Contents

Endorsements

for NeuroFaith® *The Intersection of Science and Faith in Healing of Trauma and Addiction*

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

Andrew P. Doan, MPH, MD, PhD
Adjunct Associate Professor of Surgery, Uniformed Services University
Ophthalmology and Aerospace Medicine

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

Gary S. McCaleb
Senior Counsel
Alliance Defending Freedom

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

Pete Grossenbach
US Air Force C-17 Pilot

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

regarding trauma, trauma treatment, and the spiritual vacuum that exists in each of us.

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

NeuroFaith®: The Intersection of Science and Faith in the Healing of Trauma and Addiction offers understanding and answers to break the bondage of addiction and find peace in a world where ideals and reality rarely align.

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

Patrick Akana
Police Sergeant (retired)

NeuroFaith®: The intersection of Science and Faith in the Healing of Trauma and Addiction, perfectly reconciles the disparate approaches of the medical model, the psychological model and the social learning model of addiction medicine. For years, the medical model has been embraced by researchers and therapists alike. The medical model is too reliant on the treatment of symptoms and lacks focus on "Why." To poorly quote Viktor Frankl, if we know the "why," the "how" may become evident. To this end, Dr. Hansen, Mr. Hayden, and Pastor Heverly provide a roadmap for a truly holistic approach. Healing is not accomplished by masking symptoms. It requires an understanding of

the root cause of the problem. Including Faith in the "How" discussion adds a powerful tool for those struggling with trauma and addiction. This book shows how Spiritualty and neuroscience are not at odds but complementary and the best approach to using both for recovery.

Salvatore Bitondo, LICSW, BCD
Chief, Family Advocacy Program
Behavioral Health Service Line
Madigan Army Medical Center, JBLM

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

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

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

Best wishes and blessings in your ministry.

Gary E. Thomas, Assistant Pastor (Retired)
Counseling and Discipleship
Calvary Chapel of Olympia

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

Steven Backus
Phoenix Fire Department

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

Alayna Collins, M.A.
Psy.D. Doctoral Candidate in Clinical Psychology

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

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

dive into process addictions as well, such as pornography, and helps us understand the stronghold it has on one's mind, body, and soul.

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

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

Libby Smith, Ed.D., Ph.D.
Lead Therapist, Holdfast Recovery

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

Mike Kimmel
Agape House of Prescott, Executive Director

Retired Senior Director with major Defense and Telecommunications companies

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

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

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

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

Devin Spera, M.D.
Emergency Medicine Physician

In Dedication

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

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

NeuroFaith®

The Intersection of Science and Faith in the Healing of Trauma and Addiction

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

---

Author's Note on AI Collaboration

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

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

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

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

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

Published by NeuroFaith®, LLC
Prescott, AZ
2025 Jeffrey E. Hansen

Why We Write

A Call To Healing: Where Faith Meets Science

This book is written with a singular purpose: to offer a pathway of hope and healing for those struggling with addiction and trauma by merging cutting-edge neuroscience with the life-transforming power of faith. At Holdfast Recovery and AnchorPoint, we believe in addressing the whole person—mind, body, and soul—so that true, lasting recovery can occur.

At the heart of this story is Brendan McDonough, co-founder of Holdfast Recovery. His personal journey through unimaginable trauma and redemption serves as the foundation for everything we do. On June 30, 2013, Brendan's life changed forever during the Yarnell Hill fire in

Arizona. As the sole survivor of the Granite Mountain Hotshots, Brendan bore the weight of survivor's guilt and grief after losing 19 of his brothers-in-arms. That profound loss plunged him into a battle with addiction as he sought to numb the emotional agony. Brendan's story, detailed in his book ***Granite Mountain*** and depicted in the film ***Only the Brave***, is not only one of survival but of resilience, redemption, and hope.

Brendan had to choose between succumbing to his grief or fighting for his life. With the help of faith, Brendan found the courage to confront his addiction and heal the emotional scars left by the Yarnell Hill fire. Through God's grace, he transformed his pain into purpose, eventually co-founding Holdfast Recovery with Tim Hayden. Together, they envisioned a place where others could not only recover from addiction but also heal from the deep trauma that often lies beneath it.

Tim Hayden's journey was different but no less profound. For nearly two decades, Tim worked in the demanding world of the tech industry, where he built a career around leadership, team development, and strategy. He earned accolades for his integrity and problem-solving abilities, climbing the corporate ladder and enjoying a level of success that many aspire to. But behind the success, Tim struggled with the mounting pressure of a high-stakes career.

At home, Tim was a loving husband, father of three, and foster parent to two more. He was deeply involved in his church, coached youth sports, and was admired for his dedication to his community and family. But the balance between his family life and his career became increasingly difficult to maintain. The constant travel, endless meetings, and long hours began to take a toll, not only on his physical health but on his emotional well-being.

As the pressure mounted, Tim, like so many others in high-powered careers, began to rely on unhealthy coping mechanisms. He was turning to alcohol while on the road and at home to cope with life's stresses and binge drinking to blow off steam and "have a good time" with friends and coworkers. But alcohol wasn't enough to keep pace with the relentless demands of his life. Tim began using stimulants—energy drinks, excessive caffeine, and eventually, prescription medications— to stay sharp, push through exhaustion, and meet the constant expectations placed on him.

This vicious cycle of stimulants by day and alcohol by night left Tim physically and spiritually depleted. The life he was living felt disconnected from his true calling, the one he believed God had placed on his heart. As the cracks in his life deepened, Tim realized this wasn't the path he was meant to walk. His corporate success, once a source of pride, now felt hollow, and the emotional toll was becoming too great to ignore.

Through prayer and the support of his wife, Tim began to seek out a new purpose—one where his life experiences could be transformed into something meaningful and redemptive. But finding that purpose wasn't easy. Several doors closed before a trusted pastor, recognizing the unrest in Tim's heart, introduced him to Brendan McDonough. The connection between them felt like divine intervention. Both men had walked through their own valleys of struggle and loss, and both were determined to turn their pain into a purpose far greater than themselves.

In Brendan, Tim saw a kindred spirit, a man who had not only faced unimaginable trauma but who had emerged from it with a renewed sense of mission and faith. Together, they founded Holdfast Recovery,

a place where people could not only break free from the chains of addiction but also heal from the deep-rooted trauma that often lies at its core.

As Brendan and Tim's vision for Holdfast Recovery grew, so did their need for clinical expertise. That's when Jeff, a seasoned clinical psychologist specializing in trauma and addiction, joined their team. Jeff brought with him a wealth of experience from his time working with traumatized soldiers, military families, and children. His clinical work at the U.S. Department of Defense, particularly at Madigan Army Medical Center, had given him a deep understanding of how trauma impacts the brain and how faith can be a powerful force in the healing process.

But Jeff's journey wasn't without its own deep emotional wounds. He, too, had faced significant developmental trauma growing up, which left scars that shaped his understanding of pain, loss, and healing. His personal history of trauma and the loss of his twin brother, Greg, after a long battle with depression, gave Jeff a unique perspective on resilience. Through both professional expertise and lived experience, Jeff developed a deep empathy for those who struggle with addiction and trauma.

Inspired by Brendan's journey and Tim's vision, Jeff joined the mission to develop an innovative treatment model that merges cutting-edge neuroscience with faith-based healing. Their combined efforts created a holistic approach that addresses both the neurological and spiritual aspects of trauma and addiction.

More recently Earl Heverly joined our team to assist in the writing of this book, taking the role as our spiritual guide. Following his conversion

to Christ as a child, Earl attended the University of Illinois in the 1960's. During that time, his mother and father (a pastor) divorced, which sent Earl into a spiral of lost faith and alcohol abuse. He met and married his wife of 55 years, Nancy. Graduating in 1970 during the height of the Viet Nam war, Earl awaited his draft notice. Months later, he was surprised to be classified 4F and continued in a business partnership.

During that time, Earl's sister and brother-in-law came to visit them. They walked in the front door and announced God had sent them. Indeed, He had. Earl and Nancy tearfully recommitted their lives to Christ, and they plugged into a local church where they learned how to follow Jesus as their Savior and Lord.

The following Easter Sunday, Nancy gave birth to their second child born with a large, brown, hairy birthmark covering the right side of her face. The attending physician was stunned by her appearance, but Earl believed he had to be strong for Nancy and their new daughter. Earl stayed close, watching every detail of the baby's care and assuring Nancy everything was somehow going to be alright.

After Nancy and baby were deemed healthy (except for this growth), Earl went to the car and prepared to return home to tell their older child about her new baby sister. Sitting in the car, he was overwhelmed by his daughter's disfigurement and cried out to God pleading, "God I'll do anything. Please just help my baby."

Then, as if someone had reached inside him and flipped a switch, Earl suddenly stopped crying. He sat there listening to the silence, then he heard God speak, "Earl, Melissa is Mine. I love her unconditionally. I gave her to you to raise and will always be with her."

God's unmistakable peace filled Earl's heart and mind. But God wasn't done. He continued, "Earl, I want to have that same kind of relationship with you. I will be with you always and will provide everything you'll ever need. But you must give yourself completely to Me."

Hearing these words, Earl surrendered himself, his family, and his future into God's hands and has never looked back. Four years later he began his career as a pastor, teacher and counselor serving in two California churches, as well as teaching in three different Bible colleges. Earl retired in January 2024 after 46 years of pastoral ministry and continues to serve God's people in various capacities throughout northern California.

Together, we built a program rooted in the belief that true healing comes from treating the whole person: mind, body, and soul. This book, ***NeuroFaith®: The Intersection of Science, Faith, and Healing from Trauma and Addiction***, is an extension of that vision. It reflects their combined journeys and the model of recovery they have developed at Holdfast Recovery and AnchorPoint. Through their work, they offer a pathway of healing that honors the complexities of trauma and addiction while drawing on the life-transforming power of faith.

We invite you to walk this journey with us, not only to understand the interplay between trauma, addiction, and the brain but also to witness the profound power of faith in healing lives. Brendan's story is living proof that even in the face of overwhelming loss, redemption and recovery are possible. His courage and faith, along with Pastor Earl's spiritual wisdom, Tim's leadership and Jeff's clinical expertise, continue to inspire the work we do every day at Holdfast Recovery and AnchorPoint, where we stand alongside others in their journey toward hope, healing, and transformation.

Introduction

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

-Alexander Pope's An Essay on Man

Something is not right, and it is no longer subtle. We are living in a time where anxiety is rising, depression is deepening, addiction is spreading, and suicide rates have reached levels that would have been unthinkable just a generation ago. What was once occasional has become common. What was once hidden is now everywhere. You may be feeling it in your own life, in the form of a persistent heaviness, an anxiety that will not settle, or

patterns you cannot seem to break. Or you may be watching someone you love slowly lose themselves and wondering how to reach them. What you are seeing is not simply
weakness or bad choices. It reflects a deeper disruption within the integrated systems of the mind, the body, and the soul, and until that deeper reality is understood, real healing will remain just out of reach.

At the same time, it would be a mistake to ignore the real progress that has been made. Psychology and medicine have advanced in meaningful ways. We understand more than ever about the brain, about trauma, about behavior, and about the ways in which people suffer and adapt. These gains matter, and they have helped many. And yet, for all of this progress, we are still wanting. We are not meeting the need. Something essential is missing. What has been largely absent is a true integration of the mind, the body, and the soul, a framework that does not treat these as separate domains, but as inseparable dimensions of the same human experience.

When the Language Is Not Enough

Over time, we have developed language to describe these struggles. Anxiety. Depression. Trauma. Addiction. Each of these terms captures something real, and each has contributed to a growing understanding of human suffering. But there is a sense in which these labels, while helpful, are not enough. They describe categories, but they do not fully explain what has happened within a person. Beneath these diagnoses lies a more integrated disruption. The brain adapts in response to overwhelming experiences, often in ways that prioritize survival over long-term regulation. The nervous system becomes conditioned toward states of chronic activation or shutdown. Emotional life becomes either intensified or numbed. And at a deeper level, a person's sense of identity, meaning, and connection can begin to erode in ways that are difficult to articulate but profoundly felt.

This is why so many of us find ourselves caught in cycles that feel nearly impossible to break. Insight alone is not enough. Willpower alone is not enough. Even well-intentioned treatment can fall short when it addresses only one dimension of a problem that is fundamentally multidimensional. Addiction, in this context, is not merely a problem to be controlled but one expression of a system that has been shaped by unresolved pain and has learned to cope in ways that ultimately create further harm. The same can be said for many of the struggles that dominate our current cultural landscape. What we are seeing is not a collection of isolated disorders, but a pattern of disruption that runs deeper than we often acknowledge.

The Limits of Partial Solutions

Modern psychology and neuroscience have given us remarkable insight into these processes. We now understand that trauma leaves measurable imprints on the brain, that patterns of thought and behavior are reinforced through neural pathways, and that emotional regulation is closely tied to the functioning of the nervous system. These advances matter, and they have improved our ability to help people in meaningful ways. Yet for all of this progress, something essential has remained incomplete. Too often, treatment becomes focused on managing symptoms rather than restoring the person. Stabilization is achieved, but transformation remains elusive. We learn to cope, but we do not always experience the deeper sense of healing we are longing for.

At the same time, faith has long addressed the deeper dimensions of human experience. It speaks to our identity, to our purpose, to our belonging, and to the possibility of restoration. It provides a framework for understanding suffering and a foundation for hope that extends beyond immediate circumstances. But when faith is disconnected from an understanding of how the brain and body function, it can become difficult to translate belief into lived change. We may be encouraged to trust, to surrender, or to believe more deeply, yet still find ourselves

stuck in patterns we cannot seem to shift. The result is that many of us are left navigating two incomplete systems, each offering something valuable, but neither providing a fully integrated pathway to healing.

What Is NeuroFaith®

NeuroFaith® emerges from the recognition that this divide cannot continue. It is an integrated model that brings together neuroscience, trauma-informed therapy, and Christian spirituality into a unified framework for understanding and treating the wounds of the mind, the body, and the soul. Rather than approaching these domains separately, NeuroFaith® recognizes that true healing occurs when they are brought back into alignment.

At its foundation is the understanding that our brain is capable of change. Neuroplasticity allows new pathways to form even after significant disruption, meaning that patterns shaped by trauma, anxiety, or addiction are not permanent. Trauma-informed approaches help address our nervous system directly, guiding us out of chronic states of threat and into states of safety and regulation. At the same time, faith speaks to the deeper dimensions of our identity and meaning, providing a foundation that supports and sustains the work of healing.

NeuroFaith® is not about choosing between science and faith. It is about integrating both in a way that reflects how we are actually designed. Scientific insight helps us understand how change occurs within our brain and body. Faith provides us with direction, purpose, and a framework for understanding who we are and why healing matters. When these elements are brought together, something shifts. What once felt entrenched begins to loosen. What once felt unreachable begins to come into view.

Within this model, several therapeutic approaches play a central role. Polyvagal-informed therapy helps individuals understand and regulate their nervous system, moving from chronic states of activation or

shutdown into greater stability and engagement. HeartMath® provides tools for developing heart-brain coherence, strengthening emotional regulation and resilience. Internal Family Systems offers a way of engaging the internal world, helping individuals relate to wounded parts of themselves with clarity and compassion rather than conflict. These approaches, when integrated within a faith-informed framework, create a pathway that is both grounded and transformative.

The Role of Faith in Healing

Scripture speaks directly into the reality of our brokenness and restoration. ***"The Lord is near to the brokenhearted and saves those who are crushed in spirit"*** (Psalm 34:18, ESV). This is not simply a comforting statement, but a reflection of a deeper truth about our human condition. Brokenness is real, but so is restoration.

Faith, in this context, is not passive. It is an active engagement that shapes how we understand our identity, how we interpret our experiences, and how we move forward. It provides a source of hope that is not dependent on circumstances and a framework for meaning that sustains us through the process of healing. Importantly, faith does not replace the need for clinical or therapeutic work. Rather, it deepens and supports it. As we engage in practices such as prayer, reflection, and spiritual connection, we are also engaging neural systems involved in attention, regulation, and emotional processing. In this way, faith and neuroscience are not in opposition, but are describing different aspects of the same integrated process.

An Invitation to you, Dear Reader

This book is not meant to be read at a distance. It is a personal invitation just for you. Whether you are personally struggling, walking alongside someone you love, or seeking a deeper understanding in your professional work, you are entering a process that is both informative and transformational. The goal is not simply to explain what has gone wrong, but to guide you toward what can be restored.

You will come to understand how trauma shapes the brain, how patterns such as addiction and emotional dysregulation take hold, and why these patterns can feel so resistant to change. More importantly, you will be introduced to a pathway that integrates neuroscience, trauma-informed therapy, and faith into a coherent process of healing. This is not about quick fixes. It is about sustainable change grounded in how you were designed.

"He heals the brokenhearted and binds up their wounds" (Psalm 147:3, NIV). That promise is not abstract. It is lived out in real lives, every day.

The Road Ahead

As you move forward, each chapter will build on what has been introduced here. We will begin by examining the scope of the problem, looking at the rising rates of anxiety, depression, trauma, and addiction, and what they reveal about the broader cultural landscape. From there, we will explore how early experiences, attachment patterns, and environmental influences shape the development of the brain and contribute to vulnerability or resilience.

You will be introduced to the science of neuroplasticity and epigenetics, gaining a clearer understanding of how change occurs and why it is possible even in deeply entrenched patterns. We will examine how addiction and other maladaptive behaviors take hold, from initial exposure to long-term reinforcement, and how these patterns alter brain function over time.

From there, the focus will shift toward healing. You will be guided through therapeutic approaches that address the nervous system, the emotional world, and the deeper internal landscape of the self. These include Polyvagal-informed therapy, HeartMath®, and Internal Family Systems, all integrated within the NeuroFaith® framework. We will also explore the role of connection, community, and spiritual formation, including insights drawn from the 12-step tradition and broader relational models of recovery.

Finally, we will address the complexities of treatment in the modern world, including the role of medication and the importance of thoughtful, individualized care. The goal is not to dismiss existing approaches, but to place them within a broader, more integrated understanding of healing.

By the end of this journey, you will have a clearer understanding of what has gone wrong, and more importantly, what can be restored. This is not simply a book about struggle. It is a roadmap toward healing.

And that journey begins here.

Welcome to NeuroFaith®

A new path of hope, healing, and restoration!

PART 1

THE BACKDROP

A Fractured Generation

The Mental Health Crisis and the Rise of Addiction

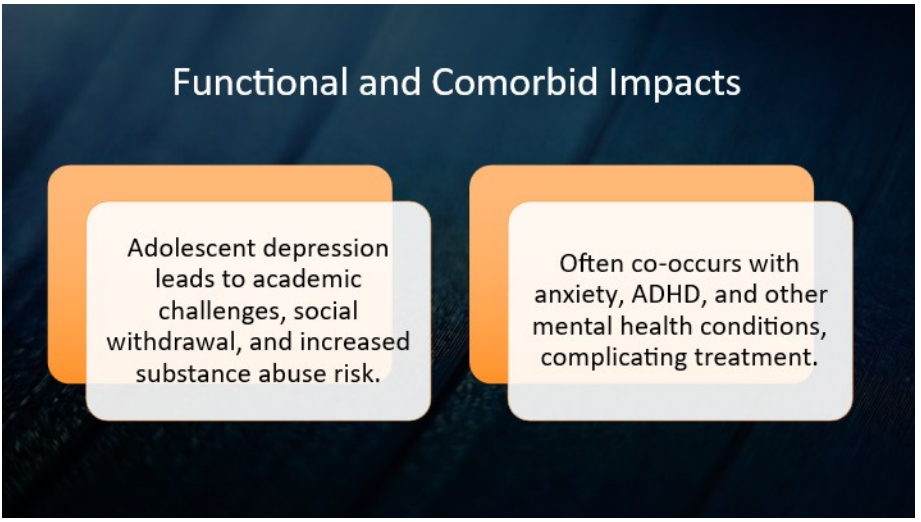
"The truth will set you free,
but first it will make you miserable."

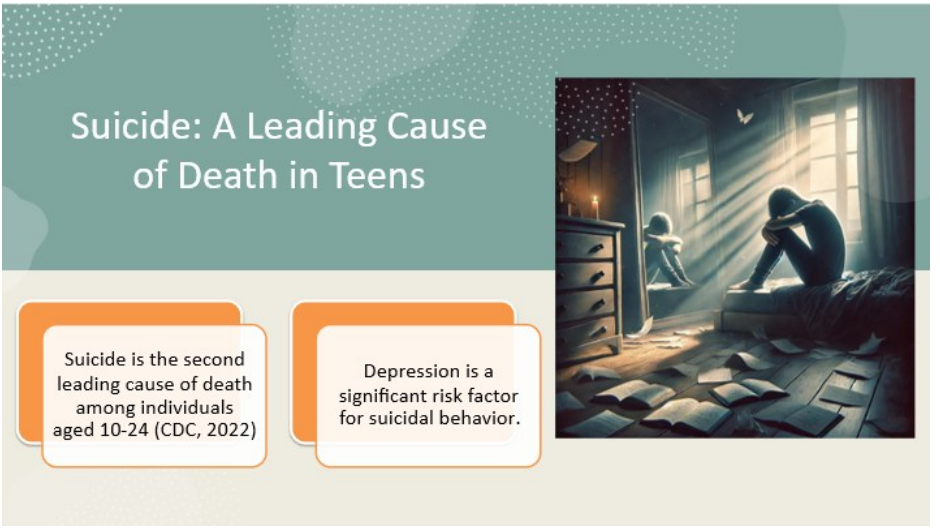
– James A. Garfield

The scope of the current mental health crisis is no longer a matter of debate. It is measurable, accelerating, and increasingly difficult to ignore. Across multiple domains of mental health, the trends are moving in the wrong direction. Anxiety continues to rise, depression has deepened across age groups, and suicide has reached levels that demand urgent attention. What was once considered rare is becoming common, and what was once hidden is now visible across homes, schools, clinics, and communities.

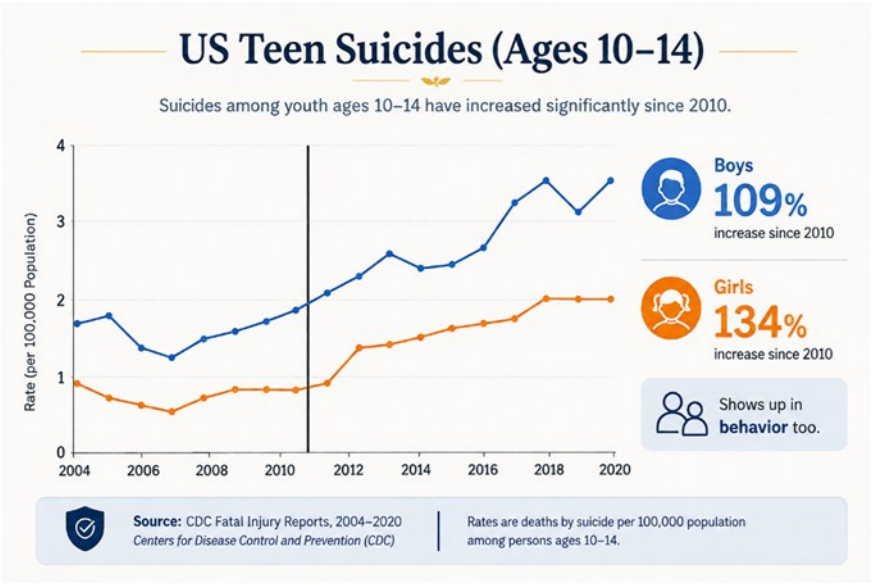
Despite meaningful advances in psychology and medicine, we are not meeting this need. We understand more than we ever have about the brain, about trauma, and about the mechanisms underlying emotional distress. We have more treatment options, more medications, and more therapeutic models than at any point in history. And yet, the trajectory continues in the wrong direction. We are still wanting. Something essential is missing, and that absence points not to a lack of effort, but to a lack of integration. The mind, the body, and the soul are too often treated as separate domains rather than as inseparable dimensions of the same human experience.

A Generation Under Strain

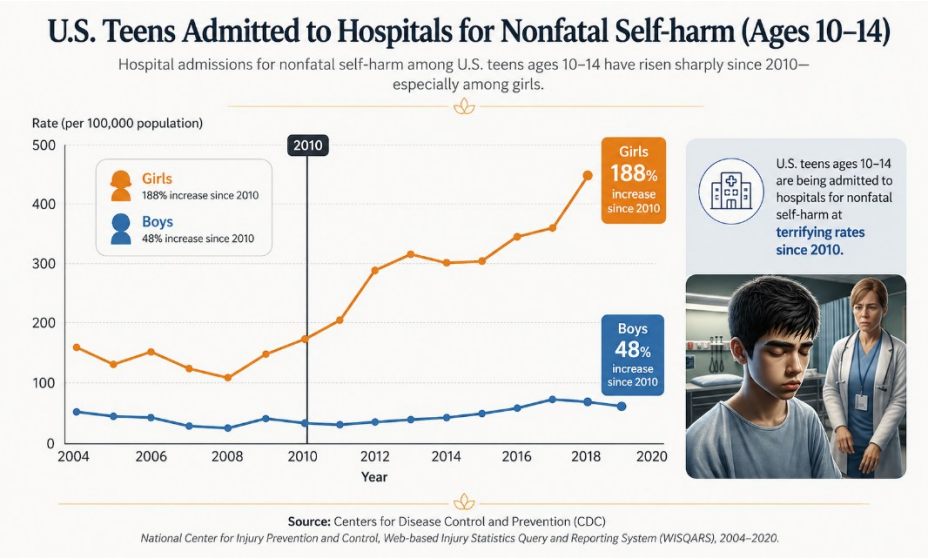




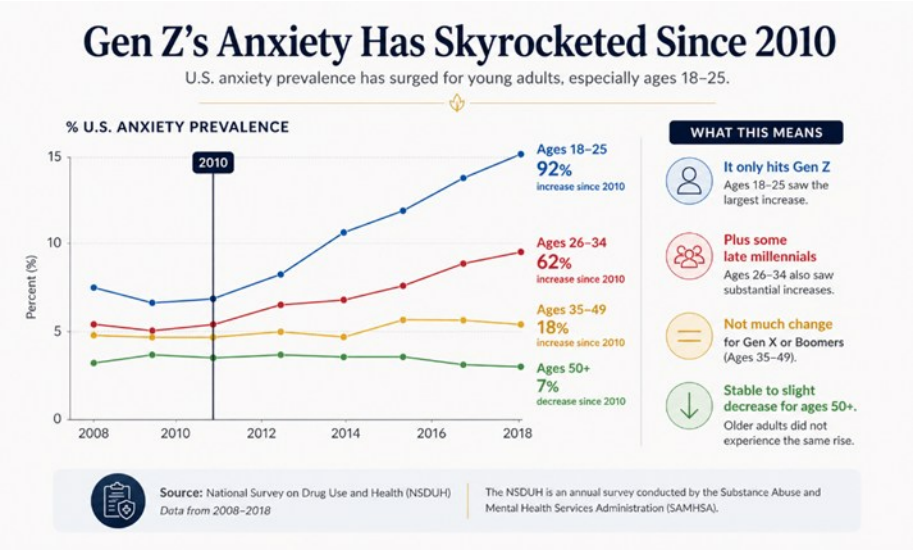
The data surrounding adolescents brings this crisis into even sharper focus. According to Haidt (2024), suicide rates among children ages 10–14 have increased dramatically since 2010, with a 109% increase among boys and a 134% increase among girls.



But the tragedy does not end there. Nonfatal self-harm, widely recognized as a clinical red flag for unprocessed emotional pain and dysregulation, has surged as well, with an 188% increase among girls and a 48% increase among boys (CDC, 2021). These are not merely statistics. They represent a generation struggling in ways that are both profound and deeply concerning, often without the language or support necessary to make sense of what they are experiencing.



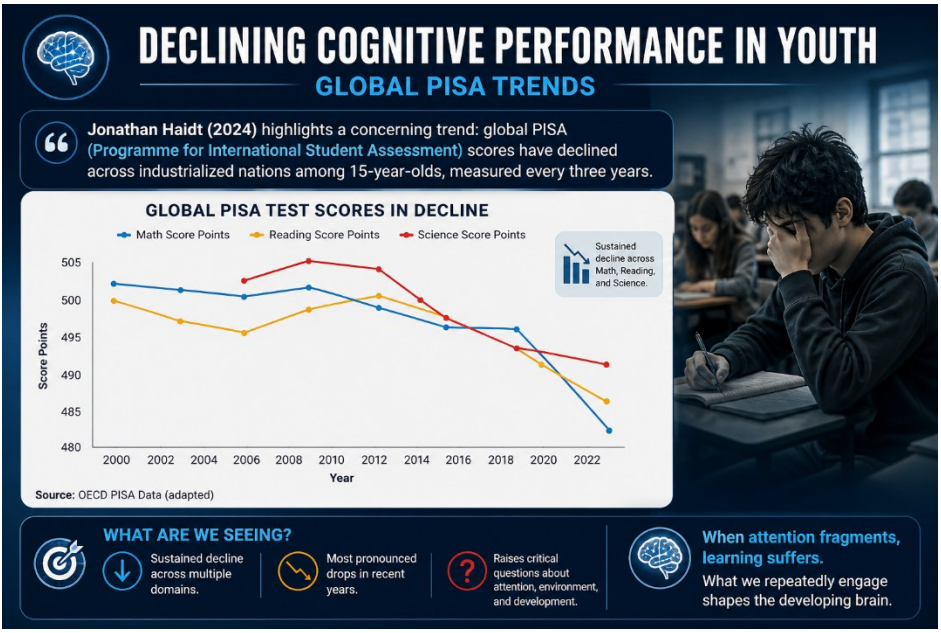
This pattern extends beyond crisis behaviors into broader mental health trends. Anxiety and depression among Generation Z, particularly those between the ages of 10 and 25, have risen at rates not seen in previous generations. Haidt (2024) reports a 134% increase in anxiety diagnoses and a 106% increase in depression among undergraduates since 2010. Notably, these increases are not mirrored among Generation X or Baby Boomers. This suggests that something specific has shifted within the developmental environment of today's youth. As Haidt (2024) notes, the timing of these changes corresponds closely with the rise of smartphone-saturated adolescence.



What makes this shift particularly concerning is not only what has been added to the developmental landscape, but what has been removed. In healthy childhood development, exposure to manageable risk is essential. Children develop resilience, executive functioning, and social competence through embodied experiences, through exploration, conflict, and real-world interaction. These experiences are foundational. Yet in many cases, children are now protected from physical-world risk while being exposed, often without guidance, to the most psychologically destabilizing aspects of the digital world. The developmental environment has, in many ways, been inverted.

Haidt (2024) describes this as a profound developmental mismatch. A generation biologically wired for connection, exploration, and experiential learning is instead being shaped by isolation, hyperstimulation, and disembodied interaction. The consequences are increasingly evident: underdeveloped regulatory systems, fragile and externally anchored identities, and an increasing reliance on digital validation as a substitute for genuine connection and internal stability.

The impact extends beyond emotional health into cognitive functioning. Global PISA scores, which assess performance in reading, mathematics, and science across industrialized nations, have shown a steady decline since approximately 2012 (Organization for Economic Cooperation and Development [OECD], 2022). Haidt (2024) identifies this as further evidence that attention, sustained focus, and cognitive endurance, core neurological capacities, are being compromised in a screen-dominated developmental environment. The shift toward constant digital engagement has not only displaced play, but has also disrupted the conditions necessary for deep thinking.



Clinically, the effects of these changes are unmistakable. Children and adolescents are presenting with heightened anxiety, diminished distress tolerance, identity confusion, and increasing difficulty navigating relationships. Their internal worlds are often shaped more by digital input than by lived experience. Their identities are curated rather than

discovered. Many have not had the opportunity to develop a stable sense of self before being immersed in an environment that continuously evaluates and reshapes them.

When Progress Is Not Enough

It would be a mistake to overlook the real gains that have been made in the fields of psychology and medicine. Advances in neuroscience, trauma research, and therapeutic intervention have provided valuable insight into how people suffer and how change can occur. These contributions matter, and they have improved the lives of many.

And yet, for all of this progress, we are still wanting.

We are not meeting the need.

This is not because the science is wrong. It is because it is incomplete when applied in isolation. When the brain is treated without the body, when behavior is addressed without deeper meaning, and when suffering is reduced to symptoms without understanding the whole person, the result is often partial relief rather than lasting restoration.

What is missing is integration.

Addiction as a Sign of a Deeper Crisis

It is within this broader context that addiction must be understood.

Addiction is not an isolated disorder, nor is it simply a matter of poor choices or lack of discipline. In many cases, it represents a sequela of deeper dysregulation, a powerful and often desperate attempt to manage pain that has not been adequately processed or resolved. When the mind is overwhelmed, the nervous system dysregulated, and the

deeper sense of identity fractured, the brain will seek relief. Substances and behaviors that alter mood, numb distress, or create temporary escape become highly reinforcing. What begins as coping becomes conditioning. What begins as relief becomes compulsion.

This is why addiction is so persistent. It is not merely driven by the substance itself, but by the underlying system that has learned to depend on it. When that system is not addressed, removing the behavior alone is rarely sufficient. The individual is left without the very mechanism that had been serving, however destructively, as a form of regulation.

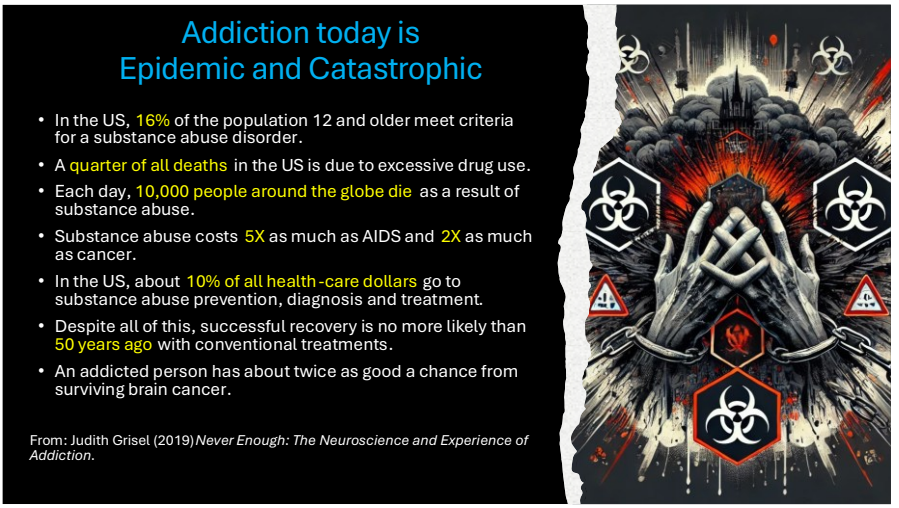
Addiction, then, is not the root problem. It is one of the most visible and destructive expressions of the larger mental health crisis.

The Scale of the Addiction Crisis

As behavioral neuroscientist Dr. Judith Grisel has summarized, the financial and societal cost of addiction is staggering. Substance abuse consumes resources at a scale that exceeds five times the global investment in combating AIDS and twice that of cancer. In the United States, approximately ten percent of the entire healthcare budget is directed toward the prevention, diagnosis, and treatment of substance use disorders (Grisel, 2019).

And yet, despite these massive investments, outcomes have remained largely unchanged. Recovery success rates today are no better than they were fifty years ago with traditional treatment approaches. Even more sobering, an individual struggling with addiction has a statistically greater likelihood of surviving brain cancer than achieving long-term recovery from substance dependence (Grisel, 2019).

The scope of the problem is equally alarming. Approximately sixteen percent of Americans aged twelve and older meet the clinical criteria for a substance use disorder. Globally, thousands of lives are lost each day to substance-related causes, underscoring the relentless reach of addiction (Grisel, 2019).



The opioid epidemic illustrates the severity of this crisis with painful clarity. In 2019, there were 70,630 drug overdose deaths in the United States, with 70.6% involving opioids (Hedegaard, Miniño, Spencer, & Warner, 2020). By 2020, overdose deaths had risen to 91,799, with 74.8% involving opioids (Hedegaard, Miniño, Spencer, & Warner, 2021). In 2021, the number climbed again to 106,699 deaths, 75.4% of which were opioid-related (Hedegaard, Miniño, Spencer, & Warner, 2022).

The daily toll is staggering. In 2021, approximately 292 people died each day from drug overdoses in the United States, with the majority of those deaths involving opioids (Hedegaard et al., 2022). Since 1999, over one million lives have been lost to drug overdoses, with more than 644,000 attributed to opioids (Hedegaard et al., 2022).

These numbers are not simply statistics. They represent a trajectory that continues to worsen despite increasing awareness, funding, and intervention.

This is not simply a failure of access, policy, or effort.

It is a failure of understanding.

When addiction is treated in isolation, the deeper drivers remain untouched. When behavior is targeted without addressing the pain beneath it, the system adapts and finds new ways to cope. This is why relapse remains common. It is why treatment outcomes remain stagnant. And it is why the broader mental health crisis continues to expand.

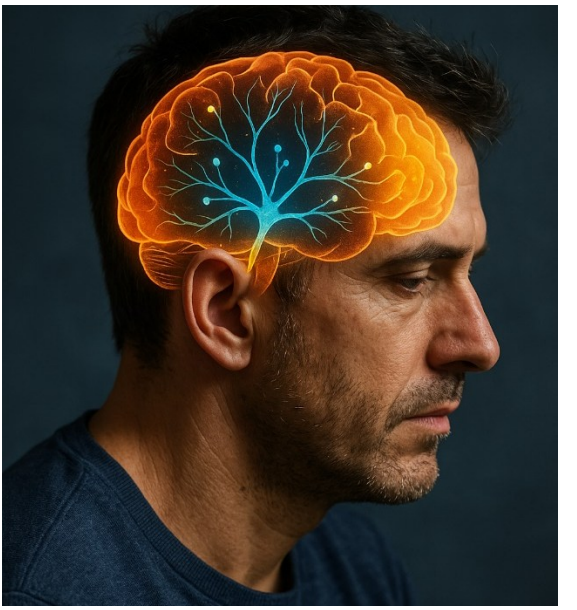
If the problem is fragmentation, then the solution must be integration.

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



Not everyone who reads this book will identify as someone struggling with addiction in the traditional sense. But everyone who reads this book will recognize the experience of seeking relief from something that feels overwhelming, persistent, or deeply unresolved. Whether it is anxiety that will not quiet, depression that will not lift, or an internal tension that seems to have no clear source, the human system is wired to find a way to cope.

In many cases, what we call addiction is not the primary problem, but the solution the brain and body have learned to rely on in the face of that distress. It is an attempt, often an effective one at first, to regulate emotional pain, to escape inner turmoil, or to create a sense of relief when no other pathway feels available. Over time, however, what once functioned as a form of coping begins to take on a life of its own. The very mechanism that provided relief becomes the source of deeper entrapment.

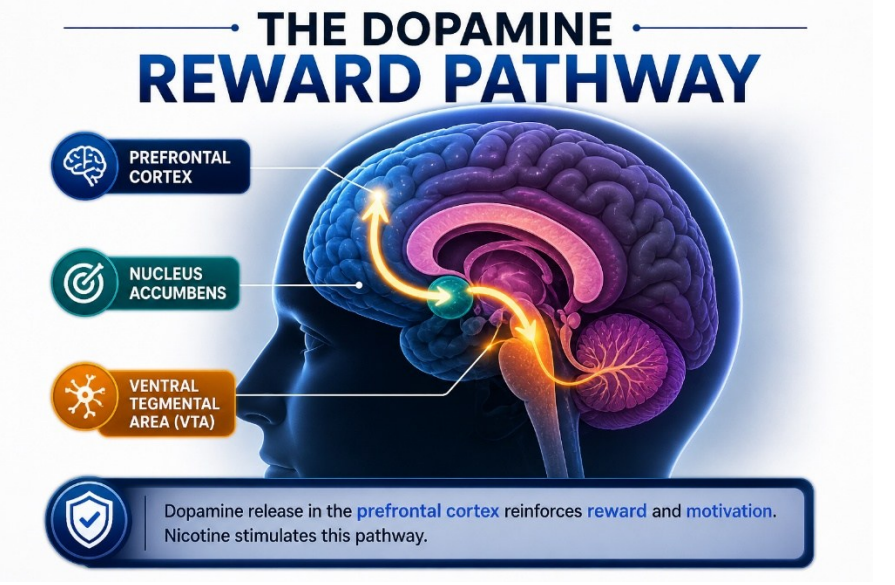
This is why addiction must be understood within the broader context of the mental health crisis. It is not an isolated condition affecting only a subset of individuals. It is one of the clearest and most intensified expressions of what happens when the systems of the mind, body, and soul become dysregulated. It reveals, in unmistakable terms, how the brain adapts to pain, how it learns to survive, and how those survival strategies can ultimately become self-destructive.

To understand addiction, then, is to understand something fundamental about the human condition itself.

Addiction is a battle between desire and destruction, an inner turmoil where the mind is held captive by the very things it longs to escape. As the Apostle Paul so eloquently expressed in his letter to the Romans, we often find ourselves doing the things we despise, trapped in a cycle we cannot break on our own. This inner conflict is the essence of addiction, a war between the pleasure-seeking centers of the brain and the soul's deeper yearning for freedom.

