



NEUROFAITH[®]

*A Light for
the Broken*

Healing Trauma and Addiction

by Restoring Mind, Body, and Soul

DR. JEFFREY E. HANSEN, PHD

with Pastor Earl Heverly



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Endorsements

for NeuroFaith® *A Light for the Broken*
Healing Trauma and Addiction
by *Restoring Mind, Body, and Soul*

NeuroFaith®: *A Light for the Broken* is a groundbreaking and deeply insightful work that powerfully bridges the gap between faith and science. Dr. Jeffrey E. Hansen and Pastor Heverly masterfully weave together cutting-edge neuroscience with the timeless truths of faith, providing a comprehensive and compassionate approach to understanding and healing trauma and addiction. This book offers hope and tangible steps for those seeking recovery, while also serving as an invaluable resource for professionals in the field of mental health and addiction treatment. With clarity and heart, NeuroFaith® reminds us that true healing involves not just the body and mind, but also the soul. A must-read for anyone seeking to understand the profound connections between trauma, addiction, and faith-based recovery.

Andrew P. Doan, MPH, MD, PhD

*Adjunct Associate Professor of Surgery, Uniformed Services University
Ophthalmology and Aerospace Medicine*

On a wan November day, I left a funeral thinking, “Thank God I am not deeply involved in this tragedy.” The widow had lost her husband to a line-of-duty death and on the same day, her father to a long illness. Pregnant, she would lose her child days later. Three years later I would marry that widow; every November 19th since then for over 40 years, I’ve learned that time alone does not heal emotional trauma. NeuroFaith® springs from Dr. Hansen’s lifetime of compassionate service, weaving faith and science into understanding and hope for those who are afflicted or addicted. Such trauma will come into every life—and that makes NeuroFaith® a must-read book.

Gary S. McCaleb

Senior Counsel

Alliance Defending Freedom

Dr. Jeff Hansen has been healing members of the military community for decades. For those of us trained to see ourselves as impenetrable, this wealth of resources is a lifeline. Wellness through connection with others and our creator is no matter of blind faith. Jeff, Tim and Earl give a solid vector for those of us carrying hidden wounds.

Pete Grossenbach

US Air Force C-17 Pilot

I have served in Law Enforcement in California for 41 years and have been heavily involved in police chaplaincy and peer support. I also served on a multiagency critical incident stress debriefing team. This past year, I met Dr Hansen at a local church gathering. Our common interests lead us into long motorcycle rides and deep conversations regarding trauma, trauma treatment, and the spiritual vacuum that exists in each of us.

My career has taught me that addiction is an unforgiving salve for the unseen wounds that haunt our heroes. Often our (first responders) coping mechanisms are overwhelmed by the day-to-day real trauma we experience. What can start out as a temporary relief from the stresses of the work environment can quickly lead to dependence and addiction. Modern treatments often neglect the spiritual needs of the patient and thus limits the success of various treatment modalities.

NeuroFaith®: A Light for the Broken offers understanding and answers to break the bondage of addiction and find peace in a world where ideals and reality rarely align.

From the Ragamuffin Gospel by Brannen Manning: “For Ragamuffins, God's name is Mercy. We see our darkness as a prized possession because it drives us into the heart of God.”

Patrick Akana

Police Sergeant (retired)

NeuroFaith®: A Light for the Broken, perfectly reconciles the disparate approaches of the medical model, the psychological model and the social learning model of addiction medicine. For years, the medical model has been embraced by researchers and therapists alike. The medical model is too reliant on the treatment of symptoms and lacks focus on “Why.” To poorly quote Viktor Frankl, if we know the “why,” the “how” may become evident. To this end, Dr. Hansen, Mr. Hayden, and Pastor Heverly provide a roadmap for a truly holistic approach. Healing is not accomplished by masking symptoms. It requires an understanding of the root cause of the problem. Including Faith in the “How” discussion adds a powerful tool for those struggling with trauma and addiction. This book shows how Spirituality and neuroscience are not at odds but complementary and the best approach to using both for recovery.

Salvatore Bitondo, LICSW, BCD

Chief, Family Advocacy Program

Behavioral Health Service Line

Madigan Army Medical Center, JBLM

Fantastic! This book fulfills a long-held wish of mine for a work that complements the insights I have been able to bring to others through Scripture. Perhaps nowhere is this more impactful than in Romans 12:2, where God reveals His profound process of ‘renewing the mind.’ The book's description of neural pathways wonderfully illustrates how God accomplishes this transformation, reprogramming the brain to form new paths and bring true renewal.

As someone practiced in presenting spiritual truths, I find it seamless to integrate these with the scientific insights so well-articulated here. For readers engaged in science or clinical practice, this book offers a powerful vision of hope for treating trauma and addiction, pointing toward a profound intersection of science and faith that promises lasting transformation.

In every chapter, scientific truths emerge in a way that resonates deeply, enhancing my understanding of Biblical truths honed over 50 years of Christian ministry. This book has a unique and natural harmony that touches the soul and elevates both the scientific and spiritual pursuits.

Best wishes and blessings in your ministry.

Gary E. Thomas, Assistant Pastor (Retired)

Counseling and Discipleship

Calvary Chapel of Olympia

As a firefighter with over 18 years of service, I've witnessed firsthand the profound impact of trauma and the insidious path it can carve toward addiction. These experiences don't just leave scars; they redefine the fabric of who we are. *NeuroFaith*® delivers a biblically-based insight into healing that resonates deeply with me, bridging the gap between the silent pain of trauma and the hope for recovery. This book masterfully combines scientific understanding with faith-driven principles, offering a beacon of real, lasting healing for anyone who has faced the shadows of trauma and addiction. For those seeking hope, resilience, and a renewed sense of self, *Neurofaith*® is an invaluable resource that speaks to the heart and soul.

Steven Backus

Phoenix Fire Department

NeuroFaith®: *A Light for the Broken* offers a comprehensive yet concise and fluent blueprint of addiction. Dr. Hansen and Mr. Hayden eloquently translate neuroscientific concepts into easily digestible applications. By breaking down addiction as deeply rooted in trauma and relational wounds, *Neurofaith*® provides a compassionate lens to why and how we find ourselves in the throws of the addiction cycle. This work is a great resource for those who have struggled, currently struggle, or love those who struggle; it offers hope in the application of transformative therapeutic techniques and spirituality to navigate healing in connection with others. Having been mentored by Dr. Hansen in concepts of Polyvagal Theory, HeartMath, and Internal Family Systems, I wholeheartedly endorse *Neurofaith*® as a must read!

Alayna Collins, M.A.

Psy.D. Doctoral Candidate in Clinical Psychology

Dr. Jeff Hansen's newest book is perhaps the best he has ever written. It is truly "holistic," in that the material he has presented is comprehensive and quintessential to the reader wishing to understand addiction from every possible perspective.

"NeuroFaith® the Intersection of Science and Faith in the Healing of Trauma and Addiction" is a book I wish I had in graduate school when I studied to become an Addiction Counselor. The information it contains covers the Biological, Psychological, and Neurophysiology of those struggling with single isolated addictions, as well as a plethora of other addictions. The book is not isolated to therapeutic information covering substance use alone. Dr. Jeffrey Hansen takes us on a deep dive into process addictions as well, such as pornography, and helps us understand the stronghold it has on one's mind, body, and soul.

I believe that Dr. Jeff Hansen's book belongs in the halls of every college and university that offers a degree in addiction studies. Perhaps the most creative and profound parts of his book are where faith and Scripture are interwoven into the fabric of scientific and clinical information. His words from the Bible offer undisputed truth and therefore, in the end, may help to bring healing and restoration to those struggling with addiction.

Bravo Dr. Jeff and Earl Heverly for providing such a valuable book to not just the student of addictionology, but to individuals, couples, and families who struggle to find answers to this hugely growing problem which affects us all in myriad ways.

Libby Smith, Ed.D., Ph.D.

Lead Therapist, Holdfast Recovery

Dr Jeffrey Hansen and Pastor Earl Heverly use their extensive history in treating trauma to call out the lack of connection as a key element leading to addiction. They describe why this disconnection makes it so hard to treat. Their simple to understand description of brain physiology, extensive references, real world examples, and creative use of drawings make this a valuable reference for newcomer as well as expert clinician. The solution that lies in the Intersection of science and faith is a bullseye made clear in this book.

Mike Kimmel

Agape House of Prescott, Executive Director

Retired Senior Director with major Defense and Telecommunications companies

Once again, Dr. Hansen has addressed an incredibly important topic in society: addiction and its far-reaching impact on everyday life. The depth and breadth of the various types of addictions in today's society are shocking.

Dr. Hansen not only explores the causes of addiction but also provides well-researched insights into its effects. More importantly, he offers practical and effective solutions for overcoming this harrowing illness. As a physician, I deeply appreciate the light he shines on the overreliance on medications and the negative consequences that often accompany them. Dr. Hansen's works are an invaluable addition to any professional library. His style is thorough yet concise, well-supported, and actionable.

What stands out most, however, is that Dr. Hansen writes from a place of profound empathy, honed through decades of experience. He demonstrates a genuine desire to bring healing to those struggling with addiction. By highlighting the effects of disconnection, he provides a broader and deeper understanding of the forces that contribute to addiction. Additionally, Dr. Hansen boldly emphasizes the importance of faith in the path to recovery.

Jeffrey Hansen is a man I deeply respect as a provider, a colleague, and a mentor. It is an honor to have him not only as a friend but also as a brother in Christ.

Devin Spera, M.D.

Emergency Medicine Physician

In Dedication

With deep love and respect, we dedicate this book to all military service members, law enforcement officers, and firefighters who have given so much in the service of others. You are our heroes, and we know that many of you carry unseen wounds—of mind, body, and soul. We honor your incredible sacrifices.

We pray that these pages bring you comfort, healing, and renewed strength as you continue your journey. You are always in our hearts, and we are forever grateful for your courage and dedication.

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*A Light for the Broken
Healing Trauma and Addiction
by Restoring Mind, Body, and Soul*

By Jeffrey E. Hansen, Ph.D. and Pastor Earl Heverly

NO MEDICAL ADVICE IS GIVEN NOR PROVIDED IN THIS BOOK. SUCH INFORMATION, WHICH MAY BE MEDICAL IN NATURE, IS INFORMATION ONLY FOR THE USE OF LICENSED AND EXPERIENCED MEDICAL PRACTITIONERS. A READER INTERESTED IN MEDICAL ADVICE OR MEDICAL TREATMENT SHOULD CONSULT A MEDICAL PRACTITIONER WITH AN APPROPRIATE SPECIALTY WHO IS PROPERLY LICENSED IN THE READER'S JURISDICTION.

Author's Note on AI Collaboration

This book is the product of years of clinical work, research, personal reflection, and prayer. As the primary author, I (Dr. Jeffrey Hansen, Ph.D.) have drawn extensively from my past publications, clinical experience, and therapeutic model development, particularly the NeuroFaith® model, which integrates neuroscience, trauma-informed therapy, and Christian spirituality.

In preparing this book, I made use of advanced AI tools, including ChatGPT, to assist with brainstorming, drafting, editing, refining structure, and organizing complex ideas. This technology functioned as a supportive collaborator, helping me clarify language, summarize

research, and format content. All the clinical insights, theological direction, and original research come from me and my team.

This work reflects my voice, my convictions, and my hard-won experience. The AI never generated original research, therapeutic models, or claims on its own. Rather, it served as a helpful tool under my direct guidance, offering efficiency in the writing process and allowing me to articulate more clearly what has been at the heart of my professional mission for decades.

I believe in transparency and integrity, especially when integrating new technologies. It is my hope that this disclosure affirms the honesty of this process while giving full credit where it is due. The ideas, models, and framework presented in this book are mine, and I stand behind them.

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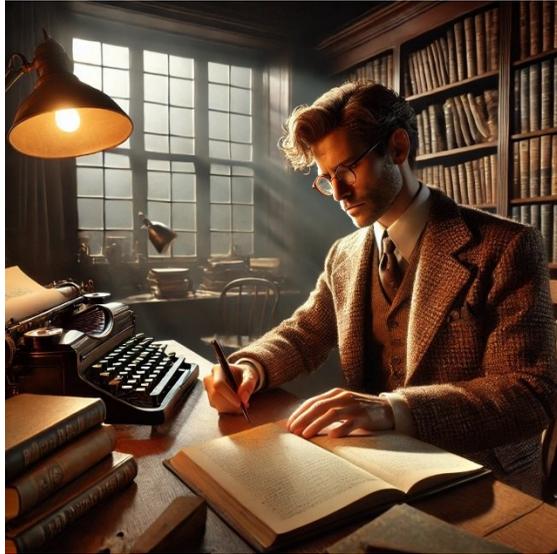
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Why We Write

A Call To Healing: Where Faith Meets Science



This We did not write this book simply to share theories. We wrote it because these pages are carved out of our own lives.

My (Jeff) story begins long before I was ever a psychologist. It begins on a Nebraska farm two generations before I was born. My grandfather was, in many ways, a good man, but he carried deep wounds from a brutal childhood. As a boy, he was beaten savagely and then left in the cellar for days. That kind of suffering does not vanish. It burrows deep,

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shaping how a person sees the world, themselves, and others. And it gets passed down, often without intention, but with devastating effect.

As an adult, my grandfather worked hard to build a better life, pouring himself into the farm. But a financial investment in a trucking firm went bad, and he lost everything. The farm was gone. He had to sell out and start over in Denver, a crushing transition after years of sweat and sacrifice. That loss hardened some of the wounds he already carried. In time, my grandfather found Christ, and his faith began to heal many of those wounds. But faith, though powerful, does not erase every scar, and some of the pain remained.

My father grew up under that weight. Life in Nebraska before the move was harsh, and discipline could be severe. Beatings before school were not uncommon. The combination of generational trauma and the upheaval of losing everything left my father with an inner rage he never asked for and never wanted, but it was there. And though he, too, was a good man in many ways, he passed some of that woundedness down to us.

They were men who worked hard at the expense of everything, with an unyielding commitment and dedication in every circumstance. Yet, in the midst of that relentless drive, they did not see — or perhaps could not face — the deeper work that needed to be done to heal the damage that had been building across generations.

By God's grace, my father also came to faith in Christ. His faith transformed him, softened him, and began to heal many of the wounds. Both my father and my grandfather experienced deep spiritual change, but not every scar disappeared. Some pain remained, and some of it found its way into the next generation.

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I grew up in that legacy. I carried those scars into adulthood, and for years I was able to manage the weight. I poured myself into education, earning advanced degrees, serving in the Army, working with traumatized soldiers, military families, and children. I built a career around helping others navigate pain.

But in my fifties, the fault lines beneath my life gave way. It happened during what I now call “the perfect storm.” Within a short span of time, my wife was diagnosed with melanoma, my daughter faced repeated hospital stays under the heavy suspicion of lymphoma, the 2008 financial crisis hit hard, and I found myself unable to sleep for days on end. Then a patient threatened me. I had done nothing wrong, but my nervous system would not shut off. I could not think, could not sleep, and I could not climb out of the spiral. Eventually, I requested to be taken to the hospital. I made that call. It was the only way I could see to break the cycle and get rest.

The road back was long and grueling. I experienced the raw, humbling truth that even someone with decades of clinical experience is not immune to the crushing weight of trauma and stress. My recovery forced me to dig deeper than I ever had, into neuroscience, into Scripture, and into the reality of how faith can literally rewire the brain and restore the soul. It was during that season that the seeds of NeuroFaith® began to take root.

Then, in late 2023, those generational scars claimed my twin brother. The pain that had built in him over a lifetime of wounds became too heavy to bear. He fell into deep depression and eventually lost hope for life. His death has compelled me even deeper into helping others. It is a pain I will never completely get over, a pain I must learn to bear, but

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also a pain that sensitizes me to the suffering of others. It is nothing I would have ever asked for, but it is something I am required to make use of in the service of God. And it is not an easy task.

My (Earl) story is different from Jeff's yet shaped by the same fingerprints of God's grace. I came to Christ as a child, but in my young adult years, my faith drifted. I found myself pulled into alcohol and disillusionment, trying to fill a void that only God could fill.

The turning point of my life came in a hospital parking lot on the day my daughter Melissa was born. She had a large birthmark covering one side of her face, and the shock of it hit me harder than I could have imagined. I had to be strong for Nancy, my wife, and for our new baby girl. I stayed close, watching every detail of her care, assuring Nancy that somehow everything was going to be alright.

But when it came time to leave the hospital and tell our older child about her new sister, I stepped out to the car and sat there alone. That's when the weight of it all hit me. I broke down, overwhelmed by my daughter's disfigurement. In desperation, I cried out to God: "God, I'll do anything. Please just help my baby."

Then, as if someone had reached inside me and flipped a switch, the tears stopped. A stillness came over me, and in that silence, I heard His voice: "Earl, Melissa is Mine. I love her unconditionally. I gave her to you to raise, and I will always be with her. And I want that same kind of relationship with you. I will be with you always and will provide everything you will ever need. But you must give yourself completely to Me."

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In that moment, I surrendered. I gave my life, my family, and my future entirely into God's hands, and I have never looked back. Four years later, I entered full-time ministry as a pastor, teacher, and counselor. Over the next 46 years, I served in two California churches as a pastor/shepherd and pastoral counselor, taught in three different Bible colleges, and had the privilege of walking alongside countless people through their valleys of pain, loss, and redemption. I retired from pastoral ministry in January 2024, but I continue to serve God's people in various ways throughout northern California.

When Jeff and I reconnected in 2024 after talking intermittently but not seeing each other for over twenty years, we quickly realized that although our paths had been different, they converged on the same truth: trauma reshapes the brain, but only Christ can heal the soul. Neuroscience gives us the map of damage and recovery, but faith gives us the power to walk that road to restoration. Together, we have built a whole-person approach to healing — **mind, body, and spirit** — that became the foundation of NeuroFaith®.

We invite you to walk this journey with us, not only to understand the interplay between trauma, addiction, and the brain but also to witness the profound power of faith in healing lives.

Introduction



Vice is a monster of so frightful mien
As to be hated needs but to be seen
Yet seen too oft, familiar, with her face,
We first endure, then pity, then embrace.

-Alexander Pope's An Essay on Man

Addiction is a thief. It steals lives, dreams, and futures, leaving destruction in its wake. It's not just a habit or a moral failing; it is a force so consuming that it rewires the brain, distorts reality, and erodes a person's very sense of self. The struggle to escape its grip often feels like fighting an invisible enemy, one that hides in the crevices of the mind and haunts the soul.

Behind every story of addiction lies unimaginable pain: broken families, lost potential, and the weight of shame that crushes even the most hopeful spirit. Addiction thrives in the shadows of trauma, feeding off

emotional wounds that have never fully healed. It traps its victims in a vicious cycle of dependence, where the fleeting moments of relief are overshadowed by deeper and darker lows. The horrors of addiction reach beyond the physical, into the very core of a person's identity, numbing them to the world around them and, worse, to themselves.

Yet, within this seemingly hopeless landscape, there is a spark of light—a chance for recovery, renewal, and restoration. It is here, at the intersection of science and faith, that a path to healing emerges. As Scripture reminds us: *"The Lord is near to the brokenhearted and saves the crushed in spirit"* (Psalm 34:18, ESV). This book introduces you to a new approach: NeuroFaith®, where the cutting-edge revelations of neuroscience meet the timeless power of faith.

The Horrors of Addiction: Rewiring the Brain, Stealing the Soul

Addiction is not a simple choice; it is the product of profound changes in the brain. When addiction takes hold, it hijacks the brain's reward system, creating powerful neural pathways that prioritize the pursuit of substances or behaviors over everything else, love, family, work, even survival. The brain, once finely tuned to balance pleasure and self-preservation, becomes enslaved to the cycle of craving and compulsion. In the face of addiction, a person loses control of their decisions. It's no longer just a matter of "willpower"; the brain is no longer working the way it should; the capacity for healthy choices has been hijacked.

But the roots of addiction go even deeper. Beneath the surface of the addiction lies trauma. Trauma etches into the brain, shaping it in ways that make a person more susceptible to the pull of addiction. Whether it's childhood abuse, neglect, or emotional pain, these unresolved wounds leave scars in the brain's circuitry, making it harder to regulate stress and emotions. Addiction often becomes a coping mechanism, an attempt to numb the pain that never quite fades. This is why addiction

is so powerful, it is not just a battle against a substance or behavior but against the unhealed traumas that fuel it.

The horrors of addiction can seem endless: the sense of isolation, the shame that silences those who suffer, the broken promises to loved ones, and the gnawing fear that recovery is out of reach. In this darkness, hope can feel like a distant dream.

The Power of Faith: A Light in the Darkness

But even in the deepest despair, faith has the power to ignite hope. *“The light shines in the darkness, and the darkness has not overcome it”* (John 1:5, NIV). For centuries, faith has offered solace, strength, and healing to those in the throes of addiction. It provides a source of meaning and purpose when everything else feels lost. Faith speaks to the part of us that yearns for connection, redemption, and wholeness—things that addiction steals away and ultimately delivers us from these forces that control us.

What science is now discovering is that faith doesn't just offer psychological comfort, it can physically change the brain. Prayer, meditation, and belief in something greater than oneself activate the brain in ways that can promote healing. Studies show that people who embrace spirituality in recovery have better outcomes, they relapse less often, they build stronger social connections, and they find a deeper and more fulfilling sense of purpose.

Faith offers what addiction seeks to destroy: a sense of identity, of belonging, of being loved and valued despite one's struggles. *“For we are God's masterpiece. He has created us anew in Christ Jesus, so we can do the good things he planned for us long ago”* (Ephesians 2:10, NLT). Faith gives people the strength to confront their trauma, forgive themselves, believe that change is possible, and experience that change for themselves.

NeuroFaith®: The Intersection of Science and Healing

This is where the concept of NeuroFaith® comes into play—a powerful fusion of neuroscience and faith. It bridges the gap between science and spirituality, showing how the brain can be restored, and how faith can aid in this process. The brain, though deeply affected by addiction, is capable of change—this is the promise of neuroplasticity, the brain’s remarkable ability to rewire itself. With the right interventions, the brain can heal from the damage of addiction. It can form new pathways, create new habits, and break the cycles of craving and dependency.

Faith plays a crucial role in this transformation. When we pray, meditate, or embrace a spiritual practice, we strengthen the very parts of the brain involved in self-control, resilience, and emotional regulation. Faith works as a partner to science, helping the brain to heal, rebuild, and resist the pull of addiction. This isn’t a vague promise or wishful thinking—it’s grounded in science. Brain scans show that people who engage in regular spiritual practices experience growth in areas of the brain that combat anxiety, depression, and addictive behaviors.

Together, neuroscience and faith form a holistic approach to recovery, one that addresses the brain, the heart, and the soul. NeuroFaith® is not about choosing between science or faith; it is about embracing both, understanding that healing comes from integrating the two through the indwelling presence and wisdom of God.

Trauma, Addiction, and the Journey to Restoration

Trauma sets the stage for addiction, and healing from addiction requires confronting that trauma. But this is where many recovery programs fall short, by treating the symptoms of addiction without addressing the root causes. NeuroFaith® takes a different approach. It recognizes that true healing requires a deeper understanding of the brain’s response to trauma, and how faith can help heal the wounds that science alone cannot reach.

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In this book, we will explore how trauma rewires the brain, how addiction takes hold, and how faith and science together can break these chains. We will hear the stories of people who have walked this path, those who have been broken by addiction yet found healing through the powerful combination of neuroscience and spiritual transformation.

You will learn how trauma shapes behavior, how addiction alters the brain's chemistry, and how recovery is possible—through both scientific intervention and spiritual renewal. You will come to understand that addiction is not a life sentence. *“He heals the brokenhearted and binds up their wounds”* (Psalm 147:3, NIV). The brain can be restored, the soul can be renewed, and lives devastated by addiction can be rebuilt with the help of both science and faith.

This is a journey not just of recovery but of restoration—of becoming whole again and even more, becoming who each person was created to be. NeuroFaith® offers a new way forward, a new way to understand addiction, and a new path to healing. Whether you are someone battling addiction, a loved one seeking hope, or a clinician looking for deeper insights, this book will guide you through the horrors of addiction and the promise of transformation through the fusion of brain science and faith.

Our Book's Roadmap to Recovery

As we transition into the core of this book, it's important to set a clear path for what lies ahead. Addiction, as we've discussed, is a powerful force, one that consumes the mind, body, and soul. To understand the full scope of addiction and its treatment, we must explore it from multiple angles: the science that explains its mechanics, the stories that reveal its devastation, and the hope that comes from faith and healing.

In the coming chapters, we will dive deeper into this multifaceted issue, starting with a clear understanding of addiction's scale and impact.

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Numbers alone can be startling, but they help us grasp the magnitude of the problem we face. From there, we'll break down the definitions of addiction—not just as a diagnosis, but as a concept that can unlock paths to true healing.

We will then venture into groundbreaking territory with epigenetics, exploring how our environments and experiences shape our genes and contribute to addiction susceptibility. Early attachment theory will also guide us, revealing how the bonds we form as children can set the stage for addiction or resilience.

As we move forward, we'll take a close look at how addiction takes hold, from that first taste or experience to the tight grip it eventually secures on a person's life. We will examine the substances and behaviors that most often pull people into addiction, along with a deep dive into the neuroscience behind this process. This is where we'll explore the brain's plasticity and how addiction rewires its functions, making recovery feel daunting—but not impossible.

Following that, we will explore various therapeutic pathways that offer healing and peace. These include cutting-edge approaches like **Polyvagal-Informed Therapy**, which helps regulate the nervous system and foster safety in the body; **HeartMath®**, a technique that blends emotional self-regulation with heart-brain coherence to enhance resilience; and **Internal Family Systems (IFS)**, a groundbreaking model that helps individuals heal by addressing the different “parts” within themselves that hold trauma and pain. Together, these therapies create a holistic framework for recovery that integrates mind, body, and soul.

We will also explore Johann Hari's model for connected living, a refreshing take on what recovery can look like when we address disconnection at its core. Additionally, the 12-step program serves as a foundational tool, anchoring individuals in hope during the recovery process.

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But recovery isn't without its challenges. We'll explore the complexities surrounding medication in treatment, questioning whether we place too much trust in pharmaceuticals and considering alternative approaches.

By the time we reach the conclusion, we will have charted a journey of hope and healing—one that combines the best of science, faith, and community. The road ahead may seem long, but it is one paved with opportunities for renewal, growth, and restoration.

So, as we proceed, know that each chapter builds upon the last. Together, they form a roadmap toward understanding addiction and, more importantly, toward reclaiming lives from its grip.

Welcome to NeuroFaith®

A new path of hope, healing, and restoration!



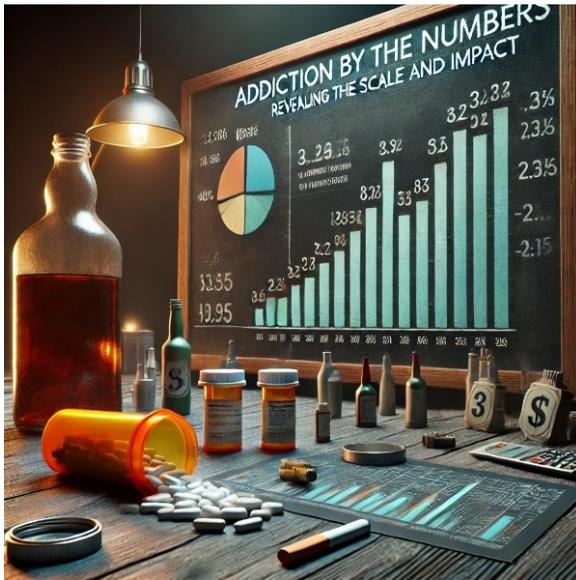
PART 1
THE
BACKDROP

Addiction by the Numbers

Revealing the Scale and Impact

*"The truth will set you free,
but first it will make you miserable."*

- James A. Garfield



As nicely summarized by behavioral neuroscientist, and professor of psychology, Dr. Judith Grisel, at Bucknell University, the financial toll of this epidemic is equally devastating. Substance abuse costs society more than five times as

much as the global fight against AIDS and twice as much as cancer. In the U.S., approximately 10% of the nation's healthcare budget is funneled into the prevention, diagnosis, and treatment of substance abuse disorders. However, despite these massive investments, the prospects for recovery remain tragically stagnant. In fact, recovery success rates today are no better than they were 50 years ago with traditional treatment methods (Grisel, 2019). Astonishingly, an individual battling addiction has a better chance of surviving brain cancer than achieving long-term recovery from addiction (Grisel, 2019).

The broader implications of substance abuse in the U.S. are just as alarming. Currently, 16% of Americans aged 12 and older meet the clinical criteria for a substance use disorder, a number that represents millions of individuals and families trapped in the grip of addiction. The toll on public health is devastating, with excessive drug use accounting for a quarter of all deaths in the country. Globally, every single day, 10,000 lives are lost to substance abuse, a figure that underscores the merciless reach of addiction (Grisel, 2019).

These statistics paint a grim picture of a national catastrophe that shows no signs of slowing down. The opioid crisis is a relentless epidemic, claiming lives at an accelerating pace and leaving behind shattered families and broken communities. Every number represents a person—a life cut short, a family left in grief. The time for change isn't in some distant future; it's right now. If we continue on this path without radically rethinking our approach to addiction and its treatment, the death toll will continue to climb, and society will be left to pick up the pieces, one life at a time. This isn't just a public health emergency; it's a staggering failure of the systems meant to protect, heal, and restore. How much longer can we afford to let this crisis spiral

out of control? The time for action is now—before more lives are irreparably lost.

In an outstanding presentation, Dr. Kevin McCauley (2023) describes the terrors of the opioid crisis, noting that this epidemic in the United States has reached catastrophic proportions, with overdose deaths climbing at an alarming rate. In 2019, there were 70,630 drug overdose deaths, of which 70.6% (49,860) were opioid-related (Hedegaard, Miniño, Spencer, & Warner, 2020). The situation worsened dramatically in 2020, with 91,799 drug overdose deaths, and a staggering 74.8% (68,630) of those deaths involving opioids (Hedegaard, Miniño, Spencer, & Warner, 2021). By 2021, the crisis reached its highest point yet, with 106,699 overdose deaths—75.4% (80,411) linked to opioids (Hedegaard, Miniño, Spencer, & Warner, 2022).

The daily toll of this epidemic is staggering. In 2021, the United States lost 292 people per day to drug overdoses, equating to one death every five minutes. Of these, 220 deaths per day were opioid-related—meaning one person died every seven minutes from opioid overdose (Hedegaard et al., 2022). Since 1999, over one million lives have been lost to drug overdoses, with more than 644,000 of these deaths attributed to opioids (Hedegaard et al., 2022).

What makes these numbers even more shocking is the rapid escalation of the crisis. Between 2020 and 2021, the age-adjusted mortality rate for drug overdoses increased by a staggering 31.4%, reaching 32.4 deaths per 100,000 people (Hedegaard et al., 2022). The continuous rise in opioid-related deaths demonstrates the crisis's relentless grip on the nation, despite widespread awareness and intervention efforts.

Addiction today is Epidemic and Catastrophic

- In the US, **16%** of the population 12 and older meet criteria for a substance abuse disorder.
- A **quarter of all deaths** in the US is due to excessive drug use.
- Each day, **10,000 people around the globe die** as a result of substance abuse.
- Substance abuse costs **5X** as much as AIDS and **2X** as much as cancer.
- In the US, about **10% of all health-care dollars** go to substance abuse prevention, diagnosis and treatment.
- Despite all of this, successful recovery is no more likely than **50 years ago** with conventional treatments.
- An addicted person has about twice as good a chance from surviving brain cancer.

From: Judith Grisel (2019) *Never Enough: The Neuroscience and Experience of Addiction.*

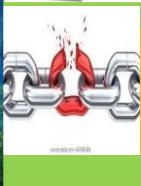


Beyond the Label

How Defining Addiction Unlocks True Healing

Definitions are the foundation of clear thinking; without them, we build on sand."

- Mortimer J. Adler

<p>Roots of the word ADDICTION Adam Slater (2018) <i>Irresistible</i></p>		<p>In Rome being "addicted" meant that you had just been sentenced to slavery.</p>
		<p>If you owed someone money and couldn't repay, a judge would sentence you to work as a slave until you could repay the debt.</p>
		<p>Addiction later evolved to describe any bond that was difficult to break.</p>

Imagine for a moment that you're standing at the edge of your life, feeling trapped and alone. You've lost yourself in behaviors you can't seem to control, despite the harm they bring. You tell yourself to stop, you swear this time will be different, but the pull is too strong, and it drags you back again and again. You look in the mirror, and instead of a whole person, you see someone broken, trapped in a cycle you can't escape. This is the reality for so many people struggling with

addiction. It's not just about substances or behaviors—it's about pain, trauma, and a search for meaning.

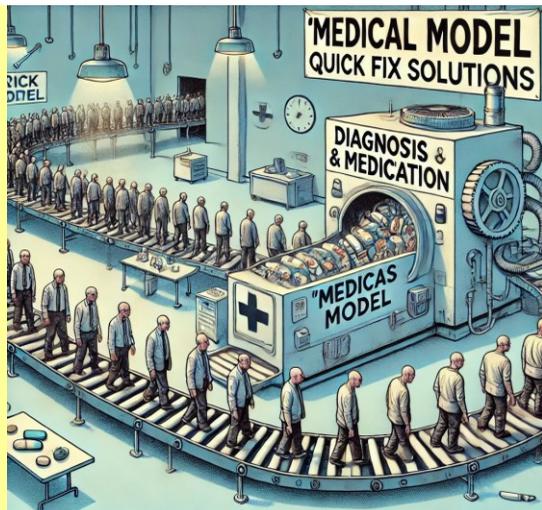
But here's the question that matters: how do we understand this experience? How do we define addiction? Because how we define addiction shapes how we help people. And when we get that definition wrong, we risk offering solutions that don't address the whole person, leaving vital needs unmet.

For years, the **American Society of Addiction Medicine (ASAM)** has defined addiction as a **chronic, relapsing brain disease characterized by compulsive substance use despite harmful consequences**. This medical model emphasizes that addiction affects both the brain and behavior and involves **complex interactions between genetic, environmental, and psychosocial factors**. It frames addiction largely as a disease of the brain, one where individuals are driven by compulsions they cannot control due to altered brain chemistry (ASAM, 2011).

ASAM Medical/Disease Model of Addiction

The ASAM (American Society of Addiction Medicine) disease model of addiction defines addiction as:

- A **chronic, relapsing brain disease**
- Characterized by compulsive substance use despite harmful consequences
- According to ASAM, addiction affects both the brain and behavior, involving complex interactions between genetic, environmental, and psychosocial factors.



This view has shaped a lot of the treatment approaches we see today, which tend to revolve around **diagnosis and medication**—treating the brain’s altered state as the root of the problem. And while this view is valuable in acknowledging the serious impact of addiction on the brain, it leaves out several crucial factors: the person’s emotional, psychological, and spiritual life. It forgets to ask, *Why?* Why is this person struggling with addiction? What pain or trauma are they carrying? What unmet emotional needs are driving them to seek relief, even at great personal cost?

If we reduce addiction to just a medical issue, a brain disease that requires treatment through medication and management of symptoms, we risk missing the complexity of the human being in front of us. The conveyor belt image you may have seen, of patients processed like parts in a machine, funneled through medical interventions, paints a powerful picture of what happens when we limit our understanding of addiction to a purely biological problem. People become cases, symptoms to be fixed. But addiction is never just a physical ailment. It’s tied to the heart, the spirit, and the mind. If we only treat the brain, we’re leaving the rest of the person behind.

Similarly, the **National Institute on Alcohol Abuse and Alcoholism (NIAA)** defines addiction as a **chronic, relapsing disorder characterized by compulsive drug-seeking, continued use despite harmful consequences, and long-lasting changes in the brain**. This definition reinforces the chronic nature of addiction and the powerful grip that compulsive behaviors can have on a person. It acknowledges that addiction rewires the brain, making it difficult for individuals to break free from the cycle of craving and use (NIAA, 2024).

The National Institute on Alcohol Abuse (NIAA) definition of addiction

Addiction is defined as a **chronic, relapsing disorder** characterized by:

1. Compulsive drug seeking
2. Continued use despite harmful consequences
3. Long-lasting changes in the brain.



This model, too, has great value in helping us understand the persistent and relapsing nature of addiction, but it doesn't answer the deeper question: *Why?* Why does a person reach for substances in the first place? Why do they seek relief in ways that ultimately harm them? If we only focus on the compulsive behaviors, we risk missing the emotional wounds, the traumas, and the unmet needs that often drive addiction in the first place. Addiction isn't just about the brain's reward system being hijacked—it's about what a person is running from or trying to cope with.

In fact, research has shown that when addiction is defined as a disease, people often feel relieved initially. Their **anxiety tends to go down** because they feel less personally responsible—after all, it's a disease, something happening *to* them rather than something they can control. However, there's a downside: **outcomes also tend to decline**. When addiction is viewed solely as an external, uncontrollable force, individuals can feel powerless to change their behavior. Their sense of control shifts outward, toward an **external locus of control**, where

recovery is seen as something that depends on factors outside themselves, like medication or external support systems.

On the other hand, when addiction is not defined as a disease, the initial reaction is often different. **Anxiety tends to increase** because individuals may feel more responsible for their actions, which can be overwhelming at first. But this is where hope lies: as anxiety rises, so does **the potential for better outcomes**. Without the disease label, individuals are encouraged to see addiction as something they can learn to manage, something they have **internal control** over. This shift from external to **internal locus of control** fosters personal responsibility and empowerment, helping people see that they are not helpless victims of a disease but rather individuals capable of growth, change, and healing (McGregor, Susanne, 2012).

This is why **Professor Mark Lewis's Learning Model of Addiction** offers such an important shift in perspective in his seminal book, *The Biology of Desire: Why addiction is not a disease*. Lewis defines addiction as a **learned behavior**, not as a chronic brain disease—a result of the brain's ability to adapt and change through repeated experiences. According to this model, addiction is not an irreversible condition but rather a **behavior that can be unlearned**. It happens because the brain, through its neuroplasticity, becomes wired to seek out the rewards and relief that substances and/or behavior provide. Over time, the brain becomes highly sensitive to cues associated with substance use, leading to cravings and compulsive behaviors (Lewis, 2015).

LEARNING MODEL OF ADDICTION

Neuroplasticity and Learning

- Addiction is a result of the brain's capacity to adapt and change based on repeated experiences.
- The brain's reward system becomes highly sensitive to cues related to substance use, resulting in cravings and compulsions.

Learning Model of Addiction

Professor Mark Lewis views addiction as a chronic brain disorder. Lewis's model conceptualizes addiction as a learned behavior influenced by neuroplasticity and personal experiences.

What's so powerful about this model is that it gives us **hope**. If addiction is learned, it can be unlearned. The brain can be rewired toward healthier patterns, and recovery becomes not just a process of managing symptoms but a journey of **retraining the mind**. This model also shifts the focus back to the person's **life experiences**. Addiction, in this view, is not something that happens in a vacuum, it's shaped by personal history, environment, and the emotional struggles a person faces. Lewis's model helps us see that addiction is often a coping mechanism, a way to deal with pain, trauma, or emotional distress.

This understanding forms the core of how addiction is treated. These centers see addiction as a **response to trauma, emotional pain, and a lack of meaningful connections**. Addiction, in this view, is not just about the brain's chemistry; it's about the **heart and soul**. When someone is caught in the cycle of addiction, they are often trying to

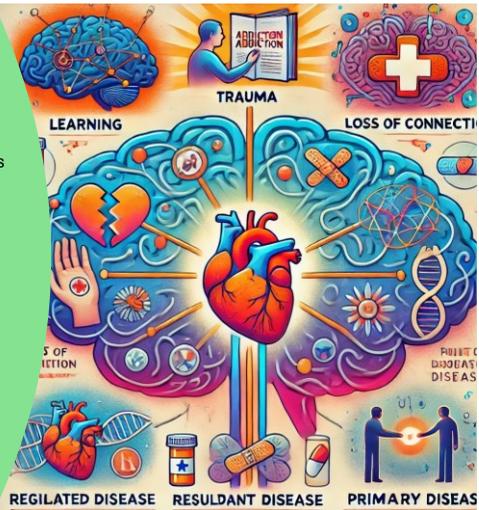
cope with deep-seated emotional wounds, using substances or behaviors as a way to numb the pain or fill the void left by broken relationships or unhealed traumas.

AnchorPoint's Integrated Definition Directs us to the Most Cutting-Edge Treatments

At AnchorPoint and Holdfast Recovery, addiction is primarily understood as a **response to trauma, emotional pain, and a lack of meaningful connections in life.**

As such addiction serves as a **coping mechanism** for individuals dealing with these deep-seated issues and social isolation.

This perspective emphasizes the role of unmet emotional needs and the impact of traumatic experiences in driving addictive behaviors.



This understanding leads to a **holistic approach** to treatment; we ask the questions that matter: “What’s behind this addiction? What pain are you trying to numb? What loss are you grieving? Where do you feel disconnected from yourself and others?” By asking these questions, they get to the **root of the issue**. They understand that addiction is often a symptom of a deeper emotional struggle, a **coping mechanism** for dealing with pain that feels too overwhelming to face alone.

AnchorPoint's Integrated Definition
Directs us to the Most Cutting-
Edge Treatments, cont.

While we recognize that these forms of psychological and social problems can **lead to a disease state** or problems in the brain, and that certain forms of addiction may exhibit characteristics of a primary disease, these factors are not considered the primary drivers of addiction.

We appreciate that the disease model acknowledges a level of genetic and medical influence, but it is not seen as the deciding or dominant factor in addiction.

Instead, the focus is on addressing **the underlying psychological, social, spiritual, and trauma-related factors** that contribute to the development and persistence of addiction.



Because of this understanding, we hold that treatment is about much more than just managing cravings or detoxing from substances. It's about healing the **whole person**, their body, mind, heart, and spirit. They focus on **trauma-informed care**, which means they recognize how deeply trauma can affect a person's ability to recover. They provide **personalized treatment plans** that consider each person's unique story, their struggles, and their strengths. And they emphasize the importance of **community and connection** because they know that isolation is one of the most painful aspects of addiction—and one of the hardest to overcome alone.

But perhaps the most transformative part of the NeuroFaith® approach is the focus on **spiritual healing**. They understand that addiction is not just a physical or emotional struggle for many people, it's a **spiritual one**. People battling addiction often feel lost, disconnected from themselves, others, and something larger than themselves. That's why NeuroFaith® incorporates **spiritual-based therapy**. Their approach is grounded in Christian values, but they are respectful of all spiritual

NeuroFaith®
A Light for the Broken

beliefs, knowing that the search for meaning and connection is universal. For many, finding that **spiritual peace and wholeness** is key to overcoming addiction and rebuilding a life filled with purpose.

So, why does getting the definition of addiction right matter so much? Because how we define addiction determines how we treat it. If we see addiction only as a brain disease, we will offer solutions that focus on the brain. But if we see addiction as a **complex, human experience**—one that involves pain, trauma, disconnection, and the need for meaning—then our treatment must reflect that understanding. It must be **holistic**, compassionate, and person-centered.

We embrace a holistic view of healing, where every person is seen for who they truly are—not just their addiction. We welcome you into a space filled with compassion, understanding, and unwavering commitment to your journey toward lasting recovery.

Our starting point is Trauma-Informed Care. We understand that many who struggle with addiction have endured trauma, and we make it a priority to ensure that your care is sensitive to these past experiences. We create a safe, nurturing environment where healing begins without the fear of retraumatization.

We also believe that your recovery plan should be as unique as you are. That's why we focus on Personalized Treatment Plans, crafted to fit your specific needs, challenges, and strengths. By tailoring our approach, we make your journey more meaningful and effective.

Our philosophy is Holistic. We don't just focus on the addiction—we address the emotional, relational, and spiritual challenges that often accompany it. By treating the whole person, we aim to help you not

NeuroFaith®
A Light for the Broken

only achieve sobriety but also find a deeper sense of peace, connection, and purpose.

Connection is key. We know that building relationships and fostering a sense of Community can be transformative. You won't be walking this road alone—we create an environment where you can find the support and belonging that are crucial for long-term recovery.

We offer a variety of Therapeutic Modalities to suit your individual needs. Whether you benefit from Cognitive Behavioral Therapy (CBT), Internal Family Systems (IFS), or Polyvagal-Informed Therapy, we make sure you have the tools and resources to heal on all levels—emotionally, mentally, and physically.

Spiritual-Based Therapy is also an essential part of our approach. While we are rooted in Christian values, we warmly welcome individuals of all beliefs. Our goal is to help you find your own sense of purpose and inner peace, whether through faith or another spiritual path.

You are so much more than a patient, you are a person with a unique story. We are here to walk with you every step of the way, providing the compassionate care and support you need to heal, grow, and rediscover yourself.

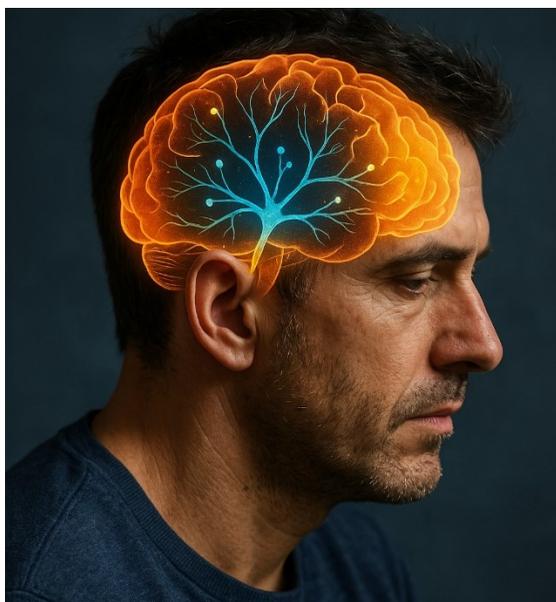
Addiction is not a life sentence. It's not a label that defines who you are. It's a condition that can be treated, healed, and transformed. But only if we understand it in its full complexity. And that's why getting the definition of addiction right is so incredibly important. Because when we do, we can offer people the kind of help that **truly changes lives.**

Inside The Addicted Mind

The Neuroscience of Addiction

*"For what I want to do I do not do,
but what I hate I do."*

- Romans 7:15

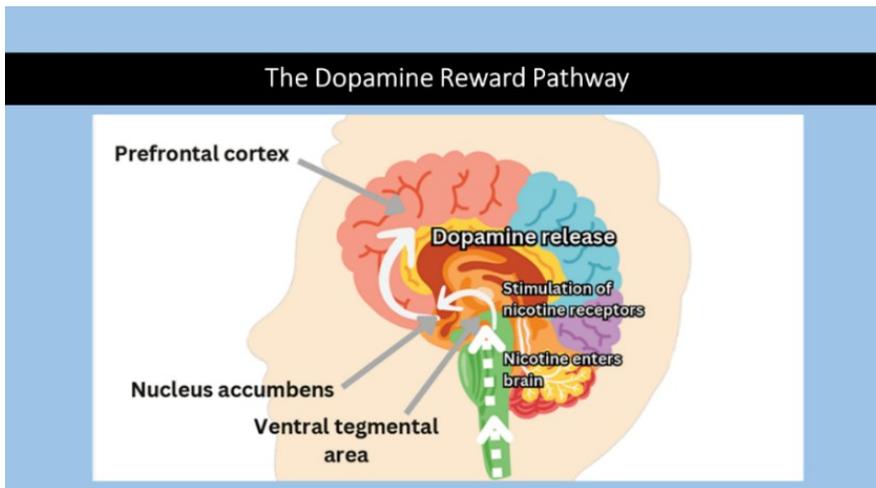


Addiction is a battle between desire and destruction, an inner turmoil where the mind is held captive by the very things it longs to escape. As the Apostle Paul so eloquently expressed in his letter to the Romans, we often find ourselves doing the things we despise, trapped in a cycle we cannot break on our own. This inner conflict is

the essence of addiction, a war between the pleasure-seeking centers of the brain and the soul's deeper yearning for freedom.

