

Neuroscience Informed Christian Counseling® - Integrating Somatically-Based, Experiential, and Polyvagal-Informed Interventions in Sex Therapy

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Abstract

Neuroscience Informed Christian Counseling® (NICC) offers a clinically grounded, theologically integrated framework for sex therapy that helps clinicians move beyond symptom management and into deep, lasting change. Drawing from polyvagal theory, attachment and co-regulation research, somatically based and experiential interventions, and memory reconsolidation methodology, NICC equips therapists to recognize how shame, fear, and dysregulation can disrupt sexual functioning and relational connection, then respond in ways that foster safety, healing, and transformation.

In conversation with the pioneering sexual retraining work of Clifford and Joyce Penner, this approach treats at-home exercises not only as skill-building assignments, but also as opportunities to reveal the implicit emotional learnings that sabotage intimacy. When those patterns are brought back into the therapy room and engaged experientially, couples can experience meaningful shifts in both nervous system regulation and sexual connection. This article introduces the NICC framework and explores how somatically based, experiential, and polyvagal-informed interventions can enrich Christian sex therapy with greater clinical precision, compassion, and hope.

The Heart of God and Sex

Sex is not an embarrassing concession in God's design. It is part of His good creation. From the beginning, God declared that it was not good for the man to be alone, and He created human beings for relational union, intimacy, and fruitfulness. Even our biology reflects that intention. Sexual connection is not driven only by the chemistry of pursuit and reward. In the context of secure, loving relationship, it is also powerfully shaped by oxytocin, the body's bonding hormone, which helps knit two people together in attachment, trust, and closeness. In other words, sex was never meant to be merely a private pleasure or a biological urge. It was meant to deepen covenantal connection.

This helps us see something important about the heart of God. He did not design human sexuality to function like a detached mechanical process. He could have created reproduction in any number of impersonal ways. Instead, He created it as something

relational, embodied, pleasurable, and deeply personal. Sexual union invites husband and wife into a kind of knowing and delight that reflects, in creaturely form, the relational nature of the God who made us. Scripture consistently presents covenant love in relational and embodied terms, and the union of husband and wife points beyond itself to the intimacy, fidelity, and fruitfulness God desires with His people. Sex, at its best, is not merely about release. It is about communion.

It is also through sex that God allows human beings to participate in one of the most breathtaking aspects of His creative generosity. By His design, sexual union can become the context in which new life enters the world, not as a duplicate, but as a distinct and eternal person bearing the image of God. That alone tells us something profound. God did not make sexuality trivial. He wove into it bonding, joy, vulnerability, creativity, and the possibility of life itself. So when we ask what sex reveals about the heart of God, the answer is this: God's heart is not prudish, detached, or ashamed. His heart is relational, generous, joyful, and deeply invested in covenantal love that gives life.

The Therapist's Heart and Sex

It is in this context that we, as therapists, approach the topic of sex with our clients. Sexuality is not peripheral. It is sacred. It matters to God, and it matters deeply to the people sitting in our offices. When pain, fear, disappointment, or shame have replaced the beauty God intended, His heart is not to turn away in disgust or discomfort, but to redeem and restore. And when our hearts are aligned with His, that same redemptive impulse begins to shape the way we listen, the questions we ask, and the care we offer.

That is why we ask, "How is the sexual part of your life going?" In many Christian contexts, and honestly in plenty of clinical ones too, that question is rarely asked. Shame keeps it buried. Fear keeps it vague. Couples may talk around it for years without ever speaking honestly about what is happening. But therapists are uniquely positioned to create a different kind of space, one marked by safety, candor, and grace. Whether or not we are trained sex therapists, we can still be the person who gently opens the door and gives clients permission to tell the truth.

Of course, asking the question does not mean we must be equipped to treat every issue it uncovers. Good care includes humility. We can ask with confidence, knowing that when a need exceeds our scope of competence, we can connect clients with trusted colleagues who have the training to walk with them further in that part of their story. But we should not underestimate the importance of simply being willing to notice, name, and honor the sexual dimension of a person's life. That willingness alone can begin to dismantle shame.

In this way, the therapist, and often the trusted friend as well, can reflect the heart of God. We become conduits of His grace, invited into the redemptive work He is doing in every part of a person's story, including their sexual story. To approach sex with reverence, courage, and compassion is not to step outside the sacred work of care. It is to step more fully into it.

