



Copyright © Jeffrey E. Hansen, PH.D., Pastor Earl Heverly, and
Tim Hayden 2025
All Rights Reserved

Contents

Endorsements for NeuroFaith® *The Intersection of Science and Faith in the Healing of Trauma and Addiction*.....Error! Bookmark not defined.

Why We Write *A Call To Healing: Where Faith Meets Science* 16

Introduction 17

Part 1: The Backdrop 30

 Addiction by the Numbers 31

 Beyond the Label *How Defining Addiction Unlocks True Healing* 35

 Inside The Addicted Mind *The Neuroscience of Addiction*.....45

 The Grip of Addiction *A Closer Look at Substances and Behaviors* 72

Part II: What’s Driving The Collapse? 98

 What’s Driving the Collapse? *Understanding the Deeper Causes of Brokenness and Addiction*..... 99

 Cause One *Disconnection and the Descent into Despair and Addiction* 101

 Cause Two Hijacked Minds *How Pornography is Rewiring the Brain* 135

 Cause Three Trauma *The Hidden Epicenter of Despair and Addiction*..... 145

Part III:The NeuroFaith® Framework for Healing 172

 The Four Pillars of Healing *A Restorative Pathway for Adult Depression and Anxiety*.....173

 Pillar One: *Polyvagal-Informed Therapy* 178

 Pillar Two: *HeartMath®* 193

 Pillar Three *Internal Family Systems (IFS)* 207

 Pillar Four *Spirituality and Faith Transformational Healing Through Faith, Neuroscience, and the Rewriting of the Soul* 221

 The Honorary Pillar *Movement as Medicine*..... 232

The Eye of the Storm *From Shame and Soul Murder to Soul Rebirth*.....239

Anchored In Hope *The 12 Steps As A Foundation For Healing* 251

Conclusion *A Journey Of Hope And Healing*..... 294

References 297

Addendum *The Heart of Holdfast and AnchorPoint - Our Mission & Team*.....319

About the Authors.....346

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 Spirituality 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.

In Appreciation

With heartfelt gratitude to Pastor Earl Heverly, who has been a steady spiritual guide through my (Jeff) life's journey. His wisdom and gentle presence have profoundly shaped this book. More than that, his guidance is woven into the fabric of who I am. Without him, neither this work nor my own growth would have been possible. Pastor Earl has been a source of strength and grace, and sometimes correction, when I've needed it most, and for that, I am eternally thankful.

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

NO MEDICAL ADVICE IS GIVEN NOR PROVIDED IN THIS BOOK. SUCH INFORMATION, WHICH MAY BE MEDICAL IN NATURE, IS INFORMATION ONLY FOR THE USE OF LICENSED AND EXPERIENCED MEDICAL PRACTITIONERS. A READER INTERESTED IN MEDICAL ADVICE OR MEDICAL TREATMENT SHOULD CONSULT A MEDICAL PRACTITIONER WITH AN APPROPRIATE SPECIALTY WHO IS PROPERLY LICENSED IN THE READER'S JURISDICTION.

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

1579 W Gurley St
Prescott, AZ 86305
2025 Jeffrey E. Hansen

Copyright © Jeffrey E. Hansen, PH.D., Pastor Earl Heverly, and Tim Hayden

2025

No part of this book may be reproduced, stored in a retrieval system, or transmitted in any form or by any means—electronic, mechanical, photocopy, recording, or otherwise—without the prior written permission of the publisher, except for brief quotations in critical reviews or articles.

Scripture quotations, unless otherwise noted, are taken from the Holy Bible, New International Version®, NIV®. Copyright © 1973, 1978, 1984, 2011 by Biblica, Inc.™ Used by permission under Biblica's open license, which allows limited quotations without individual request. All rights reserved worldwide.

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

Addiction is a thief. It steals lives, dreams, and futures, leaving destruction in its wake. It's not just a habit or a moral failing; it is a force so consuming that it rewires the brain, distorts reality, and erodes a person's very sense of self. The struggle to escape its grip often feels like fighting an invisible enemy, one that hides in the crevices of the mind and haunts the soul.

Behind every story of addiction lies unimaginable pain: broken families, lost potential, and the weight of shame that crushes even the most hopeful spirit. Addiction thrives in the shadows of trauma, feeding off

emotional wounds that have never fully healed. It traps its victims in a vicious cycle of dependence, where the fleeting moments of relief are overshadowed by deeper and darker lows. The horrors of addiction reach beyond the physical, into the very core of a person's identity, numbing them to the world around them and, worse, to themselves.

Yet, within this seemingly hopeless landscape, there is a spark of light—a chance for recovery, renewal, and restoration. It is here, at the intersection of science and faith, that a path to healing emerges. As Scripture reminds us: *"The Lord is near to the brokenhearted and saves the crushed in spirit"* (Psalm 34:18, ESV). This book introduces you to a new approach: NeuroFaith®, where the cutting-edge revelations of neuroscience meet the timeless power of faith.

The Horrors of Addiction: Rewiring the Brain, Stealing the Soul

Addiction is not a simple choice; it is the product of profound changes in the brain. When addiction takes hold, it hijacks the brain's reward system, creating powerful neural pathways that prioritize the pursuit of substances or behaviors over everything else, love, family, work, even survival. The brain, once finely tuned to balance pleasure and self-preservation, becomes enslaved to the cycle of craving and compulsion. In the face of addiction, a person loses control of their decisions. It's no longer just a matter of "willpower"; the brain is no longer working the way it should; the capacity for healthy choices has been hijacked.

But the roots of addiction go even deeper. Beneath the surface of the addiction lies trauma. Trauma etches into the brain, shaping it in ways that make a person more susceptible to the pull of addiction. Whether it's childhood abuse, neglect, or emotional pain, these unresolved wounds leave scars in the brain's circuitry, making it harder to regulate stress and emotions. Addiction often becomes a coping mechanism, an attempt to numb the pain that never quite fades. This is why addiction

is so powerful, it is not just a battle against a substance or behavior but against the unhealed traumas that fuel it.

The horrors of addiction can seem endless: the sense of isolation, the shame that silences those who suffer, the broken promises to loved ones, and the gnawing fear that recovery is out of reach. In this darkness, hope can feel like a distant dream.

The Power of Faith: A Light in the Darkness

But even in the deepest despair, faith has the power to ignite hope. *“The light shines in the darkness, and the darkness has not overcome it”* (John 1:5, NIV). For centuries, faith has offered solace, strength, and healing to those in the throes of addiction. It provides a source of meaning and purpose when everything else feels lost. Faith speaks to the part of us that yearns for connection, redemption, and wholeness—things that addiction steals away and ultimately delivers us from these forces that control us.

What science is now discovering is that faith doesn’t just offer psychological comfort, it can physically change the brain. Prayer, meditation, and belief in something greater than oneself activate the brain in ways that can promote healing. Studies show that people who embrace spirituality in recovery have better outcomes, they relapse less often, they build stronger social connections, and they find a deeper and more fulfilling sense of purpose.

Faith offers what addiction seeks to destroy: a sense of identity, of belonging, of being loved and valued despite one’s struggles. *“For we are God’s masterpiece. He has created us anew in Christ Jesus, so we can do the good things he planned for us long ago”* (Ephesians 2:10, NLT). Faith gives people the strength to confront their trauma, forgive themselves, believe that change is possible, and experience that change for themselves.

NeuroFaith®: The Intersection of Science and Healing

This is where the concept of NeuroFaith® comes into play—a powerful fusion of neuroscience and faith. It bridges the gap between science and spirituality, showing how the brain can be restored, and how faith can aid in this process. The brain, though deeply affected by addiction, is capable of change—this is the promise of neuroplasticity, the brain’s remarkable ability to rewire itself. With the right interventions, the brain can heal from the damage of addiction. It can form new pathways, create new habits, and break the cycles of craving and dependency.

Faith plays a crucial role in this transformation. When we pray, meditate, or embrace a spiritual practice, we strengthen the very parts of the brain involved in self-control, resilience, and emotional regulation. Faith works as a partner to science, helping the brain to heal, rebuild, and resist the pull of addiction. This isn’t a vague promise or wishful thinking—it’s grounded in science. Brain scans show that people who engage in regular spiritual practices experience growth in areas of the brain that combat anxiety, depression, and addictive behaviors.

Together, neuroscience and faith form a holistic approach to recovery, one that addresses the brain, the heart, and the soul. NeuroFaith® is not about choosing between science or faith; it is about embracing both, understanding that healing comes from integrating the two through the indwelling presence and wisdom of God.

Trauma, Addiction, and the Journey to Restoration

Trauma sets the stage for addiction, and healing from addiction requires confronting that trauma. But this is where many recovery programs fall short, by treating the symptoms of addiction without addressing the root causes. NeuroFaith® takes a different approach. It recognizes that true healing requires a deeper understanding of the brain’s response to trauma, and how faith can help heal the wounds that science alone cannot reach.

In this book, we will explore how trauma rewires the brain, how addiction takes hold, and how faith and science together can break these chains. We will hear the stories of people who have walked this path, those who have been broken by addiction yet found healing through the powerful combination of neuroscience and spiritual transformation.

You will learn how trauma shapes behavior, how addiction alters the brain's chemistry, and how recovery is possible—through both scientific intervention and spiritual renewal. You will come to understand that addiction is not a life sentence. *“He heals the brokenhearted and binds up their wounds”* (Psalm 147:3, NIV). The brain can be restored, the soul can be renewed, and lives devastated by addiction can be rebuilt with the help of both science and faith.

This is a journey not just of recovery but of restoration—of becoming whole again and even more, becoming who each person was created to be. NeuroFaith® offers a new way forward, a new way to understand addiction, and a new path to healing. Whether you are someone battling addiction, a loved one seeking hope, or a clinician looking for deeper insights, this book will guide you through the horrors of addiction and the promise of transformation through the fusion of brain science and faith.

Our Book's Roadmap to Recovery

As we transition into the core of this book, it's important to set a clear path for what lies ahead. Addiction, as we've discussed, is a powerful force, one that consumes the mind, body, and soul. To understand the full scope of addiction and its treatment, we must explore it from multiple angles: the science that explains its mechanics, the stories that reveal its devastation, and the hope that comes from faith and healing.

In the coming chapters, we will dive deeper into this multifaceted issue, starting with a clear understanding of addiction's scale and impact.

Numbers alone can be startling, but they help us grasp the magnitude of the problem we face. From there, we'll break down the definitions of addiction—not just as a diagnosis, but as a concept that can unlock paths to true healing.

We will then venture into groundbreaking territory with epigenetics, exploring how our environments and experiences shape our genes and contribute to addiction susceptibility. Early attachment theory will also guide us, revealing how the bonds we form as children can set the stage for addiction or resilience.

As we move forward, we'll take a close look at how addiction takes hold, from that first taste or experience to the tight grip it eventually secures on a person's life. We will examine the substances and behaviors that most often pull people into addiction, along with a deep dive into the neuroscience behind this process. This is where we'll explore the brain's plasticity and how addiction rewires its functions, making recovery feel daunting—but not impossible.

Following that, we will explore various therapeutic pathways that offer healing and peace. These include cutting-edge approaches like **Polyvagal-Informed Therapy**, which helps regulate the nervous system and foster safety in the body; **HeartMath®**, a technique that blends emotional self-regulation with heart-brain coherence to enhance resilience; and **Internal Family Systems (IFS)**, a groundbreaking model that helps individuals heal by addressing the different “parts” within themselves that hold trauma and pain. Together, these therapies create a holistic framework for recovery that integrates mind, body, and soul.

We will also explore Johann Hari's model for connected living, a refreshing take on what recovery can look like when we address disconnection at its core. Additionally, the 12-step program serves as a foundational tool, anchoring individuals in hope during the recovery process.

But recovery isn't without its challenges. We'll explore the complexities surrounding medication in treatment, questioning whether we place too much trust in pharmaceuticals and considering alternative approaches.

By the time we reach the conclusion, we will have charted a journey of hope and healing—one that combines the best of science, faith, and community. The road ahead may seem long, but it is one paved with opportunities for renewal, growth, and restoration.

So, as we proceed, know that each chapter builds upon the last. Together, they form a roadmap toward understanding addiction and, more importantly, toward reclaiming lives from its grip.

Welcome to NeuroFaith®:

A new path of hope, healing, and restoration!

PART 1

THE
BACKDROP

Revealing the Scale and Impact

– James A. Garfield



31

much as the global fight against AIDS and twice as much as cancer. In the U.S., approximately 10% of the nation's healthcare budget is funneled into the prevention, diagnosis, and treatment of substance abuse disorders. However, despite these massive investments, the prospects for recovery remain tragically stagnant. In fact, recovery success rates today are no better than they were 50 years ago with traditional treatment methods (Grisel, 2019). Astonishingly, an individual battling addiction has a better chance of surviving brain cancer than achieving long-term recovery from addiction (Grisel, 2019).

The broader implications of substance abuse in the U.S. are just as alarming. Currently, 16% of Americans aged 12 and older meet the clinical criteria for a substance use disorder, a number that represents millions of individuals and families trapped in the grip of addiction. The toll on public health is devastating, with excessive drug use accounting for a quarter of all deaths in the country. Globally, every single day, 10,000 lives are lost to substance abuse, a figure that underscores the merciless reach of addiction (Grisel, 2019).

These statistics paint a grim picture of a national catastrophe that shows no signs of slowing down. The opioid crisis is a relentless epidemic, claiming lives at an accelerating pace and leaving behind shattered families and broken communities. Every number represents a person—a life cut short, a family left in grief. The time for change isn't in some distant future; it's right now. If we continue on this path without radically rethinking our approach to addiction and its treatment, the death toll will continue to climb, and society will be left to pick up the pieces, one life at a time. This isn't just a public health emergency; it's a staggering failure of the systems meant to protect, heal, and restore. How much longer can we afford to let this crisis spiral

out of control? The time for action is now—before more lives are irreparably lost.

In an outstanding presentation, Dr. Kevin McCauley (2023) describes the terrors of the opioid crisis, noting that this epidemic in the United States has reached catastrophic proportions, with overdose deaths climbing at an alarming rate. In 2019, there were 70,630 drug overdose deaths, of which 70.6% (49,860) were opioid-related (Hedegaard, Miniño, Spencer, & Warner, 2020). The situation worsened dramatically in 2020, with 91,799 drug overdose deaths, and a staggering 74.8% (68,630) of those deaths involving opioids (Hedegaard, Miniño, Spencer, & Warner, 2021). By 2021, the crisis reached its highest point yet, with 106,699 overdose deaths—75.4% (80,411) linked to opioids (Hedegaard, Miniño, Spencer, & Warner, 2022).

The daily toll of this epidemic is staggering. In 2021, the United States lost 292 people per day to drug overdoses, equating to one death every five minutes. Of these, 220 deaths per day were opioid-related—meaning one person died every seven minutes from opioid overdose (Hedegaard et al., 2022). Since 1999, over one million lives have been lost to drug overdoses, with more than 644,000 of these deaths attributed to opioids (Hedegaard et al., 2022).

What makes these numbers even more shocking is the rapid escalation of the crisis. Between 2020 and 2021, the age-adjusted mortality rate for drug overdoses increased by a staggering 31.4%, reaching 32.4 deaths per 100,000 people (Hedegaard et al., 2022). The continuous rise in opioid-related deaths demonstrates the crisis's relentless grip on the nation, despite widespread awareness and intervention efforts.

Addiction today is Epidemic and Catastrophic

- In the US, **16%** of the population 12 and older meet criteria for a substance abuse disorder.
- A **quarter of all deaths** in the US is due to excessive drug use.
- Each day, **10,000 people around the globe die** as a result of substance abuse.
- Substance abuse costs **5X** as much as AIDS and **2X** as much as cancer.
- In the US, about **10% of all health-care dollars** go to substance abuse prevention, diagnosis and treatment.
- Despite all of this, successful recovery is no more likely than **50 years ago** with conventional treatments.
- An addicted person has about twice as good a chance from surviving brain cancer.

From: Judith Grisel (2019) *Never Enough: The Neuroscience and Experience of Addiction*.

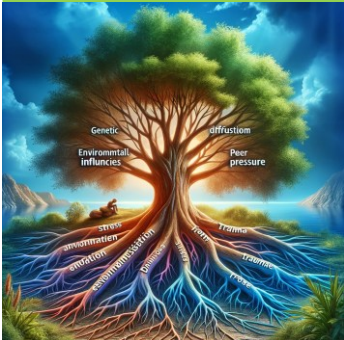


Beyond the Label

How Defining Addiction Unlocks True Healing

Definitions are the foundation of clear thinking; without them, we build on sand."

- Mortimer J. Adler

Roots of the word ADDICTION Adam Slater (2018) <i>Irresistible</i>	 In Rome being “addicted” meant that you had just been sentenced to slavery.
	 If you owed someone money and couldn't repay, a judge would sentence you to work as a slave until you could repay the debt.  Addiction later evolved to describe any bond that was difficult to break.

Imagine for a moment that you're standing at the edge of your life, feeling trapped and alone. You've lost yourself in behaviors you can't seem to control, despite the harm they bring. You tell yourself to stop, you swear this time will be different, but the pull is too strong, and it drags you back again and again. You look in the mirror, and instead of a whole person, you see someone broken, trapped in a cycle you can't escape. This is the reality for so many people struggling with

addiction. It's not just about substances or behaviors—it's about pain, trauma, and a search for meaning.

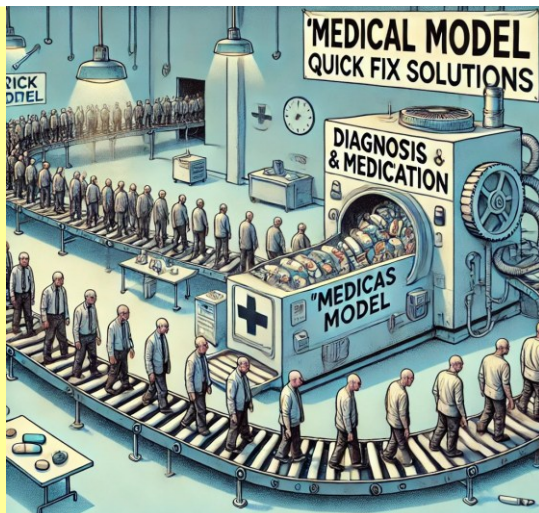
But here's the question that matters: how do we understand this experience? How do we define addiction? Because how we define addiction shapes how we help people. And when we get that definition wrong, we risk offering solutions that don't address the whole person, leaving vital needs unmet.

For years, the **American Society of Addiction Medicine (ASAM)** has defined addiction as a **chronic, relapsing brain disease characterized by compulsive substance use despite harmful consequences**. This medical model emphasizes that addiction affects both the brain and behavior and involves **complex interactions between genetic, environmental, and psychosocial factors**. It frames addiction largely as a disease of the brain, one where individuals are driven by compulsions they cannot control due to altered brain chemistry (ASAM, 2011).

ASAM Medical/Disease Model of Addiction

The ASAM (American Society of Addiction Medicine) disease model of addiction defines addiction as:

- A **chronic, relapsing brain disease**
- Characterized by compulsive substance use despite harmful consequences
- According to ASAM, addiction affects both the brain and behavior, involving complex interactions between genetic, environmental, and psychosocial factors.



This view has shaped a lot of the treatment approaches we see today, which tend to revolve around **diagnosis and medication**—treating the brain’s altered state as the root of the problem. And while this view is valuable in acknowledging the serious impact of addiction on the brain, it leaves out several crucial factors: the person’s emotional, psychological, and spiritual life. It forgets to ask, *Why?* Why is this person struggling with addiction? What pain or trauma are they carrying? What unmet emotional needs are driving them to seek relief, even at great personal cost?

If we reduce addiction to just a medical issue, a brain disease that requires treatment through medication and management of symptoms, we risk missing the complexity of the human being in front of us. The conveyor belt image you may have seen, of patients processed like parts in a machine, funneled through medical interventions, paints a powerful picture of what happens when we limit our understanding of addiction to a purely biological problem. People become cases, symptoms to be fixed. But addiction is never just a physical ailment. It’s tied to the heart, the spirit, and the mind. If we only treat the brain, we’re leaving the rest of the person behind.

Similarly, the **National Institute on Alcohol Abuse and Alcoholism (NIAA)** defines addiction as a **chronic, relapsing disorder characterized by compulsive drug-seeking, continued use despite harmful consequences, and long-lasting changes in the brain**. This definition reinforces the chronic nature of addiction and the powerful grip that compulsive behaviors can have on a person. It acknowledges that addiction rewires the brain, making it difficult for individuals to break free from the cycle of craving and use (NIAA, 2024).

The National Institute on Alcohol Abuse (NIAA) definition of addiction

Addiction is defined as a **chronic, relapsing disorder** characterized by:

1. Compulsive drug seeking
2. Continued use despite harmful consequences
3. Long-lasting changes in the brain.



This model, too, has great value in helping us understand the persistent and relapsing nature of addiction, but it doesn't answer the deeper question: *Why?* Why does a person reach for substances in the first place? Why do they seek relief in ways that ultimately harm them? If we only focus on the compulsive behaviors, we risk missing the emotional wounds, the traumas, and the unmet needs that often drive addiction in the first place. Addiction isn't just about the brain's reward system being hijacked—it's about what a person is running from or trying to cope with.

In fact, research has shown that when addiction is defined as a disease, people often feel relieved initially. Their **anxiety tends to go down** because they feel less personally responsible—after all, it's a disease, something happening *to* them rather than something they can control. However, there's a downside: **outcomes also tend to decline**. When addiction is viewed solely as an external, uncontrollable force, individuals can feel powerless to change their behavior. Their sense of control shifts outward, toward an **external locus of control**, where

recovery is seen as something that depends on factors outside themselves, like medication or external support systems.

On the other hand, when addiction is not defined as a disease, the initial reaction is often different. **Anxiety tends to increase** because individuals may feel more responsible for their actions, which can be overwhelming at first. But this is where hope lies: as anxiety rises, so does **the potential for better outcomes**. Without the disease label, individuals are encouraged to see addiction as something they can learn to manage, something they have **internal control** over. This shift from external to **internal locus of control** fosters personal responsibility and empowerment, helping people see that they are not helpless victims of a disease but rather individuals capable of growth, change, and healing (McGregor, Susanne, 2012).

This is why **Professor Mark Lewis's Learning Model of Addiction** offers such an important shift in perspective in his seminal book, *The Biology of Desire: Why addiction is not a disease*. Lewis defines addiction as a **learned behavior**, not as a chronic brain disease—a result of the brain's ability to adapt and change through repeated experiences. According to this model, addiction is not an irreversible condition but rather a **behavior that can be unlearned**. It happens because the brain, through its neuroplasticity, becomes wired to seek out the rewards and relief that substances and/or behavior provide. Over time, the brain becomes highly sensitive to cues associated with substance use, leading to cravings and compulsive behaviors (Lewis, 2015).

LEARNING MODEL OF ADDICTION

Neuroplasticity and Learning

- Addiction is a result of the brain's capacity to adapt and change based on repeated experiences.
- The brain's reward system becomes highly sensitive to cues related to substance use, resulting in cravings and compulsions.

Learning Model of Addiction

Professor Mark Lewis views addiction as a chronic brain disorder. Lewis's model conceptualizes addiction as a learned behavior influenced by neuroplasticity and personal experiences.

What's so powerful about this model is that it gives us **hope**. If addiction is learned, it can be unlearned. The brain can be rewired toward healthier patterns, and recovery becomes not just a process of managing symptoms but a journey of **retraining the mind**. This model also shifts the focus back to the person's **life experiences**. Addiction, in this view, is not something that happens in a vacuum, it's shaped by personal history, environment, and the emotional struggles a person faces. Lewis's model helps us see that addiction is often a coping mechanism, a way to deal with pain, trauma, or emotional distress.

This understanding forms the core of how addiction is treated. These centers see addiction as a **response to trauma, emotional pain, and a lack of meaningful connections**. Addiction, in this view, is not just about the brain's chemistry; it's about the **heart and soul**. When someone is caught in the cycle of addiction, they are often trying to

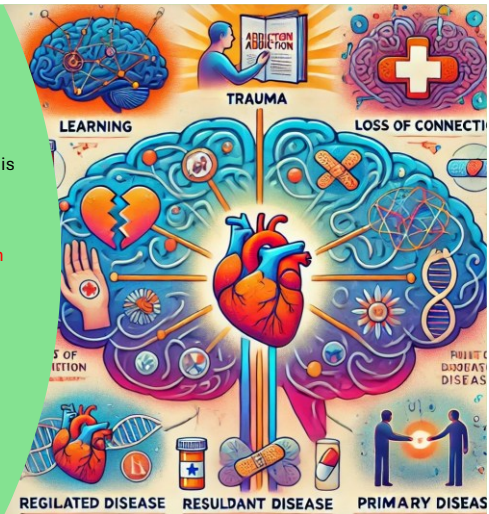
cope with deep-seated emotional wounds, using substances or behaviors as a way to numb the pain or fill the void left by broken relationships or unhealed traumas.

AnchorPoint's Integrated Definition Directs us to the Most Cutting-Edge Treatments

At AnchorPoint and Holdfast Recovery, addiction is primarily understood as a **response to trauma, emotional pain, and a lack of meaningful connections in life.**

As such addiction serves as a **copng mechanism** for individuals dealing with these deep-seated issues and social isolation.

This perspective emphasizes the role of unmet emotional needs and the impact of traumatic experiences in driving addictive behaviors.



This understanding leads to a **holistic approach** to treatment; we ask the questions that matter: “What’s behind this addiction? What pain are you trying to numb? What loss are you grieving? Where do you feel disconnected from yourself and others?” By asking these questions, they get to the **root of the issue**. They understand that addiction is often a symptom of a deeper emotional struggle, a **copng mechanism** for dealing with pain that feels too overwhelming to face alone.

AnchorPoint's Integrated Definition Directs us to the Most Cutting- Edge Treatments, cont.

While we recognize that these forms of psychological and social problems can **lead to a disease state** or problems in the brain, and that certain forms of addiction may exhibit characteristics of a primary disease, these factors are not considered the primary drivers of addiction.

We appreciate that the disease model acknowledges a level of genetic and medical influence, but it is not seen as the deciding or dominant factor in addiction.

Instead, the focus is on addressing **the underlying psychological, social, spiritual, and trauma-related factors** that contribute to the development and persistence of addiction.



Because of this understanding, we hold that treatment is about much more than just managing cravings or detoxing from substances. It's about healing the **whole person**, their body, mind, heart, and spirit. They focus on **trauma-informed care**, which means they recognize how deeply trauma can affect a person's ability to recover. They provide **personalized treatment plans** that consider each person's unique story, their struggles, and their strengths. And they emphasize the importance of **community and connection** because they know that isolation is one of the most painful aspects of addiction—and one of the hardest to overcome alone.

