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UNTANGLING ADDICTION

A Guide to Recovery Through
Jesus-Style Discipleship

MARCUS DE CARVALHO, M.D.

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Jesus-Style Discipleship

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Untangling Addiction

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RENEWING THE TEACHINGS OF JESUS
TO FUEL DISCIPLE MAKING



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INTRODUCTION

How I Became a Doctor and Disciple Maker

Of all those I've met in my ten years of medical practice who struggle with addiction, the only ones who have maintained long-term sobriety are those who have a relationship with someone else in recovery, too. I'm a board-certified psychiatrist and disciple of Jesus, and these two identity markers go well together. I've been a believer since 2000, but my journey in mental health and addiction started much earlier when I was in medical school in South Florida starting in 1998. I initially went to medical school to become a surgeon because my parents wanted that for me. They were immigrants from another country, and in their minds, becoming a surgeon meant success for our family.

When I was in medical school, I thought, *Hey, this will give me everything I want in life!* I had been constantly searching to fill a void inside of myself, an emptiness in

my heart. I quickly realized that my job as a doctor wasn't filling that void. But while I was in medical school, I met several people who were part of a local church. One of them was an emergency room doctor, Henry Villegas, M.D., whom I respected because of the way he treated people: he was always so gracious and loving toward other staff even when I saw him in the most stressful moments of medical practice.

One night, late in the emergency room, I asked him, "You know, I'm looking for a mentor. It seems like you had a good one. Where did you train?"

He smiled and replied, "Well, the reason I am who I am is not because of where I trained but because of my relationship with Jesus." I looked at him with intrigue because I had suspected that his way of carrying himself came from something beyond his medical training.

I responded, "Seriously, though, where did you train?" I struggled to believe that Jesus could change a person so much. We both laughed, and that conversation marked the beginning of a relationship that grew beyond a professional relationship into a discipling relationship. Eventually, we started studying the Bible, and he taught me all about Jesus, the Scriptures, and the Kingdom of God. Thus, our discipling relationship was born.

Through this emergency room friendship with Dr. Villegas, I learned that in order to live the life I wanted—what I came to know as my walk with Christ—I needed somebody to show me *how to do it*. As I fell in love with the God of the Scriptures, I began to see the rich life of a Christian—even more as a disciple of Jesus. By studying the Scriptures, I learned firsthand that it's only through discipling relationships that any of us can cross the finish

line and make it to heaven. It became clear to me the importance of Jesus' work as a disciple maker, as he discipled The Twelve. He taught them everything they needed to know before he left, and when he left, they were equipped to evangelize the world. What an amazing relationship Jesus offers!

While I was in medical school, though, something unexpected happened. It started when I was asked to speak at several functions associated with teen and youth ministry. Soon, I fell in love with helping kids work through their suffering and the difficulties of life coming toward them, especially as they became teenagers. The more I worked with teens, the more I wanted to get involved on a deeper level. I eventually started getting involved in both singles ministries and campus ministries. I took on more of a leadership role over time in the campus ministry and still was very actively engaged in the singles' ministry. Then one day the minister who led the church I attended in South Florida asked me if I wanted to go into full-time ministry. He thought it was my calling. I prayed about it, talked to family, and got a lot of advice. As a result, I decided that I was going to leave medical school.

You can imagine my family's reaction! While they were happy for me, they were also concerned because of all I had invested into medical school, all of the study and sacrifice. But I was convinced, and I knew this was my path and that God was sovereign. Leaving medical school excited, I began leading a church in Broward County, Florida. I loved it there: doing the work of ministry, preaching on Sundays, and working with small groups. I especially loved my discipling relationships—those I discipled and those who discipled me. The spiritual growth the church

and I experienced was immense. This experience was everything I wanted, and I could not get enough of it.

Over time, though, I began to realize that God had a slightly different plan for me than full-time ministry through a local church. I did not want to disregard the fact that I had started and completed the first two years of medical school and still had the opportunity to become a physician. I was only two years from completing my program, and I knew the door was not closed. *God could use that career*, I thought, *to help his disciples gain a deeper understanding of mental health issues, possibly even addiction-related issues.* I was already thinking through the importance of dealing with addictions. My conclusion came from counseling people in the church. I saw a tremendous amount of internal suffering, depression, and anxiety that stemmed from mental illness, bipolar disorder, and addiction-related issues. We can call addiction “sin,” yes, but at the end of the day, people are enslaved by these certain behaviors in a very physical way. They were trapped, and even though they wanted to get out, the church didn’t always offer the most practical solutions for overcoming their sinful addictions. They picked up certain habits to find relief from sufferings of the past— even before they became Christians. So I decided to go back to medical school as a way to help disciple people by utilizing medical training. I was so excited about this new path. This time I began medical school as a Christian, equipped with the Scriptures and a deep understanding of discipling relationships. I was ready to go full-throttle.

I remember my first rotations in psychiatry and addiction. I loved those days! When I excelled, drawing attention from supervisors who would ask me if I had

done these types of things before, I would reply, “Honestly, I think it’s because of my experience in the ministry and being a disciple of Jesus that trained me. That’s where I learned how to sit in front of other people, share their sufferings, and be empathetic.” I continued to grow in my training with great excitement. The final stint of my medical training led me to a psychiatric residency in Syracuse, New York. After I finished there, I moved to Florida to open my own private practice. I had graduated with a degree as a Medical Doctor, Board Certified with the American Board of Psychiatry and Neurology. At my practice, located in Jacksonville, Florida, I see a multitude of patients with varying needs: some patients need help with depression and anxiety, some with psychotic behaviors, but a great majority with addiction. Overall, since I started my practice in July 2012, I have seen an estimated 10,000 people.

Through my private practice in psychiatry, I poured my time into people to make a major impact by helping people with addiction and psychiatric issues. I also poured myself into helping my church in Jacksonville, Florida. I was able to share a deeper understanding of what some of the church’s members were going through even before I completed my training. This was great! I also had several talks with the eldership and lead minister of the church to give them the medical perspective behind addiction. I made myself available for any needs of ministry they wanted, and they took me up on it. During those early years where I applied my medical training to ministry contexts, I realized how deeply the church needs to understand the issues of substance abuse, addiction, and psychiatry in our world today.

My goal with this book is to help those who want help in overcoming their addiction to be able to navigate through recovery by embracing deep relationships with others in order to maintain long-term sobriety. Let me say it differently: without a deep relationship with someone in your life who is walking with God as a disciple of Jesus, you will lose hope of long-term recovery. Join me through this book as I break down all the elements of addiction, how they spiritually entangle us, and what relationships, according to the Scriptures, can do to help us recover—for good. I'm so excited to start this journey with you. Let's get going!

