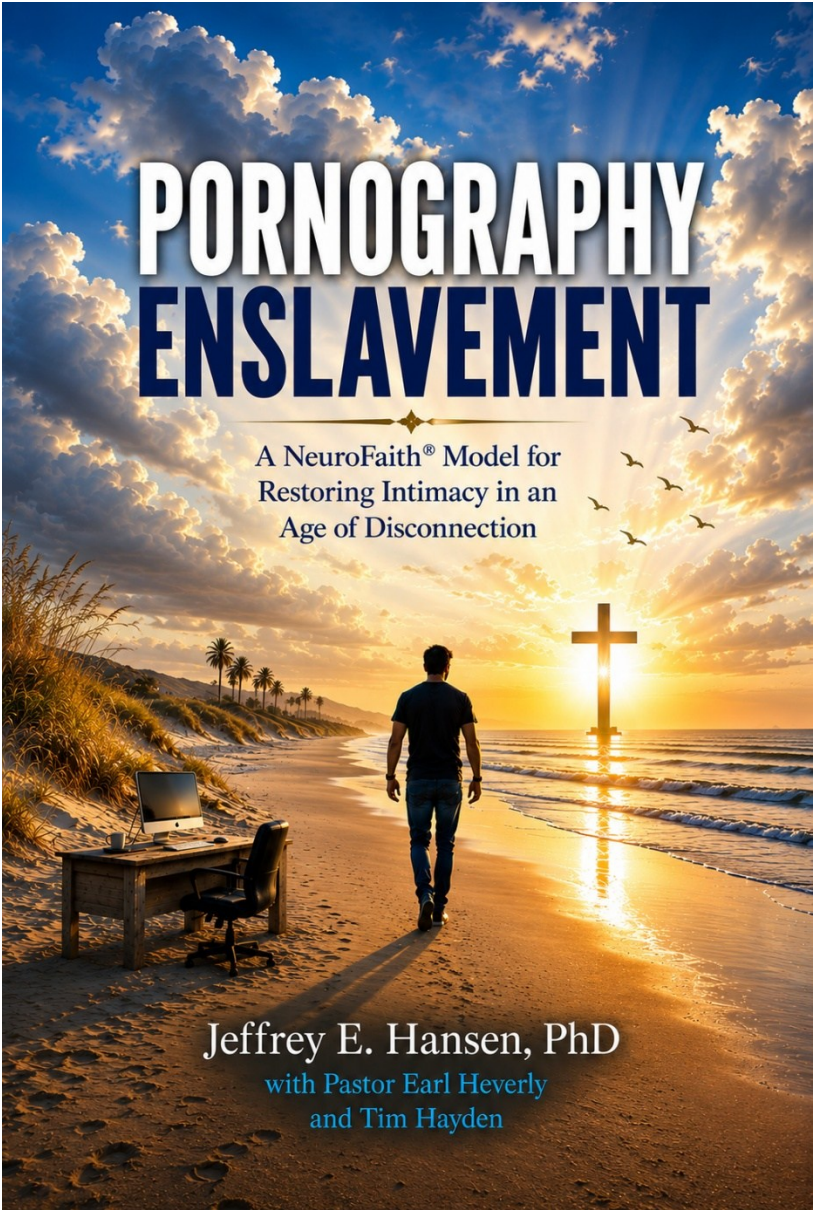




PORNOGRAPHY ENSLAVEMENT

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

Jeffrey E. Hansen, PhD

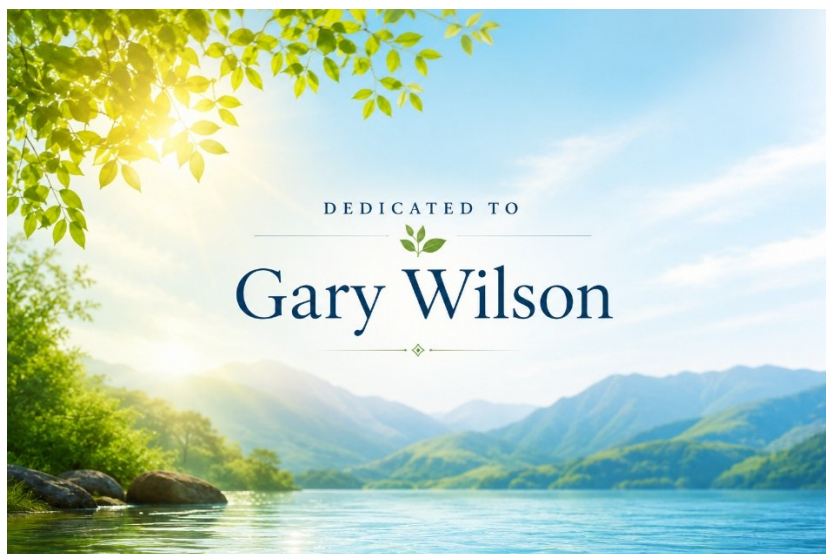
with Pastor Earl Heverly
and Tim Hayden

*Walk with us. We will help you understand the path into
enslavement—and, more importantly, help you find the path
toward healing, intimacy, faith, and freedom.*

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We dedicate this book to the memory of **Gary Wilson**, whose pioneering work opened the eyes of millions to the neuroscience of pornography addiction. Through *Your Brain on Porn*, he brought clarity, compassion, and scientific integrity to a subject too often misunderstood. His courage, humility, and unwavering commitment to truth continue to inspire our work and the work of countless others. We are also deeply grateful to **Marina Wilson** for faithfully preserving and sharing Gary's legacy. It is our privilege to dedicate this book to Gary's memory and to the enduring impact of his life's work.

ENDORSEMENTS

Pornography Enslavement

*A NeuroFaith® Model for Restoring
Intimacy in an Age of Disconnection*

Pornography 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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Hansen, Heverly, and Hayden

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

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

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, physical and sexual aggressiveness, respect for women, and spiritual

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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 addition. 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.

Salvatore Bitondo, LMSW, BCD

Chief, Family Advocacy Program, Behavioral Health Services Lane
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PORNOGRAPHY ENSLAVEMENT

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

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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Introduction

More Than a Habit—A Story of Wounds, Shame, and Hope



If you've picked up this book because pornography has become part of your story, we'd like to begin by saying something that we hope you'll believe before you reach the final page.

You are not alone.

You may feel alone. You may feel ashamed. You may have promised yourself countless times that this would be the last time. Perhaps you've prayed, confessed, installed filters, read books, joined accountability groups, or simply tried harder. If so, you are in the

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company of many sincere men and women who long to be free. We want you to know from the very beginning that this book was not written to condemn you. Chances are, you've already done enough of that yourself. It was written because we believe that understanding opens the door to healing, and healing is always stronger than shame.

Before we go any further, we'd like to tell you a little about ourselves and why this subject matters so deeply to us.

Together, we have spent nearly ninety years walking alongside people through some of life's most difficult seasons. I (Jeff) have served as a clinical psychologist for nearly four decades, and Earl has served as a pastor for almost fifty years. Between us, we've listened to thousands of stories marked by brokenness, addiction, trauma, grief, and shame. Those years have taught us something we will never forget. People rarely need more condemnation. Most are already carrying far more shame than anyone around them realizes. What they need is someone willing to listen, to understand, and to remind them that their deepest struggle is never the truest thing about them.

For me, this journey is also deeply personal. As a young man, I struggled with pornography myself. What began as curiosity slowly became secrecy, and secrecy eventually became shame. That struggle followed me into adulthood and nearly cost me my marriage. By God's grace, through the steadfast love of my wife, the guidance of a compassionate therapist who offered truth without condemnation, and the transforming work of Christ, I found a path toward healing. That journey forever changed the way I understand addiction, the human heart, and the extraordinary grace of God. It also changed the way I practice psychology.

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Earl's journey has been different, but no less significant. For nearly five decades he has faithfully walked beside men, women, couples, and families through seasons of failure, heartbreak, repentance, and restoration. He has seen God's grace meet people in places where they believed hope had been lost. Together, we have become convinced that healing happens best when people are met with both truth and grace. One without the other is incomplete.

There is a quiet epidemic consuming our generation, not through disease or war, but through screens, shame, and stolen intimacy. It does not burst into our lives with the force of a natural disaster. Instead, it slips quietly into homes, bedrooms, classrooms, and even churches, often unnoticed until its effects have become deeply woven into the fabric of a person's life. It disguises itself as entertainment, curiosity, education, or harmless escape. Yet beneath its polished digital surface lies something far more destructive. It distorts intimacy, fractures identity, reshapes the developing brain, and quietly erodes our capacity for genuine human connection.

We are talking about pornography and the increasingly sexualized digital culture that surrounds it.

As a society, we have become remarkably desensitized to its presence while remaining largely blind to its cost. Behind locked screens and closed doors are not statistics. They are people. They are husbands and wives, teenagers and grandparents, pastors and physicians, first responders and college students. They are people carrying burdens they never imagined they would bear. Many are convinced they are uniquely broken or somehow beyond help.

Nothing could be further from the truth.

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Stephen Arterburn, one of the most respected voices in the field of sexual addiction, described the scope of this crisis with remarkable clarity:

"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).

His words remain just as relevant today. Technology has made pornography more accessible, more anonymous, and more immersive than at any other point in history. Yet as I continued listening to people's stories over the years, I gradually realized that pornography was rarely the deepest problem. More often, it had become an attempted solution. Beneath the compulsive behavior were stories of loneliness, trauma, rejection, attachment wounds, anxiety, grief, and profound shame. Pornography had become a way of regulating emotional pain, even as it created new layers of suffering. Until we understand that deeper story, we will continue treating the symptom while leaving the roots untouched.

That conviction became the foundation of NeuroFaith®. Throughout this book, we will explore the neuroscience of addiction, the effects of trauma on the brain and nervous system, the protective psychological strategies that develop in response to emotional pain, and the transforming power of biblical truth. Our goal is not simply to help you stop looking at pornography. Our goal is to help you understand your story, experience God's restoring grace, and become more fully the man or woman He created you to be.

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Whether these pages are for you, for someone you love, or simply because you want to understand one of the defining struggles of our time, welcome. We are honored to walk this journey with you. We believe your story is not over. We believe your identity is not your addiction. And we believe that genuine freedom remains possible through truth, grace, courageous honesty, and the healing power of God.

Why NeuroFaith® you might ask?

As we listened to story after story, one realization gradually emerged. We had been asking an important question, but perhaps not the most important one. For years we asked, "How do we help people stop looking at pornography?" Over time, however, another question began to take center stage. "What pain is pornography attempting to soothe? What wounds lie beneath the behavior? What has happened in this person's life that made pornography feel like relief, even if only for a moment?"

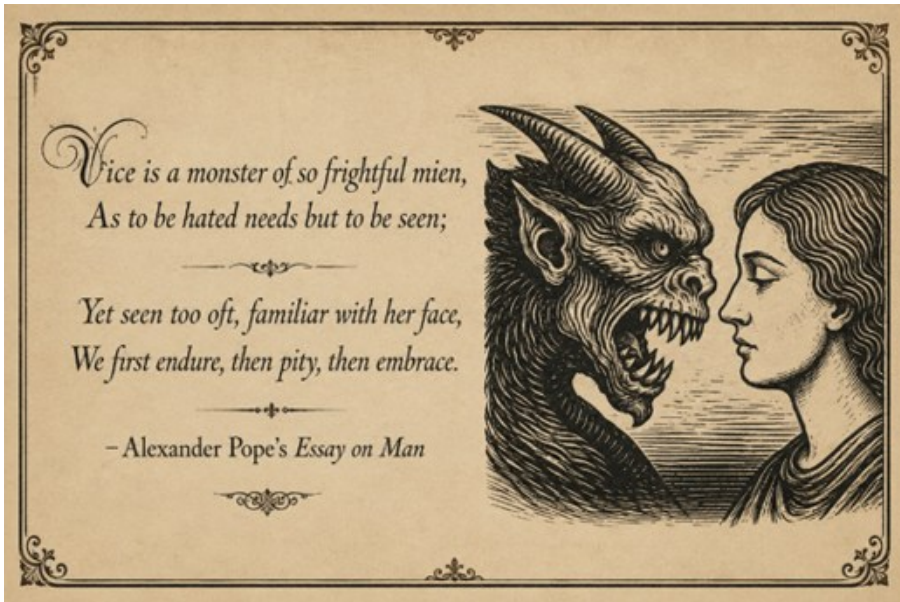
Those questions certainly deepened our understanding of pornography addiction, but they are not where NeuroFaith® began.

For me (Jeff), NeuroFaith® grew out of a much longer journey. It emerged from my own brokenness, my own healing, and nearly four decades of sitting with people as they struggled to make sense of their lives. Along the way, I became increasingly convinced that addiction is rarely just about the addiction. While not every addiction grows out of trauma, many do. Others arise from the quieter adversities of life, emotional neglect, chronic loneliness, rejection, shame, or painful experiences that gradually shape the way we see ourselves and the world around us. These wounds do not simply fade with time. They

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become woven into our nervous system, our emotional lives, and the stories we begin to believe about who we are.

Over time, many people unknowingly develop ways of coping with those wounds. For some, pornography becomes one of those strategies. It offers temporary relief, a brief escape, or the illusion of comfort. Yet the relief never lasts. Instead, the shame deepens, the false narrative grows stronger, and the cycle continues.



That realization transformed the way we approached healing. We became convinced that if we truly want to help people experience lasting freedom, we must do more than confront the behavior. We must gently uncover the wounds beneath it, help regulate a nervous system that has learned to survive rather than thrive, understand the protective strategies that once served a purpose, and ultimately replace the false story of shame with God's unchanging truth about who we are.

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As these insights came together, so did NeuroFaith®. It was never intended to be simply another treatment model. It became an integrated way of understanding how God restores wounded people by caring for the whole person, mind, body, relationships, and soul.

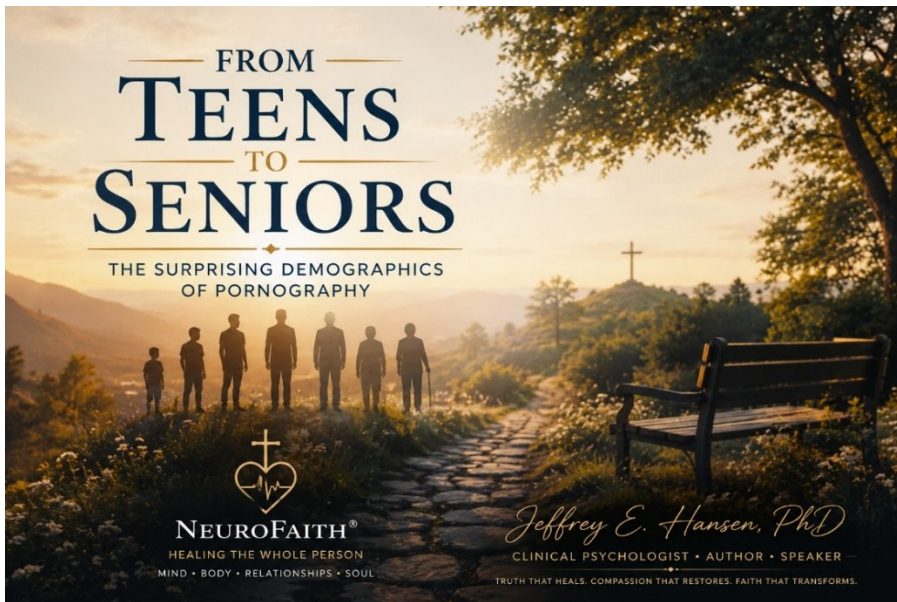
One of the greatest joys of this journey has been watching people begin to see themselves differently. As understanding grows, shame often begins to loosen its grip. As shame gives way, hope quietly begins to emerge. Instead of asking only, "How do I stop?" many begin asking a far better question. "How does God want to restore me?"

That is our hope for you as well.

Yes, we want to help you find freedom from pornography. But our hope reaches much further than that. We hope you will become more fully the man or woman God created you to be, living with greater freedom, deeper peace, healthier relationships, and a renewed sense of identity in Christ. We believe that kind of healing is possible, and it is our privilege to walk beside you as you discover it.

From Teens to Seniors

Who's Really Watching? The Surprising Demographics of Pornography



Statistics can feel cold. They are percentages, surveys, charts, and graphs. But behind every number is a real person. Behind every percentage is a child whose innocence was interrupted too soon, a teenager quietly struggling in isolation, a husband or wife carrying the burden of secrecy, or a family wondering how something that began as curiosity became so painfully destructive.

That is why these numbers matter.

They are not simply documenting a cultural trend. They are telling the story of a generation.

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As psychologists, pastors, physicians, educators, and parents, we sometimes become so familiar with a problem that we stop seeing how devastating it really is. We adjust to it. We normalize it. We quietly begin telling ourselves, "This is simply the world we live in."

It isn't.

The widespread acceptance of pornography has created the illusion that it must somehow be harmless. It is not. The fact that millions of people struggle with pornography does not make it less destructive. If anything, it reveals how deeply this epidemic has penetrated our homes, our schools, our churches, and our culture.

Many of us grew up hearing the story of lemmings blindly following one another toward the sea. One after another, they plunge forward because the one ahead keeps moving. They never stop to ask where the path is leading. They never look for another way. They simply follow the crowd until the outcome becomes tragic.

Whether that familiar story is literally accurate in every detail is not the point. The lesson is.

Human beings often do the same thing.

When enough people begin moving in one direction, we stop asking whether that direction is wise. We mistake popularity for truth. We assume that if everyone is doing it, it can't be that harmful. We become desensitized. We stop questioning. We stop looking beneath the surface. Before long, an entire culture can drift toward something profoundly destructive without recognizing the danger until the consequences are all around us.

That is one of our deepest concerns about pornography.

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It is not simply that so many people are viewing it. It is that we have begun to accept it. We have allowed something that reshapes the brain, distorts intimacy, objectifies people created in the image of God, and wounds marriages and families to become part of everyday life. We have exposed children to sexual experiences long before their brains and hearts are prepared to process them. We have watched innocence give way to confusion, confusion give way to shame, and shame give way to isolation, all while telling ourselves that this is simply the price of living in a digital age.

It is not.

Over the years, I(Jeff) have occasionally encountered professionals who preferred to minimize this issue or devote only passing attention to it. I have never been able to do that. After sitting with too many wounded adolescents, too many devastated spouses, and too many adults who quietly whispered, "I hate what this has done to my life," I became convinced that looking away is no longer an option. Truth matters because people matter.

That is why we present the following statistics in some detail.

Not to overwhelm you. Not to shame you. Not to sensationalize the problem.

We present them because healing always begins with truth. We cannot confront a crisis we refuse to acknowledge. We cannot rescue a generation while pretending there is no danger. These statistics are intended to open our eyes, not close our hearts.

As you read them, remember that they are far more than numbers.

They are children. They are teenagers. They are husbands and wives. They are pastors, physicians, teachers, first responders, business

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leaders, neighbors, and friends. They are people created in the image of God.

And every one of them is worth fighting for.

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).
- 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).

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- 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).
- 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).

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- 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.

THE NUMBERS TELL A STORY

THE SCOPE IS STAGGERING. THE IMPACT IS REAL.

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:

	40 MILLION	Americans regularly visit porn sites. (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)
	1 IN 3	porn viewers are women. (Webroot, 2019)
	14% → 49%	exposure among boys under 13 rose from 14% to 49% (2008–2011). (Sun et al., 2016)
	98%	of young Swedish men reported viewing pornography; 11% were daily users. (Donevan & Mattebo, 2017)
	47%	of U.S. families say pornography is a problem in their home. (National Coalition for the Protection of Children & Families, 2010)
	71%	of teens admit to hiding their online activity from parents. (SCRIBD, 2019)
	\$16.9 BILLION	estimated annual U.S. productivity loss due to pornography use. (Webroot, 2019)
	\$3 BILLION	U.S. revenue from Internet pornography in 2007—three times more than in 2001. (Lambert et al., 2012)
	13,500	full-length pornographic films were released in 2005 compared to 600 Hollywood films. (Ropelato, 2011)



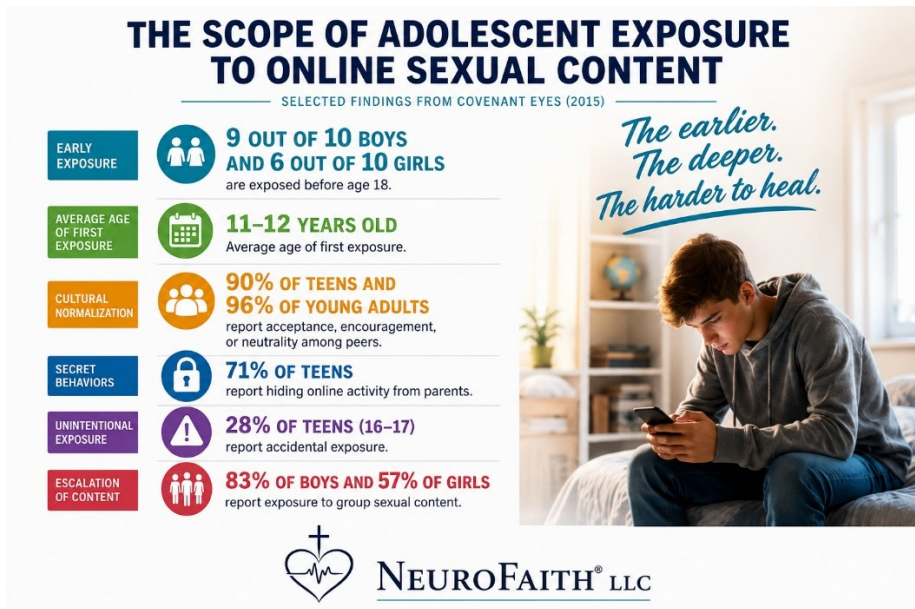
NEUROFAITH®
HEALING THE WHOLE PERSON
MIND • BODY • RELATIONSHIPS • SOUL

These numbers aren't just statistics.
They represent real people, real families,
and real pain.

"Then you will know the truth,
and the truth will set you free."

— JOHN 8:32 (NIV)

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The statistics you've just read are sobering. They should be.

They reveal far more than a troubling cultural trend. They expose a crisis quietly unfolding in homes, schools, churches, and communities around the world. This is not simply a private struggle affecting a small group of people. It is a widespread epidemic touching children, adolescents, marriages, families, and entire generations.

Yet our purpose in presenting these numbers has never been to overwhelm you or leave you discouraged.

Knowledge is one of God's gifts.

Truth allows us to see reality as it really is. Without truth, we minimize the problem, rationalize it, or simply look the other way. But once we are willing to see clearly, we are finally in a position to respond wisely. As Jesus declared, *"Then you will know the truth, and the truth will set you free"* (John 8:32, NIV).

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That promise is the heartbeat of this book.

If these statistics have awakened something within you, perhaps grief, concern, conviction, or even hope, don't push those feelings aside. Let them become an invitation rather than a source of condemnation. This book is not about pointing fingers at those who struggle with pornography. It is not about assigning blame or increasing shame. Shame has never healed anyone.

This book is about understanding.

It is about asking why so many good people become trapped in patterns they never intended to develop. It is about discovering what lies beneath the behavior. It is about understanding how trauma, adversity, loneliness, and emotional pain can quietly shape the brain, the nervous system, and the stories we tell ourselves. Most importantly, it is about discovering that God has not abandoned us to those stories. He offers something better. He offers restoration.

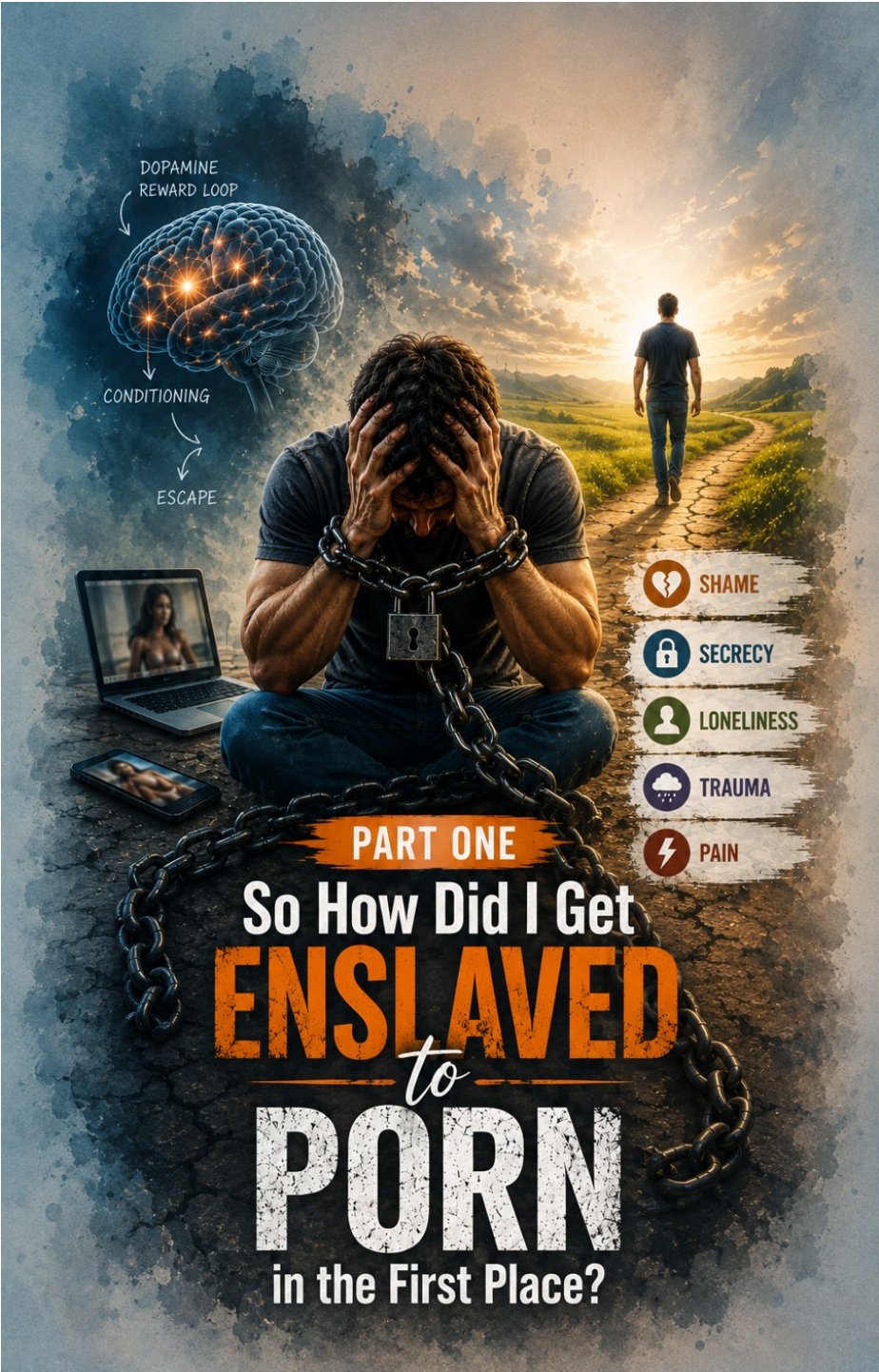
Now that we have awakened to the magnitude of the epidemic, we are ready to ask a far more important question.

How does addiction begin in the first place?

Until we understand what draws us into pornography, we will spend our lives fighting the symptoms while missing the deeper wounds that keep the cycle alive.

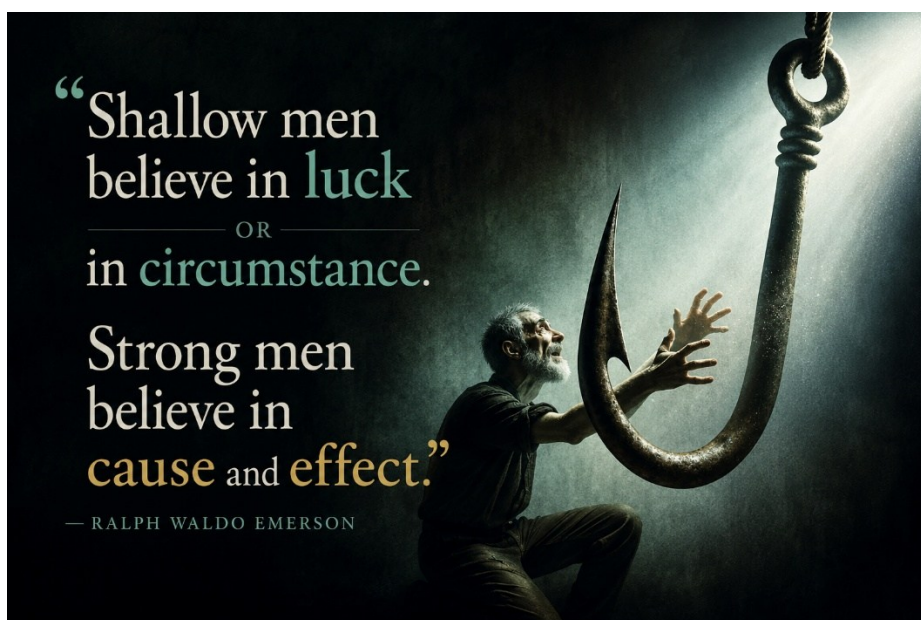
That is where our journey turns next.

And it is where lasting healing begins.



It Didn't Start With Pornography

Understanding How Good People Become
Trapped



The Question We All Ask

If you're reading this chapter, chances are you've arrived at one of those quiet moments that almost all of us experience sooner or later. Perhaps it came after another promise you couldn't keep. Maybe it

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followed another night spent looking at pornography, another difficult conversation with your spouse, or simply another morning of waking up disappointed in yourself and wondering, *How did my life get here?* Whatever brought you to these pages, we're genuinely glad you're here. It takes tremendous courage to stop running long enough to ask an honest question. Most people never do. They stay busy. They rationalize. They promise themselves they'll quit tomorrow. They convince themselves that because pornography has become so common, perhaps it really isn't all that serious. Yet something inside keeps whispering that there has to be more to the story.

That whisper is worth listening to.

One of the greatest mistakes we make is asking the wrong question. We ask, *What's wrong with me?* We ask, *Why am I so weak?* We ask, *Why can't I just stop?* Those questions almost always end in shame because they assume the answer is simply that we're defective. Over the years, however, we've become convinced there is a much better question, and it changes everything.

How did I get here?

Notice the difference. That question doesn't excuse our behavior. It doesn't minimize the damage pornography causes. It doesn't deny personal responsibility. What it does is invite curiosity instead of condemnation. It opens the door to understanding rather than self-hatred. It reminds us that behavior has a history, and that if we hope to change the destination, we must first understand the road that brought us there.

Over nearly four decades of clinical work and almost fifty years of pastoral ministry, we've listened to hundreds of stories. On the surface, those stories couldn't have been more different. Some men were first exposed to pornography when they were eight or nine years old. Others didn't encounter it until college or adulthood. Some grew up in

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loving Christian homes. Others carried deep wounds from abuse, neglect, rejection, abandonment, or loneliness. Yet despite those very different histories, we heard remarkably similar questions. *Why do I keep going back? Why do I hate what I'm doing? Why does this seem stronger than I am?*

Those are not the questions of bad people.

They are the questions of people who are hurting.

And hurting people deserve more than simplistic answers.

For far too long, the conversation has centered almost entirely on behavior. Pray harder. Try harder. Install another filter. Join another accountability group. Those are all worthwhile tools, and many people have found genuine help through them. But after listening carefully to story after story, we gradually realized that behavior was only the visible part of a much deeper story. Pornography was rarely the beginning. More often, it had become an attempted solution. It soothed loneliness. It numbed anxiety. It distracted us from emotional pain. It offered us comfort after rejection. It became a refuge from shame, even while creating even more shame.

That realization changed everything.

Instead of asking only, *How do we stop pornography?* we began asking, *What is pornography doing for this person? What pain is it trying to relieve? What wounds lie underneath the behavior?*

Those questions led us into a much deeper understanding of addiction, and they will guide the rest of this chapter. First, let's explore the five main causes which we believe lead to pornography enslavement.

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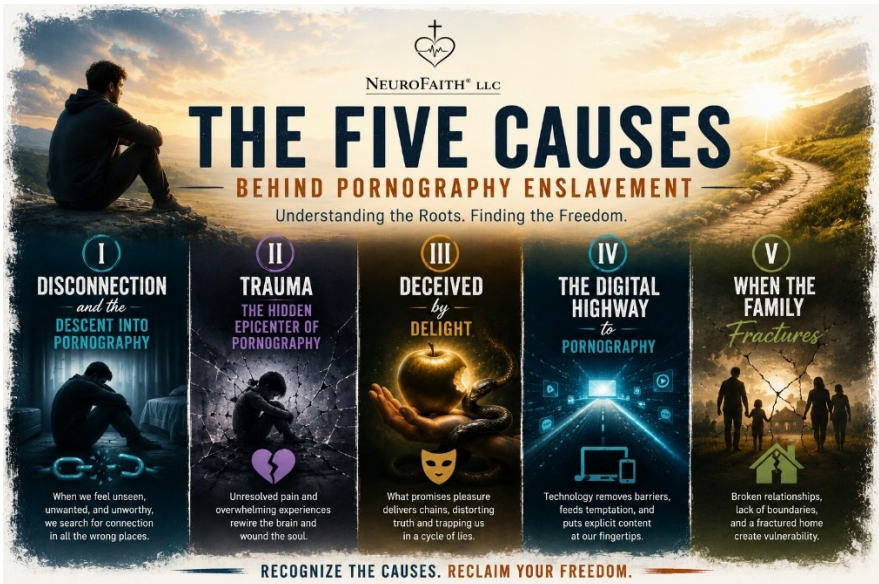
Cause I: *Disconnection and the Descent into Pornography*

Cause II: *Trauma The Hidden Epicenter of Pornography*

Cause III: Deceived by Delight

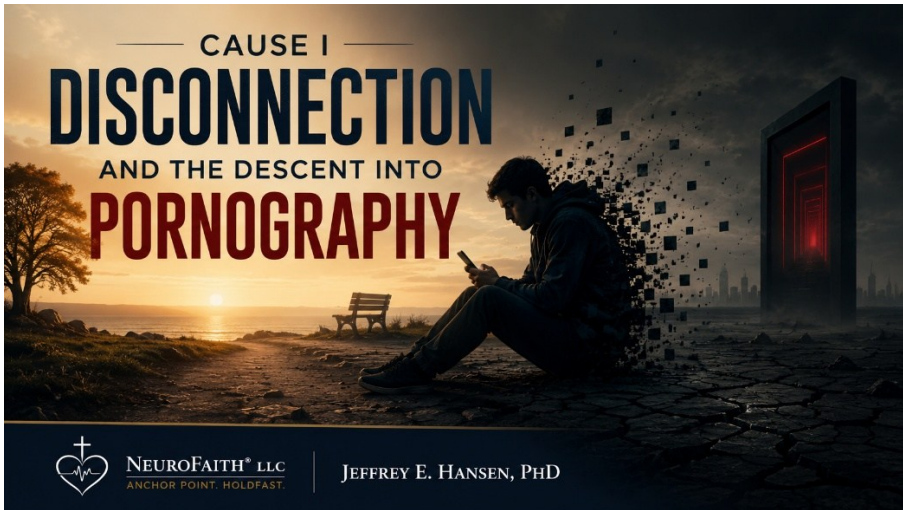
Cause IV: *The Digital Highway to Pornography*

Cause V: *When the Family Fractures*



Cause I

Disconnection and the Descent into Pornography



Adulthood was never meant to feel this way. Yet for many people, life has become less about living and more about surviving. We wake up exhausted, carry responsibilities that never seem to end, and quietly wonder where our joy went. We continue showing up for work, caring for our families, attending church, and fulfilling our obligations, while somewhere deep inside an unsettling question lingers: *How did life become so empty?*

For many, that emptiness eventually expresses itself as depression, anxiety, burnout, or addiction. For others, it appears as emotional numbness, chronic busyness, irritability, loneliness, or the relentless

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search for something that will finally make them feel alive again. These experiences are not random. They often point to something deeper. They suggest that we have become disconnected from the very things that give human life meaning and vitality.

One of the authors who has most influenced our thinking in this area is the journalist **Johann Hari**. Although not a psychologist or psychiatrist, Hari's work has had a profound impact on our understanding of depression, anxiety, and addiction. Having struggled with depression himself beginning in adolescence, he spent several years traveling throughout the world, interviewing leading psychologists, psychiatrists, neuroscientists, physicians, researchers, spiritual leaders, and others in an effort to answer a deceptively simple question: *Why are so many people suffering?* The result was his remarkable book, ***Lost Connections: Uncovering the Real Causes of Depression—and the Unexpected Solutions*** (Hari, 2018).