But perhaps the most transformative part of the NeuroFaith® approach is the focus on **spiritual healing**. They understand that addiction is not just a physical or emotional struggle for many people, it's a **spiritual one**. People battling addiction often feel lost, disconnected from themselves, others, and something larger than themselves. That's why NeuroFaith® incorporates **spiritual-based therapy**. Their approach is grounded in Christian values, but they are respectful of all spiritual

beliefs, knowing that the search for meaning and connection is universal. For many, finding that **spiritual peace and wholeness** is key to overcoming addiction and rebuilding a life filled with purpose.

So, why does getting the definition of addiction right matter so much? Because how we define addiction determines how we treat it. If we see addiction only as a brain disease, we will offer solutions that focus on the brain. But if we see addiction as a **complex, human experience**—one that involves pain, trauma, disconnection, and the need for meaning—then our treatment must reflect that understanding. It must be **holistic**, compassionate, and person-centered.

We embrace a holistic view of healing, where every person is seen for who they truly are—not just their addiction. We welcome you into a space filled with compassion, understanding, and unwavering commitment to your journey toward lasting recovery.

Our starting point is Trauma-Informed Care. We understand that many who struggle with addiction have endured trauma, and we make it a priority to ensure that your care is sensitive to these past experiences. We create a safe, nurturing environment where healing begins without the fear of retraumatization.

We also believe that your recovery plan should be as unique as you are. That's why we focus on Personalized Treatment Plans, crafted to fit your specific needs, challenges, and strengths. By tailoring our approach, we make your journey more meaningful and effective.

Our philosophy is Holistic. We don't just focus on the addiction—we address the emotional, relational, and spiritual challenges that often accompany it. By treating the whole person, we aim to help you not

only achieve sobriety but also find a deeper sense of peace, connection, and purpose.

Connection is key. We know that building relationships and fostering a sense of Community can be transformative. You won't be walking this road alone—we create an environment where you can find the support and belonging that are crucial for long-term recovery.

We offer a variety of Therapeutic Modalities to suit your individual needs. Whether you benefit from Cognitive Behavioral Therapy (CBT), Internal Family Systems (IFS), or Polyvagal-Informed Therapy, we make sure you have the tools and resources to heal on all levels—emotionally, mentally, and physically.

Spiritual-Based Therapy is also an essential part of our approach. While we are rooted in Christian values, we warmly welcome individuals of all beliefs. Our goal is to help you find your own sense of purpose and inner peace, whether through faith or another spiritual path.

You are so much more than a patient, you are a person with a unique story. We are here to walk with you every step of the way, providing the compassionate care and support you need to heal, grow, and rediscover yourself.

Addiction is not a life sentence. It's not a label that defines who you are. It's a condition that can be treated, healed, and transformed. But only if we understand it in its full complexity. And that's why getting the definition of addiction right is so incredibly important. Because when we do, we can offer people the kind of help that **truly changes lives.**

Inside The Addicted Mind

The Neuroscience of Addiction

*"For what I want to do I do not do,
but what I hate I do."*

- Romans 7:15

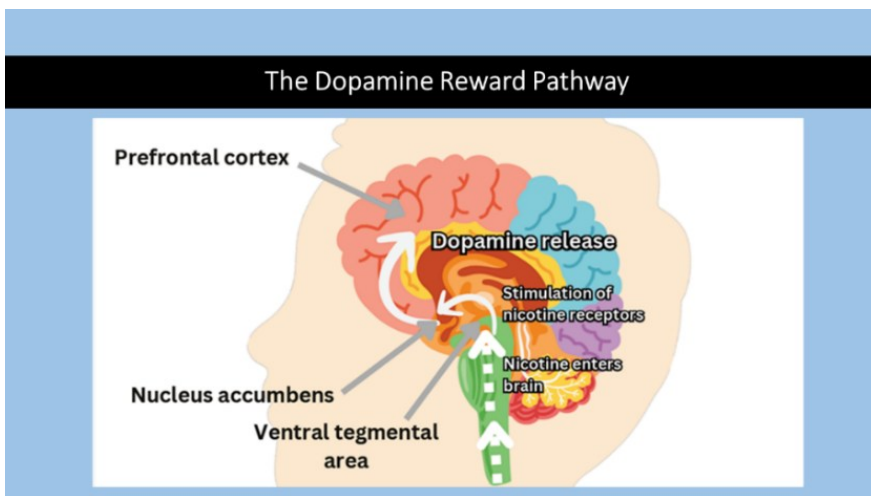


Addiction is a battle between desire and destruction, an inner turmoil where the mind is held captive by the very things it longs to escape. As the Apostle Paul so eloquently expressed in his letter to the Romans, we often find ourselves doing the things we despise, trapped in a cycle we cannot break 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.

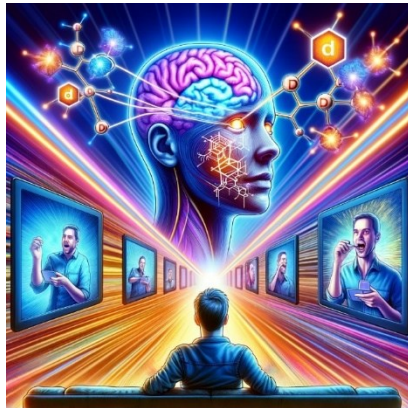
In his book *Glow Kids*, Nicholas Kardaras emphasizes that to understand addiction, we must first understand the brain's reward system. At the heart of this system is dopamine, the neurotransmitter that fuels the addict's pursuit of pleasure. What starts as a seemingly harmless indulgence soon morphs 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 Nils-Ake Hillarp at the National Heart Institute of Sweden. As also noted by psychologist Dr. Susan Weinschenk (2009), **dopamine** is created in various parts of the brain and is critical in several brain functions to include:

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



Inspired to pursue addiction because of dopamine

When an individual performs an action that is satisfying to a need or fulfills a desire, dopamine is released into the nucleus accumbens, a cluster of nerve cells beneath the cerebral hemisphere specifically associated with reward and pleasure. This is also known as the brain’s “**pleasure center**.” Basically, engaging in a pleasure-seeking behavior increases dopamine levels so that the dopamine pathway is activated, which tells the person to repeat what s/he just did to continue that “feel-good” sensation, or as Kardaras calls it, “**the dopamine trickle**.”

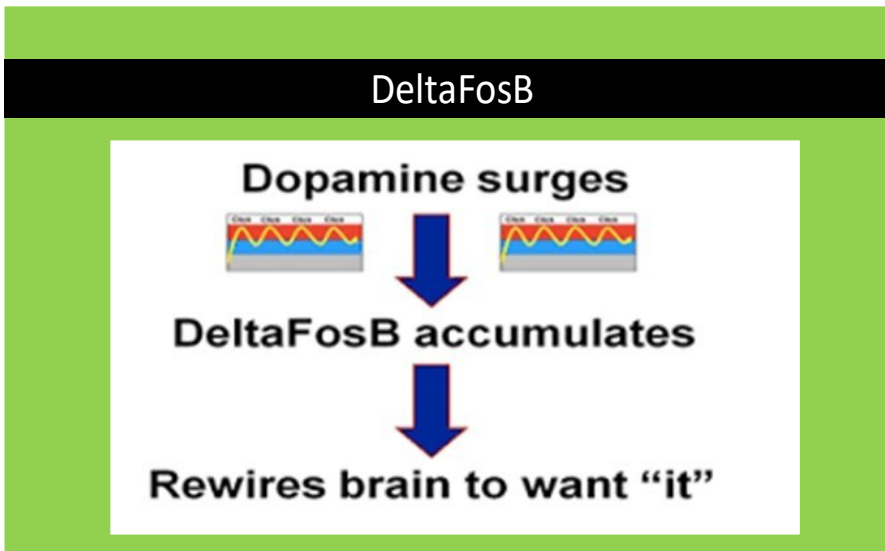
From an evolutionary perspective, this dopamine trickle is an important survival mechanism as it rewards, and, thus, incentivizes essential and important biological and social functions, such as eating, procreation, love, friendship, and novelty seeking. Natural dopaminergic activities, such as eating and sex, usually come after effort and delay and as previously mentioned, serve a survival function. These are called the “**natural rewards**” as contrasted with addictive chemicals/behaviors (which can hijack the same circuitry). In other words, addictive drugs and behaviors, such as gambling and video gaming, actually offer *a short-circuit* to this process, which only ends up flooding the nucleus accumbens with dopamine and does not serve any biological function.

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

Although dopamine has been referred to as the “pleasure molecule,” it is more about seeking and searching for pleasure, rather than pleasure itself. Dopamine is more involved in drive and motivation to seek. The “final reward,” or what we experience as feelings of pleasure, Wilson (2014) writes, involve the release of **endogenous opioids**. You can think of dopamine as “wanting” and opioids as “liking.” As psychologist Dr. Weinschenk explains, dopamine causes us to want, desire, seek out and search. However, the dopamine system is stronger than the opioid system, and 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 kick out **CREB** to slow things down. In essence, **DeltaFosB** acts like the gas pedal, and **CREB** functions as the brakes. It specifically inhibits dopamine and endogenous opioids to take the joy out of the bingeing/addictive behavior or substance so that you can give it a rest (Wilson, 2014). This numbed pleasure response induced by CREB is often identified as **desensitization**, which leads to **tolerance** - the need for increasingly higher doses to achieve the same effect. Tolerance is a key factor in addiction (Wilson, 2014).

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).

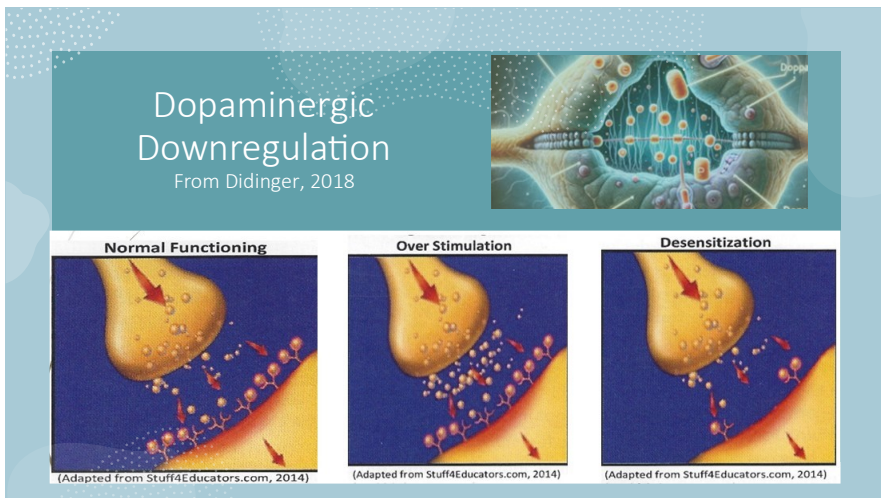
Then, as a “double whammy,” this chronic exposure to addictive behaviors or substances then impacts negatively on the prefrontal cortex, which, among other things, is the brain’s decision-making center, associated with impulse-control or “braking mechanism.” As the prefrontal cortex’s braking mechanism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

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

Sensitization: Dr. Robert Diding, 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 (Diding, 2018). So, at the synapse (the space between neurons that connect via tiny vesicles of dopamine that cross over to fire up the next neuron), there is an increase of dopamine vesicles crossing that synapse. The image below, as noted in Diding (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 Dinding (2018) notes, when high valence stimuli. such as pornography. are encountered, dopamine increases dramatically, which eventually results in overstimulation, something we

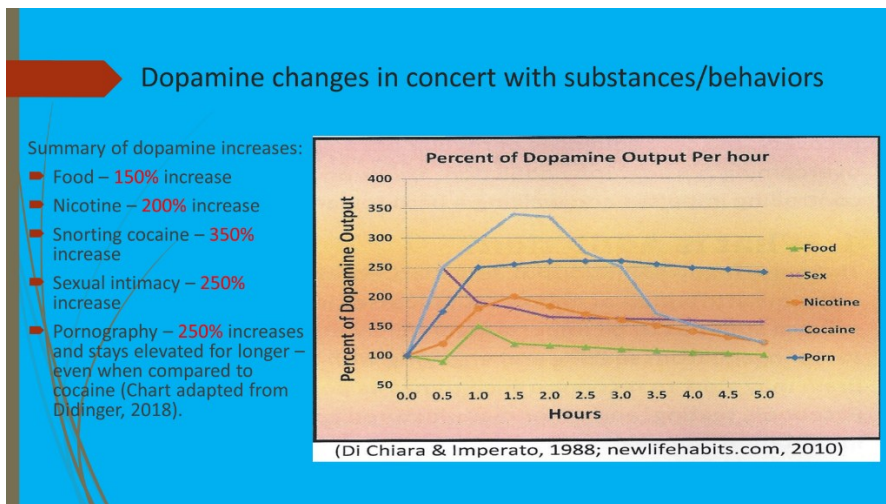
might like, but our brain doesn't. As with most biological processes, our brain will seek a state of homeostasis or normalcy. Didinger adds that our brain effectively retaliates by reducing the amount of receptor sites available to receive the dopaminergic stimulation as can be seen in the graphic below (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 intimacy 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).

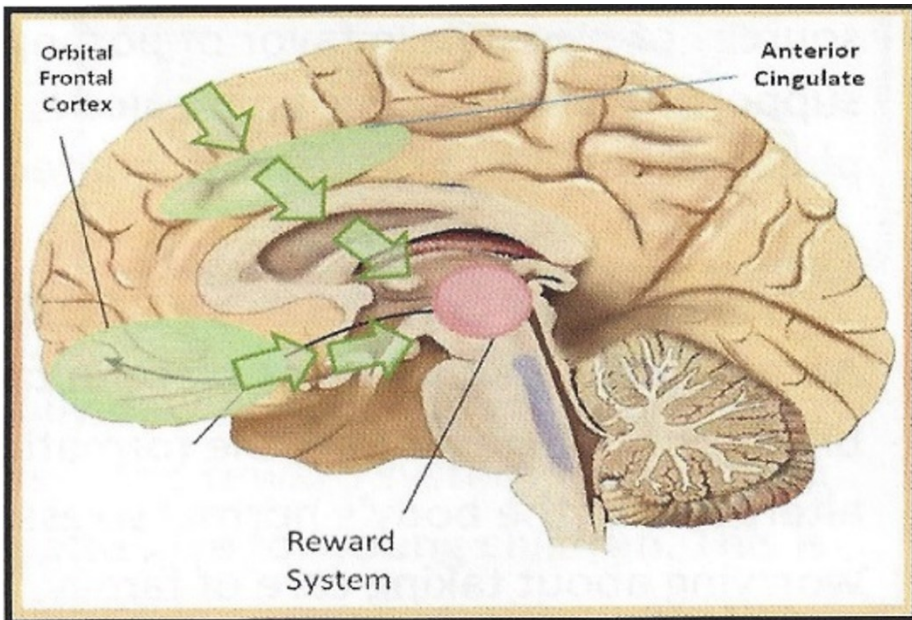
As can be seen in the chart below:



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).

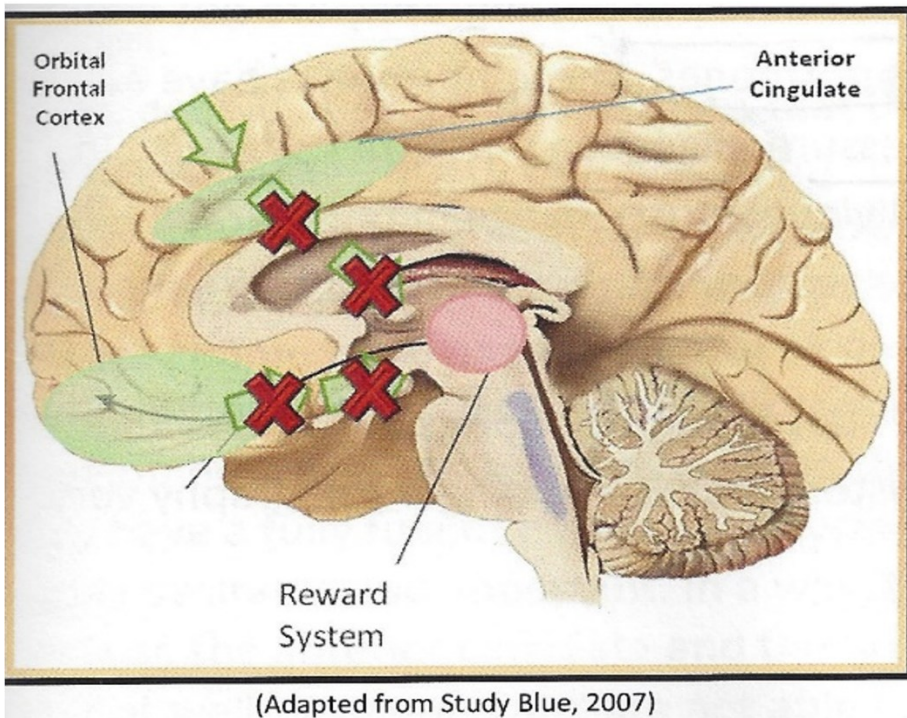
Two areas of the brain, the **anterior cingulate** and the **orbital frontal cortex**, serve as a protective mechanism to counter the reward system's desire for ever-increasing dopamine increase. Specifically, they help us to avoid and/or continue in activities or behaviors that could potentially harm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



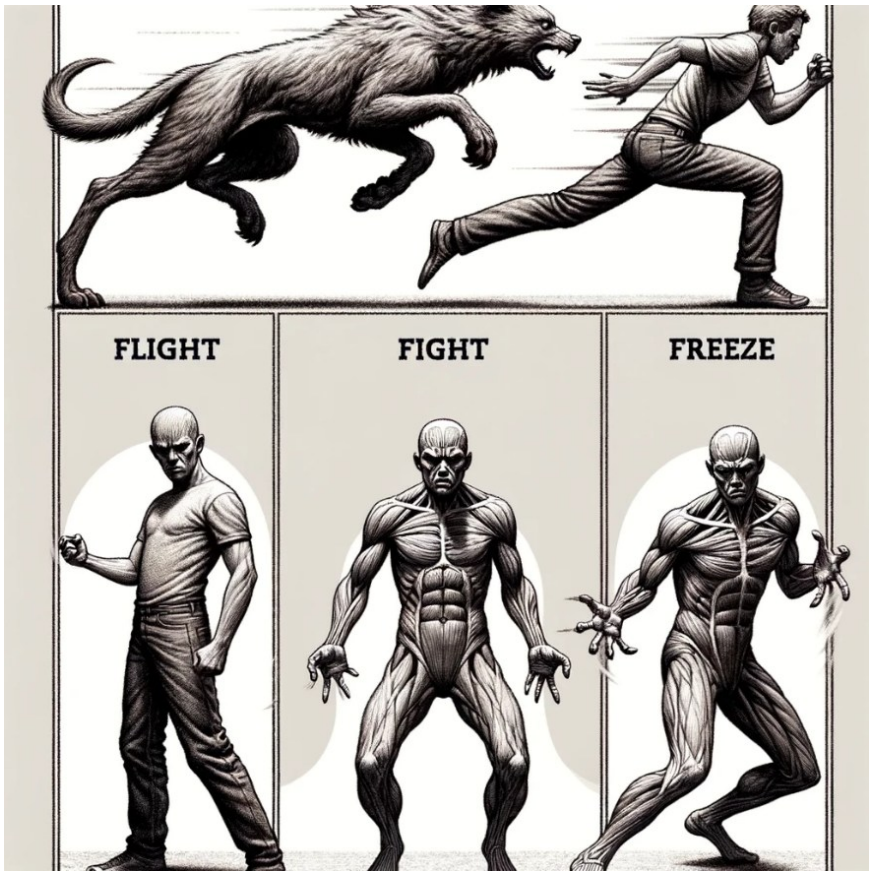
(Adapted from Study Blue, 2007)

The reward system is successfully shut down

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



The reward system fails to shut down

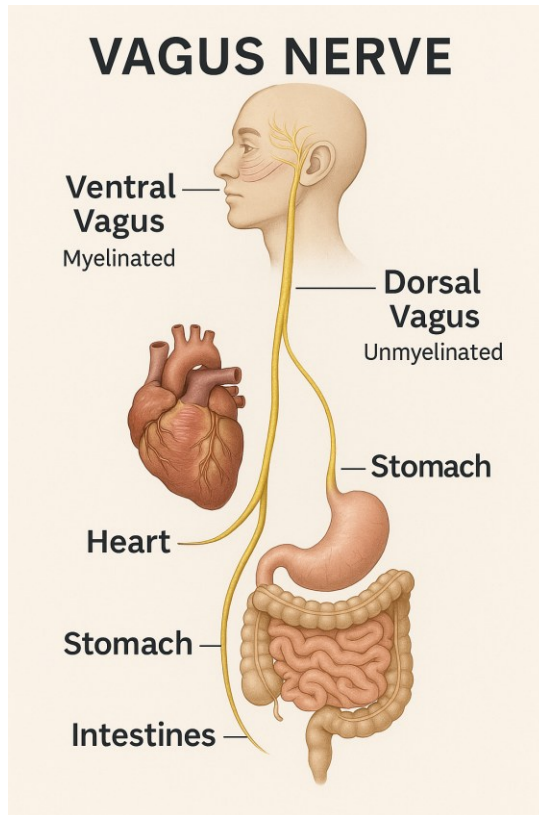


Polyvagal Theory:

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 wastes. Energy from the processed food is used to restore and build tissues (Merck Manual).

Steven Porges discovered that the parasympathetic division of the Autonomic Nervous System consists of two branches that lead to two different responses. The main nerve in the parasympathetic nervous system is the 10th cranial nerve, aka the **vagus nerve**, the largest of the 12 cranial nerves and has huge implications for our well-being and health. The vagus nerve has two very distinct branches: **Dorsal vagal nerve** and the **ventral vagal nerve**.



Dorsal Vagal Nerve: Barta (2018) notes that the most primitive form of defense occurs when the dorsal vagal nerve is activated. When activated, the dorsal vagal nerve promotes shutdown, freeze, and collapse. An example of this shutdown is when a gazelle is being stalked by a lion and when trapped with no possible way to flee, drops down, and appears to be deadlier than a doornail. This is not a conscious process but is, rather, a very primitive and unconscious one.

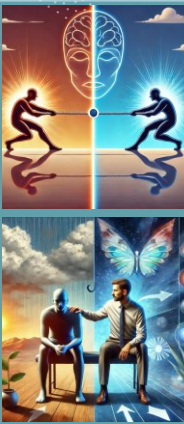
Ventral Vagal Nerve: Barta (2018) writes that the second response of our parasympathetic nervous system (the first being freeze and collapse, as noted above) is responsible for our ability to engage socially and handle social relationships. According to Barta, the social

engagement system is controlled by our ventral vagus nerve, a very smart nerve with a rapid response time. As such, it allows us to “know” if we are safe enough so we can calm our defenses through a process of “neuroception.” roughly translated as the brain’s ability to sense safety. This serves not only bonding needs but allows us to shift out of sympathetic arousal and move into parasympathetic calm or downshift from activation to calm.

Opponent Process Theory

Opponent Process
Explains much about
Addiction

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



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.

Wise Old Socrates
just before he was
killed in 399 BC
predicted Opponent
Process Theory

Image from Judith Grisel
<https://www.youtube.com/watch?v=Ya3cZDLwBVw>

Socrates' Last Day

"How singular is the thing called pleasure, and how curiously related to pain, which might be thought to be the opposite of it... he who pursues either of them is generally compelled to take the other."

-Recorded by Plato, about 350 B.C.E in *Phaedo*



Fast-forward almost two millennia, and we find French scientist Claude Bernard expanding on this idea of balance but in a more physiological context. In the mid-19th century, Bernard introduced the concept of the "milieu intérieur," or the stability of the internal environment. He argued that for organisms to live freely and independently, their internal systems must remain stable, even when the external world is constantly changing. This idea of homeostasis—the body's effort to maintain balance—builds on Socrates' philosophical musings about the natural counterforces of pleasure and pain but brings them into the biological realm.

About 2000 years later, Claude Bernard noted that



"the stability of the internal environment [the milieu intérieur] is the condition for the free and independent life."

Bernard, Lectures on the Phenomena of Life Common to Animals and to Plants, mid-19th Century (translated by Hof, Guillemin & Guillemin, 1974)

In the mid-19th Century Frenchman Claude Bernard developed a new concept.

Image from Judith Grisel
<https://www.youtube.com/watch?v=Ya3cZDlwBVw>

Another 80 years later, Walter Cannon popularized Bernard's idea of homeostasis and expanded it to include the fight-or-flight response, which describes how the body reacts to threats. Cannon coined the term "homeostasis" to describe the body's ability to maintain stability through change. He demonstrated how, during stressful situations, the body mobilizes resources to either confront or flee from a threat—a physiological response deeply connected to maintaining internal balance. Importantly, after these stress responses, the body seeks to return to equilibrium, often experiencing what's called "parasympathetic overshoot," as it attempts to stabilize after an intense reaction.

Walter Cannon: Homeostasis and Fight or Flight

Images from Judith Grisel

<https://www.youtube.com/watch?v=Ya3cZDLw8Vw>

Another 80 years...

Walter Cannon popularized Bernard's ideas using the term **homeostasis**

Cannon, Walter B. 1932. *The Wisdom of the Body*. New York: Norton



"Fight or Flight"

Homeostasis: Stability through change



"Parasympathetic Overshoot"

Alboni, et al., 2011, Heart

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

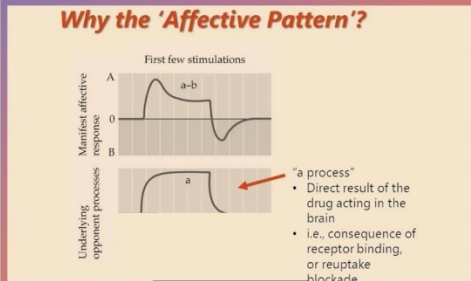
At this stage, the experience is mostly positive. The brain hasn't yet adapted to the substance, and users often feel in control, enjoying the

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.

The a and b process

The graph below depicts the underlying initial effect of the drug, and the top graph reveal the felt positive affective response (a process) to the drug followed by a compensatory negative affect response (b process)

Graph from Judith Grisel, Ph.D.
[https://youtu.be/Ya3cZDLwBVw?si=tR-kxmumEv8 -Ai](https://youtu.be/Ya3cZDLwBVw?si=tR-kxmumEv8-Ai)



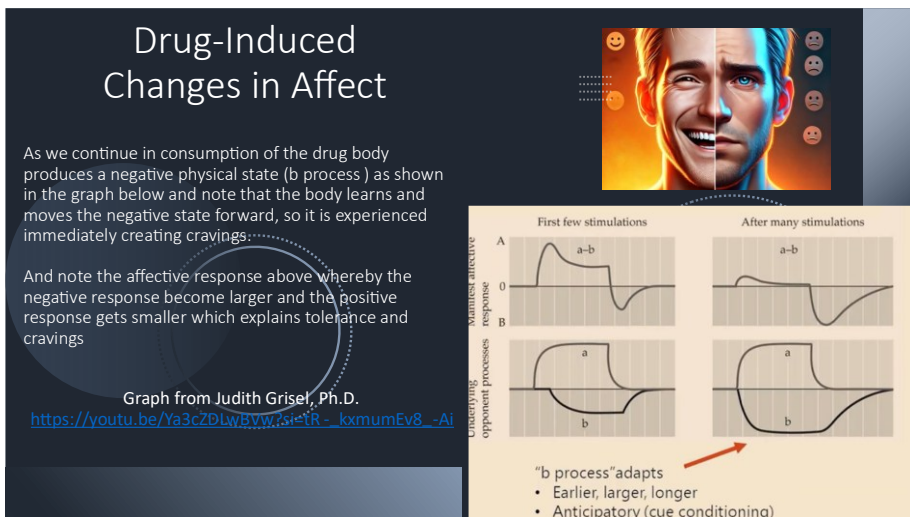
Consider the visual metaphor: two figures in balance, one representing pleasure, the other representing discomfort. At the start, pleasure dominates—represented by the figure in the image exerting force on one side of the balance. But this balance is temporary, as the opposing force begins to build momentum.

