

PORNOGRAPHY ENSLAVEMENT

A NeuroFaith™ Model for Restoring Intimacy
in an Age of Disconnection



Jeffrey E. Hansen, Ph.D.

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In Gratitude



*I write this endorsement for a man I never had the chance to meet face to face—but whose work has touched my heart and mind in ways that are both enduring and eternal. Gary Wilson, through his groundbreaking book *Your Brain on Porn*, was the first to introduce me to the neuroscience of addiction in a way that was both compelling and accessible. His gift was rare: the ability to make complex science understandable for the average Joe, without compromising depth or integrity.*

When I began my own journey writing and researching the devastating impacts of pornography addiction, Gary's work became a foundation for everything I would go on to do. His clarity of thought and compassion for those trapped in compulsive behavior informed the way I teach, write, and counsel to this day. I have cited his work in all six of my books, and his influence permeates my thinking on addiction, the brain, and recovery.

Gary faced cruel and unjust attacks from powerful interests, simply for telling the truth about what pornography does to the brain. Yet he stood firm. His courage, intellect, and humility made him a beacon for many who were suffering in silence—and a mentor to those of us trying to help them.

Though Gary passed away in 2021, his legacy continues through his writing, the website he built with his wife Marina, and the thousands of lives he touched. His voice lives on in the hearts and work of those he inspired. I count myself among them—with deep gratitude.

ENDORSEMENTS

Pornography Enslavement

A NeuroFaith™ Model for Restoring Intimacy in an Age of Disconnection

P*ornography Enslavement: A NeuroFaith™ Model Restoring Intimacy in an Age of Disconnection* offers a critical exploration of pornography addiction's effects on individuals and society.

Beginning with an overview of the addiction's severity, the book delves into the origins of such addiction, emphasizing digital pornography's accessibility. A notable section on the neuroscience behind addiction provides a solid scientific basis, explaining the biological challenges in overcoming this addiction.

Dr. Jeffrey Hansen thoroughly examines the impacts of pornography addiction, including its physical, mental, and societal consequences. Dr. Hansen highlights the troubling links between pornography, sexual aggression, and the objectification of women, presenting well-researched arguments and real-life examples. The discussion extends to the worrying trend of the sexualization of children, prompted by early exposure to pornography.

Concluding with a chapter on recovery and treatment options, "Digital Enslavement Amidst the Search for Intimacy" transitions from diagnosis to hopeful solutions, offering practical advice for those seeking to break free from pornography addiction. This concise yet comprehensive guide combines scientific insight with empathetic

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advice, making it a valuable resource for a wide audience, including those affected by addiction, professionals, and concerned individuals. Its core message is one of hope: recovery is challenging but achievable through understanding, support, and determined effort.

Andrew P. Doan, MPH, MD, PhD

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Sculpted to be comprehensively informative, yet also powerfully practical and encouraging, psychologist Jeffrey Hansen's *Pornography Enslavement: A NeuroFaith™ Model Restoring Intimacy in an Age of Disconnection* masterfully addresses a dark subject growing darker in the digital age.

Dr. Hansen draws from his life's work and past personal problem with porn to provide this highly readable resource that invites us to a revealing look at the issue, its causes and contributors, its spread, and a clear and well-defined avenue to recovery and continued freedom.

"Pornography Enslavement" is replete with science, proven approaches, and wisdom. The seven-step U-turn path away from the porn-triggered activation sequence is among several offerings here worth the price of admission. Particularly bold is the chapter on Neo-Marxism and Queer theory, which, as you will find, is the philosophical launch pad for much of the modern problem. Far from being a relatively harmless pastime – and contrary to the stated position of certain ideologues in the mental health and sociological fields -- porn use is not benign. Pornography consumption worsens loneliness, depression, social integration, emotional health, conduct problems,

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physical and sexual aggressiveness, respect for women, and spiritual health. Dr. Hansen’s contribution is the single best work I have yet read on the topic. Consider obtaining a copy for yourself and for any loved one caught in the struggle.

Andre Van Mol, MD

Board-certified family physician

Co-chair, Council on Adolescent Sexuality, American College of
Pediatricians

Co-chair, Sexual and Gender Identity Task Force, Christian Medical &
Dental Assoc.

Pornography Enslavement: A NeuroFaith™ Model Restoring Intimacy in an Age of Disconnection offers insight, introspection and actionable strategies to aid individuals and providers along their journey with this addition. Dr. Hansen addresses how exposure to pornography deleteriously impacts the spheres of body, mind and soul. Dr. Hansen goes beyond describing how pornography affects our mental health by providing insight into the physical and spiritual issues many face today. He is quick to note shame and condemnation have no place in effective treatment and helps us to understand the disease model of pornography addiction. Secular or spiritual, the recent transactional attitude toward intimacy brought on by pornography has created huge rifts in individuals and families alike. Dr. Hansen provides a “road map” of exit strategies that if followed, may lift one out of the downward spiral caused by pornography addiction. If you or anyone you care about is struggling, *Pornography Enslavement: A NeuroFaith™ Model Restoring Intimacy in an Age of Disconnection* should be in your library.

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PORNOGRAPHY ENSLAVEMENT

A NeuroFaith™ Model for Restoring Intimacy in an Age of Disconnection

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

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.

Authors' Note on AI Contributions

We have utilized AI technology as a tool to assist with chapter transitions, consolidating previously written works by the author, generating illustrative content, and refining the overall structure. While AI has contributed to the organization and presentation of ideas, all original concepts, clinical insights, and faith-based principles remain grounded in our collective expertise and personal experiences. The use of AI was employed to enhance clarity, streamline content, and enrich the visual and narrative flow, ensuring that each chapter serves its intended purpose of informing, inspiring, and guiding readers toward healing and growth.

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2024 Jeffrey E. Hansen

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 *Essay on Man*

There is a quiet epidemic consuming a generation—not through disease or violence but through screens, shame, and stolen intimacy. It doesn't storm in like a crisis; it seeps in like a slow poison. It masquerades as entertainment, exploration, even education. But underneath, it fractures identity, distorts connection, and leaves hearts hollow.

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We are talking about pornography—and the far-reaching digital culture that feeds it.

As a culture, we've become desensitized to its presence and blind to its cost. But behind closed doors and locked screens, the impact is profound. The pain is real. And the silence is deafening.

Stephen Arterburn, one of the most respected voices in the field of sexual addiction, put it this way:

“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... The Internet exploded the problem, and now cell phones transport pornography more portably than the computer and facilitate affairs with greater accessibility and secrecy” (Roberts, 2008, p. 9).

He's right.

We've seen it firsthand. We've sat with young people who can't stop watching, even when they want to. We've counseled spouses devastated by betrayal. We've walked with men who lost their marriages, their careers, and their sense of self. We've seen adolescents whose understanding of sex and intimacy has been shaped more by violent content than by real relationships. The results are tragic—and they are mounting.

When I (Jeff) entered the field of pediatric psychology over 38 years ago, I never imagined I would be writing about pornography addiction. But over time, it became impossible to ignore. Too many of my patients—especially young males—were being harmed. I began seeing a wave of compulsive sexual behavior that wasn't rooted in rebellion but in early exposure, trauma, and confusion. These weren't bad kids.

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They were good kids—enslaved by a digital force far more powerful than they understood.

And my motivation wasn't just professional. It was personal.

As a teenager, I developed an addiction to soft-core magazines. What started as curiosity became a secret and a shame that followed me into adulthood. It almost cost me my marriage. By God's grace, and with the help of a wife who refused to give up on me, I found a therapist who offered truth without judgment. That journey of healing—raw, humbling, and holy—is part of why I write this today. Not as an expert looking down but as a fellow struggler who found a way out.

This book is born out of that shared fight—not only mine, but the collective experience of those I've counseled, the wisdom of my co-authors, and the countless stories we've carried. We wrote this because we believe that while digital enslavement is real, **freedom is even more powerful**. And that healing isn't just possible—it's promised to those willing to face truth, embrace grace, and do the work.

That's where the **NeuroFaith™ model** comes in.

What Is NeuroFaith™?

NeuroFaith™ is more than a treatment philosophy. It's a movement—a model of healing that dares to believe that lasting transformation happens when science and faith walk hand in hand.

Too often, the world divides those two realities. You can go to a therapist for the brain or to a pastor for the soul—but not both. At NeuroFaith™, we reject that division.

We believe you were made by God as a whole person—mind, body, and soul. And healing that doesn't touch all three is incomplete.

NeuroFaith™ offers a groundbreaking integration of **neuroscience, trauma-informed therapy, and biblical truth**. It draws on the latest research in brain science and the deepest realities of spiritual identity. It's for the one who want more than behavior management. It's for the one who wants to be free—**truly free**.

What Makes NeuroFaith™ Different?

- **It's grounded in evidence-based neuroscience.**

We explore how trauma, addiction, and shame impact the nervous system. Using tools from polyvagal theory, neurocardiology, and Internal Family Systems (IFS), we address what's happening in the brain, the body, and the emotional memory of the person—not just their behavior. This is not about “just say no.” It's about understanding what drives the “yes,” and rewiring it with compassion, truth, and safety.

- **It's anchored in authentic Christian faith.**

This is not moralism. This is not guilt. NeuroFaith™ points to the radical, healing love of Christ—a love that doesn't shame or scold but restores and renews. Through Scripture, prayer, and Spirit-led transformation, individuals rediscover who they were meant to be: whole, holy, and loved. The goal isn't perfection. It's redemption. *So, if the Son sets you free, you will be free indeed*” John 8:36 (NIV)

- **It's relational to the core.**

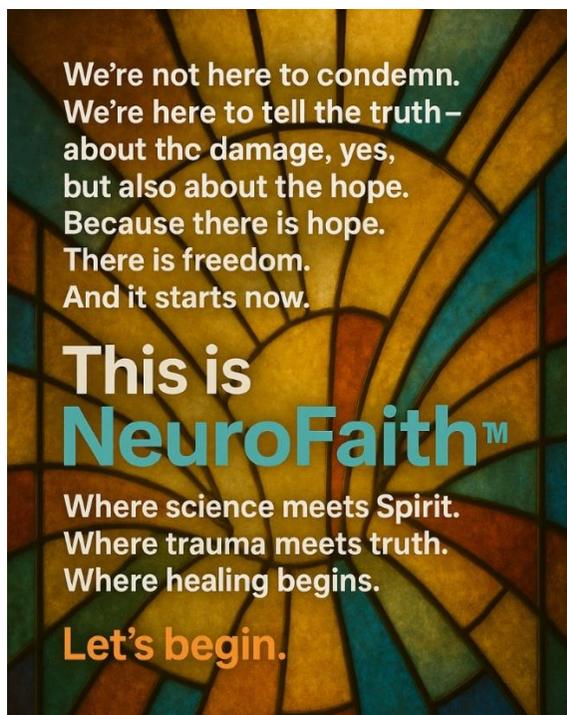
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Healing happens in safe connection. Whether that's through a therapist, a trusted community, or a deeper walk with God, NeuroFaith™ restores the relational circuits that addiction disrupts. Shame isolates, but grace reconnects. And that's where the breakthrough happens.

- **It restores the whole person.**

This isn't about managing sin or suppressing symptoms. It's about rediscovering joy, peace, purpose, and true intimacy. NeuroFaith™ is about living from the inside out—free from false identities and compulsions and rooted in God's design.

So, whether you're reading this book as someone struggling with digital addiction, someone who loves a struggler, or someone wanting to understand the deeper story behind this cultural crisis—welcome. This book is for you.



Before we go any further, we need to be clear about what we're actually talking about. As the Jesuits wisely teach, *definire est resolvere*—to define is to begin to resolve. So, let's define our terms.

The word *pornography* originates from two Greek roots: *porne*, meaning prostitute, and *graphos*, meaning writing or depiction. Combined, they form a term that literally refers to “a depiction of the acts of prostitutes” (Catholic News Agency, 2010). From its very origin, pornography was not simply about arousal or art—it was about the commodification of the human body for consumption.

Webster's Third International Dictionary defines it as “a depiction of licentiousness or lewdness” and “a portrayal of erotic behavior designed to cause sexual excitement” (Gove, 2002). But beneath these technical definitions lies a deeper truth: pornography is not just stimulation—it is distortion and destruction. It reduces what was

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designed to be sacred and relational into something transactional and isolating. It sells the illusion of intimacy while leaving users more disconnected than ever.

In Scripture, the related term *porneia* is used extensively to describe sexual immorality. Paul exhorts believers to “flee from sexual immorality” (*porneia*) because it is a sin against one's own body—“the temple of the Holy Spirit” (1 Corinthians 6:18–20, NIV). He speaks not only of behavior but of identity—of the sacredness of the body and the spiritual damage caused when that sacredness is violated. Other warnings appear throughout the epistles (e.g., Galatians 5:19; Ephesians 5:3), consistently linking sexual immorality to spiritual estrangement.

Early church fathers echoed these concerns. Chrysostom (as cited in Wills, 2009) warned that unchecked lust dulls the soul and blinds the heart to divine love. Augustine (as cited in Brown, 2000) argued that disordered desire corrupts our ability to love rightly, turning the soul inward—away from communion with God and others. In that light, pornography is not merely private indulgence—it is a spiritual rupture. It offers excitement but depletes meaning. It offers autonomy but erodes intimacy. And in doing so, it reshapes how we see ourselves, others, and even God.

If we're going to confront pornography honestly and compassionately, we must first name it for what it truly is. It is not harmless. It is not neutral. It is not just an image—it is an ideology. One that rewires the brain, reshapes the soul, remakes intimacy into idolatry, and redefines love into lust.

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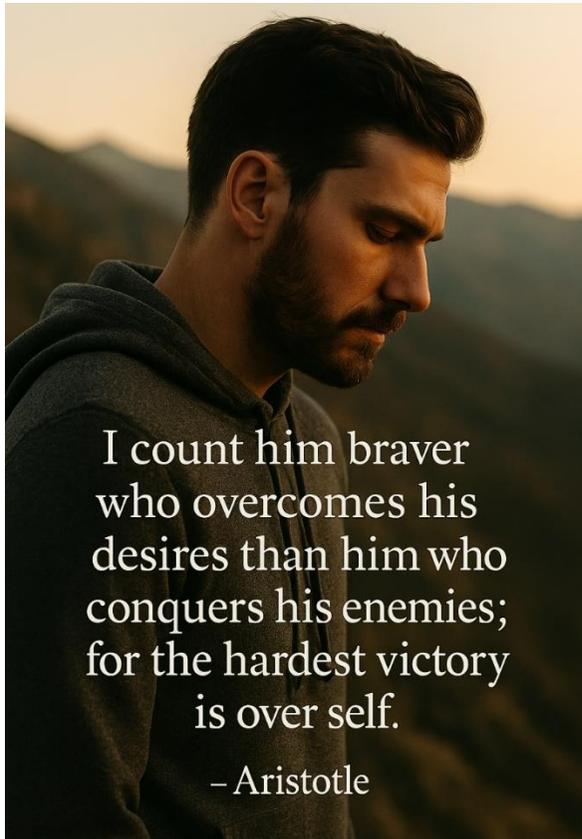


Exposure to pornography and sexually explicit content can have significant impact on children, but there are differences between the two:

- **Pornography:** Pornography is typically created and distributed explicitly for the purpose of sexual arousal and gratification. It often features explicit sexual acts and is intended for adult audiences.
- **Sexually Explicit Content:** Sexually explicit content can encompass a broader range of material that includes explicit depictions of sexual content but may not necessarily be created for the sole purpose of sexual arousal. It can include explicit discussions of sexuality, nudity, or sexual behavior.

From Teens to Seniors

The Widespread Reach of Pornography



I count him braver
who overcomes his
desires than him who
conquers his enemies;
for the hardest victory
is over self.

– Aristotle

AS we open this chapter, it is essential to acknowledge the cultural moment we are living in. We are witnessing an era of unprecedented sexual exposure—one that is reshaping not only behavior but identity, development, and intimacy itself. The influence of pornography is no longer hidden in the margins; it is mainstream, accessible, and increasingly normalized in digital spaces that were once reserved for learning, creativity, and connection.

Skinner (2005) captures this shift with sobering clarity: "The sexual exposure that we face is unparalleled in the history of mankind. With television, the Internet, magazines, billboards, movies, and DVDs, our society has been dehumanized... The result of this desensitization process is that children and teenagers are faced with sexual decisions before they fully understand the consequences of their own sexual behaviors. A teenager caught up in Internet pornography doesn't understand that his curiosity can lead to an addiction" (p. 27).

If you are struggling with Internet pornography, you are not alone. The scope of this issue is staggering, and the damage reaches deeper than most realize. In the shadows of countless homes and hearts, individuals wrestle with a quiet compulsion that promises connection but delivers isolation. As Scripture says, *"My people are destroyed from lack of knowledge"* (Hosea 4:6, NIV). *"Don't let anyone deceive you about this"* 1 John 3:7 (NLT). This chapter is not about shame—it is about clarity, truth, and hope.

Consider the following statistics, which underscore the gravity of the crisis:

- In 1997, just six years after the World Wide Web was launched, there were about 900 online porn sites (Ogasa et al., 2011).

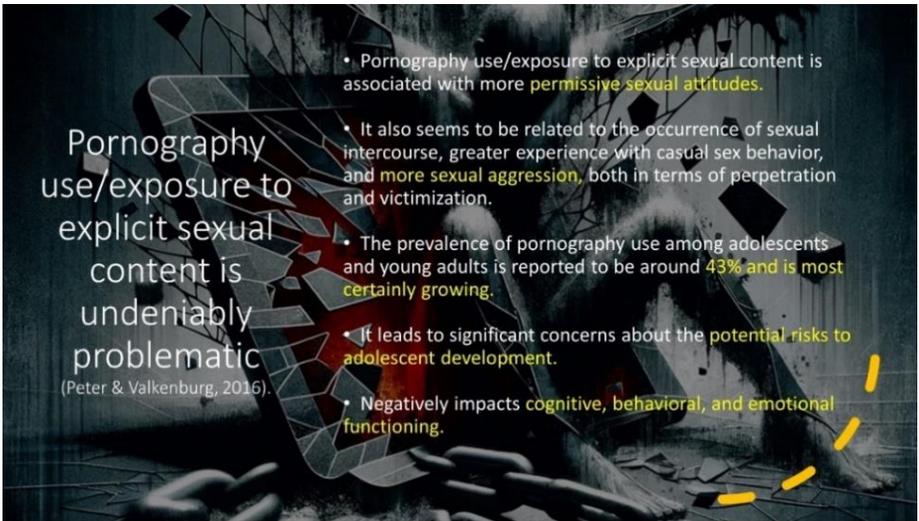
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- By 2005, approximately 13,500 full-length pornographic films were released compared to 600 Hollywood films (Ropelato, 2011).
- From 2001 to 2007, U.S. Internet pornography revenue grew from \$1 billion to \$3 billion annually (Lambert et al., 2012).
- Forty million Americans watch porn regularly (Webroot, 2019).
- The porn industry earns more revenue than CBS, NBC, and ABC combined (Roberts, 2008).
- U.S. businesses lose an estimated \$16.9 billion annually in productivity due to pornography use, not to mention the personal cost to families and youth (Webroot, 2019).
- 35% of all Internet downloads are porn-related (Webroot, 2019).
- 34% of Internet users report unwanted exposure to pornography through ads, pop-ups, or misdirected links (Webroot, 2019).
- One-third of porn viewers are women (Webroot, 2019).
- Between 2008 and 2011, pornography exposure among boys under 13 rose from 14% to 49% (Sun et al., 2016).
- A 2015 study of Italian teens (Pizzol et al., 2015) found that 80% viewed pornography, with 22% reporting habitual use, 10% reporting reduced real-life sexual interest, and 9% reporting addictive behavior.
- A 2017 Swedish study found 98% of young men had viewed pornography; 11% were daily users (Donevan & Mattebo, 2017).

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- In 2006, 35% of Dutch children aged 8-12 encountered pornographic content online at home (Soeters & van Schaik, 2006).
- Over two-thirds of 15-17-year-olds report accidental exposure to pornographic content, with 45% saying they were upset by it (Kaiser Family Foundation, 2001).
- Nearly half (47%) of U.S. families report pornography as a problem in their homes (National Coalition for the Protection of Children & Families, 2010).
- In a 2012 study, 71% of teens admitted to hiding their online activity from parents; 32% admitted to intentionally accessing pornographic content (SCRIBD, 2019).
- A University of Alberta study (Betkowski, 2007) found 90% of boys and 70% of girls aged 13-14 had accessed sexually explicit content.
- According to the Barna Group (Proven Men Ministries, 2014):
 - 79% of men aged 18-30 view porn monthly; 63% do so several times a week.
 - 76% of women aged 18-30 view porn monthly; 21% do so several times a week.
 - 55% of married men and 25% of married women view porn monthly.

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These numbers aren't just statistics—they represent real people, real families, and real pain. But we believe that truth can lead to freedom. As Jesus said, "Then you will know the truth, and the truth will set you free" (John 8:32, NIV).

This book, and the NeuroFaith™ model it presents, was born from that very hope: that freedom is not only possible—it is promised. And it begins by facing reality with eyes wide open and hearts fully surrendered to healing.

If you are struggling with Internet pornography, you are not alone. The following alarming statistics highlight the gravity of the pornography crisis, as nicely reviewed by Zimbardo & Coulombe (2016) and Covenant Eyes (2019), as well as others:

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- According to a survey conducted by the Barna Group in the U.S. in 2014 (Proven Men Ministries, 2014):

The following percentages of men say they view pornography at least once a month: 18-30-year-olds, 79%; 31-49-year-olds, 67%; 50-68-year-olds, 49%.

The following percentages of men say they view pornography at least several times a week: 18-30-year-olds, 63%; 31-49-year-olds, 38%; 50-68-year-olds, 25%.

The following percentages of women say they view pornography at least once a month: 18-30-year-olds, 76%; 31-49-year-olds, 16%; 50-68-year-olds, 4% .

The following percentages of women say they view pornography at least several times a week: 18-30-year-olds, 21%; 31-49-year-olds, 5%; 50-68-year-olds, 0%.

55% of married men say they watch porn at least once a month, compared to 70% of not married men. Pornography Statistics:

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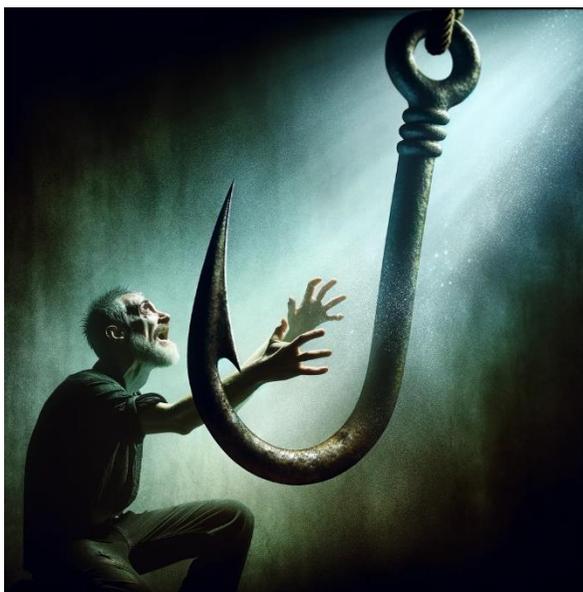
25% of married women say they watch porn at least once a month, compared to 16% of not married women.



What percent of teens watch porn?
Here are ten of the most alarming statistics about teens and pornography
<http://www.covenanteyes.com/2013/04/18/10-facts-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 12 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.
- ✓ 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.

So How Did I Get Addicted To Porn In The First Place?



“Shallow men believe in luck or in circumstance.
Strong men believe in cause and effect.”

The Question We All Ask

If you're reading this chapter, it's likely because you've reached a moment of reflection—a quiet or anguished cry from deep within: *How did I get here?* Perhaps it began innocently, maybe with curiosity, excitement, or even a desire for comfort. But now, it feels like a trap. You're weary of hiding, confused about the journey, and burdened by shame.

Let us say this clearly, together: you are not alone. You are not beyond hope. You are not defined by this struggle.

We've walked alongside countless men who've asked the same questions: *Why do I feel enslaved to this? Why can't I stop? What happened to me?* Our culture often responds with judgment. But Jesus doesn't begin with condemnation—He begins with compassion. He looks at the broken, the confused, the ashamed, and says, “Neither do I condemn you... Go now and leave your life of sin” (John 8:11, NIV).

Healing begins with honesty. And it takes root in the light of truth and grace. So, let's take this journey together—into neuroscience, trauma theory, and God's redemptive heart.

Beyond Behavior: Understanding the Deeper Struggle

Porn addiction is often misunderstood as a simple failure of willpower or a moral flaw. But we've come to see it very differently. In our experience, addiction is almost always a misguided attempt to soothe emotional pain.

We're not excusing the behavior—but we are reframing it. Because when we understand that porn is not the problem itself but the attempted solution to deeper wounds, we can begin the real work of healing.

“Guilt is about what we have done, but shame is about who we are... With shame, we are caught in a noose because the problem stays with us... The critical issue to remember about shame is that it causes incredible pain.”

—Dr. Ted Roberts (2008, pp. 73–74)

It's this shame that fuels the cycle. But Jesus did not die so we could live in shame—He died so we could live in freedom.

The NeuroFaith™ Model: Where Science and Spirit Meet

Out of our work in therapy, ministry, and recovery, we developed the NeuroFaith™ Model—a holistic approach that integrates the best of neuroscience, trauma-informed care, and Gospel-centered healing.

