

When the Road Divides

A Psychologist's Reflection on Calling, Conscience, Leadership, and the Human Heart



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The Framework for Understanding

I have spent much of my professional life helping people make meaning out of experiences that initially feel incoherent. Trauma, institutional strain, moral injury, love, endurance, and the slow work of integration are the terrain of my daily practice. I have long taught that healing begins when we resist the impulse to reduce a story to heroes and villains and instead ask a more demanding question. What was true. What was operating beneath the surface. What does this reveal about the kind of people we are and the systems we inhabit. I am now attempting to extend that same discipline to my own life.

This reflection is not an argument, and it is not an effort to establish who was right. It is an attempt to better understand the convergence of events, relationships, convictions, grief, and organizational realities that shaped the last three years and, perhaps more importantly, to better understand myself. It is written from the dual vantage point that has formed me, the lens of a psychologist who studies systems and the heart of a man who loves the people inside them.

Formation in Systems and Conscience

For more than a decade on active duty in the United States Army, then a season of private practice, followed by another decade serving as a civilian psychologist within the Department of Defense. In the military system, I lived and worked inside one of the most structured

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hierarchies in our culture. I respected rank. I advanced within it. I was entrusted with increasing responsibility and understood clearly that authority is not the enemy of mission but its necessary backbone.

Yet across those twenty years there was a consistent pattern. When I saw a military psychologist being set up to fail through a process that violated clinical integrity or basic fairness, I spoke. When that required going outside the chain of command, I did so knowing the potential cost. When soldiers or clinicians were caught in systems that had already tilted the outcome against them, I stepped into those rooms because I could not unsee what I had seen.

This was never about opposition. It was about congruence.

Public Convictions and Cost

Over time that same pattern extended into the broader debates of our profession. I have taken public positions that carried professional and relational cost because silence would have required me to fracture internally. I did not do this to provoke. I did it to remain whole. That same pattern later shaped my willingness to speak publicly on controversial clinical issues, including the over medicalization of children and the developmental and ethical concerns surrounding early medical intervention for gender distressed youth. The response was often harsh. I was criticized and at times vilified. Yet silence would have required a fragmentation of the self that I could not accept.

Collapse and Realignment

There was also a season in which my own life lost alignment. Achievement and productivity had moved to the center of my identity. When family crises converged with the economic collapse of 2009, the structure that held me together gave way. I was brought to my knees by cumulative load and by the realization that success had replaced coherence. The recovery took years. It reshaped my spirituality, my clinical work, and my definition of what it means to live in truth. That realignment in my fifties became the foundation of everything I now teach about integration.

The Second Call and the Vision

I was still at Madigan. My role was clear. My authority was defined. I initially declined. When I finally sat down with Tim and Brendan, I was not persuaded by a position. I was moved by a vision. We spoke about restoration, about treating people as whole human beings, about building something that aligned with the deepest currents of my professional life.

I entered that work relationally, not transactionally. I gave more hours than I was compensated for because I believed in what we were building and in the man who had invited me into it.

Strain, Loyalty, and Loss

At the same time, my personal world was under extraordinary strain. I was fighting to clear my name from an unfounded professional accusation and walking through the prolonged loss of my brother. Yet my commitment to the work never came from obligation. It came from love and loyalty.

The Good Years and the Shared Vision

Before speaking of strain, it is essential for me to name what was genuinely life giving in those years, because the beauty of that season is not a prelude to the story. It is the story.

To be part of building something from the ground up was a privilege. It gave me the opportunity to step into areas of clinical work that had not previously been central in my professional life. Running groups, which I had done only in limited ways before, became one of the great surprises. I discovered not only a competence but a deep love for the immediacy, the shared humanity, and the real time transformation that happens when people risk being known in front of one another.

It was also a remarkably fertile environment for the development of the NeuroFaith® model. I was not working in abstraction. I was living inside a clinical ecosystem where complex trauma, substance use disorders, behavioral addictions, and the search for meaning were present every day in embodied form. I had spent years studying trauma and behavioral addiction, but here I was able to enter much more deeply into the lived reality of substance dependence and the long arc of recovery. That work changed me. It refined my clinical thinking and gave the model a depth and practicality that could not have emerged in isolation.

