

# **From Research, A New View of Grief And The Neurobiology Of Grieving**

**Dr. Joe Terhaar, LMFT, LMHC, MAC, CIP**

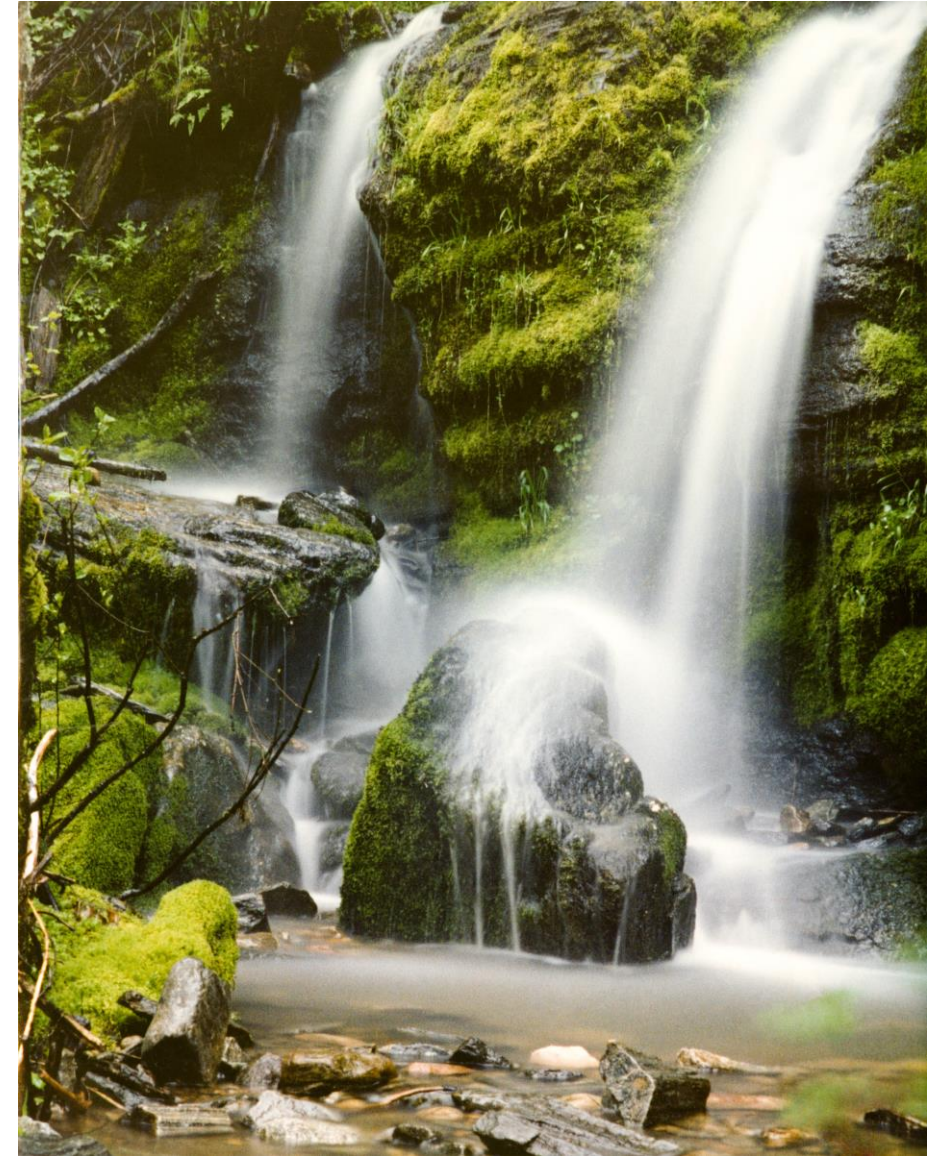
[JoeTreatWithCare@comcast.net](mailto:JoeTreatWithCare@comcast.net) 509.838.2111

"Grief is a natural, healthy, and necessary human process, yet often an overlooked experience generally in our society and in child welfare cases. This session offers an illuminating and compassionate exploration of the neurobiological experiences of grief as the basis of emotional health, examining how societal norms, court structures, and systemic dynamics impact both families and professionals within the child welfare system. Led by a marriage and family therapist who bases his practice on grief and addiction, participants will gain a scientific understanding of grief to then hear from a multidisciplinary panel, including parent leaders, who will share practical strategies for supporting oneself and others through the challenges of grieving."

This is Lake Coeur d'Alene Falls. Other than by the ancient Native Americans in N. Idaho, it was unknown and discovered only in 1980. Either the original Caucasians settlers did not know of it or mysteriously did not share it with their kids and descendants. It is known to have been seen by just 12 people. It has always been there but generally unknown and unappreciated. So also, few have seen and can appreciate the central role of grieving in emotional health.

Welcome to **From Research, A New View of Grief  
And The Neurobiology Of Grieving**

where we will explore human grief as the basis of emotional health and thus the imperative to support this natural process. As the basis of emotional health, it is as if it has always been there but rarely seen and appreciated.