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

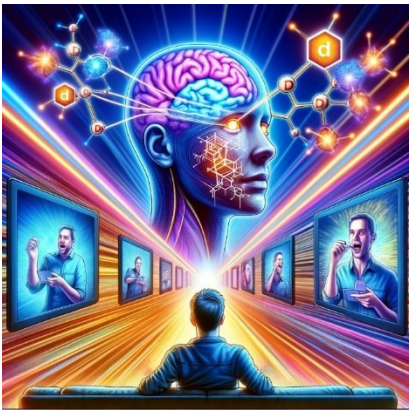
Just as Paul wrestled with the tension between good intentions and harmful actions, those battling addiction face a constant tug-of-war between seeking satisfaction and spiraling into deeper bondage. Understanding the neuroscience of addiction not only sheds light on this internal struggle but also offers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



Specifically, how much dopamine is activated by a substance or behavior is correlated directly with the addictive potential of that

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

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



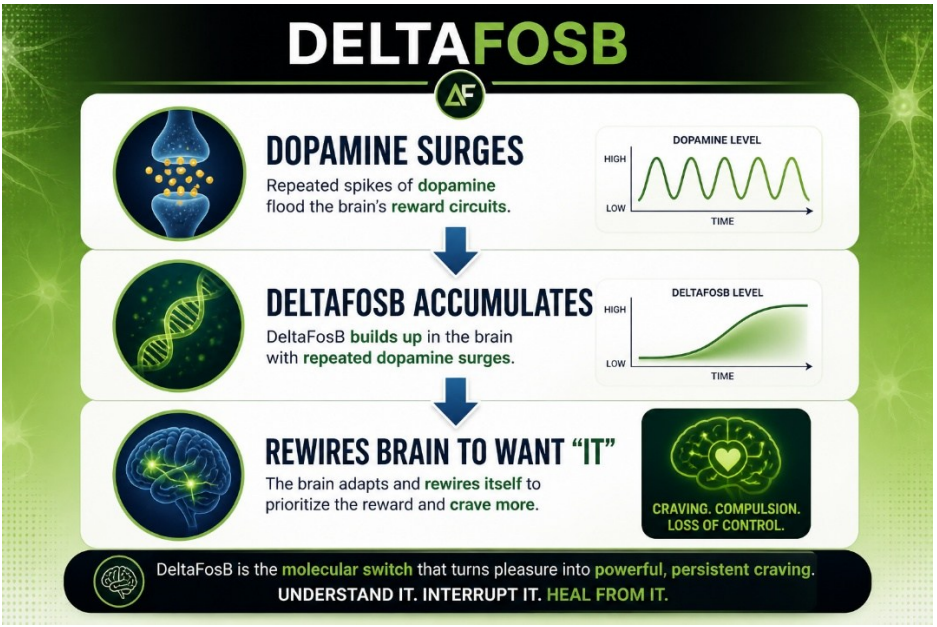
When an individual performs an action that is satisfying to a need or fulfills a desire, dopamine is released into the nucleus accumbens, a cluster of nerve cells beneath the cerebral hemisphere specifically associated with reward and pleasure. This is also known as the brain's "pleasure center." Basically, 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 circuity). In other words, addictive drugs and behaviors, such as gambling and video gaming, actually offer ***a short-circuit*** to this process, which only ends up flooding the nucleus accumbens with dopamine and does not serve any biological function.

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

Although dopamine has been referred to as the "pleasure molecule," it is more about seeking and searching for pleasure, rather than pleasure itself. Dopamine is more involved in drive and motivation to seek. The "final reward," or what we experience as feelings of pleasure, Wilson (2014) writes, involve the release of endogenous opioids. You can think of dopamine as "wanting" and opioids as "liking." As psychologist Dr. Weinschenk explains, dopamine causes us to want, desire, seek out and search. However, the dopamine system is stronger than the opioid system, and we hence seek more than we are as satisfied…" Seeking is more likely to keep us alive rather than sitting around in a satisfied stupor. (Weinschenk, 2009). "Addicts want it more but gradually like it less. Addiction might be thought of as ***wanting gone amok***." (Wilson, 2014).

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

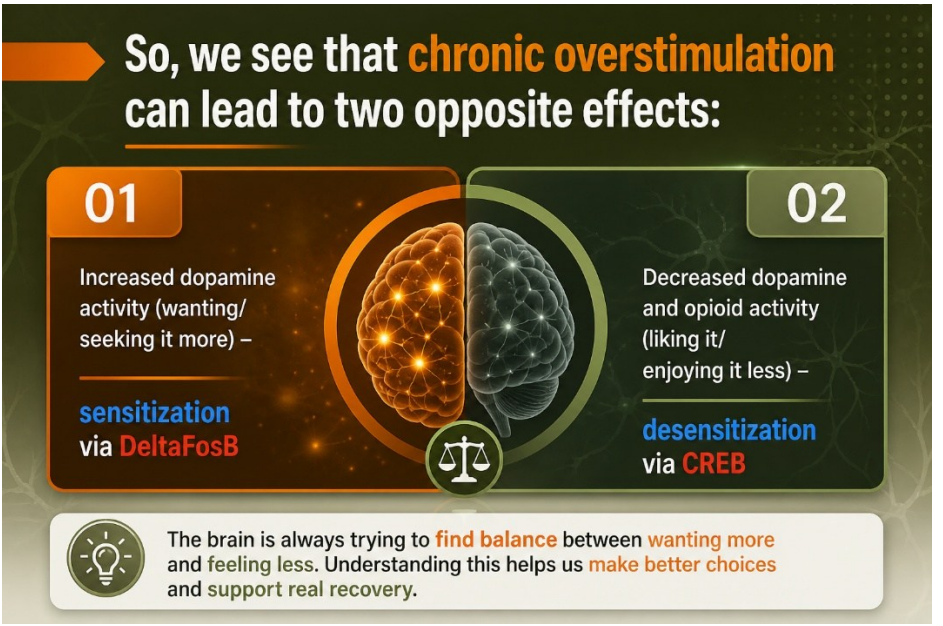


As the brain recognizes that it needs a rest, it will activate CREB, a protein that reduces reward signaling, to slow things down. In essence, DeltaFosB acts like the gas pedal, and CREB functions as the brakes. It specifically inhibits dopamine and endogenous opioids to take the joy out of the binging/addictive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

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

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

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



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

cycle whereby we need to ingest increasing amounts of the addictive substance in question or engage in the addictive behavior in question just to maintain our dopamine level (Wilson, 2014).

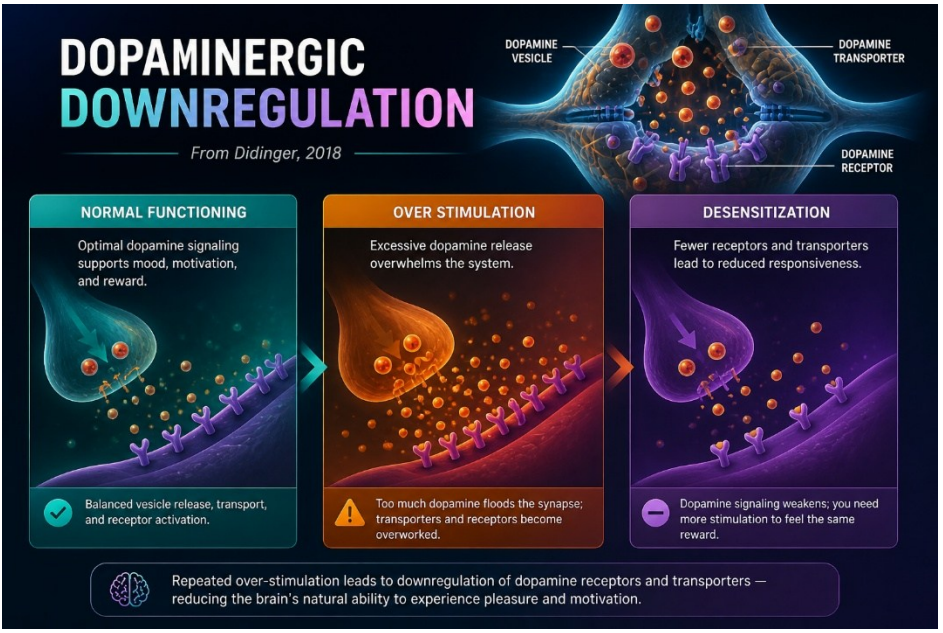
Then, as a "double whammy," this chronic exposure to addictive behaviors or substances then impacts negatively on the prefrontal cortex, which, among other things, is the brain's decision-making center, associated with impulse-control or "braking mechanism." As the prefrontal cortex's braking mechanism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

A deeper dive into **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 on the next page, as noted in Didinger (2018) portrays the changes:

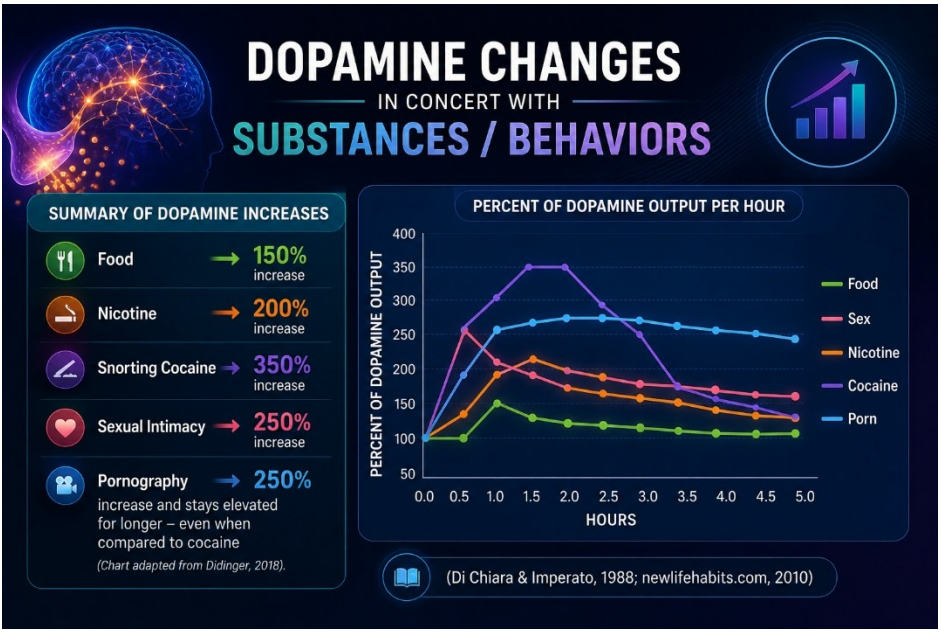
Desensitization: The next step in the process of developing addiction on the cellular level is desensitization, which refers to a general dialing

down (as previously noted) of responsiveness to all forms of pleasure. This process occurs as a result of prolonged dopamine production (Volkow et al., 2101). As Dindinger (2018) notes, when high valence stimuli. such as pornography. are encountered, dopamine increases dramatically, which eventually results in overstimulation, something we might like, but our brain doesn't. As with most biological processes, our brain will seek a state of homeostasis or normalcy. Didinger adds that our brain effectively retaliates by reducing the amount of receptor sites available to receive the dopaminergic stimulation as can be seen in the graphic below (adapted from Didinger, 2018). Sadly, this loss of receptor sites during desensitization effectively and qualitatively changes how we experience normal sources of pleasure. As a result, essential and healthy survival resources, such as friends, food, family achievement, social activities, and dating, become weaker and less pleasurable, and we pursue them less or stop pursuing them altogether. In other words, sources that used to bring us pleasure no longer hit the mark, and we then seek higher and higher valence sources in the quest of more intense dopamine.... thus, we seek more extreme levels of a substance or behavior to achieve this.



The use of drugs increases dopamine the same as sexual activity (intimacy, pornography or masturbation) does, 250%, but what is alarming is that it maintains the dopamine level much longer than sexual intimacy does. Dr. Didinger comments that even with an extremely addictive drug like cocaine, which increases dopamine by 350%, dopamine levels decrease much faster than with pornography. As such, he notes that the brain interprets pornography to be extremely valuable and necessary for survival, thus essential to maintain, which helps to perpetuate the descent into addiction (Didinger, 2018).

As can be seen in the chart below:

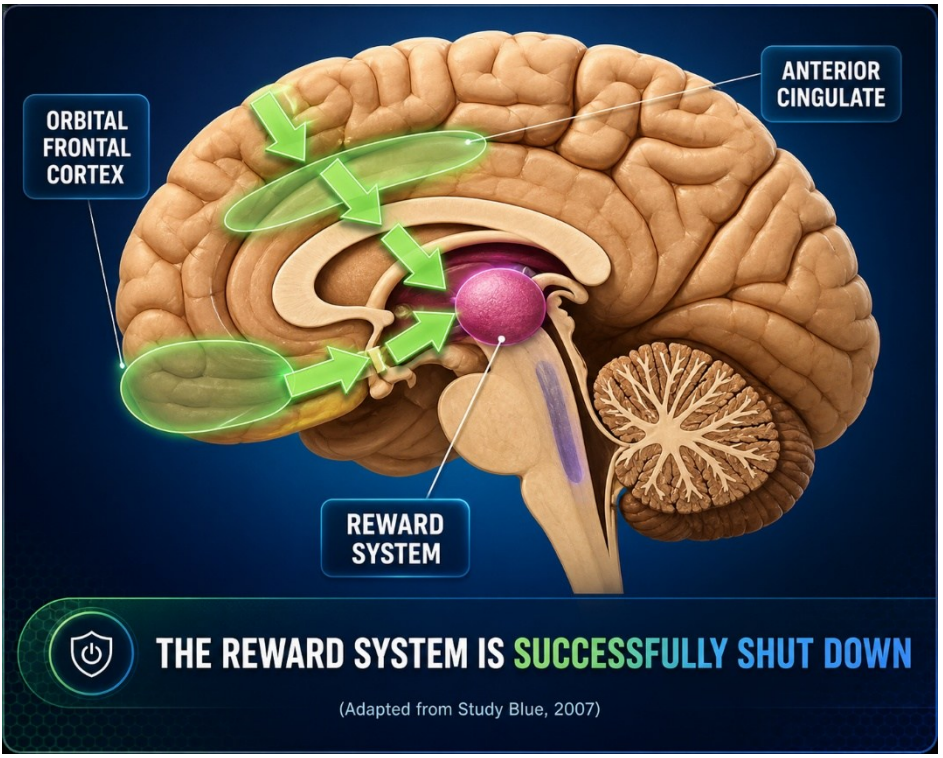


Hypofrontality – Not a good thing:

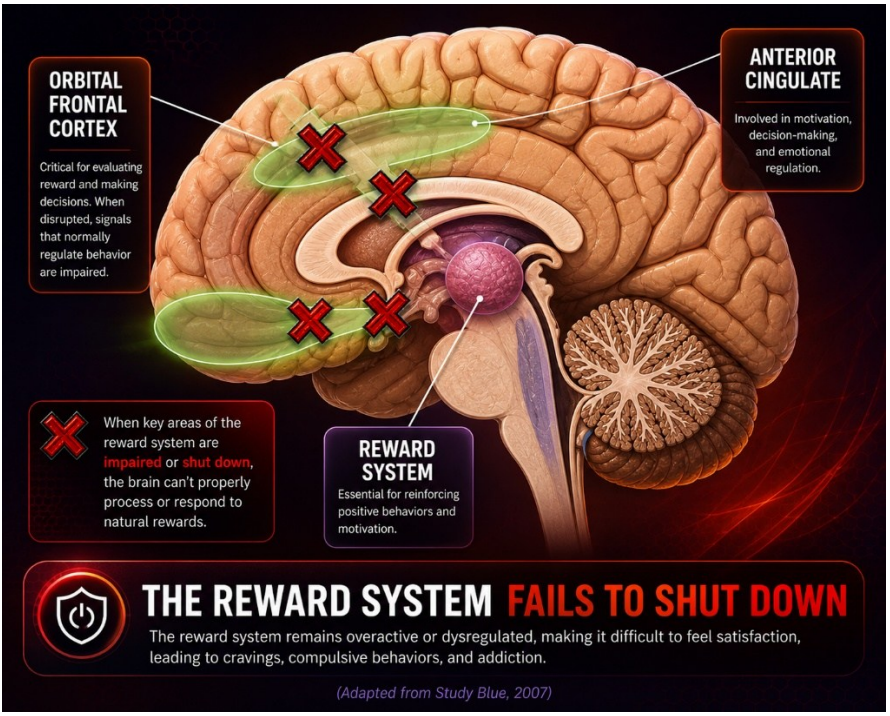
As Didinger (2018) points out, at the beginning of developing an addiction such as pornography, sensitization and desensitization of dopaminergic pathways are the primary driving forces. Once an addiction is on its way to becoming fully established, hypofrontality kicks in to ensure that the new substance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

Two areas of the brain, the anterior cingulate and the orbital frontal cortex, serve as a protective mechanism to counter the reward system's desire for ever-increasing dopamine increase. Specifically, they help us to avoid and/or continue in activities or behaviors that could potentially harm us. For example, Freddy wants to ditch football practice and go

off with friends to smoke some weed, which would greatly increase dopamine and help to begin the process of rewiring his brain as shown in the diagram on the next page.



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


ORBITAL FRONTAL CORTEX
Critical for evaluating reward and making decisions. When disrupted, signals that normally regulate behavior are impaired.
ANTERIOR CINGULATE
Involved in motivation, decision-making, and emotional regulation.
When key areas of the reward system are impaired or shut down, the brain can't properly process or respond to natural rewards.
REWARD SYSTEM
Essential for reinforcing positive behaviors and motivation.
THE REWARD SYSTEM FAILS TO SHUT DOWN
The reward system remains overactive or dysregulated, making it difficult to feel satisfaction, leading to cravings, compulsive behaviors, and addiction.
(Adapted from Study Blue, 2007)


FIGHT
FLIGHT
FREEZE
CONNECT

Polyvagal Theory:

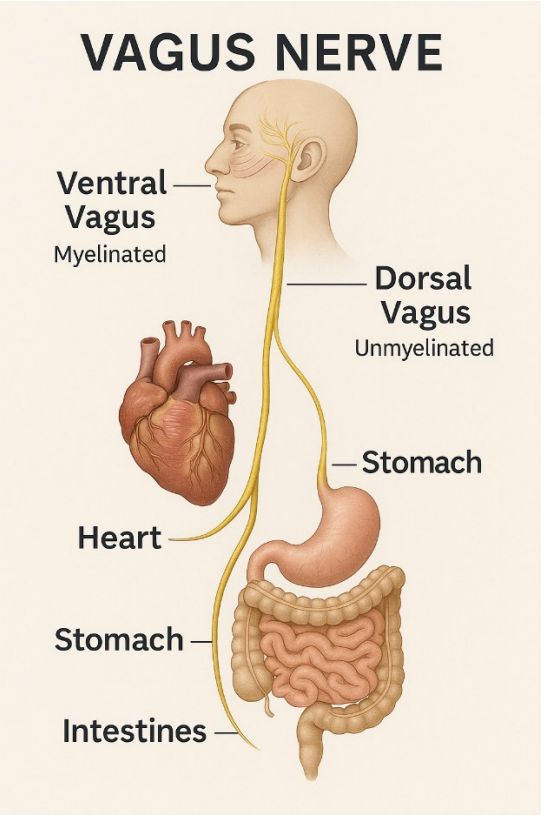
In order to move forward in our understanding of what is happening to us as we progress toward addiction, we must understand Steven Porges' Polyvagal Theory and then integrate this knowledge with Triune Brain Theory. So, first, a little anatomy. The Autonomic Nervous System is a control system that acts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

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

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

Steven Porges discovered that the parasympathetic division of the Autonomic Nervous System consists of two branches that lead to two different responses. The main nerve in the parasympathetic nervous

system is the 10th cranial nerve, aka the vagus nerve, the largest of the 12 cranial nerves and has huge implications for our well-being and health. The vagus nerve has two very distinct branches: Dorsal vagal nerve and the ventral vagal nerve.



Dorsal Vagal Nerve: Barta (2018) notes that the most primitive form of defense occurs when the dorsal vagal nerve is activated. When activated, the dorsal vagal nerve promotes shutdown, freeze, and collapse. An example of this shutdown is when a gazelle is being stalked by a lion and when trapped with no possible way to flee, drops down,

and appears to be deader than a doornail. This is not a conscious process but is, rather, a very primitive and unconscious one.

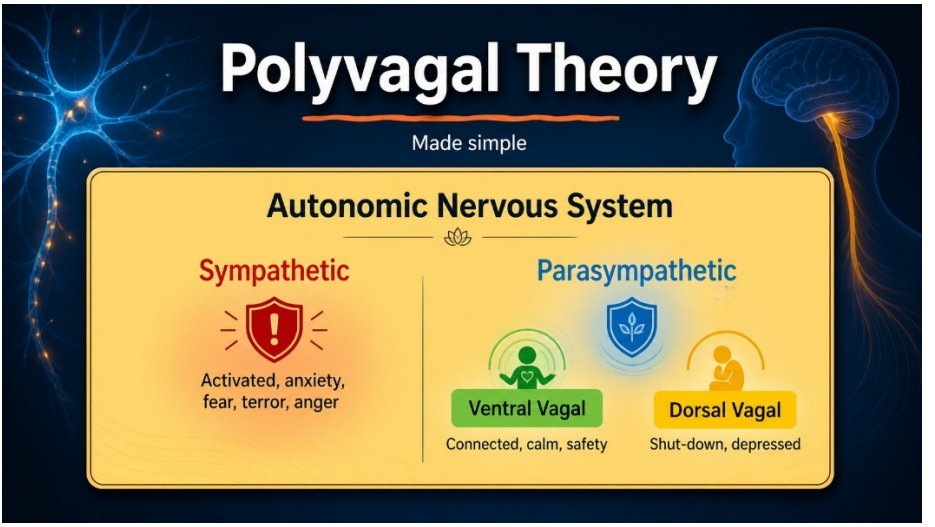
Ventral Vagal Nerve: Barta (2018) writes that the second response of our parasympathetic nervous system (the first being freeze and collapse, as noted above) is responsible for our ability to engage socially and handle social relationships. According to Barta, the social engagement system is controlled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

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

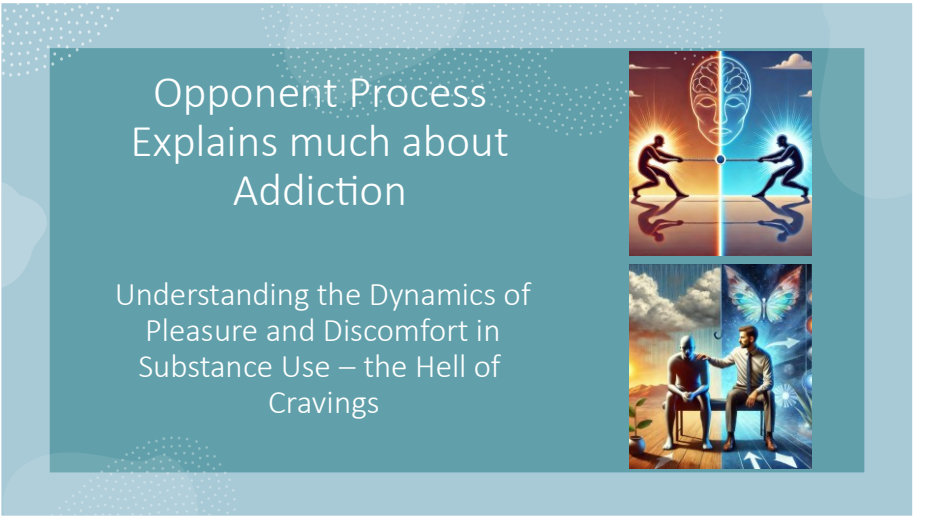
This graphic on page 70is a simplified map of the Autonomic Nervous System. The sympathetic branch prepares the body for action when threat or challenge is perceived, mobilizing energy for fight or flight. The parasympathetic branch restores balance and regulation. As Stephen Porges demonstrated through Polyvagal Theory, the parasympathetic system is not a single calming mechanism but contains two distinct pathways through the vagus nerve. The ventral vagal pathway supports connection, safety, and social engagement, while the

dorsal vagal pathway can trigger a shutdown response when overwhelming threat is perceived. Understanding these branches gives us the neurological framework for interpreting many of the emotional and behavioral states that appear in trauma, depression, and addiction.

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



Opponent Process Theory



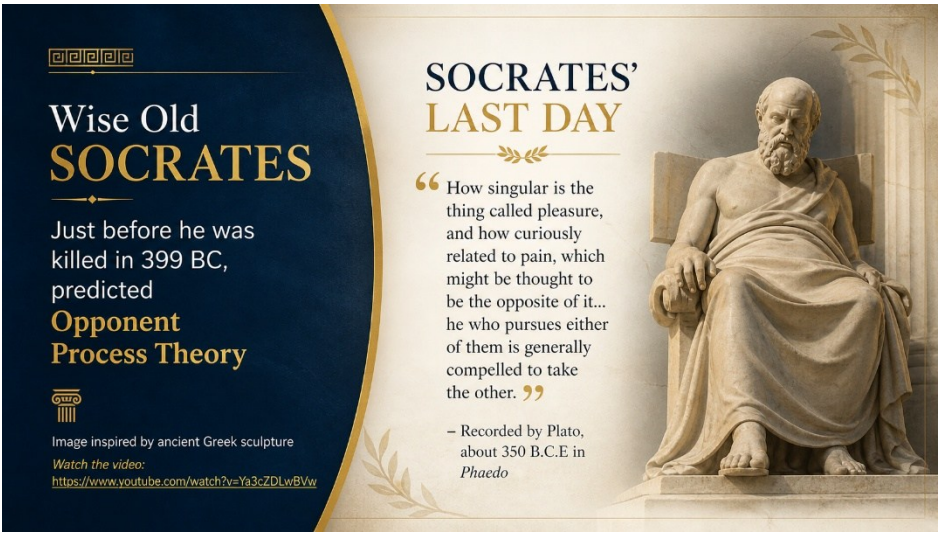
In the complex journey of overcoming addiction, many struggle with feelings of hopelessness, wondering why the battle seems so relentless. But what if there was a powerful tool—an ancient insight—that could help explain exactly what you're going through and offer a roadmap for recovery? Enter Opponent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

the test of time and, as addiction expert Dr. Judith Grisel points out, is key to understanding the very forces that trap people in cycles of addiction.

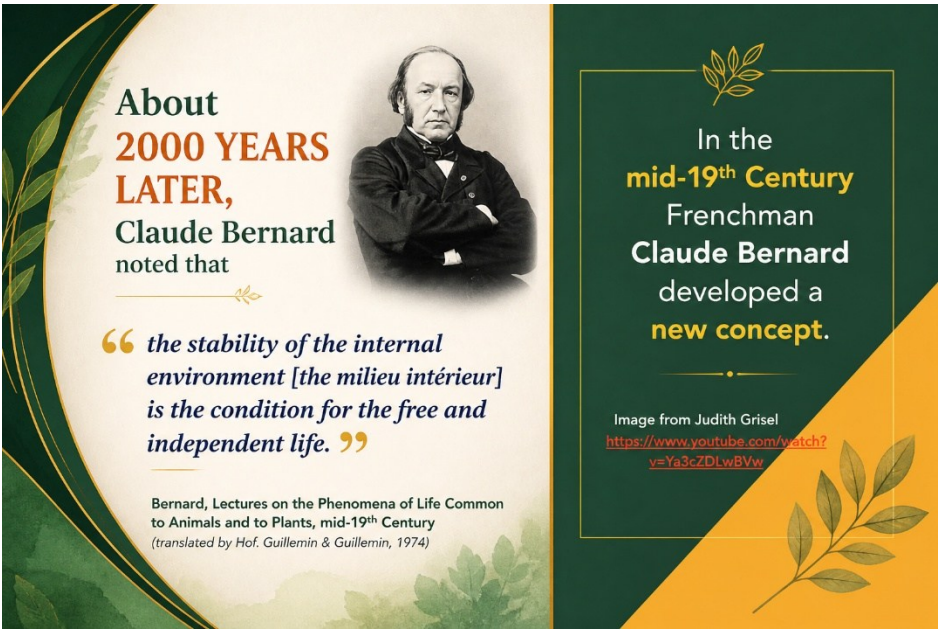
Dr. Grisel, a neuroscientist who has also experienced addiction firsthand, asserts that this theory can shine a light on why we become habituated, why tolerance builds, and why cravings can feel so overwhelming. Her groundbreaking work, particularly in her book ***Never Enough*** (2019, 2022), is a must-read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

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

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



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.



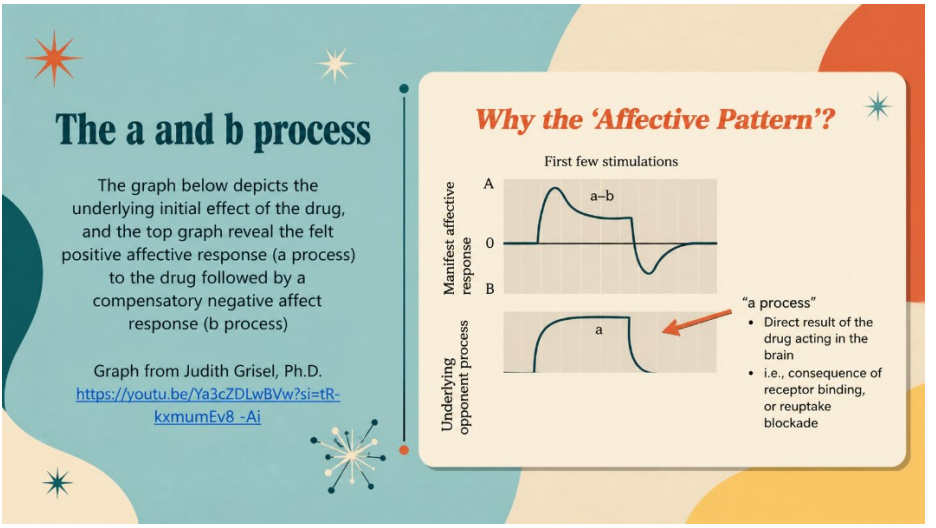
Another 80 years later, Walter Cannon popularized Bernard's idea of homeostasis and expanded it to include the fight-or-flight response, which describes how the body reacts to threats. Cannon coined the term "homeostasis" to describe the body's ability to maintain stability through change. He demonstrated 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.

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

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

At this stage, the experience is mostly positive. The brain hasn't yet adapted to the substance, and users often feel in control, enjoying the positive effects and the sense of relief or pleasure it brings. This initial

period can be seen as the brain's A-process—the primary response to the stimulus, which, in this case, is intense pleasure.



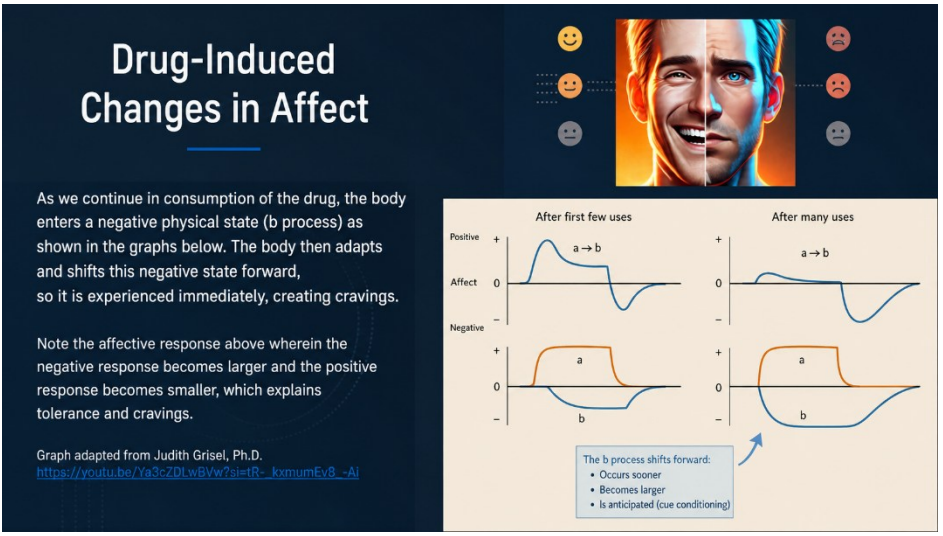
Consider the visual metaphor: two figures in balance, one representing pleasure, the other representing discomfort. At the start, pleasure dominates—represented by the figure in the image exerting force on one side of the balance. But this balance is temporary, as the opposing force begins to build momentum.

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

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

Discomfort and the Hell of Cravings

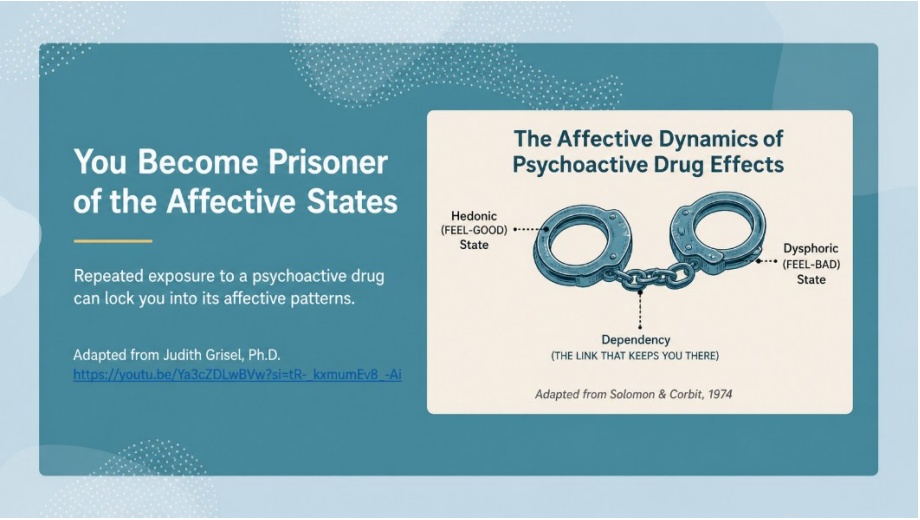
Over time, something profound happens: the B-process—the brain's counterbalancing response—becomes stronger. This means that after the initial pleasurable effects wear off, the user experiences discomfort. The brain, in its attempt to return to equilibrium, begins to overcompensate for the euphoric effects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



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

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

so devastating—it transforms from a voluntary act into a compulsion driven by the brain's altered chemistry.



The Vicious Cycle of Addiction:

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

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

The visual of the opposing forces highlights this struggle: pleasure no longer holds the dominant position; instead, the discomfort and

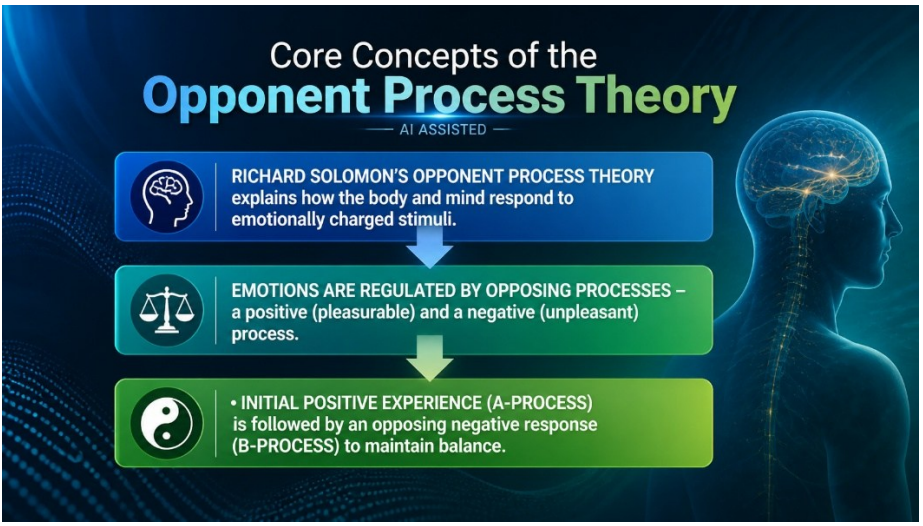
withdrawal symptoms hold sway, forcing the user into repeated substance use to stave off the emotional and physical pain.

Understanding the Opponent Process for Better Treatment

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

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

The following two graphics summarize key points:



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

dopamine's role and the hijacking of the brain's natural reward system shows us that addiction rewires the brain in ways that make it difficult to break free.

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

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

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

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

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

The Grip of Addiction

A Closer Look at Substances and Behaviors

There are few forces in human experience as powerful, as deceptive, and as misunderstood as addiction.

For some, this chapter will feel uncomfortably close to home. For others, it may seem less personally relevant. You may not see yourself in the language of addiction, and you may be tempted to move past what follows.

And you are free to do that.

But before you turn the page, it is worth considering this: addiction is not simply about substances. It is about what the human system does when it is overwhelmed, when it is in pain, and when it has not yet found a way to regulate what feels unbearable. In that sense, addiction is not foreign to the human condition. It is one of its most revealing expressions.

What you will see in this chapter is not just a catalog of substances or behaviors. You will see how the brain adapts, how it learns, and how it can become captured by the very mechanisms designed to help it survive. You will see how relief becomes reliance, how reliance becomes compulsion, and how compulsion can quietly reshape a life.

If addiction does not feel like your story, you may choose to move ahead. But understanding it may help you understand someone you love, or even aspects of yourself that operate beneath awareness.

And if this chapter ***does*** resonate with you, then what follows is not meant to condemn or overwhelm, but to bring clarity—and ultimately, hope.

In this chapter, we confront the powerful forces behind addiction by exploring the substances that entangle us in a cycle of dependence. From the familiar dangers of alcohol and prescription medications to illicit substances like opioids, cocaine, and methamphetamines, these chemicals manipulate our brains, bodies, and even our sense of identity, drawing us into a battle that can feel impossible to win. However, as ***1 Corinthians 10:13 (NIV)*** reminds us, ***"No temptation has overtaken you except what is common to mankind. And God is faithful; he will not let***

you be tempted beyond what you can bear. But when you are tempted, he will also provide a way out so that you can endure it." This verse reminds us that while addiction may seem like an insurmountable force, there is always hope for breaking free, and God provides a way out, even in our darkest struggles.

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

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

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

In a later chapter, we will explore the neuroscience that connects all forms of addiction, revealing the common threads that link these substances. We'll uncover how the brain's reward system is rewired,

why certain neural pathways become hardwired for addiction, and how understanding these mechanisms can unlock the door to recovery. Knowing this science gives us the tools to fight back, regardless of the specific substance involved.

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

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

Alcohol – The Liquid Lure

Alcohol is the ultimate shapeshifter of addiction—slipping through the brain's defenses without binding to any one receptor, yet leaving its mark on nearly every system it touches. Addiction expert and behavioral neuroscientist, Dr. Judith Grisel describes alcohol as a neurological sledgehammer that impacts the brain extensively, targeting numerous

areas and influencing nearly every aspect of neural function. (Grisel, 2019). Alcohol stands out as the only addictive substance that doesn't target a specific receptor in the brain, which makes it unique in the world of addiction. Unlike opioids, which have opioid receptors, or nicotine that locks onto nicotinic receptors, alcohol takes a different, more widespread approach.

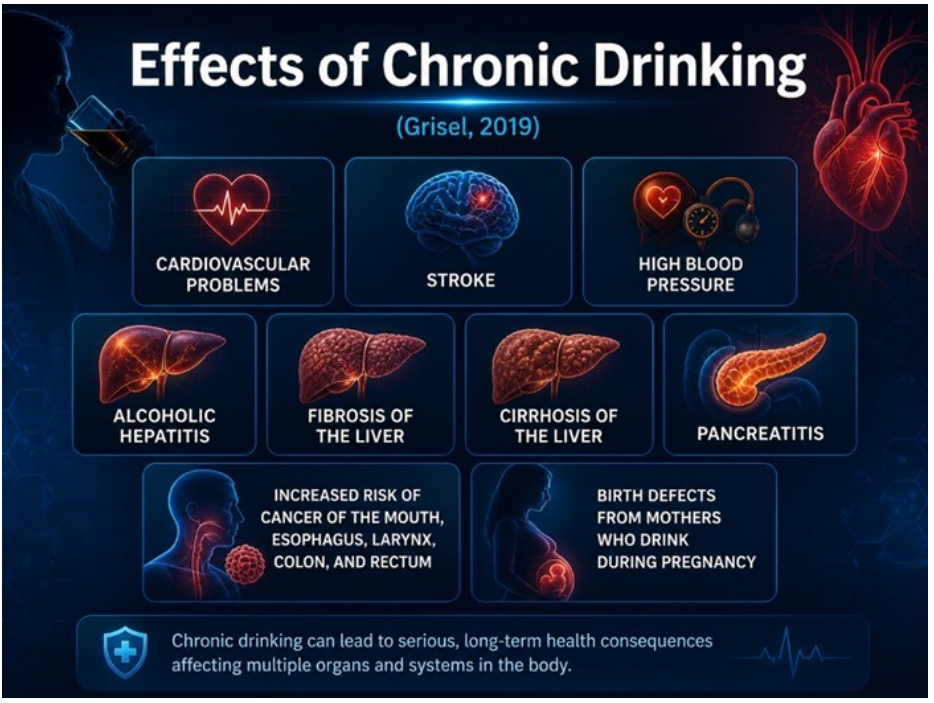
Instead of attaching to just one receptor, alcohol interacts with multiple neurotransmitter systems, producing a broad range of effects. It enhances GABA, a neurotransmitter responsible for calming the brain, creating that familiar sense of relaxation, while simultaneously suppressing glutamate, which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

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

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

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

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

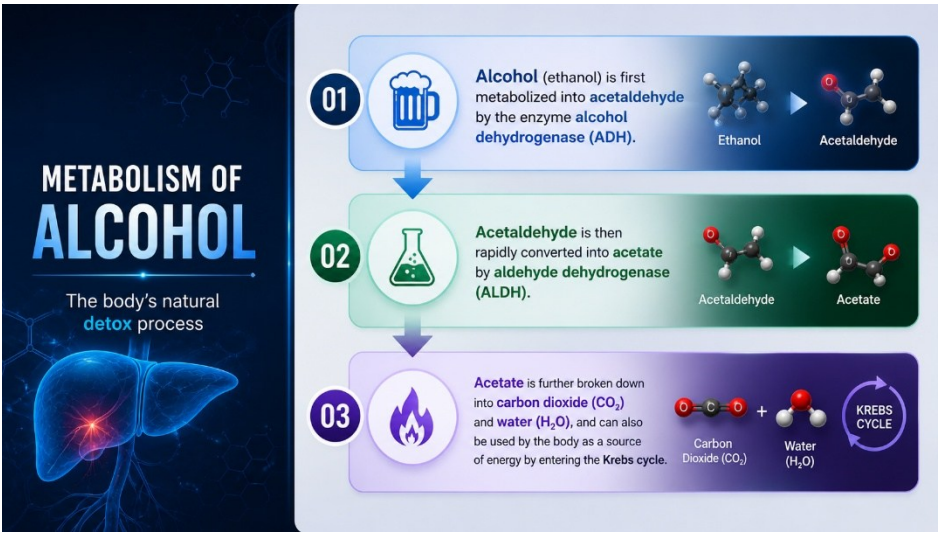


Dr. Andrew Huberman, one of our neuruoscience heroes, is a neuroscientist at Stanford University, and has a deeply personal connection to his research on how alcohol affects the body and brain. Growing up, he witnessed the damaging effects of alcohol addiction in

his family and community, which inspired his passion for understanding the science behind addiction and its impact on the brain. With this background, Dr. Huberman has dedicated much of his work to educating people about the physiological effects of substances like alcohol.

One of the most important insights he shares is how alcohol is metabolized in the body. When you drink alcohol, your liver starts the process of breaking it down. The first stage of this process turns alcohol into acetaldehyde, a highly toxic substance that is harmful to almost every part of your body. Acetaldehyde is not just toxic; it's a known carcinogen, meaning it can damage your cells and increase the risk of cancer. Dr. Huberman emphasizes that acetaldehyde is what makes alcohol so harmful because it effectively poisons your body and brain. It is actually this toxin or poison that produces the buzz from alcohol.