The staff were extraordinary. To teach, to train, and to watch clinicians grow in their confidence and their capacity to hold human suffering with skill and compassion was one of the most meaningful experiences of my career. It required me to clarify what I believed, to formulate it in language that could be transmitted, and to embody it in a way that others could trust. In that sense, those years did not simply allow the NeuroFaith® model to develop. They demanded that it become real.

There was a sense, especially in the earlier period, that we were participating in something larger than any one role. The work was demanding and the hours were long, but it carried the energy of shared mission. We were learning together, building together, and witnessing transformation together.

That season remains one of the most generative and meaningful chapters of my professional life, and it is inseparable from my gratitude to Tim for inviting me into it.

Structural Shift

As the organization expanded, a shift occurred that in hindsight is both understandable and decisive. A presidential layer was introduced that strengthened hierarchy and operational control. Structure increasingly carried more weight than clinical dialogue. From a systems perspective this is predictable in a growing organization. From the standpoint of a clinician

whose identity is built around collaborative discernment, it was disorienting. There were several attempts between Tim and me to work toward alignment. There was some ownership on both sides. There was genuine effort. It was not enough to overcome the structural direction that had been set.

One moment crystallized the reality for me. In the context of a clinical situation in which I had been working toward careful and thoughtful resolution, I was publicly corrected by the new president in a way that had not first been afforded the dignity of private conversation. The first formal communication I received about the matter was written in a way that made the disagreement visible to others before it had been worked through with me. What I experienced in that moment was the recognition that the clinical voice I carried no longer had a protected place in the system.

The contractual arrangements that followed reflected this structural reality. Resources were appropriately directed toward administrative expansion and organizational development, but the clinical leadership function I had been performing relationally for years was now being defined in ways that did not match either the responsibility being carried or the vision that had first brought me into the work.

Different Callings

None of this erased my love for Tim. I respected his courage as a founder, admired what he had built, and understood the weight he carried in keeping it alive. Over time I came to see with greater clarity and, more importantly, with greater compassion that we were shaped for different kinds of responsibility. He lives with the daily task of building, stabilizing, and sustaining an institution, making decisions that allow an organization not only to function but to survive and grow. I am, by temperament and by decades of formation, a clinician whose first reflex is to move toward dialogue, nuance, and the protection of the relational and clinical field.

Neither of these orientations is wrong. They arise from different centers of gravity and serve different callings. What felt to me at times like a loss of clinical voice was, from his position, the necessary work of organizational leadership. What may have felt to him like resistance was, from my position, an effort to preserve clinical integrity. In that light I no longer see our tensions primarily as personal or even situational. We were not operating from the same role, and over time that difference became structural rather than something that goodwill alone could resolve. They are, in the end, not the same vocation.

The Question of Consulting

After my resignation, there was a sincere and respectful conversation with Tim about the possibility of continuing in a consulting role. I entered that dialogue with genuine openness because it represented a way to preserve the relationship and the shared history while honoring the structural direction of the organization.

For a time, I allowed myself to believe that this might be a viable bridge.

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As I reflected more deeply on the core issues that had shaped the last several years, the same realities remained. The questions surrounding clinical direction, authority, affirmation practices, and the protection of what I understand to be clinical excellence were not matters of misunderstanding. They were differences in conviction and structure that had already proven themselves to be persistent and, within the current organizational form, unresolvable.

A consulting role, to be authentic, would require me to bring the full weight of my clinical and ethical voice to the work. To accept such a role while knowing that those issues would remain unchanged would not have been collaboration. It would have been a quieter continuation of the same internal misalignment that led to my stepping away in the first place.

This realization comes with grief and with clarity. It also comes with respect, because it allows me to see without illusion that the path Tim is called to walk and the path I am called to walk are both real and no longer meant to occupy the same organizational space.

Blessing and Release

Tim, I am grateful for you. You invited me into something that mattered. You trusted me with your dream. You gave me friendship and collaboration that were real. I bless what you are building and the path you have chosen. I believe you will see the success that your drive and courage have always made possible. You are doing what you are made to do.

You once used the phrase that I might be a square peg in a round hole. There is truth in that. Not as failure of fit, but as a recognition that we were shaped for different kinds of structures.

What I know is this. I loved working with you. I love you as a man. I honor what you have built. And I release you to build it in the way that is yours to build.

This is not the story of betrayal. It is the story of differentiation. Love given in sincerity is never wasted. Work done in integrity is never lost. And parting in truth is one of the most respectful acts two men can offer each other.

I am at peace with that and I pray that you are as well.