CHAPTER 1

The Problem of Addiction Today

Oftentimes when I am speaking to a group of people I ask, “How many people here know someone who struggles with addiction?” Then I ask, “How many people have known someone who has died from an accidental overdose?” The responses are alarming. While there may have been three or four people in a room raising their hands as recently as ten years ago, the fact that so many people raise their hands to that question reveals the unfortunate reality that addiction is very common today. People are dying every single day due to addiction and relapse.

Recently a patient came into my office and asked a load of questions: “Dr. De Carvalho, what is addiction? Why do I have this addiction? Where does it come from? Why am I dealing with it?” It’s likely that you or someone you know has asked these kinds of questions. Before I can provide answers for questions like these—whether for

a patient, for someone at my church, or for you—I start where addiction begins.

Does addiction begin with the individual, for example, who has thousands of images of pornography on their home hard drive? Believe it or not, young people, both guys and girls, encounter internet pornography as early as nine years old.¹ These encounters at young ages are often by accident as the nine-year-old is “surfing the net,” playing games, or doing homework. I’m often asked, “Dr. D, how do I prevent this from happening to my kids?” My answer? I tell people that while you put up various boundaries, which is good to do, at the end of the day, you may not be able to prevent it. The question most of us will face is this: “When this happens, what will you do?”

The child at nine may continue to look at porn throughout their adolescent years undetected. Why? Everybody else in school is doing it, and it’s not even a taboo subject for their peers. The young child becomes an adolescent, then a young adult—all the while, porn might be their “go to” fix for emotional difficulties. When a stressful event hits them, as will always happen in life, the now grown woman or man immediately turns to pornography. It’s how they’ve programmed their body and brain to handle stress.

Where does addiction, by way of another example, begin for an individual who comes across cigarettes? The nicotine helps to dampen their anxiety on a day-to-day basis. They go from a few cigarettes a day to a pack a day, to two packs, or more. Years pass, and what began as a few cigarettes turns into a malignancy in their lung with inevitable chemotherapy treatments to follow. They keep smoking, though—struggling with the habit all the

while—because they can't deal with anxiety. They never learned how to get unstuck.

Or, as another example, does addiction begin with the woman who finishes work and cannot wait to get home to just have a glass of wine? The day has been long and stressful, her kids are demanding, and she knows that a glass of wine will relax her. This slight intoxication allows her as a professional businesswoman to forget about tomorrow's work. It enables her as a mom to disconnect from the noisy kids in the background. The problem is this: what was one glass soon becomes two glasses, then three, and then a bottle or a bottle and half of wine. Suddenly, it's easy to slip up and she drinks and drives, which leaves her facing incarceration due to multiple DUIs.

Could addiction begin with the young teen who goes to his dentist to get his wisdom teeth taken out and then gets addicted to Percocet? Dentists are traditionally known to be the number one prescriber of opiates. The dentist gives the patient some Percocet because he's going to experience pain associated with oral surgery. Little does the dentist know, the adolescent is dealing with social anxiety in school, and he begins taking Percocet for his emotional pain. It allows him to feel normal. Now he can go to school, navigate through the halls, and talk to people. He even feels confident for the first time. He's hooked. Through the remainder of high school he buys pain pills from friends to keep feeling "normal." Eventually, he gets into University, goes out to party, and a friend of his gives him a Percocet—but this time it's laced with Fentanyl, which is a hundred times more powerful than Percocet. His mom finds him dead the next morning.

Could addiction begin with the individual who can't go to bed at night, so they eat food to cope? Racing thoughts fill their mind—uncertain thoughts about tomorrow, about taxes, about their job—but they've learned that by binging on food, they can sleep. They end up overweight, unhappy, and sick.

How about the individual who enjoys playing Texas Hold 'Em online? An innocent game. He thinks, *Hey, everybody plays it, so it's not a problem for me!* But he has learned to escape his pain through gaming. His anxiety and feelings of uncertainty give way to his living in a fantasy world of online gambling games. Inevitably, his wife will go to answer the ringing doorbell one night only to see that the bank is repossessing both of their cars because her husband has gambled away all their money.

Then, there's a classic example of the person who "games" all night. I know what you're thinking: kids with gaming addictions. Don't be mistaken, though; this is more common than you might realize among adults. The man who comes home and can't deal with the stresses of his wife and his family walks into a room, puts on a headset, and plays video games all night instead of dealing with real-life issues. Addiction has entered his home.

The Centers for Disease Control and Prevention (CDC) labeled the opioid crisis an epidemic with ninety thousand people dying last year.² This statistic has doubled every year since 2014. In 2018, 175 Americans die every day.³ Even now as I write this, the numbers are going up. People die every day from accidental overdose of pain pills. Addiction is such a critical issue today that our President recently declared the "opioid crisis a public health emergency."⁴

CHAPTER 2

The Importance of Understanding the Brain

What is our answer as Christians to the problem of addiction? Before I even attempt to provide an answer today, I find it very helpful to start with providing a solid understanding of what happens in the brain of an addicted person. We have evolved as human beings to experience pleasure from what keeps us alive: we eat a meal and feel good; we sleep and feel good; we work out and feel a rush of goodness. We are rewarded in our bodies, so we continue certain behaviors, which is how God designed our bodies to work. He understood that we needed rewards to complete behaviors and achieve goals.

We “feel good” because of a chemical called dopamine. When dopamine is released, we feel pleasure—that’s the role of dopamine. In the media, dopamine is often referred to as a chemical in the brain closely associated with pleasure and reward. Therefore, it follows that when one repeatedly does something that results in the feelings of

pleasure and reward—habits in this case—addictions are formed. But dopamine has a much larger role than merely rewarding people. It lays down new neural networks in the brain: new nerves, neurons, and fibers that are specific to the experience that created them—that meal you ate or even the music that was playing while you ate the meal. The dopamine released and the emotions associated with the dopamine release are specific to your personal experience of the situation and memory.

For example, think of this scenario: A woman says to her husband, “Honey, let’s go to that restaurant we love. Oh, the music and the food—it’s such a great experience!” This desire to recreate enjoyable moments in our lives comes from the dopamine release from those experiences. There are neural networks created specifically for each moment of pleasure. Dopamine pushes us to find ways to repeat experiences that release it again because it wants the pleasure specific to certain experiences or substances.

The pathways in our brain created by dopamine stem from what’s called neuroplasticity. We sometimes say in neuroscience that the brain is “plastic,” meaning that it is constantly changing shape. Those in our field once believed that neuroplasticity only occurred in the first three years of life, but this is not true. Neural imaging and neuroscience have shown that the brain is constantly changing shape throughout the course of one’s entire life through neuroplastic changes. This means the growth of neurons throughout the course of one’s life is based on feelings, emotions, senses, physical activities, and substances we take in day to day. All of this information is stored in our memory in the section of the brain known as the hippocampus. Here’s the problem: When you introduce

things like drugs, alcohol, pornography, and even an excess of food, your brain will release up to thousands of times more dopamine than during basic habits. We're designed to have some dopamine, even high levels of it! But bad habits come from looking for this release in unhealthy ways.

