit information to the frontal lobe, causing it to fire “neurons in patterns that enable us to form neural representations—‘maps’ of various aspects of our world.”⁷ In order for us to be oriented along all of the axes that healthcare workers routinely use in their “A&O” assessments, the brain’s distinct parts need to communicate with each other. The interconnectedness of our existence with everything else in the universe is mirrored in the ways that all the different areas of the brain work together. Understanding more about the brain’s functioning sheds light on how we perceive and operate in the world. Moreover, it helps us find the insights and healing powers embedded in the ancient stories we will be exploring in this book. To better understand this, we present here a simplified account of how our brains and minds function.⁸

The brain’s two hemispheres serve discrete functions. The right brain lives only in the present, responding to sensations and relating them to a reality that is not bound by time or space. It registers similarities that exist between current input and previous experiences but it does not interpret them. For example, the right hemisphere has known cold before and recognizes the sensation of goose-bumps on the skin. However, the exact circumstances of those prior experiences are not important to the right brain, nor are the meaning or consequences of the goose-bumps. In contrast, the left brain’s primary function is to “make sense” of all of this sensory input by analyzing it and considering it in relation to prior experiences. Being

7. Daniel J. Siegel, *Mindsight: The New Science of Personal Transformation* (New York: Bantam, 2011), 7.

8. For further details about the different areas of the brain and their functions, we recommend the sources cited in the following notes.

cold and having goose-bumps cause the left brain to consider how *this* cold and *these* goose-bumps compare to other times the body has experienced them. The left brain also considers whether goose-bumps could indicate something other than that the body is cold, since other stimuli, such as the “chilling” experience of watching a horror movie, have caused goose-bumps in the past. In this way, the left brain creates a narrative, a story line that draws together life’s otherwise disparate experiences.

The hippocampus connects these two hemispheres, running between them so the sensory “now” of the right brain can communicate with the analytical left brain. Sitting at the front of the brain, the prefrontal cortex interacts with every other part of the brain, and it maintains an internal monologue with itself as well.⁹ Ultimately, the prefrontal cortex makes executive decisions about how to respond to sensory input and to the disparate responses coming from the brain’s different regions. In order to have a sense of self in time and space and to derive meaning from our experiences, we utilize our ability to create and maintain mental maps. These maps depend upon information crossing from one hemisphere of the brain to the other, which transforms sensory input and data collection into something meaningful and useful. All this means that the presence of functional neural pathways within and among the two hemispheres is the key to our remaining oriented along all four axes.

The numerous parts of our brain function best when they are highly interdependent and can communicate effectively with one another. The neural firings that constitute communication between different parts of our brains lay down networks that can be thought of as the grids for our mental maps. Our mental maps, which chart

9. Mark B. Moss, “Understanding the Frontal Lobes: Emotional Regulation, Social Intelligence and Motivation” (course offered by the Institute for Brain Potential, May 8, 2013, New York, NY).

time, space, and relationships, contain all of our experiences and reactions. Because of this, each person’s mental map is uniquely hers. At the same time, our mental maps are markedly similar to those of others in our families and communities; mental maps do not stand in isolation, and they are not objective representations. Neural pathways are activated by personal experiences, but these experiences overlap with relational and communal experiences, including the stories we tell ourselves, the stories we hear, the activities and rituals in which we participate, and the things we observe others doing.

Mirror neurons are the parts of our brains that “figure out” what another person intends to do. They also prepare observers’ brains and bodies to engage in the same activity they are watching.¹⁰ In studies in which one person performs an action and a second person observes it, images on an fMRI (functional magnetic resonance imaging) machine show that the same parts of each person’s brain light up.¹¹ Whether we play a game of tennis ourselves or watch someone else play, the same areas of the brain and the same neural pathways are engaged. This means that the brains of both the viewer and the player record and store the images and the muscular reactions. (This is why watching a skilled player play can be an essential part of training.) Similarly, an infant observing and mirroring an adult’s reactions to oncoming traffic or a loud noise learns about responses to danger, timing, and myriad other factors that will inform her daily existence.