# Joe Terhaar

September, 2024

## **Educator, Trainer**

Master of Science in Counseling Psychology

Doctor of Philosophy in Leadership Studies

NIDA-Funded Researcher of Family Intervention

National/Regional Trainer in Addictions

Nationally Published Author in Addictions/Intervention

Court Expert Witness in Addictions/Intervention

## **Clinician**

Licensed Mental Health Counselor

Licensed Marriage and Family Therapist

Certified Intervention Professional

Master Addiction Counselor

Full Member: Association of Intervention

Specialists

Marriage and Family Therapy Licensure

Supervisor

## CAREER HIGHLIGHTS:

Provider of ‘Family-Centered Addiction Recovery®’, ‘Where Families Heal Addiction®’, facilitating the family as the center of recovery and healing including grief support for families surviving a drug related death; trained with Robert Rhoton, PsyD in family system trauma techniques; author of nationally published article Neurobiology-Informed Addiction Recovery in Advances in Addiction & Recovery (NAADAC, 2014); presenter at the NAADAC National Conference 2014, and the Association of Intervention Specialists National Conference 2013, advancing the integration of neurobiology comprehension into the family intervention equation; in 2001 awarded a rare dissertation research grant from the National Institutes of Health, National Institute on Drug Abuse (NIDA) to study family addiction intervention; expert witness for courts litigating issues of family treatment practices, addiction diagnosis while effective in settling \$1.5 million case of family intervention malpractice; facilitator for critical update in Association of Intervention Specialists Code of Ethics in 2015; practicing licensed mental health counselor, marriage and family therapist, having been a certified chemical dependency counselor for over 40 years with experience in drug prevention, intervention, and treatment; making reports to and working with CPS and APS referrals in Idaho and Washington, Full Member of the Association of Intervention Specialists and a Certified Intervention Professional using 15-distinct strategies in helping families; educator and trainer of addiction professionals since 1983 having been for 20-years a NAADAC Education Provider (addiction counselors); Washington State-approved marriage and family licensure supervisor since 2008; national internet radio talk show host for Overcoming Addiction: Hope with Prevention, Intervention, and Treatment with Dr. Joe, on the Voice America network (2.5 million listeners) in 2013-14; Graduate Fellowship Award, Eastern Washington University in 1979; *Who's Who Among Students In American Colleges and Universities*, 1976-77; author of training curricula for school teachers, social workers, and drug counselors with parts adopted across the U.S. from Seattle to Georgia.

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References to people are real and personify critical information toward a better understanding of grief and trauma and the path to emotional health. Names and demographic information has been altered to preserve anonymity while providing examples characteristic of the principles involved.

Addiction is highly correlated to child abuse and neglect. The largest data base of addiction treatment outcome is Vista and their data shows that for the thousands of patients at hundreds of treatment centers participating, the rates of addiction recovery has improved from 67% relapsing within 12-months (2022) to only 63% (2024).

How are we doing? What more is needed?

We are all too familiar with the statistics of suicide, overdose deaths, abuse and neglect of children and elderly, etc., etc. Personally and professionally we especially see the adverse impact of these in child welfare.

Infused in addiction and  
most mental health  
problems are the two  
most common diagnoses in  
the US:  
**anxiety**  
**depression**



Following is a neurobiologically-based metaphor that illustrates how these challenges occur, the major complicating factors, and the pathway/process of grieving for improved emotional health for all humans, especially those connected to the child welfare system.

## Slide 10

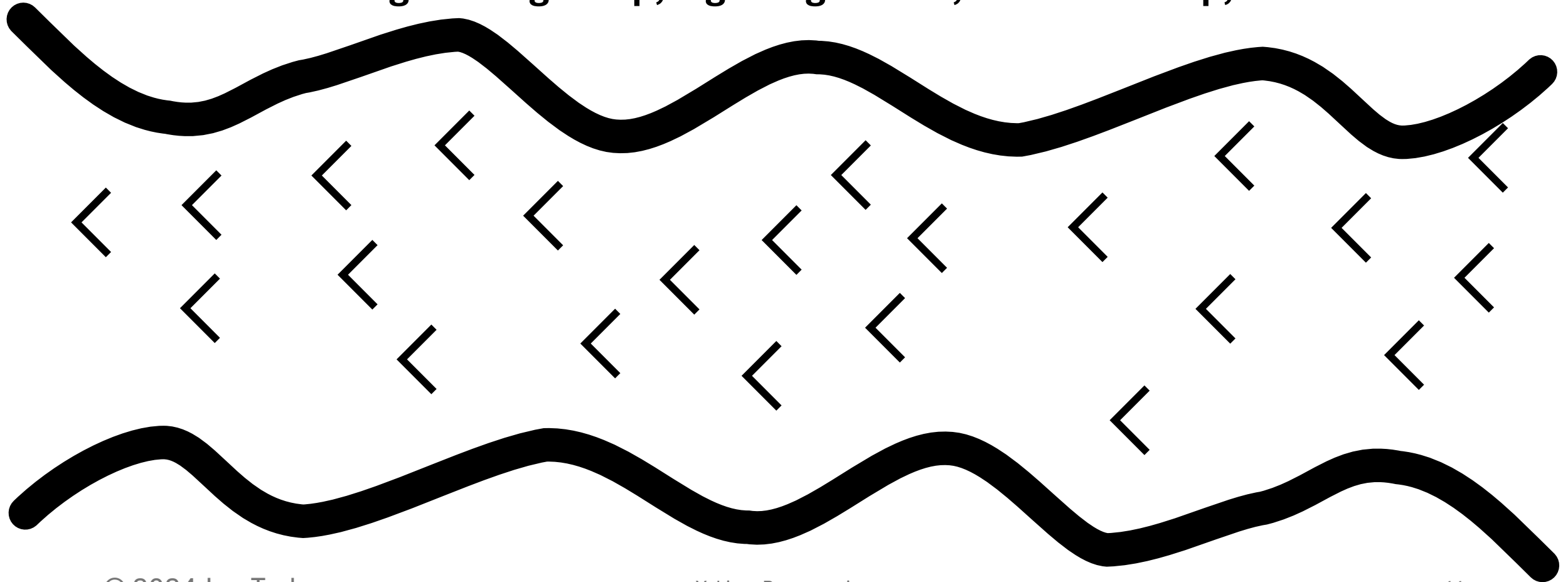
Though there are about 15 pieces of research before and since that of Elizabeth Kubler-Ross, we owe her a great debt in she establishing her five stages of grief. The data she collected was absent a consistent and steady presence of compassion.

Her protégé David Kessler says grieving is not possible without compassion.

