



God Hears Her Podcast

Episode 91 – Understanding Your Brain and Pain with Dr. Jerome Lubbe Elisa Morgan & Eryn Eddy

Dr. Jerome: So for me, it's a case of going *Is this pain that I'm going to actually see completed and come out on the other side of it? Is it something that I have to navigate in really intentional ways to be able to understand where the context of my relationship with God is if the pain doesn't go away?* And then sometimes I have to ask myself *What do I need to die to?* Cause there are some things that I need to crucify that are holding me back. And in all of that, honoring the fact that, as I'm talking to you about it even right now, I'm so fully aware of how full to the brim emotionally I am.

Voice: You're listening to *God Hears Her*, a podcast for women where we explore the stunning truth that God hears you, He sees you, and He loves you because you are His. Find out how these realities free you today on *God Hears Her*.

Eryn: Welcome to *God Hears Her*. I'm Eryn Eddy.

Elisa: And I'm Elisa Morgan. Mental health is a scary topic that we sometimes avoid talking about because we want to seem okay or like we have it all together.

Eryn: But understanding your pain and the causes of why you may be experiencing mental unhealth may be related to the way God designed our brains. Today we're talking with one of my good friends, Dr. Jerome, about how your neuro-health connects to your spiritual health.

Elisa: Dr. Jerome is a functional neurologist who knows that healing is possible, even when it feels impossible, because of the brain's ability to reorganize itself and create new connections. He specializes in complex and unresolved neurological cases because he knows what it's like to have an undiagnosed issue. Because he suffered from migraines without any answers for years. His practice also explores how functional neurology, neuroplasticity, and tools like the enneagram can improve our well-being. And if anyone is uncomfortable with the enneagram, that's okay. He'll simply share how God can use tools like the enneagram for our good. In fact, Dr. Jerome created and released the first ever neuroscience-based model of the enneagram in his book *The Brain-Based Enneagram*.

Eryn: We are so excited about this episode. We know it's going to be powerful. And we're going to learn so much from Dr. Jerome on this episode of *God Hears Her*. Elisa, so...



Elisa: [inaudible]

Eryn: ...there's been a theme throughout all of our episodes. I feel like it pops up every now and then, you know. We discuss mental health. We talk about anxiety, depression, moving through seasons, hardship. And then we also talked about the enneagram. And we've talked about what our numbers are. You're a three-wing two. I'm a seven, wing eight. And we talk as if everybody knows even what that is. And some people may not know. They're like why are they assigning numbers to them? And I am so excited about our guest, Dr. Jerome, today is because he is a dear friend of mine. Elisa, I'm so excited for my worlds to collide today.

Elisa: Oh.

Eryn: And for you to meet Dr. Jerome.

Elisa: Well, Eryn, I feel the same honoring. I mean I...I've heard about him from you. And honestly, you've shared a lot of the stuff he's done in working with you. And so I kind of feel like we have free therapy here. I can hardly wait.

[laughter]

Elisa: Hey, Dr. Jerome. Glad you're here so much.

Dr. Jerome: Oh man. Thank you so much for having me. It's honestly a privilege. I'm honored.

Eryn: Dr. Jerome, would you share where you're from.

Dr. Jerome: Yeah.

Eryn: Where'd you grow up? You have a very unique story.

Dr. Jerome: I do. I don't look the part, cause I'm...I'm 6'2", 280. I got a beard.

Eryn: Ooh.

Dr. Jerome: But most of it is grey.



Elisa: You just shared your weight. You are brave.

Dr. Jerome: I know. I know.

Elisa: Go ahead. Okay.

Dr. Jerome: Yeah, the interesting thing is that my story is that I was born in South Africa in a rural part of South Africa called Benoni then immigrated to Zaire when it was still called Zaire. My family moved to the States, Knoxville, Tennessee, from Zaire.

Elisa: Whoa.

Dr. Jerome: Pretty normal transition for an eight-year-old.

Elisa: Yes.

Dr. Jerome: But we came over an asylum status as refugees with \$100, two suitcases, a bi-polar grandmother and a parrot.

Elisa: Okay, wait.