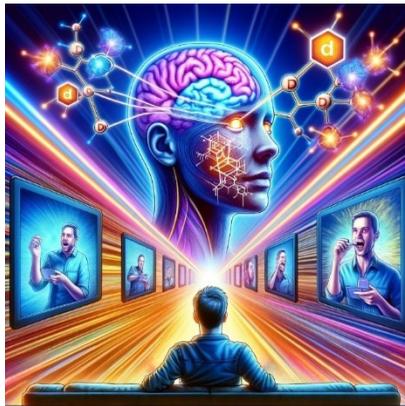
In his book *Glow Kids*, Nicholas Kardaras emphasizes that to understand addiction, we must first understand the brain's reward system. At the heart of this system is dopamine, the neurotransmitter that fuels the addict's pursuit of pleasure. What starts as a seemingly harmless indulgence soon morphs into a powerful and destructive force, hijacking the brain's natural circuitry and enslaving the individual to the substance or behavior that triggers the release of this "feel-good" chemical.

Just as Paul wrestled with the tension between good intentions and harmful actions, those battling addiction face a constant tug-of-war between seeking satisfaction and spiraling into deeper bondage. Understanding the neuroscience of addiction not only sheds light on this internal struggle but also offers a path toward healing—a path that acknowledges both the physiological and spiritual dimensions of recovery.



Specifically, how much dopamine is activated by a substance or behavior is correlated directly with the addictive potential of that substance or behavior. **Dopamine**, as many of us know, is the “feel-good” neurotransmitter that is the most critical and important part of the addiction process. Dopamine was discovered in 1958 by Arvid Carlsson and Niles-Ake Hillarp at the National Heart Institute of Sweden. As also noted by psychologist Dr. Susan Weinschenk (2009), **dopamine** is created in various parts of the brain and is critical in several brain functions to include:

- Thinking
- Moving
- Sleeping
- Mood
- Attention
- Motivation
- Seeking and reward



Inspired to pursue addiction because of dopamine

When an individual performs an action that is satisfying to a need or fulfills a desire, dopamine is released into the nucleus accumbens, a cluster of nerve cells beneath the cerebral hemisphere specifically associated with reward and pleasure. This is also known as the brain’s “**pleasure center.**” Basically, engaging in a pleasure-seeking behavior increases dopamine levels so that the dopamine pathway is activated, which tells the person to repeat what s/he just did to continue that “feel-good” sensation, or as Kardaras calls it, “**the dopamine trickle.**”

From an evolutionary perspective, this dopamine trickle is an important survival mechanism as it rewards, and, thus, incentivizes essential and important biological and social functions, such as eating, procreation, love, friendship, and novelty seeking. Natural dopaminergic activities, such as eating and sex, usually come after effort and delay and as previously mentioned, serve a survival function. These are called the “**natural rewards**” as contrasted with addictive chemicals/behaviors (which can hijack the same circuitry). In other words, addictive drugs and behaviors, such as gambling and video gaming, actually offer a *short-circuit* to this process, which only ends up flooding the nucleus accumbens with dopamine and does not serve any biological function.

As Wilson (2014) points out, the evolutionary purpose of dopamine is to motivate you to do what serves your genes. The bigger the hit of dopamine, the more you want or even crave the goal. Dopamine surges are the barometer by which you determine the potential value of any particular experience. Moreover, dopamine tells you what to remember by rewiring your brain by virtue of new and even stronger nerve connections.

Although dopamine has been referred to as the “pleasure molecule,” it is more about seeking and searching for pleasure, rather than pleasure itself. Dopamine is more involved in drive and motivation to seek. The “final reward,” or what we experience as feelings of pleasure, Wilson (2014) writes, involve the release of **endogenous opioids**. You can think of dopamine as “wanting” and opioids as “liking.” As psychologist Dr. Weinschenk explains, dopamine causes us to want, desire, seek out and search. However, the dopamine system is stronger than the opioid system, and we hence seek more than we are as satisfied...” Seeking is

more likely to keep us alive rather than sitting around in a satisfied stupor. (Weinschenk, 2009). “Addicts want it more but gradually like it less. Addiction might be thought of as *wanting gone amok.*” (Wilson, 2014).

Wilson (2014) explains that the neurological process does not stop there. Highly salient activities, in this case, addiction, lead to the accumulation of **DeltaFosB**, a protein that activates the genes involved with addiction. The molecular changes it potentiates are almost identical for both sexual conditioning and chronic drug use. Specifically, **DeltaFosB** rewires the brain to crave IT, whatever IT is. This is quite adaptive in situations where survival is furthered by overriding satiation mechanisms (e.g., I’m full, I’m done). In terms of the survival of the species, Wilson points out that excess food or sex signals the brain that you have hit the “evolutionary jackpot,” and a powerful incentive kicks in gear. For example, wolves, which need to stow away huge amounts of food (up to twenty pounds) of a single kill will continue to consume their kill even though they are full. This is particularly salient in porn addiction. In a sense, dopamine is like the foreman on a construction site barking orders, and **DeltaFosB** is the worker on the site. Dopamine is yelling, “This activity is really important, and you should do it again and again” (Wilson, 2014). **DeltaFosB** is responsible for ensuring that you remember and repeat the activity. This repeated process produces what is called **sensitization**, which is based on the principle, “Nerve cells that fire together, wire together.” Repeated activity strengthens cell connections.

DeltaFosB



As the brain recognizes that it needs a rest, it will kick out **CREB** to slow things down. In essence, **DeltaFosB** acts like the gas pedal, and **CREB** functions as the brakes. It specifically inhibits dopamine and endogenous opioids to take the joy out of the binging/addictive behavior or substance so that you can give it a rest (Wilson, 2014). This numbed pleasure response induced by CREB is often identified as **desensitization**, which leads to **tolerance** - the need for increasingly higher doses to achieve the same effect. Tolerance is a key factor in addiction (Wilson, 2014).

While **CREB** can help to perhaps curb less sensational behaviors, such as too many portions of a good meal, it has little chance against high valence substances, such as cocaine, porn media, and intense game media. This leads to what Wilson (2014) calls "*nature's cruel joke*." Specifically, **CREB's** attempt to suppress dopamine and natural/endogenous opioids is insufficient to shut down the process in highly salient addictions/behaviors in today's world. Therefore, the

person's pleasure response is not sufficiently attenuated, so they are driven to more extreme addiction behavior. In other words, **CREB** can lead to tolerance, which can result in more compulsive use and escalation. So, we see that chronic overstimulation can lead to two opposite effects:

- Increased dopamine activity (wanting/seeking it more) – sensitization via DeltaFosB
- Decreased dopamine and opioid activity (liking it/enjoying it less) – via desensitization via CREB

So, we see that chronic overstimulation can lead to two opposite effects:

01
Increased dopamine activity (wanting/seeking it more) –
sensitization via **DeltaFosB**

02
Decreased dopamine and opioid activity (liking it/enjoying it less) –
desensitization via **CREB**

Sadly, the evolutionary process has not equipped us to withstand such an onslaught of dopamine. When we become addicted, our bodies respond by reducing dopamine levels or shutting down its production, providing some relief to the overwhelmed receptor cells. So, with this reduced capacity to produce dopamine naturally, we enter into a vicious cycle whereby we need to ingest increasing amounts of the addictive substance in question or engage in the addictive behavior in question just to maintain our dopamine level (Wilson, 2014).

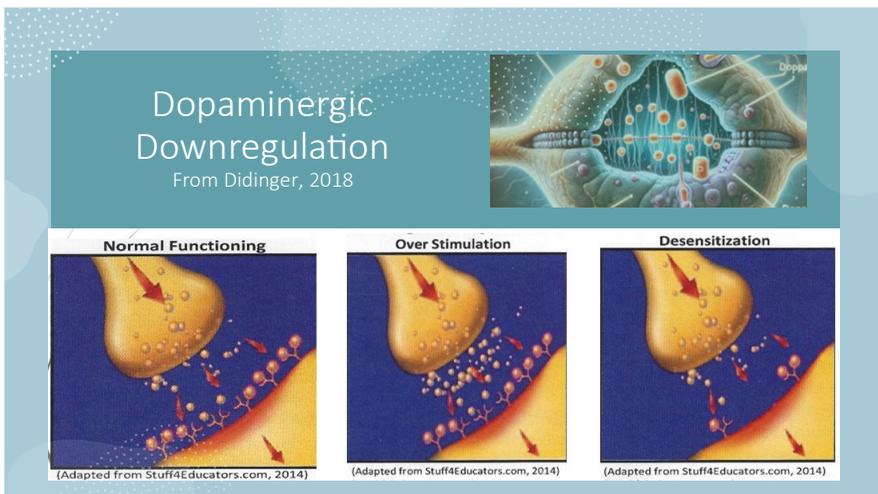
Then, as a “double whammy,” this chronic exposure to addictive behaviors or substances then impacts negatively on the prefrontal cortex, which, among other things, is the brain’s decision-making center, associated with impulse-control or “braking mechanism.” As the prefrontal cortex’s braking mechanism becomes increasingly impaired, we are far less able to put on the brakes and refrain from the addictive substance or behavior (Wilson, 2014).

More on **Sensitization** and **Desensitization** on a cellular level:

Sensitization: Dr. Robert Diding, in his workbook, *Pornography Addiction: Breaking through the Chains*, nicely describes the biological changes on the cellular level that occur. Specifically, the first biological process, sensitization, begins when a source of stimulation is associated with high levels of dopamine, and the brain becomes hypersensitive to this resource. For example, In the case of pornography, the images become burned into memory, creating “super memories” that the brain recalls regularly to stimulate the desire to seek more pornography (Diding, 2018). So, at the synapse (the space between neurons that connect via tiny vesicles of dopamine that cross over to fire up the next neuron), there is an increase of dopamine vesicles crossing that synapse. The image below, as noted in Diding (2018) portrays the changes:

Desensitization: The next step in the process of developing addiction on the cellular level is desensitization, which refers to a general dialing down (as previously noted) of responsiveness to all forms of pleasure. This process occurs as a result of prolonged dopamine production (Volkow et al., 2101). As Dinding (2018) notes, when high valence stimuli. such as pornography. are encountered, dopamine increases dramatically, which eventually results in overstimulation, something we

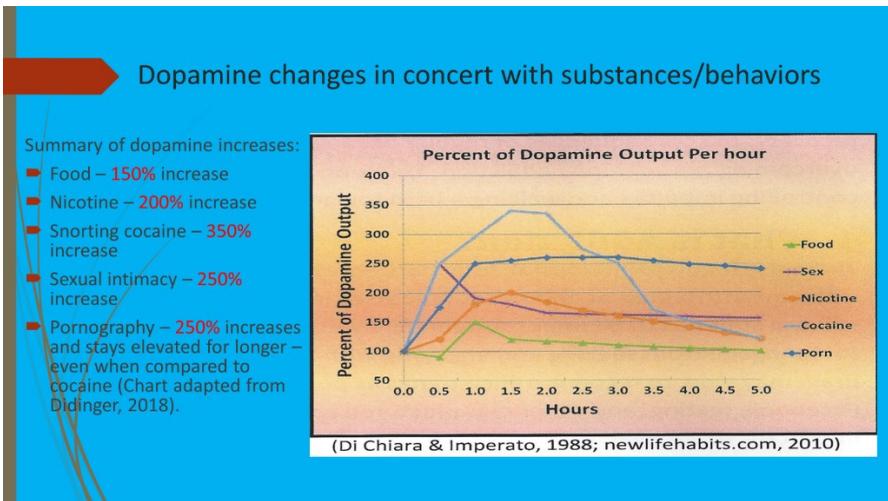
might like, but our brain doesn't. As with most biological processes, our brain will seek a state of homeostasis or normalcy. Didinger adds that our brain effectively retaliates by reducing the amount of receptor sites available to receive the dopaminergic stimulation as can be seen in the graphic below (adapted from Didinger, 2018). Sadly, this loss of receptor sites during desensitization effectively and qualitatively changes how we experience normal sources of pleasure. As a result, essential and healthy survival resources, such as friends, food, family achievement, social activities, and dating, become weaker and less pleasurable, and we pursue them less or stop pursuing them altogether. In other words, sources that used to bring us pleasure no longer hit the mark, and we then seek higher and higher valence sources in the quest of more intense dopamine.... thus, we seek more extreme levels of a substance or behavior to achieve this.



The use of drugs increases dopamine the same as sexual intimacy does, **250%**, but what is alarming is that it maintains the dopamine level much longer than sexual intimacy does. Dr. Didinger comments that even

with an extremely addictive drug like cocaine, which increases dopamine by 350%, dopamine levels decrease much faster than with pornography. As such, he notes that the brain interprets pornography to be extremely valuable and necessary for survival, thus essential to maintain, which helps to perpetuate the descent into addiction (Didinger, 2018).

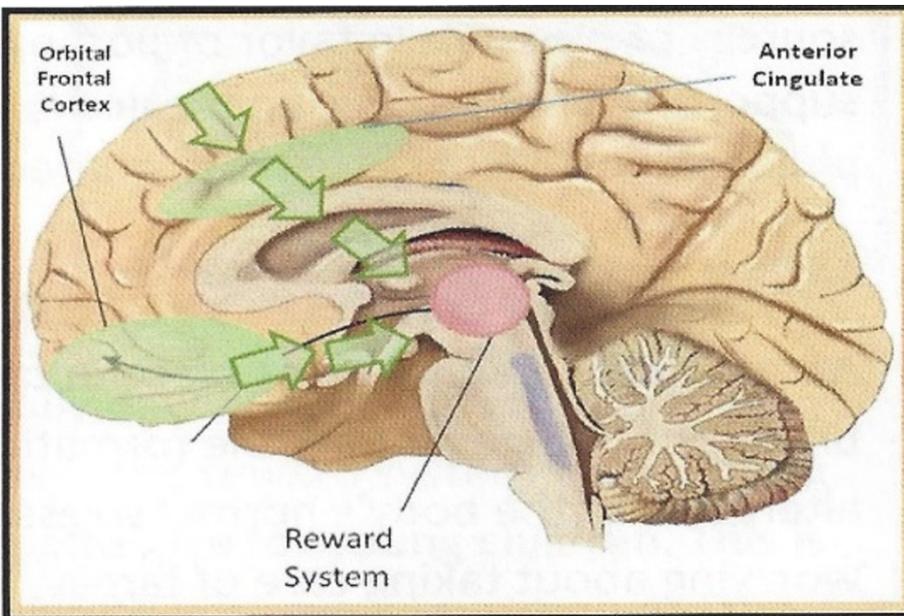
As can be seen in the chart below:



Hypofrontality – Not a good thing:

As Didinger (2018) points out, at the beginning of developing an addiction such as pornography, sensitization and desensitization of dopaminergic pathways are the primary driving forces. Once an addiction is on its way to becoming fully established, hypofrontality kicks in to ensure that the new substance of behavior is maintained. In many ways, hypofrontality is very insidious as it removes our ability to override or stop porn-seeking (Hilton, 2007).

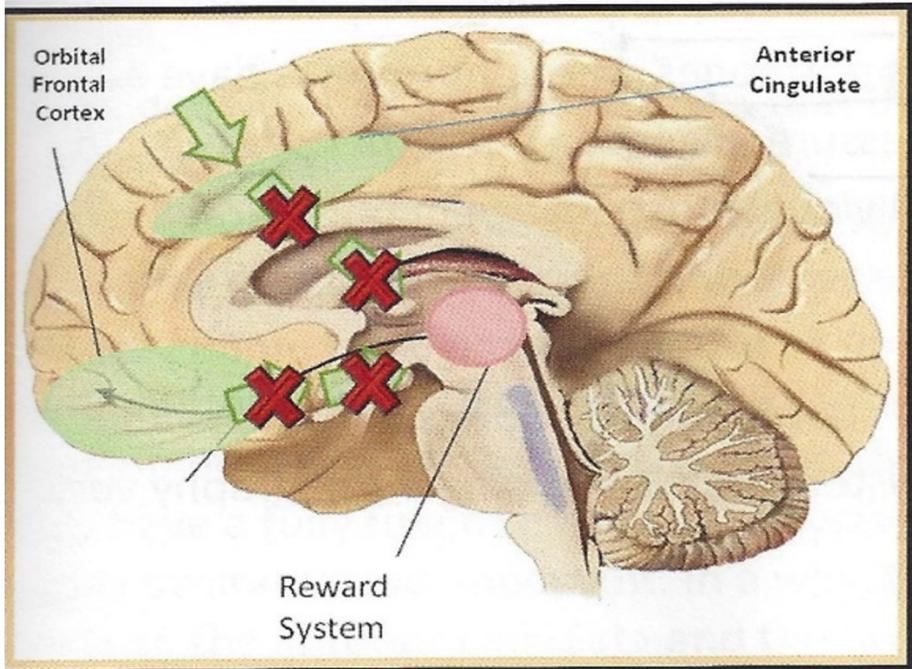
Two areas of the brain, the **anterior cingulate** and the **orbital frontal cortex**, serve as a protective mechanism to counter the reward system's desire for ever-increasing dopamine increase. Specifically, they help us to avoid and/or continue in activities or behaviors that could potentially harm us. For example, Freddy wants to ditch football practice and go off with friends to smoke some weed, which would greatly increase dopamine and help to begin the process of rewiring his brain as shown in the diagram below.



(Adapted from Study Blue, 2007)

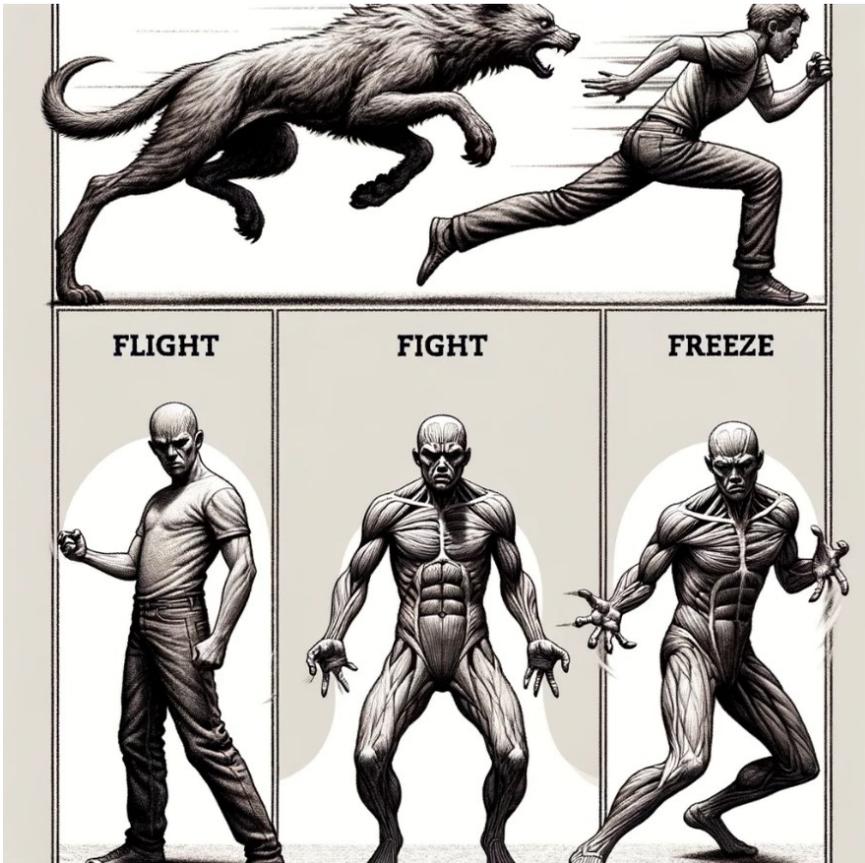
The reward system is successfully shut down

However, the anterior cingulate and orbital frontal cortex jump in and suppress the reward system to avoid the negative consequences of possibly being kicked off the team, not to mention losing the car keys as shown in the diagram below.



(Adapted from Study Blue, 2007)

The reward system fails to shut down



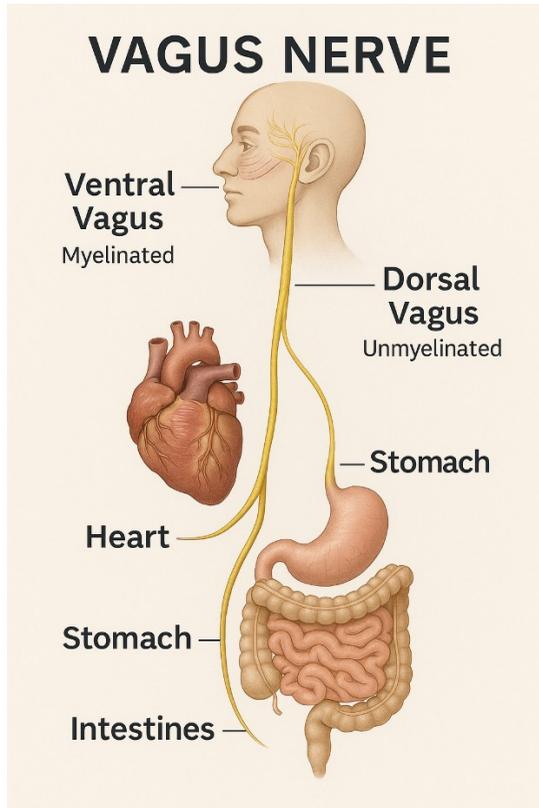
Polyvagal Theory:

In order to move forward in our understanding of what is happening to us as we progress toward addiction, we must understand Steven Porges' Polyvagal Theory and then integrate this knowledge with Triune Brain Theory. So, first, a little anatomy. The Autonomic Nervous System is a control system that acts largely unconsciously and regulates bodily functions, such as heart rate, digestion, respiratory rate, pupillary response, urination, and even sexual arousal. It has two main subdivisions: Sympathetic and Parasympathetic.

- **Sympathetic Division:** Prepares the body for stressful or emergency situations – fight or flight. Thus, the sympathetic division increases heart rate and the force of heart contractions and widens (dilates) the airways to make breathing easier. It causes the body to release stored energy. Muscular strength is increased. This division also causes palms to sweat, pupils to dilate, and hair to stand on end. It slows body processes that are less important in emergencies, such as digestion and urination (Merck Manual).

- **Parasympathetic Division:** Generally, the parasympathetic division conserves and restores calm/homeostasis. It slows the heart rate and decreases blood pressure. It stimulates the digestive tract to process food and eliminate wastes. Energy from the processed food is used to restore and build tissues (Merck Manual).

Steven Porges discovered that the parasympathetic division of the Autonomic Nervous System consists of two branches that lead to two different responses. The main nerve in the parasympathetic nervous system is the 10th cranial nerve, aka the **vagus nerve**, the largest of the 12 cranial nerves and has huge implications for our well-being and health. The vagus nerve has two very distinct branches: **Dorsal vagal nerve** and the **ventral vagal nerve**.



Dorsal Vagal Nerve: Barta (2018) notes that the most primitive form of defense occurs when the dorsal vagal nerve is activated. When activated, the dorsal vagal nerve promotes shutdown, freeze, and collapse. An example of this shutdown is when a gazelle is being stalked by a lion and when trapped with no possible way to flee, drops down, and appears to be dead than a doornail. This is not a conscious process but is, rather, a very primitive and unconscious one.

Ventral Vagal Nerve: Barta (2018) writes that the second response of our parasympathetic nervous system (the first being freeze and collapse, as noted above) is responsible for our ability to engage socially and handle social relationships. According to Barta, the social

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engagement system is controlled by our ventral vagus nerve, a very smart nerve with a rapid response time. As such, it allows us to “know” if we are safe enough so we can calm our defenses through a process of “neuroception.” roughly translated as the brain’s ability to sense safety. This serves not only bonding needs but allows us to shift out of sympathetic arousal and move into parasympathetic calm or downshift from activation to calm.

The concepts described above can feel abstract until we see them visually. The following illustrations offer a simplified way of understanding how the autonomic nervous system organizes our responses to safety, danger, and overwhelm. They provide a helpful map of the nervous system states that shape our emotional and behavioral lives.

This graphic below is a simplified map of the Autonomic Nervous System. The sympathetic branch prepares the body for action when threat or challenge is perceived, mobilizing energy for fight or flight. The parasympathetic branch restores balance and regulation. As Stephen Porges demonstrated through Polyvagal Theory, the parasympathetic system is not a single calming mechanism but contains two distinct pathways through the vagus nerve. The ventral vagal pathway supports connection, safety, and social engagement, while the dorsal vagal pathway can trigger a shutdown response when overwhelming threat is perceived. Understanding these branches gives us the neurological framework for interpreting many of the emotional and behavioral states that appear in trauma, depression, and addiction.



The graphic reviews how these nervous system states manifest in lived experience. When the sympathetic system dominates, the body enters a fight-or-flight state characterized by anxiety, anger, rapid breathing, and heightened physiological arousal. When the ventral vagal system is active, individuals feel calm, connected, and emotionally present, with a steady heartbeat and regulated breathing. When the dorsal vagal pathway takes over, the system shifts into shutdown, producing numbness, fatigue, withdrawal, and a sense of emotional collapse. These three states—mobilization, connection, and shutdown—form the biological landscape within which trauma and addiction unfold. Recovery work, therefore, is not simply about behavior change but about helping the nervous system rediscover safety and return to a regulated ventral vagal state.

Polyvagal Theory

Made simple

Autonomic Nervous System

Sympathetic

Activated, anxiety, fear, terror, anger

Parasympathetic

Ventral Vagal

Connected, calm, safety

Dorsal Vagal

Shut-down, depressed

Opponent Process Theory

Opponent Process Explains much about Addiction

Understanding the Dynamics of
Pleasure and Discomfort in
Substance Use – the Hell of
Cravings



In the complex journey of overcoming addiction, many struggle with feelings of hopelessness, wondering why the battle seems so relentless. But what if there was a powerful tool—an ancient insight—that could help explain exactly what you're going through and offer a roadmap for

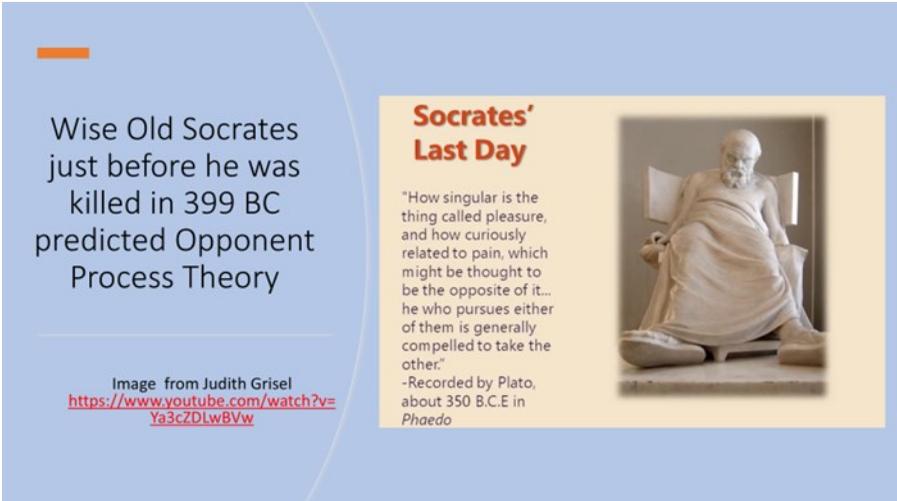
recovery? Enter Opponent Process Theory, a concept that has stood the test of time and, as addiction expert Dr. Judith Grisel points out, is key to understanding the very forces that trap people in cycles of addiction.

Dr. Grisel, a neuroscientist who has also experienced addiction firsthand, asserts that this theory can shine a light on why we become habituated, why tolerance builds, and why cravings can feel so overwhelming. Her groundbreaking work, particularly in her book *Never Enough* (2019, 2022), is a must-read for anyone serious about breaking free from addiction's grip. It's not just a scientific explanation; it's a lifeline. Understanding how pleasure and pain are intertwined—and why your brain pushes you toward more of the substance even when it's damaging you—can empower you to take control.

In this section, we will explore a vital, often overlooked body of literature as noted and eloquently describe by Dr. Grisel (2019, 2022) that connects ancient philosophy with modern addiction science. It has the potential to offer profound insights into how cravings and withdrawals work, giving you not just knowledge, but a powerful tool to fight back and reclaim your life.

We begin by looking at Socrates, a philosopher from ancient Greece, whose words in 399 BC still resonate with modern scientific understanding. Just before his death, Socrates reflected on how pleasure and pain are deeply intertwined. He observed that those who pursue one are often compelled to experience the other. This insight, known as Opponent Process Theory in modern terms, explains the duality of human experience—pleasure is often followed by pain, and

pain by pleasure. It's a profound observation that laid the groundwork for future discussions on human biology and psychology.



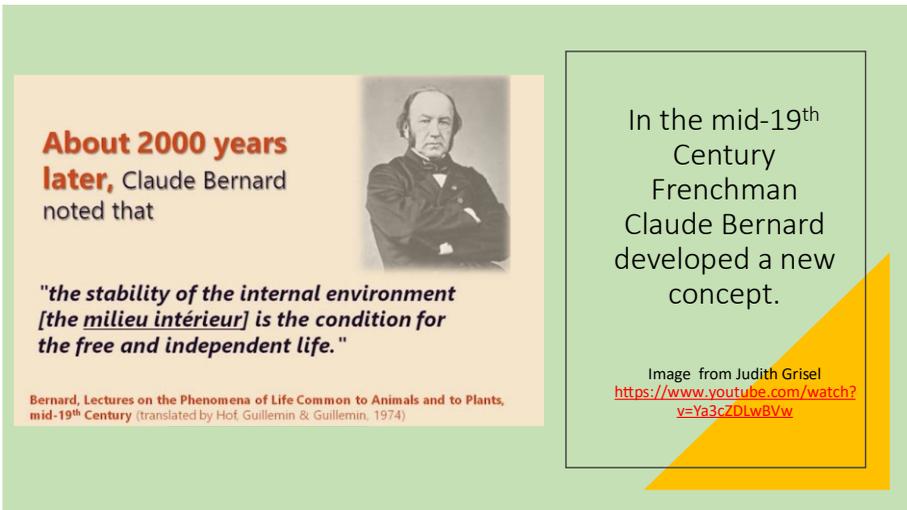
Wise Old Socrates just before he was killed in 399 BC predicted Opponent Process Theory

Image from Judith Grisel
<https://www.youtube.com/watch?v=Ya3cZDlwBVw>

Socrates' Last Day

"How singular is the thing called pleasure, and how curiously related to pain, which might be thought to be the opposite of it... he who pursues either of them is generally compelled to take the other."
-Recorded by Plato, about 350 B.C.E in *Phaedo*

Fast-forward almost two millennia, and we find French scientist Claude Bernard expanding on this idea of balance but in a more physiological context. In the mid-19th century, Bernard introduced the concept of the "milieu intérieur," or the stability of the internal environment. He argued that for organisms to live freely and independently, their internal systems must remain stable, even when the external world is constantly changing. This idea of homeostasis—the body's effort to maintain balance—builds on Socrates' philosophical musings about the natural counterforces of pleasure and pain but brings them into the biological realm.



About 2000 years later, Claude Bernard noted that



"the stability of the internal environment [the *milieu intérieur*] is the condition for the free and independent life."

Bernard, Lectures on the Phenomena of Life Common to Animals and to Plants, mid-19th Century (translated by Hof. Guillemin & Guillemin, 1974)

In the mid-19th Century Frenchman Claude Bernard developed a new concept.

Image from Judith Grisel
<https://www.youtube.com/watch?v=Ya3cZDLwBVw>

Another 80 years later, Walter Cannon popularized Bernard's idea of homeostasis and expanded it to include the fight-or-flight response, which describes how the body reacts to threats. Cannon coined the term "homeostasis" to describe the body's ability to maintain stability through change. He demonstrated how, during stressful situations, the body mobilizes resources to either confront or flee from a threat—a physiological response deeply connected to maintaining internal balance. Importantly, after these stress responses, the body seeks to return to equilibrium, often experiencing what's called "parasympathetic overshoot," as it attempts to stabilize after an intense reaction.

Walter Cannon: Homeostasis and Fight or Flight

Images from Judith Grisel

<https://www.youtube.com/watch?v=Ya3cZLw8Vw>

Another 80 years...

Walter Cannon popularized Bernard's ideas using the term **homeostasis**

Cannon, Walter B. 1932. *The Wisdom of the Body*, New York: Norton

"Fight or Flight"

Homeostasis: Stability through change

"Parasympathetic Overshoot"

Alboni, et al., 2011, Heart

From Socrates' early musings on pleasure and pain, through Claude Bernard's scientific framing of internal stability, to Walter Cannon's work on fight-or-flight, humanity's understanding of balance has evolved. Together, these insights highlight the complex interaction between our internal and external worlds—whether in our emotional states or physiological responses. They form a continuous thread in understanding how humans navigate the opposing forces that shape both our minds and bodies, driving us toward equilibrium in an ever-changing environment.

For many and as noted earlier, addiction begins with the pursuit of pleasure. Substances such as alcohol, opioids, stimulants, and even nicotine activate the brain's reward systems, flooding it with dopamine, the "feel-good" chemical. This rush of dopamine creates a powerful sense of euphoria or relaxation, depending on the substance.

At this stage, the experience is mostly positive. The brain hasn't yet adapted to the substance, and users often feel in control, enjoying the

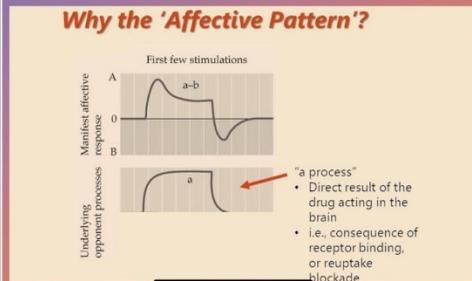
positive effects and the sense of relief or pleasure it brings. This initial period can be seen as the brain's **A-process**—the primary response to the stimulus, which, in this case, is intense pleasure.

The a and b process

The graph below depicts the underlying initial effect of the drug, and the top graph reveal the felt positive affective response (a process) to the drug followed by a compensatory negative affect response (b process)

Graph from Judith Grisel, Ph.D.

[https://youtu.be/Ya3cZLwBVw?si=tR-kxmumEv8 -Ai](https://youtu.be/Ya3cZLwBVw?si=tR-kxmumEv8-Ai)



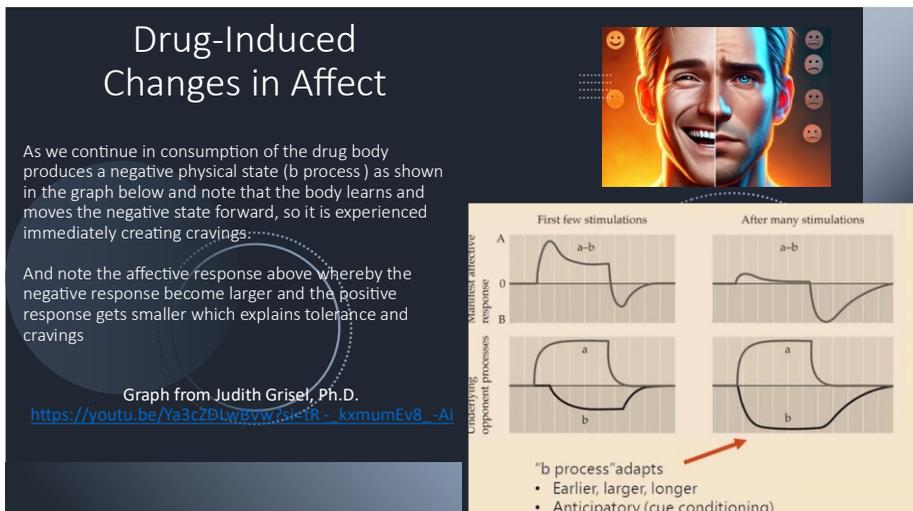
Consider the visual metaphor: two figures in balance, one representing pleasure, the other representing discomfort. At the start, pleasure dominates—represented by the figure in the image exerting force on one side of the balance. But this balance is temporary, as the opposing force begins to build momentum.

The pleasure that once came easily soon starts to diminish. As the brain adapts to the presence of the substance, the receptors in the brain become less sensitive to dopamine. The same amount of substance that used to create a powerful high now results in a reduced effect, leading users to increase the dosage in pursuit of that initial feeling.

This diminishing return is the first sign of the opponent process taking hold.

Discomfort and the Hell of Cravings:

Over time, something profound happens: the **B-process**—the brain's counterbalancing response—becomes stronger. This means that after the initial pleasurable effects wear off, the user experiences discomfort. The brain, in its attempt to return to equilibrium, begins to overcompensate for the euphoric effects of the substance, creating negative feelings such as anxiety, irritability, or physical discomfort.



This is where the "hell of cravings" begins. The user no longer consumes the substance for pleasure, but rather to avoid the intense discomfort of withdrawal. The A-process of pleasure is now short-lived, and the B-process of discomfort dominates. The need to relieve this discomfort drives further use, leading the person into the spiral of addiction.

Cravings are, in essence, the brain's desperate plea to avoid the emotional and physical distress triggered by the B-process. What started as a search for pleasure has now become a relentless effort to escape pain. Addiction, at this stage, becomes less about chasing highs

and more about avoiding the lows. This shift is what makes addiction so devastating—it transforms from a voluntary act into a compulsion driven by the brain's altered chemistry.

You become prisoner of the affective states

Image from Judith Grisel, Ph.D.
<https://youtu.be/Ya3cZLwBVw?si=tR-kxnumEv8-Aj>

Any Psychoactive Drug Effect Pattern of Affective Dynamics

Hedon Feelin. State

From Solomon & Corbit, 1974

The Vicious Cycle of Addiction:

Addiction is not just about using more of a substance to feel good; it's about using the substance to feel *normal*. As the user increases the frequency or dosage of their substance use, the brain's baseline functioning becomes dependent on it. This dependence deepens the cycle: more substance use leads to stronger withdrawal symptoms, which leads to more cravings, and the cycle repeats.

Breaking free from this vicious cycle is incredibly difficult because the brain has now rewired itself to prioritize the avoidance of discomfort. Even when users want to quit, they face the brutal opponent process that makes quitting feel nearly impossible without intervention.

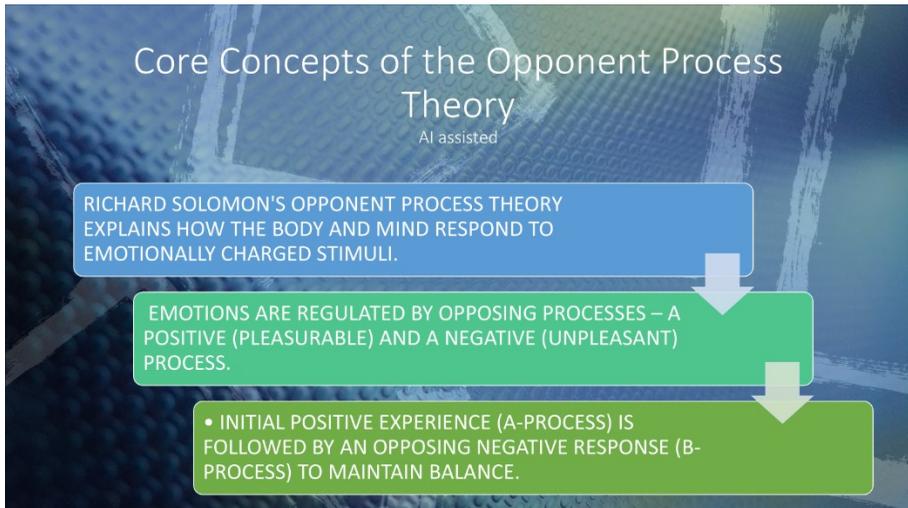
The visual of the opposing forces highlights this struggle: pleasure no longer holds the dominant position; instead, the discomfort and withdrawal symptoms hold sway, forcing the user into repeated substance use to stave off the emotional and physical pain.

Understanding the Opponent Process for Better Treatment

Understanding addiction through the lens of the Opponent Process Theory offers critical insights into why it is so hard to quit. Successful treatments must not only address the user's cravings for pleasure but also focus on reducing the intense discomfort that fuels the cycle of addiction. This is why many treatment approaches focus not only on detoxifying the body but also on restoring balance in the brain's reward systems.

By recognizing that the experience of addiction is about escaping the "hell" of withdrawal rather than just pursuing the "heaven" of euphoria, we can tailor treatments to be more compassionate and effective. Medications, behavioral therapy, and support systems that ease the discomfort and help individuals find healthier ways to cope can provide an escape from the cycle of addiction.

The following two graphics summarize key points:



Summary: The science of addiction reveals the powerful forces at play in the brain, yet this knowledge also provides hope. As we have seen, addiction is not just a moral failing or a weakness of willpower, but a deeply ingrained neurochemical process. The understanding of dopamine's role and the hijacking of the brain's natural reward system

shows us that addiction rewires the brain in ways that make it difficult to break free.

But as overwhelming as this battle may seem, there is always hope for renewal and transformation. The same brain that has been rewired by addiction can also be healed. *“I know that nothing good lives in me. I mean, nothing good lives in the part of me that is earthly and sinful. I want to do what is right, but I cannot. I do not do the good I want to do. Instead, I am always doing the sinful things I do not want to do.”* (Romans 7:18-19). In the same way that the Apostle Paul wrestled with doing the very things he hated, we, too, can find hope in his realization that healing and strength come from a power beyond ourselves.

In the battle between desire and destruction, we are not left to fight on our own. The apostle Paul reminds us in *Philippians 4:13*: *“I can do all this through him who gives me strength.”* Addiction can feel overwhelming, as if the pull toward destruction is greater than our will to resist. But Scripture assures us that we are never abandoned to fight in our own power. God’s presence and strength become the anchor that allows us to endure, to resist, and to move toward freedom. In Christ, the very power that conquered sin and death is at work within us, enabling us to step forward into healing and restoration.

Healing comes through the sovereign work of Christ that makes us a new creation when we put our faith in Him and through the healing power of the Holy Spirit that is unleashed in us. We become a new creation that replaces our old sinful nature with our new nature, which then brings healing.

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The process of healing requires both understanding the mechanisms at work in our minds and hearts and trusting that the strength to overcome comes from something greater than ourselves. *"Therefore, if anyone is in Christ, the new creation has come: The old has gone, the new is here!"* (2 Corinthians 5:17).

No matter how strong the grip of addiction may feel, healing is always possible. When our minds are renewed, when we embrace knowledge, and when faith gives us strength, a new story can begin. This is not the end but the beginning of a better path. With commitment, support, and faith, freedom can be found and life can be reclaimed, the life we were created to live, that replaces our old sinful nature with our new nature, which then brings healing.

The Grip of Addiction

A Closer Look at Substances and Behaviors

In this chapter, we confront the powerful forces behind addiction by exploring the substances that entangle us in a cycle of dependence. From the familiar dangers of alcohol and prescription medications to illicit substances like opioids, cocaine, and methamphetamines, these chemicals manipulate our brains, bodies, and even our sense of identity, drawing us into a battle that can feel impossible to win. However, as *1 Corinthians 10:13 (NIV)* reminds us, “No temptation has overtaken you except what is common to mankind. And God is faithful; he will not let you be tempted beyond what you can bear. But when you are tempted, he will also provide a way out so that you can endure it.” This verse reminds us that while addiction may seem like an insurmountable force, there is always hope for breaking free, and God provides a way out, even in our darkest struggles.

Facing the reality of addiction can be uncomfortable, even terrifying, but it’s also the first step toward freedom. These substances are not just physical chemicals—they are catalysts for cravings, destructive behaviors, and emotional turmoil. They prey on our vulnerabilities, amplifying pain, stress, and trauma while offering a fleeting sense of escape or relief.

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But we won't focus solely on the fearsome power of these substances. This chapter is about empowerment through knowledge. We'll examine how each addictive substance hijacks the brain's reward system, creating intense highs that hook people, while leaving behind a trail of devastation—physically, emotionally, and relationally. By understanding how these substances affect us, we can begin to break down the barriers they create on the path to recovery.

We will also consider the broader social and environmental factors that make certain substances more dangerous and accessible. Why are some people more susceptible to addiction than others? What makes one substance more addictive than another? These questions will be addressed as we explore the various pathways into addiction and, more importantly, the pathways out.

In a later chapter, we will explore the neuroscience that connects all forms of addiction, revealing the common threads that link these substances. We'll uncover how the brain's reward system is rewired, why certain neural pathways become hardwired for addiction, and how understanding these mechanisms can unlock the door to recovery. Knowing this science gives us the tools to fight back, regardless of the specific substance involved.

Though the truth about addiction can be daunting, understanding it gives us power. By shining a light on the nature of these substances, we can take away some of their control. We begin to see that addiction, while powerful, is not invincible. Recovery is not just a possibility—it's a journey that many have successfully walked, and one that is fully within reach.

This chapter serves as both a warning and a guide. Yes, these substances can ensnare us, destroy our lives, and even kill us, but armed with knowledge, understanding, and a personal commitment to Christ, we can break free, reclaim our lives, and rediscover hope in the face of addiction .

Alcohol – The Liquid Lure

Alcohol is the ultimate shapeshifter of addiction—slipping through the brain’s defenses without binding to any one receptor, yet leaving its mark on nearly every system it touches. Addiction expert and behavioral neuroscientist, Dr. Judith Grisel describes alcohol as a neurological sledgehammer that impacts the brain extensively, targeting numerous areas and influencing nearly every aspect of neural function. (Grisel, 2019). Alcohol stands out as the only addictive substance that doesn't target a specific receptor in the brain, which makes it unique in the world of addiction. Unlike opioids, which have opioid receptors, or nicotine that locks onto nicotinic receptors, alcohol takes a different, more widespread approach.