The Hippocampus, Amygdala, 10th Cranial Nerve, and Arousal

The brain is our primary sex organ, and it is fearfully and wonderfully made. Although sexual experience involves the whole body, it is the brain that coordinates sensation, meaning, memory, and response across the nervous system. This matters clinically because sexual arousal is not just a matter of anatomy or technique. It is a whole-person process in which the brain is constantly asking whether what is happening right now is safe, welcome, and good.

One of the key players in that process is the hippocampus. If we can borrow a simple metaphor, the hippocampus functions a bit like the brain's memory librarian. As sensory information comes in, the hippocampus helps place the present experience into context by searching prior learning and lived experience. In effect, it is asking questions like: What does this sensation mean here? Is this touch associated with safety or danger? Is this something to move toward, or something to guard against? When sexual cues are linked with memories of comfort, delight, and relational safety, the body is more able to receive them as inviting. When those same cues are linked with fear, shame, pressure, pain, or confusion, the brain may interpret them very differently.

This is where the amygdala becomes especially important. The amygdala is deeply involved in threat detection and alarm. If the nervous system senses danger, whether because of present circumstances or because past emotional learning has been activated, the body shifts toward protection rather than connection. In NICC language, this sympathetic state can be helpfully named with the color yellow. Yellow is not sin, failure, or dysfunction. It is the body's alarm system doing what God designed it to do: drawing attention to something that feels unsafe and needs care. But it is also not the state most conducive to relaxed, mutually enjoyable sexual connection.

For sexual arousal to build with freedom, the body generally needs access to a regulated parasympathetic state, what polyvagal theory calls ventral vagal. In our work, we often mark that state with the color green. Green is the state of relative safety, openness, and connection. It is where the social engagement system comes online, where curiosity becomes possible, and where the body is more capable of receiving touch as welcome rather than intrusive. When a person is in green, sexual cues are more likely to be

interpreted as positive, and motivational systems associated with approach and pleasure can activate more easily.

So what helps a body move from yellow back into green? Regulation. More specifically, co-regulation. A dysregulated nervous system often needs safety cues from another nervous system before it can settle. Soft eye contact. A calm and empathic voice. Slowed pace. Gentle, non-invasive touch. Deep, steady breaths. These relational signals help quiet alarm and support re-engagement of the parasympathetic system through the vagus nerve, the 10th cranial nerve. This is one reason sex therapy cannot be reduced to technique training alone. When the nervous system is sounding the alarm, what is needed is not pressure or performance, but safety.

When the body settles into green, sexual arousal can begin to function more as God designed it to. Reward and approach systems can come online, desire can awaken, and genital arousal can unfold through parasympathetic processes that support vasocongestion and receptivity. As arousal builds toward orgasm, there is naturally a brief shift into sympathetic activation, not as distress this time, but as part of the body's movement toward climax and release. After orgasm, the system returns again toward parasympathetic settling, often accompanied by bonding, relaxation, and afterglow. This gives us a more nuanced picture of sexual response: sympathetic activation is not always the enemy, but premature or threat-driven sympathetic activation will usually interfere with arousal rather than deepen it.

Clinically, this framework is immensely useful. It helps couples interpret sexual difficulty with more compassion and less blame. It gives them language for what is happening in their bodies. And it helps therapists identify when the problem is not a lack of desire in the simplest sense, but a nervous system organized around protection. Once that becomes visible, the work can shift from frustration and misinterpretation to co-regulation, curiosity, and, where needed, deeper healing of the memory networks that keep sounding the alarm.

Clinical Implications

Understanding how the brain processes memory context through the hippocampus, and how sympathetic and parasympathetic states shape sexual experience, gives us several powerful clinical tools.

First, when clients learn to recognize sympathetic activation in themselves and in their partners, they are better able to respond with clarity rather than confusion. Instead of interpreting withdrawal, tension, or reactivity as rejection or lack of love, they can begin to see these responses as nervous system cues signaling a need for safety and regulation. That shift alone can increase compassion. It also gives couples something practical to do.

They can learn to name what is happening, ask for what they need, and participate in co-regulation together. In this way, understanding becomes both an empathy builder and an intervention in itself.