This ability to relate to another’s inner life has implications beyond imitation. Mirror neurons seem to provide us with the capacity for understanding the minds of other people. In Marco Iacoboni’s words, “The properties of these cells seem to solve—or better, dissolve—what is called the ‘problem of other minds’: if one has access

10. Siegel, *Mindsight*, 60.

11. Marco Iacoboni, “Imitation, Empathy, and Mirror Neurons,” *Annual Review of Psychology* (2009): 60, 664–66. Online publication date: September 15, 2008. http://www.nmr.mgh.harvard.edu/~bradd/library/iacoboni_annurevpsychol_2009.pdf

only to one's own mind, how can one possibly understand the minds of other people? How can one possibly share one's own mental states with others?"¹² On an individual level, our mirror neurons connect us to the people around us, allowing us to imitate their actions, to create relationship maps, and to imagine what is going on inside their minds.

On a communal level, mirror neurons create what Siegel calls "we-maps," which "enable us to look beyond our immediate and individually focused survival needs, and even beyond the present version of our relationship maps, to a vision of a larger and interconnected whole."¹³ Much as a person using a map relies on a key to explain its symbols, our ability to quickly use our mental maps depends on the meanings we come to ascribe to the happenings of the world. We learn these meanings from our families, from our society, and from our own idiosyncratic experiences. In addition to creating resonance with others' activities, Siegel explains, "At the most complex level, mirror neurons help us understand the nature of culture and how our shared behaviors bind us together, mind to mind."¹⁴ Ultimately, these "we-maps" are the key to our sense of connection to people and groups beyond our isolated selves.

As Matthew D. Lieberman explains in his book *Social: Why Our Brains Are Wired to Connect*, the human brain's "default network supports social cognition—making sense of other people and our selves."¹⁵ We seem to be hardwired to connect with other people and to understand ourselves in the world through our relationships. In our human communities, we survive and thrive when we acknowledge and act upon our interdependence with each other and with the

12. Iacoboni, "Imitation, Empathy, and Mirror Neurons," 666.

13. Siegel, *Mindsight*, 29.

14. Siegel, *Mindsight*, 60.

15. Matthew D. Lieberman, *Social: Why Our Brains Are Wired to Connect* (New York: Crown, 2013), 19.

entire universe. In fact, as Lieberman explains, “our brains are built to practice thinking about the social world and our place in it.”¹⁶ Just as the brain’s neural firings lay down networks and create mental maps, so too do the stories we tell ourselves about society and our place in it lay down grids. Helpfully, these grids allow us to process huge amounts of data very quickly; less helpfully, they ignore potentially important data when the information does not appear relevant to the majority of information that is being processed or to the problem at hand. However, the brain’s inherent neuroplasticity means it possesses infinite potential to grow and develop by laying down new neural pathways throughout the course of our lives. When something novel occurs, or when we make a concerted effort to break the typical patterns of our neural pathways, we might find that we see, hear, perceive, feel, connect, or think in hitherto unknown ways.¹⁷

Narrative

In his description of the human capacity to construct narrative, Siegel explains, “We make sense of our lives by creating stories that weave our left hemisphere’s narrator function with the autobiographical memory storage of our right hemisphere.”¹⁸ While we experience the world as disparate, distinct sensations, each experienced in the here and now, we do not remember or understand them as such. In the moment of the actual experience, our right brain registers it. As neuroscientist Jill Bolte Taylor explains, to the right mind “the moment of *now* is timeless and abundant.”¹⁹ In contrast, the left brain takes these moments and “strings them together in timely succession.”²⁰ What we make of the discrete moments, interactions,

16. Lieberman, *Social*, 22.

17. Siegel, *Mindsight*, 38–44.

18. Siegel, *Mindsight*, 73–74.

19. Jill Bolte Taylor, *My Stroke of Insight: A Brain Scientist’s Personal Journey* (London: Viking, 2006), 30 (*italics in original*).

and experiences of our lives depends on the stories we tell ourselves. Those stories, in turn, are determined by how the left brain processes all the sensory information the right brain receives.²¹

Neuroscience, anthropology, sociology, linguistics, and countless other fields all conclude that the stories we tell ourselves are linked to the larger meta-narratives of our families and our cultures. Citing Sallie McFague, pastoral counselor Andrew Lester puts it this way, “We learn who we are through the stories we embrace as our own—the story of my life is structured by the larger stories (social, political, mythic) in which I understand my personal story to take place.”²² Given this, our stories are not unique products of our own lives and brains. As Lester explains, they are “communal products” that are not possessed by any one individual but arise, rather, from shared social interactions.²³

Sometimes these stories remain useful over a lifetime; at other times their efficacy diminishes and they become a source of pain or paralysis. Indeed, both the substance of our narratives and our sense of self are fluid, responding to our ever-evolving and ever-changing web of relationships.²⁴ Each moment contains the potential to foster within us new ways of thinking and being in the world. Just as our neuroplastic brains have the capacity to continually change and grow, so do our perceptions and behaviors. Our stories hold this potential too.²⁵

20. Taylor, *My Stroke of Insight*, 31.

21. Moss, “Understanding the Frontal Lobes.”

22. Andrew D. Lester, *Hope in Pastoral Care and Counseling* (Louisville: Westminster John Knox, 1995), 38, citing Sallie TeSelle McFague, “Experience of Coming to Belief,” *Theology Today* 32, no. 2 (July 1975): 160.