Instead of attaching to just one receptor, alcohol interacts with multiple neurotransmitter systems, producing a broad range of effects. It enhances GABA, a neurotransmitter responsible for calming the brain, creating that familiar sense of relaxation, while simultaneously suppressing glutamate, which normally excites the brain. This double

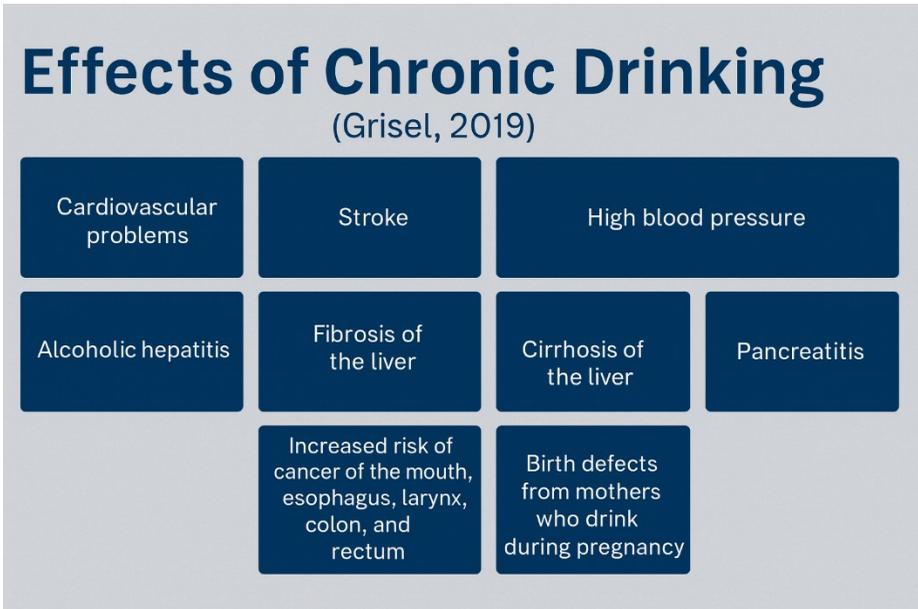
action explains why alcohol slows us down, both mentally and physically.

But alcohol doesn't stop there. It also ramps up the release of dopamine, the "feel-good" neurotransmitter, fueling that initial rush of pleasure and contentment. This dopamine surge, though, is a secondary effect, making alcohol's addictive nature more complex and harder to pin down.

Unlike substances that have a clear, direct pathway to addiction, alcohol subtly weaves its way through different parts of the brain, making its grip both pervasive and personal. It's this scattered impact that makes alcohol addiction so unpredictable and uniquely challenging.

Dr. Grisel notes that about a third of all traffic-related fatalities in the United States are related to alcohol intoxication. She adds that nearly 700,000 students a year in the US between the ages of eighteen to twenty-four are assaulted by another student who has been drinking. She continues by listing the physical impact of chronic drinking:

- Cardiovascular problems
- Stroke
- High blood pressure
- Steatosis (fatty liver)
- Alcoholic hepatitis
- Fibrosis of the liver
- Cirrhosis of the liver
- Pancreatitis
- Increased risk of cancer of the mouth, esophagus, larynx, pharynx, breast, liver, colon, and rectum
- Birth defects from mothers who drink during pregnancy

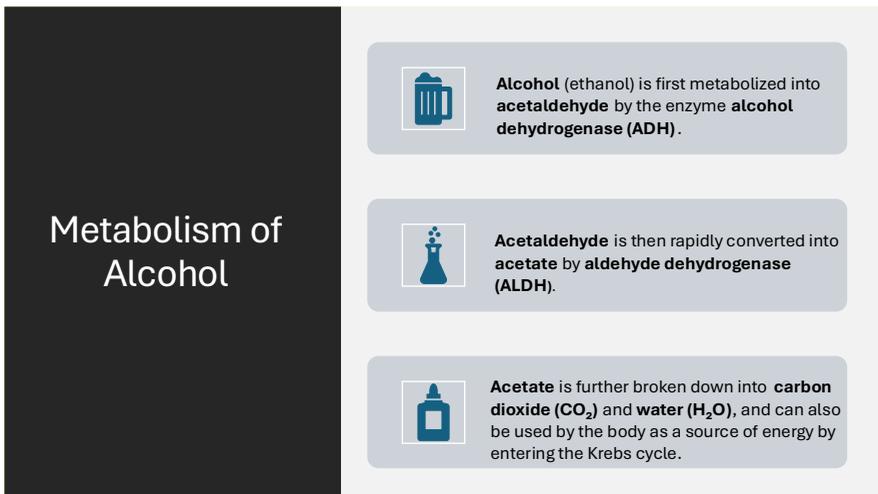


Dr. Andrew Huberman, one of our neuroscience heroes, is a neuroscientist at Stanford University, and has a deeply personal connection to his research on how alcohol affects the body and brain. Growing up, he witnessed the damaging effects of alcohol addiction in his family and community, which inspired his passion for understanding the science behind addiction and its impact on the brain. With this background, Dr. Huberman has dedicated much of his work to educating people about the physiological effects of substances like alcohol.

One of the most important insights he shares is how alcohol is metabolized in the body. When you drink alcohol, your liver starts the process of breaking it down. The first stage of this process turns alcohol into **acetaldehyde**, a highly toxic substance that is harmful to almost every part of your body. Acetaldehyde is not just toxic; it's a known carcinogen, meaning it can damage your cells and increase the risk of

cancer. Dr. Huberman emphasizes that acetaldehyde is what makes alcohol so harmful because it effectively poisons your body and brain. It is actually this toxin or poison that produces the buzz from alcohol.

As your liver continues working, acetaldehyde is eventually converted into **acetate**, a less harmful substance which the body can use for energy. However, the problem is that while your body is processing alcohol, especially in that first stage, the acetaldehyde circulates through your bloodstream, damaging cells and creating inflammation in your brain and other organs. This is why alcohol can cause hangovers, brain fog, and even long-term cognitive damage.



Dr. Huberman explains that this toxic process happens every time you drink, even if it's just a small amount. Regular drinking increases the accumulation of acetaldehyde in your system, leading to more damage over time. For him, understanding this science is not just an academic exercise—it's personal. His experiences growing up showed him firsthand how damaging alcohol can be, and he now uses his platform to educate others on how alcohol affects the brain, why it's so harmful,

and how it can lead to long-term health issues like liver disease, memory problems, and cancer.

In short, when you drink alcohol, your body is going through a process of detoxifying itself, but it's being poisoned in the meantime by acetaldehyde. This insight from Dr. Huberman helps us understand why even moderate alcohol consumption can have harmful effects over time (Huberman, 2022).

Opioids – The Comfort Curse

Opioid addiction doesn't announce itself with a roar—it slips in quietly, often disguised as relief, prescribed by trusted hands. What starts as a solution for pain can quickly spiral into a struggle for survival, as the very remedy becomes the chains that bind. In this chapter, we pull back the curtain on the opioid epidemic, exposing the seductive grip these drugs have on both body and mind, and the devastating toll they take

on lives, families, and communities.



Opioids have been used for thousands of years, beginning with the opium poppy, which was cultivated as early as 3400 BCE in Mesopotamia (Brownstein, 1993). The use of opium spread to ancient Egypt and Greece, where it was used both recreationally

and medicinally. By the 19th century, morphine, the active ingredient in opium, was isolated, leading to its widespread use as a painkiller, particularly in the American Civil War. However, the addictive

properties of morphine soon became evident, prompting the development of alternatives.

In the early 20th century, heroin was introduced by the Bayer pharmaceutical company as a supposedly safer alternative to morphine, though it soon became clear that heroin was even more addictive (Kolodny et al., 2015). This led to increased regulation, and by the mid-20th century, researchers began developing synthetic opioids. The synthesis of Fentanyl by Paul Janssen in 1960 was a breakthrough, as it was far more potent than morphine and other opioids, allowing for its use in anesthesia and pain management (Stanley, 1992).

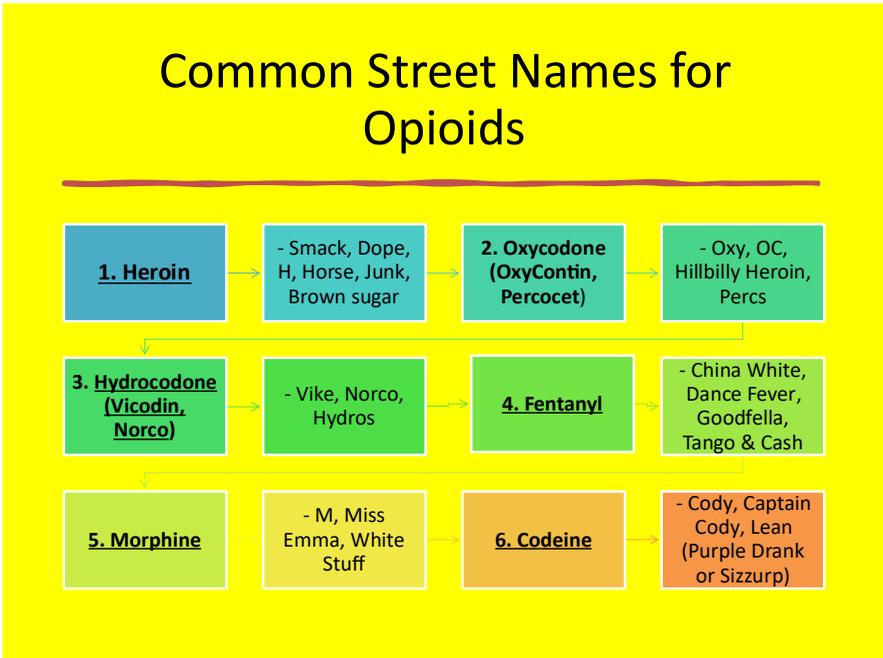
Despite their medical benefits, opioids have remained controversial due to their addictive potential. The late 20th and early 21st centuries have seen an opioid crisis emerge, particularly in the U.S., largely driven by the over-prescription of opioid painkillers such as oxycodone and hydrocodone (Volkow & McLellan, 2016). This crisis has led to widespread addiction, prompting increased attention to the regulation and appropriate use of opioid medications.

Opioids vs Opiates – what’s the difference? Imagine you’re walking through a garden, and in the middle, you find a poppy plant. From that plant, we can extract **opiates**—the natural compounds like **morphine** and **codeine** that have been used for centuries to relieve pain. These substances are straight from nature.

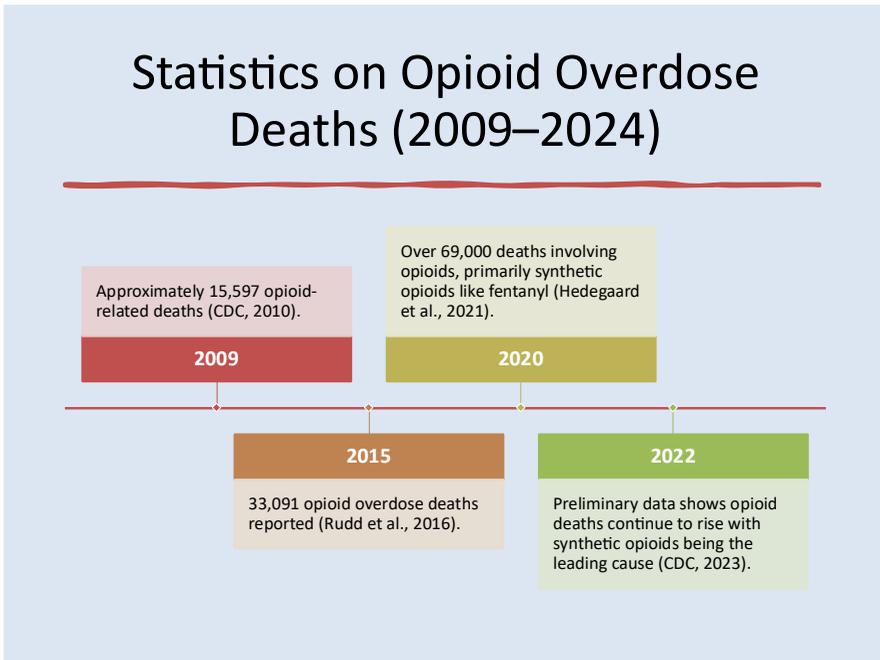
But, the story doesn’t end with the poppy. As science advanced, we learned how to **create powerful drugs** that work like opiates but aren’t directly from the plant. These are **opioids**, a broader category that

includes both natural and **synthetic** compounds like **Oxycodone**, **Fentanyl**, and **Methadone**.

So, while **opiates** come directly from nature, **opioids** are a modern extension, including everything from the traditional to the lab-made. All opiates are opioids, but opioids also encompass synthetic creations that are even more potent and, at times, more dangerous.



Statistics on Opioid Overdose Deaths (2009–2024)



Opioids are powerful drugs that interact with key receptors in our brains, spinal cords, and bodies, designed to naturally ease pain. But when we turn to opioids, their impact goes beyond just relieving discomfort—they can change how we experience pleasure, pain, and even how we feel about ourselves (Kosten & George, 2002).

Binding to Opioid Receptors: When you take opioids, they latch onto special receptors in your brain and nervous system—mainly the mu receptors, which are responsible for those feelings of euphoria and pain relief (Kosten & George, 2002). At first, it may feel like a miracle—a quick solution to escape the pain. But this effect is precisely what can make opioids so alluring, and eventually, so dangerous.

Blocking Pain Signals: Opioids don't just dull physical pain. They also quiet the emotional response to it. You might feel like you're not just avoiding the physical hurt but also escaping from stress, anxiety, or emotional turmoil. It's easy to see how this can become a habit, as

opioids provide both physical and emotional relief (Volkow & McLellan, 2016).

Releasing Dopamine: One of the reasons opioids feel so good is because they release a flood of dopamine, the brain's pleasure chemical. This surge can leave you feeling euphoric, relaxed, even invincible for a while (Koob & Volkow, 2016). But this rush also reinforces the need to keep using. You start chasing that same feeling, trying to recreate the pleasure, and before you know it, you're trapped in a cycle of craving and addiction (Kosten & George, 2002).

Slowing Down the Central Nervous System: Beyond the good feelings, opioids also slow everything down. You may feel calm, your breathing slows, your heart rate dips, and it can feel like the world is finally quieting down. But this sedative effect can also be dangerous. In higher doses, it can cause your breathing to slow too much, leading to respiratory issues or even death (Ballantyne & LaForge, 2007).

Development of Tolerance and Dependence: Over time, your brain adapts to the constant presence of opioids. You find that you need more and more to feel the same relief. What started as a small dose becomes bigger and bigger, and soon, you're dependent on the drug just to function. When you try to stop, your body rebels—nausea, anxiety, muscle pain, sleepless nights—it feels unbearable, pushing you back toward the drug (Volkow & McLellan, 2016).

Opioid Effects on the Brain and Body

1. Binding to Receptors	- Opioids attach to brain receptors, causing pain relief and euphoria.
2. Blocking Pain and Emotions	- Reduces both physical pain and emotional stress.
3. Releasing Dopamine	- Creates feelings of pleasure, leading to cravings.
4. Slowing the Body	- Slows heart rate and breathing, which can be dangerous.
5. Tolerance and Dependence	- Over time, more is needed to feel the same effects.

In the end, opioids trick your body and mind, offering temporary relief at the cost of long-term dependence. They hijack the brain's natural chemistry, making you feel like you can't live without them. But with that understanding comes the power to recognize the trap and seek a way out before it's too late (Koob & Volkow, 2016).

Medication-Assisted Therapy (MAT) for Opiate Addiction

Medication-Assisted Therapy (MAT) is an evidence-based approach used to treat opioid addiction by combining medications with behavioral therapies. This treatment is highly effective in helping individuals reduce or stop opioid use and improve their overall functioning. The primary medications used in MAT for opioid addiction are methadone, buprenorphine, and naltrexone, which help normalize brain chemistry, block the euphoric effects of opioids, and relieve physiological cravings.

Methadone

- Mechanism: Methadone is a long-acting opioid agonist (a chemical that activates) that works by activating opioid receptors in the brain but at a much lower intensity than other opioids like heroin or prescription painkillers. It helps to reduce cravings and withdrawal symptoms without producing the euphoric high.
- Administration: Methadone is typically dispensed daily in liquid form at certified treatment programs.
- Effectiveness: It has been shown to reduce opioid use, improve social functioning, and lower the risk of overdose (NIDA, 2021).

Buprenorphine

- Mechanism: Buprenorphine is a partial opioid agonist. It activates opioid receptors but to a lesser extent than full agonists like heroin or methadone, which helps reduce cravings and withdrawal symptoms.
- Form: It is often combined with naloxone (as in Suboxone) to prevent misuse by causing withdrawal symptoms if injected.
- Administration: It can be prescribed by a doctor and taken at home as a sublingual tablet or film.
- Effectiveness: Buprenorphine reduces opioid use, helps manage withdrawal symptoms, and improves treatment retention (SAMHSA, 2021).

Naltrexone

- Mechanism: Naltrexone is an opioid antagonist, which means it blocks opioid receptors. Unlike methadone and buprenorphine, it does not activate opioid receptors but instead prevents opioids from producing euphoric effects.
- Form: Available as a daily pill or a monthly injectable (Vivitrol).
- Administration: Unlike methadone or buprenorphine, naltrexone requires full detoxification before use to avoid precipitating withdrawal.
- Effectiveness: It has been shown to reduce cravings and prevent relapse by blocking the effects of opioids (NIDA, 2021).

Benefits of MAT

- Reduced Opioid Use: MAT significantly decreases opioid misuse by helping patients manage withdrawal symptoms and cravings.
- Improved Retention in Treatment: MAT improves retention in treatment programs, leading to better long-term recovery outcomes.
- Lower Risk of Overdose: By reducing cravings and blocking the effects of opioids, MAT helps reduce the risk of fatal overdose.
- Improved Quality of Life: MAT, combined with counseling and behavioral therapies, can help improve the overall well-being of individuals recovering from opioid addiction.

Behavioral Therapies in MAT

MAT is most effective when combined with behavioral therapies such as cognitive-behavioral therapy (CBT), motivational interviewing (MI), and contingency management. These therapies help patients develop coping strategies, change harmful behaviors, and address underlying psychological issues.

Challenges and Considerations

- **Access:** Some individuals face barriers to accessing MAT due to limited availability of treatment programs, especially in rural areas.
- **Stigma:** There is still stigma surrounding MAT, as some view the use of medications like methadone as simply "replacing one drug with another."
- **Adherence:** Long-term adherence to MAT is crucial for success, but some patients may struggle with sticking to the treatment plan.

Cocaine, Meth, and Stimulants - Fast & Furious

Imagine stepping into a world where everything around you speeds up—your heart races, thoughts fire like lightning, and for a fleeting moment, it feels like you're invincible. This is the deceptive allure of stimulants: drugs that supercharge your body and mind, promising heightened focus, boundless energy, and a sense of euphoria that can make the ordinary feel extraordinary. Whether it's the powdered rush of cocaine, the crystalline intensity of meth, or the prescription pills

that fuel sleepless nights, stimulants have carved a dangerous niche in both recreational use and addiction.

But these drugs aren't just about momentary highs. With every dose, the stakes get higher. What starts as a quick burst of energy can lead to a spiral of dependence, a relentless chase for the same intensity that drove the first hit. In this chapter, we'll explore the world of stimulants—how they work, why they're so seductive, and the toll they take on both body and mind.

Common Stimulants and Their Street Names

1. Cocaine	- Street Names: Blow, Coke, Snow, Flake, Nose Candy, White	2. Methamphetamine (Meth)	- Street Names: Crystal, Crank, Ice, Glass, Speed, Tina
3. Amphetamine	- Street Names: Speed, Uppers, Bennies, Black Beauties, Pep Pills	4. MDMA (Ecstasy/Molly)	- Street Names: E, X, XTC, Adam, Molly, Roll
5. Adderall	- Street Names: Addys, Beans, Study Buddies, Smarties	6. Ritalin	- Street Names: Rids, Vitamin R, Skittles, Kiddie Coke
7. Crack Cocaine	- Street Names: Rock, Hard, Gravel, Nuggets, Base	8. Khat	- Street Names: Abyssinian Tea, African Salad, Catha, Chat, Qat

The rise in stimulant-related deaths, particularly from methamphetamine and cocaine, has become a significant public health crisis in the U.S. Over the past decade, these drugs, once known for their euphoric highs, have become increasingly lethal.

The alarming rise in overdose deaths related to psychostimulants paints a stark picture of the current drug crisis in the United States. Since 2010, rates of psychostimulant overdose deaths have surged, with nearly 33,000 Americans losing their lives to such overdoses in 2021 alone. This represents a staggering 37% increase from the previous year, emphasizing the growing threat posed by these substances. In 2021, psychostimulants were involved in over 30% of all drug overdose deaths in the country (CDC, 2022). This troubling trend has disproportionately impacted certain populations, with American Indian and Alaska Native communities experiencing consistently higher psychostimulant-involved overdose death rates compared to other racial and ethnic groups from 2004 to 2019 (CDC, 2022).

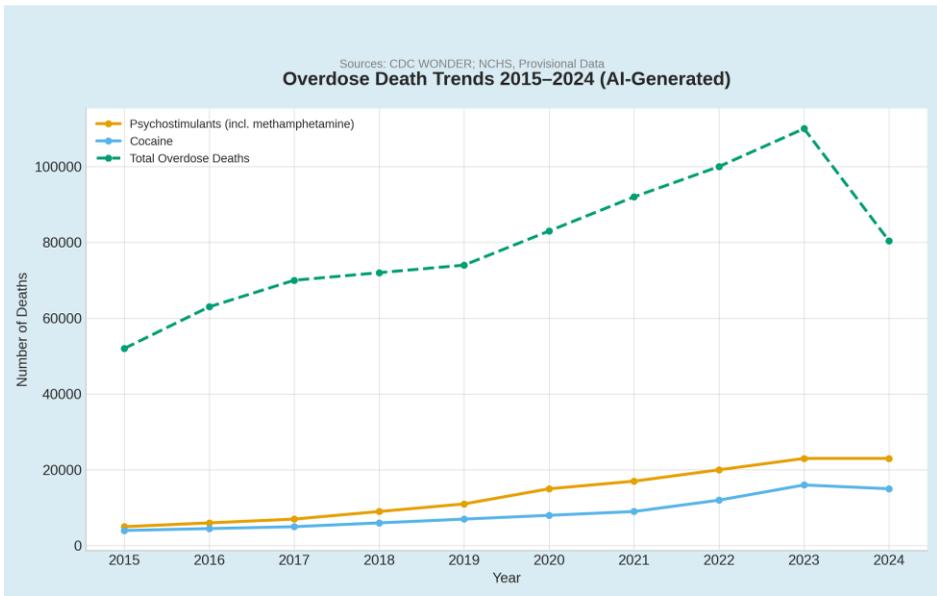
Cocaine, another dangerous stimulant, has followed a similarly worrying trajectory. After a period of decline in overdose deaths from 2004 to 2012, cocaine-involved deaths began to rise again in 2012. By 2019, non-Hispanic Black people faced the highest overdose death rate involving cocaine, further highlighting racial disparities in the overdose epidemic. From 2020 to 2021, the situation worsened as cocaine overdose deaths increased by more than 12%, claiming the lives of over 24,000 Americans in 2021 (CDC, 2022).

The surge in deaths related to methamphetamine use adds another layer of concern. From 2015 to 2019, overdose deaths involving psychostimulants other than cocaine, primarily methamphetamine, skyrocketed by 180%, jumping from 5,526 to 15,489 deaths. However, this dramatic rise in deaths far outpaced the increase in methamphetamine use, which only grew by 43% during the same period. This discrepancy suggests that factors beyond mere usage rates, such

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as the potency and contamination of the drugs, may be driving the surge in fatalities (NIH Record, 2021).

These statistics reveal the urgent need for continued public health efforts to address the escalating psychostimulant and cocaine overdose crises in the United States, particularly among the most vulnerable populations.



These numbers underscore a critical shift in the stimulant drug landscape. What once were “party drugs” or productivity enhancers have transformed into deadly substances, taking lives at an alarming rate. The intersection of methamphetamine, cocaine, and the opioid epidemic—fueled by the presence of fentanyl—has made stimulant use more perilous than ever before.

Methamphetamine

Mechanism of Action:

Methamphetamine primarily affects the brain by causing a significant release of dopamine, a neurotransmitter linked to pleasure, reward, and motivation. Methamphetamine enters neurons and triggers the release of large amounts of dopamine, resulting in an intense euphoric feeling. It also blocks dopamine's reabsorption, leading to an accumulation in the brain, which overstimulates the brain's reward circuits (ChatGPT, 2024).

Short-Term Effects:

- Increased energy and hyperactivity
- Euphoria and heightened mood
- Decreased appetite and weight loss
- Increased wakefulness and decreased need for sleep
- Increased heart rate, blood pressure, and breathing rate
- Paranoia, aggression, or irritability
- Anxiety and agitation
- Delusions or hallucinations (at high doses) (ChatGPT, 2024)

Long-Term Effects:

- Severe dental problems ("meth mouth")
- Extreme weight loss
- Memory loss and cognitive deficits
- Psychosis, including paranoia, hallucinations, and violent behavior
- Heart damage (arrhythmia, heart attack, or stroke)
- Liver, kidney, and lung damage
- Skin sores from obsessive picking
- Addiction and withdrawal symptoms (depression, fatigue, craving)

- Chronic methamphetamine use leads to damage in brain areas that regulate emotions, memory, and decision-making, resulting in cognitive impairments.
- Long-term meth use is associated with anxiety, paranoia, hallucinations, and violent behavior. Meth-induced psychosis can mimic schizophrenia (ChatGPT, 2024).

Cocaine

Mechanism of Action:

Cocaine primarily works by blocking the reabsorption of neurotransmitters such as dopamine, serotonin, and norepinephrine into neurons. This blockage leads to a build-up of these chemicals in the brain, overstimulating circuits related to pleasure and reward, which creates the intense "high" experienced by users (ChatGPT, 2024).

Short-Term Effects:

- Euphoria and intense feelings of pleasure
- Increased energy and alertness
- Heightened confidence and feelings of invincibility
- Increased heart rate, blood pressure, and body temperature
- Decreased appetite
- Dilated pupils and sensitivity to light
- Restlessness, irritability, and anxiety
- Nausea or muscle twitches (at high doses)
- Heart problems, including arrhythmias and heart attacks
- Sudden cardiac arrest or seizures (ChatGPT, 2024).

Long-Term Effects:

- Addiction and tolerance, requiring more of the drug for the same effect
- Chronic cardiovascular issues (heart attacks, strokes, high blood pressure)

- Nasal damage (when snorted), including nosebleeds, loss of smell, or a collapsed nasal septum
- Respiratory problems (if smoked)
- Severe weight loss and malnutrition
- Impaired cognitive function, particularly decision-making and attention
- Mood disorders, such as depression and anxiety
- Psychosis, including hallucinations and paranoia
- Social and financial consequences, including job loss, family issues, and legal problems
- Cocaine use is a major cause of sudden cardiac death because it disrupts the heart's electrical system, causing arrhythmias and heart attacks
- Chronic cocaine use impairs cognitive functions such as memory, attention, and impulse control. It can also result in strokes and seizures (ChatGPT, 2024).

THC – Hazy Days, Heavy Consequences

Imagine a substance so deeply woven into our culture that it is found at parties, in homes, and even in some medical clinics—THC, the psychoactive compound in marijuana. It is often painted as harmless or even medicinal, but beneath the surface lies a more complicated story. While some tout it as a natural remedy or a harmless



way to unwind, the reality for many is far more complex. THC has the power to hijack the brain's reward system, leading not only to

dependence but also to profound changes in mood, motivation, and mental health.

Renowned neuroscientist, Dr. Judith Grisel, compares the impact of substances like THC to red paint splashed onto a canvas. At first, it seems to color everything in vivid, exciting shades, making even the mundane feel bright and salient. Life feels more interesting, more stimulating, when under the influence. However, once the paint dries and the high fades, nothing seems as colorful. Without THC, the brain struggles to find anything exciting or meaningful. The natural pleasures of life—connection, achievement, or even simple joys—become dull and pale by comparison, leaving the user chasing that artificial vibrancy again and again.

In this chapter, we will explore the hidden risks of THC, especially in today's era of increasingly potent strains, and how its use can evolve from casual experimentation to full-blown addiction. Whether you are someone who uses it, knows someone who does, or simply wants to understand more, this chapter will dive into the real impact THC can have on the brain, the body, and ultimately, on life itself. Let us uncover the truth behind this misunderstood substance.

In recent years, the conversation around cannabis has shifted from taboo to trendy, from illicit to normalized. THC, the psychoactive compound in marijuana, is often marketed as a harmless way to relax, manage anxiety, or enhance creativity. However, the reality for many, especially when use becomes habitual, is far more alarming.

Chronic THC use—defined as using two or more times per week—has been associated with a range of side effects that are not only physical

but deeply psychological (Volkow et al., 2014). For instance, THC has been shown to decrease testosterone levels, contributing to gynecomastia (breast tissue growth in males) and significant reductions in libido (Hall et al., 2019). These changes extend beyond mere physical appearance or sexual function—they have profound implications for mental health and self-esteem.

The psychological consequences are equally concerning. According to Lev-Ran et al. (2014), chronic users are four times more likely to develop Major Depressive Disorder, a statistic that underscores the risk of long-term use. Moreover, chronic THC use significantly heightens the likelihood of developing psychotic disorders, including schizophrenia (Di Forti et al., 2019). A study by Bechtold et al. (2015) reported that frequent users, particularly those starting in adolescence, are four times more likely to suffer from anxiety, often exacerbated by a year of continual use. This compounds the very symptoms that many users initially sought to alleviate.

Alarming Side Effects of Chronic THC USE
*Chronic is defined as 2 or more times per week

- Decreases testosterone levels
- Increases gynecomastia (breast tissue in males)
- Decreases libido
- Increases anxiety – typically after one year of use
- 4X more likely to develop Major Depressive Disorder
- 4X more likely to develop a psychotic disorder such as schizophrenia

But THC doesn't just manipulate the mind; it also alters brain structure. Research has shown that chronic THC use reduces gray matter in the prefrontal cortex, the region of the brain responsible for decision-making, impulse control, and emotional regulation (Battistella et al., 2014). This effect is especially concerning for adolescents, whose brains are still developing, as the changes may be irreversible.

Alarming side effects of THC



Decreases gray matter in the prefrontal cortex – this may not be recoverable and is more problematic in children/teens as the brain is still developing.

When smoked or vaped, endothelial cells which form the inner lining of a blood vessel and provide an anticoagulant barrier between the vessel wall and blood are damaged which significantly increases the risk of stroke.

The brain down-regulates CB1 receptors (tolerance) so more is needed to achieve the same effect.

IQ decreased by an average of 8 points when you start as a teen.

In addition to its impact on the brain, THC also poses significant cardiovascular risks. Studies indicate that smoking or vaping marijuana can damage the endothelial cells that line blood vessels, increasing the risk of stroke (Wolff et al., 2013). Over time, as tolerance builds, users require more THC to achieve the same effect, leading them deeper into dependency. This increased consumption can further exacerbate the physical and mental toll on the user (Volkow et al., 2014).

Perhaps the most tragic consequence of chronic THC use is Cannabinoid Hyperemesis Syndrome (CHS), a condition characterized by cyclic vomiting, abdominal pain, and a compulsive need for hot

showers to alleviate symptoms (Simonetto et al., 2012). In some cases, CHS can be fatal. One devastating case involved a mother who lost her son to this little-known syndrome, emphasizing the potential fatal consequences of prolonged marijuana use.

Cannabinoid Hyperemesis Syndrome

Cannabinoid hyperemesis syndrome (CHS) is a condition in which a patient experiences cyclical nausea, vomiting, and abdominal pain after using cannabis. It can in rare cases, kill you.

This disorder is characterized by 1) several years of preceding cannabis use, predating the onset of illness; 2) a cyclical pattern of hyperemesis every few weeks to months, at which time the patient is still using cannabis and 3) resolution of the symptoms after cessation of cannabis use, confirmed by a negative urine drug screen.

The almost pathognomic aspect of a patient's presenting history is that their symptoms are relieved by hot baths or shower or hot peppers.

Please click the link below to hear this mother's story of the tragic loss of her son to CHS:
<https://www.youtube.com/watch?v=E1laVfwz1yQ>

Despite these risks, many continue to perceive marijuana as harmless or even beneficial. Yet, voices from the medical and scientific communities, such as addiction medicine physician Dr. Ruth Potee (Potee, 2020) and neuroscientist Dr. Andrew Huberman (Huberman, 2021), caution against ignoring the mounting evidence of THC's dangers. They, along with advocates like Kim Porter, have spoken out about the adverse effects of THC use, particularly among teens. Porter (2019) emphasizes the dangers of normalizing THC consumption in youth, highlighting its damaging effects on developing brains.

What often begins as an innocent attempt at relaxation can spiral into something far more damaging—something that robs individuals of their mental clarity, physical health, and emotional well-being.

Highly recommended lectures on THC

Please click the link below to listen to addiction medicine physician Dr. Ruth Potee's fantastic school talk on addiction and the teenage brain:

https://www.youtube.com/watch?v=25mK4yXzOkQ&ab_channel=1623Studios

Please click the link below to listen to Stanford neuroscientist. Dr. Andrew Huberman's superlative lecture on the dangers of THC use. It the best and most thorough discussion on the topic that I have heard.

https://www.youtube.com/watch?v=gXvWu1kt48&ab_channel=AndrewHuberman

Cannabis, It's Complicated by Kim Porter who is an excellent advocate against teen use of THC. Please click the link below to listen:

https://www.youtube.com/watch?v=fdguiE_dTu0&t=2s&ab_channel=BeaPartoftheConversation



PART II

What's Driving the Collapse?

Understanding
the Deeper Causes
of Despair and
Addiction



What's Driving the Collapse?

*Understanding the Deeper Causes
of Brokenness and Addiction*

We cannot heal what we refuse to name. That is both the burden and the invitation of this chapter. Before we lay out strategies for recovery, we must look honestly at what is driving so much despair, anxiety, and addiction in our world.

For too long, tidy stories have dominated the conversation, chemical imbalance, random brain malfunction, quick diagnostic labels, fast prescriptions. But those stories are not the main story. They never were.

In decades of sitting with men and women, young and old, we have seen the same pattern: people drowning emotionally, desperate for relief, yet handed only a label or a pill. Rarely has anyone helped them ask the deeper question, *why?* Why does this pain run so deep? Why has it lingered despite treatments? Why does it feel like life itself is slipping away?

This chapter is about facing those deeper causes. It is not exhaustive, but it names the core drivers we see again and again in the clinical trenches:

- **Disconnection**—isolation from people, purpose, meaning, and even from ourselves, which Johann Hari and others have shown is one of the greatest predictors of despair.

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- **Pornography**—a silent epidemic that reshapes the brain, corrodes intimacy, and drives shame and secrecy.
- **Trauma**—the deep wounds of neglect, abuse, and broken attachment that live in the body and silently shape our lives.

These forces intertwine, forming the soil where depression and addiction grow. And the only way forward is to go deeper.

This chapter is an invitation to that honest journey. As you read, you may feel uncomfortable. Good. That means we're getting close to something real. Don't turn away. Don't settle for a surface-level explanation when your life is too precious for that.

The roots of addiction, depression, and anxiety are deeper than most of us were taught. But the healing goes deeper still.

Cause One

Disconnection and the Descent into Despair and Addiction

*"We are not destroyed by suffering; we are destroyed
by suffering without meaning."*

– Viktor Frankl

Adulthood wasn't supposed to feel like this. Somewhere along the line, many of us stopped living and started managing. We wake up tired, go through the motions, carry the weight of responsibilities we can't name, and wonder why joy feels like something reserved for someone else's life. We've become experts at showing up, performing, pushing through. But deep inside, there's an ache. A dull, gnawing ache that says, "Something isn't right."

For far too many, that ache has a name: depression. For others, it wears the mask of anxiety, insomnia, apathy, irritability, or just a fog that won't lift. But the symptom is never the whole story. It's a signal. A call to attention. A cry from the deeper self that something important has been lost.

That's where Johann Hari comes in.

Hari, one of Jeff's absolute favorite authors and thinkers, wrote a groundbreaking book titled *Lost Connections: Uncovering the Real Causes of Depression – and the Unexpected Solutions* (2018). In it, he dares to ask a question that few in psychiatry have had the courage, or humility, to ask: *What if depression and anxiety aren't simply malfunctions of the brain? What if they are messages from lives gone off track?*

Hari's answer is not only intellectually compelling but emotionally liberating. He argues that depression is not primarily about serotonin deficits or broken synapses. It is about **disconnection**. Disconnection from meaning, from purpose, from belonging. Disconnection from nature, from others, from community, and ultimately, from the truest parts of ourselves. When those connections fray, the soul begins to dim. When they rupture, we fall.

And many of us are falling.

Modern life, for all its conveniences, is structured for disconnection. We live in crowded cities but feel isolated. We scroll endlessly through curated images but feel unseen. We are more "connected" than ever digitally, yet lonelier, angrier, more exhausted, and more despairing than any generation in recorded history.

This didn't happen all at once. It was a slow erosion. A thousand tiny compromises. A culture that traded purpose for productivity, presence for performance, contemplation for consumption. We were told that if we worked harder, optimized more, stayed busy, stayed plugged in, starving for something real, we would find happiness.

Hari gives language to what so many of us have felt but didn't know how to articulate. That our suffering is not random. It is rooted. It is

rational. It's not a flaw in our chemistry. It's a reflection of a deeper wound in our society—and often, in our story.

This book honors that insight.

We've seen it over and over in the clinical setting. A man in his fifties breaks down and says, "I don't even know who I am anymore." A mother confesses that she feels invisible. A retired veteran says the silence at night feels unbearable. These aren't weak people. These are the strong ones who've carried too much for too long without a place to lay it down. And beneath it all, at the core of the depression or anxiety or addiction is a wound of disconnection—sometimes from others, sometimes from self, sometimes from God.

We believe Hari is right. Depression is not nonsense. It makes perfect sense. Anxiety is not irrational. It's often the nervous system responding to a life out of alignment with what matters most.

This chapter will explore these themes of disconnection in depth, not just to name the pain but to begin charting a path back to connection. We will talk about the big ones: disconnection from community, meaningful work, from personal agency, from the natural world, from safe emotional bonds, and from a sense of transcendence.

We'll also be honest. This chapter might stir something in you. That's good. That means it's working. It means you're not numb. It means there's still a flicker of desire deep down to reconnect with what matters, to reawaken to the sacredness of your own life.

We are not promising a quick fix. But we are promising this: your emotions, specifically depression and anxiety, are not signs that you are

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broken. They may be signs that you are still alive—that some part of you refuses to settle for disconnection. That part of you is not a liability. It's your signal fire. It's your path home.

Let's follow it.

Disconnection from Meaningful Work



MEANINGFUL WORK

Disconnection from meaningful work is a Hidden Source of addiction, depression, and anxiety

Let's talk plainly. When you are depressed, the idea of engaging in work, even simple tasks, can feel crushing. You wake up already behind, already tired, with a fog sitting on your chest. You may feel worthless or defeated before the day even begins. And when you are anxious, your thoughts race, your body hums with tension, and everything feels like it's too much. So, let's be clear, we are not saying that work is a quick fix or that someone should just "snap out of it." We know better.

But here is the hard truth and the hopeful one: meaningful work, when engaged in gently and with support, can help stabilize and heal you. In psychology, we call this *behavioral activation*. It means you do not wait

until you feel better to start. You start small, you move your body, you do the next right thing, and often, the mind begins to follow. Action precedes emotion. The body can lead, and the soul can begin to wake up.

Johann Hari (2018) draws our attention to a worldwide crisis of meaning. In a massive Gallup study conducted between 2011 and 2012, researchers surveyed millions of workers across 142 countries. Only 13 percent of people reported being “engaged” in their work. Sixty-three percent were “not engaged,” and 24 percent were “actively disengaged,” meaning they were not only disconnected but acting out their discontent. Hari argues, convincingly, that this disconnection is not just a productivity issue. It is deeply linked to the rise in addiction, depression, and anxiety.

We are not made to spend our lives doing things that feel pointless. And we are certainly not made to live under the weight of soul-deadening routines that offer no agency, creativity, or purpose. The Whitehall Study (Marmot et al., 2002) of British civil servants confirmed this, finding that a lack of autonomy and the inability to see a connection between effort and reward were powerful predictors of poor mental health. When your labor does not seem to matter, it takes something essential out of you.

And that is not just psychological. It is spiritual. In Genesis 2:15 (NIV), it says, “*The Lord God took the man and put him in the Garden of Eden to work it and take care of it.*” Work was part of the original design. It was never meant to be punishment. It was a way to partner with God in caring for the world He created. When that connection to meaningful labor is lost, something deep within us begins to fray.

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For many adults, especially in modern Western life, work has become transactional and empty. People clock in, perform duties that feel disconnected from their values, and clock out. They go home drained, not from effort but from futility. Over time, this leads to what Hari calls a spiritual and psychological numbness. It is not just boredom. It is despair.

And here is the part we sometimes miss. Our children see it. They see us come home weary, bitter, or resigned. They see us sitting in front of screens, not from laziness, but from a kind of emotional defeat. Adolescents learn from what we model. When they see adults robbed of purpose, they begin to believe that life itself is just something to survive. And they often turn to numbing behaviors of their own, whether through social media, substances, or fantasy worlds because the real world looks like a dead end.

But we can disrupt that pattern. We can reclaim meaningful work as part of healing.

That does not mean switching careers overnight. It might begin with reframing the work you already do, seeing how your efforts contribute, even in small ways. Or it might mean stepping into a new challenge, volunteering, helping someone else, fixing something, or creating something. These acts begin to stitch purpose back into our lives.

And when we root our labor in something greater, it takes on eternal meaning. Colossians 3:23–24 (NIV) tells us, *“Whatever you do, work at it with all your heart, as working for the Lord, not for human masters. It is the Lord Christ you are serving.”* That reframes everything. Whether you

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are folding laundry, leading a meeting, or rebuilding your life from the wreckage of depression, your effort matters.

You do not have to feel good to begin. You begin, and over time, the good feelings may come.

So, if you are depressed or anxious right now, start small. Take one action, however simple, that aligns with who you want to be. It might not feel like much today, but it is not nothing. It is a seed. And with time, care, and God's help, it can grow into something beautiful.

Disconnection from Meaningful People

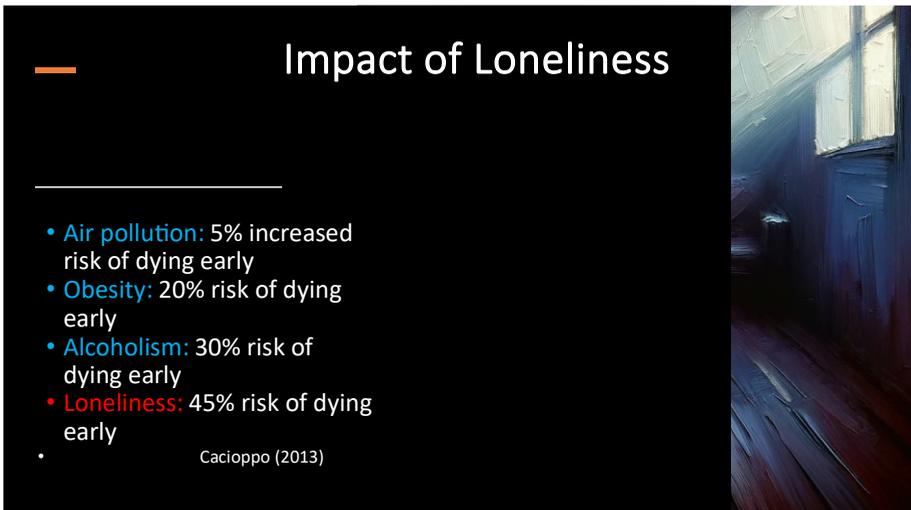


Loneliness is not just an emotion. It is a physiological and psychological threat. It can break your heart, not just figuratively but literally. It can scramble your brain's ability to regulate emotion, jack up your stress hormones, and slowly dismantle your resilience until you feel hollowed out and exhausted from the inside out.

Dr. John Cacioppo, a pioneer in social neuroscience, studied the impact of loneliness over many years. He and his colleagues found something staggering. When people were placed in an experiment and made to feel acutely alone, their bodies responded with a stress reaction as severe as if they were under physical attack (Cacioppo et al., 2006, 2008, 2010; Hari, 2018). In fact, loneliness drives cortisol levels through the roof. It hits the hypothalamic-pituitary-adrenal (HPA) axis, the very center of your stress system, and floods your body with the same neurochemical

chaos you would experience if someone had just jumped you in a dark alley. Only this threat comes from within. And it lingers.

Lisa Bergman’s long-term research confirms just how deadly loneliness can be. Over a nine-year period, she found that socially isolated individuals were two to three times more likely to die during lonely periods than their connected counterparts. Heart disease, cancer, respiratory illness—almost everything became more fatal during seasons of social disconnection (Pinker, 2015).



Impact of Loneliness

- **Air pollution:** 5% increased risk of dying early
- **Obesity:** 20% risk of dying early
- **Alcoholism:** 30% risk of dying early
- **Loneliness:** 45% risk of dying early

• Cacioppo (2013)

The slide features a dark background with a white title and a list of health risks. To the right of the text is a photograph of a dark, narrow hallway with a wooden floor and a window at the end, creating a somber and isolated atmosphere.

Cacioppo went even further. In a five-year longitudinal study, his team showed that loneliness is not merely a byproduct of depression. It is a direct contributor. He found that when a person moved from moderate loneliness to a slightly higher threshold—say, from 50 percent to 65 percent on their loneliness scale—their risk of becoming clinically depressed increased eightfold (Cacioppo et al., 2010). Eightfold. Not double. Not triple. Eight times more likely to spiral into depression. That should stop us in our tracks.

And yet, we live in a culture that often glamorizes independence. We quietly accept the slow drift into isolation, chalking it up to busy schedules, modern life, or personality. But make no mistake—loneliness kills. As Cacioppo said in his TED Talk (2013), a meta-analysis of over 100,000 participants found that social isolation increased the risk of early death more than obesity, smoking, or lack of exercise.

This is not just data. This is real life. How many people quietly ache every evening when they come home to an empty house, scroll endlessly on their phones, or eat dinner alone in front of the TV? How many sit in church or at work surrounded by people and yet feel invisible? You do not have to be physically alone to be lonely. You just have to feel that no one truly sees you.

And the enemy of our souls loves to work in the shadows of loneliness. He whispers lies into that void, telling you that you do not matter, that no one cares, that this ache will never go away. But it can. And it must.

Scripture tells us that we were never meant to live life alone. In Psalm 68:6 (NIV), we read, *“God sets the lonely in families.”* That is not just poetic. It is a profound spiritual truth. God places us in community for a reason. He knows that connection is not optional, it is vital for the health of our souls, our bodies, and our minds.