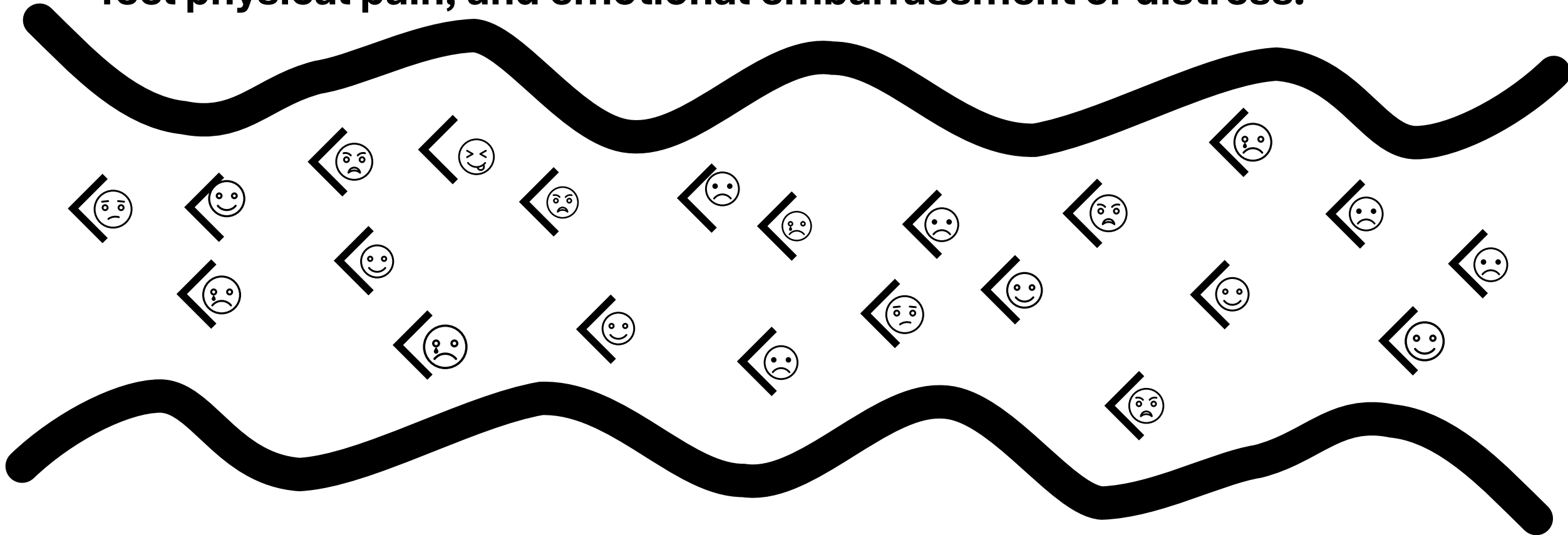
Today's presentation draws from our research with the introduction and persevering support of **compassion**.

From this we can  
distinguish common human efforts to avoid grief  
versus  
progressing through to finding comfort in grieving.

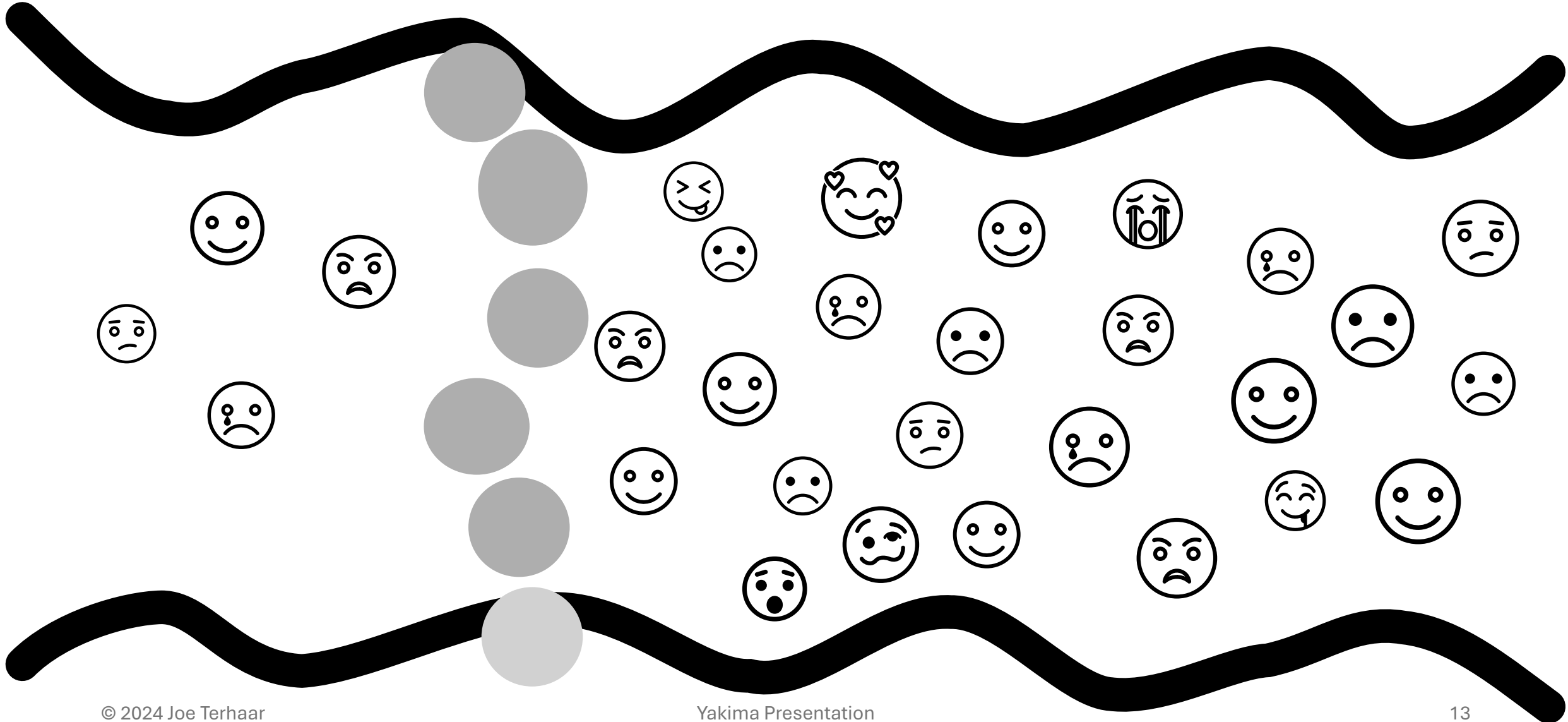
**Slide 11: Feelings Flow Like A River. Our emotions are based in neurobiology from 100 billion neurons and even more glial cells. We each experience more than one feeling at a time, unique combinations to one's self, even in the same situations. And we typically share common terms for them. We even have feelings during sleep; e.g. a nightmare, a restful sleep, etc.**