This model acknowledges that healing takes place across multiple domains:

- **Biological:** Repairing neural pathways
- **Emotional:** Processing past wounds
- **Relational:** Rebuilding trust and intimacy
- **Spiritual:** Encountering God's truth and love

We don't just ask, *"What's wrong with you?"* We ask, *"What happened to you—and how can Jesus meet you there?"*

Freedom isn't found by managing symptoms. It's found by healing the soul.

"You will know the truth, and the truth will set you free." —John 8:32 (NIV)

Walking Out of the Shadows

So, where do you go from here?

You start by telling the truth. You stop pretending. You bring your pain, your confusion, and even your rebellion into the light of God's grace.

And you let Him begin the work of restoration.

“Come to me, all you who are weary and burdened, and I will give you rest.” —Matthew 11:28 (NIV)

You don’t have to do this alone.

We are with you. God is with you. And freedom is not a fantasy. It is the birthright of the sons of God.

Facing the Roots, Not Just the Fruits

When it comes to understanding pornography addiction, it is tempting—especially in religious or moral circles—to reduce the problem to a single cause or failure. But in our combined decades of walking with men through the trenches of sexual addiction, we’ve found this to be not only unhelpful but harmful. The truth is far more layered. While some writers support singular theories—and each theory brings something valuable to the table—we are convinced that people fall into pornography for a multitude of reasons. No one wakes up one day and decides to wreck their soul. The descent is gradual, and the roots are often tangled.

Understanding these root causes—and the cascading changes that occur in the brain, body, and soul—is not a clinical exercise; it’s an act of compassion. When we grasp what’s really going on underneath the surface, we can move from blame and despair toward empathy and healing. This is essential. We cannot shame someone into wholeness. But we *can* walk with them into the light when we understand what drove them into the shadows in the first place.

Writers have identified several contributing factors behind pornography addiction:

- Disconnection and isolation—what Johann Hari (2015) calls a “lack of connected living.” Porn becomes a substitute for real intimacy.

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- Trauma—especially early relational trauma, as Mark Barta (2018) and others have emphasized. Pornography becomes a numbing agent, a self-prescribed escape from pain.
- Boredom and thrill-seeking—what may have started as curiosity or “just for fun” can evolve into a pattern of dependency.
- Most often, it is not one factor but a blend of all the above (emphasis ours).

In some circles, especially within religious communities, pornography addiction is viewed primarily as a moral failure. We want to say clearly and unequivocally: we do not believe moral failure is the root cause of addiction. Yes, addiction can *lead* to moral failure—lying, hiding, broken vows, and sexual acting out—but these are downstream effects, not upstream origins. Starting the conversation with moral judgment closes the door to transformation. Starting it with compassion opens the door to grace.

The Apostle Paul wrote, “*There is now no condemnation for those who are in Christ Jesus*” (Romans 8:1, NIV). That verse is not just a theological statement—it’s a roadmap for healing. Shame never leads to repentance; it leads to hiding. And healing cannot happen in the dark.

Dr. Ted Roberts, a former fighter pilot in Vietnam turned pastor and leader in the treatment of sexual addiction, speaks powerfully to this dynamic:

“Guilt is about what we have done, but shame is about who we are. With guilt we can always get a fresh start. With shame we are caught in a noose because the problem stays with us... The critical issue to remember about shame is that it causes incredible pain” (Roberts, 2008, pp. 73–74).

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Shame doesn't just hurt—it *hijacks*. It rewires the brain, distorts the soul, and convinces us we are beyond redemption. That's why Jesus didn't come with condemnation; He came with healing in His wings. As He declared, *"It is not the healthy who need a doctor, but the sick. I have not come to call the righteous, but sinners to repentance"* (Luke 5:31–32, NIV).

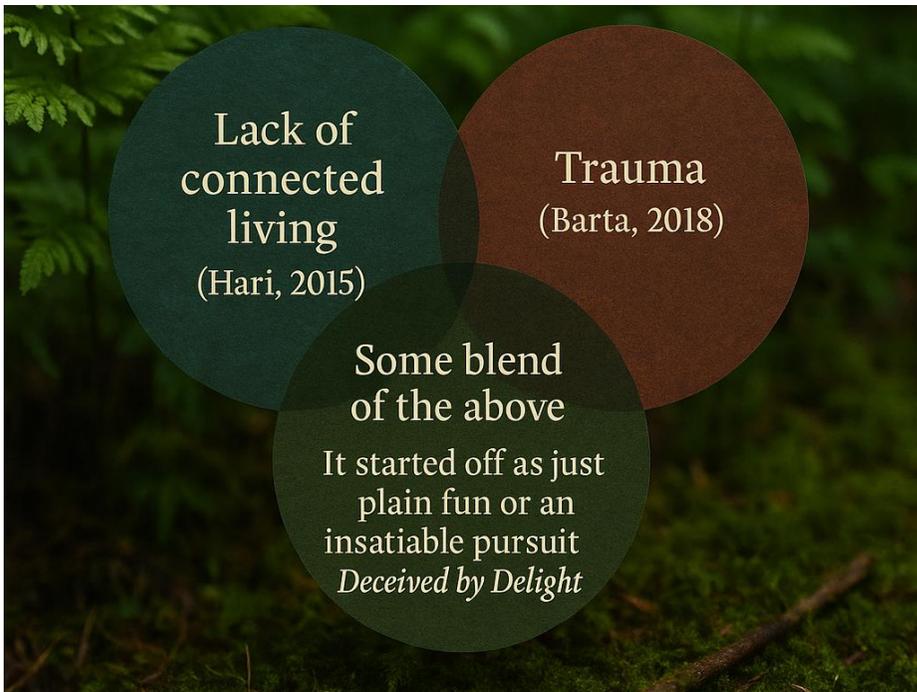
When we see the addict not as a failure but as a wounded soul crying out for connection, the entire framework shifts. This doesn't mean we downplay the harm caused by addiction. Far from it. But it does mean we start from a place of compassion, not condemnation. From understanding, not accusation. And from a commitment to healing, not punishment.

In our own lives and in the lives of the many men we've worked with, we've seen this truth play out again and again: healing begins when shame is replaced by grace, lies are replaced by truth, and isolation is replaced by connection. That is where the real work begins—and where hope is restored.

Let's look at the root cause of all of this. There are writers who support singular theories, and while each one has its own merit, I believe people get into porn for a myriad of reasons. It is important and helpful that we have some understanding of the root causes and of the neurological changes that ensue in the brain, heart, body, and soul, as this enables us to deal with **blame and shame**, putting us in a better place to begin the healing process.

Writers have described addiction as being a function of:

- Lack of connected living (Hari, 2015)
- Trauma (Barta, 2018)
- It started off as just plain fun or an insatiable pursuit of pleasure: *Deceived by Delight*
- Some blend of the above (emphasis mine)



Cause I

Disconnection and the Descent into Pornography

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

– Viktor Frankl

Johann Hari (2018), one of Jeff's favorite writers in the world, in his provocative and deeply compassionate work *Lost Connections*, invites us to rethink everything we thought we knew about depression. He argues that depression and anxiety are not simply malfunctions of the brain or deficits in serotonin but rather signals—intelligent, painful signals from a life that has lost its connected roots. When we lose connection to what matters, suffering takes up residence. For teens, these disconnections are not abstract theories. They are lived realities.

As previously noted, since 2010—the inflection point in what Jonathan Haidt (2024) calls "the great rewiring of childhood"—youth suicide among ages 10 to 14 has spiked by over 130% in girls and 109% in boys (Centers for Disease Control and Prevention [CDC], 2021). Self-harm hospitalizations have surged. Depression and anxiety among Gen Z have skyrocketed. Academic performance has plummeted. Attention spans have shrunk. And hope? For many, it has disappeared into the blue glow of a screen.

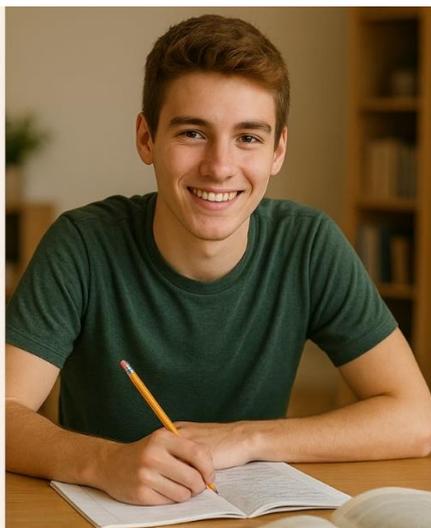
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Why? Because we have raised a generation immersed in digital stimulation but starved of human and spiritual connection. We have replaced presence with performance, wonder with Wi-Fi, relationships with reactions.

Disconnection from Meaningful Work



MEANINGFUL WORK



MEANINGFUL WORK

Hari (2018) highlights a Gallup study conducted between 2011 and 2012, surveying millions of workers across 142 countries, which found that only 13% of people reported being "engaged" in their work. A staggering 63% were "not engaged," and 24% were "actively disengaged," meaning they were not only disconnected but acting out their dissatisfaction. This disconnection from meaningful labor doesn't just lead to dissatisfaction—it contributes to depression. The Whitehall Study on British civil servants found that lack of autonomy and the inability to see a connection between effort and reward strongly predicted poor mental health (Marmot et al., 2002).

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Although this may seem adult-centric, adolescents are also affected. When teens observe their caregivers returning home disheartened and exhausted, they internalize those scripts of disempowerment. When their own educational or extracurricular pursuits lack relevance or reward, they, too, can spiral into disengagement. Without a sense of progress, contribution, or purpose, teens may fill the void with numbing behaviors: social media, substance use, or escapist fantasy. This disconnection from meaningful action is a breeding ground for depression.

In addition to seeing adults model this disengagement, teens also need to be successful in their own work. Their primary job—school—must offer opportunities for growth, mastery, and recognition. Contributing meaningfully at home through chores and, when appropriate, participating in real-world employment can also foster self-respect and competence. These experiences build internal confidence and help adolescents connect their effort to a meaningful impact, which is essential for healthy development.

Moreover, when such work is complemented by involvement in spiritual practices—such as attending church services, participating in youth group activities, and engaging in Bible studies—it can help teens connect their efforts to a deeper sense of purpose. These experiences build internal confidence and assist adolescents in linking their efforts to meaningful impacts, which is essential for healthy development.

Disconnection from Meaningful People



Loneliness is more than a feeling. It is a physiological and psychological threat. Cacioppo et al. (2010) found that loneliness triggers stress responses as severe as physical attack. Over time, this chronic isolation alters brain structure, elevates cortisol, and dismantles emotional regulation. Teens are particularly susceptible: those with elevated loneliness are up to eight times more likely to develop depression. And today's teens, despite being hyperconnected online, report the highest rates of loneliness of any generation (Cigna, 2018).

Dr. John Cacioppo et al. (2006, 2008, 2010), a neuroscience researcher, studied the impact that loneliness has on health. He and his colleagues determined that loneliness causes **cortisol** levels to go through the roof – as much as that caused by some of the most disturbing things that

can ever happen in your life. Hari (2018) summarizes Cacioppo's research, "Becoming acutely lonely, the experiment(s) found, was as stressful as experiencing a physical attack." Another researcher, Lisa Bergman, followed both isolated and highly connected people over nine years and found that isolated people were two to three times more likely to die during lonely periods and that, specifically, almost everything during lonely periods becomes more fatal for lonely people, including heart disease, cancer, and respiratory problems (Pinker, 2015). In short, loneliness can be deadly (Monbiot, 2014). In addition, Cacioppo et al. (2010) conducted a five-year longitudinal study, which showed that loneliness is not merely the result of depression but indeed leads to depression as well. In this study, he found that on a measure of 0 percent loneliness to 100 percent loneliness, moving from 50 percent loneliness to just 65 percent loneliness increases your chances of becoming depressed by eightfold. He concluded that loneliness is causing a significant amount of depression and anxiety in our society. In a Ted Talk presentation, Cacioppo (2013) reported a rather shocking meta-analysis study of over 100,000 participants, which found increased risks of dying early due to the following:

Impact of Loneliness

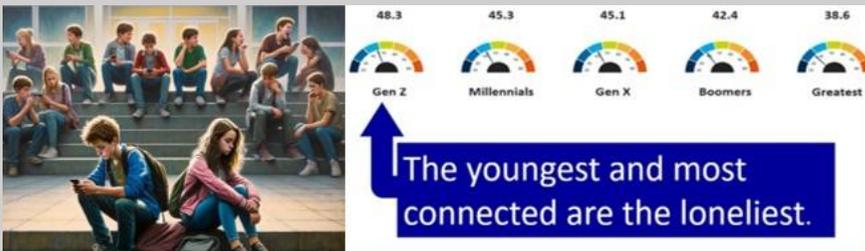
- **Air pollution:** 5% increased risk of dying early
- **Obesity:** 20% risk of dying early
- **Alcoholism:** 30% risk of dying early
- **Loneliness:** 45% risk of dying early

• Cacioppo (2013)



A 2018 study conducted by Cigna (see diagram below) revealed that compared to older generations, the youngest is the loneliest generation ever (Cigna, 2018).

Younger Generation is the Loneliest of all Generations



The implications of this research are clear; specifically, it is to our benefit that we stop allowing teens to isolate themselves and connect in positive and fulfilling family and social relationships.

Disconnection from Childhood Trauma

As we have discussed in our book, *Adolescent Depression: A NeuroFaith™ Model for Healing Mind, Body, and Soul* (Hansen, Heverly, & Hayden, 2025), unresolved childhood trauma is often the fuel driving many forms of depression. While we will not repeat this discussion here, it is very important to recognize that trauma often creates a lingering "fire" within, as Johann Hari (2018) described: "There's a house fire inside many of us."

But there is hope, and healing is possible. Jesus Himself extended compassion to the brokenhearted, reminding us that we do not have to carry our burdens alone. He invites us to "Come to me, all who are weary and burdened, and I will give you rest" (Matthew 11:28, NIV). True recovery requires more than just abstaining from harmful and addictive behaviors; it calls us to bring our pain into His light and let Him heal those wounded places that He only can heal. The process of healing most effectively occurs in community and that should include the church. Addressing the trauma underlying depression is not about re-living past hurts but rather, opening ourselves to God's transformative grace and love. "Therefore, encourage one another and build one another up, just as in fact you are doing" (1 Thessalonians 5:11 NLT).

As we walk this path, remember that healing is a journey. Through faith, counseling, and support, we find not only relief from depression but also a new identity and wholeness. With Christ as our foundation,

the cycle of substitution can be broken, making space for true freedom, restoration, and lasting peace.

Disconnection from Status and Respect



🌟 Status and Respect 🏆

Robert Sapolsky's research on baboon social structures offers striking parallels to the adolescent experience of social hierarchy. In his studies, low-status baboons were observed to exhibit behaviors that closely resembled clinical depression: lowered heads, lack of movement, withdrawal from others, and a loss of appetite or motivation (Sapolsky, 1992, 2002). These behaviors were accompanied by a surge in cortisol—the body's primary stress hormone—and mirrored the same neurological patterns seen in depressed humans.

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This speaks volumes about our teens. Adolescents are acutely attuned to their place in the social order, whether it's in the workplace, school, sports, social media, or peer groups. When they perceive themselves as outsiders or "low status," they often internalize that position. They may withdraw, feel invisible, or act out in harmful ways. And just like those baboons, their bodies respond with stress, their brains shift into survival mode, and depression can set in.

Modern teen culture, shaped heavily by digital media, amplifies this pressure. Likes, followers, and online clout can become proxies for worth. But social media rarely offers the real validation teens need—the kind that comes from meaningful connection, competence, and shared purpose. Jean Twenge (2006) notes that self-esteem isn't conjured from thin air; it's built through real-world mastery and the respect that emerges from competence and contribution. Teens who don't have those opportunities—who aren't building skills, making a difference, or receiving real affirmation—may lose not only the respect of others but also their own self-respect.

To thrive, teens need opportunities to earn respect in ways that matter. They need to develop mastery, to be needed, and to be seen. That doesn't happen through screens. It happens through sweat, challenge, connection, and real-life contribution.

Disconnection from Meaningful Values



When adolescents feel they lack a sense of direction, when their days are filled with scrolling but empty of meaning, they begin to drift into despair. Tim Kasser's (2002) research shows that materialistic values—the relentless pursuit of image, likes, and external validation—are

strongly correlated with depression, anxiety, and anger. These false values promise happiness but instead deliver emptiness.

This becomes especially dangerous in the adolescent brain, which is wired to seek novelty and identity. Teens who fail to connect with intrinsic values like creativity, community, higher purpose, and contribution are left with a hollow core—a void often filled by addiction, disordered eating, and/or other numbing behaviors.

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

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Nature is not a luxury. It is a biological necessity. Berman et al. (2012) demonstrated that even short walks in nature significantly improve mood, concentration, and mental clarity—especially in depressed individuals. Yet many teens now spend 90% of their time indoors, immersed in artificial light and filtered realities.

Louv (2005) coined the term "nature deficit disorder" to describe what happens when children are severed from wilderness, wonder, and the grounding rhythms of creation. Teens who never touch soil, hear birdsong, or feel the unfiltered stillness of a forest are not just missing a recreational experience—they are missing soulful neural nourishment.

Disconnection from Hope and the Future



Adolescents are meant to live forward with a purpose greater than they currently see. They are wired to envision who they will become. But in a world of collapsing institutions, overwhelming crises, and constant comparisons, many teens today feel as though the future has already been foreclosed.

Snyder's (1991) Hope Theory defines hope as the combination of agency (the will) and pathways (the ways). Without both, despair takes root. And when teens feel they cannot act meaningfully toward a better tomorrow, their minds often default to paralysis and self-destruction. They stop dreaming. They stop trying. They stop believing.

Disconnection from Faith and Meaning



Though Johann Hari did not include it in his list, we, rightly add a critical foundational disconnection: the spiritual. Adolescents who have no connection to a transcendent narrative, no sense of divine love or purpose, are far more likely to feel untethered.

Dr. Lisa Miller's (2021) research confirms that a strong spiritual life in adolescents is one of the most robust protective factors against depression. It reduces suicide risk, fosters resilience, and enhances meaning-making in the face of trauma. Spirituality doesn't bypass suffering—it reframes it. It says, "You are not alone. Your pain has purpose. You are seen." More on this later.

We Are Not Meant to Heal Alone

Every one of these disconnections are invitations—to reorient, restore, and reconnect. Depression is not a personal failure. It is often the body and soul calling us back to what we were made for: community, purpose, nature, hope, eternity, and God.

The NeuroFaith™ model recognizes that healing is not just a clinical process—it is a relational, spiritual, and embodied one. By restoring core connections, we restore vitality. We give adolescents a future filled with hope and adventure worth moving toward.

Let us not underestimate what reconnection can do. For in even the darkest moments, one voice, one hand, one spark of meaning can begin to turn the tide.

“I know the plans I have you, says the Lord. They are plans for good and not for disaster, to give you a future and a hope” (Jeremiah 29:11 NLT).

Cause II

Trauma

The Hidden Epicenter of Pornography



Of all the causes of pornography, trauma may be the most devastating—and the most overlooked. Trauma exposure, particularly child maltreatment, such as neglect, emotional, physical, and sexual abuse, has been identified as a major contributor to emotional dysregulation and poor mental health outcomes. It is one of the most significant risk factors for depression and post-traumatic stress disorder (McLaughlin et al., 2012, 2013).

Studies have shown that trauma compromises the ability to regulate emotion across one's lifespan, starting as early as preschool and

continuing into adolescence and adulthood (Langevin et al., 2016; Shields & Cicchetti, 1997; Briere & Rickards, 2007; Dunn et al., 2018). Trauma occurs when our natural defenses are overwhelmed—when we are unable to process or integrate emotionally threatening experiences (Barta, 2018). It is not just about what happens to us but how we are left to face it—isolated, unsupported, unseen.

One of the most devastating and long-lasting consequences of unresolved trauma is the formation of negative core beliefs. These are deeply embedded, often unconscious assumptions about ourselves and our place in the world—beliefs like "I am not lovable," "I am not worthy," or "I have no value." These beliefs are not merely fleeting thoughts; they are lies perpetrated by Satan, the father of lies, which become etched into the brain's implicit memory systems, particularly in the default mode network (DMN), which governs self-referential thought and autobiographical memory. Over time, the DMN becomes the carrier of a toxic narrative: that we are broken, fundamentally flawed, and unworthy of love or belonging.

Tim Fletcher, a leading voice in trauma-informed therapy, highlights how trauma doesn't just affect behavior—it rewrites a person's identity. According to Fletcher, these core beliefs—"I am bad," "I don't matter," "I'm invisible," "I'm a burden"—become the emotional background music of the traumatized mind. They hum beneath every interaction, every failure, every success, whispering lies about worth, safety, and identity. For teens especially, whose brains are still under construction, these negative core beliefs can become the organizing principles of the self. They shape the lens through which all future relationships and challenges are viewed.

Fletcher emphasizes that trauma is not just remembered through facts or images; it is encoded in the nervous system and expressed in how a person lives and relates. Teens who hold these distorted core beliefs may become avoidant, perfectionistic, oppositional, or self-destructive—not because they are defiant but because they are desperately trying to survive a world they believe they are unfit to live in.

These trauma-driven beliefs quietly sabotage every arena of life. They distort how teens perceive themselves, how they interpret the intentions of others, and how they engage in relationships. They can make simple social interactions feel threatening, academic challenges feel insurmountable, and hopeful futures feel unreachable. Teens with trauma-scarred core beliefs often carry invisible scripts of shame and fear that stain their sense of identity for decades unless directly addressed through healing relationships and integrative therapy.

This distortion of self has devastating downstream effects. Research from the Adverse Childhood Experiences (ACE) Study shows that trauma is not only linked to emotional disorders but is also a major risk factor for physical illness, substance abuse, relational breakdowns, and early death (Felitti et al., 1998, 2009). An adolescent who internalizes the belief, "I don't matter," will often find ways to prove that belief—through self-harm, isolation, numbing addictions, or entering harmful relationships.

In my work as a pediatric psychologist, I (Jeff) see this every day. The teens who suffer most deeply are not only those who have endured dramatic, life-threatening events but also those who have grown up with a consistent absence of attunement. They were never emotionally mirrored. They were made to feel invisible or responsible for the

emotions of others. They were punished for being authentic or were taught that their feelings didn't matter. These "ordinary" traumas quietly devastate the developing brain and corrupt the sense of self at its core.

Dr. Peter Levine (2008) writes, "Trauma is about loss of connection—to ourselves, our bodies, our families, others, and the world around us." And that disconnection doesn't happen all at once. It happens subtly, and over time, until what remains is not a sense of safety and identity—but a deep, confusing ache. This ache becomes a filter through which every experience is interpreted.

Trauma exposure, particularly child maltreatment (e.g., neglect, emotional, physical and sexual abuse), has been established as one of the main determinants of emotional dysregulation and well-being and is also a known risk factor for psychiatric disorders, especially depression and PTSD (McLaughlin et al., 2012; McLaughlin et al., 2013). Moreover, several prior studies have shown that trauma exposure is clearly associated with profound deficits in emotional regulation across one's entire lifespan, including during preschool (Langevin, Hebert, Allard-Dansereau; Bernard-Bonnin, 2016), adolescence (Shields & Cicchetti, 1997; Vettese, Dyer, Li, & Wekerle, 2011) and even adulthood (Briere & Rickards, 2007; Thompson, Hannan, & Miron, 2014; Dunn et al., 2018).

Trauma occurs when we are faced with an experience that overwhelms our ability to process incoming information, both at the time of that experience and in future situations (Barta, 2018). Dr. Michael Barta suffered from trauma himself as a child, which led him to addictions that ultimately landed him in jail and almost destroyed his life. In his book, *TINSA*, he wrote that trauma occurs when our natural defenses

are unable to keep us safe from physical, emotional, or mental threats or harm (Barta, 2018).

In the mid-1980's, Kaiser Permanente commissioned Dr. Vincent Felitti to explore the issues of obesity since nothing this hospital group was doing helped make a significant impact on improving this epidemic. His research led him to explore the impact of what he called the **Adverse Childhood Experiences (ACE)** Study (Felitti et al., 2014). In this study, people were asked about ten different categories of horrible things that happened to them when they were children, including physical and sexual abuse, family problems, and neglect. The results indicated that with each category of traumatic experience we faced as a child, the likelihood of experiencing depression as an adult increased significantly. (Felitti et al., 2014; Felitti 2004; Felitti and Anda, 2009).

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):

The ten reference categories experienced during childhood or adolescence are below, 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%)

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- 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%)

Somewhat surprising in the Felitti studies was that emotional abuse was more likely to cause depression than any other kind of trauma – even sexual abuse. This suggests that the way children are treated by their parents is a highly significant predictor of positive outcomes, and the consequences can be devastating when that trust is broken.

The experts in the field divide trauma into two categories:

Big T trauma: Traumas associated with horrific single events, such as natural disasters, terrorism, and war.

Little t trauma: Trauma smaller in nature, such as bullying, neglect, and betrayal. I respectfully take issue with the term “little t” as this type of trauma is devastating to normal development, and there is nothing “little” about it.