Hari's work became especially meaningful during a season when Jeff was wrestling with significant depression himself. Although he had spent decades studying psychology and psychotherapy, Hari offered a perspective that was both refreshing and deeply hopeful. Rather than asking only, "What is wrong with the brain?" Hari asked a different question: "What have we become disconnected from?" That shift in perspective became an important part of Jeff's own healing journey. It also became an important influence on the continuing development of the NeuroFaith® model.

Hari argues that depression, anxiety, and even addiction are often rooted not simply in biology but in multiple forms of disconnection. We become disconnected from meaningful work, authentic relationships, community, hope, nature, purpose, and other essential aspects of

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human flourishing. As those connections weaken, emotional suffering often follows.

We believe Hari has identified something profoundly important. At the same time, we also believe his framework can be expanded. Throughout this chapter, we will explore not only the forms of disconnection Hari describes, but several others that we have found equally important through our combined experience in clinical psychology, pastoral ministry, neuroscience, and Christian faith. We will examine how these disconnections help us understand not only depression and anxiety, but also why pornography has become such a powerful counterfeit source of comfort in our culture.

Pornography rarely develops in isolation. More often, it flourishes wherever genuine connection has been weakened or lost. When we become disconnected from meaningful work, authentic relationships, hope, healthy values, nature, purpose, unresolved trauma, or ultimately from God Himself, the heart naturally begins searching for relief. Pornography offers that relief, but only temporarily. It promises intimacy without relationship, comfort without healing, pleasure without purpose, and escape without transformation.

As you read the pages that follow, you may recognize parts of your own story. If you do, do not lose heart. The purpose of this chapter is not to overwhelm you with all that has been lost. It is to help you identify the places where reconnection can begin. Recovery starts when we stop asking only, "How do I stop pornography?" and begin asking a deeper question: "What have I become disconnected from that my heart has been trying to replace?" That question will guide everything that follows. We hope you love his work as much as we do and encourage you to consider purchasing Johann's book.

Disconnection from Meaningful Work



Johann Hari argues that one of the quiet but powerful contributors to addiction is disconnection from meaningful work. Human beings were created to contribute. We long to build, create, solve problems, care for others, and know that our efforts matter. Meaningful work gives us more than a paycheck. It gives us dignity, purpose, structure, and the deeply satisfying experience of contributing something worthwhile to the lives of others.

When that sense of purpose begins to disappear, we often become vulnerable to substitutes. Days begin to feel repetitive. Work loses its meaning. Retirement, unemployment, disability, burnout, or simply working in an environment that feels empty or dehumanizing can gradually leave us wondering whether what we do really matters. The human heart was never designed to thrive in purposelessness.

Pornography can quietly move into that void. It offers immediate stimulation without effort, reward without contribution, and pleasure

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without accomplishment. Rather than experiencing the deep satisfaction that comes from creating something meaningful, serving another person, solving a difficult problem, or completing an important task, pornography offers a brief escape from the emptiness. It becomes a counterfeit reward that temporarily masks a life that has become disconnected from purpose.

This does not mean that meaningful work is a cure for pornography addiction. Nor does it mean that people struggling with depression or anxiety should simply work harder. We know better than that. Depression can make even simple tasks feel overwhelming, and anxiety can make ordinary responsibilities seem impossible. Yet decades of psychological research have demonstrated that gradually re-engaging in meaningful, value-directed activity often becomes an important part of healing. As we begin contributing again, accomplishing small goals, serving others, and investing ourselves in work that matters, our sense of purpose slowly returns.

Pornography narrows life. Meaningful work expands it. Pornography consumes our energy while producing nothing of lasting value. Meaningful work, whether raising children, serving our community, building a business, volunteering at church, repairing a fence, writing a book, or simply helping a neighbor, reminds us that we were created not merely to consume pleasure, but to create, contribute, and leave the world better than we found it.

Recovery from pornography is not simply about removing something destructive. It is also about restoring something life-giving. As purpose replaces escape, and contribution replaces consumption, pornography often begins to lose some of its power because the deeper human need it was counterfeiting is increasingly being met in healthier and more meaningful ways.

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

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

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

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

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

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

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

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

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

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

Disconnection from Meaningful People



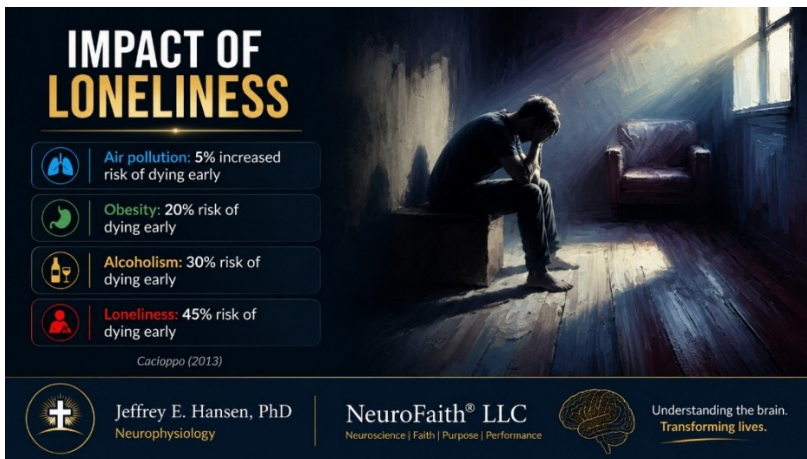
Loneliness is not just an emotion. It is a physiological and psychological threat. It can break your heart, not just figuratively but literally. It can scramble your brain's ability to regulate emotion, jack up your stress hormones, and slowly dismantle your resilience until you feel hollowed out and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

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

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jumped you in a dark alley. Only this threat comes from within. And it lingers.

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



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

And yet, we live in a culture that often glamorizes independence. We quietly accept the slow drift into isolation, chalking it up to busy

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schedules, modern life, or personality. But make no mistake—loneliness kills. As Cacioppo said in his TED Talk (2013), a meta-analysis of over 100,000 participants found that social isolation increased the risk of early death more than obesity, smoking, or lack of exercise.

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

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

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

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

Start small. Reconnect with someone. Join a group. Let someone in. Serve. Show up. Ask for help. Speak the truth about how you are really doing. The only way out of loneliness is through relationship, and that takes risk. But the reward is life. And life abundantly.

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

Disconnection from Childhood Trauma



As Johann Hari reminds us, we cannot heal while remaining disconnected from our trauma. Lasting recovery requires the courage to acknowledge our wounds rather than continually escaping them. From a NeuroFaith® perspective, healing involves more than simply remembering the past. It means bringing our pain into the healing presence of God, allowing truth to replace lies, and walking alongside trusted people who help us carry burdens we were never meant to bear alone.

Because the relationship between trauma and pornography addiction is so profound, we will devote an entire chapter to understanding it.

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Here, we simply want to acknowledge trauma as one of the essential forms of disconnection that completes Hari's framework. Unresolved trauma often becomes fertile ground for addiction because it leaves the heart searching for relief. Pornography may temporarily numb the pain, but it cannot heal the wound. Lasting freedom requires more than escaping our trauma. It requires facing it, understanding it, and allowing God to redeem

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

Disconnection from Status and Respect



Sometimes the roots of addiction, depression, and anxiety are not found only in childhood. They are also shaped by what we experience every day. Human beings are created with a deep need to belong, to contribute, to be respected, and to know that our lives matter. We long to feel seen, valued, and significant within our families, friendships, workplaces, and communities. These are not superficial desires. They

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are deeply woven into our biology, psychology, and, I would argue, our spiritual design.

When those needs go unmet, something begins to ache within us. Rejection, loneliness, shame, chronic failure, loss of purpose, or feeling invisible can gradually erode our sense of worth. The nervous system responds with heightened stress, while the heart quietly searches for relief. We naturally begin looking for something that will momentarily quiet the pain, restore a sense of significance, or allow us to escape feelings of inadequacy.

Pornography can become one of those counterfeit solutions. For a brief moment, it offers escape from loneliness, relief from anxiety, and an illusion of acceptance, power, desirability, or control. It asks nothing in return. It never rejects. It never criticizes. It never requires vulnerability or the hard work of authentic relationships. Yet its promises are empty. The temporary comfort quickly fades, often leaving behind even greater shame, isolation, and self-contempt than before.

As Johan Hari has argued, addiction is often less about the pursuit of pleasure than it is about the attempt to soothe pain and reconnect with something that feels missing. When people lose genuine connection, purpose, belonging, or self-respect, they naturally become more vulnerable to substitutes that promise relief without requiring real relationship. Pornography is one of the most powerful of those substitutes because it offers immediate comfort while quietly deepening the very isolation that made it appealing in the first place.

Neuroscientist Robert Sapolsky offers one of the clearest windows into this reality. In his decades-long research on baboon social hierarchies, he observed a pattern that should give all of us pause. Low-status

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baboons, those shoved to the bottom of the social ladder, began to behave in ways that uncannily resembled human depression. They hung their heads, moved less, stopped grooming, lost appetite, and isolated themselves. And it was not just behavior. Sapolsky found a dramatic surge in cortisol, the primary stress hormone, coursing through their systems. Their brain chemistry mirrored the patterns we see in depressed and anxious humans (Sapolsky, 1992, 2002).

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

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

Now throw modern life into the mix. What once was a temporary season of status anxiety in youth has, for many adults, become a chronic undercurrent. The digital age has created a world where the scoreboard never turns off. Whether it is social media, professional hierarchies, neighborhood comparisons, or subtle status cues in friend groups, adults are constantly reminded of where they rank. And for

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those who feel unseen, undervalued, or sidelined, the psychological toll can be profound.

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

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

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

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

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

Disconnection from Meaningful Values



One of the greatest tragedies of modern life is not simply that people are busy. It is that many people are busy without a clear sense of direction. We live in a culture overflowing with choices, distractions, entertainment, and opportunities, yet many quietly struggle to answer life's most important questions: *What truly matters? What kind of person do I want to become? What is worth giving my life to?*

Values serve as our internal compass. They help us distinguish what is genuinely life-giving from what merely feels good in the moment. They guide our decisions, shape our relationships, and provide stability

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when life becomes difficult. When our values are rooted in love, integrity, faith, service, courage, humility, and genuine human connection, they provide an anchor that keeps us moving toward a meaningful life, even during suffering.

But when that compass begins to fail, we do not stop pursuing what we value. Instead, we often begin assigning greater value to things that promise immediate relief rather than lasting fulfillment. Comfort gradually becomes more important than character. Pleasure begins to outweigh purpose. Escape replaces engagement. Immediate gratification quietly displaces long-term growth. Without realizing it, we begin investing our hearts in things that can never satisfy the deeper needs of the soul.

This is where pornography often enters the story. Rarely does it begin as a conscious rejection of one's deepest values. More often, it begins as an attempt to quiet loneliness, soothe anxiety, numb disappointment, or temporarily escape a life that feels empty, directionless, or overwhelming. For a brief moment, pornography offers relief. It provides distraction without relationship, excitement without risk, and pleasure without vulnerability. Yet what it offers is ultimately counterfeit. Rather than helping us rediscover purpose, it gradually redirects our attention and our affections toward increasingly shallow substitutes.

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

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

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

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

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

One intervention I used with families was to help them create a family coat of arms, an artistic representation of who they were and what they stood for. It became a project in defining identity, and children

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

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

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

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

So, the invitation is simple but not easy. Reconnect with your values. Write them down. Talk about them with your children. Display them in your home. Rebuild the structure that modern life has quietly

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dismantled. In doing so, you might just find that some of the fog begins to lift, and with it, the anxiety and depression that has taken up residence where meaning used to live. It quiets the heart and fills it with the joy of being connected with the God who created all things.

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

Disconnection from the Natural World



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

-Wendell Berry

Sometimes healing does not begin in a therapist's office, with another book, or by discovering the perfect strategy. Sometimes it begins with

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something far simpler. It begins by stepping outside. It begins by standing quietly beneath towering trees, feeling the warmth of the morning sun, listening to birds announce a new day, or watching gentle ripples move across the surface of a lake. In those moments, we are reminded that there is a world beyond our screens, beyond our anxieties, beyond our addictions, a world that existed long before us and will remain long after us.

From a NeuroFaith® perspective, this is not merely a pleasant experience. It is a return to the world God created for us to inhabit. We were designed to live in relationship not only with God and with one another, but also with His creation. Nature has a remarkable way of quieting the hurried mind, slowing the racing heart, and reminding us that life is larger than the next notification, the next temptation, or the next escape. It gently reorients us toward what is real, enduring, and life-giving.

Pornography, like many addictions, narrows our world. Our attention becomes increasingly fixed on a screen and on the promise of immediate relief. God's creation does the opposite. It widens our perspective. It invites us to look up instead of down, outward instead of inward, and toward wonder instead of compulsion. In many ways, recovery begins when we stop living almost exclusively in the artificial world we have created and begin returning to the real world God created, a world that quietly reminds us, every day, of beauty, order, hope, and the possibility of restoration.

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

Research affirms what our souls have long known. Berman et al. (2012) demonstrated that even brief walks in natural environments—not hours of hiking, just a stroll through trees or along a riverbank—can

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lead to marked improvements in mood, concentration, and cognitive clarity. These effects are particularly strong in those struggling with depression. Nature appears to quiet the default mode network; the brain system associated with rumination and anxious self-focus. In other words, it gently lifts the mental fog and eases the internal noise.

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

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

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

And it is not just biological. It is spiritual.

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

When we step outside and slow down, we remember who we are. We remember that healing is not always about doing more, fixing faster, or thinking harder. Sometimes, it is about receiving. Listening. Letting beauty work on us. Letting stillness stretch our breath and open our hearts. *“The Lord is my shepherd; I shall not be in want. He makes me lie down in green pastures, He leads me beside quiet waters, He restores my soul. He guides me in paths of righteousness for His name’s sake”* (Psalm 23:1-2 NIV).

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

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

Disconnection from Hope and the Future



Hope is far more than wishful thinking. It is not naïve optimism or simply "thinking positive." Hope is the conviction that tomorrow can be better than today and that our choices matter. It gives us a reason to persevere through suffering, to invest in relationships, to pursue meaningful goals, and to believe that healing is possible. In many ways, hope is the fuel that keeps the human spirit moving forward.

When hope begins to disappear, something profound changes within us. We stop looking toward the future and become preoccupied with escaping the present. Life becomes little more than managing one day after another. We continue going through the motions, fulfilling responsibilities, and appearing functional on the outside, while inwardly we begin to wonder whether anything will ever truly change. The future no longer inspires us. It simply arrives.

This quiet erosion of hope is not always dramatic. Sometimes it appears as chronic exhaustion, irritability, emotional numbness, or

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withdrawal. Sometimes it hides beneath relentless busyness, perfectionism, or overachievement, as we work harder and harder trying to outrun an emptiness we cannot explain. Whether we collapse in discouragement or drive ourselves relentlessly forward, the deeper wound is often the same: we have lost sight of a future worth pursuing.

When people lose hope, they naturally become more vulnerable to anything that offers immediate relief. If tomorrow no longer feels meaningful, today's escape becomes increasingly attractive. Pornography can quietly fill that space. For a brief moment, it offers distraction from discouragement, relief from emotional pain, and a temporary escape from a future that feels uncertain or empty. It asks nothing of us except our attention, and for a few fleeting moments, it numbs the ache of hopelessness.

The tragedy is that pornography cannot restore hope because it was never designed to do so. It relieves discomfort without creating purpose. It distracts from pain without healing it. It offers escape from reality while quietly diminishing our capacity to engage reality with courage and expectation. In time, what began as a temporary refuge often becomes another source of discouragement, shame, and despair, deepening the very hopelessness we were trying to escape.

True recovery requires more than breaking free from pornography. It requires recovering hope itself. It means believing once again that change is possible, that our story is not finished, and that God is still at work, even when we cannot yet see the outcome. Hope does not deny present suffering. It gives us the courage to walk through it, trusting that healing, restoration, and a better future remain possible.

Psychologist C.R. Snyder (1991) described hope as more than just a feeling. He defined it as a combination of agency and pathways, the

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will and the way. Agency is the belief that you have the power to move toward a goal. Pathways are the strategies and steps that get you there. When both are present, hope thrives. But when either one is missing, despair quietly moves in.

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

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

And let's be honest. We live in a cultural moment that does not help. Institutions have eroded. Public trust is at an all-time low. The future feels uncertain in every direction. People carry silent grief over what the world has become or what their lives have not become. Many are still haunted by wounds that never got time to heal. Some feel stuck in jobs that deplete them. Others are reeling from lost relationships, financial pressures, or just the sense that they are running out of time.

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

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

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

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

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

Disconnection from Faith and Meaning

THE POWER OF FAITH AND MEANING
Two Different States. Two Different Realities.

DISCONNECTED
FROM FAITH AND MEANING

CONNECTED
THROUGH FAITH AND MEANING

VS.

- ✗ Isolation and loneliness
- ✗ Lack of purpose and direction
- ✗ Greater vulnerability to stress and despair
- ✗ Higher risk of anxiety, depression, and addiction
- ✗ Disconnection from self, others, and the world

- ✓ Connection and belonging
- ✓ Purpose and direction in life
- ✓ Greater resilience to stress and challenges
- ✓ Lower risk of anxiety, depression, and addiction
- ✓ Connection to self, others, and something greater

Faith and meaning don't just uplift the spirit—they protect the mind, body, and soul.

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Johann Hari has made an important contribution to our understanding of addiction by describing the many forms of disconnection that quietly erode human flourishing. He writes about our disconnection from meaningful work, authentic relationships, community, hope, nature, and purpose. Each of these represents a genuine wound, and each helps us understand why so many people seek relief through addictive behaviors.

From a NeuroFaith® perspective, however, there is another form of disconnection that deserves equal consideration because it touches every other area of life. It is our disconnection from God.

Human beings have always searched for something greater than themselves. We long to know that our lives matter, that suffering has purpose, that forgiveness is possible, and that hope extends beyond our present circumstances. When we lose that spiritual anchor, life can slowly become reduced to managing the present moment and finding the next source of relief. Rather than pursuing lasting meaning, we become increasingly vulnerable to temporary comforts.

Pornography often becomes one of those comforts. It promises relief without requiring transformation. It offers pleasure without intimacy, escape without healing, and acceptance without vulnerability. For a few moments it can dull loneliness, quiet anxiety, distract from shame, or provide an illusion of significance and control. Yet those moments quickly fade, leaving the deeper spiritual hunger untouched. The longing for love, purpose, belonging, forgiveness, and peace remains because pornography was never designed to satisfy those needs.

The tragedy is that pornography not only fails to fill the spiritual void, it often widens it. Many individuals describe feeling farther from God after acting out, burdened by guilt, shame, and a growing sense of

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spiritual distance. What began as an attempt to soothe emotional pain gradually becomes another source of it. The cycle repeats itself as the very shame created by pornography drives the person back to pornography in another attempt to escape.

From a Christian perspective, this is why recovery must involve more than behavioral change. It is ultimately about restoration. As we reconnect with God, we begin to rediscover our true identity, our worth, and our purpose. We no longer need pornography to tell us we are desirable because we already know we are loved. We no longer need it to distract us from emptiness because our lives become filled with meaning that extends far beyond momentary pleasure.

NeuroFaith® views recovery as the restoration of right relationships: with God, with ourselves, with others, and with the world He created. As those connections deepen, pornography gradually loses much of its appeal, not simply because we are resisting temptation more effectively, but because the deeper needs it falsely promised to satisfy are increasingly being met through genuine relationship with the One who created us.

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

And that message matters more than ever.

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

In my (Jeff) clinical work, it became evident that when spiritual language and relationship with God were removed from the healing process, something essential was missing. People could improve functionally, but their inner world remained dry. The fire of hope never quite returned. But when the soul was given permission to speak again, when we brought Scripture, prayer, and the presence of God into the therapy room, something shifted. Healing became not just behavioral but redemptive.

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

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

Spiritual reconnection does not require perfection or ritual from us. It begins with turning. Turning away from the lies and deceptions of this

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world. Turning toward the presence of God, even with doubt. Turning toward Scripture, even with questions. Turning toward love, even when you feel unworthy of it. The invitation is open. And the moment we take even the smallest step; we find that we were never abandoned in the first place.

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

"Do not fear, for I have redeemed you. I have summoned you by name. You are mine. When you pass through the waters, I will be with you, and when you pass through the rivers, they will not sweep over you. When you walk through the fire, you will not be burned. The flames will not set you ablaze" (Isaiah 43:1–2, NIV).

"For God did not appoint us to suffer wrath but to receive salvation through our Lord Jesus Christ" (1 Thessalonians 5:9 NIV).

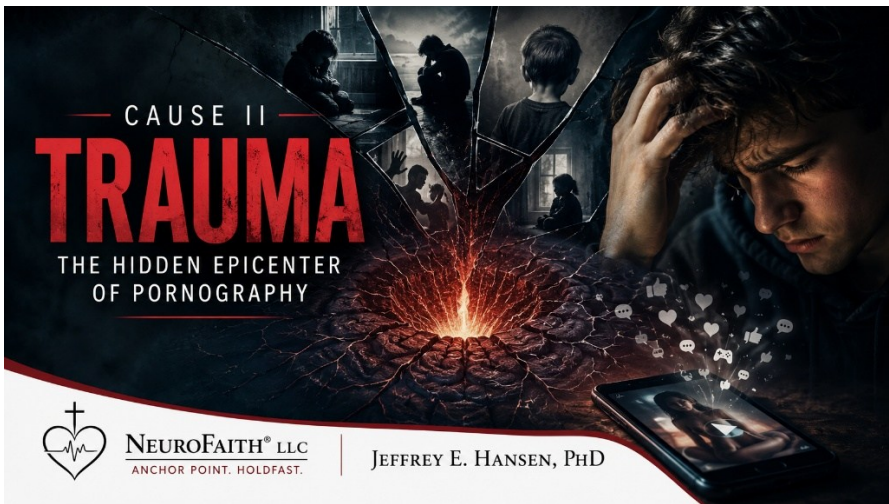
Again, we will explore the spiritual dimensions of healing more deeply later in this book. But for now, let this truth settle gently in... you are not alone. And you never have been. You are not forgotten. You are not beyond reach. There is a voice that calls you by name. And even in your darkest moments,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

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

Cause II

Trauma

The Hidden Epicenter of Pornography



Of all the causes of addiction, depression, anxiety, and the broader sense of malaise and brokenness that so many of us carry, trauma may be the most devastating and the most overlooked. Trauma, particularly in the form of child maltreatment such as neglect, emotional abuse, physical harm, and sexual violation, has been identified as a major contributor to emotional dysregulation and poor mental health outcomes across the lifespan. It is one of the most significant risk factors not only for depression, but also for post-traumatic stress disorder and a wide array of emotional and relational struggles (McLaughlin et al., 2012, 2013).

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Multiple studies confirm that trauma compromises our capacity to regulate emotions, often beginning in early childhood and continuing well into adolescence and adulthood (Langevin et al., 2016; Shields and Cicchetti, 1997; Briere and Rickards, 2007; Dunn et al., 2018). Trauma does not occur simply because of what we go through, but because of how we are left to carry it, isolated, unsupported, and unseen. As Barta (2018) explains, trauma overwhelms the nervous system and prevents integration, leaving us in a persistent state of hyperarousal or collapse.

Perhaps one of the most insidious effects of unresolved trauma is the formation of negative core beliefs which we introduce here and will discuss in much more detail later in the book. These deeply ingrained assumptions, such as **I am not lovable, I am not worthy, or I have no value**, become embedded within us over time. As clinicians like Tim Fletcher have emphasized, these beliefs do not simply exist as thoughts. They become organizing principles of how we experience ourselves and the world. They are etched into the brain's implicit memory systems, particularly within the default mode network, which governs self-referential thought. Over time, the default mode network can become a carrier of a toxic internal narrative.

These are not just painful thoughts. They are internalized lies about us, what Scripture might call the lies of the enemy, who was a murderer from the beginning, for there is no truth in him (John 8:44, NIV). These distorted beliefs shape how we approach life, relationships, success, and failure. For adolescents whose brains are still developing, and for adults whose early wounds were never addressed, these beliefs can become the lens through which all future experiences are filtered.

As Fletcher and others have noted, trauma is not stored as narrative memory alone, but in the body itself. It is carried in our nervous system and expressed through our relational patterns. When we carry trauma,

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we may appear avoidant, perfectionistic, overly compliant, or oppositional, not because we are defiant, but because we are trying to survive. The world feels threatening, and our responses are protective, not pathological.

These trauma-driven beliefs quietly shape and often sabotage every area of our lives. They distort how we see ourselves, how we interpret the intentions of others, and how we engage in relationships. Social interactions may feel unsafe. Academic or occupational challenges may feel overwhelming. Intimacy may feel threatening rather than life giving. Many of us carry invisible scripts of shame and fear that influence our identity and behavior for decades, unless they are brought into the light and addressed through healing relationships and integrative care.

The impact of trauma is not limited to the emotional or relational domains. The Adverse Childhood Experiences study by Felitti et al. (1998, 2009, 2014) revealed that childhood trauma is directly correlated with increased risk for physical illness, substance abuse, and early mortality. Emotional abuse, in particular, has been shown to be even more strongly associated with adult depression than sexual abuse. This underscores a critical truth. How we are emotionally treated, especially in early life, profoundly shapes our mental and physical health.

The ACE study identifies ten categories of childhood trauma, including various forms of abuse, neglect, and household dysfunction. With each additional category of trauma experienced, the risk for depression, anxiety, suicide, addiction, and chronic illness increases significantly. Individuals with an ACE score of seven or higher have been found to be over 3,000 percent more likely to attempt suicide (Felitti et al., 2009).

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The cumulative effect of trauma reshapes our brains, our bodies, and the beliefs we carry about ourselves and the world.

What we are introducing here is foundational, but it is not exhaustive. Within the NeuroFaith® model, the deeper work of identifying and healing these trauma-based core beliefs, particularly those embedded at the level of identity, will be addressed more fully in Pillar Four. For now, it is enough to recognize this. Much of what we struggle with is not random, and it is not simply a matter of willpower. It is rooted in what we have lived through and in how those experiences have shaped us.

Adverse Childhood Experiences

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

Abuse

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

Household dysfunction

- Mother treated violently (13%)
- Household member was an alcoholic or drug user (27%)
- Household member was imprisoned (6%)
- Household member was chronically depressed, suicidal, mentally ill, or in psychiatric hospital (17%)

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- Not raised by both biological parents (23%)

Neglect

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

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

BIG T AND LITTLE t TRAUMA
Trauma comes in many forms. Both can deeply impact the brain, body, and behavior.

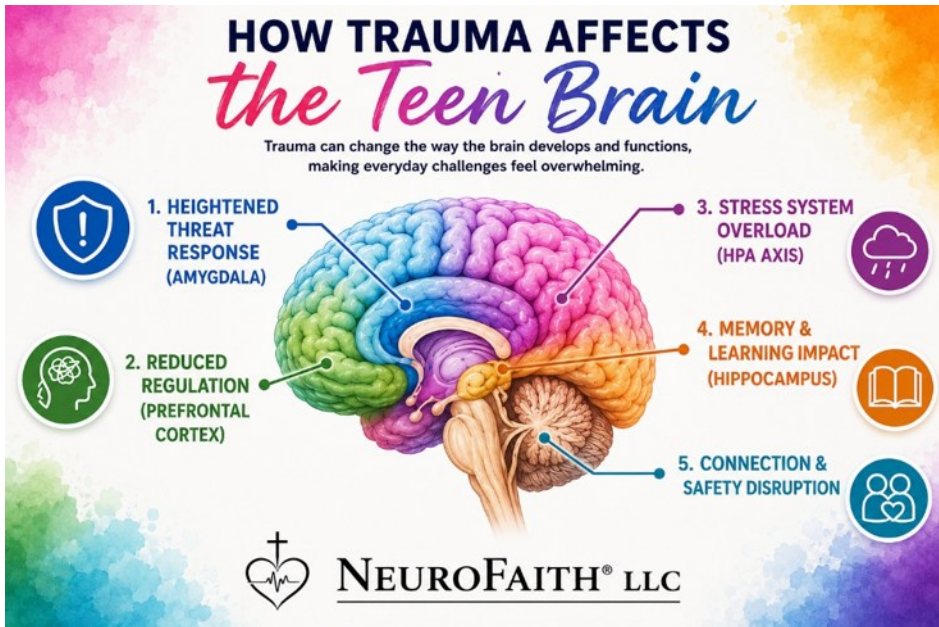
BIG T	BIG T TRAUMA	LITTLE t	LITTLE t TRAUMA
	Overwhelming, life-threatening events that can shatter a sense of safety.		Ongoing or repeated stressors that wear down our sense of safety over time.
🏠	Natural disasters (e.g., earthquakes, hurricanes)	👤	Bullying or harassment
🚑	Serious accidents or life-threatening illnesses	💔	Emotional abuse or neglect
🔪	Violent personal assaults (e.g., rape, mugging, domestic violence)	👥	Loss of a significant relationship (e.g., breakups, divorce)
🇺🇸	Military combat or war experiences	🩹	Non-life-threatening injuries
🌐	Terrorist attacks	💰	Chronic low-level stressors (e.g., ongoing financial stress, job stress)
👤	Witnessing a death or severe injury	🏥	Minor surgery or medical procedures
🔗	Being held hostage or kidnapped	⚖️	Legal issues (e.g., lawsuits, custody battles)
🔒	Torture	🏠	Moving to a new location or frequent changes in living situations
👤	Severe childhood neglect or abuse (physical, sexual, or emotional)	👥	Persistent conflict in personal or professional relationships

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Barta (2015) noted that trauma is not necessarily caused by bad parents but by emotionally unavailable ones. Many parents do the best

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they can with the tools they have, but when they fail to respond to the emotional needs of their children, the results can be quietly catastrophic. Children raised without emotional mirroring learn to hide, minimize, or distort their emotional experience, skills that later fuel depression, anxiety, addiction, and relational dysfunction.



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

Most important to normal development is “**social engagement**,” which is the ability to know, understand, regulate, and express emotions in the present moment. Even though everyone is born with a social engagement system (i.e., a neurological system that promotes human connection), we know that early trauma can disrupt normal

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development. Anda et al. (2018) note, “Early adverse experiences may disrupt the ability to form long-term attachments in adulthood. The unsuccessful search for attachment may lead to sexual relations with multiple partners with resultant promiscuity and other issues related to sexuality.” As a result of adverse developmental trauma, the ensuing loss of connection with our inner self, our bodies, others, and the world around us, we are predisposed to engage in maladaptive and/or addictive behaviors to relieve the emotional dysregulation that torments us.

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

ACE SCORES AND CLINICAL OUTCOMES

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

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

4
ACE SCORE

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



6
ACE SCORE

IF WE HAVE ACE SCORES OF 6, WE ARE:

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



7
ACE SCORE

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).



ACEs don't just affect childhood.

They shape a lifetime of health and **healing.**



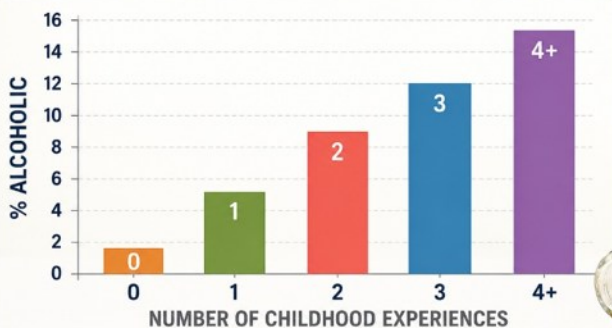
Dr Vincent Felitti (2009)



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

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

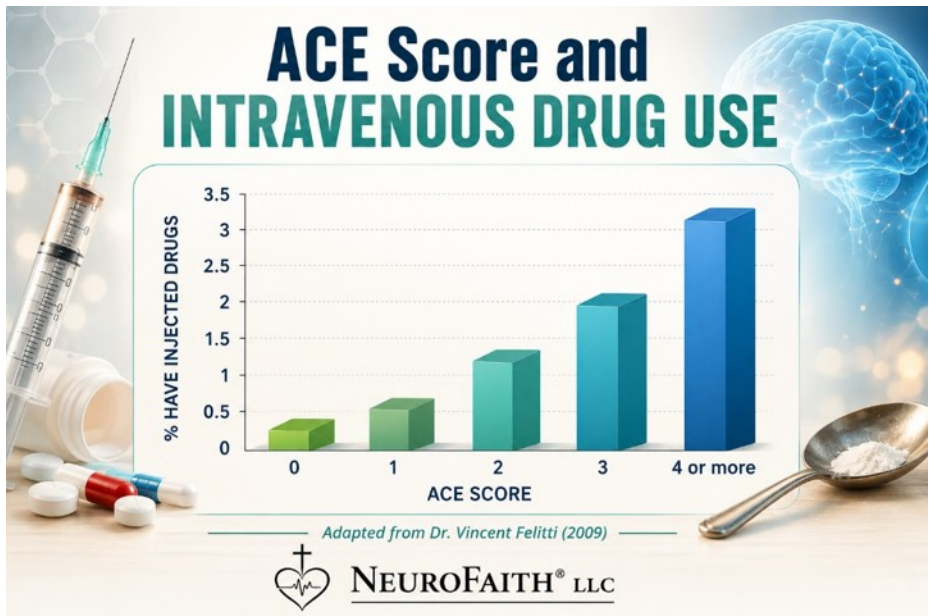
CHILDHOOD EXPERIENCES — VS ADULT ALCOHOLISM —



Adapted from Dr. Vincent Felitti (2009)



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So how does trauma take root so deeply within us, and why is it so difficult to let go?

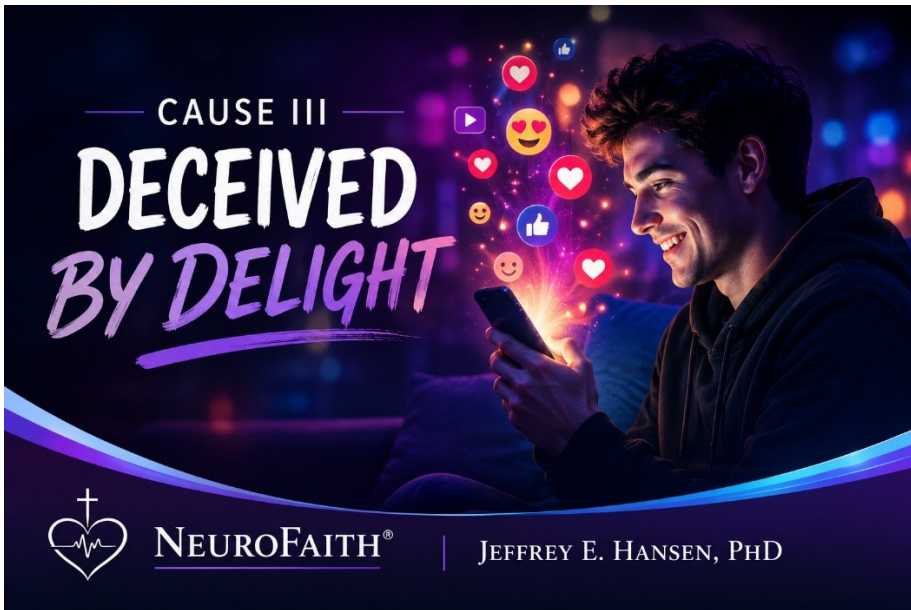
Trauma does not stay contained in one part of our lives. It moves through us. It settles into the ways we see ourselves, the ways we connect with others, and the patterns we find ourselves repeating, often without fully understanding why.

We carry it into our closest relationships, where it shapes how we trust, how we protect ourselves, and how we respond when we feel hurt or afraid. We absorb it through the environments we grow up in, learning from what is modeled around us, even when those patterns are unhealthy or painful. And over time, trauma can reach even deeper, leaving its imprint on our biology, influencing how our bodies respond to stress and how certain tendencies may be passed forward.

In this way, trauma is not just something that happened to us. It becomes something that lives within us.

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,

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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.