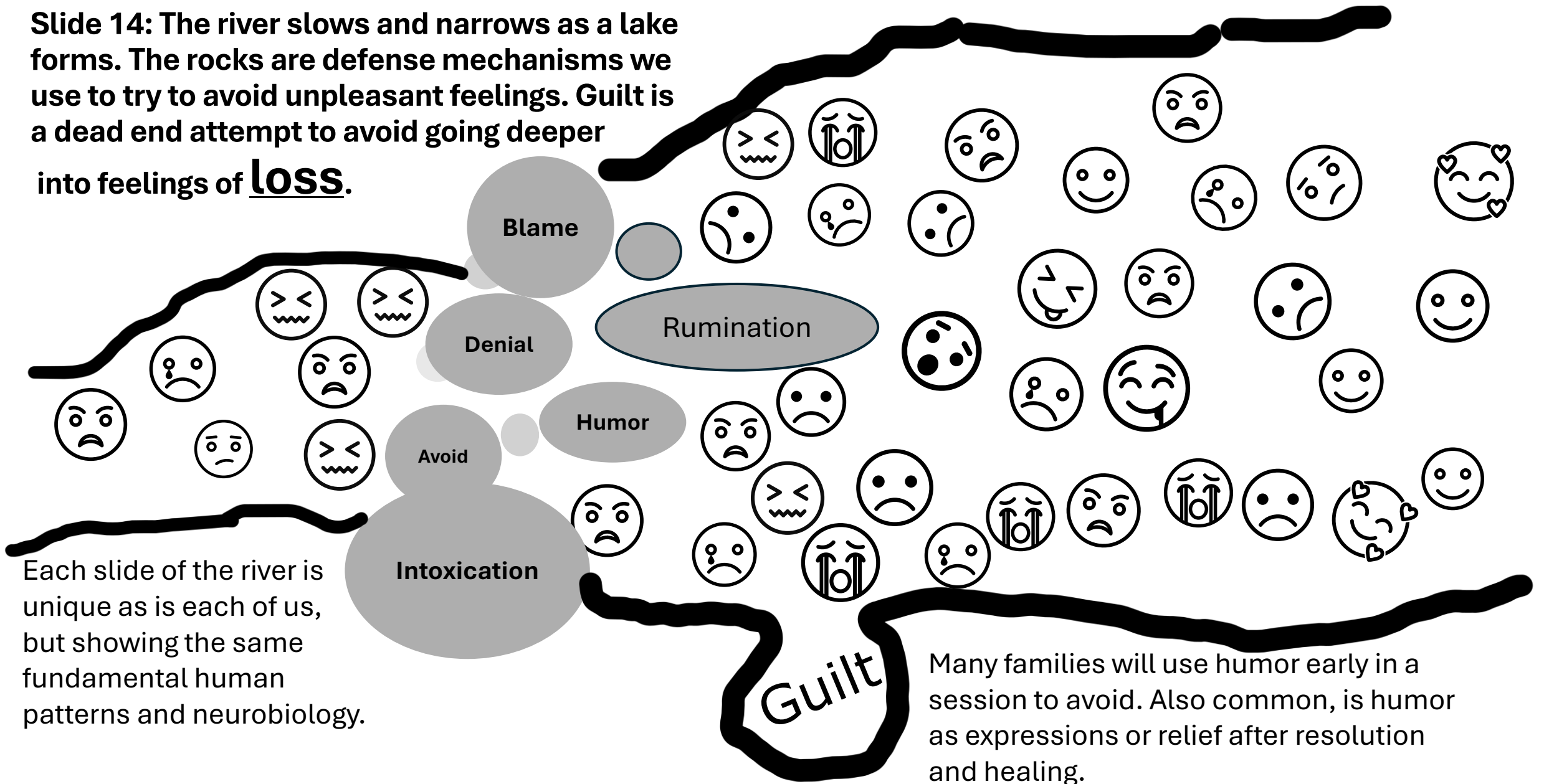
**Slide 12: The variety of feelings naturally flow. Our physicality and emotionality are inextricably intertwined. What is physical can affect emotions and emotions affect us physically. I can cry seeing starving children on TV though I have food. If I bump my knee I can feel physical pain, and emotional embarrassment or distress.**



# Slide 13: Commonly we humans throw rocks into our river to try to avoid unpleasant feelings.



Slide 14: The river slows and narrows as a lake forms. The rocks are defense mechanisms we use to try to avoid unpleasant feelings. Guilt is a dead end attempt to avoid going deeper into feelings of **loss**.



Each slide of the river is unique as is each of us, but showing the same fundamental human patterns and neurobiology.

Many families will use humor early in a session to avoid. Also common, is humor as expressions or relief after resolution and healing.

## Slide 15: Loss

# Human Grief

## Loss:

1) Perceived Loss of What We Had,  
But Taken Away

\*some physical losses (job, health, g-parents during COVID)