Dr. Jerome: And...yeah so...

Elisa: Refugees, why?

Dr. Jerome: ...yeah. My dad actually moved us out of South Africa into Zaire specifically to work for a foundry that would offer him a vacation to the States. We were very poor. We didn't have any funds in [inaudible]. A lot of South Africans emigrate have established funds. But business and history are equity. We didn't. So my dad went from South Africa to Zaire specifically to get a job that would give him a vacation to the States if he worked there for two years. So my dad's foresight to get us into the States was we moved to Zaire. He worked for this foundry. The problem was that the foundry was the primary arms manufacturer for Mobutu Sese Seko, okay, which was the dictator of Zaire. So you can't really resign especially when my dad is a foreman and he has so much history in metal working. So when he came to the States af...he finally got that vacation, finally secured a job in Knoxville, Tennessee, with a company called Alcoa or just outside of Knoxville.

Elisa: Sure.

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Dr. Jerome: And when we left, my family left everything. My mom literally tossed the keys into the house. We got under blankets in the back of a taxicab. We flew to the States. We landed in Knoxville, Tennessee, and we started with \$100 bucks and two suitcases in January of 1990.

Elisa: Mercy.

Dr. Jerome: And I don't look the part, you know, cause most people see me and I...I look like your everyday Caucasian...

Elisa: Midwesterner, yeah.

Dr. Jerome: ...Midwesterner that doesn't sound like a southerner and doesn't sound like a New Yorker and doesn't sound like a South African. So I grew up as a third culture kid. I have an identical twin brother and an older brother. My dad passed when I was 14 years old as a freshman in high school. I've worked full-time since I was eight in my dad's foundry just only started getting paid for it when I got jobs in restaurants when I was 14. But you know, long story short, abbreviate it for you. I ended up in the world that I am now as a clinician, because I was a patient who couldn't find a good doctor. You know my undergrad is in digital animation and film. I used to do film and...and digital animation. And...and then I moved into doing full-time music. So Eryn and I share a...a background in a music career.

Elisa: Wow.

Dr. Jerome: But the music career stopped overnight because someone got cancer. The digital animation stopped because I ended up taking in my wife's younger brother who was 12 in our first year of marriage when I was 21 and my wife was 19. So raising someone else's teenager as a 21-year-old, you can't really sit and do digital animation. So long story short, when he ended up going into college, and the music career had ended, I had to reevaluate where I felt like I was being led. And at that point, I'd spent 10 years trying to get a diagnosis for a complex migraine history that was averaging 80 to 100 full-blown migraines per calendar year.

Elisa: For you.

Dr. Jerome: And I...for me individually. So I've averaged eight to 10 full-blown migraines per month for

the last 21 years. And the days that I don't have a migraine, I tend to have a headache. So the only reason I became a doctor was because I couldn't find a good one and ended up, long story short, getting nine different board certifications. So everybody who comes to me is 100 percent referred. And I

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specialize in complex, unresolved cases that focus on physical, mental, emotional, relational, and spiritual well-being. Because that's been my journey for the last 20 years.

Elisa: Wow.

Dr. Jerome: So all of the work that I did was try to get into a space where I could support people effectively in real time. And like Eryn joked around with the enneagram. That's one of the reasons I wrote a brain-based model of the enneagram. I created the first model and wrote the first book to explain the enneagram through neuro-science, because I think once we understand how our brain works; we can be a lot healthier especially as commonly-used as the enneagram is. If it's going to be best practice, it should also probably be an accurate one, so...

Elisa: Can I just say before we go further, I just have huge compassion for your migraine suffering. I have many friends, including my husband, who struggle with it. And it's discombobulating how complicated it is. So I am just sorry to hear that. Yeah, just...just want to say that.

Dr. Jerome: Thank you. I appreciate that. Thank you.

Eryn: You experiencing that amount of pain...

Dr. Jerome: Yeah.

Eryn: ...over and over and over again, you go to bed wondering, will I wake up with a massive migraine? That uncertainty in itself and then when you wake up and you have this migraine that feels debilitating, how have you been able to find hope? Cause I would imagine you've gone through, and I would love for you to share if you want to...