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Big T and Little t Trauma

Big T Trauma:

- 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)



Little t Trauma:

- 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

In my (Jeff) work as a pediatric psychologist, far more of my patients have been subjected to “little t” traumas, and I agree with Barta that these experiences have a tremendous impact on how children view themselves, their relationships, and their place in the world. Moreover, the long-term consequences of these traumas are profound, often resulting in a reduced or impaired ability to respond appropriately to threatening situations. This can lead to chronic hyperarousal, intense anxiety, panic, mood instability, poor emotional/behavioral regulation, feelings of powerlessness, helplessness, shame, and even immobility. Of all traumas, relational trauma is particularly devastating.

inadvertently, the traumas of our childhood can have tremendous impact on our lives (Barta, 2018, p. 17).

As trauma expert Dr. Peter Levine notes in his book, *Healing Trauma*, “Trauma is much about loss of connection – to ourselves, our bodies, our families, others, and the world around us. This loss of connection is often hard to recognize because it doesn’t happen all at once. It can happen slowly over time, and we adapt to these subtle changes sometimes without even noticing them. These are the hidden effects of trauma, the ones most of us keep to ourselves...Our choices become limited as we avoid certain feelings, people, and situations. The result of a gradual constriction of freedom is the loss of vitality and potential for the fulfilment of our dreams” (Levine, 2008, p. 9).

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,

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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 0, 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:

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Childhood Experiences vs Adult Alcoholism



Dr Vincent Felitti (2009)

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

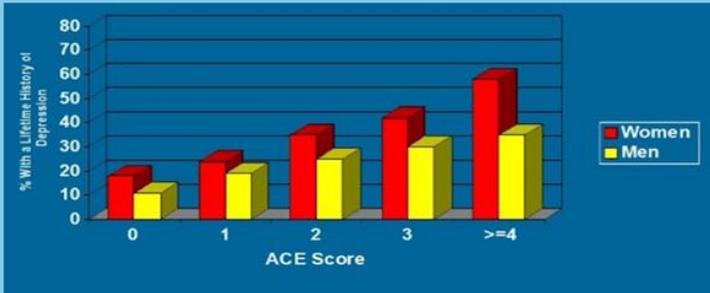
ACE Score and Intravenous Drug USE



Dr Vincent Felitti (2009)

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

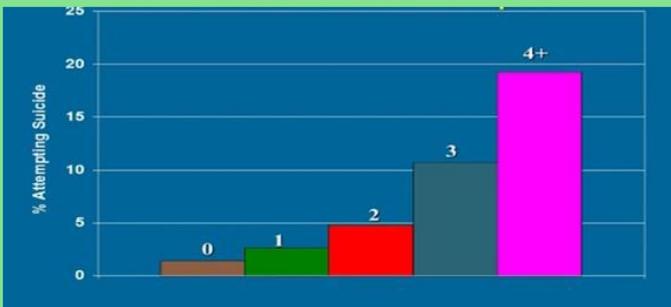
ACE Score and Chronic Depression



Dr Vincent Felitti (2009)

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

ACE Score and Suicide Attempts



Dr Vincent Felitti (2009)

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

The implications are sobering: unresolved trauma in childhood is a breeding ground for not only depression but also addiction, suicidality, chronic illness, and lifelong struggles with emotional regulation and interpersonal functioning. Children growing up with untreated trauma often reach adulthood with fragmented identities, sabotaged relationships, and overwhelming shame. And without intervention, the

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disempowering beliefs formed in trauma often become self-fulfilling prophecies.

But this is not the end of the story. This is not just about pathology—it is about healing. We must treat trauma as the centerpiece of mental health. Every therapeutic intervention must begin with the question: *“Where, when, and how were you wounded?”* And the follow-up must be, *“How can we help you rewrite the story that trauma told you?”*

Because, until we treat the wound, the symptoms will persist. And until we recover our sense of worth, safety, and connection, no medication or incremental intervention will reach the root.

But healing is possible. The story can be rewritten. The default mode network can be reshaped and even replaced. And the belief “I am not worthy” can be transformed into *“I am loved, I belong, I have a purpose, and I matter.”*

Cause III

Deceived by Delight

Pornography addiction doesn't begin in a vacuum. It often begins in innocence—an unguarded moment, a misplaced curiosity, or the casual cruelty of peer culture. For many children and teens, that first exposure isn't something they seek—it's something handed to them. A trusted friend, an older sibling, or even a classmate flashes a screen. And in that moment, the brain lights up. Dopamine surges through neural circuits, burning an imprint into the developing brain. What begins as a moment of surprise, confusion, or even discomfort can rapidly morph into a compulsive behavioral loop that the young nervous system is not equipped to regulate.

The adolescent brain is uniquely vulnerable. During this critical window of development, the prefrontal cortex—the seat of judgment, reasoning, and self-regulation—is still forming, while the limbic system—the center of emotion and reward—is already operating at full throttle. This creates a perfect neurological imbalance: a system hungry for stimulation but lacking the structural maturity to apply the brakes. The result? A predisposition toward high-risk, high-reward behaviors without the foresight to recognize or care about the consequences.

At first, the experience may seem exciting—even harmless. The person thinks it's fun, private, no big deal. A way to explore, to escape, to belong. But the addiction says otherwise. While the individual is telling themselves it's just curiosity or entertainment, the addiction is already at work—rewiring the brain, building pathways of compulsion, and anchoring arousal to artificial imagery. A deceptive illusion of control masks the slow erosion of emotional, relational, and spiritual health.

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And when this exposure occurs early—before the brain’s executive functions are even close to maturity—the risks skyrocket. The younger the age of first exposure, the more deeply the patterns of arousal and compulsion are etched into the brain. These pathways, reinforced repeatedly during critical developmental windows, can harden into lifelong patterns of dependency. What starts as a fleeting moment of curiosity can become a deeply entrenched addiction that follows a person into adulthood, affecting identity, relationships, and even faith.

When you combine this brain-based vulnerability with today’s cultural environment—hypersexualized media, unfiltered internet access, algorithmic content delivery, and the near-total normalization of pornography—you get more than a perfect storm. You get a neurochemical ambush. And it's not just teens. Adults are deeply susceptible, too.

Many adults first encountered pornography as adolescents, but even those exposed later in life are not immune. Stress, emotional isolation, unresolved trauma, and the relentless pace of modern life can lead adults to seek quick relief or escape. Pornography offers exactly that: immediate reward without relationship, intensity without intimacy. Neurologically, it functions as a supernormal stimulus—far more potent than what the brain evolved to handle—flooding the system with pleasure chemicals while bypassing the need for vulnerability or real human connection.

What started out as curiosity, thrill, or “harmless fun” often becomes something else entirely—a terrible snare. A trap. What once felt like freedom slowly becomes a cage that tightens with time. The user returns again and again, even as joy and vitality begin to vanish. It consumes time, distorts relationships, dulls purpose—and ultimately begins to consume the soul.

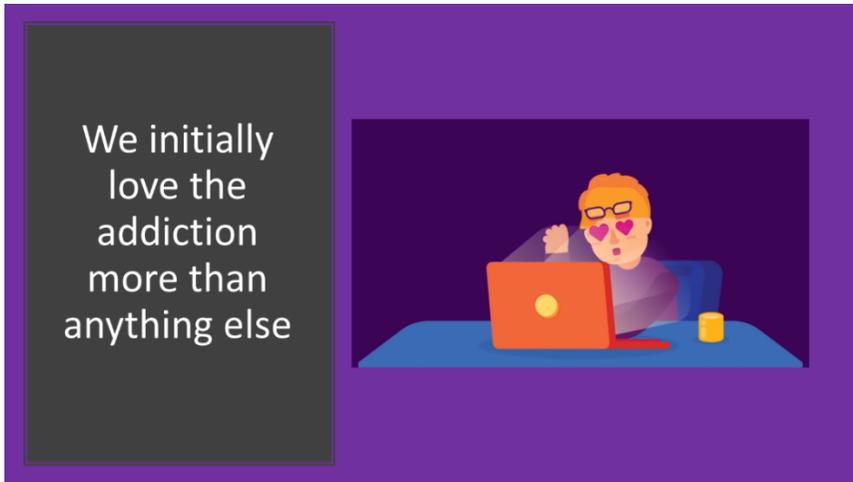
Over time, repeated exposure leads to the rewiring of the brain’s reward circuits. What once triggered surprise now triggers craving. The threshold for arousal shifts. Tolerance builds. What satisfied last month

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no longer does. The brain learns to rely on the high of pornography, and natural sources of pleasure—love, touch, connection—begin to fade in their ability to satisfy. This neurobiological shift traps individuals in a cycle that feels impossible to escape, even when they desperately want to.

Pornography doesn't just exploit desire—it exploits biology. And the earlier it starts, the deeper the grooves it carves into the brain. Without intervention, the pattern reinforces itself, building momentum over time and drawing the person further away from authentic intimacy.

Understanding this pathway is crucial. Because once we know how the brain gets pulled in, we can begin to chart the way out—with compassion, clarity, and the kind of healing that addresses both body and soul.



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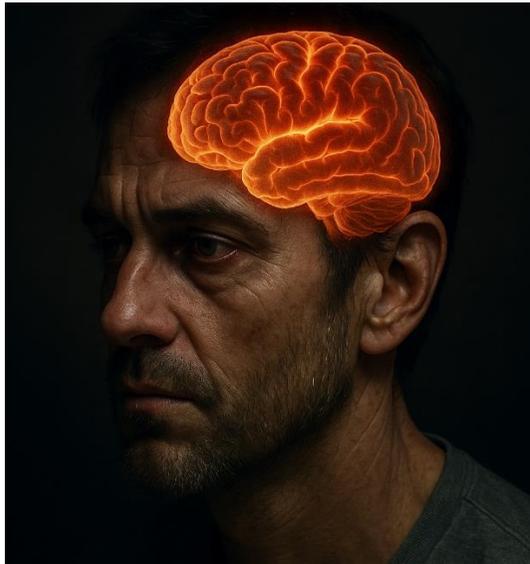
And although we love the addiction initially, we become enslaved to it.

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 paradox — a relentless cycle where what once promised relief becomes the very thing that chains us. We long for freedom, but instead, we find ourselves trapped, our minds hijacked by the very desires we despise. Like the Apostle Paul, we are torn between what we yearn to do and what we inevitably do.

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In the labyrinth of addiction, the mind becomes a battlefield, where biology and behavior collide. But what if we could illuminate the unseen forces driving this internal struggle? What if we could understand how the brain's chemistry conspires against our deepest desires for peace and restoration?

This chapter seeks to pull back the curtain, revealing the neurological underpinnings of addiction — the dopamine-fueled pathways that ensnare us and the brain's intricate reward system that compels us to chase fleeting highs while real joy slips further away. It's a journey that moves beyond shame and into understanding — because when we grasp how addiction rewires the mind, we can begin to see that the enemy isn't our lack of willpower but a hijacked brain circuit desperately crying out for balance.

And yet, as profound as the science may be, it is only part of the story. The other part is spiritual — the soul's cry for redemption, the heart's yearning for something deeper, something more. Addiction may twist the mind, but it cannot extinguish the spark of hope that God placed within all of us.

In this chapter, we'll explore how addiction alters the brain's reward system, how it traps us in cycles of craving and compulsion, and how healing involves more than breaking physical chains — it's about reclaiming the life God intended, one step at a time.

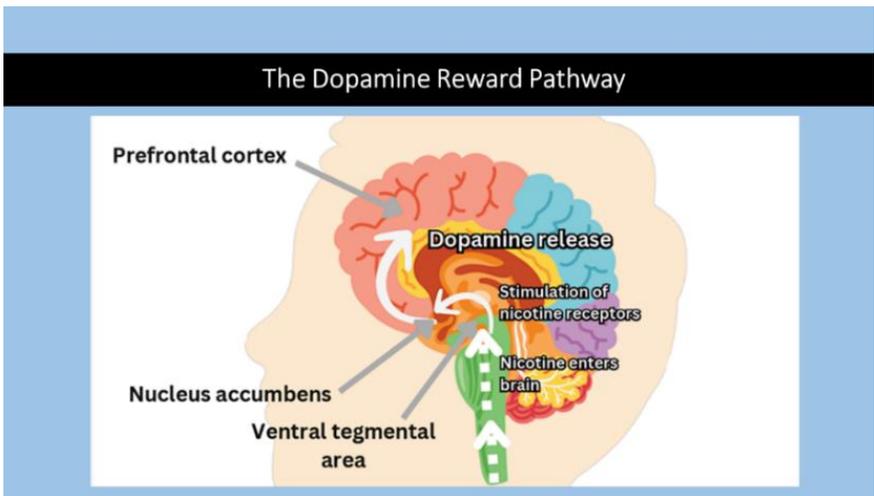
In his book *Glow Kids*, Nicholas Kardaras emphasizes that to understand addiction, we must first understand the brain's reward system. At the heart of this system is dopamine, the neurotransmitter that fuels the addict's pursuit of pleasure. What starts as a seemingly harmless indulgence soon morphs 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.

The Role of Dopamine

As Kardaras (2016) stated in his book, *Glow Kids*, we need to understand the brain's reward system and the impact of **dopamine** on that reward pathway to fully understand addiction.

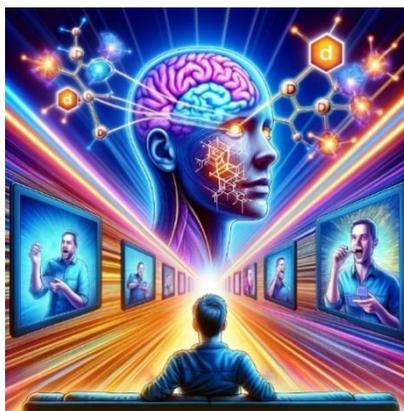


Specifically, how much dopamine is activated by a substance or behavior is correlated directly with the addictive potential of that substance or behavior? **Dopamine**, as many of us know, is the "feel-good"

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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



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

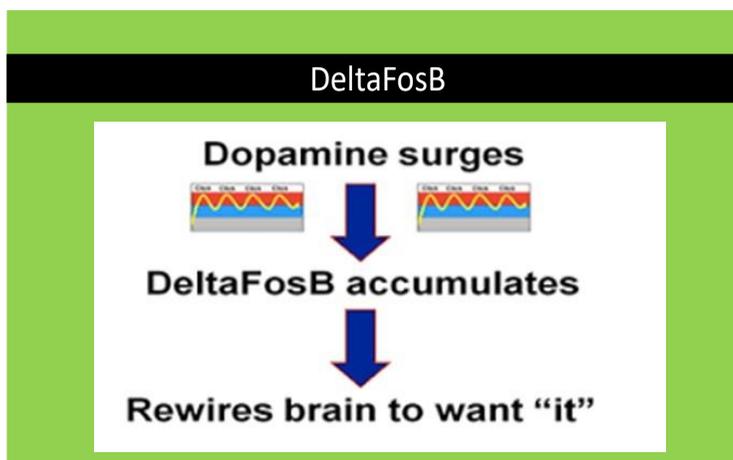
mentioned, serve a survival function. These are called the “**natural rewards**” as contrasted with addictive chemicals/behaviors (which can hijack the same circuitry). In other words, addictive drugs and behaviors, such as gambling and video gaming, actually offer a *short-circuit* to this process, 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 hence, we 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.



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**

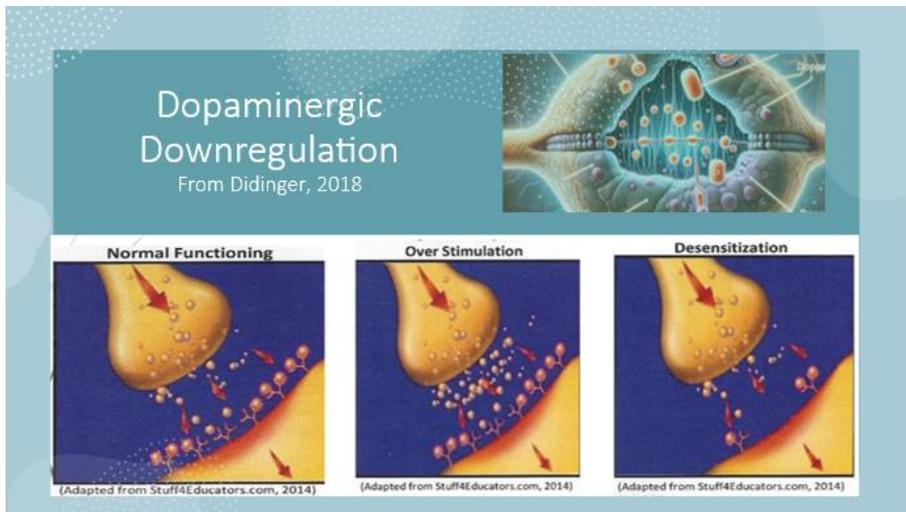
Sadly, the evolutionary process has not equipped us to withstand such an onslaught of dopamine. When we become addicted, our bodies respond by reducing dopamine levels or shutting down its production, providing some relief to the overwhelmed receptor cells. So, with this reduced capacity to produce dopamine 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 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).

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

Sensitization: Dr. Robert Didinger, 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 (Didinger, 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 Didinger (2018) portrays the changes:



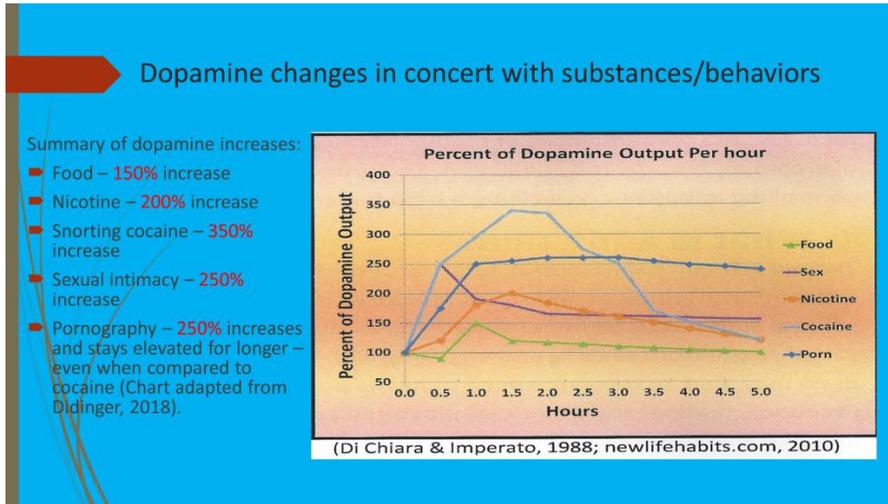
Desensitization: The next step in the process of developing addiction on the cellular level is desensitization, which refers to a general dialing down (as previously noted) of responsiveness to all forms of pleasure. This process occurs as a result of prolonged dopamine production

(Volkow et al., 2101). As Dindinger (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. Dindinger 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 Dindinger, 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 in the same way as sexual intimacy, **250%**, but what is alarming is that it maintains the dopamine level much longer than sexual intimacy does. Dr. Dindinger 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 (Dindinger, 2018).

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As can be seen in the chart below:

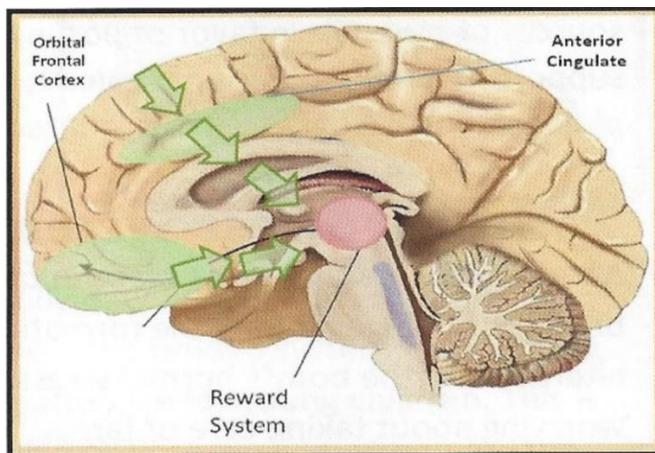


Hypofrontality – Not a good thing:

As Diding (2018) points out, the early stages of developing an addiction such as pornography are primarily driven by the sensitization and desensitization of dopamine pathways. 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.

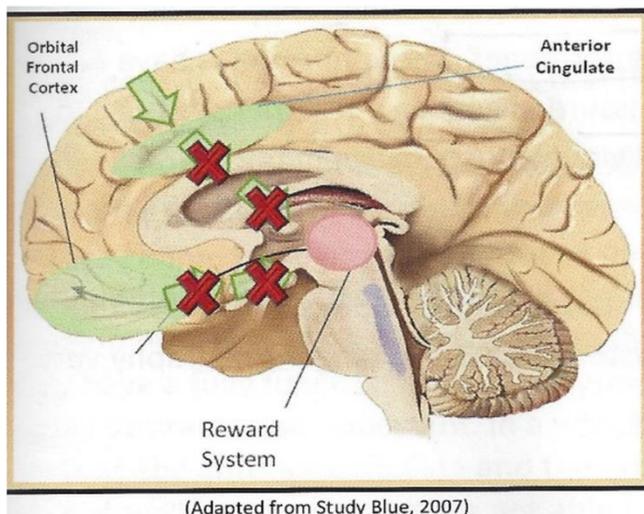
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(Adapted from Study Blue, 2007)

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.



(Adapted from Study Blue, 2007)

The reward system fails to shut down

Polyvagal Theory



To better understand the progression toward addiction, we turn to Dr. Stephen Porges' Polyvagal Theory, which offers a deeper view of how our nervous system responds to stress, safety, and connection. At the core is the Autonomic Nervous System (ANS), a largely unconscious system that regulates essential functions like heart rate, breathing, digestion, and sexual arousal. It has two primary branches: the Sympathetic Nervous System, which mobilizes us for action, and the Parasympathetic Nervous System, which promotes rest and restoration. Polyvagal Theory reveals that our physiological state—whether we feel

safe, threatened, or disconnected—shapes not only our emotional experience but also our vulnerability to addictive patterns.

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, for example, is being stalked by a lion and when trapped with no possible way to flee,

drops down, and appears to be deader 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 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.

Opponent Process Theory

In the complex journey of overcoming addiction, many struggle with feelings of hopelessness, wondering why the battle seems so relentless. But what if there were 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.

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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 described 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.

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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=Ya3cZLw8Vw>

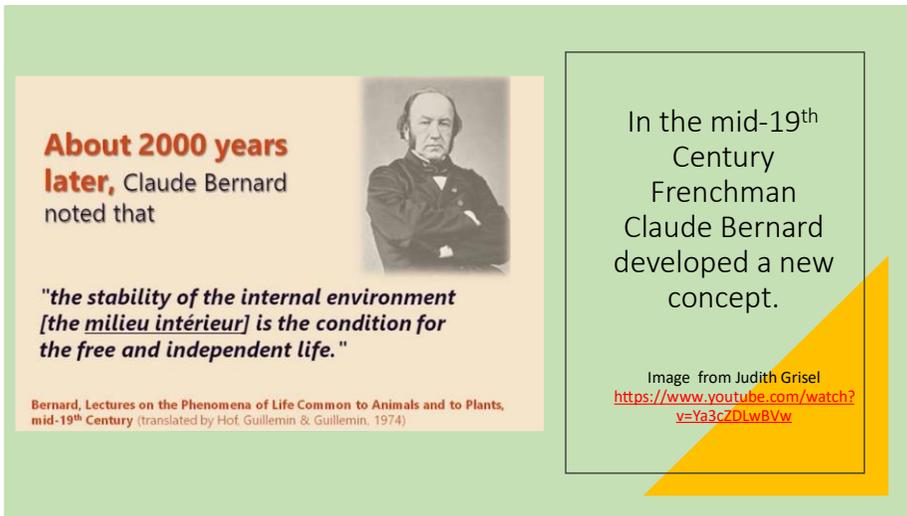
Socrates' Last Day

"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.

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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=Ya3cZDLwBVw>

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 our hearts, minds and bodies, driving us toward equilibrium in an ever-changing environment.

Opponent Process Explains much about Addiction

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



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.

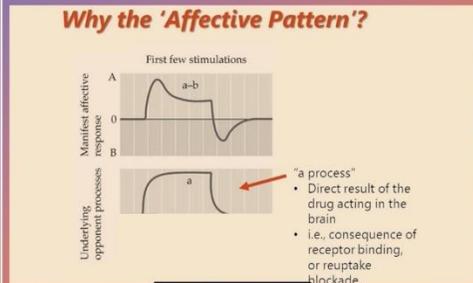
At this stage, the experience is mostly positive. The brain hasn't yet adapted to the substance, and users often feel in control, enjoying the positive effects and the sense of relief or pleasure it brings. This initial period can be seen as the brain's **A-process**—the primary response to the stimulus, which, in this case, is intense pleasure.

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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/Ya3cZDLwBVw?si=tR-_kxmumEv8 -Ai](https://youtu.be/Ya3cZDLwBVw?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.