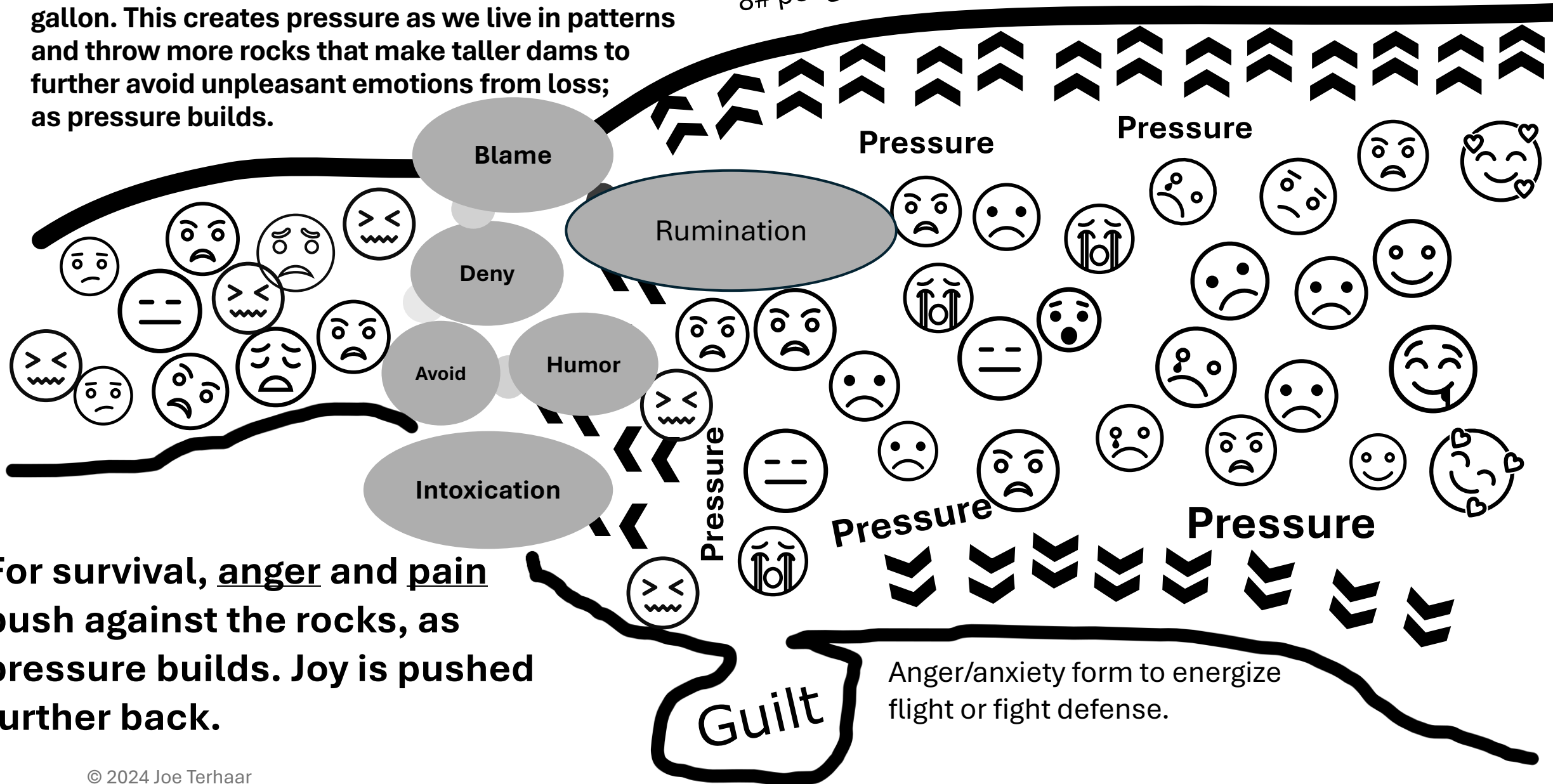
\*some lost expectations, hopes (happy marriage, healthy kids, stable job, health, etc.)

2) Loss of What We Needed But Did Not Get

\*insufficient healthy attachment

Slide 16: Emotions are like water weighing 8 # per gallon. This creates pressure as we live in patterns and throw more rocks that make taller dams to further avoid unpleasant emotions from loss; as pressure builds.

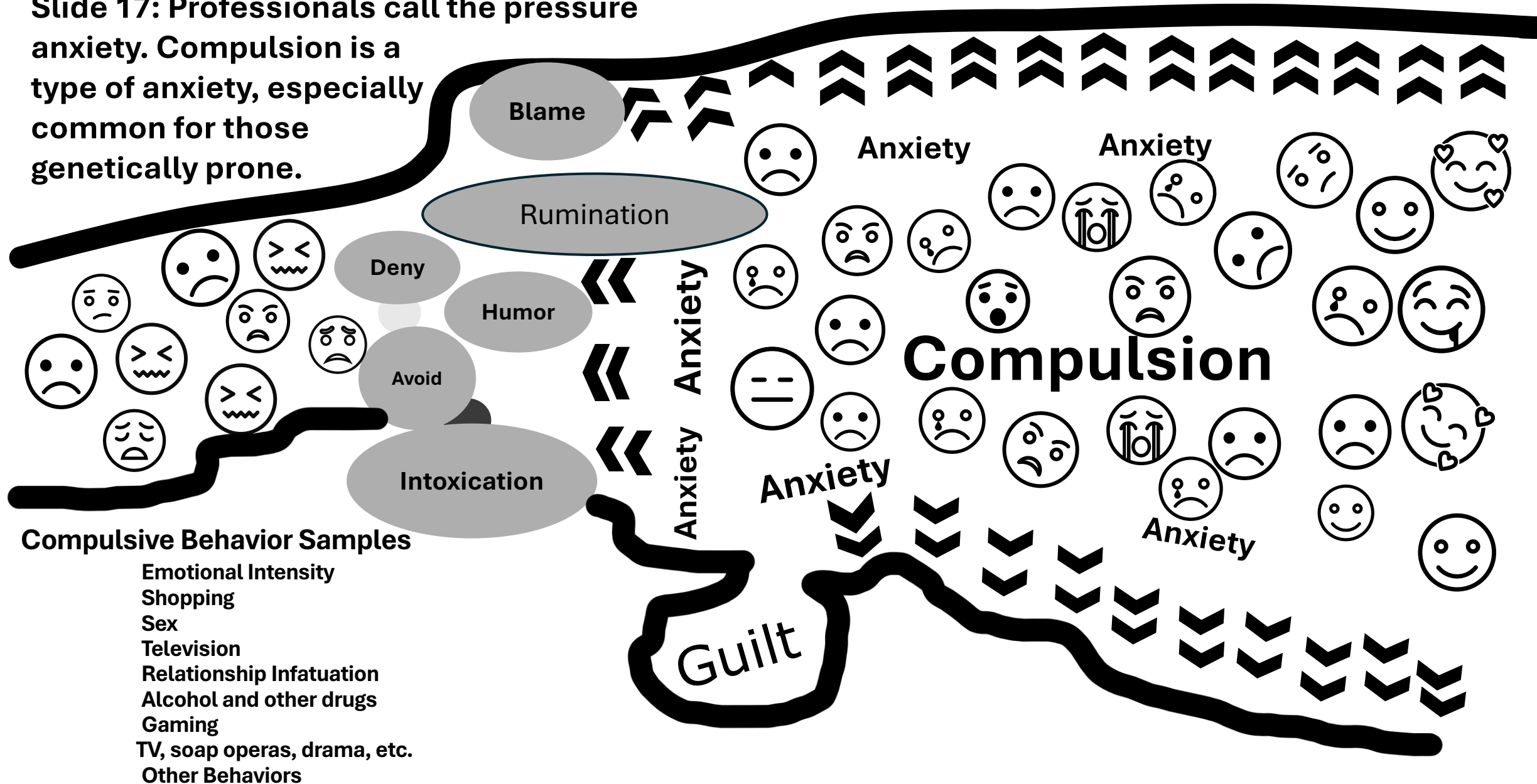
8# per gallon Like scuba diving pressure.