Second, when we understand that the hippocampus may be pulling forward emotionally loaded memory contexts that trigger sympathetic activation, we are better equipped to intervene at the level of root cause rather than surface symptom. This opens the door for memory reconsolidation work. Instead of merely helping clients manage around their triggers, we can help them reprocess and update the underlying emotional learnings that are organizing their present sexual experience. As those memory networks are rewired, cues that once triggered alarm no longer have to do so. What once felt dangerous, shameful, or overwhelming can begin to be experienced in a new context of safety, connection, and freedom.

Taken together, these insights give therapists a more compassionate and effective framework for care. We are not simply addressing technique, behavior, or communication in isolation. We are helping clients understand their nervous systems, partner with one another in regulation, and, where needed, participate in deeper healing that transforms the way sexual connection is experienced.

Polyvagal Theory, Memory Reconsolidation, and Neuroscience Informed Christian Counseling®

Polyvagal Theory, shaped by the work of Stephen Porges, gives clinicians and clients a practical framework for recognizing nervous system states and understanding how those states influence everyday experience, relationships, and sexual arousal. When people can identify whether they are in a state of safety, mobilization, or shutdown, sexual difficulties often begin to make more sense. What felt confusing or personal can be reinterpreted through the lens of the nervous system. This framework becomes even more clinically useful when paired with the work of Allan Schore and Edward Tronick on regulation and co-regulation, which helps us understand how one person's steady, attuned presence can help another person's body settle enough to reconnect, receive, and engage. In the therapy room, that means the clinician does not simply explain co-regulation. The clinician models it, helping clients experience it in session so they can begin to offer it to one another in their intimate relationship.

Memory reconsolidation adds another crucial piece. Research associated with Karim Nader, Joseph LeDoux, and Daniela Schiller, and translated into clinical application by Bruce Ecker, gives us a way to understand how emotionally charged learning can actually be updated rather than merely managed. In this framework, the goal is not simply to help

clients cope better with old triggers. It is to help bring the underlying emotional learning fully online and then meet it with a lived, mismatching experience that contradicts what the nervous system has come to expect. When that happens, the old learning can be rewritten at the level where it was originally stored. This is what makes the approach so powerful in sex therapy. Arousal-blocking responses that once seemed automatic may not be permanent. When the body no longer expects shame, danger, rejection, or overwhelm in the same way, sexual cues can begin to be experienced differently as well.

Neuroscience Informed Christian Counseling® brings these streams together into a coherent, faith-based clinical model. NICC integrates polyvagal theory, co-regulation and attachment-informed care, and memory reconsolidation methodology in a way that helps therapists do more than reduce symptoms of dysregulation. It helps them guide clients toward deeper healing by identifying the nervous system states shaping present experience, creating the safety needed for transformation, and engaging the emotional memory networks that continue to organize distress. In that sense, NICC is not merely about helping clients calm down enough to function better, though that matters. It is about helping them experience the kind of relational, embodied, and spiritually grounded transformation in which old fear-based patterns lose their grip and new possibilities for connection can emerge.

Penner & Penner, NICC, and Sex Therapy

Clifford and Joyce Penner, pioneers in Christian sex therapy, developed an approach to sexual difficulties commonly called *sexual retraining*. As outlined for therapists in *Counseling for Sexual Disorders* and for clients in *Restoring the Pleasure*, their model offers a structured and highly practical pathway for addressing many of the sexual struggles couples face. Through a thoughtful sequence of psychoeducation, communication exercises, and graduated touch assignments, the Penner approach helps couples better understand sexual function, talk more honestly about intimacy, and build the relational and practical skills that support a healthier sexual relationship.

What makes the Penner model especially valuable in the NICC framework is that these exercises do more than teach skills. They also expose the places where the nervous system is getting activated. As couples engage the assignments at home, they are not only practicing new patterns. They are often bumping into the implicit emotional learnings, the shame responses, the fear states, and the body-based alarms that have been quietly sabotaging sexual connection all along. In that sense, the exercises function as both treatment and assessment. They strengthen capacity, but they also reveal precisely where deeper healing is still needed.

At MyCounselor.Online, we use the Penner and Penner protocols within the broader framework of Neuroscience Informed Christian Counseling® by combining at-home retraining with in-session experiential healing work. Couples are assigned readings and exercises from *Restoring the Pleasure* between sessions. When they return and report that things “didn’t go well,” we do not hear that as failure. Often, it means something important has surfaced. A specific cue has activated the nervous system. A block has become visible. A memory network has revealed itself. What felt discouraging to the couple is actually clinically very useful, because it tells us where to go next.