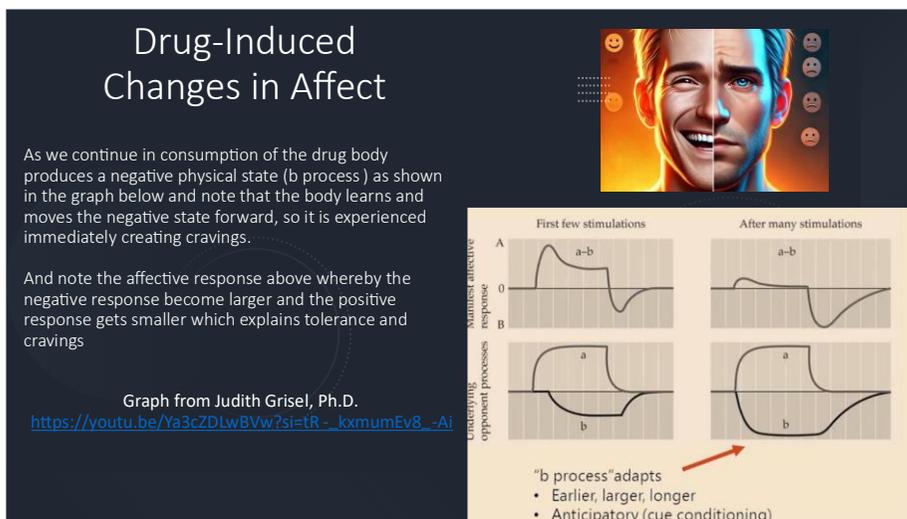
This diminishing return is the first sign of the opponent process taking hold.

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.

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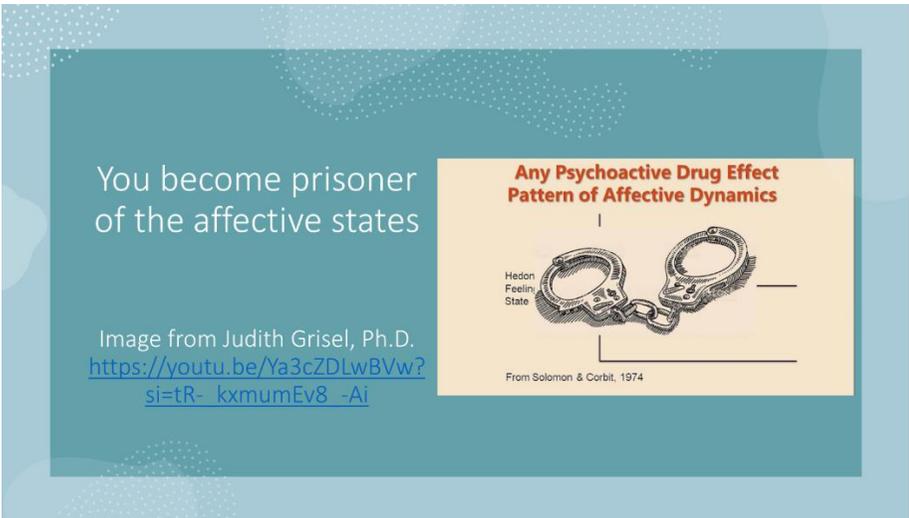
The brain, in its attempt to return to equilibrium, begins to overcompensate for the euphoric effects of the substance, creating negative feelings such as anxiety, irritability, or physical discomfort.



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.

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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.

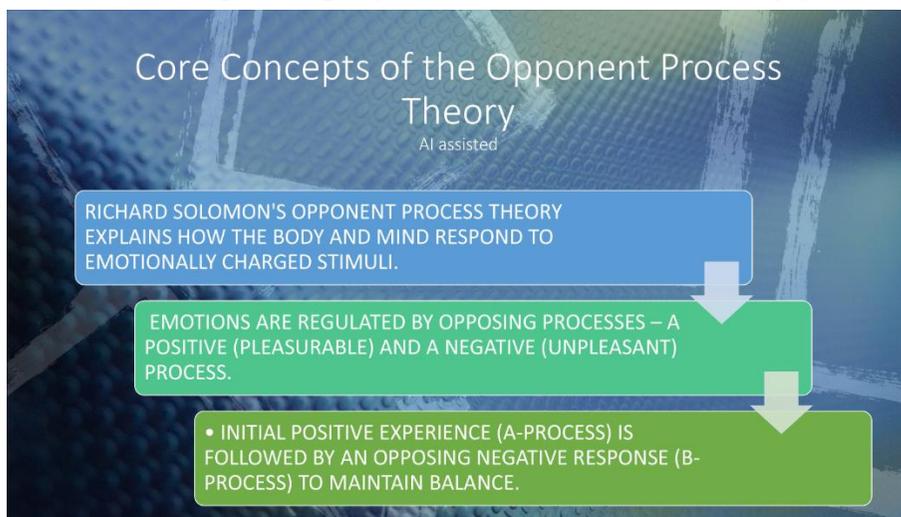
The visual of the opposing forces highlights this struggle: pleasure no longer holds the dominant position; instead, the discomfort and withdrawal symptoms hold sway, forcing the user into repeated substance use to stave off the emotional and physical pain.

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 the key points:



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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.

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In this battle between desire and destruction, the words of Philippians remind us that we do not face addiction alone. 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, NIV).

In conclusion, no matter how deeply entrenched the cycle of addiction may seem, healing is possible. With a renewed mind, transformed by knowledge and empowered by faith, the journey toward freedom can begin. This is not the end of the story—there is always a way out, a new path forward. With determination, treatment, and faith, we can overcome the grip of addiction and reclaim the lives we were meant to live.

Addiction is a battle that often feels impossible to win. It's a relentless cycle where what once brought relief now brings pain, trapping us in the paradox of doing what we hate despite our best intentions. But there is hope. Understanding how addiction rewires the brain is the first step toward reclaiming the life God intended for you.

Throughout this chapter, we explored how dopamine fuels addiction, how the brain's natural reward pathways get distorted, and how compulsive behaviors reinforce themselves through deeply ingrained patterns. But here's the truth: the enemy isn't you — it's the rewired circuits, the altered brain chemistry, the hijacked dopamine pathways. And that can change.

Just as the Apostle Paul struggled to break free from destructive patterns, you, too, can find the strength to rise above the grip of addiction. The same brain that was rewired by addiction can be renewed

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by truth, love, and faith. The same mind that was trapped in cycles of compulsion can be freed through healing, connection, and surrender. And the same heart that once felt numb and lost can come alive again — filled with the peace, joy, and freedom that God always intended.

We believe that no matter how deep the struggle, there is a way out. There is hope. There is healing. And we're here to walk that path with you, every step of the way. This is not the end — it's the beginning of a new chapter, a new life, a new you.

Let's keep going. Together.

The Impact of Pornography On The Body

If you are reading this, it means you're ready to face a difficult truth: pornography is not a harmless habit. It's a thief that robs us of connection, clarity, and even our very sense of self. But you are not alone in this struggle. We've walked this path ourselves, and we've walked it with countless others who felt trapped, ashamed, and overwhelmed by the grip of pornography.

In this chapter, we're inviting you to look deeper — not to shame you but to give you clarity and hope. We're not here to beat you down but to lift you up. Understanding how pornography affects the body isn't just about knowledge; it's about reclaiming your life, your mind, and your soul. It's about recognizing that what you thought was just a habit has a profound impact on your brain, your heart, and your relationships.

This is not just science — it's your life. And it's time to understand how pornography rewires your brain, distorts your perception of reality, and numbs your capacity for real, life-giving connection. But here's the good news: just as the brain can be hijacked by addiction, it can also be rewired for healing and restoration.

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You are not beyond hope. The same brain that was rewired by pornography can be renewed by truth, faith, and the courage to step into the light. Let's walk this path together. Let's expose the lies, confront the harm, and move toward a life of real freedom — the kind of freedom God always intended for you.

In his compelling book **How Pornography Harms**, Professor and Dr. John Foubert reminds us of a striking moment in history. Despite overwhelming evidence, tobacco industry leaders testified before Congress in 1994 claiming cigarettes were neither addictive nor harmful. Foubert, an interdisciplinary scholar who has studied sexual violence since 1993 and the harms of pornography since 2006, uses this example to illustrate how industries can deny clear evidence of harm.

In a very similar way, Dr. Foubert notes that there are powerful voices today that try to convince us that pornography isn't harmful either (Atwood et al., 2014). He adds that there are over **100 studies** that demonstrate that pornography harms people, often horribly and sometimes irrevocably (Malamuth et al., 2000; Peter et al., 2016).

Wilson (2014) notes that all addictions, regardless of their differences, result in an established set of “core brain changes,” which, in turn, present as recognized signs, symptoms, and behaviors that have been labeled the Four Cs:

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The FourC's of Addiction

• Wilson (2014) notes that all addictions, regardless of their differences, result in an established set of “**core brain changes**” which, in turn, present as recognized signs, symptoms, and behaviors such as those listed in the **four C's**:

1. Craving and Preoccupation with obtaining, engaging in or recovering from the use of the substance or behaviors in question.



2. Loss of Control in using the substance or of engaging in the behavior and noted by increasing frequency or duration, larger amounts or intensity, and/or increasing the risk and behavior in an effort to obtain the desired effect.



3. Negative Consequences in physical, social, occupational, financial, or psychological areas.



4. Compulsive use in that one is driven to consume and can't stop voluntarily.



When we are exposed to too much pornography and/or sexuality, it can be excessively overstimulating to the brain. The brain is simply not designed to process an event that is so sensually overwhelming, dense with information, or involving too much stimulation (Barta, 2018). Gary Wilson (2014) writes that we are not wired to see the amount of sexuality that permeates in Internet pornography. He adds, “Just one pornographic Internet exposure today is filled with more sexual content/information than most all his ancestors saw in his entire life.”

Barta (2018) asserts that pornography by itself is not only a behavior that is often chosen to temporarily offer relief to trauma but has the potential to also be the very cause of trauma. In the same way that early trauma can cause proper brain function to effectively be stunted, early trauma can also cause functional irregularities to the autonomic nervous system.

In an interview with Dr. Foubert, Dr. Donald Hilton, who has authored many studies on the addictive nature of pornography, referenced research that shows that the more people watch pornography, the

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more their **brains actually shrink**. Related to this, research has also demonstrated that watching pornography **slows down the working memory** (aka short-term memory) (Laier, et al., 2013). Along with this line of research, Kuhn and Gallinat (2014) found **decreased gray matter** in the brain areas responsible for decision-making and motivation of porn seekers. It is particularly significant that this study was not on porn addicts but simply on males who consume pornography. It is frightening that you don't even have to be "addicted" to porn but that merely using it begins to change the brain in negative ways. So, if you ever thought that pornography was making you **dumber**, you were absolutely right.



Dunckley (2015) notes that excessive time on screens in any form (and by association, pornography viewing – emphasis mine) has huge

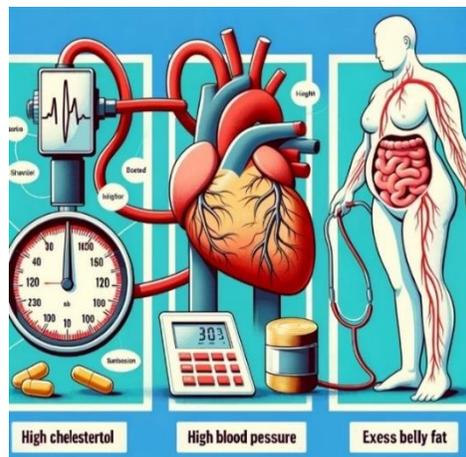
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impact on the body. As a result of electronic screen interaction/porn seeking:

- Blood flows away from the organs like the gut
- Blood pressure increases
- Stress hormones are released

All these processes prepare the body for fight-or-flight. The research indicates that all forms of screen time create subtle changes in the cardiovascular system, which can cause significant damage over the course of time. The fact that screen time is associated with what Dunkley (2015) refers to as **metabolic syndrome** is very concerning. Metabolic syndrome is a combination of the following:

- High blood pressure
- Midsection weight gain (spare tire)
- Abnormal cholesterol levels
- High fasting blood sugar



Metabolic Syndrome is a serious condition that can promote:

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- Diabetes
- Heart disease
- Stroke

Dunckley (2015) notes that through the eyes, brain, and body, excessive consumption of media (in this case pornography) sends unnatural and overstimulating messages to the nervous system, which trigger and promote the fight-or-flight, as noted earlier.

In a very bravely candid and enlightening interview cited in Kardaras (2016), **Dr. Andrew Doan**, who received his M.D. at Johns Hopkins and also earned a Ph.D. in neuroscience, described his own extreme media addiction and subsequent hyperarousal symptoms while he was in medical school over a decade and a half ago, *“I had pain from my clicking finger all the way up to my forearm. And my cortisol levels were shot - through my hypothalamus-adrenal-pituitary axis (HPA), so I was getting fat because I had all of this cortisol floating around. I didn’t exercise, so I was retaining more body fat. And then, finally, my HPA axis was all dysregulated, so I was more prone to infection - I had pimples all over my face, I had stretch marks beginning. And then, finally, I got an infection in my armpit!*

So, in addition to the carpal tunnel, I had this armpit infection that was streaking down my arm. And on top of that, my blood pressure was high, my cholesterol was high because of the adrenaline rush. And because my blood pressure was high, and I was sitting all of the time, I had hemorrhoids the size of walnuts. - I mean, literally! I was a young man - I was pissed off. Why do I have hemorrhoids like some pregnant women do? We’re talking about bloody, painful hemorrhoids...So I’m convinced that if people are addicted to this thing, it’s going to ruin their lives. It almost ruined mine - and it almost ruined my son and almost destroyed his confidence and his opportunities.” I encourage

you to read Dr. Doan's excellent book, *Hooked on Games*, for more detail on the devastating impact that media addiction had on his life and how he overcame it.

The **Impact of Chronic Hyperarousal**, as reported by Dunckley (2015), is summarized below:

Blood Flow Shifts: When a person is under stress, blood flow to the brain is shunted away from the higher regions of the brain, i.e., the cortex, and directed to the more primitive parts of the brain, i.e., the limbic or old brain, in an effort to promote survival. As Dunckley (2105) notes, when addiction of any kind occurs in adolescence, there is a tendency to



stunt the development of the frontal lobe, which, in particular, is responsible for decision-making, organization, planning, attention, impulse-control, task completion, emotional regulation, and inhibition, among others. She posits that if screen time (and by association, pornography viewing – emphasis mine) indeed induces a stress response and activates the addiction pathways, it very well could affect brain development in the long term by decreasing blood flow to the cortex and frontal lobe (Dunckley, 2015).

Elevated Cortisol: As noted by Dunckley (2015), studies indicate that electronic screen activity (and by association, pornography viewing – emphasis mine) impacts the regulation of cortisol (Wallenius, 2010). Although adrenaline is the primary hormone that is secreted in an acute stress reaction, in chronic stress reactions, the dominant

hormone released is cortisol. While cortisol helps protect and promote survival in the short term, elevated cortisol levels over longer periods of time actually become quite harmful. As noted earlier, chronically elevated cortisol is associated with obesity, diabetes, hormone imbalance, metabolic syndrome, and high blood pressure (Pervanidou et al., 2011). When we are under significant stress, and when the body then needs access to fuel, cortisol allows for increased blood sugar to be available by counteracting insulin. This is not a problem in the short term, but it can promote weight gain specifically concentrated in the abdominal area and cause problems with insulin regulation if it continues for longer periods of time. In addition, elevated cortisol dysregulates the production of other hormones, including the thyroid and reproductive hormones, and over extended periods of time, excessive cortisol actually damages the brain (Nepomnaschy et al., 2004; Chrousos, 2012).

Oxidative Stress: Dunckley (2015) states that chronic stress, electronically triggered or otherwise, is damaging to the very system that fights stress. On a molecular level, all cellular reactions in the body produce free radicals, and these free radicals are unstable as they have unpaired electrons that seek to grab another electron in an effort to become stable. When a particular cell is healthy, the free radicals are cleared out or scavenged by sufficient amounts of antioxidants, and appropriate balance is preserved. However, when the cell's natural defenses are overwhelmed due to excessive stress, the antioxidants or scavengers are depleted, and oxidative stress or excessive free radicals develop. The free radicals and the unstable molecules that contain them build up and will then steal electrons from their own tissue. Proximal fats, proteins, and DNA are particularly vulnerable to being damaged. Over the course of time, this progresses to cause inflammation, tissue damage, and poor efficiency, leading to increasing

degradation of the cell's ability to deal with acute and prolonged stress. The brain is especially susceptible to oxidative stress. First, oxidative stress can promote disruption of the blood-brain barrier, causing it to be more vulnerable to toxins. Second, oxidative stress degrades the myelin or fatty sheaths that insulate brain cells that promotes aberrant firing networks. Finally, the developing brain is particularly vulnerable to oxidative stress, much more so than the adult brain, as it is highly dynamic with increased energy needs (Dunckley, 2015).

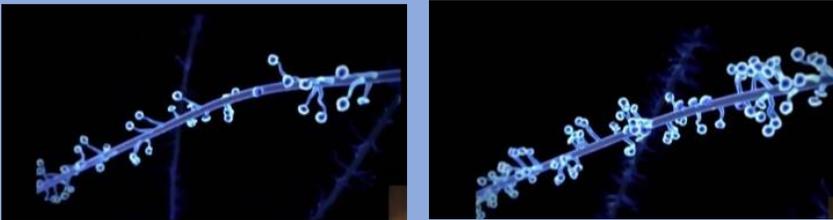
Lack of myelination: Kardaras (2016) notes that the overstimulation of glowing lights and flashing lights of screens (and by association, pornography viewing – emphasis mine) can damage **myelin** in neural pathways. Myelination is an important process that acts to insulate nerve cell axons to increase the speed at which information travels from one nerve cell to another. The myelinated axon can be likened to an electrical wire with insulating material around it. As Kardaras (2016) points out, myelin is extremely vulnerable to disruption, specifically, oligodendrocytes, the brain cells that produce cholesterol for proper myelination. These can be damaged by trauma, environmental stressors, toxins, certain drugs, and overstimulation. He adds that when myelin is destroyed by overstimulation during key developmental periods, problems such as our ability to focus, feel empathy, or discern reality can all be negatively affected. It has been conjectured that myelination abnormalities can, in part, drive certain brain neuropsychiatric disorders that impact our entire life cycle, from ADHD and autism in infants and children, to schizophrenia and drug addiction in teens and young adults, and Alzheimer's in seniors (Kardaras, 2016).

Dr. Collier notes that addiction results in dendritic growth on the neuron, which causes permanent changes in the brain. Although the brain can heal in many ways when one stops the addiction, these

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dendritic changes are permanent, which helps to explain why continual craving is such a problem (Collier, 2020). In other words, the extra receptors on the neuron lie in wait for the substance and will quickly bring on the addiction in full force once they receive the substance in question.

Excessive dopamine flow triggered by addiction causes dendritic growth on the neuron which results in permanent changes in the brain. This explains why craving is an everlasting consequence that must be respected throughout the lifetime (images adapted from Collier, 2020).



In Summary

In this chapter, we explored the profound impact pornography can have on both brain and body. Drawing from the research of Dr. John Foubert and others, we examined how repeated exposure to porn rewires the brain's natural reward pathways, distorting desire and fueling cycles of craving and compulsion. Over time, these patterns can erode cognitive clarity, diminish memory, and dull our capacity for genuine joy.

The damage isn't limited to the mind. Excessive use disrupts the body's stress response system, elevating cortisol levels, destabilizing

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metabolism, and keeping the autonomic nervous system locked in a state of chronic hyperarousal. What was meant to keep us regulated and safe becomes a source of internal chaos, leaving many feeling disoriented and disconnected.

But here's the good news: healing is possible. The same brain that was reshaped by pornography can be rewired for restoration. Through awareness, intentional change, and spiritual renewal, we can break free from destructive cycles and rediscover the wholeness we were designed for. As Isaiah reminds us, *"Those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint"* (Isaiah 40:31, NIV). Freedom is not only possible—it's promised to those who rise, reach out, and begin again.

The Impact of Pornography On Emotional Health



*“Cyber void is so full of amazing emptiness
that makes us feel fulfilled.”*

-- Munia Khan

Pornography doesn't just hijack the brain; it devastates the heart. What begins as a seemingly harmless escape can quickly unravel into a cycle of shame, isolation, and emotional disconnection. Beneath the surface of every compulsive click lies a deeper story — one of unmet needs, unresolved pain, and a desperate search for connection.

Turner's raw account of feeling trapped by his own addictive desires mirrors the emotional turmoil experienced by countless others ensnared by pornography. Instead of relieving loneliness, pornography amplifies it. Instead of bringing satisfaction, it deepens the ache of emptiness. What starts as a quick fix to numb emotional pain often becomes the very source of that pain.

In this chapter, we'll peel back the layers to expose the emotional impact of pornography addiction. We'll explore how it fosters depression, heightens anxiety, and erodes self-worth. We'll examine how it distorts perceptions of intimacy and undermines the very connections it falsely promises to satisfy.

But this isn't just about understanding the damage. It's about finding a way back to emotional health, reclaiming genuine connection, and restoring a life of authentic joy and purpose. Because no matter how far you've fallen, healing is possible. And the journey back to wholeness can begin right here.

Turner (2017) eloquently writes of his own struggle with depression secondary to media overconsumption, *"My relationship with the Internet was not alleviating feelings of loneliness; it was amplifying my loneliness, bringing me to a state of frustrated depression. I felt boxed in, unable to breathe, trapped in an inescapable thought bubble of my own f*ed up, addictive desires. I conditioned myself to need constant*

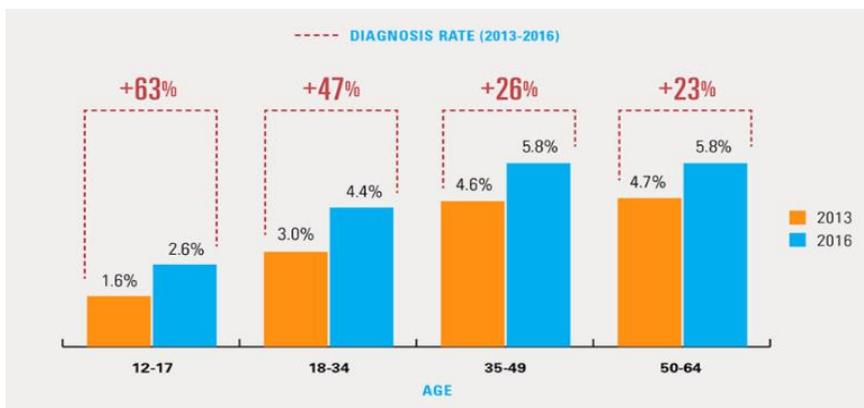
stimulation. I couldn't read, talk, study, or play the piano – all things that I love – because it all seemed too slow, too one-note...I was always tired, yet always racing in a mad frenzy. I couldn't focus. I was anxious. I was unable to engage in solitude. My thoughts were a jumble."

On the surface level, we are the most connected society that has ever walked the planet. Each second, we send over 7,500 tweets, 1,394 Instagram photos, and over two million emails and view over 119,000 YouTube videos (Internet Live Stats, 2014). Americans send 69,000 texts a second, translating to over six billion texts sent out in the US daily. Paradoxically, the more **connected** we think we are with the façade of the Internet, the more **disconnected** and depressed we actually become. As Johann Hari (2015) said in a Ted Talk, "We are the most disconnected society that has ever been, surely." Dr. Jean Twenge, a San Diego State University professor, and the author of her compelling book, *Generation Me*, analyzed the data from approximately six million teens and adults in the US and concluded that self-reported depression has increased markedly since the 1980s. She found that teens, in particular, are 74 percent more likely to exhibit difficulty sleeping and are twice as likely to seek help from a mental health professional (Twenge, 2014). Farchian (2016) reported that people are ten times more likely to suffer from depression today than in post-WWII, with women and teenage girls more than doubly prone to depression than men.

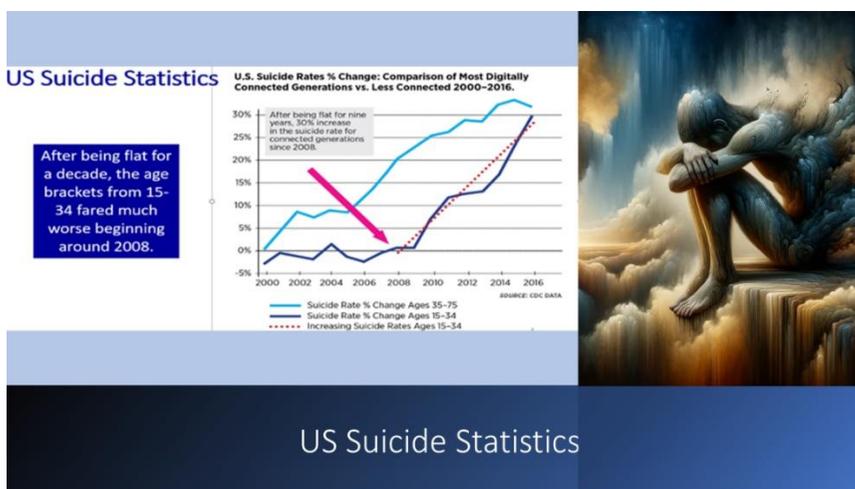
A 2018 study conducted by Blue Cross - Blue Shield revealed that the highest rate of growth in depression has occurred in the youngest and the most digitally connected age bracket (see chart below). "The most dramatic rise in major depression diagnosis is among those under 35 years of age. Between 2013 and 2016, diagnoses increased 63% among adolescents and 47% among millennials. Gender differences among

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millennials were similar but among adolescents, there was a 65% increase for girls compared to a 47% rise for boys” (Blue Cross and Blue Shield, 2018).



The CDC recently reported that the suicide rate among the “Most Digitally Connected Generations” has increased at an alarming rate in the last 10 years after being flat for nine years. This 30% increase in suicide correlates with the advent of the smart phone (see graph below).



Shared with permission – Peter Ryan, CAPT, USN (R)

The connection between general media consumption, including gaming and social media, and depression is well-established.