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

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

Discomfort and the Hell of Cravings:

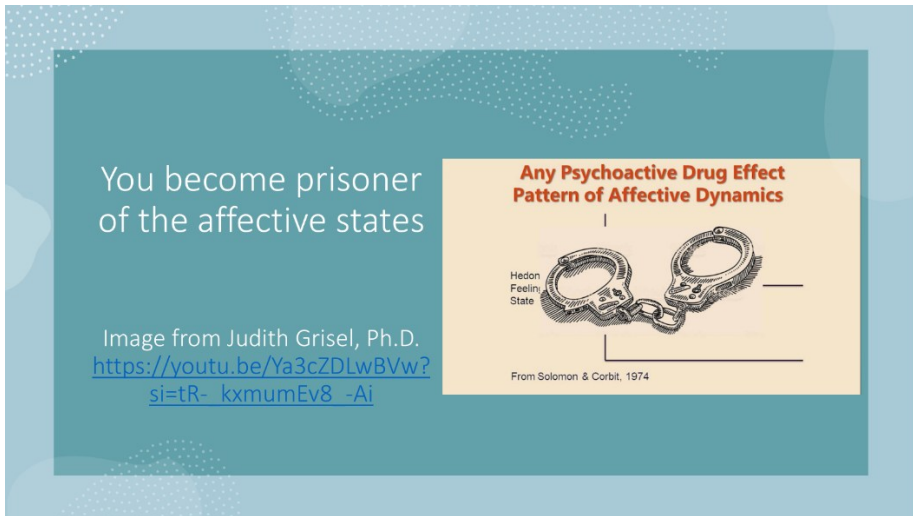
Over time, something profound happens: the **B-process**—the brain's counterbalancing response—becomes stronger. This means that after the initial pleasurable effects wear off, the user experiences discomfort. The brain, in its attempt to return to equilibrium, begins to overcompensate for the euphoric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

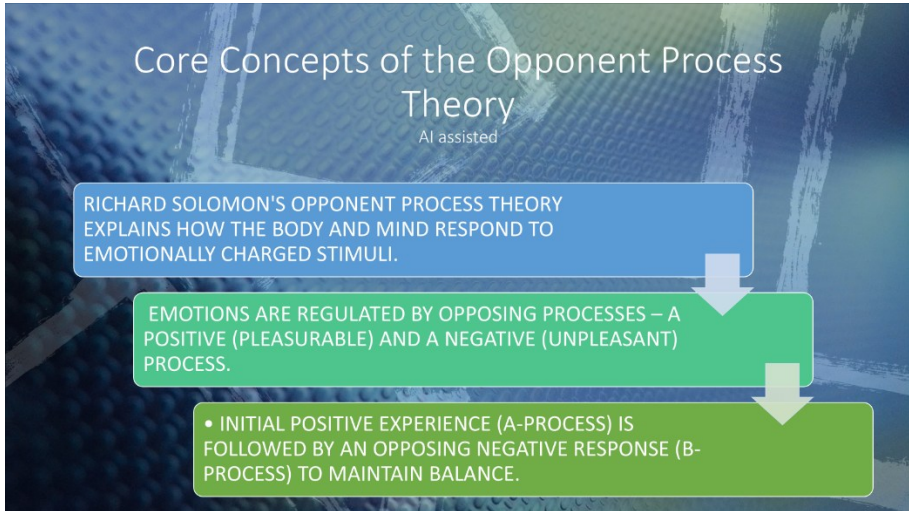
The visual of the opposing forces highlights this struggle: pleasure no longer holds the dominant position; instead, the discomfort and withdrawal symptoms hold sway, forcing the user into repeated substance use to stave off the emotional and physical pain.

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

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

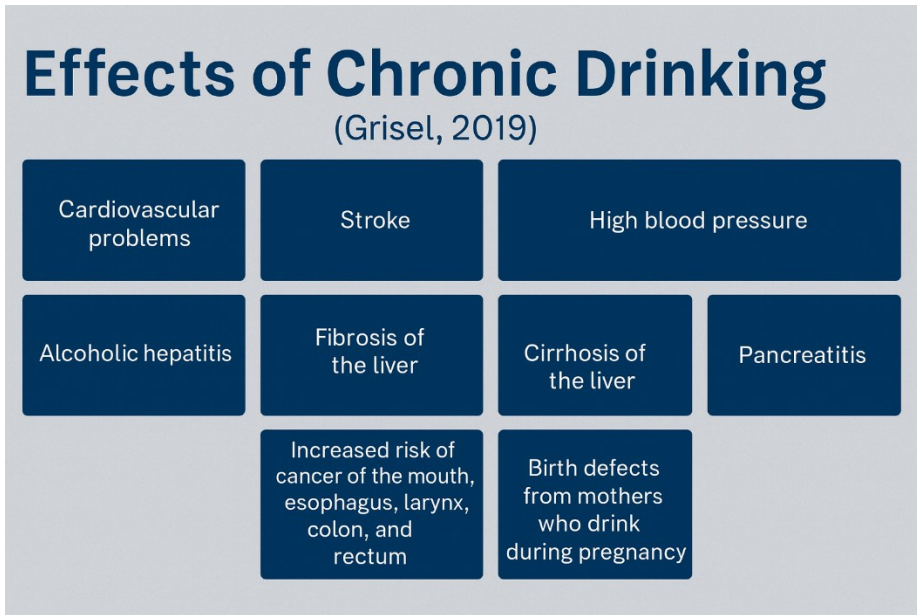
action explains why alcohol slows us down, both mentally and physically.

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
- Steatosis (fatty liver)
- Alcoholic hepatitis
- 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

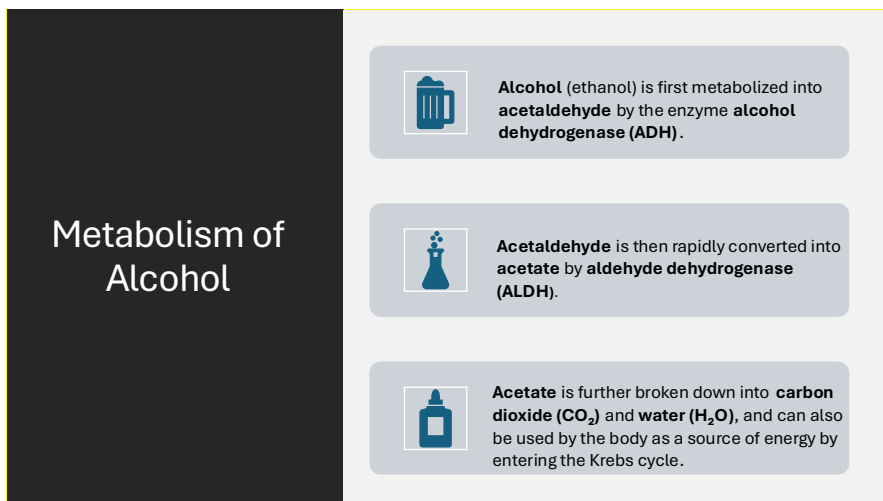


Dr. Andrew Huberman, one of our neuroscience heros, is a neuroscientist at Stanford University, and has a deeply personal connection to his research on how alcohol affects the body and brain. Growing up, he witnessed the damaging effects of alcohol addiction in his family and community, which inspired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

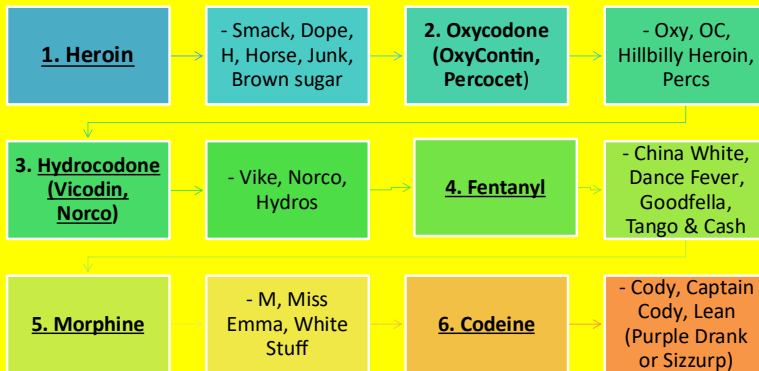
Opioids vs Opiates – what’s the difference? Imagine you’re walking through a garden, and in the middle, you find a poppy plant. From that plant, we can extract **opiates**—the natural compounds like **morphine** and **codeine** that have been used for centuries to relieve pain. These substances are straight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

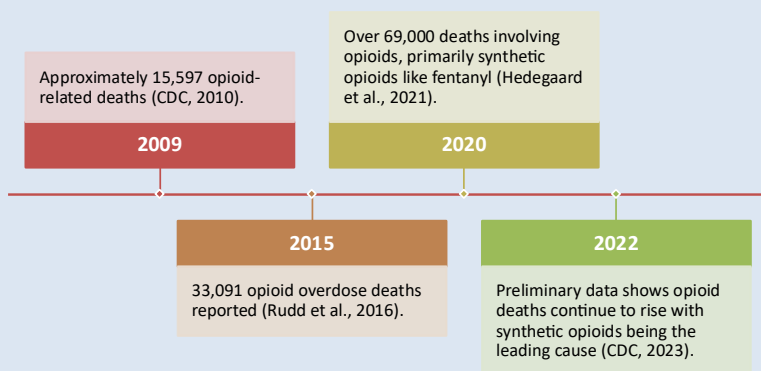
includes both natural and **synthetic** compounds like **Oxycodone**, **Fentanyl**, and **Methadone**.

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.

Common Street Names for Opioids



Statistics on Opioid Overdose Deaths (2009–2024)



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).

Opioid Effects on the Brain and Body

1. Binding to Receptors	- Opioids attach to brain receptors, causing pain relief and euphoria.
2. Blocking Pain and Emotions	- Reduces both physical pain and emotional stress.
3. Releasing Dopamine	- Creates feelings of pleasure, leading to cravings.
4. Slowing the Body	- Slows heart rate and breathing, which can be dangerous.
5. Tolerance and Dependence	- Over time, more is needed to feel the same effects.

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.

Common Stimulants and Their Street Names

1. Cocaine	- Street Names: Blow, Coke, Snow, Flake, Nose Candy, White	2. Methamphetamine (Meth)	- Street Names: Crystal, Crank, Ice, Glass, Speed, Tina
3. Amphetamine	- Street Names: Speed, Uppers, Bennies, Black Beauties, Pep Pills	4. MDMA (Ecstasy/Molly)	- Street Names: E, X, XTC, Adam, Molly, Roll
5. Adderall	- Street Names: Addys, Beans, Study Buddies, Smarties	6. Ritalin	- Street Names: Rids, Vitamin R, Skittles, Kiddie Coke
7. Crack Cocaine	- Street Names: Rock, Hard, Gravel, Nuggets, Base	8. Khat	- Street Names: Abyssinian Tea, African Salad, Catha, Chat, Qat

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.

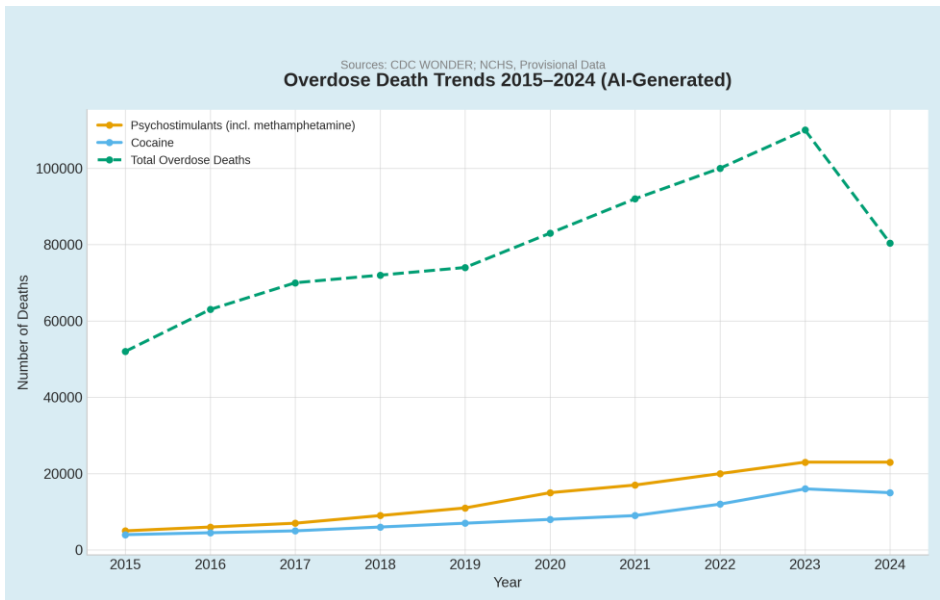
The alarming rise in overdose deaths related to psychostimulants paints a stark picture of the current drug crisis in the United States. Since 2010, rates of psychostimulant overdose deaths have surged, with nearly 33,000 Americans losing their lives to such overdoses in 2021 alone. This represents a 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.

Alarming Side Effects of Chronic THC USE

*Chronic is defined as 2 or more times per week



- Decreases testosterone levels
- Increases gynecomastia (breast tissue in males)
- Decreases libido
- Increases anxiety – typically after one year of use
- 4X more likely to develop Major Depressive Disorder
- 4X more likely to develop a psychotic disorder such as schizophrenia

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.

Alarming side effects of THC



- Decreases gray matter in the prefrontal cortex – this may not be recoverable and is more problematic in children/teens as the brain is still developing.
- When smoked or vaped, endothelial cells which form the inner lining of a blood vessel and provide an anticoagulant barrier between the vessel wall and blood are damaged which significantly increases the risk of stroke.
- The brain down-regulates CB1 receptors (tolerance) so more is needed to achieve the same effect.
- IQ decreased by an average of 8 points when you start as a teen.

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.

Cannabinoid Hyperemesis Syndrome

Cannabinoid hyperemesis syndrome (CHS) is a condition in which a patient experiences cyclical nausea, vomiting, and abdominal pain after using cannabis. It can in rare cases, kill you.

This disorder is characterized by 1) several years of preceding cannabis use, predating the onset of illness; 2) a cyclical pattern of hyperemesis every few weeks to months, at which time the patient is still using cannabis and 3) resolution of the symptoms after cessation of cannabis use, confirmed by a negative urine drug screen.

The almost pathognomonic aspect of a patient's presenting history is that their symptoms are relieved by hot baths or shower or hot peppers.

Please click the link below to hear this mother's story of the tragic loss of her son to CHS:

<https://www.youtube.com/watch?v=E1laVfwz1yQ>

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.

Highly recommended lectures on THC

Please click the link below to listen to addiction medicine physician Dr. Ruth Potee's fantastic school talk on addiction and the teenage brain:

https://www.youtube.com/watch?v=25mK4yXzOkQ&ab_channel=16235studios

Please click the link below to listen to Stanford neuroscientist, Dr. Andrew Huberman's superlative lecture on the dangers of THC use. It the best and most thorough discussion on the topic that I have heard.

https://www.youtube.com/watch?v=gXvuJu1kt48&ab_channel=AndrewHuberman

Cannabis, It's Complicated by Kim Porter who is an excellent advocate against teen use of THC. Please click the link below to listen:

https://www.youtube.com/watch?v=fdguiE_dTu0&t=2s&ab_channel=BeaPartoftheConversation



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 lay out strategies for recovery, we must look honestly at what is driving so much despair, anxiety, and addiction in our world.

For too long, tidy stories have dominated the conversation, chemical imbalance, random brain malfunction, quick diagnostic labels, fast prescriptions. But those stories are not the main story. They never were.

In decades of sitting with men and women, young and old, we have seen the same pattern: people drowning emotionally, desperate for relief, yet handed only a label or a pill. Rarely has anyone helped them ask the deeper question, *why*? Why does this pain run so deep? Why has it lingered despite treatments? Why does it feel like life itself is slipping away?

This chapter is about facing those deeper causes. It is not exhaustive, but it names the core drivers we see again and again in the clinical trenches:

- **Disconnection**—isolation from people, purpose, meaning, and even from ourselves, which Johann Hari and others have shown is one of the greatest predictors of despair.

- **Pornography**—a silent epidemic that reshapes the brain, corrodes intimacy, and drives shame and secrecy.
- **Trauma**—the deep wounds of neglect, abuse, and broken attachment that live in the body and silently shape our lives.

These forces intertwine, forming the soil where depression and addiction grow. And the only way forward is to go deeper.

This chapter is an invitation to that honest journey. As you read, you may feel uncomfortable. Good. That means we're getting close to something real. Don't turn away. Don't settle for a surface-level explanation when your life is too precious for that.

The roots of depression and anxiety are deeper than most of us were taught. But the healing goes deeper still.

Cause One

Disconnection and the Descent into Despair and Addiction

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

– Viktor Frankl

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, 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've 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's often the nervous system responding to a life out of alignment with what matters most.

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, 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 depression and anxiety 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



MEANINGFUL WORK

Disconnection from meaningful work is a Hidden Source of 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 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

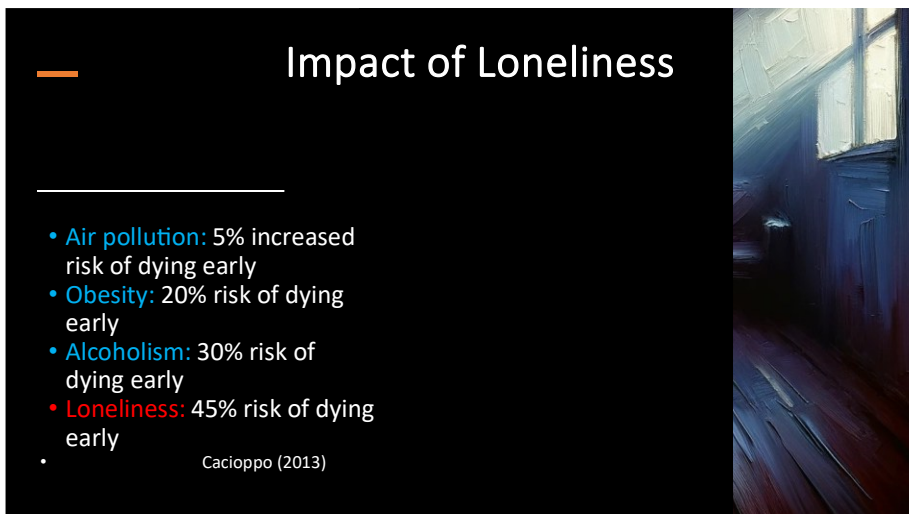


Loneliness is not just an emotion. It is a physiological and psychological threat. It can break your heart, not just figuratively but literally. It can scramble your brain's ability to regulate emotion, jack up your stress hormones, and slowly dismantle your resilience until you feel hollowed out and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



Impact of Loneliness

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

• Cacioppo (2013)

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 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 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 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 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 a person feels unmoored, when their days are filled with motion but empty of meaning, the soul begins to erode. For adults 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 adult 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 have walked away from the church. Others have grown disillusioned with tradition or with organized religion. We have told people to find their own truth, but we have 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.

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

But regardless of where a person starts, the truth remains. We were never meant to live rootless lives. When people are connected to intrinsic values such as love, compassion, purpose, creativity, and responsibility, they thrive. Their suffering has context. Their work has meaning. Their relationships are more resilient. And when suffering

comes, as it always does, they do not collapse. They draw strength from the foundation beneath their 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 people, especially teens and young adults, 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. 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's work), 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. *"Shout for joy, O heavens; rejoice, O earth; burst into song, O mountains! For the Lord comforts His people and will have compassion on His afflicted ones"* (Isaiah 49:13, NIV)"

When we step outside and slow down, we remember who we are. We remember that healing is not always about doing more, fixing faster, or thinking harder. Sometimes, it is about receiving. Listening. Letting beauty work on us. Letting stillness stretch our breath and open our hearts. *"The Lord is my shepherd; I shall not be in want. He makes me lie down in green pastures, He leads me beside quiet waters, He restores my*

soul. He guides me in paths of righteousness for His name's sake" (Psalm 23:1-2 NIV).

For those who suffer from 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.

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 adults 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. People go through the motions, but inside, they are losing connection with something essential. They do not look forward to tomorrow. They have stopped imagining something better. They no longer believe that change is possible. They 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, we believe deserves to be included. In fact, it may be the most important of all.

We are speaking of the spiritual.

When a person loses connection with the transcendent, when they can no longer sense God's presence, love, or guidance, something vital inside begins to dim. Adults who once believed they were part of a larger story now find themselves adrift. Others never had that story to begin with and carry a quiet ache that they cannot explain. They live untethered, disconnected not just from people or purpose but from the One who created them.

This spiritual vacuum is not merely philosophical. It is physiological and psychological. As Dr. Lisa Miller (2021) 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 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 find themselves more isolated, not less. The deep communal and theological roots that once grounded generations are now fractured. People are free to choose their own path, but many 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. 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.

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),

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, world renowned expert on sexual addiction, *"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).

When I entered the field of psychology over three decades ago, I never imagined that pornography would become one of the most urgent emotional and neurological health crises facing men today. What was once hidden behind seedy bookstores and hushed conversations has become mainstream. Pornography is no longer an uncomfortable sidebar. It is the main event in the collapse of male emotional and relational well-being. We are dealing with a cultural plague that is literally rewiring the brain, hollowing out the soul, and tearing apart marriages, families, and faith.

The Adolescent Hook: When It All Begins

For most men, the story doesn't begin in adulthood. It starts in adolescence. Often before age ten. Covenant Eyes (2015) reports that 9 out of 10 boys are exposed to pornography before the age of 18, and the average age of first exposure is just eight years old. 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.

Ten of the most alarming statistics about teens and pornography

<https://www.covenanteyes.com/2015/04/10/10-alarmingstatsaboutteensand-pornography/>

9 out of 10 boys and 6 out of 10 girls are exposed to pornography online before the age of 18.

90% of teens and 96% of young adults are either encouraging, accepting, or neutral when they talk about porn with their friends.

The first exposure to pornography among boys is 8 years old, on average.

83% of boys and 57% of girls are exposed to group sex online.

32% of boys and 18% of girls are exposed to bestiality online.



Ten of the most alarming statistics about teens and pornography cont.

<https://www.covenanteyes.com/2015/04/10/10-alarmingstatsaboutteensand-pornography/>

15% of boys and 9% of girls have seen child pornography online.

71% of teens have done something to hide their online activity from their parents.

28% of 16-17-year-olds have unintentionally been exposed to pornography online.

20% of 16-year-olds and 30% of 17-year-olds have received a sext.

39% of boys and 23% of girls have seen sexual bondage online.

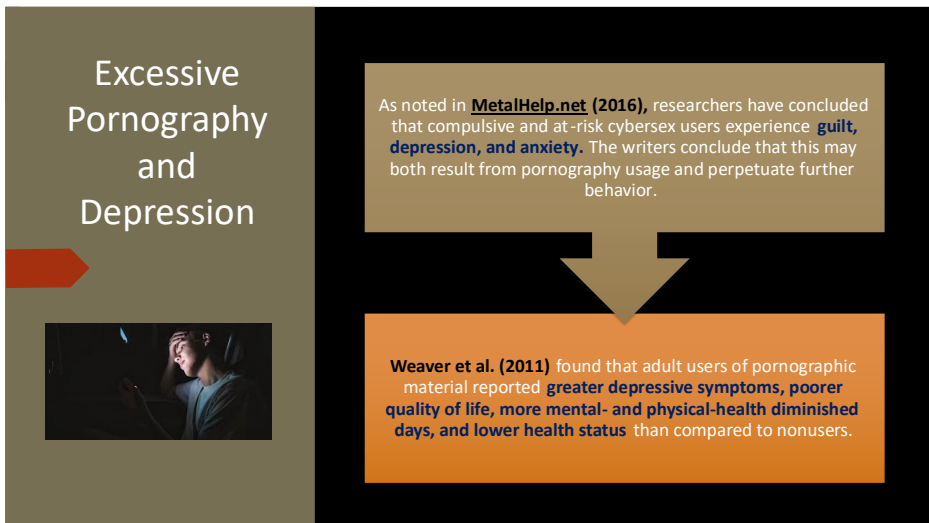


To expose that fragile, rapidly developing brain to high-speed, hyper-stimulating pornography is like lighting a fire in dry brush. It changes everything. What begins as curiosity becomes compulsion. What starts as secret fascination evolves into shameful addiction. And for many boys, this secret struggle follows them into adulthood. They grow up, but the wiring remains. The habits remain. The shame calcifies.

The man becomes a husband or a father, or tries to, while carrying an addiction that has etched itself into his neurochemistry. He may not even see it as an addiction. He may call it stress relief, or "just something I do sometimes." But the emotional toll tells the truth.

The Adult Fallout: Depression, Disconnection, Despair

Study after study confirms what clinicians see every day. Pornography use in 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

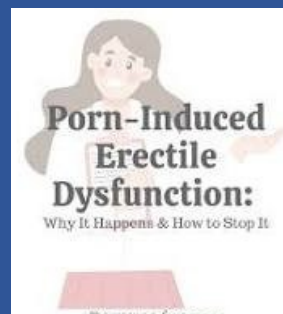
We are facing a new kind of epidemic: men in their twenties and thirties who cannot perform sexually with a real partner. What was once an issue almost exclusively seen in older men has exploded. Rates of erectile dysfunction in men under 40 have gone from 2 to 3 percent (de Boer et al., 2004) to as high as 33 percent (Wilson, 2017; Park, 2016).

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.

The Impact of Pornography on Sexuality

Profound sexual side effects:

- Between 1948 and 2002, the historical rates for ED in men under 40 were consistently around **2% to 3%** and did not go up very much until age 40. (de Boer et al., 2004). However, as noted by Wilson (2014), at least six studies have found **ED rates of about 34% to 38% in young men**, which constitutes a staggering **1000% increase** in just the last 15 years (Park, 2016).
- In fact, adolescents are suffering disproportionately as noted by in a Canadian study which showed that problems in sexual functioning are sadly higher in adolescent males than in adult males. In a two-year period **78.6% of males aged 16-21** reported a sexual problem during partnered sexual activity (O'Sullivan et. al., 2016):
 - Erectile dysfunction - **45%**
 - Low sexual desire - **46%**
 - Difficulty climaxing - **24%**
- These problems have led some teens to suicide.