Imagine that dopamine is like Miracle Grow, causing the brain's "pleasure activities" to grow more quickly than normal. It creates neural networks specific to the drugs you've ingested, for example. You've now created specific neural pathways that support the lies that you've created in seeking dopamine-releasing drugs, alcohol, food, or whatever habits in which you've indulged. You think, *How am I going to lie about getting this? How am I going to live this double life?* The double life that is created is literally mapped out in your brain in a neural network associated with your habit of choice. The brain becomes hijacked and you actually believe you need that drug, the alcohol, the nicotine, the gambling, the gaming, or the food binge to survive. You've turned the essential physical rewards that God created for us to have into sinful habits. The brain has been hijacked to believe that it needs these substances or addictive behaviors, which we weren't designed to need in the first place.

When we look at the natural rewards of our bodies, we can eat a meal and have a baseline level of dopamine. We've been created to release some dopamine in order to feel good, to wake up, to go about our day, and to have good feelings and energy. You eat a meal, and your dopamine level shoots up about 50 percent. But look at what happens to this dopamine baseline when drugs like morphine, cocaine, nicotine, and alcohol are introduced.

For example, as doses of morphine go up, we see that the amount of dopamine that's released over time stays up really high. This is the problem. Imagine all that neuroplasticity occurring in your brain after five hours, all that dopamine on "Miracle Grow" from the morphine, which in turn lays down new, even stronger, longer-lasting neurons. This is why it becomes an even larger challenge to try to defeat certain addictive habits: because the neuroplasticity is deeply ingrained with these occasions where the exposure to the addictive substance is longer lasting or the substance is stronger. An example is the husband who looks at pornography the second his wife leaves the house. When his wife returns home, he has to pretend to live a normal life again. The problem is this, though: all that dopamine from viewing pornography is released over time. In one minute he was in a life of fantasy watching porn, and now he's all of a sudden having to make an effort to jump back into reality when she gets home. But the dopamine slowly releases, making it impossible for him to truly be "present." How can he manage both lives then? Lies—that's how. His fantasy world forces him to create an alternative reality of lies, cover-ups, and denials. He's now created not only a web of lies but also a matrix of neuro-pathways that reinforce his sinful habits.

Now that you've got an introduction to how the brain works with regard to dopamine, let's take a closer look at the "imprints" made on the brain correlated to the release of dopamine. Let's look closer at "neuroplasticity."

CHAPTER 3

How Neuroplasticity Works

What is neuroplasticity? It's the formation of new neural pathways through repetitive behaviors caused by the release of dopamine. Your brain is going to choose the pathway that produces the most dopamine. Simply stated, the brain will always choose more over less dopamine because it always seeks the highest reward. In one sense, you are unconsciously being hijacked.

Imagine with me, if you will, you're a young child and your parents buy you a tricycle. You get on that tricycle at a very young age and ride around until your heart's content. Then, your parents give you training wheels, then a five-speed bicycle, a ten-speed bike, and that banana-seat Schwinn bike that every adult born before 1970 probably owned at some point. You're zipping all around your neighborhood, jumping curbs, and loving life. You create all these good memories around riding a bike.

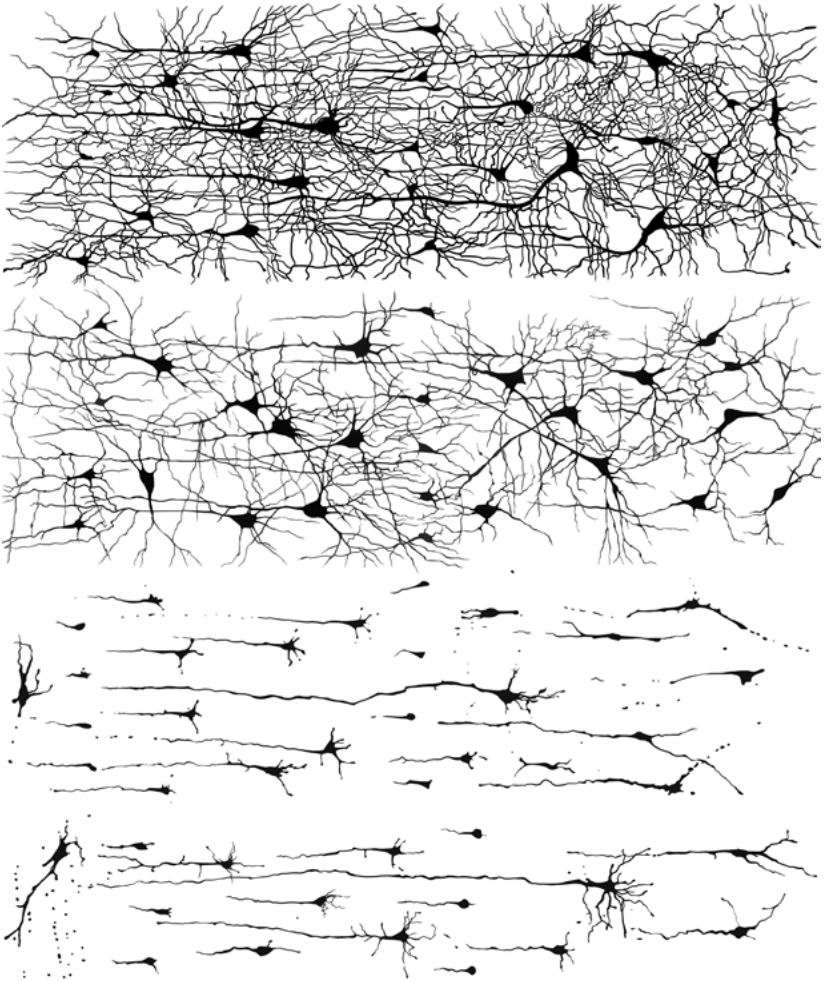
Five years go by, ten years go by, and fifteen years pass. You see a bike again after so long and think, *I haven't*

ridden a bike in a long time! You get up on that bike, sit down, and start to pedal. Before you know it, you're gone, cruising around as though you were 10 years old again. You experience the truth of the old saying, "It's like riding a bike." Your body remembers the turns, the depth perception necessary to keep riding, and everything else necessary for riding a bike.