And if you are reading this and you feel isolated, please hear this: your loneliness is not a reflection of your worth. It is a wound, not a verdict. And wounds can be healed.

Start small. Reconnect with someone. Join a group. Let someone in. Serve. Show up. Ask for help. Speak the truth about how you are really

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doing. The only way out of loneliness is through relationship, and that takes risk. But the reward is life. And life abundantly.

Because at the end of the day, it is not good for man to be alone. We were created for connection. And when we restore that, healing can begin.

Disconnection from Childhood Trauma



As we have explored in earlier chapters, unresolved childhood trauma often lies at the heart of addiction, depression, and anxiety. Even when the memories fade or the events seem buried, their impact lingers, silently shaping the way we think, feel, and react. Johann Hari (2018) captured this powerfully when he wrote, “There’s a house fire inside many of us.” That’s not an abstract metaphor. It’s a living reality for countless men and women who walk through life with an inner burn, a gnawing ache, a silent alarm that never shuts off.

And it is not only childhood trauma. Many adults carry the layered burden of additional trauma. It may be the slow erosion of dignity from

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a toxic marriage, the moral injury of betrayal, the loss of a loved one, or the long grind of life that never gave back what it took. Trauma compounds. What begins as one wound often leads to others. And when those layers go unrecognized, the fire spreads deeper.

This inner fire may not be visible to others. You may go to work, raise your children, serve at church, smile at neighbors, and still feel like something inside you is cracking under pressure. Trauma, especially when unresolved, does not stay in the past. It lives in the nervous system. It changes the way the brain processes stress, danger, and even love. It keeps you hyper-alert or emotionally numb. It whispers lies about your worth, your safety, and your ability to be loved.

Hari makes this clear—you cannot disconnect from your trauma and expect to heal. Numbing it, denying it, or burying it only deepens the pain. You might escape the fire for a little while, but eventually, the smoke fills the house.

But there is hope.

Healing is not only possible; it is promised. Jesus did not shy away from the wounded. He moved toward them. He did not tell the weary to tough it out. He invited them to come. *“Come to me, all you who are weary and burdened, and I will give you rest”* (Matthew 11:28, NIV). That is not poetic suggestion. That is lifeline truth for the anxious, the depressed, the overwhelmed, and the soul-weary. You were never meant to carry this alone.

The LORD makes a consistent promise throughout the Scriptures—He is our healer. *“I will heal My people and will let them enjoy abundant peace and security”* (Jeremiah 33:6 NIV).

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“I am the Lord, who heals you” (Exodus 15:26 NIV).

True recovery goes deeper than symptom management. It requires you to stop running from your pain and start bringing it into His light. It means surrendering the survival strategies that no longer serve you and asking Jesus to touch the places in you that have long been locked away. It means letting God speak truth where lies have taken root. And it nearly always requires doing this work in the presence of others, in counseling, in trusted friendships, and within the body of Christ.

Too often, the church has not known what to do with trauma. We have offered quick prayers and surface solutions, sometimes unintentionally shaming those who still struggle. But trauma is not healed by spiritual shortcuts. It is healed by Spirit-empowered presence. The church is called to be a refuge. A place where brokenness is not hidden but embraced, where healing is not rushed but walked out with patience and grace. *“Therefore encourage one another and build each other up, just as in fact you are doing”* (1 Thessalonians 5:11, NLT). *“Therefore confess your sins to each other and pray for each other so that you may be healed”* (James 5:16 NIV).

Healing may not come in a single moment. It looks like learning to breathe again. Letting yourself be seen. Crying tears that you swallowed years ago. Showing up for counseling even when your entire body tells you to stay home. Choosing connection over withdrawal. Opening your heart to receive comfort instead of managing everything alone. And in time, it looks like peace. Not numbness. Not performance. Real, grounded, soul-deep peace.

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Because your trauma is not your identity. You are not your symptoms, your past, or your mistakes. You are a child of God, dearly loved, made for restoration. Through faith, through support, and through truth spoken in love, healing can begin. The fire can be put out. The walls rebuilt. The soul restored.

“He will give you a crown of beauty for ashes, a joyous blessing instead of mourning, festive praise instead of despair” (Isaiah 61:3, NLT).

Christ is not afraid of your ashes. He builds beauty from them.

Disconnection from Status and Respect



Sometimes, the roots of addiction, depression, and anxiety are not hidden in childhood alone. They are alive in the present moment, shaped by social dynamics, power structures, and the very human need to feel seen and valued. The need for belonging and self-respect is not shallow. It is built into our biology. When that need goes unmet, the nervous system lights up with stress, and the heart begins to sink.

Neuroscientist Robert Sapolsky offers one of the clearest windows into this reality. In his decades-long research on baboon social hierarchies, he observed a pattern that should give all of us pause. Low-status baboons, those shoved to the bottom of the social ladder, began to behave in ways that uncannily resembled human depression. They hung their heads, moved less, stopped grooming, lost appetite, and isolated themselves. And it was not just behavior. Sapolsky found a dramatic surge in cortisol, the primary stress hormone, coursing through their systems. Their brain chemistry mirrored the patterns we see in depressed and anxious humans (Sapolsky, 1992, 2002).

What makes this so profound is that it reveals something ancient about our wiring. Social rank matters, not because we are obsessed with popularity, but because we are designed to live in communities where our contribution and place have meaning. When we believe we do not matter, when we feel ignored or excluded, our bodies interpret that as a survival threat. The result is often depression, anxiety, or both.

Although this pattern is clearly observable in adolescents, we are not speaking here about teenagers. We are speaking to adults, men and women who may still be carrying the same old wounds, the same silent stories of exclusion and social diminishment that began years ago but never truly healed. These hierarchies do not end after high school. They continue into our adult relationships, our workplaces, our churches, our families, and our digital lives. The need to be seen, respected, and valued does not evaporate with age. If anything, the stakes grow higher.

Now throw modern life into the mix. What once was a temporary season of status anxiety in youth has, for many adults, become a chronic undercurrent. The digital age has created a world where the scoreboard

never turns off. Whether it is social media, professional hierarchies, neighborhood comparisons, or subtle status cues in friend groups, adults are constantly reminded of where they rank. And for those who feel unseen, undervalued, or sidelined, the psychological toll can be profound.

You might never call it by name, but you feel it. That creeping sense of invisibility. The quiet belief that your life does not matter as much as someone else's. You scroll past images of success, beauty, and connection, and silently absorb the message that you are falling behind. This kind of chronic social comparison does not just cause dissatisfaction. It can fuel addiction, depression, and anxiety, especially when your life lacks meaningful avenues for purpose, contribution, or affirmation.

Jean Twenge (2006) speaks to this deeply. Self-esteem, she writes, is not built through applause or attention. It is formed through real-world mastery, through doing hard things, making a difference, and becoming competent in something that matters. Adults, just like adolescents, need to know that their life has weight, that their effort makes a dent in the world, that they can still grow, contribute, and earn respect in real and lasting ways.

When those opportunities are stripped away, through job loss, toxic workplaces, fractured relationships, or quiet social exclusion, many adults begin to lose not only the respect of others but their own internal sense of dignity. And that is where addiction, depression, and anxiety often take root. Not in one traumatic event but in the slow erosion of value, identity, and place.

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This is not about ego. It is not about being impressive or achieving status. It is about the sacred human need to belong, contribute, and be seen. Without it, the nervous system stays on high alert. Cortisol rises. The body grows weary. And the soul begins to flicker under the weight of feeling unworthy.

As the psalmist cried out, *“Turn to me and be gracious to me, for I am lonely and afflicted. Relieve the troubles of my heart and free me from my anguish”* (Psalm 25:16–17, NIV). That cry is as ancient as Scripture and as present as this morning. It is the honest voice of a soul that knows isolation, invisibility, and the ache of lost dignity. But it is also a cry that is heard. God sees. He turns. And He answers.

Disconnection from Meaningful Values



When a person feels unmoored, when their days are filled with motion but empty of meaning, the soul begins to erode. For adults today, especially in Western culture, this erosion is no longer subtle. It is widespread and devastating. You see it in the hollow look of burnout, the anxious searching for novelty or pleasure, and the quiet despair that shows up in addictions, disordered habits, or flat-out exhaustion.

Tim Kasser (2002), in his research on values and psychological well-being, found something profoundly sobering. When people organize their lives around materialistic goals such as appearance, image, money, social status, or fame, they become significantly more prone to depression, anxiety, and chronic dissatisfaction. These extrinsic values promise happiness, but they deliver emptiness. And in a culture driven by screens, comparison, and consumerism, these false promises are

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everywhere. You are told you can curate your best life, but the more you chase validation, the less peace you seem to have.

This reality is especially concerning in adolescence, where the brain is already wired to seek novelty, identity, and belonging. But the damage does not stop there. Adults, too, are suffering in large numbers. In fact, many adults never moved past adolescence in the realm of values. They continue to chase status, beauty, and validation long after their twenties have ended. It is no surprise, then, that we are seeing record levels of depression and anxiety, particularly among those who have become disconnected from anything resembling transcendent purpose.

As a culture, we have drifted. We have moved away from deep-rooted structures that gave people identity and stability. Many have walked away from the church. Others have grown disillusioned with tradition or with organized religion. We have told people to find their own truth, but we have failed to provide the tools or the context for doing so. The result is not more freedom. It is more confusion. More loneliness. More despair.

In my (Jeff) work as a therapist, particularly with families, adolescents, and pediatric populations, this theme has surfaced again and again. I would often ask families one simple question: “What are your values?” The answers were usually vague. “To be kind,” or “To work hard.” But when I asked whether those values were ever talked about at the dinner table, written down, taught intentionally, or practiced together, the answer was often no.

One intervention I used with families was to help them create a family coat of arms, an artistic representation of who they were and what they

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stood for. It became a project in defining identity, and children especially responded to it. They lit up when they realized they could name what they believed. It gave them a sense of pride, direction, and place. That same principle holds true for adults. We are not too old to reclaim clarity about what we believe and why it matters. In fact, it may be one of the most healing things we can do.

When we lose sight of our values, we lose our compass. And when you live without a compass for too long, it becomes easy to drift into despair. Depression creeps in when your days feel meaningless. Anxiety thrives in the absence of direction. If you do not know what you stand for, then every decision becomes overwhelming. Every conflict feels like a threat. Every setback feels like personal failure.

Adults need to reconnect with values that are not imposed by trends or measured by social comparison. They need values that are rooted in something larger than ego or preference. For some, that will mean a return to faith, to a biblical worldview that offers purpose, moral clarity, and hope. For others, it might begin with rediscovering the lost art of community, or committing to service, creativity, hospitality, integrity, or stewardship.

But regardless of where a person starts, the truth remains. We were never meant to live rootless lives. When people are connected to intrinsic values such as love, compassion, purpose, creativity, and responsibility, they thrive. Their suffering has context. Their work has meaning. Their relationships are more resilient. And when suffering comes, as it always does, they do not collapse. They draw strength from the foundation beneath their feet.

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So, the invitation is simple but not easy. Reconnect with your values. Write them down. Talk about them with your children. Display them in your home. Rebuild the structure that modern life has quietly dismantled. In doing so, you might just find that some of the fog begins to lift, and with it, the anxiety and depression that has taken up residence where meaning used to live. It quiets the heart and fills it with the joy of being connected with the God who created all things.

Then you will call upon Me and come and pray to Me, and I will listen to you. You will seek Me and find Me when you seek Me with all your heart.”
(Jeremiah 29:12-13 NIV)

Disconnection from the Natural World



Our children no longer learn how to read the great Book of Nature from their own direct experience or how to interact creatively with the seasonal transformations of the planet. They seldom learn where their water comes from or where it goes. We no longer coordinate our human celebration with the great liturgy of the heavens.

-Wendell Berry

Sometimes, healing does not begin in a therapist's office or with a new journal or book. Sometimes, it begins with stepping outside and standing still long enough to hear the wind move through trees or watch the way light scatters on the surface of water. Sometimes, healing begins by coming back to the world God made—not the digital one we created, but the real one we were made for.

Many of us have forgotten this. We wake up to artificial light, move through our day surrounded by screens and concrete, and fall asleep to

the low hum of electronics. We move faster, work longer, and scroll endlessly. But we rarely step outside without an agenda. We rarely notice the living world beyond our own. Nature becomes a backdrop, not a participant in our lives. And that disconnection comes with a cost.

Nature is not a luxury. It is a biological necessity.

Research affirms what our souls have long known. Berman et al. (2012) demonstrated that even brief walks in natural environments—not hours of hiking, just a stroll through trees or along a riverbank—can lead to marked improvements in mood, concentration, and cognitive clarity. These effects are particularly strong in those struggling with depression. Nature appears to quiet the default mode network; the brain system associated with rumination and anxious self-focus. In other words, it gently lifts the mental fog and eases the internal noise.

And yet, many people, especially teens and young adults, now spend over 90 percent of their time indoors, disconnected from the natural world, immersed in artificial light and curated, filtered realities. The human brain, especially in its formative years, was never designed to be confined within walls and glowing screens.

Richard Louv (2005) called this phenomenon “*nature deficit disorder*,” not as a clinical diagnosis but as a cultural wound. When people are severed from wildness, wonder, and the grounding rhythms of God’s creation, they become more anxious, more distracted, and more lost. Teens who never touch soil, hear birdsong, or feel the stillness of a forest are not just missing a recreational experience, they are missing neural nourishment. Adults, too, suffer in similar ways. We get stuck

inside, physically and emotionally, and our bodies begin to echo that stuckness.

In my own clinical work (Jeff's work), I have seen time and again that the simple act of encouraging someone to walk outdoors, to breathe real air, or to sit near water can serve as a catalyst for change. Not because nature is magic but because it is *ordered*. It brings us back into harmony with something deeper than ourselves. It resets the nervous system. It reminds us that we are part of something vast and beautiful and still unfolding.

And it is not just biological. It is spiritual.

The book of Job speaks to this with profound clarity. *"But ask the animals, and they will teach you, or the birds in the sky, and they will tell you... In his hand is the life of every creature and the breath of all mankind"* (Job 12:7–10, NIV). God's creation is not incidental. It is instructional. It is alive with His presence. To be in nature is to return, in some small way, to the garden we lost and to the rhythms that still whisper of Eden. *"Shout for joy, O heavens; rejoice, O earth; burst into song, O mountains! For the Lord comforts His people and will have compassion on His afflicted ones"* (Isaiah 49:13, NIV)"

When we step outside and slow down, we remember who we are. We remember that healing is not always about doing more, fixing faster, or thinking harder. Sometimes, it is about receiving. Listening. Letting beauty work on us. Letting stillness stretch our breath and open our hearts. *"The Lord is my shepherd; I shall not be in want. He makes me lie down in green pastures, He leads me beside quiet waters, He restores my*

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soul. He guides me in paths of righteousness for His name's sake” (Psalm 23:1-2 NIV).

For those who suffer from addiction, depression, and anxiety, reconnecting with nature is not a silver bullet. But it is one powerful thread in the tapestry of healing. It can quiet the overactive mind. It can lower cortisol. It can invite awe back into a weary spirit. And it can provide something most of us didn't realize we were starving for—real, unscripted, untamed presence.

So, step outside. Step barefoot onto the grass. Sit with the silence. Watch the clouds. Let your soul recalibrate. You were made for this. And creation is waiting.

Disconnection from Hope and the Future



Hope is not wishful thinking. It is not naïve optimism or positive vibes. Hope is oxygen. When it goes missing, we suffocate slowly.

Many adults today are doing just that, suffocating under the weight of hopelessness they cannot always name. Life has become a blur of responsibilities, disruptions, and unanswered questions. People go through the motions, but inside, they are losing connection with something essential. They do not look forward to tomorrow. They have stopped imagining something better. They no longer believe that change is possible. They are alive but not really living.

This quiet erosion of the future is not always loud or dramatic. Sometimes, it shows up as chronic fatigue, irritability, withdrawal, or a gnawing sense of dread. Other times, it looks like perfectionism or

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overachievement, a frantic attempt to outrun the fear that nothing they do will matter. Beneath both postures, collapse and overdrive, is the same hollow center, a loss of meaningful hope.

Psychologist C.R. Snyder (1991) described hope as more than just a feeling. He defined it as a combination of agency and pathways, the will and the way. Agency is the belief that you have the power to move toward a goal. Pathways are the strategies and steps that get you there. When both are present, hope thrives. But when either one is missing, despair quietly moves in.

This theory maps perfectly onto the inner world of depression and anxiety. When a person feels powerless and unable to take action, their mind begins to spiral into paralysis. When a person feels there are no paths forward, even their strongest will can collapse. Over time, they stop trying. They stop dreaming. They stop believing anything can change.

This reality is not limited to teenagers. Adults are especially vulnerable to this kind of psychological foreclosure. The longer someone has lived without progress, or with repeated failure, or through seasons of chronic stress or trauma, the easier it is to internalize the message that tomorrow will simply be more of the same. Eventually, the soul begins to shut down.

And let's be honest. We live in a cultural moment that does not help. Institutions have eroded. Public trust is at an all-time low. The future feels uncertain in every direction. People carry silent grief over what the world has become or what their lives have not become. Many are still haunted by wounds that never got time to heal. Some feel stuck in

jobs that deplete them. Others are reeling from lost relationships, financial pressures, or just the sense that they are running out of time.

And all of it adds up to one painful question: What is the point?

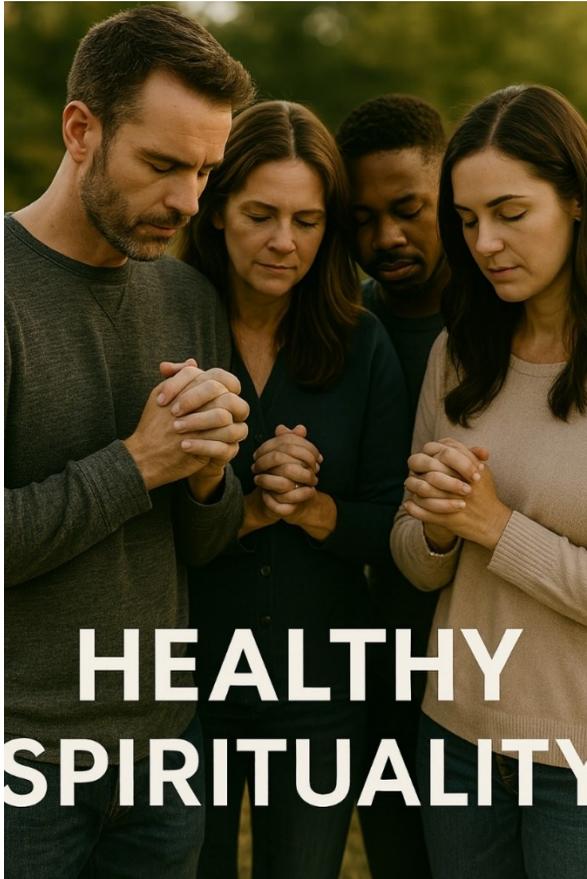
But the truth is, we were never meant to live without hope. We were never meant to white-knuckle our way through life without vision, direction, or a greater purpose.

God designed the human heart to live forward, to aim toward something bigger than the moment we are in. That forward motion is not about chasing success or achievement. It is about knowing that your life still has meaning, that your effort still counts, and that your future is not yet finished.

The Apostle Paul captured this perfectly when he wrote, *“May the God of hope fill you with all joy and peace as you trust in him, so that you may overflow with hope by the power of the Holy Spirit”* (Romans 15:13, NIV).

Even if your hope has gone quiet, it is not gone forever. With the help of God, it can return. You can learn to dream again. You can begin to move again. You can believe, once more, that the story is not over. Because it isn't. *“Let us hold unwaveringly to the hope we profess, for He who promised is faithful”* (Hebrews 10:23 NIV).

Disconnection from Faith and Meaning



Johann Hari identified many vital forms of disconnection that feed modern despair. He wrote of our loss of meaningful work, community, hope, nature, and purpose. But there is one form of disconnection that, while not explicitly named in his list, we believe deserves to be included. In fact, it may be the most important of all.

We are speaking of the spiritual.

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When a person loses connection with the transcendent, when they can no longer sense God's presence, love, or guidance, something vital inside begins to dim. Adults who once believed they were part of a larger story now find themselves adrift. Others never had that story to begin with and carry a quiet ache that they cannot explain. They live untethered, disconnected not just from people or purpose but from the One who created them.

This spiritual vacuum is not merely philosophical. It is physiological and psychological. As Dr. Lisa Miller (2021) has demonstrated in her groundbreaking research, a strong spiritual life is one of the most robust protective factors against depression. In adolescents and adults alike, spiritual engagement reduces the risk of suicide, increases resilience, and dramatically improves the brain's capacity to process trauma. Spirituality does not bypass suffering. It reframes it. It says, you are not alone, your pain is not pointless, and your story is not over.

And that message matters more than ever.

We live in a time when organized religion is often viewed with suspicion. Church attendance has declined. People claim to be spiritual but not religious. Yet in this individualized spirituality, many find themselves more isolated, not less. The deep communal and theological roots that once grounded generations are now fractured. People are free to choose their own path, but many no longer know where to begin.

In my (Jeff) clinical work, it became evident that when spiritual language and relationship with God were removed from the healing process, something essential was missing. People could improve functionally, but their inner world remained dry. The fire of hope never

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quite returned. But when the soul was given permission to speak again, when we brought Scripture, prayer, and the presence of God into the therapy room, something shifted. Healing became not just behavioral but redemptive.

Depression and anxiety are often misunderstood as purely chemical problems or purely psychological problems. But many times, they are cries of the soul, silent alarms going off inside us, saying something is wrong. Something is missing. The NeuroFaith® model recognizes this. It sees healing not just as a clinical process but as a relational, spiritual, and embodied one. We are not brains in jars. We are image-bearers. And we are not meant to heal alone.

All of these disconnections, whether from meaning, people, nature, or God, are invitations. They are not indictments. They are not moral failures. They are the body and the spirit calling us back to what we were made for. Community. Purpose. Stillness. Hope. Eternity. And God Himself.

Spiritual reconnection does not require perfection or ritual. It begins with turning. Turning away from the lies and deceptions of this world. Turning toward the presence of God, even with doubt. Turning toward Scripture, even with questions. Turning toward love, even when you feel unworthy of it. The invitation is open. And the moment we take even the smallest step; we find that we were never abandoned.

God's words to His people are timeless, and they remain true today:

“Do not fear, for I have redeemed you. I have summoned you by name. You are mine. When you pass through the waters, I will be with you, and when you pass through the rivers, they will not sweep over you. When you walk

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through the fire, you will not be burned. The flames will not set you ablaze” (Isaiah 43:1–2, NIV). “For God did not appoint us to suffer wrath but to receive salvation through our Lord Jesus Christ” (1 Thessalonians 5:9 NIV),

We will explore the spiritual dimensions of healing more deeply later in this book. But for now, let this truth settle gently in... you are not alone. And you never have been. You are not forgotten. You are not beyond reach. There is a voice that calls you by name. And even in your darkest moments, that voice does not go silent. *“Before I formed you in the womb I knew you, before you were born I set you apart” (Jeremiah 1:5 NIV).*

Let us never underestimate the power of reconnection. For sometimes, all it takes is one prayer, one verse, one sacred moment of stillness, and the tide begins to turn.

Cause Two

Hijacked Minds

How Pornography is Rewiring the Brain



Vice is a monster of so frightful mien
As to be hated needs but to be seen
Yet seen too oft, familiar, with her face,
We first endure, then pity, then embrace.

-Alexander Pope's essay on man

In the words of Stephen Arterburn, world renowned expert on sexual addiction, *"I don't know of any plague to ever reach into the homes and families all over the world and create as much damage or*

heartaches than the struggle of lust, affairs, pornography, perversion, and sexual addiction. It seems that everywhere I look, it gets worse and worse. The Internet exploded the problem, and now cell phones transport pornography more portably than the computer and facilitates affairs with greater accessibility and secrecy” (cited in Roberts, 2008, p.9).

When I entered the field of psychology over three decades ago, I never imagined that pornography would become one of the most urgent emotional and neurological health crises facing men today. What was once hidden behind seedy bookstores and hushed conversations has become mainstream. Pornography is no longer an uncomfortable sidebar. It is the main event in the collapse of male emotional and relational well-being. We are dealing with a cultural plague that is literally rewiring the brain, hollowing out the soul, and tearing apart marriages, families, and faith.

The Adolescent Hook: When It All Begins

For most men, the story doesn't begin in adulthood. It starts in adolescence. Often before age ten. Covenant Eyes (2015) reports that 9 out of 10 boys are exposed to pornography before the age of 18, and the average age of first exposure is just eight years old. At that stage, the brain is still undergoing massive growth and restructuring. The prefrontal cortex—the part of the brain responsible for decision-making, impulse control, and long-term planning—is still under construction.

Ten of the most alarming statistics about teens and pornography

<https://www.covenanteyes.com/2015/04/19/10-alarming-stats-about-teens-and-pornography/>

9 out of 10 boys and 6 out of 10 girls are exposed to pornography online before the age of 18.

90% of teens and 96% of young adults are either encouraging, accepting, or neutral when they talk about porn with their friends.

The first exposure to pornography among boys is 8 years old, on average.

83% of boys and 57% of girls are exposed to group sex online.

32% of boys and 18% of girls are exposed to bestiality online.



Ten of the most alarming statistics about teens and pornography cont.

<https://www.covenanteyes.com/2015/04/19/10-alarming-stats-about-teens-and-pornography/>

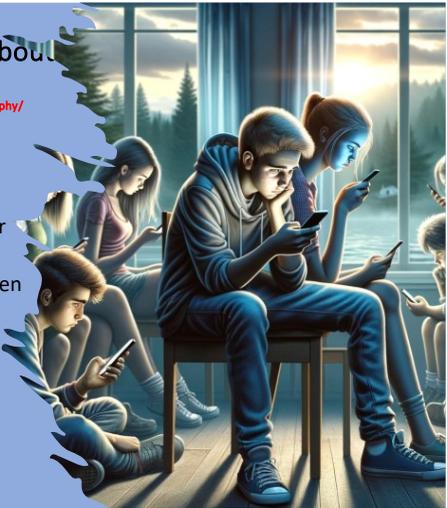
15% of boys and 9% of girls have seen child pornography online.

71% of teens have done something to hide their online activity from their parents.

28% of 16-17-year-olds have unintentionally been exposed to pornography online.

20% of 16-year-olds and 30% of 17-year-olds have received a sext.

39% of boys and 23% of girls have seen sexual bondage online.



To expose that fragile, rapidly developing brain to high-speed, hyper-stimulating pornography is like lighting a fire in dry brush. It changes everything. What begins as curiosity becomes compulsion. What starts as secret fascination evolves into shameful addiction. And for many boys, this secret struggle follows them into adulthood. They grow up, but the wiring remains. The habits remain. The shame calcifies.

The man becomes a husband or a father, or tries to, while carrying an addiction that has etched itself into his neurochemistry. He may not even see it as an addiction. He may call it stress relief, or "just something I do sometimes." But the emotional toll tells the truth.

The Adult Fallout: Depression, Disconnection, Despair

Study after study confirms what clinicians see every day. Pornography use in men is linked to significantly higher rates of depression, anxiety, guilt, and relational disconnection. Dr. David Skinner's study of 450 adult users found that daily users scored an average of 21 on the Beck Depression Inventory—compared to just 6.5 in the general population.

Excessive Pornography and Depression

As noted in [MetalHelp.net \(2016\)](#), researchers have concluded that compulsive and at-risk cybersex users experience **guilt, depression, and anxiety**. The writers conclude that this may both result from pornography usage and perpetuate further behavior.

Weaver et al. (2011) found that adult users of pornographic material reported **greater depressive symptoms, poorer quality of life, more mental- and physical-health diminished days, and lower health status** than compared to nonusers.

The infographic features a dark background with a light brown box at the top containing the first citation, a large downward-pointing arrow, and an orange box at the bottom containing the second citation. On the left side, there is a vertical light brown bar with the title and a small image of a person looking at a screen.

These aren't isolated findings. They are part of a growing body of evidence. Weaver et al. (2011) found that regular pornography users report greater depressive symptoms, poorer physical health, more days of mental and emotional dysfunction, and lower overall life satisfaction.

Gary Wilson's *Your Brain on Porn* dives into the neurobiology of this crisis. Pornography hijacks the reward system of the brain. It floods the system with dopamine, and over time, the brain begins to require more novelty, more shock, more stimulation just to feel arousal. That's why what started with curiosity can end up in darkness—violent porn, fetish material, or content that directly violates a person's moral code.

The Sexual Price: Dysfunction and Deadening

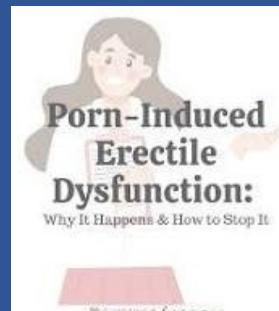
We are facing a new kind of epidemic: men in their twenties and thirties who cannot perform sexually with a real partner. What was once an issue almost exclusively seen in older men has exploded. Rates of erectile dysfunction in men under 40 have gone from 2 to 3 percent (de Boer et al., 2004) to as high as 33 percent (Wilson, 2017; Park, 2016).

A Canadian study (O'Sullivan et al., 2016) found that nearly half of young men aged 16 to 21 report erectile dysfunction. Forty-six percent report low sexual desire. Nearly one-quarter report difficulty climaxing.

The Impact of Pornography on Sexuality

Profound sexual side effects:

- Between 1948 and 2002, the historical rates for ED in men under 40 were consistently around **2% to 3%** and did not go up very much until age 40. (de Boer et al., 2004). However, as noted by Wilson (2014), at least six studies have found **ED rates of about 14% to 33% in young men**, which constitutes a staggering **1000% increase** in just the last 15 years (Park, 2016).
- In fact, adolescents are suffering disproportionately as noted by in a Canadian study which showed that problems in sexual functioning are sadly higher in adolescent males than in adult males. In a two-year period **78.6% of males aged 16-21** reported a sexual problem during partnered sexual activity (O'Sullivan et al., 2016):
 - Erectile dysfunction - **43%**
 - Low sexual desire - **46%**
 - Difficulty climaxing - **24%**
- **These problems have led some teens to suicide.**



These are not isolated physical issues. These are neurological issues. These are emotional issues. These are soul issues. And many men carry this silently, shamed and confused, believing something is wrong with them without understanding that the damage was being done, slowly and steadily, from the moment they were handed an unfiltered internet connection in adolescence.

Escalation and Identity Disruption

The brain's craving for novelty doesn't stop. Over time, users escalate to content they once found repulsive. Downing et al. (2016) found that 21 percent of heterosexual men view gay porn, and 55 percent of gay men view straight content. This isn't about orientation. It's about novelty addiction. Many men report shock at what they now find arousing. The resulting shame and confusion feed depressive spirals and self-loathing.

Some men begin questioning their masculinity. Others start doubting their own moral compass. Many feel like they've betrayed something sacred inside themselves, and in many cases, they have. That's what we call moral injury. And moral injury is a major driver of depression.

The Spiritual Vacuum

Pornography promises satisfaction but delivers emptiness. It fragments the soul. It numbs the spirit. It hollows out our capacity for real love. For connection. For joy. And it isolates men from their Creator. As one client put it to me, "I used to feel God's presence. Now I just feel static."

Men who once had vision and fire now feel foggy and passive. They struggle to feel deeply. They grow anxious in real intimacy. They feel

dead inside. Pornography is not just lust. It's grief in disguise. It's a counterfeit form of intimacy that leaves a man lonelier than before.

What's at Stake

This isn't about prudishness or shame. It's about war. A war on male identity, mental clarity, sexual integrity, spiritual vitality. Men are losing their marriages, their peace, their purpose, and their minds.

And make no mistake, the enemy doesn't kick the door down anymore. He slips in quietly, silently, through a screen. And once he's in, he starts taking things. One click at a time.

First, he takes your **connection**. Pornography rewires the brain in such a way that normal, loving intimacy with a real partner becomes foreign, even frustrating. Your partner's touch doesn't excite you anymore. Her realness can't compete with the endless novelty on the screen. Emotional closeness feels less compelling than dopamine-driven arousal. You become disengaged, disinterested, and ultimately disconnected—from her, from yourself, and from God.

Then it takes your **sexuality**. You may still crave sex, but the drive gets twisted. Your desires become shaped by what you watch, not who you love. Before long, you find yourself aroused by things that once disgusted you. You may feel confused. Ashamed. Isolated. And you probably won't talk to anyone about it, which only deepens the hole.

Next, it takes your **potency**. Not just sexual potency, though that's often the first thing to go. We're talking about the full force of your masculine presence, your confidence, your energy, your strength of will. Porn deadens a man. It makes him passive, restless, and checked out. It

feeds anxiety. It fuels irritability. It creates a kind of low-grade despair that's hard to shake and even harder to name.

Then it takes your **soul**. Slowly, silently, it siphons away your passion, your joy, your sense of divine purpose. You begin to feel spiritually numb. You lose clarity about who you are and who you're called to be. Porn doesn't just fracture your attention; it fractures your identity. It is a counterfeit form of intimacy that leaves you feeling hollow, confused, ashamed, and condemned.

And ultimately, it takes your **mental health**. Make no mistake, long-term pornography use is a driver of massive depression. Men caught in its grip report persistent dysphoria, emotional blunting, anxiety, and deep loneliness. You feel disconnected from others, from God, from life. You are no longer authentically related to the people you love. The guilt builds, the anxiety increases, and a slow, gray fog settles in.

That's the path.

It doesn't plateau. It escalates.

And if that's you, if even part of this describes where you are—then this is our plea: get help. Please. Not because we're here to guilt you. Not because we want to heap shame on you. But because we've been there. We've sat with too many men whose lives are quietly imploding under the weight of this silent addiction.

This book isn't about moralizing. It's about saving your life. We are sounding the alarm because we care about your joy, your marriage, your calling, your soul.

NeuroFaith®
A Light for the Broken

There is a way out. It's not easy, but it is possible. With truth, accountability, neuroscience, trauma healing, and the redemptive power of faith, healing can happen. Not just coping, **healing**. You can be restored. Your mind can be renewed. Your relationships can be rebuilt. Your purpose can come alive again.

But first, you have to be honest. If this has a grip on you, you must confront it. Don't minimize it. Don't rationalize it. Don't let it steal another year of your life.

Freedom begins with truth.

And if you're reading this, maybe that freedom starts today.

This chapter is not about condemnation. It's about clarity. If you are caught in this struggle, know this: you are not alone. And you are not broken beyond repair. There is a way back. The NeuroFaith® model offers a practical, spiritual, and neuroscience-informed approach to healing the damage that pornography inflicts. It's a path of honesty, humility, and grace. And it works.

We are not here to shame men or women. We are here to call you back to who you really are. Because you are not what you watch. You are not your past. You are not your lowest moment. You are God's beloved, created for connection, strength, real joy, and authentic love. *"Instead of shame and dishonor, you will enjoy a double share of honor. You will possess a double portion of prosperity in your land, and everlasting joy will be yours"* (Isaiah 61:7 NLT).

NeuroFaith®
A Light for the Broken

This book will walk you through what it means to reclaim your mind, your body, and your soul. This battle is worth fighting. And you're not fighting alone.

Healing is not only possible. It's already beginning.

Cause Three

Trauma

The Hidden Epicenter of Despair and Addiction



Of all the causes of addiction, depression, and anxiety, trauma may be the most devastating and the most overlooked. Trauma, particularly in the form of child maltreatment such as neglect, emotional abuse, physical harm, and sexual violation, has been identified as a major contributor to emotional dysregulation and poor mental health outcomes across the lifespan. It is one of the most significant risk factors not only for depression but also for post-

traumatic stress disorder and a wide array of emotional and relational struggles (McLaughlin et al., 2012, 2013).

Multiple studies confirm that trauma compromises the capacity to regulate emotions, starting in early childhood and continuing well into adolescence and adulthood (Langevin et al., 2016; Shields & Cicchetti, 1997; Briere & Rickards, 2007; Dunn et al., 2018). Trauma occurs not just from what we go through, but because of the way we are left to carry that experience, isolated, unsupported, unseen. As Barta (2018) explains, trauma overwhelms the nervous system and prevents integration, leaving the body in a perpetual state of hyperarousal or collapse.

Perhaps one of the most insidious effects of unresolved trauma is the formation of negative core beliefs. These deeply ingrained assumptions, such as "I am not lovable," "I am not worthy," or "I have no value," become etched into the brain's implicit memory systems, particularly within the default mode network (DMN), which governs self-referential thought. Over time, the DMN becomes a carrier of a toxic internal narrative. These are not just painful thoughts, they are internalized lies, what Scripture might call the lies of the enemy, who *"was a murderer from the beginning... for there is no truth in him"* (John 8:44, NIV). These distorted beliefs can shape how both adolescents and adults approach life, relationships, success, and failure. For teens whose brains are still under construction, and for adults whose early injuries were never addressed, these beliefs can become the lens through which all future experiences are filtered.

As Fletcher points out, trauma is not stored as a narrative or memory alone but in the body itself. It is carried in the nervous system and in relational habits. Those who carry trauma may appear avoidant, perfectionistic, overly compliant, or oppositional, not because they are defiant, but because they are trying to survive. The world feels threatening, and their actions are defensive, not disobedient.

These trauma-driven beliefs quietly sabotage every area of life. They distort how people see themselves, how they interpret others' intentions, and how they engage in relationships. Social cues may feel threatening, academic or occupational challenges may seem overwhelming, and intimacy may feel unsafe. These individuals, whether adolescents or adults, often carry invisible scripts of shame and fear that stain their sense of identity for decades, unless they are directly addressed through healing relationships and integrative therapy.

The impact of trauma is not limited to the emotional realm. The Adverse Childhood Experiences (ACE) Study by Felitti et al. (1998, 2009, 2014) revealed that childhood trauma is directly correlated with increased risk for physical illnesses, substance abuse, and early death. Emotional abuse was found to be more strongly associated with adult depression than even sexual abuse. This emphasizes that the way a child is emotionally treated by caregivers is a profound predictor of mental health.

The ACE study identifies ten categories of childhood trauma, including various forms of abuse, household dysfunction, and neglect. For each category of trauma experienced, the risk for depression, anxiety,

suicide, and chronic illness increased significantly. Those with an ACE score of 7 or more were found to be over 3,000 percent more likely to attempt suicide (Felitti et al., 2009). The cumulative effect of trauma reshapes the brain, the body, and the belief systems.

Adverse Childhood Experiences

The ten reference categories experienced during childhood or adolescence are listed below, along with their prevalence in parentheses (Felitti and Anda, 2009):

Abuse

- Emotional – recurrent threats, humiliation (11%)
- Physical - beating, not spanking (28%)
- Contact sexual abuse (28% women, 16% men; 22% overall)

Household dysfunction

- Mother treated violently (13%)
- Household member was an alcoholic or drug user (27%)
- Household member was imprisoned (6%)
- Household member was chronically depressed, suicidal, mentally ill, or in psychiatric hospital (17%)
- Not raised by both biological parents (23%)

Neglect

- Physical (10%)
- Emotional (15%)

Trauma experts differentiate between "**Big T**" trauma, horrific single events such as violence or disaster, and "**little t**" trauma, repeated relational wounds such as bullying, chronic criticism, or emotional neglect. However, as many in the trauma field have noted, there is nothing "little" about the impact of **little t** traumas. They quietly devastate. In my (Jeff) own work as a psychologist, I have seen that consistent absence of attunement, of being truly seen and valued by a parent or adult, is often more damaging than overt acts of aggression.

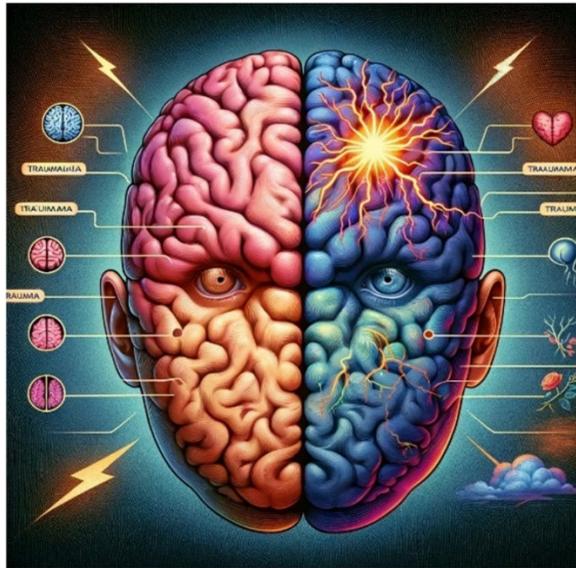
Big T and Little t Trauma



<p>Big T Trauma:</p> <ul style="list-style-type: none">• Natural disasters (e.g., earthquakes, hurricanes)• Serious accidents/life-threatening illnesses• Violent personal assaults (e.g., rape, mugging, domestic violence)• Military combat or war experiences• Terrorist attacks• Witnessing a death or severe injury• Being held hostage or kidnapped• Torture• Severe childhood neglect or abuse (physical, sexual, or emotional)	<p>Little t Trauma:</p> <ul style="list-style-type: none">• Bullying or harassment• Emotional abuse or neglect• Loss of a significant relationship (e.g., breakups, divorce)• Non-life-threatening injuries• Chronic low-level stressors (e.g., ongoing financial stress, job stress)• Minor surgery or medical procedures• Legal issues (e.g., lawsuits, custody battles)• Moving to a new location or frequent changes in living situations• Persistent conflict in personal or professional relationships
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Barta (2015) noted that trauma is not necessarily caused by bad parents but by emotionally unavailable ones. Many parents do the best they can with the tools they have, but when they fail to respond to the emotional needs of their children, the results can be quietly catastrophic. Children raised without emotional mirroring learn to hide, minimize, or distort their emotional experience, skills that later fuel depression, anxiety, addiction, and relational dysfunction.

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Trauma changes the brain neurologically

Dr. Peter Levine (2008) writes, “Trauma is about loss of connection, to ourselves, our bodies, our families, others, and the world around us.” That loss of connection often happens subtly over time. People learn to avoid feelings, people, and places that trigger pain. But in doing so, they also lose access to joy, vitality, and the ability to dream.

Most important to normal development is **“social engagement,”** which is the ability to know, understand, regulate, and express emotions in the present moment. Even though everyone is born with a social engagement system (i.e., a neurological system that promotes human connection), we know that early trauma can disrupt normal development. Anda et al. (2018) note, “Early adverse experiences may disrupt the ability to form long-term attachments in adulthood. The unsuccessful search for attachment may lead to sexual relations with multiple partners with resultant promiscuity and other issues related to

sexuality.” As a result of adverse developmental trauma, the ensuing loss of connection with our inner self, our bodies, others, and the world around us, we are predisposed to engage in maladaptive and/or addictive behaviors to relieve the emotional dysregulation that torments us.

As Dr. Felitti highlighted in an outstanding 2009 lecture, studies reveal numerous alarming long-term consequences of being exposed to ACEs, with the severity of these outcomes increasing exponentially with the number of ACEs experienced. The results indicate that for every category of traumatic experience we have had as a child, we are dramatically more likely to be depressed as an adult. If we have ACE scores of four or higher, we are 260% more likely to have chronic obstructive pulmonary disease than someone with a score of zero, 240% more likely to contract hepatitis, 460% more likely to experience depression, and 1,220% more likely to attempt [suicide](#). If we have had six categories of traumatic events as a child, we are five times more likely to become depressed as an adult, and if we have had seven categories, we are a terrifying 3,100 percent more likely to attempt suicide as an adult (Felitti et al., 2014; Felitti 2004; Felitti and Anda, 2009; Felitti et al., 1998).

ACE Scores and Clinical Outcomes

As Dr. Felitti in a 2009 lecture points out, studies reveal many shocking long-term horrible outcomes when we are exposed to ACEs and this raises exponentially according to how many of them, we have been exposed to.

The results indicate that for every category of traumatic experience we have had as a child, we are dramatically more likely to be depressed as an adult.

If we have ACE scores of 4, we are:

- 260% more likely to have chronic obstructive pulmonary disease than someone with a score of 0
- 240% more likely to contract hepatitis, 460% more likely to experience depression
- 1,220% more likely to attempt suicide

If we have ACE scores of 6, we are:

- Five times more likely to become depressed as an adult.

If we have ACE scores of 7, we are :

- 3,100 percent more likely to attempt suicide as an adult (Felitti et al., 2014; Felitti 2004; Felitti and Anda, 2009; Felitti et al., 1998).

In the 2009 lecture, Dr. Felitti offered the following graphs, which nicely detail the dramatic impact that ACEs have on our society:

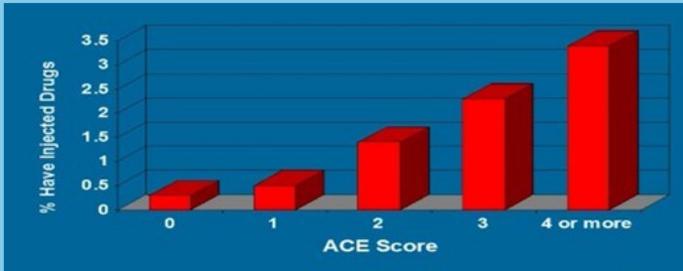
Childhood Experiences vs Adult Alcoholism



Dr Vincent Felitti (2009)

<https://www.youtube.com/watch?v=KEFFThbAYnQ>

ACE Score and Intravenous Drug USE



Dr Vincent Felitti (2009)

<https://www.youtube.com/watch?v=KEFFthbAYnQ>

So how does trauma take root so deeply in our lives, and why is it so difficult to remove? Trauma does not remain in one place; it spreads and embeds itself through multiple pathways that shape who we are and how we live. It shapes the way we relate to others and the patterns we repeat in our closest relationships. It influences how we learn from those around us and how unhealthy behaviors and beliefs get passed from one generation to the next. And it even leaves its mark at the biological level, changing the way our genes are expressed and carried forward.