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 doesn't stop. Over time, users escalate to content they once found repulsive. Downing et al. (2016) found that 21 percent of heterosexual men view gay porn, and 55 percent of gay men view straight content. This isn't about orientation. It's about novelty addiction. Many men report shock at what they now find arousing. The resulting shame and confusion feed depressive spirals and self-loathing.

Some men begin questioning their masculinity. Others start doubting their own moral compass. Many feel like they've betrayed something sacred inside themselves, and in many cases, they have. That's what we call moral injury. And moral injury is a major driver of depression.

The Spiritual Vacuum

Pornography promises satisfaction but delivers emptiness. It fragments the soul. It numbs the spirit. It hollows out our capacity for real love. For connection. For joy. And it isolates men from their Creator. As one client put it to me, "I used to feel God's presence. Now I just feel static."

Men who once had vision and fire now feel foggy and passive. They struggle to feel deeply. They grow anxious in real intimacy. They feel

dead inside. Pornography is not just lust. It's grief in disguise. It's a counterfeit form of intimacy that leaves a man lonelier than before.

What's at Stake

This isn't about prudishness or shame. It's about war. A war on male identity, mental clarity, sexual integrity, spiritual vitality. Men are losing their marriages, their peace, their purpose, and their 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 your **connection**. Pornography rewires the brain in such a way that normal, loving intimacy with a real partner becomes foreign, even frustrating. Your partner's touch doesn't excite you anymore. Her realness can't compete with the endless novelty on the screen. Emotional closeness feels less compelling than dopamine-driven arousal. You become disengaged, disinterested, and ultimately disconnected—from her, from yourself, and from God.

Then it takes your **sexuality**. You may still crave sex, but the drive gets twisted. Your desires become shaped by what you watch, not who you love. Before long, you find yourself aroused by things that once disgusted you. You may feel confused. Ashamed. Isolated. And you probably won't talk to anyone about it, which only deepens the hole.

Next, it takes your **potency**. Not just sexual potency, though that's often the first thing to go. We're talking about the full force of your masculine presence, your confidence, your energy, your strength of will. Porn deadens a man. It makes him passive, restless, and checked out. It

feeds anxiety. It fuels irritability. It creates a kind of low-grade despair that's hard to shake and even harder to name.

Then it takes your **soul**. Slowly, silently, it siphons away your passion, your joy, your sense of divine purpose. You begin to feel spiritually numb. You lose clarity about who you are and who you're called to be. Porn doesn't just fracture your attention; it fractures your identity. It is a counterfeit form of intimacy that leaves you feeling hollow, confused, ashamed, and condemned.

And ultimately, it takes your **mental health**. Make no mistake, long-term pornography use is a driver of massive depression. Men caught in its grip report persistent dysphoria, emotional blunting, anxiety, and deep loneliness. You feel disconnected from others, from God, from life. You are no longer authentically related to the people you love. The guilt builds, the anxiety increases, and a slow, gray fog settles in.

That's the path.

It doesn't plateau. It escalates.

And if that's you, if even part of this describes where you are—then this is our plea: get help. Please. Not because we're here to guilt you. Not because we want to heap shame on you. But because we've been there. We've sat with too many men whose lives are quietly imploding under the weight of this silent addiction.

This book isn't about moralizing. It's about saving your life. We are sounding the alarm because we care about your joy, your marriage, your calling, your soul.

There is a way out. It's not easy, but it is possible. With truth, accountability, neuroscience, trauma healing, and the redemptive power of faith, healing can happen. Not just coping, **healing**. You can be restored. Your mind can be renewed. Your relationships can be rebuilt. Your purpose can come alive again.

But first, you have to be honest. If this has a grip on you, you must confront it. Don't minimize it. Don't rationalize it. Don't let it steal another year of your life.

Freedom begins with truth.

And if you're reading this, maybe that freedom starts today.

This chapter is not about condemnation. It's about clarity. If you are caught in this struggle, know this: you are not alone. And you are not broken beyond repair. There is a way back. The NeuroFaith® model offers a practical, spiritual, and neuroscience-informed approach to healing the damage that pornography inflicts. It's a path of honesty, humility, and grace. And it works.

We are not here to shame men or women. We are here to call you back to who you really are. Because 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).

This book will walk you through what it means to reclaim your mind, your body, and your soul. This battle is worth fighting. And you're not fighting alone.

Healing is not only possible. It's already beginning.

Cause Three

Trauma

The Hidden Epicenter of Despair and Addiction



Of all the causes of depression and anxiety, 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 the capacity to regulate emotions, starting in early childhood and continuing well into adolescence and adulthood (Langevin et al., 2016; Shields & Cicchetti, 1997; Briere & Rickards, 2007; Dunn et al., 2018). Trauma occurs not just from what we go through, but because of the way we are left to carry that experience, isolated, unsupported, unseen. As Barta (2018) explains, trauma overwhelms the nervous system and prevents integration, leaving the body in a perpetual state of hyperarousal or collapse.

Perhaps one of the most insidious effects of unresolved trauma is the formation of negative core beliefs. These deeply ingrained assumptions, such as "I am not lovable," "I am not worthy," or "I have no value," become etched into the brain's implicit memory systems, particularly within the default mode network (DMN), which governs self-referential thought. Over time, the DMN becomes a carrier of a toxic internal narrative. These are not just painful thoughts, they are internalized lies, 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 can shape how both adolescents and adults approach life, relationships, success, and failure. For teens whose brains are still under construction, and for adults whose early injuries were never addressed, these beliefs can become the lens through which all future experiences are filtered.

As Fletcher points out, trauma is not stored as a narrative or memory alone but in the body itself. It is carried in the nervous system and in relational habits. Those who carry trauma may appear avoidant, perfectionistic, overly compliant, or oppositional, not because they are defiant, but because they are trying to survive. The world feels threatening, and their actions are defensive, not disobedient.

These trauma-driven beliefs quietly sabotage every area of life. They distort how people see themselves, how they interpret others' intentions, and how they engage in relationships. Social cues may feel threatening, academic or occupational challenges may seem overwhelming, and intimacy may feel unsafe. These individuals, whether adolescents or adults, often carry invisible scripts of shame and fear that stain their sense of identity for decades, unless they are directly addressed through healing relationships and integrative therapy.

The impact of trauma is not limited to the emotional realm. The Adverse Childhood Experiences (ACE) Study by Felitti et al. (1998, 2009, 2014) revealed that childhood trauma is directly correlated with increased risk for physical illnesses, substance abuse, and early death. Emotional abuse was found to be more strongly associated with adult depression than even sexual abuse. This emphasizes that the way a child is emotionally treated by caregivers is a profound predictor of mental health.

The ACE study identifies ten categories of childhood trauma, including various forms of abuse, household dysfunction, and neglect. For each category of trauma experienced, the risk for depression, anxiety,

suicide, and chronic illness increased significantly. Those with an ACE score of 7 or more were found to be over 3,000 percent more likely to attempt suicide (Felitti et al., 2009). The cumulative effect of trauma reshapes the brain, the body, and the belief systems.

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.

Big T and Little t Trauma

Big T Trauma:

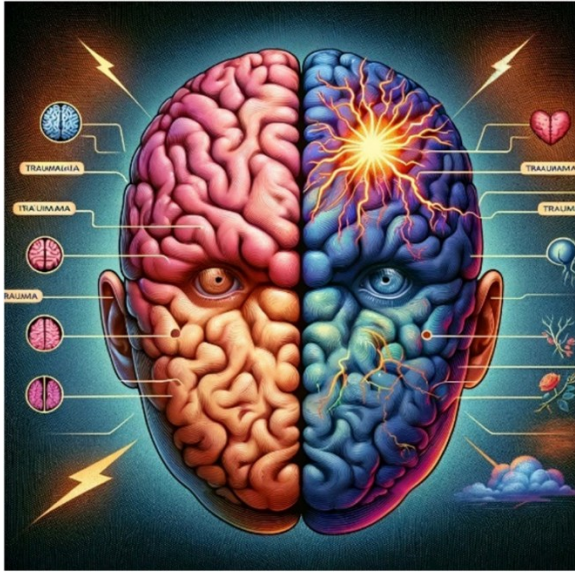
- Natural disasters (e.g., earthquakes, hurricanes)
- Serious accidents/life-threatening illnesses
- Violent personal assaults (e.g., rape, mugging, domestic violence)
- Military combat or war experiences
- Terrorist attacks
- Witnessing a death or severe injury
- Being held hostage or kidnapped
- Torture
- Severe childhood neglect or abuse (physical, sexual, or emotional)



Little t Trauma:

- Bullying or harassment
- Emotional abuse or neglect
- Loss of a significant relationship (e.g., breakups, divorce)
- Non-life-threatening injuries
- Chronic low-level stressors (e.g., ongoing financial stress, job stress)
- Minor surgery or medical procedures
- Legal issues (e.g., lawsuits, custody battles)
- Moving to a new location or frequent changes in living situations
- Persistent conflict in personal or professional relationships

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).

ACE Scores and Clinical Outcomes

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

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

If we have ACE scores of 4, we are:

- 260% more likely to have chronic obstructive pulmonary disease than someone with a score of 0
- 240% more likely to contract hepatitis, 460% more likely to experience depression
- 1,220% more likely to attempt suicide

If we have ACE scores of 6, we are:

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

If we have ACE scores of 7, we are :

- 3,100 percent more likely to attempt suicide as an adult (Felitti et al., 2014; Felitti 2004; Felitti and Anda, 2009; Felitti et al., 1998).

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

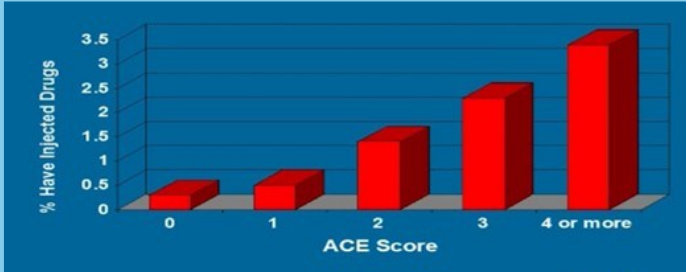
Childhood Experiences vs Adult Alcoholism



Dr Vincent Felitti (2009)

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

ACE Score and Intravenous Drug USE



Dr Vincent Felitti (2009)

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

So how does trauma take root so deeply in our lives, and why is it so difficult to remove? Trauma does not remain in one place; it spreads and embeds itself through multiple pathways that shape who we are and how we live. It shapes the way we relate to others and the patterns we repeat in our closest relationships. It influences how we learn from those around us and how unhealthy behaviors and beliefs get passed from one generation to the next. And it even leaves its mark at the biological level, changing the way our genes are expressed and carried forward.

These three pathways show us why trauma is so powerful, and they also reveal where the greatest opportunities for healing can be found:

- **Attachment**
- **Social Learning**
- **Epigenetics**

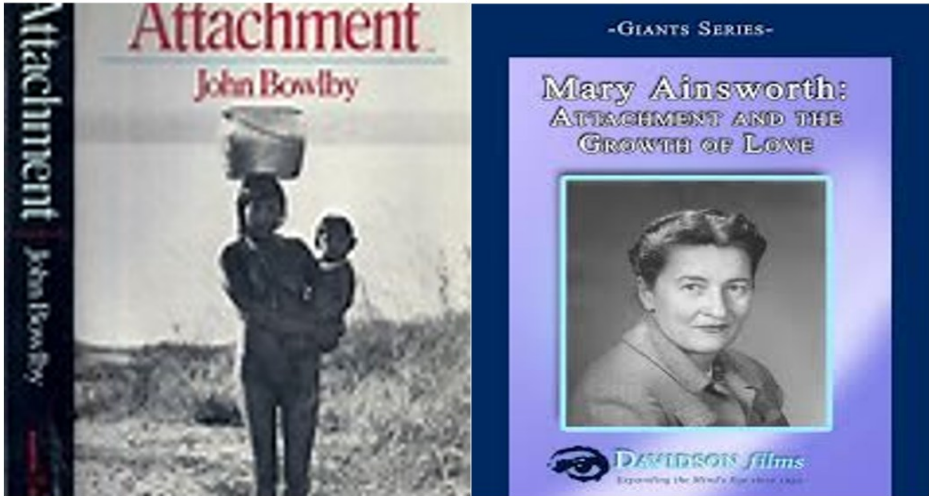
One: Attachment



Attachment is a really big deal and has lifelong implications for all of us. Safe and secure attachment styles are absolutely necessary for developing healthy and secure relationships, emotional health, and the ability to regulate our emotions. Two early pioneers in this field, Dr. John Bowlby (1969) and Dr. Mary Ainsworth (1973), carved the way to our understanding of attachment and child development theory. They defined attachment as a deep and enduring emotional bond that leads to connections between us across time and space. This attachment is not always mutual and can travel in only one direction. For example, a child can attach to a parent, but the parent does not always attach to the child or vice versa (Kain & Terrell, 2018).

The importance of secure attachment echoes a biblical truth. As *Proverbs 22:6* (NIV) says, “*Start children off on the way they should go, and even when they are old they will not turn from it.*” This verse reflects the profound impact early relationships have on a person’s development

and well-being throughout their life. When children form strong, healthy bonds early on, it can set a foundation that lasts into adulthood.



By way of background on Dr. Bowlby, in an interview with Dr. Milton Stenn in 1977, Bowlby explained that his career began in the field of medicine, following in the footsteps of his father, who was a well-known surgeon in London, and John explained that his father encouraged him to study medicine at Cambridge. He followed his father's suggestion but was not terribly interested in anatomy and natural sciences. However, during his time at Trinity College, he became particularly interested in developmental psychology, which led him to give up medicine by his third year. When John left medicine, he accepted a teaching opportunity at a school called Priory Gates for six months, where he worked with maladjusted children. John explained that one of the reasons why he went to work at Priory Gates was because of the influence of an “intelligent” staff member, John Alford. John explained that his experience at Priory Gates had been very influential on him. *"It suited me very well because I found it interesting."*

And when I was there, I learned everything that I have known; it was the most valuable six months of my life, really. It was analytically oriented."

He added that the experience at Priory Gates was extremely important to his career in research as he learned that the problems of today should be understood and dealt with at a developmental level (Kanter, 2007).

Bowlby was not the only act in town as he collaborated extensively with Dr. Mary Ainsworth. Mary was born in Glendale, Ohio. When she was 15, she read William McDougall's book, *Character and the Conduct of Life*, which inspired her to pursue psychology. While teaching at Johns Hopkins, Mary began working on creating a means to measure attachments between mothers and their children. It was this that led her to develop her famous "Strange Situation" assessment, in which a researcher observes a child's reactions after a mother briefly leaves her child alone in an unfamiliar room. The child's reaction after the separation and upon the mother's return revealed important information about attachment. Based on her observations and research, Mary determined three main styles of attachment: secure, anxious-avoidant, and anxious-resistant. Since these initial findings, her work has spawned numerous studies into the nature of attachment and the different attachment styles that exist between children and their caregivers (VeryWellMind, 2019)

Rudolph Schaffer and Peggy Emerson (1964) analyzed the number of attachment relationships that infants form in a longitudinal study with 60 infants. In their study, infants were observed every four weeks during the first year of life, and then once again at 18 months. Schaffer and Emerson determined that four distinct phases of attachment emerged:

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.

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.

Three: Epigenetics

The third, and most sobering, pathway is biological. Trauma does not just shape how we think and relate. It can literally change how our genes express themselves through a process called epigenetics. Epigenetics refers to chemical modifications that sit "on top of" our DNA, switching genes on or off without altering the genetic code itself. These changes are triggered by environmental factors, including chronic stress, adversity, and trauma (Moore et al., 2013).



Genes are like instruction manuals stored inside every cell of your body. They tell the cell how to build proteins, which are the building blocks for just about everything, your muscles, your hormones, your neurotransmitters, even your brain chemistry. But here's the key: those instructions have to be **read** in order to be used. If the book stays closed, nothing gets built.

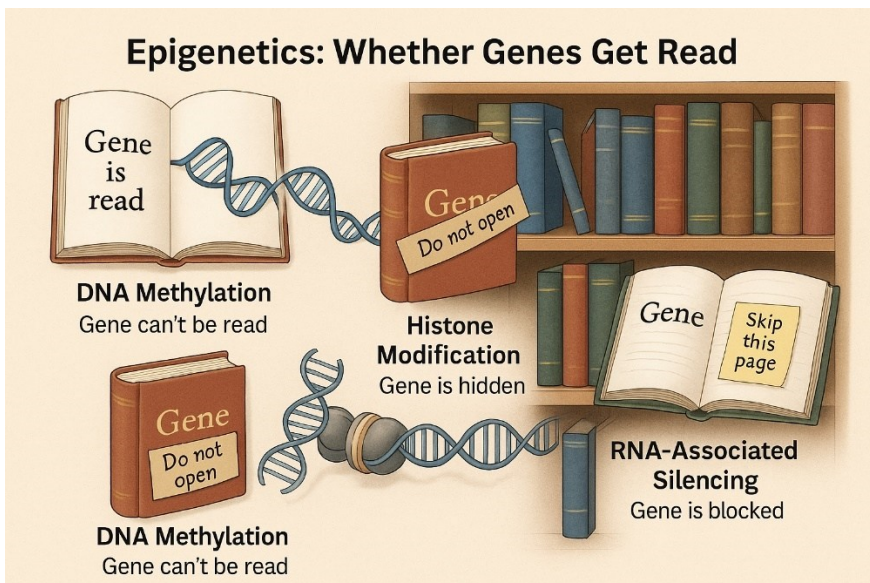
Epigenetics is about whether genes get read or not.

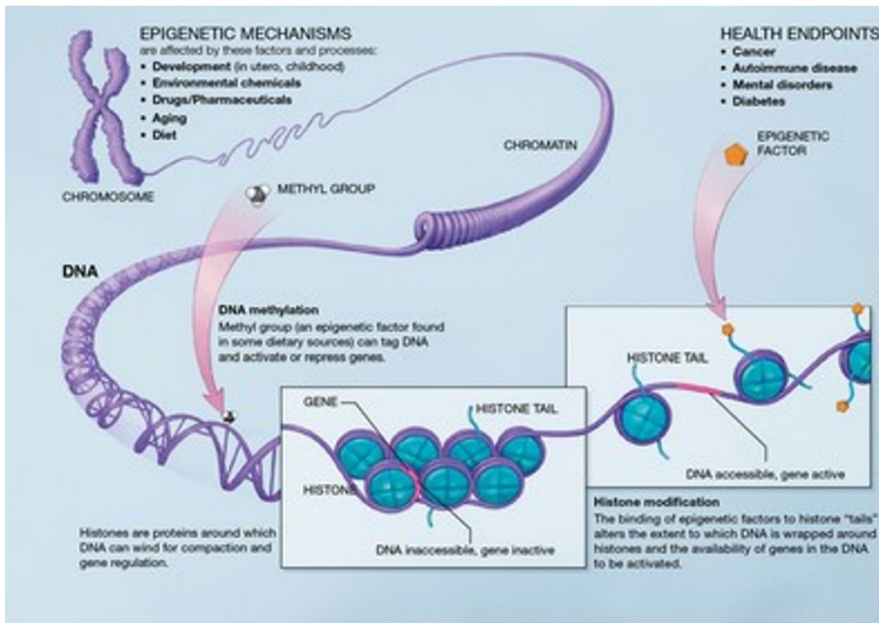
DNA methylation is like putting tape over a book cover. The book is still in the library, but the tape keeps anyone from opening it. The gene is there, but it can't be read, so its instructions are never used.

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.





Wikipedia (2023)

<https://en.wikipedia.org/wiki/Epigenetics>

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.



Barbed Wire Clipart. The Holocaust ...clker.com. Wikipedia

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).



Food rations that were dropped into the Netherlands in 1945.

Credit...Dutch National Archive

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).

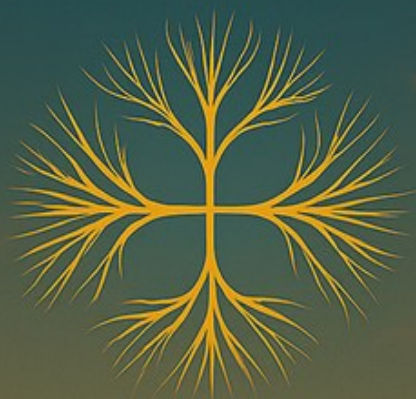
In a fallen world, trauma is common, but healing is possible. The NeuroFaith® model recognizes that the path to healing is not primarily about symptom reduction. It is about reconnection: to self, to others, and to God. It involves helping people rewrite the internalized story that trauma told them. 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 Adult Depression and Anxiety*

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

- Psalm 103:2-3

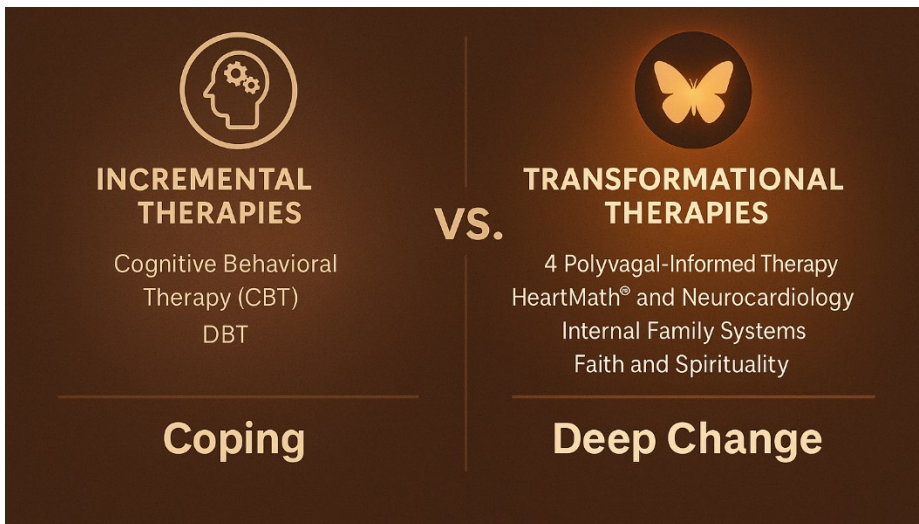
As we have established, depression and anxiety are not simply mental states—they are whole-person afflictions that leave deep wounds across the body, brain, soul, and spirit. These conditions are more than biochemical imbalances or fleeting emotional lows. They often represent years, if not decades, of accumulated sorrow, unresolved trauma, autonomic dysregulation, and disconnection from self, others, and God.

Yet, even in the thickest darkness, light still breaks through. Healing is possible. Not just symptom relief but true restoration, a return to wholeness. There is a way forward, a path that is neither simplistic nor shallow but grounded in both the cutting-edge insights of neuroscience

and the timeless truths of Scripture. As it is written, “*The light shines in the darkness, and the darkness has not overcome it*” (John 1:5, NIV).

Before introducing the four pillars of our healing model, it's important to understand the difference between **incremental therapies** and **transformational therapies**. Both have value. Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and other skill-based interventions can be powerful tools for managing distress. In moments of acute despair, when the weight of depression or anxiety feels crushing, these approaches can help individuals ground themselves, develop emotional regulation, and stay alive. In that sense, incremental therapies can be lifesaving.

However, they are often just that—incremental. They offer tools for coping, but they too often don't reach the root of the pain.



By contrast, 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 the brain responsible for self-referential thought, shame-based narratives and internal rumination. Transformational therapies reach the inner core. They do not merely equip you to survive; they offer a path toward wholeness.

Although incremental therapies are very necessary and helpful, it is transformational therapies that get you home. The Default Mode Network needs to be updated and only transformational therapies can achieve that.

Incremental Therapies	Transformational Therapies
Focus: Gradual, step-by-step change.	Focus: Profound, holistic changes.
Approach: Behavior modification and symptom management.	Approach: Deeper psychological exploration.
Examples: CBT, DBT, Exposure Therapy.	Examples: Internal Family Systems (IFS), EMDR, Polyvagal-Informed Therapy, Emotion Focused Therapy (EFT)
Goal: Improve specific symptoms or behaviors.	Goal: Transform personal beliefs and self-concept.
Process: Structured, often short-term.	Process: Open-ended, usually longer-term.

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**:

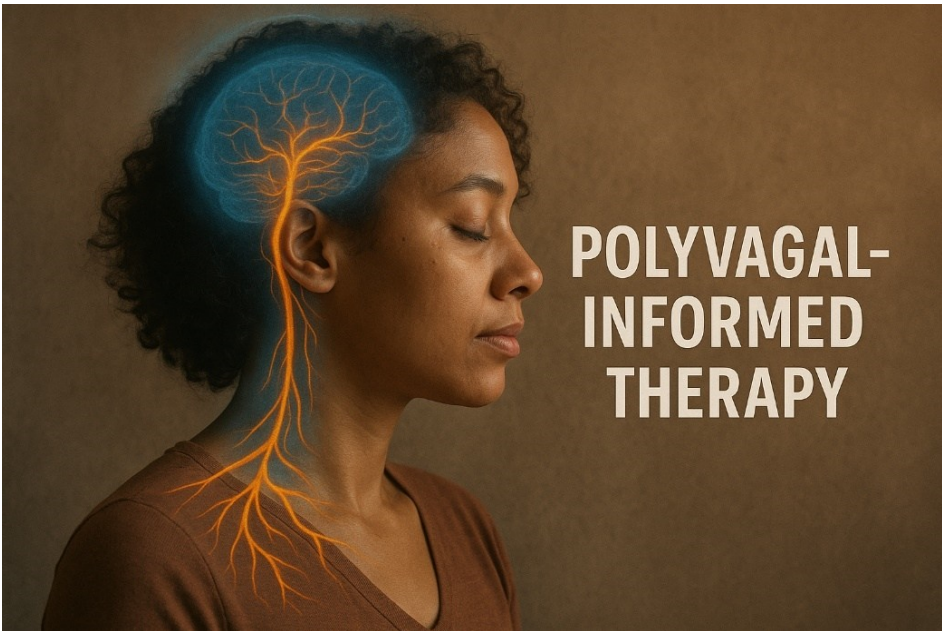
1. **Polyvagal-Informed Therapy**: Healing through the language of the nervous system, recalibrating the body’s threat response and shifting from survival states to safety and connection.
2. **HeartMath® and Neurocardiology**: Reconnecting with the heart as an intelligent center of emotional processing, 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 previously discussed about the body, specifically the autonomic nervous system, Polyvagal-informed therapy focuses on our body's nervous system and how it responds to stress and safety. It uses the idea that our sense of well-being is closely tied to how our body feels safe, connected, and calm. By understanding and influencing our nervous system's responses, we can more effectively manage our emotions, feel more connected in

relationships, and recover from stress and trauma. In essence, we tune into our body's safety signals to improve our emotional health and resilience.