Dr. Jerome: Yeah.

Eryn: ...the emotions of helplessness on those days. How do you cling to hope with that reality?

Dr. Jerome: Yeah, it's a great question. Eryn. I...I think, you know, the...the simple answer that I would give and that I can unpack is, I've given a lot more permission for doubt than I ever have anywhere else in

my life and recognizing that that's much more Christlike than I think a lot of people understand. And a lot of the spaces, especially in spiritual spaces and evangelical spaces. The idea of communicating how difficult things are and how much pain exists and how much doubt exists is not met with the answer of that's understandable. And in fact, that's appropriate. It's met with well that feels very synonymous with a *godhearsheer.org*



lack of faith or sin or something inappropriate. And you know I always tell everybody, if you're in a triage situation and you've been shot, and you walk into the ER, and the doctor who greets you tells you to be more happy, I don't think they understand the context of what you're dealing with. You know people don't need platitudes, they need more beatitudes, right? It's a very different thing. So I think first and foremost, it's I've had to vary...and when I say I've had to, I'm talking about I've had to in order to decide whether or not I can stay on the planet, right?

Eryn: Yeah.

Dr. Jerome: Because you're talking to somebody who's attempted suicide twice, who's got a long history of mental health in terms of anxiety and depression, and one of the healthiest things that I've learned over the last five years is that I am not identified by the symptoms that I experience. I'm identified as a believer who is having symptoms, right? So when I communicate to somebody that I'm experiencing depression, that's not the same thing as saying I am depressed. "I am" is a statement of being. It's a statement of identity. I am Jerome. I am a child of God who also happens to be exhausted, right? So being able to share with somebody that I'm experiencing something that's finite, something that's temporal, has been a really important part of the journey for me. Because the way that I'm wired, using enneagram language, is I'm most efficient in a two with a three wing which is known as a steward. It's also boxed into a heart based base that cannot consider itself. It can only consider other people. It's like the waiter who is never ever going to clock out, and then you ask them to sit down and eat a meal with you. I'm not going to do it. I have to find a way to clock out, cause I won't do that. So in the nature of what this means in your question is I think the biggest part for me is I had to really decide to use kind of some...some scriptural language, cause I don't always get to do that on all the podcasts that I'm on. I think one of the most helpful things is to decide if your relationship with pain is more like Job, Paul, or Jesus. And what I mean by that is Job had a profoundly traumatic experience, but he was healed and delivered from it. And the second half of his life was more blessed than the former. But he had to go through it, right? He didn't get to go around it. Paul, incredibly significantly difficult experience, he got to talk to God three times and had to be told no three times, right? But even in the direct conversation, cause I think a lot of us are like, well God doesn't hear me. Here's the reality. God might hear you and might still say no even if you get multiple times to talk to God one on one. So even getting a one on one doesn't guarantee a yes. Paul's evidence of that. So sometimes you've got to figure out how to survive when it doesn't go away, you know. And then the nature of what happened with Jesus is Jesus' pain wasn't resolved on this side of the vale. He had to die.

Something had to be crucified. So for me, it's a case of going, is this pain that I'm going to actually see completed and come out on the other side of it? Is it something that I have to navigate in really intentional ways to be able to understand where the context of my relationship with God is if the pain doesn't go away? And then sometimes I have to ask myself, what do I need to die to? Cause there are some things that I need to crucify that are holding me back. And in all of that, honoring the fact

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that, as I'm talking to you about it even right now, I'm so fully aware of how full to the brim emotionally I am. I'm so fully aware of how unbelievably daunting it is to know that I might not have a resolution of my migraines this side of the conversation. And that doesn't indicate a lack of my value, but it also doesn't diminish the intensity of what I'm experiencing to say that.

Elisa: You have this ability to hold them both together.

Eryn: So good.

Dr. Jerome: Yeah. We have a fiddle fig tree that grows in my office. Fiddle figs don't tend to last very long. Mine's almost five years old. And her name is Hope and Grief cause they grow together.

Elisa: Oh.

Eryn: Oh.