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



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

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

Opioids – The Comfort Curse

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

Opioids have been used for thousands of years, beginning with the opium poppy, which was cultivated as early as 3400 BCE in Mesopotamia (Brownstein, 1993). The use of opium spread to ancient Egypt and Greece, where it was used both recreationally and medicinally. By the 19th century, morphine, the active ingredient in opium, was isolated, leading to its widespread use as a painkiller, particularly in the American Civil War. However, the addictive properties of morphine soon became evident, prompting the development of alternatives.

In the early 20th century, heroin was introduced by the Bayer pharmaceutical company as a supposedly safer alternative to morphine, though it soon became clear that heroin was even more addictive (Kolodny et al., 2015). This led to increased regulation, and by the mid-20th century, researchers began developing synthetic opioids. The synthesis of Fentanyl by Paul

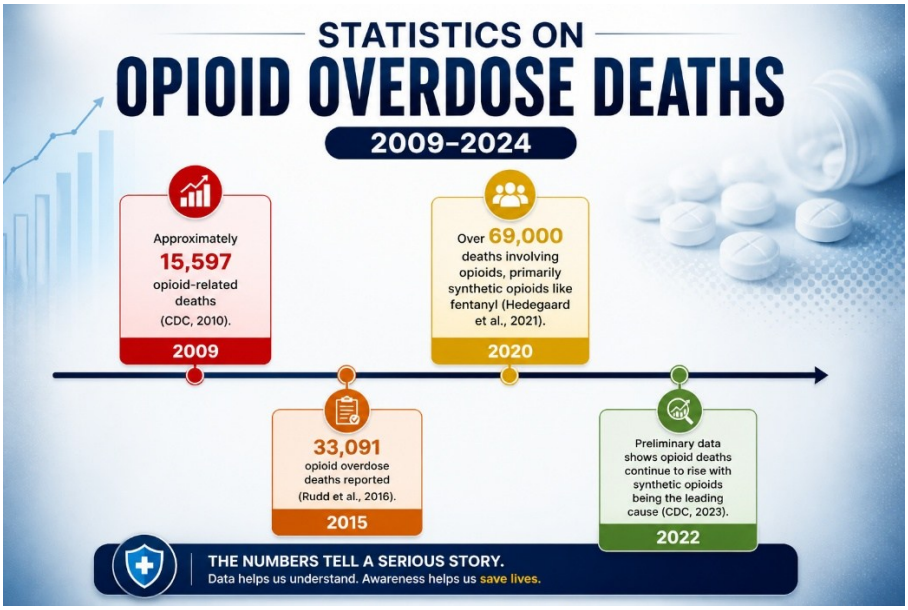
Janssen in 1960 was a breakthrough, as it was far more potent than morphine and other opioids, allowing for its use in anesthesia and pain management (Stanley, 1992).

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

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

But, the story doesn't end with the poppy. As science advanced, we learned how to create powerful drugs that work like opiates but aren't directly from the plant. These are opioids, a broader category that includes both natural and synthetic compounds like Oxycodone, Fentanyl, and Methadone.

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



Opioids are powerful drugs that interact with key receptors in our brains, spinal cords, and bodies, designed to naturally ease pain. But when we turn to opioids, their impact goes beyond just relieving

discomfort—they can change how we experience pleasure, pain, and even how we feel about ourselves (Kosten & George, 2002).

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

Blocking Pain Signals: Opioids don't just dull physical pain. They also quiet the emotional response to it. You might feel like you're not just avoiding the physical hurt but also escaping from stress, anxiety, or emotional turmoil. It's easy to see how this can become a habit, as opioids provide both physical and emotional relief (Volkow & McLellan, 2016).

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

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

Development of Tolerance and Dependence: Over time, your brain adapts to the constant presence of opioids. You find that you need more and more to feel the same relief. What started as a small dose

becomes bigger and bigger, and soon, you're dependent on the drug just to function. When you try to stop, your body rebels—nausea, anxiety, muscle pain, sleepless nights—it feels unbearable, pushing you back toward the drug (Volkow & McLellan, 2016).

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

Medication-Assisted Therapy (MAT) for Opiate Addiction

Medication-Assisted Therapy (MAT) is an evidence-based approach used to treat opioid addiction by combining medications with behavioral therapies. This treatment is highly effective in helping individuals reduce or stop opioid use and improve their overall

functioning. The primary medications used in MAT for opioid addiction are methadone, buprenorphine, and naltrexone, which help normalize brain chemistry, block the euphoric effects of opioids, and relieve physiological cravings.

Methadone

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

Buprenorphine

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

- Effectiveness: Buprenorphine reduces opioid use, helps manage withdrawal symptoms, and improves treatment retention (SAMHSA, 2021).

Naltrexone

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

Benefits of MAT

- Reduced Opioid Use: MAT significantly decreases opioid misuse by helping patients manage withdrawal symptoms and cravings.
- Improved Retention in Treatment: MAT improves retention in treatment programs, leading to better long-term recovery outcomes.
- Lower Risk of Overdose: By reducing cravings and blocking the effects of opioids, MAT helps reduce the risk of fatal overdose.

- Improved Quality of Life: MAT, combined with counseling and behavioral therapies, can help improve the overall well-being of individuals recovering from opioid addiction.

Behavioral Therapies in MAT

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

Challenges and Considerations

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

Cocaine, Meth, and Stimulants - Fast & Furious

Imagine stepping into a world where everything around you speeds up—your heart races, thoughts fire like lightning, and for a fleeting moment, it feels like you're invincible. This is the deceptive allure of stimulants: drugs that supercharge your body and mind, promising

heightened focus, boundless energy, and a sense of euphoria that can make the ordinary feel extraordinary. Whether it's the powdered rush of cocaine, the crystalline intensity of meth, or the prescription pills that fuel sleepless nights, stimulants have carved a dangerous niche in both recreational use and addiction.

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

The rise in stimulant-related deaths, particularly from methamphetamine and cocaine, has become a significant public health

crisis in the U.S. Over the past decade, these drugs, once known for their euphoric highs, have become increasingly lethal.

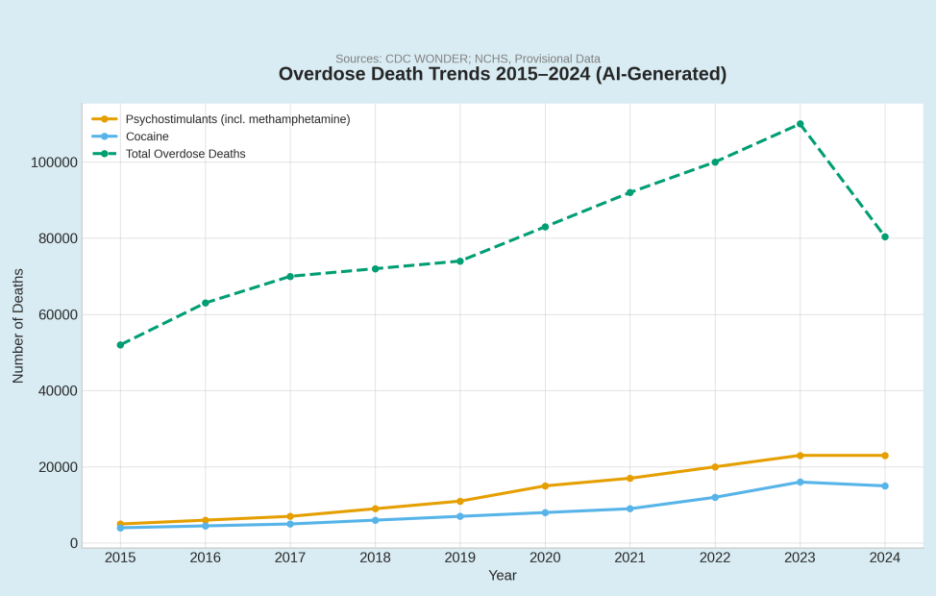
The alarming rise in overdose deaths related to psychostimulants paints a stark picture of the current drug crisis in the United States. Since 2010, rates of psychostimulant overdose deaths have surged, with nearly 33,000 Americans losing their lives to such overdoses in 2021 alone. This represents a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

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

The surge in deaths related to methamphetamine use adds another layer of concern. From 2015 to 2019, overdose deaths involving psychostimulants other than cocaine, primarily methamphetamine, skyrocketed by 180%, jumping from 5,526 to 15,489 deaths. However, this dramatic rise in deaths far outpaced the increase in

methamphetamine use, which only grew by 43% during the same period. This discrepancy suggests that factors beyond mere usage rates, such as the potency and contamination of the drugs, may be driving the surge in fatalities (NIH Record, 2021).

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



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

Methamphetamine

Mechanism of Action:

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

Short-Term Effects:

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

Long-Term Effects:

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

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

Cocaine

Mechanism of Action:

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

Short-Term Effects:

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

Long-Term Effects:

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

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

THC – Hazy Days, Heavy Consequences

Imagine a substance so deeply woven into our culture that it is found at parties, in homes, and even in some medical clinics—THC, the

psychoactive compound in marijuana. It is often painted as harmless or even medicinal, but beneath the surface lies a more complicated story. While some tout it as a natural remedy or a harmless way to unwind, the reality for many is far more complex. THC has the power to hijack the brain's reward system, leading not only to dependence but also to profound changes in mood, motivation, and mental health.

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

In this chapter, we will explore the hidden risks of THC, especially in today's era of increasingly potent strains, and how its use can evolve

from casual experimentation to full-blown addiction. Whether you are someone who uses it, knows someone who does, or simply wants to understand more, this chapter will dive into the real impact THC can have on the brain, the body, and ultimately, on life itself. Let us uncover the truth behind this misunderstood substance.

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

Chronic THC use—defined as using two or more times per week—has been associated with a range of side effects that are not only physical but deeply psychological (Volkow et al., 2014). For instance, THC has been shown to decrease testosterone levels, contributing to gynecomastia (breast tissue growth in males) and significant reductions in libido (Hall et al., 2019). These changes extend beyond mere physical appearance or sexual function—they have profound implications for mental health and self-esteem.

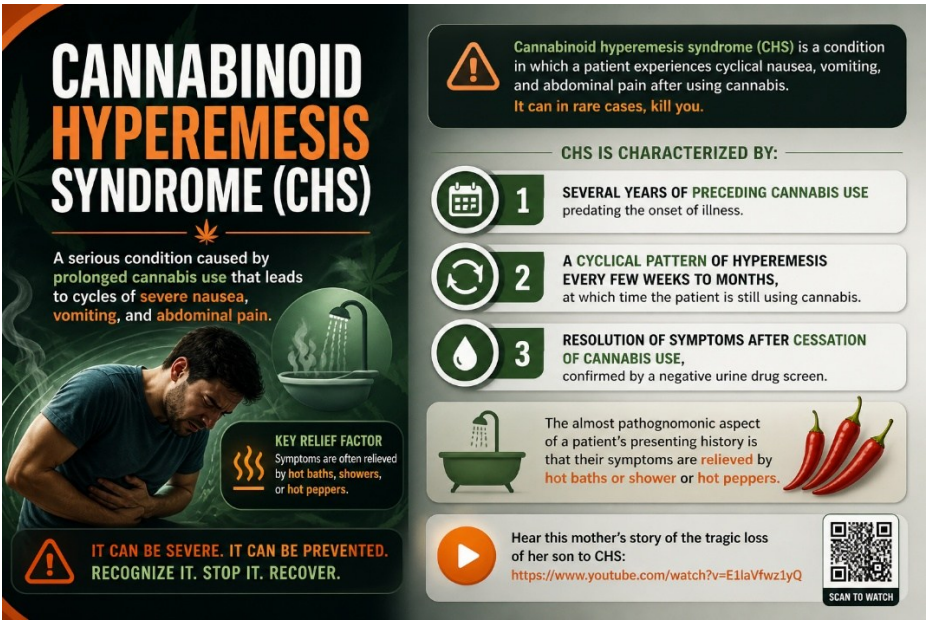
The psychological consequences are equally concerning. According to Lev-Ran et al. (2014), chronic users are four times more likely to develop Major Depressive Disorder, a statistic that underscores the risk of long-term use. Moreover, chronic THC use significantly heightens the likelihood of developing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

continual use. This compounds the very symptoms that many users initially sought to alleviate.

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

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

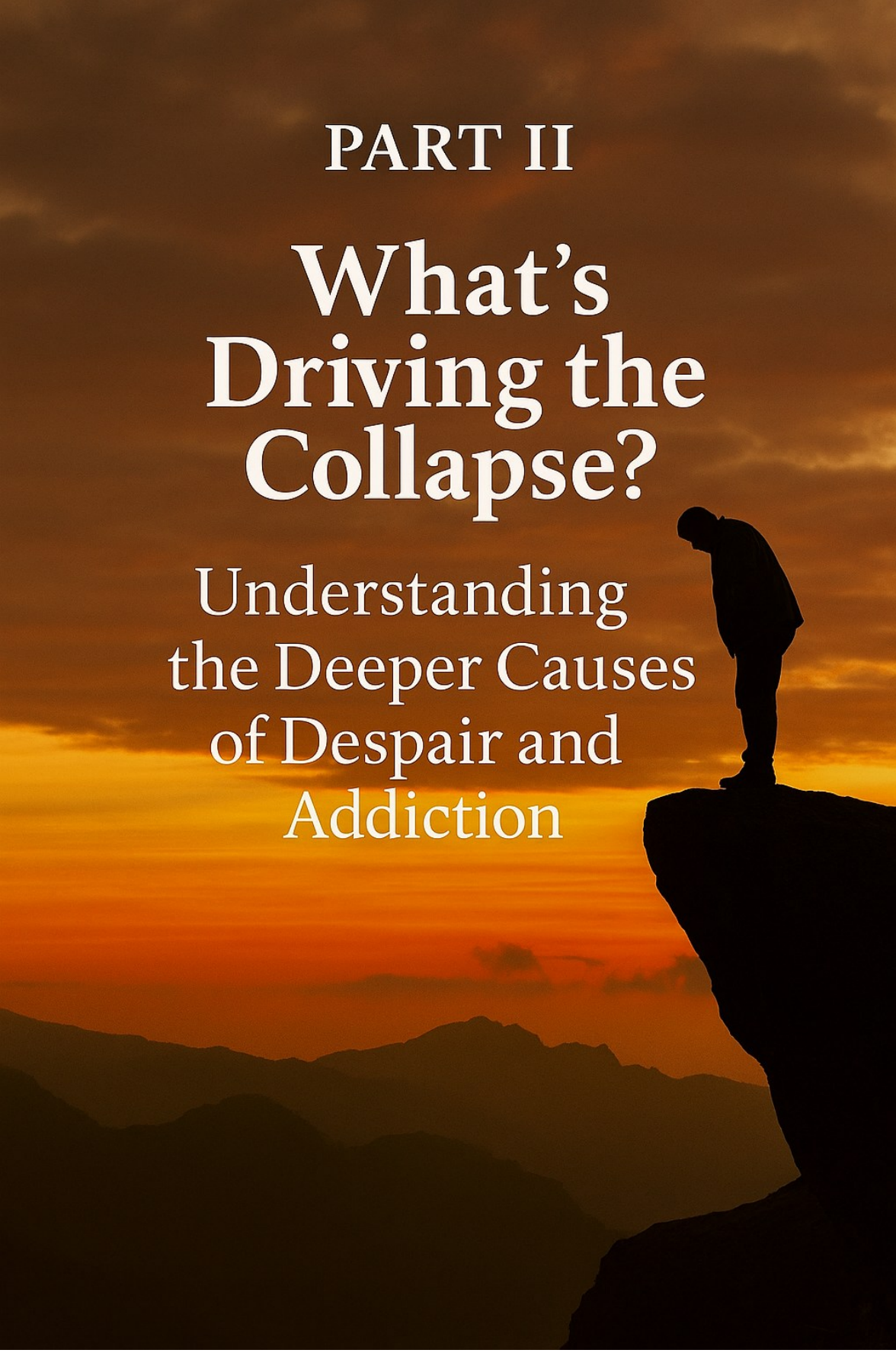
Perhaps the most tragic consequence of chronic THC use is Cannabinoid Hyperemesis Syndrome (CHS), a condition characterized by cyclic vomiting, abdominal pain, and a compulsive need for hot showers to alleviate symptoms (Simonetto et al., 2012). In some cases, CHS can be fatal. One devastating case involved a mother who lost her son to this little-known syndrome, emphasizing the potential fatal consequences of prolonged marijuana use.



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

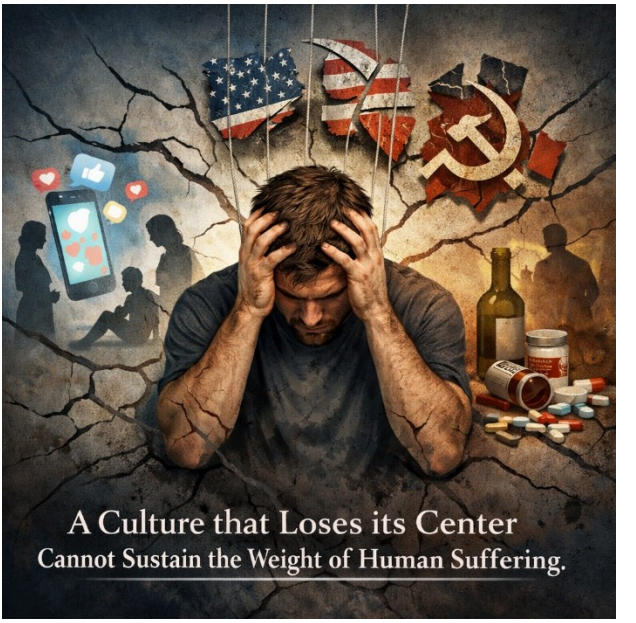
(2019) emphasizes the dangers of normalizing THC consumption in youth, highlighting its damaging effects on developing brains.

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


PART II
What's Driving the Collapse?
Understanding the Deeper Causes of Despair and Addiction

What's Driving the Collapse?

Understanding the Deeper Causes of Brokenness and Addiction



We cannot heal what we refuse to name. That is both the burden and the invitation of this chapter.

Before we talk about recovery, we must first confront what is driving so much despair, anxiety, depression, and addiction in our world. For too long, the conversation has been dominated by explanations that are tidy,

convenient, and incomplete. Chemical imbalance. Diagnostic labels. Quick prescriptions. These approaches may offer temporary relief, but they rarely touch the deeper roots of human suffering.

In decades of sitting with men and women, adolescents and adults, a different pattern emerges. People are not simply disordered. They are overwhelmed. They are disconnected. They are carrying pain that has not been understood, integrated, or healed. And too often, instead of being helped to explore that pain, they are given explanations that stop the search before it ever truly begins.

We must go deeper.

This chapter names several of the core drivers we see again and again in the clinical trenches. They are not the only causes, because the human condition is far too complex for that. But they are among the most consistent and most powerful:

- Disconnection The quiet erosion of relationships, purpose, meaning, and even a sense of self. Human beings are wired for connection, and when that connection fractures, something fundamental begins to break.
- Pornography A silent and often minimized force that reshapes the brain, distorts intimacy, and binds individuals in cycles of shame, secrecy, and compulsion.
- Trauma The deep wounds of neglect, abuse, and broken attachment that do not simply live in memory, but in the body, shaping perception, emotion, and behavior long after the events themselves have passed.

These forces do not operate in isolation. They intertwine, reinforcing one another, creating the soil in which addiction, depression, and anxiety take root and grow.

But there is another layer that must be named.

We are living in a time where the way people are taught to understand themselves has shifted. Cultural and ideological frameworks increasingly encourage individuals to define their identity primarily through suffering, disadvantage, or what has been done to them. While suffering is real and must never be minimized, organizing identity around it can quietly erode resilience and diminish a sense of agency.

At the same time, many of the structures that once supported stability and development, especially the family, have been weakened, redefined, or devalued. In the effort to challenge what needed correction, we have at times discarded what was essential. Longstanding sources of meaning, responsibility, and identity have been replaced without always considering what is lost in the process.

Change is necessary. Growth requires it. But when everything is treated as disposable, when nothing is anchored, individuals are left without a stable framework to interpret their lives or endure hardship.

In the clinical setting, the consequences are unmistakable. When we lose a sense of agency, when we no longer believe we can respond meaningfully to our own lives, despair deepens. But when that agency begins to return, even in small ways, something shifts. Our hope re-emerges. Movement becomes possible.

And this is where a deeper truth anchors the work. Scripture reminds us that the struggle we face is not unique, nor is it without a way forward. As it is written in 1 Corinthians 10:13, ***no temptation has overtaken you except what is common to mankind. And God is faithful. He will not let you be tempted beyond what you can bear, but when you are tempted, He will also provide a way out so that you can endure it.***

This does not minimize the weight of addiction or suffering. It reframes it. It reminds us that even in the grip of powerful forces, there remains a pathway forward, one that is grounded not only in effort, but in truth, faithfulness, and the possibility of restoration.

This chapter is an invitation to that deeper understanding.

As you read, you may feel uncomfortable. That is not a sign that something is wrong. It is often a sign that something important is being touched. Do not turn away. Your life is too valuable for surface-level explanations.

The roots of brokenness, depression, anxiety, and addiction run deeper than most of us have been taught.

But the healing can go even deeper still.

Cause One

Disconnection and the Descent into Despair and Addiction

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

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

That's where Johann Hari comes in.

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

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

And many of us are falling.

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

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

Hari gives language to what so many of us have felt but didn't know how to articulate. That our suffering is not random. It is rooted. It is rational. It's not a flaw in our chemistry. It's a reflection of a deeper wound in our society, and often, in our story.

This book honors that insight.

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

We believe Hari is right. Depression is not nonsense. It makes perfect sense. Anxiety is not irrational. It is often the nervous system responding to a life out of alignment with what matters most. And this same disconnection does not stop there. It spreads. It shows up as despair, as emotional numbness, as a loss of identity and direction. It can take hold in the form of addiction, as people reach for anything that offers even momentary relief from the ache of disconnection.

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

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

We are not promising a quick fix. But we are promising this: your emotion, whether depression, anxiety, despair, or the pull toward escape, are not signs that you are broken. They may be signs that you are still alive, that some part of you refuses to settle for disconnection. That part of you is not a liability. It's your signal fire. It's your path home.

Let's follow it.

Disconnection from Meaningful Work

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

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

But here is the hard truth and the hopeful one: meaningful work, when engaged in gently and with support, can help stabilize and heal you. In psychology, we call this ***behavioral activation***. It means you do not wait until you feel better to start. You start small, you move your body, you do the next right thing, and often, the mind begins to follow. Action

precedes emotion. The body can lead, and the soul can begin to wake up.

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

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

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

For many adults, especially in modern Western life, work has become transactional and empty. People clock in, perform duties that feel

disconnected from their values, and clock out. They go home drained, not from effort but from futility. Over time, this leads to what Hari calls a spiritual and psychological numbness. It is not just boredom. It is despair.

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

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

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

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

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

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

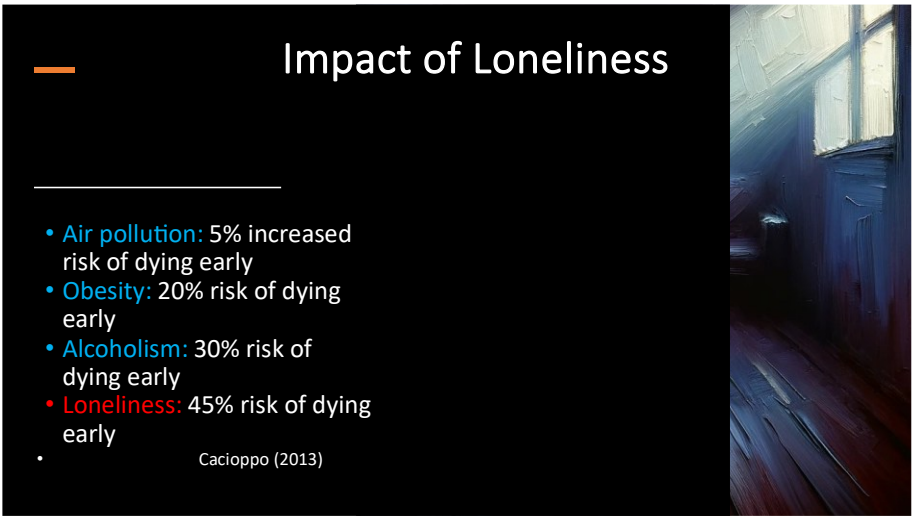
Disconnection from Meaningful People

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

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

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

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



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

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

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

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

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

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

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

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

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

Disconnection from Childhood Trauma

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

And it is not only childhood trauma. Many adults carry the layered burden of additional trauma. It may be the slow erosion of dignity from a toxic marriage, the moral injury of betrayal, the loss of a loved one, or

the long grind of life that never gave back what it took. Trauma compounds. What begins as one wound often leads to others. And when those layers go unrecognized, the fire spreads deeper.

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

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

But there is hope.

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

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

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

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

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

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

Because your trauma is not your identity. You are not your symptoms, your past, or your mistakes. You are a child of God, dearly loved, made for restoration. Through faith, through support, and through truth

spoken in love, healing can begin. The fire can be put out. The walls rebuilt. The soul restored.

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

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

Disconnection from Status and Respect

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

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

systems. Their brain chemistry mirrored the patterns we see in depressed and anxious humans (Sapolsky, 1992, 2002).

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

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

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

You might never call it by name, but you feel it. That creeping sense of invisibility. The quiet belief that your life does not matter as much as someone else's. You scroll past images of success, beauty, and

connection, and silently absorb the message that you are falling behind. This kind of chronic social comparison does not just cause dissatisfaction. It can fuel addiction, depression, and anxiety, especially when your life lacks meaningful avenues for purpose, contribution, or affirmation.

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

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

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

As the psalmist cried out, ***"Turn to me and be gracious to me, for I am lonely and afflicted. Relieve the troubles of my heart and free me from my anguish"*** (Psalm 25:16–17, NIV). That cry is as ancient as Scripture and as present as this morning. It is the honest voice of a soul that

knows isolation, invisibility, and the ache of lost dignity. But it is also a cry that is heard. God sees. He turns. And He answers.

Disconnection from Meaningful Values

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

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

to lift, and with it, the anxiety and depression that has taken up residence where meaning used to live. It quiets the heart and fills it with the joy of being connected with the God who created all things.

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

Disconnection from the Natural World

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

-Wendell Berry

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

Many of us have forgotten this. We wake up to artificial light, move through our day surrounded by screens and concrete, and fall asleep to the low hum of electronics. We move faster, work longer, and scroll

endlessly. But we rarely step outside without an agenda. We rarely notice the living world beyond our own. Nature becomes a backdrop, not a participant in our lives. And that disconnection comes with a cost.

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

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

And yet, many 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.

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

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

This quiet erosion of the future is not always loud or dramatic. Sometimes, it shows up as chronic fatigue, irritability, withdrawal, or a gnawing sense of dread. Other times, it looks like perfectionism or overachievement, a frantic attempt to outrun the fear that nothing they do will matter. Beneath both postures, collapse and overdrive, is the same hollow center, a loss of meaningful hope.

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

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

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

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

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

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

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

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

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

Disconnection from Faith and Meaning

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

We are speaking of the spiritual.

When we lose connection with the transcendent, when we can no longer sense God's presence, love, or guidance, something essential begins to dim within them. We who once believed we were part of a larger story find ourselves adrift, no longer anchored to meaning beyond the immediate moment. Others of us never had that story to begin with and carry a quiet ache we cannot fully explain.

They live untethered.

Disconnected not only from people or purpose, but from the One who created them, we experience a deeper form of isolation, one that no amount of external success, distraction, or even relational connection can fully resolve. It is an absence that often goes unnamed, yet it shapes everything. And in that absence, despair, anxiety, and addiction often find fertile ground.

Within the NeuroFaith® model, this dimension is not peripheral. It is central. In fact, it represents the fourth pillar of the model, and it is essential for lasting healing and restoration. While we introduce it here as a critical form of disconnection, we will return to it in much greater depth later in this book.

For now, it is enough to recognize this: a life cut off from the transcendent is a life carrying a weight it was never designed to bear alone.

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. 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.

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 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 Two

Hijacked Minds

How Pornography is Rewiring the Brain

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

-Alexander Pope's essay on man

In the words of Stephen Arterburn, ***"I don't know of any plague to ever reach into the homes and families all over the world and create as much damage or heartaches than the struggle of lust, affairs, pornography,***

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

As we sit with that, we do not need statistics to tell us this is real. We see it. We feel its effects in our lives, in our relationships, and across our culture.

As you read this chapter, you may notice that much of the focus is directed toward men. This is intentional. While these struggles are not exclusive to men, they tend to affect men with greater frequency and intensity in today's culture. At the same time, the underlying patterns we are exploring, trauma, attachment, and the search for regulation, are deeply human and relevant to all of us. Many women will recognize these patterns as well, whether in their own lives or in the lives of those they love.

When I first entered the field of psychology over three decades ago, I could not have imagined that pornography would become one of the most significant emotional and neurological challenges facing men today. What once existed in the shadows has moved into the center of our culture. It is no longer hidden. It is accessible, immediate, and relentlessly present.

And for many of us, especially those of us carrying wounds from trauma, loneliness, or disconnection, it does not arrive as something we go looking for. It meets us in places of vulnerability. It offers us comfort without relationship, escape without risk, and relief without true healing. And for a moment, it works. That is what makes it so powerful.

But over time, the cost becomes clearer. Something begins to shift. What once felt like relief begins to feel like emptiness. What once felt like control begins to feel like something else is in control. Our relationships can suffer. Our intimacy can become distorted. And a quiet sense of shame or disconnection can begin to take root.

This is not simply a moral issue, nor is it just a matter of willpower. It is deeply connected to how our brain is wired, how our nervous system seeks regulation, and how our past experiences shape the ways we cope. For many of us, pornography becomes a powerful conduit, pulling together trauma, unmet needs, and learned patterns into something that can feel incredibly difficult to escape.

And yet, if we are willing to approach this with honesty and compassion, something important begins to emerge. This struggle does not define a person. It points to something deeper. It reveals places where connection, safety, and healing have been needed.

We are not alone in this. And there is a way forward.

The Adolescent Hook: When It All Begins

For most of us as men, this story does not begin in adulthood. It begins much earlier. It often begins in adolescence. And for many, even before the age of ten.

Research from Covenant Eyes (2015) indicates that 9 out of 10 boys are exposed to pornography before the age of 18, with the average age of first exposure being just eight years old. Eight. At that stage, the brain is still undergoing massive growth and restructuring. The prefrontal cortex, the part of the brain responsible for decision making, impulse control, and long-term planning, is still under construction.

In other words, many of us were exposed long before we had the capacity to understand what we were seeing, let alone manage its impact. And when we introduce high-speed, hyper-stimulating pornography into a developing brain, it is not neutral. It is like lighting a fire in dry brush. It spreads quickly. It takes hold before we even realize what is happening. What begins as curiosity can become something more. What starts as fascination can quietly grow into compulsion. And for many of us, it becomes something we carry, often in silence.

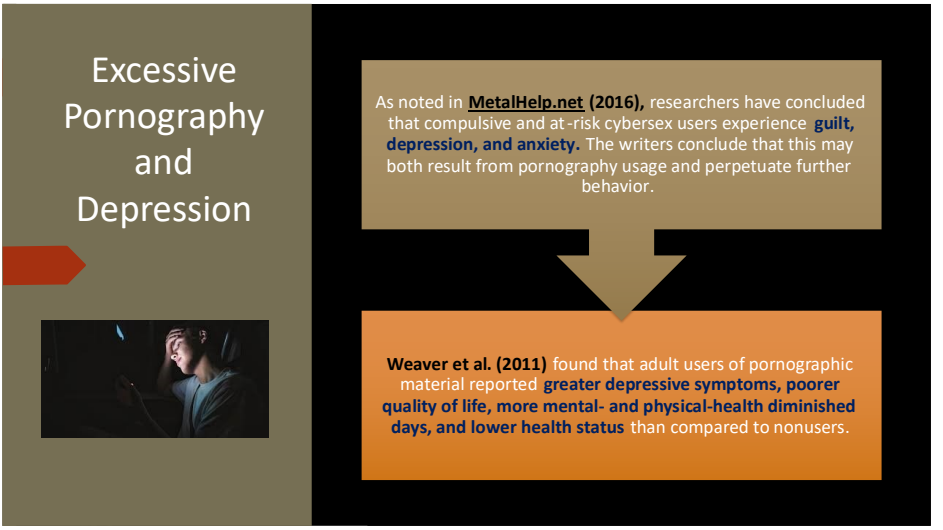
We do not talk about it. We manage it. We minimize it. We tell ourselves it is just stress relief, just something we do from time to time. But over time, the pattern deepens. The wiring strengthens. And something inside us begins to shift. We grow up. We step into roles as men, as husbands, as fathers, or we try to. And yet part of us remains tethered to something that took root long before we had a choice. The habits remain. The patterns remain. And for many of us, the shame does not fade. It settles in. It hardens.

This is not simply about behavior. It is about what has been shaped within us over time. It is about a brain that adapted early, a nervous system that learned to seek relief in a particular way, and a pattern that can feel incredibly difficult to break.

And yet, even here, there is something important to recognize. What was learned can be understood. And what is understood can begin to change.

The Adult Fallout: Depression, Disconnection, Despair

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



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

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

The Sexual Price: Dysfunction and Deadening

We are facing something today that many of us never expected to see, a growing number of men in their twenties and thirties who struggle to perform sexually with a real partner. What was once considered an issue primarily affecting older men has quietly and rapidly shifted into a

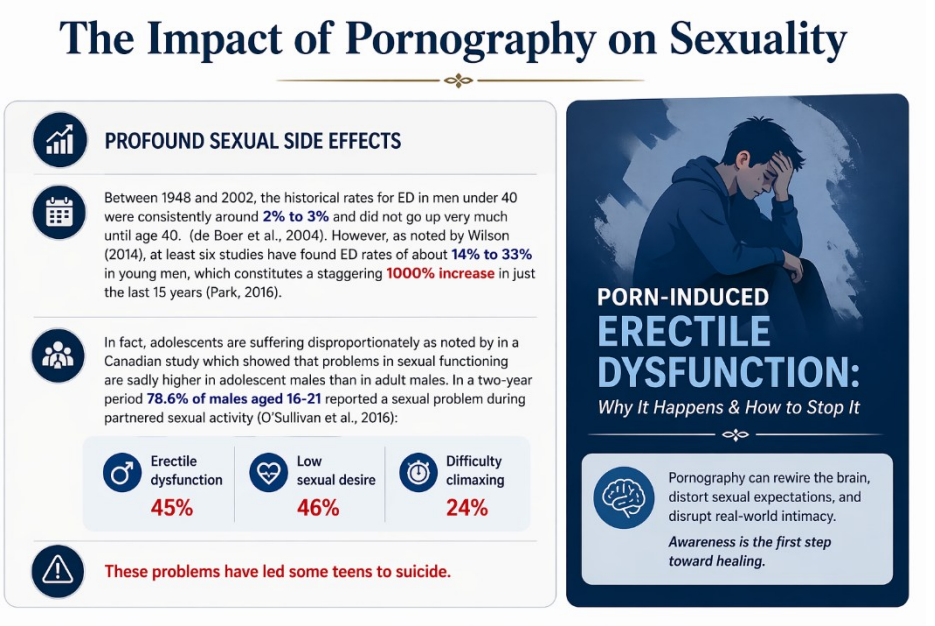
much younger population, and the data reflects what many are experiencing in silence. Rates of erectile dysfunction in men under 40 have risen from approximately 2 to 3 percent (de Boer et al., 2004) to as high as 33 percent in more recent studies (Wilson, 2017; Park, 2016).

Behind these numbers are real lives and real relationships, often marked by confusion and quiet frustration. For many, it does not make sense. There can be a lingering question of why connection in real life feels difficult or inconsistent, even when desire seems present in other contexts. Over time, that gap can begin to affect confidence, intimacy, and a man's sense of himself in ways that are rarely spoken out loud.

This is not simply a physical issue. For many of us, it reflects something deeper, a brain that has been conditioned over time to respond to a certain kind of stimulation, and a nervous system that has adapted in ways that do not easily translate into real, relational intimacy. When that disconnect shows up, it can carry embarrassment, frustration, and even a sense of failure, yet what is often missing in these moments is understanding. This is not about weakness or a lack of masculinity. It is about patterns that have been reinforced over time, often beginning long before there was awareness of what was being shaped.

And just as these patterns were learned, they can be unlearned. There is a way forward, but it begins with seeing clearly what we are actually dealing with.

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



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

Escalation and Identity Disruption

The brain's craving for novelty does not simply fade over time. It intensifies. Many of us do not set out looking for something extreme or disturbing. What we encounter at the beginning often feels like curiosity, even mild compared to what is available. But over time, something begins to shift. What once felt stimulating no longer has the same effect. The brain adapts. It seeks more. It pushes further.

And this is where many of us begin to feel unsettled.

Research reflects what so many quietly experience. Downing et al. (2016) found that 21 percent of heterosexual men report viewing gay pornography, and 55 percent of gay men report viewing straight content. This is not primarily about sexual orientation. It is about the brain's drive for novelty, for something new, something different, something more intense.

And for many of us, that realization can be deeply disorienting.

We find ourselves reacting to things we never expected. Drawn toward content we may have once found confusing, uncomfortable, or even repulsive. And the question begins to surface quietly, sometimes painfully. *What is happening to me?*

This is where the weight often deepens.

Many men begin to question themselves. Their identity. Their masculinity. Their integrity. There can be a growing sense that something inside has shifted in ways they do not fully understand and do not feel good about. Not just behavior, but something deeper. Something personal. And for many, it feels like a violation of something sacred within.

This is what we call moral injury. It is not simply guilt over behavior. It is the experience of feeling out of alignment with our own values, our own sense of who they are meant to be. And when that gap widens over time, it can give rise to shame, confusion, and a quiet but persistent form of despair.

And that despair often feeds depression.

But even here, it is important for us to understand something clearly. This is not a sign that something is fundamentally broken beyond repair. It is a reflection of how powerful these patterns can become, especially when they intersect with vulnerability, isolation, and the way the brain is wired to adapt.

And what has been shaped can be understood. And what is understood can begin to change.

The Spiritual Vacuum

Pornography promises satisfaction, but over time many of us begin to notice that it does not truly deliver what it offers. Instead, something feels off. Something feels diminished. It can begin to fragment parts of us, to quiet our spirit, and to slowly erode our capacity for real connection, for love, and for joy. And perhaps most painfully, it can create a sense of distance from God that is difficult to put into words. As one client shared with me (Jeff), "I used to feel God's presence. Now I just feel static."

Many of us can remember a time when we felt more alive, more present, more connected to purpose and direction. There was a kind of clarity, even a fire. And yet over time, that can give way to something else. A kind of fog. A passivity. A dulling of what we once felt more deeply. Real intimacy can begin to feel harder, even anxiety provoking, and there can be moments where we feel strangely disconnected, even from ourselves.

This is why it is important to understand what is really happening beneath the surface. Pornography is not simply about lust. For many of us, it is connected to something deeper. It can become a way of coping,

a way of reaching for comfort, or a way of filling something that feels empty or unmet. In that sense, it often reflects a kind of grief, a longing for connection that has not been fully met.

And yet, the tragedy is that what promises connection ultimately leaves us feeling more alone and spiritually disconnected. It offers a form of intimacy, but without relationship, without presence, without mutuality. And over time, that disconnect can deepen the very loneliness we were trying to escape.

What's at Stake

This isn't about prudishness or shame. It's about war, a war on our identity, our mental clarity, our sexual integrity, and our spiritual vitality. We are losing our marriages, our peace, our purpose, and in many cases, our minds. And make no mistake, the enemy doesn't kick the door down anymore. He slips in quietly, silently, through a screen, and once he's in, he starts taking things, one click at a time.

First, he takes our connection. Pornography rewires the brain in ways that make real, loving intimacy feel unfamiliar, even frustrating. Our partner's presence can struggle to compete with endless novelty, and emotional closeness gives way to dopamine driven arousal. Over time, we become disengaged and disconnected, from others, from ourselves, and from God. Then it distorts our sexuality. Desire becomes shaped by what we consume rather than who we love, and many of us find ourselves drawn toward things we never expected, leaving us confused, ashamed, and increasingly isolated. Next, it weakens our potency, not just sexually, but in the fullness of who we are. Our presence, confidence, and strength begin to fade. We become more passive, more

restless, more checked out. Anxiety rises, irritability grows, and a quiet, low-grade despair settles in.

Then it reaches deeper and begins to take our soul. Our joy dulls, our sense of purpose fades, and we feel spiritually numb, increasingly disconnected from who we are meant to be. Pornography does not just divide our attention, it fractures our identity, offering a counterfeit intimacy that ultimately leaves us empty. And over time, it impacts our mental health, driving depression, anxiety, emotional blunting, and deep loneliness. We become less connected, less present, less alive. That's the path. It does not plateau. It escalates.

And if even part of this feels familiar, hear this clearly, get help. Not because this is about guilt or condemnation, but because it matters. Too many lives are quietly unraveling under the weight of this struggle, and too many men are fighting it alone. This book is not about moralizing. It is about restoring what has been lost. Your joy matters. Your marriage matters. Your calling matters. Your soul matters.

There is a way out. It is not easy, but it is possible. With truth, accountability, neuroscience, trauma healing, and the redemptive power of faith, healing can happen, not just coping, but real restoration. Your mind can be renewed. Your relationships can be rebuilt. Your purpose can come alive again. But it begins with honesty. If this has a grip on you, it must be confronted. Do not minimize it. Do not rationalize it. Do not let it take more from you. Freedom begins with truth.

This chapter is not about condemnation. It is about clarity. If you are caught in this struggle, you are not alone, and you are not beyond repair. There is a way back. The NeuroFaith® model offers a practical,

spiritually grounded, neuroscience informed path toward healing, marked by honesty, humility, and grace. We are not here to shame you. We are here to call you back to who you really are. You are not what you watch. You are not your past. You are not your lowest moment. You are God's beloved, created for connection, strength, real joy, and authentic love. ***"Instead of shame and dishonor, you will enjoy a double share of honor. You will possess a double portion of prosperity in your land, and everlasting joy will be yours"*** (Isaiah 61:7, NLT).

We will walk with you as you reclaim your mind, your body, and your soul. This battle is worth fighting, and you are not fighting alone. Healing is not only possible. It is already beginning.

Cause Three

Trauma

The Hidden Epicenter of Despair and Addiction

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).