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, and 3 more

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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 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



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

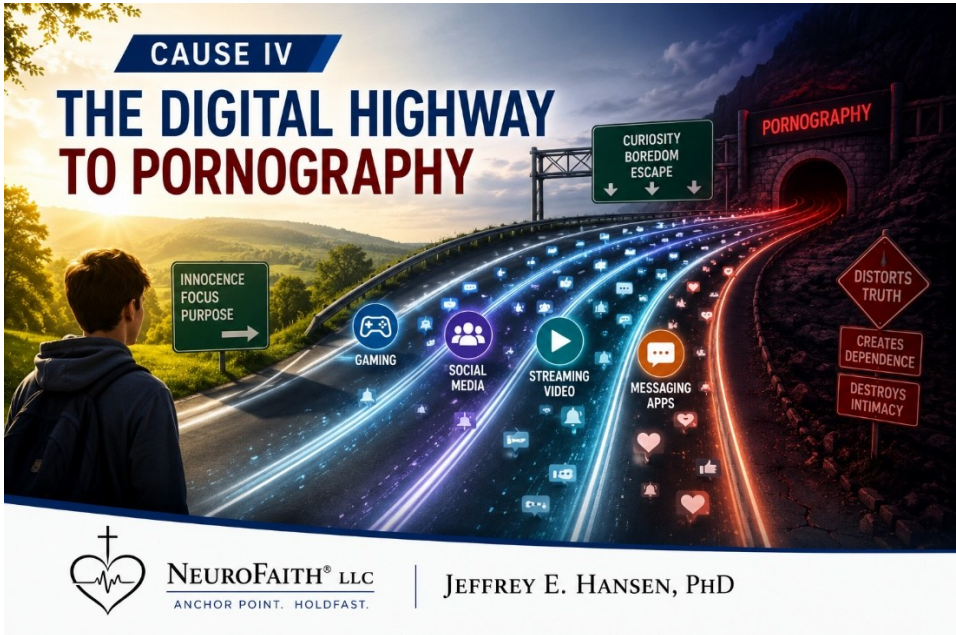
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reinforces itself, building momentum over time and drawing the person further away from authentic intimacy.

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.

Cause IV

The Digital Highway to Pornography



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ANCHOR POINT. HOLDFAST.

JEFFREY E. HANSEN, PhD

One of the greatest mistakes we can make in understanding pornography addiction is to view it as an isolated problem. It is not. Pornography is one symptom of a much larger cultural transformation that has unfolded over the past several decades. Long before millions of people became addicted to pornography, they became immersed in a digital world that fundamentally changed how they spent their time, where they directed their attention, and what they came to desire.

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Several years ago, my good friend and colleague, Dr. Andrew Doan, and I examined this phenomenon in our book, *Digital Drugs and the Struggle for Connection*. As we reviewed the growing body of scientific literature, one conclusion became increasingly clear: our children and adolescents are spending unprecedented amounts of time immersed in electronic media, and that exposure is quietly reshaping their lives.



The statistics are sobering. Research summarized in our earlier work found that children between the ages of eight and eighteen average approximately seven and a half hours each day consuming electronic media, a dramatic increase over previous generations. Older adolescents often exceed eleven hours per day. Media has become second only to sleep as the primary activity in the lives of many young people. More than seventy percent of children have an Internet-connected device or television in their bedrooms, and the average teenager sends and receives thousands of text messages each month. These numbers represent far more than changing entertainment habits. They reflect a profound shift in how an entire generation is growing up.

The concern is not merely that children are spending too much time looking at screens. The deeper concern is what those screens have replaced. Hours once devoted to family conversations, imaginative play, reading, outdoor exploration, meaningful friendships, church involvement, music, sports, work, and quiet reflection have increasingly been surrendered to an endless stream of digital stimulation. Every notification, every video, every social media post,

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every game, and every recommendation competes for one precious resource: our attention.

Modern technology has become remarkably successful at capturing and holding that attention. Sophisticated algorithms continually learn what interests us and then offer increasingly engaging content designed to keep us online longer. The goal is not simply to inform us but to keep us scrolling, watching, clicking, and returning. The longer we remain engaged, the more valuable our attention becomes to advertisers and technology companies. In many respects, our attention has become one of the most valuable commodities in the modern economy.

Pornography enters this environment as one more form of digital content, but one with extraordinary power. It does not create the culture of constant stimulation. Rather, it capitalizes on it. By the time many adolescents first encounter online pornography, they have often spent years immersed in a digital ecosystem that has normalized immediate gratification, endless novelty, and constant accessibility. Pornography simply offers one of the most powerful versions of what the digital world has already been teaching.

This helps explain why pornography has become so pervasive. It is available twenty-four hours a day, requires almost no effort to obtain, promises unlimited novelty, and can be accessed in complete secrecy. Previous generations certainly struggled with sexual temptation, but they did not carry an endless supply of explicit material in their pockets. Today's digital environment has fundamentally changed both the accessibility and the intensity of temptation.

Perhaps the greatest tragedy is not simply the presence of pornography itself, but what has been lost along the way. Genuine

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human connection is slowly replaced by digital interaction. Real intimacy is exchanged for artificial stimulation. The patience required to build authentic relationships gives way to the expectation of immediate gratification. Solitude becomes uncomfortable. Silence becomes something to avoid. Even boredom, once the birthplace of creativity, reflection, and spiritual growth, is increasingly eliminated by the constant availability of another screen.

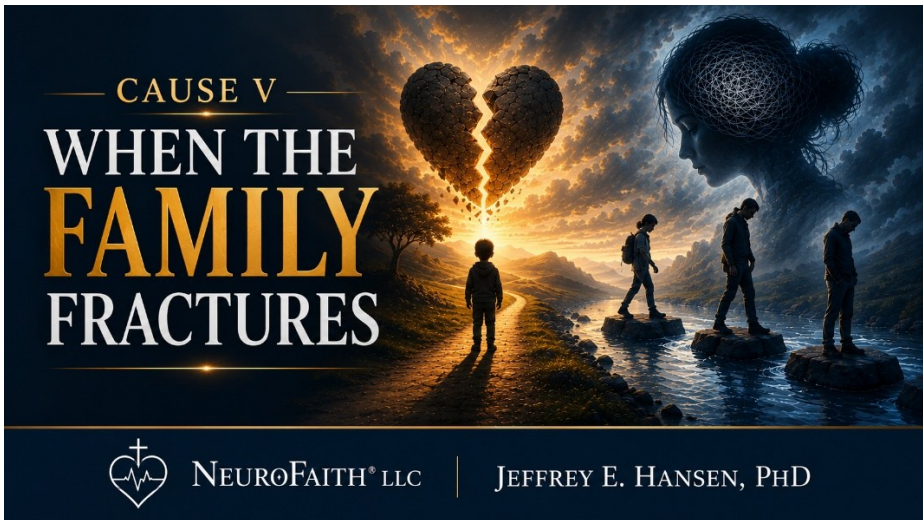
When we understand pornography within this broader cultural context, we begin asking better questions. Instead of asking only why pornography has become so addictive, we also ask why our society has become so vulnerable to it. The answer is found, in part, in the digital environment we have created. We have raised an entire generation surrounded by devices specifically designed to capture attention and encourage continual engagement. Pornography is not the beginning of that story. It is one of its most predictable outcomes.

Recognizing this broader context does not excuse personal responsibility. Each individual remains responsible for the choices he or she makes. However, understanding the environment helps us appreciate why so many otherwise healthy, sincere, and morally committed individuals find themselves struggling. They are attempting to resist one of the most powerful temptations in history while living in a culture that continually conditions them to seek more stimulation, more novelty, and more immediate gratification.

If we hope to address pornography addiction effectively, we must address the digital culture that so often serves as its gateway. Freedom requires far more than simply avoiding explicit material. It requires reclaiming our attention, restoring healthy relationships, rediscovering meaningful purpose, and choosing genuine human connection over the counterfeit promises of an increasingly screen-saturated world.

Cause V

When the Family Fractures: Attachment, Divorce, and the Erosion of Resilience



“But as for me and my household, we will serve the Lord.”

— Joshua 24:15 (NIV)

Throughout this book, we have explored how trauma, attachment disruptions, emotional dysregulation, technology overexposure, social isolation, spiritual disconnection, and cultural fragmentation all contribute to pornography addiction. Each of these matters. Yet there is another influence that quietly shapes nearly all of them: the family.

We approach this topic with great humility because nearly every one of us has experienced relational pain in some form. Some reading this chapter are divorced. Some grew up in fractured homes. Some are

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heroically raising children alone. Others are navigating blended families, betrayal, addiction, abandonment, or years of unresolved conflict. This chapter is not written to condemn anyone or reduce extraordinarily complex family circumstances to simplistic conclusions.

In fact, many single parents provide remarkably loving, emotionally healthy homes. Some divorces occur in situations involving abuse, addiction, chronic conflict, or abandonment where separation ultimately protects children rather than harms them. We recognize those realities fully and compassionately.

At the same time, we believe our culture has become increasingly casual about family fragmentation. Divorce, father absence, emotional disengagement, chronic instability, fractured attachment systems, and the erosion of healthy family relationships have become so commonplace that we sometimes fail to appreciate the profound developmental burden many children quietly carry.

There are moments in every generation when we must honestly ask difficult questions. Why are so many of our children anxious, lonely, emotionally overwhelmed, and struggling to find hope? Why are increasing numbers battling depression, self-harm, addiction, and emotional dysregulation at younger and younger ages? And for the purposes of this book, why are so many children and adolescents becoming increasingly vulnerable to pornography?

These struggles do not emerge from a vacuum. Trauma matters. Technology matters. Sleep deprivation matters. Social media matters. Meaninglessness matters. Spiritual disconnection matters. Isolation matters. And we believe the fragmentation of healthy family attachment systems matters profoundly as well.

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Why Does Family Fragmentation Increase Vulnerability to Pornography?

Healthy families do far more than provide food, shelter, and supervision. They provide the secure attachment upon which healthy emotional development depends. Within loving, emotionally available relationships, children learn that they are safe, valued, comforted, protected, and worthy of love. They learn how to regulate difficult emotions, tolerate disappointment, resolve conflict, trust others, receive healthy correction, and develop a stable sense of identity. Long before resilience becomes an internal strength, it is first experienced within relationships.

These experiences become some of the greatest protective factors against anxiety, depression, addiction, and pornography. Children who grow up consistently experiencing secure attachment are not immune to temptation, but they possess an emotional foundation that helps them navigate stress, loneliness, shame, disappointment, and curiosity without immediately turning to counterfeit forms of comfort.

When family relationships become fragmented through chronic conflict, emotional disengagement, instability, neglect, or other forms of relational disruption, children do not stop longing for safety, belonging, affirmation, comfort, and connection. Those longings remain deeply embedded within the human heart. What changes is where they begin searching to have those needs met.

Pornography becomes one of the many counterfeit answers to these legitimate longings. It offers the illusion of intimacy without vulnerability, comfort without relationship, acceptance without being truly known, excitement without purpose, and escape without healing.

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It does not create attachment wounds. More often, it quietly exploits them.

Understanding this connection is one of the most important ways we can protect the next generation. Healthy families do far more than reduce emotional suffering. They cultivate resilience, emotional regulation, secure identity, healthy boundaries, empathy, delayed gratification, and genuine intimacy. These qualities become powerful protective factors against pornography long before a child ever encounters explicit material.

Children experience family very differently than adults do.

Adults often understand divorce through the lens of conflict resolution, compatibility, betrayal, exhaustion, unhappiness, or emotional survival. Children, however, experience it through the lens of attachment, safety, identity, belonging, predictability, and fear. Their developing nervous systems absorb instability long before they possess the cognitive maturity to explain what they are feeling internally.

The family, ideally, is meant to be the child's first experience of safety, attunement, regulation, belonging, structure, affection, repair, guidance, and love. It is within the family system that children first learn whether the world is safe, whether emotions can be regulated, whether relationships are trustworthy, whether conflict can be repaired, whether people remain emotionally present when life becomes difficult, and whether they themselves are valued and worthy of love.

Long before resilience becomes internal, it is first experienced relationally.

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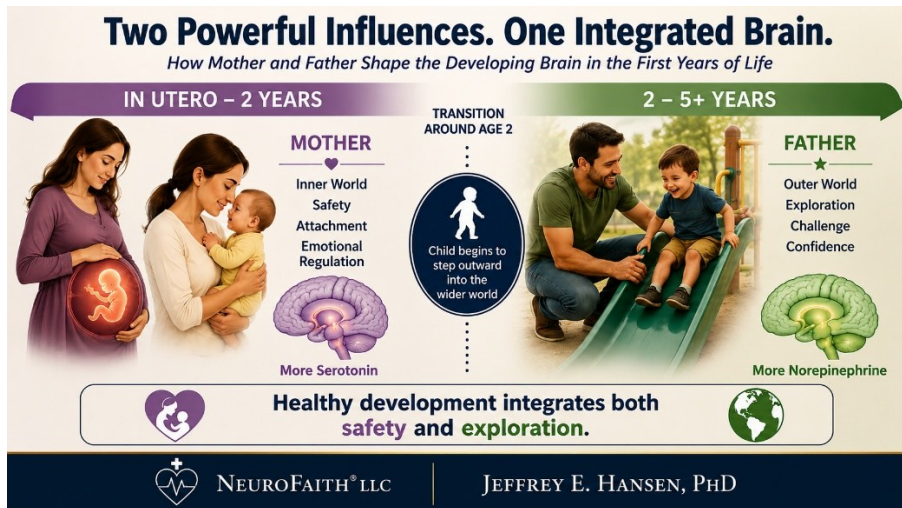
As noted earlier, the pioneering work of John Bowlby and Mary Ainsworth transformed our understanding of attachment and emotional development. Building upon their work, Dr. Allan Schore's groundbreaking integration of attachment theory and developmental neuroscience has further demonstrated how profoundly early relational experiences shape the developing brain itself. In his 2017 Oslo lecture on attachment and emotional development, Schore (2017) emphasized that early caregiver attunement plays a central role in shaping the infant's developing right hemisphere, particularly systems involved in emotional regulation, stress modulation, relational safety, and the development of the sense of self.

Schore's work further emphasizes that attachment theory has increasingly evolved into what is now often referred to as regulation theory. In other words, children first learn emotional regulation through emotionally attuned relationships with caregivers. The developing nervous system is literally shaped within the relational environment of the family. During infancy, this attachment process occurs largely through right-brain-to-right-brain communication between the infant and caregiver through facial expression, tone of voice, touch, eye contact, emotional presence, and nonverbal attunement. These thousands upon thousands of moments of co-regulation gradually help the child develop an internal sense of safety, trust, stability, and emotional grounding.

Importantly, Schore (2017) also noted that while maternal attachment experiences are especially dominant during infancy, paternal involvement often becomes increasingly influential during the toddler years, contributing to exploration, symbolic play, confidence, challenge, emotional regulation, and expanding social development. This does not mean mothers and fathers serve rigid or interchangeable roles, nor does it diminish the remarkable sacrifices made by single

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parents, grandparents, adoptive parents, or blended families. Rather, the broader developmental point is that children generally benefit from stable, loving, emotionally available, complementary relational influences that help foster both safety and growth.



The growing prevalence of father absence has therefore become an increasingly important area of developmental research. Again, we approach this carefully and compassionately. This is not about idealizing every two-parent home or diminishing the heroic efforts of single parents. Rather, it is about honestly acknowledging what the research increasingly reveals about the importance of healthy paternal involvement in child development.

In their major systematic review of longitudinal studies, Sarkadi, Kristiansson, Oberklaid, and Bremberg (2008) found that positive father involvement was associated with stronger cognitive development, improved academic achievement, healthier behavioral regulation, greater emotional stability, reduced delinquency, lower rates of psychological distress, and stronger social competence in children and adolescents. Their findings suggested that engaged

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fathers often play a significant role in helping children develop confidence, self-regulation, resilience, and social functioning over time.

And as we have seen earlier, the landmark Adverse Childhood Experiences (ACE) Study identified parental separation or divorce as one of the major adverse childhood experiences associated with increased long-term risks for emotional, relational, behavioral, and physical health difficulties later in life (Felitti et al., 1998).

One of the heartbreaking realities we often see clinically is that children frequently experience divorce through a profoundly self-referential lens. Developmentally, children are naturally egocentric in the sense that they tend to interpret major events around them in relationship to themselves. Many quietly internalize the belief that they somehow caused the divorce, should have prevented it, or now carry responsibility for fixing the emotional damage surrounding it.

Beneath the surface, many children silently wrestle with questions they rarely articulate aloud: *“If I had behaved differently, would Mom and Dad still be together? If I had been better, quieter, less emotional, less difficult, smarter, or more lovable, would this have happened?”*

For some children, the divorce itself becomes not merely a relational disruption, but a shame wound embedded within the attachment system. The child begins to experience himself or herself not merely as hurt, but somehow fundamentally responsible for the suffering unfolding around them.

And because children instinctively seek attachment security, many begin adapting themselves around the emotional instability of the family rather than simply continuing the ordinary developmental work of childhood and adolescence. Instead of being free to play, explore,

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mature, develop friendships, discover identity, and gradually move toward healthy independence, some children become emotionally hypervigilant and prematurely burdened with adult emotional responsibilities.

Some become peacemakers. Some become caretakers. Some become emotional referees between parents. Others become excessively responsible, anxiously monitoring the emotional state of struggling mothers or fathers in an attempt to keep the family emotionally intact.

In some cases, children become deeply fearful that a distressed parent may emotionally collapse, abandon them, or even die.

One adolescent I (Jeff) worked with lived in chronic fear that his father, who had previously struggled with suicidality, might take his own life with a shotgun following the divorce. The young man became emotionally consumed with monitoring his father's emotional condition, almost functioning as an ongoing suicide watch despite still being only a child himself. Rather than focusing on his own developmental tasks, friendships, identity formation, academics, and emotional growth, his nervous system became organized around fear, vigilance, responsibility, and the desperate attempt to keep his father alive.

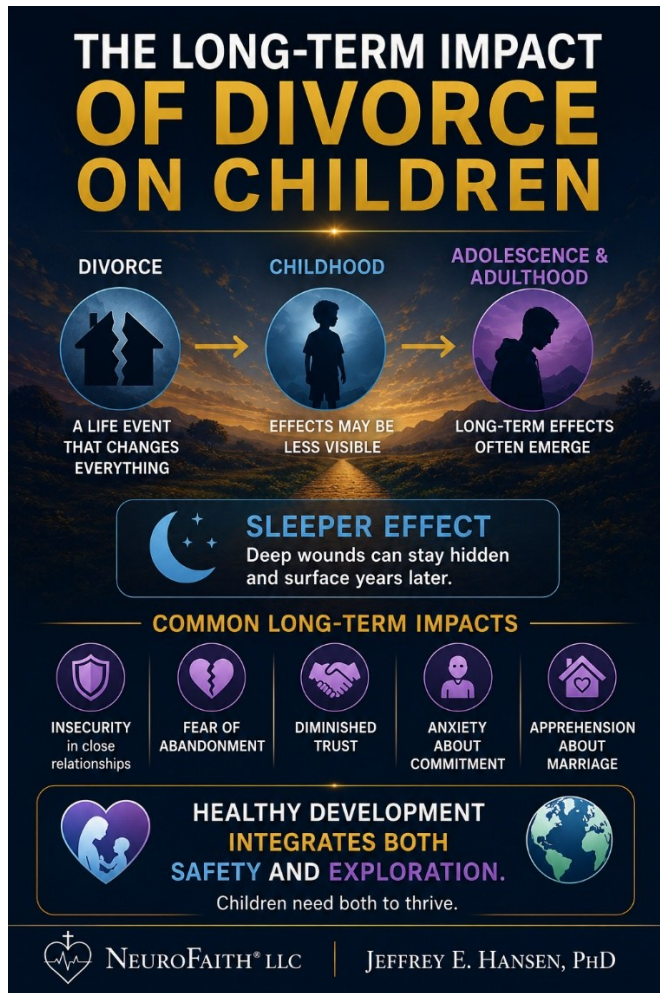
This is what unresolved attachment trauma and chronic relational instability can sometimes do to children. The child stops simply being a child.

Judith Wallerstein's seminal longitudinal research on divorce further challenged the once-common assumption that children simply "bounce back" quickly following parental divorce. In her landmark 25-year longitudinal study, *The Unexpected Legacy of Divorce*, Wallerstein, Lewis, and Blakeslee (2000) found that many children

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carried the emotional effects of divorce well into adolescence and adulthood.

A significant number struggled with insecurity in close relationships, fear of abandonment, anxiety regarding commitment, diminished trust in relationships, and apprehension about marriage itself. Wallerstein also described what she termed the “sleeper effect,” observing that some of the deeper emotional consequences of divorce often did not fully emerge until adolescence or young adulthood, particularly when individuals themselves began entering serious romantic relationships. The attachment wounds that may have appeared muted during childhood often resurfaced later through fears of betrayal, instability, rejection, abandonment, and relational failure.



Importantly, Wallerstein did not argue that all children of divorce are destined for dysfunction. Far from it. Rather, her work helped remind us that children often experience divorce far more deeply and developmentally than many adults initially recognize.

Again, our goal in discussing these realities is not condemnation. It is awareness.

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If we are willing to acknowledge these realities honestly, thoughtfully, and compassionately, we create greater opportunities for healing, emotional repair, healthy co-parenting, emotional attunement, stable connection, healthy boundaries, and emotionally available caregiving. Children are remarkably resilient when surrounded by adults who help them feel safe, seen, emotionally held, and deeply loved even in the midst of family pain.

And this is important: fragmented attachment wounds are not beyond healing.

In the pages ahead, we will discuss many of the ways healing and repair can begin to occur. Secure attachment can be strengthened. Emotional safety can be rebuilt. Shame can be addressed. Trust can slowly be restored. Nervous systems can settle. Families can learn healthier patterns of communication, emotional presence, regulation, and repair. Adolescents can begin rediscovering resilience, meaning, connection, and hope even after significant relational pain.

None of this is easy work. But healing is possible.

And perhaps now more than ever, our children desperately need us to believe that.

“Start children off on the way they should go, and even when they are old they will not turn from it.” (Proverbs 22:6 NIV)

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



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Pornography addiction is one of life's great paradoxes. The very thing that once promised relief gradually becomes the source of deeper loneliness, greater shame, and increasing despair. What begins as curiosity, escape, or comfort slowly transforms into compulsion. You tell yourself, "This will be the last time." Yet somehow, days or weeks later, you find yourself returning once again to the very place you desperately wanted to leave behind.

If you have ever wondered, *What is wrong with me? Why can't I simply stop?* you are asking one of the most important questions in recovery.

The answer is not simply that you lack willpower.

Something is happening inside your brain.

Every time pornography is viewed, an extraordinary cascade of neurological events begins unfolding beneath conscious awareness. Brain circuits that were designed to reinforce life-giving behaviors become recruited into reinforcing something they were never intended to support. Attention narrows. Desire intensifies. The brain begins assigning increasing importance to pornography while everyday pleasures gradually lose their ability to satisfy. Over time, what once felt like a choice can begin to feel like a necessity.

This is why pornography addiction feels so confusing. On one hand, you genuinely long to stop. You may love your spouse, treasure your faith, and deeply value integrity. Yet another part of your brain continues pulling you toward the screen. Like the Apostle Paul, you find yourself asking, *"For I do not do the good I want to do, but the evil I do not want to do—this I keep on doing"* (Romans 7:19, NIV). Millions of men and women have lived that painful tension.

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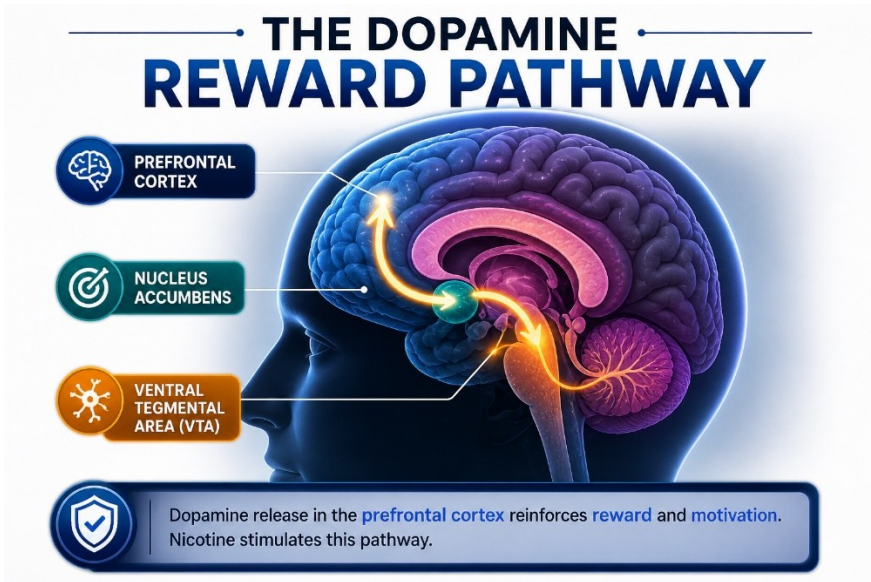
The encouraging news is that this struggle is understandable. As Nicholas Kardaras (2016) reminds us in *Glow Kids*, understanding addiction begins with understanding the brain's reward system. At the center of that system is dopamine, not the "pleasure chemical," as it is often described, but a powerful neurotransmitter involved in motivation, learning, anticipation, and the assignment of importance. Pornography powerfully engages this system, teaching the brain to pursue increasingly powerful stimulation while gradually diminishing satisfaction with ordinary pleasures.

As this chapter unfolds, we will take you inside that process. We will explore how pornography reshapes attention, craving, learning, memory, and decision-making. We will examine why urges can feel so overwhelming, why shame often strengthens rather than weakens the cycle, and why recovery involves much more than trying harder. Most importantly, we will discover that the brain's remarkable ability to change can become one of the greatest sources of hope. The same brain that learned pornography can, through intentional practice, healthy relationships, and God's transforming grace, learn freedom.

Neuroscience does not remove personal responsibility. But it does remove unnecessary shame. Understanding what is happening inside your brain helps explain why this battle feels so intense. More importantly, it reminds us that you are not fighting because you are weak. You are fighting because powerful brain systems have been trained in ways they were never designed to function. The encouraging truth is that what has been learned can also, by God's grace and through the brain's remarkable capacity for change, be unlearned.

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” neurotransmitter that is the most critical and important part of the addiction process. Dopamine was discovered in 1958 by Arvid Carlsson and Nils-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

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- 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

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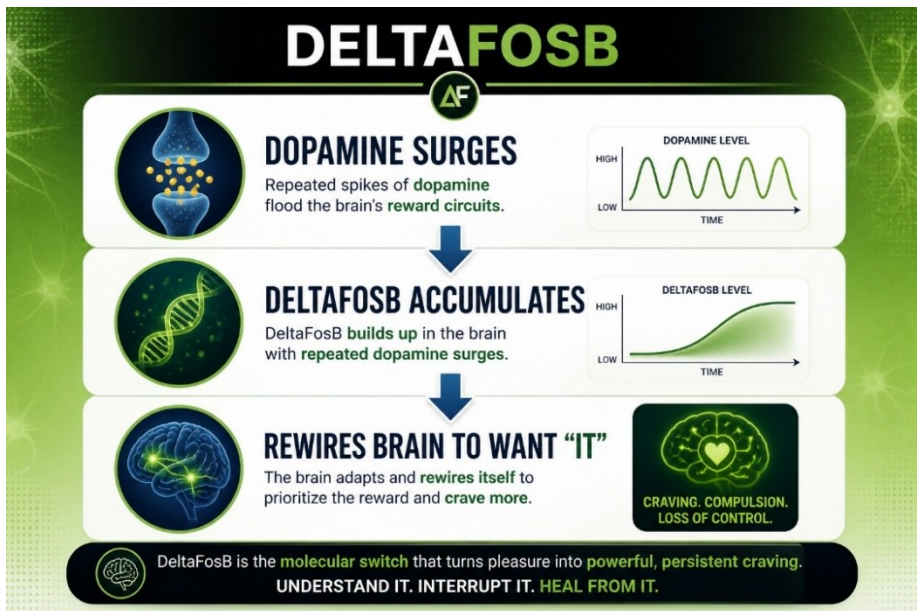
by rewiring your brain by virtue of new and even stronger nerve connections.

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

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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.

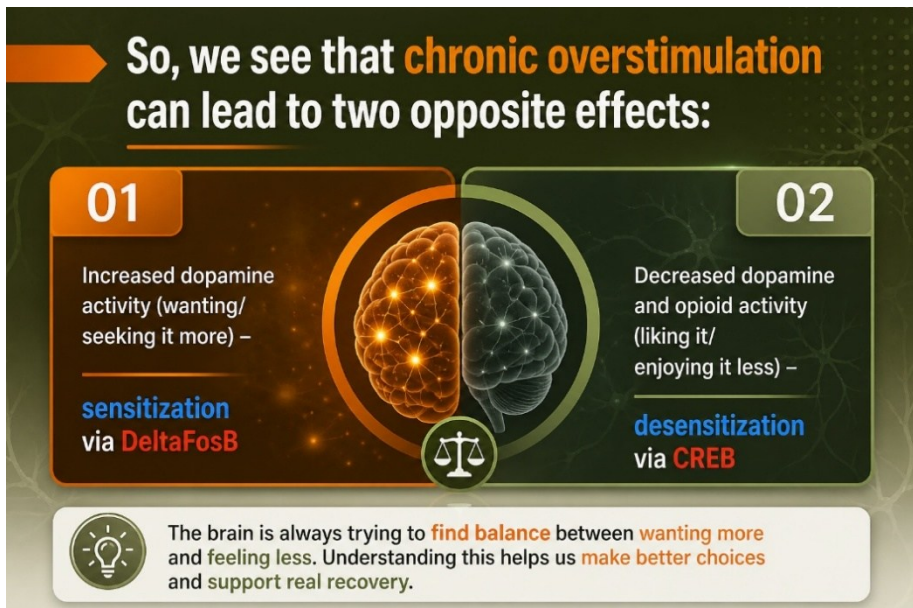


As the brain recognizes that it needs a rest, it will kick out **CREB** to slow things down. In essence, **DeltaFosB** acts like the gas pedal, and **CREB** functions as the brakes. It specifically inhibits dopamine and endogenous opioids to take the joy out of the bingeing/addictive behavior or substance 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).

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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



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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).

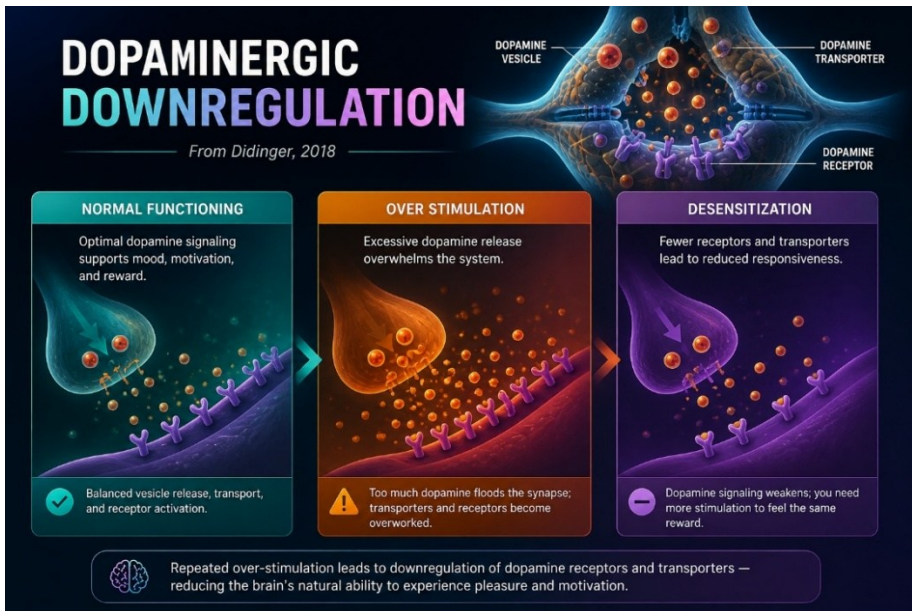
Then, as a “double whammy,” this chronic exposure to addictive behaviors or substances impacts negatively on the prefrontal cortex, which, among other things, is the brain’s decision-making center, associated with impulse-control or “braking mechanism.” As the prefrontal cortex’s braking mechanism becomes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

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:

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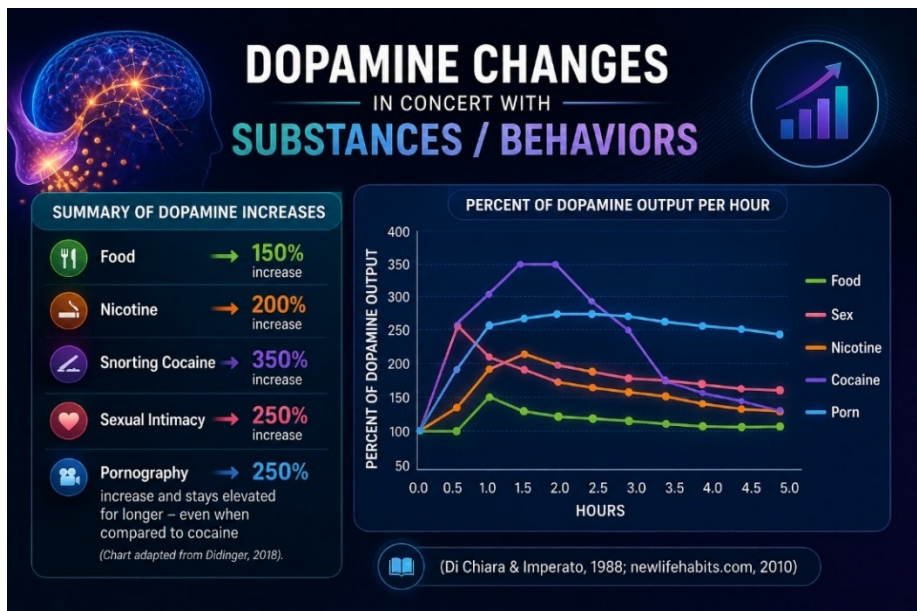
Desensitization: The next step in the process of developing addiction on the cellular level is desensitization, which refers to a general dialing down (as previously noted) of responsiveness to all forms of pleasure. This process occurs as a result of prolonged dopamine production (Volkow et al., 2101). 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. Didingen 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 Didingen, 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,

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

As can be seen in the chart below:



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Hypofrontality – Not a good thing:

As Didinger (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.

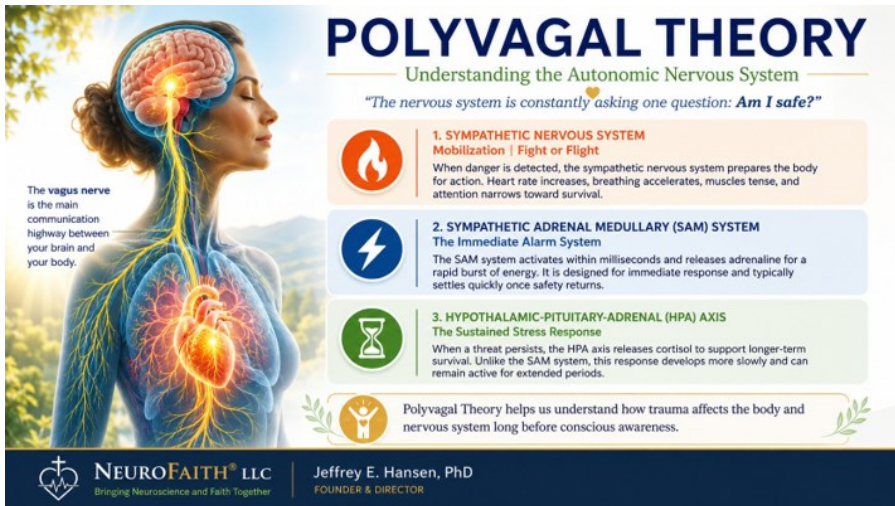


However, the anterior cingulate and orbital frontal cortex jump in and suppress the reward system to avoid the negative consequences of possibly being kicked off the team, not to mention losing the car keys.