Most people would call this "muscle memory," but it's not muscle memory at all. In fact, there is no such thing as "muscle memory"! That's a term with no scientific backing at all. It's all neuroplasticity. Muscles are simply fibers, and the hippocampus is responsible for the memory. Your body learns how to ride a bike, but the hippocampus stores this memory of riding a bike. When it needs to be recalled, the brain recalls the memory and fires up the muscles, reminding them to act the way they learned to when you first rode the bike. Over time, your practice of riding the bike becomes more advanced. You start with the tricycle, then move to the Schwinn ten-speed, and then eventually an adult road bike. All this time, your brain is building and increasing the neuroplasticity and memory of the physical act of riding the bike. It takes a lot of time and effort to learn balance and to ride the bike. The repetitive practice of riding the bike over time builds neurons and neural pathways (that is, memories) over time. The more you practice the act of riding the bike, the more neural pathways are laid down. This comes from the release of dopamine and the reward—aka, the good feeling—of riding a bike. This is why you can learn to ride a bike as a child, step away from bike riding for many years, yet still know how to ride the same bike many years later. Imagine you're on a family vacation twenty years later, and you are

offered a bike for the beach bike tour. You hop on that bike, and it's as if you never stopped riding when you were a child—all because of the neural pathways created from the continual release of dopamine over your childhood. Once you've created these neuroplastic memories, they never go away. The more you do something over time (good or bad) the better your brain gets at recalling the neuron (that is, the memory) and repeating it.

How Neuroplasticity Works



Created for Marcus DeCarvalho MD

This is a classic example of neuroplasticity in image form. Each of the “squiggle lines” represents a single neuron. If you follow from left to right, you will see that as addictive behavior increases so also do neural connections increase, hence an increase in neuroplasticity.

CHAPTER 4

What is “Addiction” Exactly?

So, all that we’ve covered so far begs the question: *what is addiction?* Before we answer that question, consider three spheres of addiction that we use in psychiatry to assess the level of a person’s addiction: the biological, the psychological, and the social. First: what does your DNA say biologically? From a genetic predisposition are you more likely to develop an addiction when you use something that’s addictive in nature? That’s what we mean by “biological”—what happens in your body on an objectively physical level. We assess this by asking questions like, “What did your parents do in this regard? Did they struggle with alcoholism or drug abuse?” Also we might ask with regard to biology, “Has a doctor prescribed you medications that are addictive in nature?” Maybe for a pain syndrome or trauma to your legs, for example, a doctor gave you enough refills to get you addicted. Over the course of a month or two, you became completely hooked on pain pills.

To assess the psychological impact on addiction, we in my profession ask questions like, “What happened in your development? Did you have a horrible childhood? Was there sexual trauma by a family member or a babysitter? Did you have parents in the home? Were you brought up in a foster care system? Were you dealing with depression, anxiety? Was the parenting and the discipline significantly punitive in nature?” We ask these questions to assess the level and nature of one’s addiction. Over the course of time, personal experience plays a major role in one’s choices. For example, were they like that child who came across porn, or did they come across alcohol, or perhaps did they get their wisdom teeth taken out and the dentist freely dispensed Percocet and Lortab pills? A person might have experienced tremendous pains in their life and taken one pill. They don’t have to feel anything anymore. That’s the remarkable thing: the pill, the alcohol, or the pornography completely dampens one’s ability to be emotionally aware so they just don’t feel anything. They start using these things for relief because what they’re looking for is relief. They are not looking to get high, just looking to feel normal, to function. The majority of patients that I work with don’t come to me because they’re stuck trying to get high. They actually just want to be normal. They are seeking relief.

The chemicals released in someone’s bodies by taking opioid pills can come in natural ways by normal brain functions, too. Take the act of cutting, for example. Why do teens do it? Well, when someone intentionally cuts their own skin, it releases massive amounts of endogenous opioids, also known as endorphins, which feel like a drug “high.” These natural opioids help us deal with the regular

day-to-day pains of life. When someone cuts their skin on purpose, their system is flooded with so many endogenous opioids that they don't feel hurts from the past, hurts of an unknown future, or whatever concerns the person might be wanting to mask through cutting. Cutting allows them to be present in the moment.

The information I'm sharing here can help people understand the nature of their problems better. This is important because one in five adults in the U.S.—43.8 million (18.5 percent)—experiences mental illness in a given year.⁵ One in five youth age thirteen to eighteen (21.4 percent) experiences a severe mental disorder at some point during their life. For children age eight to fifteen, the estimate is 13 percent. Suicide is the third leading cause of death for people age ten to fourteen and the second leading cause of death for people age fifteen to twenty-four.⁶ More than 90 percent of children who die by suicide have a mental health condition.⁷ And only 50.6 percent of children with a mental health condition age eight to fifteen received mental health services in the previous year.⁸ This leaves at least half of the children in the United States with no treatment at all, resorting to some form of self-medication to navigate through the pains and hurts they are dealing with.

With regard to the social aspect of one's life in relation to addiction, we psychiatrists ask questions like, "What's your social network? Do you go to church on Sunday but live however you want during the week? What's going on in your marriage? Do you carry anxiety in your relationships? Stress? What are your finances like? How are you doing paying your mortgage? How's your job stability?" Many stresses like these cause people to seek relief by using drugs, alcohol, pornography, or the like.

These “remedies” give people a sense of relief, so they don’t have to feel pain.

Psychiatrists look at these three things with special attention—the biological, psychological, and social factors of one’s life—to assess someone’s addiction level. Those who can identify with struggles in any of these areas are more likely to develop a full-blown addiction. Through my practice, however, I have observed people who have a very strong social network and “thoroughbred DNA”—perfect biological and psychological health—but who still somehow became chronically addicted to something after one encounter with addictive substances or circumstances. My conclusion is this: addiction does not discriminate. Anybody is susceptible, regardless of class, ethnicity, and background.

Now we can answer the question, “What is ‘addiction’ exactly?” The American Society of Addiction Medicine defines addiction as “a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”⁹

Let me break this definition down: “A disease of brain reward” refers to reward, motivation, memory, and circuitry. Circuitry in this case has to do with the neuroplasticity of all the nerves in the brain. “Dysfunction in these circuits leads to biological, psychological, and social/spiritual manifestations.” If these circuits are dysfunctional, “an individual will pathologically pursue reward and or relief” by ultimately pursuing addictive behaviors.

CHAPTER 5

The Role of “Pleasure Reward Pathways”

The next topic of discussion for understanding addiction is called the “pleasure reward pathways.” In my opinion, this is the most important concept for understanding addiction. Once you understand this concept, you’ll be able to communicate it with people in your life who are struggling with addiction. In fact, this information may help you save lives. Let’s consider three sections of the brain. These three sections of the brain have technical names, and they are as follows: the first is “the frontal lobe,” the second is “the limbic system,” and the third is “the mesolimbic system,” which is composed of the hippocampus and the amygdala.

I mentioned reward in general (above) and wrote about how introducing an addictive substance produces more dopamine than natural sources. As a result, your brain starts to produce this chemical reaction, hijacking the brain. Now, imagine with me if you will, three picture

frames on a table. In each frame, there’s a picture of something that immediately gives you a sense of joy the moment you look at it. It could be the birth of your child, a special date with your spouse, a baptism, or some seminal event in your life. When you look at it, you feel good with a sense of pride. The gauge for the dopamine for each of these events you’re picturing is on a very normal scale.