Dr. Jerome: Right? So it's...it's got these...these two branches that...I went on...I went on Christmas break. And I came back, and there were...there were four new leaves. And I was like yeah.

Elisa: They had babies.

Dr. Jerome: Yeah, and that's because over the last four weeks of December into 2022, there was both hope and there was grief. And I think...

Elisa: No kidding.

Dr. Jerome: ...based on where we navigate today, I think there's...there's really good examples of Jesus modeling both of those.

Elisa: And it's so ecclesiastical, you know, where...where the writer of Ecclesiastes talks about there's a time to grieve and a time to rejoice. You know that is the way life is knit together. And you know somehow

when we put our lives in Jesus' hand, we...we swallow this mythology that we're going to be done with the bad and on with the good. And you know victory in Jesus whatever. And the reality is, you know, both belong. Both...

Dr. Jerome: Yeah.

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Elisa: ...belong as we see them evidenced in Himself.

Dr. Jerome: Yeah, absolutely. There's a reason there's only one book in the Bible that's named after an emotion, right? And it's called Lamentations. There's not a book in the Bible called Hopefulness.

Elisa: Yeah.

Dr. Jerome: You know, it's like...it's a...it's a very legitimate part of...of what we're experiencing.

Eryn: And what you've experienced over the years, Jerome, your pain in what you've endured and how you've been able to embrace it I guess. Is that what you would say, em...embrace the reality of just taking the next step with the life that you see right in front of you and being at peace with that? You've been able to sit with other people, myself included, that doesn't know what the future holds but needs somebody to speak hope in the midst of grief...

Dr. Jerome: Yeah.

Eryn: ...when I don't know what next step to take. What you've spoken over me has been such a gift. And...and in that, it has inspired me to want to then speak into somebody else and somebody else's life that feels like they don't know what's ahead of them. They don't know if this is...they will get to the other side or if this is something that they have to adapt to or all of those scenarios that you were expressing. That just shows how evident God is in every scenario that you just expressed.

Dr. Jerome: Yeah, as you mention that and I appreciate it. I'm glad that what I've shared with you in the past has been meaningful. That's always [so hard and the goal of that]. I think one of the interesting things is, especially in the Western culture and in the Christian culture, there's always a default assumption. There's a confirmation bias that as soon as anything goes wrong, but especially the degree to which it goes wrong, is the degree to which God is absent or the degree to which we've distanced ourselves from God which is just not true. Scripturally it's not true. From a Christology it's not true, right? So it's being able to increase our self-awareness that when we get that inkling or...or that inclination that oh my gosh,

you know, I don't feel great. Is something wrong? No, I mean think about if we did an exercise in the gym, and every time that we felt uncomfortable, we thought that we had lost connection, right? That we must not be listening to our trainer, that we must be doing something wrong. I can promise you. if you're going to do a workout, and you don't get uncomfortable, it's not doing anything for you, right? That doesn't mean that I don't want you to t...I don't want you to traumatize yourself, right? But I think the idea of what Jesus models, and the word that comes up for me embraces part of it. But I think the thing that's...that's really changed the most for me Eryn, is being able to really understand what healthy

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resilience looks like for me. And as a clinician, a patient, a partner, a parent, a provider, all of these things, the phrase that I use for resilience is knowing the difference between discomfort and trauma as quickly as possible. And the difference between discomfort and trauma is the length of time for recovery, right? And then there's a lot that you can go into in that. But look, our brain 100 percent of the time, our brain is making a decision from a survival strategy first. Am I going to survive?

Eryn: Yeah.

Dr. Jerome: And then every single thing that my body does, because my body was made by a Creator who knows more than me, right, no matter how much I want to rationalize it or think that I know. I can tell you this for sure. It is 100 percent true scripturally and scientifically. Your brain responds from a survival position first and from a support position second. Meaning that when you try to do something, you're doing it instinctively from a place that's supportive. Your body's trying to help you. That doesn't mean that it's healthy, right? So...

Eryn: But it's just trying...

Dr. Jerome: It's just trying to help.

Eryn: ...that doesn't mean it's healthy.

Dr. Jerome: Yeah.

Eryn: Right.