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, 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). 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

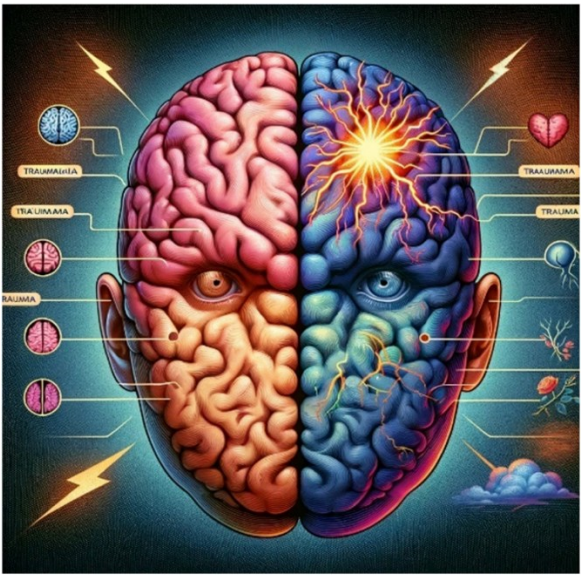
- Mother treated violently (13%)
- Household member was an alcoholic or drug user (27%)
- Household member was imprisoned (6%)
- Household member was chronically depressed, suicidal, mentally ill, or in psychiatric hospital (17%)
- Not raised by both biological parents (23%)

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.

Barta (2015) noted that trauma is not necessarily caused by bad parents but by emotionally unavailable ones. Many parents do the best they can with the tools they have, but when they fail to respond to the emotional needs of their children, the results can be quietly catastrophic. Children raised without emotional mirroring learn to hide, minimize, or distort their emotional experience, skills that later fuel depression, anxiety, addiction, and relational dysfunction.



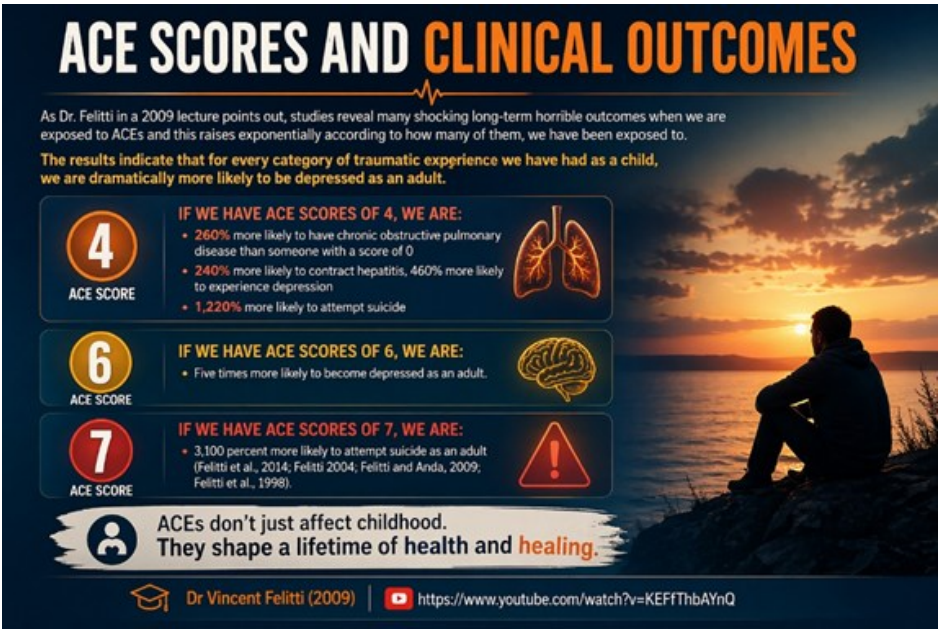
Trauma changes the brain neurologically

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

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

loss of connection with our inner self, our bodies, others, and the world around us, we are predisposed to engage in maladaptive and/or addictive behaviors to relieve the emotional dysregulation that torments us.

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



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

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.

But if we are going to understand how healing is possible, we must first understand how trauma gains this kind of influence. There are three primary pathways through which it takes root and continues to shape our lives:

Pathway One: Attachment
How trauma shapes the way we connect and feel safe with others

Pathway Two: Social Learning
How trauma is modeled, learned, and repeated across relationships

Pathway Three: Epigenetics
How trauma leaves its imprint on the body and may be carried forward

Pathway One: Attachment

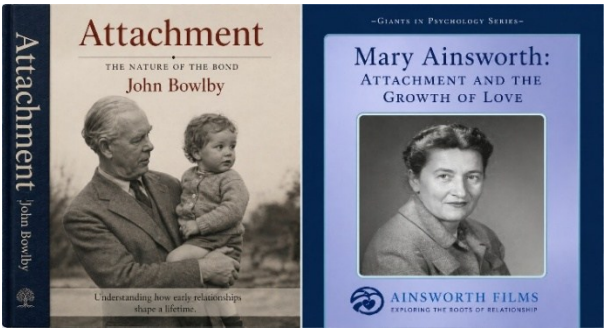
Attachment is not a small thing in our lives. It is one of the most powerful forces shaping who we become.

From our earliest moments, we are wired for connection. We come into this world not simply needing food or shelter, but needing relationship. We need to be seen, soothed, protected, and known. And when those needs are met consistently, something profound begins to form within us. A sense of safety. A sense of worth. A sense that the world, and the people in it, can be trusted.

But when those needs are not met, or are met inconsistently, something else begins to take shape. We adapt. We learn how to survive emotionally. We develop patterns of relating that may protect us in the moment but can follow us for a lifetime.

This is what attachment is. It is the deep and enduring emotional bond that forms between us and those who care for us, and it does not stay confined to childhood. It becomes the blueprint for how we experience relationships, how we regulate our emotions, and how we understand ourselves.

The groundbreaking work of John Bowlby and Mary Ainsworth helped



us begin to understand just how central these early bonds are. They showed us that attachment is not always mutual. A child may attach deeply to a caregiver, even when that care is

inconsistent or absent. What matters is not perfection, but the pattern that forms over time.

And long before modern psychology articulated these truths, they were already reflected in Scripture. As Proverbs 22:6 reminds us, ***"Start children off on the way they should go, and even when they are old, they will not turn from it."*** The relationships that shape us early do not simply fade. They echo across a lifetime.

When we understand attachment, we begin to understand ourselves. And when we understand ourselves, we begin to see a path toward healing.

By way of background, John Bowlby did not begin his career intending to study human relationships. He initially pursued medicine, following a path laid out before him, but found himself increasingly drawn to questions of development and emotional life.

That shift became decisive during a brief six-month experience working with maladjusted children at Priory Gates. What he encountered there would shape the course of his life's work. Reflecting on that time, Bowlby described it as one of the most valuable periods of his life, a place where he began to understand that the struggles we see in the present are deeply rooted in early developmental experiences.

This insight would become foundational. The problems we face today are not random. They are shaped, in large part, by the relationships and environments that formed us (Kanter, 2007).

As we begin to understand attachment more deeply, we quickly see that John Bowlby was not working alone. His collaboration with Mary Ainsworth helped bring attachment theory into clearer focus, giving us a way not just to describe these bonds, but to actually observe them.

Ainsworth was driven by a simple but profound question. How do we ***see*** attachment? How do we understand what is happening inside a child who cannot yet put their experience into words?

To answer that question, she developed what became known as the **Strange Situation,** a carefully designed observation in which a young child is briefly separated from their caregiver in an unfamiliar setting. What happens next is deeply revealing. When the caregiver leaves, we see how the child responds to distress. And when the caregiver returns, we see something even more important. We see how that child has learned to seek comfort, or not. We see whether connection feels safe, uncertain, or something to be avoided.

What Ainsworth discovered is something we can all recognize, not just in children, but in ourselves. We are not all the same in how we connect. Some of us move toward others with trust and openness. Some of us pull away. Others feel caught in a painful tension, longing for closeness while fearing it at the same time.

From her work, three primary patterns began to emerge: secure attachment, anxious-avoidant attachment, and anxious-resistant attachment. These are not just categories for children. They are patterns that can follow us into adulthood, shaping how we love, how we protect ourselves, and how we respond when relationships feel uncertain (VeryWellMind, 2019).

And as research continued, it became clear that attachment is not a single moment, but a process that unfolds over time. In a longitudinal study of infants, Rudolph Schaffer and Peggy Emerson observed how attachment develops across the first years of life. Infants were followed closely throughout their first year and again at 18 months, revealing that attachment forms in distinct stages rather than all at once. These findings remind us that connection is built over time, shaped by repeated experiences of care, responsiveness, and presence (Schaffer & Emerson, 1964).

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

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

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

anxiety around strangers (stranger anxiety) (Schaffer & Emerson, 1964).

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

As nicely summarized by Lyons-Ruth (1996), the basic attachment styles culminating from John Bowlby and Mary Ainsworth's research and the fourth by Drs. Mary Main and Judith Solomon's (Main & Solomon, 1986) work include:

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

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

Avoidant attachment: Children with an avoidant attachment tend to avoid parents or caregivers. When offered a choice, these children will show no preference between a caregiver and a complete stranger. Research has suggested that this attachment style might be a result of abusive or neglectful caregivers. Children who are punished for relying on a caregiver will learn to avoid seeking help in the future (Lyons-Ruth, 1996).

Disorganized attachment: Children with a disorganized attachment often display a confusing mix of behavior and may seem disoriented, dazed, or confused. Children may both avoid or resist the parent. Some researchers believe that the lack of a clear attachment pattern is likely linked to inconsistent behavior from caregivers. In such cases, parents may serve as both a source of comfort and a source of fear, leading to disorganized behavior (Lyons-Ruth, 1996).

In 1978, Mary Ainsworth and her colleagues reported that studies on the three initial attachment classifications revealed: 70 percent of American infants have been classified as secure, 20 percent as avoidant-insecure, and 10 percent as resistant-insecure (Ainsworth et al., 1978). Kain and Terrell (2018) warn of concerning declines in secure attachment, noting that in more recent research populations, the rates of secure attachment have declined by 10 percent (Andreassen et al., 2007).

Studies reveal that interactions during the first three years of life can affect cognitive development and will impact the physical, emotional, and mental health of children as they age and develop (Colmer et al., 2011). Typically, a parent's emotional response will serve as a template for helping their child learn about emotion. As parents model appropriate emotion regulation through conversations or actions, children learn to control and regulate their emotions. In contrast, insecurely attached children may learn to mask their emotional distress or exaggerate it to gain their parent's attention, therefore compensating for a parent who is not consistently responsive (Laible,

2010). This type of maladaptive behavior has devastating consequences, resulting in poor social skills, emotional dysregulation, depression, anxiety, peer exclusion, social rejection, and low self-esteem (Lewis et al, 2015; Newman, 2017). So, those of us who are young parents should ensure that we spend lots and lots of time with our infants and children in healthy, safe, and connected ways, particularly early in life, to develop secure attachment so they can have joy, fulfilling relationships, and emotional stability.

Psychiatrist and Internal Family Systems (IFS) leader Dr. Frank Anderson presents a refreshingly new view on attachment as it relates to IFS therapy, which will be explained later in this book in the Therapeutic Pathway to Peace chapter. Anderson (2021) notes that he does not fully subscribe to the concept of attachment styles as such, nor does he believe they are formed solely in the first few years of life. Rather, he posits that different parts of children attach to different parts of caregivers throughout their lives. He contends that most attachment styles, when seen through an IFS lens, are actually wounds or protective parts that develop as a result of difficult or challenging interactions. They have a tremendous influence on our lives as adults, especially when they are not adequately addressed or healed. Dr. Anderson adds that we each have different parts that relate to different parts of other people. Finally, he posits that we each have experiences with each of these "styles" or "different parts," which connect to the various parts of people with whom we are in connection (Anderson, 2021).

Takeaway: Attachment is one of the most powerful forces that shapes our emotional lives and relationships, influencing how we connect with others from childhood through adulthood. Secure attachment, formed

through safe, consistent, and caring relationships, is key to emotional regulation, building trust, and forming healthy, lasting connections. Early pioneers like Dr. John Bowlby and Dr. Mary Ainsworth showed us just how deep this impact runs. Ainsworth's famous research identified different attachment styles, secure, avoidant, and anxious, that play a leading role in how we relate to others, manage stress, and navigate relationships throughout life.

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

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

In short, understanding attachment helps us see how our earliest bonds shape our emotional landscape and set the stage for stable, fulfilling relationships. By nurturing secure attachment, especially early in life, we can promote long-lasting emotional health and resilience, not only for ourselves but for future generations. As ***1 John 4:18*** (NIV) reminds

us, *"There is no fear in love. But perfect love drives out fear, because fear has to do with punishment. The one who fears is not made perfect in love."* Secure attachment, rooted in love and care, can indeed drive out fear, helping us build trusting and fulfilling relationships that last a lifetime.

Pathway Two: Social Learning

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

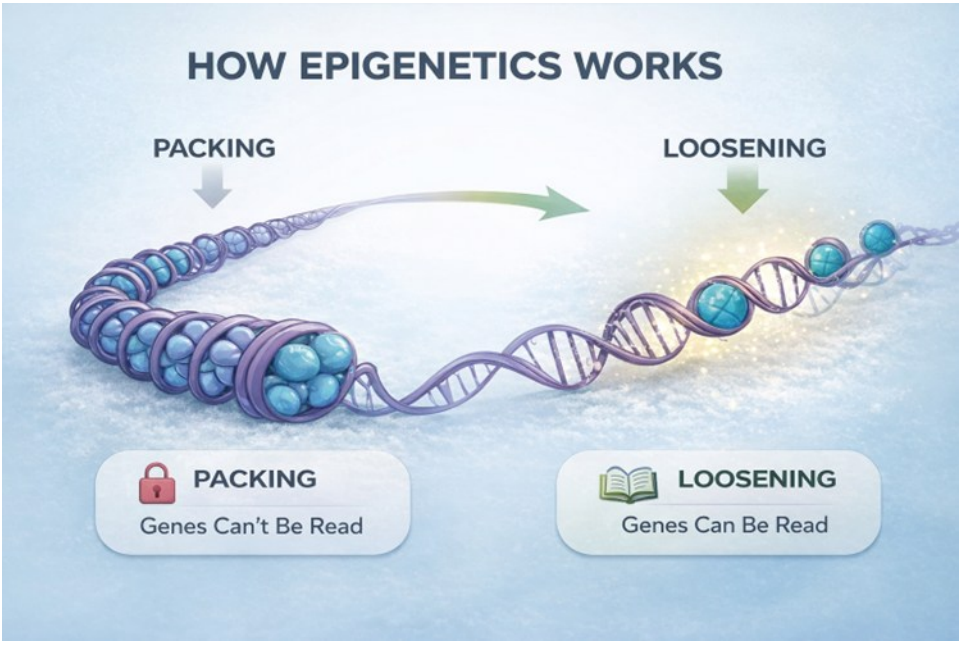
These patterns are not just behavioral. They become internalized as *normal.* And unless they are brought into awareness and challenged, they get passed down to the next generation. This is one way trauma moves through families, not through genetics but through modeling, mimicry, and silence.

Pathway Three: Epigenetics

The third, and perhaps most sobering, pathway is biological. Trauma does not simply shape how we think or how we relate to others. It can reach even deeper, into the very systems that govern how our bodies

function and respond. In ways that are often invisible to us, trauma can influence how our genes express themselves through a process known as epigenetics.

Epigenetics refers to chemical modifications that sit "on top of" our DNA, influencing whether certain genes are turned on or off (or read or not read) without changing the genetic code itself. These changes are not random. They are shaped by experience, especially by chronic stress, adversity, and trauma (Moore et al., 2013). In other words, what we live through can leave a biological imprint on how our bodies operate.



To understand this, it can help to think of our genes as a vast library of instructions stored within every cell of our body. These instructions tell our cells how to build proteins, the essential components of nearly everything within us, including our muscles, our hormones, our

neurotransmitters, and even the chemistry of our brain. But having the instructions is not the same as using them.

Those instructions have to be read.

And this is where epigenetics becomes so important. It helps determine which parts of that library are opened and which remain closed, which instructions are read and which are left untouched. Some experiences signal the body toward growth, regulation, and resilience. Others, particularly prolonged stress and trauma, can signal the body toward protection, survival, and heightened reactivity.

In other words, trauma can influence which "books" get pulled off the shelf. Sometimes instructions are activated that were never meant to dominate, while others that are essential for balance and health remain unread. And over time, that imbalance can begin to show up in very real ways. Increased anxiety. Depression. Chronic stress reactivity. Even disruptions in our body's immune and regulatory systems.

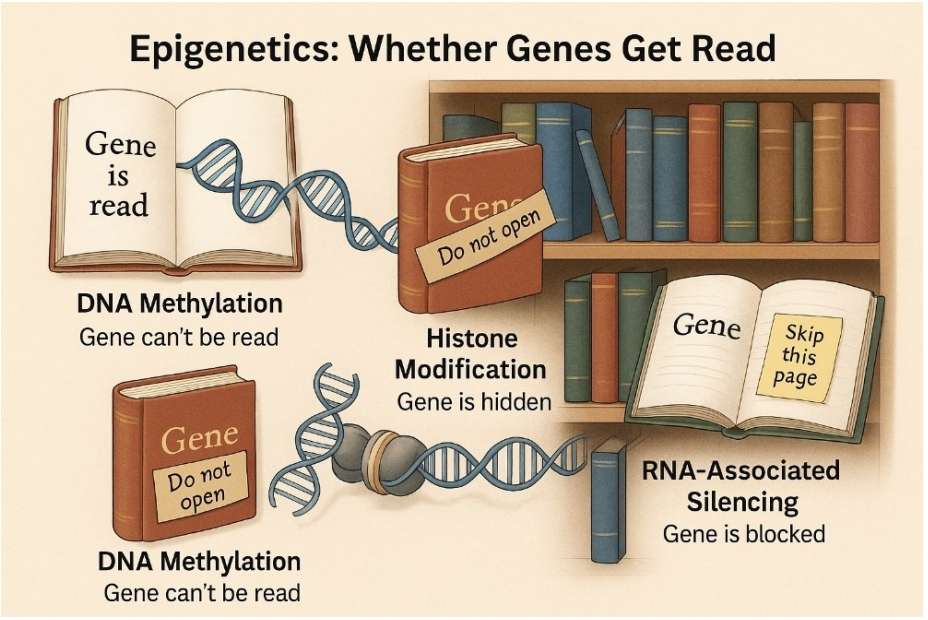
For many of us, this means that trauma does not simply live in our memories. It shapes how our bodies respond to the world, how quickly we move into fear or overwhelm, and how difficult it can feel to return to a sense of calm. It is not just something we think about. It is something we carry.

And yet, even here, there is something deeply hopeful. These patterns are not fixed. Just as negative experience can shape which genes are expressed, new experiences, especially those grounded in safety, connection, and healing, can begin to shift what gets "read" and what does not in a good way. The library is still there. And over time, it can be accessed in a different and healing way.

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

Histone modification is about how tightly the DNA is wrapped around its packaging proteins (the histones). If the DNA is wound too tightly, it's like books shoved so hard into the shelf that you can't pull them out, those genes stay hidden and unread. But if the DNA is loosened too much, books can be pulled out that maybe shouldn't be read at that moment, and their instructions get used when they're not supposed to.

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



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

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

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

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

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

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

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

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

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

The NeuroFaith® Response: Reversing the Curse

The NeuroFaith® Model recognizes that trauma is not simply a psychological wound, it is a neurological, physiological, relational, and spiritual rupture. And healing requires access to all four domains. Through polyvagal-informed therapy, HeartMath neurocardiology, Internal Family Systems (IFS), and authentic Christian faith, we offer a path to reconnect body, brain, and soul.

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

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

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

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

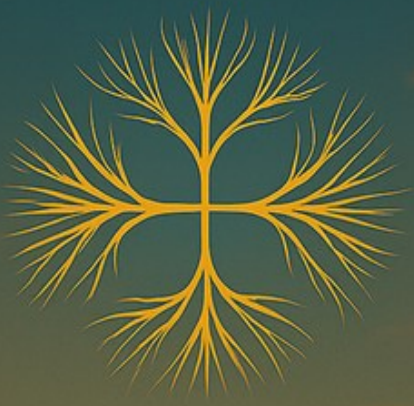
And we must remember, in the words of Isaiah 61:1, that *"The Spirit of the Sovereign Lord is on me, because the Lord has anointed me to proclaim good news to the poor. He has sent me to bind up the brokenhearted... to comfort all who mourn... and to bestow on them a crown of beauty instead of ashes."*

This is our hope. That what trauma tried to destroy, Christ can restore. That the brain, the body, and the soul can be healed. And those who

once believed they were worthless may one day say, with confidence, "I am loved. I belong. I have purpose. And I matter."

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

PART III



THE NEUROFAITH® FRAMEWORK FOR HEALING

The Four Pillars of Healing

A Restorative Pathway for Whole Person Healing

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

- Psalm 103:2-3

As we prepare to step into the Four Pillars of Healing, it is worth pausing to take in what we have already seen. We have explored the roots of this struggle, the impact of trauma, the patterns of attachment, the ways our nervous system adapts, and even the biology of how our experiences shape the brain and body over time. We have looked at the stories we carry, the beliefs that have taken hold, and the neurobiological pathways that can quietly keep us stuck. And while that understanding matters deeply, it was never meant to be the end of the journey.

It is the doorway.

Because the story does not end in what has been broken, shaped, or carried. It moves forward into what can be restored. As it is written, ***"The light shines in the darkness, and the darkness has not overcome it"*** (John 1:5, NIV). That light is not theoretical. It is real. And it reaches into the very places that have felt most stuck, most wounded, and most beyond repair.

But as we turn toward healing, it becomes important to recognize that not all approaches to healing are the same. Many of us have encountered therapies that help us manage what we feel. Approaches such as Cognitive Behavioral Therapy and Dialectical Behavior Therapy offer meaningful and often lifesaving tools. They can help us regulate emotions, steady our thoughts, and navigate moments when everything feels overwhelming. In those moments, they matter greatly but they are only incremental therapies and do not transform.

And yet, for many of us, there has also been a quiet awareness that something deeper remains untouched. The symptoms may ease, but the patterns persist. The pain may soften for a time, but it has a way of returning. We learn how to cope, but we are still left longing for something more than management. We long for healing.

This is where the distinction begins to matter.

These incremental approaches help us function within the life we are living. On the other hand, transformational approaches begin to change the life itself. They move beneath the surface, into the places where patterns were first formed, where the nervous system learned how to respond, where beliefs about ourselves and others took root, and where disconnection began.

What we are stepping into now is not a rejection of what is helpful. It is a movement beyond it. A movement toward something deeper, more integrated, and more fully restorative. A path that does not simply help us survive but begins to bring us back to life.

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

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

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

As Psalm 34:18 reminds us, ***"The Lord is close to the brokenhearted and saves those who are crushed in spirit."*** The brokenness of depression is

not the end of your story. Healing is possible. And the journey begins here.

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

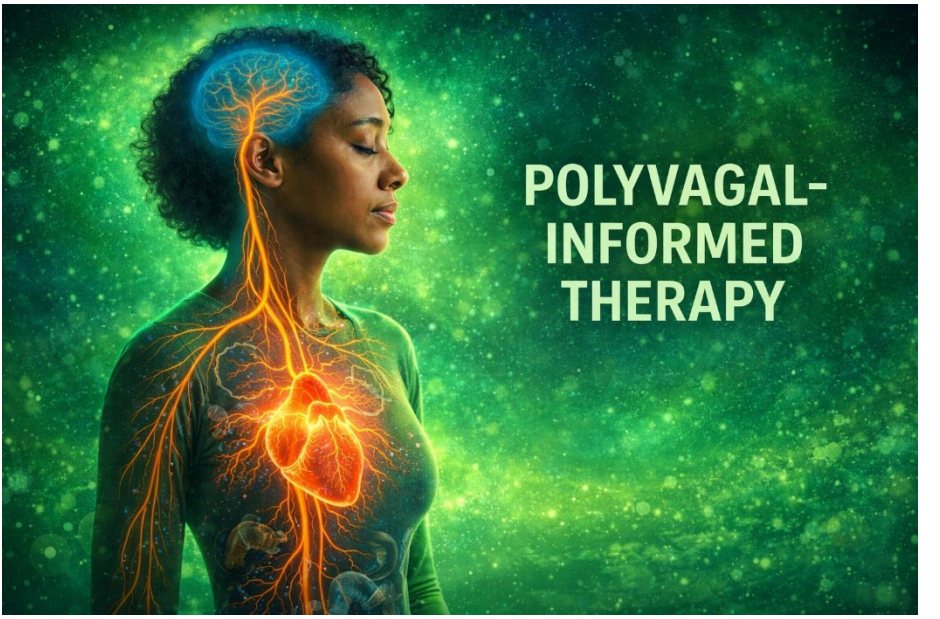
1. **Polyvagal-Informed Therapy:** Healing through the language of the nervous system, recalibrating the body's threat response and shifting from survival states to safety and connection.
2. **HeartMath® and Neurocardiology**: Reconnecting with the heart as an intelligent center of emotional processing, coherence, and spiritual resonance.
3. **Internal Family Systems (IFS):** Mapping the inner landscape of parts and burdens, welcoming even the exiled and protective aspects of the self into compassionate relationship and healing.

4. **Faith and Spirituality:** Rediscovering a living connection with the Divine, where grace replaces shame and love replaces fear. For many, this includes a return to the God who heals and restores.

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

Pillar One:

Polyvagal-Informed Therapy



Building on what we have already begun to understand about the body, especially the autonomic nervous system, we start to see something remarkable. Our bodies are not simply reacting to the world around us. They are constantly asking a deeper question: ***Am I safe?***

Polyvagal-informed therapy brings this truth into focus in a powerful and deeply practical way. At its core, it helps us understand that our

emotional life is not just shaped by our thoughts, but by the moment-to-moment state of our nervous system. When the body senses safety, we become more open, more connected, more capable of engaging with others and with life itself. When it senses threat, everything shifts. We move into protection, into survival, into patterns that may have once helped us endure, but now keep us stuck.

What is so hopeful about this is that these patterns are not fixed.

They can be understood.
They can be influenced.
They can be healed.

Polyvagal-informed therapy gives us a pathway back into our bodies, teaching us how to recognize the signals of safety and how to gently begin restoring them. As we do, something begins to change. Our emotions become more manageable. Our relationships become more connected. Our capacity for calm, clarity, and resilience begins to grow.

In many ways, this work is about learning to feel safe again, not just intellectually, but in the deepest parts of our physiology.

Dr. Stephen Porges and his son, Seth Porges, capture this beautifully in their book *Our Polyvagal World: How Safety and Trauma Change Us*. Unlike some of Dr. Porges' earlier, more technical work, this book is accessible, engaging, and profoundly helpful. They summarize Polyvagal Theory in a single, powerful sentence: "How safe we feel is crucial to our physical and mental health and happiness" (Porges & Porges, 2023, p. 13).

And that may be one of the most important truths in all of healing.

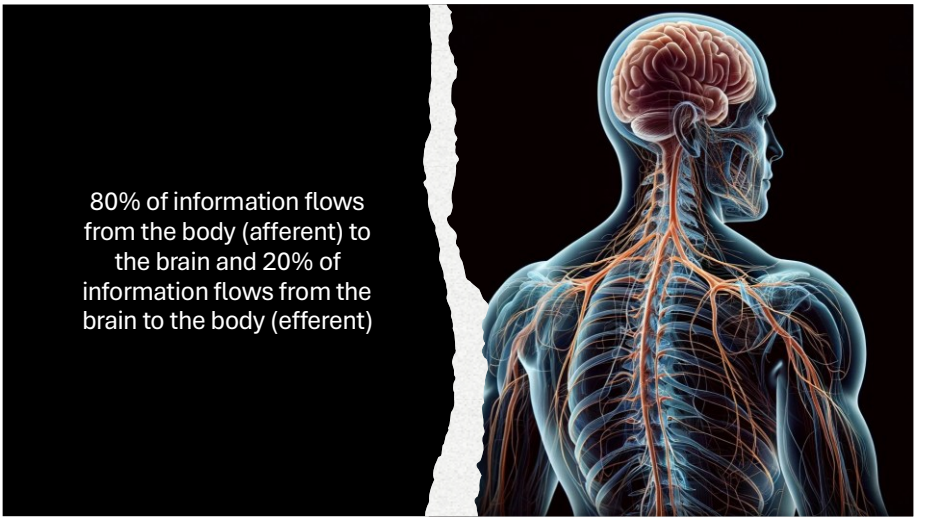
Dr. Porges and son note, "***When we feel safe, our nervous systems and entire bodies undergo a massive physiological shift that primes us to be healthier, happier, and smarter; to be better learners and problem-solvers; to have more fun; to heal faster; and generally, to feel more alive"*** (Porges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

Steven and Seth assert that Polyvagal Theory shifts our discussion away from the actual event to how it transforms and becomes embedded in our bodies, with these changes occurring through the vagus nerve. Therefore, it is through the vagus nerve that we find a way out of neurological disorder and disruption to a pathway to peace and healing. To quote, ***"A light at the end of trauma's tunnel, and a pathway toward healing and happiness in a world that seems designed to threaten and traumatize us at every turn"*** (Porges & Porges, 2023, p.13.) This is neuroscience poetry to me, and my desire for you is that this neuroscience equally inspires you to feel hope and embark on your own healing journey.

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

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

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



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

The Four R's

- Recognize the autonomic state
- Respect the adaptive survival response
- Regulate or co-regulate in a ventral vagal state
- Re-story

Recognize the autonomic state

I recommend making the Emotion Regulation Chart I developed below as our companion to help us recognize where we are on that continuum of regulation. In doing so, we can make what is implicit (under the table and outside of our awareness) explicit (on the table and in our awareness). We can use the color codes to describe for ourselves and others where we and others are with just one neutral and non-judgmental word. This is also particularly helpful for children as it helps give them a physical and emotional language that connects the mind with the body.

Emotion Regulation Chart

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

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

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

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

- Slow heart rate

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

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

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

Respect the adaptive survival response

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

Regulate or co-regulate in a ventral vagal state

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

As Herman Melville once wrote, "***We cannot live for ourselves, a thousand fibers connect us."*** Connection is a biological imperative,

according to Porges (2015). Our autonomic nervous system longs for connection, and it is through our biology that we are wired to connect. Co-regulation, as described by Dr. Porges, is the mutual regulation of physiological states between individuals. In life, it occurs first between mother and infant but later extends to friends, partners, co-workers, and groups such as families, to name a few (Porges, 2017).

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

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

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

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

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

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

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: 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.

Melodious voice: 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: 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: 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.

Slow and low Breathing: 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.

Re-story

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

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

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

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

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

Pillar Two:

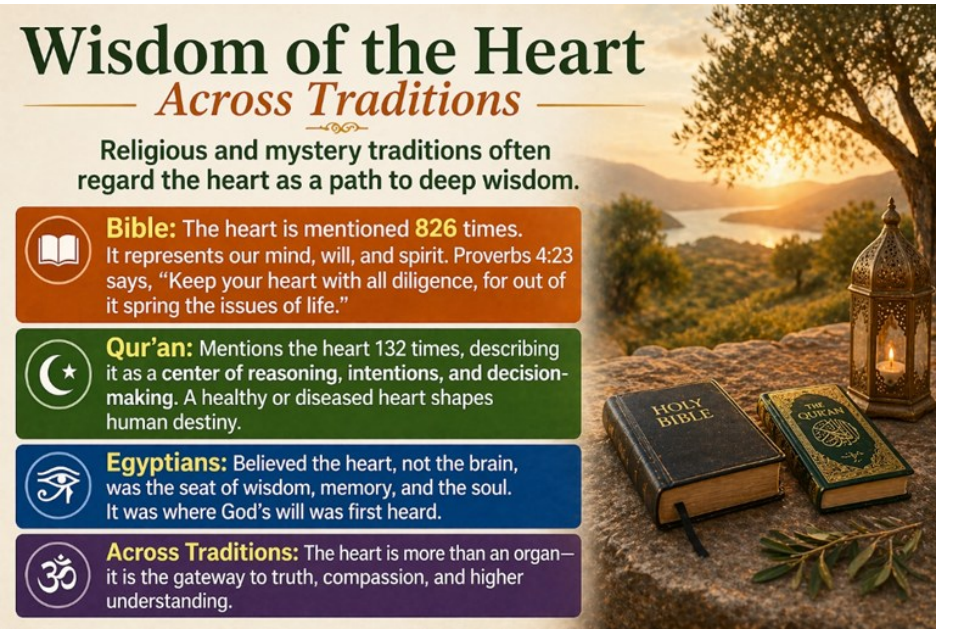
HeartMath®

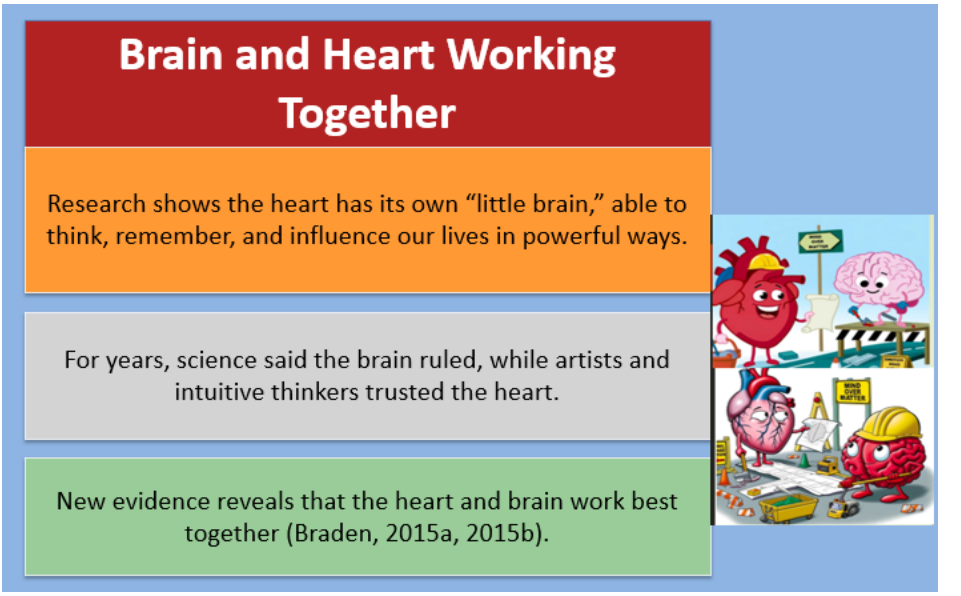
Our heart is an extraordinary organ, far more than a simple pump sustaining circulation. It carries its own form of wisdom and intelligence, working in constant, dynamic relationship with the brain to shape how we feel, perceive, and engage the world around us. Through the work of HeartMath® and the growing field of neurocardiology, we are beginning to better understand this profound connection and translate it into practical

pathways for healing, emotional regulation, and a more grounded, coherent life.

Yet the wisdom of the heart is not a modern discovery. It is ancient, woven into the fabric of human understanding and echoed throughout Scripture. ***"Above all else, guard your heart, for everything you do flows from it"*** (Proverbs 4:23, NIV). These words speak to something deeply true, that the heart is central to the essence of who we are, quietly shaping our emotions, guiding our relationships, and influencing the direction of our lives. What was once set aside in an age that favored only the analytical mind is now being rediscovered with a renewed sense of wonder. As science and spirituality converge, we are invited back into a fuller vision of what it means to be human, one in which the heart is not merely a physical organ, but a living center of connection, wisdom, and transformation.

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





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

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

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

What – Heart Intelligence?

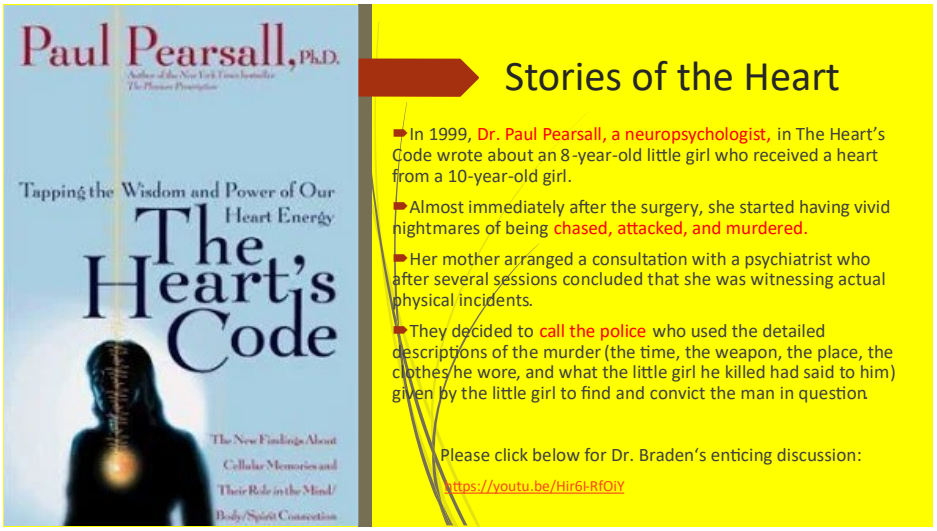
- Dr. Armour, MD, PhD., at the University of Montreal in 1991, discovered that the heart has its own "little brain" or "intrinsic cardiac nervous system" (cited in Braden, 2015).
- This "heart brain" is composed of approximately 40,000 neurons, called sensory neurites that are similar to neurons in the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

What – Heart Intelligence?

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

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

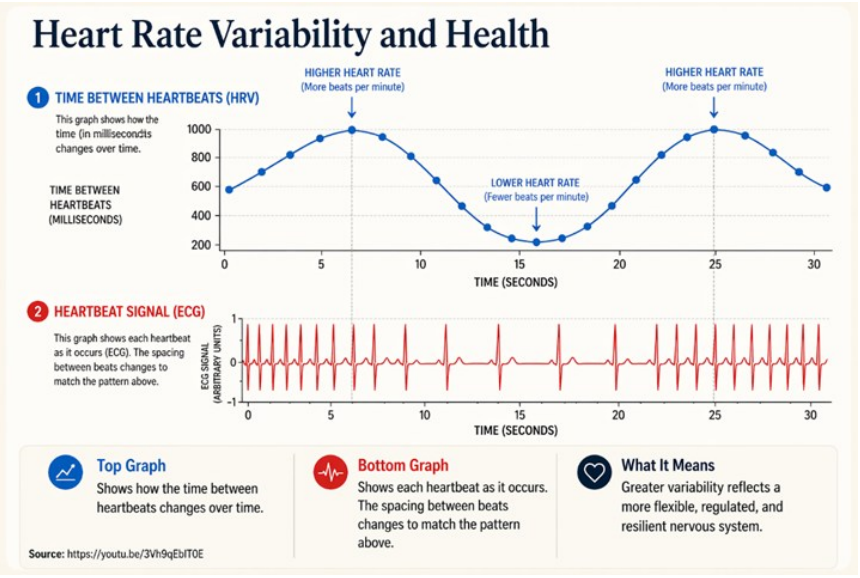
Braden nicely narrates two stories detailed in the graphics below about how memories stored in the neural networks in the heart can be transferred to the heart recipients following heart transplant surgeries.



HeartMath® is a magnificent therapy that uses techniques that focus on heart rate variability and the heart's influence on emotional well-being and stress management. By learning to regulate our heart rhythm,

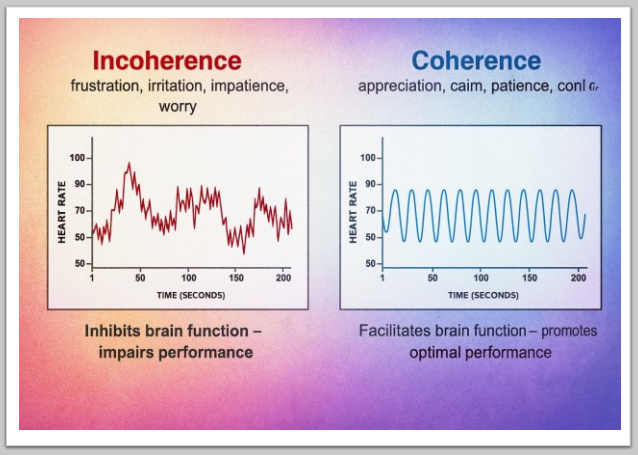
we can achieve a more coherent state, where emotions, mind, and body are in sync. This approach helps reduce stress, enhance emotional regulation, and improve overall health. In therapy, HeartMath® tools teach us how to access our heart's intelligence to foster resilience, improve decision-making, and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

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



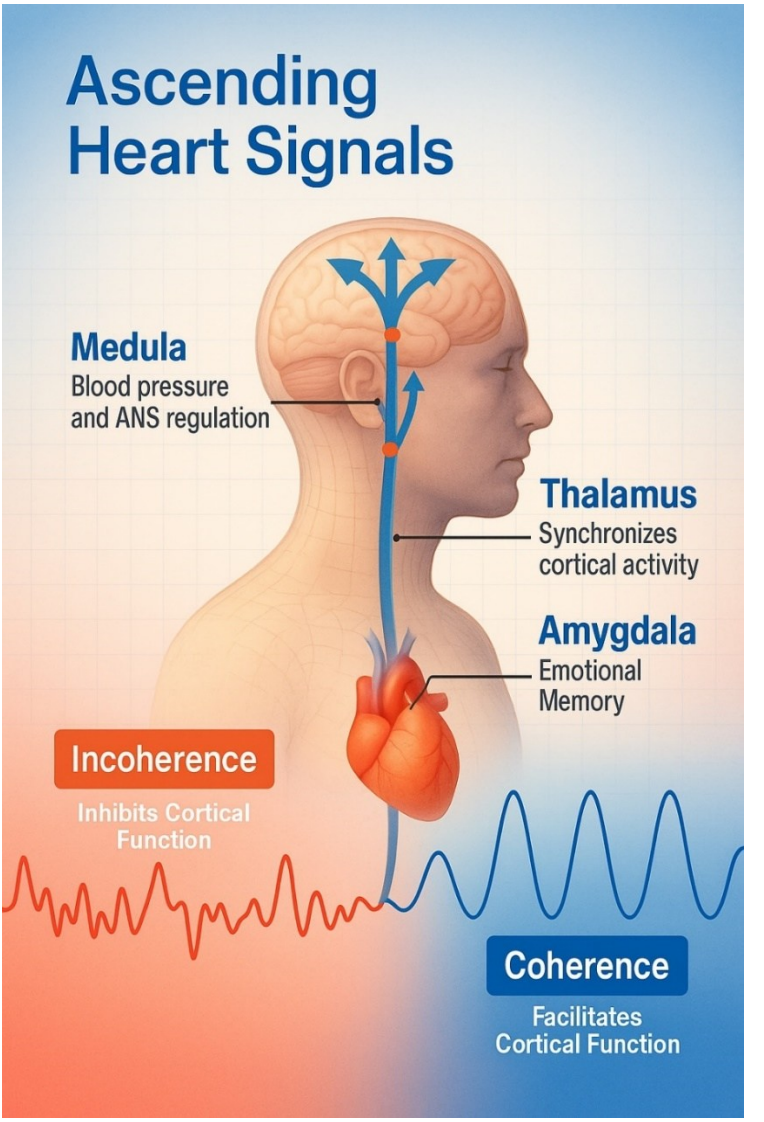
In practice, HeartMath® uses HRV to assess an individual's level of coherence, a state where the heart, mind, and emotions are in energetic alignment and cooperation. This state is characterized by a smooth, wave-like pattern in the heart rhythm, indicating emotional balance and mental clarity. HeartMath®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

Emotions and Heart Rhythms



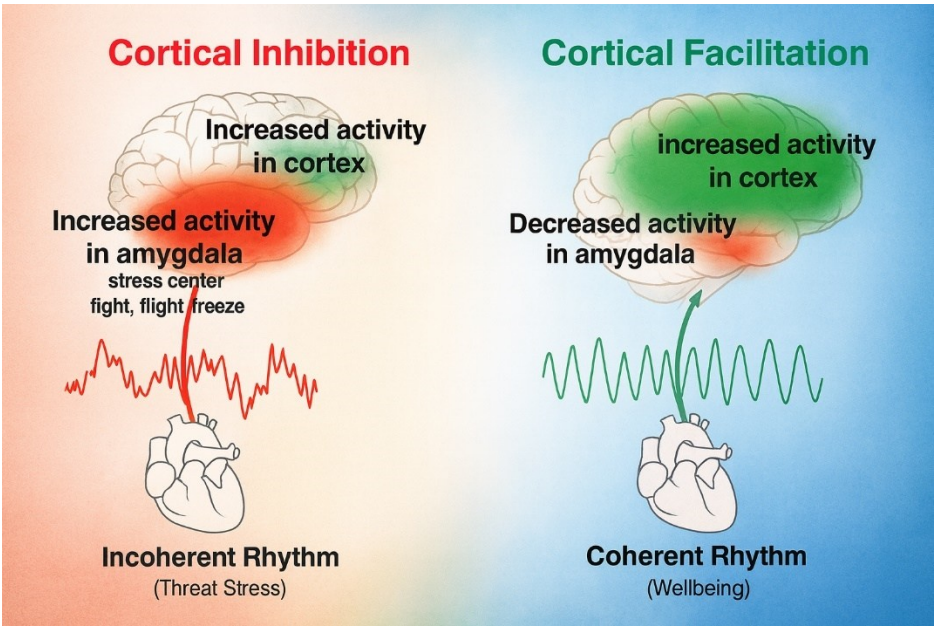
Once we attain coherence in the heart, the coherent heart then communicates in four distinct ways to the brain, enabling it to achieve coherence: (1) nerves connecting the heart to the brain, particularly the vagus nerve, (2) hormones, (3) blood pressure shifts, and (4) electromatic waves (McCraty 2023). This allows the brain to be more integrated and efficient, while an incoherent heart inhibits cortical

function. Note that 80% of information flows from body to brain (efferent).