For survival, anger and pain push against the rocks, as pressure builds. Joy is pushed further back.



Slide 17: Professionals call the pressure anxiety. Compulsion is a type of anxiety, especially common for those genetically prone.



sadness, but emotional constipation. Joy is pushed back unable to flow. With a constant flow of new emotions, more pressure and compulsion builds.

**Compulsive Behaviors**

- Emotional Intensity
- Shopping
- Sex
- Television
- Relationship Infatuation
- Alcohol and other drugs
- Gaming
- TV, soap operas, drama, etc.
- Other Behaviors

**Depression**

**Compulsion**

**Anxiety**

**Guilt**

**Blame**

**Rumination**

**Deny**

**Humor**

**Avoid**

**Intoxication**

**Emotional Intensity**  
**Shopping**  
**Sex**  
**Television**  
**Relationship Infatuation**  
**Alcohol and other drugs**  
**Gaming**  
**TV, soap operas, drama, etc.**  
**Other Behaviors**

## Shopping

## Sex

## Television

## Relationship Infatuation

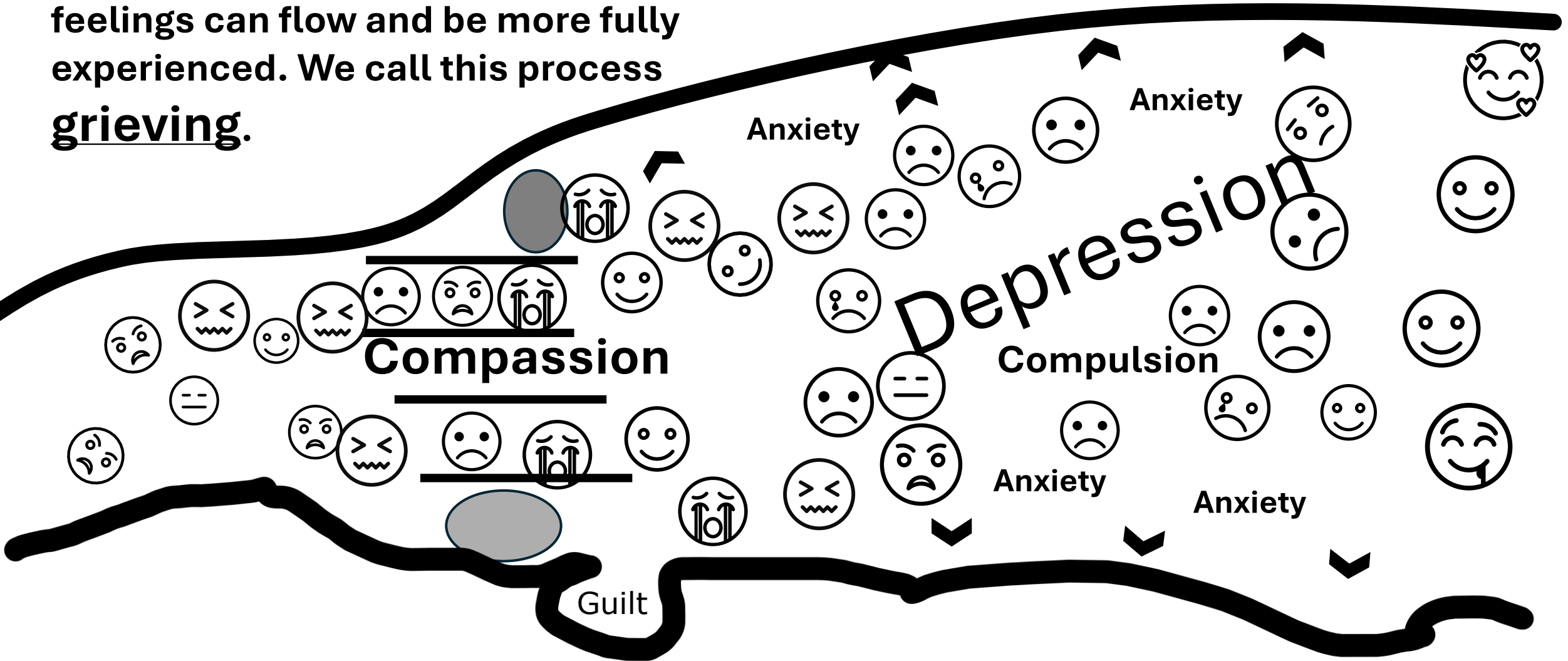
## Alcohol and other drugs

## Gaming

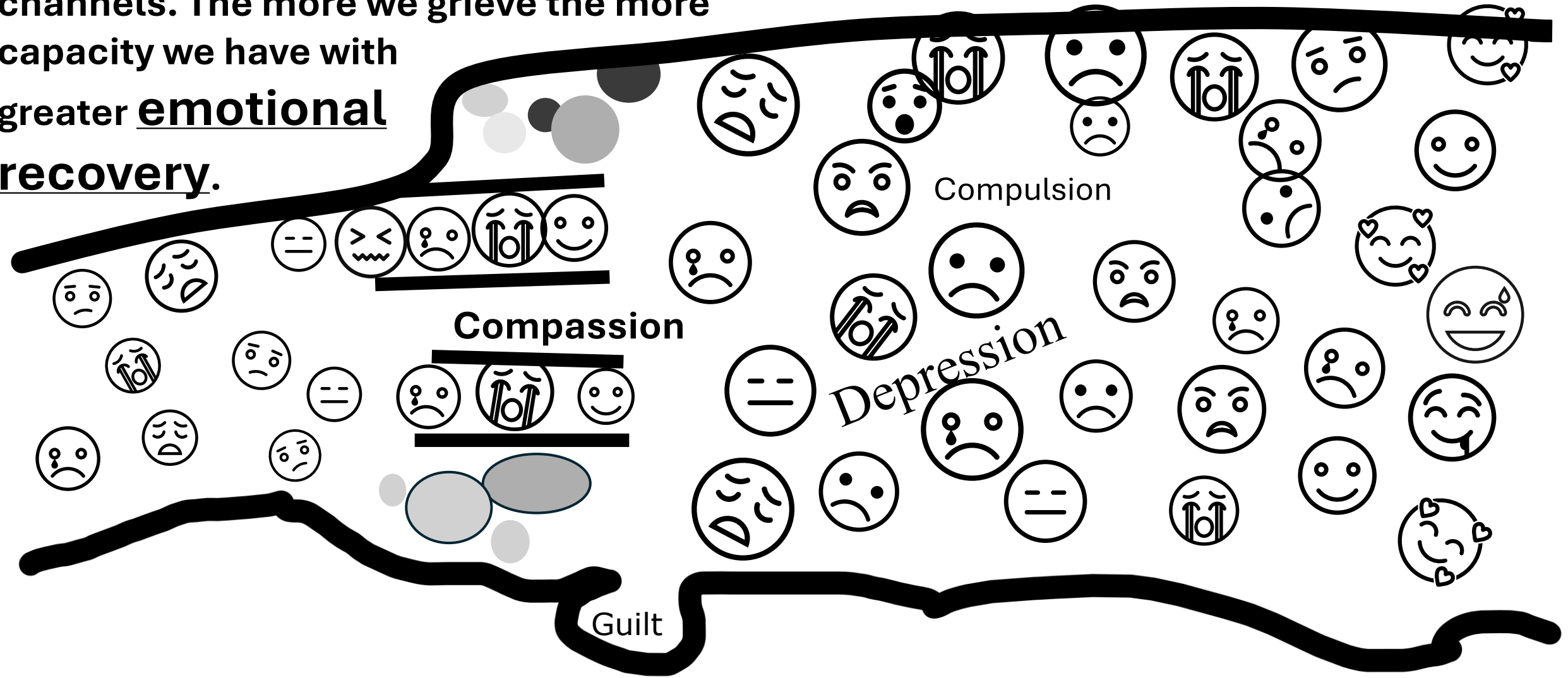
**TV, soap operas, drama, etc.**

## Other Behaviors

Slide 19: With compassion,  
feelings can flow and be more fully  
experienced. We call this process  
**grieving**.

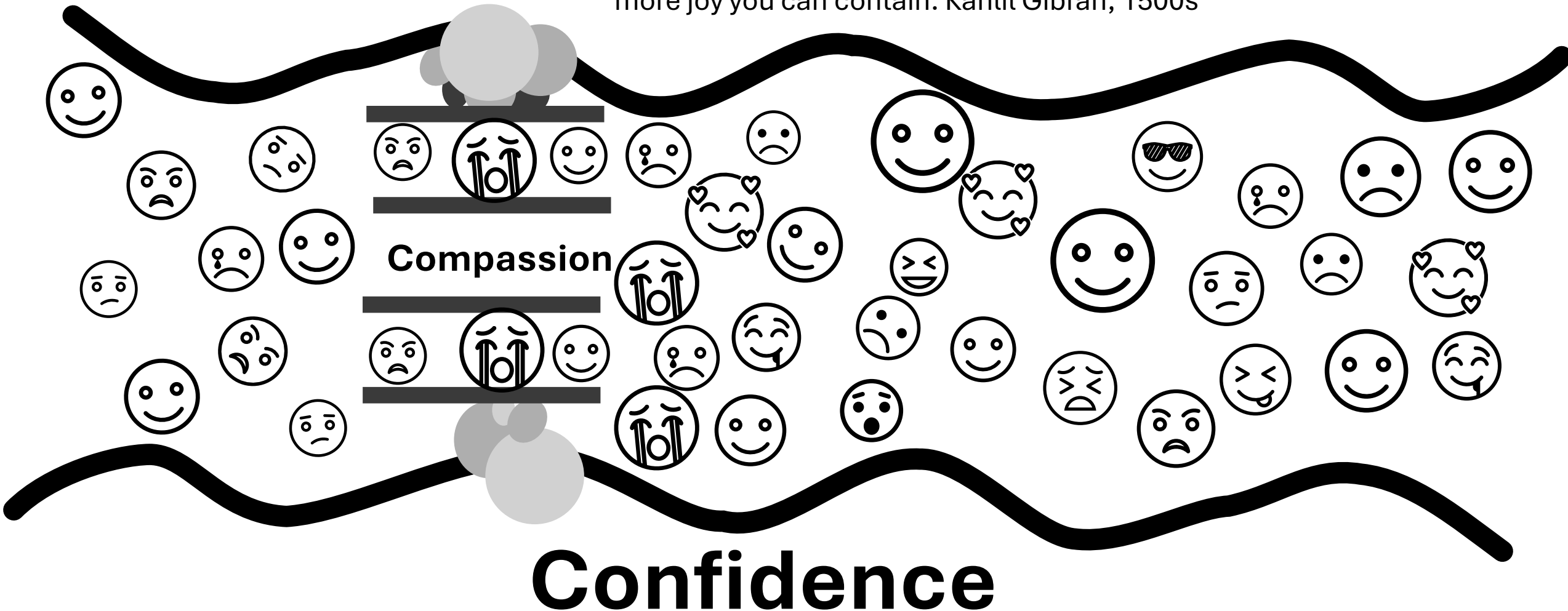


Slide 20: Compassion builds spillway channels. The more we grieve the more capacity we have with greater emotional recovery.