Dr. Jerome: So what...what happens if anger shows up cause a boundary is crossed? And your body's saying hey, I need you to help set better boundaries, or I need you to help communicate to that person. That didn't feel safe for me. But don't go to the point that you can't rein your anger in. Be angry, but in your anger don't sin. How in the world does that make sense? Cause we don't teach our kids how to be

angry.

Elisa: What I'm relating to is the anger one you just brought up. I'm thinking about how as parents, we get angry at our kids when we're scared for them. You know...

Dr. Jerome: Yeah.

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Elisa: ...you've been gone. Where were you? You didn't call me after school. You know and I freak out, and I yell at them when I'm really afraid.

Dr. Jerome: Yeah.

Elisa: And I really appreciate what you're bringing out here is to...to be listening, to what is that about? Is it...am I trying to...

Dr. Jerome: Yeah.

Elisa: ...support, but it's maybe not healthy. Yeah.

Dr. Jerome: Yeah, and you know I think that's the interesting thing. I always ask when somebody goes, that's inappropriate; or that's not scripturally correct, or that's not spiritually an idea that you should engage in. And I go, well have I ever seen Jesus do it? And then I go, have I ever seen Jesus angry? Have I ever seen Jesus upset? Have I ever seen Jesus depressed? Yeah, and I think all of those things are relevant. Case in point, in the garden, Jesus is in a conversation where realistically, this guy should be in a hospital. Okay, He hasn't even been arrested. He hasn't been flogged. He hasn't been crucified. He's already sweating blood. Clinically, if you're sweating blood, you are messed up. You're in a bad place, okay. That's a scientific term, all right? But He's in a situation where He is absolutely distraught, okay? And He's in a situation where He has a direct...He's got a bat phone to God. He's got like a direct line here okay. And He's like, I can't do this. Can someone else do this for Me? And my point about healthy parenting, cause if you look at the Trinitarian aspect of everything that's described in relationship with God, it always comes back to, if you frame it out properly, it comes back to a context of a healthy family dynamic...an example of healthy family dynamic. Jesus is a child talking to the Father and to the Holy Spirit and saying "I can't do this. Is there an alternative?" And the amazing thing that I don't think everybody's really considered, and I'll ask you guys, you...you tell me what you think, right? Is as Jesus says, I can't do this, can this cup pass from Me? What is the response that He gets? What's the answer,

right?

Elisa: He doesn't get anything.

Dr. Jerome: He gets nothing.

[interlude]

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Eryn: *God Loves Her* is the newest book in our *God Hears Her* series. You know, we all just want to be reminded that we are loved. And in this devotional, women writers share personal stories about God's love that is unconditional. Not only can you receive love from Him, but you'll want to share it with others. *God Loves Her* is perfect to take on the go or to curl up with in your favorite spot at home. Get one for yourself and share with a friend who can use a special reminder of God's love. Go to godlovesher.org to order. That's godlovesher.org. Now let's get back into our conversation with Dr. Jerome on this episode of *God Hears Her*.

Dr. Jerome: When you talk about working through pain and working through trauma and working through depression and anxiety and all these things, that gap between Jesus saying I can't do this and saying Your will be done, I think that gap is the single greatest example of faith in the entire Scripture. He's ready to give up legitimately, and nothing is said to Him. And then He says I've got hope again. And I think the reason for that, to your point, Elisa, is in that situation; God the Father and the Holy Spirit modeled the most profound thing that parents can do, the most profound thing that we can do with each other as believers is there is nothing. I got three kids that are six and under, and I've got one that's 29. I've worked through a lot of trauma and grief buried both of the parents of my wife and her younger brother, buried my dad. When you are in that level of pain and that level of grief, what could a father or a parent possibly say to you to make you feel better? What words could they offer that would make it better? There's nothing that God could have possibly said to make Jesus feel better. Technically, the words didn't matter, but the silence in that is a direct indication of the presence that He had with both the Father and the Holy Spirit. The Holy Spirit is not quoted in Scripture once ever. The Father is quoted, right? And I think a lot of the time we assume that silence is a loss of presence and proximity. And that's just not true. Because if it were, Jesus could not have made that statement if He wasn't met with real presence and connection.