This following graphic nicely illustrates how an incoherent heart increases the activity of the amygdala and diminishes the activity of the

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



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

1. Heart Coherence: As previously noted, heart coherence refers to a harmonious, ordered pattern in the heart rhythms, characterized by a stable, sine-wave-like pattern in the heart

rate variability (HRV). This state is associated with positive emotions, physiological efficiency, and a sense of well-being. It is achieved when the heart, mind, and emotions are in energetic alignment and cooperation.

2. Interconnectedness and Energy Fields: The HeartMath® Institute suggests that the heart emits an electromagnetic field of up to a radius of 10 to 15 feet that can affect the people, animals, and environment around us. This field can be detected by others unconsciously. In a coherent state, the heart's electromagnetic field is more ordered and coherent. If ordered or coherent, the effect on others is positive and if disordered or incoherent, the effect on others is negative.

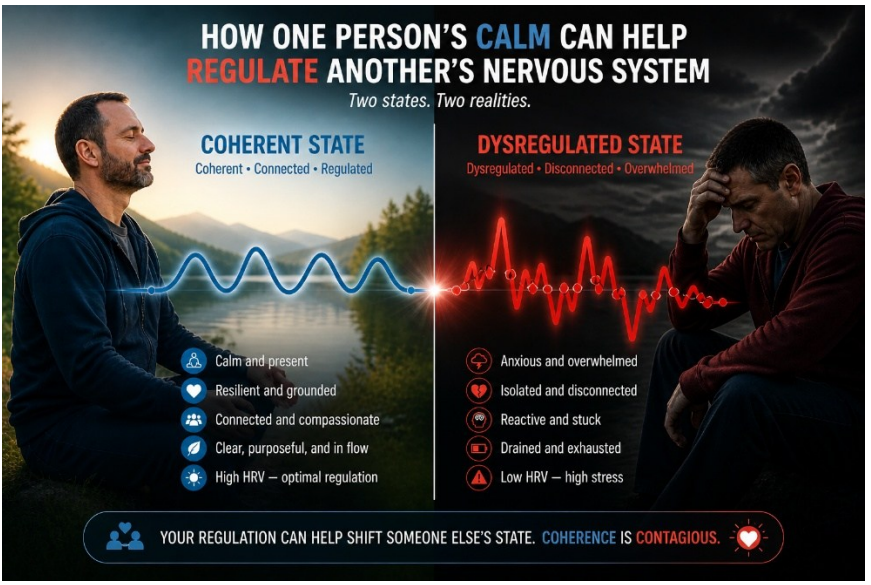
3. Entrainment and Resonance: Entrainment is a physics principle where two oscillating systems assume the same frequency. When applied to heart coherence, entrainment suggests that the coherent heart rhythm of one person can influence and synchronize with the heart rhythm of another person when they are in close proximity, leading to mutual coherence. This is a beautiful form of energetic communication, where the heart's electromagnetic field of one person can influence the heart rhythm of another person.

4. Emotional Contagion: On a psychological level, this concept mirrors the idea of emotional contagion, where one person's mood and behaviors can lead to the synchronization of feelings and behaviors in another person. In a positive sense, a person in a state of heart coherence can, through their calm and positive emotional state, help induce a similar state in others, promoting

emotional stability and coherence. Thus, this has great implications in helping another person reach the aforementioned autonomic green state when the ventral vagus nerve is active, which promotes social engagement (Hansen, 2021).

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

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



Heart Lock-In® Technique:

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

Step 1: Center and Breathe

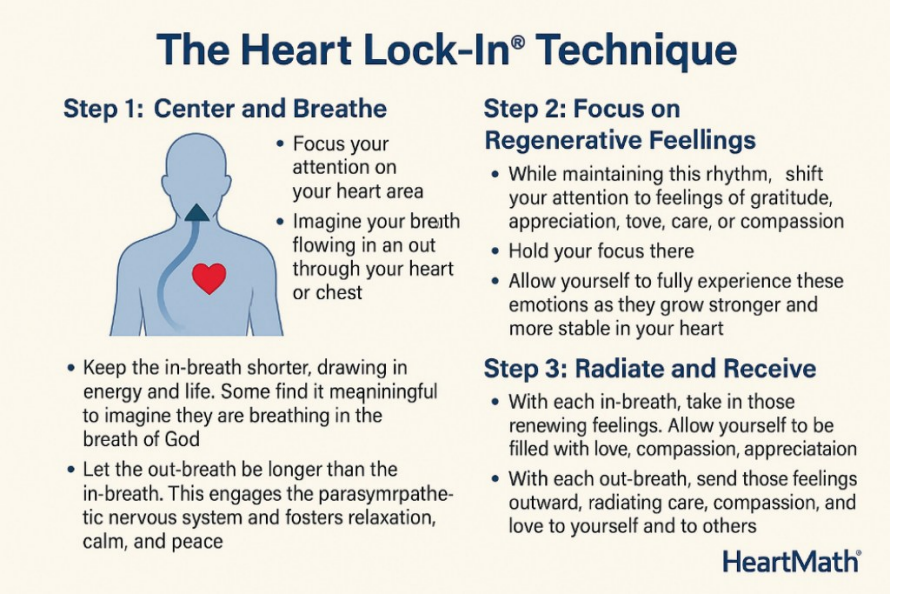
- Focus your attention on your heart area
- Imagine your breath flowing in and out through your heart or chest
- Breathe slowly and deeply from the abdomen, letting your belly rise with each inhale
- Keep the in-breath shorter, drawing in energy and life. Some find it meaningful to imagine they are breathing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

Step 2: Focus on Regenerative Feelings

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

Step 3: Radiate and Receive

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



Pillar Three

Internal Family Systems (IFS)

There are few discoveries in modern psychology as breathtaking as Internal Family Systems (IFS), developed by Richard C. Schwartz, Ph.D. It is as if someone has been given a glimpse into the architecture of the soul, revealing that what once felt like chaos within us is, in fact, an intricate and purposeful design. For those who have carried trauma, battled addiction, or lived beneath the quiet weight of emotional pain, this understanding can feel not only

revolutionary, but deeply redemptive. Perhaps what has felt broken within us has, in truth, been longing to be understood and restored.

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

We have also seen how the heart plays a central role in healing. Through neurocardiology and HeartMath® principles, we have learned that the heart is not merely a pump, but a sacred center of regulation and connection. As the heart moves toward coherence, a quiet restoration begins. Safety increases. The nervous system softens. The body becomes more receptive to healing. This is not forced change, but a return, a reorientation toward the safety and connection for which we were created.

Yet trauma does more than disrupt the body and heart. It also shapes the inner psychological world in ways that are both protective and profoundly human, and perhaps even purposeful.

When pain overwhelms our capacity to cope, the mind does not fail. It responds with remarkable wisdom. It organizes. It adapts. It forms inner structures designed to help us endure what once felt unbearable. These responses arise not because something is wrong with us, but because something within us has been striving to preserve life, to hold together what might otherwise have come apart.

Faced with overwhelming pain, our inner world begins to organize itself around protection. Some parts carry wounds so deep and tender that they are set apart, not in shame, but in protection, waiting for the right time to be seen and healed. Other parts step forward to manage life, working tirelessly to maintain order, anticipate danger, and carry responsibilities far beyond what they were meant to hold. And when the burden becomes too great, still other parts move in quickly, seeking relief through numbing, distraction, or behaviors that, while often costly, reflect a desperate and deeply human longing for peace.

Even the inner critic, so often experienced as harsh or condemning, can be understood with new eyes. Beneath its sharpness is often a vigilant protector, attempting to guard against rejection, failure, or abandonment, hoping, in its own way, to keep us safe.

This is where Internal Family Systems offers something truly remarkable. Not only clarity, but compassion. Not only understanding, but a pathway toward restoration. It invites us to see that within us is not a fragmented self, but a system of parts that have been faithfully, if imperfectly, trying to protect what is most sacred.

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

And here lies one of the most awe-inspiring truths of the model. Beneath these layers of protection and pain lies something deeper. IFS refers to this as the Self, the core of who we are, marked by calm,

curiosity, compassion, clarity, and courage. While trauma may obscure access to this center, it does not destroy it.

As safety increases and Self leadership begins to emerge, healing follows. Exiled pain is no longer left in isolation but is met with care. Protective parts discover that they no longer have to work with such intensity. The nervous system softens. The heart opens. Addiction begins to loosen its grip. Trauma no longer defines the present. And hope, often long buried, begins to rise again.

What begins to emerge, as we look more closely, is that this inner world is not random. There is an order to it. A pattern. A kind of internal ecology, where different parts of us carry different roles, each shaped by experience and each oriented, in its own way, toward protection and survival.

Rather than a single, unified voice, the mind is made up of many parts, each with its own emotions, beliefs, and responsibilities.

IFS helps us begin to recognize these parts in simple but meaningful ways:

- **Exiles (Struggles):** These are the wounded parts that carry deep pain, shame, fear, or grief.
- **Managers (Defenses):** Protective parts that try to keep the pain hidden, often through control, perfectionism, or avoidance.
- **Firefighters (Defenses):** Protective parts that jump in when pain breaks through, using quick fixes like anger, numbing, or addiction.
- **Inner Critic (Feedback):** A critical part that constantly evaluates, judges, or shames, often with the intention of keeping us safe but in ways that can feel harsh or defeating.

- **Self (Who we really are):** The core of our being that is compassionate, curious, calm, and capable of leading the internal system toward healing.

Each of these parts has a story. Each carries a burden. And each, in its own way, has been trying to help.

To move toward healing, we do not begin by fighting these parts, but by turning toward them with understanding, with curiosity, and with compassion. As we come to know them more fully, we begin to see that what once felt like fragmentation is, in fact, a system that has been faithfully working to protect something deeply valuable within us.

And it is here that we begin to look more closely at these parts, to understand their roles, their burdens, and the pathways through which they can finally find rest.

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.

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

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

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

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

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

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

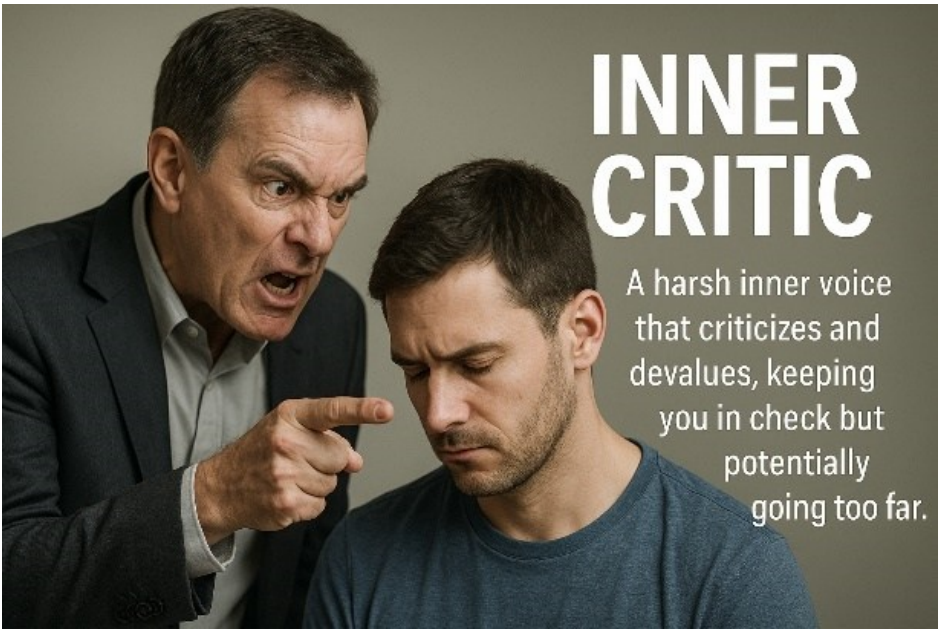
The Inner Critic: The inner critic is a powerful and often misunderstood part of the internal system. It commonly develops in response to environments where mistakes, vulnerability, or failure felt dangerous.

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

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

As Revelation 12:10 (NIV) reminds us, the enemy is *"the accuser of our brothers and sisters, who accuses them before our God day and night."* Learning to discern the critic's proper role, and to place it under the

authority of Christ, allows us to benefit from its guidance without being crushed by its condemnation.



Understanding Addiction Through the Lens of Parts

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

Managers often take the lead early in life. These parts attempt to control emotional distress by being good, responsible, dutiful, or excellent. They strive to earn safety through performance. They may push you to be the perfect student, the reliable employee, the strong provider, the compliant child, or the spiritually disciplined believer.

Their message is often, "If we do everything right, the pain will stay buried." For a time, this strategy can appear successful. Life may look functional on the outside, even admirable. Yet the pain carried by exiled parts does not disappear. It waits.

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

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

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

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

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

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

Self (Who We Were Created to Be)

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

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

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

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

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

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

"*This means that anyone who belongs to Christ has become a new person. The old life is gone; a new life has begun!* 2 Corinthians 5:17

(NLT)" We will explore this process and these passages in more detail in the next section on spirituality.

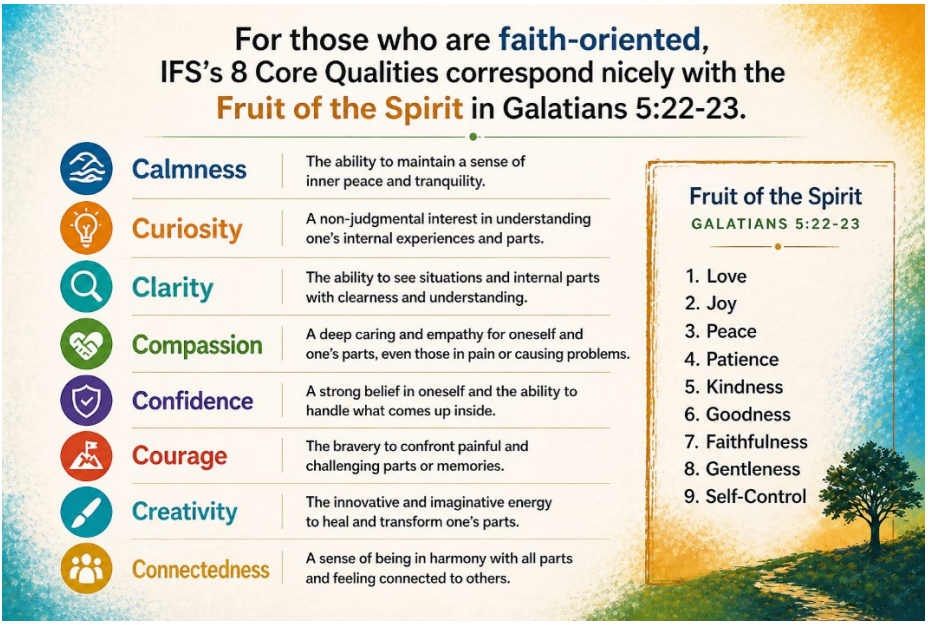
Through our new relationship with Christ, the SELF God intended us to be has full access to Him, His Spirit, His Kingdom, and our entire inner world. IFS works best when the SELF is aligned with Christ and empowered by His Spirit to bring healing and restoration to all the fractured parts of our inner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

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

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

From a faith perspective, these qualities closely parallel the Fruit of the Spirit described in Galatians 5:22, 23: love, joy, peace, patience,

kindness, goodness, faithfulness, gentleness, and self-control. When the SELF has been renewed under Christ's leadership, Behavior increasingly reflects these qualities, not through effortful striving, but through inner transformation and alignment with God's design.



How the Parts Work Together

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

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

In order to access and heal the pain that has been pushed out of awareness, we must first turn toward the protective parts that keep it

at a distance. These defenses, though often misunderstood, serve an important role, guarding us from overwhelm while also keeping us separated from our true Self. Internal Family Systems offers a compassionate and structured pathway for this process through six essential steps, often referred to as the Six Fs: Find, Focus, Flesh Out, Feel, Befriend, and Fear. This process is described clearly and helpfully by ISAA Counseling (2024), providing a practical framework for approaching our inner world with curiosity and care, allowing protective parts to soften and creating space for deeper healing to unfold.

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

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

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

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

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

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

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

Engaging Emotions Rather Than Avoiding Them

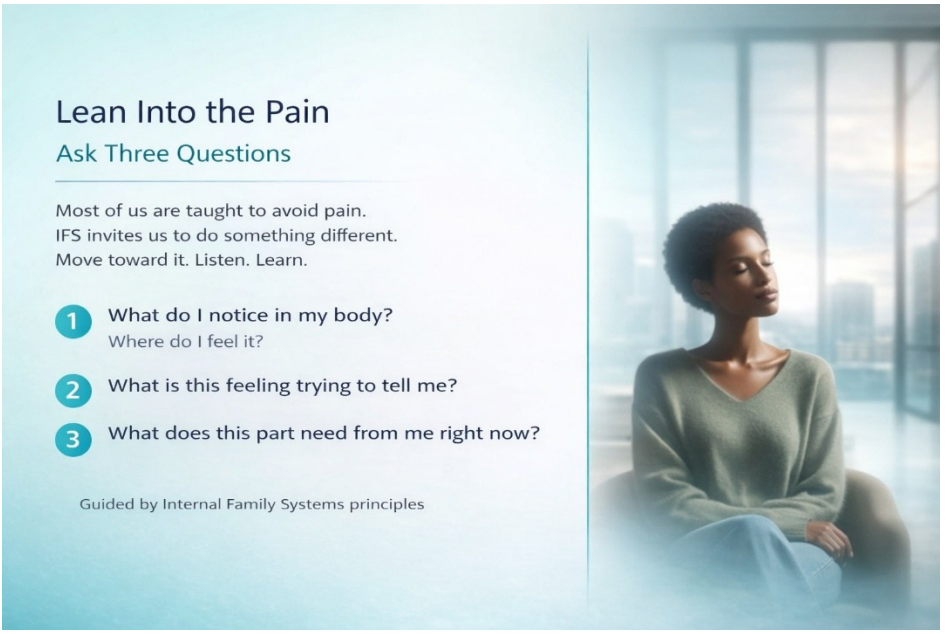
One of the more influential voices helping Christians engage Internal Family Systems with confidence and discernment is Jenna Riemersma. Her book, *Altogether You*, has become one of the most accessible and readable introductions to IFS for Christian audiences.

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

She teaches that emotions function as important messengers. It has often been said that words are the language of the mind, while emotions are the language of the body and heart. When emotional

signals are ignored or numbed, the body continues to communicate distress through symptoms, behaviors, or relational struggles.

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



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.

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

While this perspective contains important truth, it remains incomplete.

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

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

NeuroFaith® understands the self as created, fallen, wounded, and unredeemable. Trauma fragments the nervous system and internal experience, while sin destroyed the self's orientation toward God, self, and others. Both realities must be addressed with humility and grace. Therapeutic work can bring awareness, regulation, and emotional integration. Yet Scripture teaches that true renewal emerges through

transformation in Christ. In Him, believers are described as a new creation. The old self is not merely repaired but is being made new.

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

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

Integration Rather Than Opposition

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

> Psychology helps explain how wounds form.
> Neuroscience reveals how the body responds.
> IFS offers language for the internal system.
> Faith reveals the source of redemption.

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

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

Conclusion: Toward a Restored Self

For many of us seeking healing, the deepest fear is not the pain itself, but the quiet belief that something within us is broken beyond repair. Trauma whispers that our inner chaos is failure, or even a kind of spiritual deficiency. But both science and faith invite us to see something far more hopeful.

Internal Family Systems helps us recognize that what appears disordered is often deeply intelligent, shaped by a system that learned to survive. NeuroFaith® carries this truth even further, reminding us that what is wounded within us is not beyond redemption. The parts of us that learned to hide, control, numb, or criticize were not born out of rebellion, but out of fear. And when we begin to meet these parts not with judgment, but with compassion, something remarkable begins to happen. They soften. They trust. They begin, often for the first time, to rest.

And as we walk this path together, we begin to discover that healing is not simply about understanding our inner world. It is about rediscovering who we truly are.

In Christ, we are not abandoned in our brokenness. We are invited into renewal. Our nervous system begins to learn safety again. Our heart begins to trust again. What once felt fragmented and divided starts to come together, not through force, but through grace. We are no longer organized around fear, but gently re-centered around truth, love, and connection.

This is the sacred work of integration. Not the elimination of our parts, but their restoration. Not the rejection of our story, but its redemption. As science serves compassion and compassion opens our

heart, we make space for God to do what only God can do. He restores what was wounded. He redeems what was lost. He brings coherence where there was once fragmentation.

- And slowly, patiently, we begin to experience a deeper wholeness.
- We begin to live from a place that is grounded, connected, and alive.
- We begin to remember who we are.

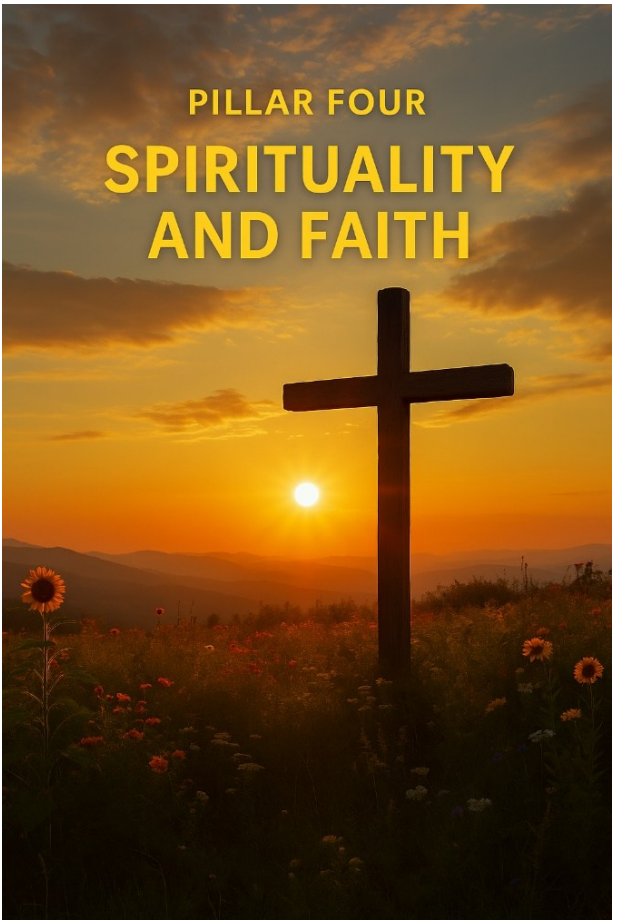
"May the God of peace himself sanctify you completely. May your whole spirit, soul, and body be kept blameless at the coming of our Lord Jesus Christ." (1 Thessalonians 5:23)

This is the invitation before us. Not just healing, but wholeness. Not just survival, but restoration. And we do not walk this path alone.

Pillar Four

Spirituality and Faith

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



Of all the pillars in the NeuroFaith® model, this one stands apart. Not because it is less scientific, but because it reaches into a dimension of the human experience that science alone cannot fully explain. Polyvagal-informed therapy, neurocardiology, and Internal Family Systems offer powerful tools for calming the nervous system, restoring physiological balance, and helping individuals understand the inner architecture of their emotional lives. Yet even the most sophisticated clinical frameworks cannot answer the deepest questions that emerge in the aftermath of trauma. What restores a shattered identity? What heals the deepest wound of shame? What gives meaning to suffering when the nervous system finally grows quiet?

These questions lead us into territory that science can illuminate but cannot fully occupy. They lead us into the realm of spirituality. Within the NeuroFaith® model, spirituality is not treated as a vague abstraction or a sentimental add-on to therapy. It is understood as a foundational dimension of healing, one that interacts directly with the brain, the body, the heart, and the internal emotional world.

We as human beings are not simply biological and psychological creatures. We are spiritual beings as well. The traditional biopsychosocial model has helped clinicians recognize that health is shaped by biological factors, psychological experience, and social context. Yet the deeper we explore trauma and recovery, the more evident it becomes that another dimension must be acknowledged. The soul is not an abstraction. It is present in every layer of the human experience. Healing, therefore, must eventually move beyond the biopsychosocial framework into what many now recognize as a biopsychosocial-spiritual understanding of the person.

Spirituality is not an escape from science. It is the completion of it.

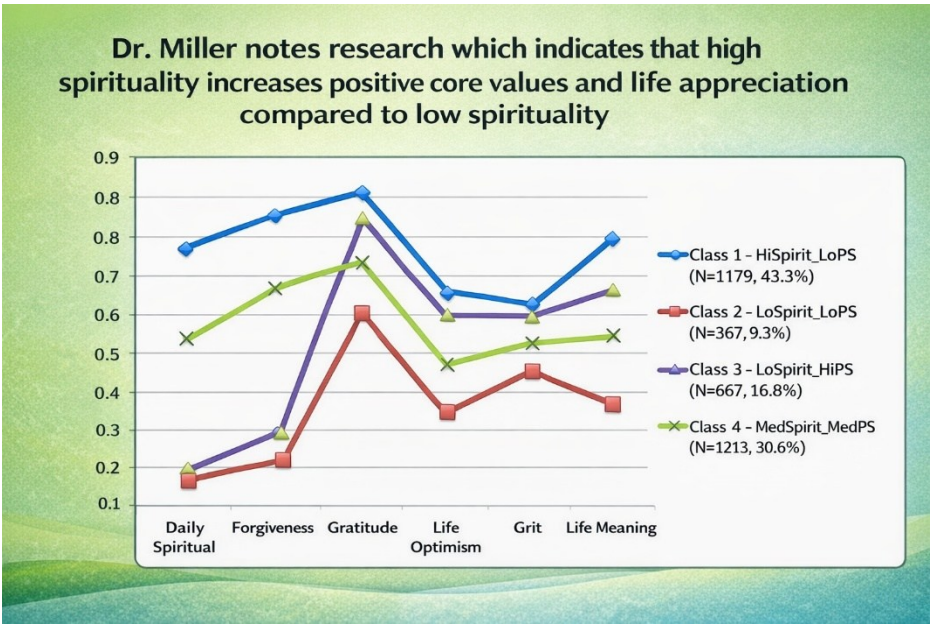
Lisa Miller's Research: A New Science of Spirituality

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

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


PROTECTIVE FACTORS OF SPIRITUALITY
Adolescents raised in a spiritual environment were 80% less likely to experience substence 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. Research by Lisa Miller, summarized in *The Awakened Brain (2021)*, suggests that individuals who report a strong personal spirituality show increased cortical thickness in brain regions involved in self-reflection, meaning-making, and emotional regulation. These same regions are often thinner in individuals with depression and trauma histories. MRI studies indicate that this greater cortical thickness may function as a protective factor, buffering against depressive symptoms and supporting resilience, particularly in those at elevated risk.



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.

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.

Developmental trauma writes shame into the narrative code of the soul, unlike guilt, which says "I did something wrong," shame says ***"I am wrong."*** It is totalizing, isolating, and destructive. It creates an existential rupture that is resistant to reason and immune to self-help.

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

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

The Neurobiology of Shame

If shame were only a belief, it might be easier to overcome. Unfortunately, shame embeds itself far deeper than thought. It becomes encoded in the body, the nervous system, and the physiological systems that govern survival.

The Polyvagal System

Our 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).

As noted earlier in this book, 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 our 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.

When we carry toxic shame, we often feel a persistent sense of tension in our body. Muscles remain tight. Breathing becomes shallow. Sleep is often disrupted. Our heart races in response to even minor interpersonal stress. These responses are not signs of weakness or lack of willpower. They are the physiological echoes of repeated emotional injury.

The Polyvagal system provides an especially helpful framework for understanding these responses. In review, according to Polyvagal Theory, the autonomic nervous system contains specialized pathways that continuously scan the environment for cues of safety or danger. When the system detects safety, the ventral vagal pathway supports calmness, connection, and social engagement. When danger is perceived, the system shifts toward sympathetic activation or dorsal shutdown (Porges & Porges, 2023).

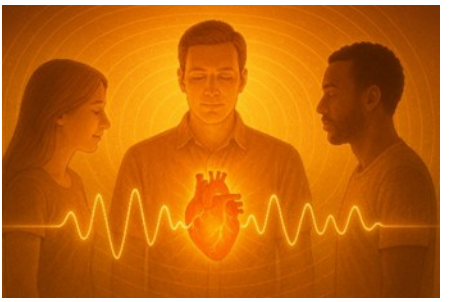
Shame disrupts this system profoundly. Because shame is often experienced in the context of relationships, our nervous system begins to associate social exposure with threat. Eye contact becomes difficult. Voice tone becomes restricted. Facial expression loses animation. We often withdraw emotionally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

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

Healing therefore requires more than intellectual understanding. Our 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 our 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 our heart becomes smooth and organized. This state is associated with improved emotional regulation, clearer thinking, and greater resilience. When we experience fear, anger, or shame, however, heart rhythms become chaotic and irregular.

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

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

gratitude can calm our 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 our 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 our nervous system, our body, our heart, our inner emotional world, and the story we tell about ourselves. It does not merely produce discomfort, it reshapes our identity.

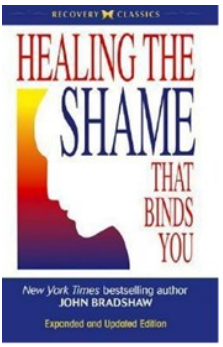
Shame whispers a devastating lie. It tells us that the problem is not simply what we have done but who we are. It convinces us that we are fundamentally defective, unworthy of love, and unsafe to reveal. This lie is ancient. The earliest description of shame appears in the opening chapters of Scripture. 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 self withdraws into secrecy, convinced that exposure would lead only to rejection.

To understand how deeply this storm affects human identity, it is helpful to listen to several voices that have helped shape our understanding of shame in modern psychology and trauma recovery. Three such voices are John Bradshaw, Tim Fletcher, and Curt Thompson. Each approaches the subject from a different perspective. Yet together they reveal a common truth. Shame is not merely an emotional state. It is an identity wound.

John Bradshaw: The Wounded Healer and the Language of Shame

John Bradshaw's life story reflects the very struggle he would later help thousands of others understand. Born in Houston in 1933, Bradshaw grew up in a family shaped by alcoholism and emotional instability. His father's absence left a profound wound of abandonment that followed him into adulthood.



Bradshaw initially pursued the priesthood, studying philosophy and theology at the University of Toronto. Like many who are drawn toward spiritual vocation, he hoped that intellectual and theological understanding might quiet the deeper ache within the human heart. Yet beneath his studies remained a persistent sense that something was fundamentally wrong with him.

After leaving the priesthood, Bradshaw battled alcoholism and despair before eventually entering recovery. Through that process he discovered the insight that would define his life's work. The deepest pain of many individuals was not guilt about their actions but shame about their identity. In his influential book ***Healing the Shame That Binds You***, Bradshaw described the distinction between healthy shame and toxic shame. Healthy shame reminds human beings of their limitations and encourages humility and dependence on others. Toxic shame, however, operates very differently. It convinces individuals that they themselves are defective. It transforms shame from a feeling into an identity (Bradshaw, 2005).

Bradshaw referred to this condition as "soul murder."

When toxic shame takes root, authenticity begins to disappear. The individual learns to hide not only their mistakes but their needs, emotions, and desires. They become increasingly disconnected from their true selves. Instead of living from a place of authenticity, they begin performing roles designed to gain approval or avoid rejection.

Bradshaw also recognized that shame is often transmitted across generations. In families where love is conditional, where affection is

withheld, or where perfection is demanded, children quickly learn that their worth depends on performance. Over time we internalize the belief that our deepest longings are somehow wrong. The spontaneous joy and curiosity of our 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 our intellectual insight. It requires community, honesty, and grace. Through confession, acceptance, and spiritual restoration, we can begin rediscovering the truth that our 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 our wounded mind. Fletcher frequently describes four of the most common beliefs that appear in those of us who have experienced developmental trauma:

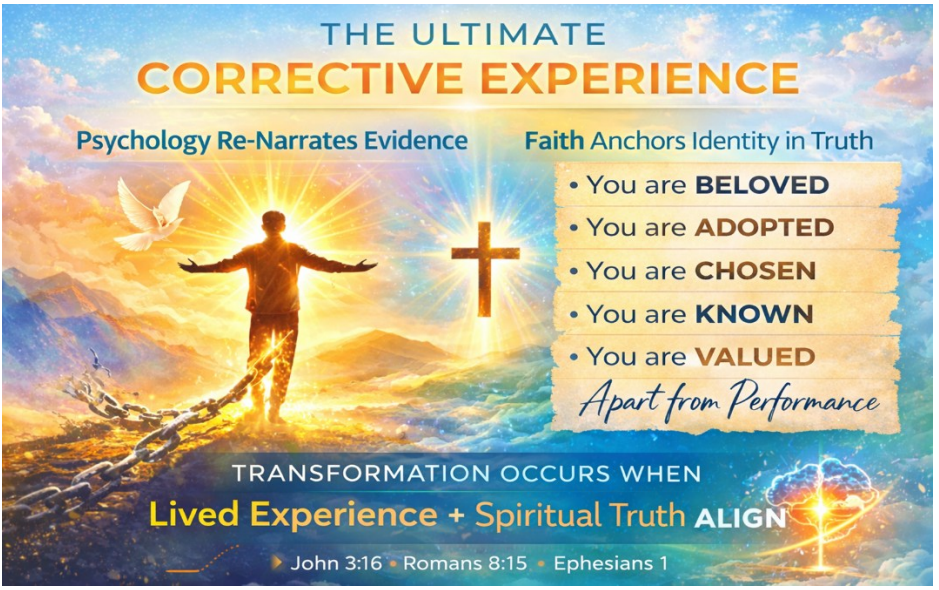
"I am not lovable."
"I am not safe."
"I do not matter."
"I am bad."

These beliefs become deeply embedded in our brain's Default Mode Network, the neural system responsible for our self-referential thinking and autobiographical identity. Over time they become the lens through which we interpret every relationship and every experience (Fletcher, 2022; Fletcher, 2023; Fletcher, 2025).

When trauma occurs repeatedly during our development, the Default Mode Network becomes organized around these negative self-referential beliefs. These beliefs shape the ongoing narrative of our Self. We begin 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 our mind'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. Our mind quietly rehearses the same painful narrative over and over.

The tragic result is that even positive experiences may fail to penetrate the internal narrative. Compliments feel suspicious. Love feels temporary. Acceptance feels fragile. Addiction often emerges as an attempt to escape the relentless pressure of this internal story.

Fletcher's work highlights an important truth for trauma treatment. Recovery cannot stop at behavioral change alone. We may achieve sobriety and still feel worthless. Until our underlying identity narrative is addressed, the deeper wound of shame remains intact. Healing therefore requires something more powerful than our willpower or self-improvement. It requires transformation of the story our mind tells about the Self.



Curt Thompson: Being Seen and Known

Psychiatrist Curt Thompson brings another important dimension to the conversation by integrating neuroscience, attachment theory, and Christian spirituality. In his book ***The Soul of Shame***, Thompson explains that shame disrupts the neural pathways that allow human beings to experience belonging (Thompson & Seybeth, 2018).

Human beings are created for connection. Our brain develops within relational environments that shape its ability to regulate our emotions and interpret social cues. When we experience consistent love, presence, and safety, our nervous system learns that relationships are trustworthy. When those experiences are absent or distorted, our mind 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. Our 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 we are seen, heard, and accepted without condemnation, our brain begins to reorganize. Neural pathways associated with safety and connection grow stronger.

This insight aligns beautifully with the spiritual vision of Scripture. Healing occurs not through isolation but through love. ***"There is no fear in love. But perfect love drives out fear"*** (1 John 4:18, NIV). Thompson's work reminds us that grace is not merely a theological concept. It has measurable biological effects. When love replaces condemnation, the brain itself begins to change (Thompson, 2025).

The Internal World: Fragmentation and the Inner Family

Shame does not only affect 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. 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 out 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 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 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

Healing from trauma and addiction is not merely the reduction of our symptoms. It is the rediscovery of our Self that existed before shame rewrote the story of our true identity.

Shame tells us that we are the sum of our failures. It whispers that belonging must be earned and that love is fragile. To repeat, these lies settle into our nervous system, our heart, and our narrative brain. They begin to feel like truth.

Yet beneath those layers of pain lies something deeper. Every human being is born with a longing for God. Beneath addiction, anxiety, and compulsion lies our desire to be seen, known, and loved without condition. Shame attempts to twist that longing into evidence of defect. In reality it is evidence of design.

The human heart was created for communion.

As healing unfolds, our body begins to calm, our heart regains rhythm, and our inner critic slowly loses its authority. The soul begins to recognize its reflection again. *"For you created my inmost being; you*

knit me together in my mother's womb" (Psalm 139:13, NIV). Recovery is not the reconstruction of the old Self. It is the discovery of the Self God designed us to be from the beginning.

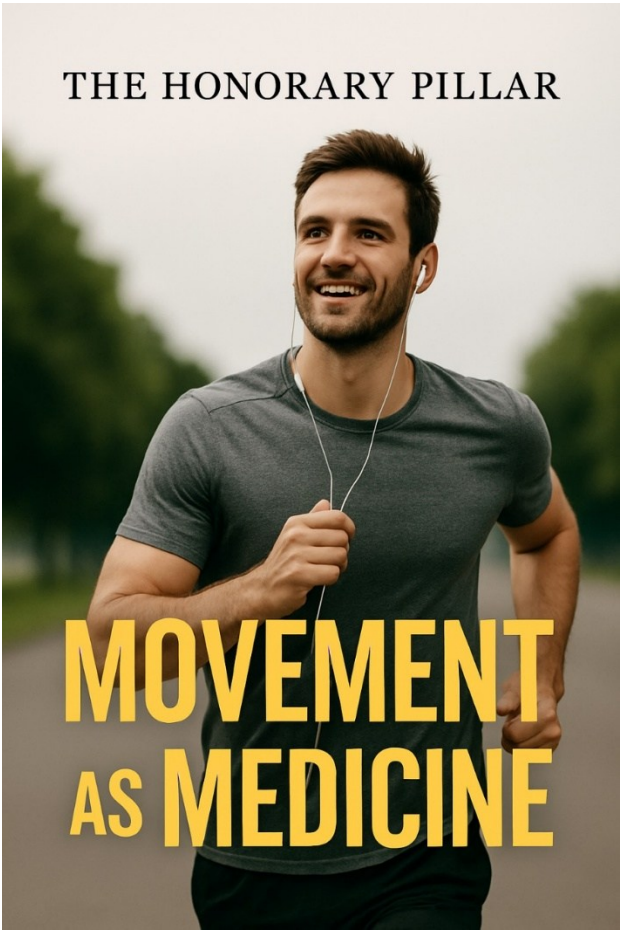
The storm of our shame begins to fade. Our nervous system breathes more easily. Our heart becomes steady. Our mind tells a new story. And in that quiet space our soul hears the same voice that has been calling since the garden. Not a voice of condemnation. A voice of invitation. Come home.

The journey from trauma to healing is ultimately the journey from soul murder to soul rebirth. In that rebirth our human person begins to experience what our nervous system, our heart, and our soul were always created for.

Peace

The Honorary Pillar

Movement as Medicine



Although not formally listed among the four foundational pillars of the NeuroFaith®™ model, physical exercise deserves a prominent place in any serious discussion on healing, addiction, trauma, depression and anxiety. To leave it out would be a

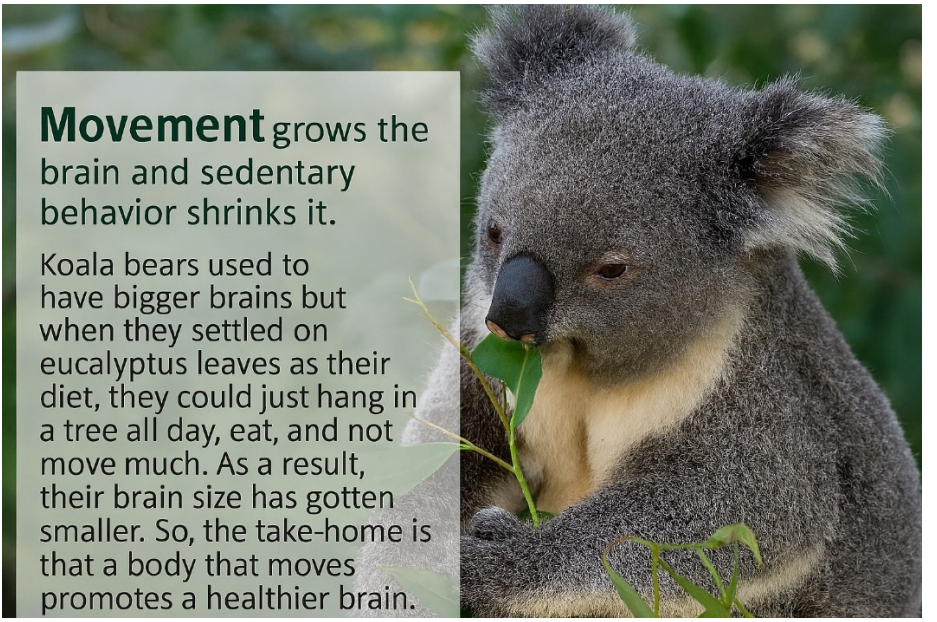
disservice not only to the science but to the lived experience of those who have found movement to be nothing short of transformational. So, we offer it here, not as a footnote but as an honorary pillar, a companion to our spiritual, neurological, and emotional strategies for healing.