Imagine, now, instead of looking at pictures, you use heroin. What were normal levels of dopamine start skyrocketing. Instead of reflecting on good memories of your life in peace, you spend all of your time in anxiety, worrying about how to get more heroin. It gets complicated very quickly. With pictures, you’re able to put down a photograph and walk away, but with drugs and other addictions, you can’t easily let the thought go. You will think, *How am I going to get those opioids? How am I going to wipe clean the hard drive before my wife sees what I’ve been looking at? How am I going to cover up the smell of smoke on my clothes?* Your normal existence fades, and the life God created for you with your children, your family, your career—all of that loses significance compared to the addiction. This is the lie that takes root. These things are not important to you anymore because your addiction becomes top priority. You start to become a slave, and your brain loses control. Even though there’s a longing to break free, it feels like there is nothing you can do. So often people say to me, “Dr. D, why do I continue to do the things I don’t want to do? I don’t want to be this way.” The problem is this: addicted persons no longer have control. Their brain is changed.

How does the brain change? What happens exactly? Well, we’ve talked about neuroplasticity, which is the starting point, but it also has to do with other structures in

the brain. We talked about the limbic system, also known as the brain reward pathway, which releases dopamine, and right next to that is a small area responsible for the memory called the amygdala.

CHAPTER 6

How the Amygdala and Hippocampus Work

Patients and disciple makers find it helpful when I tell them about the amygdala and the purpose for which it was designed. It was designed to trigger a response called “fight or flight.” When the amygdala fires due to various stimuli, it is trying to help someone survive.

When someone is walking in the street as a bus comes by, they instinctively jump out of the way. This is the “fight or flight” mechanism of the brain at work. You may have heard stories like this. When someone recounts what happened, they say, “It was as if somebody pulled me out of the way. I don’t even really know what happened.” That’s fight or flight: their brain causes their pupils to dilate, their lungs to hyperventilate so they can breathe faster, and adrenaline to saturate their muscles so they can move quickly. It’s amazing, really, what the body can do in emergency situations. Cortisol goes up, blood pressure rises, and heart rate increases—all for you to jump out of the

way and save your life. This all comes from the amygdala; it was designed for that purpose. It's impulsive, reactionary, and emotional. In order to explain how the amygdala works with addiction, however, I must tell you about the hippocampus, which is attached to the amygdala.

What's the hippocampus? It is the "hard drive" of the brain. It remembers all of your memories—every single thing that's happened in your life (even the things you think you forgot). First grade, second grade, everything: all the good and bad memories, all the traumas, all the perceived threats, all the dangers, everything. The hippocampus stores *all memories in your life, both good and bad*. So here's how it works in an example: You notice that it's a Saturday night, and a friend of yours is throwing a party. You see photos online and your friends are all there, but you were not invited. We've all been there. If you're in this situation and you've also had abandonment issues in your life—all of which are stored in that hippocampus—it is only natural that your hippocampus would reference these feelings, and you would feel emotional pain because you weren't included. Are these people even your friends? These thoughts and feelings cause you to experience a sense of sadness. At the same time, let's remember that the hippocampus stores all good memories as well: the day you got married, the birth of your first child, your medical school graduation, witnessing your child take their first steps. These good memories work in the same way, triggering feelings to bring your mind to a place of happiness.

The amygdala asks the hippocampus, "Is this a threat?" Then, if it is perceived as such, it makes a decision in three-hundredths of a second to react either by fight or by flight. It may react appropriately or inappropri-

ately. Remember, the amygdala will always reference the hippocampus before it decides how to respond. If it reacts inappropriately, it will happen that you are just looking at these pictures on a social media site and, rationally speaking, you don't have to go into fight or flight, but your brain suddenly says you have to. Your heart rate and blood pressure rise, anxiety and depression begin to take control, your capacity to think rationally goes down, all in a quarter of a second. Seconds could become minutes, and before you know it, you need relief. It seems unreal to think that seeing a picture on Facebook would cause such an extreme emotional response, but here's the point: the hippocampus stores memories from the past, as we said above, both good and bad. If you have emotional trauma, feelings of inadequacy, or whatever, then your amygdala will fire a seemingly extreme, perhaps inappropriate, response.

Where do you find relief? You quickly remember that bottle of wine in the kitchen. You think, *I need a glass of wine*. Or maybe it's the Internet for you, and you think, *I just need to look at some porn*. In these cases, the amygdala acts so powerfully. That's why, for example, if someone has just returned from ninety days in a treatment center for addiction, they finally get to go home and allow an old habit to sneak back in: they pull out their phone, and they haven't erased all the phone numbers of those who get them drugs. All of a sudden they get a text from a buddy that says, "Come on, man, let's get together, let's get high." It all starts again.

The hippocampus has stored all those memories, and the limbic system releases the dopamine based on the neuroplasticity that has already been laid down. Even before you respond to the text or before you decide to re-

spond, you're literally hardwired to seek the relief because of the neuroplasticity of your brain. The amygdala fires, saying, "*You need this!*" because you have been tricked into believing your brain. The hippocampus is connected to the amygdala, firing all the memories from your past, all the times you've used before, the euphoria of escaping the anxieties or realities you might be facing. So you respond in the way you know how. Before you know it, you've relapsed. What you really need is a renewed mind.

So many times I've heard, "Dr. D, I don't know why I do the things I don't want to do. I was doing so well and something happened. What happened?" That's how powerful our brain and its neuroplasticity can be. Addiction hijacks the pleasure reward pathway.

Let me drive the point home now. Imagine with me, if you will, that you're going to eat some carrots. I know, sort of bland, right? But stick with me on this: you put these carrots in your mouth, they're kind of cold, they have dirt on them, and you know they will taste plain—like most carrots do. Not a lot of emotion there. Now imagine eating this: a perfect combination of cold vanilla bean ice cream topped with homemade hot fudge with strawberries on top, topped with a dollop of whipped cream. You and I both know how good this will taste. Is your mouth watering yet? That feeling you get when you simply imagine eating a tasty treat is dopamine firing on the amygdala, which signals the hippocampus. They all work together to tell you that you want to eat that food! I mean, think about it, why is it that when we go to restaurants, we are stuffed after a meal? We leave feeling bad, thinking, *Why did I eat so much? I'm never going to be able to sleep!* Yet we succumbed to the dessert tray before we knew it. We order dessert

and request, “Two spoons, please!” The restaurants get it; believe me, they understand how this works.

Imagine you’re recovering from a heroin addiction, and I show you a picture of heroin. The brain chemistry triggers your emotions. What if you struggle with looking at pornographic images, and all of a sudden someone flashes those images in front of your face? The same sensations and feelings you get from indulging in porn start going through your brain. Your ability to think rationally about the situation and to say no starts to vanish. That’s the power of brain chemistry.