From there, the therapy room becomes the place where those activated patterns can be engaged more directly. Using NICC’s experiential and memory reconsolidation-informed methods, the therapist helps the couple identify and emotionally access the implicit learning attached to the cue, then remain with it long enough for new, mismatching experience to occur. As that old learning is updated, the cue no longer has to trigger the same sympathetic response in the future. When the couple returns to the assignment, they are often surprised to discover that what previously felt impossible, overwhelming, or shut down now feels accessible. The body is no longer responding as if the old danger is still present.

In this way, the Penner protocols and NICC work hand in hand. The Penner process helps identify the exact places where relational and embodied healing are needed, and NICC offers a framework for addressing those places at the level of nervous system regulation, emotional experience, and implicit memory. Then, once those old sabotaging pathways have been softened or neutralized, the Penner exercises help couples establish new pathways for mutual enjoyment, safety, and connection. The result is not merely better technique, but a transformed sexual relationship shaped by greater freedom, attunement, and hope.

A 2024 outcomes study of NICC reported a 93.6% success rate across a clinical sample that included sex therapy cases, along with individual therapy, couples communication work, infidelity recovery, and sexual addiction recovery. While the findings are not limited to sex therapy alone, they do offer encouraging support for NICC as an effective integrative framework for addressing a broad range of relational and personal difficulties, including those that affect sexual health and connection.

Clinical Vignette

The following vignette is drawn from a series of live session clips I use in workshops on this topic to illustrate how these concepts unfold in actual clinical practice. What follows is not a full transcript, but a session-by-session summary of key moments and clinical

takeaways. It can function as a stand-alone section in this article or as a companion to live training.

Session 1

One of the first clinical realities of memory reconsolidation is that a memory cannot merely be discussed at a cognitive level. For reconsolidation to occur, the relevant emotional learning must be reactivated in lived experience so that it becomes malleable and available for updating. This is especially important because many traumatic or shame-based memories are not stored primarily as clear narrative events. They are often carried implicitly in the body as sensations, impulses, and emotional states. For that reason, somatically grounded, emotion-focused, experiential work becomes essential. The therapist must be able to track moment-by-moment shifts in felt experience and respond to them in real time.

This is why, in the opening moments of NICC work, several foundational assumptions are already at play. First, the model is grounded in a theological framework that affirms the nervous system as part of Jesus' wise design for us. Second, the therapist and clients are invited to listen to the nervous system together as they seek the leadership of the Holy Spirit. Third, bodily sensations are treated as meaningful. They are not distractions from the work. They are often the doorway into the emotional and memory material that needs attention.

After briefly orienting the couple to these assumptions, the therapist invites them into a simple experiential exercise so that the psychoeducation is not merely understood intellectually, but embodied. They are asked to close or lower their eyes, take a few deep breaths, and notice what they are experiencing in the present moment in their bodies. This serves two purposes. It establishes from the outset that attention to bodily experience will be central to the work, and it gives the therapist an early sense of each client's access to interoceptive awareness.

In this case, the wife initially has difficulty staying in the present and wants to shift quickly to the past or future. But with gentle guidance, she is able to remain with her immediate experience and begin identifying anxiety in her body. As she stays with it, she is able to move beneath the anxiety and recognize a fear that the therapeutic process might make things worse before it makes them better. She describes feeling shaky, having heart palpitations, holding her breath, feeling fight-or-flight in her chest and arms, and wanting to get up and run. She also connects these sensations with her dislike of conflict. When the therapist gently asks, "Is there more?" she is able to identify the tension between a part of her that wants things to improve and a part that feels afraid of the unknown.

Once the fear beneath the anxiety is named and compassionately reflected back by the therapist, a shift occurs. The client smiles. When asked how she feels in that moment, she says, “good.” When the therapist asks what “good” feels like in her body, she is able to identify a sense of relief in her chest. That small moment is clinically significant. It shows not only access to distress, but also access to regulation, relief, and the bodily experience of emotional change.

From this initial session, the therapist begins forming several impressions. The wife appears to have reasonably good access to her emotions and to the bodily experience of those emotions. The husband shows some access as well, though more limited. Both demonstrate willingness to engage, which suggests that enough safety has been established for meaningful vulnerability to begin. After this session, the couple is assigned Penner and Penner assessment and history homework to complete at home. The therapist then meets individually with the wife for one history and assessment session and with the husband for two history and assessment sessions before bringing them back together for the fifth session as a couple.