These three pathways show us why trauma is so powerful, and they also reveal where the greatest opportunities for healing can be found:

- **Attachment**
- **Social Learning**
- **Epigenetics**

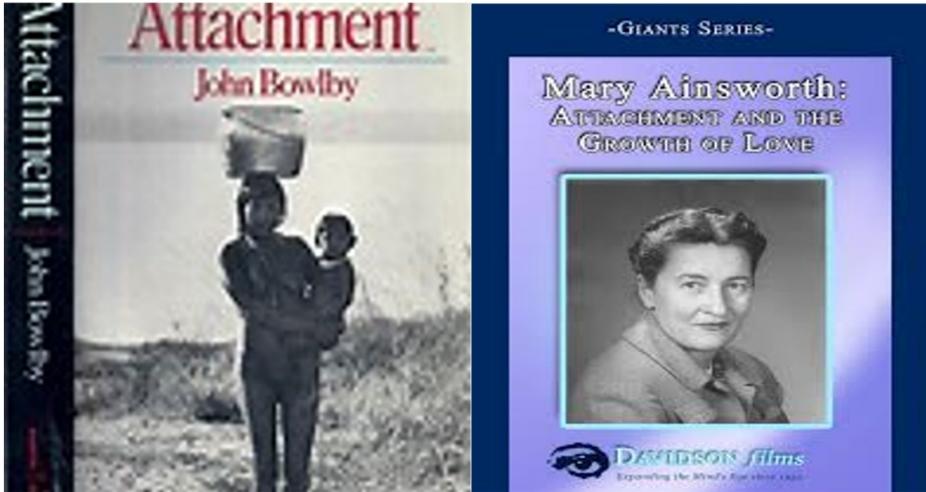
One: Attachment



Attachment is a really big deal and has lifelong implications for all of us. Safe and secure attachment styles are absolutely necessary for developing healthy and secure relationships, emotional health, and the ability to regulate our emotions. Two early pioneers in this field, Dr. John Bowlby (1969) and Dr. Mary Ainsworth (1973), carved the way to our understanding of attachment and child development theory. They defined attachment as a deep and enduring emotional bond that leads to connections between us across time and space. This attachment is not always mutual and can travel in only one direction. For example, a child can attach to a parent, but the parent does not always attach to the child or vice versa (Kain & Terrell, 2018).

The importance of secure attachment echoes a biblical truth. As *Proverbs 22:6* (NIV) says, “Start children off on the way they should go, and even when they are old they will not turn from it.” This verse reflects the profound impact early relationships have on a person’s development

and well-being throughout their life. When children form strong, healthy bonds early on, it can set a foundation that lasts into adulthood.



By way of background on Dr. Bowlby, in an interview with Dr. Milton Stenn in 1977, Bowlby explained that his career began in the field of medicine, following in the footsteps of his father, who was a well-known surgeon in London, and John explained that his father encouraged him to study medicine at Cambridge. He followed his father's suggestion but was not terribly interested in anatomy and natural sciences. However, during his time at Trinity College, he became particularly interested in developmental psychology, which led him to give up medicine by his third year. When John left medicine, he accepted a teaching opportunity at a school called Priory Gates for six months, where he worked with maladjusted children. John explained that one of the reasons why he went to work at Priory Gates was because of the influence of an “intelligent” staff member, John Alford. John explained that his experience at Priory Gates had been very influential on him. *"It suited me very well because I found it interesting."*

And when I was there, I learned everything that I have known; it was the most valuable six months of my life, really. It was analytically oriented." He added that the experience at Priory Gates was extremely important to his career in research as he learned that the problems of today should be understood and dealt with at a developmental level (Kanter, 2007).

Bowlby was not the only act in town as he collaborated extensively with Dr. Mary Ainsworth. Mary was born in Glendale, Ohio. When she was 15, she read William McDougall's book, *Character and the Conduct of Life*, which inspired her to pursue psychology. While teaching at Johns Hopkins, Mary began working on creating a means to measure attachments between mothers and their children. It was this that led her to develop her famous "Strange Situation" assessment, in which a researcher observes a child's reactions after a mother briefly leaves her child alone in an unfamiliar room. The child's reaction after the separation and upon the mother's return revealed important information about attachment. Based on her observations and research, Mary determined three main styles of attachment: secure, anxious-avoidant, and anxious-resistant. Since these initial findings, her work has spawned numerous studies into the nature of attachment and the different attachment styles that exist between children and their caregivers (VeryWellMind, 2019)

Rudolph Schaffer and Peggy Emerson (1964) analyzed the number of attachment relationships that infants form in a longitudinal study with 60 infants. In their study, infants were observed every four weeks during the first year of life, and then once again at 18 months. Schaffer and Emerson determined that four distinct phases of attachment emerged:

Pre-attachment stage: From birth to three months, infants do not show any particular attachment to a specific caregiver. The infant's signals, such as crying and fussing, naturally attract the attention of the caregiver and the baby's positive responses encourage the caregiver to remain close (Schaffer & Emerson, 1964).

Indiscriminate attachment: From around six weeks of age to seven months, infants begin to show preferences for primary and secondary caregivers. During this phase, infants begin to develop a feeling of trust that the caregiver will respond to their needs. While they will still accept care from other people, they become better at distinguishing between familiar and unfamiliar people as they approach seven months of age. They also respond more positively to the primary caregiver (Schaffer & Emerson, 1964).

Discriminant attachment: At this point, from about seven to eleven months of age, infants show a strong attachment and preference for one specific individual. They will protest when separated from the primary attachment figure (separation anxiety) and begin to display anxiety around strangers (stranger anxiety) (Schaffer & Emerson, 1964).

Multiple attachments: After approximately nine months of age, children begin to form strong emotional bonds with other caregivers beyond the primary attachment figure. This often includes the father, older siblings, and grandparents (Schaffer & Emerson, 1964).

As nicely summarized by Lyons-Ruth (1996), the basic attachment styles culminating from John Bowlby and Mary Ainsworth's research

and the fourth by Drs. Mary Main and Judith Solomon's (Main & Solomon, 1986) work include:

Secure attachment: Secure attachment is marked by distress when separated from caregivers and joy when the caregiver returns. Remember, these children feel secure and are able to depend on their adult caregivers. When the adult leaves, the child may be upset, but he or she feels assured that the parent or caregiver will return. When frightened, securely attached children will seek comfort from caregivers. These children know their parent or caregiver will provide comfort and reassurance, so they are comfortable seeking them out in times of need (Lyons-Ruth, 1996).



Ambivalent attachment: Ambivalently attached children usually do not appear too distressed by the separation, and, upon reunion, actively avoid seeking contact with their parent, sometimes turning their attention to play objects on the laboratory floor. This attachment style is considered relatively uncommon, affecting an estimated 7 percent to 15 percent of U.S. children. Ambivalent attachment may be a result of poor parental availability. These children cannot depend on their mother (or caregiver) to be there when the child is in need (Lyons-Ruth, 1996).



Avoidant attachment: Children with an avoidant attachment tend to



avoid parents or caregivers. When offered a choice, these children will show no preference between a caregiver and a complete stranger. Research has suggested that this attachment style might be a result of abusive or neglectful caregivers. Children who are punished for relying on a caregiver will learn to avoid

seeking help in the future (Lyons-Ruth, 1996).

Disorganized attachment: Children with a disorganized attachment

often display a confusing mix of behavior and may seem disoriented, dazed, or confused. Children may both avoid or resist the parent. Some researchers believe that the lack of a clear attachment pattern is likely linked to inconsistent behavior from caregivers. In such cases,



parents may serve as both a source of comfort and a source of fear, leading to disorganized behavior (Lyons-Ruth, 1996).

In 1978, Mary Ainsworth and her colleagues reported that studies on the three initial attachment classifications revealed: 70 percent of American infants have been classified as secure, 20 percent as avoidant-insecure, and 10 percent as resistant-insecure (Ainsworth et al., 1978). Kain and Terrell (2018) warn of concerning declines in secure attachment, noting that in more recent research populations, the rates

of secure attachment have declined by 10 percent (Andreassen et al., 2007).

Studies reveal that interactions during the first three years of life can affect cognitive development and will impact the physical, emotional, and mental health of children as they age and develop (Colmer et al., 2011). Typically, a parent's emotional response will serve as a template for helping their child learn about emotion. As parents model appropriate emotion regulation through conversations or actions, children learn to control and regulate their emotions. In contrast, insecurely attached children may learn to mask their emotional distress or exaggerate it to gain their parent's attention, therefore compensating for a parent who is not consistently responsive (Laible, 2010). This type of maladaptive behavior has devastating consequences, resulting in poor social skills, emotional dysregulation, depression, anxiety, peer exclusion, social rejection, and low self-esteem (Lewis et al, 2015; Newman, 2017). So, those of us who are young parents should ensure that we spend lots and lots of time with our infants and children in healthy, safe, and connected ways, particularly early in life, to develop secure attachment so they can have joy, fulfilling relationships, and emotional stability.

Psychiatrist and Internal Family Systems (IFS) leader Dr. Frank Anderson presents a refreshingly new view on attachment as it relates to IFS therapy, which will be explained later in this book in the Therapeutic Pathway to Peace chapter. Anderson (2021) notes that he does not fully subscribe to the concept of attachment styles as such, nor does he believe they are formed solely in the first few years of life. Rather, he posits that different parts of children attach to different

parts of caregivers throughout their lives. He contends that most attachment styles, when seen through an IFS lens, are actually wounds or protective parts that develop as a result of difficult or challenging interactions. They have a tremendous influence on our lives as adults, especially when they are not adequately addressed or healed. Dr. Anderson adds that we each have different parts that relate to different parts of other people. Finally, he posits that we each have experiences with each of these “styles” or “different parts,” which connect to the various parts of people with whom we are in connection (Anderson, 2021).

Takeaway: Attachment is one of the most powerful forces that shapes our emotional lives and relationships, influencing how we connect with others from childhood through adulthood. Secure attachment, formed through safe, consistent, and caring relationships, is key to emotional regulation, building trust, and forming healthy, lasting connections. Early pioneers like Dr. John Bowlby and Dr. Mary Ainsworth showed us just how deep this impact runs. Ainsworth’s famous research identified different attachment styles, secure, avoidant, and anxious, that play a leading role in how we relate to others, manage stress, and navigate relationships throughout life.

When attachment is insecure, whether due to inconsistent, neglectful, or unavailable caregiving, children can struggle with emotional regulation, anxiety, and difficulties forming healthy relationships. These early interactions profoundly shape mental, emotional, and even physical health, laying the groundwork for how we cope with challenges.

However, recent insights, like those from Dr. Frank Anderson, offer a fresh perspective on attachment. Anderson's work in Internal Family Systems (IFS) therapy suggests that attachment patterns aren't set in stone in early childhood. Instead, he proposes that different parts of our personality attach to different parts of others and that these attachment styles reflect emotional wounds and protective parts we develop in response to life's difficulties. According to Anderson, healing and growth are possible at any stage of life as we integrate these parts and form healthier connections (Anderson, 2021).

In short, understanding attachment helps us see how our earliest bonds shape our emotional landscape and set the stage for stable, fulfilling relationships. By nurturing secure attachment, especially early in life, we can promote long-lasting emotional health and resilience, not only for ourselves but for future generations. As *1 John 4:18* (NIV) reminds us, *"There is no fear in love. But perfect love drives out fear, because fear has to do with punishment. The one who fears is not made perfect in love."* Secure attachment, rooted in love and care, can indeed drive out fear, helping us build trusting and fulfilling relationships that last a lifetime.

Two: Social Learning

How Do We Absorb Trauma Through Relationship? Albert Bandura (1977) revolutionized psychology with his theory of social learning. We learn not only through experience but through watching others, especially those closest to us. Children raised in chaotic, emotionally unsafe environments do not just endure trauma; they learn it. They absorb relational patterns, defensive postures, and ways of handling pain. They watch how shame is hidden, how rage is expressed, how

needs are ignored, and then they mimic those patterns in adolescence and adulthood.

These patterns are not just behavioral. They become internalized as *normal*. And unless they are brought into awareness and challenged, they get passed down to the next generation. This is one way trauma moves through families, not through genetics but through modeling, mimicry, and silence.

Three: Epigenetics

The third, and most sobering, pathway is biological. Trauma does not just shape how we think and relate. It can literally change how our genes express themselves through a process called epigenetics. Epigenetics refers to chemical modifications that sit "on top of" our DNA, switching genes on or off without altering the genetic code itself. These changes are triggered by environmental factors, including chronic stress, adversity, and trauma (Moore et al., 2013).



Genes are like instruction manuals stored inside every cell of your body. They tell the cell how to build proteins, which are the building blocks for just about everything, your muscles, your hormones, your neurotransmitters, even your brain chemistry. But here's the key: those instructions have to be **read** in order to be used. If the book stays closed, nothing gets built.

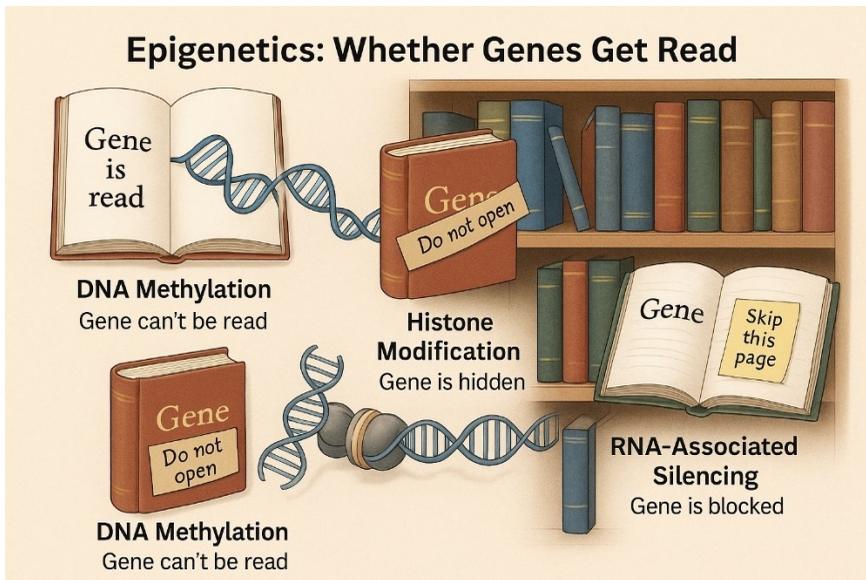
Epigenetics is about whether genes get read or not.

DNA methylation is like putting tape over a book cover. The book is still in the library, but the tape keeps anyone from opening it. The gene is there, but it can't be read, so its instructions are never used.

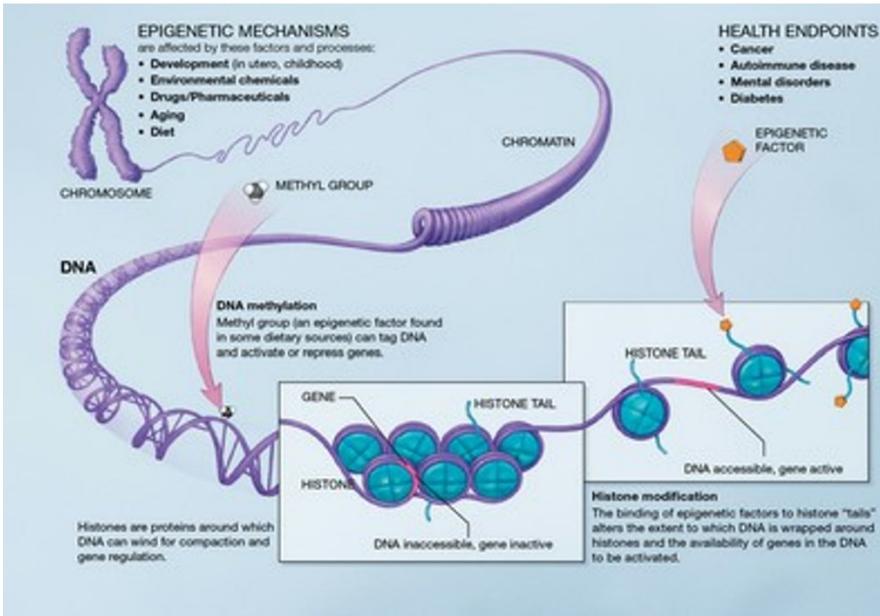
Histone modification is about how tightly the DNA is wrapped around its packaging proteins (the histones). If the DNA is wound too tightly,

it's like books shoved so hard into the shelf that you can't pull them out, those genes stay hidden and unread. But if the DNA is loosened too much, books can be pulled out that maybe shouldn't be read at that moment, and their instructions get used when they're not supposed to.

RNA-associated silencing is like slipping a sticky note over certain pages that says, "Skip this." The words are still printed, but the cell's machinery moves right past them, leaving the instructions unused.



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Wikipedia (2023)
<https://en.wikipedia.org/wiki/Epigenetics>

These processes are vital in early development, but they can also be hijacked by trauma. The impact is not theoretical. It is real, and it is measurable. One of the most sobering examples comes from Holocaust survivors. Dr. Rachel Yehuda and colleagues (1998) found that the children of Holocaust survivors, who never experienced the camps themselves, carried biological imprints of their parents' trauma. Their stress response systems were altered. Their genes carried the memory of fear. The trauma became a biological inheritance.



Barbed Wire Clipart. The Holocaust ...clker.com. Wikipedia

The Dutch Hunger Winter offers another powerful case. In the winter of 1944 to 1945, the Nazis blockaded food supplies to punish the Dutch resistance, plunging the country into famine. Over 20,000 people starved to death. Pregnant women, in particular, were deeply affected. Their children, still in utero during the famine, were later found to have epigenetic changes in key genes like IGF2, which is linked to growth and metabolism. As adults, these individuals faced higher risks of obesity, heart disease, diabetes, schizophrenia, and even premature death. What they endured in the womb shaped their lifelong health, and remarkably, these changes were also found in their children and grandchildren (Heijmans et al., 2008).



Food rations that were dropped into the Netherlands in 1945.
Credit...Dutch National Archive

Imagine carrying the biological memory of a winter you never lived through. Imagine being born into a world already marked by scarcity and stress, your body tuned to survive a trauma you did not directly endure. That is the power of epigenetics.

These are not just fascinating stories from history. They reveal something deeply human and deeply spiritual. Trauma writes itself into our biology. It embeds into our nervous system, immune system, hormonal pathways, and even our gene expression. It shapes how we see danger, how we handle emotion, how we connect, or disconnect, from others.

And yet, this is not the end of the story. Because just as trauma can alter our biology, healing can begin to restore it. Studies show that many epigenetic changes are not permanent. The same nervous system

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that adapts to survive trauma can also be rewired by safety, love, and truth. Practices like regular physical activity, deep restorative sleep, meaningful spiritual connection, secure attachment relationships, healthy nutrition, and trauma-informed therapy can help reverse or soften these harmful patterns. Over time, healing begins to rewrite and literally rewire what trauma once inscribed. The scars may not disappear completely, but the script can change.

This brings both great responsibility and deep hope. We are not stuck. We are not doomed by our lineage. We are not victims of our past. Through deliberate, faithful choices, we can change the biological legacy we pass on. As we heal, our bodies remember. Our cells respond. And so do the lives of those who come after us.

As Scripture says in *Deuteronomy 30:19*, "Now choose life, so that you and your children may live." And in *Exodus 20:5-6*, "the sins of the fathers are visited upon the children," but also the promise that God "lavishes unfailing love for a thousand generations on those who love [Him] and obey [His] commands."

Trauma may shape a family line, but so can faith. So can love. So can healing. The chain of suffering can be broken. And it begins with a choice.

The NeuroFaith® Response: Reversing the Curse

The NeuroFaith® Model recognizes that trauma is not simply a psychological wound, it is a neurological, physiological, relational, and spiritual rupture. And healing requires access to all four domains. Through polyvagal-informed therapy, HeartMath neurocardiology,

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Internal Family Systems (IFS), and authentic Christian faith, we offer a path to reconnect body, brain, and soul.

This is not about symptom suppression. It is about genuine transformation. It is about taking responsibility for our own healing while clinging to the hope that God can restore what was broken, even at the level of biology. Yes, trauma may run in families but so can healing. Yes, emotional pain may mark our nervous systems, but those patterns can be rewritten. Through God's grace, power, and intentional therapeutic work, the darkness does not win.

There is always hope. And there is always a way forward. That way is not easy, and it will require courage. But we walk it together, with God beside us, rewriting the story, biologically, relationally, and spiritually.

"The light shines in the darkness, and the darkness has not overcome it"
(John 1:5, NIV).

In a fallen world, trauma is common, but healing is possible. The NeuroFaith® model recognizes that the path to healing is not primarily about symptom reduction. It is about reconnection: to self, to others, and to God. It involves helping people rewrite the internalized story that trauma told them. As we ask, "Where were you wounded?" we must also ask, "How can we help you heal and reclaim your story?"

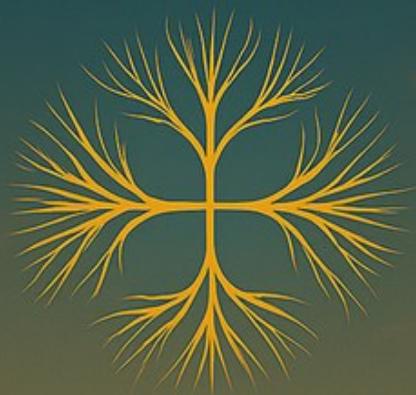
And we must remember, in the words of Isaiah 61:1, that *"The Spirit of the Sovereign Lord is on me, because the Lord has anointed me to proclaim good news to the poor. He has sent me to bind up the brokenhearted... to comfort all who mourn... and to bestow on them a crown of beauty instead of ashes."*

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This is our hope. That what trauma tried to destroy, Christ can restore. That the brain, the body, and the soul can be healed. And those who once believed they were worthless may one day say, with confidence, "I am loved. I belong. I have purpose. And I matter."

The story is not fixed. What was once shaped by lies can be reshaped by truth. As John reminds us, "*And you will know the truth, and the truth will set you free* (John 8:32 NLT).

PART III



**THE
NEUROFAITH[®]
FRAMEWORK
FOR
HEALING**



The Four Pillars of Healing

*A Restorative Pathway
for Addiction, Depression, and Anxiety*

*“Let all that I am praise the Lord;
may I never forget the good things he does for me.
He forgives all my sins
and heals all my diseases.”*

- Psalm 103:2-3

As we have established, depression and anxiety are not simply mental states, they are whole-person afflictions that leave deep wounds across the body, brain, soul, and spirit. These conditions are more than biochemical imbalances or fleeting emotional lows. They often represent years, if not decades, of accumulated sorrow, unresolved trauma, autonomic dysregulation, and disconnection from self, others, and God.

Yet, even in the thickest darkness, light still breaks through. Healing is possible. Not just symptom relief but true restoration, a return to wholeness. There is a way forward, a path that is neither simplistic nor shallow but grounded in both the cutting-edge insights of neuroscience

and the timeless truths of Scripture. As it is written, “*The light shines in the darkness, and the darkness has not overcome it*” (John 1:5, NIV).

Before introducing the four pillars of our healing model, it’s important to understand the difference between **incremental therapies** and **transformational therapies**. Both have value. Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and other skill-based interventions can be powerful tools for managing distress. In moments of acute despair, when the weight of depression or anxiety feels crushing, these approaches can help individuals ground themselves, develop emotional regulation, and stay alive. In that sense, incremental therapies can be lifesaving.

However, they are often just that—incremental. They offer tools for coping, but they too often don’t reach the root of the pain.



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By contrast, the therapies we present in this chapter, the **four pillars of the NeuroFaith® Model** are **transformational**. These are not just symptom-management strategies. They invite deep, systemic change. They help rewire the brain, calm the autonomic nervous system and, critically, transform the default mode network—the network of the brain responsible for self-referential thought, shame-based narratives and internal rumination. Transformational therapies reach the inner core. They do not merely equip you to survive; they offer a path toward wholeness.

Although incremental therapies are very necessary and helpful, it is transformational therapies that get you home. The Default Mode Network needs to be updated and only transformational therapies can achieve that.

Incremental Therapies	Transformational Therapies
Focus: Gradual, step-by-step change.	Focus: Profound, holistic changes.
Approach: Behavior modification and symptom management.	Approach: Deeper psychological exploration.
Examples: CBT, DBT, Exposure Therapy.	Examples: Internal Family Systems (IFS), EMDR, Polyvagal-Informed Therapy, Emotion Focused Therapy (EFT)
Goal: Improve specific symptoms or behaviors.	Goal: Transform personal beliefs and self-concept.
Process: Structured, often short-term.	Process: Open-ended, usually longer-term.

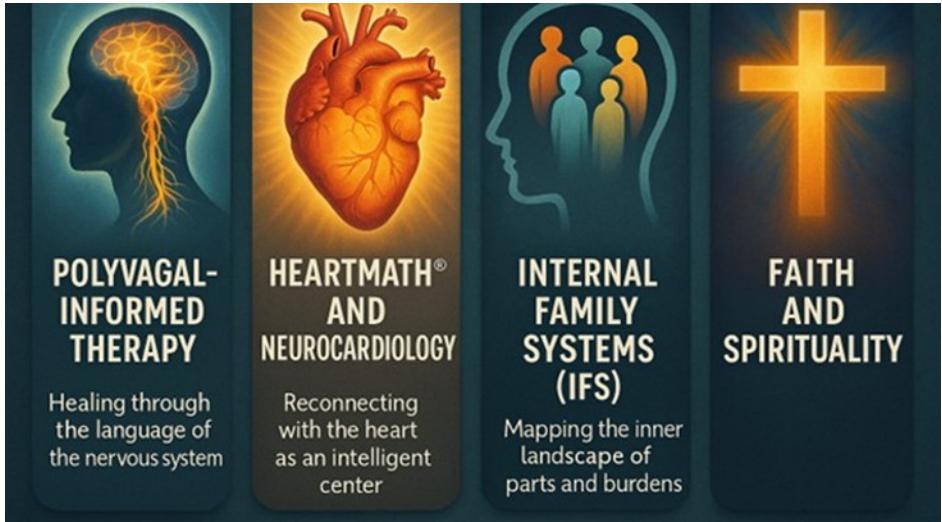
In this chapter, we introduce four central pillars that form the foundation of a truly integrated healing approach—what we call the **NeuroFaith®™ model**. These therapeutic frameworks are not standalone techniques but synergistic pathways that realign the nervous system, rewire the brain, reawaken the heart, and restore the soul.

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This is not merely a roadmap to manage symptoms. This is a journey back to yourself—your truest, God-given self—beneath the layers of shame, fear, and dysregulation that have defined your experience of depression and anxiety. These approaches invite you to experience the healing of your nervous system, the reintegration of your fragmented parts, and the restoration of deep inner peace.

As Psalm 34:18 reminds us, *“The Lord is close to the brokenhearted and saves those who are crushed in spirit.”* The brokenness of depression is not the end of your story. Healing is possible. And the journey begins here.

In the following sections, we’ll walk through these **four interlocking pillars**:



1. **Polyvagal-Informed Therapy**: Healing through the language of the nervous system, recalibrating the body’s threat response and shifting from survival states to safety and connection.

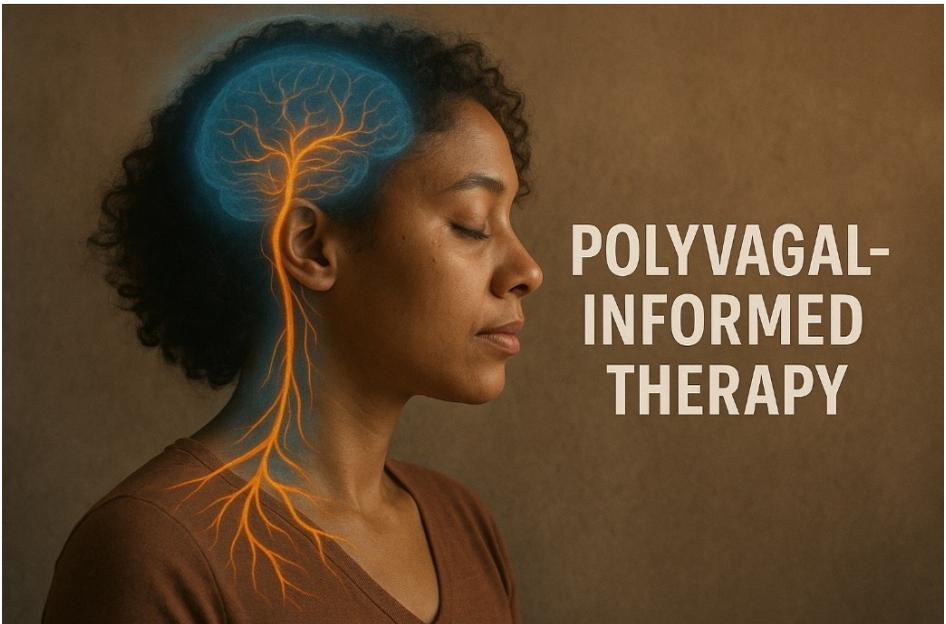
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2. **HeartMath® and Neurocardiology**: Reconnecting with the heart as an intelligent center of emotional processing, coherence, and spiritual resonance.
3. **Internal Family Systems (IFS)**: Mapping the inner landscape of parts and burdens, welcoming even the exiled and protective aspects of the self into compassionate relationship and healing.
4. **Faith and Spirituality**: Rediscovering a living connection with the Divine, where grace replaces shame and love replaces fear. For many, this includes a return to the God who heals and restores.

Together, these four pillars form a holistic, hope-centered framework for recovery. This is not just about coping. This is about transformation.

Pillar One:

Polyvagal-Informed Therapy



Building on what we have previously discussed about the body, specifically the autonomic nervous system, Polyvagal-informed therapy focuses on our body's nervous system and how it responds to stress and safety. It uses the idea that our sense of well-being is closely tied to how our body feels safe, connected, and calm. By understanding and influencing our nervous system's responses, we can more effectively manage our emotions, feel more connected in

relationships, and recover from stress and trauma. In essence, we tune into our body's safety signals to improve our emotional health and resilience.

Dr. Steven Porges and his son, Seth Porges, recently published a marvelous book, *Our Polyvagal World: How Safety and Trauma Change Us*. Unlike Dr. Porges' earlier works, this book is free of scientific jargon and is incredibly readable and useful. Bravo Steven and Seth! They start the book by summarizing Polyvagal Theory in one sentence: **“How safe we feel is crucial to our physical and mental health and happiness”** (Porges & Porges, 2023, p.13).

They later add, “When we feel safe, our nervous systems and entire bodies undergo a massive physiological shift that primes us to be healthier, happier, and smarter; to be better learners and problem-solvers; to have more fun; to heal faster; and generally, to feel more alive” (Porges & Porges, 2023, p.13). Now, how cool is it that - Polyvagal-Informed Therapy can do all of that by helping us achieve regulation through safety! They point out that trauma affects not only our brains but extends throughout our entire nervous system, impacting every part of our body. It alters how our senses perceive, how our organs function, and nearly every aspect of our mental and physical health. As such, trauma changes our bodies in addition to our brains, and Polyvagal Theory gives us an explanation for how specifically these changes occur and, more importantly, how we can deal with them and heal.

Steven and Seth assert that Polyvagal Theory shifts our discussion away from the actual event to how it transforms and becomes embedded in our bodies, with these changes occurring through the vagus nerve.

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Therefore, it is through the vagus nerve that we find a way out of neurological disorder and disruption to a pathway to peace and healing. To quote, “A light at the end of trauma’s tunnel, and a pathway toward healing and happiness in a world that seems designed to threaten and traumatize us at every turn (Porges & Porges, 2023, p.13.” This is neuroscience poetry to me, and my desire for you is that this neuroscience equally inspires you to feel hope and embark on your own healing journey.



Neuroception **Perception** **State** **Feelings** **Behavior** **Story**

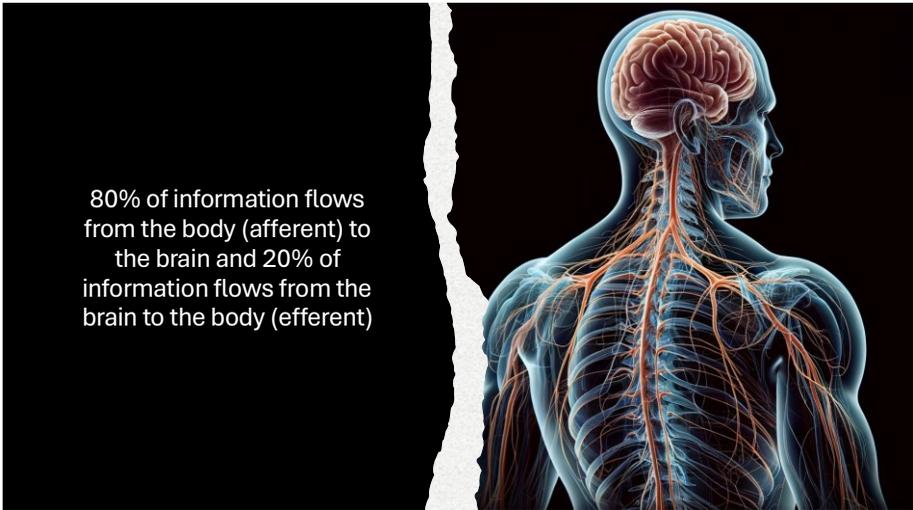


Borrowing from a metaphor of flowing down a stream, the first step in healing is to move our **neuroception** - what our autonomic nervous system is automatically sensing regarding safety and danger without our awareness to awareness of sensing, which is called **perception**. Flowing downstream, we can then appreciate what our **physiological state** is causing us to **feel emotionally** and subsequently change the

behaviors that we engage in. The ensuing **story or narrative** we give to this process to make sense of what we are sensing and feeling, if positive and healthy, helps us correct our autonomic state. On the other hand, if our narrative is false, as it often is (e.g., we often shame and blame ourselves or we catastrophize the situation), then our autonomic state becomes even more activated or shut down, and our subsequent emotions become more anxious or depressed, respectively, and we enter into a negative feedback loop, a process that leads to emotional problems/illness and/or physical problems.

There are two basic approaches to healing: **Bottom-up and Top-down.**

Bottom-up entails working with the body more directly. It is important to appreciate that, as previously noted, 80 percent of the fibers in the vagus nerve are sensory, carrying signals from the organs to the brain, while 20 percent are motor, transmitting signals from the brain to various body organs. (Porges, 2017). This suggests that what our bodies tell us is indeed very important, and we must make every effort to listen and heal on that level. **Top-down** strategies, which involve our thinking and hopefully more rational brain, require a certain level of cognitive development and maturity, so very young children will not be able to benefit from this approach (e.g., Cognitive Behavioral Therapy aka CBT).



As previously noted by Deb Dana, a **ventral vagal state** and a neuroception of **safety** brings the possibility for connection, curiosity, and change. She nicely presents a polyvagal approach, which she calls the four R's (the first three are bottom-up (body to brain) and the last is top down (brain to body) (Dana, 2018):

The Four R's

- **R**ecognize the autonomic state
- **R**espect the adaptive survival response
- **R**egulate or co-regulate in a ventral vagal state
- **R**e-story

Recognize the autonomic state

I recommend making the **Emotion Regulation Chart I developed below** as our companion to help us recognize where we are on that continuum of regulation. In doing so, we can make what is **implicit** (under the table and outside of our awareness) **explicit** (on the table and in our

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awareness). We can use the color codes to describe for ourselves and others where we and others are with just one neutral and non-judgmental word. This is also particularly helpful for children as it helps give them a physical and emotional language that connects the mind with the body.

Dimension	Lethargic	Calm	Active/Alert	Fight/Flight	Hyper Freeze	Hypo Freeze
Primary Experience	Shutdown, Depression	Safety, Social engaged	Ready to act	React to danger	Overloaded	Collapse, Numb
Body Response	Low energy, slowed body	Relaxed, steady rhythm	Energized, focused	High arousal, tense body	Rigid, panicked	Flaccid, shutdown
Emotional Tone	Numb, sad, withdrawn	Clear, connected, at peace	Interested, engaged, curious	Fear, anger, urgency	Terror, frozen in fear	Empty, detached, despair
Therapeutic Focus	Gently activate energy	Maintain connection	Channel energy	Ground, create safety	Contain, stabilize	Emergency support

Emotion Regulation Chart

If we find ourselves in the **Orange Zone** to the **Red Zone**, we are overly activated and prone to experience:

- Rapid heartrate
- Hyperventilation
- Panic attacks
- Inability to focus or follow through
- Distress in relationships
- Emotions of fear, terror, rage, anger
- Possible health consequences, including heart disease, high cholesterol, high blood pressure, weight gain, memory impairment, headaches, chronic neck shoulder and back tension,

stomach problems, and increased vulnerability to illness (lower immune response) (Dana, 2018).

If we find ourselves in the Yellow Zone, we are under activated or shutdown and prone to experience:

- Slow heart rate
- Shallow breathing
- Withdrawal from others
- Emotions of sadness, depression, shame, disgust
- Possible health consequences, including chronic fatigue, fibromyalgia, stomach problems, low blood pressure, type 2 diabetes, and weight gain (Dana, 2018)

If we find ourselves in the **Green Zone**, we experience safety and connection and are prone to experience:

- Regulated heart rate (the vagal brake, the body's built-in calming system that slows the heart by about 20 beats per minute, helps us stay regulated and socially engaged when we feel safe)
- Breath is full
- Feeling regulated
- We take in the faces of others
- We can "tune in" to conversations and "tune out" distractions
- We can see the "big picture"
- We can connect with the world and the people in it
- We are able to reach out to others
- We are able to play and take time to enjoy life and others
- We are able to be productive in work

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- We are able to organize and follow-through
- We are able to heal emotionally and physically
- We experience emotions of happiness, joy, love, peace, calm
- Possible health consequences include a healthy heart, regulated blood pressure, a healthy immune system, decreased vulnerability to illness, good digestion, quality sleep, and an overall sense of well-being (Dana, 2018)

Respect the adaptive survival response

One of the beautiful aspects of Polyvagal Theory is that it removes **shame** from the equation. Dr. Porges kindly states in reference to clients, *“I was going to say that depending on the age of my client, but actually, regardless of age, the first thing to convey to the client is that they did not do anything wrong... If we want individuals to feel safe, we do not accuse them of doing something wrong or bad. We explain to them how their body responded, how their responses are adaptive, how we need to appreciate this adaptive feature and how the client needs to understand that this adaptive feature is flexible and can change in different contexts.”* (Porges, 2017, p. 121 - 122). So, rather than shaming a woman for shutting down in dorsal vagal freeze when being molested or raped, which will only fuel her shame, guilt, and emotional pain, we must compassionately inform her that her autonomic nervous system acted brilliantly, interpreting the signals and immobilizing her in a situation where fighting or fleeing might have cost her life. Many a court judge have literally ruined survivors of abuse by blaming them for not running or fighting and invalidated their trauma.

Regulate or co-regulate in a ventral vagal state

Once we recognize that we are dysregulated and have pinpointed which defensive physiological state we are in, and where we are on the emotional regulation continuum (see emotional regulation chart above) i.e., activation or slowing/shutting down, we can act by using **bottom-up** self-regulation strategies and co-regulation strategies.

As Herman Melville once wrote, “*We cannot live for ourselves, a thousand fibers connect us.*” Connection is a biological imperative, according to Porges (2015). Our autonomic nervous system longs for connection, and it is through our biology that we are wired to connect. Co-regulation, as described by Dr. Porges, is the mutual regulation of physiological states between individuals. In life, it occurs first between mother and infant but later extends to friends, partners, co-workers, and groups such as families, to name a few (Porges, 2017).

We humans are social creatures, and “our nature is to recognize, interact, and form relationships” with others (Cacioppo & Cacioppo, 2014, p. 1). As we know, low birthweight babies need to connect for survival and positive co-regulation and connection. When connected, these babies experience improved heart rate and temperature, breathing stabilization, more organized sleep, rapid improvement in state regulation, and reduced mortality, severe illness, and infection (Jefferies, 2012).

Connection is a wired-in biological necessity, and isolation or even the perception of social isolation can lead to a compromised ability to regulate our autonomic state, which diminishes our physical and emotional well-being (Porges & Furman, 2011). We can all appreciate

that when we feel alone, we suffer. In a Ted Talk presentation, Cacioppo (2013) reported a rather shocking meta-analysis study of over 100,000 participants, which found an increased risk of dying early due to the following:

- **Air pollution:** 5% increased risk of dying early
- **Obesity:** 20% risk of dying early
- **Alcoholism:** 30% risk of dying early
- **Loneliness:** 45% risk of dying early



Deb Dana notes that when there is ongoing mis-attunement, when ruptures are not recognized and repaired, the autonomic experience of persistent danger ends up moving the system away from connection into patterns of protection, and loneliness is the subjective experience (Dana, 2018).

So, when we recognize that we are suffering and dysregulated, it is very helpful and sometimes lifesaving to seek safe refuge in others.

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Conversely, when we are emotionally regulated ourselves, we can offer our safe regulation to others, whether they're adults or children. This is a particularly important and essential component of good parenting. We can gift our safe regulation to ourselves and others by choosing the following strategies below. Remember, through the process of neuroception, others read our cues of safety just as we read theirs. Quid pro quo, we receive back what we give and vice versa. We would do well to practice these strategies, so they become automatic whenever we move out of the **green zone** and want to return.

Here are some interpersonal behavioral cues to be mindful of, as they influence how others co-regulate with you. While they may come naturally to some, for others, they must be learned. When they're done properly and become a natural flow of your interpersonal style, you will be amazed at how others respond to you. Please do not underestimate the blessings they can bring to your life and the lives of people you care about and/or love.



Kind eyes: As they say, the eyes are the window to the soul.

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Melodious voice: Speak with a more melodious voice, full of prosody and life.



Smiling mouth and eyes: Smile not only with your mouth but with your eyes. Whether or not we are aware, our neuroception scans for congruence between the smiling mouth and smiling eyes. Crow's feet wrinkles are testament to someone who lives a more joyful life. So maybe reconsider that Botox.

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Avoid leaning in: Leaning in can be perceived as very threatening. Most of us don't like it when others enter our personal space uninvited, particularly in western cultures, and the result is typically defensive activation moving us toward fight or flight or less typically, occasional freeze responses.



Slow and low Breathing: Our lungs are the only internal body organ we can directly control, and proper breathing has a huge impact on our health. Breathe slowly with exhalations longer than inhalations – breathing out slowly accentuates relaxation and can slow our heart rate by 20 beats per minute (vagal brake).

Re-story

Now that we, or our loved ones, are in a more regulated state by using the **bottom-up** strategies discussed earlier, we should feel more settled and able to use **top-down** strategies to correct the narrative or re-story the situation—whether it's a current event or something from the distant past. As humans, we naturally seek meaning in our experiences, often creating stories to make sense of our pain (Dana, 2018, 2020; Kain, 2018). Unfortunately, our narratives often skew negative due to the brain's bias toward negativity, a survival mechanism that kept us vigilant for danger (Hanson & Mendius, 2009). While this served us well in the wild, it works against us when the threat is no longer present. Victims of trauma are particularly prone to constructing false narratives about themselves and the world around them (Porges, 2017; Dana, 2018; Kain & Terrell, 2018).

In a more regulated state, however, we can rewrite a new narrative that better reflects our healing journey and the heroic efforts of our nervous system to protect us through our pain. This new story allows us to embrace both the lessons of the past and the bright possibilities of the future.

As the Bible reminds us, *“Do not conform to the pattern of this world, but be transformed by the renewing of your mind”* (Romans 12:2, NIV). By renewing our narratives, we transform our minds and begin to see ourselves and our stories in a new light—one filled with resilience, hope, and purpose.

Drs. Kain and Terrell describe this beautifully: “As our capacity increases, our narratives are likely to change, including the sense of

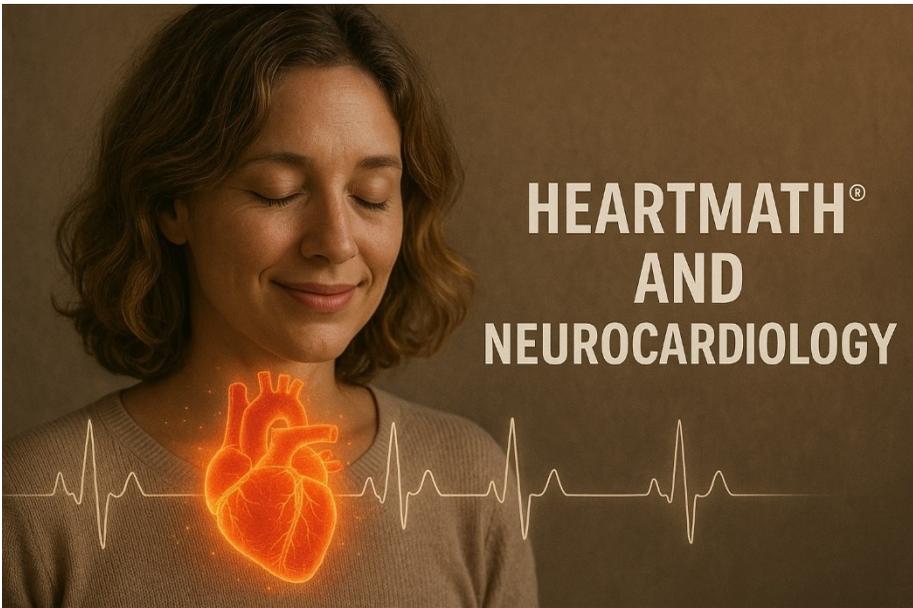
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success at meeting challenges, developing curiosity, or a willingness to explore. Eventually, our narratives may also include access to a sense of safety and connection. Rather than ‘I am constantly afraid and unhappy,’ a client will begin telling himself a different story: ‘I am stronger than I thought and able to meet challenges with greater balance and success’” (Kain & Terrell, 2018, pp. 101-192). They add, “At the same time, our somatic narratives will begin to change. We may literally experience changes in our symptoms—decreased inflammation, less pain, fewer migraines. Our illness narratives may alter to include the possibility of being free of pain, free of symptoms that have beleaguered us for most of our lives” (Kain & Terrell, 2018, p. 192).

In this process of re-storying, we not only rewrite our past but also open ourselves to a future of peace and wholeness.

Pillar Two:

HeartMath®

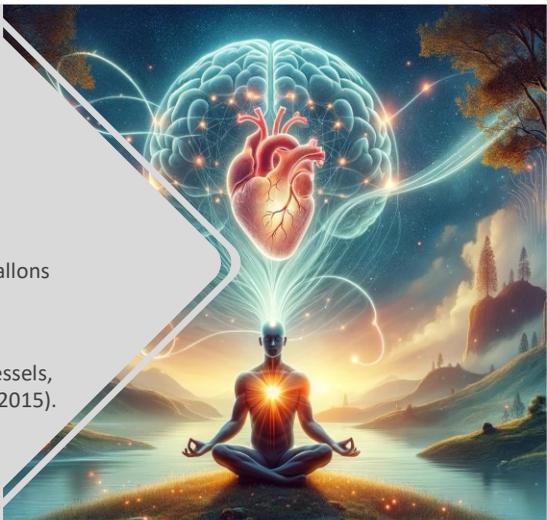


Our heart is an amazing organ and is much more than a pump. It has its own wisdom and intelligence and works cooperatively with the brain. HeartMath® has sought to explore the science of this connection and translate that science into practical ways of healing mental health struggles, thus improving our lives.

The wisdom of the heart is not new—it was known to the ancients and has been referenced throughout Scripture. *“Above all else, guard your heart, for everything you do flows from it”* (Proverbs 4:23, NIV). This verse reminds us that our heart is central to the essence of life, influencing not only our emotions but the quality of our decisions and actions. In modern times, much of this wisdom was dismissed and then forgotten, but it is being rediscovered through scientific and spiritual lenses alike, leading us toward fuller, more meaningful lives.

Our incredible heart:

- Beats 101,000 times a day
- Circulates an astonishing 1,900 gallons of blood
- Through 60,000 miles of blood vessels, arteries, and capillaries (Braden, 2015).