To be clear: if scientists could bottle the effects of exercise and turn it into a pill, it would be hailed as one of the most potent antidepressants ever developed. Regular movement enhances mood, improves sleep, boosts energy, increases cognitive clarity, reduces inflammation, and upregulates brain-derived neurotrophic factor (BDNF), a key player in neuroplasticity and long-term brain health (Ratey, 2008; Erickson et al., 2011).

"Dear friend, I hope all is well with you and that you are as healthy in body as you are strong in spirit." (3 John 2 NLT)

Movement as Sacred Participation

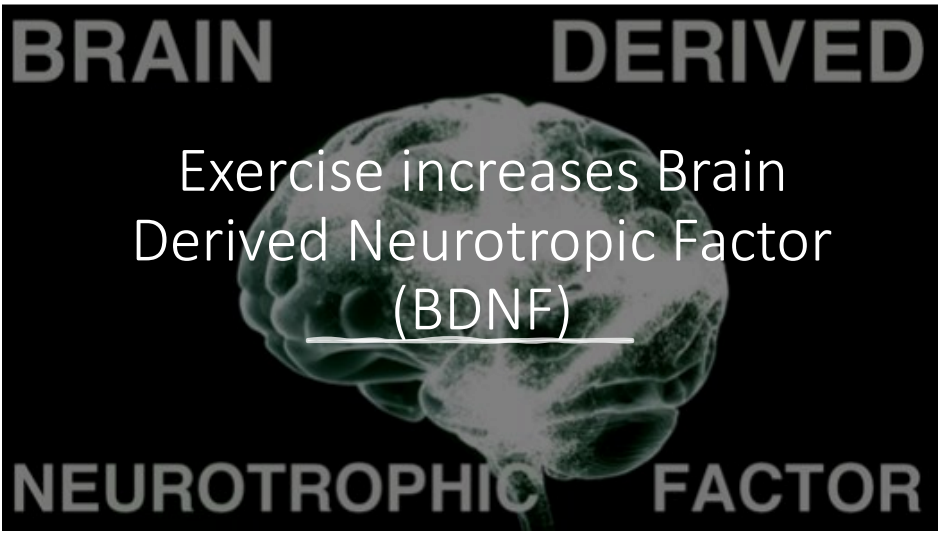
Exercise is not merely a physical task. It is an embodied prayer, a declaration of hope, and a direct act of resistance against the immobilizing weight of depression. When someone battling depressive symptoms chooses to get up and move, they are sending a powerful signal to their brain and body that life still matters. In that moment, they are reclaiming agency and affirming their commitment to healing, to becoming, and to living.



In Scripture, the body is not a shell to be escaped but a temple to be honored. Paul writes, ***"Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God?"*** (1 Corinthians 6:19, NIV). Movement, then, is not only therapeutic but sacred. It is a return to the rhythms of life and an invitation for the Holy Spirit to inhabit us more fully.

BDNF: The Miracle Molecule

Brain-derived neurotrophic factor, or BDNF, plays a critical role in neural resilience and regeneration. Often dubbed "Miracle-Gro for the brain," BDNF supports the growth of new neurons, protects existing ones, and fosters the synaptic connections necessary for learning and memory. Individuals with depression often show reduced levels of BDNF, which may contribute to cognitive fog, low mood, and difficulty experiencing pleasure (Duman & Monteggia, 2006).



Exercise, particularly aerobic activity such as brisk walking, cycling, or swimming, reliably increases BDNF levels. In one landmark study, Erickson and colleagues (2011) found that one year of moderate aerobic exercise increased hippocampal volume and BDNF levels in older adults. These findings suggest that movement is not simply helpful but essential to reversing the cognitive and emotional shrinkage that often accompanies chronic stress and depression.

Anti-Inflammatory Effects

Emerging research shows that depression is not merely a neurochemical imbalance but also a neuroinflammatory condition. Inflammatory markers such as C-reactive protein (CRP), interleukin-6 (IL-6), and tumor necrosis factor-alpha (TNF-α) are often elevated in individuals with major depressive disorder (MDD) (Miller & Raison, 2016). Chronic low-grade inflammation affects neurotransmitter availability, reduces BDNF, and disrupts the HPA axis; all of which exacerbate depressive symptoms.

Exercise helps reduce systemic inflammation by downregulating these inflammatory cytokines, enhancing antioxidant defenses, and improving immune regulation. The effects are particularly strong with consistent, moderate-intensity movement. In a world where pharmaceuticals dominate the conversation, we must remember that movement is one of the most powerful anti-inflammatory agents known to man.

Restoring Autonomic Balance

As discussed in our chapter on polyvagal theory, the autonomic nervous system (ANS) plays a pivotal role in mood regulation. Depression often correlates with a shutdown of the ventral vagal system and a dominance of dorsal vagal responses—marked by lethargy, immobilization, and despair. Exercise activates the sympathetic nervous system in a healthy way and promotes rebound engagement of the ventral vagus, helping to restore autonomic flexibility (Porges, 2011).

Activities like yoga, tai chi, and mindful walking not only engage the body but also soothe the mind, fostering a sense of embodied safety. When combined with breathwork and intention, movement becomes a powerful gateway to regulation and spiritual attunement.

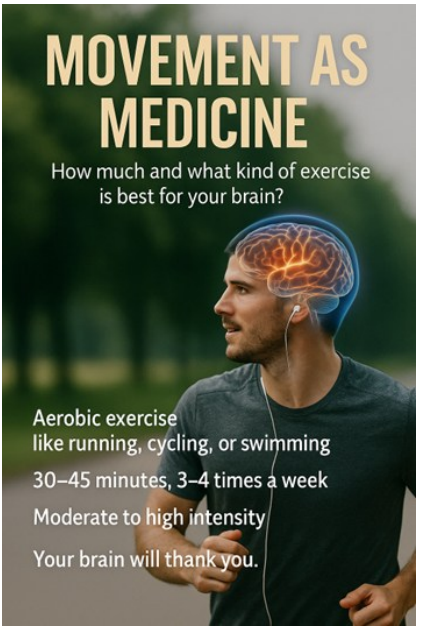
The Evidence is Overwhelming

Meta-analyses have confirmed that exercise is as effective, and in some cases more effective, than pharmacotherapy for mild to moderate depression (Blumenthal et al., 2007; Cooney et al., 2013). Unlike medication, which often comes with side effects and long-term dependency risks, exercise builds capacity, not dependency. It fosters agency, not passivity.

In fact, the most robust outcomes are found when exercise is integrated into a multi-modal treatment approach. This is the very premise of NeuroFaith®, that no single intervention is enough, but when layered together, each strand forms a cord of healing that is not easily broken.

Hope with Sweat Equity

Healing is not passive. It asks something of us. It asks for courage, consistency, and sometimes, sweat. But this is not the drudgery of self-help performance. It is the joyful declaration that your body still matters, that your soul still yearns, and that your future is not written in stone.



To those struggling with depression: you do not have to run marathons. Start where you are. Walk. Stretch. Breathe. Move. Let your body remind your brain that you are still here and still worthy of wholeness.

As we continue into the next chapters, we return to our core pillars—faith, neurocardiology, polyvagal regulation, and internal family systems. But let us carry this honorary pillar with us as we go. Because when the soul rises, the body often follows. And sometimes, it is the other way around.

Anchored In Hope

The 12 Steps as a Foundation for Healing

The 12 Steps have long offered a powerful and time-tested pathway for healing, particularly for those who have struggled with addiction and patterns that feel difficult to break. At their core, the Steps are not simply principles to study or instructions to follow. They are an invitation into a lived process of transformation, one marked by honesty, humility, courage, and a willingness to engage our own story with openness and grace.

For some of us, this path may feel deeply relevant. For others, especially those who do not identify with addiction in a traditional sense, this chapter may feel less central to your journey. And that is okay. You are free to move through this material in the way that best serves you. There is no pressure here, no expectation, only an open invitation. You may find that certain elements still resonate, or you may choose to return to it later. Either way, you are welcome.

The 12-Step model was first developed in the 1930s by Bill Wilson and Robert Smith, two men who came to recognize that willpower alone was not enough to free them from the grip of addiction. What they discovered was something deeper and more enduring: that healing often requires surrender, connection, and the support of others who understand. What began as a simple conversation between two struggling individuals grew into a global movement grounded in the belief that restoration is possible when we are no longer alone.

In this work, we build upon that foundation while bringing it into clearer focus through the lens of faith. We affirm the spiritual depth of the 12 Steps, and we gently center that awakening in Jesus Christ. Not as a rigid framework, but as a relationship. Not as pressure, but as invitation. Christ is not simply one option among many, but the One who restores, renews, and meets us in our need with compassion and

truth. As He becomes central, the Steps begin to shift from a process of survival into a pathway of deeper connection, healing, and life.

What makes this journey even more meaningful is how closely the wisdom of the 12 Steps aligns with the way God designed us to heal. The NeuroFaith® model integrates the Steps with Polyvagal-informed care, HeartMath®, Internal Family Systems, and connection-based insights that emphasize the importance of relationship. This approach recognizes that struggle is not confined to one part of us. It touches the nervous system, the emotional world, the body, and our relationships. Healing, therefore, is not forced or one-dimensional. It is layered, relational, embodied, and compassionate.

Wherever you find yourself as you enter this chapter, whether this feels like a central path or simply one piece of a larger journey, you are invited to engage at your own pace, with curiosity, with openness, and without shame.

Polyvagal-Informed Therapy helps us understand how trauma, fear, and chronic stress impact the autonomic nervous system. Addiction often becomes a way of coping with a body stuck in survival mode. When safety and regulation return, the heart becomes able to engage with vulnerability, reflection, and truth. HeartMath® adds another dimension by helping regulate heart-brain coherence. Scripture has long pointed to the central role of the heart in shaping the life of a person, and now neuroscience affirms that emotional balance and spiritual clarity rise from a regulated, coherent heart state.

Internal Family Systems (IFS) deepens the personal reflection within the Steps by honoring that we carry wounded parts of ourselves that sometimes act out of fear, hurt, or protection. Rather than condemning

these parts, IFS allows us to approach them with compassion and to invite the healing presence of Christ into the very places that once felt fragmented. And Johann Hari's connection-based model reminds us that addiction thrives where disconnection lives. Recovery is not merely the removal of a harmful behavior. It is the restoration of meaningful relationships, belonging, and purpose.

Together, these approaches honor the fullness of how God created us. The body is not separate from the spirit. The nervous system is not separate from the soul. The mind is not separate from love. When we weave the 12 Steps with NeuroFaith®, we are integrating what God has already unified. We are remembering what has always been true: healing is possible when grace meets honesty, when love meets the heart, when we step forward with openness rather than fear.

This journey may require courage. It may require patience. It may call you to look at parts of your story that once felt overwhelming. But you will not walk this alone. God goes before you, walks with you, and strengthens you from within. And the reward is not simply abstinence. It is restoration. Wholeness. Connection. Life returning to the center of the soul.

Now that we have explored how the NeuroFaith® approach beautifully integrates the spiritual wisdom of the 12 Steps with the healing insights of neuroscience, let us walk through the Steps themselves. These are not simply tools for recovery. They are invitations into deeper relationship — with God, with others, and with your own restored heart.

Step 1: We admit we are powerless over our addictions and compulsive behaviors and that our lives have become unmanageable.

The first step in healing is admitting that we cannot do life on our own. This is the moment the ego loosens its grip and the heart finally speaks plainly. Our addictions and compulsive patterns have not simply been "bad choices." They have often been attempts to survive, to numb pain, to quiet fear, to regulate a nervous system overwhelmed by loneliness, shame, or exhaustion.

The tragedy is not that these strategies existed; the tragedy is that they began to cost us more than they gave. What once helped us cope now isolates us, drains us, and fragments us from God, from others, and from who we were created to be.

So, Step One is not about humiliation.
It is about honesty.

We confess that the self alone cannot create the healing it longs for. We acknowledge our powerlessness so we can become receptive to the One who ***can*** restore us. Christ carries what we cannot. The Spirit strengthens where we are depleted. The Father holds us when we have no strength left to hold ourselves.

And healing begins not through isolation, but through connection.

The Body and Soul Agree on This

- The nervous system does not settle in isolation. It regulates in the presence of safety.
- Interpersonal Neurobiology shows the brain is literally shaped in relationship.
- Polyvagal Theory teaches that safety is experienced through connection, not self-reliance.
- HeartMath research shows our heart rhythms synchronize with those we attach to.

Scripture taught this long before neuroscience gave us the vocabulary:

"He restores my soul." Psalm 23:3 (NIV)

When we turn toward God, the body softens. The shoulders lower. The jaw unclenches. Breath returns.
This is not sentiment, it is physiology responding to love.

And when our primary attachment is restored in God, we become able to receive relationship from others again. The community of believers becomes the steady presence that helps our nervous system relearn peace.

The Prodigal as the Addict

Jesus tells the story of a son who runs from home to prove he can do life on his own. He spends everything trying to feel alive. But eventually, he hits bottom, starving in a pigpen, and the world that fueled his downfall gives him nothing in return.

"But no one gave him anything." Luke 15:16 (NLT)

That is addiction's secret.
It will take everything from you and offer nothing back.

But then something shifts:

"When he finally came to his senses..." Luke 15:17 (NLT)

This is Step One.
Not the fixing.
Not the cleaning up.
Not the explaining or promising to do better.

Just truth.

And the moment he turns, just turns, toward home, the Father runs to him. Not with condemnation, but with embrace. Christ meets us exactly where we can no longer pretend.

The Biblical Truth Echoes This

"I have the desire to do what is good, but I cannot carry it out."
Romans 7:18 (NIV)

Step One:
We admit we are powerless over our addictions and compulsive behaviors and that our lives have become unmanageable.

This is the return to relationship: with God, with others, and with our truest self.

Pause Here — And Reflect

Not to perform.
Not to impress.
Just to be honest:

1. Where in your life do you still have genuine control?
   (Name it - even small things count.)

2. Where have things become unmanageable?
   (Say it simply. No dramatics needed.)

3. Where are you beginning to drop denial, even a little?
   (What truth have you finally stopped arguing with?)

Let your answers be imperfect.
God works with honesty, not polish.

Three Gentle Practices for Step One

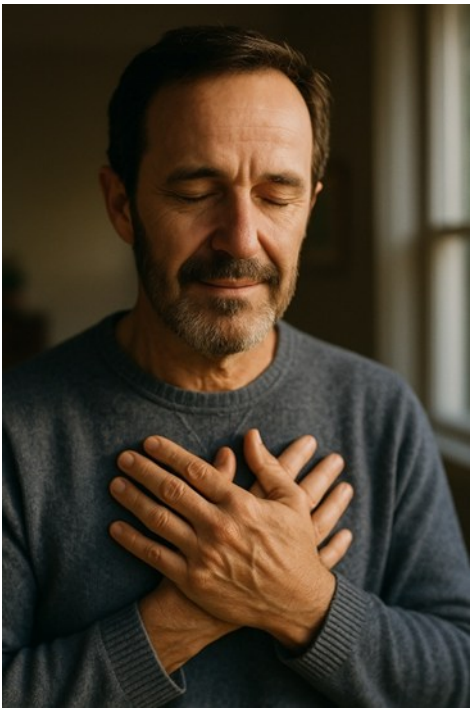
1. Stop Trying to Play God
   "With God everything is possible." Matthew 19:26 (NIV)
   Allow yourself to be helped.
2. Admit Powerlessness
   "I want to do what is right, but I don't do it." Romans 7:15 (NLT)
   This isn't failure. It's clarity.
3. Acknowledge Unmanageability
   "I was so swamped I couldn't see my way." Psalm 40:12 (MSG)
   This is where the Father runs toward you.

Step One is the courageous beginning of freedom.

Not because we become stronger, but because we finally allow ourselves to be held.

This is where healing starts.
This is where the body rests.
This is where the Father runs.
This is where we come home.

Step 2: We believe that a power greater than ourselves can restore us to sanity.



If Step One is the moment we admit that we cannot heal ourselves, then Step Two is the moment hope begins to stir again. It is where we dare to believe that healing is possible because there is a Presence, a Power, a Love greater than our woundedness and stronger than what has held us captive

This is not naive optimism or forced positivity. It is the slow recognition that God has not abandoned us. Even in the depth of addiction, in the collapse of identity, in the exhaustion of trying to hold everything together, God has been working, drawing, calling, and waiting.

"For God is working in you, giving you the desire and the power to do what pleases Him." Philippians 2:13 (NLT)

Hope is not something we manufacture. Hope is something we receive.

The Prodigal: The Awakening of Hope

In the story of the Lost Son, he reaches the bottom. He is hungry, ashamed, alone, and covered in the smell of the very animals his faith tradition taught him to avoid. And yet, in this lowest place, something awakens. He remembers his father. Not just the home he left, but the love he had once known.

He says to himself, *"Father, I have sinned against heaven and against you."* Luke 15:18-19 (NLT)

There is no bravado in this moment. No speeches to prove worth. Just the quiet realization that he is not alone in the universe, and that the One he has wounded is still the One who can receive and restore him

He believes, even faintly, that there is a way home. This is the beginning of sanity returning. Not just emotional clarity, but the realignment of the heart, the mind, and the nervous system.

How Neuroscience Describes This Turning

Hope is not only spiritual. It is embodied. When we turn toward God, even in weakness, even with shaking hands, something shifts in the nervous system:

- The fight-flight-freeze state begins to soften.
- The heart rate pattern moves away from jagged survival rhythms.
- The vagus nerve signals that safety is possible.
- The heart and brain begin communicating in coherence again.

This is what HeartMath calls a coherent rhythm, a smooth sine-wave pattern associated with clarity, emotional stability, and the capacity to

connect. This is what Polyvagal Theory describes as returning from survival mode into grounded presence. This is what Scripture has always called peace.

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

Healing is not self-generated. It is received. We do not heal by effort. We heal by turning toward love.

The Restoration of Sanity

The prodigal's actions had become irrational and self-destructive. This is what addiction does. It makes the unreasonable feel necessary and the destructive feel inevitable. Sanity, in its most ancient meaning, is wholeness of mind. It is the return of clarity, truth, and grounded identity

Jesus shows this clearly when He encounters the man possessed by torment:

"They found the man sitting at Jesus' feet, clothed and in his right mind."
Luke 8:35 (NLT)

What bound him did not release him because he tried harder. It released him because he came into the presence of a power greater than the power that held him.

Step Two invites us to believe this:

Healing is possible.
We are not beyond restoration.
There is a way home.

Reflection Questions for Step Two

Take your time here. Let the answers be honest and unfinished.

1. How do you view your Heavenly Father today? In what ways is this similar to or different from how you have viewed your earthly father?

2. What do you believe about God's character? What do you struggle to believe about Him? Be specific.

3. What patterns or behaviors in your life feel like "doing the same thing but expecting different results." Which of these are you willing to release?

Three Practices for Step Two

1. Admit that the old pattern of trying to manage life alone has not worked.
   Do not let sin control the way you live; do not give in to sinful desires. Instead, give yourselves completely to God, for you were dead, but now you have new life. Romans 6:12-13 (NLT)

2. Acknowledge that God is not distant, angry, or withholding, but compassionate and ready to restore.
   "The Lord is compassionate and merciful, slow to get angry and filled with unfailing love. He knows how weak we are; He remembers we are only dust." Psalm 103:8,14 (NLT)

3. Identify one area today you are ready to release from your control and place into God's care. Write it down. Say it aloud. Tell someone safe.

"The Lord is close to the brokenhearted. He rescues those whose spirits are crushed." Psalm 34:17-18 (NLT)

Step Three: We make a heartfelt decision to turn our lives and wills over to the care of God as we understand Him.

This step is not about resignation. It is about alignment. Surrender means allowing the heart, mind, body, and spirit to come back into relationship with the One who created them. It is choosing to stop living from the storm of self-protection and instead entrusting ourselves to a God who is safe, present, and deeply invested in our healing.

In the NeuroFaith® framework, this movement of surrender is not merely cognitive. It involves the entire nervous system. The heart must soften. The breath must slow. The inner parts must feel permission to come forward without fear of condemnation. Surrender begins as a felt sense: the body recognizing that it no longer needs to manage everything alone.

To turn our will over to God is to release the illusion that we must be our own savior. It is to let the nervous system shift from hypervigilance to rest. It is to allow the heart's rhythm to return to coherence and peace. It is to invite the true self, the part of us made in God's image, to lead once more.

So, when we say, "We make a decision," we are speaking not only of thought, but of posture.

A turning.
A leaning toward Love.
A willingness to be held.

In so doing, we return to the One who has been waiting for us, not with judgment, but with gentleness. And the soul, having been scattered, begins to come home.

Then Jesus said, "Come to Me, all of you who are weary and carry heavy burdens, and I will give you rest. Take My yoke upon you. Let Me teach you, because I am humble and gentle at heart, and you will find rest for your souls. For My yoke is easy to bear, and the burden I give you is light."
"I am the resurrection and the life. Anyone who believes in Me will live, even after dying. Everyone who lives in Me and believes in Me will never ever die." Matthew 11:28-30 (NLT)

This is the critical step in the 12-step process and it has three distinct components:

A. We make a heartfelt decision. We've all been here, perhaps hundreds of times, but this time is different. This time our decision is to surrender once and for all. Surrender means to give up, to stop where you are and what you're doing and decide "No more, I've had enough. I choose to quit living the way I've been living." Proverbs says it this way:

"Trust in the LORD with all your heart and lean not on your own understanding; in all your ways submit to Him, and He will make your paths straight." Proverbs 3:5-6 (NIV)

B. We turn our lives and wills over to the care of God. Maybe you've tried this in the past, and it didn't hold. We believe that the problem isn't God but you not turning yourself completely over to Him and remaining in His care. That's the essence of Proverbs 3:5-6, but this goes a step further. 2 Chronicles spells this out well:

"If My people, who are called by My name, will humble themselves and pray and seek My face and turn from their wicked ways, then will I hear from heaven and will forgive their sin and will heal their land." 2 Chronicles 7:14 (NIV)

You may be reading this and think this passage only applies to Christians. You're mostly right, but you're missing a key point: God is already calling you to be His child and sees you in this relationship with Him before you do! God has already made a way for this to happen and is inviting you to join Him in it. Humility, confession, and repentance are the pathways to healing.

C. We turn our lives and wills over to the care of God as we know Him. The best way, God's preferred way, is that we get to know Him through His Son, Jesus Christ. Jesus describes it this way:

"My Father has entrusted everything to Me. No one truly knows the Son except the Father, and no one truly knows the Father except the Son and those to whom the Son chooses to reveal Him." Luke 10:22 (NLT)

Everything we need to know about God is revealed to us through Jesus Christ. Jesus said this very thing to Philip, one of His disciples:

"I am the way, the truth, and the life. No one can come to the Father except through Me. If you had really known Me, you would know who My Father is. From now on, you do know Him and have seen Him.... Anyone who has seen Me has seen the Father!" John 14:6-7, 9 (NLT)

Three questions to answer before going forward:

1. Do you desire to turn your life and will completely over to Jesus Christ, who is God revealed to us?

2. Have you ever previously committed your life to Christ, but it didn't seem to stick? What proof do you have to support this statement?

3. Do you believe Jesus can forgive you for your past failures and sins and give you a fresh start?

Five Practices for turning your life and will over to Jesus Christ:

1. Declare that you are making this choice, this commitment, and believe it in your heart.

"If you openly declare that Jesus is Lord and believe in your heart that God raised Him from the dead, you will be saved. For it is by believing in your heart that you are made right with God, and it is by openly declaring your faith that you are saved." Romans 10:9-10 (NLT)

Declaration is a whole-person act involving my heart, mind and mouth. Declaring says I'm all in. This is not something I do alone but needs to be done in the presence of others I love and trust.

2. Express that belief in heartfelt words that communicate your commitment to Christ. In the Greek language, the language of the Bible, believe is the same word for trust. It's more than just believing with my head on a bunch of facts but it's placing myself fully into Christ's hands from this day forward for all of eternity.

3. To commit myself fully to Christ, I must repent, turn away from my sinful past and tendencies. (The word "sin" is an archery term that is used to describe an arrow missing the mark, missing the bulls eye.)

"Repent, then, and turn to God, so that your sins may be wiped out, that times of refreshing may come from the Lord." Acts 3:19 (NIV)

4. Recognize Jesus as your Savior, the One who paid the price for your sins, and as your Lord, and acknowledge Him as the One whom you will seek to obey for the rest of your life.

"All glory to Him who alone is God, our Savior through Jesus Christ our Lord. All glory, majesty, power, and authority are His before all time, and in the present, and beyond all time! Amen." Jude 1:25 (NLT)

A sample prayer for you to pray out loud: (So your ears will hear you say it, and your mind and heart can align with it.)

"God, I don't understand everything yet, but I believe You love me and made me for Your purposes. I'm sorry I've lived for myself instead of for You. Please forgive me and thank You for sending Jesus to pay for my sins. I want Him to be the Lord of my life. I receive Your gifts of eternal life and Your Holy Spirit who helps me serve You and live a life that pleases You. Amen."

Please let us know if you prayed this prayer. We rejoice with you and would like to pray for you and with you, and we would love to share some additional information to share with you at no charge which can help you grow in your newfound faith in Jesus, including 25 declarations of your new identity in Christ. Jeff can

be reached at jeffreyhansen@NeuroFaith.onmicrosoft.net. Earl can be reached at revhev@comcast.net

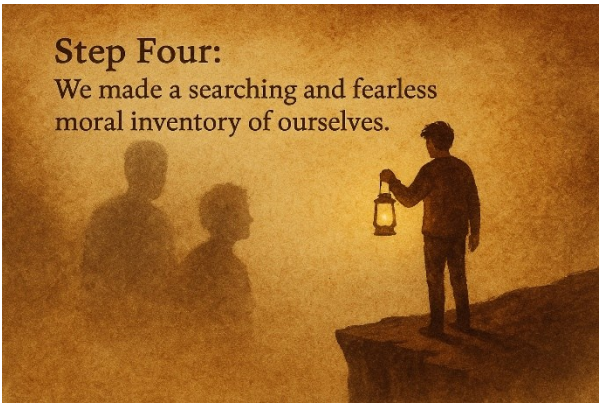
5. You step into the unknown, trusting that God's plan for you is good, even when you can't yet see it.

   "For I know the plans I have for you," declares the Lord, "plans to prosper you and not to harm you, plans to give you hope and a future." Jeremiah 29:11 (NIV)

Welcome to the family of God!

The Lord directs the steps of the godly. He delights in every detail of their lives. Psalm 37:23 (NLT)

Step Four: We make a searching and fearless moral inventory of ourselves.



This step invites us to look within with honesty and courage. It is not an exercise in self-condemnation, nor is it about rehearsing shame. It is about seeing clearly. To make a moral inventory is to turn toward our inner world and notice what has been driving our choices, reactions, patterns, and wounds.

This kind of honesty requires gentleness. When we approach ourselves with harsh judgment, the nervous system shuts down or goes into defense. The body tightens, the breath changes, and the inner parts retreat. But when we bring compassion, curiosity, and openness, the body begins to feel safe enough to tell the truth. This is the work of Polyvagal-informed awareness. We practice noticing our inner experience while remaining grounded and steady.

In this step, we also begin to recognize the parts of ourselves that have been working hard to protect us. Some parts try to control. Others avoid. Others numb or escape. Internal Family Systems teaches us that these parts are not failures or defects. They are survivors. They developed in response to pain and fear. Step Four is not about attacking them. It is about listening to them and understanding what they have been trying to prevent us from feeling.

As we name our patterns and motivations, the heart responds. Clarity restores coherence. The inner world begins to unify. The truth, spoken in compassion, has a freeing effect. We are not dissecting ourselves. We are remembering who we are beneath the fear, the defenses, and the pain.

This is a sacred inventory. We do it with God, not in isolation. We do it in the presence of a love that does not turn away. God's role is not to punish us for what we find, but to walk with us into understanding and renewal. We tell the truth not to collapse into shame, but to release shame's power over us.

This step is the beginning of seeing ourselves with accuracy, tenderness, and hope. It prepares the soul for healing that is deep and real.

"Test me, O Lord, and try me, examine my heart and my mind; for your love is ever before me, and I walk continually in your truth."
Psalm 26:2 (NIV)

A. This step is not for you to pursue on your own but is best accomplished in conjunction with an accountability partner, a sponsor.
Here are three biblical reasons for this:

1. Two are better than one.
   "Two people are better off than one, for they can help each other succeed. If one person falls, the other can reach out and help. But someone who falls alone is in real trouble....A person standing alone can be attacked and defeated, but two can stand back-to-back and conquer." Ecclesiastes 4: 9, 10, 12 (NLT)

2. Two are able to bring out the best in each other.

"As iron sharpens iron, so one man sharpens another."
Proverbs 27:17 (NIV)

3. Two are able to motivate and inspire each other.
"Let us think of ways to motivate one another to acts of love and good works." Hebrews 10:24 (NLT)

B. The NeuroFaith® recovery process includes these four spiritual disciplines that are found throughout the rest of these 12 Steps:

1. Maintain an honest view of reality as you proceed through the NeuroFaith® process. A sponsor and a strong support team are important resources for this to happen.

2. Make NeuroFaith® recovery meetings a priority, knowing that your sponsor will be there for you.

3. Maintain a program of personal spiritual growth through prayer, Bible Study and meditation.

4. When you're ready, get involved in serving others as a sponsor or accountability partner.

5. A good sponsor or accountability partner will give you feedback on your progress, call you on any fallbacks, and celebrate your breakthroughs as you travel this path with them. Be confident that they'll confront you with love and the truth, not guilt or shame.

C. Make a list of all the significant events in your life, good and bad, and allow God to show you your part in them and how they have affected you and others.

This is the process of making a searching and fearless moral inventory of ourselves.

"Search me, O God, and know my heart; test me and know my anxious thoughts. Point out anything in me that offends you and lead me along the path of everlasting life." Psalm 139:23-24 (NLT)

Five practices for completing part C:

1. Do not do this on your own! You need someone to keep you balanced and objective in this step. No one can do this work for you, but you'll need the encouragement along the way from someone who will affirm your progress and hold you accountable.

2. Set aside a specific time with yourself, clearing your mind from the current issues you're facing and open your heart and mind to feel the pain of the past you've either blocked or denied exists. Use these questions to help guide you:

    a. What do I feel guilty about?

    b. What/who do I resent?

    c. What /who do I fear?

    d. What are my traps in self-pity or stinkin' thinkin'?

3. Rely on Jesus Christ to give you the courage and strength necessary to finish this exercise. God alone knows everything about us, even things we've buried, denied, or tried to forget.

O Lord, you have examined my heart and know everything about me. You know when I sit down or stand up. You know my thoughts even when I'm far away. You see me when I travel and when I rest at home.

You know everything I do. You know what I am going to say even before I say it, Lord. Psalm 139:1-4 (NLT)

Christ has provided everything we need to be set free from all that has bound us in our past, is binding us in the present and will seek to bind us in the future.

He gave His life to free us from every kind of sin, to cleanse us, and to make us His very own people, totally committed to doing good deeds. Titus 2:14 (NLT)

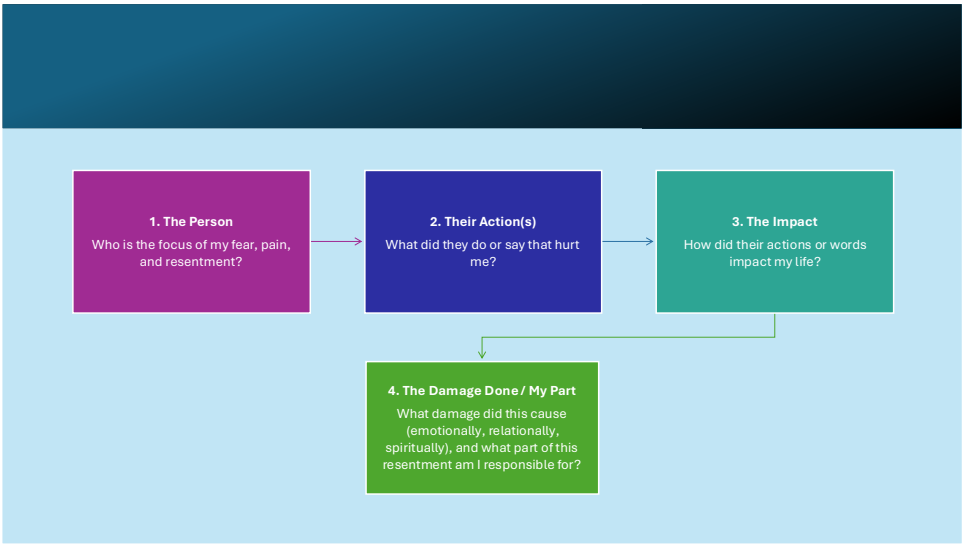
Keep in mind that Nothing in all creation is hidden from God. Everything is naked and exposed before His eyes, and He is the one to whom we are accountable." Hebrews 4:13 (NLT)

4. Analyze your past honestly. All of us deal with hidden faults, but it is God who wants to expose them and deliver you from them.

"How can I know all the sins lurking in my heart? Cleanse me from these hidden faults. Keep your servant from deliberate sins! Don't let them control me. Then I will be free of guilt and innocent of great sin. May the words of my mouth and the meditation of my heart be pleasing to you, O Lord, my Rock and my Redeemer." Psalm 19:12-14 (NLT)

5. List the good and the bad. Keep your inventory balanced so you don't distort your inventory and expose yourself to unnecessary pain and guilt.

D. Create your own Two-part **NeuroFaith®** Recovery Inventory:



Part one of the inventory addresses the hurts and harm caused by others upon you. Record each one as you ask the Lord to reveal them to you, making sure you cover all four areas in the above diagram. You may already have a list of those who have harmed you, but now is the time to address that list and analyze exactly what transpired. Once it is completed, submit it in its entirety to the Lord, asking Him to guide you in the healing process.

Part Two of the inventory addresses the hurts and harm you have caused others. Work your way through these four categories, following the procedures outlined above:
1. The person: to whom have I caused fear, pain, resentment or injury?
2. My actions: what did I do or say that hurt them?
3. The impact: how did my words or actions impact their life?
4.The damage done: what damage did my words or actions do to the other person?

Step 5: We admit to God, to ourselves, and to another human being the exact nature of our wrongs.

There comes a point in the healing journey where honesty must move from the inside out. We begin in silence, reviewing our own story with God, face-to-face with our memories, patterns, and pain. But healing does not end in private reflection. Step 5 calls us into relationship—into shared space where restoration happens in the presence of another human being.

This is not about shame.
It is about integration.

In trauma, the nervous system learns to hide, protecting us by splitting our experiences into separate "rooms" of the mind. Some parts carry fear, others carry guilt, others anger, others numbness. We learn to survive by not looking. But when we hide from ourselves, we remain fragmented. The heart stays locked, the body stays vigilant, and peace feels out of reach.

Step 5 is where fragmentation begins to heal.

When we speak the truth of our story ***out loud***, in the presence of someone who remains calm, compassionate, and grounded, the body receives a new message:

"I am not alone here."

The polyvagal system responds.
The heart rate softens.
Breathing steadies.
The muscles of the chest relax.

What once felt threatening becomes bearable. What once felt unbearable becomes shareable. And what once felt defining begins to loosen its grip.

We are not confessing to be condemned.
We are confessing to be released.

Admitting the exact nature of our wrongs means naming, with clarity and honesty, both:

The harm we caused
The pain that drove us to cause it
Not to excuse it.
Not to shame it.

But to **see the whole story**—the wound *and* the reaction.

In Internal Family Systems language, this is the Self emerging—calm, curious, compassionate. The parts that have carried fear, addiction, secrecy, or self-hate finally exhale in the presence of love. They begin to trust that they no longer have to go on surviving alone.

And something sacred happens:

Shame breaks.

Not by force, but by being seen.

We speak our story.
God listens.
A witness listens.
We listen to ourselves.

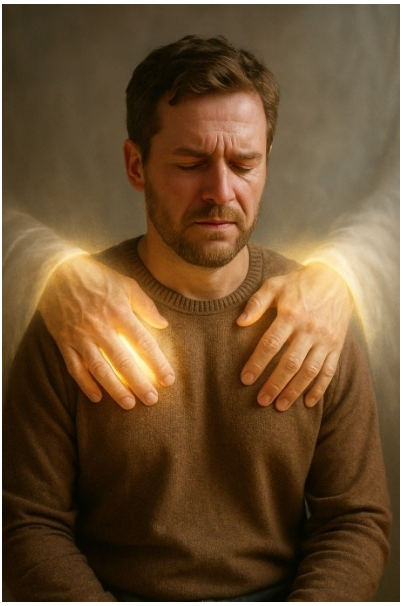
And in that held space, the nervous system reorganizes around truth, truth spoken in love, not fear. Patterns shaped by trauma and secrecy begin to unwind. The heart becomes capable of coherence again. The mind becomes capable of clarity. The soul remembers what peace feels like.

Step 5 is not a courtroom.
It is a homecoming.

We do not confess to be rejected.
We confess to become ***whole***.

"Therefore, confess your sins to each other and pray for each other so that you may be healed." James 5:16 (NIV)

Step 6: We are entirely ready to have God remove all these defects in our character and replace them with righteousness.



Step 6 is not about effort. It is not about trying harder to be better, stronger, or more disciplined. In fact, trying to force change is often what keeps us stuck. When we fight against ourselves, the nervous system tightens, the heart rhythm becomes jagged, and stress patterns echo through the body. This tension reinforces old neural pathways and emotional loops, making transformation feel impossible. The harder we push, the more the mind and body brace and lock.

> But healing doesn't come through force.
> Healing comes through release.

Now, in this step, we recognize we do not have to survive what we once did. We no longer need to grip these patterns. When we loosen our hold, something beautiful happens in the body. The nervous system relaxes. The heart begins to move, a coherent, smooth rhythm that signals safety. The brain shifts from chaos or shutdown into presence. This is the body experiencing peace, not as a belief or idea, but as a ***felt reality***.

This is the gift of allowing.

The early Christian contemplatives understood this, and so did many of the Eastern mystics, that freedom comes when we unclench the heart. When we stop trying to control transformation and simply allow God to work, the soul's exhale is unmistakable. It is a surrender that does not defeat, it ***restores***.

This step is where we say to God:

"I am willing. I am not fighting anymore.
I trust You to heal me from the inside out."

Not perfectly willing.
Not flawlessly willing.
Just ***open.***

And God meets openness with grace.

Scripture holds this truth tenderly:

"Be still and know that I am God." Psalms 46:10

Be still — not strive.
Know — not force.
Allow — not fight.

In stillness, we remember we are held.
In release, we remember we are safe.
In surrender, we remember we are loved.

Step 6 is not the work of ***fixing*** ourselves.
It is the work of letting God restore us into who we have always truly been.

"I will give you a new heart and put a new spirit in you; I will remove from you your heart of stone and give you a heart of flesh." Ezekiel 36:26 (NIV)

"We know that our old sinful selves were crucified with Christ so that sin might lose its power in our lives. We are no longer slaves to sin." Romans 6:6 (NIV)

"And we all... are being transformed into his image with ever-increasing glory, which comes from the Lord, who is the Spirit." 2 Corinthians 3:18 (NIV)

Step 7: We humbly ask Him to remove our shortcomings.

In Step 6, we become willing. This is the internal shift, the softening, the releasing of resistance. When we stop fighting our patterns and stop trying to change ourselves through force, the nervous system relaxes, making space for transformation. In neuroscience terms, the body moves from ***defense*** into ***receiving.*** The heart rate begins to settle, the prefrontal cortex comes back online, and we are no longer braced against our own healing. Step 6 is where we say, "God, I am open. I am willing to let You do what my effort alone has not been able to accomplish."

Step 7 is where that inward openness becomes ***relational action.*** Now that the body is no longer resisting, we are able to ask God to remove the patterns that no longer serve us. This is not asking from desperation, shame, or pressure. It is asking from trust, from the knowledge that God is already for us. In this step, we approach God with the understanding that He is the power and we

are the participant. Like two gears meshing together, one has the force and motion, that is Christ, and the other is designed to ***receive*** and ***move with*** that power that is us.

For the gears to turn smoothly, they must align.

If we fight, brace, or strain, the inner world goes into tension: the nervous system tightens, heart rate variability drops, stress hormones rise, and the mind becomes chaotic or shut down. But when we release that inner gripping, when we allow rather than force, the body shifts into a state of peace and receptivity. From this place, asking God to remove our shortcomings is not a demand, but a joining with His movement.

> We show up.
> We say yes.
> We attune to His presence.
> And He provides the power.

Step 7 is not passive; it is ***participatory surrender.*** It is the moment where our willingness becomes relationship, where our openness becomes trust, where our healing shifts from something we ***attempt*** to something we ***receive.***

This is how transformation actually happens in the human person:

> God moves,
> and we move with Him.

If we confess our sins, He is faithful and just and will forgive us our sins and purify (cleanse) us from all unrighteousness. 1 John 1:9 (NIV)

Step 8: We make a list of all persons we have harmed, then a list of all people who have harmed us and become willing to make amends to them all.

In Step 6, we opened our hearts to the possibility of change. In Step 7, we turned outward toward God, asking Him to do the healing work within us that we could not do on our own. And now, in Step 8, that same outward movement continues, but this time toward the people in our lives. Healing has begun inside of us, and now it begins to extend beyond us.

This step is not about revisiting shame or condemning ourselves. It is about gently acknowledging that our pain did not stay contained within us, it touched others. The ways we protected ourselves, defended ourselves, numbed ourselves, or survived may have caused harm along the way. Step 8 invites us to look at this truth with honesty, but also with compassion. Not the harsh inner critic. Not the self-blaming judge. But the healed, grounded Self, the one who is learning how to live in peace.