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Polyvagal Theory

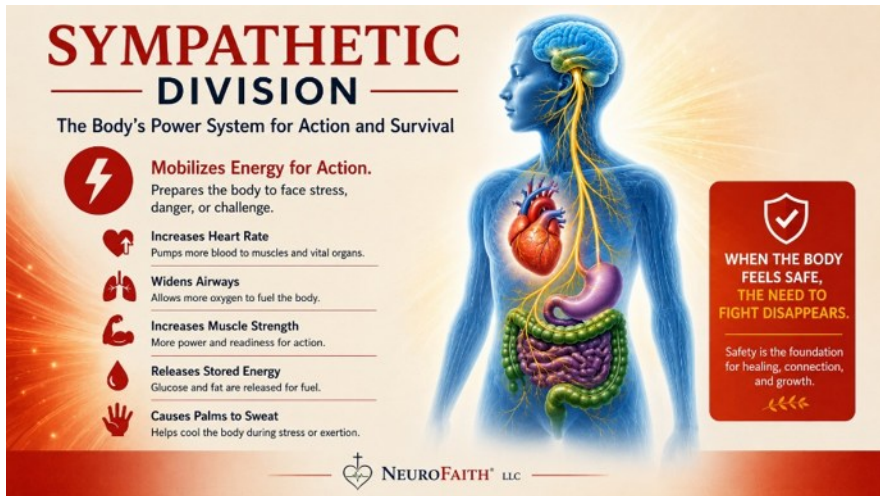


To better understand the progression toward addiction, we turn to Dr. Stephen Porges' Polyvagal Theory, which offers a deeper view of how our nervous system responds to stress, safety, and connection. At the core is the Autonomic Nervous System (ANS), a largely unconscious system that regulates essential 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,

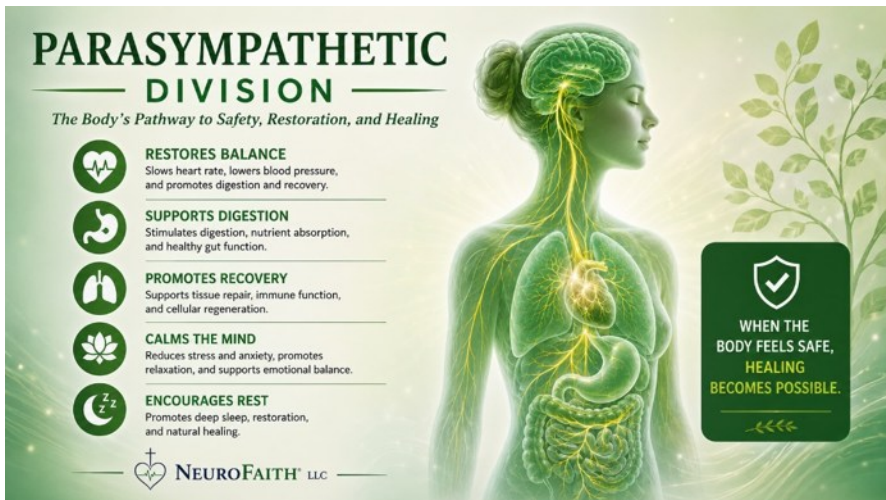
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pupils to dilate, and hair to stand on end. It slows body processes that are less important in emergencies, such as digestion and urination (Merck Manual).

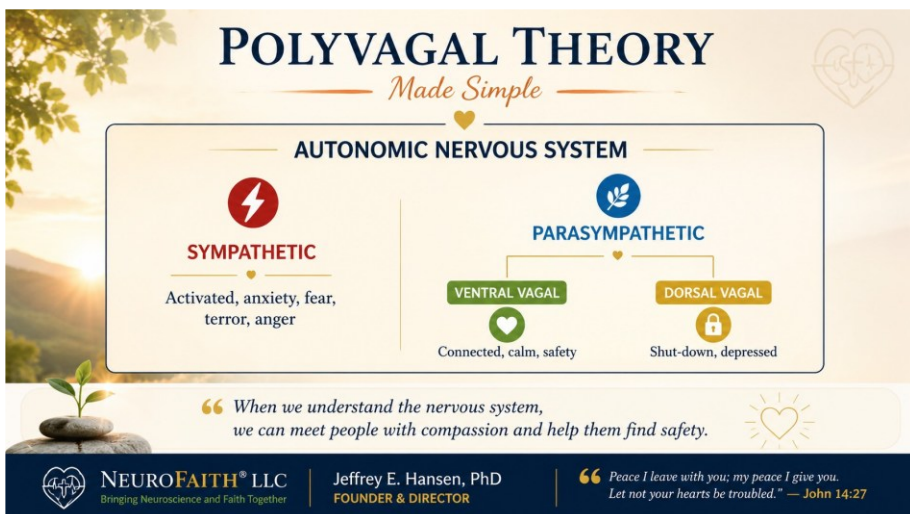


Parasympathetic Division: Generally, the parasympathetic division conserves and restores calm/homeostasis. It slows the heart rate and decreases blood pressure. It stimulates the digestive tract to process food and eliminate wastes. Energy from the processed food is used to restore and build tissues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

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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**.



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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,

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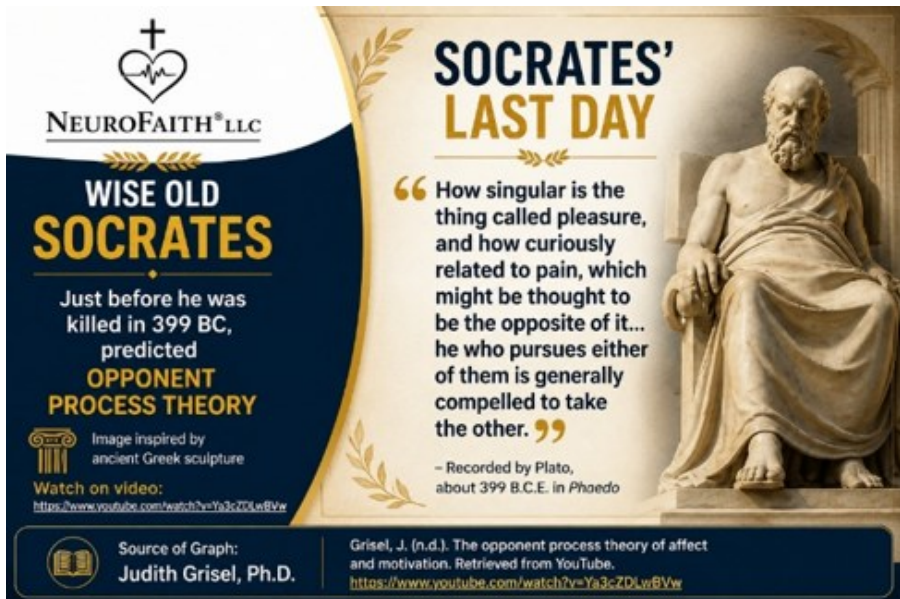
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why tolerance builds, and why cravings can feel so overwhelming. Her groundbreaking work, particularly in her book *Never Enough* (2019, 2022), is a must-read for anyone serious about breaking free from addiction's grip. It's not just a scientific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

In this section, we will explore a vital, often overlooked body of literature as noted and eloquently 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 inspired by
ancient Greek sculpture

Watch on video:
<https://www.youtube.com/watch?v=Ya3cZDkU6Vw>

**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 399 B.C.E. in *Phaedo*

Source of Graph:
Judith Grisel, Ph.D.

Grisel, J. (n.d.). The opponent process theory of affect
and motivation. Retrieved from YouTube.
<https://www.youtube.com/watch?v=Ya3cZDkU6Vw>

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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The infographic is divided into two main sections by a curved yellow line. The left section has a light beige background and features the 'NEUROFAITH' logo (a heart with a cross and a pulse line) at the top. It includes a portrait of Claude Bernard and a quote about the internal environment. The right section has a dark green background and contains text about the mid-19th century and a YouTube link. Green leafy branches are illustrated on both sides.

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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=Ye3cZDLwBYw>

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.

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Walter Cannon: Homeostasis and Fight or Flight

Images from Judith Grisel
<https://www.youtube.com/watch?v=Ya3cZDLw8Vw>

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.

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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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Why the 'Affective Pattern'?

The a and b Process

The graph shows the drug's initial effect (a process) and the brain's compensatory negative response (b process).

Manifest affective response

Underlying opponent process

"a process"

- Direct result of the drug acting in the brain
- i.e., consequence of receptor binding, or reuptake blockade

Graph from Judith Grisel, Ph.D.
<https://youtu.be/Ya3c23UwV0w?si=9B-k0a9umE-v8-AI>

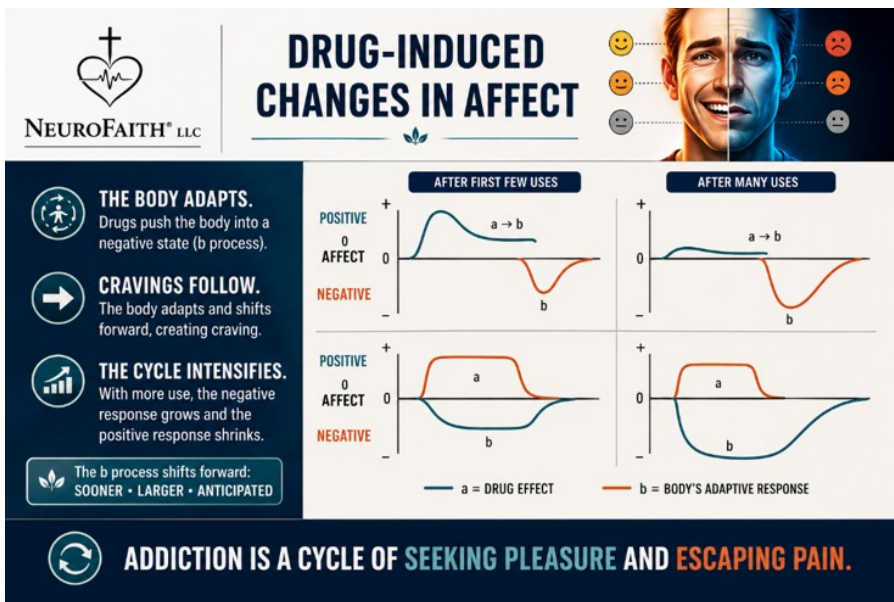
The a process creates the initial positive effect.
The b process is the brain's negative compensation.

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.

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Discomfort and the Hell of Cravings:

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



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

Cravings are, in essence, the brain's desperate plea to avoid the emotional and physical distress triggered by the B-process. What started as a search for pleasure has now become a relentless effort to escape

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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.



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.

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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.

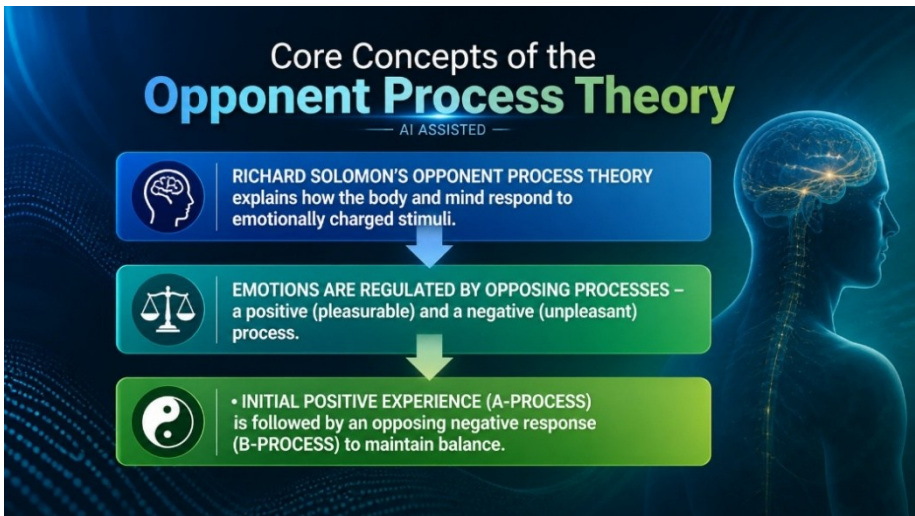
Understanding the Opponent Process for Better Treatment

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.

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The following two graphics summarize the key points:



Conclusion: Understanding the Brain Is the Beginning, Not the End

If there is one message we hope you take away from this chapter, it is this: pornography addiction is not simply a failure of willpower. It is a

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learned pattern of brain functioning that gradually reshapes attention, motivation, memory, emotional regulation, and behavior. Through repeated exposure, pornography recruits the brain's reward system, strengthens powerful neural pathways through neuroplasticity, alters gene expression through mechanisms such as Δ FosB and CREB, reinforces craving through the opponent process, dysregulates the autonomic nervous system, and weakens the very circuits responsible for self-control and wise decision-making. What began as an occasional behavior can gradually become a deeply ingrained way of thinking, feeling, and responding.

Understanding these processes does not remove personal responsibility, but it does remove unnecessary shame. It reminds us that recovery requires more than trying harder. The brain must learn new pathways. The nervous system must rediscover safety and regulation. The heart must reconnect with authentic relationships, meaningful purpose, and ultimately with God. Lasting freedom involves the restoration of the whole person.

Yet neuroscience tells only part of the story.

Knowing *how* pornography changes the brain is important, but an equally important question remains: **What has pornography been doing to you?**

How has it affected your body, your mind, your relationships, your sexuality, your marriage, your capacity for intimacy, your emotional health, your spiritual life, and even your sense of identity? These are not secondary questions. They are the questions that bring neuroscience into everyday life.

In the next chapter, we move from understanding the mechanisms of addiction to examining its consequences. We will explore the far-

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reaching impact pornography can have on physical health, mental health, emotional well-being, relationships, and spiritual vitality. Only when we understand both **how** pornography reshapes the brain and **what** it gradually steals from our lives can we fully appreciate what is at stake—and why recovery is one of the most worthwhile journeys a person can ever undertake.

The encouraging truth is this: the same brain that learned addiction can learn freedom. The same nervous system that became dysregulated can become regulated again. The same heart that became captivated by counterfeit intimacy can rediscover authentic love, genuine connection, and the abundant life God has always desired for His children. That journey begins with understanding, but it does not end there. Now, let us examine the price pornography quietly exacts on the human person.

THE ANATOMY OF THE DAMAGE OF PORNOGRAPHY



BODY

It impacts your physical health.



EMOTIONAL HEALTH

It affects your mind, mood, and ability to connect.



SEXUAL AGGRESSION

It can distort sexuality and fuel harmful behaviors.



OBJECTIFICATION OF WOMEN

It reduces people to objects and damages respect.



ON THE SOUL

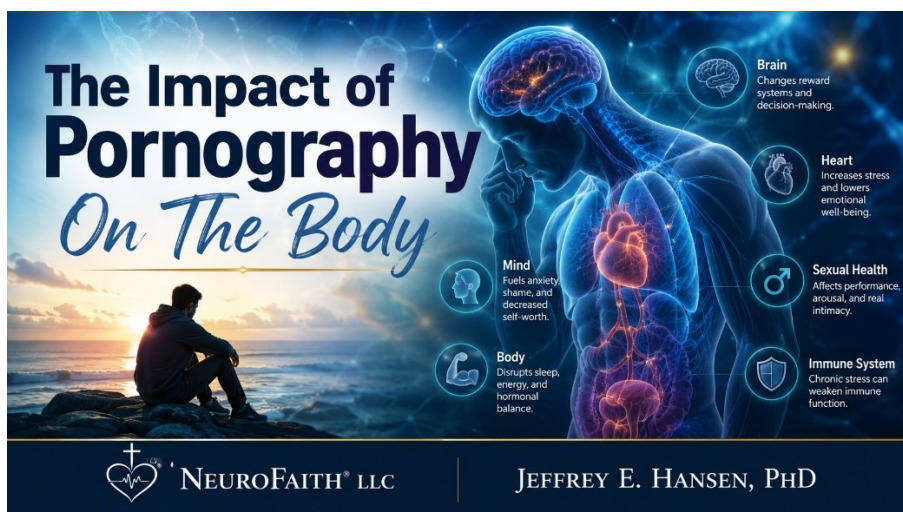
It disconnects you from God, your purpose, and true peace.



THE TRUE COST IS DEEP.
THE HEALING IS REAL.



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

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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.

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).

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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:

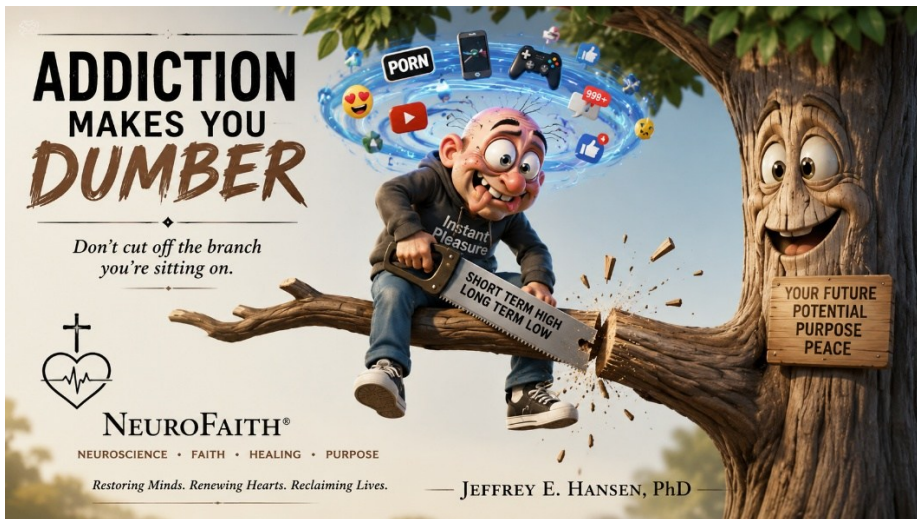


When we are exposed to too much pornography and/or sexuality, it can be excessively overstimulating to the brain. The brain is simply not designed to process an event that is so sensually overwhelming, dense with information, or involving too much stimulation (Barta, 2018). Gary Wilson (2014) writes 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.

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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 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.



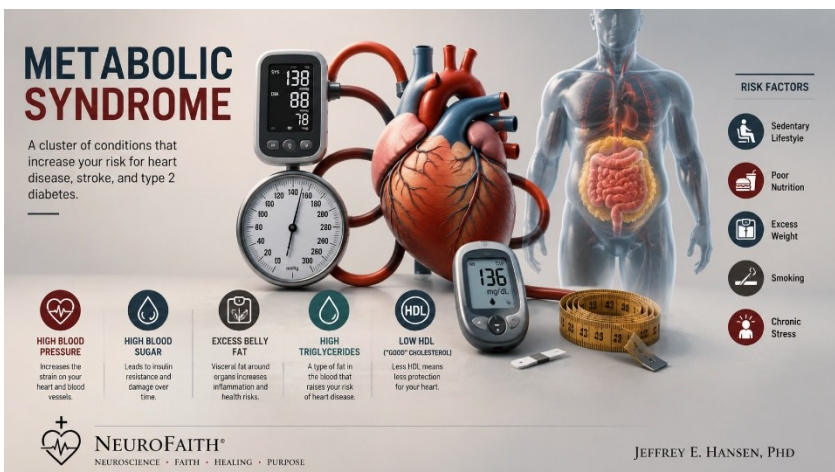
Dunkley (2015) notes that excessive time on screens in any form (and by association, pornography viewing – emphasis mine) has huge impact on the body. As a result of electronic screen interaction/porn seeking:

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- 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 Dunckley (2015) refers to as **metabolic syndrome** is very concerning. Metabolic syndrome is a combination of the following:

- **Abdominal (midsection) obesity**
- **High blood pressure**
- **Elevated fasting blood sugar**
- **High triglycerides**
- **Low HDL ("good") cholesterol**



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

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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

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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.

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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 (Dunkley, 2015).

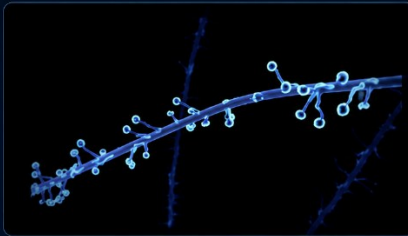
Lack of myelination: Kardaras (2016) notes that the overstimulation of glowing lights and flashing lights of screens (and by association, pornography viewing – emphasis mine) can damage **myelin** in neural pathways. Myelination is an important process that acts to insulate nerve cell axons to increase 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 dendritic changes are permanent, which helps to explain why continual craving is such a problem (Collier, 2020). In other words, the extra

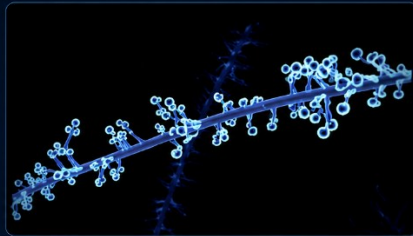
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receptors on the neuron lie in wait for the substance and will quickly bring on the addiction in full force once they receive the substance in question.

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).



NORMAL DENDRITIC GROWTH
Healthy Brain



EXCESSIVE DENDRITIC GROWTH
Addiction-Related Changes



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JEFFREY E. HANSEN, PHD

In summary, throughout this chapter, we have explored the significant impact pornography can have on the body. Far from being a harmless private behavior, pornography influences multiple physiological systems. Chronic exposure contributes to elevated stress hormones, autonomic nervous system dysregulation, increased allostatic load, metabolic disturbances, chronic inflammation, and a body that often remains trapped in a state of heightened stress rather than healthy regulation. Over time, these changes can leave us physically depleted, emotionally exhausted, and less capable of experiencing the vitality for which we were created.

The encouraging news is that the body possesses a remarkable capacity for healing. As unhealthy patterns are replaced with healthier ones, stress hormones begin to normalize, the autonomic nervous system gradually returns to regulation, inflammation can decrease,

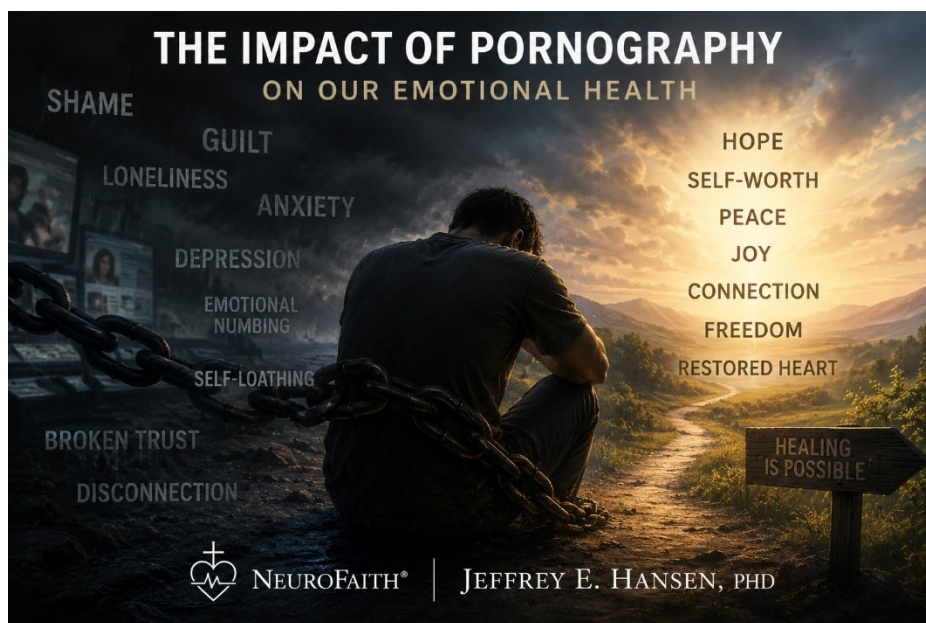
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and the body's natural healing processes begin to recover. God designed the human body with an extraordinary capacity for restoration.

But the body is only part of the story.

Although the physical consequences of pornography are significant, they tell only part of the story. Human beings are more than bodies. We are emotional, relational, and spiritual beings, and what affects one part of us inevitably affects the others. Pornography not only changes how our bodies function; it gradually shapes how we experience joy, loneliness, stress, shame, intimacy, and connection. In the next chapter, we will explore the emotional cost of pornography, examining how it influences our inner world and why true healing requires restoration not only of the body, but also of the heart.

The Impact of Pornography On Emotional Health



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

-- Munia Khan

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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*

Pornography Enslavement
Hansen, Heverly, and Hayden

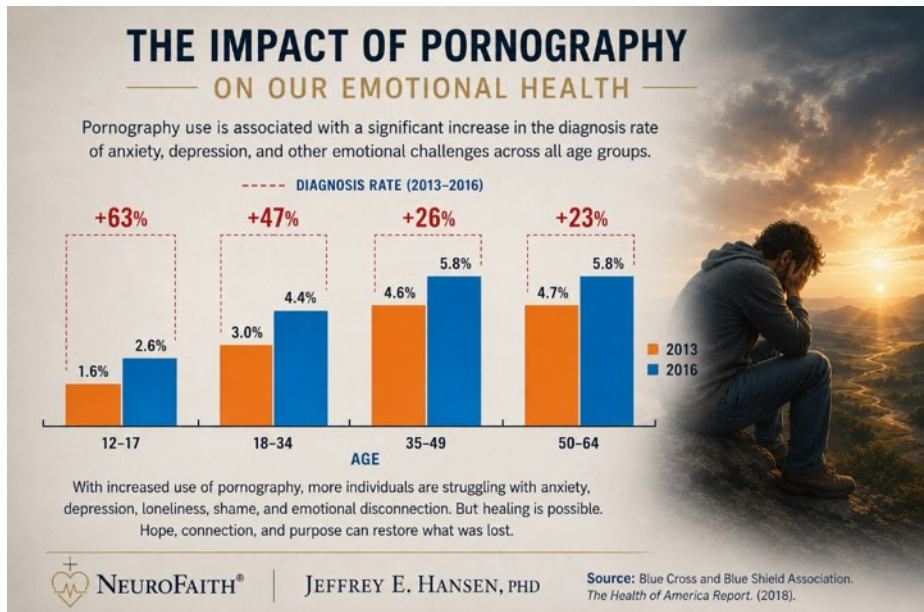
stimulation. I couldn't read, talk, study, or play the piano – all things that I love – because it all seemed too slow, too one-note...I was always tired, yet always racing in a mad frenzy. I couldn't focus. I was anxious. I was unable to engage in solitude. My thoughts were a jumble."

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 millennials were similar but among adolescents, there was a 65%

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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).

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.

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- 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):

- 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 4 or more sexual partners

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- 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.

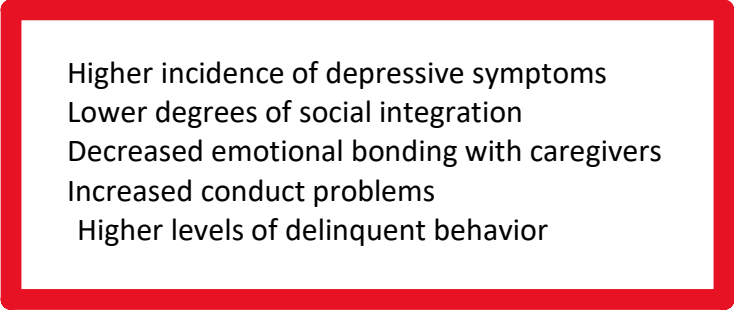
As noted in MentalHelp.net (2016), researchers have concluded that compulsive and at-risk cybersex users experience guilt, depression, and anxiety. The writers conclude that this may both result from pornography usage and perpetuate further behavior.

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 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

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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

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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 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*

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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



Dr. John Foubert (2017), Dr. Mary Anne Layden, and many other researchers have carefully documented these concerns. Their work suggests that repeated exposure to pornography can normalize aggression, desensitize viewers to sexual violence, and gradually reshape beliefs about intimacy, consent, and the value of

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other human beings. Pornography does not merely reflect culture; it also has the power to influence it.

At the same time, our purpose in this chapter is not to shame or condemn those who struggle with pornography. Many people who began viewing pornography never intended to become trapped by it or to embrace distorted views of sexuality. Like every other addiction, pornography gradually changes the way people think, feel, and respond. The encouraging truth is that what has been learned can also be unlearned. The same brain that adapted to pornography possesses a remarkable capacity for healing through neuroplasticity, healthy relationships, intentional practice, and the redeeming grace of God.

In the pages that follow, we will examine the growing scientific evidence linking pornography with sexual aggression, coercive attitudes, and interpersonal violence. We will explore how repeated exposure to aggressive sexual content can alter expectations, diminish empathy, and contribute to behaviors that harm both the user and those around them. Just as importantly, we will explore the hope of restoration, because healthy sexuality is not merely the absence of pornography. It is the rediscovery of intimacy, respect, compassion, mutual dignity, and love as God intended.

The evidence is sobering. Dr. Foubert (2017), in *How Pornography Harms*, summarizes research demonstrating that well over one hundred studies have found significant associations between pornography use and various forms of sexual aggression, while dozens of additional studies specifically link pornography with sexual violence (Malamuth et al., 2000; Peter & Valkenburg, 2016). Kingston et al. (2009) likewise reported that frequent pornography use, particularly when combined with other risk factors such as impulsivity and hostile

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attitudes toward women, increases the likelihood of sexually aggressive behavior.

Dr. Mary Anne Layden reached a similarly sobering conclusion. She observed that pornography functions as a powerful teacher, reinforcing attitudes and behaviors that can become increasingly destructive for both the user and others. As she memorably stated, **"Pornography is a widely influential and very toxic teacher"** (Layden, 2010). Those words capture the central message of this chapter. Pornography is not merely entertainment. It is education. The critical question is: **What is it teaching us?**

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.

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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

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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

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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).

In Summary: The research presented in this chapter paints a sobering picture. Pornography is far more than private entertainment. It is a powerful teacher that can gradually reshape attitudes, distort expectations, diminish empathy, normalize aggression, and, in vulnerable individuals, contribute to behaviors that profoundly harm others. While the vast majority of pornography users will never commit

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acts of extreme violence, the scientific literature consistently demonstrates that repeated exposure to pornography is associated with increased acceptance of sexual aggression, coercive attitudes, and diminished respect for the dignity of others. These findings deserve our careful attention rather than our dismissal.

At the same time, we must remember that the purpose of this chapter has never been to shame those who struggle with pornography. Rather, it is to understand its power so that we can confront it with truth, compassion, and hope. The same brain that learned destructive patterns can learn healthy ones. The same heart that became hardened can become tender again. Through intentional effort, authentic relationships, wise clinical care, and God's transforming grace, restoration remains possible.

As we continue this journey, a larger picture is beginning to emerge. We have already seen how pornography affects the body, the brain, our emotional health, and even our attitudes toward other people. None of these areas exists in isolation. They are deeply interconnected, each influencing the others in powerful ways.

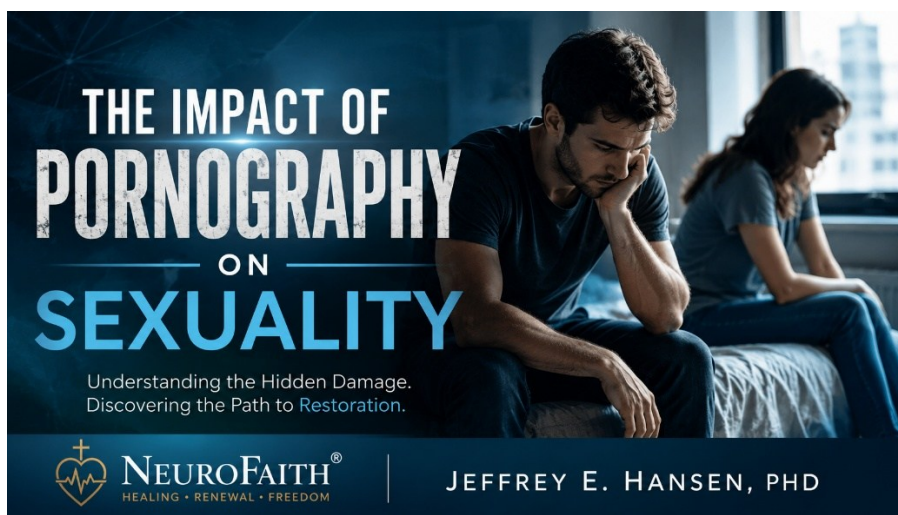
It should come as no surprise, then, that pornography also profoundly shapes the way we understand and express our own sexuality. Healthy sexuality was designed by God to flourish within intimacy, commitment, mutual respect, vulnerability, and love. Pornography gradually replaces that beautiful design with counterfeit expectations, distorted desires, unrealistic standards, and a transactional view of human relationships.

In the next chapter, we will explore one of pornography's most personal and far-reaching consequences: its impact on human sexuality. We will examine how repeated exposure reshapes sexual

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expectations, intimacy, attraction, arousal, and satisfaction, and why so many individuals and couples find themselves struggling to experience the authentic connection for which they were created. Understanding these changes is essential, because lasting recovery is not simply about eliminating pornography. It is about restoring the beauty, dignity, and sacredness of human sexuality as God intended it from the very beginning.

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

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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).

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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%

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YOUNG MEN ARE SUFFERING. THE NUMBERS DON'T LIE.

 ED RATES IN MEN UNDER 40 WERE 2%-3% FROM 1948-2002	 TODAY, STUDIES SHOW ED RATES OF 14%-33% IN YOUNG MEN—A 1000% INCREASE IN JUST THE LAST 15 YEARS.	 CANADIAN STUDY: 78.6% OF MALES AGED 16-21 REPORTED A SEXUAL PROBLEM DURING PARTNERED SEXUAL ACTIVITY	 45% ERECTILE DYSFUNCTION 46% LOW SEXUAL DESIRE 24% DIFFICULTY CLIMAXING	THIS ISN'T JUST A STATISTIC. IT'S A WAKE-UP CALL. HEALING IS POSSIBLE. YOU WERE MADE FOR MORE.
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As noted by Steinberg et al. (2013), dopamine is odd in that it shoots up when something is better than expected (violates expectations), but

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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).

When Pornography Begins to Redefine Desire

One of the more unsettling consequences reported by many long-term pornography users is the gradual escalation of sexual interests into genres they never imagined they would one day seek out. Gary Wilson (2017) observed that the brain's remarkable capacity for neuroplasticity allows repeated experiences to reshape patterns of arousal over time. What initially captures attention gradually loses its novelty, leading some individuals to pursue increasingly intense, shocking, or previously uninteresting material in an effort to achieve the same level of stimulation.

For many, this progression is deeply confusing. Men who once found themselves attracted only to women may begin viewing pornography that conflicts with their previous patterns of arousal. Others report escalating into increasingly extreme or highly specific fetishes that leave them feeling frightened, ashamed, or uncertain about themselves. Still others describe pursuing material they once considered disturbing simply because previous forms of pornography no longer produced the same excitement.

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Wilson (2017) shares numerous firsthand accounts from individuals who experienced this progression. Their stories differ in their details, but they reveal a common theme: pornography often becomes less about genuine desire and more about the brain's relentless search for novelty. The escalation itself, not necessarily the specific content, becomes the defining feature of the addiction.

Supporting this observation, Downing and colleagues (2016) found that many pornography users viewed material that differed from how they identified their own sexuality. Heterosexual-identified men reported viewing male same-sex sexual content, while many gay-identified men also viewed heterosexual pornography. These findings suggest that compulsive pornography use may broaden or alter viewing patterns in ways that are not always consistent with a person's established identity or relationships. For some individuals, these experiences can become a significant source of confusion and emotional distress.

It is important to approach these experiences with both scientific humility and deep compassion. A person's pornography viewing history should not be viewed as the sole basis for understanding identity, attraction, or personal worth. Rather, these experiences remind us of the extraordinary adaptability of the human brain. Repeated exposure changes the brain's reward system, often in ways that surprise even the individual experiencing them.

The encouraging news is that neuroplasticity works in both directions. The same brain that learned unhealthy patterns of arousal can gradually relearn healthier ones. As pornography is removed, authentic relationships are restored, and intimacy is rebuilt through genuine human connection, many people report that the confusion,

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compulsive novelty-seeking, and distorted patterns of arousal begin to diminish over time.

Most importantly, there is hope.

Neither your identity nor your future is ultimately determined by your browser history or by the patterns your brain learned during a season of addiction. Scripture reminds us that 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). The renewing of the mind is more than a spiritual metaphor. It beautifully reflects what neuroscience has discovered about the brain's lifelong capacity to change. By God's grace, supported by healthy relationships, wise clinical care, and intentional practice, minds can be renewed, hearts restored, and authentic intimacy rediscovered.

In Summary: Throughout this chapter, we have examined one of pornography's most painful consequences: its gradual distortion of human sexuality. What begins as curiosity or occasional entertainment can slowly reshape the brain's reward system, alter patterns of arousal, diminish desire for authentic intimacy, and leave many struggling with delayed orgasm, erectile dysfunction, compulsive novelty-seeking, and profound confusion about their sexual interests and desires. Rather than enhancing sexuality, pornography often robs it of the very qualities that make it meaningful, connection, vulnerability, mutuality, and love.

The encouraging truth is that these changes are not necessarily permanent. The same neuroplasticity that allowed pornography to reshape the brain also provides the pathway for healing. As individuals step away from pornography, pursue healthy relationships, and allow both neuroscience and God's transforming grace to work together,

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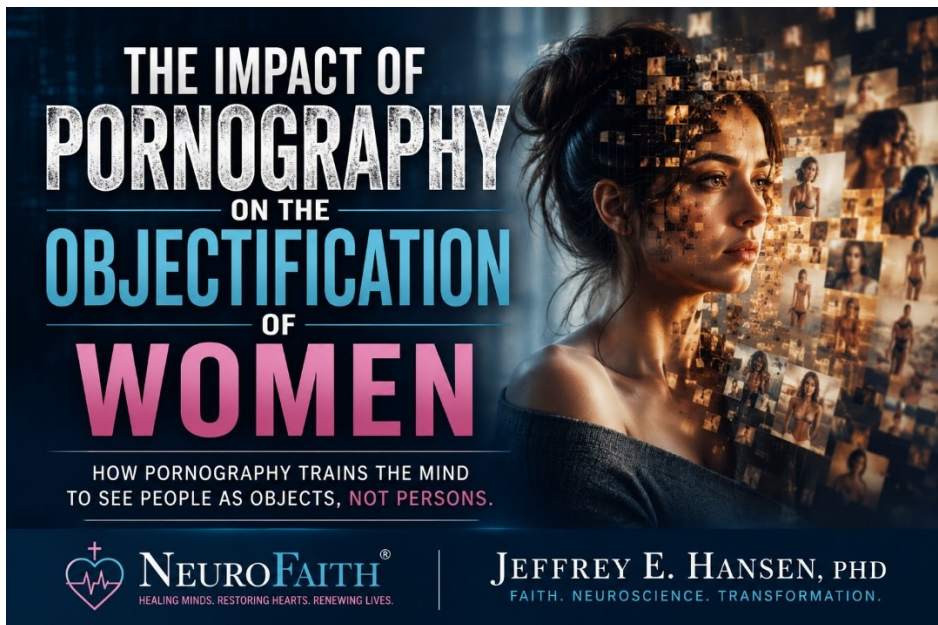
authentic desire can gradually return. Recovery is not simply about eliminating unhealthy behaviors. It is about restoring the capacity to experience sexuality as a gift rather than a substitute for genuine intimacy.