CHAPTER 7

Beginning to Untie the Knots

Okay, now what? You've heard how powerful these feelings can be and how difficult it is to overcome them. Do we just accept the fate of an addiction, then? Absolutely not! My point in this book is to say that there is hope for the hopeless. Many people who struggle with addiction, in my experience, learn how to become sober and maintain their sobriety over time, but they must work at it. The point I am trying to accentuate here is that if you have had an addiction at some point in your life, you will always be vulnerable or susceptible (on some level) to fall back into that addiction.

I feel a strong sense of disdain when people come to me and say that they do not want to go to Alcoholics Anonymous or Narcotics Anonymous or Celebrate Recovery, even though they are early in their recovery process and still need help. They feel that they have fully recovered, and they want to put that chapter behind them. They eschew the thought of looking back on that “dark place” in their life. I know now when I hear this, after many years

of experience, that relapse is right around the corner for people like this. If an addict is not vulnerable to the fact that their recovery is something they've got to work on every single day, it will come back and overtake their life. Why? Neuroplasticity has created neural pathways that remember your addictive habits, and these will never go away. Neuroplasticity is that powerful.

So where's the redemption in all this? It's a battle, just like anything else, but in Christ, we have all we need.

For a good place to start studying Scripture for a better understanding of addictions, I suggest studying what Paul says about his "thorn in the flesh." In 2 Corinthians 12:7-10, Paul says, "Therefore, in order to keep me from becoming conceited, I was given a thorn in my flesh, a messenger of Satan, to torment me. Three times I pleaded with the Lord to take it away from me. But he said to me, 'My grace is sufficient for you, for my power is made perfect in weakness.' Therefore, I will boast all the more gladly about my weaknesses, so that Christ's power may rest on me. That is why, for Christ's sake, I delight in weakness, in insults, in hardships, in persecutions, in difficulties. For when I am weak, then I am strong."

Paul understood that his vulnerability—his thorn in his side—needed to be there for the power of Jesus to shine in his life. We don't know what this "thorn in the flesh" was, but we know that it caused him to be dependent on God. That's how recovery works, too. There are billions of people on this planet who have vices, and their vices, along with the things they go to for relief, may not be an addiction that will end their life like opioids or alcohol can. They kind of navigate through life, but they will never step into their life as God intended us to live a full

life. Some of the addictions I'm talking about in this book can kill you, though, and you have no choice. It's literally life or death—or incarceration. Paul got that. He knew that his vulnerability, his “thorn in the flesh” allowed for Christ's work to help him move forward with his purpose.

CHAPTER 8

Hope for the Hopeless

So where is the hope? Is it far away? Is it possible to obtain here and now? Our hope lies in Christ, and as Christ works in our minds, one place he affects is where we practice judgment: the frontal lobe. What is the frontal lobe area responsible for? Making rational judgments. It drives the executive function, the ability to know right from wrong. It functions as a vault that holds all your values, the *reason* you wanted to become a Christian, and the tools to navigate through the stressors of your life. It gives you the *drive* to be sober.

Without the frontal lobe, we have no real rational decision-making ability—we are lost for good. For example, if a teenager or young adult sees something displeasing on their social media feed—such as Facebook, Instagram, Twitter, or Snapchat—it can lead them to a catastrophic event, such as depression and ultimately suicide. As they scroll, they may think to themselves, *I don't have a body like that person, or Won, they just dumped me!* How is someone that young, without a fully developed frontal lobe, going

to emotionally navigate through that inner challenge? This scenario represents one of the reasons we in North America have one of the most quickly increasing suicide rates among teens. We have pressures from social media and a lack of true value systems among our youth.

What influences the development of the frontal lobe? One source is mom and dad. Is mom there? Is dad there? Are they helping them navigate? Are they monitoring what their children are watching on the Internet? Are they involved in their kid's social media on their phone? Do they allow them to have social media on their phone? If mom and dad aren't involved, all the hope lies on an underdeveloped frontal lobe. If the parents aren't involved in helping the young adolescent navigate through the tricky waters of youth, then the teenager is left to act on their own. When their frontal lobe is weak or underdeveloped, other instincts kick in. Unfortunately, the amygdala is next in line. In this case, teens often act without a developed frontal lobe and with an immature emotional amygdala—when they could be acting, instead, with a well-informed, values-based decision that comes from guidance through relationships.

A lot of this goes back to the values that were instilled in us as children. What was important to your parents? What reason did you learn as a good motivation for being a good person? What did your parents teach you? Why do you want to be sober? Why do you go to church? Remember when you became a Christian? It was when someone showed you the gospel, or you studied the Scriptures and realized the truth of Christ. While the transformation of conversion always happens at the heart-level, you also made a frontal-lobe decision when you came to

Christ. Counting the costs? Yes, that requires your brain-power. Can you become a disciple without thinking about it? No, it's not an amygdala decision based on impulse. You don't make a decision to become a Christian like that. Just like you make the decision to walk with Christ, you also make the decision to be sober.

So how do we allow Christ to strengthen our frontal lobe as we work with him (cf. Col. 1:29)? How do we make our mind strong so that when our overpowering, impulsive amygdala is ready to take off, we are able to shut it down? We do this through the work of renewing the neuroplasticity of our minds. The same thing that *created the addiction* can help you *maintain your sobriety*. The brain is a use-it-or-lose-it system. Through a renewed neuroplasticity, we identify and reshape the old, unhealthy pathways, the evil triggers in our brain-reward system. We identify all of our old triggers and see that they potentially make us want to fly back to our past addictions. Over time, and with a good, value-based system, we stop desiring our past (and the addictions that came with the past) and we establish new, healthy neural pathways that will be laid down in the frontal lobe to help us navigate when the amygdala tempts us to turn to our past ways.

If you don't use the good practice of putting down new, strong, non-addiction-based neural pathways, then you will always keep turning back to your old ways. When we identify the unhealthy pathways of our past, we aid the stopping of bad behavior. We are making a decision that what we have been doing is wrong and that we need to stop the behavior. The problem is that the temptation is still there and will never go away. It's like you stopped throwing down the Miracle Grow and the weeds are left.

You could go after them and kill them, but they're never going away. That's the "leaning" or temptation caused by a brain hardwired to sin. We all deal with this on some level. The effects of sin remain like scars, even if the healing power of God restores us back to health. Through decisions made in the frontal lobe, you can establish new healthy pathways in Christ. Let God do this as you get into the Scriptures, read spiritual books on addiction, and start other healthy spiritual habits. You can even go to A.A., N.A., C.R., or other recovery groups. Let people into your life to help you. Allowing these people into your life helps you to grow and feel good. Without even realizing it, you are developing a new neural pathway, a healthy pathway that helps to develop a more refined frontal lobe. With this new, healthier pathway developed, your decision-making becomes more refined and mature.