23. Lester, *Hope in Pastoral Care and Counseling*, 38, citing Gergen and Gergen, “Social Construction of Narrative Accounts,” in *Historical Social Psychology*, ed. Kenneth J. Gergen and Mary M. Gergen (Hillsdale, NJ: Lawrence Erlbaum Associates, 1984), 173.

24. Bonnie J. Miller-McLemore, “The Living Human Web,” in *Images of Pastoral Care: Classic Readings*, ed. Robert C. Dykstra (St. Louis: Chalice, 2005), 40–46.

25. Siegel, *Mindsight*, 84.

Whether we are the storyteller or the story listener, narrative has the capacity to change us on emotional, spiritual, and neurological levels. Sociologist Arthur Frank has written extensively about the human need to narrate experience. In his book *The Wounded Storyteller: Body, Illness, and Ethics*, he reflects on the transformative impact of stories on both tellers and listeners. Frank employs a map metaphor to convey the power of stories, describing them as “a way of redrawing maps and finding new destinations.”²⁶ This insight is invaluable to pastoral caregivers because we offer care to others during transitional moments *as their stories are evolving*.

All caregivers who depend on narrative create a resonance with the people in our care. We do this by listening empathically to the stories of people who might be feeling disoriented, dislocated, or isolated. Barbara Breitman describes this as “feeling felt.” She explains,

By linking affective, visual/imagistic, sensorimotor and somatic parts of the brain, the mirror neuron system enables us to attune to another and to achieve a form of bodymind synchrony with them. When we bring ourselves into relationship with our whole being, we are actually harnessing the neural circuitry that enables two beings to “feel felt” by each other.²⁷

This experience of “feeling felt” affords people a greater sense of who they are, where they are, and even of meaning and purpose. It also puts them at their ease as they tell their evolving stories.

When people find themselves in changed or changing circumstances, they might discover that their current story—and, thus, their current meaning structure—is severely challenged or even

26. Arthur W. Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: University of Chicago Press, 1995), 53.

27. Barbara Breitman, “Wired for Connection: Contemporary Neuroscience, the Mystery of Presence and Contemplative Jewish Spiritual Practice,” in *Seeking and Soaring: Jewish Approaches to Spiritual Direction*, ed. Rabbi Goldie Milgram (New Rochelle, NY: Reclaiming Judaism Press, 2009), 380.

ruptured. While some therapeutic models focus on the development of new personal narratives, the pastoral model is distinctive. It helps an individual move from what Carrie Doehring calls embedded theology, a long-held default set of beliefs that we invoke at critical moments, to deliberative theology. These new belief systems are “deliberately thought out”; they require that we evaluate old beliefs, hopes, and values and, if necessary, formulate new ones.²⁸ As new theologies and belief systems are created in tandem with new narratives, new neural pathways also form. Uniquely, pastoral caregivers utilize collective religious myths, stories, and liturgies as sources of strength, hope, and connection. For people seeking to modify an old story or create a new one, these resources provide a broader narrative in which to place an individual story. At the same time, pastoral caregivers offer guidance and support to those seeking a new, deliberative theology that gives meaning and focus to their new understanding of self.

Meditation and Ritual: Their Role in Loosening and Forming Moorings

Illness, accident, injury, and war all have the potential to loosen or rupture our moorings. Difficult as the precipitating events might be, being unmoored is not inherently undesirable or problematic. In fact, such experiences can lead to growth and change. Although it might at first sound counterintuitive, certain spiritual and religious activities also give rise to the feeling of being unmoored. Andrew Newberg and Mark Waldman, who have explored the intersection of neuroscience and religion, demonstrated that the parts of the brain that help individuals remain oriented to person, place, and time are temporarily deactivated during meditative states or moments

28. Doehring, *Practice of Pastoral Care*, 112.

that people subjectively describe as “religious” or “spiritual.” In these “hyperquiescent” states, the brain’s impaired or deactivated area is on the left side.²⁹ As a result, the left hemisphere cannot weave the narratives we use to keep ourselves oriented to person, place, and time. All of this leaves us with the sense of being unmoored.