Kardaras (2016) cites the following concerning statistics:

- A 1998 study at Carnegie Mellon University found that web use over a two-year period correlated with increased depression, feelings of loneliness, and a loss of “real-world” friends.
- A 2012 Missouri State University study of 216 students revealed that 30% of Internet users showed signs of depression and that the depressed kids were more intense Web users.
- A 2014 study looked at 2,293 seventh-graders and found that Internet addiction led to increased depression, hostility, and anxiety.
- A 2014 study conducted in Pakistan with 300 graduate students found a positive correlation between Internet addiction and depression and anxiety.
- A 2006 Korean study involving 1,573 high school students found a correlation with Internet addiction, depression, and thoughts of suicide.

Recently, the term **Facebook Depression** has emerged – namely, the more “friends” one has on Facebook, the higher the likelihood of depressive symptoms (Kardaras, 2016). Kardaras (2016) notes that this is a double whammy in that the more time spent on social media and the more texting an individual engages in, the higher the probability of both depression and media addiction as well, which, in turn, only increases a sense of isolation and disconnection from healthy living. Kardaras (2016) cites a Case Western Reserve University School of Medicine study that “hypernet workers” were prone toward (Pederson, 2015):

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- Higher rates of depression
- Increased substance abuse
- Poor sleep
- Greater reported stress
- Poor academic performance
- Higher rates of suicide
- 69% more likely to have sex
- 60% more likely to report four or more sexual partners
- 84% more likely to have used illegal drugs
- 94% more likely to have been in a physical fight

Dr. David Skinner, a sexual addiction expert, wrote about a non-peer-reviewed online study in his blog comprising 450 subjects, mostly men, and found that individuals who viewed pornography three to five times per week and/or daily scored much higher on a standard measurement for depression and included it as part of a free online survey found at growthclimate.com. The individuals who viewed pornography three to five times per day scored on average nearly 15 on the depression survey, and those who viewed it daily scored on average 21 compared to the general population score of 6.5.

As noted in MentalHelp.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.

Dr. Gail Dines, perhaps the leading advocate against the impact of the pornography industry in the world, is President and CEO of Culture

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Reframed, and Professor Emerita of Sociology and Women's Studies, Wheelock College, Boston. Having researched and written about the porn industry for over twenty years, Dr. Dines is internationally acclaimed as the leading expert on how pornography shapes our identities, culture, and sexuality. She is a consultant to government agencies in the US and abroad, including the UK, Norway, Iceland, and Canada. In 2008, she co-founded the nonprofit Stop Porn Culture. Her website holds a wealth of information and specifically summarizes the impact of pornography on children and teens. In her extensive review of the literature, Dr. Dines notes on her website (<https://www.culturereframed.org/>) that studies indicate that porn users experience:

- Higher incidence of depressive symptoms
- Lower degrees of social integration
- Decreased emotional bonding with caregivers
- Increased conduct problems
- Higher levels of delinquent behavior

Doornwaard et al. (2016) conducted a study comprised of 331 Dutch boys and determined that compulsive pornography consumption correlated with higher levels of depressive feelings and lower self-esteem.

Owens et al. (2012) and Sun et al. (2016) determined that pornography impacts self-image, specifically regarding feelings of physical inferiority. For girls, this relates to feelings of physical inferiority, and for boys, fear of not measuring up, with concerns about both virility and performance.

In conclusion, pornography may have stolen moments, relationships, and even your sense of self, but it does not get to write the final

chapter. The emotional wreckage it leaves behind — the isolation, the shame, the emptiness — is real. But so is the hope for healing.

In this chapter, we've exposed the emotional toll of pornography addiction — how it distorts the mind, numbs the heart, and disconnects us from ourselves and others. But here's the truth: just as the brain can be rewired, the heart can be restored. The emotional damage caused by pornography can be healed. You can reclaim your capacity to feel, to connect, and to love genuinely and deeply.

Recovery isn't about punishing yourself for the past; it's about rediscovering who you truly are — a person worthy of love, dignity, and respect. It's about rebuilding healthy emotional functioning, learning to trust yourself again, and allowing your heart to experience the kind of connection that pornography promised but could never deliver.

So, take heart. The journey forward may not be easy, but it is possible. You don't have to walk it alone. We're here, walking beside you, believing in your capacity to heal and cheering you on every step of the way. Because there is hope. There is freedom. And there is life beyond pornography — a life where emotional health is restored, connection is real, and the heart is finally free. Let's step into it together.

In concluding this chapter, we can appreciate that pornography's impact on sexuality is profound, but it does not have to be the final word. The same mind that was distorted by violent images can be renewed. The same heart that was numbed by toxic fantasies can be awakened to true intimacy. The same soul that was trapped in cycles of compulsion and perverse, sexually aggressive acts can be set free.

The Apostle Paul reminds us, *“Do not conform to the pattern of this world, but be transformed by the renewing of your mind”* (Romans

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12:2, NIV). Transformation is possible. It begins by breaking the chains of deception and reclaiming the truth of who we were created to be — people capable of authentic love, compassion, and respect.

Pornography may have led you down dark and damaging paths, drawing you into perverse fantasies and acts that once seemed unthinkable. But you don't have to stay there. God's grace is greater than any sin, and His healing is deeper than any wound. *"Therefore, if anyone is in Christ, the new creation has come: The old has gone, the new is here!"* (2 Corinthians 5:17, NIV).

Healing is not just about breaking free from addiction — it's about reclaiming purity, restoring integrity, and finding redemption from the behaviors that once held you captive. *"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).

You can rise above the grip of pornography and the perverse, aggressive acts it has driven you to. You can reclaim your heart, restore your relationships, and rediscover the joy of true connection. Healing isn't just possible — it's promised.

Take heart. The path to healing is open, and we're here to walk it with you — every step of the way. Together, let's reclaim the life God intended, one step toward freedom and wholeness at a time. *"It is for freedom Christ has set us free"* (Galatians 5:1, NIV).

The Impact of Pornography On Sexual Aggression



Pornography may present itself as harmless entertainment, but beneath the glossy surface lies a sinister reality. What begins as a seemingly private indulgence can rapidly spiral into a pattern of sexual aggression, distorted desires, and a darkened heart.

Research has consistently shown that pornography is not a passive experience. It's a powerful teacher — one that normalizes violence,

objectifies the vulnerable, and numbs empathy. Dr. Foubert (2017) and Dr. Mary Ann Layden have laid bare the chilling truth: pornography doesn't just consume the mind; it conditions it to accept, justify, and even seek out sexually aggressive behaviors.

But we're not here to condemn or to shame. We're here to reveal the truth and extend hope. If pornography has taken you further than you ever intended to go, know that there is a way back. The very brain that was rewired by aggressive, toxic content can be restored to health, compassion, and genuine intimacy.

In this chapter, we'll explore how pornography twists sexual desire into a weapon, how it feeds fantasies that escalate into dangerous acts, and how it numbs the conscience until the unthinkable becomes thinkable. But we'll also shine a light on the path to healing — a path that leads back to authentic, healthy sexuality and a restored heart.

Because no matter how dark the descent has been, the journey toward healing is always possible. And that journey can begin right here. Let's take the first step together.

Cited in his book, *How Pornography Harms*, Dr. Foubert (2017) notes over **100 studies** show that pornography is correlated with and is the cause of a **wide range of violent behaviors** and about **50 studies** that show a strong relationship between pornography and **sexual violence** (Peter et al., 2016 & Malamuth, 2000). Kingston et al. (2009) write that researchers have also found that pornography use specifically increases the likelihood that a man will commit acts of sexual violence against women, especially if the man in question has additional risk factors such as impulsivity and if the pornography use is frequent.

Foubert (2017) and Dr. Mary Ann Layden found evidence of increased violent acts toward women by males who consume pornography. She comments that men are much more prone to be both physically and sexually aggressive toward women if they are hostile in attitude toward women, sexually promiscuous, and frequent consumers of pornography. She summarizes her findings by stating that pornography teaches, gives permission, and eventually triggers attitudes and behaviors that are destructive to both the user and others. The damage is evident regardless of sex or of age. In her own words, “Pornography is a widely influential and very **toxic teacher**” Layden, 2010).

Donevan et al. (2017) conducted a mixed-gender Swedish study of 946 students. They found that frequent users who watched hardcore and violent pornography to a higher extent were more likely to have engaged in a wider range of sexual activities, fantasized about trying sexual activities seen in hardcore pornography, and showed signs of sexual preoccupation and problematic pornography use.

Owens et al. (2012) and **Sun et al. (2016)** reported that research findings consistently link the viewing of violent pornography to increased tendencies for sexually aggressive behavior

Stanley et al. (2016) reported a clear association between regular viewing of online pornography and perpetration of sexual coercion and abuse by boys. In addition, they determined that regularly watching pornography and sending or receiving sexual images or messages were associated with the increased probability of being a perpetrator of sexual coercion.

Dr. Walther DeKeseredy (2016) reported that among divorced people he studied, 30% stated that their husband’s pornography use was integral to the sexual abuse they suffered in their marriage.

Wright et al. (2016) conducted an excellent and exhaustive meta-analysis of 22 studies from seven different countries and concluded, *“The accumulated data leave little doubt that, on the average, individuals who consume pornography more frequently are more likely to hold attitudes conducive to sexual aggression and engage in actual acts of sexual aggression than individuals who do not consume pornography or who consume pornography less frequently.”*

The **Catholic News Agency** reported shocking interviews of serial killers that pornography can lead to the ultimate crime: Murder. They are summarized below and are horrific to read.

Gary Bishop, Serial Killer

Gary Bishop, a convicted homosexual pedophile, murdered five young boys in Salt Lake City, Utah, to conceal his sexual abuse of them. After his conviction, he wrote a letter, which revealed that pornography and his addiction to it was the root cause of his murders. It said:

“Pornography was a determining factor in my downfall. Somehow, I became sexually attracted to young boys, and I would fantasize about them naked. Certain bookstores offered sex education photographs or art books, which occasionally contained pictures of nude boys. I purchased such books and used them to enhance my masturbatory fantasies.

“But it wasn't enough. I desired more sexually arousing pictures, so I enticed boys to let me take pictures of them naked. From adult magazines, I located companies specializing in kiddie porn.”

“Such material would temporarily satisfy my cravings, but soon I would need pictures more explicit and revealing ... Finding and procuring

sexually arousing materials became an obsession. For me, seeing pornography was like lighting a fire on a stick of dynamite. I became stimulated and had to gratify my urges or explode (Cline, 1999).

Ted Bundy, Serial Killer

Serial killer Ted Bundy killed at least 28 young women and girls. He was interviewed by Dr. James Dobson, a well-known psychologist, the day before he was executed. Bundy told Dobson, "I encountered softcore porn in the local drugstore (and later) came across pornographic books of a harder nature."

Dr. Dobson asked whether these included violence. Bundy answered, "Yes, and this is something I want to emphasize as the most damaging kind of pornography."

Dobson asked if "it fulfilled your fantasies." Bundy said:

"In the beginning, it fuels this kind of thought process. Then, at a certain time, it's instrumental in what I would say crystallizing it ... At that point ... I was on the verge of acting out these kinds of thoughts ... and it happened in stages ... my experience with pornography that deals on a violent level with sexuality is that once you become addicted ... I would keep looking for more explicit, more graphic kinds of materials ... until you reach the point where the pornography only goes so far. You reach that jumping-off point where you begin to wonder if maybe actually doing it will give you that which is beyond just reading about it or looking at it. ..."

Bundy continues:

"The influence of violent pornography-which is an indispensable link in the chain of behavior ... the assaults, the murders and what have you ... I know that I could not control it ... that these barriers that I had learned as a child were not enough to hold me back with respect to seeking out and harming somebody."

Bundy then says:

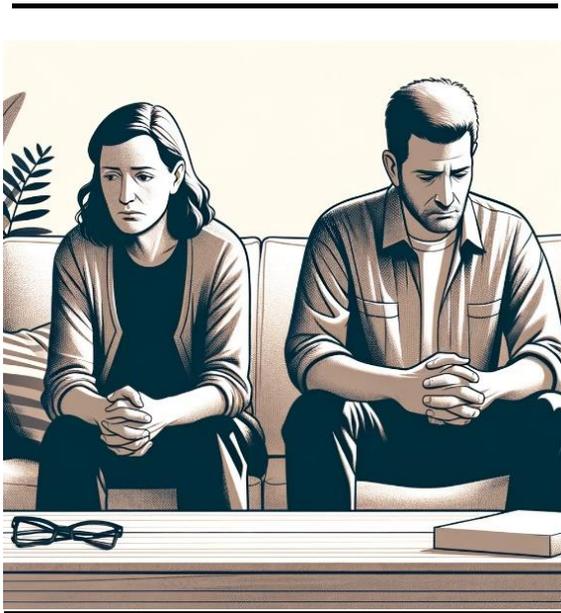
"I think people need to recognize that those of us who have been influenced by ... pornographic violence-are not some kind of inherent monsters. We are your sons, and we are your husbands. ... Any pornography can reach out and snatch a kid out of any house to-day."

"I've lived in prison for a long time ... and I've met a lot of men who were motivated to commit violence just like me. And without exception every one of them was deeply involved in pornography -- deeply influenced by an addiction. There is no question about it. The FBI's own study shows that the most common interest among serial killers is pornography." (Dobson interview, 1989).

Jeffrey Dahmer, Serial Killer

Jeffrey Dahmer drugged and killed 17 men and boys. As related in a confession to the United States Federal Bureau of Investigation, Dahmer reported that he often had sex with the body. When asked what motivated him, he told the FBI in 1992, *"heavy drinking, pornography, and masturbation"* -- admitting while in the U.S. Army he found graphic porn in Germany and spent thousands of dollars on it. He admitted to killing as often as once a week (APB News, 2000).

The Impact of Pornography On Sexuality



Pornography promises excitement, control, and endless novelty—delivered instantly, privately, and powerfully. But behind the glowing screen lies a silent erosion of the very thing it claims to enhance: our capacity for real, connected, life-giving intimacy.

Over time, what once seemed like a harmless outlet can begin to rewire the brain, shape distorted expectations, and sabotage the ability to experience true sexual connection. The impacts are not just psychological or relational—they're deeply biological. Dopamine surges, neuroplastic shifts, and the slow desensitization to real-life

cues all conspire to replace authentic intimacy with scripted stimulation. For many, the journey ends not in pleasure, but in confusion, frustration, and even shame.

In this chapter, we will explore some of the most sobering impacts pornography has on sexuality. These include delayed orgasm, erectile dysfunction in young men, fetish escalation, and increasing disconnection from one's own sexual identity. The stories and studies you're about to read aren't abstract—they reflect a growing crisis that's affecting millions, especially young men, many of whom never imagined they'd lose their ability to desire, connect, or climax with a real partner.

Inability to achieve orgasm during sex: Gary Wilson (2017) in *Your Brain on Porn*, one of the best books on the neurological impact of pornography addiction, writes that years of porn use can cause a variety of sexual symptoms, which lie on a spectrum. Often, porn users report that delayed ejaculation or inability to orgasm (anorgasmia) was a prelude to full blown erectile dysfunction.

Citing one 29 year-old young man from Gary Wilson's forum who stated, *"17 years of masturbation and 12 years of escalating to extreme/fetish porn. I started to lose interest in real sex. The buildup and release from porn became stronger than it was from sex. Porn offers unlimited variety. I could choose what I wanted to see in the moment. My delayed ejaculation during sex became so bad that sometimes I could not orgasm at all. This killed my last desire to have sex"* (Wilson, 2017, p. 41).

Unreliable erections during sexual encounters: 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 (2017), at least six studies have found erectile dysfunction (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 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 - 45%
- Low sexual desire - 46%
- Difficulty climaxing – 24%

As noted by Steinberg et al. (2013), dopamine is odd in that it shoots up when something is better than expected (violates expectations), but only drops when expectations are not met. Wilson (2017) adds, *“With sex, it’s nearly impossible to match internet porn’s level of surprise, variety, and novelty. Thus, once a man thoroughly conditions himself to porn, sex may not meet his unconscious expectations. Unmet expectations produce a drop in dopamine – and erections. (A steady stream of dopamine surges is imperative for sustaining arousal and erections). Whether 25 or 55, the disparity between real sex and masturbating to Internet porn is a key factor in porn-induced sexual dysfunctions”* (Wilson, 2017, pp 84-85).

Scary and alarming porn fetish tastes: Gary Wilson (2017) writes that once upon a time, men could trust their penises to tell them everything they needed to know about their sexual preferences and orientation. However, our brains are very plastic (or able to change with experience). As such, our brains change with experience with or without our conscious participation. Wilson notes that as a function of

porn involvement, porn users often move from one genre to another and will often arrive in a place they find very disturbing and/or confusing. As a result, a previously defined heterosexual boy might ultimately find himself enjoying homosexual pornography and then begin to question his sexuality. Additionally, many men end up viewing child pornography as they have habituated to everything else. As has been said, “I did it all and then got bored (habituated) with it all and thus (child porn) was the final taboo that excited me.

Another young man cited in Wilson (2017), stated, *“I wasn’t interested in any weird stuff before I started to watch porn. Just real girls of my age. Now, I like BBB, BBW, MILF, Tranny, Crossdresser, Fat, Skinny, and Teen”* (BBB – Bareback: Sex without a condom, BBW – Big Beautiful Woman: Plus-size woman, often in a sexualized context, MILF – Mom I’d Like to F*:** Attractive older mother, sexualized term).

Downing et al. (2016) conducted a study that found that it is now quite common to find men who view porn to be inconsistent with their identified sexuality. Specifically, they reported that heterosexual-identified men in the study reported viewing porn containing male same-sex behavior (20.7%), and gay-identified men reported viewing heterosexual behavior in porn (55%). Wilson (2017) notes that it is very sad that porn users are ignorant of how common it is to escalate, often leaving porn users in the end, feeling very anxious, demoralized, and hopeless. He adds that it can be especially distressing to escalate through **porn fetishes** that ultimately cast doubt on one’s sexual orientation.

If you’ve seen yourself in any part of this chapter, take heart—because you are not broken beyond repair. The very brain that adapted to the

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artificial world of pornography can also heal, rewire, and recover its God-designed capacity for authentic intimacy.

Neuroplasticity, the same force that enabled these unhealthy patterns, also offers the path to renewal. When we begin to abstain from pornography, pursue meaningful connection, and re-anchor ourselves in love rather than lust, the brain begins to restore its natural rhythms. Desire becomes real again. Sensitivity returns. Clarity about identity and orientation often re-emerges.

But most importantly, hope grows.

God's grace is never outpaced by our compulsions. And science is increasingly catching up with what Scripture has said all along: transformation is possible. *"Do not conform to the pattern of this world, but be transformed by the renewing of your mind"* (Romans 12:2, NIV). Healing isn't just possible—it's promised to those willing to walk the path of truth, connection, and faith.

You are not defined by your past, your browser history, or the lies porn has whispered to your nervous system. You are defined by a greater story—a story of redemption, resilience, and restored intimacy.

The Impact of Pornography on the Objectification of Women



His Porn,
Her Pain

S God created mankind in his own image, in the image of God he created them; male and female he created them." (Genesis 1:27, NIV). From the very beginning, each human being has been designed with inherent worth and dignity, a divine reflection of the Creator Himself. Yet, in a culture inundated with pornography, that sacred vision has become distorted. Instead of recognizing the divine

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image in one another, pornography reduces women — and even men — to mere objects of gratification, stripping away their humanity and the beauty of God’s design. Tragically, good men can also be drawn into this cycle of objectification, causing damage not only to the women they view but to their own souls and their own capacity for genuine connection. This chapter explores the devastating consequences of pornography’s portrayal of women, examining how it fosters a mindset of objectification, erodes authentic connection, and distorts the sacred beauty of intimate relationships.

Dr. Foubert (2017) powerfully reminds us that the root of many acts of violence against women, including sexual violence, can be traced back to the way individuals learn to see others not as people, but as things to be used. In a study conducted in the Netherlands, researchers explored the effects of pornography consumption on adolescents’ attitudes toward women. The findings were chilling: the more these young minds absorbed pornographic content, the more likely they were to view women not as fellow human beings, but as objects to be used for pleasure (Peter et al., 2007; 2009).

Similarly, Klassen and Peter (2015) revealed through their content analysis of 400 popular pornographic videos that the depiction of women as submissive, voiceless objects was alarmingly common. Men were portrayed as dominant aggressors, while women were shown as passive, willing, and compliant. These images don’t just remain on the screen — they seep into the minds and hearts of viewers, subtly teaching them that women are lesser and that they exist to be used and discarded. What kind of relationships can grow from that soil? What kind of love can be cultivated when one partner sees the other as less than human?

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The consequences reach far beyond the screen. In the real world, men conditioned by years of pornography exposure may begin to treat their partners as objects, focusing solely on their own desires while neglecting the sacredness of genuine connection and their partner's intrinsic value. Jesus said, *"Do to others as you would have them do to you"* (Luke 6:31, NIV) — a simple yet profound command that is utterly undermined by the objectification fostered by pornography. Instead of seeking mutual love and affection, some men pursue dopamine-driven thrills, neglecting the deeper, more sustaining bond that oxytocin fosters. Oxytocin, often called the 'love hormone,' is the very chemical that bonds mothers to babies, lovers to each other, and friends in lasting relationships. It is released during acts of affection like hugging, holding hands, or simply being present and attentive. But in the context of pornography, this essential hormone takes a back seat to dopamine, the neurotransmitter of pleasure and reward. In a world saturated with instant gratification, the quiet, steady power of oxytocin is drowned out by the loud, insistent voice of dopamine.

Yet, there is a way out. God's love calls us to a higher way of seeing one another — to see each other not as objects but as precious, valuable souls, each created with divine purpose and infinite worth. *"Love one another as I have loved you"* (John 13:34, NIV). By rejecting the narratives that pornography promotes and choosing instead to foster genuine connection, respect, and love, we can begin to heal from the wounds of objectification. We can reclaim our vision of intimacy — one that is not tainted by selfishness or exploitation but characterized by tenderness, empathy, and true connection with ourselves, with others and with God.

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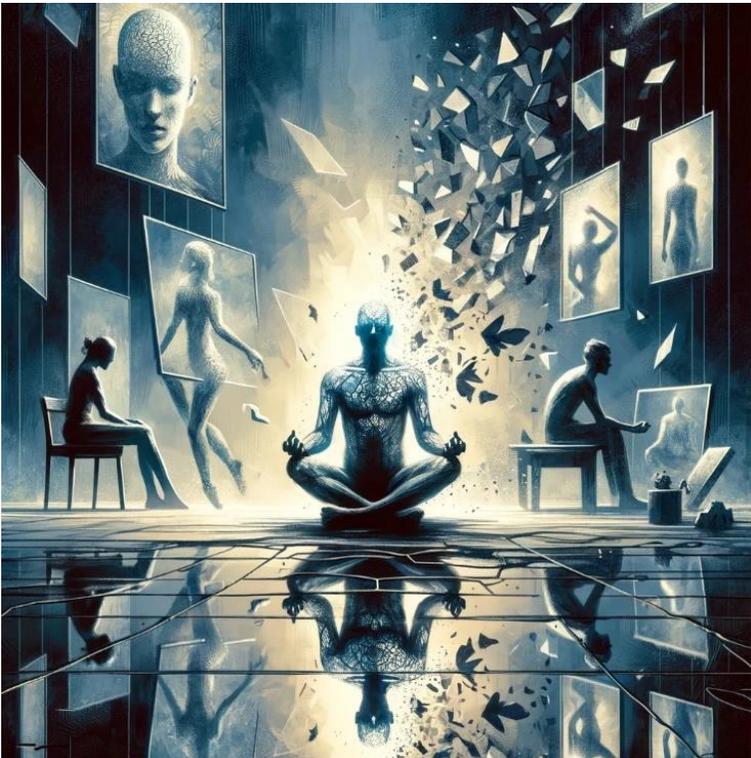
Our love for one another begins with loving ourselves and loving God the way He desires and designed us to love. This kind of love is found in and from God alone, AGAPE, that we have the privilege and responsibility to experience love this way. Jesus said it best: *“And you must love the Lord your God with all your heart, all your soul, all your mind, and all your strength.”* The second is equally important: *“Love your neighbor as yourself.”* *No other commandment is greater than these”* (Mark 12:30-32, NLT).

In conclusion, the objectification of women in pornography is a wound — a wound that cuts deeply into the way we view one another, the way we love, and the way we relate. But wounds can heal. “The Lord is close to the brokenhearted and saves those who are crushed in spirit” (Psalm 34:18, NIV). We can turn away from the false narratives that pornography perpetuates and choose instead to see each other as God sees us — as precious, irreplaceable, and infinitely valuable. Let’s reclaim intimacy from the clutches of objectification and restore it to its rightful place as a sacred bond, a connection that honors both partners, celebrates mutual respect, and fosters lasting love.

The Impact of Pornography On The Soul

“The eye is the lamp of the body. If your eyes are healthy, your whole body will be full of light. ²³ But if your eyes are unhealthy, your whole body will be full of darkness.”

- Matthew 6:22-23 NIV



These words serve as a profound reminder that what we allow into our hearts and minds has a direct impact on our souls. In today's digital age, pornography has become a pervasive influence, darkening the light within and leading many down a path of spiritual erosion. Although the intent here is not to shame or blame, it is crucial to acknowledge how the pursuit of pornography can inevitably lead to a slow but undeniable disintegration of the soul.