Dr. Steven Porges and his son, Seth Porges, recently published a marvelous book, *Our Polyvagal World: How Safety and Trauma Change Us*. Unlike Dr. Porges' earlier works, this book is free of scientific jargon and is incredibly readable and useful. Bravo Steven and Seth! They start the book by summarizing Polyvagal Theory in one sentence: **“How safe we feel is crucial to our physical and mental health and happiness”** (Porges & Porges, 2023, p.13).

They later add, “When we feel safe, our nervous systems and entire bodies undergo a massive physiological shift that primes us to be healthier, happier, and smarter; to be better learners and problem-solvers; to have more fun; to heal faster; and generally, to feel more alive” (Porges & Porges, 2023, p.13). Now, how cool is it that - 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.



Neuroception **Perception** **State** **Feelings** **Behavior** **Story**

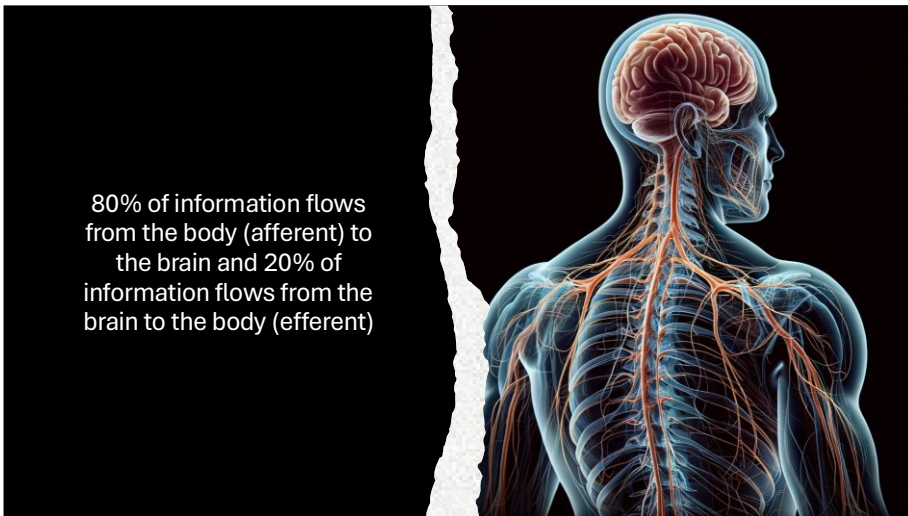


Borrowing from a metaphor of flowing down a stream, the first step in healing is to move our **neuroception** - what our autonomic nervous system is automatically sensing regarding safety and danger without our awareness to awareness of sensing, which is called **perception**. Flowing downstream, we can then appreciate what our **physiological state** is causing us to **feel emotionally** and subsequently change the

behaviors that we engage in. The ensuing **story or narrative** we give to this process to make sense of what we are sensing and feeling, if positive and healthy, helps us correct our autonomic state. On the other hand, if our narrative is false, as it often is (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

- **R**ecognize the autonomic state
- **R**espect the adaptive survival response
- **R**egulate or co-regulate in a ventral vagal state
- **R**e-story

Recognize the autonomic state

I recommend making the **Emotion Regulation Chart I developed below** as our companion to help us recognize where we are on that continuum of regulation. In doing so, we can make what is **implicit** (under the table

and outside of our awareness) **explicit** (on the table and in our awareness). We can use the color codes to describe for ourselves and others where we and others are with just one neutral and non-judgmental word. This is also particularly helpful for children as it helps give them a physical and emotional language that connects the mind with the body.

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

Emotion Regulation Chart

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

- Rapid heartrate
- Hyperventilation
- Panic attacks
- Inability to focus or follow through
- Distress in relationships
- Emotions of fear, terror, rage, anger
- Possible health consequences, including heart disease, high cholesterol, 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

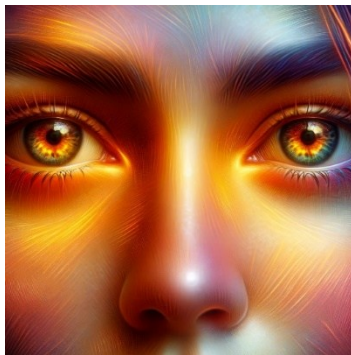


Deb Dana notes that when there is ongoing mis-attunement, when ruptures are not recognized and repaired, the autonomic experience of persistent danger ends up moving the system away from connection into patterns of protection, and loneliness is the subjective experience (Dana, 2018).

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.

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.



Melodious voice: Speak with a more melodious voice, full of prosody and life.



Smiling mouth and eyes: Smile not only with your mouth but with your eyes. Whether or not we are aware, our neuroception scans for congruence between the smiling mouth and smiling eyes. Crow's feet wrinkles are testament to someone who lives a more joyful life. So maybe reconsider that Botox.



Avoid leaning in: Leaning in can be perceived as very threatening. Most of us don't like it when others enter our personal space uninvited, particularly in western cultures, and the result is typically defensive activation moving us toward fight or flight or less typically, occasional freeze responses.



Slow and low Breathing: Our lungs are the only internal body organ we can directly control, and proper breathing has a huge impact on our health. Breathe slowly with exhalations longer than inhalations – breathing out slowly accentuates relaxation and can slow our heart rate by 20 beats per minute (vagal brake).

Re-story

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

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.

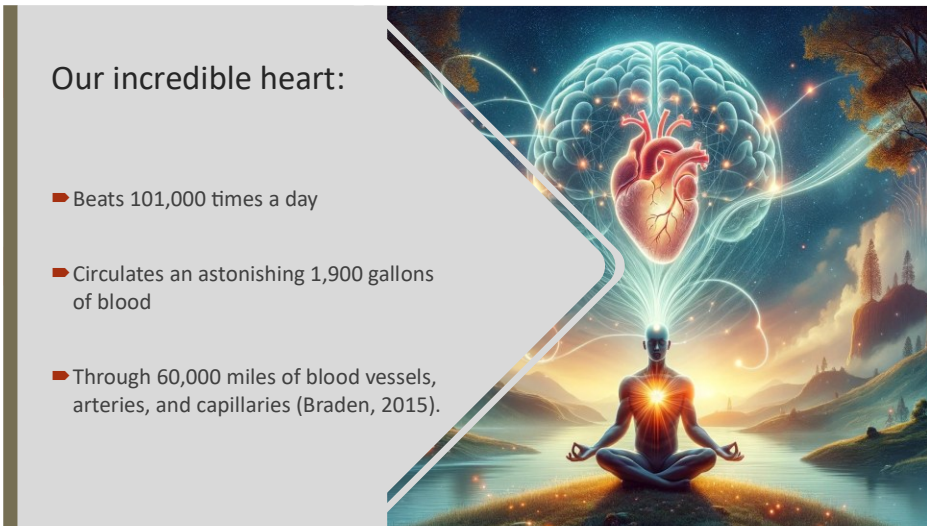
Pillar Two:

HeartMath®



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

The wisdom of the heart is not new—it was known to the ancients and has been referenced throughout Scripture. *“Above all else, guard your heart, for everything you do flows from it”* (Proverbs 4:23, NIV). This verse reminds us that our heart is central to the essence of life, influencing not only our emotions but the quality of our decisions and actions. In modern times, much of this wisdom was dismissed and then forgotten, but it is being rediscovered through scientific and spiritual lenses alike, leading us toward fuller, more meaningful lives.



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.

Wisdom of the Heart Across Traditions

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

Bible: The heart is mentioned **826** times. It represents our mind, will, and spirit. Proverbs 4:23 says, “Keep your heart with *all* diligence, for out of it spring the issues of life.”

Qur'an: Mentions the heart 132 times, describing it as a center of reasoning, intentions, and decision-making. A healthy or diseased heart shapes human destiny.

Egyptians: Believed the heart, not the brain, was the seat of wisdom, memory, and the soul. It was where God’s will was heard and

Brain and Heart Working Together

Research shows the heart has its own “little brain,” able to think, remember, and influence our lives in powerful ways.

For years, science said the brain ruled, while artists and intuitive thinkers trusted the heart.

New evidence reveals that the heart and brain work best together (Braden, 2015a, 2015b).



One of my heroes who advocates for new and innovative ways to promote mental health is Gregg Braden. He is an author and speaker who has actively bridged science and spirituality. He has a background

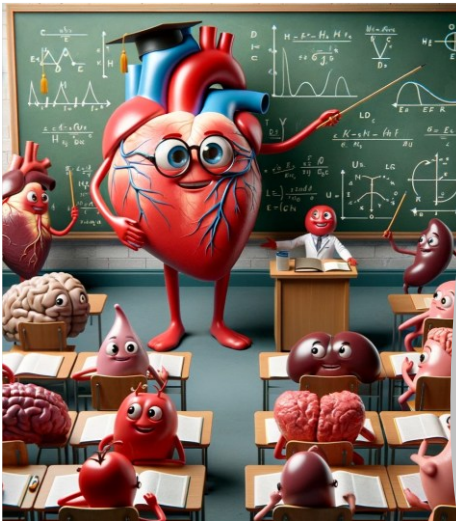
in earth sciences and worked in the aerospace and defense industries during the 1980s. Braden is also widely known for his work in popularizing the concept of HeartMath®. Although not a founder of the HeartMath® Institute, he has been a strong proponent of its work, particularly in the areas of emotional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

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).

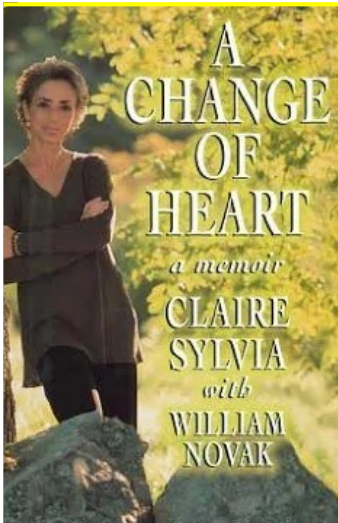


What – Heart Intelligence?

- 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.

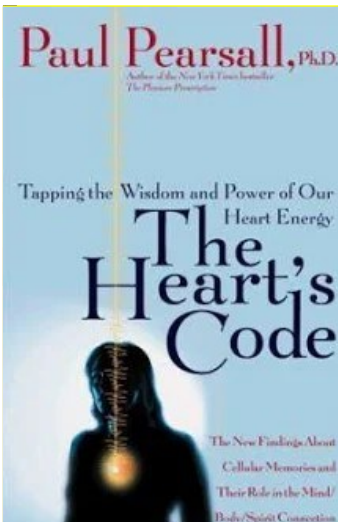


Stories of the Heart:

- **Clare Sylva**, a professional dancer, in 1998 received the heart and lungs of a young man, Tim, who died in a motorcycle accident.
- Not long after the transplant, she began to crave new foods such as **chicken nuggets and green peppers** and was specifically drawn to KFC to satisfy her cravings.
- She was able to eventually visit the parents of this young man and discovered that **Tim precisely loved the same kinds** of foods that she was now craving.
- Clare had acquired her cravings through the phenomenon of **memory transference** which has become an area of serious study and eventual acceptance.

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

<https://youtu.be/Hir6I-RFOIY>



Stories of the Heart

- In 1999, **Dr. Paul Pearsall, a neuropsychologist**, in *The Heart's Code* wrote about an 8-year-old little girl who received a heart from a 10-year-old girl.
- Almost immediately after the surgery, she started having vivid nightmares of being **chased, attacked, and murdered**.
- Her mother arranged a consultation with a psychiatrist who after several sessions concluded that she was witnessing actual physical incidents.
- They decided to **call the police** who used the detailed descriptions of the murder (the time, the weapon, the place, the clothes he wore, and what the little girl he killed had said to him) given by the little girl to find and convict the man in question.

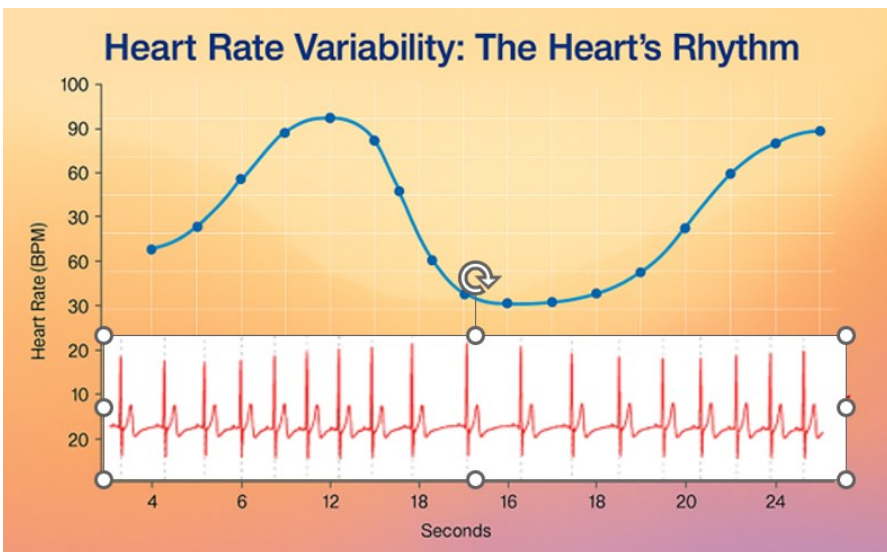
Please click below for Dr. Braden's enticing discussion:

<https://youtu.be/Hir6I-RFOIY>

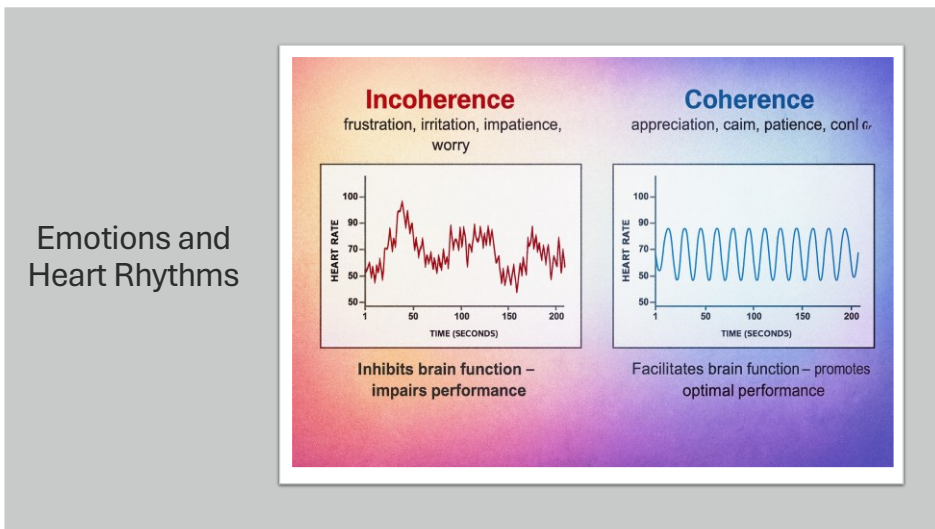
HeartMath® is a magnificent therapy that uses techniques that focus on heart rate variability and the heart's influence on emotional well-

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

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

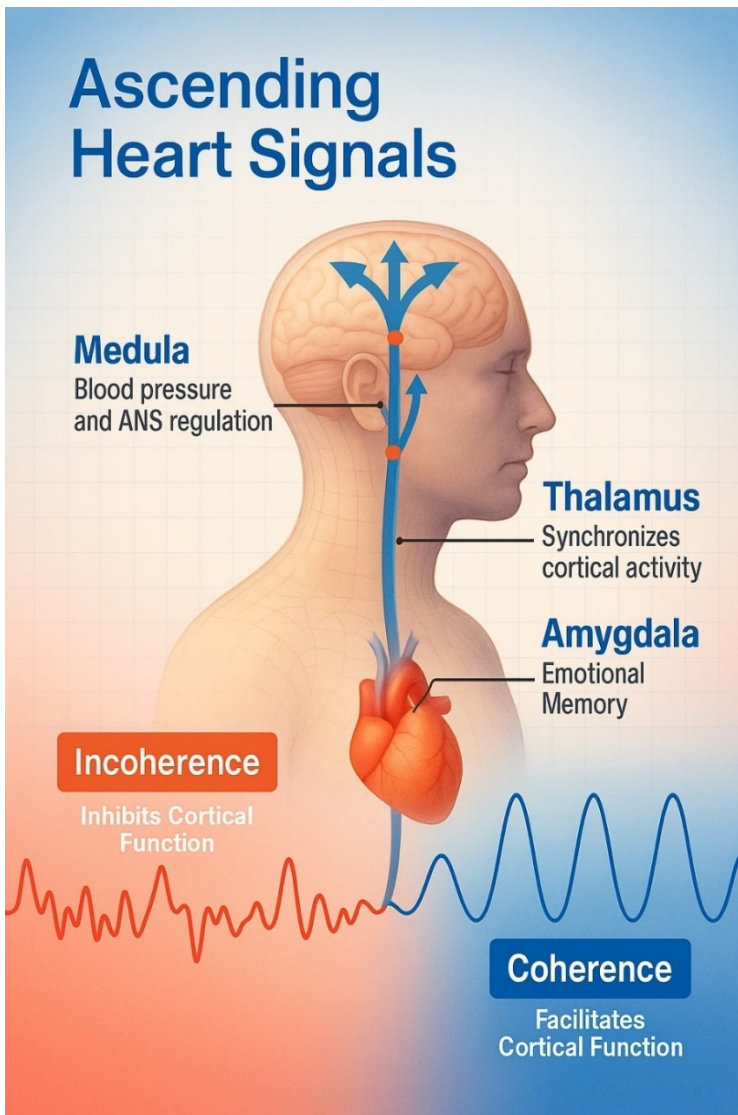


In practice, HeartMath® uses HRV to assess an individual's level of coherence, a state where the heart, mind, and emotions are in energetic alignment and cooperation. This state is characterized by a smooth, wave-like pattern in the heart rhythm, indicating emotional balance and mental clarity. HeartMath® 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.

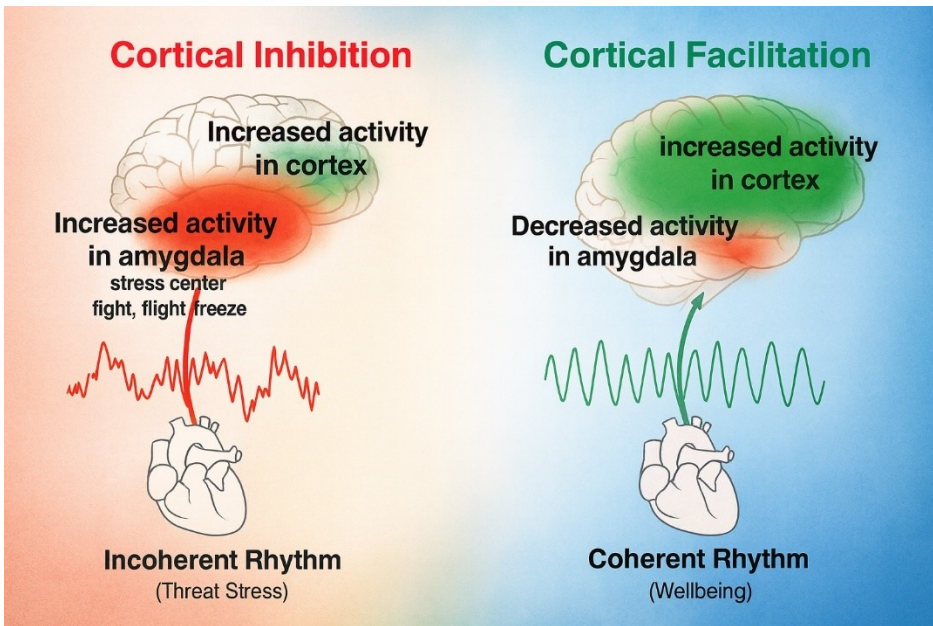


Once we attain coherence in the heart, the coherent heart then communicates in four distinct ways to the brain, enabling it to achieve coherence: (1) nerves connecting the heart to the brain, particularly the vagus nerve, (2) hormones, (3) blood pressure shifts, and (4)

electromagnetic waves (McCraty 2023). This allows the brain to be more integrated and efficient, while an incoherent heart inhibits cortical function. Note that 80% of information flows from body to brain (efferent).



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



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

1. **Heart Coherence:** As previously noted, heart coherence refers to a harmonious, ordered pattern in the heart rhythms, characterized by a stable, sine-wave-like pattern in the heart rate variability (HRV). This state is associated with positive emotions, physiological efficiency, and a sense of well-being. It is achieved when the heart, mind, and emotions are in energetic alignment and cooperation.
2. **Interconnectedness and Energy Fields:** The HeartMath® Institute suggests that the heart emits an electromagnetic field of up to a radius of 10 to 15 feet that can affect the people, animals, and environment around us. This field can be detected by others unconsciously. In a coherent state, the heart's electromagnetic field is more ordered and coherent. If ordered or coherent, the effect on others is positive and if disordered or incoherent, the effect on others is negative.
3. **Entrainment and Resonance:** Entrainment is a physics principle where two oscillating systems assume the same frequency. When applied to heart coherence, entrainment suggests that the coherent heart rhythm of one person can influence and synchronize with the heart rhythm of another person when they are in close proximity, leading to mutual coherence. This is a beautiful form of energetic communication, where the heart's electromagnetic field of one person can influence the heart rhythm of another person.
4. **Emotional Contagion:** On a psychological level, this concept 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

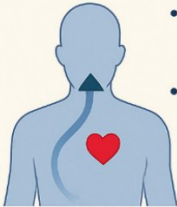
- While maintaining this rhythm, shift your attention to feelings of gratitude, appreciation, love, care, or compassion
- Hold your focus there
- Allow yourself to fully experience these emotions as they grow stronger and more stable in your heart

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

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

- 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, appreciation
- With each out-breath, send those feelings outward, radiating care, compassion, and love to yourself and to others

HeartMath®

Pillar Three

Internal Family Systems (IFS)



There are few discoveries in modern psychology as breathtaking as Internal Family Systems (IFS), developed by the great family therapist, Dr. Richard C. Schwartz, Ph.D. It is as if someone has handed us a map of the soul, showing that what once felt like chaos inside is in fact an intricate design with extraordinary wisdom. For those who have carried trauma, battled addiction, or struggled with the weight of emotional pain, this discovery is nothing short of revolutionary.

We now know that trauma and addiction are not confined to memory or thought, they live in the body. They are etched into the nervous system, distorting our sense of safety and throwing our inner world into turmoil. The body remembers through racing pulses, shallow breath, restless nights, and desperate escapes into substances or compulsions. These are not failures of willpower but the body's survival strategies, ways of coping when the heart and mind can no longer bear the weight of suffering.

Faced with this unrelenting pain, our inner world organizes itself into defenses. Some parts bury the wounds so deeply they can scarcely be spoken of. Others work tirelessly to control, to manage, to keep us safe at all costs. And when the pain breaks through, other parts rush in like firefighters, dousing the flames with distraction or self-destructive relief. Even the harsh voice of the Inner Critic, which seems to be our enemy, is in its own way trying to protect us from rejection or failure.

This is where IFS shines. It helps us understand that these parts are not enemies to be silenced but allies who need compassion. It shows us that every strategy, even the most damaging, is born from the system's attempt to survive. And here lies the most awe-inspiring truth: beneath all of these layers, untouched by trauma, is the Self, the core of who we are, radiant with courage, clarity, and compassion.

Healing begins when the Self takes the lead. In that moment, exiled pain finds care instead of isolation, protective parts find rest instead of exhaustion, and the nervous system begins to settle into safety. Addiction loosens its grip, trauma releases its hold, and hope rises again.

- **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.



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



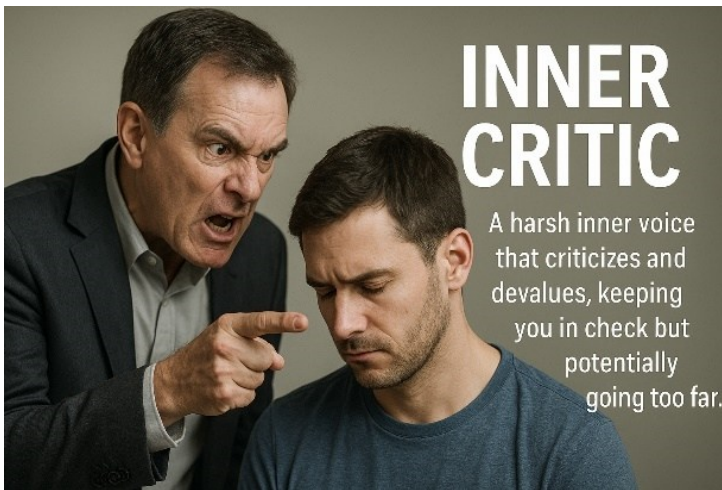
(2) **Managers**: These parts are responsible for maintaining a sense of order and control in a person's life. They anticipate and address problems proactively to protect the individual from harm or pain. In the context of depression, managers might try to keep depressive behaviors in check by overachieving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

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



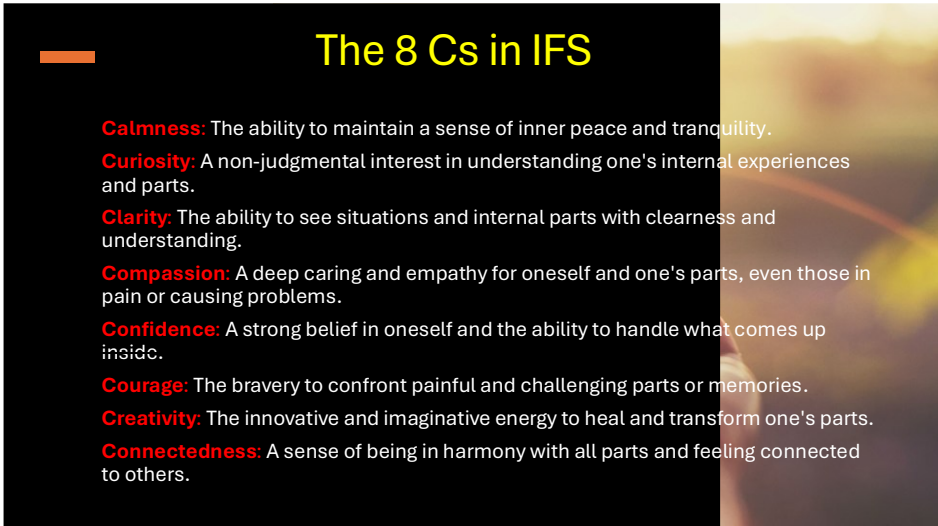
(4) The Inner Critic: The inner critic is a powerful part of our inner world, often taking shape as an internal voice that evaluates, corrects, and warns us. At its healthiest, it can serve a good and necessary function by keeping us in line with values, urging self-reflection, and helping us avoid harmful choices. When balanced and not driven by managers or exiles attempting to shield us from overwhelming pain, the critic provides helpful feedback that can lead us toward growth and integrity. Yet,

when it becomes distorted, the inner critic can turn condemning, harsh, and destructive. In such moments, it often mirrors the voice of the *accuser*, that spiritual force which seeks to tear down and enslave us in shame rather than bring us closer to God's love and truth. 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.



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

manage the managers, and redirect the firefighters in healthier ways. The Self is typified by eight qualities called the 8 Cs.



