

Dissertation Topic Proposal / "Working Title":

Brainspotting in Comparative Religio-Spiritual Perspective

Summary of Topic: Rationale, Research, Study, Design, and Objectives:

Human history contains a rich religious and spiritual history, within which are diverse beliefs and practices of individual and communal healing and care. In the Lutheran tradition of Christianity, for example, caregiving praxis is grounded in and reflective of a theology that is full of paradox and dialectic around the foci of creation and redemption. Within this theology, all caregiving is understood as coming in, with, and through God's care for creation in Jesus, and mediated by earthly means, including embodied human beings. Foremost in this praxis is what takes place when a congregation gathers for worship. In Lutheran worship, the content of the readings, songs, preaching, sacraments, and prayers is mirrored and expanded by the physical movement of congregants. Outside of worship, a Lutheran model of care includes "mutual consolation and conversation among the brothers and sisters"¹ which today includes pastoral counseling/psychotherapy, as well as communal meals, and visitation and/or physical assistance (e.g., food, clothing, shelter, medical care) being provided to those who are suffering without regard to their religious commitments.

Buddhist caregiving praxis, by contrast, in all of Buddhism's schools and traditions, is grounded in the Buddha's enlightened wisdom about human existence and suffering, and shaped by the intentional cultivation of actions of loving-kindness and compassion toward all

¹ Luther, Martin, "The Smalcald Articles (1537)" in *The Book of Concord: The Confessions of the Evangelical Lutheran Church*, ed. Robert Kolb and Timothy J. Wengert, trans. Charles Arand et al. (Minneapolis: Fortress Press, 2000), 319.

sentient beings. In this context, within the Mahayana School of Buddhism, leadership of the Buddhist community, the *sangha*, seeks to inspire alleviation of practitioners' suffering, and provide guidance for practitioners to do the same for others. Individual and group meditation practice, the foundation for addressing the human sense of craving and desire (believed by the Buddha to underlie all forms of suffering whether manifest in old age, sickness, or death), takes place in *sangha* gatherings and outside of them, including ceremonies related to various life events (such as birth, marriage, and death). Caregiving praxis during *sangha* gatherings may also include talks on Buddhist principles or writings (*dharma* talks), given by *sangha* leadership, Buddhist monks or nuns, or other recognized *dharma* (doctrine/wisdom) teachers. In and from these talks, *dharma* is understood to inform and transform meditation practice. In recent years, Buddhists in the United States have developed a specialized non-theistic contemplative caregiving praxis following the pastoral counseling and chaplaincy models developed in Protestant Christianity in the early 1900's. A particular focus of such Buddhist pastoral care is hospital and hospice chaplaincy.

In the current global religio-spiritual context, a diverse range of philosophies and psychotherapeutic modalities (e.g., narrative, family systemic, Rogerian, feminist/womanist, cognitive-behavioral) are being integrated into the specific theory and praxis of particular religious and/or spiritual traditions in attending to human suffering. The scholarly discipline related to this movement is included in the field of Pastoral Theology.

As a Lutheran pastoral theologian and psychotherapist (with scientific curiosity and an extensive background in dance), a particular focus of my scholarly, pastoral, and clinical work has involved exploration of the transferability of the newer psychophysiological therapies into Lutheran congregational settings of pastoral care and counseling. In this work I have noted, as does Ted Peters,² that often, there is clear consonance among philosophic, therapeutic, and

² Peters, Ted, , *Science, Theology, and Ethics* (Burlington VT: Ashgate, 2003).

theological perspectives and integration is both organic and desirable. Nonetheless, real differences among these perspectives and/or their cultural contexts sometimes leads to recognition of dissonance and to intentional rejection rather than integration.

Among the psychophysiological therapies that I have studied is Brainspotting, a recently emergent and developing treatment approach deeply rooted in the body's nervous system. Clinically and in initial research studies,³ Brainspotting has been found to lead to transformational change that is emotional, psychological, and physical. Brainspotting therapists, worldwide, are observing that clients embracing a multiplicity of religio-spiritual traditions report profoundly changed spiritual perspectives, as well.⁴

Through my previous study and ongoing clinical and pastoral work, I have observed that among the psychophysiological therapies, the theory base and practice of Brainspotting--"an open, integrative, phenomenological"⁵ approach, which holds relationality and neurophysiology in dialectic balance--makes it uniquely accessible and relevant to my own faith community. I now hypothesize that Brainspotting is equally accessible and relevant to faith communities across the religio-spiritual spectrum because of its theorized rootedness in the neural mechanisms of the human orienting response,⁶ I further hypothesize that each faith tradition's integration of Brainspotting into its caregiving praxes can inform and enrich others' praxes, as well.

The proposed dissertation, therefore, will give a thorough presentation and review of the history, development, theory, and practice of Brainspotting, highlighting its ubiquitous, non-

³ Hildebrand, Anja, Grand, David, and Stemmler, Mark, draft version 14.1129.05.2012, "A preliminary study of the efficacy of Brainspotting -- a new therapy for the treatment of Posttraumatic Stress Disorder" accepted for publication in 2014 in *Journal for Psychotraumatology, Psychotherapy Science and Psychological Medicine*.

⁴ Personal communications, 2010 to present, with Brainspotting colleagues in North America, South America, Europe, Australia, Israel, and Asia. Notably absent is Africa, where Brainspotting trainings have yet to be held. Brainspotting colleagues do, however, include therapists of African descent.

⁵ Grand, David, personal communications, 2004-present.

⁶ Corrigan, Frank and Grand, David, 2012, draft, Brainspotting: a neurobiological hypothesis; Corrigan, Frank and Grand, David, 2013, "Brainspotting: recruiting the midbrain for accessing and healing sensorimotor memories of traumatic activation" in *Medical Hypotheses* 80(6):759-766 Epub April 6).

clinical occurrence in the adaptive orienting functioning of the human brain-body system. The paper will then use comparative theological method to explore the "hypothetical consonance"⁷ of Brainspotting within the theory and praxis (i.e., the pastoral theology) of healing and care in Christianity and Buddhism, one cross-section along the spectrum of religio-spiritual traditions. Specifically, the paper will focus on Lutheran (Christian) and Zen (Buddhist, Mahayana School) caregiving praxes in the United States.

The study and research behind the dissertation is being done from a transdisciplinary perspective at the intersection of neuroscience, anthropology, philosophy, theology, physiology, psychotherapy, consciousness study, cosmology, and comparative mysticism. While each of these fields contributes to my thinking, hypotheses, and conclusions, their presence in the dissertation will be embedded in the discussions of Brainspotting and the particular faith traditions being reviewed. In addition to reading, study and research will include experiential immersion through direct interreligious dialog with Buddhist caregivers, and attendance/participation at *sangha* gatherings in New York City, where I reside.

I note here that comparative theology, as a sub-discipline of systematic theology, retains the use of the word "theology" to describe its endeavor while acknowledging that the task involves interfacing with non-theistic religio-spiritual traditions. In contrast, the dissertation title seeks to maintain the self-identifying integrity of Buddhism as a non-theistic spirituality.

Finally, as a Brainspotting "Trainer-in-Training," I anticipate that the dissertation process and paper will be a scientifically, clinically, and theologically sound foundation as I work toward a long-standing professional goal of developing a Brainspotting training process that is specific to clergy and lay religio-spiritual caregivers.

⁷ Peters, Ted, 2003, 11.