A composite image. On the left, a grey panel contains text. On the right, a person is meditating in a lotus position on a grassy bank. Above their head, a glowing human heart is shown with a brain behind it, both emitting light and connected by glowing lines. The background is a landscape with a river, a castle on a hill, and a sunset sky.

Again, the ancients knew of the importance of the heart, but that wisdom was lost with time. Happily, this knowledge is coming back to us and can lead us to fuller and more meaningful lives.

Wisdom of the Heart Across Traditions

Religious and mystery traditions often regard the heart as a path to deep wisdom.

Bible: The heart is mentioned 826 times. It represents our mind, will, and spirit. Proverbs 4:23 says, “Keep your heart with all diligence, for out of it spring the issues of life.”

Qur’an: Mentions the heart 132 times, describing it as a center of reasoning, intentions, and decision-making. A healthy or diseased heart shapes human destiny.

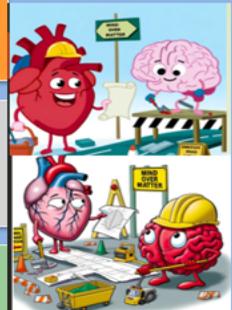
Egyptians: Believed the heart, not the brain, was the seat of wisdom, memory, and the soul. It was where God’s will was heard and

Brain and Heart Working Together

Research shows the heart has its own “little brain,” able to think, remember, and influence our lives in powerful ways.

For years, science said the brain ruled, while artists and intuitive thinkers trusted the heart.

New evidence reveals that the heart and brain work best together (Braden, 2015a, 2015b).



One of my heroes who advocates for new and innovative ways to promote mental health is Gregg Braden. He is an author and speaker who has actively bridged science and spirituality. He has a background

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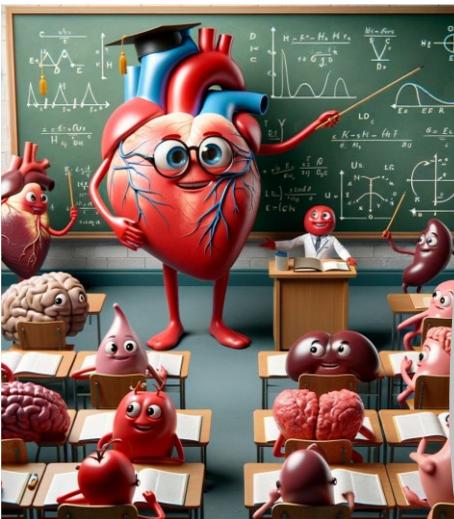
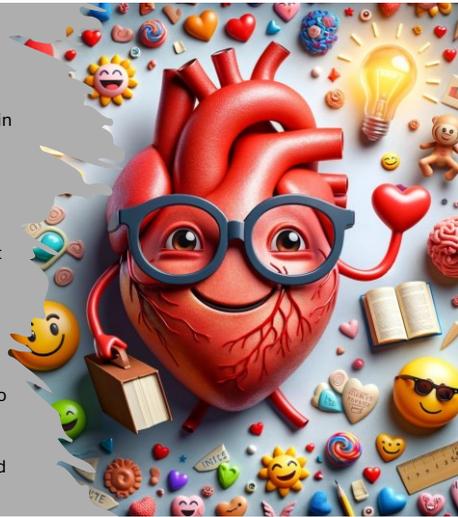
in earth sciences and worked in the aerospace and defense industries during the 1980s. Braden is also widely known for his work in popularizing the concept of HeartMath®. Although not a founder of the HeartMath® Institute, he has been a strong proponent of its work, particularly in the areas of emotional self-regulation and the connection between the heart and brain. Braden's work often explores the role of human emotion in physical health, healing, and the interconnectedness of all life. Braden's approach combines science with spirituality to offer perspectives on personal and collective wellness, emphasizing the importance of harmony within oneself, others, and with the environment. He is a brilliant, sincere, and inspirational speaker, and I encourage you to search out some of his YouTube presentations on HeartMath®. His one entitled "*Practice this Technique to Relieve Daily Stress... Three Keys to Heart - Brain - Earth Harmony*" is one of my favorites. Give it a try, you will love it.

https://www.youtube.com/watch?v=2nsm8SCWjic&t=1088s&ab_channel=GreggBradenOfficial

Braden (2015a, 2015b) eloquently describes the research that supports the concept of heart intelligence, suggesting that when we are in a calm and positive autonomic state, we can access it much more easily.

What – Heart Intelligence?

- Dr. Armour, MD, PhD., at the University of Montreal in 1991, discovered that the heart has its own "little brain" or "intrinsic cardiac nervous system" (cited in Braden, 2015).
- This "heart brain" is composed of approximately 40,000 neurons, called sensory neurites that are similar to neurons in the brain, meaning that the heart has its own nervous system.
- In addition, the heart communicates with the brain in many methods: neurologically, biochemically, biophysically, and energetically.
- The vagus nerve, which is 80% afferent, carries information from the heart and other internal organs to the brain.
- Signals from the "heart brain" redirect to the medulla, hypothalamus, thalamus, and amygdala and the cerebral cortex (Braden, 2015a, 2015b).

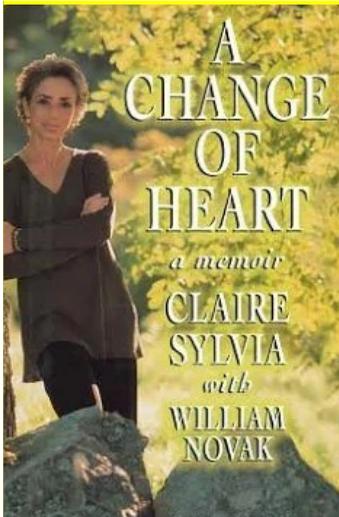


What – Heart Intelligence?

- Braden notes that a key role of the heart brain is to detect changes in the body such as hormone levels and other chemicals and to communicate this information to the brain so it can meet our needs accordingly.
- The heart brain achieves this by converting the language of the body, chemistry, to the electrical language of the nervous system so it makes sense to the brain.
- For example, the heart's encoded messages to the brain informs it as to when we need adrenalin for danger or when we need less in times of safety so the immune system can be turned on (Braden, 2015a, 2015b).

Braden (2020) notes that the heart has over 40,000 cells called [sensory neurites](#), very similar to the cells in the brain, and there is evidence that the heart has a certain capacity for some types of memory as well as a gut level wisdom that guides us (Dispenza & Braden, 2019).

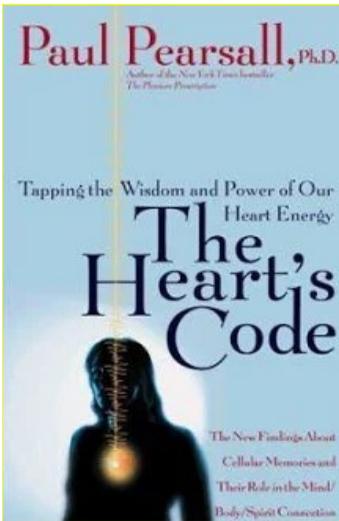
Braden nicely narrates two stories detailed in the graphics below about how memories stored in the neural networks in the heart can be transferred to the heart recipients following heart transplant surgeries.



Stories of the Heart:

- ▶ **Clare Sylva**, a professional dancer, in 1998 received the heart and lungs of a young man, Tim, who died in a motorcycle accident.
- ▶ Not long after the transplant, she began to crave new foods such as **chicken nuggets and green peppers** and was specifically drawn to KFC to satisfy her cravings.
- ▶ She was able to eventually visit the parents of this young man and discovered that **Tim precisely loved the same kinds** of foods that she was now craving.
- ▶ Clare had acquired her cravings through the phenomenon of **memory transference** which has become an area of serious study and eventual acceptance.

Please click below for Dr. Braden's enticing discussion:
<https://youtu.be/Hir6i-RfOIY>



Stories of the Heart

- ▶ In 1999, **Dr. Paul Pearsall**, a **neuropsychologist**, in *The Heart's Code* wrote about an 8-year-old little girl who received a heart from a 10-year-old girl.
- ▶ Almost immediately after the surgery, she started having vivid nightmares of being **chased, attacked, and murdered**.
- ▶ Her mother arranged a consultation with a psychiatrist who after several sessions concluded that she was witnessing actual physical incidents.
- ▶ They decided to **call the police** who used the detailed descriptions of the murder (the time, the weapon, the place, the clothes he wore, and what the little girl he killed had said to him) given by the little girl to find and convict the man in question.

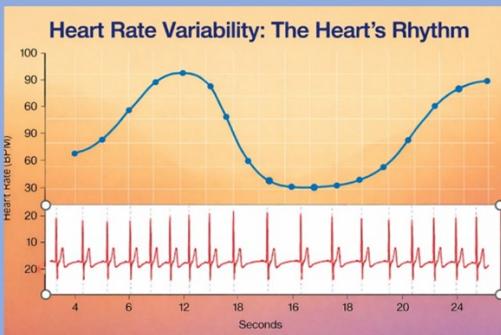
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HeartMath® is a magnificent therapy that uses techniques that focus on heart rate variability and the heart's influence on emotional well-

being and stress management. By learning to regulate our heart rhythm, we can achieve a more coherent state, where emotions, mind, and body are in sync. This approach helps reduce stress, enhance emotional regulation, and improve overall health. In therapy, HeartMath® tools teach us how to access our heart's intelligence to foster resilience, improve decision-making, and deepen personal connections. Learning to live more from the heart is a game-changer, allowing you to relate to others in safer, more profound ways, bringing much more groundedness and stability to your life.

HeartMath® defines heart rate variability (HRV) as the measure of the beat-to-beat changes in heart rate, which reflects the heart's ability to adapt to stress, environmental, and physiological changes. HRV is a key indicator of the autonomic nervous system's efficiency and balance, particularly the interaction between the sympathetic (stress response) and the parasympathetic (relaxation response) branches (McCraty, 2023).

Heart Rate Variability and Your Health



These graphs show examples of real-time heart rate variability patterns (heart rhythms) recorded from individuals experiencing different emotions

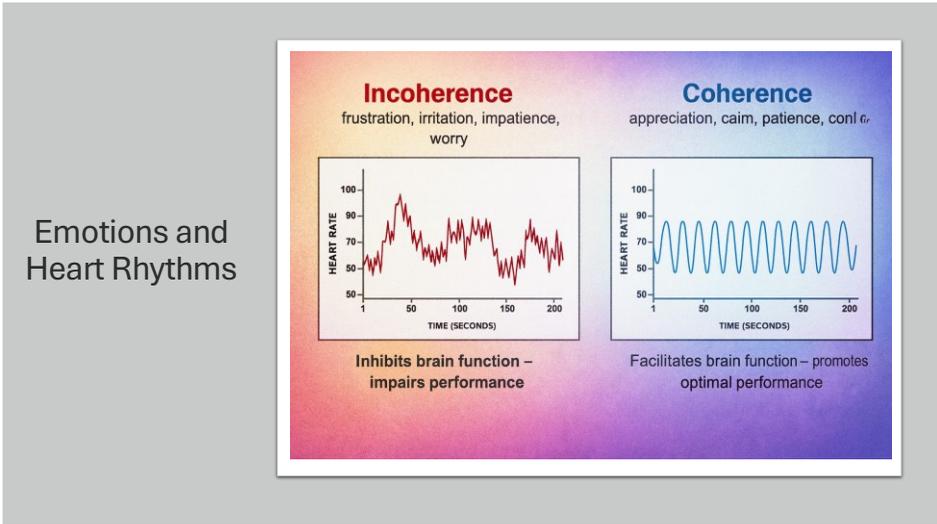
The bottom red part of the graph is simply the EEG reading of each pulse. Note that the intervals between the beats change with time.

The upper blue graph reflects the collection of these intervals across time. This is the beginning of a sign wave that is read from people in a coherent heart state reflecting positive emotions

<https://youtu.be/3Vh9qEblTOE>

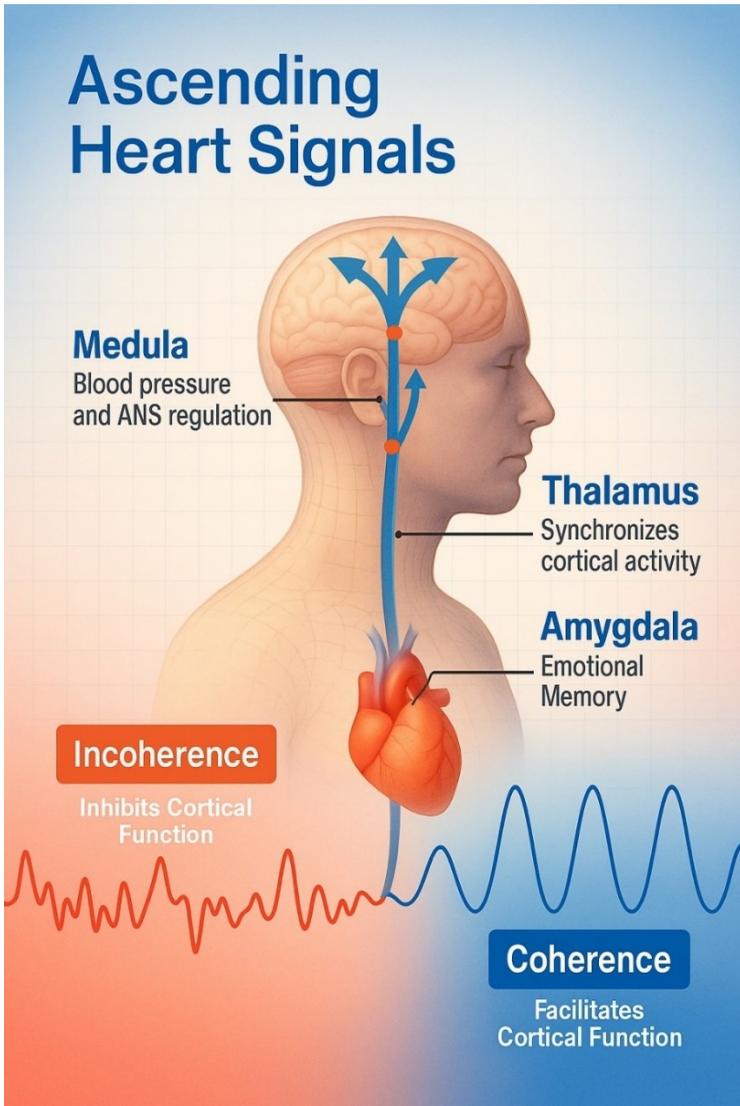
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In practice, HeartMath® uses HRV to assess an individual's level of coherence, a state where the heart, mind, and emotions are in energetic alignment and cooperation. This state is characterized by a smooth, wave-like pattern in the heart rhythm, indicating emotional balance and mental clarity. HeartMath® techniques involve specific breathing practices and the cultivation of positive emotional states to increase coherence, thereby improving HRV. This approach is used to reduce stress, enhance decision-making, and boost overall well-being (McCraty, 2023). The graphic below shows how the heart can shift from a negative and dysregulated state on the left to a more positive and coherent state.

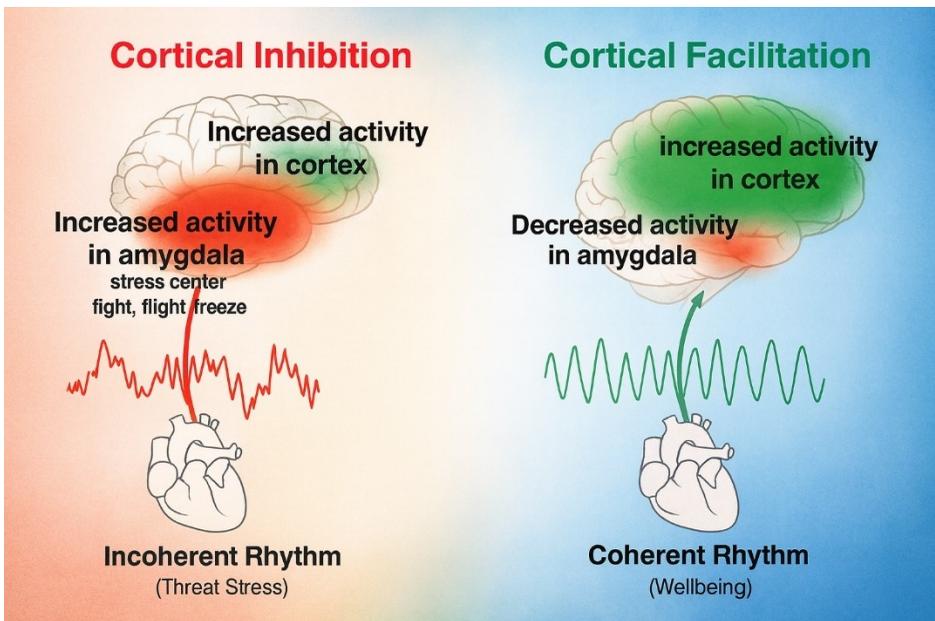


Once we attain coherence in the heart, the coherent heart then communicates in four distinct ways to the brain, enabling it to achieve coherence: (1) nerves connecting the heart to the brain, particularly the vagus nerve, (2) hormones, (3) blood pressure shifts, and (4)

electromagnetic waves (McCraty 2023). This allows the brain to be more integrated and efficient, while an incoherent heart inhibits cortical function. Note that 80% of information flows from body to brain (efferent).



This following graphic nicely illustrates how an incoherent heart increases the activity of the amygdala and diminishes the activity of the prefrontal cortex (thinking brain/executive functioning). In this state, our thinking is governed by lower brain centers, and we thus make impulsive, emotionally driven decisions. On the other hand, the right side of the graphic demonstrates how a coherent heart signals the amygdala to quiet down, allowing the higher order processes of the prefrontal cortex to reign so great decisions can be thereby authored.



One very attractive element of HeartMath® is the concept of one person's heart coherence helping another person achieve coherence, which is grounded in the understanding of interconnectedness and the physiological phenomenon known as entrainment. Here is a brief description of how it works, broken down into key points (McCraty et al., 2009; McCraty et al.; McCraty, 2023; Tiller et al., 1996):

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1. **Heart Coherence:** As previously noted, heart coherence refers to a harmonious, ordered pattern in the heart rhythms, characterized by a stable, sine-wave-like pattern in the heart rate variability (HRV). This state is associated with positive emotions, physiological efficiency, and a sense of well-being. It is achieved when the heart, mind, and emotions are in energetic alignment and cooperation.
2. **Interconnectedness and Energy Fields:** The HeartMath® Institute suggests that the heart emits an electromagnetic field of up to a radius of 10 to 15 feet that can affect the people, animals, and environment around us. This field can be detected by others unconsciously. In a coherent state, the heart's electromagnetic field is more ordered and coherent. If ordered or coherent, the effect on others is positive and if disordered or incoherent, the effect on others is negative.
3. **Entrainment and Resonance:** Entrainment is a physics principle where two oscillating systems assume the same frequency. When applied to heart coherence, entrainment suggests that the coherent heart rhythm of one person can influence and synchronize with the heart rhythm of another person when they are in close proximity, leading to mutual coherence. This is a beautiful form of energetic communication, where the heart's electromagnetic field of one person can influence the heart rhythm of another person.
4. **Emotional Contagion:** On a psychological level, this concept mirrors the idea of emotional contagion, where one person's mood and behaviors can lead to the synchronization of feelings

and behaviors in another person. In a positive sense, a person in a state of heart coherence can, through their calm and positive emotional state, help induce a similar state in others, promoting emotional stability and coherence. Thus, this has great implications in helping another person reach the aforementioned autonomic green state when the ventral vagus nerve is active, which promotes social engagement (Hansen, 2021).

5. **Improved Group Dynamics:** When applied in groups, this phenomenon can lead to improved cooperation, understanding, and a collective increase in coherence among individuals. This not only benefits emotional and mental health but can also enhance group performance, creativity, and problem-solving abilities.

The HeartMath® research supports the idea that practicing heart coherence techniques can not only improve one's own health and well-being but also positively influence the people around us, effectively creating a more harmonious environment and thus making the world a better place to live in.



Heart Lock-In® Technique:

The Heart Lock-In® Technique is a practice developed by the HeartMath® Institute, designed to help individuals enter a state of heart coherence, where the heart, mind, and emotions are aligned. This technique is beneficial for reducing stress, enhancing emotional stability, and fostering a sense of inner peace and well-being. Here is a step-by-step guide we expanded for clarity on how to perform the Heart Lock-In® Technique:

Step 1: Center and Breathe

- Focus your attention on your heart area
- Imagine your breath flowing in and out through your heart or chest
- Breathe slowly and deeply from the abdomen, letting your belly rise with each inhale
- Keep the in-breath shorter, drawing in energy and life. Some find it meaningful to imagine they are breathing in the breath of God
- Let the out-breath be longer than the in-breath. This engages the parasympathetic nervous system and fosters relaxation, calm, and peace

Step 2: Focus on Regenerative Feelings

- While maintaining this rhythm, shift your attention to feelings of gratitude, appreciation, love, care, or compassion
- Hold your focus there
- Allow yourself to fully experience these emotions as they grow stronger and more stable in your heart

Step 3: Radiate and Receive

- With each in-breath, take in those renewing feelings. Allow yourself to be filled with love, compassion, and appreciation
- With each out-breath, send those feelings outward, radiating care, compassion, and love to yourself and to others
- Continue this cycle of receiving on the inhale and radiating on the exhale
- Sustain the flow of coherence for several minutes

The Heart Lock-In® Technique

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HeartMath®

Pillar Three

Internal Family Systems (IFS)



There are few discoveries in modern psychology as breathtaking as Internal Family Systems (IFS), developed by family therapist Dr. Richard C. Schwartz, Ph.D. It is as if someone has handed us a map of the soul, revealing that what once felt like chaos inside is in fact an intricate and intelligent design. For those who have carried trauma, battled addiction, or lived beneath the weight of emotional pain, this discovery can feel nothing short of revolutionary.

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Throughout this book, we have explored how trauma is not simply something we remember, but something we carry. Trauma lives in the body. It becomes encoded within the autonomic nervous system, pulling us out of safety and into chronic states of fight, flight, freeze, or collapse. When the nervous system remains dysregulated, the body stays vigilant, the mind becomes reactive, and the heart struggles to feel safe enough to open.

We have also seen how the heart plays a central role in healing. Through neurocardiology and HeartMath principles, we have learned that the heart is not merely a pump, but a powerful regulator of emotional and physiological states. When the heart moves toward coherence, safety increases, the nervous system begins to settle, and the body becomes more receptive to restoration. Healing begins not through force, but through regulation and relationship.

Yet trauma does more than disrupt the body and heart. It also shapes the inner psychological world.

When pain overwhelms our capacity to cope, the mind does not remain passive. It organizes. It adapts. It builds internal strategies designed to help us survive what feels unbearable. These psychological defenses arise not because something is wrong with us, but because something happened to us.

Faced with unrelenting pain, our inner world organizes itself into patterns of protection. Some parts carry wounds so deeply that they are pushed out of awareness. Others work tirelessly to manage life, striving to control emotions, behavior, or circumstances in an effort to prevent further harm. When that control fails, still other parts rush in urgently, attempting to extinguish emotional fire through numbing, distraction, or self-destructive relief. Even the harsh voice of the inner critic, which so often feels like an enemy, is frequently attempting, though imperfectly, to protect us from rejection, failure, or abandonment.

This is where Internal Family Systems offers remarkable clarity.

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IFS helps us understand that these inner responses are not signs of weakness or pathology, but expressions of survival. The mind, much like the nervous system, organizes itself around protection. These inner parts are not enemies to be silenced or eliminated, but wounded protectors that learned their roles in moments when safety was absent.

And here lies one of the most awe-inspiring truths of the model: beneath these layers of protection and pain lies something deeper. IFS refers to this as the **Self**—the core of who we are, marked by calm, curiosity, compassion, clarity, and courage. While trauma may obscure access to this center, it does not destroy it.

As safety increases and Self-leadership emerges, healing begins. Exiled pain finds care rather than isolation. Protective parts discover rest instead of relentless vigilance. The nervous system softens. The heart opens. Addiction loosens its grip. Trauma releases its hold. Hope, often long forgotten, begins to rise again.

What this means in practical terms is that our inner world is not random or chaotic, but organized into distinct “parts,” each carrying its own emotions, beliefs, and role. Rather than a single, unified voice, the mind is made up of many parts, all working in different ways to help us survive and navigate life.

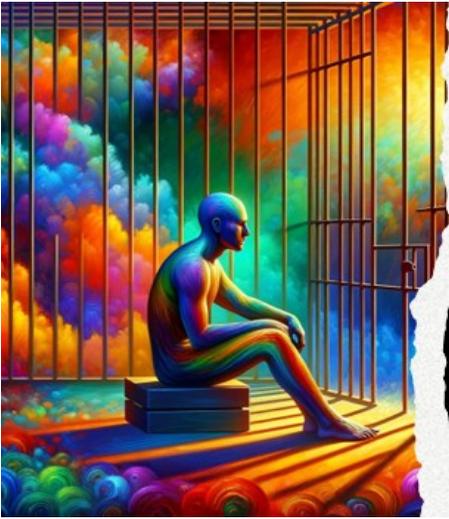
IFS identifies several primary patterns within this system. Some parts carry the original wounds of trauma. Others work to manage life in ways that prevent those wounds from being activated. Still others respond quickly and intensely when pain begins to surface. Each part has a purpose, a history, and a reason for being.

To understand healing more fully, we must begin to recognize these parts and the roles they play within us.

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- **Exiles (Struggles):** These are the wounded parts that carry deep pain, shame, fear, or grief.
- **Managers (Defenses):** Protective parts that try to keep the pain hidden, often through control, perfectionism, or avoidance.
- **Firefighters (Defenses):** Protective parts that jump in when pain breaks through, using quick fixes like anger, numbing, or addiction.
- **Inner Critic (Feedback):** A critical part that constantly evaluates, judges, or shames, often with the intention of keeping us safe but in ways that can feel harsh or defeating.
- **Self (Who we really are):** The core of our being that is compassionate, curious, calm, and capable of leading the internal system toward healing.

Exiles: Exiles are the vulnerable, wounded parts that carry deep emotional pain such as fear, shame, grief, abandonment, or trauma. These parts often hold memories or emotions that were too overwhelming to process at the time they occurred. Because their pain is intense, they are frequently pushed out of conscious awareness. When exiles become activated, the nervous system can flood with distress. For this reason, other parts work tirelessly to keep them contained. In addiction and depression, exiles often drive the emotional pain the system is desperately trying to escape.



IFS Exiles

Exiles hold deep emotional **pain and trauma**.

They are **protected by managers and firefighters** to avoid pain.

Healing exiles is a goal for reintegration and relief.

Represent **vulnerability and sensitivity**.

Need **acknowledgment and compassion** for healing.

Healing transforms their **roles for positive contributions**.

Facilitates leadership by the Self, promoting **calm and clarity**.

Crucial for overall mental health improvement.

Managers: Managers are proactive protective parts responsible for maintaining order, control, and stability. Their role is to prevent the activation of exiled pain by anticipating problems and regulating emotion.

Managers often operate through strategies such as perfectionism, overachievement, people-pleasing, rigidity, intellectualization, or spiritual performance. They are deeply invested in appearing competent and composed. Many managers are highly functional and socially rewarded, yet they operate from fear rather than freedom.

Managers are all about performance—being the best student, clinician, teacher, leader, employee, spouse, or even the most disciplined or religious person—in order to prevent pain from surfacing.



IFS Managers

Role: Managers are parts that handle the day-to-day life of the individual.

Protection: They work to keep the person safe from harm and psychological pain.

Preventive: Managers are proactive; they aim to avoid situations that could trigger a person's Exiles (vulnerable parts).

Strategies: They use strategies like planning, judging, caretaking, controlling, and striving for perfection.

Functioning: Managers help the person function effectively in their daily life.

Maintenance: They maintain a person's stability and self-esteem.

Order: Managers are concerned with keeping the internal system and external life

Firefighters: Firefighters are reactive protective parts that emerge when exiled pain breaks through despite managerial control. Their role is immediate relief.

Unlike managers, firefighters do not plan. They react. They seek to extinguish emotional fire as quickly as possible through impulsive or numbing behaviors such as anger, dissociation, bingeing, substance use, sexual acting out, or other addictive patterns.

Firefighters are not concerned with long-term consequences. Their sole priority is stopping pain in the present moment. In extreme cases, firefighter activity can include self-injury or suicidal behavior. Though their methods may be destructive, their intent remains protective.

IFS Firefighters

Intervention: Firefighters act quickly to extinguish emotional pain or discomfort from exiled parts.

Distraction: They often employ distracting behaviors to pull attention away from distress.

Impulsivity: Firefighter responses can be impulsive and may include behaviors like substance abuse, binge-eating, or overworking.

Intensity: Their actions are usually more extreme and can be disruptive to everyday functioning.

Short-term relief: The focus is on immediate relief rather than long-term solutions.

Protection: Their primary goal is to protect the psyche from feeling the pain of wounded exiled parts.

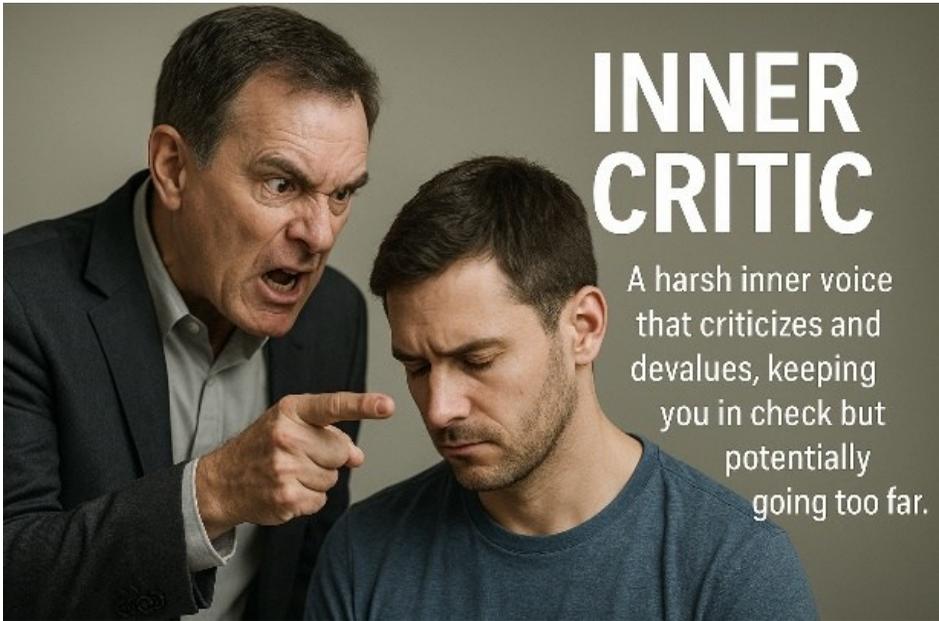
Conflict: Firefighters can be in conflict with Managers, as their strategies often oppose the Managers' approaches to control and order.



The Inner Critic: The inner critic is a powerful and often misunderstood part of the internal system. It commonly develops in response to environments where mistakes, vulnerability, or failure felt dangerous. At its healthiest, the inner critic can provide feedback, promote accountability, and guide behavior in alignment with values. When distorted by fear, however, it becomes harsh, condemning, and relentless.

Spiritually, this distinction matters. Condemnation does not come from God. Learning to place the critic under appropriate authority allows its feedback to be received without being crushed by shame.

As Revelation 12:10 (NIV) reminds us, the enemy is *“the accuser of our brothers and sisters, who accuses them before our God day and night.”* Learning to discern the critic’s proper role, and to place it under the authority of Christ, allows us to benefit from its guidance without being crushed by its condemnation.



Understanding Addiction Through the Lens of Parts

For individuals struggling with addiction, this framework often brings profound clarity and relief. Many have spent years believing they lack willpower, discipline, or moral strength. Internal Family Systems offers a very different understanding. Long before substances or compulsive behaviors enter the picture, the internal system is already working tirelessly to manage pain.

Managers often take the lead early in life. These parts attempt to control emotional distress by being good, responsible, dutiful, or excellent. They strive to earn safety through performance. They may push you to be the perfect student, the reliable employee, the strong provider, the compliant child, or the spiritually disciplined believer. Their message is often, “If we do everything right, the pain will stay buried.” For a time, this strategy can appear successful. Life may look

functional on the outside, even admirable. Yet the pain carried by exiled parts does not disappear. It waits.

As stress increases, loss occurs, trauma resurfaces, or emotional demands exceed the capacity of the managing system, that buried pain begins to leak through. In those moments, managers no longer know what to do. Control fails. Meaning collapses. The system becomes overwhelmed. This is when firefighters rush in.

Firefighters are not concerned with insight or long-term consequences. Their sole task is immediate relief. When emotional distress becomes intolerable, they seek the fastest way to shut it down. For many, this is where substances enter the story. Alcohol, drugs, pornography, or other forms of acting out become powerful firefighter strategies. In those moments, the behavior is not chosen because it is healthy or wise, but because it works. It numbs pain. It quiets chaos. It brings temporary relief when nothing else can. From the inside, addiction rarely feels like rebellion. It feels like survival.

As you, our friend, begin to understand this dynamic, something important often happens. Shame begins to soften. When you recognize that your behavior has functioned as a defensive response rather than a moral defect, the harsh self-judgment that has fueled despair can begin to loosen its grip. This understanding does not excuse harmful behavior, nor does it deny responsibility. Rather, it brings clarity. You are no longer left asking, “What is wrong with me?” but are invited instead to ask, “What has my system been trying to protect me from?”

When shame decreases, something else begins to emerge — agency. With understanding comes the ability to respond more neutrally and

less emotionally. Instead of being swept along by defenses that feel out of control, you can begin to observe them. You can notice when managers tighten their grip or when firefighters are preparing to act. Awareness creates space, and in that space a different kind of relationship becomes possible.

Rather than fighting your defenses or trying to eliminate them, you can begin to engage them. You can listen to what they fear, understand what they are protecting, and gently negotiate new roles. These parts no longer need to run the system unchecked. They can be brought into dialogue under Self-leadership. In this way, knowledge truly becomes power — not power over yourself, but power with yourself. As insight increases, you are no longer passively controlled by defensive parts reacting in fear. You begin to participate actively in your own healing.

From a NeuroFaith® perspective, this restoration of agency is deeply healing. As understanding replaces judgment and curiosity replaces condemnation, the heart becomes safer. When the heart feels safer, change becomes possible. Defenses no longer need to dominate. They can finally begin to rest.

Self: Self (Who We Were Created to Be)

The Self is not another part competing for influence within the internal system. Rather, it represents what we are ultimately seeking to restore. From a NeuroFaith® perspective, the Self reflects the essence of who God created us to be — a centered, connected, and relational being designed to live in safety, truth, and love.

Scripture teaches that humanity was created good, bearing the image of God. In that original design, the self functioned in harmony —

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internally aligned, relationally connected, and securely grounded in God's presence. However, through original sin, that connection was fractured. The self did not cease to exist, but it became wounded, distorted, and disconnected from its true source.

Trauma further compounds this fracture. Pain, fear, and loss obscure access to the self God intended, giving rise to protective parts that attempt to survive in the absence of safety. Over time, individuals lose touch with their true self, not because it is gone, but because it has been overshadowed by fear-driven defenses.

Internal Family Systems helps individuals begin to reconnect with this deeper center. It teaches that beneath layers of protection lies a capacity for calm, compassion, clarity, and courage. Yet NeuroFaith® affirms that full restoration of the self does not occur through psychological insight alone.

Restoration comes through our new identity in Christ, replacing the SELF damaged by sin with the new self, the new creation Christ gives to each of us. This is not just the redemption of the old SELF but replacing it with the new SELF, that is completely aligned with Christ.

“Throw off your old sinful nature and your former way of life, which is corrupted by lust and deception. Instead, let the Spirit renew your thoughts and attitudes. Put on your new nature, created to be like God—truly righteous and holy. Ephesians 4:22-24 (NLT)”

“This means that anyone who belongs to Christ has become a new person. The old life is gone; a new life has begun! 2 Corinthians 5:17 (NLT)” We will explore this process and these passages in more detail in the next section on spirituality.

Through our new relationship with Christ, the SELF God intended us to be have full access to Him, His Spirit, His Kingdom, and our entire inner world. IFS works best when the SELF is aligned with Christ and empowered by His Spirit to bring healing and restoration to all the fractured parts of our inner world. Therapy can help remove obstacles; grace brings transformation.

IFS identifies this centered presence through what it calls the **Eight Cs**:



The 8 Cs in IFS

- Calmness:** The ability to maintain a sense of inner peace and tranquility.
- Curiosity:** A non-judgmental interest in understanding one's internal experiences and parts.
- Clarity:** The ability to see situations and internal parts with clearness and understanding.
- Compassion:** A deep caring and empathy for oneself and one's parts, even those in pain or causing problems.
- Confidence:** A strong belief in oneself and the ability to handle what comes up inside.
- Courage:** The bravery to confront painful and challenging parts or memories.
- Creativity:** The innovative and imaginative energy to heal and transform one's parts.
- Connectedness:** A sense of being in harmony with all parts and feeling connected to others.

When individuals begin to operate from this restored center, they are more regulated than reactive, more grounded than defensive, and more capable of leading their internal system with wisdom and care.

From a faith perspective, these qualities closely parallel the **Fruit of the Spirit** described in Galatians 5:22, 23 — love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control. When the SELF has been renewed under Christ's leadership, Behavior increasingly reflects these qualities, not through effortful striving, but through inner transformation and alignment with God's design.

For some faith-oriented people,
IFS's 8 Correspond nicely to Galatians 5:22 - 23



Fruits of the Spirit:

- Love
- Joy
- Peace
- Forbearance
- Kindness
- Goodness
- Faithfulness
- Gentleness
- Self-control



How the Parts Work Together

In a traumatized system, exiles carry pain, managers attempt to prevent pain, and firefighters attempt to escape pain. The system is not broken, it is overworked.

As Self-leadership increases, protectors no longer need to remain extreme. Exiles can be approached with care. Internal conflict gives way to cooperation. This shift occurs not through force, but through safety and relationship.

In order to access and heal pain that has been largely exiled from conscious awareness, protective parts must first feel safe enough to soften their roles. Attempting to confront trauma directly often overwhelms the nervous system and strengthens defensive responses. Healing requires that protectors be approached with respect rather than resistance.

Internal Family Systems provides a compassionate and structured pathway for this work through six essential steps, often referred to as the **Six Fs**.

1. Find

The first step involves identifying the part that is activated in the present moment. Rather than analyzing or judging the experience, the individual is encouraged simply to notice what is arising internally. This may appear as an emotion, bodily sensation, image, impulse, or internal voice. The goal is awareness, not change.

2. Focus

Once a part has been identified, attention is gently directed toward it. The individual remains grounded and differentiated from the part, observing rather than becoming overwhelmed or blended. This step strengthens Self-leadership and promotes regulation.

3. Flesh Out

In this phase, curiosity is used to learn more about the part. Questions may include when it first appeared, what it fears, what it is trying to protect against, and how it has helped in the past. Understanding replaces judgment, and internal trust begins to develop.

4. Feel

Here, the emotions carried by the part are allowed to be experienced in a regulated and supported manner. Rather than avoiding pain, the individual learns to remain present with it, trusting that the nervous system can tolerate emotion when safety is established.

5. Befriend

This step marks a significant shift in the internal system. The part is approached with compassion and appreciation for its protective intent, even if its strategies have been harmful. Internal hostility softens, and cooperation begins to replace conflict.

6. Fear

Protective parts often carry fears about what will happen if they release control. They may fear emotional flooding, vulnerability, or further harm. Naming and addressing these fears helps protectors gradually relax their extreme roles and trust the healing process.

Throughout this process, healing unfolds at the pace of the nervous system. Trauma cannot be rushed, and restoration cannot be forced. When approached with patience, curiosity, and compassion, even the most burdened parts can begin to experience relief.

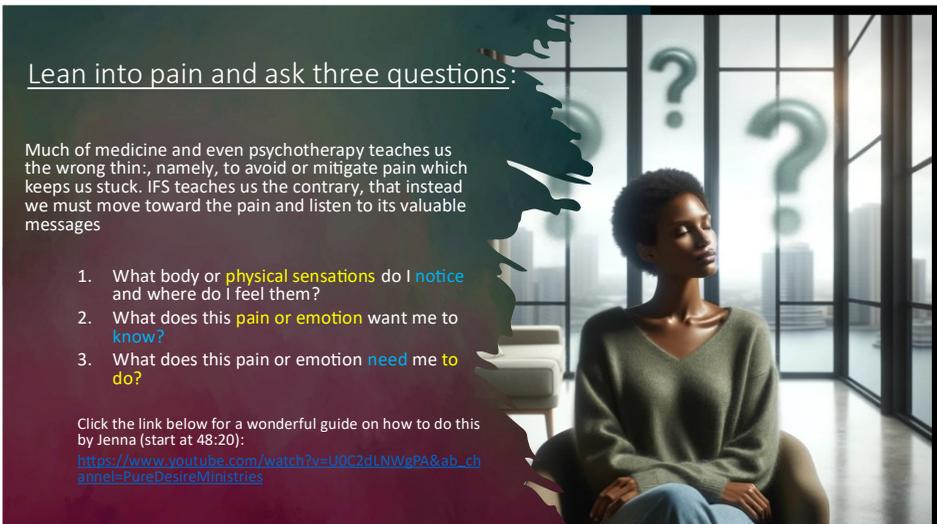
Engaging Emotions Rather Than Avoiding Them

One of the more influential voices helping Christians engage Internal Family Systems with confidence and discernment is **Jenna Riemersma**. Her book, *Altogether You*, has become one of the most accessible and readable introductions to IFS for Christian audiences.

Riemersma emphasizes that emotions are not problems to be eliminated, but meaningful signals that deserve attention. She challenges a cultural and spiritual tendency to pursue positive emotions such as happiness and joy while suppressing or avoiding emotions such as sadness, fear, grief, anger, and anxiety. When difficult emotions are dismissed or spiritualized prematurely, individuals often become disconnected from vital internal information.

She teaches that emotions function as important messengers. It has often been said that words are the language of the mind, while emotions are the language of the body and heart. When emotional signals are ignored or numbed, the body continues to communicate distress through symptoms, behaviors, or relational struggles.

A central theme in Riemersma's work is the invitation to **move toward pain rather than away from it**. She encourages individuals to approach emotional discomfort with curiosity and compassion, trusting that pain often carries insight about unmet needs, violated boundaries, or unresolved grief. In this way, emotions function much like a canary in the coal mine, alerting the system to danger long before collapse occurs.



Lean into pain and ask three questions:

Much of medicine and even psychotherapy teaches us the wrong thing, namely, to avoid or mitigate pain which keeps us stuck. IFS teaches us the contrary, that instead we must move toward the pain and listen to its valuable messages

1. What body or **physical sensations** do I **notice** and where do I feel them?
2. What does this **pain or emotion** want me to **know**?
3. What does this pain or emotion **need** me to **do**?

Click the link below for a wonderful guide on how to do this by Jenna (start at 48:20):
https://www.youtube.com/watch?v=U0C2dLNWgPA&ab_channel=PureDesireMinistries

Many individuals find this perspective liberating, particularly when pain is reframed not as failure, but as feedback. When emotional experience is met with safety rather than resistance, intensity often decreases and regulation increases.

From a NeuroFaith® perspective, this emphasis aligns closely with trauma-informed care. When pain is acknowledged with compassion, the nervous system begins to settle and defensive parts soften. Emotional awareness becomes a doorway to healing rather than something to fear.

A Necessary Theological Clarification

While Riemersma's work provides an important bridge for Christians engaging IFS, NeuroFaith® offers a necessary theological clarification regarding the nature of the Self.

Internal Family Systems tends to describe the Self in largely humanistic terms, viewing it as inherently good and simply hidden beneath layers of pain and protection. In this framework, healing occurs primarily through uncovering what was already whole.

While this perspective contains important truth, it remains incomplete.

Scripture teaches that human beings were indeed created good in the image of God. However, it also affirms that the Fall introduced deep fracture into the human interior world. Sin did not affect behavior alone; it wounded identity, desire, and relational capacity. As a result, the self is not merely obscured by trauma but also damaged by original sin.

Healing, therefore, cannot be understood as self-discovery alone. It is also a redemptive process.

NeuroFaith® understands the self as **created, fallen, wounded, and unredeemable**. Trauma fragments the nervous system and internal experience, while sin destroyed the self's orientation toward God, self,

and others. Both realities must be addressed with humility and grace. Therapeutic work can bring awareness, regulation, and emotional integration. Yet Scripture teaches that true renewal emerges through transformation in Christ. In Him, believers are described as a **new creation**. The old self is not merely repaired but is being made new.

From this perspective, the Self described in IFS cannot find its fullest expression unless it has been replaced by new SELF, imparted to us through Christ's redemptive work on the cross. New SELF-leadership is Spirit-led leadership. Compassion is grounded in grace. Courage is strengthened by truth. Connectedness flows not only internally, but relationally with God.

This distinction does not reject IFS. Rather, it grounds it within a redemptive framework that honors both psychological insight and spiritual truth.

Integration Rather Than Opposition

NeuroFaith® does not place psychology and faith in competition. Instead, it recognizes that they address different dimensions of the same human experience.

- Psychology helps explain how wounds form.
- Neuroscience reveals how the body responds.
- IFS offers language for the internal system.
- Faith reveals the source of redemption.

When these domains are integrated rather than opposed, healing becomes both compassionate and anchored. As the nervous system stabilizes and internal conflict softens, individuals often find

themselves more able to receive God's presence rather than defend against it.

Therapy, in this sense, does not replace faith. It prepares the soil in which spiritual formation can take root.

Conclusion: Toward a Restored Self

For many who seek healing, the deepest fear is not pain itself, but the belief that something inside them is broken beyond repair. Trauma convinces the heart that internal chaos means failure or spiritual deficiency.

Internal Family Systems challenges that lie by revealing the intelligence of survival. NeuroFaith® goes further by affirming that even what is wounded is not beyond redemption.

The parts that learned to hide, control, numb, or criticize were not born out of rebellion, but fear. When met with compassion rather than condemnation, they can begin to rest.

Yet healing does not end with understanding the system. It deepens through restored identity.

In Christ, the self is not abandoned but renewed. The nervous system learns safety. The heart learns trust. The fragmented inner world begins to integrate around a new center—not the false self-shaped by fear, but the new self shaped by grace.

As science serves compassion and compassion opens the heart, God does what only God can do: restore what was wounded, redeem what was lost, and gently lead the soul toward wholeness.