Elisa: One of the ways I look at that, Jerome, and I so appreciate you bringing it up, is that Jesus, even though He was pushing against His Father, He was still completely one with His Father. And He talked about that in John 18 about you know or 17, you know, I want them (y'all, me, that's you and me) to be

one as the Father and I are one. And you know when we have that unity with God, that's I think maybe, and I think you're suggesting this too, that's when we can most push around and...and you know and wrestle and struggle because there is this ultimate embrace that He's got us. And He allows it.

Dr. Jerome: Yeah, absolutely. I agree wholeheartedly. There's a phrase that we use in all of the work, but it's actually on the first page of the book that I wrote on *The Brain-Based Enneagram* which is "This is not about being less broken. It's about becoming more whole." And the reality of what Jesus is constantly modeling is the reason He was without sin is because He never lost identity. So I think the idea of knowing that we have access to wholeness, and Jesus is modeling that and we can step back from this idea of am I not allowed into the conversation if I'm not complete and if I'm not fixed? If that were the

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case, then why in the world did Jesus say that the thief would enter into heaven? The thief definitely did not go through all of the steps, right? He was pretty well on the other side of Paul. But in that space, he became a little bit more whole. He became a little bit more connected. And I think that's important what you're talking about there, Elisa.

Eryn: Would you share about this book that you wrote *The Brain-Based Enneagram*?

Dr. Jerome: Absolutely. I appreciate the question. You know Eryn's seen a lot of this, cause she saw it when it was getting fleshed out, cause this has been a twelve-year process, right? I learned about the enneagram while I was already in process for learning functional neurology. And functional neurology and functional neuropsychology is basically saying, this hardware that we have in our skull called the brain; do we know what each of the parts do? Kind of like an orchestra, there's a bunch of sections. There's a bunch of systems. There's a bunch of instruments. They all have a purpose. What do they do, and how do they work, and how do you use them? Well the more we learn about the way that the brain is built, the more we learn about the way the brain works and how to work it and how to fine tune it. That's why my practice is a drugs and surgery-free approach, cause we can functionally fine tune things like non-verbal autism or head injury or anxiety and depression and panic attacks. We can do that just through what God's given us in our own bodies, right? And why that matters is when I was learning about the enneagram and I started listening to a podcast or listening to this...this stuff I...I was proselytized pretty heavily by a very good friend of mine who for six months was like, I need you to listen to this. And I go...I said m...my man, I'm doing 125 credits per calendar year. And I commute 10 hours a week. I k...I don't have time. And he sent me a recording and said, hey, I...I...I think you could listen to this; and it would make a difference on my commute cause that's the only time. And what ended up happening is, as I was listening to it, I said wow, this sounds a lot like basic brain function. They're talking about these three intelligence centers of head, heart, and gut, which sound a lot like mind, body, and soul, which sound a lot like the Trinity which sound a lot like the left brain, the right brain, and the brain stem. But in functional

neurology, what we learn is that you're not a left-brain person or a right-brain person. That's old science. The new science is that you're a whole-brain person, fully connected and fully interconnected, capable of using everything at different efficiencies. So I walked into the enneagram conversation without any confirmation bias, without any predisposed or pre...predisposed ideas. So I didn't walk in with this idea of being a number. And what the enneagram is, is kind of like Myers-Briggs, you're introverted, extroverted, or disk or other things. The enneagram is a nine-number system. *Ennea* just means nine. *Gram* means drawing. So it's just a nine-pointed drawing. And the traditional way of talking about it is that somebody is a type. So enneagrammatically, somebody says you're a number. And that number uses a particular language in how they engage in the world. Well using neuroscience and using clinical application and using the enneagram and also using spirituality, I stepped back from this thing and said, well if I'm a whole brain, am I a whole enneagram? And if I'm a whole imago Dei child of God, am I a whole

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enneagram? And then I started with this question which was the question I asked the very first day that I heard the enneagram. Is if I'm made in the image of God, what number is God? And that's what it started with. And from there, it's been trying to connect the dots with how I'm made in the image of God and seeing if there's examples of how that works using enneagram language as a translation tool and then using the brain function and how we can actually engage with things that we may call goals or symptoms or disorders or the you know best practices and skills and connect the dot through both spiritual and also enneagram language with clinical application. And what that ends up being is in a field of it's own, it's neurotheology, neuroscience and spirituality intersecting or functional neurology which is functional ways to change our brain based on different tools. And the enneagram becomes one of those tools.