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

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

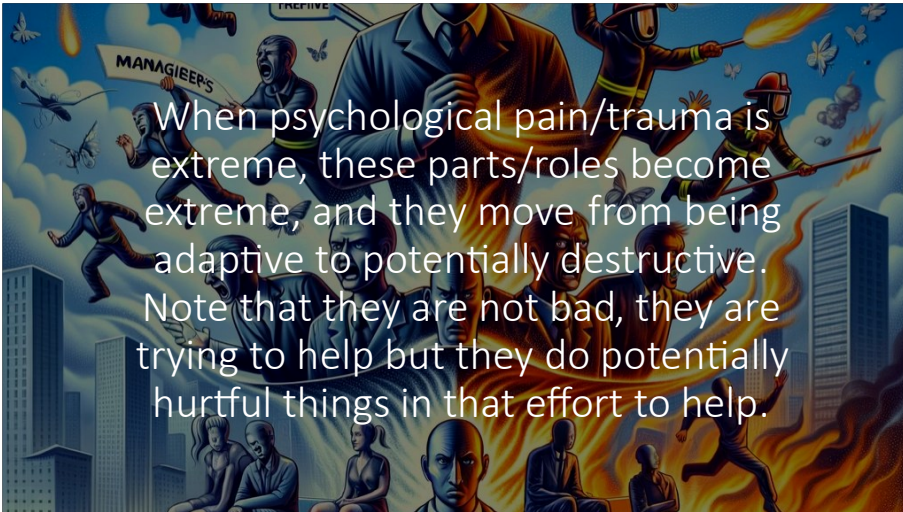
intelligence, as individuals learn how to manage their emotions effectively.

3. **Encourages Compassion and Understanding:** IFS fosters an environment of compassion and understanding, both for oneself and for others. By recognizing that every part has a positive intent, even if its actions are at times counterproductive or harmful, individuals learn how to approach themselves and their parts with kindness and empathy.
4. **Addresses a Wide Range of Psychological Issues:** IFS has been applied to a variety of psychological issues, including anxiety, depression, fears, trauma, and relationship problems. Its flexibility and adaptability make it a suitable approach for many different types of individuals and concerns.
5. **Facilitates Deep Emotional Healing:** IFS therapy goes beyond symptom relief and aims for deep emotional healing. By focusing on the roots of psychological issues, it helps individuals heal the wounds of their parts, leading to lasting changes.
6. **Enhances Relationships:** By improving self-awareness, emotional intelligence, and communication skills, IFS can help individuals build stronger and healthier relationships. Understanding one's own parts can also lead to a better understanding of others, fostering empathy and connection.
7. **Empowers the Individual:** IFS empowers individuals by putting them in the driver's seat for their healing process. The model teaches that individuals have the internal resources they need to heal, and the therapist acts as a guide rather than a rescuer.

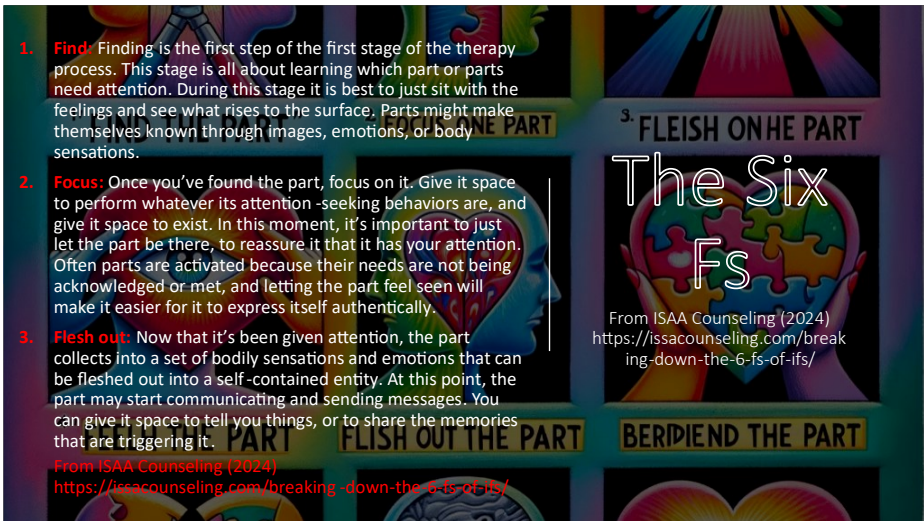
8. **Integrates Well with Other Therapeutic Approaches:** IFS is a non-pathologizing and hopeful model that can be integrated with other forms of therapy, including cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), faith-based therapies, and more. This makes it a versatile tool in a therapist's toolkit.
9. **Evidence-Based:** Research on IFS is growing, and it has been recognized as an evidence-based practice for treating certain conditions, such as PTSD, demonstrating its effectiveness and reliability.
10. **Cultivates Mindfulness:** The process of identifying and interacting with different parts requires a level of mindfulness, which can improve overall mental health and well-being.

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

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



In order to access and resolve the pain that has been largely exiled out of consciousness, we must access the defensive parts and get them to back off from defending as this keeps us distanced from our true self. There are six important steps involved in this process: Find, Focus, Flesh Out, Feel, Befriend, and Fear. This process is described nicely in the two graphics below as adapted from ISAA Counseling (2024):



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

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

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

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

3. FLEISH ON THE PART

The Six Fs

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

FLEISH OUT THE PART

BERIEND THE PART

The Six Fs – cont.

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

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

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

In IFS, we learn to listen to the pain

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



In a wonderful exercise, Jenna suggests that we lean into the pain and do three things, as presented in the graphic below. For more detailed information on this process, I suggest you access her website <https://jennariemersma.com/move-toward/>. It is an amazing resource (Riemersma, 2024). I have used this exercise many times and have found it liberating to re-frame my pain as positive feedback (yes, positive, not negative), as it can lead to vital awareness of what that pain wants us to know and do.

Lean into pain and ask three questions:

Much of medicine and even psychotherapy teaches us the wrong thing, namely, to avoid or mitigate pain which keeps us stuck. IFS teaches us the contrary, that instead we must move toward the pain and listen to its valuable messages.

1. What body or **physical sensations** do I **notice** and where do I feel them?
2. What does this **pain or emotion** want me to **know**?
3. What does this pain or emotion **need** me to **do**?

Click the link below for a wonderful guide on how to do this by Jenna (start at 48:20):

https://www.youtube.com/watch?v=U0C2dINWgPA&ab_channel=PureDesireMinistries



A few of my favorite speakers on IFS.



Jenna Riersmesma – Faith and IFS

https://www.youtube.com/watch?v=deqxQ9Xw6g&ab_channel=geoffreyholclaw



Dr. Tori Olds

https://www.youtube.com/watch?v=tNA5gTTxFFA&ab_channel=Dr.ToriOlds



Kenny Dennis – IFS for Kids

https://www.youtube.com/watch?v=Jl7bk3JfEmk&ab_channel=KennyDennis



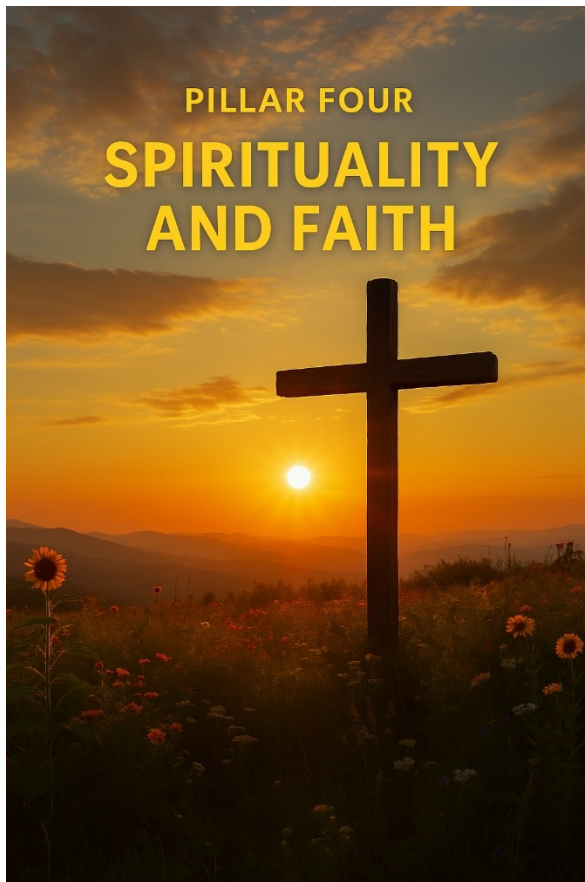
EXILES	MANAGERS	FIREFIGHTERS
➤ Parts that have experienced trauma and become isolated or suppressed in an effort to protect the individual from feeling the pain, terror, fear, and so on. ➤ Exiles are often young parts holding extreme feelings or beliefs that become isolated from the rest of the system ("I'm worthless," "I must be successful to be lovable," "I am a failure.") ➤ Exiles become increasingly extreme and desperate as they look for opportunities to emerge and tell their stories. ➤ Want to be cared for and loved and constantly seek someone to rescue and redeem them. ➤ Can leave the individual feeling fragile and vulnerable.	➤ Managers are proactive and try to avoid interactions or situations that might activate an exile's attempts to break out or leak feelings, sensations, or memories into consciousness. ➤ The primary function of all managers is to keep the exiles exiled. ➤ Common managerial behaviors: controlling, perfectionism, high criticism, co-dependency, narcissism, people pleasing, avoiding risks, being pessimistic, constantly striving to achieve, anxiety. ➤ Managers will strive to prevent the exile from being triggered. ➤ Common symptoms: Emotional detachment, panic attacks, somatic complaints, depressive episodes, hypervigilance.	➤ Have the same goal as managers: keep exiles under control and handle the pain. BUT firefighters have different strategies. ➤ Managers want you to look good and be approved of, but firefighters only care about distracting from the pain, so they are often in conflict. ➤ Firefighters are highly reactive and automatically activate when an exiled part is triggered (rejection, isolation, failure, traumatic memories, criticism). ➤ The function of a firefighter is to eliminate painful feelings, thoughts, sensations, and memories without regard for the consequences. ➤ Common symptoms: drug/alcohol use, self-mutilation, binge-eating, compulsive sexuality, media addictions

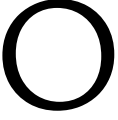
Courtesy of my rockstar student, Alayna Collins, M.A., Doctoral Candidate

Pillar Four

Spirituality and Faith

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



f all the pillars in the NeuroFaith®™ model, this one stands apart. Not because it is less scientific but because it addresses what is beyond the reach of science alone. It reaches into the soul. While polyvagal-informed therapy, neurocardiology, and Internal Family Systems (IFS) offer indispensable tools for healing trauma and addiction, they do not answer the question of ultimate meaning. They cannot rewrite a shattered identity or transfigure the human heart. That work belongs to **spirituality**. More specifically, to a **faith-rooted spirituality grounded in the redemptive power and Person of Christ**.

Spirituality is not an afterthought or a "nice add-on" in trauma treatment. It is the **deep structure** beneath every healing process. When integrated into clinical care with clarity and reverence, spirituality activates latent neuroplasticity, regulates the nervous system, restores fractured identity, and reshapes the moral and relational framework of the individual. But not all spirituality is created equal. The NeuroFaith® model identifies **Christ-centered faith** as the path of deepest healing—not simply because it is spiritually true but because it aligns with what we now know from neuroscience, developmental psychology, and consciousness studies.

Tim Fletcher and the Default Mode Network: Shame, Narrative, and Inner Healing

To understand the power of spirituality to transform the inner landscape, we must also acknowledge those who are sounding the alarm about trauma's hidden stronghold—the Default Mode Network. One such voice is **Tim Fletcher**, a Canadian counselor, educator, and founder of **RE/ACT**, a program dedicated to healing trauma and addiction by focusing on **core belief systems** and **developmental wounding**. Fletcher is not a research scientist, but he is a deeply experienced trauma educator whose public lectures, including those on

his YouTube channel "*Tim Fletcher – Trauma and Addiction*", have reached thousands (Fletcher, 2022).

Fletcher asserts what neuroscience has now confirmed: that trauma rewires the **Default Mode Network (DMN)** with *negative core beliefs* that become our operating system. These beliefs often include:

- "I'm not lovable."
- "I'm not safe."
- "I don't matter."
- "I'm bad."

According to Fletcher, these beliefs are not just psychological constructs; they become the emotional and narrative lens through which the traumatized person views all of life. The DMN, which helps us process self-referential thought, becomes **hijacked by shame-based scripts** that feel permanent, immutable, and unconscious. He emphasizes that **until these core beliefs are accessed and replaced**, true healing remains incomplete—even if abstinence from substances is achieved.

Fletcher's clinical insight aligns with research by Miller (2021), who found that spiritual experience can shift activity in the DMN and restore meaning, hope, and connection. Fletcher's model integrates well with IFS in that it recognizes **exiled parts** trapped in shame and fear, as well as **protector parts** that over-function through perfectionism, anger, or addiction. These parts arise to manage the emotional pain generated by unresolved negative core beliefs.

The NeuroFaith® model builds on Fletcher's insights by declaring: **spirituality is the most effective means to reach, redeem, and restore these inner narratives**. Without healing the Default Mode Network, recovery remains superficial. But when the DMN is reoriented through Christ-centered truth—

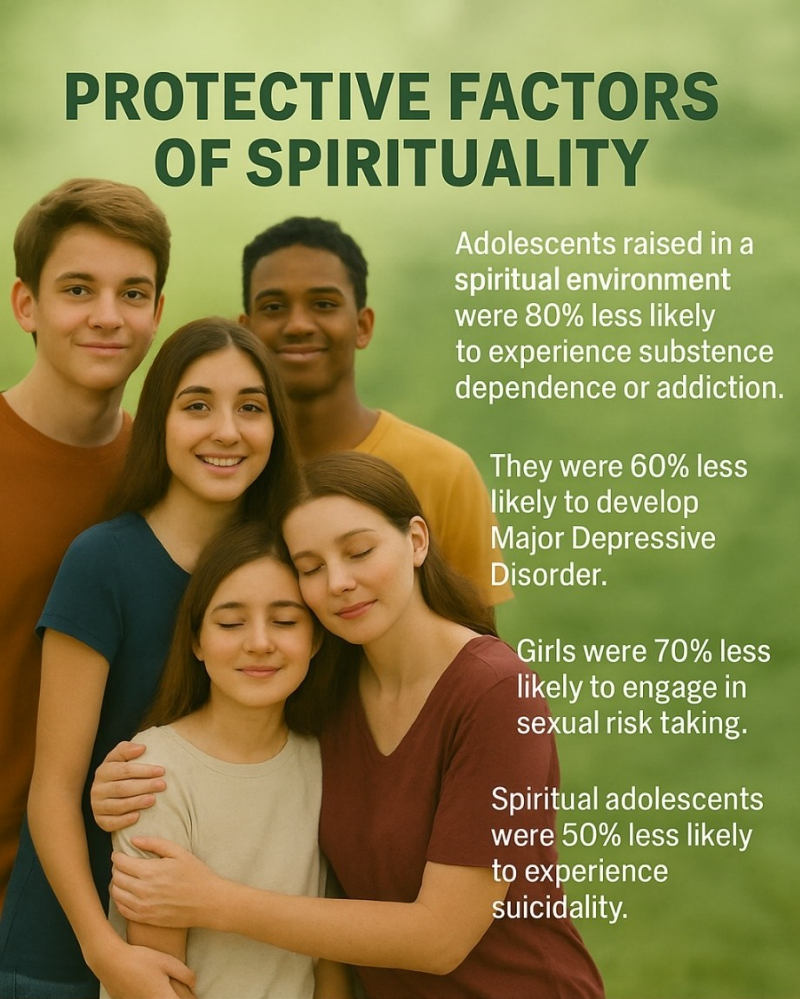
“You are loved.” “You are forgiven.” “You are chosen.”—the narrative changes, and with it, the neurobiology of the soul.

Lisa Miller’s Research: A New Science of Spirituality

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

- 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 substance dependence or addiction.

They were 60% less likely to develop Major Depressive Disorder.

Girls were 70% less likely to engage in sexual risk taking.

Spiritual adolescents were 50% less likely to experience suicidality.

Most powerfully, children whose mothers were also highly spiritual showed an 80% reduction in depression risk.

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

Spirituality as a Powerful Protective Factor

Based on Dr. Lisa Miller's research

Children and adolescents raised with meaningful spiritual or religious involvement experience strong mental health protection:

- ✓ **80%** less likely to develop substance dependence or abuse
- ✓ **70%** less likely to engage in sexual risk-taking (in girls)
- ✓ **60%** less likely to develop Major Depressive Disorder
- ✓ **50%** less likely to experience suicidality

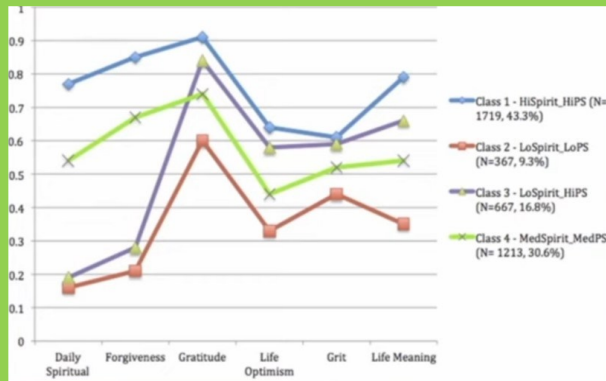
“Spiritual development is not just good for the soul, it’s powerfully protective for the mind.”

— Dr. Lisa Miller

Miller's research shows that individuals with an awakened, spiritually engaged brain exhibit **greater cortical thickness**, especially in areas responsible for self-regulation, reflection, and resilience. These areas are **significantly**

compromised in those with depression, anxiety, and trauma histories. When activated through spiritual engagement, they **buffer the effects of adversity** and provide a foundation for moral discernment, emotional regulation, and hope.

Dr. Miller notes research which indicates that high spirituality increases positive core values and life appreciation compared to low spirituality



One region of particular interest is the **Default Mode Network (DMN)**, a resting-state network responsible for self-referential thought and autobiographical memory. This is where our identity narrative lives. In trauma survivors, the DMN becomes encoded with scripts of shame: *"I'm not good enough."* *"I'm broken."* *"It's my fault."* These aren't just cognitive distortions—they are **neural grooves** carved by years of dysregulation and survival-based meaning-making.

Miller (2021) has shown that **spiritual experience can rewire the DMN**, introducing new narratives of purpose, connection, and divine value. Experiences of awe, gratitude, prayer, and relational communion with God literally restructure this internal narrator. The result is not just a change in belief but a change in brain structure.

The Biopsychosocial-Spiritual Model

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

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.

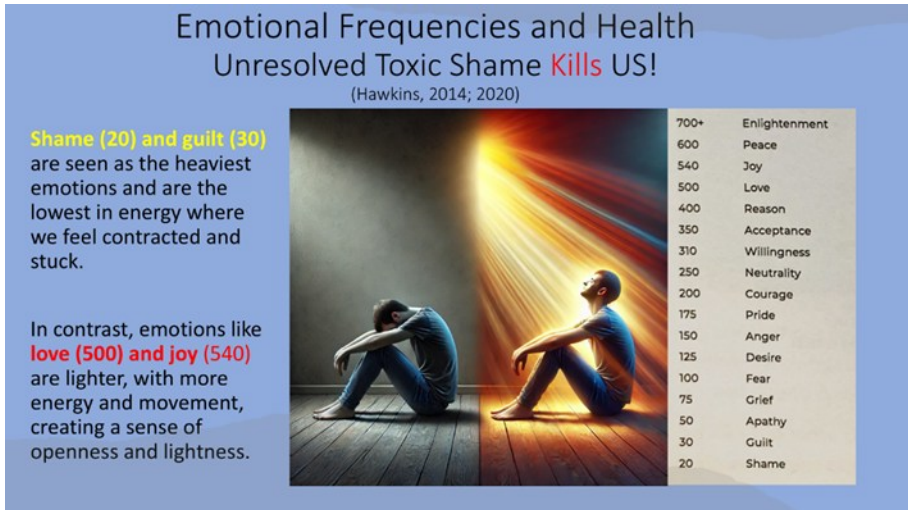
Udermann writes: *"Strong scientific evidence suggests that individuals who regularly participate in spiritual worship services or related activities and who feel strongly that spirituality or the presence of a higher being or power are sources of strength and comfort to them are healthier and possess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

Shame: The Soul Killer

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

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 Redemptive Work of Christ

This is where the NeuroFaith® model becomes explicitly Christian. It does not offer vague spirituality or moralistic performance. It offers **the death and resurrection of Jesus Christ** as the defining act and moment of healing. *He was handed over to die because of our sins, and He was raised to life to make us right with God.*" (Romans 4:25 NLT)

Furthermore, Romans 12:2 commands, *"Do not conform to the pattern of this world, but be transformed by the renewing of your mind."* The Greek word for "transformed" is **metamorphoo**, the same used in Matthew 17:2, where Jesus is transfigured before the disciples. It is a word of **radical change**, like the metamorphosis of a caterpillar into a butterfly. The old is not improved, it is **left behind**.

In Christ, our shame is not managed. It is **crucified**. Our new life is not rehabilitated. It is **resurrected**. 2 Corinthians 5:17 tells us, *"If anyone is in Christ, the new creation has come: The old has gone, the new is here!"*

This isn't metaphor. This is an **ontological shift**. When a person places faith in Christ, the soul is regenerated. The mind is renewed. The nervous system calms. The default mode network rewrites its script. The trauma narrative is interrupted by a new story—one not of victimhood or survival but of redemption.

A Theology of Integration

Christian anthropology affirms that the human person is composed of **body, soul, and spirit**. The soul itself has three parts: **intellect, will, and emotions**. These faculties work together to form identity, process pain, and express action through the body. When trauma strikes, it often severs the link between these layers. The will collapses. Emotions shut down. Intellect becomes distorted. The body enters chronic dysregulation.

Spirituality reconnects these parts. And Christian spirituality **does so uniquely**. It does not merely offer insight or ritual. It offers a **relationship with a living Redeemer**. Through prayer, Scripture, worship, confession, and fellowship, in perfect alignment with the Holy Spirit begins to govern the soul again, and the soul restores right order to the body.

Ephesians 4:15 speaks to this integration: *"Instead, we will speak the truth in love, growing in every way more and more like Christ, who is the head of His body, the church."* Titus 3:5-6 describes this relationship in greater detail: *He saved us, not because of the righteous things we had done, but because of His mercy. He washed away our sins, giving us a new birth and new life through the Holy Spirit. He generously poured out the Spirit upon us through Jesus Christ our Savior.*

Philippians 1:6 adds, *"And I am certain that God, who began the good work within you, will continue his work until it is finally finished."* This is not instant healing, but it is **ongoing, transformative work**.

In Conclusion - The Soul Must Be Healed

The world is treating trauma with shallow tools. A diagnostic checklist. A pill. A support group. These are not evil. But they are **insufficient**.

What we are seeing in addiction, anxiety, depression, and dysregulation is not just a clinical crisis. It is a **spiritual one**. The soul has been orphaned. The story has been hijacked. The image of God has been obscured by pain and shame.

The NeuroFaith® model calls us to something deeper. To a **science that respects the soul**, and to a **faith that engages the brain**. This model is not just innovative. It is **necessary**.

Because without Christ, there is no final healing.

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 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.

Movement grows the brain and sedentary behavior shrinks it.

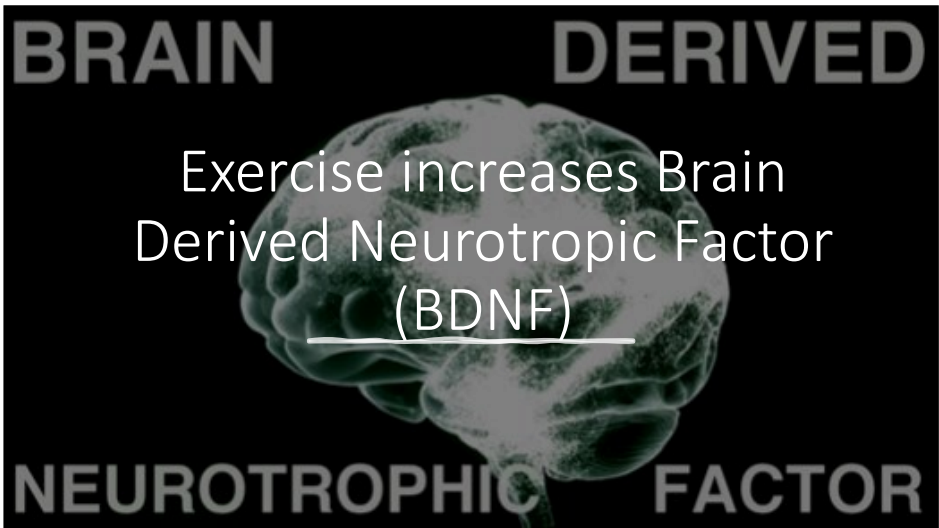
Koala bears used to have bigger brains but when they settled on eucalyptus leaves as their diet, they could just hang in a tree all day, eat, and not move much. As a result, their brain size has gotten smaller. So, the take-home is that a body that moves promotes a healthier brain.



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

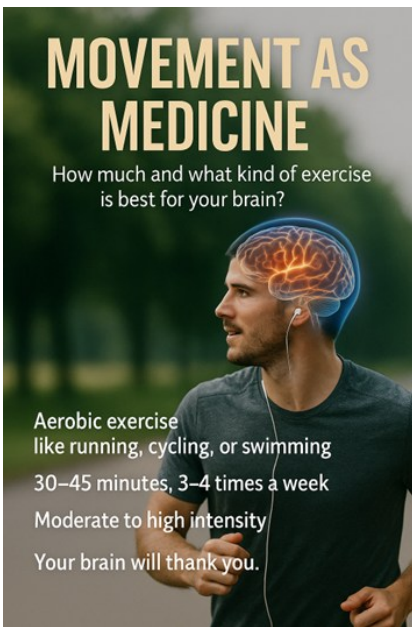
Meta-analyses have confirmed that exercise is as effective, and in some cases more effective, than pharmacotherapy for mild to moderate depression (Blumenthal et al., 2007; Cooney et al., 2013). Unlike medication, which often comes with side effects and long-term

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.

The Eye of the Storm

From Shame and Soul Murder to Soul Rebirth



The Eye of the Storm: From Soul Murder to Soul Rebirth

Shame is not a feeling. It is a force, a storm that levels the interior world of the soul. It is the unseen hurricane that tears through the nervous system, uproots identity, and leaves behind silence and exile. Its winds whisper an ancient lie: You are not enough. You are unworthy of love. That lie has echoed since Eden, when Adam hid among the trees and said, *"I was afraid because I was naked, so I hid"*

(Genesis 3:10, NIV). In that moment, fear and shame entwined, and humanity began its long journey away from safety and belonging.