Paul describes this "rewiring" of the brain, in different terms, in Romans 12:2: "Do not conform to the patterns of this world but be transformed by the renewing of your mind." If that does not refer to neuroplasticity, I don't know what does! Paul understood that if we just go with life and do whatever the world says to do, conforming to its patterns, we're going to be a slave to those things. But we can be transformed by the renewal of our minds—by the power of God. Do you think Paul's conversion to Christianity was an amygdala issue of "fight or flight"? No. It was a conscious response to God's call on his life; he decided to be humble and listen to Jesus' voice (Acts 9:1-18). How did he deal with all the Christians and the families of those he killed? Just imagine what Paul must have felt. Here he was, a man going into all of these villages where he had killed hundreds (perhaps thousands) of Christians,

and he had to navigate through that and deal with those emotions. He had allowed God to transform the neuroplasticity of his mind. What had been wired in Paul's brain (to seek the destruction of the Church) became rubbish to him—God had literally changed his mind!

When the frontal lobe is stronger than the pleasure reward pathway, remember this: it is all about survival. Your body will do whatever your mind believes it takes to survive. If you woke up this morning and had some coffee and breakfast, you probably didn't even have to decide to do your morning ritual because your body demands you do these things and you just do them. Those are decisions that take place in the frontal lobe. They happen seamlessly, but it took time and routine for them to happen naturally and rhythmically every day. In the same way, you need to consciously make choices to overcome an addiction, and these choices must happen daily with repetition. In time, the tough decisions to avoid addictive situations or substances will eventually become easier and will help you strengthen your mind. The renewal of our minds we have in Christ gives us hope, and that hope does not disappoint us. Through Christ, born again believers can truly recover, become sober, and maintain their sobriety. Let's talk more about this.

CHAPTER 9

Avoiding Relapse by Strengthening the Brain

The definition of sobriety is simple: when the frontal lobes are stronger than the pleasure reward pathway. It's hard work to get to this point, though, perhaps the hardest work you will ever encounter in your life. It's especially difficult when you've lived in addiction for a long time. But nothing is too difficult for Christ. It's important to understand, like I said above, that the pleasure reward pathway is always strong and charged because it's wired for survival.

Consider a moment when the frontal lobes are weaker than the pleasure reward pathway. How does this happen? It comes back to priorities. Oftentimes I hear, "Dr. D, I've got to go to work, man. I mean, I've got to support my family. I can't be going to all these meetings; I'm doing fine." To those who think like this, let me ask, "How are you going to support your family if you get drunk again or you get another DUI or if you're looking at all this porn?"

You're never going to be able to manage or lead a family like that. That's what I mean by saying that it's a matter of priorities.

The most important thing to you as an addict is to maintain your sobriety. Your brain starts to make you believe that you're good, that you're doing great. Your brain says, "Look at all those good memories you're making. You've been going to all those meetings, and you're really doing well. Plus, people are saying how awesome you're doing!" Then pride sets in, and the frontal lobes start to weaken to the pleasure reward pathway, and addictions begin to resurface. What do we call that? Relapse. It's subtle and creeps in just like that. Addiction is deceiving and lies to you. There is a war going on between the frontal lobe and the pleasure reward pathway. I use the word "war" because people come and tell me, "It's like there's a war in my brain and I don't understand what's going on."

Paul writes in Romans 7:22-25, "So I find this law at work: Although I want to do good, evil is right there with me. For in my inner being I delight in God's law; but I see another law at work in me, waging war against the law of my mind and making me a prisoner of the law of sin at work within me. What a wretched man I am! Who will rescue me from this body that is subject to death? Thanks be to God, who delivers me through Jesus Christ our Lord! So then, I myself in my mind am a slave to God's law, but in my sinful nature a slave to the law of sin." He understood the battle of the brain.

Finally, let's talk about the importance of relationships, especially discipling relationships.

CHAPTER 10

How Discipleship Helps Addicted Persons

The number one reason for relapse is a lack of supportive relationships. Addicted persons tend to gravitate toward unhealthy relationships that don't include discipleship. On the other hand, relationships with healthy accountability—where there's transparency and vulnerability—don't make room for relapse. We look at groups that we've already mentioned like Celebrate Recovery, Alcoholics Anonymous, and Narcotics Anonymous, but there are others like Mutual Health Groups, Overeaters Anonymous, Gamblers Anonymous, etc.—all the A's you can imagine! Why do these groups exist? All of these groups were founded on the importance of relationships. A lot of people think A.A. is about showing up and saying, "Hey, I'm Jack, and I'm an alcoholic. Here's my story..." But that's just the surface of A.A. or Celebrate Recovery. These groups are about far more than mere confession; they are, at their best, about cultivating relationships in

your life. Do people know you? Can they confront you? Can they come to you? Is there transparency? Is there vulnerability?

What ends up happening at A.A. or Celebrate Recovery is that there are people watching out for you, checking in on you, and making sure you stay accountable and vulnerable. Many times, when relapse is on the horizon or actively occurring, people at the meeting will say, “Do you remember when Joe started coming to A.A., and he was doing awesome? He would come, he would make the coffee, and he was involved in everything. He came to every group, but I noticed that he didn’t show up like two days in row, and did you hear what he said last time he was here? It sounded a little off, and he was dressed like he was going to go out to a bar after the group.” In A.A. people see the patterns, the slow shift back to relapse. If we allow life-giving people into our lives, they can come in and help us. They can tell us that we aren’t doing well. They can point when we’re drifting. In A.A., they get it. They understand this pattern. It’s about behavior and action. If you let people in your life, they can see the shift. If you’ve let somebody into your life, the chance of relapsing dramatically goes down. In the same way, close discipleship-based relationships within the church can help keep individuals accountable and sober. I’ve never met an individual who maintained sobriety without having a relationship with someone else who was also trying to maintain sobriety. Likewise, I’ve never met a Christian who maintained their spirituality and their walk with God without having a healthy discipling relationship with another person who was also walking with God. The parallels of

sobriety and Christianity are identical. It's overcoming sin, and we can't do it alone.

Relationships keep us grounded so that we don't live in a fantasy. What do I mean by this? When we are constantly going after something that's addictive in nature, we create a world of fantasy. We try to step back into reality and maintain our function and our job, and yet our reality gets blurred. We essentially create a double life, which leads us to fabricate lies in order to maintain the structure of a double life. We often say of people who are caught in addiction that they are lying the moment they move their lips—because to lie is deeply connected to their survival system. If I told you not to eat for four days, you're going to dream about eating, you're going to struggle with not eating, and you might even lie to get food. It's about survival for you, and that's what happens with a person who seeks an addictive substance. Reality allows us to step into our actual lives, not our made-up lives. It is the opposite of running.

So why do twelve-step programs work? Twelve-step programs work because they are about discipleship, plain and simple. The foundation of A.A. is discipleship. One person sponsors another person, who sponsors another person. The person who sponsors you needs that relationship and the person being sponsored needs the relationship, too. The beauty of the sponsorship program is that everyone is an addict. There is no perfect person. The only perfect part of this equation is that everyone needs one another, which is the heart of discipleship.