When sensory inputs to the left brain are blocked, as they are during a period of meditation, the brain no longer makes the distinction between self and not-self.³⁰ In this meditative state, the bounded self with which most of us navigate through the world is no longer a functional reality. With no information arriving from the senses, the left orientation area cannot find any boundary between the self and the world. As a result, the brain seems to have no choice but “to perceive the self as endless and intimately interwoven with everyone and everything.”³¹ In this state, people experience a sense of timelessness and placelessness. In religious and spiritual traditions, this sense of expansiveness, along with the awareness that there is no discernible or meaningful distinction between inner and outer worlds, are the hallmarks of a transcendent experience.

Neuroscientist Jill Bolte Taylor suffered a stroke at the age of thirty-seven. Her memoir, *My Stroke of Insight*, tells the story of this experience. She provides a clear and poignant account of her loss of a functioning left brain. Following her recovery, she put into words her experience of being unmoored yet still connected to the universe in ways she had not previously known. She writes:

Feeling detached from normal reality, I seemed to be witnessing my activity as opposed to feeling like the active participant performing the

29. Andrew Newberg and Mark Robert Waldman, *Why We Believe What We Believe: Uncovering Our Biological Need for Meaning, Spirituality, and Truth* (New York: Free Press, 2006), 173–80.

30. Eugene G. d’Aquili and Andrew B. Newberg, *The Mystical Mind: Probing the Biology of Religious Experience* (Minneapolis: Fortress Press, 1999), 116.

31. Sharon Begley, “Religion And The Brain,” *Newsweek*, May 6, 2001, online <http://www.newsweek.com/religion-and-brain-152895>.

action. I felt as though I was observing myself in motion, as in the playback of a memory. . . . [M]y verbal thoughts were now inconsistent, fragmented, and interrupted by an intermittent silence. . . . As the language centers in my left hemisphere grew increasingly silent and I became detached from the memories of my life, I was comforted by an expanding sense of grace. In this void of higher cognition and details pertaining to my normal life, my consciousness soared into an all-knowingness, a “being at *one*” with the universe. . . . I was aware that I could no longer clearly discern the physical boundaries of where I began and where I ended. I sensed the composition of my being as that of a fluid rather than that of a solid.³²

Taylor’s first-person narrative illustrates that, paradoxically, this experience of being unmoored from what usually keeps us connected to person, place, and time also has the potential to foster an altered sense of connection. It might also allow for the development of new stories—particularly ones that unite personal experience with larger religious, spiritual, or mythic narratives. Curiously, a similar effect can be achieved through what is called simultaneous hyperactivation of different parts of the brain. This refers to communal experiences, such as participation in a drumming circle, in which multiple senses are stimulated, causing different parts of the brain to communicate with each other. As d’Aquili and Newberg explain, this can also be experienced and explained within a religious or spiritual framework.

If the arousal and quiescent systems are activated during ritual, then [participants in the ritual] may experience a brief breakdown of the self-other dichotomy. This breakdown will be interpreted within the theology and stories of the religion, and this powerful experience will give the participants a sense of unity with each other because they are all taking part in the same ritual. Furthermore, the participants may have a sense of being more intensely united to God or to whatever the religious object or prayer or sacrifice may be. This liturgical sense of unity can allow everyone (not just monks or mystics) a chance . . . to experience

32. Taylor, *My Stroke of Insight*, 37–42 (italics in original).

the mystical—a sense of unity with God, with the universe, or with whatever is “ultimate.”³³

Through studies such as these, neuroscientists have corroborated what educational theorists, ritual scholars, and scholars in other disciplines have noted: that ritual and repetition are central mechanisms for teaching a social group’s newest members its value system and behavioral and social norms. Religious rituals the world over provide multisensory experiences that engage mind and body, punctuated with times of quiet and introspection. Because they simultaneously engage many different regions of our brains, such religious activities can have the same impact as meditation but on a collective rather than an individual scale. Patrick McNamara uses the term “de-centering” to describe this sense of being unbounded and of transcending the limits of ordinary experience. In scientific terms, he describes de-centering as “a temporary decoupling of the Self from its control over executive cognitive functions.” Another way to describe this is to say that the individual has entered a “liminal state,”³⁴ which is perhaps similar to what happened to the *metzora* as he traveled from the camp to *michutz lamachaneh*.