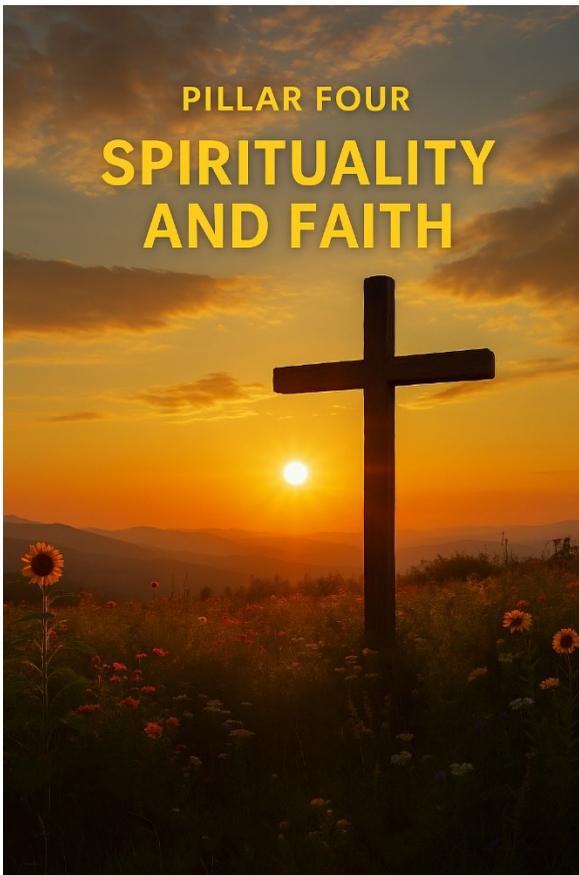
NeuroFaith®
A Light for the Broken

In order to access and resolve the pain that has been largely exiled out of consciousness, we must access the defensive parts and get them to back off from defending as this keeps us distanced from our true self. There are six important steps involved in this process: Find, Focus, Flesh Out, Feel, Befriend, and Fear. This process is described nicely in the two graphics below as adapted from ISAA Counseling (2024):

Pillar Four

Spirituality and Faith

*Transformational Healing Through Faith,
Neuroscience, and the Rewriting of the Soul*



Of all the pillars in the NeuroFaith® model, this one stands apart. Not because it is less scientific, but because it reaches into a dimension of the human experience that science alone cannot fully explain. Polyvagal-informed therapy, neurocardiology, and Internal Family Systems offer powerful tools for calming the nervous system, restoring physiological balance, and helping individuals understand the inner architecture of their emotional lives. Yet even the most sophisticated clinical frameworks cannot answer the deepest questions that emerge in the aftermath of trauma. What restores a shattered identity? What heals the deepest wound of shame? What gives meaning to suffering when the nervous system finally grows quiet?

These questions lead us into territory that science can illuminate but cannot fully occupy. They lead us into the realm of spirituality. Within the NeuroFaith® model, spirituality is not treated as a vague abstraction or a sentimental add-on to therapy. It is understood as a foundational dimension of healing, one that interacts directly with the brain, the body, the heart, and the internal emotional world.

We as human beings are not simply biological and psychological creatures. We are spiritual beings as well. The traditional biopsychosocial model has helped clinicians recognize that health is shaped by biological factors, psychological experience, and social context. Yet the deeper we explore trauma and recovery, the more evident it becomes that another dimension must be acknowledged. The soul is not an abstraction. It is present in every layer of the human experience. Healing, therefore, must eventually move beyond the biopsychosocial framework into what many now recognize as a biopsychosocial-spiritual understanding of the person.

Spirituality is not an escape from science. It is the completion of it.

Lisa Miller's Research: A New Science of Spirituality

Dr. Lisa Miller, psychologist at Columbia University, has become one of the most respected voices bridging spirituality and neuroscience. In her groundbreaking book *The Awakened Brain* (2021), Miller outlines the robust, peer-reviewed evidence that **spirituality is not merely beneficial—it is neuroprotective**. Her findings, drawn from over two decades of research and multiple longitudinal and twin studies, include the following:

- Adolescents raised in a spiritual environment were **80% less likely** to experience substance dependence or addiction.
- They were **60% less likely** to develop Major Depressive Disorder.
- Girls were **70% less likely** to engage in sexual risk-taking.
- Spiritual adolescents were **50% less likely** to experience suicidality.
- Most powerfully, **children whose mothers were also highly spiritual showed an 80% reduction in depression risk**.

PROTECTIVE FACTORS OF SPIRITUALITY



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Spiritual adolescents were 50% less likely to experience suicidality.

Most powerfully, children whose mothers were also highly spiritual showed an 80% reduction in depression risk.

These numbers are astonishing. They rival or exceed the protective benefits of medication or therapy alone. And the mechanism is now visible through **MRI imaging**.

Spirituality as a Powerful Protective Factor

Based on Dr. Lisa Miller's research

Children and adolescents raised with meaningful spiritual or religious involvement experience strong mental health protection:

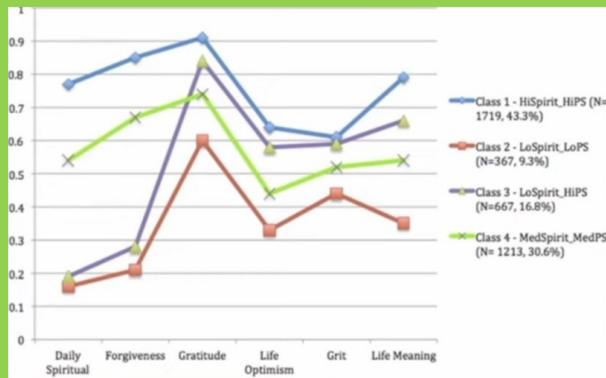
- ✓ **80%** less likely to develop substance dependence or abuse
- ✓ **70%** less likely to engage in sexual risk-taking (in girls)
- ✓ **60%** less likely to develop Major Depressive Disorder
- ✓ **50%** less likely to experience suicidality

“Spiritual development is not just good for the soul, it’s powerfully protective for the mind.”

— Dr. Lisa Miller

Miller's research shows that individuals with an awakened, spiritually engaged brain exhibit **greater cortical thickness**, especially in areas responsible for self-regulation, reflection, and resilience. These areas are **significantly compromised** in those with depression, anxiety, and trauma histories. When activated through spiritual engagement, they **buffer the effects of adversity** and provide a foundation for moral discernment, emotional regulation, and hope.

Dr. Miller notes research which indicates that high spirituality increases positive core values and life appreciation compared to low spirituality



The Biopsychosocial-Spiritual Model

The old "biopsychosocial" model is no longer enough. We now recognize that the soul is not an abstraction. It is integrated in every layer of the human experience—biological, psychological, relational, and existential. The **biopsychosocial-spiritual** model is not an invention of religion. It is a recognition of human wholeness.

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A Light for the Broken

In *The Effect of Spirituality on Health and Healing*, Brian Udermann (2000) concluded from an extensive literature review that spiritual involvement correlates positively with reduced incidence of stroke, cardiovascular disease, cancer, suicide, substance abuse, and general mortality. These outcomes remained significant even after controlling for variables like socioeconomic status and physical health behaviors.

Udermann writes: *"Strong scientific evidence suggests that individuals who regularly participate in spiritual worship services or related activities and who feel strongly that spirituality or the presence of a higher being or power are sources of strength and comfort to them are healthier and possess greater healing capabilities"* (p. 194).

When spirituality is integrated with clinical wisdom, it activates latent neuroplasticity, regulates the nervous system, restores fractured identity, and reshapes the narrative through which individuals understand their lives. The NeuroFaith® model therefore approaches spirituality with both reverence and scientific curiosity. It recognizes that spiritual experience has measurable effects on the brain, the heart, and emotional regulation. At the same time, it acknowledges that the deepest form of healing involves more than physiological regulation or psychological insight. It involves restoration of the soul.

Yet before we can understand how spirituality heals, we must confront the force that most profoundly wounds the human interior world. At the center of trauma and addiction lies a destructive power that is psychological, physiological, relational, and spiritual all at once. That force is **shame**.

In parallel, we must address what spirituality is up against: **shame**. Developmental trauma writes shame into the narrative code of the soul, unlike guilt, which says "I did something wrong," shame says "*I am wrong.*" It is totalizing, isolating, and destructive. It creates an existential rupture that is resistant to reason and immune to self-help.

Dr. David Hawkins (2014, 2020), though controversial, offers a powerful framework for understanding emotional energy states. Using kinesiology, Hawkins mapped shame at the **lowest energetic frequency** of all measurable states—a level of 20 on a scale from 0 to 1,000. According to his data, shame produces a cascade of demoralization, physiological breakdown, and soul despair.

Emotional Frequencies and Health
Unresolved Toxic Shame Kills US!
(Hawkins, 2014; 2020)

Shame (20) and guilt (30) are seen as the heaviest emotions and are the lowest in energy where we feel contracted and stuck.

In contrast, emotions like **love (500) and joy (540)** are lighter, with more energy and movement, creating a sense of openness and lightness.



700+	Enlightenment
600	Peace
540	Joy
500	Love
400	Reason
350	Acceptance
310	Willingness
250	Neutrality
200	Courage
175	Pride
150	Anger
125	Desire
100	Fear
75	Grief
50	Apathy
30	Guilt
20	Shame

Though Hawkins' methodology has been criticized, many clinicians and spiritual leaders have found his conclusions experientially valid. Shame constricts the nervous system, suppresses immune function, and disrupts the default mode network. It leads to addictive behavior, relational sabotage, and hopelessness. It is, in every sense, **anti-life**.

The Neurobiology of Shame

If shame were only a belief, it might be easier to overcome. Unfortunately, shame embeds itself far deeper than thought. It becomes encoded in the body, the nervous system, and the physiological systems that govern survival.

The body is often the first place where shame is felt. Before the mind has time to interpret what is happening, the nervous system reacts as though a threat has appeared. The hypothalamic-pituitary-adrenal (HPA) axis, the primary stress response system of the body, activates rapidly. As previously discussed, the hypothalamus signals the pituitary gland, which in turn stimulates the adrenal glands to release cortisol and other stress hormones into the bloodstream (Porges & Porges, 2023).

This response is designed to protect life during genuine danger. In situations of trauma or chronic emotional threat, however, the system becomes repeatedly activated. Over time the body learns to anticipate rejection and humiliation in the same way it would anticipate physical harm. The result is a nervous system that lives in a nearly constant state of vigilance.

Individuals who carry toxic shame frequently describe a persistent sense of tension in their bodies. Muscles remain tight. Breathing becomes shallow. Sleep is often disrupted. The heart races in response to even minor interpersonal stress. These responses are not signs of weakness or lack of willpower. They are the physiological echoes of repeated emotional injury.

The Polyvagal system provides an especially helpful framework for understanding these responses. In review, according to Polyvagal Theory, the autonomic nervous system contains specialized pathways that continuously scan the environment for cues of safety or danger. When the system detects safety, the ventral vagal pathway supports calmness, connection, and social engagement. When danger is perceived, the system shifts toward sympathetic activation or dorsal shutdown (Porges & Porges, 2023).

Shame disrupts this system profoundly. Because shame is often experienced in the context of relationships, the nervous system begins to associate social exposure with threat. Eye contact becomes difficult. Voice tone becomes restricted. Facial expression loses animation. The person withdraws emotionally in an attempt to avoid further injury.

In sympathetic activation the individual may appear restless, anxious, perfectionistic, or driven. They work harder, speak faster, and attempt to control their environment in order to prevent rejection. In dorsal shutdown the opposite pattern appears. The person becomes numb, exhausted, disconnected, and emotionally withdrawn. Although these patterns appear very different, they arise from the same underlying problem. The nervous system has lost its sense of safety.

Healing therefore requires more than intellectual understanding. The nervous system itself must learn that connection is no longer dangerous.

The Heart Dimension

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The storm of shame does not stop at the nervous system. It also affects the heart. As previously discussed, research in neurocardiology has shown that the heart is not merely a mechanical pump. It generates a powerful electromagnetic field that interacts continuously with the brain and the rest of the body.



Emotional states influence the rhythm of the heart, and those rhythms in turn influence neurological and physiological regulation (McCraty, 2023).

When individuals experience emotional coherence, the rhythm of the heart becomes smooth and organized. This state is associated with improved emotional regulation, clearer thinking, and greater resilience. When individuals experience fear, anger, or shame, however, heart rhythms become chaotic and irregular.

Shame produces some of the most disruptive patterns in heart rhythm. The individual feels exposed and unsafe. Emotional tension increases. Heart-rate variability decreases. The communication between heart and brain becomes strained. Over time this pattern contributes to chronic stress and emotional instability.

Yet the heart also plays an important role in healing. Practices that cultivate gratitude, compassion, and reverence can restore coherence to heart rhythms. As the heart becomes more regulated, the brain receives signals of safety and calmness. Emotional stability gradually increases. For many individuals, spiritual practices become a powerful pathway to restoring this coherence. Prayer, worship, reflection, and

gratitude can calm the nervous system and restore harmony between heart and brain (McCraty, 2023). In this sense spirituality does not exist apart from physiology. It participates in the regulation of the body itself.

The heart, quite literally, begins to remember peace.

Psychology can name shame, and at times buffer its effects. But it cannot **redeem** the soul. Only a transformative encounter with **grace** can do that.

The Eye of the Storm



Shame is often misunderstood as a simple emotion. In reality, it behaves more like a storm that sweeps through the entire human system. It moves through the nervous system, the body, the heart, the inner

emotional world, and the story a person tells about themselves. It does not merely produce discomfort. It reshapes identity.

Shame whispers a devastating lie. It tells the individual that the problem is not simply what they have done but who they are. It convinces them that they are fundamentally defective, unworthy of love, and unsafe to reveal. This lie is ancient. The earliest description of shame appears in the opening chapters of Scripture. After Adam and Eve disobeyed God, their immediate response was not merely guilt but hiding. Adam explains his reaction with heartbreaking simplicity: *“I heard you in the garden, and I was afraid because I was naked; so I hid”* (Genesis 3:10, NIV).

In that moment fear and shame became intertwined. Humanity stepped away from safety and belonging and entered a long history of hiding. The story of trauma and addiction often reflects that same movement. The wounded person withdraws into secrecy, convinced that exposure would lead only to rejection.

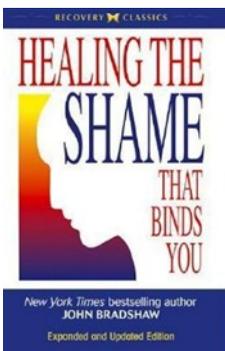
Modern neuroscience confirms what Scripture recognized thousands of years ago. Shame is not only emotional or spiritual. It is physiological. When shame is triggered, the hypothalamic-pituitary-adrenal axis activates as though the individual were facing physical danger. Stress hormones flood the bloodstream. The nervous system shifts into survival mode. The body prepares for threat even when no immediate threat is present (Porges & Porges, 2023). The result is a state of chronic vigilance. Muscles tighten. Breathing becomes shallow. The heart races. The nervous system learns to interpret ordinary human interaction as potential danger. Over time shame becomes embodied. It is not simply remembered. It is carried.

NeuroFaith®
A Light for the Broken

As noted earlier, the Polyvagal system, which helps the body detect safety through tone of voice, facial expression, and relational presence, begins to malfunction under the weight of chronic and toxic shame. The ventral vagal pathways that normally support connection and calmness withdraw. The sympathetic nervous system pushes the individual toward constant alertness. Some individuals move into relentless activity and anxiety. Others collapse into emotional numbness and withdrawal. Both patterns reflect the same underlying disruption of safety (Porges & Porges, 2023). Shame therefore becomes more than a psychological experience. It becomes a physiological environment. The person learns to live as though love itself were dangerous.

To understand how deeply this storm affects human identity, it is helpful to listen to several voices that have helped shape our understanding of shame in modern psychology and trauma recovery. Three such voices are John Bradshaw, Tim Fletcher, and Curt Thompson. Each approaches the subject from a different perspective. Yet together they reveal a common truth. Shame is not merely an emotional state. It is an identity wound.

John Bradshaw: The Wounded Healer and the Language of Shame



John Bradshaw’s life story reflects the very struggle he would later help thousands of others understand. Born in Houston in 1933, Bradshaw grew up in a family shaped by alcoholism and emotional instability. His father’s absence left a profound wound of abandonment that followed him into adulthood.

Bradshaw initially pursued the priesthood, studying philosophy and theology at the University of Toronto. Like many who are drawn toward spiritual vocation, he hoped that intellectual and theological understanding might quiet the deeper ache within the human heart. Yet beneath his studies remained a persistent sense that something was fundamentally wrong with him.

After leaving the priesthood, Bradshaw battled alcoholism and despair before eventually entering recovery. Through that process he discovered the insight that would define his life's work. The deepest pain of many individuals was not guilt about their actions but shame about their identity. In his influential book *Healing the Shame That Binds You*, Bradshaw described the distinction between healthy shame and toxic shame. Healthy shame reminds human beings of their limitations and encourages humility and dependence on others. Toxic shame, however, operates very differently. It convinces individuals that they themselves are defective. It transforms shame from a feeling into an identity (Bradshaw, 2005).

Bradshaw referred to this condition as “soul murder.”

When toxic shame takes root, authenticity begins to disappear. The individual learns to hide not only their mistakes but their needs, emotions, and desires. They become increasingly disconnected from their true selves. Instead of living from a place of authenticity, they begin performing roles designed to gain approval or avoid rejection.

Bradshaw also recognized that shame is often transmitted across generations. In families where love is conditional, where affection is withheld, or where perfection is demanded, children quickly learn that

their worth depends on performance. Over time they internalize the belief that their deepest longings are somehow wrong. The spontaneous joy and curiosity of childhood slowly give way to caution and self-protection (Bradshaw, 2005).

Yet Bradshaw’s work also pointed toward hope. He recognized that healing shame requires more than intellectual insight. It requires community, honesty, and grace. Through confession, acceptance, and spiritual restoration, individuals can begin rediscovering the truth that their worth was never lost. In this way Bradshaw laid the conceptual foundation for understanding shame as an identity wound rather than simply a moral failure.

Tim Fletcher: Shame and the Narrative of the Mind



Tim Fletcher extends Bradshaw’s insights by exploring how shame becomes embedded in the nervous system and in the narrative structure of the brain itself. Fletcher is a Canadian counselor

and the founder of RE/ACT Recovery Education for Addictions and Complex Trauma. His work focuses on the relationship between developmental trauma, addiction, and negative core beliefs.

Fletcher often explains that trauma does not only create painful memories. It reshapes the beliefs individuals hold about themselves.

When children grow up in environments where their emotional needs are repeatedly ignored, criticized, or invalidated, they eventually arrive at a devastating conclusion: the problem must be **me**.

From that conclusion emerges a set of core beliefs that become the operating system of the wounded mind. Fletcher frequently describes four of the most common beliefs that appear in individuals who have experienced developmental trauma:

“I am not lovable.”

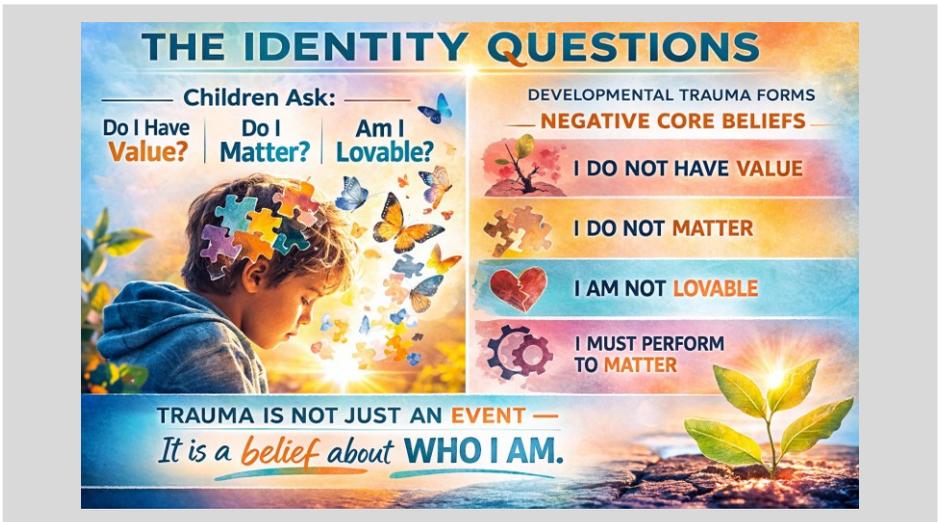
“I am not safe.”

“I do not matter.”

“I am bad.”

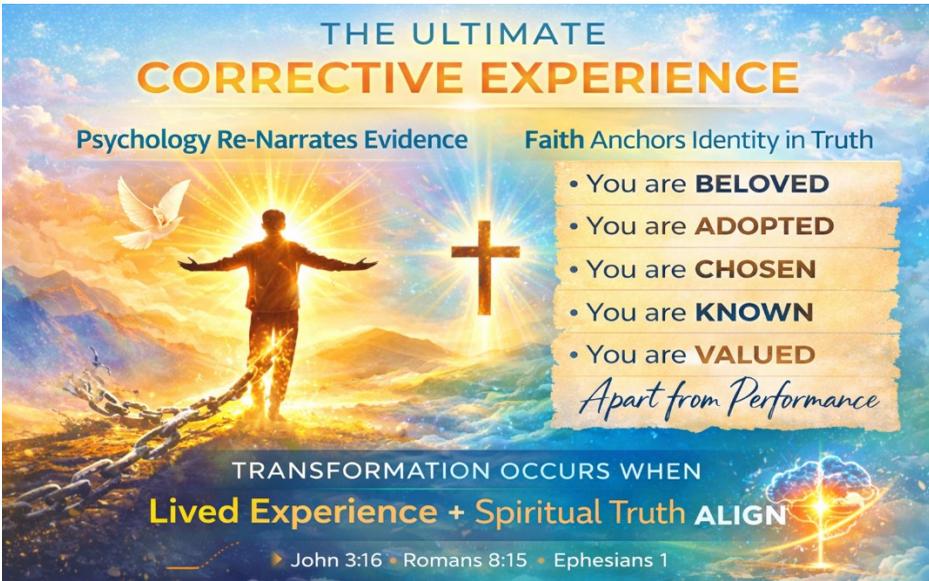
These beliefs become deeply embedded in the brain’s **Default Mode Network**, the neural system responsible for self-referential thinking and autobiographical identity. Over time they become the lens through which the individual interprets every relationship and every experience (Fletcher, 2022; Fletcher, 2023; Fletcher, 2025).

When trauma occurs repeatedly during development, the Default Mode Network becomes organized around negative self-referential beliefs. These beliefs shape the ongoing narrative of the self. The individual begins to interpret life through a lens of defectiveness and insecurity (Thompson, 2023). This is why shame can feel so permanent. It is not simply an emotion that appears occasionally. It becomes part of the brain’s background activity. Every experience is filtered through the same internal story. Positive events are minimized. Criticism is magnified. Ambiguous interactions are interpreted as rejection. The mind quietly rehearses the same painful narrative over and over.



The tragic result is that even positive experiences may fail to penetrate the internal narrative. Compliments feel suspicious. Love feels temporary. Acceptance feels fragile. Addiction often emerges as an attempt to escape the relentless pressure of this internal story.

Fletcher's work highlights an important truth for trauma treatment. Recovery cannot stop at behavioral change alone. A person may achieve sobriety and still feel worthless. Until the underlying identity narrative is addressed, the deeper wound of shame remains intact. Healing therefore requires something more powerful than willpower or self-improvement. It requires transformation of the story the mind tells about the self.



Curt Thompson: Being Seen and Known

Psychiatrist Curt Thompson brings another important dimension to the conversation by integrating neuroscience, attachment theory, and Christian spirituality. In his book *The Soul of Shame*, Thompson explains that shame disrupts the neural pathways that allow human beings to experience belonging (Thompson & Seybeth, 2018).

Human beings are created for connection. The brain develops within relational environments that shape its ability to regulate emotion and interpret social cues. When individuals experience consistent love, presence, and safety, their nervous systems learn that relationships are trustworthy. When those experiences are absent or distorted, the brain adapts by preparing for rejection. Shame therefore becomes a relational injury. It teaches the individual that being seen is dangerous.

Thompson describes how this dynamic disrupts integration within the brain itself. The prefrontal cortex, responsible for reflection and self-regulation, becomes less coordinated with emotional and relational circuits in the limbic system. The Default Mode Network begins reinforcing narratives of defectiveness and isolation (Thompson, 2023). Yet Thompson also emphasizes that healing occurs through relational presence. When individuals are seen, heard, and accepted without condemnation, the brain begins to reorganize. Neural pathways associated with safety and connection grow stronger.



This insight aligns beautifully with the spiritual vision of Scripture. Healing occurs not through isolation but through love. *“There is no fear in love. But perfect love drives out fear”* (1 John 4:18, NIV). Thompson’s work reminds us that grace is not merely a theological concept. It has measurable biological effects. When love replaces condemnation, the brain itself begins to change (Thompson, 2025).

The Internal World: Fragmentation and the Inner Family

Shame does not only affect the body and the heart. It also reorganizes the internal emotional world.

As we have previously discussed, Internal Family Systems offers a helpful framework for understanding how this occurs. According to IFS theory, the human psyche is composed of multiple internal parts that interact with one another. These parts include exiles, managers, and firefighters. Each of them develops in response to emotional experience and plays a role in protecting the individual from pain (Schwartz, 2023).

Exiles are the parts of the self that carry the deepest wounds. They often hold memories of rejection, humiliation, fear, and abandonment. Because these emotions are overwhelming, other parts of the psyche work hard to keep the exiles hidden from awareness. Managers attempt to maintain order and control. They often manifest as perfectionism, hyper-responsibility, emotional restraint, or people-pleasing behavior. Their goal is to prevent situations that might expose the vulnerable exiled parts. Firefighters emerge when the pain of exile becomes unbearable. They attempt to extinguish emotional distress through impulsive behaviors such as addiction, anger, or dissociation.

Shame intensifies these dynamics dramatically. The exiled parts become saturated with the belief that they themselves are defective. Managers become increasingly rigid in their efforts to prevent exposure. Firefighters become more extreme as they attempt to silence overwhelming emotional pain.

One of the most painful consequences of shame within the internal system is the emergence of the Inner Critic. This voice often begins as an attempt to protect the individual from external criticism. Over time,

however, it becomes relentless and destructive. The critic accuses, condemns, and shames the individual repeatedly. Instead of guiding behavior toward growth, it begins attacking identity itself.

This dynamic erodes the qualities that IFS identifies as the **Eight C's of Self** as noted previously. In review these qualities include calm, clarity, curiosity, compassion, confidence, courage, creativity, and connectedness (Schwartz, 2023). Under the weight of shame these qualities fade. The individual begins living primarily from defensive parts rather than from the grounded center of the self. Yet these qualities are not truly lost. They remain present beneath the layers of protection and fear. Healing involves helping the internal system rediscover these qualities and allowing wounded parts to experience compassion rather than condemnation.

The Narrative Brain

Another important dimension of shame lies in the narrative structure of the brain itself. As previously noted, the Default Mode Network is a system of interconnected brain regions that becomes active during self-reflection, memory recall, and internal storytelling. It plays a central role in shaping how individuals understand their identity and their place in the world.

When trauma occurs repeatedly during development, the Default Mode Network becomes organized around negative self-referential beliefs. These beliefs shape the ongoing narrative of the self. The individual begins to interpret life through a lens of defectiveness and insecurity (Thompson, 2023). This is why shame can feel so permanent. It is not simply an emotion that appears occasionally. It becomes part of the

brain's background activity. Every experience is filtered through the same internal story. Positive events are minimized. Criticism is magnified. Ambiguous interactions are interpreted as rejection. The mind quietly rehearses the same painful narrative over and over.

Recovery requires more than suppressing this narrative. It requires replacing it with a new one. The Default Mode Network must learn to tell a different story. This is where spirituality becomes particularly powerful. Spiritual experiences often introduce new narratives of meaning, purpose, forgiveness, and belonging. These narratives gradually reshape the internal story the brain tells about itself.

The wounded identity begins to soften. The mind begins to imagine the possibility that shame is not the final truth.

When the Systems Converge

When shame affects the nervous system, the heart, the internal emotional world, and the narrative brain simultaneously, the result is profound fragmentation. The body remains tense. The heart loses rhythm. The internal family becomes polarized. The story of identity becomes saturated with defectiveness. Yet the same interconnectedness that allows shame to spread throughout the human system also allows healing to begin.

When the nervous system experiences safety, the heart begins to regulate. When the heart becomes coherent, the mind quiets. When the mind quiets, wounded parts can emerge without fear. When compassion replaces condemnation, the narrative of identity begins to change.

The Four Pillars of the NeuroFaith® model reflect this interconnected healing process. Polyvagal-informed therapy helps restore safety in the nervous system. HeartMath and neurocardiology restore coherence between heart and brain. Internal Family Systems helps reconcile the fragmented internal world. Spirituality then speaks into the deepest level of identity itself. It answers the question shame has been whispering all along: Who am I, really?

And that question leads us directly to the science of spirituality and the remarkable research that has begun to reveal how spiritual experience can reshape the brain itself.

The Science of Spirituality and the Healing of Shame



As we have seen throughout this chapter, shame moves through every dimension of the human person. It affects the nervous system, the heart, the internal emotional world, and the narrative structures of the mind. It teaches the body to brace, the heart to constrict, and the mind to repeat a painful story about identity. If healing is to occur, something powerful enough to reach each of these layers must enter the process. Increasingly, research suggests that spirituality is one of the most powerful forces capable of doing precisely that.

One of the most compelling voices exploring this relationship between spirituality and mental health is psychologist **Dr. Lisa Miller** of

Columbia University. Through more than two decades of longitudinal research, Miller has examined the effects of spiritual life on emotional resilience, mental health, and brain development. Her findings challenge the assumption that spirituality belongs only in the realm of personal belief. Instead, her work demonstrates that spirituality is deeply connected to measurable psychological and neurological outcomes (Miller, 2021).

In *The Awakened Brain*, Miller reports findings that are nothing short of remarkable. Adolescents raised in spiritually engaged homes were approximately 80 percent less likely to develop substance dependence or addiction. They were 60 percent less likely to develop Major Depressive Disorder. Girls raised in spiritually grounded families were about 70 percent less likely to engage in sexual risk-taking behaviors. Adolescents with active spiritual lives were roughly 50 percent less likely to experience suicidality. Perhaps most striking of all, children whose mothers demonstrated strong personal spirituality showed an 80 percent reduction in depression risk (Miller, 2021).

These numbers are extraordinary, not only because they reflect improved outcomes, but because they reveal the depth of spirituality's influence on the human system. Miller's work suggests that spiritual engagement does not merely comfort the mind. It strengthens the architecture of the brain itself. Neuroimaging studies have shown that individuals with an active spiritual life often demonstrate increased cortical thickness in areas of the brain associated with emotional regulation, reflection, and resilience. These are the very regions that tend to be compromised in depression, anxiety, and trauma-related disorders. When strengthened through spiritual engagement, they help

buffer the effects of adversity and provide a neurological foundation for hope and stability (Miller, 2021).

Of particular importance is the way spirituality appears to influence the Default Mode Network, the neural system responsible for self-referential thinking and the narrative structure of identity. As we discussed earlier in this chapter, trauma often rewires this network with negative core beliefs. Individuals who grow up in environments of emotional neglect, criticism, or instability frequently internalize beliefs such as “I am not lovable,” “I am not safe,” “I do not matter,” or “I am bad” (Fletcher, 2022; Fletcher, 2023; Fletcher, 2025). Over time these beliefs become embedded in the mind’s background narrative. They shape how the individual interprets relationships, success, failure, and even spiritual life itself.

Spiritual experience has the potential to reshape this narrative. Practices such as prayer, gratitude, awe, and communion with God introduce new meaning structures into the brain. The story the mind tells about the self begins to shift. Instead of rehearsing narratives of defectiveness and isolation, the brain gradually becomes capable of holding stories of belonging, forgiveness, and purpose. In this way spirituality becomes not merely an emotional comfort but a mechanism of narrative transformation.

This insight aligns closely with the observations of Tim Fletcher, who has repeatedly emphasized that trauma recovery requires the healing of negative core beliefs embedded in the mind’s narrative architecture. Fletcher describes how individuals struggling with addiction and complex trauma often carry deeply rooted beliefs about their worthlessness or defectiveness. Until these beliefs are addressed,

recovery remains incomplete. The external behaviors may change, but the internal story remains unchanged (Fletcher, 2022; Fletcher, 2023; Fletcher, 2025).

Spirituality provides one of the most powerful pathways for addressing these beliefs because it speaks directly to identity. It offers a new story about who we are and where we belong. Within the NeuroFaith® model, this is where the Christian understanding of redemption becomes especially significant.

The Confrontation with Shame

If spirituality opens the door to healing, it must also confront the destructive power that trauma has embedded within the soul. That power is shame.

Unlike guilt, which focuses on behavior, shame attacks identity. Guilt says, “I did something wrong.” Shame says, “I am something wrong.” Over time this message can become so deeply internalized that it shapes the entire emotional landscape of a person’s life. It fuels secrecy, drives addiction, disrupts relationships, and erodes hope.

Dr. David Hawkins described shame as one of the lowest emotional states within the spectrum of human consciousness, associating it with feelings of humiliation, worthlessness, and despair (Hawkins, 2014; Hawkins, 2020). While his methodology has generated debate, many clinicians recognize the emotional reality he describes. Shame constricts the human system. It narrows perception, drains vitality, and convinces individuals that they are fundamentally unworthy of love or redemption.

Psychology can help individuals understand shame and reduce its impact, but it often struggles to fully dismantle the deeper narrative that shame creates. The wounded person needs more than coping strategies. They need a new verdict about their identity. This is precisely where the Christian story enters the conversation.

The Redemptive Work of Christ

The NeuroFaith® model ultimately points toward a spiritual truth that lies at the heart of Christian faith. According to the New Testament, the central act of redemption occurred through the life, death, and resurrection of Jesus Christ. In the language of the Apostle Paul, this event was not merely symbolic but transformative.

“He was delivered over to death for our sins and was raised to life for our justification” (Romans 4:25, NIV).

In this declaration the narrative of shame is directly confronted. The individual is no longer defined by past failures or by the wounds inflicted through trauma. Instead, identity becomes rooted in reconciliation with God.

The transformation described in Christian Scripture is not superficial. It involves the renewal of the mind itself. Paul writes, *“Do not conform to the pattern of this world, but be transformed by the renewing of your mind”* (Romans 12:2, NIV). The Greek word translated as “transformed” in this passage refers to a profound change in form or nature. It suggests something closer to metamorphosis than gradual improvement. The old narrative shaped by shame begins to dissolve, and a new narrative grounded in grace begins to emerge.

Paul summarizes this transformation with extraordinary clarity: “Therefore, if anyone is in Christ, the new creation has come: The old has gone, the new is here!” (2 Corinthians 5:17, NIV). For individuals whose lives have been shaped by shame, these words carry immense significance. They declare that identity is not determined by trauma, addiction, or failure. Through Christ, the deepest accusation against the soul loses its authority.

Grace interrupts shame’s narrative.

Soul Rebirth

Healing from trauma and addiction is not merely the reduction of symptoms. It is the rediscovery of the self that existed before shame rewrote the story of identity.

Shame tells us that we are the sum of our failures. It whispers that belonging must be earned and that love is fragile. These lies settle into the nervous system, the heart, and the narrative brain. They begin to feel like truth.

Yet beneath those layers of pain lies something deeper. Every human being is born with a longing for God. Beneath addiction, anxiety, and compulsion lies the desire to be seen, known, and loved without condition. Shame attempts to twist that longing into evidence of defect. In reality it is evidence of design.

The human heart was created for communion.

As healing unfolds, the body begins to calm, the heart regains rhythm, and the inner critic slowly loses its authority. The soul begins to recognize its reflection again. “For you created my inmost being; you knit

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me together in my mother's womb" (Psalm 139:13, NIV). Recovery is not the construction of a new self. It is the rediscovery of the one God formed from the beginning.

The storm of shame begins to fade. The nervous system breathes more easily. The heart becomes steady. The mind tells a new story. And in that quiet space the soul hears the same voice that has been calling since the garden. Not a voice of condemnation. A voice of invitation. Come home.

The journey from trauma to healing is ultimately the journey from soul murder to soul rebirth. In that rebirth the human person begins to experience what the nervous system, the heart, and the soul were always created for.

Peace.

The Honorary Pillar

Movement as Medicine



Although not formally listed among the four foundational pillars of the NeuroFaith[®]™ model, physical exercise deserves a prominent place in any serious discussion on healing, addiction, trauma, depression and anxiety. To leave it out would be a

disservice not only to the science but to the lived experience of those who have found movement to be nothing short of transformational. So, we offer it here, not as a footnote but as an honorary pillar, a companion to our spiritual, neurological, and emotional strategies for healing.

To be clear: if scientists could bottle the effects of exercise and turn it into a pill, it would be hailed as one of the most potent antidepressants ever developed. Regular movement enhances mood, improves sleep, boosts energy, increases cognitive clarity, reduces inflammation, and upregulates brain-derived neurotrophic factor (BDNF), a key player in neuroplasticity and long-term brain health (Ratey, 2008; Erickson et al., 2011).

“Dear friend, I hope all is well with you and that you are as healthy in body as you are strong in spirit.” (3 John 2 NLT)

Movement as Sacred Participation

Exercise is not merely a physical task. It is an embodied prayer, a declaration of hope, and a direct act of resistance against the immobilizing weight of depression. When someone battling depressive symptoms chooses to get up and move, they are sending a powerful signal to their brain and body that life still matters. In that moment, they are reclaiming agency and affirming their commitment to healing, to becoming, and to living.

Movement grows the brain and sedentary behavior shrinks it.

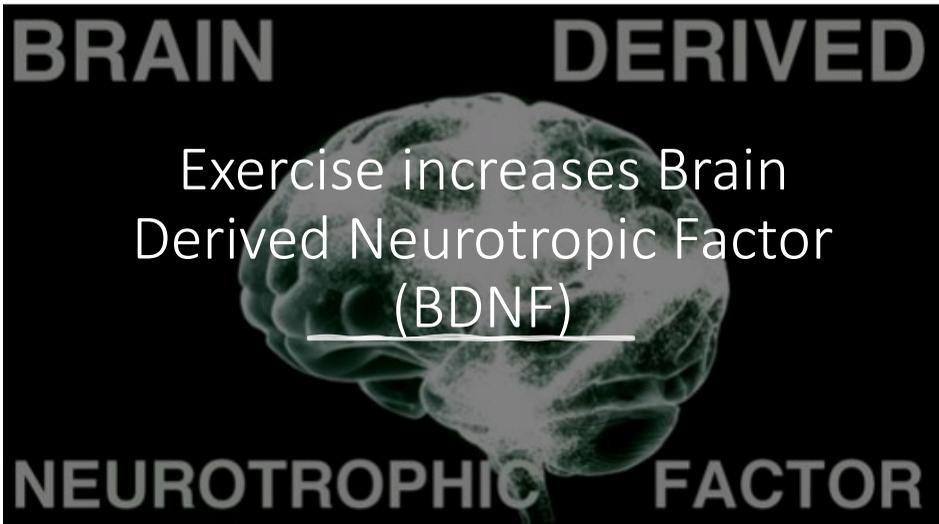
Koala bears used to have bigger brains but when they settled on eucalyptus leaves as their diet, they could just hang in a tree all day, eat, and not move much. As a result, their brain size has gotten smaller. So, the take-home is that a body that moves promotes a healthier brain.



In Scripture, the body is not a shell to be escaped but a temple to be honored. Paul writes, *"Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God?"* (1 Corinthians 6:19, NIV). Movement, then, is not only therapeutic but sacred. It is a return to the rhythms of life and an invitation for the Holy Spirit to inhabit us more fully.

BDNF: The Miracle Molecule

Brain-derived neurotrophic factor, or BDNF, plays a critical role in neural resilience and regeneration. Often dubbed "Miracle-Gro for the brain," BDNF supports the growth of new neurons, protects existing ones, and fosters the synaptic connections necessary for learning and memory. Individuals with depression often show reduced levels of BDNF, which may contribute to cognitive fog, low mood, and difficulty experiencing pleasure (Duman & Monteggia, 2006).



Exercise, particularly aerobic activity such as brisk walking, cycling, or swimming, reliably increases BDNF levels. In one landmark study, Erickson and colleagues (2011) found that one year of moderate aerobic exercise increased hippocampal volume and BDNF levels in older adults. These findings suggest that movement is not simply helpful but essential to reversing the cognitive and emotional shrinkage that often accompanies chronic stress and depression.

Anti-Inflammatory Effects

Emerging research shows that depression is not merely a neurochemical imbalance but also a neuroinflammatory condition. Inflammatory markers such as C-reactive protein (CRP), interleukin-6 (IL-6), and tumor necrosis factor-alpha (TNF- α) are often elevated in individuals with major depressive disorder (MDD) (Miller & Raison, 2016). Chronic low-grade inflammation affects neurotransmitter availability, reduces BDNF, and disrupts the HPA axis; all of which exacerbate depressive symptoms.

Exercise helps reduce systemic inflammation by downregulating these inflammatory cytokines, enhancing antioxidant defenses, and improving immune regulation. The effects are particularly strong with consistent, moderate-intensity movement. In a world where pharmaceuticals dominate the conversation, we must remember that movement is one of the most powerful anti-inflammatory agents known to man.

Restoring Autonomic Balance

As discussed in our chapter on polyvagal theory, the autonomic nervous system (ANS) plays a pivotal role in mood regulation. Depression often correlates with a shutdown of the ventral vagal system and a dominance of dorsal vagal responses—marked by lethargy, immobilization, and despair. Exercise activates the sympathetic nervous system in a healthy way and promotes rebound engagement of the ventral vagus, helping to restore autonomic flexibility (Porges, 2011).

Activities like yoga, tai chi, and mindful walking not only engage the body but also soothe the mind, fostering a sense of embodied safety. When combined with breathwork and intention, movement becomes a powerful gateway to regulation and spiritual attunement.

The Evidence is Overwhelming

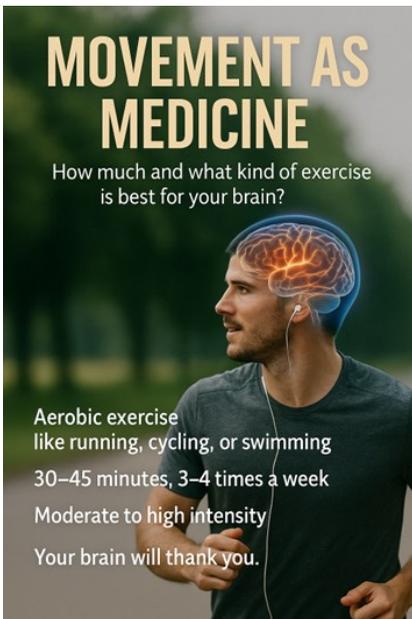
Meta-analyses have confirmed that exercise is as effective, and in some cases more effective, than pharmacotherapy for mild to moderate depression (Blumenthal et al., 2007; Cooney et al., 2013). Unlike medication, which often comes with side effects and long-term

dependency risks, exercise builds capacity, not dependency. It fosters agency, not passivity.

In fact, the most robust outcomes are found when exercise is integrated into a multi-modal treatment approach. This is the very premise of NeuroFaith®, that no single intervention is enough, but when layered together, each strand forms a cord of healing that is not easily broken.

Hope with Sweat Equity

Healing is not passive. It asks something of us. It asks for courage, consistency, and sometimes, sweat. But this is not the drudgery of self-help performance. It is the joyful declaration that your body still matters, that your soul still yearns, and that your future is not written in stone.



To those struggling with depression: you do not have to run marathons. Start where you are. Walk. Stretch. Breathe. Move. Let your body remind your brain that you are still here and still worthy of wholeness.

As we continue into the next chapters, we return to our core pillars—faith, neurocardiology, polyvagal regulation, and internal family systems. But let us carry this honorary pillar with us as we go.

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Because when the soul rises, the body often follows. And sometimes, it is the other way around.

Anchored In Hope

The 12 Steps as a Foundation for Healing



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The 12 Steps have long offered a powerful spiritual framework for recovery, and we embrace them here as a vital pathway of redemption and restoration. In this approach, the Steps are not simply principles to learn or instructions to follow. They are a lived process of transformation. They call us to honesty, humility, courage, and active participation in our own healing. True redemption in Christ is never passive. It invites us to show up with our whole hearts, to take responsibility for our lives, and to align ourselves with the truth God has revealed.

The 12-Step model was originally developed in the 1930s by Bill Wilson and Dr. Robert Smith, two men who recognized that willpower alone could not free them from the grip of addiction. They discovered that recovery required surrender to a Higher Power and the support of community. What began in a conversation between two struggling men grew into a global movement of healing. At its core, the 12-Step tradition has always been rooted in the belief that spiritual awakening, connection, and accountability restore what addiction and despair have fractured.

In this work, we are building upon that foundation. We affirm the spiritual strength of the 12 Steps, and we unapologetically center that spiritual awakening in Jesus Christ. He is not simply one “higher power” among many. He is the One who heals, restores, renews, and calls us home. When Christ becomes the center of the process, the steps shift from principles of survival to pathways of deep relationship with the One who loves us and leads us into life.

What makes this journey even more meaningful is how beautifully the 12 Steps align with the ways God designed the body and brain to heal. The NeuroFaith® model integrates the Steps with Polyvagal-Informed Therapy, HeartMath®, Internal Family Systems (IFS), and Johann Hari’s connection-based healing insights. This holistic approach recognizes that addiction does not affect only the spirit. It shapes the nervous system, the emotional self, and

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the patterns through which we relate to others. Healing must therefore be layered, embodied, relational, and compassionate.

Polyvagal-Informed Therapy helps us understand how trauma, fear, and chronic stress impact the autonomic nervous system. Addiction often becomes a way of coping with a body stuck in survival mode. When safety and regulation return, the heart becomes able to engage with vulnerability, reflection, and truth. HeartMath® adds another dimension by helping regulate heart-brain coherence. Scripture has long pointed to the central role of the heart in shaping the life of a person, and now neuroscience affirms that emotional balance and spiritual clarity rise from a regulated, coherent heart state.

Internal Family Systems (IFS) deepens the personal reflection within the Steps by honoring that we carry wounded parts of ourselves that sometimes act out of fear, hurt, or protection. Rather than condemning these parts, IFS allows us to approach them with compassion and to invite the healing presence of Christ into the very places that once felt fragmented. And Johann Hari's connection-based model reminds us that addiction thrives where disconnection lives. Recovery is not merely the removal of a harmful behavior. It is the restoration of meaningful relationships, belonging, and purpose.

Together, these approaches honor the fullness of how God created us. The body is not separate from the spirit. The nervous system is not separate from the soul. The mind is not separate from love. When we weave the 12 Steps with NeuroFaith®, we are integrating what God has already unified. We are remembering what has always been true: healing is possible when grace meets honesty, when love meets the heart, when we step forward with openness rather than fear.