CHAPTER 11

Cultivating a Relationship with Jesus

Proverbs 20:5 reads, “The purposes of a person’s heart are deep waters, but one who has insight draws them out.” How, then, do we help people in our churches overcome addiction? What do we do? The only way is through a deep relationship with Jesus and knowing that he’s in charge of our lives—here and now—through discipleship-based relationships.

In Mark 9:14-29, we read a story of Jesus walking through towns. His disciples come up to him and beg him to come help an individual. It’s a father with a son afflicted with epilepsy. Look at verses 21-22:

“Jesus asked the boy’s father, ‘How long has he been like this?’

‘From childhood,’ he answered. ‘It has often thrown him into fire or water to kill him. But if you can do anything, take pity on us and help us.’

“If you can”? said Jesus. ‘Everything is possible for one who believes.’

Immediately the boy’s father exclaimed, ‘I do believe; help me overcome my unbelief!’”

The boy’s father begs Jesus to help him with his own personal unbelief. In the father’s mind, his son had been like this his entire life, so how was the father able to believe that anything could change, let alone that his son could be healed? That’s what addiction feels like for all those involved.

So many people come to me and say, “This is the evidence of my life, Dr. D. What are you going to tell me that is going to change the effects of all my relapses, all the destruction, and everything I’ve done to my family? How am I ever going to believe that I can overcome this?” In the story above, what Jesus was asking the father to do was to believe in the Higher Power of Jesus. When you believe in only yourself, you can do nothing, but when you believe in and put your faith in Jesus you can do anything God calls you to do—even untangle addiction. So, when a person comes to me looking for hope, I tell them about Jesus and about the hope I have in God. I share with them my belief in Jesus and that through him all things God calls us to do are possible (Phil. 4:13). When I see people in the hospital or in my office, I constantly share this belief with them because I do believe that it offers hope. In the same way that the father doubted his ability to believe in Jesus’ power to heal his son, we often have doubts about ourselves. But I share with people my belief that Jesus can heal and can dissolve any doubt we have, especially our biggest doubt to overcome our own addictions. We cannot do it on our own. The evidence of your life is exactly right: trying to do

it on your own without Jesus is impossible. There's no way we can; we must overcome our unbelief with the help of Jesus.

What I'm writing to teach you here is that through relationships with others and a deep relationship with Jesus, you can overcome addiction. How do you do that? The DNA of our relationships must be forged in the love with which Jesus loved us. Everybody knew who Jesus' disciples were. Why? It was the way they loved each other. Do you have those types of relationships in your life? The relationships I'm talking about are Jesus-style relationships. These relationships focus on discipleship, transparency, vulnerability, and empathy. Discipling relationships can be found in *Celebrate Recovery*. Again, as I quoted above, "The purposes of a person's heart are deep waters, but one who has insight draws them out." To be fully known and fully loved is the most healing gift one human being can give to another. With this discipling relationship, you must have a deep understanding of who Jesus was. Jesus was an empathetic individual, yes, but he also challenged people, he demanded change, and he called people out on their sin. In order to engage in true Jesus-style discipleship, we must know this and practice it with one another. He was empathetic. That does not mean "sympathetic," where he constantly feels sorry for you. No, Jesus was, and is, *empathetic*, meaning that he knows you are suffering because he's been there. Jesus knows suffering and calls us higher to live a life free from sin. It's with the same confidence that we can step into sobriety and the scary unknown saying, "I can do this." We can remain one day sober, two days sober, five days, six weeks, six months, and so on. We can maintain sobriety with Jesus and with our discipling

partners spurring us on higher on a daily basis in the same way Jesus would have.

We need to continue to have a deep understanding of Jesus' identity, how he lived to make disciples who make disciples, and how he died to show us what life really looks like. We need to have a deep love for the Bible, a deep love for the Scriptures. As it says in Timothy, all Scripture is God-breathed and useful. Physical training is of some value, but godliness has value for all things. I know there's an abundance of self-help and spiritual books out there, and they are great, but the reality is that a deep love for the Scriptures and a conviction for your core values is what will really take you further and help you overcome the struggles of your life. Many people have books piled high on their desk or side table—self-help and spiritual books written by spiritual authors—but they are not really reading the Bible. I'm not dismissing these books; in fact, I think they can be extremely useful. But without an understanding of the Bible, you really cannot understand discipleship, which is Jesus' ultimate plan for us.

CONCLUSION

Recovery and Your Purpose in Life

Finally, then, we come to your purpose. Just like I have never met an isolated person recover and maintain sobriety, I have never met an individual maintain their sobriety without a purpose. What is their purpose? In Matthew 28:18-20 the Bible reads, “Then Jesus came to them and said, ‘All authority in heaven and on earth has been given to me. Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you.’” What is discipleship in Celebrate Recovery? It’s obedience. We as Christian disciple makers must teach those in recovery to obey. By teaching obedience, not just the abstaining from certain experiences or substances, we go beyond the status quo and give people a sense of purpose. As disciples who make disciples, the people in my church who are the most effective at helping those in recovery are those who inten-

tionally make disciples. Celebrate Recovery is an incredible ministry. Why? Because it helps people inside your church and in the community. You can bring other people into your church through this ministry. If you find out that someone has an addiction, send them to Celebrate Recovery because that ministry is about making disciples.

As I close this book, I want to again emphasize the importance of discipling relationships. Addictions in which individuals get “stuck” are sinful. Only with Jesus and discipling relationships can these same individuals become “unstuck” and experience the true Lordship of Jesus.

Discipling relationships are essentially very close, vulnerable relationships where people work together to help each other follow Jesus. This discipling process includes maturation and multiplication. In ministries like Celebrate Recovery, we allow people to know Jesus and to understand his mission. In this maturation of an individual, we help people grow, which results in the multiplication of making more disciples. Through this process, people can overcome addiction and a multitude of other sins. A true disciple is a person who follows Jesus and is committed to the mission of Jesus (Matt. 28:18-20).

Discipleship in Celebrate Recovery follows this mission. It speaks about obedience, and as disciple makers we must teach people to obey, which becomes especially challenging for those recovering from addiction. We teach people not just to abstain from substances or experiences, but also to go beyond the status quo so they can have a sense of purpose. This sense of purpose is one that can only truly be found in Jesus. Our first purpose is to love God with all of our heart, mind, soul, and strength. Our

second purpose is to love others, which includes making disciples. I like to say that there is no more loving thing that you can do for someone than to help them learn to live as a disciple of Jesus. We must first be disciples who love God, then we can focus on helping others be disciples, too.

As we come to the end of this book, I urge you to move forward with the strength and confidence found only in the presence of Jesus and begin to untangle your addictions by stepping into a life of true Jesus-style discipleship. As it is written by our brother Paul in 2 Corinthians 12:9-10, “For my power is made perfect in weakness.... For when I am weak, then I am strong.”

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