Yet the effects of pornography do not stop with the individual.

As pornography reshapes our sexuality, it also begins to reshape the way we see other people. Men and women gradually become less like persons created in the image of God and more like objects existing for someone else's pleasure. Empathy begins to diminish. Mutual respect gives way to consumption. Human beings become body parts rather than whole persons with dignity, value, stories, and souls.

This brings us to one of pornography's most damaging consequences: **the objectification of other human beings, typically women, however.** In the next chapter, we will explore how pornography trains the mind to reduce people to commodities, why this profoundly undermines healthy relationships, and how recovering the ability to truly see another person may be one of the most important steps toward genuine freedom and lasting intimacy.

The Impact of Pornography on the Objectification of Women



"God created mankind in his own image, in the image of God he created them; male and female he created them."

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Genesis 1:27

(NIV)

From the very beginning, Scripture establishes something extraordinary about every human being. Every man and every woman bears the image of God. We are not accidents of biology or collections of physical attributes. We are image bearers, created with inherent dignity, immeasurable worth, and the capacity to know, love, and reflect our Creator.

Pornography tells a very different story.

Rather than teaching us to see another person as a whole human being, pornography trains the brain to focus on bodies rather than persons, on consumption rather than connection, and on gratification rather than relationship. The person slowly disappears while the body becomes the object of attention. What God designed to be sacred gradually becomes something to be consumed.

This process is known as **objectification**.

Objectification can occur in many directions. Women can objectify men. Men can objectify other men. Women can objectify other women. Whenever another human being is reduced to a means of satisfying our own desires rather than being honored as a person of equal dignity, objectification has occurred.

That said, the overwhelming body of pornography research has focused on **the objectification of women**, largely because mainstream pornography overwhelmingly portrays women as objects existing for male gratification. For that reason, much of the scientific literature discussed in this chapter examines pornography's impact on attitudes and behaviors toward women.

Dr. John Foubert (2017) reminds us that many forms of sexual aggression begin long before physical violence occurs. They begin in the mind, when another human being is no longer seen as a person but

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as a thing to be used. Once empathy is diminished, exploitation becomes easier.

Research supports this concern. In studies conducted in the Netherlands, Peter and Valkenburg (2007, 2009) found that adolescents who consumed more pornography were significantly more likely to view women as sexual objects rather than as whole persons deserving dignity and respect. What they repeatedly watched gradually shaped how they perceived real women.

Klassen and Peter (2015), in their analysis of hundreds of popular pornographic videos, found similar themes. Women were frequently portrayed as submissive, passive, and existing primarily for the sexual satisfaction of men. Men, in contrast, were commonly portrayed as dominant, controlling, and emotionally detached. While these portrayals may seem like entertainment, repeated exposure teaches powerful lessons about relationships, intimacy, and human value.

The tragedy is that these lessons rarely remain confined to a screen.

Over time, pornography can subtly reshape expectations within real relationships. A spouse, girlfriend, boyfriend, or partner may gradually become less of a person to be known and cherished and more of a source of personal gratification. Emotional intimacy gives way to performance. Mutual vulnerability is replaced by consumption. Instead of asking, *"How can I love this person?"* the question quietly becomes, *"What can this person provide for me?"*

This is the exact opposite of God's design. Jesus taught, *"Do to others as you would have them do to you."* Luke 6:31 (NIV) Love never begins with consumption. It begins with seeing another person as infinitely valuable.

Neuroscience beautifully supports this biblical truth. Pornography repeatedly activates dopamine-driven reward pathways that encourage novelty, excitement, and immediate gratification. Healthy intimacy, however, depends upon far more than dopamine. It

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flourishes through trust, emotional safety, commitment, affection, and the powerful bonding effects of oxytocin. These are the neurobiological foundations of secure attachment and lasting love.

Pornography gradually teaches the brain to pursue stimulation rather than connection.

God calls us to something infinitely better. *"Love one another as I have loved you"* (John 13:34, NIV).

Authentic intimacy is never about using another person. It is about knowing another person. It is about honoring their dignity, protecting their heart, delighting in their uniqueness, and serving them with humility and love.

This kind of love begins by receiving God's love ourselves. Jesus summarized the entire moral life with remarkable simplicity:

"Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength... Love your neighbor as yourself." Mark 12:30–31 (NLT)

PORNOGRAPHY TRAINS US TO CONSUME.
— CHRIST TEACHES US TO —
CHERISH.
— THAT DIFFERENCE *Changes Everything.* —

PORNOGRAPHY REDUCES PEOPLE TO OBJECTS.

- LOOKS BUT DOESN'T SEE
- USES BUT DOESN'T VALUE
- SATISFIES BUT LEAVES EMPTY
- SEPARATES AND ISOLATES

CHRIST TEACHES US TO SEE PEOPLE AS PRECIOUS.

- SEES AND HONORS
- VALUES AND RESPECTS
- CONNECTS AND NURTURES
- BUILDS LOVE THAT LASTS

GOD CREATED EVERY HUMAN BEING IN HIS IMAGE—MALE AND FEMALE. EVERY PERSON HAS INHERENT WORTH, DIGNITY, AND PURPOSE.
Genesis 1:27 (NIV)

NEUROFAITH®
HEALING MINDS. RESTORING HEARTS. RENEWING LIVES.

JEFFREY E. HANSEN, PHD
FAITH. NEUROSCIENCE. TRANSFORMATION.

"The renewing of the mind is more than a spiritual metaphor. It is the pathway to lasting transformation."
Romans 12:2 (NIV)

In Summary: Objectification is one of pornography's most subtle yet destructive consequences. It slowly changes not only what we desire

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but how we perceive the people around us. As image bearers disappear behind body parts and performance, intimacy becomes increasingly difficult and genuine love begins to erode.

But this story does not have to end there.

The God who created us in His image also restores our ability to see His image in others. As our minds are renewed, our hearts softened, and our relationships healed, we begin to recover the ability to see people not as objects of desire but as persons worthy of dignity, compassion, respect, and love.

"The Lord is close to the brokenhearted and saves those who are crushed in spirit." Psalm 34:18 (NIV)

Healing is more than breaking free from pornography. It is learning once again to see others as God has always seen them—with infinite worth, immeasurable dignity, and hearts worthy of being loved rather than used.

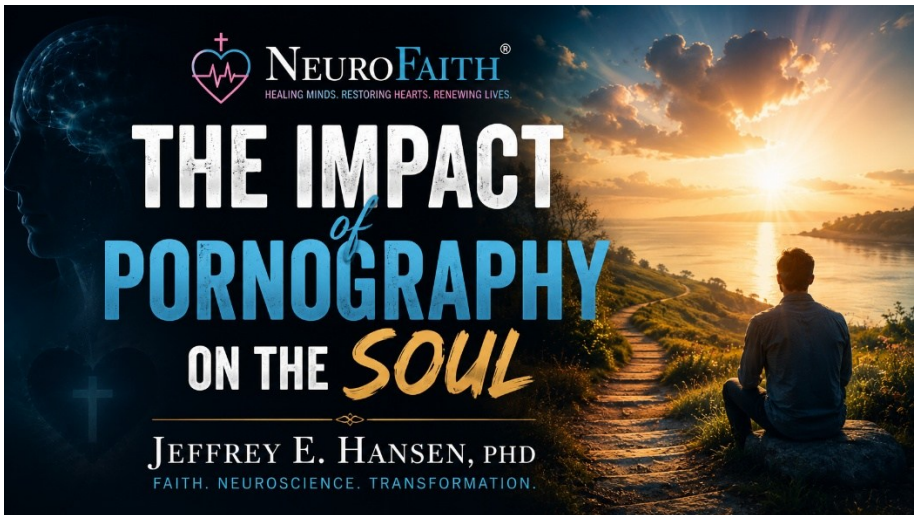
Yet there is one final dimension of pornography's influence that we have only begun to touch. Pornography affects far more than the body, the brain, our emotions, our sexuality, and our relationships. It also reaches into the deepest part of who we are. It quietly shapes our values, our conscience, our worship, our identity, and ultimately our relationship with God.

In the next chapter, we will explore pornography's impact on the soul. We will consider what happens when counterfeit intimacy slowly replaces authentic communion with God and how true healing ultimately involves not only the renewal of the mind, but also the restoration of the human spirit. As we have seen throughout this book, neuroscience can explain much of what addiction does to us. But only God can restore the deepest places within us.

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



There are wounds that cannot be seen on an MRI. There are injuries no blood test can detect and fractures that no X-ray will ever reveal. Yet they may be the deepest wounds a human being can carry because they are wounds of the soul.

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Throughout this book, we have explored pornography's impact on the body, the brain, our emotions, our sexuality, and our relationships. Each of these dimensions matters deeply, but they are not the deepest part of the story. In many ways, pornography is less the source of our greatest suffering than it is a symptom of it. More often than not, pornography finds people who are already carrying invisible wounds and offers what appears to be relief. For a brief moment it quiets the loneliness, softens the anxiety, numbs the shame, and distracts from the relentless ache that something inside simply does not feel right. The relief feels real, but it is temporary, and that is the tragedy.

Over the years, I have become increasingly convinced that many people do not become trapped in pornography because they are simply pursuing pleasure. Certainly, pleasure plays a role, particularly in the beginning. But after sitting with thousands of men and women throughout my career, I have come to believe that, for many people, pornography is far less about pleasure than it is about relief. It is relief from loneliness, relief from rejection, relief from anxiety, relief from shame, and relief from the painful belief that something is fundamentally wrong with them.

Long before pornography ever enters the story, many people have already been wounded by life. Childhood trauma, emotional neglect, abuse, bullying, betrayal, abandonment, chronic criticism, divorce, the loss of someone they loved, or simply growing up in a home where they never truly felt seen or safe. These experiences rarely disappear simply because time passes. Instead, they gradually become woven into the story we tell ourselves about who we are. They quietly shape our identity.

Within the NeuroFaith® model, we refer to these deeply rooted conclusions as **negative core beliefs**. They are not simply passing

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thoughts. They become the lens through which we interpret ourselves, other people, and even God. We begin believing statements that were never meant to define us: *I'm not enough. I'm damaged. I'm unlovable. If people really knew me, they would reject me. God must be disappointed in me.* After years of repetition, these statements no longer feel like beliefs. They begin to feel like undeniable truth.

Neuroscience helps us understand why this happens. The Default Mode Network, the brain's primary self-referential network, is continually constructing and rehearsing our personal story. It quietly answers the question, *Who am I?* Every painful experience, every rejection, every betrayal has the potential to become another sentence in that story. When trauma repeatedly teaches us that we are unsafe, unwanted, or unworthy, the Default Mode Network faithfully rehearses those conclusions until they become deeply embedded within our identity. The wounds are no longer remembered simply as events from the past. They become the story through which we experience the present.

Living inside that story is exhausting. Every disappointment seems to confirm it. Every criticism reinforces it. Every failure appears to prove it once again. The emotional burden becomes almost unbearable. Anxiety remains elevated. Shame becomes chronic. The nervous system struggles to find regulation. The soul longs desperately for rest.

This is where pornography often enters the story.

Not because someone simply wants sexual excitement, but because they desperately want the pain to stop.

Pornography becomes a remarkably effective short-term anesthetic. For a few moments, the relentless inner critic grows quieter. Loneliness fades into the background. Anxiety softens. The wounded soul

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experiences something that feels remarkably close to peace. Dopamine temporarily silences emotional pain, offering relief that feels immediate, predictable, and always available.

But it is not peace.

It is anesthesia.

Like every anesthetic, it works only while it is active.

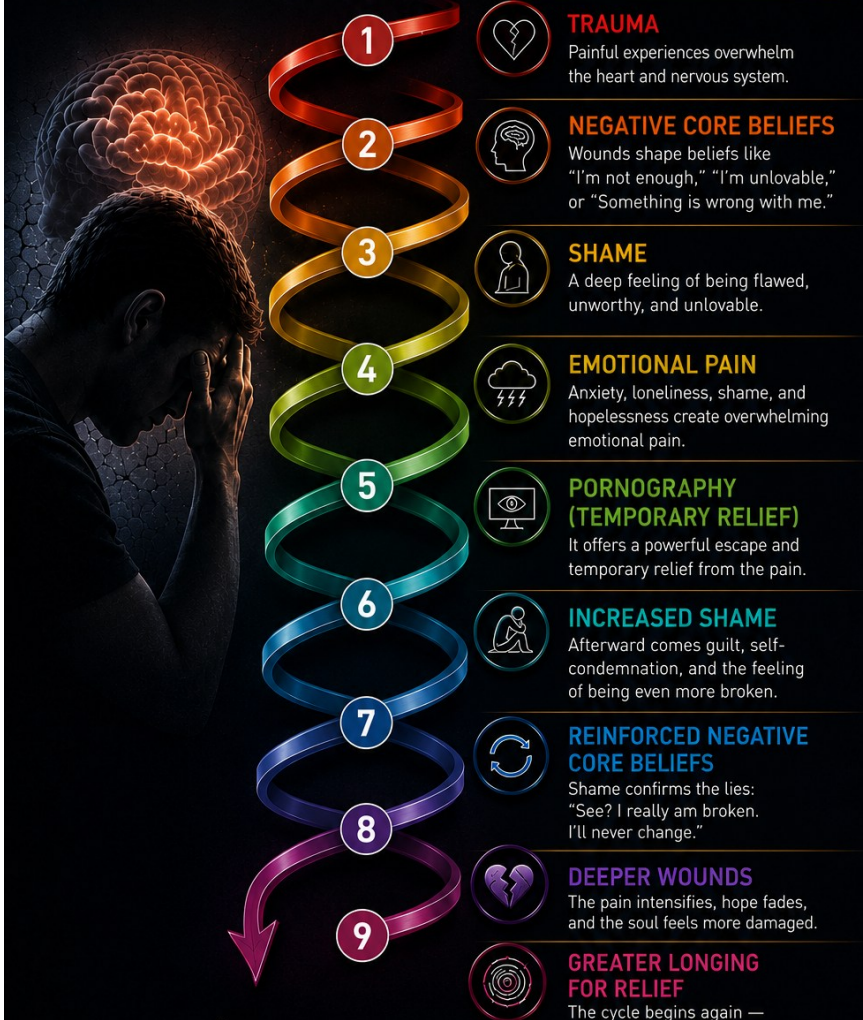
When the neurochemical effects begin to fade, the original wounds remain exactly where they were. Worse still, they are now joined by another burden. Guilt. Secrecy. Disappointment. Self-condemnation. The very behavior that promised relief now becomes additional evidence supporting the original negative core beliefs. *See? I really am broken. I'll never change. There really is something wrong with me. God must be disappointed in me.*

Without ever intending it, the individual has entered one of addiction's cruelest cycles. Trauma gives rise to negative core beliefs. Those beliefs generate profound emotional pain. Emotional pain naturally searches for relief. Pornography provides temporary escape, but the relief is fleeting. In its wake come shame, guilt, and disappointment, which only reinforce the very beliefs that created the pain in the first place. The wounds become deeper. Hope begins to fade. The longing for relief becomes even stronger. The cycle quietly repeats itself, often becoming more entrenched with each pass.

THE SPIRAL OF SHAME

HOW WOUNDS BECOME ADDICTION

Many who struggle with pornography aren't seeking pleasure — they're seeking relief. But what feels like relief in the moment often leads to deeper pain in the long run.



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WHERE NEUROSCIENCE MEETS FAITH

BY JEFFREY E. HANSEN, PHD

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This understanding lies at the very heart of the NeuroFaith® model. Recovery is not simply about removing pornography. If we address only the behavior while leaving the underlying wounds untouched, we leave the cycle largely intact. One of the central tasks of healing is identifying those deeply rooted negative core beliefs and allowing them to be replaced with truth. Neuroscience helps us understand how those beliefs became embedded through trauma, repetition, and neuroplasticity. But faith speaks to an even deeper reality. It reminds us that our identity is not determined by our trauma, our addiction, our shame, or our failures. Our identity is ultimately determined by the God who created us in His image, who calls us by name, and who never stopped loving us, even in our darkest moments.

This is where neuroscience reaches the limits of what it can offer. It can explain how trauma changes the brain. It can describe the Default Mode Network and the formation of negative core beliefs. It can help us understand why addictions become so persistent and why they are so difficult to overcome. But it cannot answer the deepest questions every wounded heart eventually asks. *Who am I? Am I worthy of love? Can I ever truly be forgiven? Is there hope for someone like me?*

Those are questions of the soul.

Only God can ultimately answer them.

This chapter serves as an introduction to what will become one of the central themes of this book. As we continue our journey together, we will return repeatedly to these ideas, exploring in much greater depth the impact of trauma, attachment, shame, the Default Mode Network, negative core beliefs, and the remarkable intersection of neuroscience and Scripture. We will discover practical NeuroFaith® strategies for healing the wounds that gave rise to addiction in the first place. We

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will explore how God gradually replaces the lies written by trauma with the truth of His Word, how authentic relationships become instruments of healing, and how the mind, the nervous system, and the soul can all be restored together.

Ultimately, lasting recovery is about far more than abstaining from pornography. It is about allowing God to heal the deepest wounds of the soul, renew the mind, restore healthy relationships, and help us become the people He created us to be.

"He heals the brokenhearted and binds up their wounds."
Psalm 147:3 (NIV)

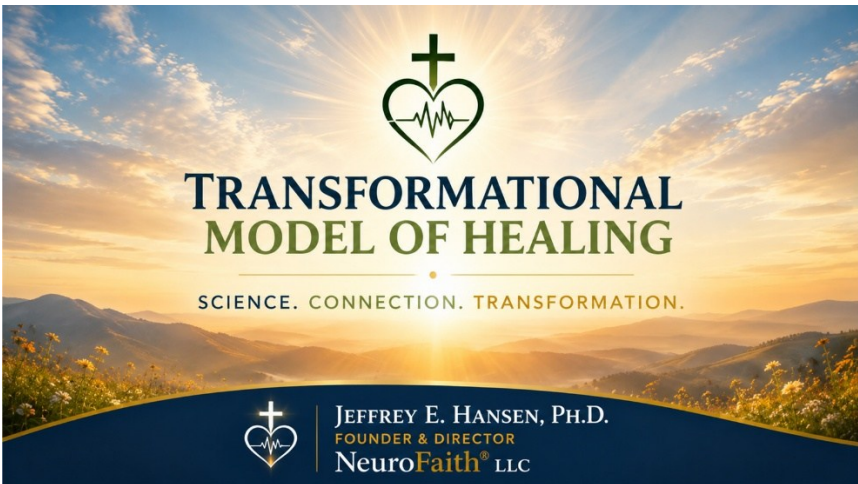


THE THERAPEUTIC → PATHWAY TO ← HEALING



Four Pillars of Healing

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



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

- Psalm 103:2-3

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By this point, we have examined pornography from many different angles. We have explored its effects on the brain, the nervous system, the body, our emotions, our relationships, our sexuality, and even our souls. We have seen how what often begins as curiosity or an attempt to escape emotional pain can gradually become a powerful cycle of craving, shame, discouragement, and isolation.

Perhaps, as you have read these pages, you have recognized parts of your own story.

If so, we want you to hear something before we go any further.

This book is not about condemning you. It is about walking beside you.

If pornography has become part of your life, you are not beyond hope. You are not uniquely broken, and you are certainly not defined by your browser history, your compulsions, or your failures. Like countless others, you may simply be carrying wounds that never received the healing they deserved. Pornography may have become your attempt to soothe those wounds, even though, in the long run, it only deepened them.

Throughout our years together in clinical psychology and pastoral ministry, we have rarely met anyone who genuinely wanted to remain trapped in pornography addiction. Instead, we have met countless individuals who felt discouraged, ashamed, and exhausted by the struggle. They sincerely wanted freedom. They prayed, made promises, installed accountability software, deleted files, and determined that "this time will be different." Yet somehow they found themselves returning to the very behavior they despised. After enough failed attempts, many began to believe the lie that lasting freedom simply was not possible.

We understand that discouragement because we have walked beside many people who have lived it.

The good news is that discouragement does not have to have the final word.

Healing is possible—not because willpower suddenly becomes stronger or because shame finally becomes painful enough, but because the brain can

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change, the nervous system can heal, relationships can restore what isolation has stolen, and God specializes in restoring what addiction convinces us is beyond repair.

That is the purpose of this section.

The NeuroFaith® model was never designed simply to help people stop looking at pornography. It was designed to help people become whole. Recovery is not merely about eliminating an unwanted behavior. It is about healing the wounds that made that behavior feel necessary in the first place. It is about restoring the mind, regulating the nervous system, rebuilding healthy relationships, renewing identity, and rediscovering the life God intended from the beginning.

As we discussed in the previous chapter, pornography often becomes an attempt to relieve emotional pain rather than simply pursue pleasure. If that is true, then lasting recovery requires far more than removing pornography. It requires addressing the trauma, shame, loneliness, attachment wounds, negative core beliefs, and dysregulated nervous system that frequently lie beneath the addiction. As those deeper wounds begin to heal, pornography gradually loses much of the power it once held.

This is where transformational therapies become so important. Many traditional approaches tend to be incremental and provide valuable tools for managing urges, reducing distress, and preventing relapse. These interventions can be extremely helpful and, for some individuals, lifesaving. They offer important stability during difficult moments and help interrupt destructive patterns before they become overwhelming.

But symptom management, while important, is not the same as transformation.

INCREMENTAL & TRANSFORMATIONAL THERAPIES

Although therapies are very necessary and helpful, it is **transformational** therapies that get you home.



The Default Mode Network needs to be updated and only **transformational** therapies can achieve that.



INCREMENTAL THERAPIES



FOCUS:
Gradual, step-by-step change.



APPROACH:
Behavior modification and symptom management.



EXAMPLES:
CBT, DBT, Exposure Therapy.



GOAL:
Improve specific symptoms or behaviors.



PROCESS:
Structured, often short-term.



**HELPS YOU
MANAGE THE CLIMB.**



TRANSFORMATIONAL THERAPIES



FOCUS:
Profound, holistic changes.



APPROACH:
Deeper psychological exploration.



EXAMPLES:
Internal Family Systems (IFS), EMDR, Polyvagal-Informed Therapy, Emotion Focused Therapy (EFT).



GOAL:
Transform personal beliefs and self-concept.



PROCESS:
Open-ended, usually longer-term.



GETS YOU HOME.

VS.



INCREMENTAL THERAPIES CAN HELP YOU **COPE**.
TRANSFORMATIONAL THERAPIES CAN HELP YOU **CHANGE**.

*Healing is more than relief.
It's transformation.*



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Transformation reaches beneath the behavior. It asks not only, *"How do I stop?"* but also, *"What has my heart been trying to tell me? What wounds have I been trying to numb? What lies have I come to believe about myself?"* It seeks to heal the person, not simply suppress the symptom.

The NeuroFaith® model is built upon four complementary pillars that work together as an integrated pathway toward healing. Each addresses a different dimension of the person, yet each strengthens the others. Together they seek to regulate the nervous system, rewire unhealthy brain pathways through neuroplasticity, restore healthy attachment and relationships, renew identity, and reconnect us with the God who never abandoned us, even when we believed we had wandered far from Him.

In the chapters that follow, we will explore each of these four pillars in depth.

1. **Polyvagal-Informed Therapy** helps calm a nervous system that has learned to live in survival mode, restoring the body's capacity for safety, connection, and emotional regulation.
2. **HeartMath® and Neurocardiology** teach practical skills for creating physiological coherence, strengthening emotional regulation, and restoring the heart-brain connection that supports resilience and peace.
3. **Internal Family Systems (IFS)** helps us understand the different parts of ourselves, including the protective parts that often turn to pornography in an attempt to shield us from deeper pain. Rather than attacking those parts, we learn to understand them with compassion and help them lay down the burdens they have carried for so long.
4. **Faith and Spirituality** address the deepest wounds of all. Here we discover that shame does not have the final word. Grace does. Our identity is no longer defined by addiction but by the God who calls us His beloved sons and daughters and invites us into restoration rather than condemnation.

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Together these four pillars form the heart of the NeuroFaith® model. In later chapters, we will also explore complementary tools that can strengthen recovery, including medication-assisted treatment when clinically appropriate, practical strategies for making a "U-turn" on the brain's superhighways of habit, online support communities, accountability, and other evidence-informed resources that can support lasting change.

Everything begins here.

Not with shame.

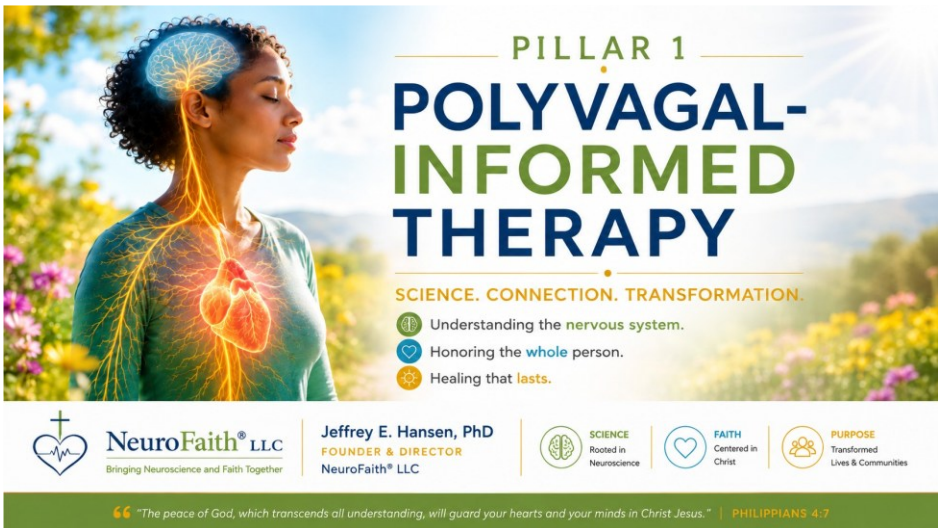
With hope.

Because recovery is about far more than escaping pornography.

It is about becoming the person God created you to be.

Pillar One

Polyvagal-Informed Therapy Healing Through the Language of the Nervous System



Building on what we have already explored about the brain, the autonomic nervous system, and the wounds of the soul, we now arrive at the first therapeutic pillar of the NeuroFaith® model: Polyvagal-Informed Therapy. At first glance, some readers may wonder what the nervous system has to do with pornography addiction. The answer is, far more than most people realize.

Pornography addiction is often misunderstood as simply a problem of sexual desire or inadequate self-control. While those factors certainly play a role, they rarely explain why someone repeatedly returns to

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pornography despite sincerely wanting to stop. More often, pornography becomes an attempt to regulate an overwhelmed nervous system. It becomes a way of escaping emotional pain, quieting anxiety, numbing loneliness, and finding temporary relief from shame. As we discussed in the previous chapter, many people are not simply pursuing pleasure. They are pursuing relief. Unfortunately, what offers temporary comfort ultimately deepens the very wounds it promises to soothe.

Viewed through the lens of Polyvagal Theory, this pattern makes remarkable sense. Dr. Stephen Porges has shown us that the autonomic nervous system is constantly asking one fundamental question: **Am I safe?** Long before our conscious mind evaluates a situation, the nervous system has already begun determining whether we are experiencing safety, danger, or overwhelming threat. These responses occur automatically, outside of conscious awareness, yet they profoundly influence our emotions, relationships, decisions, and behaviors.

For many individuals struggling with pornography, the nervous system has spent years living in states of chronic dysregulation. Trauma, rejection, emotional neglect, loneliness, chronic stress, and shame gradually teach the body to anticipate danger rather than connection. Even when no immediate threat exists, the nervous system continues responding as though one does. The body remains tense. Anxiety lingers. Shame becomes chronic. Genuine intimacy feels increasingly difficult, and the nervous system longs for relief.

Pornography often becomes one attempt to provide that relief. For a brief period, dopamine floods the brain, emotional pain becomes quieter, and the nervous system experiences what feels like regulation. Yet this calm is artificial and short-lived. As the neurochemical effects fade, the original wounds remain, now joined by guilt, disappointment, and even greater shame. The nervous system becomes further dysregulated, making the next temptation even stronger. What initially

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appears to calm the body ultimately reinforces the very cycle that keeps it trapped.

This is why understanding the autonomic nervous system is so important. Recovery is not simply about resisting temptation. It is about helping the body rediscover what genuine safety feels like. Healing involves teaching the nervous system that peace can be found without pornography, that connection is stronger than isolation, and that true regulation comes through healthy relationships, emotional awareness, and ultimately our relationship with God.

Dr. Stephen Porges and Seth Porges capture this beautifully in their book *Our Polyvagal World: How Safety and Trauma Change Us*. Unlike earlier, more technical works, this book introduces Polyvagal Theory in a way that is both accessible and deeply hopeful. They summarize the entire theory in one profound sentence: *"How safe we feel is crucial to our physical and mental health and happiness"* (Porges & Porges, 2023, p. 13).

POLYVAGAL THEORY
The Autonomic Nervous System

*Listening for Safety.
Living in Connection. Healing Together.*

Dr. Stephen Porges
Distinguished University Scientist
Trauma Expert, Neuroscientist, Author.

- The autonomic nervous system is our **personal surveillance system**.
- In an effort to keep us out of danger, it is **always on guard**, asking the question, "Is this safe?" Its dedicated goal is to protect us by sensing safety and risk.
- It achieves this by **listening moment by moment** to what is happening in and around our bodies and in the connections, we have to others (Dana, 2018).
- This listening happens **far below awareness** and **far away from our conscious control**.
- Dr. Porges, understanding that this is not awareness that comes with perception which is conscious, coined the term **neuroception** to describe the way our autonomic nervous system scans for cues of safety, danger, and life threat, without involving the thinking parts of our brain or the unconscious parts of the brain (Porges, 2017).

Pause and reflect on that for a moment. If pornography has become your way of coping with stress, shame, loneliness, rejection, or emotional

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pain, perhaps your greatest need is not more willpower or more self-condemnation. Perhaps your nervous system has simply forgotten what safety feels like. That realization changes everything. Instead of asking only, *"Why can't I stop?"* we begin asking a far more compassionate question: *"What has my nervous system been trying to protect me from?"*

That single question removes shame and replaces it with understanding. It acknowledges that many of the behaviors we dislike most are actually misguided attempts to survive emotional pain. The goal of healing, then, is not merely to eliminate pornography. It is to help the nervous system discover healthier pathways toward safety, connection, and peace.

This is why Polyvagal-Informed Therapy forms the first pillar of the NeuroFaith® model. Before we can consistently change behavior, we must help the body experience safety. Before we can build lasting freedom, we must calm a nervous system that has spent years preparing for danger. As the body becomes more regulated, emotions become more manageable, relationships become safer, and the brain becomes increasingly capable of making wise, thoughtful decisions. What once felt impossible begins to feel attainable.

This is far more than symptom management. It is the beginning of transformation. As we learn to regulate the nervous system, we begin laying the foundation for everything that follows in the NeuroFaith® model. Healing becomes possible because the body, the brain, and the soul are no longer working against one another. They begin moving together toward the life God intended from the beginning.

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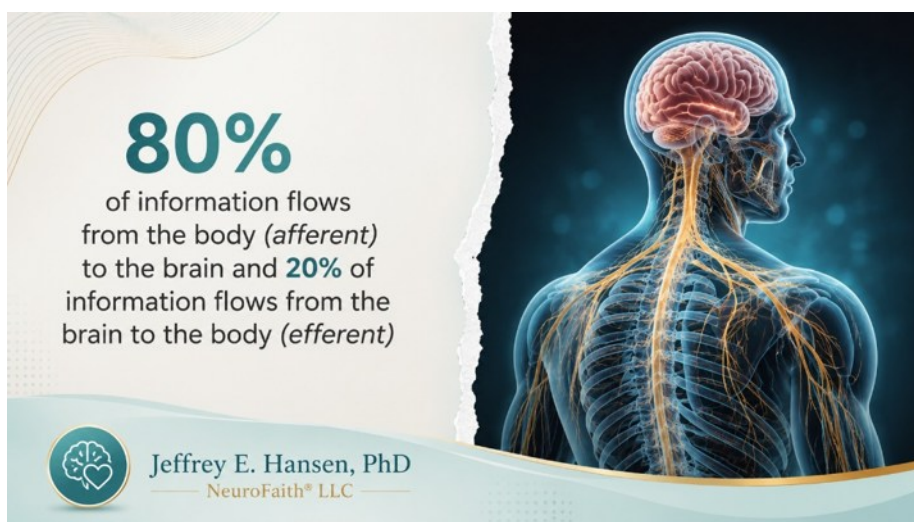
Borrowing from a metaphor of flowing down a stream, the first step in healing is to move our **neuroception** - what our autonomic nervous system is automatically sensing regarding safety and danger without our awareness to awareness of sensing, which is called **perception**. Flowing downstream, we can then appreciate what our **physiological state** is causing us to **feel emotionally** and subsequently change the **behaviors** that we engage in. The ensuing **story or narrative** we give to this process to make sense of what we are sensing and feeling, if positive and healthy, helps us correct our autonomic state. On the other hand, if our narrative is false, as it often is (e.g., we often shame and blame ourselves or we catastrophize the situation), then our autonomic state becomes even more activated or shut down, and our subsequent emotions become more anxious or depressed, respectively, and we enter into a negative

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feedback loop, a process that leads to emotional problems/illness and/or physical problems.

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

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



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

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 the mind with the body.

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 POLYVAGAL STATES AT A GLANCE <i>Understanding the Nervous System's Adaptive Continuum</i> 						
DIMENSION	 LETHARGIC	 CALM	 ACTIVE/ALERT	 FIGHT/FLIGHT	 HYPER FREEZE	 HYPO FREEZE
 PRIMARY EXPERIENCE	Shutdown, Depression	Safety, Socially engaged	Ready to act	React to danger	Overloaded	Collapse, Numb
 BODY RESPONSE	Low energy, slowed body	Relaxed, steady rhythm	Energized, focused	High arousal, tense body	Rigid, panicked	Flaccid, shutdown
 EMOTIONAL TONE	Numb, sad, withdrawn	Clear, connected at peace	Interested, engaged curious	Fear, anger, urgency	Terror, frozen in fear	Empty, detached, despair
 THERAPEUTIC FOCUS	Gently activate energy	Maintain connection	Channel energy	Ground, create safety	Contain, stabilize	Emergency support



The goal of therapy is not to stay in one state,
but to expand your window of tolerance and return to safety.





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Bringing Neuroscience and Faith Together

Jeffrey E. Hansen, PhD
FOUNDER & DIRECTOR

“Peace I leave with you; my peace I give you.
Let not your hearts be troubled.” — John 14:27

Emotion Regulation Chart

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

- Rapid heartrate
- Hyperventilation
- Panic attacks
- Inability to focus or follow through
- Distress in relationships
- Emotions of fear, terror, rage, anger
- Possible health consequences, including heart disease, high cholesterol, stroke, high blood pressure, weight gain, memory impairment, headaches, chronic neck, shoulder and back tension, stomach problems, and increased vulnerability to illness (lower immune response) (Dana, 2018).

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

- Slow heart rate

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

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

- Regulated heart rate (the vagal brake, the body's built-in calming system that slows the heart by about 20 beats per minute, helps us stay regulated and socially engaged when we feel safe)
- Breath is full
- Feeling regulated
- We take in the faces of others
- We can "tune in" to conversations and "tune out" distractions
- We can see the "big picture"
- We can connect with the world and the people in it
- We are able to reach out to others
- We are able to play and take time to enjoy life and others
- We are able to be productive in work
- We are able to organize and follow-through
- We are able to heal emotionally and physically
- We experience emotions of happiness, joy, love, peace, calm
- Possible health consequences include a healthy heart, regulated blood pressure, a healthy immune system, decreased vulnerability to illness, good digestion, quality sleep, and an overall sense of well-being (Dana, 2018)

Respect the adaptive survival response



Respect the Adaptive Survival Response

The nervous system is not broken. It is protective.