We do not make this list to punish ourselves. We make it because healing is relational. The work God is doing in us is meant to ripple outward into the world around us. As the nervous system settles, as the heart becomes softer and more secure, as we begin to live from a place of openness rather than survival, we are now able to see others with clearer eyes. We can acknowledge the impact of our actions without

collapsing into guilt or defensiveness. This is the fruit of the inner work already happening.

And Step 8 does not yet require us to act. It simply asks us to become willing, to open the door to the possibility of restoration. Some relationships may be able to be repaired. Some may not. Some may require time, wisdom, and boundaries. But willingness is the posture that says, "I am no longer hiding. I am no longer avoiding. I am allowing love to move through me."

This is the preparation for redemption, the steadying of the heart for reconciliation where it is possible and safe. God has begun mending us from the inside. Step 8 is where we prepare to let that healing flow outward.

Not rushed.
Not forced.
Just open and willing.

Therefore, if you are offering your gift at the altar and there remember that your brother has something against you, leave your gift there in front of the altar. First go and be reconciled to your brother; then come and offer your gift. Matthew 5:23-24 (NIV)

Step 9: We make amends to such people we have harmed, then to those who have harmed us, wherever possible, except when to do so would cause injury or harm to them or others.

In Step 8, we prepared our hearts. We became willing to face the reality of how our pain touched others. Now, in Step 9, we move from willingness into action. This is where healing becomes visible. This is where we take responsibility in love, not to punish ourselves, and not to force outcomes, but to restore what can be restored. Making amends is different from simply saying "I'm sorry." It is the act of showing up with honesty, humility, forgiveness, and care. It is acknowledging the effect of our actions and taking steps, where possible, to repair trust and connection.

Step 9 does not come from guilt. It comes from growth. We are not the person we were when we caused harm. God has already begun healing us from the inside. And because of that inner restoration, we are now strong enough to move outward. We have agency. In addiction or in survival states, we often acted as though we had no control. But recovery teaches us that we do have responsibility for our choices, both past and present. This step is not about being crushed by what we have

done — it is about being empowered to respond to it with love and maturity.

In the NeuroFaith® model, this is where internal regulation and relational repair meet. When the nervous system stabilizes and the heart feels safe again, we are able to approach others with sincerity, clarity, and humility, rather than with defensiveness or shame. Repair becomes possible because our inner world is no longer in chaos. The healing within us begins to ripple outward.

The aspen grove gives us a beautiful picture of this. Aspens do not grow as isolated trees; they share a single root system underground. When one part of the grove is weakened, the surrounding trees send nutrients to support it. In the same way, our relationships are interconnected. Our healing strengthens others. Our courage to make amends becomes nourishment to the relational ecosystem we belong to. Where harm created separation, amends create reconnection. Where wounds closed hearts, humility and responsibility open them again.

This step is sacred because it is where love becomes active. It is where we stop simply hoping things will be better and begin participating in the making of peace. We move gently, wisely, and with discernment — not all situations are safe, and not all relationships can be restored. But we move where we can, we speak where we can, we repair what we can. And as we do, we step more fully into the person God is forming us to be.

"Blessed are the peacemakers, for they will be called children of God." (Matthew 5:9)

This is the work of peace — and we are strong enough now to do it.

"Fools mock at making amends for sin, but goodwill is found among the upright." Proverbs 14:9 (NIV)

Step 10: We continue to take personal inventory, and when we are wrong promptly admit it.

Step 10 reminds us that recovery is not a moment; it is a way of living. Healing is not something we finish — it is something we walk in daily. This step is an invitation to remain awake, aware, and connected to our inner life. Rather than slipping back into old patterns of denial, defensiveness, or self-protection, we learn to stay honest with ourselves in real time. We check in with our emotions, our reactions, our relationships, and the state of our hearts.

In the NeuroFaith® model, this step reflects the ongoing regulation and integration of the nervous system. As we grow, we become more attuned to the subtle signals within us — when our shoulders tense, when our breath shortens, when our tone sharpens, when shame or fear begins to rise. Rather than letting these patterns silently take over, we pause, notice, breathe, and return to center. This is where change becomes durable: not in dramatic breakthroughs, but in gentle, steady awareness.

And when we realize we have acted out of old wounds or old defenses, Step 10 invites us to respond quickly and kindly. Not with self-condemnation, but with self-respect and responsibility. When we admit our mistakes promptly, we interrupt shame before it takes root. We keep our hearts open rather than closed. We keep our relationships

clear rather than hidden. We protect trust rather than eroding it with silence or delay.

This step is like keeping the inner room swept. Every day, just a small tidying of the heart. A quiet reflection. A soft returning to God. A willingness to adjust course without judgment. The same way a skilled sailor constantly makes small adjustments to stay on course, we learn to make gentle, compassionate corrections as we go.

This step is part of how peace is maintained. It is how the nervous system stays open instead of collapsing into old survival states. It is how the heart remains free. And it is how relationships deepen — through honesty, humility, and presence.

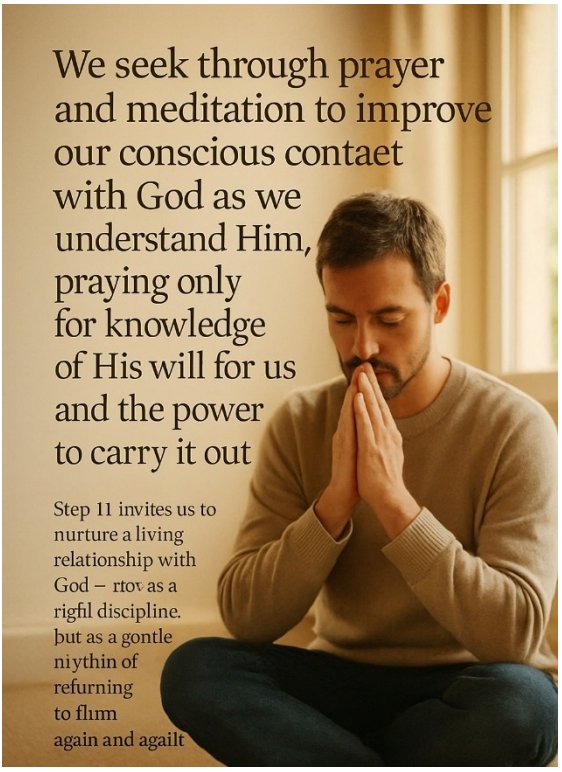
We are not trying to be perfect. We are learning to stay awake to the life of God within us, step by step, moment by moment.

"Search me, O God, and know my heart; test me and know my anxious thoughts. Point out anything in me that offends you and lead me along the path of everlasting life." Psalm 139:23-24 (NLT)

This is not self-monitoring out of fear — it is staying aligned with love.

Step 11: We seek through prayer and meditation to improve our conscious contact with God as we understand Him, praying only for knowledge of His will for us and the power to carry it out.

Step 11 invites us to nurture a living relationship with God, not as a rigid discipline, but as a gentle rhythm of returning to Him again and again. Healing is not a single breakthrough; it is a pattern that is practiced into the soul. Just like muscles in the body need regular movement to remain strong, our connection with God deepens through consistent engagement. Strength is built by repetition, not intensity.



This is where neuroscience beautifully supports spiritual growth. Hebb's Law tells us that "neurons that fire together wire together." The pathways we use become the pathways we keep. When we repeatedly turn our attention toward God through prayer, meditation, and Scripture reflection, the brain actually forms stronger and more efficient circuits around peace, presence, and trust. The heart and nervous system learn to return to calm more easily. The soul learns to rest in love rather than brace in fear.

In the NeuroFaith® model, prayer and meditation are not just spiritual practices, they are regulating experiences. The breath slows. The vagus nerve signals safety. The heart rate begins to settle into coherent rhythm. The prefrontal cortex, where insight, compassion, and meaning reside, comes back online. We move from survival mode into connection mode. In this state, we can not only sense God's presence, but we become more receptive to His guidance.

This is why complacency can quietly erode recovery. Just as unused muscles atrophy, unused neural pathways weaken. If we stop turning toward God, the mind naturally drifts back toward its old familiar patterns of reactivity, worry, or self-reliance. Step 11 reminds us that spiritual strength is maintained through continual returning. Not out of pressure, but out of desire. Not through performance, but through presence.

And importantly, we do not pray only to know God's will. We pray for the power to carry it out. Understanding alone cannot transform us. But connection can. Grace does not simply inform us — it energizes us. It strengthens what is healing in us and gently loosens what once held us captive.

> Prayer is how love keeps shaping the heart.
> Meditation is how peace keeps anchoring the mind.
> And practice is how trust becomes natural rather than effortful.
>
> We are not striving to reach God.
> We are simply learning to stay close.

"May our Lord Jesus Christ Himself and God our Father, who loved us and by His grace gave us eternal encouragement and good hope,

encourage your hearts and strengthen you in every good deed and word." II Thessalonians 2:16-17 (NIV)

Step 12: Having a spiritual awakening as the result of these steps, we try to carry this message to others and practice these principles in all our affairs.

Step 12 is the natural overflow of healing. When the heart has been restored, it does not want to keep that restoration to itself. Something in us begins to move outward with compassion, gentleness, and quiet strength. We do not share because we are trying to convince or convert, and we do not guide others because we think we are above them. We share because we remember what it felt like to be lost, hurting, ashamed, or alone, and we know the relief of being found, supported, and loved.

This is not the loud, frantic urgency of trying to fix other people. It is the calm knowing of someone who has tasted peace and simply wants others to know peace too. In the NeuroFaith® model, when healing takes root, the nervous system begins to express coherence — our presence becomes steady, warm, grounded. Others can feel it. Often, we help far more through the quality of our presence than through any words we speak. Love that has been received becomes love that is naturally extended.

Step 12 invites us to carry the message with humility. We do not force spiritual awakening upon others. We do not make every conversation about our healing. We do not push, lecture, or elevate ourselves as examples. Instead, we learn to listen for the quiet leading of the Spirit, the gentle nudge, the interior knowing, the sacred timing. When someone is open, when the moment is receptive, we simply share from authenticity and tenderness. Not polished speeches. Not memorized teachings. Just the truth of a heart that has been touched by grace.

And as we live this way, patiently, kindly, without self-importance, the work of the steps continues in us. The healing deepens. The roots stretch wider. The peace grows steadier. The awakening becomes a way of being, not an event to remember. Step 12 is where recovery becomes life, not something we maintain, but something we embody.

This step reminds us that healing multiplies when it is shared. Just as one healed heart can strengthen another, one restored life becomes nourishment to those still suffering. And we remember that we are always learning, always growing, always being restored. Spiritual awakening is ongoing, not a finish line, but a way of walking in the world with honesty, love, and grace.

"Freely you have received; freely give." (Matthew 10:8)

> We do not give to prove something.
> We give because we have been given much.
> We love because we have been loved first.

"We urge you, brothers, warn those who are idle, encourage the timid, help the weak, be patient with everyone. Make sure that nobody pays back wrong for wrong but always try to be kind to each other and to everyone else." 1 Thessalonians 5:14-15 (NIV)

Closing Reflection

As you have walked through these twelve steps, you have engaged in far more than a program or a sequence of tasks. You have entered a sacred process of restoration. The 12-Step journey, when held in the light of God's love, becomes a pathway of deep healing for the heart, the mind, the body, and the soul. In the NeuroFaith® model, we recognize that this healing is not only spiritual but also biological and relational. God has designed our nervous system and brain with the profound capacity to change, to soften, to rewire, and to love again.

Every moment of honesty, every act of surrender, every breath of prayer and reflection has been forming new pathways inside you. Neurons that fire together wire together. The more you turn toward God, the more naturally your heart learns to rest in Him. Your nervous system has been learning safety. Your mind has been learning peace. Your heart has been learning love. Your story has been quietly reshaping itself toward hope.

This is why your efforts here matter. Not because you were trying harder, but because you have been opening, returning, allowing. Healing happens not by force but by presence. God meets you in the gentle willingness to be seen, known, and held. And as He restores you from the inside out, the healing naturally begins to flow outward into your relationships, your choices, and the way you carry yourself in the world.

So, take heart. You are not the person you were when you began this journey. Something real has shifted. Something true has awakened. Something holy has begun to grow roots deep within you. And the work

God has started in you will continue to grow as you keep returning to Him with openness and sincerity.

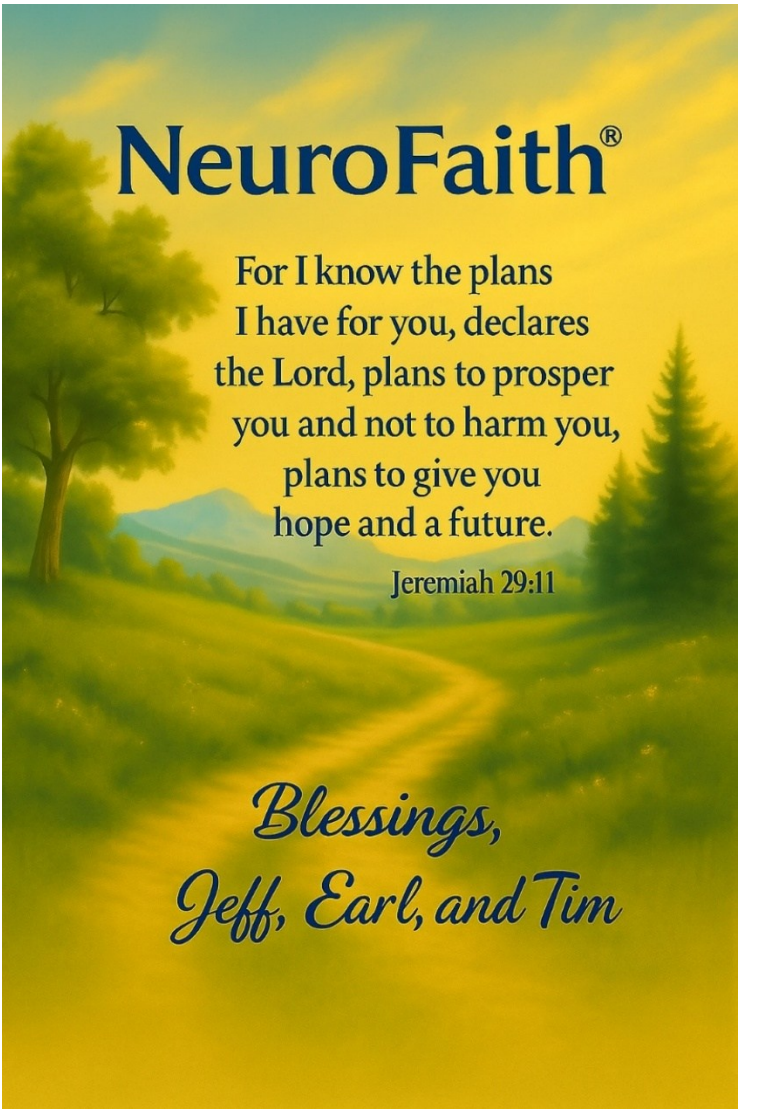
Lean into the deeper work. Give yourself to this process with patience, tenderness, and courage. The blessings that come are not temporary. They are restorative. Redemptive. Strengthening. Beautiful. And lasting.

> You are not simply recovering.
> You are becoming whole.
> You are being renewed from the inside out.
>
> And this story you are living now, this story of healing, will carry life to others as well.

You are not alone. You are held. You are being restored. And the best is still unfolding.

Conclusion

A Journey of Hope and Healing



As we conclude ***NeuroFaith®: The Intersection of Science and Faith in the Healing of Trauma and Addiction***, we want to leave you with a message of deep encouragement and hope. Healing is not only possible, but also within reach. Whether you or someone you love is facing the challenges of addiction or trauma, know that there is a path forward, a path that heals the mind, restores the body, and renews the soul through the powerful combination of science and faith, particularly Christian faith.

Throughout this book, we have explored the complexities of addiction and trauma, but more importantly, we've highlighted the incredible capacity of the brain to heal and the soul to find peace. Faith provides the strength and resilience needed when life feels overwhelming, and together with science, it offers a foundation for recovery, showing us that no one has to face this journey alone.

The Bible reminds us of this truth*: "I can do all things through Christ who strengthens me"* (Philippians 4:13, NKJV). These words underscore the heart of our message, healing is possible, but it requires faith and the strength that comes from Christ. We believe deeply in the brain's ability to change and heal through the science of neuroplasticity, and even more so in the spiritual renewal that comes from trusting in God's grace and power.

If you ever feel lost, afraid, or uncertain about your ability to overcome addiction or trauma, let us reassure you: healing is not only real but available to you. The brain's power to repair itself, coupled with the healing presence of Christ, offers a hope beyond measure. "*For I know the plans I have for you,"* declares the Lord, *"plans to prosper you and not to harm you, plans to give you hope and a future"* (Jeremiah 29:11,

NIV). These promises remind us that no matter how difficult the road may seem, God's plans for us are for healing and restoration.

We wrote this book not only to inform but to invite you to believe in the possibility of transformation—through both the science of the brain and the faith that renews the heart. ***"Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus"*** (Philippians 4:6-7, NIV). Whether you're on this journey yourself, supporting a loved one, or guiding others professionally, know that every step forward, no matter how small, is a step toward renewal, hope, and restoration.

For those of you who feel overwhelmed by your addiction and trauma we encourage you to seek help from faith-based, neuroscience-informed professional treatment. To that end, we are available to support you in finding resources and guiding you toward healing, with God's love and scientific understanding at the core of every step.

Remember, you are more than your addiction or trauma. You are a child of God, fearfully and wonderfully made, capable of healing and worthy of a life filled with peace, purpose, and connection. Through the power of Christ and the insights of neuroscience, healing is not just possible, it's promised. With faith and science, there is hope. There is healing. And we walk this path alongside you, together, every step of the way.

References

Ainsworth, M. D. S. (1973). ***The development of infant-mother attachment.*** In B. Cardwell & H. Ricciuti (Eds.), ***Review of child development research*** (pp. 1–94). University of Chicago Press.

Ainsworth, M. D., Belhar, M. C., Waters, E., & Wall, S. (1978). ***Patterns of attachment: A psychological study of the strange situation.*** Lawrence Erlbaum Associates.

Alcoholics Anonymous World Services. (2001). ***Alcoholics Anonymous: The story of how many thousands of men and women have recovered from alcoholism*** (4th ed.). Alcoholics Anonymous World Services, Inc.

American Psychological Association. (2024). ***Stress in America™ 2024: Stress and anxiety continue to rise.***
https://www.apa.org/news/press/releases/stress/2024/reportfa

American Society of Addiction Medicine. (2011). ***Definition of addiction.*** https://www.asam.org/definition_of_addiction_long_4-11.pdf (accessed October 9, 2024).

Anderson, F. (2021). ***Transcending trauma: Healing complex PTSD with internal family systems.*** PESI Publishing.

Andreassen, C., & Fletcher, P. (2007). ***Early childhood longitudinal study, birth cohort (ECLS–B) psychometric report for the 2-year data collection*** (NCES 2007–084). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education.

Aspen Institute. (2019). Lisa Miller presentation. https://www.youtube.com/watch?v=BzAVgMdCrjM (accessed July 11, 2025).

Ballantyne, J. C., & LaForge, K. S. (2007). Opioid dependence and addiction during opioid treatment of chronic pain. ***Pain, 129***(3), 235–255. https://doi.org/10.1016/j.pain.2007.03.028 (accessed October 13, 2024).

Bandura, A. (1977). ***Social learning theory.*** Englewood Cliffs, NJ: Prentice Hall.

Barta, M. (2018). ***TINSA: Trauma induced sexual addiction.*** CreateSpace Independent Publishing Platform.

Bechtold, J., Simpson, T., White, H. R., & Pardini, D. (2015). Chronic adolescent marijuana use as a risk factor for physical and mental health problems in young adult men. ***Psychology of Addictive Behaviors, 29***(3), 552–563. https://doi.org/10.1037/adb0000103 (accessed October 18, 2024).

Berman, M. G., Jonides, J., & Kaplan, S. (2012). Interacting with nature improves cognition and affect for individuals with depression. ***Journal of Affective Disorders, 140***(3), 300–305.

Betkowski, B. (2007, February 23). 1 in 3 boys heavy porn users, study shows. ***Eurekalert.org.*** http://www.eurekalert.org/pub_releases/2007-02/uoa-oit022307.php (accessed June 7, 2018).

Blumenthal, J. A., Babyak, M. A., Doraiswamy, P. M., Watkins, L., Hoffman, B. M., Barbour, K. A., ... & Sherwood, A. (2007). Exercise and pharmacotherapy in the treatment of major depressive disorder. ***Psychosomatic Medicine, 69***(7), 587–596.

Bowlby, J. (1960). ***Attachment*** (Vol. 1 of ***Attachment and loss***). Basic Books.

Braden, G. (2015a). Practice this technique to relieve daily stress: Three keys to heart-brain-earth harmony. https://www.youtube.com/watch?v=znOZ-peRiYo (accessed March 10, 2024).

Braden, G. (2015b). ***Resilience from the heart.*** Hay House.

Braden, G. (2020, March 10). The science of heart-brain harmony with Gregg Braden. https://www.youtube.com/watch?v=2nsm8SCWjic (accessed March 10, 2024).

Briere, J., & Rickards, S. (2007). Self-awareness, affect regulation, and relatedness: Differential sequelae of childhood versus adult victimization experiences. ***Journal of Nervous and Mental Disease, 195***(6), 497–503. https://doi.org/10.1097/NMD.0b013e3180304e2

Brownstein, M. J. (1993). A brief history of opiates, opioid peptides, and opioid receptors. ***Proceedings of the National Academy of Sciences, 90***(12), 5391–5393. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC46897/ (accessed October 13, 2024).

Butler, J. (1990). ***Gender trouble: Feminism and the subversion of identity.*** Routledge.

Cacioppo, J. T. (2013). The lethality of loneliness. ***TED Talk.*** https://www.youtube.com/watch?v=_ohxlo3JoAo

Cacioppo, J. T., & Cacioppo, S. (2014). Social relationships and health: The toxic effects of perceived social isolation. ***Social and Personality Psychology Compass, 8***(2), 58–72. https://doi.org/10.1111/spc3.12087 (accessed October 13, 2024).

Cacioppo, J. T., & Patrick, W. (2008). ***Loneliness: Human nature and the need for social connection.*** W. W. Norton & Company.

Cacioppo, J. T., Hughes, M. E., Waite, L. J., Hawkley, L. C., & Thisted, R. A. (2010). Loneliness as a specific risk factor for depressive symptoms: Cross-sectional and longitudinal analyses. ***Psychology and Aging, 25***(2), 453–465.

Cacioppo, J. T., Hughes, M. E., Waite, L. J., Hawkley, L. C., & Thisted, R. A. (2014). Perceived social isolation makes me sad: 5-year cross-lagged analyses of loneliness and depressive symptomatology in the Chicago health, aging, and social relations study. ***Psychology and Aging, 25***(2), 453–463. https://doi.org/10.1037/a0017216

Cacioppo, J. T., Sander, T., Nusbaum, H., & Bernston, G. (2006). Day-to-day dynamics of experience-cortisol associations in a population-based sample.

Proceedings of the National Academy of Sciences, 103(45), 17058–17063. https://doi.org/10.1073/pnas.0605053103

Centers for Disease Control and Prevention. (2020). ***Antidepressant use among adults: United States, 2015–2018.*** https://www.cdc.gov/nchs/products/databriefs/db377.htm (accessed March 7, 2024).

Centers for Disease Control and Prevention. (2021). ***Youth Risk Behavior Surveillance System (YRBSS).***

Centers for Disease Control and Prevention. (2024). QuickStats: Percentage of adults aged ≥18 years who reported being told they had depression, by year — National Health Interview Survey, United States, 2013–2023. ***Morbidity and Mortality Weekly Report (MMWR), 73***(5), 105. https://www.cdc.gov/mmwr/volumes/73/wr/mm7305a6.htm

Centers for Disease Control and Prevention (CDC). (2010). Prescription painkiller overdoses: Use and abuse of methadone as a painkiller. ***Morbidity and Mortality Weekly Report, 59***(30), 951–956.

Centers for Disease Control and Prevention (CDC). (2021). Drug overdose deaths in the U.S. top 100,000 annually. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm (accessed October 13, 2024).

Centers for Disease Control and Prevention (CDC). (2022). ***Overdose prevention: Stimulant overdose.*** https://www.cdc.gov/drugoverdose/stimulants (accessed October 13, 2024).

Centers for Disease Control and Prevention (CDC). (2023). Provisional drug overdose death counts. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm (accessed October 13, 2024).

Cigna. (2018). ***U.S. Loneliness Index: Survey of 20,000 Americans Examining Behaviors Driving Loneliness.***

Cohen, S. R., Mount, B. M., Strobel, M. G., & Bui, F. (1995). The McGill quality of life questionnaire: A measure of quality of life appropriate for people with advanced disease. ***Palliative Medicine, 9***(3), 207–219. https://doi.org/10.1177/026921639500900306

Compton, W. M., Conway, K. P., Stinson, F. S., Colliver, J. D., & Grant, B. F. (2006). Prevalence, correlates, and comorbidity of DSM-IV major depressive episode in the United States: Results from the National Epidemiologic Survey on Alcohol and

Related Conditions. ***Journal of Clinical Psychiatry, 67***(8), 1067–1074. https://doi.org/10.4088/JCP.v67n0803

Cooney, G. M., Dwan, K., Greig, C. A., Lawlor, D. A., Rimer, J., Waugh, F. R., ... & Mead, G. E. (2013). Exercise for depression. ***Cochrane Database of Systematic Reviews, (9).***

Cosgrove, L., & Krimsky, S. (2012). A comparison of DSM-IV and DSM-5 panel members' financial associations with industry: A pernicious problem persists. ***PLOS Medicine, 9***(3), e1001190. https://doi.org/10.1371/journal.pmed.1001190

Dana, D. (2018). ***The polyvagal theory in therapy: Engaging the rhythm of regulation.*** W. W. Norton & Company.

Dana, D. (2020). ***Polyvagal exercises for safety and connection.*** W. W. Norton & Company.

Davies, J. (2013). ***Cracked: The unhappy truth about psychiatry.*** Icon Books.

Davies, J. (2013). ***The making of DSM-III: A diagnostic manual's conquest of American psychiatry.*** Oxford University Press.

Davies, J. (2016). Dr. James Davies: The origins of the DSM. https://www.youtube.com/watch?v=6JPgpasgueQ (accessed March 6, 2024).

Davies, J. (2019). ***Sedated: How modern capitalism created our mental health crisis.*** Atlantic Books.

Delahooke, M. (2019). ***Beyond behaviors: Using brain science and compassion to understand and solve children's behavioral challenges.*** PESI Publishing.

Di Forti, M., Quattrone, D., Freeman, T. P., Tripoli, G., Gayer-Anderson, C., Quigley, H., ... & Murray, R. M. (2019). The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): A multicentre case-control study. ***The Lancet Psychiatry, 6***(5), 427–436. https://doi.org/10.1016/S2215-0366(19)30048-3 (accessed October 18, 2024).

Dispenza, J., & Braden, G. (2019). Brain and heart gratitude. https://www.youtube.com/watch?v=znOZ-peRiYo (accessed June 6, 2020).

Doan, A. (2012). ***Hooked on games.*** F.E.P. International.

Donevan, M., & Mattebo, M. (2017). The relationship between frequent pornography consumption, behaviors, and sexual preoccupancy among male adolescents in Sweden. ***Sexual & Reproductive HealthCare, 12,*** 82–87.

Duignan, B. (2023). Judith Butler. ***Encyclopedia Britannica.*** https://www.britannica.com/biography/Judith-Butler (accessed April 22, 2025).

Duman, R. S., & Monteggia, L. M. (2006). A neurotrophic model for stress-related mood disorders. ***Biological Psychiatry, 59***(12), 1116–1127.

Dunn, E. C., Nishimi, K., Powers, A., & Bradley, B. (2018). Developmental timing of trauma exposure and emotion dysregulation in adulthood: Are there sensitive periods when trauma is most harmful? ***Journal of Affective Disorders, 227,*** 869–877. https://doi.org/10.1016/j.jad.2017.10.045

Edinger, K. (2023). ***The cult of gender ideology: How critical theories captured institutions and confused a generation.*** Veritas Press.

Em, Dr. (2019a). ***The Trojan unicorn: Queer theory and paedophilia*** (Vol. 1). Self-published.

Em, Dr. (2019b). ***The Trojan unicorn: Queer theory and paedophilia*** (Vol. 2). Self-published.

Erickson, K. I., Voss, M. W., Prakash, R. S., Basak, C., Szabo, A., Chaddock, L., … & Kramer, A. F. (2011). Exercise training increases size of hippocampus and improves memory. ***Proceedings of the National Academy of Sciences, 108***(7), 3017–3022.

Felitti, V. J., & Anda, R. F. (2009). ***The hidden epidemic: The impact of early life trauma on health and disease.*** https://www.theannainstitute.org/LV%20FINAL%202-7-09.pdf (accessed August 3, 2019).

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V. J., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. ***American Journal of Preventive Medicine, 14***(4), 245–258. https://doi.org/10.1016/S0749-3797(98)00017-8

Filipowicz, W., Bhattacharyya, S. N., & Sonenberg, N. (2008). Mechanisms of post-transcriptional regulation by microRNAs: Are the answers in sight? ***Nature Reviews Genetics, 9***(2), 102–114. https://doi.org/10.1038/nrg2290 (accessed October 19, 2024).

Fletcher, T. (2025). Complex trauma and identity restoration [Manuscript in preparation]. RE/ACT Recovery Education for Addictions and Complex Trauma.

Fletcher. T. (2025). Healing from Complex Trauma. Tim Fletcher Co. | Understanding and Overcoming Complex Trauma (accessed November 2 2025).

Fletcher, T. (2022). Tim Fletcher – Trauma and addiction. ***Bing Videos.*** (accessed July 11, 2025).

Foubert, J. (2017). ***How pornography harms: What today's teens, young adults, parents, and pastors need to know.*** LifeRich Publishing.

Foucault, M. (1976). ***The history of sexuality, Volume I: An introduction*** (R. Hurley, Trans.). Pantheon Books.

Fradd, M. (2017). ***The porn myth: Exposing the reality behind the fantasy of pornography.*** Ignatius Press.

Fraga, M. F., Ballestar, E., Paz, M. F., Ropero, S., Setien, F., Ballestar, M. L., … & Esteller, M. (2005). Epigenetic differences arise during the lifetime of monozygotic twins. ***Proceedings of the National Academy of Sciences, 102***(30), 10604–10609. https://doi.org/10.1073/pnas.0500398102

Frances, A. (2013). ***Essentials of psychiatric diagnosis: Responding to the challenge of DSM-5.*** Guilford Press.

GBD 2017 Disease and Injury Incidence and Prevalence Collaborators. (2018). Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: A systematic analysis for the Global Burden of Disease Study 2017. ***The Lancet, 392***(10159), 1789–1858. https://doi.org/10.1016/S0140-6736(18)32279-7

Goldman, H. (2014). Regular exercise changes the brain to improve memory and thinking skills. ***Harvard Health.*** https://www.health.harvard.edu/exercise-and-fitness/exercise-can-boost-your-memory-and-thinking-skills (accessed March 14, 2024).

Grisel, J. (2019). ***Never enough: The neuroscience and experience of addiction.*** Anchor Books.

Grisel, J. (2022). https://www.youtube.com/watch?v=GtosSWrYAHM (accessed October 16, 2024).

Haidt, J. (2024). ***The anxious generation: How the great rewiring of childhood is causing an epidemic of mental illness.*** Penguin Press.

Hall, W., Stjepanović, D., Caulkins, J., Lynskey, M., Leung, J., Campbell, G., & Degenhardt, L. (2019). Public health implications of legalising the production and sale of cannabis for medicinal and recreational use. ***The Lancet, 394***(10208), 1580–1590. https://doi.org/10.1016/S0140-6736(19)31789-1 (accessed October 18, 2024).

Hansen, J. E. (2021). ***The storm within us and the pathway to peace.*** Center for Connected Living, LLC.

Hansen, J. E., & Doan, A. P. (2023). ***Digital drugs and the search for connection.*** Center for Connected Living, LLC.

Hari, J. (2015, June). Everything you think you know about addiction is wrong. ***TED Talk.*** https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong

Hari, J. (2018). ***Lost connections: Uncovering the real causes of depression—and the unexpected solutions.*** Berryville Graphics.

Hawkins, D. R. (2014). ***Letting go: The pathway of surrender.*** Hay House Inc.

Hawkins, D. R. (2020). ***The map of consciousness explained: A proven energy scale to actualize your ultimate potential.*** Hay House Inc.

Hawkins, D. R. (2020). ***Power vs. Force: The hidden determinants of human behavior*** (Rev. ed.). Hay House Inc.

Healey, D. (2021). ISSM webinar on post-SSRI sexual dysfunction. https://www.youtube.com/watch?v=yFxMeoaIc3c (accessed March 8, 2024).

Hedegaard, H., Miniño, A. M., Spencer, M. R., & Warner, M. (2021). Drug overdose deaths in the United States, 1999–2020. ***NCHS Data Brief, 428,*** 1–8.

Hedegaard, H., Miniño, A. M., Spencer, M. R., & Warner, M. (2022). Drug overdose deaths in the United States, 2001–2021. ***NCHS Data Brief, 457,*** 1–8. https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates

Hedegaard, H., Miniño, A. M., & Warner, M. (2021). Drug overdose deaths in the United States, 1999–2020. ***National Center for Health Statistics.*** https://doi.org/10.15620/cdc:112340 (accessed October 13, 2024).

Heijmans, B. T., Tobi, E. W., Putter, H., Blauw, G. J., Susser, E. S., Slagboom, P. E., & Lumey, L. H. (2008). Persistent epigenetic differences associated with prenatal exposure to famine in humans. ***Proceedings of the National Academy of Sciences, 105***(44), 17046–17049. https://doi.org/10.1073/pnas.0806560105

HeartMath® Institute. (2020). ***About us.*** https://www.heartmath.org/about-us/ (accessed June 6, 2020).

Heverly, E. (2024). ***12 Step with Christian focus.*** Shared with permission by personal communication.

Horowitz, M., & Taylor, D. (2024). ***Deprescribing guidelines for psychiatric medications.*** John Wiley & Sons.

Huberman, A. (2021). The effects of cannabis on the brain and body. https://www.youtube.com/watch?v=UCbqfBAhmPY (accessed October 18, 2024).

Huberman, A. (2022). Understanding dopamine and motivation. https://www.youtube.com/watch?v=DkS1pkKpILY (accessed October 12, 2022).

ISAA Counseling. (2024). Breaking down the 6 Fs of IFS. https://issacounseling.com/breaking-down-the-6-fs-of-ifs (accessed March 2, 2024).

Indiana University Bloomington Libraries. (2023). Queer Theory. https://libraries.indiana.edu/queer-theory

Jefferies, A. L. (2012). Canadian Paediatric Society, Fetus and Newborn Committee. Kangaroo care for the preterm infant and family. ***Paediatrics & Child Health, 17***(3), 141–146. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3287094/ (accessed June 3, 2020).

Jenuwein, T., & Allis, C. D. (2001). Translating the histone code. ***Science, 293***(5532), 1074–1080. https://doi.org/10.1126/science.1063127 (accessed March 16, 2024).

Johansson, A., & Hagnell, O. (1980). Prevalence of depression in a Swedish community 1947–1972: The Lundby study. ***Scandinavian Journal of Social Medicine, 8***(4), 179–187. https://doi.org/10.1177/140349488000800405

Kain, K. L., & Terrell, S. J. (2018). ***Nurturing resilience: Helping clients move forward from developmental trauma.*** North Atlantic Press.

Kaiser Family Foundation. (2001). Generation Rx.com: How young people use the Internet. https://www.kff.org/wp-content/uploads/2001/11/3202-genrx-report.pdf

Kanter, J. (2007). John Bowlby, interview with Dr. Milton Senn. ***Beyond the Couch: The Online Journal of the American Association for Psychoanalysis in Clinical Social Work, 2.*** http://www.beyondthecouch.org/1207/bowlby_int.htm (accessed May 5, 2020).

Kasser, T. (2003). ***The high price of materialism.*** MIT Press.

Kendell, R. E., & Jablensky, A. (2003). Distinguishing between the validity and utility of psychiatric diagnoses. ***American Journal of Psychiatry, 160***(1), 4–12. https://doi.org/10.1176/appi.ajp.160.1.4 (accessed October 19, 2024).

Kingston, D. A., Malamuth, N. M., Fedoroff, P., & Marshall, W. L. (2009). [Details incomplete].

Koenig, H. G., McCullough, M. E., & Larson, D. B. (1997). Attendance at religious services, interleukin-6, and other biological parameters of immune function in older adults. ***International Journal of Psychiatry in Medicine, 27***(3), 233–250. https://doi.org/10.2190/40NF-Q9Y2-0GG7-4WH6

Kolodny, A., Courtwright, D. T., Hwang, C. S., Kreiner, P., Eadie, J. L., Clark, T. W., & Alexander, G. C. (2015). The prescription opioid and heroin crisis: A public health approach to an epidemic of addiction. ***Annual Review of Public Health, 36,*** 559–574. https://doi.org/10.1146/annurev-publhealth-031914-122957 (accessed October 13, 2024).

Koob, G. F., & Volkow, N. D. (2016). Neurobiology of addiction: A neurocircuitry analysis. ***The Lancet Psychiatry, 3***(8), 760–773. https://doi.org/10.1016/S2215-0366(16)00104-8 (accessed October 13, 2024).

Kosten, T. R., & George, T. P. (2002). The neurobiology of opioid dependence: Implications for treatment. ***Science & Practice Perspectives, 1***(1), 13–20. https://ojp.gov/ncjrs/virtual-library/abstracts/neurobiology-opioid-dependence-implications-treatment (accessed October 13, 2024).

Kronen, S. (2006). [Commentary cited in Tinker, 2020].

Kurtz, E. (1979). ***Not-God: A history of Alcoholics Anonymous.*** Hazelden Publishing.

Laible, D. (2011). Does it matter if preschool children and mothers discuss positive versus negative events during reminiscing? Links with mother-reported attachment, family emotional climate, and socioemotional development. ***Social Development, 20***(2), 394–411. https://doi.org/10.1111/j.1467-9507.2010.00598.x (accessed October 19, 2024).

Lambert, N., Negash, S., et al. (2009). A love that doesn't last: Pornography consumption and weakened commitment to one's romantic partner. [Details incomplete].

Langevin, R., Hebert, M., Allard-Dansereau, C., & Bernard-Bonnin, A. C. (2016). Emotion regulation in sexually abused preschoolers: The contribution of parental factors. ***Journal of Traumatic Stress, 29***(2), 180–184. https://doi.org/10.1002/jts.22082

Laura, B. (2008). Epigenomics: The new tool in studying complex diseases. ***Nature Education, 1***(1), 178. https://www.nature.com/scitable/topicpage/epigenomics-the-new-tool-in-studying-complex-694/ (accessed June 11, 2020).

Lev-Ran, S., Roerecke, M., Le Foll, B., George, T. P., McKenzie, K., & Rehm, J. (2014). The association between cannabis use and depression: A systematic review and meta-analysis of longitudinal studies. ***Psychological Medicine, 44***(4), 797–810. https://doi.org/10.1017/S0033291713001438 (accessed October 18, 2024).

Levine, P. A. (2008). ***Healing trauma: A pioneering program for restoring the wisdom of your body.*** Sounds True.

Lewis, M. (2015). ***The biology of desire: Why addiction is not a disease.*** Public Affairs.

Lewis-Fernández, R., & Aggarwal, N. K. (2013). ***Culture and psychiatric diagnosis: A DSM-5 perspective.*** American Psychiatric Publishing.

Lewis-Morrarty, E., Degnan, K. A., Chronis-Tuscano, A., Henderson, H. A., Pine, D. S., & Fox, N. A. (2015). Infant attachment security and early childhood behavioral inhibition interact to predict adolescent social anxiety symptoms. ***Child Development, 86***(2), 598–613. https://doi.org/10.1111/cdev.12336

Lobaczewski, A. M. (2006). ***Political ponerology: A science on the nature of evil adjusted for political purposes*** (L. Harrison, Trans.). Red Pill Press.

Louv, R. (2005). ***Last child in the woods: Saving our children from nature-deficit disorder.*** Workman Publishing.

Lyons-Ruth, K. (1996). Attachment relationships among children with aggressive behavior problems: The role of disorganized early attachment patterns. ***Journal of Consulting and Clinical Psychology, 64***(1), 64–73. https://doi.org/10.1037/0022-006X.64.1.64

MacLean, P. D. (1990). ***The triune brain in evolution: Role in paleocerebral functions.*** Plenum Press.

Main, M., & Solomon, J. (1986). Discovery of an insecure-disorganized/disoriented attachment pattern. In T. B. Brazelton & M. W. Yogman (Eds.), ***Affective development in infancy*** (pp. 95–124). Ablex Publishing.

Malamuth, N., Addison, T., & Kross, M. (2000). Pornography and sexual aggression: Are there reliable effects and can we understand them? ***Annual Review of Sex Research, 11,*** 267–291.

Marcuse, H. (1965). Repressive tolerance. In R. P. Wolff, B. Moore Jr., & H. Marcuse (Eds.), ***A critique of pure tolerance*** (pp. 81–117). Beacon Press.

Marmot, M., Stansfeld, S., Patel, C., North, F., Head, J., White, I., ... & Smith, G. D. (1991). Health inequalities among British civil servants: The Whitehall II study. ***The Lancet, 337***(8754), 1387–1393.

McCraty, R. (2023). The science of HeartMath®. https://www.heartmath.org/research/science-of-the-heart (accessed March 10, 2024).

McCraty, R., Atkinson, M., Tomasino, D., & Bradley, R. T. (2009). The coherent heart: Heart-brain interactions, psychophysiological coherence, and the emergence of system-wide order. ***Integral Review, 5***(2), 10–115.

McCraty, R., & Childre, D. (2010). Coherence: Bridging personal, social, and global health. ***Alternative Therapies in Health and Medicine, 16***(4), 10–24.

Merck Manual. (2019). Overview of the autonomic nervous system. https://www.merckmanuals.com/home/brain,-spinal-cord,-and-nerve-disorders/autonomic-nervous-system-disorders/overview-of-the-autonomic-nervous-system (accessed August 20, 2019).

Miller, L. (2021). ***The awakened brain: The new science of spirituality and our quest for an inspired life.*** Random House.

Miller, A. H., & Raison, C. L. (2016). The role of inflammation in depression: From evolutionary imperative to modern treatment target. ***Nature Reviews Immunology, 16***(1), 22–34.

Monbiot, G. (2014, October 14). The age of loneliness is killing us. ***The Guardian.*** https://www.theguardian.com/commentisfree/2014/oct/14/age-of-loneliness-killing-us (accessed September 8, 2019).