Modern science confirms what Scripture has always understood. Shame is not only emotional or spiritual. It is physiological. It ignites the hypothalamic-pituitary-adrenal axis and floods the bloodstream with cortisol and adrenaline, placing the body in chronic survival mode (Porges & Porges, 2023). It collapses the Polyvagal pathways that govern safety and connection, silencing the tone of the voice and flattening the heart's natural rhythm. It constricts heart-rate variability and disrupts the electromagnetic coherence that reflects emotional balance (McCraty, 2023). Shame is not simply felt; it is lived in every breath, heartbeat, and muscle contraction.

In this chapter we enter the eye of that storm. We look at the work of three seminal voices, John Bradshaw, Tim Fletcher, and Curt Thompson, whose courage and insight have shaped our understanding of shame. We listen to their stories, the wounds that became their teachers, and the truths that emerged from their healing. As we do, we integrate their wisdom through the Four Pillars of NeuroFaith® as just discussed in Part III: Polyvagal-Informed Therapy, HeartMath®/Neurocardiology, Internal Family Systems (IFS), and Spirituality.

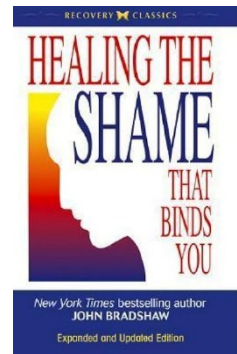
John Elliot Bradshaw: The Wounded Healer and the Birth of Language for Shame

John Bradshaw's life was a map of pain turned into wisdom. Born in Houston in 1933, he grew up in a home marked by alcoholism and emotional absence. His father left when he was a child, leaving behind a wound of abandonment that theology could not fill. He entered the

Catholic seminary, earning degrees in philosophy and theology at the University of Toronto, hoping that intellect might tame the ache of the heart. Yet beneath the study and ritual lived the belief that he was fundamentally defective.

After leaving the priesthood he battled alcohol addiction and despair before finding recovery. It was there that he discovered the central insight of his life: shame was not an emotion about what he had done but an identity wound about who he believed himself to be (Bradshaw, 2005). In *Healing the Shame That Binds You*, he distinguished healthy shame, which teaches humility and dependence, from toxic shame, which convinces the soul it is irredeemably flawed. He called this condition “soul murder,” the death of authenticity under the weight of condemnation.

Bradshaw taught that toxic shame is transmitted through families where love is conditional, affection is withheld, or perfection is demanded. In such environments the child’s spontaneity and innocence are sacrificed for survival. Shame-bound people reflexively experience shame whenever they notice an urge, want, or longing. (Bradshaw, 2005).



His later recovery connected psychology and spirituality. He showed that healing shame involves confession, community, and grace, mirroring the redemptive movement of Scripture itself. Bradshaw’s work forms the foundation of the spiritual pillar of healing. Shame, he taught, is a rupture in relationship with the divine image. Healing is reconciliation—the discovery that the soul was never truly unworthy.

Tim Fletcher: The Pastor Who Could Not Rest

Tim Fletcher's story continues Bradshaw's legacy, bringing the theology of shame into the physiology of trauma. Raised in a devout family where faith equaled productivity, he learned early that worth must be earned through effort. He later said he had been taught to "produce for Jesus" but never to rest in love (Fletcher, 2023).

As a young pastor he built one of the fastest-growing churches in his region. The congregation thrived, but inside he was unraveling. Years of overwork and self-neglect led to exhaustion and collapse. In that dark night of the soul, he encountered the truth that performance could not purchase peace.

From the ashes of that collapse, he founded RE/ACT Recovery Education for Addictions and Complex Trauma, dedicating his life to understanding how shame becomes embedded in the nervous system. Fletcher teaches that when children grow up unseen or emotionally invalidated, their brains and bodies encode the belief the problem must be me (Fletcher, 2025). This lie manifests as chronic sympathetic arousal or dorsal vagal shutdown, fight, flight, or freeze without end (Porges & Porges, 2023).

Fletcher's work demonstrates the neurobiological and emotional pillars in action. Healing requires restoring regulation to the body and reclaiming emotion through safe connection. Practices of mindful breathing, compassionate presence, and relational trust retrain the



autonomic nervous system to interpret life as safe rather than threatening. He reminds us that the miracle of grace is not only theological but biological. Out of his own collapse he

teaches that the body can learn peace again.

Curt Thompson: The Physician of Belonging

Curt Thompson brings the lens of neuroscience to the theology of connection. Trained as a psychiatrist at Wright State University and Temple University, he began treating depression and anxiety but found beneath every symptom the same root: the pain of being unseen. In *The Soul of Shame*, he writes that shame “disrupts the neural pathways that allow us to be seen, known, and loved” (Thompson & Seybeth, 2018).

Thompson's research shows that shame fragments the brain's integration. The prefrontal cortex loses harmony with the limbic and relational circuits, and the default mode network becomes biased toward negative self-reference (Thompson, 2023). Each thought and encounter becomes colored by unworthiness. Healing occurs through

presence. When we are seen without judgment, the brain rewires itself toward safety and belonging.

Thompson's ministry of Being Known and his later works unite neuroscience with Christian hope (Thompson, 2025). They illustrate the relational and spiritual pillars of healing. The presence of love reorganizes neural pathways, and grace becomes a measurable biological reality. *"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"* (1 John 4:18, NIV).

Integration and Healing: The Science and Spirit of Restoration

As we have seen in the Four Pillars of NeuroFaith®, the human system is an intricate unity of brain, heart, emotion, and spirit. Shame corrupts each of these domains at once. It is both poison and storm. Its signal begins in the body's survival centers and radiates outward through every relational and spiritual circuit.

At the center of this cascade is the hypothalamic-pituitary-adrenal axis, the HPA system that governs stress and survival. When a person receives the toxic signal of shame, the brain interprets it as mortal threat. The hypothalamus alerts the pituitary, which floods the bloodstream with cortisol through the adrenal glands. This sequence, repeated over time, engraves fear into the nervous system. The body becomes a living alarm, always expecting rejection.

To quiet this alarm, we must understand the frameworks that reveal how shame reorganizes the human experience: Polyvagal Theory, HeartMath Neurocardiology, and Internal Family Systems. Each

reveals a dimension of what the Four Pillars describe as the loss and restoration of coherence.

How Shame Activates the Systems We Have Seen

As we have already seen in the Four Pillars, the human being is not a collection of fragments but a living symphony of neurobiological,



cardiac, emotional, and spiritual systems that were created for coherence. The same mechanisms that sustain harmony in the body and peace in the heart are also the channels through which shame does its most

devastating work. Shame is the great hijacker of divine design. It rides the neural highways of safety and turns them into corridors of fear. It floods the bloodstream with venom and calls it protection. It speaks in the languages of cortisol, adrenaline, and accusation.

To understand its reach, we must look closely at how shame moves through the systems we have already explored.

The Neurobiological System

The body is the first to hear the voice of shame. The hypothalamic-pituitary-adrenal axis ignites as though death were approaching. The hypothalamus cries alarm, the pituitary releases command, and the adrenal glands pour out cortisol like lightning through the veins. The organism braces for a storm that never ends (Porges & Porges, 2023).

In this climate, the Polyvagal system, designed to read safety through tone, gaze, and presence, begins to shut down. The sympathetic branch burns in frantic activity, and the ventral vagal system retreats into silence. The body learns to live as though love were lethal. The muscles tighten, the breath shortens, the chest contracts. The hurricane lives inside the nervous system, and the message it repeats is simple: you are not safe being you.

HeartMath®

The heart feels the second wave of this storm. As we saw in HeartMath® and Neurocardiology, the heart generates an electromagnetic field that extends far beyond the body and changes with emotion (McCraty, 2023). Under the weight of shame, this field becomes jagged and chaotic. Heart-rate variability falls. The elegant dialogue between heart and brain becomes fractured. Each beat carries the residue of rejection, each pulse an echo of abandonment.

The body of the believer who once radiated peace now transmits static and confusion. Yet even here, restoration begins. As gratitude, prayer, and embodied worship restore coherence, the waves smooth, the signal clears,



and the rhythm of love begins to replace the rhythm of fear. The heart remembers its true language, which has always been worship.

Internal Family Systems (IFS)

Within the emotional world, shame operates like a toxin that infects the entire internal family. The exiled parts that carry pain are locked

away. Managers rise to maintain order, perfectionism, and control. Firefighters ignite in frantic efforts to suppress emotion through addiction, anger, or denial. When exile pain grows unbearable, these protectors become extreme. The inner critic, once a voice meant to protect from harm, becomes a relentless persecutor. It distorts conscience into condemnation. It echoes with a dark, accusing timbre, turning into what might rightly be called a satanic voice. This voice no longer disciplines; it destroys. It tells the soul that it is beyond forgiveness. It whispers that the cross was never meant for you.

This distortion dismantles the very qualities of Self that IFS identifies as the eight C's: calm, clarity, curiosity, compassion, confidence, courage, creativity, and connectedness (Schwartz, 2023). It also quenches the fruits of the Spirit that Paul described: *"love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control"* (Galatians 5:22–23). In the wake of shame, these qualities wither. The person lives in defense rather than devotion, in fear rather than faith.

The Spiritual System

Finally, shame attacks the spiritual center, the place where we know ourselves as children of God. The default mode network of the brain, which encodes self-awareness and narrative identity, becomes biased toward self-condemnation (Thompson, 2023). Every prayer, every thought, every relationship passes through the filter of defect. The person who was made for communion lives in isolation, interpreting divine silence as rejection. This is the neurophysiological expression of what Scripture calls exile from the garden.



When all four systems are caught in this hurricane, the human being experiences fragmentation at every level. The body cannot rest. The heart cannot find rhythm. The inner world cannot

agree on truth. The spirit cannot remember love. Yet the same interconnectedness that allows shame to devastate also allows healing to begin. When one pillar is restored, it begins to steady the others. When the breath slows, the heart follows. When the heart finds coherence, the mind quiets. When the mind quiets, the spirit remembers its Source.

The hurricane that once destroyed begins to fuel renewal. The very systems that carried chaos become the instruments of peace. As each pillar aligns, the human being returns to harmony, and the image of God within begins to shine again.

Returning to Who We Are

Healing shame is not only about calming the body or organizing the mind. It is a return to the truth of who we are and who we were created to be. Shame tells a lie about identity. It whispers that we are the sum of our failures, that love must be earned, that belonging is fragile. These lies take root in thought, in tissue, and in heartbeat. They become the felt memory of separation.

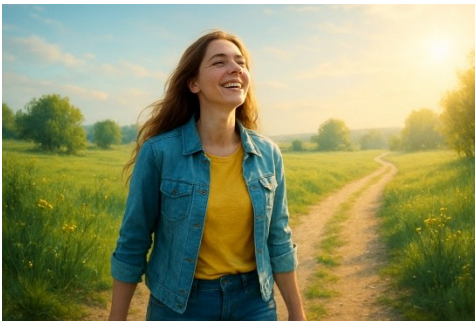
Every human being is born craving God. Beneath every addiction, anxiety, and compulsion is the hunger to be seen, known, and held without condition. Shame exploits that hunger, convincing us that our

craving itself is evidence of defect. Yet that longing is the fingerprint of our design. The heart was made to beat in rhythm with its Creator.

As we regulate the body and quiet the defenses, the deeper work begins—the exposure of the lie. Healing demands encounter. We must feel again who we were meant to be, not only in thought but in the visceral awareness of the body. “You created my inmost being; You knit me together in my mother’s womb” (Psalm 139:13, New International Version). The pattern of our wholeness was woven before we ever experienced fear or shame. Recovery is not the acquisition of a new self but the unveiling of the original one.

The body steadies, the heart becomes coherent, and the soul recognizes its true reflection. The image of God, unbroken and waiting, comes into view. The shame voice weakens. The breath lengthens. The nervous system remembers how it feels to be safe in love. We rediscover God not in theory but in physiology. We return to the garden not as fugitives but as children who hear the same voice calling, “Where are you?” and find the courage to answer, “Here I am.”

The Path of Restoration



Healing begins when the false signal of shame is withdrawn. Regulation of the body quiets the HPA axis and reawakens the ventral vagal system. Coherence practices restore harmony to the heart. Gentle

compassion allows the protectors to rest and the exiled parts to emerge without fear. The inner critic loses its voice as truth reclaims the inner world.

In this state, the eight C's and the fruits of the Spirit converge. Calm meets love. Clarity meets truth. Compassion meets kindness. Confidence meets faithfulness. Courage meets patience. Creativity meets goodness. Connectedness meets gentleness and self-control. These are not separate virtues but the same manifestation of coherence across body and soul.

At the neural level, this renewal rewires the default mode network. At the cardiac level, heart-rate variability increases (McCraty, 2023). At the spiritual level, the image of God is no longer obscured by fear.

This is the movement from soul murder to soul rebirth. The same systems once hijacked by shame become instruments of restoration. The body that once trembled in fear becomes the dwelling place of peace. The heart that once raced in terror becomes steady in love. The voice that once accused becomes still enough to hear the whisper of the Spirit saying, *"You are My beloved child; with you I am well pleased"* Luke 3:22 (NIV).

In this coherence the storm ends. The venom drains from the bloodstream of the soul. The hurricane becomes calm sea. And over that still water, the same creative Word that spoke light into the void speaks again into every heart: Be whole.

Anchored In Hope

The 12 Steps as a Foundation for Healing



The 12 Steps have long offered a powerful spiritual framework for recovery, and we embrace them here as a vital pathway of redemption and restoration. In this approach, the Steps are not simply principles to learn or instructions to follow. They are a lived process of transformation. They call us to honesty, humility, courage, and active participation in our own healing. True redemption in Christ is never passive. It invites us to show up with our whole hearts, to take responsibility for our lives, and to align ourselves with the truth God has revealed.

The 12-Step model was originally developed in the 1930s by Bill Wilson and Dr. Robert Smith, two men who recognized that willpower alone could not free them from the grip of addiction. They discovered that recovery required surrender to a Higher Power and the support of community. What began in a conversation between two struggling men grew into a global movement of healing. At its core, the 12-Step tradition has always been rooted in the belief that spiritual awakening, connection, and accountability restore what addiction and despair have fractured.

In this work, we are building upon that foundation. We affirm the spiritual strength of the 12 Steps, and we unapologetically center that spiritual awakening in Jesus Christ. He is not simply one “higher power” among many. He is the One who heals, restores, renews, and calls us home. When Christ becomes the center of the process, the steps shift from principles of survival to pathways of deep relationship with the One who loves us and leads us into life.

What makes this journey even more meaningful is how beautifully the 12 Steps align with the ways God designed the body and brain to heal. The NeuroFaith® model integrates the Steps with Polyvagal-Informed Therapy, HeartMath®, Internal Family Systems (IFS), and Johann Hari’s connection-based healing insights. This holistic approach recognizes that addiction does not affect only the spirit. It shapes the nervous system, the emotional self, and

the patterns through which we relate to others. Healing must therefore be layered, embodied, relational, and compassionate.

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.

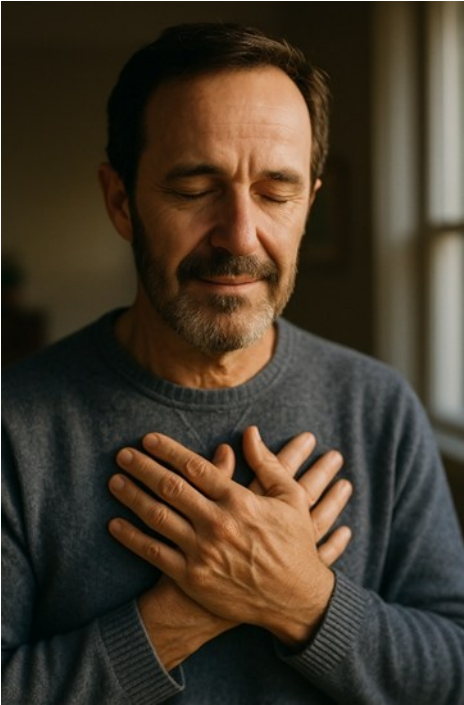
This is where healing starts.

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

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.**

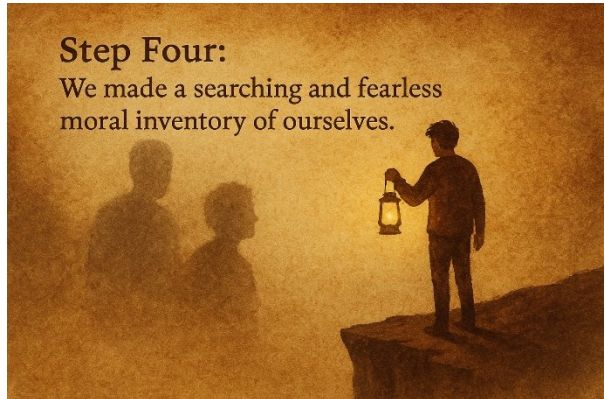
“For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.” Jeremiah 29:11 (NIV)

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)

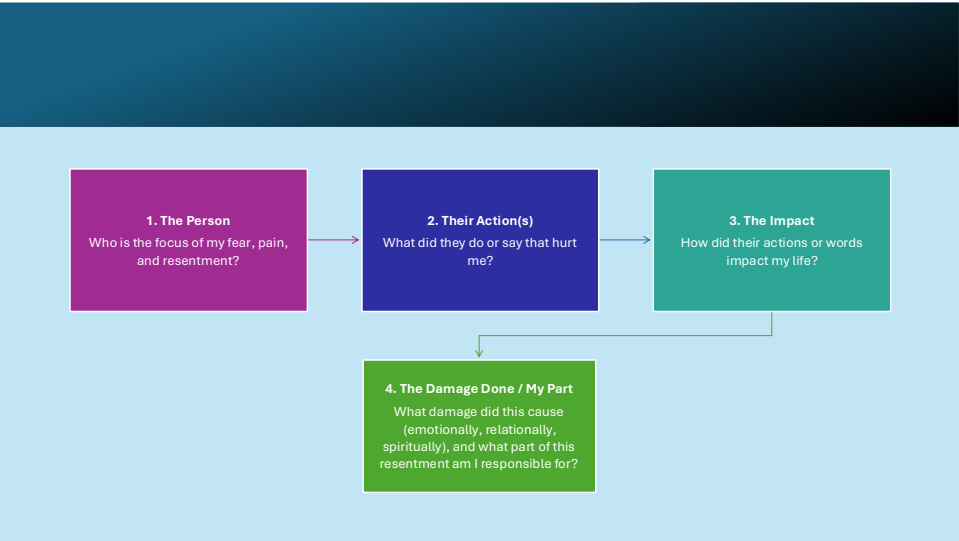
Keep in mind that Nothing in all creation is hidden from God. Everything is naked and exposed before His eyes, and He is the one to whom we are accountable.” Hebrews 4:13 (NLT)

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:



This inventory will be covered in detail once you become part of a NeuroFaith® Recovery Group. This is just the first part.

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 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 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 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)

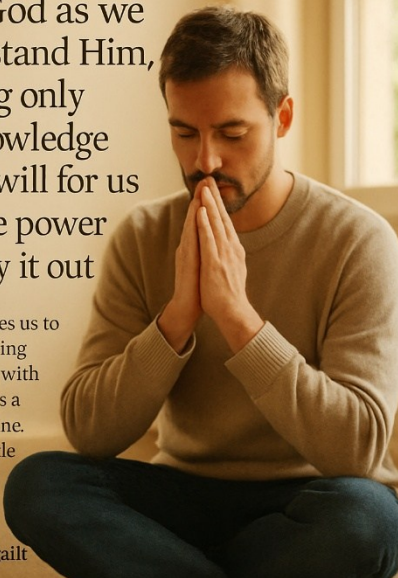
This is not self-monitoring out of fear — it is staying aligned with love.

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

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



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.

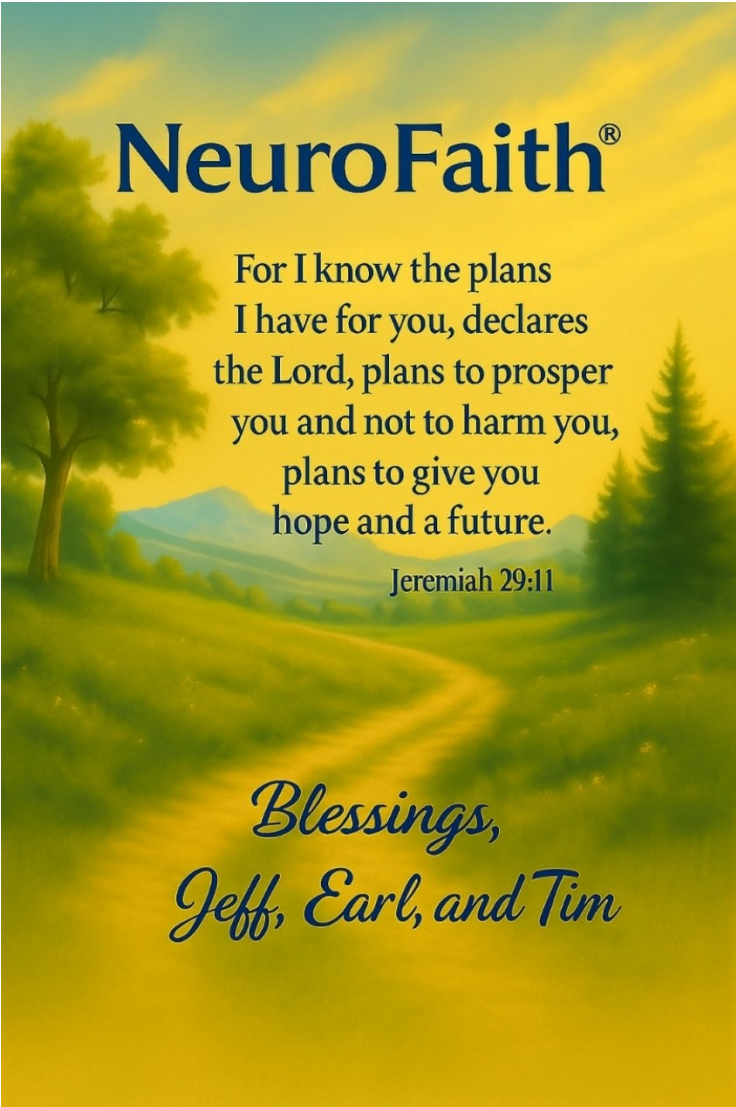
You are being renewed from the inside out.

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



NeuroFaith®

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

*Blessings,
Jeff, Earl, and Tim*

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/adbo000103> (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-oito22307.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.0b013e31803044e2>

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.v67no803>

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., & Krinsky, 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](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 preoccupation 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](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](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](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=yFxMeoalc3c> (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-oGG7-4WH6>

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](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/10.1080/0022449.2016.1143441>

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.mm6450a3> (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/o885-3924\(92\)90162-7/fulltext](https://jpain.org/article/o885-3924(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/UCMo96273>

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-5npTUGc> (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®/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 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 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 grateful to share this journey with every soul entrusted to our care. And we are 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, struggle,

loss, addiction, or deep personal darkness. Yet through the healing work of Jesus and, for many, 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 marked 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, PTSD, depression, and a deepening struggle with substance abuse. The weight of that day pressed into every corner of his life, testing his spirit in ways few can comprehend.

Yet when everything seemed lost and the darkness felt overwhelming, Brendan arrived at a crossroads familiar to many who have suffered deeply. He faced the choice to give up, to escape, or to step courageously into the hard and painful work of healing. He chose the latter. Through resilience, therapy, faith, and a relentless determination to honor the fallen, Brendan transformed his 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 steel him, to refine him, and to turn him into a source of light for others.

Out of the ashes he rose with purpose, becoming a motivational speaker and a strong advocate for mental health. Co-founding Holdfast, 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 people who believe they cannot rise again.

Today Brendan continues to pour his heart and soul into others through his groups at Holdfast Recovery and AnchorPoint, offering guidance grounded in compassion, authenticity, and lived experience. Although he has returned largely to structural firefighting, answering that noble call once again, he remains an invaluable presence within Holdfast and AnchorPoint. Brendan carries the memory of his nineteen brothers with honor, living a life that pays tribute to their courage and sacrifice.

Out of the fire he came, and into the fire of God he has grown, becoming a powerful force for healing, redemption, and hope. We are profoundly grateful for his continued commitment, his strength, and the extraordinary contribution he brings to our mission.

Tim Hayden

Co-Founder

Tim is passionate about serving others, leading people to Christ, and breaking the stigma of addiction and mental health both in the Church and around the world. He merges this calling with eighteen years of experience in the Corporate IT world, where he has worked in everything from small startup environments 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 are active in their church community, serving in the youth department, marriage mentoring, and life group mentoring. In his spare time, Tim enjoys spending time with his family outdoors camping, mountain biking, and snowboarding.

What Tim rarely highlights about himself is the extraordinary resilience, grit, and perseverance that define who he is as a leader. He is the visionary behind much of what we do, and it was his courage, faith, and willingness to shoulder the grind that launched AnchorPoint, our residential facility. When most people would have stepped back, Tim leaned in. When the work became heavy, unclear, or unrewarding in the moment, Tim stayed the course. He has the rare ability to endure long hours, heavy lifting, and difficult seasons without losing his passion for the mission or his commitment to God's calling.

Tim is not afraid of risk, not afraid of sacrifice, and not afraid to pursue the will of God even when it stretches him. His entrepreneurial insight, bold decision making, and unwavering devotion have shaped the direction of this organization in profound ways. He carries a deep burden to reach men who would otherwise be overlooked or lost, and he approaches that mission with strength, humility, and conviction. Tim's life embodies this quote from John Wesley, which he lives out daily:

"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 his vision, his perseverance, his leadership, and his example.

Seth Miller

President

Seth Miller serves as the President of AnchorPoint and Holdfast Recovery, where he brings an exceptional blend of vision, operational expertise, and servant-hearted leadership. With an extensive background as a Vice President of Sales and Director of Operations,

Seth has consistently demonstrated the ability to build thriving teams, cultivate excellence, and implement systems that promote both growth and sustainability within the behavioral health field.

Seth's leadership style is marked by a rare combination of strategic clarity and personal authenticity. He possesses a unique gift for seeing the big picture while also understanding the operational details that make organizations truly succeed. His strength lies in empowering others, helping both staff and clients rise to their highest potential through a culture of accountability, collaboration, and compassion.

Both Holdfast Recovery and AnchorPoint consider themselves profoundly fortunate to have Seth as part of their leadership team. His steady vision and deep commitment to purpose have already left an indelible mark on the organizations, inspiring those around him to lead with integrity, courage, and faith.

A devoted follower of Jesus Christ, Seth draws daily strength and direction from his faith, which guides every aspect of his work and personal life. When he's not leading with excellence, Seth can be found enthusiastically cheering for the Ohio State Buckeyes or spending cherished time with his wife, Allie, and their four beautiful children. His life and leadership reflect the heart of a man who not only strives for success but lives to serve, uplift, and make a lasting difference in the lives of others.

Dr. Jeffrey E. Hansen, Ph.D.