			
Survival Responses Are Automatic	The Nervous System Prioritizes Survival	Symptoms Often Reflect Yesterday's Protection	Healing Begins With Understanding
• Not chosen • Not weakness • Not character flaws	• Fight • Flight • Freeze • Collapse • Submission	• What looks dysfunctional today may once have been lifesaving	• Replace shame with compassion • Replace judgment with curiosity • Honor the wisdom of the nervous system

“ You did not do anything wrong. Your body responded exactly as it was designed to respond. ”

NeuroFaith® LLC | Jeffrey E. Hansen, PhD | Founder & Director

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

Regulate or co-regulate in a ventral vagal state



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

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

We humans are social creatures, and "our nature is to recognize, interact, and form relationships" with others (Cacioppo & Cacioppo, 2014, p. 1). As we know, low birthweight babies need to connect for

Pornography Enslavement **Hansen, Heverly, and Hayden**

survival and positive co-regulation and connection. When connected, these babies experience improved heart rate and temperature, breathing stabilization, more organized sleep, rapid improvement in state regulation, and reduced mortality, severe illness, and infection (Jefferies, 2012).

Connection is a wired-in biological necessity, and isolation or even the perception of social isolation can lead to a compromised ability to regulate our autonomic state, which diminishes our physical and emotional well-being (Porges & Furman, 2011). We can all appreciate that when we feel alone, we suffer. In a Ted Talk presentation, Cacioppo (2013) reported a rather shocking meta-analysis study of over 100,000 participants, which found an increased risk of dying early due to the following:

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



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Deb Dana notes that when there is ongoing misattunement, when ruptures in a teen's relationships are not recognized and repaired, the autonomic experience of persistent danger moves the system away from connection and into patterns of protection, with loneliness becoming the subjective experience (Dana, 2018).

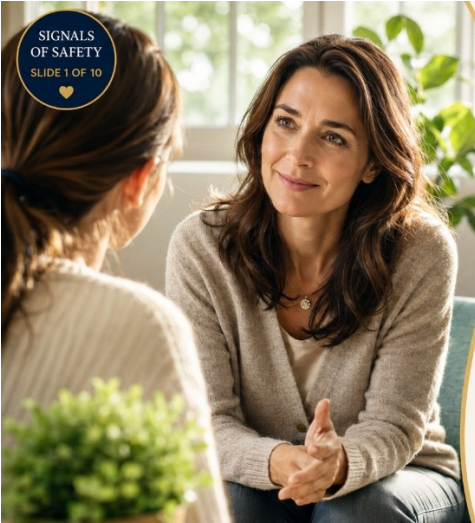
So, when teens are suffering and dysregulated, it is very helpful and sometimes lifesaving for them to seek safe refuge in others, especially in their parents or other trusted adults.

Conversely, when parents are emotionally regulated themselves, they can offer that sense of safety to their teens. This is a particularly important and essential component of effective parenting. Parents can extend this safe regulation to themselves and to their adolescents by intentionally practicing the strategies below. Remember, through the process of neuroception, teens are constantly reading their parents' cues of safety, just as parents read theirs. In many ways, what is offered is often what is returned. We would do well to practice these strategies, so they become automatic whenever a teen moves out of the **green zone** and needs support returning to it.

Behavioral Cues that Promote Safety and Co-regulation:

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



SIGNALS OF SAFETY
SLIDE 1 OF 10

KIND EYES

The Neurobiology of Safety and Connection

The eyes are among the brain's fastest detectors of safety.

Warm, attentive eye contact can quiet defensive responses and support connection.

“Am I safe with you?”



SAFETY



PRESENCE



ACCEPTANCE



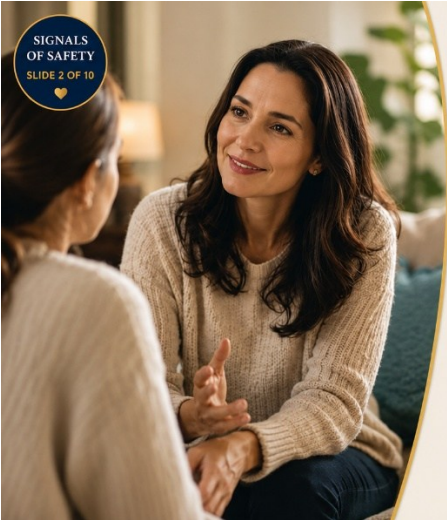
WORTH

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As they say, the eyes are the window to the soul. Kind eyes are not just poetic; they are neurobiological signals of safety. Through what Stephen Porges calls neuroception in Polyvagal Theory, the brain rapidly and unconsciously scans another's eyes to determine, *Am I safe with you?* Soft, attuned gaze activates the ventral vagal system, quiets the amygdala, and supports regulation of heart rate and emotional state, allowing connection to emerge. In this way, kind eyes become a powerful mechanism of co-regulation, communicating safety, presence, and worth before a single word is spoken.

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Melodious Voice



SIGNALS OF SAFETY
SLIDE 2 OF 10

MELODIOUS VOICE

The Neurobiology of Safety and Connection

A melodious voice is more than pleasant sound; it is a biological signal of safety.

The nervous system listens for prosody—the rhythm, tone, and musicality of the human voice.

HOW THE VOICE CARRIES
A warm, expressive voice cues the ventral vagal system, softens defense, and invites connection.

It is not simply what is said, but how it is carried.



YOU ARE SAFE



YOU ARE HEARD

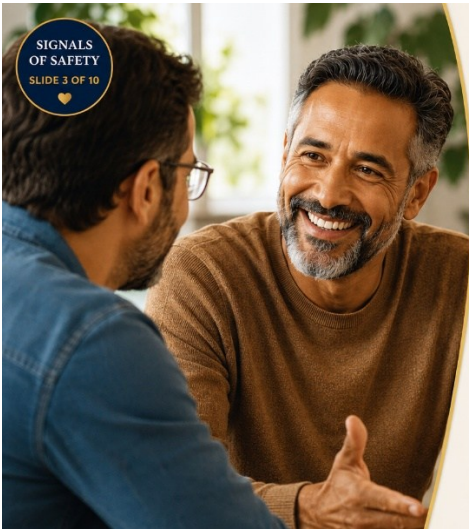


YOU ARE NOT ALONE

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A melodious voice is more than pleasant sound; it is a biological signal of safety. Within Stephen Porges' Polyvagal Theory, the nervous system is exquisitely attuned to prosody, the rhythm, tone, and musicality of the human voice. Through neuroception, a warm, expressive voice cues the ventral vagal system, calming the body, softening defensive states, and inviting connection. It is not simply what is said, but how it is carried, the rise and fall, the gentleness, the life in the voice, that tells the nervous system: *you are safe, you are heard, you are not alone.*

Smiling Mouth and Eyes



SIGNALS OF SAFETY
SLIDE 3 OF 10

SMILING MOUTH AND EYES

The Neurobiology of Safety and Connection

A smile that reaches both the mouth and the eyes is a powerful signal of authenticity and safety.

The nervous system detects whether a smile feels genuine or masked. When mouth and eyes align, the ventral vagal system supports trust and connection.

 **A GENUINE SMILE**
Warmth in the mouth and softening around the eyes communicate safety.

	MOUTH SMILES EYES DO NOT May feel guarded
	MOUTH AND EYES SMILE TOGETHER Signals safety


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Smiling with both the mouth and the eyes is a powerful signal of authenticity and safety to the nervous system. Through Stephen Porges' Polyvagal Theory, neuroception is constantly scanning for congruence, asking whether what is expressed is real or masked. A smile that reaches the eyes, what is often called a genuine or Duchenne smile, communicates coherence between internal state and outward expression, which calms the amygdala, engages the ventral vagal system, and fosters trust. When the mouth smiles but the eyes do not, the nervous system senses mismatch and may remain guarded. But when both align, the message is clear and deeply regulating: *you are safe here*.

Avoid Leaning In

SIGNALS OF SAFETY
SLIDE 4 OF 10

UNEXPECTED PROXIMITY CAN SIGNAL THREAT

RESPECTING PERSONAL SPACE
The Neurobiology of Safety and Trust

Personal space is a powerful signal of safety. When closeness is imposed, the nervous system may shift toward defense. When space is respected, trust and connection can emerge naturally.

LEANING IN TOO QUICKLY

- ⚠️ Intrusion
- ⚠️ Guardedness
- ⚠️ Defense

ALLOWING SPACE

- ✓ Safety
- ✓ Regulation
- ✓ Trust

“ Connection grows best when it is invited, not imposed.”

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Avoid leaning in too quickly, as proximity is a powerful cue the nervous system evaluates for safety or threat. Within Stephen Porges’ Polyvagal Theory, neuroception is constantly scanning personal space, and an unexpected forward movement can be registered as intrusion rather than connection, particularly in many Western cultural contexts. This can activate sympathetic arousal, shifting the individual toward fight or flight, or at times a freeze response. Respecting space and allowing closeness to emerge gradually helps the nervous system remain regulated and open, rather than defensive.

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Slow and Low Breathing

SIGNALS OF SAFETY
SLIDE 5 OF 10

SLOW AND LOW BREATHING

A Direct Pathway to Nervous System Safety

Slow, rhythmic breathing engages the vagal brake. Heart rate can ease, heart rhythms become more coherent, and the nervous system receives a powerful signal of safety.

SLOW AND LOW	THE BODY RESPONDS	10-20 BPM Heart rate may slow
✓ Easy inhale ✓ Longer exhale ✓ Breathe into the belly	✓ Heart rate eases ✓ Defense quiets ✓ Calm returns	

“ When the breath settles, the nervous system can follow. ”

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Breathing and heart rhythm are deeply tied to the experience of safety in the nervous system. Within Stephen Porges’ Polyvagal Theory, slow, rhythmic breathing activates the ventral vagal system and engages what Porges describes as the **vagal brake**, a rapid inhibitory pathway that can reduce heart rate by 10 to 20 beats per minute within moments, signaling the body that it is safe to settle. As the breath steadies, heart rhythms begin to synchronize into a coherent pattern, a process described in neurocardiology and supported by practices like HeartMath Institute. This coordinated shift quiets the amygdala, dampens defensive activation, and brings the system into a grounded, regulated state. In this way, intentional breathing becomes a direct, physiological pathway into safety, restoring calm, connection, and internal stability.

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Re-story

Re-Story

Healing begins when we **change the story** we tell ourselves about our pain.

THE OLD STORY

- ✗ I am broken
- ✗ I should have done something different
- ✗ My reactions mean I am weak
- ✗ My trauma defines me

“What protected me then **does not** have to **define me now.**”

THE NEW STORY

- ✓ My nervous system protected me
- ✓ My responses were adaptive
- ✓ I survived what was difficult
- ✓ My story is still being written

THE GOAL IS NOT TO ERASE THE PAST.
*The goal is to understand it, honor it, and move forward with **hope.***

“Be transformed by the renewing of your mind.”
ROMANS 12:2 (NIV)

NeuroFaith® LLC | Jeffrey E. Hansen, PhD | Founder & Director

As those of us who struggle with **pornography enslavement** begin to experience a more regulated nervous system through the bottom-up strategies we have discussed, something remarkable begins to happen. As the body becomes calmer and the mind becomes clearer, we become better able to engage in the important top-down work of **re-storying** our lives. Rather than remaining trapped in cycles of shame, fear, and self-condemnation, we become increasingly capable of examining the stories we have carried about ourselves and asking an important question: *Is the story I've been telling myself actually true?*

As human beings, we naturally seek meaning in our experiences. We are storytellers by nature, constantly constructing narratives that help us make sense of our pain, our relationships, and our lives (Dana, 2018, 2020; Kain & Terrell, 2018). Unfortunately, because of the brain's well-established negativity bias, those narratives often become distorted. What once served as a survival mechanism to keep us alert to danger now works against us when the danger has long since passed (Hanson & Mendius, 2009). Rather than seeing ourselves through the lens of truth,

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we begin seeing ourselves through the lens of fear, shame, failure, and hopelessness.

For many who struggle with pornography enslavement, these narratives become painfully familiar. *I'm broken. I'm dirty. I'll never change. God could never love someone like me. I'm a hypocrite. Something is fundamentally wrong with me.* As previously noted and to be discussed more down the road in this book, these beliefs become woven into the Default Mode Network, quietly shaping how we see ourselves, how we relate to others, and even how we perceive God. As we discussed in the previous chapter, pornography often provides temporary relief from these painful beliefs, but afterward it almost always reinforces them. The enslavement does not create a new story. It strengthens the old one.

Polyvagal-informed therapy creates an opportunity to interrupt that cycle. As the nervous system becomes more regulated and begins experiencing genuine safety, those old narratives gradually lose some of their power. Instead of asking, *"What's wrong with me?"* we begin asking more compassionate and truthful questions: *"What happened to me? What has my nervous system been trying to protect me from? What wounds have I been trying to numb? What lies have I come to believe about myself?"* These questions do not excuse destructive behavior, but they replace condemnation with understanding, creating space for genuine healing.

In this more regulated state, we become capable of writing a different story. We begin recognizing that many of the behaviors we now regret were misguided attempts to survive emotional pain rather than evidence that we are beyond redemption. This new narrative does not minimize responsibility, but it places responsibility within the larger context of grace, growth, and restoration. The story slowly changes from *"I am my addiction"* to *"I am a beloved child of God who has struggled with pornography enslavement and is learning to heal."*

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Scripture beautifully captures this process of transformation. *"Do not conform to the pattern of this world, but be transformed by the renewing of your mind."* (Romans 12:2, NIV) From a NeuroFaith® perspective, this is more than a spiritual metaphor. It beautifully parallels what neuroscience has discovered about neuroplasticity, nervous system regulation, and the brain's remarkable capacity to change throughout life. As our minds are renewed, our stories begin to change. As our stories change, our behaviors gradually follow.

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. 191–192).

They continue:

"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).

For those recovering from pornography enslavement, this process of re-storying is profoundly hopeful. It allows us not only to reinterpret the past, but to envision a future no longer controlled by shame, secrecy, compulsive behavior, or fear. The same nervous system that once anticipated danger can gradually learn safety. The same Default Mode Network that rehearsed failure can begin rehearsing truth. The same person who once believed freedom was impossible can begin

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experiencing the quiet confidence that healing is not only possible, but already underway.

What makes Polyvagal-informed therapy so remarkable is that it does far more than calm an anxious nervous system. It begins restoring the very foundation upon which lasting freedom is built. As we repeatedly experience safety, connection, and regulation, resilience begins to grow. The nervous system becomes more flexible. The brain develops healthier pathways. Emotional pain becomes increasingly tolerable without automatically seeking relief through pornography. Little by little, the chains of pornography enslavement begin to loosen, not simply because we have learned to resist temptation, but because we are no longer depending upon pornography to regulate our emotional world. We are discovering healthier, life-giving ways to experience safety, peace, and connection.

Yet as powerful as this first pillar is, it is only the beginning of the NeuroFaith® journey. The body was never designed to heal in isolation. God created us with another remarkable system that works hand in hand with the nervous system to promote regulation, resilience, and connection: the heart. Modern neuroscience has revealed that the heart is far more than a mechanical pump. It continuously communicates with the brain, influences our emotions, shapes autonomic regulation, and plays a profound role in our experience of peace and well-being.

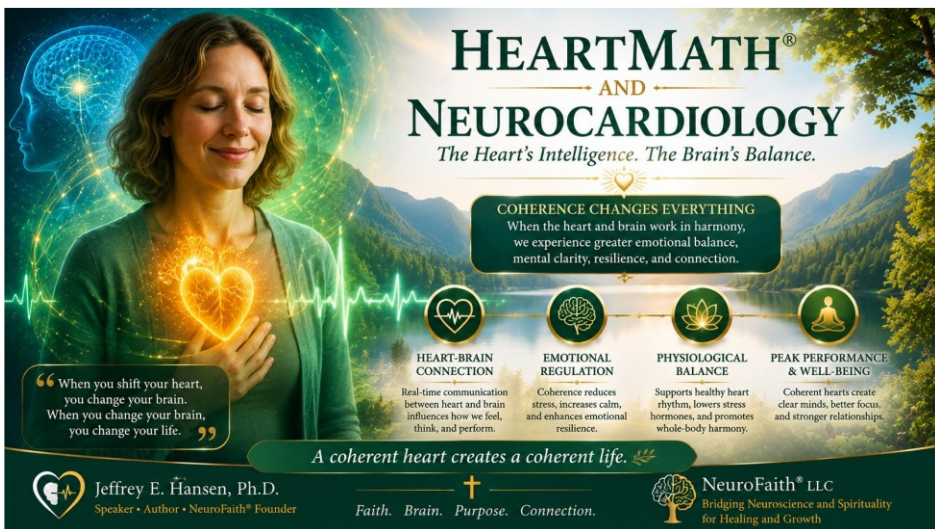
In the next chapter, we will explore the second pillar of the NeuroFaith® model: **HeartMath® and Neurocardiology**. There we will discover how learning to create heart-brain coherence strengthens emotional regulation, quiets the stress response, enhances resilience, and helps establish the physiological foundation upon which lasting recovery can flourish. As remarkable as Polyvagal Theory is, it becomes even more powerful when the heart and brain begin working together in harmony. It is here that the science of healing takes another beautiful step forward,

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revealing yet another aspect of God's extraordinary design for restoration.

Pillar Two

HeartMath® and Neurocardiology



Healing Through the Wisdom of the Heart

Before we begin discussing the science of the heart, we'd like to invite you to do something that is sometimes difficult in both science and faith.

Simply become curious.

One of Jeff's longtime intellectual heroes is cell biologist **Dr. Bruce Lipton**. In his thought-provoking lecture, *The Biology of Belief (Full Lecture)* (Lipton, 2014), he explores what he calls "**the debate of the ages**", a conversation that has shaped philosophy, science, medicine,

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and psychology for more than two thousand years. At its heart is a remarkably simple question:

What does it really mean to be human?

Is life ultimately explained by matter alone? Are we simply remarkable biological machines governed entirely by chemistry and physics? Or is there something more? Do our thoughts, beliefs, relationships, emotions, consciousness, and spirituality also influence who we are and how we heal?

We are not asking you to agree with every conclusion Dr. Lipton reaches. Thoughtful readers should always evaluate ideas carefully including ours. Rather, we are inviting you to do exactly what Dr. Lipton encourages us to do: step outside our familiar assumptions for a few moments and consider whether the picture might be larger than we have imagined.

Debate of the Ages
— *Energy* vs *Matter* —

Cell biologist and medical school professor, Bruce Lipton, Ph.D., brilliantly describes how early thinkers and philosophers have influenced science and the current state of medicine.

The following 10 slides are largely based on his work.


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Jeffrey E. Hansen, PhD

Lipton (2014) traces this discussion back to ancient Greece. On one side stood **Democritus**, who argued that reality could ultimately be explained through matter. Everything, including human beings, was believed to arise from tiny indivisible particles he called *atomos*, or atoms. On the

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other side were philosophers such as **Socrates**, who argued that although the physical world was undeniably important, it could never fully explain the richness of human experience. Human beings also possess reason, virtue, meaning, relationships, consciousness, and what many traditions have described as the soul.

That conversation has never really ended.

The infographic is titled "Debate of the Ages" with a subtitle "- Energy vs Matter -". It is divided into two main sections. The left section, labeled "MATERIALISM", features a bust of Democritus and a diagram of an atom. It lists "Vitalism - 'Form' or 'Soul'" with three points: 1) Independent of and prior to the material world, 2) Perfect or Ideal, and 3) Unchanging. The right section, labeled "Dualistic Philosophy", features a bust of Socrates and a diagram of a classical building. It lists "Materialism - Physical Reality" with one point: 1) A corrupt "shadow" of the Ideal. The infographic also includes a URL <https://www.heartmath.com/> and a logo for NEUROFAITH LLC. At the bottom right, it states "Adapted from Lipton, 2014".

Debate of the Ages
- *Energy* vs *Matter* -

These assumptions have far-reaching consequences for how we experience life and impact on fundamental approaches to medicine and psychology

<https://www.heartmath.com/>

Democritus
MATERIALISM

Socrates
(470-399 BCE)
DUALISTIC PHILOSOPHY

Vitalism - "Form" or "Soul"
1) Independent of and prior to the material world
2) Perfect or Ideal
3) Unchanging

Materialism - Physical Reality
1) A corrupt "shadow" of the Ideal

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Adapted from
Lipton, 2014

Centuries later, **Sir Isaac Newton** transformed the scientific world by describing the universe with astonishing mathematical precision. His work became the foundation of modern physics and profoundly influenced biology, medicine, psychology, and virtually every scientific discipline that followed. The human body increasingly came to be understood as an extraordinarily sophisticated biological machine governed by predictable physical laws.

This mechanistic model has been one of the greatest achievements in human history. It has given us modern surgery, antibiotics, advanced imaging, organ transplantation, and countless other discoveries that have relieved suffering and saved millions of lives. We owe an enormous debt to Newtonian science.

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Isaac Newton
1643-1727

Newtonian Physics
(matter only)

Vital Force

Isaac Newton
1643-1727

The Universe is a Machine

Philosophiæ naturalis principia mathematica
(The Mathematical Principles of Natural Philosophy, 1687)

Celestial Mechanics

Debate of the Ages - Energy vs Matter

Centuries later, Isaac Newton, following in the footprint of Democritus developed calculus to explain the physical universe in terms of matter. Science and medicine have largely followed this model. Newton invented calculus to explain his model.

Adapted from Lipton, 2014

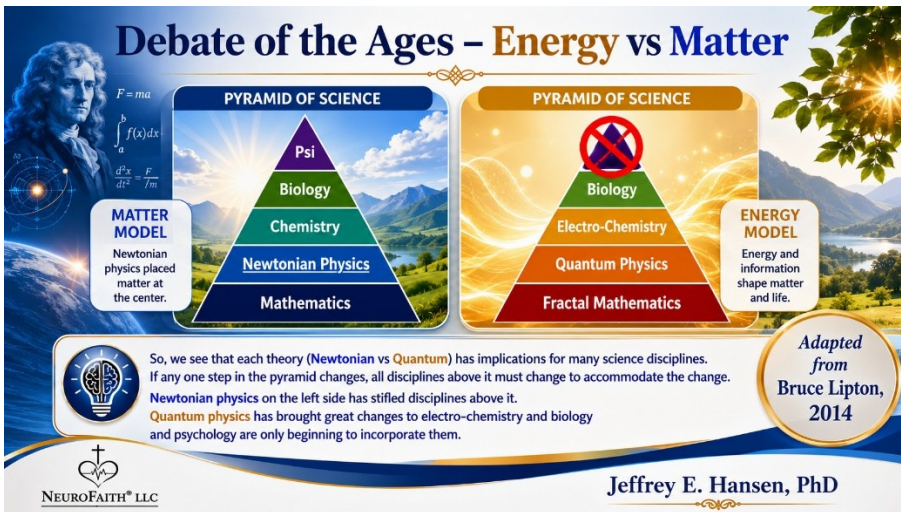
But what if it is not the entire picture?

That is the question Lipton (2014) invites us to consider. He is not asking us to abandon science. Quite the opposite. He is asking us to expand our thinking. He challenges us to consider whether the remarkable complexity of human life can be fully explained by matter alone, or whether beliefs, emotions, relationships, consciousness, and spirituality also play meaningful roles in health, resilience, and healing.

Whether one agrees with every conclusion Dr. Lipton reaches is, in many ways, secondary.

This idea has implications far beyond physics. As our understanding of foundational scientific principles expands, every discipline built upon those principles eventually begins to expand as well. Physics influences chemistry. Chemistry shapes biology. Biology informs medicine and psychology. Changes at the foundation ripple upward through the entire pyramid of science.

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We believe psychology is living through one of those moments today. Traditional neuroscience has taught us an extraordinary amount about the brain. Yet newer fields such as Polyvagal Theory, attachment science, interpersonal neurobiology, neurocardiology, psychoneuroimmunology, and the work of the HeartMath® Institute are broadening our understanding of what it means to be human. Rather than viewing the brain, body, heart, relationships, emotions, and spirituality as isolated systems, they increasingly reveal them as deeply integrated and continually interacting.

The value of his lecture lies in its invitation to think differently. History reminds us that science advances not simply by collecting more data, but by occasionally expanding the framework through which that data is understood. Newtonian mechanics revolutionized our understanding of the physical universe, yet the emergence of quantum mechanics revealed that reality was even more complex than Newton could have imagined. Quantum physics did not invalidate Newton's discoveries. It expanded them. The same pattern has occurred repeatedly throughout scientific history. As foundational models evolve, the disciplines built upon them continue to grow.

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From a NeuroFaith® perspective, we believe psychology and medicine are experiencing a similar moment today.

Fields such as **Polyvagal Theory**, **attachment science**, **interpersonal neurobiology**, **neurocardiology**, and the pioneering work of the **HeartMath® Institute** are painting an increasingly integrated picture of the human person. Rather than viewing the brain, body, heart, relationships, emotions, and spirituality as isolated systems, these disciplines are demonstrating that they continually influence one another in ways we are only beginning to understand.

This broader perspective becomes especially important when we begin talking about **pornography enslavement**.

If pornography affected only dopamine, recovery might simply require changing a behavior. But anyone who has struggled with pornography knows the story is far deeper than that. Pornography touches the nervous system, emotional regulation, shame, attachment, identity, relationships, intimacy, and ultimately the deepest longings of the human heart.

In other words, it affects the whole person.

That is why the NeuroFaith® model intentionally embraces a broader framework. We celebrate the extraordinary discoveries of neuroscience while also recognizing that human beings cannot be reduced to biology alone. We are embodied, relational, emotional, and spiritual beings. Lasting healing requires us to understand, and care for, the whole person.

It is with that broader perspective that we now turn to one of the most exciting developments in modern neuroscience. Through the pioneering work of the **HeartMath® Institute** and the growing field of **neurocardiology**, researchers are rediscovering something both ancient

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and remarkably new. The heart is far more than a mechanical pump. It is an active participant in emotional regulation, resilience, connection, and human flourishing.

Perhaps the ancients understood more than we have given them credit for.

As we will soon discover, the heart is not simply an organ that sustains life.

It is one of God's remarkable gifts for helping restore it.

Wisdom of the Heart
Across Traditions

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

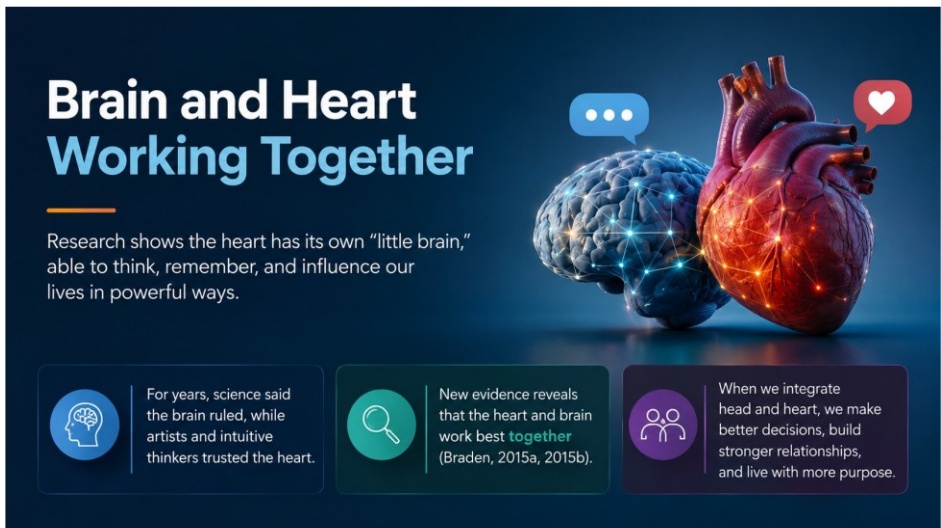
- Bible:** The heart is mentioned 826 times. It represents our mind, will, and spirit. Proverbs 4:23 says, "Keep your heart with all diligence, for out of it spring the issues of life."
- Qur'an:** Mentions the heart 132 times, describing it as a center of reasoning, intentions, and decision-making. A healthy or diseased heart shapes human destiny.
- Egyptians:** Believed the heart, not the brain, was the seat of wisdom, memory, and the soul. It was where God's will was first heard.
- Across Traditions:** The heart is more than an organ—it is the gateway to truth, compassion, and higher understanding.

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Jeffrey E. Hansen, PhD

One of Jeff's heroes who advocates 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.

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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 We 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 our favorites. Give it a try, you will love it.

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.

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WHAT IS HEART INTELLIGENCE?

The heart has its own "little brain" that thinks, feels, and communicates.

THE HEART HAS ITS OWN "LITTLE BRAIN."
It contains about 40,000 neurons, called sensory neurites.

THE HEART AND BRAIN COMMUNICATE CONTINUOUSLY.
Through neurologic, biochemical, biophysical, and energetic pathways.

THE HEART BRAIN DETECTS AND RESPONDS TO CHANGES IN THE BODY.
It helps regulate hormones and chemicals to meet our needs.

OUR HEART INTELLIGENCE HELPS US MAKE BETTER CHOICES,
build stronger relationships, and live with more purpose.

 **NEUROFAITH® LLC** | *Heart + Brain. Science + Spirit. Stronger Together.*

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

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

Stories of the Heart:

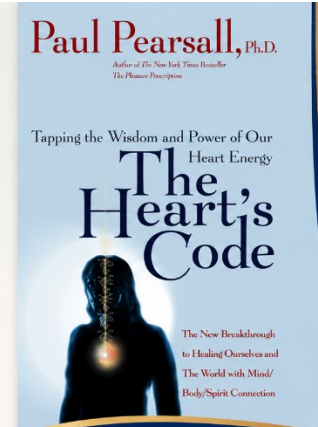
- ♥ Claire Sylvia, a professional dancer, in 1998 received the heart and lungs of a young man, Tim, who died in a motorcycle accident.
- ♥ Not long after the transplant, she began to crave new foods such as **chicken nuggets** and **green peppers** and was specifically drawn to KFC to satisfy her cravings.
- ♥ 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.
- ♥ Claire 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/jHjG-R0QY>

 **NeuroFaith®**
SCIENCE. FAITH. TRANSFORMATION.

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Paul Pearsall, Ph.D.
*Author of The New York Times Bestseller
The Parnassus Prescription*

Tapping the Wisdom and Power of Our
Heart Energy

The Heart's Code

The New Breakthrough
to Healing Ourselves and
The World with Mind/
Body/Spirit Connection



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/Part1-RGt1Y>



NeuroFaith®
SCIENCE. FAITH. TRANSFORMATION.



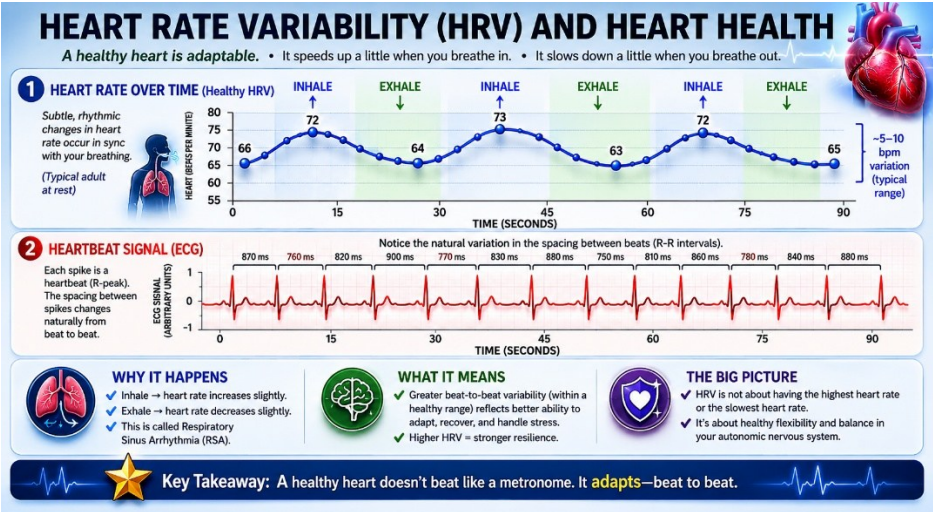
NEUROFAITH® LLC

Jeffrey E. Hansen, PhD

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 gamechanger, allowing you to relate to others in safer, more profound ways, bringing much more groundedness and stability to your life.

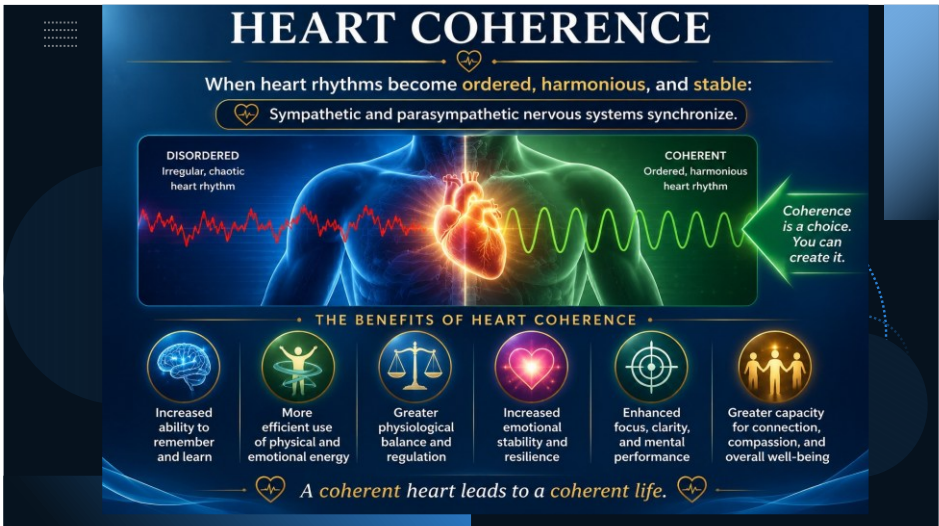
HeartMath® defines heart rate variability (HRV) as the measure of the beat-to-beat changes in heart rate, which reflects the heart's ability to adapt to stress, environmental, and physiological changes. HRV is a key indicator of the autonomic nervous system's efficiency and balance, particularly the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

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In practice, HeartMath® uses HRV to assess an individual's level of coherence, a state where the heart, mind, and emotions are in energetic alignment and cooperation. This state is characterized by a smooth, wave-like pattern in the heart rhythm, indicating emotional balance and mental clarity. HeartMath® techniques involve specific breathing practices and the cultivation of positive emotional states to increase coherence, thereby improving HRV. This approach is used to help adolescents 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.

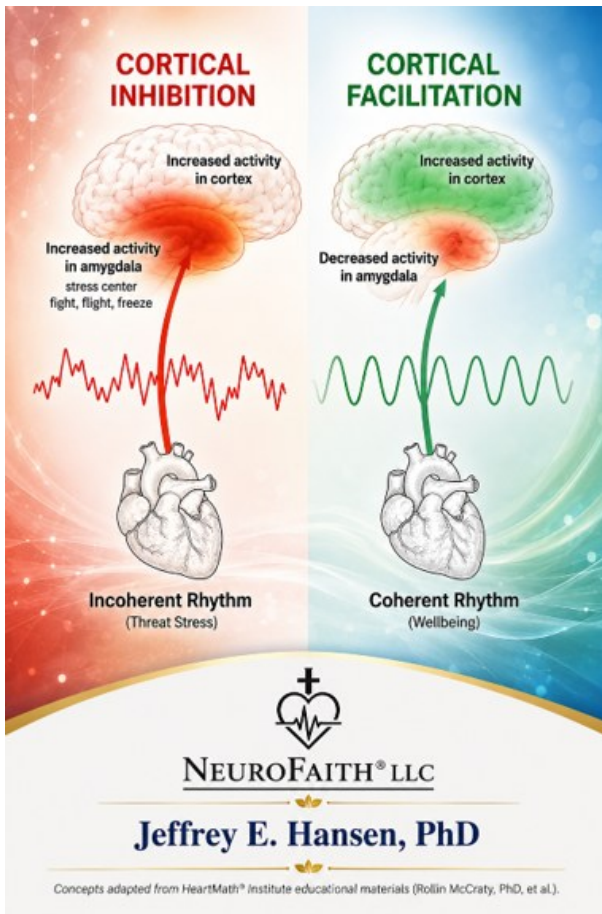
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Once we attain coherence in the heart, the coherent heart then communicates in four distinct ways to the brain, enabling it to achieve coherence: **(1) nerves connecting the heart** to the brain, particularly the vagus nerve, **(2) hormones**, **(3) blood pressure shifts**, and **(4) electromagnetic waves** (McCraty 2023). This allows the brain to be more integrated and efficient, while an incoherent heart inhibits cortical function. Note that 80% of information flows from body to brain (efferent).