Moncrieff, J. (2023). Dr. Joanna Moncrieff: Chemical imbalance—Truth or myth? ***MH360°.*** https://www.youtube.com/watch?v=FdbX5JstwgA (accessed March 8, 2024).

Moncrieff, J., Cooper, R. E., Stockmann, T., Amendola, S., Hengartner, M. P., & Horowitz, M. A. (2023). The serotonin theory of depression: A systematic umbrella review of the evidence. ***Molecular Psychiatry, 28***(8), 3243–3256. https://doi.org/10.1038/s41380-022-01661-0

Moore, L. D., Le, T., & Fan, G. (2013). DNA methylation and its basic function. ***Neuropsychopharmacology, 38***(1), 23–38. https://doi.org/10.1038/npp.2012.112 (accessed March 16, 2024).

National Coalition for the Protection of Children & Families. (2010). http://en.wikipedia.org/wiki/Internet_pornography_statistics#cite_note-Internet_Usage_bsecure-4 (accessed October 19, 2024).

NIH Record. (2021). Meth overdose deaths surge. https://nihrecord.nih.gov (accessed October 13, 2024).

National Institute on Alcohol Abuse and Alcoholism. (2024). Drinking levels and patterns defined. https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking (accessed October 9, 2024).

National Institute on Drug Abuse. (2022). Trends & statistics. https://nida.nih.gov/research-topics/trends-statistics

New York Times. (2018, January 31). The Dutch famine: How starvation scarred genes and babies. ***The New York Times.*** https://www.nytimes.com/2018/01/31/science/dutch-famine-genes.html (accessed June 9, 2020).

Newman, A. E. (2017). Poor attachment and the socioemotional effects during early childhood (Master's thesis, California State University, San Bernardino). https://scholarworks.lib.csusb.edu/etd/554 (accessed October 19, 2024).

NIH Genetics Home Reference. (2020). How genes work: Proteins. https://ghr.nlm.nih.gov/primer/howgeneswork/protein (accessed June 10, 2020).

NIV: The Holy Bible, New International Version. (1973, 1978, 1984, 2011). Biblica, Inc.

NLT: ***New Living Translation.*** (2006). Tyndale House.

Ogasa, O., & Goddam, S. (2011). ***A billion wicked thoughts: What the world's largest experiment reveals about human desire.*** New York, NY.

O'Sullivan, L., Byers, E., Brotto, L., Majerovich, J., & Fletcher, J. (2016). Longitudinal study of problems in sexual functioning and related sexual distress among middle to late adolescents. ***Journal of Adolescent Medicine and Health.*** https://pubmed.ncbi.nlm.nih.gov/27320034/ (accessed October 19, 2024).

Paris, J., & Phillips, J. (Eds.). (2013). ***Making the DSM-5: Concepts and controversies.*** Springer.

Peter, J., & Valkenburg, P. (2009). Adolescents' exposure to sexually explicit Internet material and notations of women as sex objects: Assessing causality and underlying processes. ***Journal of Communication, 59,*** 407–433. https://doi.org/10.1111/j.1460-2466.2009.01422.x (accessed October 19, 2024).

Peter, J., & Valkenburg, P. (2016). Adolescents and pornography: A review of 20 years of research. ***The Journal of Sex Research.*** https://doi.org/10.1080/00224499.2016.1143441

Pizzol, D., Bertoldo, A., & Foresta, C. (2016). Adolescents and web porn: A new era of sexuality. ***International Journal of Adolescent Medicine and Health, 28***(2), 169–173. https://doi.org/10.1515/ijamh-2015-0003

Porges, S. W. (2011). ***The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation.*** W. W. Norton & Company.

Porges, S. W. (2017). ***The pocket guide to polyvagal theory: The transformative power of feeling safe.*** W. W. Norton & Company.

Porges, S. W., & Furman, S. A. (2011). The early development of the autonomic nervous system provides a neural platform for social behavior: A polyvagal perspective. ***Infant and Child Development, 20***(1), 106–118. https://doi.org/10.1002/icd.688

Porges, S. W., & Porges, S. (2023). ***Our Polyvagal World: How Safety and Trauma Change Us.*** W. W. Norton & Company.

Porter, K. (2019). ***Cannabis: It's complicated.*** https://www.youtube.com/watch?v=fdguiE_dTuo (accessed October 18, 2024).

Proven Men Ministries. (2014). Pornography survey and statistics. http://www.provenmen.org/2014pornsurvey/ (accessed July 28, 2019).

Ratey, J. J. (2008). ***Spark: The revolutionary new science of exercise and the brain.*** Little, Brown Spark.

Rectenwald, M. (2022). ***The great reset and the struggle for liberty: Unraveling the global agenda.*** Encounter Books.

Reich, W. (1945). ***The sexual revolution: Toward a self-governing character structure.*** Farrar, Straus and Giroux.

Riemersma, J. (2020). ***Altogether you: Experiencing personal and spiritual transformation with internal family systems therapy.*** Pivotal Press.

Riemersma, J. (2024). Move toward healing with IFS. https://jennariemersma.com/move-toward/ (accessed March 3, 2024).

Roberts, T. (2008). ***Pure desire.*** Bethany House Publishers.

Ropelato, J. (n.d.). Internet pornography statistics. Top Ten Reviews, TechMediaNetwork. https://www.ministryoftruth.me.uk/wp-content/uploads/2014/03/IFR2013.pdf (accessed October 19, 2024).

Rothschild, B. (2017). ***Autonomic nervous system: Precision regulation chart.*** Amazon.

Rudd, R. A., Aleshire, N., Zibbell, J. E., & Gladden, R. M. (2016). Increases in drug and opioid overdose deaths—United States, 2000–2014. ***MMWR Morbidity and Mortality Weekly Report, 64***(50–51), 1378–1382. https://doi.org/10.15585/mmwr.mm645o43 (accessed October 13, 2024).

Salmassi, M. (2013, June 19). Almost 70 percent of Americans take at least one prescription medication, study finds. ***Partnership to End Addiction.*** https://drugfree.org/drug-and-alcohol-news/almost-70-percent-of-americans-take-at-least-one-prescription-medication-study-finds

Sapolsky, R. M. (1992). ***Stress, the aging brain, and the mechanisms of neuron death.*** MIT Press.

Sapolsky, R. M. (2002). ***A primate's memoir.*** Vintage.

Schaffer, H. R., & Emerson, P. E. (1964). The development of social attachments in infancy. ***Monographs of the Society for Research in Child Development, 29***(3), 1–77.

Schwartz, J., & Brennan, B. (2013). ***There's a part of me...*** Oak Park, IL: Trailheads Press.

Schwartz, R.C. (2023). ***Introduction to the internal family systems model.*** Louisville, CO: Sounds True. (Original work published 2001).

Schwartz, R.C. (2023). ***You are the one you've been waiting for: Bringing courageous love to intimate relationships***. Louisville, CO: Sounds True. (Original work published 2008).

SCRIBD. (2012, June). ***The digital divide: How the online behavior of teens is getting past parents.*** McAfee.com. http://www.cil.cnrs.fr/CIL/IMG/pdf/digital-divide-study.pdf (accessed July 28, 2019).

Shields, A., & Cicchetti, D. (1997). Emotion regulation among school-age children: The development and validation of a new criterion Q-sort scale. ***Developmental Psychology, 33***(6), 906–916. https://doi.org/10.1037/0012-1649.33.6.906 (accessed October 19, 2024).

Shonkoff, J. P. (2015, May 5). Take the ACE quiz and learn what it does and doesn't mean. ***Harvard University Center on the Developing Child.*** https://developingchild.harvard.edu/media-coverage/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean

Simonetto, D. A., Oxentenko, A. S., Herman, M. L., & Szostek, J. H. (2012). Cannabinoid hyperemesis: A case series of 98 patients. ***Mayo Clinic Proceedings, 87***(2), 114–119. https://doi.org/10.1016/j.mayocp.2011.10.005 (accessed October 18, 2024).

Skinner, K. (2011). Can pornography trigger depression? ***Psychology Today.*** https://www.psychologytoday.com/us/blog/inside-porn-addiction/201111/can-pornography-trigger-depression (accessed September 11, 2019).

Snyder, C. R. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. ***Journal of Personality and Social Psychology, 60***(4), 570–585. https://doi.org/10.1037/0022-3514.60.4.570

Snyder, C. R. (Ed.). (2000). ***Handbook of hope: Theory, measures, and applications.*** Academic Press.

Spencer, M. R., Miniño, A. M., & Warner, M. (2022). Drug overdose deaths in the United States, 2001–2021. ***NCHS Data Brief, 457,*** 1–8. https://dx.doi.org/10.15620/cdc:122556

Stanley, T. H. (1992). The fentanyl story. ***Journal of Pain and Symptom Management, 7***(3), 146–149. https://jpain.org/article/0885-3924(92)90162-7/fulltext (accessed October 13, 2024).

Strahl, B. D., & Allis, C. D. (2000). The language of covalent histone modifications. ***Nature, 403***(6765), 41–45. https://doi.org/10.1038/47412

Strawbridge, W. J., Shema, S. J., Cohen, R. D., & Kaplan, G. A. (1997). Frequent attendance at religious services and mortality over 28 years. ***American Journal of Public Health, 87***(6), 957–961. https://doi.org/10.2105/AJPH.87.6.957

Ströhle, A. (2009). Physical activity, exercise, depression and anxiety disorders. ***Journal of Neural Transmission, 116***(6), 777–784.

Suitable My Nature. (2014). Epigenomics: The new tool in studying complex diseases. ***Nature.*** https://www.nature.com/scitable/topicpage/epigenomics-the-new-tool-in-studying-complex-694/ (accessed July 11, 2020).

Sun, C., Bridges, A., Johnson, J., & Ezzell, M. (2016). Pornography and the male sexual script: An analysis of consumption and sexual relations.

The neurobiology of romantic love. (2018). https://sexinfo.soc.ucsb.edu/article/neurobiology-romantic-love (accessed October 2, 2019).

Thompson, K. L., & Hannan, S. M. (2014). Fight, flight, and freeze: Threat sensitivity and emotion dysregulation in survivors of chronic childhood maltreatment. ***Personality and Individual Differences, 69,*** 28–32. https://doi.org/10.1016/j.paid.2014.05.005.

Thompson, C (2025). Curt Thompson MD | The Center for Being Known (accessed November 2, 2025).

Thompson, C., & Seybert, J. (2018). ***The Soul of Shame: Retelling the Stories We Believe About Ourselves.*** Two Words Publishing, LLC.

Thompson, Tiller, W. A., McCraty, R., & Atkinson, M. (1996). Cardiac coherence: A new, noninvasive measure of autonomic nervous system order. ***Alternative Therapies in Health and Medicine, 2***(1), 52–65.

Tinker, T. (2020). ***Ideological origins of identity politics.*** Theopolis Institute Press.

Udermann, B. E. (2000). The effect of spirituality on health and healing: A critical review for athletic trainers. ***Journal of Athletic Training, 35***(2), 194–197.

University of Lancaster. (2020). Ethics of epigenetics. https://www2.le.ac.uk/projects/vgec/highereducation/epigenetics_ethics/introduction (accessed June 9, 2020).

U.S. Army Chaplain Corps. (2018). Lisa Miller lecture. https://www.youtube.com/watch?v=6QLuBtkaKxA (accessed July 11, 2025).

U.S. Food and Drug Administration. (2004). FDA MedWatch—Antidepressant drugs: Updated labeling includes warnings about increased risks of suicidal thinking and behavior in young adults ages 18 to 24. https://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/UCM096273

Van der Kolk, B. A. (2014). ***The body keeps the score: Brain, mind, and body in the healing of trauma.*** Viking.

Verywell Mind. (2019). What is attachment theory? https://www.verywellmind.com/what-is-attachment-theory-2795337 (accessed May 2, 2020).

Vettese, L. C., Dyer, C. E., Li, W. L., & Wekerle, C. (2011). Does self-compassion mitigate the association between childhood maltreatment and later emotion regulation difficulties? ***International Journal of Mental Health and Addiction, 9***(5), 480–491. https://doi.org/10.1007/s11469-011-9340-7

Volkow, N. D., Baler, R. D., Compton, W. M., & Weiss, S. R. (2014). Adverse health effects of marijuana use. ***The New England Journal of Medicine, 370***(23), 2219–2227. https://doi.org/10.1056/NEJMra1402309 (accessed October 18, 2024).

Volkow, N. D., & McLellan, A. T. (2016). Opioid abuse in chronic pain—misconceptions and mitigation strategies. ***The New England Journal of Medicine, 374***(13), 1253–1263. https://psnet.ahrq.gov (accessed October 13, 2024).

Walsh, M. (2017). ***The devil's pleasure palace: The cult of critical theory and the subversion of the West.*** Encounter Books.

Watkins, P. C., Woodward, K., Stone, T., & Kolts, R. L. (2003). Gratitude and happiness: Development of a measure of gratitude, and relationships with subjective well-being. ***Social Behavior and Personality, 31***(5), 431–451. https://doi.org/10.2224/sbp.2003.31.5.431

Webroot. (2019). Internet pornography by the numbers: A significant threat to society. https://www.webroot.com/us/en/resources/tips-articles/internet-pornography-by-the-numbers (accessed October 19, 2024).

Whitaker, R. (2010). ***Anatomy of an epidemic: Magic bullets, psychiatric drugs, and the astonishing rise of mental illness in America.*** Crown.

Whitaker, R. (2023). Long-term effects of antidepressant medication. https://www.youtube.com/watch?v=FY-5npruTGc (accessed March 6, 2024).

Whitaker, R., & Cosgrove, L. (2015). ***Psychiatry under the influence: Institutional corruption, social injury, and prescriptions for reform.*** Palgrave Macmillan.

Wilson, G. (2014). ***Your brain on porn.*** Commonwealth Publishing.

Wolff, V., Armspach, J. P., Lauer, V., Rouyer, O., Bataillard, M., Marescaux, C., & Geny, B. (2013). Cannabis-related stroke: Myth or reality? ***Stroke, 44***(2), 558–563. https://doi.org/10.1161/STROKEAHA.112.671347 (accessed October 18, 2024).

Yehuda, R., Schmeidler, J., Wainberg, M., Binder-Brynes, K., & Duvdevani, T. (1998). Vulnerability to posttraumatic stress disorder in adult offspring of Holocaust survivors. ***American Journal of Psychiatry, 155***(9), 1163–1171. https://doi.org/10.1176/ajp.155.9.1163

Addendum

The Heart of Holdfast and AnchorPoint

Our Mission & Team

Holdfast Recovery and AnchorPoint are places where clinical excellence and heartfelt faith meet in a way that feels personal, tender, and profoundly human. Every person who comes to us carries a story that matters, and we consider it an honor to step into that story with compassion, humility, and unwavering hope.

Our mission is simple and sacred. We love God, we love people, and we help them rediscover the truth of who they were created to be. Healing is most powerful when heart and science work together. That is why our work is anchored in the NeuroFaith® model, a Christ-centered and neuroscience-informed approach built on four integrative pillars.

Polyvagal-informed therapy brings safety and regulation to the nervous system. HeartMath® and neurocardiology awaken resilience through the wisdom of the heart. Internal Family Systems brings compassion to the inner world of parts that carry pain and burden. The fourth pillar brings the presence of God into the healing journey in a way that is gentle, loving, and deeply transformative. This integrative NeuroFaith® model allows us to care for the whole person. We restore the body through regulation and stability. We strengthen the mind through clarity, truth, and emotional integration. We awaken the spirit by reconnecting each person to the God who sees them, loves them, and has never abandoned their story.

At Holdfast Recovery and AnchorPoint, people find safety. They find warmth. They find a community that believes in them long before they believe in themselves. They find clinicians, mentors, and friends who will sit with them in the darkness and walk with them into the light. Most of all, they find hope that does not fade. We are deeply grateful to share this journey with every soul entrusted to our care. We remain committed with our whole hearts to helping each person find freedom, purpose, and a life rebuilt on the solid ground of truth and love.

Many of the men and women who serve here carry powerful stories of their own. Their journeys often include seasons of heartbreak, loss, addiction, and deep personal darkness. Yet through the healing work of Jesus Christ, and for many through the transformative impact of the NeuroFaith® model, they discovered redemption, restoration, and a renewed desire to give back what was so freely given to them.

Below you will meet a team whose compassion, depth, and devotion to Christ were forged through lived experience and faithful perseverance.

Brendan McDonough
Co-Founder

Brendan McDonough's life has been shaped by profound trials, both before and after the tragic loss of his nineteen fellow Granite Mountain Hotshots. Surviving an incident that claimed the lives of his brothers left him wrestling with survivor's guilt, post-traumatic stress, depression, and a deepening struggle with substance use. The weight of that day pressed into every corner of his life, testing his spirit in ways few

can comprehend. At a moment when darkness felt overwhelming, Brendan reached a crossroads familiar to many who suffer deeply. He faced the choice to give up, to escape, or to step courageously into the painful work of healing. He chose the latter.

Through resilience, therapy, faith, and an unwavering determination to honor the fallen, Brendan transformed suffering into strength. He refused to allow the fire that nearly took his life to define the rest of his story. Instead, he allowed God to use that fire to refine him and shape him into a source of hope for others. Out of the ashes, Brendan rose with purpose. He became a motivational speaker and a strong advocate for mental health. As co-founder of Holdfast Recovery, he dedicated himself to helping others navigate trauma, grief, and addiction. His willingness to share his scars rather than hide them has become a beacon of hope for countless individuals who believe they cannot rise again.

Although Brendan has largely returned to structural firefighting, answering that noble call once more, he remains an invaluable presence within Holdfast Recovery and AnchorPoint. He carries the memory of his nineteen brothers with honor and lives in a way that pays tribute to their courage and sacrifice.

Out of the fire he came, and into the fire of God he has grown. We are profoundly grateful for his strength, his humility, and his enduring commitment to this mission.

Tim Hayden
Co-Founder

Tim Hayden is deeply passionate about serving others, leading people to Christ, and breaking the stigma surrounding addiction and mental health both within the Church and beyond it. He brings this calling together with eighteen years of experience in the corporate IT world, ranging from small startups to leading national teams within global software companies. Tim graduated from Mount Vernon Nazarene University with a bachelor's degree in business administration, marketing, and communications. He and his wife remain actively involved in their church community, serving in youth ministry, marriage mentoring, and life groups. Outside of work, Tim enjoys spending time with his family outdoors through camping, mountain biking, and snowboarding.

What Tim rarely speaks about is the extraordinary resilience and perseverance that define his leadership. He is the visionary behind much of what exists today, and it was his courage, faith, and willingness to shoulder uncertainty that launched AnchorPoint as a residential facility. When the work became heavy, unclear, or unrewarding in the moment, Tim leaned in rather than stepping away. He possesses a rare ability to

endure long seasons of sacrifice without losing his passion for the mission or his devotion to God's calling.

Tim is not afraid of risk, not afraid of sacrifice, and not afraid to follow the will of God even when it stretches him. His entrepreneurial insight, bold decision-making, and unwavering faith have shaped this organization in profound ways.

He lives by the words of John Wesley:

"Do all the good you can, by all the means you can, in all the ways you can, in all the places you can, at all the times you can, to all the people you can, as long as ever you can."

We are grateful for Tim's vision, endurance, leadership, and example.

Seth Miller
President

Seth Miller serves as President of AnchorPoint and Holdfast Recovery, bringing an exceptional blend of operational excellence, vision, and servant-hearted leadership. With extensive experience as a Vice President of Sales and Director of Operations, Seth has consistently demonstrated the ability to build strong teams, implement sustainable systems, and cultivate cultures rooted in integrity and compassion. His leadership style reflects both strategic clarity and genuine authenticity. He empowers those around him, helping staff and clients rise toward their fullest potential through accountability, collaboration, and care.

A devoted follower of Jesus Christ, Seth draws daily guidance from his faith, which shapes every aspect of his leadership and personal life. When not at work, he can often be found cheering for the Ohio State Buckeyes or spending cherished time with his wife, Allie, and their four children.

We are profoundly grateful for Seth's steady vision and faithful leadership.

Julie Nave, MA, LPC
Clinical Director

There are clinicians who lead through position, and those who lead through presence. Julie Nave belongs firmly in the latter. Her leadership is steady, compassionate, and grounded in the belief that healing unfolds best when people feel safe, respected, and understood.

With over twenty-five years of experience in behavioral health, mental health counseling, and addiction recovery, Julie brings wisdom shaped by decades of walking alongside individuals and families in crisis. She understands that healing is not linear and requires both clinical skill and genuine human presence. Julie holds a Master of Arts in Counseling from Northern Arizona University and a Bachelor of Science in Psychology and Communications from the University of Wisconsin–Stevens Point. Licensed in Arizona since 2004, she has worked across community mental health, crisis services, and residential treatment, earning a reputation for clinical excellence and emotional steadiness.

Her strengths include assessment, crisis intervention, and therapy, with particular expertise in Dialectical Behavior Therapy and trauma-informed care. Yet what sets Julie apart is her calm presence—her ability to steady a room, listen deeply, and respond with clarity.

As Clinical Director at AnchorPoint in Prescott, Arizona, Julie leads with both structure and compassion, valuing evidence-based care while honoring each person's story. She is committed to integrating neuroscience and spiritual formation through the NeuroFaith® model with humility and discernment. At her core, Julie's leadership reflects a deep respect for the human journey. She creates environments where safety, patience, and hope allow transformation to unfold naturally.

Dr. Jeffrey E. Hansen, Ph.D.
Clinical Director (2022–2025)

Dr. Jeffrey E. Hansen is a clinical psychologist with more than forty years of experience specializing in trauma, addiction, and pediatric mental health. His professional life has been devoted to understanding the complex intersections between neurobiology, psychological development, spiritual formation, and human suffering.

Dr. Hansen served as a U.S. Army Major and pediatric psychologist for over a decade, providing clinical care to active-duty service members, their children, and military families affected by trauma. His work within the Department of Defense and at Madigan Army Medical Center exposed him to the enduring impact of developmental trauma, combat-related stress, and moral injury. These experiences profoundly shaped his clinical perspective and laid the foundation for the integrative model he would later develop.

Following his military service, Dr. Hansen continued his work in private practice, specializing in complex trauma, attachment injury, addiction, and the long-term neurodevelopmental effects of early adversity. Across both military and civilian settings, his clinical work consistently revealed a central truth: sustainable healing requires attention not only to symptoms, but to the nervous system, the relational environment, and the spiritual core of the individual.

Out of this integration emerged NeuroFaith®, a registered trademark model founded and directed by Dr. Hansen through NeuroFaith® LLC. Developed over decades of trauma work, research, and lived experience, the NeuroFaith® model is a Christ-centered, neuroscience-informed framework for trauma recovery and whole-person healing. It integrates principles of neurobiology, autonomic regulation, attachment science, and spiritual formation, offering a comprehensive pathway toward safety, identity restoration, and meaning.

Dr. Hansen is the author of ten books exploring trauma, addiction, identity, resilience, and the intersection of science and faith. In addition to his books, he has published professional articles and educational materials addressing trauma-informed care, ethical clinical practice, and neurodevelopmental healing. He speaks widely across the United States and internationally on topics including the NeuroFaith® model, trauma recovery, addiction, moral injury, and the restoration of human dignity.

Through both national and international engagement, Dr. Hansen continues to challenge clinicians, families, and communities to return to thoughtful assessment, developmental humility, and care that honors both scientific evidence and the inherent dignity of the human person.

Across four decades of service, Dr. Hansen's life's work reflects a rare integration of scientific rigor, clinical excellence, moral clarity, and unwavering faith. At its core stands a singular conviction: healing.

Pastor Earl Heverly
Pastoral Consultant and Spiritual Advisor (2022–2025)

Pastor Earl Heverly serves as Pastoral Consultant and Spiritual Advisor for NeuroFaith®. He is the co-author of five NeuroFaith® books, and his clinical and spiritual insight has profoundly shaped Dr. Jeffrey Hansen as well as the heart, culture, and spiritual identity of our entire staff. Pastor Earl carries a calling to elevate every clinician and every leader into deeper accountability before God, higher standards of clinical and spiritual ethics, and renewed courage to bring Christ openly and unapologetically into the healing process for both clients and staff. His influence has

been especially significant in reframing the Twelve Steps through a Christ-centered lens, returning the emphasis to the transforming power and presence of Jesus alone. Through his leadership, spiritual formation has become interwoven with the NeuroFaith® model in a way that is grounded, scripturally faithful, and uncompromising in devotion to Christ.

Pastor Earl has endured many personal trials, yet those seasons refined a faith that is steady, sacrificial, and consistently aligned with the leading of the Holy Spirit. He is not driven by popularity, comfort, or convenience. Instead, he remains devoted to speaking truth with conviction, humility, and love. He continually shepherds our team toward spiritual integrity, clarity of purpose, and faithfulness to God's will, reminding us of the sacred responsibility carried in the work we do.

Above all, Pastor Earl brings a heart that burns with compassion for the broken, a soul anchored firmly in Scripture, and a depth of spiritual wisdom that continues to guide Holdfast Recovery, AnchorPoint, and the entire NeuroFaith® mission. His voice serves as a spiritual compass for our organization, keeping our work aligned with the heart of God.

Mallory Mikel, M.S.
Associate Therapist, Master's Level – Lead

Born and raised in Fort Wayne, Indiana, Mallory Mikel began abusing substances during adolescence, encountering early the hardships that often accompany addiction. In her early twenties, she faced significant consequences including an overdose and multiple arrests. Her final arrest became a turning point that forced her to confront the direction of her life.

During her time in custody, Mallory began developing a relationship with God. Through His grace, she shifted her focus toward healing, accountability, and transformation. Determined to rebuild her life and help others who carried similar wounds, Mallory pursued formal training in behavioral health. She earned a master's degree in addiction counseling from Grand Canyon University, combining academic preparation with the wisdom of lived experience. Mallory began her career as an Intervention Specialist, walking closely with clients during some of the most vulnerable moments of recovery. She later advanced into roles including Group Facilitator and Program Supervisor, steadily strengthening both her clinical skill and leadership capacity. In 2024, Mallory followed God's leading to move from Fort Wayne to Prescott, Arizona, where she joined Holdfast Recovery as a therapist. She quickly became a cornerstone of the clinical team.

Mallory brings an extraordinary presence to our organization. She is calm, grounded, and deeply regulated. Her stability creates safety for both staff and clients. She speaks truth without harm, stands conviction without aggression, and challenges others in a way that encourages growth rather than shame. Her insight into developmental trauma, shock trauma, attachment wounds, and their relationship to addiction continues to deepen. Clients consistently express how safe, supported, and understood they feel in her care. Mallory is a rare combination of humility, strength, and clinical excellence. She is, without question, a profound gift to Holdfast Recovery and to every individual privileged to work alongside her.

Libby Smith, Ed.D., Ph.D.
Senior Clinical Advisor Emeritus

Libby Smith, affectionately known as "Dr. Libby," is a Christian educator, counselor, business owner, and Equine Assisted Therapeutic Practitioner whose life has been defined by compassion, service, and a deep commitment to healing. She held multiple master's degrees, including one in Addictions Counseling from Grand Canyon University, and earned both an Ed.D. and a Ph.D. Over more than twenty-five years of teaching in colleges and universities, and more than twelve years in behavioral health and substance use recovery, Dr. Libby became known as a gifted educator, wise clinician, and steady, nurturing presence.

Dr. Libby also cared for eighteen rescue animals, reflecting the depth of her compassion and her belief that all living beings deserve dignity and protection. Though she later relocated out of state for family reasons, her influence remains deeply woven into the culture of Holdfast Recovery and AnchorPoint. She left behind an enduring spirit of light, kindness, acceptance, and affirmation.

Her presence brought peace. Her words brought comfort. Her ability to recognize pain while offering hope shaped countless lives. The tone she established—gentleness, courage, humility, and grace—continues to guide our staff and mission. We are forever grateful for the time we shared with her, the love she gave, and the legacy she entrusted to this community.

Lance Haney
Director of Clinical Outreach

Lance Haney began using heroin at the age of twelve, a decision that launched him into years of addiction, trauma, gang involvement, and repeated cycles of treatment and relapse. He entered nine different treatment centers, each time returning to the same pain that kept him trapped. When Lance reached yet another point of

desperation and sought help again, every door closed—except one. Holdfast Recovery was the only program willing to take him in. That open door became the doorway to an entirely new life. When Lance first entered treatment, he was determined to challenge and disprove the faith component of the program. Instead, he encountered grace and truth that ultimately led him to accept Jesus Christ as his Savior. That moment marked a turning point that reshaped his identity, direction, and purpose.

From the ashes of his past emerged a man of conviction and calling. Since graduating from the program, Lance has become one of the most dynamic and influential leaders within Holdfast Recovery and AnchorPoint. He brings an exceptional combination of business acumen, relational intuition, and emotional intelligence. Lance has a rare ability to read the heart of another person within moments of meeting them. His instincts for connection are remarkable, especially during the first terrified phone call when someone is deciding whether to ask for help. For many clients, Lance is the turning point—the first voice they hear, the first sense of safety they feel, and the reason they choose life instead of despair. He knows how to calm fear, speak truth, and create enough trust for someone to take that courageous first step into recovery.

Holdfast Recovery and AnchorPoint would not be what they are today without Lance Haney. His dedication, insight, and heart for the broken have helped place this mission firmly on the map. He is not simply part of our organization—he is one of the primary reasons it continues to reach and save lives.

Ezequiel "Zeek" Terraza
Treatment Service Navigator

Ezequiel "Zeek" Terraza serves at the front line of hope, courage, and new beginnings as our Treatment Service Navigator. Since joining the organization in March 2025, Zeek has played a vital role in helping individuals and families find the right level of care at the moment they are most vulnerable. His work requires clinical discernment, emotional steadiness, and deep compassion. Often, Zeek is the first human connection someone experiences when reaching out for help.

Zeek believes that lasting healing begins by understanding the deeper issues that prevent people from living healthy and meaningful lives. His philosophy is shaped not only by professional training but by lived experience. Having walked through his own struggles with substance use—including emergency room visits and multiple treatment attempts—he brings authenticity, credibility, and genuine empathy to every conversation. He meets people without judgment and speaks with clarity and warmth, helping them move from fear into possibility. Zeek's role is demanding,

emotionally heavy, and absolutely essential. He stands at the gateway of recovery, helping individuals take the first brave step toward change.

We are profoundly grateful for Zeek's dedication, resilience, and heart. The men and families we serve are better off because he is the one helping them begin their journey.

Kayleigh Rizzotto, RN
Director of Nursing

Kayleigh Rizzotto moved from England to the United States at sixteen years old, already knowing she wanted to dedicate her life to caring for others. She entered the healthcare field at eighteen and became a registered nurse in 2012. Throughout her career, Kayleigh worked with individuals struggling with addiction in both hospital and clinical settings. For many years, addiction had not directly touched her own family—until her husband developed alcoholism. The years that followed were difficult and painful, marked by struggle but also by moments of hope that reminded her of who he truly was. Eventually, her husband entered treatment at Holdfast Recovery, a turning point that brought healing not only to him, but to their entire family.

Witnessing that transformation deepened Kayleigh's sense of calling. Today, she serves as Director of Nursing for AnchorPoint and Holdfast Recovery and considers it a profound privilege to be part of this mission. She brings excellence, attentiveness, and compassion into every interaction. Her clinical skill, calm presence, and unwavering professionalism elevate the standard of care throughout the program. Kayleigh is meticulous, dependable, and deeply committed to the wellbeing of each client. The men we serve—and their families—benefit daily from the quality of care she provides. It is an honor to serve alongside her.

Chelsea Radcliff
Case Manager and Utilization Review Officer

Chelsea Radcliff was born and raised in Columbia, Maryland, in a deeply spiritual household. Despite this foundation, her early life was marked by bullying, insecurity, and the onset of depression and anxiety beginning in childhood. By nineteen, these unhealed wounds led to severe substance use, followed by nearly a decade of inpatient treatment, psychiatric care, hospitalizations, and instability. During this time, she endured significant trauma, including arrests, homelessness, multiple overdoses, personal loss, and a life-threatening heart infection. These experiences profoundly shaped her understanding of suffering, resilience, and hope.

In 2020, at her lowest point, Chelsea rediscovered Jesus Christ, leading to a genuine spiritual transformation. Hope was restored, and she committed fully to recovery and faith. In 2021, she entered the behavioral health field as a Behavioral Health Technician and quickly advanced into roles including case management, peer support, group facilitation, utilization review, and client advocacy. Today, she celebrates over five years of sobriety, with a sobriety date of April 4, 2020.
At AnchorPoint, Chelsea contributes across case management, utilization review, family communication, group facilitation, and advocacy. Her clinical intuition and dedication consistently exceed expectations, and she continues to pursue her goal of becoming a substance abuse therapist. Chelsea brings empathy, spiritual depth, and unwavering commitment to her work, offering clients warmth, insight, and steady support. She embodies the heart of recovery and remains a valued presence within the community.

Elliot Shine
Case Manager

Elliot Shine grew up in Bakersfield, California, in a large, blended family. From an early age, he felt drawn toward rebellion and risk. By fifteen, Elliot was using opiates, benzodiazepines, and methamphetamine—a lifestyle that quickly led to repeated arrests, loss, and years of addiction. The death of his first love at nineteen, followed later by the tragic motorcycle death of his brother, intensified his descent into heroin use and multiple overdoses. Elliot's journey included appearances on the television show ***Intervention*** and participation in numerous treatment programs. Each attempt brought him closer to a crossroads: continue the cycle of destruction or surrender his life entirely.

Choosing life, Elliot entered recovery and encountered authentic faith through a men's Bible study called Lowly Ministries at Restoration Church. There, he experienced a profound encounter with God that transformed his heart, direction, and identity. Today, Elliot lives in sustained sobriety and serves with compassion and courage at Holdfast Recovery. His story is one of redemption, resilience, and faith—a testimony to what is possible when surrender replaces striving. Holdfast Recovery is profoundly blessed to have Elliot as part of its mission and family.

Peter Olney
Behavioral Health Technician

Peter Olney has been sober for more than five years. His addiction began at seventeen, when he turned to drugs and alcohol to escape painful realities in his life. For nearly a decade, Peter lived in chaos—focused solely on the next high and surrounding himself

with others who were also using so he would not feel alone. At twenty-seven, he reached a turning point and made the courageous decision to start over. He moved to Arizona and entered a ninety-day inpatient treatment program. After completing that program, he continued treatment at Holdfast Recovery for an additional six months.

What began as a desire simply to stop using slowly transformed into a sincere longing to live sober and build a life rooted in meaning and purpose. As Peter's sobriety deepened, he experienced growth physically, emotionally, and spiritually. His communication improved, relationships healed, and his faith became an active guiding force in his daily life. Today, Peter considers it a blessing to work in the same environment that helped save his life. He brings unique gifts to the team—remarkable intelligence, emotional depth, and a focused intensity that is grounded in humility rather than ego. He listens carefully, speaks thoughtfully, and engages others with genuine compassion.

Clients feel seen and understood by Peter. His presence reflects authenticity, insight, and care. We are grateful for the man he has become and the impact he makes in the lives of the men we serve.

Christopher Lynn
Behavioral Health Technician

Christopher Lynn is a man deeply in love with Jesus Christ. He does not consider himself extraordinary—only someone rescued by an extraordinary Savior. For more than a decade, Christopher lived trapped in cycles of heavy drug and alcohol addiction, pornography, and severe mental health struggles. Life felt hopeless, and he could see no way out. In God's mercy, that darkness became the place of divine intervention. Christopher was led from Tampa Bay, Florida, to Prescott, Arizona, and through the doors of Holdfast Recovery.

His three months in treatment were nothing short of miraculous. During that time, he learned what it truly means to surrender everything to Jesus—not only the visible struggles, but his entire life. He discovered a joy-filled sobriety he had never known before—the kind that comes when Christ Himself does the carrying.

Jesus took him from death to life.
From suicidal despair to belly-laugh joy.
From self-absorption to Christ-centered compassion.
From anger toward God to proclaiming His goodness without shame.

Christopher often says he is nothing special—and that is precisely the point. God did not improve the old version of him; He made him entirely new. Today, Christopher brings extraordinary passion, warmth, and sincerity to our team. His positive spirit, deep faith, and genuine care for others are unmistakable. Christ is King. He receives all the glory. And nothing excites Christopher more than the possibility that others might meet Him too.

John "Jack" Collins
Behavioral Health Technician

John "Jack" Collins grew up in Tucson, Arizona, carrying a deep sense of insecurity and feeling different from an early age. After his parents' divorce when he was six, his inner world began to unravel. By third grade, Jack had been diagnosed with ADD and chronic depression. As he entered junior high, he discovered marijuana and alcohol and felt immediate relief from emotions that had overwhelmed him for years.

In high school, while struggling with suicidal ideation, Jack was exposed to prescription opioids following an injury and later received a diagnosis of Bipolar II disorder. By his senior year, substance use had become habitual as he tried desperately to quiet the storm within. After high school, Jack entered the welding industry, where his addiction intensified. At twenty-one years old, exhausted and desperate, he made the courageous decision to seek help.

On September 28, 2024, Jack entered treatment in Prescott, Arizona. During his sixty-day stay, he experienced a profound spiritual encounter and accepted Jesus Christ into his heart. Through faith, service, and active participation in Alcoholics Anonymous, Jack discovered his true calling—to walk alongside others in recovery and help them find both sobriety and spiritual grounding. Jack has remained sober since that turning point. He now lives in Prescott and plans to pursue formal education in counseling and substance abuse psychology. His life reflects God's faithfulness in the midst of brokenness—a journey from despair to purpose and from addiction to freedom.

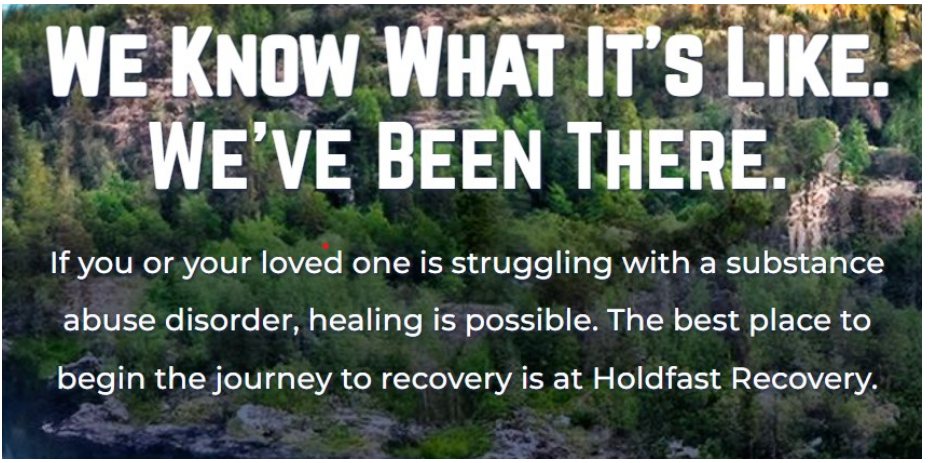
Steven Butler
Behavioral Health Technician

Steven Butler's life has been shaped by deep trauma, loss, and profound misunderstanding. From an early age, he learned to believe that the world was unsafe and that he did not matter. As a child, Steven endured experiences no child should face. Those wounds formed the beliefs that later guided his behavior, emotions, and survival strategies. Feeling unseen, unprotected, and unloved, he spent many years battling addiction, anger, and instincts rooted in survival rather than trust. These

struggles eventually led to long periods within the prison system—not because Steven lacked goodness, but because no one had ever helped him understand his pain.

When Steven entered treatment, he carried decades of unspoken shame and confusion. Through the NeuroFaith® model, he learned for the first time that his struggles were not character defects but predictable injuries of early trauma. As he learned to regulate his nervous system, understand his autonomic responses, and rewrite false narratives imprinted by pain, true healing began. Steven chose not to be destroyed by his suffering. He chose to redeem it. Today, he is a deeply respected member of our team. He brings empathy that cannot be taught, presence that grounds others, and insight that reaches beyond technique and speaks directly to the heart. Steven stands as living proof that trauma does not get the final word—and that redemption is real.

We are profoundly grateful for his life, his courage, and the healing he brings to others.



As you can see, dear friend, many of us on this staff have walked through deep wounds of our own. It is because of those wounds, and because of the transformative power of faith and neuroscience, that we are able to serve with the depth, empathy, and effectiveness that we do. We say this with humility, and at the same time with confidence, because we know firsthand what healing looks like. We know that restoration is possible

.

If you are hurting, if you are carrying pain, or if someone you love is struggling, please do not hold it alone. Reach out. Whether it is to us or to another reputable faith-

based and evidence-based treatment center, take that step. Hope begins with that first act of courage.

If you would like to speak with us, reach out to our incredible intake team, Lance or Zeke, at the following number:

Phone: (800) 680-7738

About the Authors

Jeffrey E. Hansen, Ph.D. is a clinical psychologist specializing in addiction and trauma, with degrees from the University of California, Berkeley and the University of Arkansas. He brings over four decades of clinical experience, including service as an active-duty psychologist in the U.S. Army and later with the Defense Health Agency. He previously served as Clinical Director of Holdfast Recovery and AnchorPoint, faith-centered treatment programs for addiction and trauma recovery.

Dr. Hansen is the founder of NeuroFaith®, an integrative model combining neuroscience, trauma-informed care, and Christian spirituality. He now focuses on writing, training, and consulting with organizations and providers nationwide to advance the NeuroFaith® approach. He is the author of nine books and is active in national conversations on protecting children and adolescents from overly reductive and prematurely medicalized approaches to care.

He lives in Arizona with his wife, their three dogs, stays closely connected with his children and granddaughter, and enjoys time on the open road riding his BMW R1250RS.

Earl Heverly is a retired pastor who served for 46 years in Northern California as an associate pastor, senior pastor, and Bible college instructor. He holds a bachelor's degree in Sociology from the University of Illinois, a Biblical Studies Degree from the Berean School of the Bible, and Ordination Ministerial Credentials through the Assemblies of God USA. Throughout his ministry, Earl has remained deeply committed to Scripture-centered teaching and pastoral care. He is also a co-author of five *NeuroFaith®* related books.

Tim Hayden is a corporate leader, entrepreneur, and consultant based in Prescott, Arizona. He is the Co-Founder of Holdfast Recovery, AnchorPoint, and Anchor Behavioral Health, all dedicated to helping individuals overcome addication and mental health challenges through a faith-centered, neuroscience-based model. Tim's personal faith drives his mission to strengthen spiritual, physical, and emotional resilience. With over 20 years of leadership experience at major tech firms and healthcare, he brings a unique blend of business excellence and compassion to the behavioral health field. Tim is also a co-author of *NeuroFaith®: The Intersection of Faith and Science in the Healing of Trauma and Addiction* and holds degrees in Management, Marketing, and Communication from Mount Vernon Nazarene University.