Elisa: That was like a fire hose. That was awesome.

Dr. Jerome: Thank you.

Elisa: I think what you're saying is that the goal is to become whole. It's, you know...

Dr. Jerome: Yeah.

Elisa: ...we...we are going to have propensities to be one number or the other, but we want to embrace the parts of us that relate. So there is a...a kind of a holistic approach. I think the enneagram's super helpful for us to understand our base and then how we relate to others and their base you know.

Dr. Jerome: Yeah, absolutely.

Elisa: Is that kind of what you're saying? I'm trying to super simplify.

Dr. Jerome: It is. Yeah.

Elisa: Okay.

Dr. Jerome: Absolutely. I tend to give that up front and then I'll work through all the analogies for you. This is why I don't use very much technical language in the clinic, cause it's just not very helpful, right?

Elisa: Well, it's super interesting.

Dr. Jerome: But yeah, but I tell people, you know the easiest way to think about it is, it's where you live right? Your primary number is where you live.

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Elisa: Okay.

Dr. Jerome: The reality is, is you have...

Eryn: I like that.

Dr. Jerome: ...you have a place that you have permission to move, right? I was born in South Africa, immigrated from Zaire; and I've lived at 26 different addresses in five countries, seven states.

Elisa: And you've kept track.

Dr. Jerome: So...yeah, and then the question becomes, where am I from, right? Or where have I lived? And the reality is I can tell you for sure where I'm from is earth. I know that much, right? Where I've lived has differed. So when we're talking about the enneagram, and somebody says well I'm a Type 2, well where you live most of the time you think is associated with supporting and helping and caring for others. But one of the questions that I ask folks all the time is, do you know what your lowest numbers are? Or do you know what numbers feel really uncomfortable for you? Because if you don't know what you avoid, you actually don't know what your most significant triggers are, right?

Eryn: That's good.

Dr. Jerome: And most of us are just having a conversation around our neighbors that bother us but not our neighboring countries that bother us, right?

Elisa: Yeah.

Dr. Jerome: Or so when you look at the enneagram through the lens of where you live and where you travel, you can have such a great life living in the same town your whole life. There is nothing wrong with that. Just know, what's the goal? Is the goal to live in a neighborhood and build a family in that neighborhood forever? Cool. Plant roots, and be really good at that. But if you want to travel, and I go overseas; you know I immigrated to the country with three languages...my dad 13. So if I spoke French and Afrikaans, it made sense. But if I go to a Latin country, and I don't speak Spanish; I should probably know what resources I need to be able to translate. So if you're low, for instance I'm very low in 8 which is the challenger. It's the person who likes to...to really move forward, advance conversations. They're intense. They're assertive. They can get things done. It's not really my energy. I'm not very intense. So if I get around other people that model that really, really well, even if they model it in healthy ways; because I

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don't speak that language, I intrinsically feel inadequate. And my inadequacy and my fear go up, and then all of a sudden I can't think clearly. And I get uncomfortable. And it may have nothing to do with that person and everything to do with how fluent I am in that language. So it's helpful to know what you speak and how well you speak it so that when you talk to other people who don't speak the same language as you, which I'm saying I experienced for sure when I got to the States, that there's some grace for ourselves and the people around us.

Eryn: What are some common and practical things somebody that's listening can apply that maybe, as they are learning to become whole, they may feel the anxieties and the inadequacies that they start to learn about themselves. I know when I started to just pursue therapy, and I started seeking healing for trauma, I could see the big picture and felt very overwhelmed and felt like this is a huge mountain. And I don't know how I'm going to get to the other side. And anxiety was high for me. Could you speak to that person?