Clinical Director

Dr. Jeffrey Hansen is a clinical psychologist with more than 40 years of experience specializing in trauma, addiction, and pediatric mental health. His career includes a decade of service as a U.S. Army Major and pediatric psychologist, with significant work at Madigan Army Medical

Center supporting the recovery of military families and children impacted by trauma. He later founded Pediatric Psychology Associates in Olympia, Washington, and The Center for Connected Living, providing compassionate, comprehensive care across the region.

Dr. Hansen is also the founder of NeuroFaith®, an integrative, neuroscience-informed, faith-centered model for trauma recovery and whole-person healing. He is the author of nine books exploring trauma, addiction, identity, spiritual formation, and the intersection of science and faith. His clinical work and writing are deeply shaped by his own lived experiences, including overcoming childhood trauma and the profound loss of his twin brother Gregg, events that strengthened his lifelong commitment to helping others heal with courage, clarity, and integrity.

A devoted Christian, Dr. Hansen is a national voice advocating for wisdom, restraint, and rigorous inquiry in contemporary mental health. He speaks and writes passionately about the dangers of over-medicalizing children, the trend toward rapid gender affirmation without examining underlying psychological or developmental causes, and the pervasive impact of pornography and digital addiction on developing minds. His work consistently calls clinicians, families, and communities back to thoughtful assessment, root-cause understanding, and interventions that honor neurodevelopment, human dignity, and spiritual identity.

Dr. Hansen is also a firm believer in the critical importance of informed consent in medicine. He served as co-author of an amicus brief recently heard by the United States Supreme Court in *Chiles v. Salazar*, a case with profound implications for the future of informed consent in psychotherapy. The arguments presented in the brief uphold the principle that informed consent must remain a sacred function of the doctor-patient relationship in psychotherapy, not subject to oversight,

coercion, or ideological intrusion by politically captured governmental authorities. For Dr. Hansen, protecting clinical integrity and safeguarding parental and patient rights is both a moral and professional imperative.

Across his clinical practice, writing, and public advocacy, Dr. Hansen's work reflects a rare integration of scientific expertise, clinical precision, moral clarity, and deep compassion. His life and career stand as a testament to the healing power of faith, the necessity of truth-telling in mental health care, and the enduring hope available to every person seeking restoration

Pastor Earl Heverly

Pastoral Consultant and Spiritual Advisor

Pastor Earl Heverly serves as a Pastoral Consultant and Spiritual Advisor for NeuroFaith®. He is the co-author of five NeuroFaith® books, and his clinical and spiritual insights have 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 a renewed courage to bring Christ openly and unapologetically into the healing process for both clients and staff.

His influence has been especially important in reframing the Twelve Steps with a Christ-centered focus, 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 clear, grounded, and

uncompromising in its devotion to Scripture and the authority of Christ.

Pastor Earl has faced many trials of his own, yet his perseverance has produced a faith that is steady, sacrificial, and consistently aligned with the Holy Spirit. He has no concern for popularity, comfort, or convenience. Instead, he remains devoted to speaking truth with conviction, grace, and love. He shepherds our team toward spiritual integrity, clarity of purpose, and unwavering devotion to God's will, constantly reminding us of the sacred weight of the work we do.

Above all, Pastor Earl brings a heart that burns with compassion for the broken, a soul anchored in Scripture, and a depth of spiritual wisdom that continues to transform Holdfast, AnchorPoint, and the entire NeuroFaith® mission. His voice has become a spiritual compass for us. His presence keeps our work aligned with the heart of God. And the mission itself could not remain faithful to its Christ centered calling without the guidance, courage, and spiritual authority that Pastor Earl so faithfully embodies.

Jason White

Board of Directors

Jason has 10 years of sobriety and gives all the glory to God. He is actively involved in a 12-step program in his community. Jason was in and out of institutions/jails the majority of his youth and adulthood until getting clean in 2010. Jason found Christ when he was locked up in a maximum-security prison. Through the grace of God, he never returned to that lifestyle. Today Jason is dedicated to carrying the message of hope and faith that God changes lives and is willing to help

anyone because he believes everybody deserves a chance like he had. Today Jason is a successful businessman who specializes in business development. Jason has a deep dedication to serving others who are still struggling with addiction and his continued involvement in the client's lives is driven by his love of God and his belief in the Holdfast program.

Mallory Mikel, M.S.

Associate Therapist, Master's Level – Lead

Born and raised in Fort Wayne, Indiana, Mallory began abusing substances as an adolescent, stumbling early into the hardships that so often accompany addiction. In her early twenties she faced significant obstacles, including an overdose and multiple arrests. Her last arrest became a turning point that forced her to confront the consequences of her choices and honestly evaluate the direction her life was heading. During her time in custody Mallory began developing a relationship with God, which allowed her, by His grace, to shift her focus toward healing and personal transformation.

Determined to rebuild her life and help others who carried similar wounds, Mallory chose to pursue an education in behavioral health. She earned a master's degree in addiction counseling from Grand Canyon University. Combined with her own lived experience, this education provided her with a strong clinical foundation and equipped her to make a profound difference in the lives of those struggling with addiction and trauma.

Mallory's career in the addiction recovery field began as an Intervention Specialist, where she gained firsthand experience walking with clients through the most vulnerable moments of their recovery. She advanced

to roles such as Group Facilitator and Program Supervisor, steadily refining both her therapeutic insight and her leadership abilities. Each step of her journey further deepened her understanding of addiction, human suffering, resilience, and hope.

In 2024 Mallory followed God's leading to uproot her life in Fort Wayne and move to Prescott, Arizona. Here she now serves as a therapist at Holdfast Recovery, offering compassionate clinical care and guiding individuals toward new beginnings. She quickly became a cornerstone of the therapeutic team.

Mallory brings an extraordinary presence to our organization. She is calm, grounded, and deeply regulated. Her stability is a gift to both staff and clients. She does not stir unnecessary conflict but stands her convictions with quiet strength. She knows how to speak truth without harming, how to hold her ground without aggression, and how to challenge someone in a way that inspires rather than discourages. Her voice is steady, wise, and respected. Clients consistently express their appreciation for her work, often noting how safe and supported they feel in her care.

She is tremendously gifted as a therapist and has grown rapidly in her understanding of the complexities of developmental trauma, shock trauma, attachment wounds, and their relationship to addiction. Her insight, skill, and compassion bring life and clarity to the healing process. Mallory is a rare combination of humility, strength, and clinical excellence.

She is, without question, a gift to Holdfast Recovery and to every individual who has the privilege of working with her.

Libby Smith, Ed.D., Ph.D.
Senior Clinical Advisor Emeritus

Libby Smith, or “Dr. Libby” as many of her friends, students, and clients affectionately called her, 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 holds several 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 of work in the Behavioral Health and Substance Use Recovery fields, Dr. Libby developed a reputation as a gifted educator, a wise clinician, and a steady, nurturing presence.

She also cared for eighteen rescue animals, reflecting her enormous heart for service and her belief that all creatures deserve protection, dignity, and love. Guided by her Christian faith and her passion for truth, she pursued the roots of mental health and addiction with determination, always seeking to help those who suffered find freedom, hope, and strength.

Although Dr. Libby is no longer with us at Holdfast and AnchorPoint and had to move out of state for family reasons, her influence remains unmistakable. She left behind an enduring aura of light, love, acceptance, and validation. She is one of the kindest and most thoughtful individuals you could ever hope to meet, a woman whose presence brought peace and whose words brought comfort. Her ability

to see the pain in others, to acknowledge it, and then to offer hope and encouragement was a gift that touched countless lives.

Her way of being, her optimism, her ability to see goodness in people even when they struggled to see it in themselves, continues to shape the culture of Holdfast and AnchorPoint. She set a tone of gentleness, courage, kindness, and grace that remains woven into this place. Her impact is still felt in our teams, our clients, and our mission.

We are forever grateful for the time we had with her, for the love she shared, and for the legacy she left behind.

Lance Haney

Director of Clinical Outreach

Lance Haney began using heroin at the age of twelve, a choice that set him on a path marked by addiction, trauma, gang affiliation, and years of profound struggle. He cycled through nine different treatment centers, each time returning to the streets with the same pain that kept him trapped. When he reached yet another point of desperation and sought help again, every center turned him away except Holdfast Recovery. It was the only door that remained open, and it became the doorway to a transformed life.

When Lance first entered the program, he was determined to disprove the faith component. Instead, he encountered the grace and truth that ultimately led him to accept Christ as his Savior. That moment changed everything. From the ashes of his past emerged a man with purpose, conviction, and a calling to serve others who walk the very road he once walked.

Since graduating from the program, Lance has become one of the most dynamic, influential forces in Holdfast Recovery and AnchorPoint. He

is not only a man of testimony but a man of uncommon gifts. He brings a sharp business mind, an intuitive understanding of people, and an extraordinary ability to read a person's heart within moments of meeting them. His relational instinct is unmatched. Lance has a rare and powerful way of capturing trust, especially with those making the first terrified call for help. He knows how to calm their fear, speak to their pain, and lay out a welcome mat that makes them feel safe enough to say yes to recovery.

Simply put, Lance is often the turning point. He is the first voice many of our clients hear and the reason they take that life changing step toward healing. He establishes connection, comfort, and courage at the exact moment people need it most.

Holdfast Recovery and AnchorPoint would not be what they are without him. His dedication, energy, insight, and heart for the broken have put this program on the map. Lance is not just part of our mission. He is one of the primary reasons our mission continues to reach and save lives

Drew Steele

Director of Client Services

Drew Steele is a recovering alcoholic who has dedicated his life to helping others find freedom from addiction. Growing up in a family shaped by alcoholism, with both his father and brother struggling, Drew encountered the realities of addiction early in life. A series of traumatic events propelled him into alcoholism during his youth, and he wrestled with recovery throughout his teenage years and early twenties before finally achieving long-term sobriety. It was only after confronting his trauma and finding healing through therapy, the 12 steps, and his faith in God that Drew experienced the profound relief and clarity that sobriety offers.

Since then, Drew has felt called by God to serve at Holdfast Recovery and AnchorPoint, where he supports men in their spiritual and personal growth. Few things are more meaningful to him than witnessing individuals move from fear to faith and begin building lives rooted in purpose and integrity. He knows that healing is rarely linear and that recovery demands courage, honesty, and the willingness to walk through short-term pain in order to achieve long-term freedom.

Drew, who we affectionately call the Sheriff, brings not only deep commitment and devotion to serving men, but a unique strength that sets him apart. He has an exceptional ability to challenge men at the right time and in the right way, offering firm guidance without ever losing compassion. When individuals hit the point where they want to quit, Drew has a remarkable gift for stepping into that moment with strength, clarity, and encouragement. He knows how to help someone stay in the fight when everything in them wants to give up.

His presence has become a tremendous asset to our staff. Drew brings wisdom, resilience, spiritual depth, and a steady leadership style that elevates everyone around him. We are grateful for the strength, insight, and heart he brings to the mission of healing.

Ezequiel “Zeek” Terraza

Treatment Service Navigator

Ezequiel “Zeek” Terraza serves as our Treatment Service Navigator, a role that sits at the front line of hope, courage, and new beginnings. He brings nearly three years of experience in the behavioral health field and has been an essential part of our facility since March 2025. Zeek specializes in helping individuals find the right level of care at the exact moment they reach out for support. His work requires clarity,

compassion, strong clinical instincts, and the steady presence to guide people through some of the hardest moments of their lives.

Zeek's belief is simple and powerful. True healing begins when we understand the deeper issues that keep people from living happy and healthy lives. His philosophy is shaped not only by training but by lived experience. Having walked through his own struggles with substance use, including multiple encounters with emergency rooms and treatment programs, he brings a depth of empathy and insight that cannot be taught. His story allows him to meet others with authenticity, credibility, and genuine compassion.

We are profoundly grateful to have Zeek on our team. His role is demanding and absolutely vital. He stands at the entry point of our organization, helping people take that first brave step into recovery. We could not do this mission without him. His dedication is unwavering, and he consistently brings heart, resilience, and excellence to a job that requires all three. The men and families we serve are better off because Zeek is the one helping them begin their journey.

Kayleigh Rizzotto, RN
Director of Nursing

My name is Kayleigh Rizzotto. I moved from England to the United States when I was sixteen years old, and I knew early on that I wanted to devote my life to caring for others. I entered the healthcare field at eighteen and became a nurse in 2012. Over the years I cared for many individuals battling addiction in both hospital and clinical settings, often witnessing their courage and resilience even though addiction had not yet touched my own family.

That changed after eight years of marriage when my husband became an alcoholic. We walked through several difficult years together, marked

by struggle but also by moments of hope that reminded me of who he truly was. Eventually he sought treatment through Holdfast Recovery, which became a turning point for him and a profound blessing for our entire family. Watching his transformation opened my heart even further to the power of healing, community, and faith.

Today I have the privilege of serving as a nurse with AnchorPoint and Holdfast Recovery. I absolutely love the work I do. Being part of the transformation of these men, and witnessing the healing that extends into their families, brings me deep joy and gratitude. I thank God for allowing me to be part of this mission.

We are deeply grateful to have Kayleigh on our team. She brings the values of excellence, integrity, and compassion into every interaction. Her clinical expertise, steady presence, and true attentiveness elevate the standard of care in our program. She is meticulous, dependable, and gifted in ways that make a remarkable difference in the lives of our patients. Our men and their families benefit every day from the quality of care she provides, and it is an honor to serve alongside her.

Chelsea Radcliff

Case Manager and Utilization Review Officer

Chelsea was born and raised in Columbia, Maryland, in a deeply spiritual household, but her childhood and adolescence were marked by relentless bullying, profound insecurity, and early onset depression and anxiety beginning as early as kindergarten. By nineteen, the unhealed wounds of her youth combined with the weight of unmanaged emotional pain led her into severe substance use and nearly a decade of long-term inpatient treatment programs, psychiatric interventions, group homes, hospitalizations, and profound instability. During her active addiction, Chelsea endured significant trauma that included arrests, homelessness, multiple overdoses, deep personal losses, and a

life-threatening heart infection that nearly took her life and permanently reshaped her understanding of purpose.

In 2020, at the lowest point of her life, Chelsea rediscovered Christ. What followed was a genuine spiritual awakening that transformed her worldview, restored her hope, and placed her firmly on a path of recovery and faith. She immersed herself in the church and the recovery community, and in 2021 she fulfilled a long-held dream by entering the behavioral health field as a Behavioral Health Technician. With exceptional dedication and natural gifting, she advanced quickly into case management, peer support, group facilitation, utilization review, and direct client advocacy. Today she has more than five years and seven months clean and sober, with her sobriety date on April 4, 2020, and she has become a steady and trusted presence in the recovery field.

At AnchorPoint, Chelsea contributes meaningfully across multiple areas including case management, utilization review, group facilitation, family communication, and client advocacy. Her passion is unmistakable, her clinical intuition far exceeds expectations for her level of training, and her commitment to excellence is unwavering. She continues to pursue her long-term goal of becoming a substance abuse therapist, a calling she has carefully prepared for over many years. We are profoundly fortunate to have Chelsea on our team. Her competence, empathy, spiritual depth, and remarkable willingness to take on any task make her indispensable. Every client who works with her experiences her warmth, insight, and steadfast support, and they appreciate her without exception. Chelsea embodies the true heart of recovery work, and her presence is an ongoing gift to our community.

Elliot Shine

Case Manager

Elliot Shine grew up in Bakersfield, California, in a large, blended family, and from an early age felt drawn toward rebellion and risk. By fifteen he was using opiates, benzodiazepines, and methamphetamine, a lifestyle that led to repeated arrests, loss, and years of addiction. The death of his first love at nineteen and, later, the tragic motorcycle death of his brother intensified his spiral into heroin use and multiple overdoses. After appearing on the television show *Intervention* and cycling through numerous treatment programs, Elliot reached a crossroads—continue the cycle of destruction or surrender. Choosing life, he entered recovery, found genuine faith through a men’s Bible study called Lowly Ministries at Restoration Church, and experienced a profound encounter with God. Today, Elliot lives in sustained sobriety and devotes himself with compassion and courage to helping others find the same freedom. His story is one of redemption, resilience, and faith, and Holdfast Recovery counts itself profoundly blessed to have him as part of its mission and family.

Elliot Shine grew up in Bakersfield, California, in a large, blended family, and from an early age felt drawn toward rebellion and risk. By fifteen he was using opiates, benzodiazepines, and methamphetamine, a lifestyle that led to repeated arrests, loss, and years of addiction. The death of his first love at nineteen and, later, the tragic motorcycle death of his brother intensified his spiral into heroin use and multiple overdoses. After appearing on the television show *Intervention* and cycling through numerous treatment programs, Elliot reached a crossroads—continue the cycle of destruction or surrender. Choosing life, he entered recovery, found genuine faith through a men’s Bible study called Lowly Ministries at Restoration Church, and experienced a profound encounter with God. Today, Elliot lives in sustained sobriety, working with Holdfast Recovery to help others break free

from addiction and discover the hope and healing that transformed his own life.

Peter Olney

Behavioral Health Technician

Peter has been sober for five and a half years. His addiction began when he was seventeen, using drugs and alcohol to escape the difficult realities of his life. For nearly a decade he lived in chaos, focused only 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, moving to Arizona to begin the long process of recovery. After completing a ninety-day inpatient program, he continued treatment at Holdfast Recovery for six months. What began as a desire simply to stop using gradually transformed into a sincere longing to live sober and build a life of purpose and meaning.

As his sobriety deepened, Peter experienced growth physically, emotionally, and spiritually. His communication improved, his relationships strengthened, and he reconnected with his faith, experiencing God's presence as a guiding force in his daily life. Today Peter treasures the sober community that supported him and considers it a blessing to now work in the same environment that helped save his life. He takes recovery one day at a time and is deeply grateful for the life he has regained.

Peter also brings unique gifts to our team. He is remarkably bright and has a natural intensity that is both focused and heartfelt. His depth of thought, intelligence, and insight never come across as arrogance, but as sincerity and genuine care. He listens deeply, speaks thoughtfully, and engages others with a compassion that is unmistakably authentic.

Clients feel seen and understood by him, and his ability to combine intellect with humility allows him to connect in a way that is rare.

Peter is passionate, hardworking, and devoted to the mission of recovery. He brings heart, humor, insight, and integrity to every interaction. We are grateful for the man he has become and the difference he makes in the lives of the men we serve.

Christopher Lynn

Behavioral Health Technician

Christopher Lynn is a man passionately in love with Jesus Christ. He is not a pastor, a scholar, or anything extraordinary, but rather an ordinary man who was rescued by an extraordinary Savior. His greatest joy now comes from helping people who feel lost, broken, or beyond hope discover the same life-changing grace that saved him.

For more than a decade Christopher lived trapped in a cycle of heavy drug and alcohol addiction, pornography, and mental health struggles so dark that life felt hopeless. He was drowning and could not see a way out. But God, in His mercy, reached into that darkness, took hold of his heart, and led him from Tampa Bay, Florida, all the way to the mountains of 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 and to trust Him not only with the big things but with his entire life. Christopher discovered a joy filled sobriety he never knew existed, the kind that comes when Christ Himself does the carrying. The process was not always easy, since miracles rarely are, but every step was worth it.

Jesus took him from death to life.

From suicidal thoughts to belly laugh joy.

From self-absorption to loving people with Christ's compassion.

From anger toward God to shouting God's goodness from the rooftops.

Christopher often says he is nothing special, and that is exactly the point. God did not polish up the old version of him but made him completely new. Every good thing in his life today exists because Jesus led him to Holdfast Recovery and welcomed him into the fullness of His Kingdom.

Christopher also brings immense depth and passion to our team. His good nature, positive attitude, and sincere heart to serve are unmistakable. He has an infectious energy that lifts the people around him and a way of caring that is both genuine and deeply rooted in his faith. His compassion, enthusiasm, and willingness to walk with others through their darkest moments make him a treasured part of our community and a profound blessing to the men we serve.

Christ is the King. He gets all the glory. And nothing excites Christopher more than the possibility that you 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. When his parents divorced at age six, his inner world began to unravel, and by third grade he had been diagnosed with ADD and chronic depression. As he moved into junior high, Jack discovered marijuana and alcohol and felt an immediate sense of relief from the overwhelming emotions that had been weighing on him for years. In early high school, while struggling with suicidal ideation, he was exposed to prescription opioids after an

injury and was later diagnosed with Bipolar II disorder. By his senior year, Jack was habitually drinking, smoking marijuana, and abusing opioids, trying desperately to quiet a storm inside that never seemed to let up.

After high school, Jack entered the welding industry, where his alcoholism and substance use escalated to the point of becoming unbearable. At 21 years old, exhausted and desperate for a way out, he made the courageous decision to seek help. On September 28, 2024, Jack checked into a treatment facility in Prescott, Arizona. During his 60-day stay, he had a profound spiritual experience and accepted Jesus Christ into his heart. Through his growing faith and active participation in Alcoholics Anonymous, Jack immersed himself in service, coming alongside others suffering from addiction and sharing the hope of the gospel. In this season, he discovered that his true calling is to work in treatment, helping others find sobriety and deepen their relationship with God.

Jack has remained sober since that turning point. He now lives in Prescott, Arizona, continues to serve others in recovery, and plans to pursue a degree in counseling and substance abuse psychology. His story is one of God's faithfulness in the middle of brokenness, a journey from despair to purpose, from addiction to freedom, and from self-condemnation to a life anchored in grace. He has been a tremendous addition to our team.

Troy Hartman

Behavioral Health Technician

Troy's story is one of staggering sorrow, unthinkable endurance, and a redemption that shines with the unmistakable hand of God. His journey into darkness began at fourteen when the sudden death of his father plunged him into a crippling depression. In the confusion and heartache

that followed, he became addicted to his prescription medications and survived an overdose. That addiction would shadow him for the next twenty-two years.

Life changed dramatically in 2020 when Troy and his wife decided to have a child. What should have been a season of joy became a valley of fear and faith. His wife became gravely ill, and the doctors were unsure if she or their baby would survive. Their son, Aniken Charles David Hartman, was born on June 12 at 8:50 am at just 22 weeks and 2 days. He spent an extraordinary 294 days in the NICU. Those early months were excruciating, filled with uncertainty and constant prayer, yet marked by a fierce love and hope that only parents fighting for their child's life can understand.

In 2022, after eleven years of marriage marked by Troy's long battle with alcohol, the relationship ended. Following the divorce, his drinking escalated sharply, and he returned to using drugs. By September 2023, broken and desperate for change, Troy entered Holdfast Recovery for a ninety-day program. When he completed treatment, he chose to remain in Prescott for an additional year to anchor his recovery and rebuild his life in faith.

On January 13, 2024, at 11:52 am, Troy endured the unimaginable. God called Aniken home. His son was 3 years, 7 months, 1 day, 3 hours, and 2 minutes old. The grief of losing a child is beyond words, yet even in this devastation, Troy remained sober. He returned to Holdfast for support, brotherhood, and counsel, leaning deeply into faith, meetings, service, and community. By the grace of God, he held onto sobriety through the darkest chapter of his life. Today, he celebrates more than two years clean, sustained by the Lord and the brotherhood that stood with him day after day.

Now, as a member of the Holdfast team, Troy pours back into others the same strength, love, and spiritual fire that carried him. His presence brings a renewed passion for Christ to our community and a contagious authenticity that inspires clients and staff alike. We are profoundly grateful to have him. His life is a living testimony that even in the deepest valleys, God is still writing stories of hope, healing, and resurrection.

Steven Butler

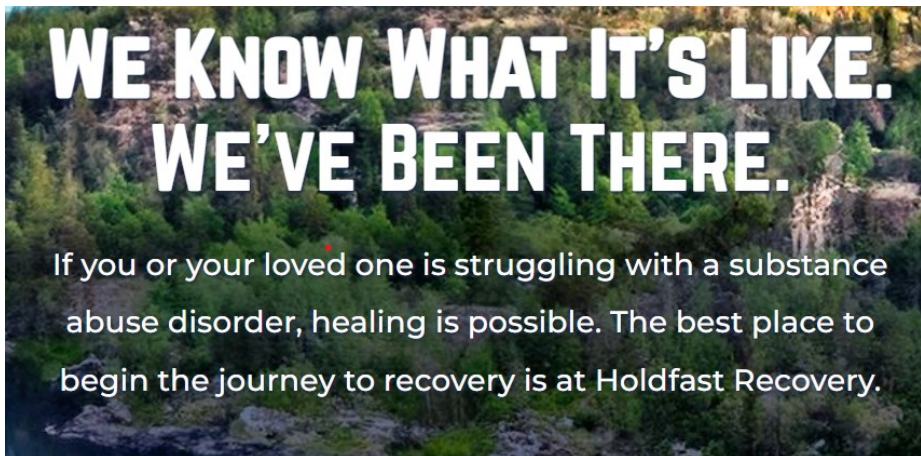
Behavioral Health Technician

Steven Butler's life story is one marked by pain, loss, and profound misunderstanding. Much of his early life was shaped by deep trauma that left him believing the world was unsafe and that he did not matter. As a child he endured experiences no child should face, and those wounds shaped the core beliefs that guided him into adolescence and adulthood. Feeling unprotected, unloved, and unseen, Steven spent many years battling addiction, anger, and survival instincts that eventually led him into long stretches within the prison system. His pain hardened him, not because he lacked goodness, but because no one ever told him his suffering made sense. No one ever gave him value. No one ever validated his story.

When Steven entered treatment, he carried decades of unspoken hurt, confusion, and shame. For the first time in his life, through the NeuroFaith® model, he learned that the beliefs he held about himself were not character flaws, but the predictable injuries of early trauma. Slowly and courageously, he stepped into the work of understanding how those wounds shaped his autonomic responses, his worldview, and his sense of identity. Through validation, through faith, through learning to regulate his nervous system and rewrite the false stories imprinted by trauma, Steven began to experience genuine healing and redemption.

His transformation was not a small turn but a profound reorientation of his entire life. He chose to lay down a life defined by fighting, bitterness, and self-protection, and embrace a life defined by love, purpose, and service. Instead of being destroyed by his pain, he chose to transform it. Instead of hiding from his past, he chose to redeem it. Today Steven is a valued and respected member of our staff. He brings a depth of empathy that only lived experience can give. He understands the men we serve in a way that reaches beyond technique and speaks directly to the heart. His presence is grounding, his insight is powerful, and his capacity to sit with others in their darkest moments is a gift to this entire organization.

We are profoundly grateful to have Steven as part of our team. He stands as living proof that trauma does not get the final word, that redemption is real, and that a life once marked by suffering can become a source of healing for countless 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 at Berkeley and the University of Arkansas. He has over four decades of clinical experience, including service in the U.S. Army (active duty) and the Defense Health Agency. Jeff now serves as Clinical Director of Holdfast Recovery and AnchorPoint, two faith-centered treatment centers for addiction and trauma recovery. He is the author of nine published books and is deeply



committed to shaping public policy to protect children and adolescents from the ideological capture of psychology, the rushed medicalization of gender identity, and the premature use of psychotropic medications without sufficient exploration of root causes and non-pharmaceutical alternatives.

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 addiction 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.