Session 5

When the couple returns for their first joint session after the assessment phase, the therapist provides psychoeducation about polyvagal theory and sexual response, introducing the colors green, yellow, and red as a simple way of describing ventral vagal regulation, sympathetic activation, and dorsal vagal shutdown.

The couple recognizes the implications almost immediately. The husband jokes that it is a good thing he has never tried initiating sexual advances when his wife is in that state. The wife, however, responds tearfully, saying that she feels as though she has been sympathetically activated for two years straight. She describes not really knowing how to be out of that state, feeling it in her jaw and body, and living with a persistent sense of hyper-alertness. Even when she has moments of relief, she says it is very easy to flip right back into activation.

The therapist responds first by honoring the grief of living in that space for so long. At the same time, the therapist highlights the significance of her self-awareness. She can identify what sympathetic activation feels like in her body, and she already has some awareness of what helps her move out of it. Those are not small things. They are foundational skills for learning to navigate nervous system states with greater intention.

The therapist also reframes the body’s alarm response as a blessing rather than an enemy. God designed this system on purpose. Its job is to draw attention to what needs care, to protect us, and to support healing. This reframe helps replace shame with compassionate

curiosity. Instead of fighting the body or condemning its responses, the couple can begin to ask, “What is this response trying to tell us?” The therapist also casts a vision for how spouses can help one another in these moments, not through pressure or defensiveness, but through curiosity, attunement, and co-regulation.

Session 6

By the next session, the couple has completed the assigned Penner and Penner exercises and reports that “it didn’t go well.” Rather than treating this as discouraging, the therapist reframes it as clinically useful and, in an important sense, exactly what they were hoping for. The exercise has done its job. It has exposed the point at which the couple’s process is breaking down.

Following the nervous system response from the cue that disrupted the exercise leads into parts work with the wife and eventually into a memory reconsolidation experience. The therapist helps identify and engage a memory that has been triggering sympathetic activation during the couple’s attempts at sexual connection. As that emotional learning is accessed and transformed in session, the couple is then sent home to repeat the exercise.

Session 7

The seventh session opens very differently. The wife reports feeling good and says the repeated exercise went really well. She describes significant change following the previous session and says she feels in a much better place. Searching for language big enough to hold the shift, she says that while “revolutionary” may or may not be the right word, it was a very big deal.

Later in the session, the husband begins using the green, yellow, and red language himself as he reflects on how he had previously shown up in ignorance. He apologizes for the ways he had taken his wife’s reactions personally before understanding what was happening in her nervous system. He can now see that many of her responses were not fundamentally about him, but about what was being activated inside her. That shift in understanding is deeply relational. It reduces blame and creates room for empathy.

Toward the end of the session, the wife describes the repeated exercise with visible excitement and awe. For the first time, she notices herself feeling aroused and touching her husband with genuine engagement. She says, with delight, that it was “super fun” and that she realized she actually can get turned on, which feels exciting. The couple celebrates together how meaningful this moment is and how much hope it gives them.

Clinical Takeaway

This vignette illustrates several key dynamics of NICC-informed sex therapy. First, the body often tells the truth before the mind can explain it. Second, nervous system language can quickly become a shared map that helps couples interpret their experience with more compassion and less blame. Third, the Penner and Penner exercises do more than build skill. They activate the very blocks that need healing. Finally, when those blocks are engaged experientially and reconsolidated in therapy, change can happen surprisingly fast, not because clients have tried harder, but because the underlying emotional learning has been transformed.

Conclusion

Sex therapy within a Christian framework is at its best when it honors both the sacredness of sexuality and the complexity of the human person. Neuroscience Informed Christian Counseling® offers clinicians a way to do just that by integrating sound neuroscience, embodied and experiential methods, and theological conviction into a coherent approach to care. When combined with the practical wisdom of Penner and Penner's sexual retraining model, NICC helps therapists not only address sexual symptoms, but also discern and heal the deeper nervous system patterns and implicit emotional learnings that so often sustain them. The result is a more compassionate, precise, and hopeful form of sex therapy, one that helps couples move beyond shame and frustration into greater safety, delight, and relational connection.

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