Dr. Jerome: Yeah, absolutely. There is nothing on the planet that is more significantly important than a single deep breath, right? And the reason I say that is no matter what decision you make or how effective that decision is made, you're still going to have to breathe first, right? And it's hard to think clearly if you can't breathe. There is very, very rarely going to be any decision that you need to make that cannot wait three seconds...three. And that's how long it takes to inhale. And after you inhale, you know what you're going to have to do? You're going to have to exhale. And you can exhale for six seconds, in for three, out for six. It gives you 10 seconds. If you can take one deep breath, there is very, very rarely going to be any decision that cannot wait. And if it's a decision that can't wait, you're in a truly life-threatening space. You're in a survival-based place. And that's okay. That's not the time to take the deep breath maybe. But

99.99 percent of the time, we have the space if we're willing to take it, to breathe. And the reason I say that is, if you are not...not capable, self-aware, or willing to take a single deep breath, everything that you decide downstream is suspect—all of it. Because your fear of what might happen if you don't do it right then. Or let's say that you're somebody who moves very slowly. Your anxiety causes you to shut down, and you can't find your breath, right? You want to take a deep breath, but you can't find it. Then being able to find some sort of resource that allows you to just breathe again is to kick start the system that has you frozen. So some people move too fast, and they've got to slow down. Some people move too slow, and they've got to speed up. Some people get stuck in neutral and they just get stuck for their life, right? So my point in all of this is, when you do something like a single deep breath intentionally, right, the reason for it is it's the intent. God introduced pneuma and spirit with one deep intentional breath. It wasn't arbitrary. It had purpose.

Elisa: If you're comfortable, would you guide us through prayer in such a breath practice connecting us to God, that we might experience or have the opportunity to invite His peace into us?

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Dr. Jerome: Yeah, absolutely. I'd be happy to do that. *God, I thank You for the opportunity to know I can choose to breathe. I thank You for the agency that lets me know I have choice. God, I thank You for the immediate chance to check in with where my body is that might feet are on the ground, that You've given me these things called hands and these things called lungs and this body that can be stretched. And I can feel myself inflate when I breathe. And I just want to take a deep breath and thank You for the chance to feel what the Holy Spirit can offer as I inspire and I breathe. God, I thank You for the chance to recognize that this is hard. It's weird, that I'm not sure what to do. And my body changes, and I introduce levity when I don't feel safe. But You let me know that that laughter is still an on ramp to joy. I take a deep breath, and I swallow knowing that this is how it started. This is how it ends. You introduce breath and, until the last breath, I can praise You; and I can connect to You. And I just ask that as I breathe and as I slow down and as I check in, just like Jesus, I realize that some of the most profound connections that You offer are in the pause are in the silence are in the connection. That the lack of words does not indicate You are not with me. The lack of words indicates that You're not going to patronize what I'm experiencing or trivialize what I'm experiencing with shallow words. Your first language was silence. Thank You for the grace to know that this is practice. It's just practice and that I don't have to get it right. I just have to try again. That You've already perfected this process. I'm just catching up. I appreciate the chance as I breathe to remember that I'm an apprentice, and You're a mentor and that there's room for mistakes even in the way that I breathe.*

Elisa: What a beautiful prayer. We are so thankful to have this conversation with Dr. Jerome.

Eryn: Yes, he is such a great friend to me. And he has so much to teach.

Elisa: I can tell, yes. You know there was so much to learn. But before we close out today's episode of *God Hears Her*, we want to remind you that the show notes are available in the podcast description. You can also find a link for Dr. Jerome's website where you can learn more about his practice and even order his book *The Brain-Based Enneagram*. There are also links to connect with Eryn and me on social. You can find these links when you visit our website at godhearsher.org. That's godhearsher.org.

Eryn: Thank you for joining us. And don't forget. God hears you. He sees you, and He loves you because you are His.

Elisa: Today's episode was engineered by Gabrielle Boward and produced by Mary Jo Clark, Daniel Ryan Day, and Jade Gustafson.. We also want to recognize Kristy and Maggie for all of their help and support. Thanks, everybody.

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Eryn: *God Hears Her* is a production of Our Daily Bread Ministries.