The Jewish and Christian traditions emphasize that every person is created in the image of God, deserving of respect and dignity. Sexuality is considered a sacred gift meant to be expressed within the loving commitment of marriage. Yet, pornography presents a distorted version of sexuality, one that strips away the divine image and reduces people to mere objects of gratification. It denies the inherent dignity of the person and fosters a mindset that undermines the sanctity of relationships.

Pastor Mark Driscoll (1989) warns that instead of seeking God's streams of living water, people often settle for manmade toilets, consuming what poisons the soul rather than what brings true refreshment. This analogy vividly illustrates the degradation of the soul that occurs when pornography takes root, leading to spiritual darkness instead of light.

The Catechism of the Catholic Church further underscores the importance of morality, reminding us that "Deep within his conscience, man discovers a law he has not laid upon himself but which he must obey. Its voice calls him to love, to do good, and to avoid evil." (Catechism of the Catholic Church, 1992). When we indulge in behaviors that compromise our moral compass, such as consuming pornography, we begin to sever our connection to this guiding voice.

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Over time, this can lead to a state of spiritual blindness where the once clear voice of conscience is drowned out by the clamoring noise of desire.



Dr. Robert Dindinger (2014) explores the phenomenon of hypofrontality, where areas of the brain associated with moral reasoning and self-control become impaired. He writes, "Many who reach this stage find that they are seeking and engaging in pornography even when they do not want to...Morals begin to change." (Dindinger, 2014, p. 7-8). This descent into compulsive behavior further highlights

how pornography can lead to spiritual decay, as individuals become enslaved to desires they no longer control, damaging not only their bodies and minds but their very souls.

In addition to these profound effects, we must also consider the way pornography shifts one's inner world, corrupting and severing the connection between body and spirit. "Flee from sexual immorality. All other sins a person commits are outside the body, but whoever sins sexually sins against their own body" (1 Corinthians 6:18, NIV). When individuals engage in pornography, they participate in a form of self-betrayal, violating the sanctity of their own bodies and the purity of their thoughts. This internal conflict can create a fragmented sense of self, where the soul feels torn between desire and conscience.

Pornography not only affects the viewer but also harms the very soul of the person being objectified. Women, men, and even children become commodities, stripped of their personhood and reduced to instruments of gratification. Jesus reminds us, "What good is it for someone to gain the whole world, yet forfeit their soul?" (Mark 8:36, NIV). This question pierces the heart of the matter: pornography may offer a fleeting sense of pleasure, but it comes at the cost of our integrity, our relationships, and our connection to God.

Summary of the Impact on the Soul:

1. Loss of Spiritual Integrity: When we indulge in pornography, we move away from the principles of purity and integrity that many faith traditions uphold. This can lead to feelings of guilt, shame, and a painful sense of distance from God. Over time, the conscience becomes dulled, making it increasingly difficult to hear the gentle whispers of the Holy Spirit.

2. Erosion of Self-Control and Virtue: Pornography fosters compulsive behavior, eroding the soul's capacity to resist temptation and align with higher spiritual values. As the Apostle Paul wrote, *"I don't really understand myself, for I want to do what is right, but I don't do it. Instead, I do what I hate"* (Romans 7:15, NLT). The cycle of compulsion leads to a sense of powerlessness and spiritual defeat.
3. Dehumanization and Objectification: The act of reducing people to objects for gratification not only distorts the image of God in others but also diminishes the viewer's capacity to experience genuine love and compassion. It numbs the heart to true intimacy, replacing it with counterfeit connections.
4. Spiritual Stagnation: Those caught in the cycle of pornography often report feeling spiritually stagnant or disconnected, unable to move forward in their faith journey. This stagnation can manifest as a loss of interest in prayer, worship, and community, deepening the sense of isolation.
5. Interference with Prayer and Meditation: The intrusive nature of pornography can disrupt spiritual practices, making it difficult to connect with God or find inner peace. Thoughts become cluttered with images that contaminate the purity of prayer and diminish one's ability to commune with the divine.
6. Fragmentation of Identity: Pornography fosters a double life — one where the outer self projects righteousness while the inner self battles with hidden sin. This dissonance can create profound internal conflict, eroding the sense of wholeness and authenticity.

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Note in closing, "The Lord is close to the brokenhearted and saves those who are crushed in spirit" (Psalm 34:18, NIV). While the impact of pornography on the soul is profound, it is not irreversible. God's love is always greater than our worst mistakes. Healing is possible, and redemption is available. By turning away from the darkness and seeking the light, we can begin the journey back to spiritual wholeness. *"Let us fix our eyes not on fleeting, empty images but on what is true, noble, and pure"* (Philippians 4:8), and reclaim the soul's capacity to love, heal, and experience genuine connection.

To those struggling under the weight of pornography's grip, take heart — there is a way out. Jesus offers living water that can cleanse, restore, and renew the soul. *"Come to me, all you who are weary and burdened, and I will give you rest."* (Matthew 11:28, NIV). Freedom is not only possible — it is promised to those who seek it. Let us walk this path of healing together, with grace, courage, and unwavering hope.



Which path do you choose to take?

The Therapeutic Pathway to Restoration

*“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



The good news is that there is a way out if you want it bad enough and if you are willing to do the hard work.

Let's start with what does not work. Most important is **shame**. Telling yourself or another person who is struggling with pornography addiction that you or they are a moral failure or a bad person will not help you or them heal and, in fact, can very often make matters far worse. I have seen porn-addicted people in my practice who have attempted suicide by hanging and/or by handguns because they were so wracked with guilt and shame, they tragically felt that the only escape was death.

Please know that you have already taken the first step by reading this book or any other good reference on behavioral addiction. As you begin to understand how childhood experiences may predispose you to addiction—and how your brain and nervous system are impacted by it—you can begin to have a sense of control over your addiction. Barta (2018) makes the very important point that addiction is no longer an outside force that is happening to you, as you can now understand that your addiction has been used to control painful feelings and/or disconnection through dissociated actions and behaviors. You can, therefore, begin to let go of the shame, embrace self-compassion and accept total responsibility for your healing.

We will begin by revisiting **Johann Hari's** insights on connection, but we won't stop there. We'll explore how to apply the **NeuroFaith™ Model**, a faith-integrated, neuroscience-informed approach to healing that addresses the deeper roots of addiction and trauma. We'll dig into:

- **Polyvagal-Informed Therapy:** Understanding how the autonomic nervous system impacts our ability to feel safe, connect with others, and regulate our emotions.

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- **HeartMath and Neurocardiology:** Learning how the heart-brain connection can calm the storm of anxiety and ground us in the present moment.
- **Internal Family Systems (IFS):** Identifying the fragmented parts of ourselves — the wounded child, the protector, the exile — and inviting God’s healing presence into those places.

But reconnection isn’t just about theory; it’s about action. We’ll also cover **Practical Exit Strategies**, or what Matt Fradd calls making a “U-Turn on the Superhighway” — those critical moments when temptation hits and how to navigate them without veering off course.

And we won’t leave you to do it alone. We’ll look at **Online Support Systems** that can provide accountability, community, and encouragement when the battle feels too heavy to carry alone.

Finally, we will anchor it all in the greatest connection of all — the **Transformational Power of Jesus Christ**. Because while science can inform us and strategies can guide us, true healing comes from the One who knows us best, loves us most, and redeems us completely. Jesus is the ultimate healer, the One who can take every broken piece and make it whole again.

This chapter is more than a roadmap; it’s an invitation. An invitation to reconnect, rebuild, and rediscover a life that is not just free from addiction but fully alive, fully present, and fully anchored in hope. Let’s take that first step together.

Get Connected to Healthy Living



In our earlier discussion, we touched on Johann Hari's *Lost Connections* — a powerful reminder that disconnection is one of the key drivers behind addiction and depression. Hari helps us see how life can pull us apart in so many ways — from ourselves, from those we love, from work that matters, from nature's grounding presence, from the values that give us direction, and from a hopeful vision of the

future. When those connections are frayed or missing, it's easy to feel unmoored, lost, and vulnerable to anything that promises quick comfort or relief.

But here's the beautiful, life-giving truth: When we begin to reconnect with life in these vital areas, something powerful happens. Healing starts to unfold naturally. It's not that every problem is instantly solved or every wound is instantly mended — but when we step back into real, life-giving connections, we set in motion the very forces that can heal us from the inside out.

Reconnecting to meaningful work can reignite a sense of purpose. Reconnecting to people who genuinely care can remind us that we are seen, valued, and loved. Reconnecting to nature can soothe a weary soul and quiet the inner storm. Reconnecting to our values can ground us, giving us a compass to navigate the chaos. Reconnecting to our faith can open our hearts to a love and power that is constant, healing, and redeeming.

It's about more than just quitting porn. It's about coming back to life — the life that addiction pulled us away from. It's about building a life that is so full, so rich, and so meaningful that the pull of addiction begins to lose its power. Because what we're missing isn't just the absence of addiction. It's the presence of true, soul-satisfying connection. And that life? It's still possible. It's still waiting. And every step we take toward reconnection brings us closer to it.

So, how do we rebuild those connections?

1. Reconnect to Meaningful Work:

Porn addiction often thrives in the void of purposelessness. If your days feel empty or meaningless, you're vulnerable to

seeking false comfort in pornography. But life isn't meant to be lived in neutral. Finding ways to engage in work that matters — even in small, everyday ways — reignites a sense of purpose. Ask yourself, *What can I contribute today?* It doesn't have to be world-changing. It just has to matter.

2. **Reconnect to Meaningful People:**

Loneliness and isolation are gasoline on the fire of addiction. When you're isolated, it's easy to believe the lie that no one sees you, no one cares, and no one would understand. But connection doesn't just happen; it's built, moment by moment. Reach out to someone you trust. Send a text. Share a meal. Sit in the same room without words. Reconnection doesn't require a grand gesture — just the willingness to show up and be seen.

3. **Reconnect to Meaningful Values:**

Pornography addiction can cloud our values and skew our sense of right and wrong. Reconnection here is about remembering who you are and what you stand for. What values have you lost sight of? Is it integrity? Compassion? Faith? Take a moment to write them down. Keep them where you can see them. Because when we know what we stand for, we're far less likely to fall for the counterfeit.

4. **Reconnect to Unresolved Trauma:**

Addiction is often fueled by unresolved trauma — those deep, unhealed wounds that continue to burn beneath the surface. Johann Hari described it as the “house fire inside many of us.” But avoiding the fire doesn't put it out. Healing requires facing

it, bringing it into the light, and allowing God’s love and grace to bring restoration.

We’re not going to cover trauma healing extensively here because it deserves deep work and intentional focus. We will devote entire chapters to trauma in the coming sections, exploring how to walk through that fire without being consumed by it. For now, know this: You are not alone in your pain. You are not beyond healing. And what trauma has stolen from you, God desires to and can restore.

5. Reconnect to Self-Respect and Dignity:

Porn addiction erodes self-respect. It convinces us that we are weak, unworthy, or broken. But God sees us differently. He sees our potential, our inherent worth, our dignity. Rebuilding self-respect isn’t about being perfect. It’s about showing up, keeping our word, and doing what’s right — even when it’s hard. Every small act of integrity chips away at the lie that we are less than we were created to be.

6. Reconnect to the Natural World:

When was the last time you stood barefoot outside, closed your eyes, and just breathed? Nature has a way of grounding us, reminding us that life is bigger than our screens, our struggles, our shame. Take a walk. Feel the sun. Listen to the wind. Let the natural world pull you back to center. It’s a simple step, but it’s a powerful one.

7. Reconnect to Hope and the Future:

Addiction traps us in the present moment, making tomorrow feel like a dark, empty void. But God has plans for us — plans to give us a future and a hope (Jeremiah 29:11). Reconnecting to hope means daring to believe that healing is possible. It means setting a small goal, taking one step forward, and choosing to trust that good things are still to come.

8. Reconnect to Faith and Meaning:

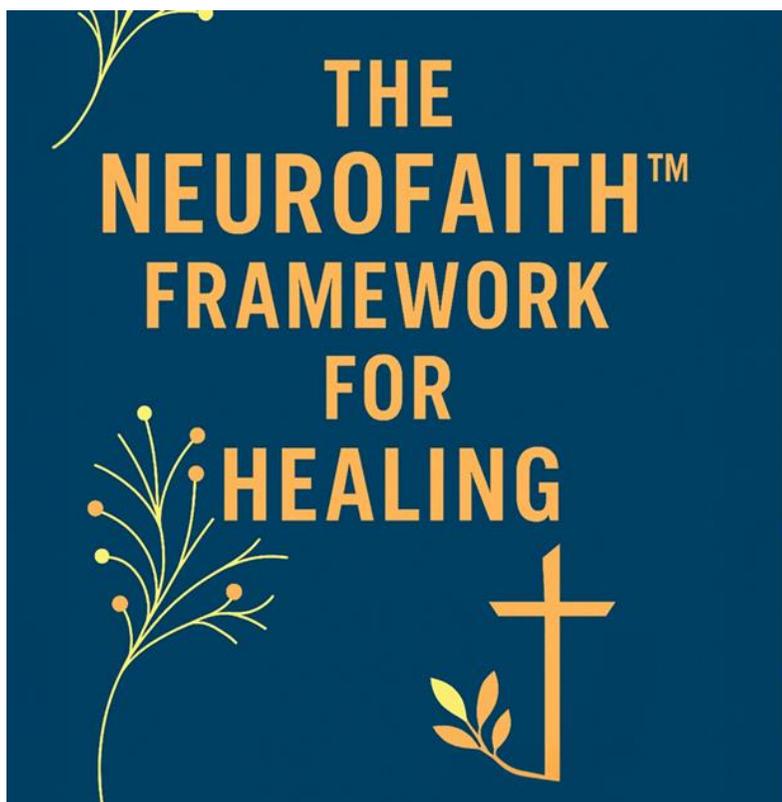
At the core of all these connections is the spiritual connection. God didn't create us to wander through life alone, untethered and unmoored. He created us to walk with Him, find our identity in Him, and root ourselves deeply in His love. Reconnecting to God means coming home — not to judgment but to grace. Not to condemnation but to acceptance. Not to rules but to relationship.

Pornography Enslavement: A NeuroFaith™ Model for Restoring Intimacy in an Age of Disconnection



The *NeuroFaith*™

Framework for Healing



AS we have established, pornography addiction leaves deep wounds, not just in the mind but in the body and soul. However, even in the midst of darkness, there is a pathway toward healing—a journey where rest for the weary can be found, and where hope, rooted in the promise of restoration, begins to grow. As

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we step into the therapeutic world of healing, we uncover profound wisdom from both neuroscience and Scripture. Together, they form a holistic and transformative approach to recovery.

In this chapter, we will explore three groundbreaking therapies that serve as powerful tools for healing the wounds of teen depression: Polyvagal-Informed Therapy, HeartMath®, and Internal Family Systems (IFS). These methods help us reconnect with the body, mind, and heart, aligning them toward peace and wholeness. Just as Jesus invites us to find rest in Him, these therapies work to restore balance, which will help you release the burdens that pornography has enslaved you with.

"The Lord is close to the brokenhearted and saves those who are crushed in spirit" (Psalm 34:18). Healing is not just about overcoming depression - it is about reclaiming peace, reconnecting with our true selves, and finding restoration for the broken pieces of our lives. The therapeutic pathway is not just a journey away from pornography but a road to lasting peace. So, here we go:

1. **Polyvagal-Informed Therapy**
2. **HeartMath®**
3. **Internal Family Systems (IFS)**

These therapies have the potential to guide us toward lasting recovery and well-being, offering hope for a healthier, more balanced life.

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 -

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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. 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.

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Neuroception Perception State Feelings Behavior Story

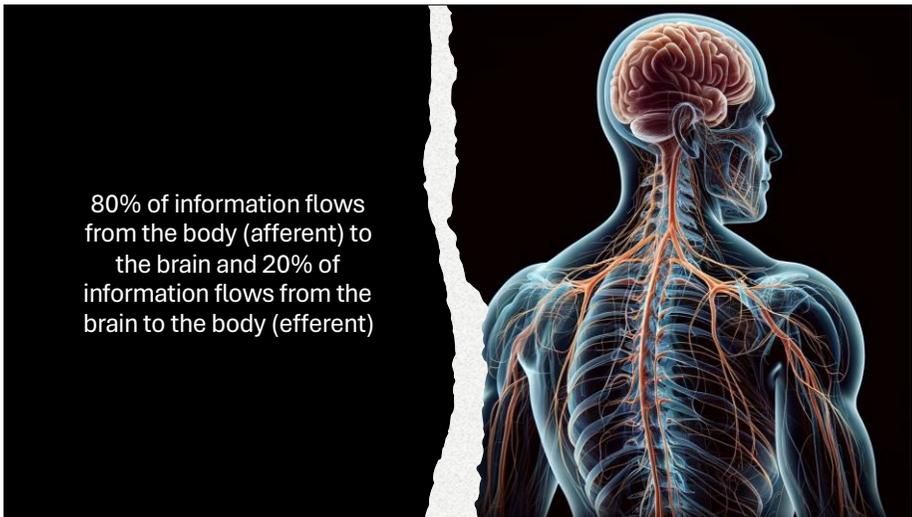


Borrowing from a metaphor of flowing down a stream, the first step in healing is to move our **neuroception** - what our autonomic nervous system is automatically sensing regarding safety and danger without our awareness to awareness of sensing, which is called **perception**. Flowing downstream, we 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 when we shame and blame ourselves or we catastrophize the situation— then our autonomic state becomes even more activated or shut down. This shift can lead to increased anxiety or depression and trigger a negative feedback loop that contributes to emotional and physical health problems.

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

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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):

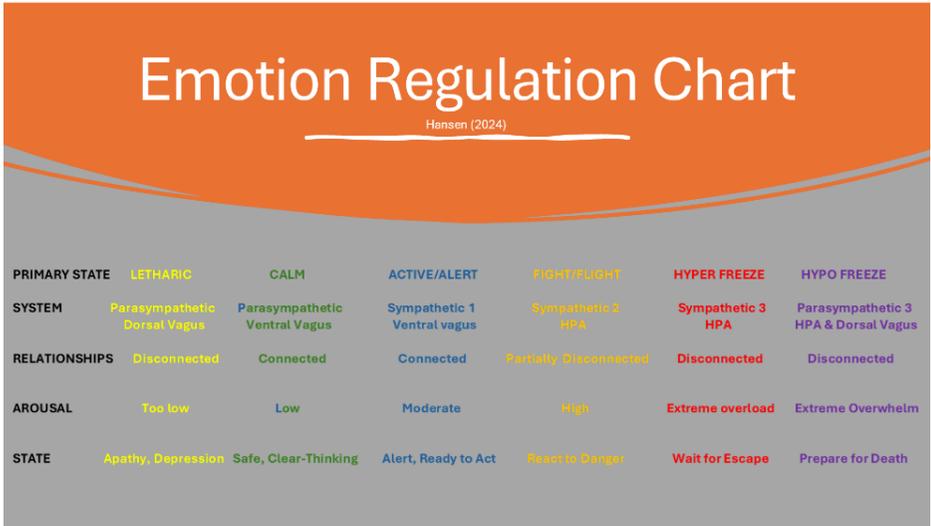
The Four R's

- **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 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 their mind with their body.

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If we find ourselves in the **Orange Zone** (Note: in the graphic, it is actually red 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).

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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 prone to experience:

- Regulated heart rate (vagal brake lowers heartrate by 20 beats per minute)
- 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
- Able to reach out to others
- Able to play and take time to enjoy life and others

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- Able to be productive in work
- Able to organize and follow-through
- Able to heal emotionally and physically
- 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 has 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 Henry 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, and 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

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participants, which found increased risks 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. Conversely, when we are emotionally regulated ourselves, we can offer our safe regulation to others, be they 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

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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.



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 end result is typically defensive activation moving us toward fight or flight or less typically, occasional freeze responses.

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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 actually 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).

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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 open our minds to transformation 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 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 healing.

Two

HeartMath®

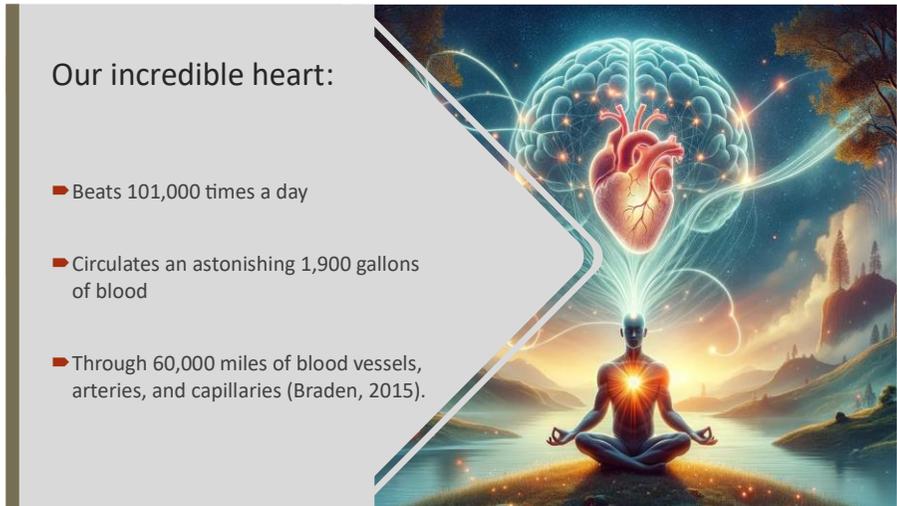


Our heart is an amazing organ and is much more than a pump. It has its own wisdom and intelligence and works cooperatively with the brain. HeartMath® has sought to explore the science of this connection and translate that science into practical ways of healing mental health struggles and thus improving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

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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).

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.

As some may know, religious and mystery traditions have universally held that the heart has been regarded as a path to deep wisdom in life (Braden 2015b).

In the **Bible** for example, the heart is mentioned **826 times in 59 of 66 books**. The Bible reveals that our heart isn't a separate part of our being. Instead, our heart is a composition of all three components of our soul - our mind, emotion, and will plus the most important part of our spirit, our conscience (Bibles for America, 2021). Solomon wrote in Proverbs 4:23, "Keep your heart with all diligence; for out of it spring the issues of life." The Bible posits that what is in your heart will direct your life (Back to the Bible, 2019).

The **Quran** similarly notes that our heart is a source of wisdom and guidance and mentions the human heart **132 times**. Of the Qur'anic statements, some describe this sentient organ as having the capacity of being a center of reasoning, intentions, and decision-making. Consequently, human hearts can either be healthy or diseased. (Janat Al Quran, 2017).

The **Egyptians** likewise believed that the heart, rather than the brain, was the source of human wisdom, as well as emotions, memory, the soul and the personality itself. Physiology and disease were all connected in concept to the heart, and it was through the heart that God spoke, giving ancient Egyptian's knowledge of God and God's will. As such, the heart was considered the most important of the body's organs (Dunn, 2021).

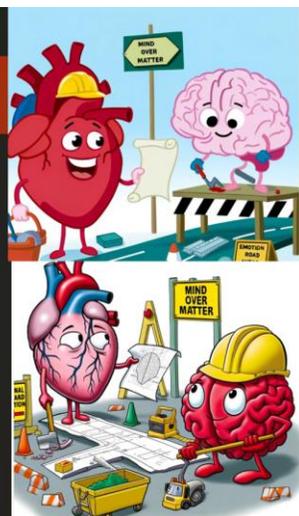
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Brain and heart working together

Gregg Braden notes that the discovery of the “little brain” in the heart, and the now-verified evidence that the heart has a certain capacity to think and remember, has led the way to amazing possibilities regarding the hidden power of the heart and what this can mean to our lives.

For 150-plus years we were led to believe that the heart and the brain were separate in an either-or manner. Scientists and analytical thinkers believed that the brain was the key while musicians, artists, and intuitive thinkers felt that it was the heart.

The evidence now suggests that it is the heart and the brain working harmoniously together that is fundamental (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 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.

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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.

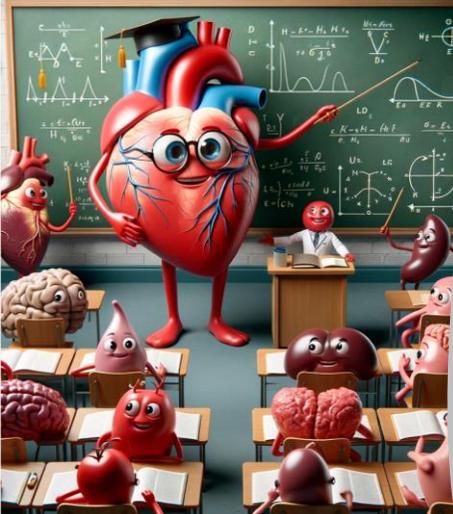
What – Heart Intelligence?

- 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?

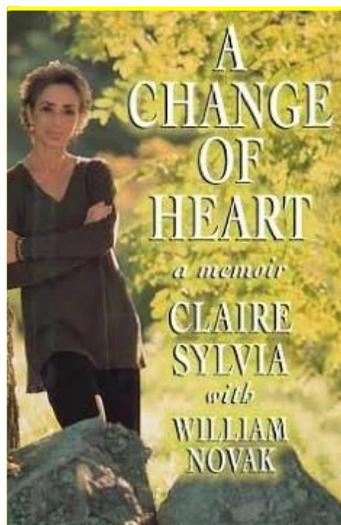
- Braden notes that a key role of the heart brain is to detect changes in the body such as hormone levels and other chemicals and to communicate this information to the brain so it can meet our needs accordingly.
- The heart brain achieves this by converting the language of the body, chemistry, to the 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).