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

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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,

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physiological efficiency, and a sense of well-being. It is achieved when the heart, mind, and emotions are in energetic alignment and cooperation.

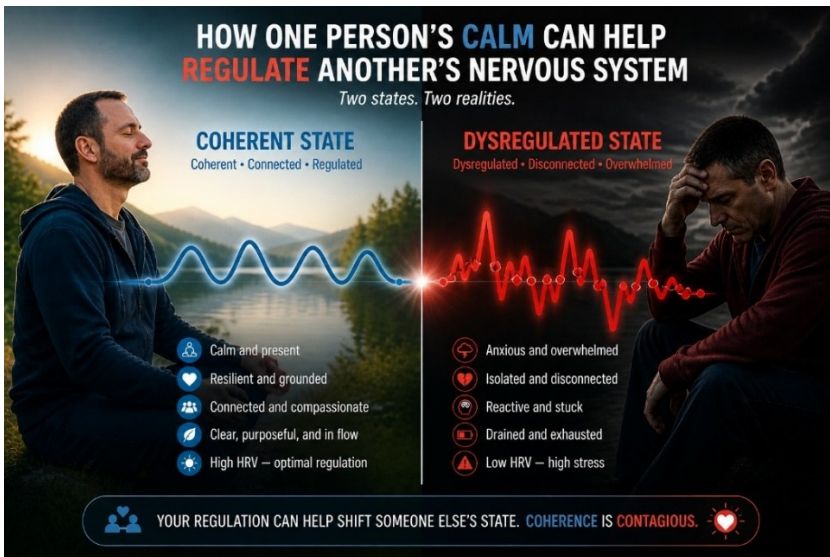
2. **Interconnectedness and Energy Fields:** The HeartMath® Institute suggests that the heart emits an electromagnetic field of up to a radius of 10 to 15 feet that can affect the people, animals, and environment around us. This field can be detected by others unconsciously. In a coherent state, the heart's electromagnetic field is more ordered and coherent. If ordered or coherent, the effect on others is positive and if disordered or incoherent, the effect on others is negative.
3. **Entrainment and Resonance:** Entrainment is a physics principle where two oscillating systems assume the same frequency. When applied to heart coherence, entrainment suggests that the coherent heart rhythm of one person can influence and synchronize with the heart rhythm of another person when they are in close proximity, leading to mutual coherence. This is a beautiful form of energetic communication, where the heart's electromagnetic field of one person can influence the heart rhythm of another person.
4. **Emotional Contagion:** On a psychological level, this concept mirrors the idea of emotional contagion, where one person's mood and behaviors can lead to the synchronization of feelings and behaviors in another person. In a positive sense, a person in a state of heart coherence can, through their calm and positive emotional state, help induce a similar state in others, promoting emotional stability and coherence. Thus, this has great implications in helping another person reach the aforementioned autonomic green state when the ventral vagus nerve is active, which promotes social engagement (Hansen, 2021).

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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 to live in.



Heart Lock-In® Technique:

For this reason, practices such as heart-focused breathing such as the Heart Lock-In® Technique described in the graphic below, gratitude, prayer, worship, movement, time in nature, healthy relationships, and meaningful connection are far more than self-help techniques. They are biological interventions that help restore regulation throughout the

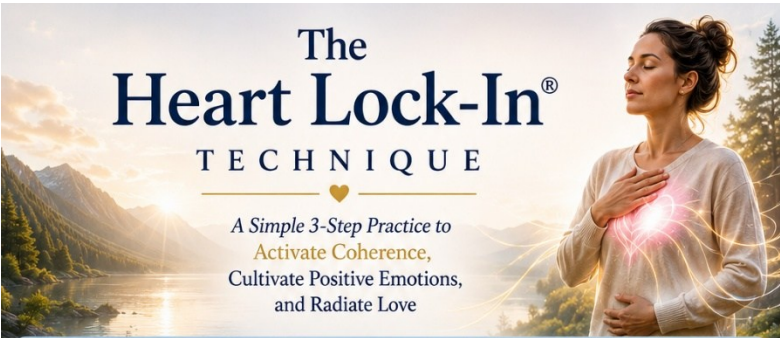
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entire system. Each time we practice them, we are teaching the body, heart, and brain a new lesson.

The Heart Lock-In[®]

TECHNIQUE

A Simple 3-Step Practice to
Activate Coherence,
Cultivate Positive Emotions,
and Radiate Love



1

Step 1: Center and Breathe



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

Breathe in
Life

Breathe out
Peace



2

Step 2: Focus on Regenerative Feelings

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



3

Step 3: Radiate and Receive

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





Heart Coherence Changes Everything.

NeuroFaith[®]

HeartMath[®]



NeuroFaith[®] | Jeffrey E. Hansen, PhD | Adapted from HeartMath[®]

As we bring these two pillars together, something powerful begins to emerge. Polyvagal-informed therapy helps adolescents understand and

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settle what is happening in the body. It teaches them how to recognize when they are activated, overwhelmed, or shut down, and more importantly, how to return to a place of safety and connection. It lays the groundwork for regulation.

HeartMath® then builds on that foundation. It helps bring the body into coherence, a state where the heart, the nervous system, and the brain begin to work in harmony rather than in conflict. As the heart becomes more regulated and rhythmic, the entire system follows. Emotions stabilize. Attention improves. The brain begins to function with greater clarity, flexibility, and integration.

This is where resilience deepens. Not just the ability for adolescents to calm down in the moment, but the capacity for them to live from a more steady, grounded place over time. Teens begin to experience what it feels like to be anchored rather than reactive, connected rather than isolated, and capable rather than overwhelmed.

And as coherence grows in the body and in the heart, something else becomes possible. The brain becomes more available. The higher centers of thinking, reflection, and meaning-making come back online. Instead of being driven by survival patterns alone, adolescents gain access to curiosity, insight, and choice.

This prepares parents and teens for the next step in the journey. Because once a teen's body is more regulated and the heart more coherent, they are better equipped to explore the inner world of thoughts, beliefs, and identity. They can begin to gently examine the stories they carry, the parts of themselves that have been shaped by pain, and the ways those parts have tried to protect them.

In the next pillar, we will move into Internal Family Systems, a powerful approach that helps adolescents understand and work with these internal parts in a compassionate and transformative way. It is here that

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the psychological dimension comes more fully into view. But it is important for parents to recognize that this work becomes far more effective when the teen's body and heart are already settled and aligned.

For adolescents, this sequence matters. We are not asking them to think their way out of distress. We are helping them build a foundation of safety, coherence, and connection so that when they do begin to reflect and process, they can do so from a place of strength.

And that is where real transformation begins.

Pillar Three

Internal Family Systems (IFS)



There are few discoveries in modern psychology as breathtaking as **Internal Family Systems (IFS)**, developed by family therapist Dr. Richard C. Schwartz, Ph.D. It is one of those rare models that immediately resonates because it gives language to an experience nearly everyone recognizes. Anyone who has struggled with pornography knows what it feels like to be pulled in different directions at the same time. One part sincerely longs for purity, intimacy, and a closer walk with God, while another reaches almost

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automatically for pornography when stress, loneliness, rejection, boredom, or shame become overwhelming. Still another part is filled with regret afterward, wondering why the same battle continues despite the deepest desire to change. Rather than viewing these competing experiences as evidence that something is fundamentally wrong with us, IFS invites us to see them as an organized internal system made up of different parts, each attempting, in its own imperfect way, to help us survive.

This understanding builds naturally upon everything we have explored so far. We began with the body, recognizing that trauma and chronic stress are not simply remembered but carried within the nervous system. Through a polyvagal-informed perspective, we discovered how the autonomic nervous system continually evaluates safety and danger, shaping our emotions, relationships, and behaviors. We then turned our attention to the heart, where HeartMath® and the emerging science of neurocardiology demonstrated that as the heart becomes more coherent, the brain functions with greater flexibility, wisdom, and emotional balance. As the body becomes regulated and the heart settles into coherence, something remarkable begins to happen. We become less driven by survival and more capable of reflection. Instead of simply reacting to urges, we develop the capacity to become curious about them.

That curiosity is where healing begins.

Internal Family Systems teaches that our thoughts, emotions, impulses, and behaviors are not random or chaotic. They are organized into protective patterns that developed over many years, often beginning in childhood, as our minds attempted to adapt to experiences that felt overwhelming or unsafe. Some parts strive for perfection so we will never be criticized. Others seek control because

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uncertainty once felt dangerous. Still others attempt to numb emotional pain through pornography, substances, compulsive behaviors, or other forms of escape. Beneath these protective strategies are wounded parts that continue to carry burdens of shame, fear, rejection, loneliness, grief, and unmet longings. What often appears to be self-sabotage is, in reality, a system that has been working tirelessly, albeit imperfectly, to prevent us from experiencing even deeper pain.

This perspective changes the questions we ask. Instead of asking, *"What is wrong with me?"* we begin asking, *"What has this part of me been trying to protect?"* That shift from condemnation to curiosity is one of the most powerful movements in the healing process because compassion creates space for understanding, and understanding creates space for lasting transformation.



As followers of Christ, we recognize an even deeper truth. God's desire has never been merely to suppress sinful behavior, but to redeem the whole person. Throughout the Gospels, Jesus consistently looked

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beyond outward actions to the condition of the heart. He confronted sin without condemnation, invited broken people into relationship, and brought healing to wounds that others never saw. In much the same way, lasting freedom from pornography is not achieved simply by resisting temptation more effectively. It comes as Christ gently restores the wounded places that have quietly shaped our lives for years, allowing protective parts to relinquish their burdens and discover healthier ways of serving the person God created us to be.

As we explore the pages that follow, I invite you to approach these different parts not with fear or self-judgment, but with humility, curiosity, and hope. You may discover that the very parts you have hated the most have actually been working tirelessly to protect wounds they did not know how to heal. And beneath all of those parts is something beautiful and remarkably steady. Dr. Schwartz calls it the **Self**. As Christians, we believe it beautifully reflects the image of God within us, a place capable of leading with compassion, courage, clarity, confidence, calmness, curiosity, creativity, and connection. It is from this center that genuine healing begins, and it is from this center that Christ invites us to become not merely free from pornography, but increasingly whole.

With that foundation in place, let's begin by exploring the primary parts of the internal system.

The Parts Within Us



Exiles

Carry deep pain, shame, fear, or grief.



Managers

Work to prevent pain through control, perfectionism, or avoidance.



Firefighters

Act quickly when pain breaks through, using distraction, anger, or numbing.



Inner Critic

Evaluates and judges in an effort to protect, though often harshly.



Self

The core within, marked by calm, curiosity, compassion, clarity, and courage.

*When we understand our parts with compassion,
healing becomes possible. Wholeness becomes our path.*

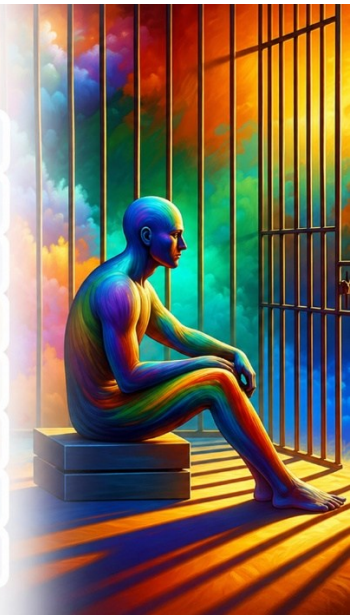
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Exiles: Exiles are the vulnerable, wounded parts that carry deep emotional pain such as fear, shame, grief, abandonment, or trauma. These parts often hold memories or emotions that were too overwhelming to process at the time they occurred. Because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

IFS EXILES

Vulnerable parts that carry deep pain.

	PAIN & TRAUMA:	Exiles hold deep emotional pain and trauma.
	PROTECTED:	They are protected by managers and firefighters to avoid pain.
	GOAL:	Healing exiles is a goal for reintegration and relief.
	VULNERABILITY:	They represent vulnerability and sensitivity.
	NEED:	Need acknowledgment and compassion for healing.
	TRANSFORMATION:	Healing transforms their roles for positive contributions.
	LEADERSHIP:	Facilitates leadership by the Self, promoting calm and clarity.
	IMPORTANCE:	Crucial for overall mental health improvement.



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

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

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

IFS MANAGERS

The managers help run our internal world.



ROLE:

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



PREVENTION:

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



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.



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

Unlike managers, firefighters do not plan. They react. They seek to extinguish emotional fire as quickly as possible through impulsive or

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numbing behaviors such as anger, dissociation, bingeing, substance use, sexual acting out, or other addictive patterns.

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

IFS FIREFIGHTERS

Protective parts that spring into action.



INTERVENTION:

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



DISTRACTION:

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



IMPULSIVITY:

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



INTENSITY:

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



SHORT-TERM RELIEF:

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



PROTECTION:

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



CONFLICT:

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



The illustration below captures one of the central truths of this book: **lasting healing comes not by fighting symptoms, but by understanding the wounded heart beneath them.** What we see on the surface is often only the visible expression of a much deeper struggle. Managers work tirelessly to keep life under control, while firefighters rush in to soothe overwhelming emotional pain through immediate relief. Beneath them are the exiles, the vulnerable parts of us that quietly carry the burdens of shame, fear, rejection, loneliness, grief, and other wounds that were simply too much to bear alone. These

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parts are not our enemies. They are wounded servants that have been trying, in the only ways they know, to help us survive. Real transformation begins when the Self, grounded in truth, compassion, and the healing presence of Christ, gently turns toward these wounded places rather than away from them. Recovery is not about condemning the person who struggles. It is about restoring the person whom God has always loved.



The Inner Critic: The inner critic is a powerful and often misunderstood part of the internal system. It commonly develops in response to environments where mistakes, vulnerability, or failure felt dangerous.

At its healthiest, the inner critic can provide feedback, promote accountability, and guide behavior in alignment with values. When distorted by fear, however, it becomes harsh, condemning, and relentless.

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

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THE INNER CRITIC

A PART WITH ✨ A PURPOSE



Parts that act as **"Inner Critics"** (using IFS language), appear to be a somewhat universal experience. In their milder manifestation, parts that criticize can be beneficial for you when they allow for the acknowledgment of mistakes and errors or the cultivation of positive change and humility.



Like all parts in IFS, **"Inner Critics"** have **value** and a **positive intention**. It's when an "Inner Critic" moves into an extreme role, they can start to **impede** the individual's ability to thrive, and the possible benefits of self-criticism may be overshadowed by possible harm to one's well-being through internal turmoil.

WHEN UNDERSTOOD AND RESPECTED,
the Inner Critic can transform from an obstacle into an ally.



NEUROFAITH®
Neuroscience Meets the Soul



Jeffrey E. Hansen, PhD
NeuroFaith® LLC

“ Self-leadership begins when we listen to our parts with compassion and curiosity. ”

Although every person's internal system is unique, inner critics tend to express themselves in recognizable patterns. Some push us toward perfection, others demand control, achievement, or approval. Still others use shame, guilt, or fear to keep us from experiencing deeper emotional pain. None of these parts developed in isolation. Each reflects an adaptive strategy that, at one time, believed it was helping us survive. As you review the following examples, notice which voices sound familiar. The goal is not to label yourself, but to cultivate curiosity and compassion. The better we understand these protective patterns, the more readily we can invite them into the healing work of Christ, where they no longer have to lead the system through fear but can instead serve the Self with wisdom, humility, and peace.

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COMMON TYPES OF INNER CRITICS

Sean Cuthbert (2022)
Australian Clinical Psychologist

**NEUROFAITH®
TEACHING POINT**

All Inner Critics have a positive intention. Their goal is protection. Problems arise when they become extreme and begin leading the system rather than serving the Self.



THE PERFECTIONIST
Protects through excellence.
"If I do it perfectly, no one can criticize me."
Core Fear: Judgment, mistakes, failure



THE CONTROLLER
Protects through control.
Attempts to manage urges, impulses, emotions, and uncertainty.
Core Fear: Losing control



THE TASKMASTER
Protects through achievement.
Pushes relentlessly toward productivity, success, and accomplishment.
Core Fear: Being seen as lazy, inadequate, or a failure



THE UNDERMINER
Protects through self-limitation.
Keeps you small, cautious, and hidden from risk.
Core Fear: Rejection, criticism, disappointment

ADDITIONAL TYPES OF INNER CRITICS

Sean Cuthbert (2022)
Australian Clinical Psychologist

**NEUROFAITH®
TEACHING POINT**

Critics do not attack because they hate us. They attack because they fear what will happen if they stop protecting us.



THE DESTROYER
Protects through self-attack.
Floods the system with shame, self-criticism, and feelings of defectiveness.
Core Fear: Worthlessness, rejection, abandonment



THE GUILT-TRIPPER
Protects through accountability.
Uses guilt to keep us aligned with our values and relationships.
Core Fear: Hurting others, losing acceptance



THE CONFORMIST
Protects through belonging.
Pushes us to fit in and avoid standing apart from the group.
Core Fear: Exclusion, rejection, abandonment

NEUROFAITH®
Neuroscience Meets the Soul

 When we understand our Critics with compassion, they can transform from saboteurs into protectors.

Understanding Addiction Through the Lens of Parts

For individuals struggling with addiction, this framework often brings profound clarity and relief. Many have spent years believing they lack willpower, discipline, or moral strength. Internal Family Systems offers a very different understanding. Long before substances or compulsive

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behaviors enter the picture, the internal system is already working tirelessly to manage pain.

Managers often take the lead early in life. These parts attempt to control emotional distress by being good, responsible, dutiful, or excellent. They strive to earn safety through performance. They may push you to be the perfect student, the reliable employee, the strong provider, the compliant child, or the spiritually disciplined believer. Their message is often, "If we do everything right, the pain will stay buried." For a time, this strategy can appear successful. Life may look functional on the outside, even admirable. Yet the pain carried by exiled parts does not disappear. It waits.

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

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

As you, our friend, begin to understand this dynamic, something important often happens. Shame begins to soften. When you recognize that your behavior has functioned as a defensive response rather than

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a moral defect, the harsh self-judgment that has fueled despair can begin to loosen its grip. This understanding does not excuse harmful behavior, nor does it deny responsibility. Rather, it brings clarity. You are no longer left asking, *“What is wrong with me?”* but are invited instead to ask, *“What has my system been trying to protect me from?”*

When shame decreases, something else begins to emerge, agency. With understanding comes the ability to respond more neutrally and less emotionally. Instead of being swept along by defenses that feel out of control, you can begin to observe them. You can notice when managers tighten their grip or when firefighters are preparing to act. Awareness creates space, and in that space a different kind of relationship becomes possible.

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

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

Self: Who We Were Created to Be

The Self is not another part competing for influence within the internal system. Rather, it represents what we are ultimately seeking to

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restore. From a NeuroFaith® perspective, the Self reflects the essence of who God created us to be — a centered, connected, and relational being designed to live in safety, truth, and love.

Scripture teaches that humanity was created good, bearing the image of God. In that original design, the self functioned in harmony, internally aligned, relationally connected, and securely grounded in God's presence. However, through original sin, that connection was fractured. The self did not cease to exist, but it became wounded, distorted, and disconnected from its true source.

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

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

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

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

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

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

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

The 8 Cs in IFS



Calmness

The ability to maintain a sense of inner peace and tranquility.



Curiosity

A non-judgmental interest in understanding one's internal experiences and parts.



Clarity

The ability to see situations and internal parts with clearness and understanding.



Compassion

A deep caring and empathy for oneself and one's parts, even those in pain or causing problems.



Confidence

A strong belief in oneself and the ability to handle what comes up inside.



Courage

The bravery to confront painful and challenging parts or memories.



Creativity

The innovative and imaginative energy to heal and transform one's parts.



Connectedness

A sense of being in harmony with all parts and feeling connected to others.

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

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

**For those who are faith-oriented,
IFS’s 8 Core Qualities correspond nicely with the
Fruit of the Spirit in Galatians 5:22-23.**

	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.

Fruit of the Spirit
GALATIANS 5:22-23

1. Love
2. Joy
3. Peace
4. Patience
5. Kindness
6. Goodness
7. Faithfulness
8. Gentleness
9. Self-Control



How the Parts Work Together

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

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

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

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



1. Find

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

2. Focus

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

3. Flesh Out

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

4. Feel

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

5. Befriend

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

6. Fear

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

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

Engaging Emotions Rather Than Avoiding Them

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

Lean Into the Pain
ASK THREE QUESTIONS

Most of us are taught to avoid pain.
IFS invites us to do something different.
Move toward it. Listen. Learn.

- 1** What do I notice in my body?
Where do I feel it?
- 2** What is this feeling trying to tell me?
- 3** What does this part need
from me right now?

 **NEUROFAITH® LLC** |  Adapted from Riemersma, J. (2024).

The infographic features a woman with short dark hair, wearing a green sweater and blue jeans, sitting in a modern armchair and looking out a window at a city skyline at sunset. The background is a soft, warm glow from the setting sun. The text is in a clean, sans-serif font, with the title in a larger, bold font. The three questions are numbered and each has a corresponding colored circle (1 in teal, 2 in green, 3 in purple). The bottom of the infographic has a wavy, colorful border in shades of blue and purple.

Riemersma emphasizes that emotions are not problems to be eliminated, but meaningful signals that deserve attention. She challenges a cultural and spiritual tendency to pursue positive emotions such as happiness and joy while suppressing or avoiding emotions such as sadness, fear, grief, anger, and anxiety. When

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difficult emotions are dismissed or spiritualized prematurely, individuals often become disconnected from vital internal information.

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

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

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

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

A Necessary Theological Clarification

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

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

While this perspective contains important truth, it remains incomplete.

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

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

NeuroFaith® understands the self as **created, fallen, wounded, and unredeemable**. Trauma fragments the nervous system and internal experience, while sin destroyed the self's orientation toward God, self, and others. Both realities must be addressed with humility and grace. Therapeutic work can bring awareness, regulation, and emotional integration. Yet Scripture teaches that true renewal emerges through transformation in Christ. In Him, believers are described as a **new creation**. The old self is not merely repaired but is being made new.

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

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This distinction does not reject IFS. Rather, it grounds it within a redemptive framework that honors both psychological insight and spiritual truth.

Integration Rather Than Opposition

NeuroFaith® does not place psychology and faith in competition. Instead, it recognizes that they address different dimensions of the same human experience.

Psychology helps explain how wounds form.

Neuroscience reveals how the body responds.

IFS offers language for the internal system.

Faith reveals the source of redemption.

When these domains are integrated rather than opposed, healing becomes both compassionate and anchored. As the nervous system stabilizes and internal conflict softens, individuals often find themselves more able to receive God's presence rather than defend against it.

Therapy, in this sense, does not replace faith. It prepares the soil in which spiritual formation can take root.

Conclusion: Toward a Restored Self

For many men and women caught in the grip of pornography, the deepest struggle is not simply the behavior itself, but the quiet belief that something inside them is fundamentally broken. They may never say those words aloud, yet that belief reveals itself in relentless self-criticism, cycles of shame, emotional isolation, perfectionism, or the desperate search for relief through the very behavior they long to escape. Trauma, rejection, loneliness, and chronic stress have a way of shaping this inner narrative, convincing them that they are defined by their failures rather than by their inherent worth.

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But both science and faith tell a very different story.

Internal Family Systems offers a profoundly hopeful way of understanding the inner world. What often feels chaotic is, in reality, remarkably organized. The conflicting thoughts, emotions, and impulses that accompany pornography addiction are not random, nor are they evidence of a defective mind. They represent different parts of an internal system that learned, often years earlier, how to survive emotional pain. There is the part that strives for perfection so it will never be criticized. The part that seeks control when life feels uncertain. The part that harshly condemns every failure. The part that turns to pornography, not because it desires destruction, but because it has learned to soothe overwhelming emotional pain in the only way it knows. Beneath each of these protective strategies are deeper wounds that continue to carry burdens of shame, rejection, loneliness, grief, fear, and unmet longings.

When this begins to make sense, something remarkable happens. Instead of fighting themselves, people begin to understand themselves. Instead of responding with condemnation, they begin to respond with curiosity. Instead of believing they are trapped by an endless cycle of failure, they begin to recognize that healing is possible because the system itself is understandable.

Within the NeuroFaith® model, this understanding rests upon the foundation we have already established. As the nervous system becomes more regulated through a polyvagal-informed approach, and as coherence develops through the heart, the brain becomes less dominated by survival and more capable of reflection, discernment, and intentional choice. Rather than living on automatic pilot, individuals begin to develop the capacity to pause, to recognize what

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is happening within them, and to respond with wisdom instead of simply reacting to emotional pain.

This is where genuine resilience begins to emerge.

Protective parts no longer have to dominate the system. Instead, they can gradually be understood, appreciated for the roles they once served, and invited into healthier ways of protecting the person. Recovery is no longer focused merely on suppressing urges but on restoring the wounded heart beneath them. Lasting freedom is not found by winning an endless battle against pornography, but by healing the internal system that made pornography seem necessary in the first place.

Yet even this is not the end of the story.

Human beings are not merely biological and psychological creatures. We are spiritual beings, created in the image of God and designed for relationship with Him. As safety increases within the body, coherence develops within the heart, and understanding grows within the mind, deeper questions inevitably begin to surface. *Who am I apart from this addiction? Is shame really my identity? Can I ever become the person God created me to be? Is redemption truly possible for someone like me?*

The answer to those questions is found not in human effort, but in Christ.

Our deepest identity is never determined by our wounds, our compulsions, or our past failures. It is found in the One who calls us beloved sons and daughters. In Him we are invited to exchange shame for grace, fear for peace, isolation for belonging, and fragmentation for wholeness. As this truth moves from intellectual belief to lived

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experience, recovery becomes far more than behavior management. It becomes the lifelong work of transformation.

The body learns safety.

The heart learns trust.

The mind gains understanding.

And the spirit comes alive to the transforming grace of God.

"May the God of peace himself sanctify you completely. May your whole spirit, soul, and body be kept blameless at the coming of our Lord Jesus Christ." (1 Thessalonians 5:23)

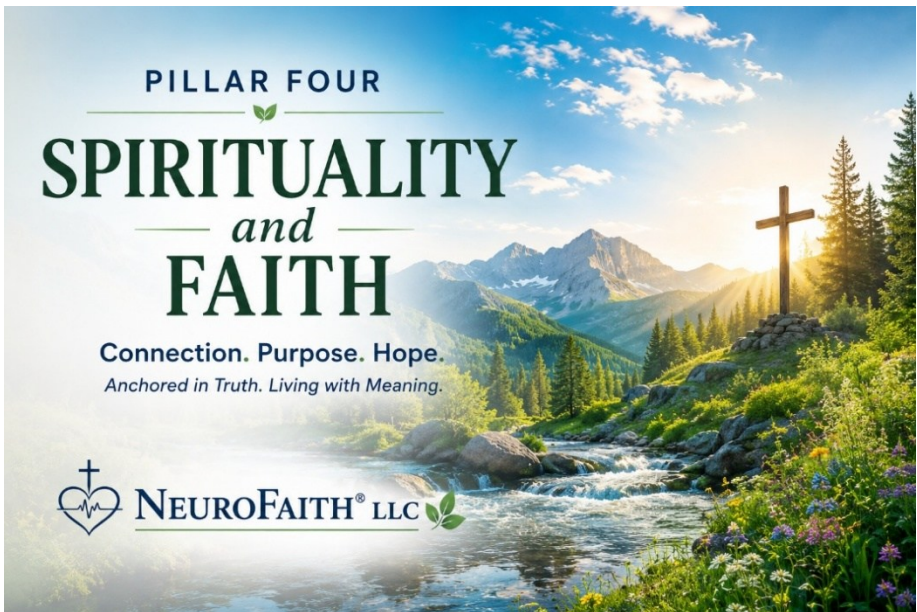
This is the invitation before us. Not merely to stop viewing pornography, but to become the people God created us to be. Not merely to manage temptation, but to experience genuine freedom. Not merely to survive the wounds of the past, but to be transformed by the grace of Christ into lives marked by integrity, resilience, and hope.

You are not alone in this journey. And by God's grace, your story is not over.

Pillar Four

Spirituality and Faith

*Transformational Healing Through Faith,
Neuroscience, and the Rewriting of the
Soul*



Of all the pillars within the NeuroFaith® model, this one stands apart. Not because it is disconnected from science, but because it reaches into dimensions of human experience that science alone cannot fully explain. Polyvagal-informed therapy helps us understand how the nervous system continually responds to

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safety and threat. Neurocardiology demonstrates the remarkable influence of the heart on emotional regulation, resilience, and cognitive functioning. Internal Family Systems provides a compassionate framework for understanding the protective parts that shape our thoughts, emotions, and behaviors. Together, these disciplines offer profound insight into why we struggle and how healing begins to unfold. They calm the body, regulate the nervous system, bring coherence to the heart, and help us understand the architecture of the inner world.

Yet anyone who has struggled with pornography soon discovers that even after learning to regulate the body, understand emotional triggers, and recognize protective patterns, a deeper longing remains. Pornography is rarely sustained by sexual desire alone. More often it becomes an attempt to soothe loneliness, quiet shame, escape anxiety, numb grief, or momentarily fill an ache that seems impossible to satisfy. Beneath the compulsive behavior are questions that neuroscience can describe but cannot answer. We long to know that we matter, that we are loved despite our failures, that our lives possess meaning, and that our deepest mistakes have not permanently defined us. These are not simply psychological questions. They are questions of identity, purpose, forgiveness, and hope, placing us squarely within the realm of the spiritual life.

This is where the fourth pillar becomes indispensable. Within the NeuroFaith® model, faith is not treated as an optional addition to otherwise complete psychological care, nor is it viewed as something reserved for the final stages of recovery. Rather, it permeates the entire healing process, shaping the way we understand our suffering, our identity, our relationships, and ultimately our future. Faith does not replace good science, nor does science diminish the necessity of faith. Instead, they work together, each illuminating different

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dimensions of the same human experience. Science helps explain how God has designed the brain, body, and nervous system to function. Faith answers the deeper questions of why we exist, where our identity is found, and how genuine transformation becomes possible.

For those enslaved to pornography, this distinction is profoundly important. Left to ourselves, we naturally define our identity by our failures. Every relapse becomes further evidence that we are weak, defective, hypocritical, or beyond hope. Shame quietly reshapes the way we see ourselves until we begin to believe that addiction is not merely something we struggle with, but who we are. Scripture consistently challenges that conclusion. From Genesis to Revelation, God reminds us that human beings were created in His image, that sin has distorted but not erased that image, and that through the life, death, and resurrection of Jesus Christ we are invited into a completely new identity. The gospel does not ignore our brokenness, but neither does it allow our brokenness to become our identity. Instead, it proclaims that grace is greater than our shame, forgiveness is greater than our guilt, and redemption is greater than our past.

As this truth gradually takes root, something remarkable begins to happen. The nervous system finds a deeper sense of safety because it is no longer driven exclusively by fear. The heart moves toward greater coherence because it is learning to rest in the steadfast love of God rather than in fluctuating circumstances. The protective parts that once carried overwhelming burdens begin to relinquish responsibilities they were never designed to bear, discovering that they no longer have to control, condemn, or numb emotional pain in order to survive. Healing becomes more than managing unwanted behavior. It becomes the restoration of the whole person, body, heart, mind, and spirit, into the likeness of Christ.

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This is why faith is not simply another chapter within the NeuroFaith® model. It is the thread that weaves every other pillar together. Neuroscience helps us understand how healing occurs. Psychology helps us understand why we struggle. But it is Christ who gives healing its ultimate purpose, restoring us not only to healthier functioning but to a renewed relationship with the God who created us, loves us, and calls us by name. The invitation before us, therefore, is not merely to become free from pornography, but to become increasingly conformed to the image of Christ, discovering that the deepest longings of the human heart were never meant to be satisfied by pornography or any other substitute, but by the One who alone can say, *"Whoever comes to me will never hunger, and whoever believes in me will never thirst"* (John 6:35).

As this truth begins to take root, something remarkable happens. **Shame**, which once felt like the defining reality of life, gradually begins to loosen its grip. Identity, once built upon failure, secrecy, and regret, becomes increasingly anchored in something far more secure. A quiet confidence begins to emerge, not confidence in one's own strength, but in the assurance that one's life is held by a God whose love is not determined by yesterday's successes or failures. Hope slowly returns, not as something that must be manufactured through greater effort or stronger willpower, but as a gift received through grace, anchored in the unchanging character of Christ rather than the ever-changing circumstances of life.

This is where the NeuroFaith® model moves beyond the traditional biopsychosocial framework into a more complete understanding of the human person. Men and women who struggle with pornography are not merely biological organisms, psychological beings, or products of their environment. We are spiritual beings as well, created in the image of God with a deep longing to know Him and be known by Him. The

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further we explore the nature of addiction and recovery, the more evident this becomes. The soul is not an abstract theological concept separated from everyday experience. It is woven into every aspect of who we are, shaping the way we understand our identity, our suffering, our relationships, and our future. Spirituality, therefore, is not an alternative to science, nor is it an escape from scientific understanding. Rather, it completes what science, by its very nature, cannot fully explain.

Faith allows recovery to move beyond symptom reduction and even beyond psychological insight into something far more enduring. It restores identity where shame has distorted it. It offers forgiveness where guilt has accumulated. It brings hope where despair has quietly settled into the heart. It provides a larger story within which our suffering is no longer meaningless, but becomes part of God's ongoing work of redemption. Most importantly, it reminds us that we were never intended to carry our burdens alone.

Faith becomes more than a set of beliefs. It becomes the lens through which we understand our lives and the foundation upon which lasting resilience is built. It offers strength beyond our own resources, wisdom beyond our limited understanding, and hope that remains steadfast even when circumstances fluctuate. It connects us not merely to meaning, but to the living presence of Christ, whose love is steadfast, whose grace is sufficient, and whose invitation is always one of restoration rather than condemnation.

As Scripture reminds us, *"May the God of peace himself sanctify you completely. May your whole spirit, soul, and body be kept blameless at the coming of our Lord Jesus Christ"* (1 Thessalonians 5:23, NIV). Notice the order. God is concerned not only with outward behavior, but with the whole person. His work of redemption reaches into every

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dimension of our lives—body, mind, emotions, relationships, and spirit.

This is the invitation before each of us. Not merely to stop using pornography, but to become whole. Not simply to overcome a compulsive behavior, but to become increasingly conformed to the image of Christ. As we now turn more fully to this fourth pillar, we are not leaving behind the work of the body, the heart, or the mind. We are bringing each of those dimensions into their fullest expression, recognizing that genuine healing is never merely physical, psychological, or relational. It is profoundly spiritual as well.

The body learns safety.

The heart discovers peace.

The mind gains understanding.

And through it all, the spirit awakens ever more deeply to the transforming grace of God.

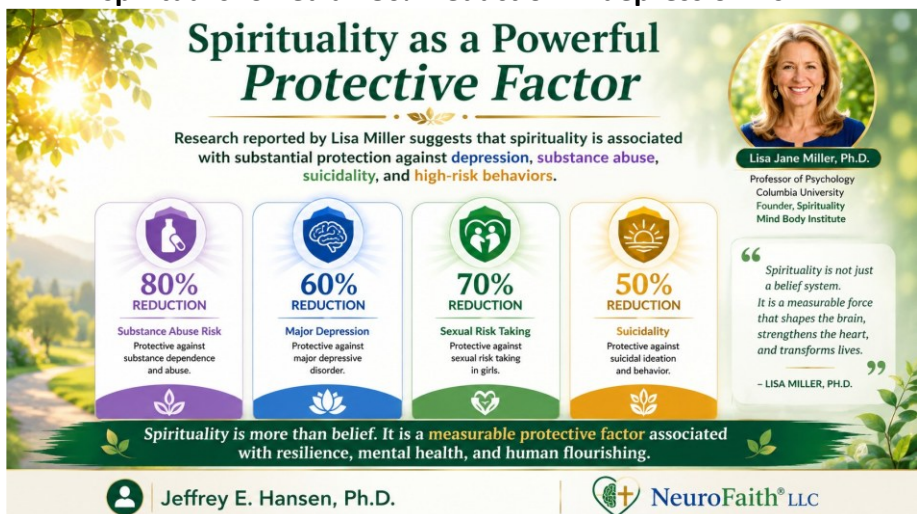
This is where recovery becomes more than freedom from pornography. It becomes the lifelong journey of transformation into the person God created you to be.