This journey may require courage. It may require patience. It may call you to look at parts of your story that once felt overwhelming. But you will not walk this alone. God goes before you, walks with you, and strengthens you from

within. And the reward is not simply abstinence. It is restoration. Wholeness. Connection. Life returning to the center of the soul.

Now that we have explored how the NeuroFaith® approach beautifully integrates the spiritual wisdom of the 12 Steps with the healing insights of neuroscience, let us walk through the Steps themselves. These are not simply tools for recovery. They are invitations into deeper relationship — with God, with others, and with your own restored heart.

Step 1: We admit we are powerless over our addictions and compulsive behaviors and that our lives have become unmanageable.

The first step in healing is admitting that we cannot do life on our own. This is the moment the ego loosens its grip and the heart finally speaks plainly. Our addictions and compulsive



patterns have not simply been “bad choices.” They have often been **attempts to survive**, to numb pain, to quiet fear, to regulate a nervous system overwhelmed by loneliness, shame, or exhaustion.

The tragedy is not that these strategies existed; the tragedy is that they began to cost us more than they gave. What once helped us cope now isolates us, drains us, and fragments us from God, from others, and from who we were created to be.

So, Step One is not about humiliation.
It is about honesty.

We confess that the self alone cannot create the healing it longs for. We acknowledge our powerlessness so we can become receptive to the One who *can* restore us. Christ carries what we cannot. The Spirit strengthens where we are depleted. The Father holds us when we have no strength left to hold ourselves.

And healing begins not through isolation, but through connection.

The Body and Soul Agree on This

- The **nervous system** does not settle in isolation. It regulates in the presence of safety.
- **Interpersonal Neurobiology** shows the brain is literally shaped in relationship.
- **Polyvagal Theory** teaches that safety is experienced through connection, not self-reliance.
- **HeartMath research** shows our heart rhythms synchronize with those we attach to.

Scripture taught this long before neuroscience gave us the vocabulary:

“He restores my soul.” Psalm 23:3 (NIV)

When we turn toward God, the body softens. The shoulders lower. The jaw unclenches. Breath returns.
This is not sentiment, it is physiology responding to love.

And when our primary attachment is restored in God, we become able to receive relationship from others again. The community of believers becomes the steady presence that helps our nervous system relearn peace.

The Prodigal as the Addict

Jesus tells the story of a son who runs from home to prove he can do life on his own. He spends everything trying to feel alive. But eventually, he hits bottom, starving in a pigpen, and the world that fueled his downfall gives him nothing in return.

“But no one gave him anything.” Luke 15:16 (NLT)

That is addiction’s secret.

It will take everything from you and offer nothing back.

But then something shifts:

“When he finally came to his senses...” Luke 15:17 (NLT)

This is Step One.

Not the fixing.

Not the cleaning up.

Not the explaining or promising to do better.

Just **truth**.

And the moment he turns, just turns, toward home, the Father runs to him. Not with condemnation, but with embrace. Christ meets us exactly where we can no longer pretend.

The Biblical Truth Echoes This

"I have the desire to do what is good, but I cannot carry it out."

Romans 7:18 (NIV)

Step One:

We admit we are powerless over our addictions and compulsive behaviors and that our lives have become unmanageable.

This is the return to relationship: with God, with others, and with our truest self.

Pause Here — And Reflect

Not to perform.

Not to impress.

Just to be honest:

1. **Where in your life do you still have genuine control?**
(Name it - even small things count.)
2. **Where have things become unmanageable?**
(Say it simply. No dramatics needed.)
3. **Where are you beginning to drop denial, even a little?**
(What truth have you finally stopped arguing with?)

Let your answers be imperfect.

God works with honesty, not polish.

Three Gentle Practices for Step One

1. **Stop Trying to Play God**
"With God everything is possible." Matthew 19:26 (NIV)
Allow yourself to be helped.

2. **Admit Powerlessness**

"I want to do what is right, but I don't do it." Romans 7:15 (NLT)
This isn't failure. It's clarity.

3. **Acknowledge Unmanageability**

"I was so swamped I couldn't see my way." Psalm 40:12 (MSG)
This is where the Father runs toward you.

Step One is the courageous beginning of freedom.

Not because we become stronger, but because we finally allow ourselves to be held.

This is where healing starts.

This is where the body rests.

This is where the Father runs.

This is where we come home.

Step 2: We believe that a power greater than ourselves can restore us to sanity.



If Step One is the moment we admit that we cannot heal ourselves, then Step Two is the moment hope begins to stir again. It is where we dare to believe that healing is possible because there is a Presence, a Power, a Love greater than our woundedness and stronger than

This is not naive optimism or forced positivity. It is the slow recognition that God has not abandoned us. Even in the depth of addiction, in the collapse of identity, in the exhaustion of trying to hold everything together, God has been working, drawing, calling, and waiting.

“For God is working in you, giving you the desire and the power to do what pleases Him.” Philippians 2:13 (NLT)

Hope is not something we manufacture. Hope is something we receive.

The Prodigal: The Awakening of Hope

In the story of the Lost Son, he reaches the bottom. He is hungry, ashamed, alone, and covered in the smell of the very animals his faith tradition taught him to avoid. And yet, in this lowest place, something awakens. He remembers his father. Not just the home he left, but the love he had once known.

He says to himself, *"Father, I have sinned against heaven and against you."* Luke 15:18-19 (NLT)

There is no bravado in this moment. No speeches to prove worth. Just the quiet realization that he is not alone in the universe, and that the One he has wounded is still the One who can receive and restore him

He believes, even faintly, that there is a way home. This is the beginning of sanity returning. Not just emotional clarity, but the realignment of the heart, the mind, and the nervous system.

How Neuroscience Describes This Turning

Hope is not only spiritual. It is embodied. When we turn toward God, even in weakness, even with shaking hands, something shifts in the nervous system:

- The fight-flight-freeze state begins to soften.
- The heart rate pattern moves away from jagged survival rhythms.
- The vagus nerve signals that safety is possible.
- The heart and brain begin communicating in coherence again.

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This is what HeartMath calls a coherent rhythm, a smooth sine-wave pattern associated with clarity, emotional stability, and the capacity to connect. This is what Polyvagal Theory describes as returning from survival mode into grounded presence. This is what Scripture has always called peace.

“He heals the brokenhearted and binds up their wounds.” Psalm 147:3
(NLT)

Healing is not self-generated. It is received. We do not heal by effort. We heal by turning toward love.

The Restoration of Sanity

The prodigal's actions had become irrational and self-destructive. This is what addiction does. It makes the unreasonable feel necessary and the destructive feel inevitable. Sanity, in its most ancient meaning, is wholeness of mind. It is the return of clarity, truth, and grounded identity

Jesus shows this clearly when He encounters the man possessed by torment:

“They found the man sitting at Jesus' feet, clothed and in his right mind.”
Luke 8:35 (NLT)

What bound him did not release him because he tried harder. It released him because he came into the presence of a power greater than the power that held him.

Step Two invites us to believe this:

Healing is possible.

We are not beyond restoration.

There is a way home.

Reflection Questions for Step Two

Take your time here. Let the answers be honest and unfinished.

1. How do you view your Heavenly Father today? In what ways is this similar to or different from how you have viewed your earthly father?
2. What do you believe about God's character? What do you struggle to believe about Him? Be specific.
3. What patterns or behaviors in your life feel like "doing the same thing but expecting different results." Which of these are you willing to release?

Three Practices for Step Two

1. Admit that the old pattern of trying to manage life alone has not worked.

Do not let sin control the way you live; do not give in to sinful desires. Instead, give yourselves completely to God, for you were dead, but now you have new life. Romans 6:12-13 (NLT)

2. Acknowledge that God is not distant, angry, or withholding, but compassionate and ready to restore.
"The Lord is compassionate and merciful, slow to get angry and

filled with unfailing love. He knows how weak we are; He remembers we are only dust.” Psalm 103:8,14 (NLT)

3. Identify one area today you are ready to release from your control and place into God’s care. Write it down. Say it aloud. Tell someone safe.

“The Lord is close to the brokenhearted. He rescues those whose spirits are crushed.” Psalm 34:17-18 (NLT)

Step Three: We make a heartfelt decision to turn our lives and wills over to the care of God as we understand Him.



This step is not about resignation. It is about **alignment**. Surrender means allowing the heart, mind, body, and spirit to come back into relationship with the One who created them. It is choosing to stop living from the storm of self-protection and instead entrusting

ourselves to a God who is safe, present, and deeply invested in our healing.

In the NeuroFaith® framework, this movement of surrender is not merely cognitive. It involves the entire nervous system. The heart must soften. The breath must slow. The inner parts must feel permission to come forward without fear of condemnation. Surrender begins as a **felt sense**: the body recognizing that it no longer needs to manage everything alone.

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To turn our will over to God is to release the illusion that we must be our own savior. It is to let the nervous system shift from hypervigilance to rest. It is to allow the heart's rhythm to return to coherence and peace. It is to invite the true self, the part of us made in God's image, to lead once more.

So, when we say, "We make a decision," we are speaking not only of thought, but of posture.

A turning.
A leaning toward Love.
A willingness to be held.

In so doing, we return to the One who has been waiting for us, not with judgment, but with gentleness. And the soul, having been scattered, begins to come home.

Then Jesus said, "Come to Me, all of you who are weary and carry heavy burdens, and I will give you rest. Take My yoke upon you. Let Me teach you, because I am humble and gentle at heart, and you will find rest for your souls. For My yoke is easy to bear, and the burden I give you is light." "I am the resurrection and the life. Anyone who believes in Me will live, even after dying. Everyone who lives in Me and believes in Me will never die." Matthew 11:28-30 (NLT)

This is the critical step in the 12-step process and it has three distinct components:

A. We make a heartfelt decision. We've all been here, perhaps hundreds of times, but this time is different. This time our decision is to surrender once and for all. Surrender means to give up, to stop where

you are and what you're doing and decide "No more, I've had enough. I choose to quit living the way I've been living." Proverbs says it this way:

"Trust in the LORD with all your heart and lean not on your own understanding; in all your ways submit to Him, and He will make your paths straight." Proverbs 3:5-6 (NIV)

B. We turn our lives and wills over to the care of God. Maybe you've tried this in the past, and it didn't hold. We believe that the problem isn't God but you not turning yourself completely over to Him and remaining in His care. That's the essence of Proverbs 3:5-6, but this goes a step further. 2 Chronicles spells this out well:

"If My people, who are called by My name, will humble themselves and pray and seek My face and turn from their wicked ways, then will I hear from heaven and will forgive their sin and will heal their land." 2 Chronicles 7:14 (NIV)

You may be reading this and think this passage only applies to Christians. You're mostly right, but you're missing a key point: God is already calling you to be His child and sees you in this relationship with Him before you do! God has already made a way for this to happen and is inviting you to join Him in it. Humility, confession, and repentance are the pathways to healing.

C. We turn our lives and wills over to the care of God as we know Him. The best way, God's preferred way, is that we get to know Him through His Son, Jesus Christ. Jesus describes it this way:

"My Father has entrusted everything to Me. No one truly knows the Son except the Father, and no one truly knows the Father except the Son and those to whom the Son chooses to reveal Him." Luke 10:22 (NLT)

Everything we need to know about God is revealed to us through Jesus Christ. Jesus said this very thing to Philip, one of His disciples:

"I am the way, the truth, and the life. No one can come to the Father except through Me. If you had really known Me, you would know who My Father is. From now on, you do know Him and have seen Him.... Anyone who has seen Me has seen the Father!" John 14:6-7, 9 (NLT)

Three questions to answer before going forward:

1. Do you desire to turn your life and will completely over to Jesus Christ, who is God revealed to us?
2. Have you ever previously committed your life to Christ, but it didn't seem to stick? What proof do you have to support this statement?
3. Do you believe Jesus can forgive you for your past failures and sins and give you a fresh start?

Five Practices for turning your life and will over to Jesus Christ:

1. **Declare that you are making this choice, this commitment, and believe it in your heart.**

"If you openly declare that Jesus is Lord and believe in your heart that God raised Him from the dead, you will be saved. For it is by believing in your heart that you are made right with God, and it is by openly declaring your faith that you are saved." Romans 10:9-10 (NLT)

Declaration is a whole-person act involving my heart, mind and mouth. Declaring says I'm all in. This is not something I do alone but needs to be done in the presence of others I love and trust.

2. Express that belief in heartfelt words that communicate your commitment to Christ. In the Greek language, the language of the Bible, believe is the same word for trust. It's more than just believing with my head on a bunch of facts but it's placing myself fully into Christ's hands from this day forward for all of eternity.

3. To commit myself fully to Christ, I must repent, turn away from my sinful past and tendencies. (The word "sin" is an archery term that is used to describe an arrow missing the mark, missing the bulls eye.)

"Repent, then, and turn to God, so that your sins may be wiped out, that times of refreshing may come from the Lord." Acts 3:19 (NIV)

4. Recognize Jesus as your Savior, the One who paid the price for your sins, and as your Lord, and acknowledge Him as the One whom you will seek to obey for the rest of your life.

"All glory to Him who alone is God, our Savior through Jesus Christ our Lord. All glory, majesty, power, and authority are His before all time, and in the present, and beyond all time! Amen." Jude 1:25 (NLT)

A sample prayer for you to pray out loud: (So your ears will hear you say it, and your mind and heart can align with it.)

"God, I don't understand everything yet, but I believe You love me and made me for Your purposes. I'm sorry I've lived for myself instead of for You. Please forgive me and thank You for sending Jesus to pay for my sins. I want Him to be the Lord of

my life. I receive Your gifts of eternal life and Your Holy Spirit who helps me serve You and live a life that pleases You. Amen.”

Please let us know if you prayed this prayer. We rejoice with you and would like to pray for you and with you, and we would love to share some additional information to share with you at no charge which can help you grow in your newfound faith in Jesus, including 25 declarations of your new identity in Christ. Jeff can be reached at jeffreyhansen@NeuroFaith.onmicrosoft.net. Earl can be reached at revhev@comcast.net

- 5. You step into the unknown, trusting that God’s plan for you is good, even when you can’t yet see it.**

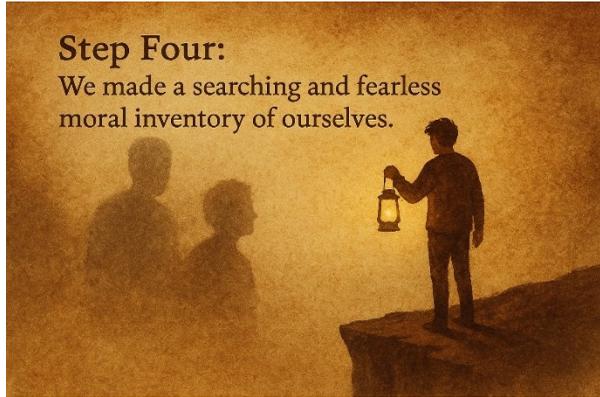
“For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.” Jeremiah 29:11 (NIV)

Welcome to the family of God!

The Lord directs the steps of the godly. He delights in every detail of their lives. Psalm 37:23 (NLT)

Step Four: We make a searching and fearless moral inventory of ourselves.

This step invites us to look within with honesty and courage. It is not an exercise in self-condemnation, nor is it about rehearsing shame. It is about seeing clearly. To make a moral inventory is to turn toward our inner world and notice what has been driving our choices, reactions, patterns, and wounds.



Step Four:

We made a searching and fearless moral inventory of ourselves.

This kind of honesty requires gentleness. When we approach ourselves with harsh judgment, the nervous system shuts down or goes into defense. The body tightens, the breath changes, and the inner parts retreat. But when we bring compassion, curiosity, and openness, the body begins to feel safe enough to tell the truth. This is the work of Polyvagal-informed awareness. We practice noticing our inner experience while remaining grounded and steady.

In this step, we also begin to recognize the parts of ourselves that have been working hard to protect us. Some parts try to control. Others avoid. Others numb or escape. Internal Family Systems teaches us that these parts are not failures or defects. They are survivors. They developed in response to pain and fear. Step Four is not about attacking them. It is about listening to them and understanding what they have been trying to prevent us from feeling.

As we name our patterns and motivations, the heart responds. Clarity restores coherence. The inner world begins to unify. The truth, spoken in compassion, has a freeing effect. We are not dissecting ourselves. We are remembering who we are beneath the fear, the defenses, and the pain.

This is a sacred inventory. We do it with God, not in isolation. We do it in the presence of a love that does not turn away. God's role is not to punish us for what we find, but to walk with us into understanding and renewal. We tell the truth not to collapse into shame, but to release shame's power over us.

This step is the beginning of seeing ourselves with accuracy, tenderness, and hope. It prepares the soul for healing that is deep and real.

"Test me, O Lord, and try me, examine my heart and my mind; for your love is ever before me, and I walk continually in your truth." Psalm 26:2 (NIV)

A. This step is not for you to pursue on your own but is best accomplished in conjunction with an accountability partner, a sponsor.

Here are three biblical reasons for this:

1. Two are better than one.

"Two people are better off than one, for they can help each other succeed. If one person falls, the other can reach out and help. But someone who falls alone is in real trouble....A person standing alone can be attacked and defeated, but two can stand back-to-back and conquer." Ecclesiastes 4: 9, 10, 12 (NLT)

2. Two are able to bring out the best in each other.

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“As iron sharpens iron, so one man sharpens another.” Proverbs 27:17 (NIV)

3. Two are able to motivate and inspire each other.

“Let us think of ways to motivate one another to acts of love and good works.” Hebrews 10:24 (NLT)

B. The NeuroFaith® recovery process includes these four spiritual disciplines that are found throughout the rest of these 12 Steps:

1. Maintain an honest view of reality as you proceed through the NeuroFaith® process. A sponsor and a strong support team are important resources for this to happen.
2. Make NeuroFaith® recovery meetings a priority, knowing that your sponsor will be there for you.
3. Maintain a program of personal spiritual growth through prayer, Bible Study and meditation.
4. When you're ready, get involved in serving others as a sponsor or accountability partner.
5. A good sponsor or accountability partner will give you feedback on your progress, call you on any fallbacks, and celebrate your breakthroughs as you travel this path with them. Be confident that they'll confront you with love and the truth, not guilt or shame.

C. Make a list of all the significant events in your life, good and bad, and allow God to show you your part in them and how they have affected you and others.

This is the process of making a searching and fearless moral inventory of ourselves.

“Search me, O God, and know my heart; test me and know my anxious thoughts. Point out anything in me that offends you and lead me along the path of everlasting life.” Psalm 139:23-24 (NLT)

Five practices for completing part C:

1. Do not do this on your own! You need someone to keep you balanced and objective in this step. No one can do this work for you, but you’ll need the encouragement along the way from someone who will affirm your progress and hold you accountable.

2. Set aside a specific time with yourself, clearing your mind from the current issues you’re facing and open your heart and mind to feel the pain of the past you’ve either blocked or denied exists. Use these questions to help guide you:

- a. What do I feel guilty about?
- b. What/who do I resent?
- c. What /who do I fear?
- d. What are my traps in self-pity or stinkin’ thinkin’?

3. Rely on Jesus Christ to give you the courage and strength necessary to finish this exercise. God alone knows everything about us, even things we’ve buried, denied, or tried to forget.

O Lord, you have examined my heart and know everything about me. You know when I sit down or stand up. You know my thoughts even when I’m far away. You see me when I travel and when I rest at home. You know

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everything I do. You know what I am going to say even before I say it, Lord. Psalm 139:1-4 (NLT)

Christ has provided everything we need to be set free from all that has bound us in our past, is binding us in the present and will seek to bind us in the future.

He gave His life to free us from every kind of sin, to cleanse us, and to make us His very own people, totally committed to doing good deeds. Titus 2:14 (NLT)

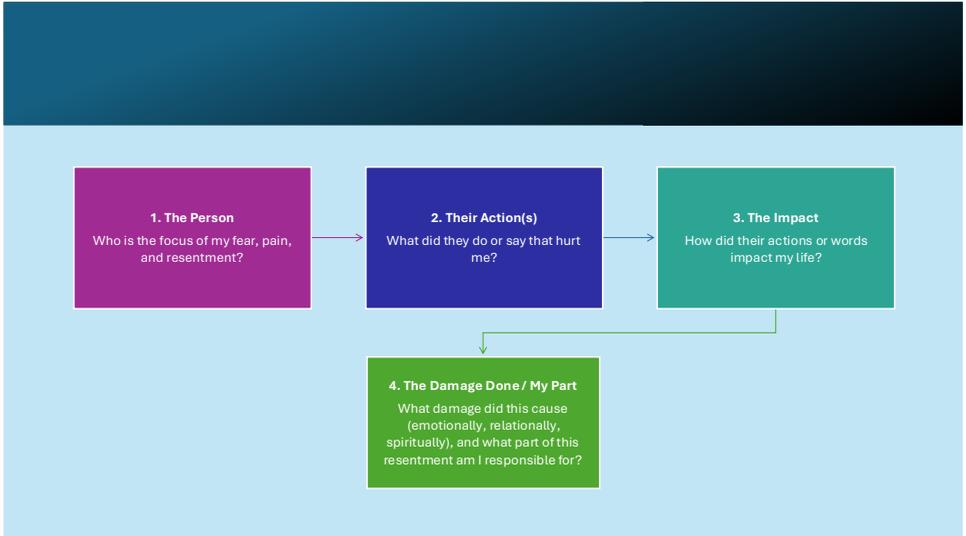
Keep in mind that Nothing in all creation is hidden from God. Everything is naked and exposed before His eyes, and He is the one to whom we are accountable.” Hebrews 4:13 (NLT)

4. Analyze your past honestly. All of us deal with hidden faults, but it is God who wants to expose them and deliver you from them.

“How can I know all the sins lurking in my heart? Cleanse me from these hidden faults. Keep your servant from deliberate sins! Don’t let them control me. Then I will be free of guilt and innocent of great sin. May the words of my mouth and the meditation of my heart be pleasing to you, O Lord, my Rock and my Redeemer.” Psalm 19:12-14 (NLT)

5. List the good and the bad. Keep your inventory balanced so you don’t distort your inventory and expose yourself to unnecessary pain and guilt.

D. Create your own Two-part NeuroFaith® Recovery Inventory:



Part one of the inventory addresses the hurts and harm caused by others upon you. Record each one as you ask the Lord to reveal them to you, making sure you cover all four areas in the above diagram. You may already have a list of those who have harmed you, but now is the time to address that list and analyze exactly what transpired. Once it is completed, submit it in its entirety to the Lord, asking Him to guide you in the healing process.

Part Two of the inventory addresses the hurts and harm you have caused others. Work your way through these four categories, following the procedures outlined above:

1. The person: to whom have I caused fear, pain, resentment or injury?
2. My actions: what did I do or say that hurt them?
3. The impact: how did my words or actions impact their life?
4. The damage done: what damage did my words or actions do to the other person?

Step 5: We admit to God, to ourselves, and to another human being the exact nature of our wrongs.



There comes a point in the healing journey where honesty must move from the inside out. We begin in silence, reviewing our own story with God, face-to-face

with our memories, patterns, and pain. But healing does not end in private reflection. Step 5 calls us into relationship—into shared space where restoration happens in the presence of another human being.

This is not about shame.
It is about **integration**.

In trauma, the nervous system learns to hide, protecting us by splitting our experiences into separate “rooms” of the mind. Some parts carry fear, others carry guilt, others anger, others numbness. We learn to survive by not looking. But when we hide from ourselves, we remain fragmented. The heart stays locked, the body stays vigilant, and peace feels out of reach.

Step 5 is where fragmentation begins to heal.

When we speak the truth of our story *out loud*, in the presence of someone who remains calm, compassionate, and grounded, the body receives a new message:

“I am not alone here.”

The polyvagal system responds.

The heart rate softens.

Breathing steadies.

The muscles of the chest relax.

What once felt threatening becomes bearable. What once felt unbearable becomes shareable. And what once felt defining begins to loosen its grip.

We are not confessing to be condemned.

We are confessing to be released.

Admitting the exact nature of our wrongs means naming, with clarity and honesty, both:

The harm we caused

The pain that drove us to cause it

Not to excuse it.

Not to shame it.

But to **see the whole story**—the wound *and* the reaction.

In Internal Family Systems language, this is the Self emerging—calm, curious, compassionate. The parts that have carried fear, addiction, secrecy, or self-hate finally exhale in the presence of love. They begin to trust that they no longer have to go on surviving alone.

And something sacred happens:

Shame breaks.

Not by force, but by being seen.

We speak our story.

God listens.

A witness listens.

We listen to ourselves.

And in that held space, the nervous system reorganizes around truth, truth spoken in love, not fear. Patterns shaped by trauma and secrecy begin to unwind. The heart becomes capable of coherence again. The mind becomes capable of clarity. The soul remembers what peace feels like.

Step 5 is not a courtroom.

It is a **homecoming**.

We do not confess to be rejected.

We confess to become *whole*.

"Therefore, confess your sins to each other and pray for each other so that you may be healed." James 5:16 (NIV)

Step 6: We are entirely ready to have God remove all these defects in our character and replace them with righteousness.



Step 6 is not about effort. It is not about trying harder to be better, stronger, or more disciplined. In fact, trying to force change is often what keeps us stuck. When we fight against ourselves, the nervous system tightens, the heart rhythm becomes jagged, and stress patterns echo through the body. This tension reinforces old neural pathways and emotional loops, making transformation feel impossible. The harder we push, the more the mind and body brace and lock.

But healing doesn't come through force.

Healing comes through **release**.

Now, in this step, we recognize we do not have to survive what we once did. We no longer need to grip these patterns. When we loosen our hold, something beautiful happens in the body. The nervous system relaxes. The heart begins to move, a coherent, smooth rhythm that signals safety. The brain shifts from chaos or shutdown into presence. This is the body experiencing **peace**, not as a belief or idea, but as a *felt reality*.

This is the gift of **allowing**.

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The early Christian contemplatives understood this, and so did many of the Eastern mystics, that freedom comes when we unclench the heart. When we stop trying to control transformation and simply allow God to work, the soul exhale is unmistakable. It is a surrender that does not defeat, it *restores*.

This step is where we say to God:

“I am willing. I am not fighting anymore.
I trust You to heal me from the inside out.”

Not perfectly willing.
Not flawlessly willing.
Just *open*.

And God meets openness with grace.

Scripture holds this truth tenderly:

“*Be still and know that I am God.*” Psalms 46:10

Be still — not strive.
Know — not force.
Allow — not fight.

In stillness, we remember we are held.

In release, we remember we are safe.

In surrender, we remember we are loved.

Step 6 is not the work of *fixing* ourselves.

It is the work of **letting God restore us** into who we have always truly been.

“I will give you a new heart and put a new spirit in you; I will remove from you your heart of stone and give you a heart of flesh.” Ezekiel 36:26
(NIV)

“We know that our old sinful selves were crucified with Christ so that sin might lose its power in our lives. We are no longer slaves to sin.” Romans 6:6 (NIV)

“And we all... are being transformed into his image with ever-increasing glory, which comes from the Lord, who is the Spirit.” 2 Corinthians 3:18
(NIV)

Step 7: We humbly ask Him to remove our shortcomings.

In Step 6, we become willing. This is the internal shift, the softening, the releasing of resistance. When we stop fighting our patterns and stop trying to change ourselves through force, the nervous system relaxes, making space for transformation. In neuroscience terms, the body moves from *defense* into *receiving*. The heart rate begins to settle, the prefrontal cortex comes back online, and we are no longer braced against our own healing. Step 6 is where we say, “God, I am open. I am willing to let You do what my effort alone has not been able to accomplish.”

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Step 7 is where that inward openness becomes *relational action*. Now that the body is no longer resisting, we are able to ask God to remove the patterns that no longer serve us. This is not asking from desperation, shame, or pressure. It is asking from trust, from the knowledge that God is already for us. In this step, we approach God with the understanding that He is the power and we are the participant. Like **two gears meshing together**, one has the force and motion, that is



Christ, and the other is designed to *receive* and *move with* that power that is us.

For the gears to turn smoothly, they must **align**.

If we fight, brace, or strain, the inner world goes into tension: the

nervous system tightens, heart rate variability drops, stress hormones rise, and the mind becomes chaotic or shut down. But when we release that inner gripping, when we allow rather than force, the body shifts into a state of peace and receptivity. From this place, asking God to remove our shortcomings is not a demand, but a joining with His movement.

We show up.
We say yes.
We attune to His presence.
And He provides the power.

Step 7 is not passive; it is *participatory surrender*. It is the moment where our willingness becomes relationship, where our openness becomes trust, where our healing shifts from something we *attempt* to something we *receive*.

This is how transformation actually happens in the human person:

God **moves**,
and we **move with Him**.

If we confess our sins, He is faithful and just and will forgive us our sins and purify (cleanse) us from all unrighteousness. 1 John 1:9 (NIV)

Step 8: We make a list of all persons we have harmed, then a list of all people who have harmed us and become willing to make amends to them all.



In Step 6, we opened our hearts to the possibility of change. In Step 7, we turned outward toward God, asking Him to do the healing work within us that we could not do on our own. And now, in Step 8, that same outward movement continues, but this time toward the people in

our lives. Healing has begun inside of us, and now it begins to extend beyond us.

This step is not about revisiting shame or condemning ourselves. It is about gently acknowledging that our pain did not stay contained within us, it touched others. The ways we protected ourselves, defended ourselves, numbed ourselves, or survived may have caused harm along the way. Step 8 invites us to look at this truth with honesty, but also with compassion. Not the harsh inner critic. Not the self-blaming judge. But the healed, grounded Self, the one who is learning how to live in peace.

We do not make this list to punish ourselves. We make it because **healing is relational**. The work God is doing in us is meant to ripple outward into the world around us. As the nervous system settles, as the heart becomes softer and more secure, as we begin to live from a place of openness rather than survival, we are now able to see others with clearer eyes. We can acknowledge the impact of our actions without collapsing into guilt or defensiveness. This is the fruit of the inner work already happening.

And Step 8 does not yet require us to act. It simply asks us to become willing, to open the door to the possibility of restoration. Some relationships may be able to be repaired. Some may not. Some may require time, wisdom, and boundaries. But willingness is the posture that says, “I am no longer hiding. I am no longer avoiding. I am allowing love to move through me.”

This is the preparation for redemption, the steadying of the heart for reconciliation where it is possible and safe. God has begun mending us

from the inside. Step 8 is where we prepare to let that healing flow outward.

Not rushed.

Not forced.

Just open and willing.

Therefore, if you are offering your gift at the altar and there remember that your brother has something against you, leave your gift there in front of the altar. First go and be reconciled to your brother; then come and offer your gift. Matthew 5:23-24 (NIV)

Step 9: We make amends to such people we have harmed, then to those who have harmed us, wherever possible, except when to do so would cause injury or harm to them or others.

In Step 8, we prepared our hearts. We became willing to face the reality of how our pain touched others. Now, in Step 9, we move from



willingness into action. This is where healing becomes visible. This is where we take responsibility in love, not to punish ourselves, and not to force outcomes, but to restore what can be restored. Making amends is different from simply saying “I’m sorry.”

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It is the act of showing up with honesty, humility, forgiveness, and care. It is acknowledging the effect of our actions and taking steps, where possible, to repair trust and connection.

Step 9 does not come from guilt. It comes from growth. We are not the person we were when we caused harm. God has already begun healing us from the inside. And because of that inner restoration, we are now strong enough to move outward. We have agency. In addiction or in survival states, we often acted as though we had no control. But recovery teaches us that we do have responsibility for our choices, both past and present. This step is not about being crushed by what we have done — it is about being empowered to respond to it with love and maturity.

In the NeuroFaith® model, this is where internal regulation and relational repair meet. When the nervous system stabilizes and the heart feels safe again, we are able to approach others with sincerity, clarity, and humility, rather than with defensiveness or shame. Repair becomes possible because our inner world is no longer in chaos. The healing within us begins to ripple outward.

The aspen grove gives us a beautiful picture of this. Aspens do not grow as isolated trees; they share a single root system underground. When one part of the grove is weakened, the surrounding trees send nutrients to support it. In the same way, our relationships are interconnected. Our healing strengthens others. Our courage to make amends becomes nourishment to the relational ecosystem we belong to. Where harm created separation, amends create reconnection. Where wounds closed hearts, humility and responsibility open them again.

This step is sacred because it is where love becomes active. It is where we stop simply hoping things will be better and begin participating in the making of peace. We move gently, wisely, and with discernment — not all situations are safe, and not all relationships can be restored. But we move where we can, we speak where we can, we repair what we can. And as we do, we step more fully into the person God is forming us to be.

“Blessed are the peacemakers, for they will be called children of God.”
(Matthew 5:9)

This is the work of peace — and we are strong enough now to do it.

“Fools mock at making amends for sin, but goodwill is found among the upright.” Proverbs 14:9 (NIV)

Step 10: We continue to take personal inventory, and when we are wrong promptly admit it.

Step 10 reminds us that recovery is not a moment; it is a way of living. Healing is not something we finish — it is something we walk in daily. This step is an invitation to remain awake, aware, and connected to our inner life. Rather than slipping back into old patterns of denial, defensiveness, or self-protection, we learn to stay honest with ourselves in real time. We check in with our emotions, our reactions, our relationships, and the state of our hearts.



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In the NeuroFaith® model, this step reflects the ongoing regulation and integration of the nervous system. As we grow, we become more attuned to the subtle signals within us — when our shoulders tense, when our breath shortens, when our tone sharpens, when shame or fear begins to rise. Rather than letting these patterns silently take over, we pause, notice, breathe, and return to center. This is where change becomes durable: not in dramatic breakthroughs, but in gentle, steady awareness.

And when we realize we have acted out of old wounds or old defenses, Step 10 invites us to respond quickly and kindly. Not with self-condemnation, but with self-respect and responsibility. When we admit our mistakes promptly, we interrupt shame before it takes root. We keep our hearts open rather than closed. We keep our relationships clear rather than hidden. We protect trust rather than eroding it with silence or delay.

This step is like keeping the inner room swept. Every day, just a small tidying of the heart. A quiet reflection. A soft returning to God. A willingness to adjust course without judgment. The same way a skilled sailor constantly makes small adjustments to stay on course, we learn to make gentle, compassionate corrections as we go.

This step is part of how peace is maintained. It is how the nervous system stays open instead of collapsing into old survival states. It is how the heart remains free. And it is how relationships deepen — through honesty, humility, and presence.

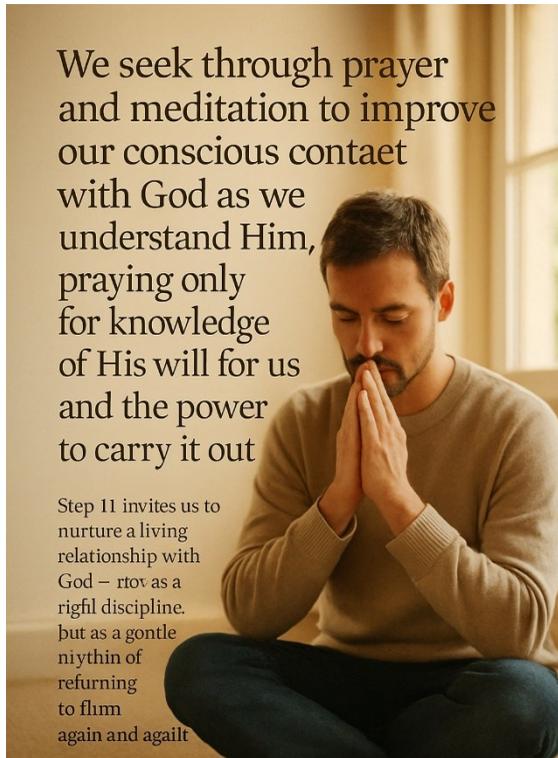
We are not trying to be perfect. We are learning to stay awake to the life of God within us, step by step, moment by moment.

“Search me, O God, and know my heart; test me and know my anxious thoughts. Point out anything in me that offends you and lead me along the path of everlasting life.” Psalm 139:23-24 (NLT)

This is not self-monitoring out of fear — it is staying aligned with love.

Step 11: We seek through prayer and meditation to improve our conscious contact with God as we understand Him, praying only for knowledge of His will for us and the power to carry it out.

Step 11 invites us to nurture a living relationship with God, not as a rigid discipline, but as a gentle rhythm of returning to Him again and again. Healing is not a single breakthrough; it is a pattern that is practiced into



the soul. Just like muscles in the body need regular movement to remain strong, our connection with God deepens through consistent engagement. Strength is built by repetition, not intensity.

This is where neuroscience beautifully supports spiritual growth. Hebb's Law tells us that **“neurons that fire together wire together.”** The pathways we use become the

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pathways we keep. When we repeatedly turn our attention toward God through prayer, meditation, and Scripture reflection, the brain actually forms stronger and more efficient circuits around peace, presence, and trust. The heart and nervous system learn to return to calm more easily. The soul learns to rest in love rather than brace in fear.

In the NeuroFaith® model, prayer and meditation are not just spiritual practices, they are **regulating experiences**. The breath slows. The vagus nerve signals safety. The heart rate begins to settle into coherent rhythm. The prefrontal cortex, where insight, compassion, and meaning reside, comes back online. We move from survival mode into connection mode. In this state, we can not only sense God's presence, but we become more receptive to His guidance.

This is why complacency can quietly erode recovery. Just as unused muscles atrophy, unused neural pathways weaken. If we stop turning toward God, the mind naturally drifts back toward its old familiar patterns of reactivity, worry, or self-reliance. Step 11 reminds us that spiritual strength is maintained through continual returning. Not out of pressure, but out of desire. Not through performance, but through presence.

And importantly, we do not pray only to know God's will. We pray for the power to carry it out. Understanding alone cannot transform us. But connection can. Grace does not simply inform us — it energizes us. It strengthens what is healing in us and gently loosens what once held us captive.

Prayer is how love keeps shaping the heart.

Meditation is how peace keeps anchoring the mind.

And practice is how trust becomes natural rather than effortful.

We are not striving to reach God.

We are simply learning to stay close.

“May our Lord Jesus Christ Himself and God our Father, who loved us and by His grace gave us eternal encouragement and good hope, encourage your hearts and strengthen you in every good deed and word.” II Thessalonians 2:16-17 (NIV)

Step 12: Having a spiritual awakening as the result of these steps, we try to carry this message to others and practice these principles in all our affairs.

Step 12 is the natural overflow of healing. When the heart has been restored, it does not want to keep that restoration to itself. Something in us begins to move outward



with compassion, gentleness, and quiet strength. We do not share because we are trying to convince or convert, and we do not guide others because we think we are above them. We share because we

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remember what it felt like to be lost, hurting, ashamed, or alone, and we know the relief of being found, supported, and loved.

This is not the loud, frantic urgency of trying to fix other people. It is the calm knowing of someone who has tasted peace and simply wants others to know peace too. In the NeuroFaith® model, when healing takes root, the nervous system begins to express coherence — our presence becomes steady, warm, grounded. Others can feel it. Often, we help far more through the quality of our presence than through any words we speak. Love that has been received becomes love that is naturally extended.

Step 12 invites us to carry the message with humility. We do not force spiritual awakening upon others. We do not make every conversation about our healing. We do not push, lecture, or elevate ourselves as examples. Instead, we learn to listen for the quiet leading of the Spirit, the gentle nudge, the interior knowing, the sacred timing. When someone is open, when the moment is receptive, we simply share from authenticity and tenderness. Not polished speeches. Not memorized teachings. Just the truth of a heart that has been touched by grace.

And as we live this way, patiently, kindly, without self-importance, the work of the steps continues in us. The healing deepens. The roots stretch wider. The peace grows steadier. The awakening becomes a way of being, not an event to remember. Step 12 is where recovery becomes life, not something we maintain, but something we embody.

This step reminds us that healing multiplies when it is shared. Just as one healed heart can strengthen another, one restored life becomes nourishment to those still suffering. And we remember that we are always learning, always growing, always being restored. Spiritual

awakening is ongoing, not a finish line, but a way of walking in the world with honesty, love, and grace.

“Freely you have received; freely give.” (Matthew 10:8)

We do not give to prove something.

We give because we have been given much.

We love because we have been loved first.

“We urge you, brothers, warn those who are idle, encourage the timid, help the weak, be patient with everyone. Make sure that nobody pays back wrong for wrong but always try to be kind to each other and to everyone else.” 1 Thessalonians 5:14-15 (NIV)

Closing Reflection

As you have walked through these twelve steps, you have engaged in far more than a program or a sequence of tasks. You have entered a sacred process of restoration. The 12-Step journey, when held in the light of God’s love, becomes a pathway of deep healing for the heart, the mind, the body, and the soul. In the NeuroFaith® model, we recognize that this healing is not only spiritual but also biological and relational. God has designed our nervous system and brain with the profound capacity to change, to soften, to rewire, and to love again.

Every moment of honesty, every act of surrender, every breath of prayer and reflection has been forming new pathways inside you. Neurons that fire together wire together. The more you turn toward God, the more naturally your heart learns to rest in Him. Your nervous system has been learning safety. Your mind has been learning peace.

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Your heart has been learning love. Your story has been quietly reshaping itself toward hope.

This is why your efforts here matter. Not because you were trying harder, but because you have been **opening**, returning, allowing. Healing happens not by force but by presence. God meets you in the gentle willingness to be seen, known, and held. And as He restores you from the inside out, the healing naturally begins to flow outward into your relationships, your choices, and the way you carry yourself in the world.

So, take heart. You are not the person you were when you began this journey. Something real has shifted. Something true has awakened. Something holy has begun to grow roots deep within you. And the work God has started in you will continue to grow as you keep returning to Him with openness and sincerity.

Lean into the deeper work. Give yourself to this process with patience, tenderness, and courage. The blessings that come are not temporary. They are restorative. Redemptive. Strengthening. Beautiful. And lasting.

You are not simply recovering.

You are becoming whole.

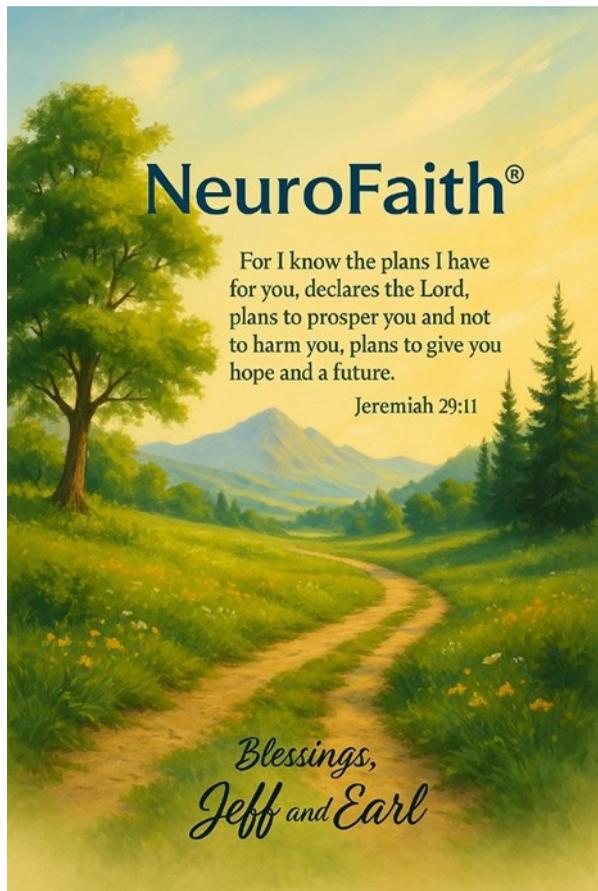
You are being renewed from the inside out.

And this story you are living now, this story of healing, will carry life to others as well.

You are not alone. You are held. You are being restored. And the best is still unfolding.

Conclusion

A Journey of Hope and Healing



As we conclude *NeuroFaith®: A light for the Broken*, we want to leave you with a message of deep encouragement and hope. Healing is not only possible, but also within reach. Whether you or someone you love is facing the challenges of addiction or trauma, know that there is a path forward, a path that heals the mind, restores the body, and renews the soul through the powerful combination of science and faith, particularly Christian faith.

Throughout this book, we have explored the complexities of addiction and trauma, but more importantly, we've highlighted the incredible capacity of the brain to heal and the soul to find peace. Faith provides the strength and resilience needed when life feels overwhelming, and together with science, it offers a foundation for recovery, showing us that no one has to face this journey alone.

The Bible reminds us of this truth: *"I can do all things through Christ who strengthens me"* (Philippians 4:13, NKJV). These words underscore the heart of our message, healing is possible, but it requires faith and the strength that comes from Christ. We believe deeply in the brain's ability to change and heal through the science of neuroplasticity, and even more so in the spiritual renewal that comes from trusting in God's grace and power.

If you ever feel lost, afraid, or uncertain about your ability to overcome addiction or trauma, let us reassure you: healing is not only real but available to you. The brain's power to repair itself, coupled with the healing presence of Christ, offers a hope beyond measure. *"For I know the plans I have for you,"* declares the Lord, *"plans to prosper you and not to harm you, plans to give you hope and a future"* (Jeremiah 29:11, NIV). These promises remind us that no matter how difficult the road may seem, God's plans for us are for healing and restoration.

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We wrote this book not only to inform but to invite you to believe in the possibility of transformation—through both the science of the brain and the faith that renews the heart. *"Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus"* (Philippians 4:6-7, NIV). Whether you're on this journey yourself, supporting a loved one, or guiding others professionally, know that every step forward, no matter how small, is a step toward renewal, hope, and restoration.

For those of you who feel overwhelmed by your addiction and trauma we encourage you to seek help from faith-based, neuroscience-informed professional treatment. To that end, we are available to support you in finding resources and guiding you toward healing, with God's love and scientific understanding at the core of every step.

Remember, you are more than your addiction or trauma. You are a child of God, fearfully and wonderfully made, capable of healing and worthy of a life filled with peace, purpose, and connection. Through the power of Christ and the insights of neuroscience, healing is not just possible, it's promised. With faith and science, there is hope. There is healing. And we walk this path alongside you, together, every step of the way.

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About the Authors

Jeffrey E. Hansen, Ph.D., is a Clinical Psychologist specializing in addiction and trauma, with degrees from the University of California at Berkeley and the University of Arkansas. He has over four decades of



clinical experience, including service in the U.S. Army (active duty) and the Defense Health Agency. Jeff now serves as Clinical Director of Holdfast Recovery and AnchorPoint, two faith-centered treatment centers for addiction and trauma recovery. He is the author of nine published books and is deeply committed to shaping public policy to protect children and adolescents from the ideological capture of psychology, the rushed medicalization of gender identity, and the premature use of psychotropic medications without sufficient exploration of root causes and non-pharmaceutical alternatives.

Earl Heverly is a retired pastor who served for 46 years in Northern California as an associate pastor, senior pastor, and Bible college instructor. He holds a



bachelor's degree in Sociology from the University of Illinois, a Biblical Studies Degree from the Berean School of the Bible, and Ordination Ministerial Credentials through the Assemblies of God USA. Throughout his ministry, Earl has remained deeply committed

to Scripture-centered teaching and pastoral care. He is also a co-author of five *NeuroFaith*[®] related books.