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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 transplant surgeries.



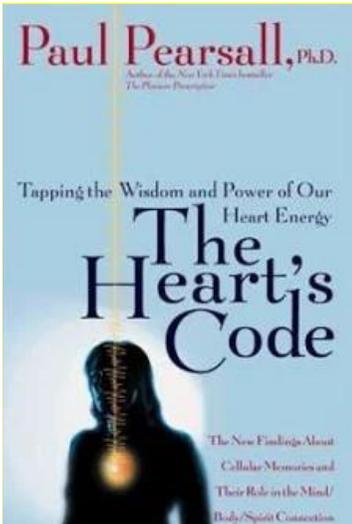
Stories of the Heart:

- **Clare Sylvia**, 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-RfOYI>

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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.

Please click below for Dr. Braden's enticing discussion:

<https://youtu.be/Hir6-RfOiy>

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)

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and the parasympathetic (relaxation response) branches (McCraty, 2023).

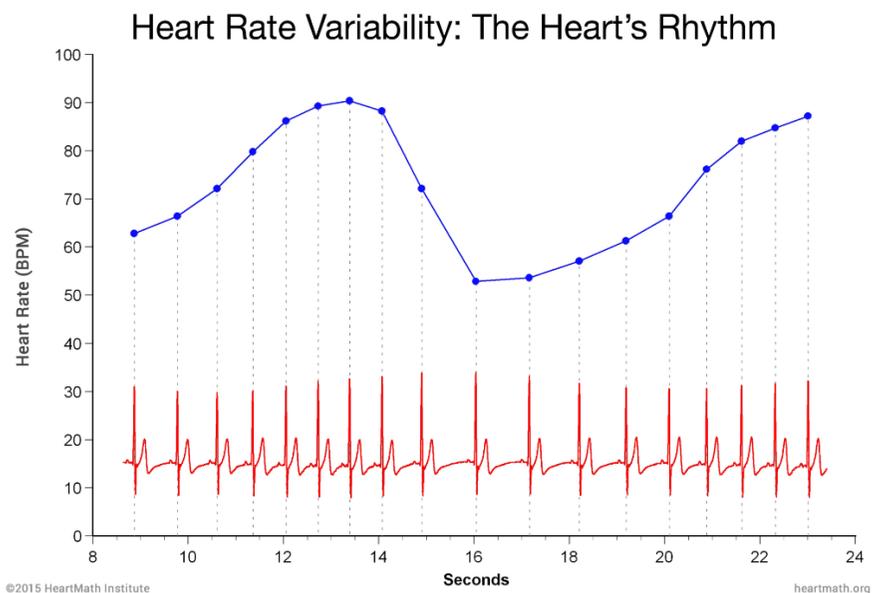


Image courtesy of the HeartMath® Institute – www.heartmath.org.

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.

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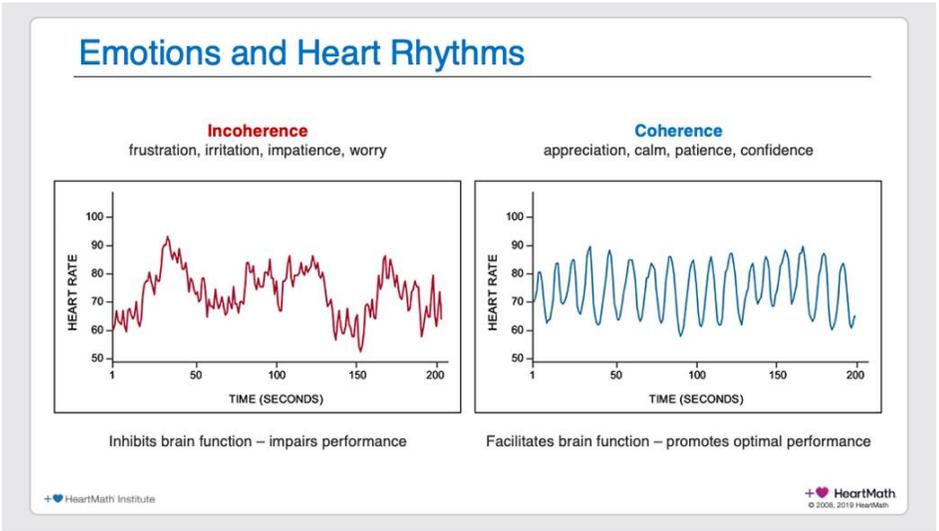


Image courtesy of the HeartMath® Institute – www.heartmath.org.

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

Pornography Enslavement: A NeuroFaith™ Model
for Restoring Intimacy in an Age of Disconnection

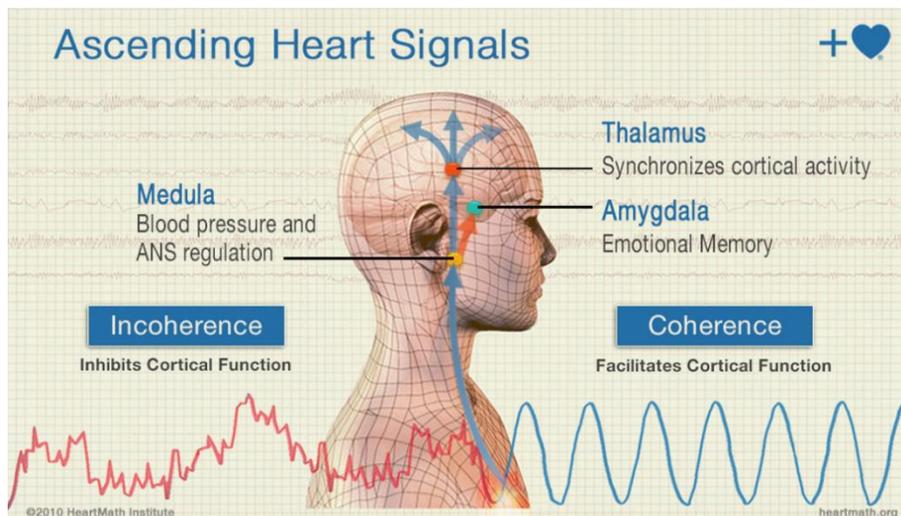


Image courtesy of the HeartMath® Institute – www.heartmath.org.

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.

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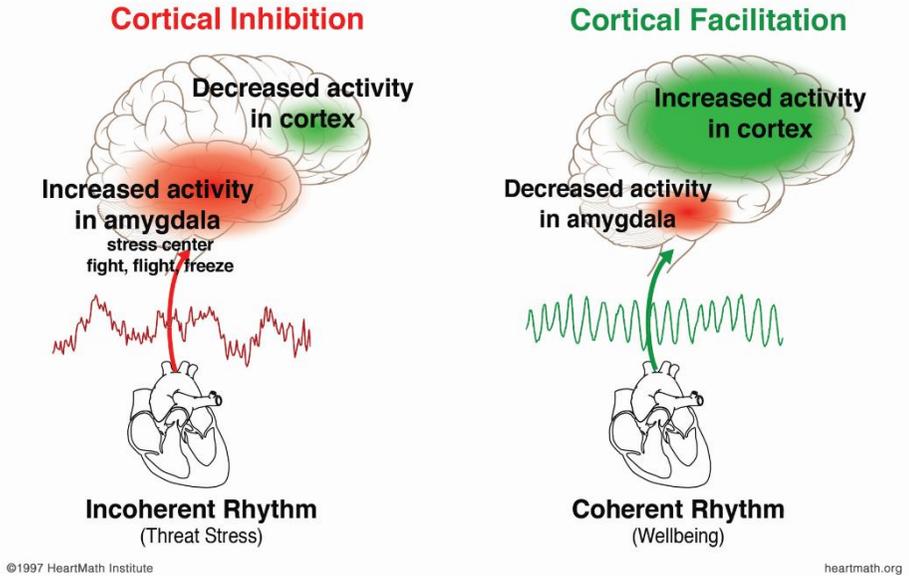


Image courtesy of the HeartMath® Institute – www.heartmath.org.

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):

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 demonstrates 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).

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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 in which to live.



The coherent HRV of one person positively regulates the other

Heart Lock-In® Technique:

HeartMath® teaches us several different breathing and visualization techniques to help us attain healthy heart rate variability and coherence, each building on the basics of good breathing fundamentals. Below is a description of my favorite, which is called the 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 in alignment. 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 on how to perform the Heart Lock-In® Technique:



1. Focus your attention in the area of the heart. Imagine your breath is flowing in and out of your heart chest area, breathing a little slower and deeper than usual. Find an easy rhythm that's comfortable.
2. Activate and sustain a regenerative feeling such as appreciation, care or compassion.
3. Radiate that renewing feeling to yourself and others.

Three

Internal Family Systems (IFS)

Among the best top-down therapies is **Internal Family Systems (IFS) Therapy**. During early life, we are often faced with pain and/or trauma that can be so extreme that the fragile and poorly developed ego cannot handle it. Unable to be processed, these pains are stored in “implicit” memory, and as such, are often nonverbal. They become part of what is called the “default mode network,” which later becomes the substrate for how we think, feel, and behave. Left unchecked, we must resort to defensive behaviors to keep them from overwhelming us. IFS identifies the pain part as the **exiles** and the defensive parts as the **managers** and **firefighters** and the **self** as the core of your being.



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Internal Family Systems (IFS) is a therapeutic approach that identifies and addresses multiple sub-personalities or parts within each person's mental system.

1. **Exiles:** These are vulnerable, often wounded parts that carry painful memories or emotions, such as trauma, fear, or shame. In addition to treatment, these might be parts that are deeply hurt or neglected, driving behaviors as a form of escape or coping mechanism. Exiles are often kept out of conscious awareness by the actions of managers and firefighters.



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**.

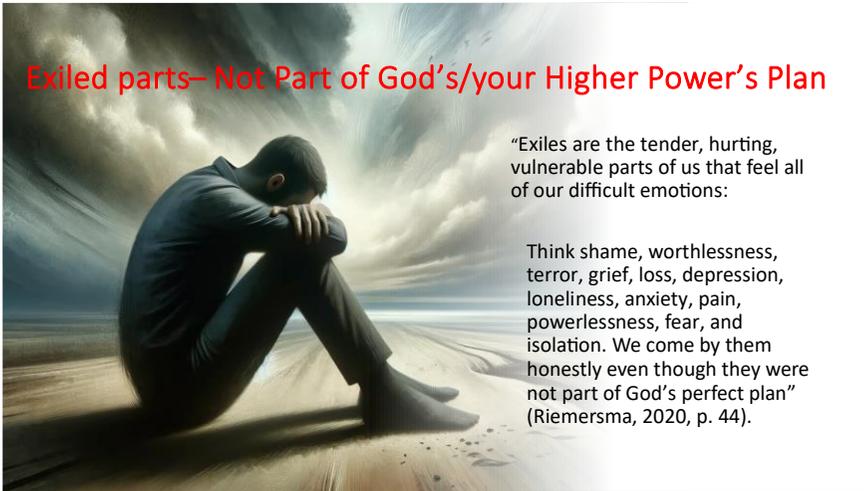
Need **acknowledgment and compassion** for healing.

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

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

Crucial for overall mental health improvement.

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2. **Managers**: These parts are responsible for maintaining a sense of order and control in a person's life. They anticipate and address problems proactively to protect the individual from harm or pain. In the context of depression, managers might try to keep depressive behaviors in check by overachieving in order to maintain a semblance of control. Managers are all about performance – being the best student, doctor, teacher, employer, employee, or even religious person.



- **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

3. **Firefighters:** These parts are more reactive than managers. They emerge when an individual's exiled emotions or experiences become too overwhelming. Their role is to distract and extinguish or numb these distressing feelings, often through impulsive behaviors like substance abuse or other addictive actions. Firefighters serve as a short-term solution to emotional pain but often exacerbate problems in the long run. The ultimate firefighter defenses can be self-injury or even suicide.

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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.



4. **Self:** The Self is seen as the core or center of an individual's being, characterized by qualities such as compassion, courage, confidence, calmness, and clarity. The Self is not another part but rather the person's true, balanced essence. In IFS therapy, strengthening the Self is crucial, so it can lead and bring harmony among the parts. In treatment, this means helping the individual to access their Self to understand and heal the exiles, manage the managers, and redirect the firefighters in healthier ways. The Self is typified by eight qualities called the 8 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.

There are many advantages to IFS as an excellent top-down approach, some of which are summarized below (adapted from ChatGPT):

1. **Promotes Self-Leadership:** IFS encourages individuals to lead themselves with their core Self, which is characterized by qualities such as confidence, calmness, clarity, curiosity, compassion, courage, connectedness, and creativity. This helps make healthier decisions and manage parts that are causing psychological distress.
2. **Improves Self-Awareness and Emotional Intelligence:** By identifying and understanding the different parts within oneself, individuals become more aware of their inner workings. This heightened self-awareness leads to better emotional intelligence, as individuals learn how to manage their emotions effectively.
3. **Encourages Compassion and Understanding:** IFS fosters an environment of compassion and understanding, both for

oneself and for others. By recognizing that every part has a positive intent, even if its actions are at times counterproductive or harmful, individuals learn how to approach themselves and their parts with kindness and empathy.

4. **Addresses a Wide Range of Psychological Issues:** IFS has been applied to a variety of psychological issues, including anxiety, depression, fears, trauma, and relationship problems. Its flexibility and adaptability make it a suitable approach for many different types of individuals and concerns.
5. **Facilitates Deep Emotional Healing:** IFS therapy goes beyond symptom relief and aims for deep emotional healing. By focusing on the roots of psychological issues, it helps individuals heal the wounds of their parts, leading to lasting changes.
6. **Enhances Relationships:** By improving self-awareness, emotional intelligence, and communication skills, IFS can help individuals build stronger and healthier relationships. Understanding one's own parts can also lead to a better understanding of others, fostering empathy and connection.
7. **Empowers the Individual:** IFS empowers individuals by putting them in the driver's seat for their healing process. The model teaches that individuals have the internal resources they need to heal, and the therapist acts as a guide rather than a rescuer.
8. **Integrates Well with Other Therapeutic Approaches:** IFS is a non-pathologizing and hopeful model that can be integrated with other forms of therapy, including cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), faith-based

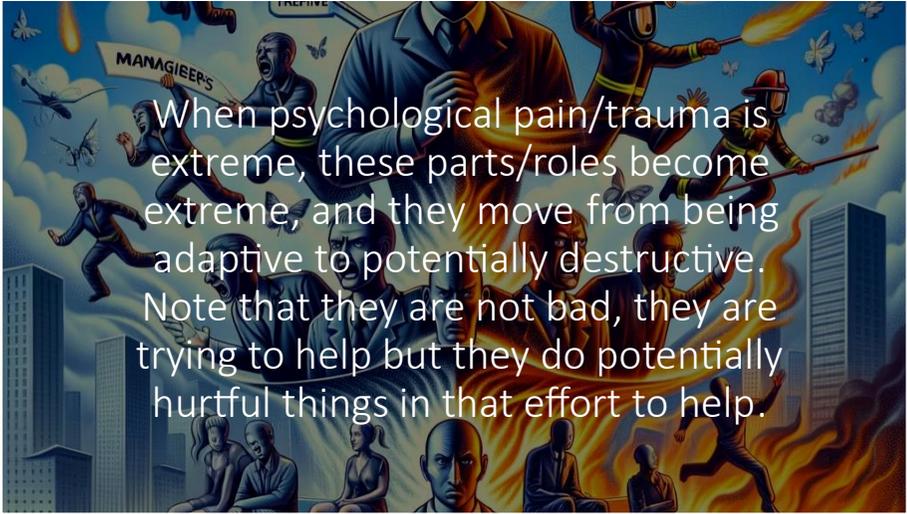
therapies, and more. This makes it a versatile tool in a therapist's toolkit.

9. **Evidence-Based**: Research on IFS is growing, and it has been recognized as an evidence-based practice for treating certain conditions, such as PTSD, demonstrating its effectiveness and reliability.
10. **Cultivates Mindfulness**: The process of identifying and interacting with different parts requires a level of mindfulness, which can improve overall mental health and well-being.

IFS therapy's holistic approach to healing emphasizes understanding and integration of all parts of the Self, including the spirit, leading to profound and lasting psychological change.

In IFS therapy, the goal is to understand the roles of these parts, how they contribute to the problematic behavior, and how to bring them into a harmonious balance under the leadership of the Self. This approach helps individuals address the root causes of their problems and foster a more integrated, healthier state of being (facilitated by ChatGPT).

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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):

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1. **Find:** Finding is the first step of the first stage of the therapy process. This stage is all about learning which part or parts need attention. During this stage it is best to just sit with the feelings and see what rises to the surface. Parts might make themselves known through images, emotions, or body sensations.

2. **Focus:** Once you've found the part, focus on it. Give it space to perform whatever its attention-seeking behaviors are, and give it space to exist. In this moment, it's important to just let the part be there, to reassure it that it has your attention. Often parts are activated because their needs are not being acknowledged or met, and letting the part feel seen will make it easier for it to express itself authentically.

3. **Flesh out:** Now that it's been given attention, the part collects into a set of bodily sensations and emotions that can be fleshed out into a self-contained entity. At this point, the part may start communicating and sending messages. You can give it space to tell you things, or to share the memories that are triggering it.

From ISAA Counseling (2024)
<https://issacounseling.com/breaking-down-the-6-fs-of-ifs/>

3. FLEISH ON THE PART

The Six Fs

From ISAA Counseling (2024)
<https://issacounseling.com/breaking-down-the-6-fs-of-ifs/>

FLESH OUT THE PART

BERDIEND THE PART

The Six Fs – cont.

- **4. Feel:** This is the second stage. Now it's important to see how other parts feel about this part's presence. They might be upset that this specific part is getting attention or be alarmed that it will further imbalance the system. You must judge if you have enough core Self energy to move forward. If you don't, you may have to do some work with other parts that are in the way before you can proceed.
- Self-energy is measured with the 8 C's: calm, compassion, curiosity, clarity, confidence, courage, creativity, and connection. If any of the 8 C's are present when dealing with the part, it means Self is present and able to care for it. If more negative or extreme feelings like anger or anxiety are present it means that another protector part has stepped in to deal with the part you are trying to target.
- **5. Befriend:** This is the start of stage 3. In the previous steps we created separation between the parts and Self and worked on creating active communication. This step is then about actually forming a relationship between this target part and Self. Work happens much more smoothly when the part trusts Self, so this is a good place to start forming that relationship. Ask the part about its function, what it's trying to accomplish, and how it's trying to help. Let it know that it is valued for its function, and that you respect how it's keeping the system safe. Fear: What is this part protecting you from?
- **6. Fear:** The final step for dealing with protector parts does not feel like a resolution. In this step, we ask the part what it's afraid of. What does it think will happen if it stops being a protector? Here is often where we see the major signs of the exiled parts, those things we keep buried down deep so that they can't overwhelm us. If the rest of the steps have been fully realized, Self will be able to have the part step aside so it can access whichever exile the protector was caring for. This stage opens a door for further exploration that is specific to working with exiled parts. There will be an article on this stage of IFS soon
- Adapted from ISSA Counseling <https://issacounseling.com/contact-us/>).

Jenna Riemersma (2020), who holds a master's degree in psychology from Harvard and integrates IFS with faith, in particular, Christianity, is one of my favorite IFS gurus. Her book, *Altogether You* stands among the best and most readable IFS books on the market and is highly recommended. Jenna teaches us that emotions are not to be avoided. Sadly, we live in a culture that teaches us that we should chase the

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positive emotions, such as love, joy and happiness, and run from, suppress, medicate away, and avoid the hard emotions, such as sadness, depression, fear, anxiety, grief, and anger. It has been said that words are the language of the mind, and emotions are the language of the body. Jenna encourages us to listen to our emotions as they can guide us. Snuffing them out cuts us off from truths about our lives, whereas tuning into your emotions can lead us to better truths about our lives and point us to a better way of living. Moreover, they are often the canary in the coalmine, and we know how important they were.

In IFS, we learn to listen to the pain

- I need to listen to my **anger** to know that I have been violated.
- I need to listen to my **anxiety** to know that I have unresolved trauma that needs to be healed.
- I need to listen to my **depression** to know that I need to care for my heart's deepest wounds
- I need to listen to my **fear** to know that I may need to create safety.
- I need to listen to my **stress and irritability** to know that I'm out of balance and need rest or reprioritization (Riemersma, 2020, p 42).



Leaning into and learning from pain

In a wonderful exercise, Jenna suggests that we lean into the pain and do three things, as presented in the graphic below. For more detailed information on this process, I suggest you access her website <https://jennariemersma.com/move-toward/>. It is an amazing resource (Riemersma, 2024). I have used this exercise many times and have found it liberating to re-frame my pain as positive feedback (yes,

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positive, not negative), as it can lead to vital awareness of what that pain wants us to know and do.

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

A few of my favorite speakers on IFS.



Jenna Riersmesma – Faith and IFS

https://www.youtube.com/watch?v=deqxDq9Xw6g&ab_channel=geoffreyholisclaw



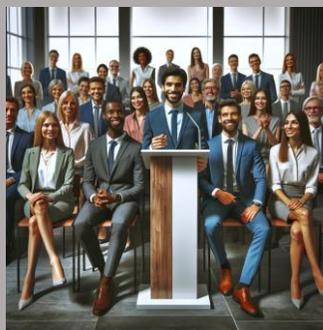
Dr. Tori Olds

https://www.youtube.com/watch?v=tNA5qTTxFFA&ab_channel=Dr.ToriOlds



Kenny Dennis – IFS for Kids

https://www.youtube.com/watch?v=jj7bk3Jfemk&ab_channel=KennyDennis



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EXILES	MANAGERS	FIREFIGHTERS
<ul style="list-style-type: none">➤ Parts that have experienced trauma and become isolated or suppressed in an effort to protect the individual from feeling the pain, terror, fear, and so on.➤ Exiles are often young parts holding extreme feelings or beliefs that become isolated from the rest of the system ("I'm worthless," "I must be successful to be lovable," "I am a failure.")➤ Exiles become increasingly extreme and desperate as they look for opportunities to emerge and tell their stories.➤ Want to be cared for and loved and constantly seek someone to rescue and redeem them.➤ Can leave the individual feeling fragile and vulnerable.	<ul style="list-style-type: none">➤ Managers are proactive and try to avoid interactions or situations that might activate an exile's attempts to break out or leak feelings, sensations, or memories into consciousness.➤ The primary function of all managers is to keep the exiles exiled.➤ Common managerial behaviors: controlling, perfectionism, high criticism, co-dependency, narcissism, people pleasing, avoiding risks, being pessimistic, constantly striving to achieve, anxiety.➤ Managers will strive to prevent the exile from being triggered.➤ Common symptoms: Emotional detachment, panic attacks, somatic complaints, depressive episodes, hypervigilance.	<ul style="list-style-type: none">➤ Have the same goal as managers: keep exiles under control and handle the pain. BUT firefighters have different strategies.➤ Managers want you to look good and be approved of, but firefighters only care about distracting from the pain, so they are often in conflict.➤ Firefighters are highly reactive and automatically activate when an exiled part is triggered (rejection, isolation, failure, traumatic memories, criticism).➤ The function of a firefighter is to eliminate painful feelings, thoughts, sensations, and memories without regard for the consequences.➤ Common symptoms: drug/alcohol use, self-mutilation, binge-eating, compulsive sexuality, media addictions

Courtesy of my rockstar student,
Alayna Collins, M.A., Doctoral Candidate

Make a U-Turn on the Superhighway



Matt Fradd (2017) writes that there are essential elements to making a U-turn on what he calls the “superhighway” to viewing porn in any one instance. First, referencing Dr. Kevin Skinner’s (2005) excellent book, *Treating Pornography Addiction*, we must be mindful of the “**activation sequence**” or the

events which he calls **mile-markers** that lead up to viewing porn that are detailed below:

1. **Mile-marker one – The trigger or stimulus:** These are the things that initiate the activation sequence, and if we can understand and appreciate these triggers, the fight against the temptation is much more likely to be won. Obvious triggers might include getting a Victoria’s Secret catalogue or listening to provocative music, and less obvious triggers might include being rejected or having a tough day at the office or at school. So, we must be aware of the sights, sounds, and/or events that fire us up to redline RPMs. To make that critical decision not to take the on-ramp to the superhighway, Fradd notes that we must turn on the thinking brain or prefrontal cortex or “wise mind” to take charge over the more primitive parts of the brain. He adds that one of the easiest ways to turn on the prefrontal cortex or wise mind is to say out loud or even yell and label what is happening, for example: **“Caution - This is a trigger!”**
- 
2. **Mile-marker two – The emotional response:** After the trigger, it is essential that we become aware of the emotional response that always follows. This could be a sense of excitement, curiosity or anticipation. Emotions can be very powerful and persuasive, so heads up, they can hijack us faster than a speeding bullet as was said about Superman.
 3. **Mile-marker three – The first thought:** At almost lightning speed and seemingly simultaneously after the emotion comes, that first thought appears, which might be, “I wanna do some porn” or “nobody has to know.” We can use our thinking brain

to speak the truth: **“I am stressed and frustrated and my typical go-to is to run to porn to make it go away.”**

4. **Mile-marker four – The chemical release**: As discussed earlier, dopamine is a very powerful force and drives seeking behaviors, in particular. We love the feel of it more than just about anything. Dopamine tells us, “Remember where you got your last fix the last hundred times, and this is where you must go to get that amazing feeling again!” Those chemicals begin to be released in anticipation of the feeding fest.
5. **Mile-marker five – The body language**: At this point, our body begins to change in that heart rate increases, palms become cold or sweaty, pupils dilate, there can be a certain tingling feeling in the groin leading to an erection, butterflies are felt in the stomach, and/or our muscles tense up. Once again, it is imperative that we activate the wise/thinking part of the brain to stop the progression: **“My body is ramping up, and I need to take evasive action to shut this down or suffer the consequences!”**
6. **Mile-marker six – The battle**: At this point, we are in a fierce battle of pros and cons that bounce through our minds at rapid fire pace. This is the brain’s backup safety mechanism to throw on the emergency brakes to keep us from taking the plunge into the abyss. Remember how the Orbital Frontal Cortex and the Anterior Cingulate function to control the more primitive drives and/or behaviors, and the more that we engage in pornography, the more we degrade this protective system. Hypofrontality sets in. Whatever process wins will determine the final step – behavior.
7. **Mile-marker seven – The behavior**: Sadly, if nothing was done during the progression in mile-markers one to seven, we will step by default to the gallows and consume porn.

