

The Neurobiology of the Cross: Trauma, the Temple, and the Companioning Christ

A NeuroFaith® reflection



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A Moment of Illumination

There are moments in a life of clinical work when a truth long carried in the mind descends into the body and becomes something closer to worship than to theory. This morning was one of those moments for me. As I listened to a teaching from the amazing YouTube German channel, *LostAndFound*, that placed the suffering of Christ alongside the neurobiology of trauma, I realized that what I have spent decades articulating through the NeuroFaith® model was not simply being confirmed. It was being deepened. I was seeing with greater clarity that the Incarnation, the Cross, and the Resurrection together form the most complete revelation of how the human nervous system is restored, how the fragmented self is reintegrated, and how the temple of the body is brought back into indwelling communion with God.

Trauma as a Full-Body State

Trauma is not an idea. It is a full body event that becomes a full body state. When an experience is too much, too fast, or too soon for the system to metabolize, the brain's integrative networks are overwhelmed. The amygdala increases its threat signaling. The

hippocampus loses its capacity to time-stamp memory as past. The medial prefrontal cortex, which allows us to observe and regulate experience, goes offline under the load of survival. The autonomic nervous system shifts into chronic sympathetic activation or dorsal vagal collapse. Cortisol and catecholamines remain elevated beyond their adaptive window. Inflammatory pathways are activated and remain active. Over time this affects immune competence, sleep architecture, cardiovascular tone, digestive function, and even cellular aging through telomeric shortening and epigenetic modification. The body begins to live a story that the conscious mind may not even be able to tell.

This is why trauma survivors so often say that the past is not over. Their physiology is still there.

The Body as Temple

The Scriptures speak of this reality in language that is pre-scientific and yet profoundly precise in its observation.

“When I kept silent, my bones wasted away through my groaning all day long.”

Psalm 32:3

“A crushed spirit dries up the bones.”

Proverbs 17:22

The biblical writers understood that human suffering is not disembodied. It alters strength, posture, vitality, and the felt sense of being alive. When Paul tells the Corinthians that their bodies are temples of the Holy Spirit, he is not offering a metaphor that bypasses physiology. He is declaring that the very tissue in which trauma is stored is the dwelling place of God.

Integration, Not Symptom Suppression

Within the NeuroFaith® framework this is the starting point for all healing. The goal is not symptom suppression. The goal is integration. Integration in neurobiological terms means that previously isolated neural networks begin to communicate again. Implicit memory becomes linked with explicit narrative. The prefrontal cortex regains its regulatory influence over limbic activation. The autonomic nervous system learns that it can move from defense into safety without losing coherence. The body becomes a place that can be inhabited again.

This process cannot occur through avoidance. It cannot occur through dissociation. It cannot occur through interventions that mute the signal while leaving the underlying organization unchanged. This is where the dominant medical formation of our time has often lost its way. In the opioid era we were trained to treat pain as a number to be lowered, and we now know the

cost of a system that equated relief with healing. In our present moment antidepressants are frequently positioned as the first and defining treatment for depression and anxiety, even when the person's trauma history, attachment patterns, and developmental story have not yet been explored in depth. These medications can create temporary stabilization, but stabilization is not integration. The nervous system may become quieter while the unresolved past continues to organize the person's life from beneath the surface.

A similar urgency appears in the rapid movement toward early social affirmation and medicalization for children and adolescents in states of identity distress. The developmental brain is still undergoing massive structural and functional change. Identity is still being formed within relationship, embodiment, and time. Trauma histories are common. To move quickly toward permanent interventions before the slow work of integration risks repeating the same pattern we have already seen in other domains. Relief is immediate. Inquiry is shortened. The body carries the long-term consequences.

Yet even here there are signs that the paradigm is being reexamined. Outcome data are being studied more carefully. Lawsuits are forcing institutions to revisit assumptions that were once treated as unquestionable. Thomas Kuhn's observation that paradigms persist until they can no longer contain the weight of anomaly is being played out in real time. What gives me hope is not the collapse of one system but the reopening of scientific and clinical humility, the willingness to return to the data, to the lived experience of patients, and to a larger vision of the human person.

The Cross as the Pattern of Integration

All of this brings us back to the Cross, because what I saw this morning with renewed clarity is that Jesus does not simply teach us about suffering. He enters the full neurobiological reality of it.

"My soul is overwhelmed with sorrow to the point of death."

Matthew 26:38

In Gethsemane we see the human stress response in its most intense form. Hematidrosis, the sweating of blood described in the gospel accounts, is a rare but medically documented phenomenon associated with extreme autonomic activation. Jesus' body trembles under the anticipation of what is coming, yet He remains in relational dialogue with the Father. The prefrontal act of surrender occurs in the midst of limbic activation. This is not the suppression of distress. This is regulation through attachment.

On the Cross Jesus does not leave His body. He experiences thirst, suffocation, tissue trauma, public exposure, and the anguish of perceived abandonment. Every sensory channel is engaged. Every dimension of human trauma is present. Yet none of it occurs outside of communion.

"Into your hands I commit my spirit."

Luke 23:46

This is the definitive movement of integration. Overwhelming experience is held within unbroken relationship. The nervous system is not abandoned. Meaning is not lost. The self does not fragment beyond recovery.

Christ the Companion in Regulation

What this means for the NeuroFaith® model is that co-regulation is not only a clinical reality. It is a Christological reality. The presence of the indwelling Christ is the ultimate secure attachment. The Holy Spirit is the one who brings the autonomic system out of isolation and into relational safety.

"Christ in you, the hope of glory."

Colossians 1:27

Resurrection does not erase the wounds. The risen Christ is recognized by them.

"Put your finger here and see my hands."

John 20:27

This is integrated memory. The past is no longer an organizing force of death. It has been metabolized into glory. In clinical terms this is what we witness when a trauma survivor can remember without reliving, can feel without being overwhelmed, can remain present in their own body while staying connected in relationship.

Over decades of practice I have watched this happen again and again. Breathing deepens. Muscle tone softens. Eye contact returns. Narrative becomes coherent. The person who once lived in survival begins to live in communion. What I understand more fully now is that this is not simply good therapy. It is participation in the pattern of the gospel.

The Coherence of NeuroFaith®

This is why any system of care that defines healing as the rapid elimination of distress without the restoration of integration must be questioned. The body is the temple. The temple is

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restored through indwelling presence, not through urgency. Yet we are beginning to see a shift. Questions are being asked that could not be asked before. Evidence is being re-examined. Humility is returning to the scientific enterprise. This gives me genuine hope.

The joy I experienced this morning came from seeing the full coherence again. NeuroFaith® is not the blending of two disciplines. It is the recognition that the Incarnation is the meeting place of all true healing. The Word became flesh and entered the human nervous system. He walked the path of integration before us. He walks it with us now.

“And the Word became flesh and dwelt among us.”

John 1:14

We do not ask anyone to go where He has not already gone. We do not ask anyone to face trauma alone. The restoration of the temple is the slow, sacred reordering of a human life around the living presence of Christ.

This is the healing of trauma.

This is the work of integration.

This is the heart of NeuroFaith®.