Our Stories, Our Selves

Since time immemorial, individuals and communities have transmitted stories in which people find themselves in uncharted territory—geographically, intellectually, psychologically, and spiritually. These stories describe such a rupture in the world as it has been known and experienced. They relate precipitating events, the journey from the familiar to the less known or the unknown, and a sense of radical dislocation with all of its attendant fears and trauma.

33. d’Aquili and Newberg, *Mystical Mind*, 106.

34. Patrick McNamara, *The Neuroscience of Religious Experience* (New York: Cambridge University Press, 2009), 5.

In a description of the ways that rupture manifests neurologically, Siegel writes, “Grappling with loss, struggling with disconnection and despair, fills us with a sense of anguish and actual pain. Indeed, the parts of our brain that process physical pain overlap with the neural centers that record social ruptures and rejection. Loss rips us apart.”³⁵

Whether losses are physical, emotional, or existential, they are painful and undermine our sense of personal integrity. To cope with and make sense of these experiences, personal and communal stories offer models that benefit both those directly affected and the community at large. As upsetting as the details of these stories can be, many of them underscore how encounters with what lies beyond established boundaries offer the potential for transformation. These stories provide hope by projecting a vision beyond the present moment into a future in which individuals and communities can survive and thrive. They are what Lester calls “future stories.” In his words:

Projecting ourselves into the future and creating stories about the “not yet” is a central process of any person’s ongoing identity, the self in process. The content of these future stories is both a contributor to and an expression of a person’s hoping process. Future stories, of course, can also be a source of despair.³⁶

At best, our future stories provide us with images with which to envision ourselves and others overcoming obstacles and growing and changing in positive ways. When they do, they create a future into which we want to live. Alternatively, as Lester says, they can be a source of despair, presenting us with images that are so frightening and overwhelming we cannot find the motivation to move toward them.³⁷

35. Siegel, *Mindsight*, 6.

36. Lester, *Hope in Pastoral Care and Counseling*, 6.

The entire book of Leviticus is itself a future story intended to encourage a demoralized people to live into it. Although it was written for Israelites living in exile in the wake of the destruction of the First Temple in 587 B.C.E., it was a story of the past that functioned as a future story. With no access to their homeland and with no shrine to house their deity, the exiled Israelites could have told stories focused solely on loss and despair. Instead, Leviticus emphasized priestly duties and the ways in which God’s presence could be felt even during a period of uncertainty, fear, and wandering. Like their ancestors, whose time in Egypt ended with a new generation entering the land of the patriarchs, these exiled Israelites heard this retrojected story of wandering and projected themselves into a future of restored wholeness and communion with God. Leviticus assured the Israelites that God accompanied them during their own journey of exile and promised that, once they returned home, they would reconstruct God’s dwelling place.³⁸

This frame, which regards stories as lifelines of hope in the face of loss and adversity, helps us understand the Hebrew Bible’s stories about three types of individuals, all of whom found themselves in a state of radical dislocation. These three types were the *metzora*, the priest who came into contact with the substance used to disperse the impurity of death, and the warrior who had shed blood. Each of them spent time away from the community and away from the familiar. Their stories are our stories, offering lessons that enrich and add meaning to our lives. The three sets of stories teach us that not all of the sojourns that unmoor us and lead us far from our comfort zones result in permanent distance and dislocation. In many cases, we can eventually experience return and restoration. We can repair the

37. Lester, *Hope in Pastoral Care and Counseling*, 72–74.

38. Baruch A. Levine, *Leviticus, Va-yikra: The Traditional Hebrew Text with the New JPS Translation*, JPS Torah Commentary (Philadelphia: Jewish Publication Society, 1989), xxxvi.

sense of being torn apart. We can reconnect to ourselves, others, and God. We can tell new stories that incorporate our new insights and perspectives.

To fully grasp how these biblical stories convey this message, we must first consider the geographic and spiritual mental maps contained in the levitical writings. These were the maps that helped the *metzora*, the priest who came into contact with death's dispersant, and the warrior to retain a degree of orientation along the four different axes. These were the maps that enabled them to find meaning in different contexts, which was at the heart of their ability to create usable future stories. It is to these maps that we turn our attention in the next chapter.