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Fradd (2017) writes, and I agree, that the best way to escape from the superhighway to porn is to never take the onramp in the first place. As noted above, we need to activate our wise mind and say the plan out loud and maybe even yell it to ourselves whenever possible no matter where we might be in the above-detailed activation progression. This is powerful because the verbal cues wake us up to the reality of what is going on within and enable us to think about what we are doing in the moment. This strategy will be much more powerful if we do our homework and prepare for those moments rather than making the naïve assumption that we can always think on our feet in the heat of the moment.

Fradd (2017) writes that the following ideas that help prepare for the event have proven very helpful to help us deploy the thinking brain:

1. **Educate yourself:** We need to learn as much as we can about the impact of porn in our lives – how it damages our brains, our bodies, and our relationships. Much of this has already been covered in the previous pages of this paper, so, again, congratulations, you are on your way. The more we are acutely aware of this information as we fuse it into consciousness, the easier it will be to short-circuit the activation sequence.
2. **Write down exit strategies:** Certainly, it is one thing to take a thought captive that puts us at risk for porn seeking, but it is



altogether another to know what to do next. So, well before we get sucked into another activation sequence, we need to write down what we plan to do. Fradd (2017) recommends using strong action words such as: “Get up,” “Get out of here,” “Take a walk,” or “Go for a nice run.” Finally, we need not only to write them down but also to rehearse them by reading them out loud at least once a day, if not more. Like in the military, overlearning in garrison saves lives in battle. My son, who was a Marine, told me that he hated the training and thought that it was an unnecessary waste of time, but once he found himself in Fallujah, Iraq, in combat situations, it all made sense, and it helped to keep him alive.



3. **Contemplate the deeper meaning of sex:** This is not about thinking about sex in terms of our next time in bed or our next “conquest.” Rather, it means taking the time to think philosophically about sex. That might mean we ponder questions such as the following:
- What is the nature of sex?
 - What is the purpose of sex?
 - Is sex just a means to “get off”, or does it have a more meaningful and possibly even a spiritual purpose?
 - Is my sexuality just about “objectifying people,” just about my own pleasure?

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- Is sex about fulfilling or blessing my partner? Is that equally or even more important than my own pleasure?
- Is the way I am having sex harming my partner?

Seek Online Help

As nicely summarized by Matt Fradd (2017), there are many excellent online resources. A cautionary note is that we must be careful about being online as this is the conduit for accessing porn. Research the options and find the one that best suits you and your unique needs. Some are faith-based and others not.

No Fap (nofap.com):

This site offers a secular and comprehensive community-based pornography recovery program, which helps porn struggling people connect with a very supportive community of co-strugglers who are determined to escape the bondage of compulsive sexual addictions. It is widely known in the US and internationally.

LifeStar (Lifestarnetwork.com):

As noted on their website, “The LifeStar Program and its Network of Therapists are dedicated to bringing hope, healing, and recovery to individuals, families, and spouses affected by unwanted compulsive sexual behaviors and the powerful grips of sex addiction. For over 20 years, LifeStar has been helping individuals, spouses, and families heal from the devastating effects of pornography addiction and other sexually compulsive behaviors. Through an innovative and proven three-phase treatment program, this intensive outpatient group therapy approach gives participants the resources, support, and

structure needed to experience a successful recovery from the damaging effects of pornography and sexual addiction. LifeStar is an internationally recognized treatment program in nearly 40 cities across the U.S. and Canada. Developed by Dan Gray and Todd Olson, LifeStar is run by highly trained and licensed therapists who specialize in sexual addiction recovery. Each phase of recovery is specifically designed to gently uncover, yet aggressively heal, the destructive patterns that create and maintain addictive behaviors. Workbooks, along with other materials, help provide education and structure throughout the different phases of treatment.” I have researched this website and am impressed with the apparent comprehensiveness of services offered.

The Porn Effect (theporneffect.com):

This is a Catholic site for teens and younger adults, which tries to expose the reality behind what is the destructive fantasy of porn and provides a five-step plan to find freedom from it.

Integrity Restored (ingegrityrestored.com):

Their mission statement best summarizes this excellent Christian-based website: “Our mission at Integrity Restored is to help restore the integrity of individuals, spouses, and families that have been affected by pornography and pornography addiction. Integrity Restored provides education, training, encouragement, and resources to break free from pornography, heal relationships, and assist parents in preventing and responding to pornography exposure, which is so devastating in the lives of our children. We are also a resource that trains and helps clergy in assisting families at the parish level, so that the domestic church truly becomes what it is, the human space in which we encounter Christ.”

Beggars Daughter (Beggarsdaughter.com):

This website offers women, particularly Christian women, who are struggling with porn addiction, very helpful resources and support.

Addo Recovery (addorecovery.com):

This site offers online addiction therapy programs, as well as individual online and in-person therapy. It also specializes in betrayal trauma. It is nonsectarian and offers many personal testimonies of those who have struggled.

Real Battle Ministries (realbattle.org):

Cofounded by Andrew Doan, MD, PhD, Medical Doctor & Neuroscientist, and Julie Doan, RN. mother & family advocate, Real Battle Ministries is a first-class, science and spiritually-based supportive website with the following mission: “Educate: Inform families on the mental, physical and spiritual costs of digital media overuse, including developmental milestones for children, medical facts on brain health and addiction and suggestions for real life solutions. Encourage: Support families to be more informed on the critical issues of digital media overuse and addiction in their homes and encourage support to pursue alternative meaningful activities. To encourage your child to achieve his or her gifted potential. Support: Assist parents and children wishing to limit digital media by offering practical advice for managing digital media, promoting ongoing healthy childhood development, suggesting replacement activities and non-digital media hobbies, and networking with other like-minded families.” This site offers numerous links to scholarly articles and additional resources for treatment and support. It is the best supportive website I (Jeff) have reviewed.

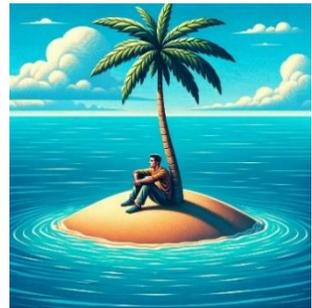
Accountability

*No man is an island, entire of itself;
every man is a piece of the continent,
a part of the main.*

- John Donne

As the above 17th-century quote from the famous English poet John Donne suggests, we are not in this alone, and so we would do well to recognize that our struggle to free ourselves from pornography cannot be won alone.

I strongly encourage you to find an **accountability partner** or group. I would not recommend that this individual be your love partner or spouse as this places the person you most care about in a very difficult if not untenable and/or unhealthy position. You might also seek online accountability sources, some of which are noted earlier or groups/individuals in your community or your place of worship.



Consider using accountability software. Among the best is: **Covenant Eyes (covenanteyes.com)**:

Matt Fradd (2017) writes, and we agree, that this is absolutely the best filtering and accountability software on the market today. With Covenant Eyes, you can use the filter component, which filters out bad sites and/or the accountability component, which sends out a report

to your designated accountability partner. You and/or your accountability partner will receive a weekly report about which sites were blocked, when the visit was attempted, and what search terms were used to get there.

Net Nanny (netnanny.com):

Net Nanny is a highly powerful platform for parents to control what their children are seeing and doing on the web. It doesn't just manage the time kids spend on the web. It also helps prevent cyberbullying, monitors cell phone activity, masks profanity, and blocks access to pornography. How intensely you choose to use it is up to you. Its suite of tools is accessible on most operating systems, either via web browser or mobile app. No matter where you are, you can stay connected and plugged-in to what your child is doing.

Accountable2You (accountable2you.com):

Accountable2You is Internet accountability software with an emphasis on real-time habit management. It can send out instant text alerts to your accountability partners. The software is easy to install on any number of devices. It's compatible with Apple, Windows, and Android operating systems. It can even run within Chrome and Linux. You can also assign specific partners to individual devices.

X3 Watch (x3watch.com):

X3 Watch is Internet accountability software with available tools for self-improvement. You can share a single activity tracker with your spouse or your whole family. This is designed to foster conversations about online responsibility. The company also offers online video

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workshops. These can help you navigate the software. They can also help you find your way through the challenges of addiction.

If **in-home interventions** do not improve your situation, then a referral to a professional specifically experienced in media/pornography addiction is appropriate and, in more extreme cases, **residential treatment** specifically tailored to address media/pornography addiction should be considered. Among the best are:

reSTART cofounded by Dr. Hilarie Cash, PhD, Chief Clinical Director and Cosette Rae, CEO, Chief Executive Officer, MSW, LICSW, ACSW, CDWF:

ReSTART specializes in behavioral addictions, Internet gaming disorder, video game addiction treatment, gambling, virtual reality, augmented reality, and excessive screen time and social media use. Care plans involve an in-depth examination into the factors leading to problematic screen use. In addition to adult treatment, reSTART offers **in-depth residential intervention for youth 13-18** experiencing video game addiction, Internet gaming disorder, social media addiction, excessive screen time use, and often associated problems, including academic difficulties, depression, anxiety, ADD/ADHD, learning differences, and family conflict. I have personally toured their treatment center and found the staff to be among some of most compassionate, dedicated, and well-trained professionals serving residential clients I have ever met. Their facilities are innovative and state-of-the-art. Contact Johnny Tock, MA, LMHC, Chief Admissions & Business Development Director at: Phone: 800.682.6934, email: johnny.tock@restartlife.com,

Website: <https://www.netaddictionrecovery.com/about-restart-tech-treatment/>. This is the first and best residential treatment facility for media addictions in the country.

Launch House founded by Dr. Nicholas Kardaras:

At Omega Recovery's treatment program, clients receive 30 hours of clinical treatment while living in a large, beautiful, secure home right in the community! They spend five days a week working with some of the best therapists in Austin, attend life skills groups, receive peer recovery coaching, and personal fitness training all in a secure setting.

In addition, **residential "digital detox" services** are available for those who are overworked, overstressed, or have developed an over-dependence on screens and technology.

Phone: (512) 601-5407

Website: <https://omegarecovery.org/inpatient-rehab-in-austin-tx-omega-recovery/>

Transformational Change Healing Shame Through Christ Alone



Trauma is a thief. It steals our sense of worth, our sense of safety, and our sense of self. It leaves behind deep wounds that fester in the dark, growing into shame — a poison that seeps into the soul and whispers the lie that we are unworthy, unlovable, and beyond redemption. Unlike guilt, which focuses on what we've done, shame attacks the very core of who we believe we are. It convinces us that we are the problem, not just that we have a problem.

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Dr. David Hawkins' controversial yet compelling work suggests that shame resonates at one of the lowest energy frequencies in the human experience, a 20 on a 0–1,000 scale (Hawkins, 1995). It's a soul-crushing weight, dragging us deeper into darkness, isolation, and despair. And in that darkness, pornography can feel like a quick escape, a numbing agent to dull the ache. But what it really does is throw gasoline on the fire — reinforcing the very shame it was meant to silence.

But there is a way out. Jesus, the One who bore our shame, invites us to lay down that crushing weight and receive His love instead. Jesus doesn't just cover our shame; He transforms it. He steps into those wounded places and reminds us that we are not defined by what happened to us or by the choices we made to cope. We are defined by His love — a love that sees us fully, forgives us completely, and calls us by name.

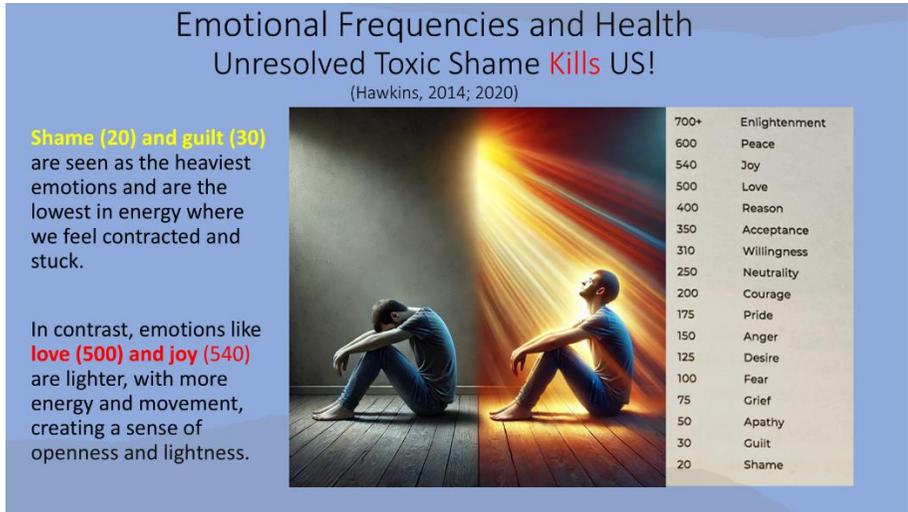
In Christ, we are not our shame. We are not our trauma. We are beloved children of God, redeemed, restored, and made new. And when we invite Jesus into those dark, shame-filled places, healing begins. Light breaks in. The lies lose their grip. The chains fall away.

Pornography may promise to soothe the pain of shame, but it only deepens the wound. Jesus does what pornography never can — He lifts the burden, heals the heart, and restores our identity as sons and daughters of a loving Father. The question is, will we let Him? Will we trust Him with our shame and allow His love to bring us back to life?

While psychology can do much to help heal and manage the impact of shame, it is only through Christ that the deepest wounds of the soul can be fully healed. The transformative power of Jesus brings hope and renewal, reaching into the innermost parts of our being to replace

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shame with grace, love, and a restored sense of worth. Christ's redemptive work offers the wholeness and peace that psychology alone cannot fully provide, lifting the burden of shame and allowing for true freedom and spiritual healing.

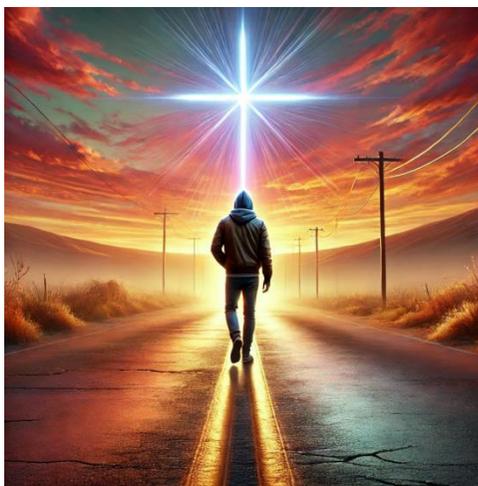


Hawkins (2014, 2020) argues that such low-energy emotions, like shame, essentially "kill the body and soul" by eroding one's sense of vitality, worth, and connection to others. Those trapped in shame often find it difficult to receive love, forgiveness, and grace, creating a barrier that isolates them from relationships with others and, ultimately, from God. However, through Christ alone, there is hope for transformational change that lifts us out of shame's grip and restores our souls.

Note: In fairness to the scientific method, we acknowledge that Hawkins' research has been criticized in the scientific community; mainly for its reliance on subjective muscle testing without rigorous scientific validation. Nonetheless, we appreciate that many people have found value in this framework for understanding consciousness and personal growth.

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In this chapter, we will explore how the healing power of Christ reaches into the depths of our shame, replacing it with a new identity grounded in grace and love. Only through the restorative work of Jesus can the wounds of shame be fully healed, allowing us to embrace the wholeness, freedom, and peace that He promises and provides.



Theologically, our soul is comprised of three parts: intellect, will, emotions. We tend to lump these together into our mind and heart, but, in truth, they work together in forming and delivering our thoughts, speech and actions through our physical self—our body.

God designed our spirit to be closely aligned and connected with Him. Our spirit is to guide and guard our soul, which, in turn, gives expression to our body. We interact with our world and other people primarily through our body, but we should interact with God primarily through our spirit.

Romans 12:2 says transformation is the complete change of one life form into another. The Greek word for transformation is METAMORPHOO, the basis for our English word metamorphosis, which describes the biological process of a tadpole becoming a frog or a caterpillar becoming a butterfly. The latter life form is nothing like

and far superior to the former. Our new life in Christ will be equally distinct and separate from our old.

METAMORPHOO also describes the transformation of Jesus' physical body in Matthew 17:2. As the disciples watched, His appearance was transformed so that His face shone like the sun, and His clothes became as white as light. Our physical bodies will one day be eternally transformed when Jesus returns, and we are changed into His likeness in our entirety (see also 1 Corinthians 15:53).

Finally, Paul writes that the renewing of our mind results in our inner man(soul) being transformed: our intellect, will, and emotions, one aspect at a time, as long as we're living on this planet, making us more like Jesus.

“Instead, we will speak the truth in love, growing in every way more and more like Christ, who is the head of His body, the church” (Ephesians 4:15, NLT).

Remember, transformation is not just about changing our behaviors; it's about renewing our very essence. It is about becoming more like Christ, day by day, choice by choice, as our intellect, will, and emotions align with His divine character and will. And as we embrace this process, we fulfill the beautiful truth that, through Him, we can truly become new creations.

Let this chapter be a reminder that transformation is possible, promised, and powerful. Keep moving forward in faith, knowing that God's work in you is not finished—it is only just beginning. May you find strength, courage, and the profound joy that comes from walking in His light and love.

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“And I am certain that God, who began the good work within you, will continue his work until it is finally finished on the day when Christ Jesus returns” (Philippians 1:6, NLT).

In Closing

From our Hearts to yours

If you're feeling the weight of everything we've covered, that's okay. This journey hasn't been easy. We've walked through some hard and uncomfortable truths — the relentless grip of pornography addiction, how it rewires the brain, numbs the heart, and distorts the soul. We've explored the damage it does to our bodies, our emotional health, our relationships, and even our faith. We've seen how it strips away dignity, how it teaches us to see people as objects, and how it ultimately leaves us emptier and more disconnected than before.

But we didn't stop there.

Because beneath all of that darkness, we uncovered something deeper — the true source of addiction. Most addiction isn't about pleasure. It's about pain. It's a response to wounds that have never fully healed. It's the attempt to quiet the chaos, numb the hurt, and silence the shame that keeps whispering, *You're not enough. You're unworthy. You're alone.*

And we understand. We really do. We know how isolating it feels to be trapped in that cycle — the cycle of running to porn for comfort, only to feel worse afterward. We know what it's like to wrestle with shame that makes you feel like you're the only one struggling. But you're not. You are not alone. And you cannot do this alone.

Throughout these pages, we've shown you a way out — not a quick fix but a real path to healing. And it starts with reconnection. It starts with facing the wounds that drove you to pornography in the first place and discovering healthier, life-giving ways to cope.

- **Reconnecting to Life:** We introduced the **NeuroFaith™ Model**, a powerful integration of faith and neuroscience that gives you practical tools to reconnect to your life — to purpose, to people, to your deepest values, and to God. This model is more than a framework. It's a lifeline. It's a way to rebuild what addiction tried to destroy.
- **Making a U-Turn Off the Superhighway:** We shared practical exit strategies for those moments when the pull of pornography feels impossible to resist. Because it's not just about saying *no* to porn — it's about learning how to say *yes* to the life you actually want.
- **Seeking Online Support:** Healing was never meant to be a solo project. There are people who have been where you are and who can walk with you toward freedom. Finding a support group or an accountability partner could be the turning point you need.
- **Embracing Accountability:** You can't do this alone. None of us can. We need safe, trustworthy people who will call us higher, remind us of who we really are, and love us through the messy, imperfect process of recovery.
- **Encountering the Transformational Power of Jesus:** And at the heart of it all, we talked about the **life-changing power of Jesus Christ** — the One who sees your deepest wounds and doesn't

turn away. The One who bore your shame on the cross so that you could walk in freedom and healing. The One who calls you by name, not by your addiction, but by who you truly are — beloved, chosen, redeemed.

[So, what now?](#)

Now is the time to take the next step. The way forward won't be easy, and you can't do it alone. Healing is not a straight line, and you will stumble. But every time you fall, you can get back up. Every time you feel that old pull, you can choose differently. Every time shame whispers, *You're still the same person*, you can respond with the truth:

I am more than my addiction.

I am more than my past.

I am loved. I am seen. I am worth fighting for.

We understand that taking the first step can feel daunting. But you are not alone. We are here, walking this road with you. And even more importantly, Jesus is here, ready to meet you right where you are. He is the Healer of wounds, the Redeemer of brokenness, and the One who can make all things new — including you.

This is not the end of your story. It's the beginning. You have a life to reclaim, a purpose to rediscover, and a God who will never leave you.

So, take that first step. Reach out for help. Open up to someone you trust. Invite Jesus into the wounds that still ache. And keep going — no matter how small the step, no matter how many times you have to start over.

Because healing is possible. Freedom is possible. And you are worth every single step it takes to get there.

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You are not alone. We understand. And we are here, cheering you on. Let's walk this road together.

Are you ready to take the most important step in transformation, committing your life to Jesus Christ, the One who died on the cross to pay the price for all man's sins, who paid the price in full for your sins in our past, in our present and in our future, the One who forgives you and promises to connect forever with the Father, the One who promises to never leave you or forsake you?

Here's the promise for all these things...and so much more from God's word:

"If you confess with your mouth, 'Jesus is Lord,' and believe in your heart that God raised Him from the dead, you will be saved. For it is with your heart that you believe and are justified, and it is with your mouth that you confess and are saved. As the Scripture says, '*Anyone who trusts in Him will never be put to shame.*'" (Romans 10:9-11, NIV).

The Apostle Peter reiterated the promise and power of putting out faith and trust in Jesus to deal with our shame once and for all: "For in Scripture (Isaiah 28:16) it says: '*See, I lay a stone in Zion, a chosen and precious cornerstone (that's Jesus), and the one who trusts in Him will never be put to shame*'" (1 Peter 2:6, NIV).

Here's a prayer we invite you pray out loud to the Father, to seal your commitment to Jesus, putting your trust in Him as your Savior and Lord:

"Dear 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. I ask for Your forgiveness and thank You for sending Jesus to pay for my sins. I want Him to be the Lord of my life. I receive Your gift of eternal life and Your Holy Spirit who will help me serve You and live a life that pleases You. Amen."

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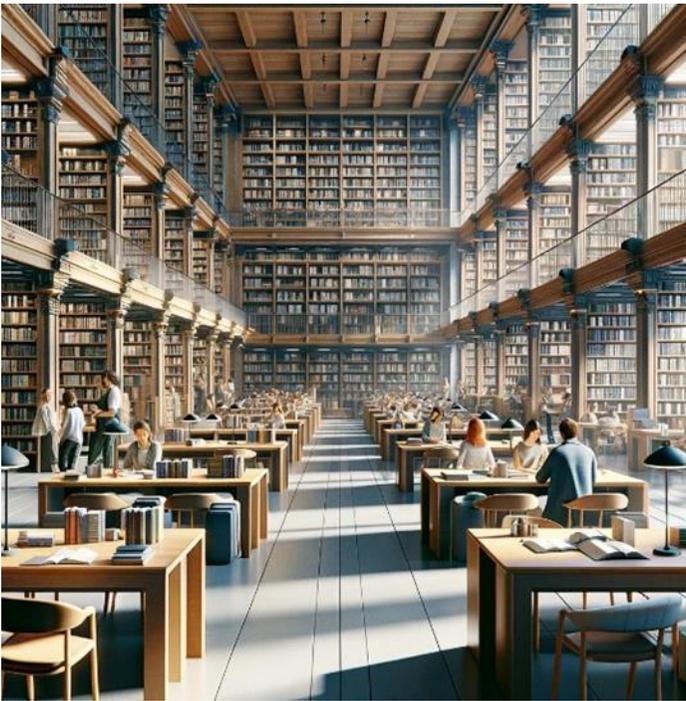
Peter goes on to describe the outcome of praying this prayer: “...*You are a chosen people, a royal priesthood, a holy nation, a people belonging to God, that you may declare the praises of Him who called you out of darkness into His wonderful light. Once you were not a people, but now you are the people of God; once you had not received mercy, but now you have received mercy*” (1 Peter 2:9-10, NIV).

Friend, if you just prayed that prayer—whether for the first time or as a rededication of your faith in Christ—we encourage you to share this moment with a trusted Christian in your life. Let them know what you’ve done. Or, if you prefer, reach out to us directly. We’d love to celebrate with you and offer some free follow-up resources to help you take the next steps in your journey of faith.

Dr. Jeff Hansen, Jeffrey.hansenphd@comcast.net or Pastor Earl Heverly, revhev@comcast.net

We look forward to hearing from you!

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