Lisa Miller's Research: A New Science of Spirituality

Dr. Lisa Miller, psychologist at Columbia University, has become one of the most respected voices bridging spirituality and neuroscience. In her groundbreaking book *The Awakened Brain* (2021), Miller outlines the robust, peer-reviewed evidence that **spirituality is not merely beneficial—it is neuroprotective**. Her findings, drawn from over two decades of research and multiple longitudinal and twin studies, include the following:

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- Adolescents raised in a spiritual environment were **80% less likely** to experience substance dependence or addiction.
- They were **60% less likely** to develop Major Depressive Disorder.
- Girls were **70% less likely** to engage in sexual risk-taking.
- Spiritual adolescents were **50% less likely** to experience suicidality.
- Most powerfully, **children whose mothers were also highly spiritual showed an 80% reduction in depression risk.**



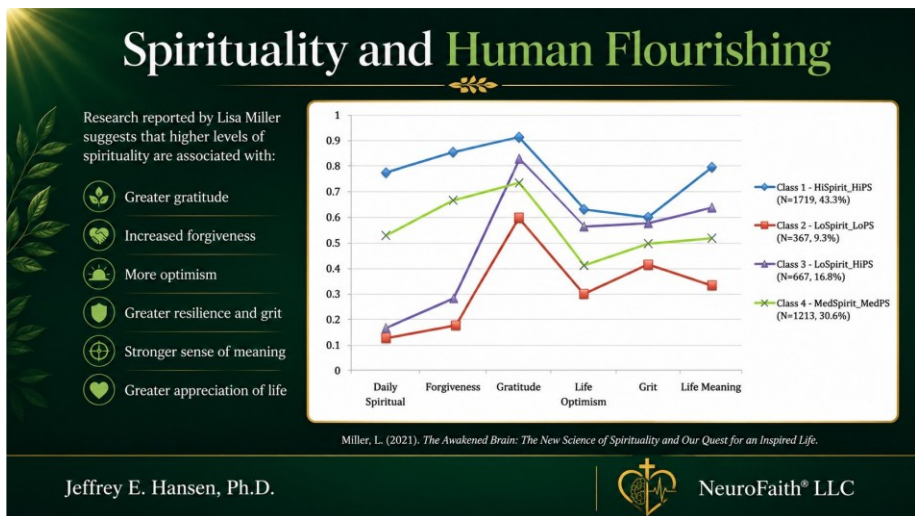
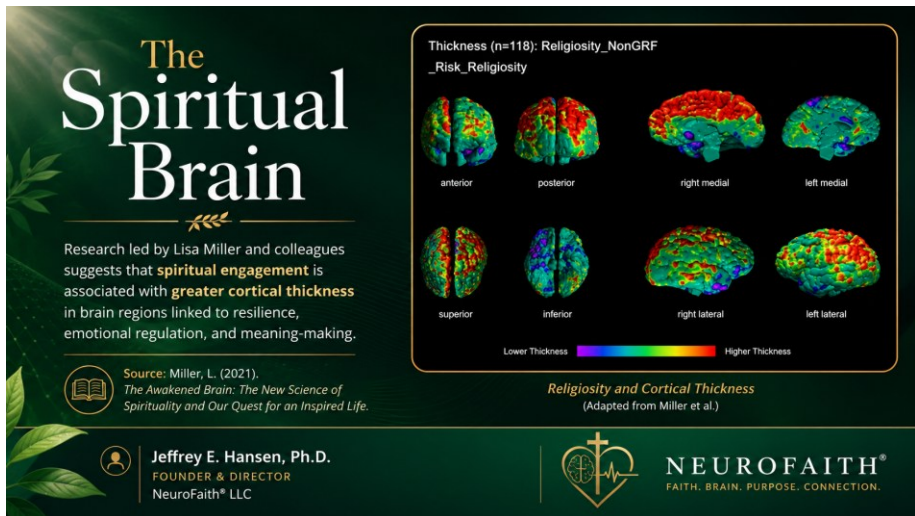
These numbers are astonishing. They rival or exceed the protective benefits of medication or therapy alone. And the mechanism is now visible through **MRI imaging**.

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Miller's research shows that individuals with an awakened, spiritually engaged brain exhibit **greater cortical thickness**, especially in areas responsible for self-regulation, reflection, and resilience. These areas are **significantly compromised** in those with depression, anxiety, and trauma histories. When activated through spiritual engagement, they **buffer the effects of adversity** and provide a foundation for moral discernment, emotional regulation, and hope.

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The Biopsychosocial-Spiritual Model

The old "biopsychosocial" model is no longer enough. We now recognize that the soul is not an abstraction. It is integrated in every layer of the human experience—biological, psychological, relational, and existential. The **biopsychosocial-spiritual** model is not an invention of religion. It is a recognition of human wholeness.

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In *The Effect of Spirituality on Health and Healing*, Brian Udermann (2000) concluded from an extensive literature review that spiritual involvement correlates positively with reduced incidence of stroke, cardiovascular disease, cancer, suicide, substance abuse, and general mortality. These outcomes remained significant even after controlling for variables like socioeconomic status and physical health behaviors.

Udermann writes: *"Strong scientific evidence suggests that individuals who regularly participate in spiritual worship services or related activities and who feel strongly that spirituality or the presence of a higher being or power are sources of strength and comfort to them are healthier and possess greater healing capabilities"* (p. 194).

When spirituality is integrated with clinical wisdom, it activates latent neuroplasticity, regulates the nervous system, restores fractured identity, and reshapes the narrative through which individuals understand their lives. The NeuroFaith® model therefore approaches spirituality with both reverence and scientific curiosity. It recognizes that spiritual experience has measurable effects on the brain, the heart, and emotional regulation. At the same time, it acknowledges that the deepest form of healing involves more than physiological regulation or psychological insight. It involves restoration of the soul.

Yet before we can understand how spirituality heals, we must confront the force that most profoundly wounds the human interior world. At the center of trauma and addiction lies a destructive power that is psychological, physiological, relational, and spiritual all at once. That force is **shame**.

In parallel, we must address what spirituality is up against: **shame**. Developmental trauma writes shame into the narrative code of the soul, unlike guilt, which says "I did something wrong," shame says "I

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am wrong." It is totalizing, isolating, and destructive. It creates an existential rupture that is resistant to reason and immune to self-help.

Dr. David Hawkins (2014, 2020), though controversial, offers a powerful framework for understanding emotional energy states. Using kinesiology, Hawkins mapped shame at the **lowest energetic frequency** of all measurable states—a level of 20 on a scale from 0 to 1,000. According to his data, shame produces a cascade of demoralization, physiological breakdown, and soul despair.



Though Hawkins' methodology has been criticized, many clinicians and spiritual leaders have found his conclusions experientially valid. Shame constricts the nervous system, suppresses immune function, and disrupts the default mode network. It leads to addictive behavior, relational sabotage, and hopelessness. It is, in every sense, **anti-life**.

The Neurobiology of Shame

If shame were only a belief, it might be easier to overcome. Unfortunately, shame embeds itself far deeper than thought. It

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becomes encoded in the body, the nervous system, and the physiological systems that govern survival.

The body is often the first place where shame is felt. Before the mind has time to interpret what is happening, the nervous system reacts as though a threat has appeared. The hypothalamic-pituitary-adrenal (HPA) axis, the primary stress response system of the body, activates rapidly. As previously discussed, the hypothalamus signals the pituitary gland, which in turn stimulates the adrenal glands to release cortisol and other stress hormones into the bloodstream (Porges & Porges, 2023).

This response is designed to protect life during genuine danger. In situations of trauma or chronic emotional threat, however, the system becomes repeatedly activated. Over time the body learns to anticipate rejection and humiliation in the same way it would anticipate physical harm. The result is a nervous system that lives in a nearly constant state of vigilance.

Individuals who carry toxic shame frequently describe a persistent sense of tension in their bodies. Muscles remain tight. Breathing becomes shallow. Sleep is often disrupted. The heart races in response to even minor interpersonal stress. These responses are not signs of weakness or lack of willpower. They are the physiological echoes of repeated emotional injury.

The Polyvagal system provides an especially helpful framework for understanding these responses. In review, according to Polyvagal Theory, the autonomic nervous system contains specialized pathways that continuously scan the environment for cues of safety or danger. When the system detects safety, the ventral vagal pathway supports calmness, connection, and social engagement. When danger is

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perceived, the system shifts toward sympathetic activation or dorsal shutdown (Porges & Porges, 2023).

Shame disrupts this system profoundly. Because shame is often experienced in the context of relationships, the nervous system begins to associate social exposure with threat. Eye contact becomes difficult. Voice tone becomes restricted. Facial expression loses animation. The person withdraws emotionally in an attempt to avoid further injury.

In sympathetic activation the individual may appear restless, anxious, perfectionistic, or driven. They work harder, speak faster, and attempt to control their environment in order to prevent rejection. In dorsal shutdown the opposite pattern appears. The person becomes numb, exhausted, disconnected, and emotionally withdrawn. Although these patterns appear very different, they arise from the same underlying problem. The nervous system has lost its sense of safety.

Healing therefore requires more than intellectual understanding. The nervous system itself must learn that connection is no longer dangerous.

The Heart Dimension

The storm of shame does not stop at the nervous system. It also affects the heart. As previously discussed, research in neurocardiology has shown that the heart is not merely a mechanical pump. It generates a powerful electromagnetic field that interacts continuously with the brain and the rest of the body. Emotional states influence the rhythm of the heart, and those rhythms in turn influence neurological and physiological regulation (McCraty, 2023).



When we experience emotional coherence, the rhythm of the heart becomes smooth and organized. This state is associated with improved emotional regulation, clearer thinking, and greater resilience. When individuals experience fear, anger, or shame, however, heart rhythms become chaotic and irregular.

Shame produces some of the most disruptive patterns in heart rhythm. The individual feels exposed and unsafe. Emotional tension increases. Heart-rate variability decreases. The communication between heart and brain becomes strained. Over time this pattern contributes to chronic stress and emotional instability.

Yet the heart also plays an important role in healing. Practices that cultivate gratitude, compassion, and reverence can restore coherence to heart rhythms. As the heart becomes more regulated, the brain receives signals of safety and calmness. Emotional stability gradually increases. For many individuals, spiritual practices become a powerful pathway to restoring this coherence. Prayer, worship, reflection, and

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gratitude can calm the nervous system and restore harmony between heart and brain (McCraty, 2023). In this sense spirituality does not exist apart from physiology. It participates in the regulation of the body itself.

The heart, quite literally, begins to remember peace.

Psychology can name shame, and at times buffer its effects. But it cannot **redeem** the soul. Only a transformative encounter with **grace** can do that.

The Eye of the Storm



Shame is often misunderstood as a simple emotion. In reality, it behaves more like a storm that sweeps through the entire human system. It moves through the nervous system, the body, the heart, the inner emotional world, and the story a person tells about themselves. It does not merely produce discomfort. It reshapes identity.

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Shame whispers a devastating lie. It tells the individual that the problem is not simply what they have done but who they are. It convinces them that they are fundamentally defective, unworthy of love, and unsafe to reveal. This lie is ancient. The earliest description of shame appears in the opening chapters of Scripture. After Adam and Eve disobeyed God, their immediate response was not merely guilt but hiding. Adam explains his reaction with heartbreaking simplicity: *“I heard you in the garden, and I was afraid because I was naked; so I hid”* (Genesis 3:10, NIV).

In that moment fear and shame became intertwined. Humanity stepped away from safety and belonging and entered a long history of hiding. The story of trauma and addiction often reflects that same movement. The wounded person withdraws into secrecy, convinced that exposure would lead only to rejection.

Modern neuroscience confirms what Scripture recognized thousands of years ago. Shame is not only emotional or spiritual. It is physiological. When shame is triggered, the hypothalamic-pituitary-adrenal axis activates as though the individual were facing physical danger. Stress hormones flood the bloodstream. The nervous system shifts into survival mode. The body prepares for threat even when no immediate threat is present (Porges & Porges, 2023). The result is a state of chronic vigilance. Muscles tighten. Breathing becomes shallow. The heart races. The nervous system learns to interpret ordinary human interaction as potential danger. Over time shame becomes embodied. It is not simply remembered. It is carried.

As noted earlier, the Polyvagal system, which helps the body detect safety through tone of voice, facial expression, and relational presence, begins to malfunction under the weight of chronic and toxic shame. The ventral vagal pathways that normally support connection and

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calmness withdraw. The sympathetic nervous system pushes the individual toward constant alertness. Some individuals move into relentless activity and anxiety. Others collapse into emotional numbness and withdrawal. Both patterns reflect the same underlying disruption of safety (Porges & Porges, 2023). Shame therefore becomes more than a psychological experience. It becomes a physiological environment. The person learns to live as though love itself were dangerous.

To understand how deeply this storm affects human identity, it is helpful to listen to several voices that have helped shape our understanding of shame in modern psychology and trauma recovery. Three such voices are John Bradshaw, Tim Fletcher, and Curt Thompson. Each approaches the subject from a different perspective. Yet together they reveal a common truth. Shame is not merely an emotional state. It is an identity wound.

John Bradshaw: The Wounded Healer and the Language of Shame

John Bradshaw's life story reflects the very struggle he would later help thousands of others understand. Born in Houston in 1933, Bradshaw grew up in a family shaped by alcoholism and emotional instability. His father's absence left a profound wound of abandonment that followed him into adulthood.

Bradshaw initially pursued the priesthood, studying philosophy and theology at the University of Toronto. Like many who are drawn toward spiritual vocation, he hoped that intellectual and theological understanding might quiet the deeper ache within the human heart. Yet beneath his studies remained a persistent sense that something was fundamentally wrong with him.

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After leaving the priesthood, Bradshaw battled alcoholism and despair before eventually entering recovery. Through that process he discovered the insight that would define his life's work. The deepest pain of many individuals was not guilt about their actions but shame about their identity. In his influential book *Healing the Shame That Binds You*, Bradshaw described the distinction between healthy shame and toxic shame. Healthy shame reminds human beings of their limitations and encourages humility and dependence on others. Toxic shame, however, operates very differently. It convinces individuals that they themselves are defective. It transforms shame from a feeling into an identity (Bradshaw, 2005).

Bradshaw referred to this condition as "soul murder."

When toxic shame takes root, authenticity begins to disappear. The individual learns to hide not only their mistakes but their needs, emotions, and desires. They become increasingly disconnected from their true selves. Instead of living from a place of authenticity, they begin performing roles designed to gain approval or avoid rejection.

Bradshaw also recognized that shame is often transmitted across generations. In families where love is conditional, where affection is withheld, or where perfection is demanded, children quickly learn that their worth depends on performance. Over time they internalize the belief that their deepest longings are somehow wrong. The spontaneous joy and curiosity of childhood slowly give way to caution and self-protection (Bradshaw, 2005).

Yet Bradshaw's work also pointed toward hope. He recognized that healing shame requires more than intellectual insight. It requires community, honesty, and grace. Through confession, acceptance, and spiritual restoration, individuals can begin rediscovering the truth that

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their worth was never lost. In this way Bradshaw laid the conceptual foundation for understanding shame as an identity wound rather than simply a moral failure.

Tim Fletcher: Shame and the Narrative of the Mind



Tim Fletcher extends Bradshaw's insights by exploring how shame becomes embedded in the nervous system and in the narrative structure of the brain itself. Fletcher is a Canadian counselor

and the founder of RE/ACT Recovery Education for Addictions and Complex Trauma. His work focuses on the relationship between developmental trauma, addiction, and negative core beliefs.

Fletcher often explains that trauma does not only create painful memories. It reshapes the beliefs individuals hold about themselves. When children grow up in environments where their emotional needs are repeatedly ignored, criticized, or invalidated, they eventually arrive at a devastating conclusion: the problem must be **me**.

From that conclusion emerges a set of core beliefs that become the operating system of the wounded mind. Fletcher frequently describes four of the most common beliefs that appear in individuals who have experienced developmental trauma:

**"I am not lovable."
"I am not safe."**

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“I do not matter.”

“I am bad.”

These beliefs become deeply embedded in the brain’s **Default Mode Network**, the neural system responsible for self-referential thinking and autobiographical identity. Over time they become the lens through which the individual interprets every relationship and every experience (Fletcher, 2022; Fletcher, 2023; Fletcher, 2025).

When trauma occurs repeatedly during development, the Default Mode Network becomes organized around negative self-referential beliefs. These beliefs shape the ongoing narrative of the self. The individual begins to interpret life through a lens of defectiveness and insecurity (Thompson, 2023). This is why shame can feel so permanent. It is not simply an emotion that appears occasionally. It becomes part of the brain’s background activity. Every experience is filtered through the same internal story. Positive events are minimized. Criticism is magnified. Ambiguous interactions are interpreted as rejection. The mind quietly rehearses the same painful narrative over and over.

THE IDENTITY QUESTIONS

Children Ask:

Do I Have Value?	Do I Matter?	Am I Lovable?
Do I Have Value?	Do I Matter?	Am I Lovable?

TRAUMA IS NOT JUST AN EVENT —
It is a belief about WHO I AM.

DEVELOPMENTAL TRAUMA FORMS
NEGATIVE CORE BELIEFS

	I DO NOT HAVE VALUE
	I DO NOT MATTER
	I AM NOT LOVABLE
	I MUST PERFORM TO MATTER

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The tragic result is that even positive experiences may fail to penetrate the internal narrative. Compliments feel suspicious. Love feels temporary. Acceptance feels fragile. Addiction often emerges as an attempt to escape the relentless pressure of this internal story.

Fletcher's work highlights an important truth for trauma treatment. Recovery cannot stop at behavioral change alone. A person may achieve sobriety and still feel worthless. Until the underlying identity narrative is addressed, the deeper wound of shame remains intact. Healing therefore requires something more powerful than willpower or self-improvement. It requires transformation of the story the mind tells about the self.



Curt Thompson: Being Seen and Known

Psychiatrist Curt Thompson brings another important dimension to the conversation by integrating neuroscience, attachment theory, and Christian spirituality. In his book *The Soul of Shame*, Thompson explains that shame disrupts the neural pathways that allow human beings to experience belonging (Thompson & Seybeth, 2018).

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Human beings are created for connection. The brain develops within relational environments that shape its ability to regulate emotion and interpret social cues. When individuals experience consistent love, presence, and safety, their nervous systems learn that relationships are trustworthy. When those experiences are absent or distorted, the brain adapts by preparing for rejection. Shame therefore becomes a relational injury. It teaches the individual that being seen is dangerous.

Thompson describes how this dynamic disrupts integration within the brain itself. The prefrontal cortex, responsible for reflection and self-regulation, becomes less coordinated with emotional and relational circuits in the limbic system. The Default Mode Network begins reinforcing narratives of defectiveness and isolation (Thompson, 2023). Yet Thompson also emphasizes that healing occurs through relational presence. When individuals are seen, heard, and accepted without condemnation, the brain begins to reorganize. Neural pathways associated with safety and connection grow stronger.

Restoring Identity. Rewriting the Story.
Healing the core developmental wounds. Giving rise to a new story.

THE CORE DEVELOPMENTAL WOUNDS
that shape our default mode network and identity.

I DO NOT HAVE VALUE	→	I AM DEEPLY VALUED I am created with worth that does not change.
I DO NOT MATTER	→	I MATTER I belong, and my life makes a difference.
I AM NOT LOVABLE	→	I AM DEEPLY LOVED I am known, accepted, and held in love.
I MUST PERFORM TO MATTER	→	I AM ENOUGH My worth is not based on my performance.

Trauma lives in the body.
Wounds live in the story.
Healing happens in relationship, truth, and meaning. — S

Restoring through the wisdom of the nervous system and the hope of the spiritual dimension.
A new story emerges. A new identity is formed.

“Be transformed by the renewing of your mind.” — Romans 12:2

NEUROFAITH® LLC
Bringing Neuroscience and Faith Together

Jeffrey E. Hansen, PhD
FOUNDER & DIRECTOR

“Peace I leave with you; my peace I give you. Let not your hearts be troubled.” — John 14:27

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This insight aligns beautifully with the spiritual vision of Scripture. Healing occurs not through isolation but through love. *“There is no fear in love. But perfect love drives out fear”* (1 John 4:18, NIV). Thompson’s work reminds us that grace is not merely a theological concept. It has measurable biological effects. When love replaces condemnation, the brain itself begins to change (Thompson, 2025).

The Internal World: Fragmentation and the Inner Family

Shame does not only affect our body and our heart. It also reorganizes our internal emotional world.

As we have previously discussed, Internal Family Systems offers a helpful framework for understanding how this occurs. According to IFS theory, the human psyche is composed of multiple internal parts that interact with one another. These parts include exiles, managers, and firefighters. Each of them develops in response to emotional experience and plays a role in protecting the individual from pain (Schwartz, 2023).

Exiles are the parts of the Self that carry the deepest wounds. They often hold memories of rejection, humiliation, fear, and abandonment. Because these emotions are overwhelming, other parts of the psyche work hard to keep the exiles hidden from awareness. Managers attempt to maintain order and control. They often manifest as perfectionism, hyper-responsibility, emotional restraint, or people-pleasing behavior. Their goal is to prevent situations that might expose the vulnerable exiled parts. Firefighters emerge when the pain of exile becomes unbearable. They attempt to extinguish emotional distress through impulsive behaviors such as addiction, anger, or dissociation.

Shame intensifies these dynamics dramatically. The exiled parts become saturated with the belief that they themselves are defective.

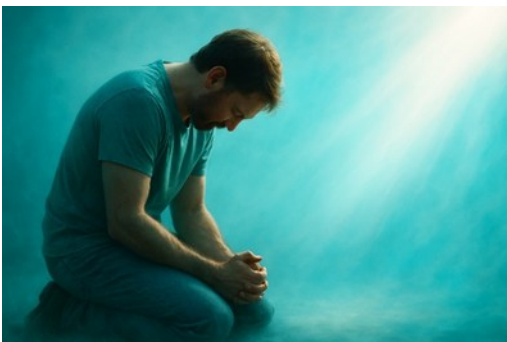
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Managers become increasingly rigid in their efforts to prevent exposure. Firefighters become more extreme as they attempt to silence overwhelming emotional pain.

One of the most painful consequences of shame within the internal system is the emergence of the Inner Critic. This voice often begins as an attempt to protect the individual from external criticism. Over time, however, it becomes relentless and destructive. The critic accuses, condemns, and shames the individual repeatedly. Instead of guiding behavior toward growth, it begins attacking identity itself.

This dynamic erodes the qualities that IFS identifies as the **Eight C's of Self** as noted previously. In review these qualities include calm, clarity, curiosity, compassion, confidence, courage, creativity, and connectedness (Schwartz, 2023). Under the weight of shame these qualities fade. We begin living primarily from our defensive parts rather than from the grounded center of our Self. Yet these qualities are not truly lost. They remain present beneath our layers of protection and fear. Healing involves helping our internal system rediscover these qualities and allowing our wounded parts to experience compassion rather than condemnation.

The Science of Spirituality and the Healing of Shame



As we have seen throughout this chapter, shame moves through every dimension of the human person. It affects our nervous system, our heart, our internal emotional world, and the narrative structures of our mind. It

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teaches our body to brace, our heart to constrict, and our mind to repeat a painful story about our identity. If healing is to occur, something powerful enough to reach each of these layers must enter the process. Increasingly, research suggests that spirituality is one of the most powerful forces capable of doing precisely that.

Psychology can help us understand shame and reduce its impact, but it often struggles to fully dismantle our deeper narrative that shame creates. Our wounds need more than coping strategies. They need a new verdict about our identity. This is precisely where the Christian story enters the conversation.

The Redemptive Work of Christ

The NeuroFaith® model ultimately points toward a spiritual truth that lies at the heart of Christian faith. According to the New Testament, the central act of redemption occurred through the life, death, and resurrection of Jesus Christ. In the language of the Apostle Paul, this event was not merely symbolic but transformative.

“He was delivered over to death for our sins and was raised to life for our justification” (Romans 4:25, NIV).

In this declaration our narrative of shame is directly confronted. We are no longer defined by our past failures or by the wounds inflicted through trauma. Instead, our identity becomes rooted in reconciliation with God.

The transformation described in Christian Scripture is not superficial. It involves the renewal of our mind itself. Paul writes, *“Do not conform to the pattern of this world, but be transformed by the renewing of your mind”* (Romans 12:2, NIV). The Greek word translated as “transformed” in this passage refers to a profound change in form or

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nature. It suggests something closer to metamorphosis than gradual improvement. Our old narrative shaped by shame begins to dissolve, and a new narrative grounded in grace begins to emerge.

Paul summarizes this transformation with extraordinary clarity: *"Therefore, if anyone is in Christ, the new creation has come: The old has gone, the new is here!"* (2 Corinthians 5:17, NIV). For those of us whose lives have been shaped by shame, these words carry immense significance. They declare that our identity is not determined by trauma, addiction, or failure. Through Christ, the deepest accusation against our soul loses its authority.

Grace interrupts shame's narrative.

Soul Rebirth: From Shame to Restoration

Healing from pornography addiction is never simply the reduction of unwanted behaviors. It is the restoration of the whole person. It is the gradual rediscovery of the man or woman God created long before shame began rewriting the story of identity. Recovery is not merely about learning to say "no" to pornography. It is about learning once again to say "yes" to truth, to relationship, to integrity, and ultimately to the God who has never stopped calling us by name.

Throughout this journey, we have seen that pornography addiction is not simply a problem of lust or self-control. It reaches far deeper than behavior alone. Trauma, chronic stress, loneliness, rejection, and emotional wounds shape the nervous system, teaching the body to remain vigilant and searching constantly for relief. They disrupt the rhythms of the heart, replacing peace with instability and coherence with emotional chaos. They reshape the mind, reinforcing painful narratives of inadequacy, failure, rejection, and shame. Left unchallenged, those narratives gradually become woven into our

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identity until we begin to believe that our addiction is not merely something we struggle with, but who we are. This is one of shame's greatest deceptions.

Yet this is also where hope begins.

Each of the pillars within the NeuroFaith® model contributes something essential to the healing process. As the nervous system learns safety, the body becomes less driven by survival. As the heart moves toward greater coherence, emotional stability begins to replace chronic reactivity. As the mind learns to understand its protective parts with wisdom and compassion, the relentless cycle of self-condemnation gradually begins to lose its power. Rather than living automatically, driven by urges and emotional pain, we develop the capacity to pause, reflect, and choose a different path. As these dimensions of healing begin to work together, they create space for something that no technique, no medication, and no psychological intervention alone can fully accomplish.

The soul begins to awaken.

This is why the fourth pillar is not simply another component of recovery. It is the dimension that gives meaning to every other pillar. Science helps us understand the mechanisms of healing, but faith answers the deeper questions that every person eventually asks. Who am I beneath my addiction? Am I still worthy of love? Can my failures truly be forgiven? Is genuine transformation possible, or am I destined to repeat the same cycle forever?

The gospel answers those questions with remarkable clarity. Our identity has never been determined by our worst choices, but by the One in whose image we were created. Shame insists that we are defined by what we have done. Christ declares that we are invited to

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become new creations through His grace. Shame drives us into secrecy and isolation. Christ continually invites us into truth, relationship, forgiveness, and restoration. Shame whispers that we are beyond hope. The gospel quietly but steadfastly reminds us that redemption has always been God's answer to human brokenness.

As this truth moves from intellectual belief into lived experience, something profound begins to change. The nervous system discovers a deeper sense of safety because it no longer carries life alone. The heart finds increasing peace as it rests in the steadfast love of God rather than in the false promises of pornography. The mind slowly releases distorted narratives that have shaped identity for years, while the inner critic loses its relentless authority in the presence of grace. What once felt overwhelming becomes increasingly manageable. What once seemed to define us gradually releases its grip. Resilience is no longer sustained merely through determination or willpower, but through an ever-deepening relationship with the God who meets us in our weakness and patiently transforms us from the inside out.

The psalmist reminds us, *"For you created my inmost being; you knit me together in my mother's womb"* (Psalm 139:13, NIV). That truth existed before our first exposure to pornography, before our deepest failures, before shame ever found its voice. It remains true today.

Recovery, then, is not the reconstruction of a ruined life. It is the rediscovery of the person God has been forming all along. As the noise of shame begins to quiet, the body breathes more freely, the heart grows steadier, and the mind begins to tell a different story. In that quiet place, many discover that another voice has been present all along. It is not the voice of condemnation that addiction has taught them to expect, but the gentle voice of Christ saying, "Come to Me." It is the invitation not merely to escape pornography, but to come home.

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This is the movement from fragmentation to wholeness, from secrecy to authentic relationship, from isolation to connection, from despair to hope, and from shame to restoration. It is the journey from bondage to freedom, from merely surviving to genuinely living. Along that journey, men and women do far more than recover from pornography. They become increasingly conformed to the likeness of Christ, discovering a resilience rooted not in self-reliance, but in the steadfast love of God—a strength that endures, a hope that cannot be shaken, and an identity that no addiction can ever erase.

This is the gift of the fourth pillar. It offers far more than symptom relief or psychological insight. It restores identity where shame has distorted it, brings peace where fear has long prevailed, renews hope where despair has taken root, and awakens a living relationship with the God who makes all things new. It gives direction to the body, coherence to the heart, wisdom to the mind, and life to the soul.

And it reminds us, with quiet authority and unwavering grace, that the final word over our lives will never be pornography, addiction, shame, or failure.

The final word is redemption.

The final word is restoration.

The final word is Christ.

Peace.

Before we conclude, it is important to recognize that while deep restoration lies at the heart of lasting freedom, wisdom also calls us to take practical steps that support that healing. Throughout the years, many gifted clinicians, researchers, pastors, and recovery leaders have identified behavioral strategies that help men and women protect their

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recovery and reduce the likelihood of relapse. These practices do not replace the restorative work of NeuroFaith®; they reinforce it. In the next two chapters, we will explore several of these practical principles, including accountability, establishing healthy boundaries, avoiding the "superhighways" that lead toward temptation, and other habits that help safeguard the freedom God is building within us.

Make a U-Turn on the Superhighway



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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.

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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.

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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.

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.

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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?

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- Is my sexuality just about “objectifying people,” just about my own pleasure?
- 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

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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 (integrityrestored.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

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

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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

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best therapists in Austin, attend life skills groups, receive peer recovery coaching, and personal fitness training all in a secure setting.

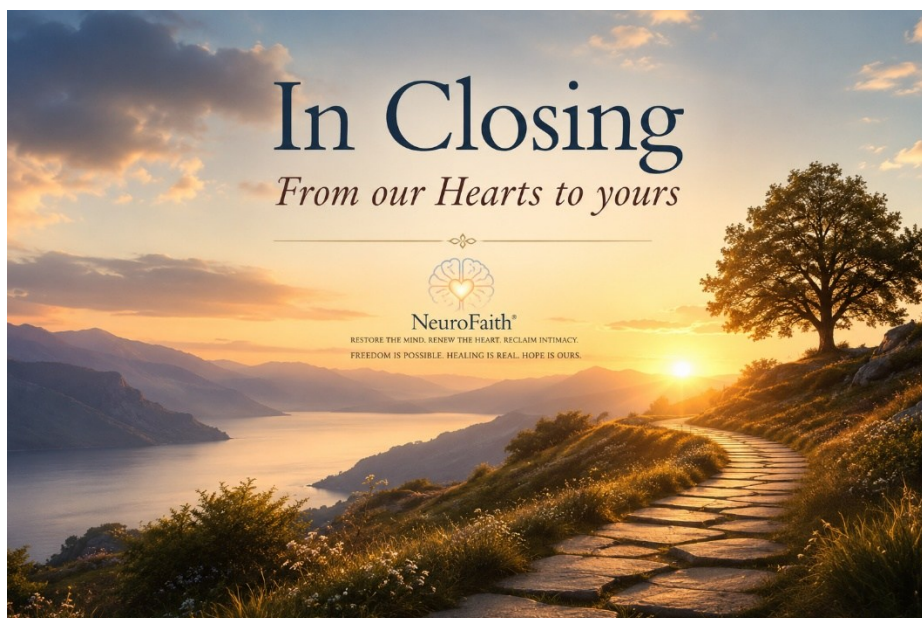
In addition, **residential “digital detox” services** are available for those who are overworked, overstressed, or have developed an over-dependence on screens and technology.

Phone: (512) 601-5407

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

In Closing

From our Hearts to yours



If you are feeling the weight of everything we've covered, that's okay. This journey hasn't been easy. Together we've walked through some difficult truths about the relentless grip of pornography addiction and how it rewires the brain, disrupts the nervous system, numbs the heart, distorts relationships, and gradually wounds the soul. We've explored the damage it can do to our emotional health, our marriages, our families, our identity, and even our walk with God. We've seen how it strips away dignity, teaches us to see people as objects rather than image-bearers, and ultimately leaves us emptier and more disconnected than before.

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But we didn't stop there.

Throughout this book, we have made one central point: pornography is rarely the real problem. More often, it becomes an attempt to solve a deeper one. Very few people ever choose addiction. What they seek is relief from pain, loneliness, rejection, anxiety, trauma, grief, boredom, or shame. Pornography seems to offer comfort, escape, or momentary peace. What no one anticipates is that what begins as a coping strategy can gradually become a prison. The very thing that once seemed to help eventually becomes the source of even greater suffering.

If that describes your story, we want you to hear this clearly.

We understand. We really do.

You are not your addiction.

Your struggle does not define your worth. Understanding how you arrived here is not about making excuses or avoiding responsibility. It is about making sense of the struggle so genuine healing can begin. Condemnation has never healed a wounded heart. Understanding, truth, responsibility, and grace create the conditions in which lasting transformation becomes possible.

That is why we have spent so much time exploring the NeuroFaith® model. Recovery is not simply about stopping a behavior. It is about restoring the whole person. As the nervous system learns safety, the heart moves toward coherence, the mind begins to understand itself with wisdom and compassion, and the soul rediscovers its identity in Christ, the need to escape gradually loses its power because the deeper needs that once fueled the addiction are increasingly being met in healthy, life-giving ways.

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Yet restoration must also be lived out in the practical realities of everyday life. Deep healing and practical wisdom belong together. Throughout this book we have encouraged you to reconnect with life through the NeuroFaith® model, intentionally step off the "superhighways" that repeatedly lead toward temptation, establish meaningful accountability, seek the support of trusted people who will walk beside you, and, above all, deepen your relationship with Jesus Christ. None of these practices alone produces lasting freedom. Together, however, they reinforce one another, creating an environment in which healing flourishes, integrity grows, and freedom becomes increasingly sustainable. Recovery is not built upon one dramatic decision, but upon thousands of faithful decisions made one day at a time, empowered by the grace of God.

Most importantly, remember that you were never meant to walk this journey alone. Healing happens in healthy relationships, in honest accountability, and in the transforming presence of Christ. He knows every chapter of your story, every wound you carry, every failure you regret, and every longing hidden within your heart. Yet His response has never been condemnation. His response has always been an invitation.

Perhaps, as you have read these pages, you have realized that what you have truly been searching for is not merely freedom from pornography, but freedom itself. The deepest longing beneath every addiction is ultimately the longing to be fully known, fully loved, fully forgiven, and finally at peace. Those longings find their fulfillment not in pornography, nor in willpower alone, but in a relationship with Jesus Christ.

The Apostle Paul writes:

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"If you declare 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 profess your faith and are saved... Anyone who believes in Him will never be put to shame." Romans 10:9–11 (NIV)

The Apostle Peter echoes that same promise, reminding us that centuries earlier God declared through the prophet Isaiah:

"For in Scripture it says: 'See, I lay a stone in Zion, a chosen and precious cornerstone, and the one who trusts in Him will never be put to shame.'" 1 Peter 2:6 (NIV), quoting Isaiah 28:16

How beautiful that promise is.

Pornography thrives in secrecy and shame, but Jesus specializes in forgiveness, restoration, and new beginnings. He does not merely forgive our sins; He removes our shame and restores our identity as beloved sons and daughters of God. The voice that has whispered, *"You'll never change. You'll always be this way. You're too far gone,"* is not the voice of Christ. His invitation has always been the same:

"Come to Me."

If you have never placed your trust in Jesus Christ, or if today is the day you want to recommit your life to Him, we invite you to pray from your heart.

Dear Heavenly Father,

I know that I need You. Thank You for loving me even when I wandered far from You. Thank You for sending Jesus Christ to die on the cross for my sins and to rise again so that I might be forgiven and restored.

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“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.”

Peter then reminds us who we have become in Christ:

"But you are a chosen people, a royal priesthood, a holy nation, God's special possession, 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 prayed that prayer today—whether for the first time or as a renewed commitment to Christ—we would be honored to hear from you. We'd love to celebrate with you, pray for you, and provide complimentary resources to encourage you in both your walk with Christ and your journey toward lasting freedom.

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Pastor Earl Heverly

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One final thought. If you remember only one thing from this book, remember this:

Pornography may have become part of your story, but it is not your identity.

Your deepest identity has always been found in the God who created you, redeemed you, and continues to restore you. Keep walking. Keep

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trusting. Keep getting back up. The God who began a good work in you will be faithful to complete it.

The final word over your life is not pornography, shame, or failure. The final word is redemption. The final word is grace. The final word is Christ's peace.

Peace.

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