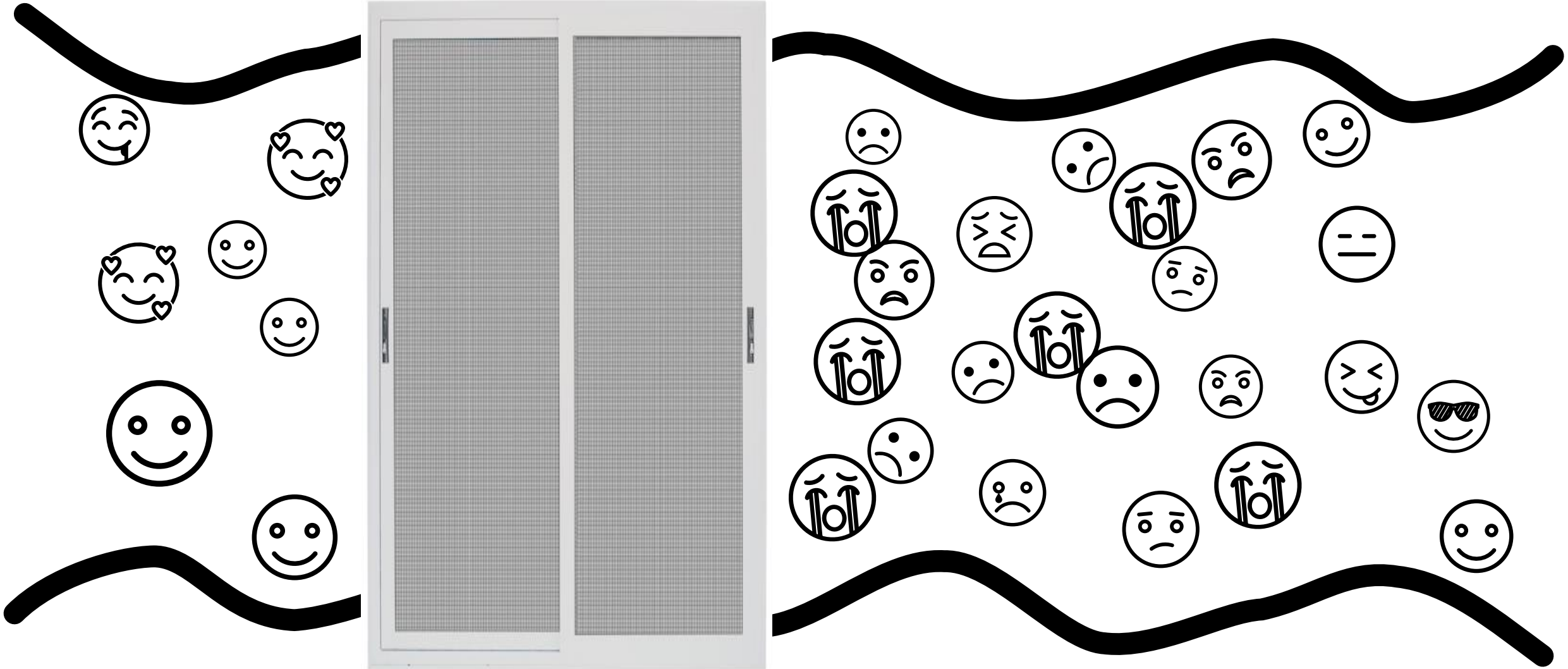


# Slide 21: More grieving increases one's confidence and emotional health with less pressure (anxiety) and depression.

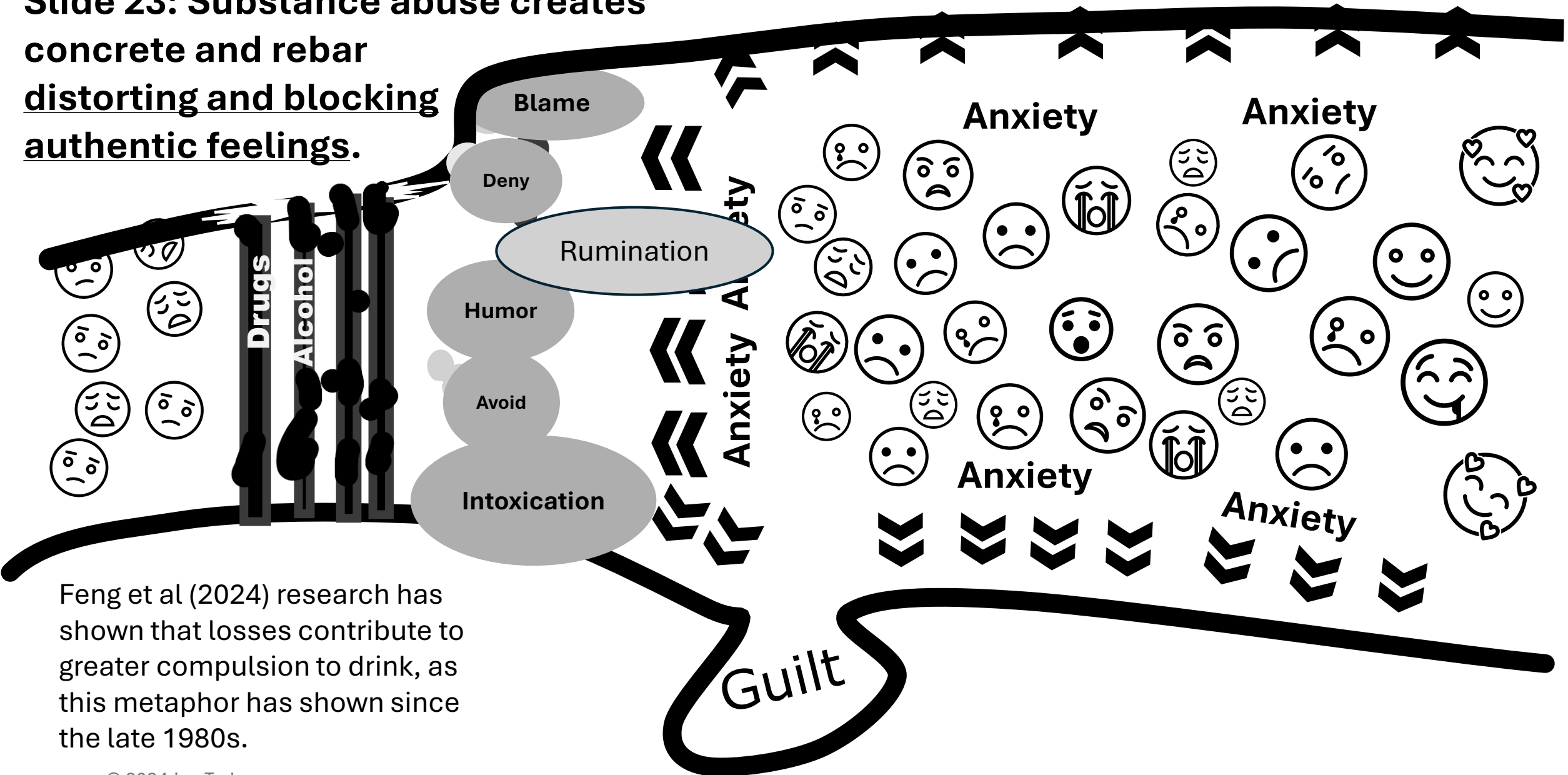
The deeper sorrow cares into your being the more joy you can contain. Kahlil Gibran, 1500s



**Slide 22: We have no screen door to filter only joy to flow while keeping unpleasant emotions like pain back.**



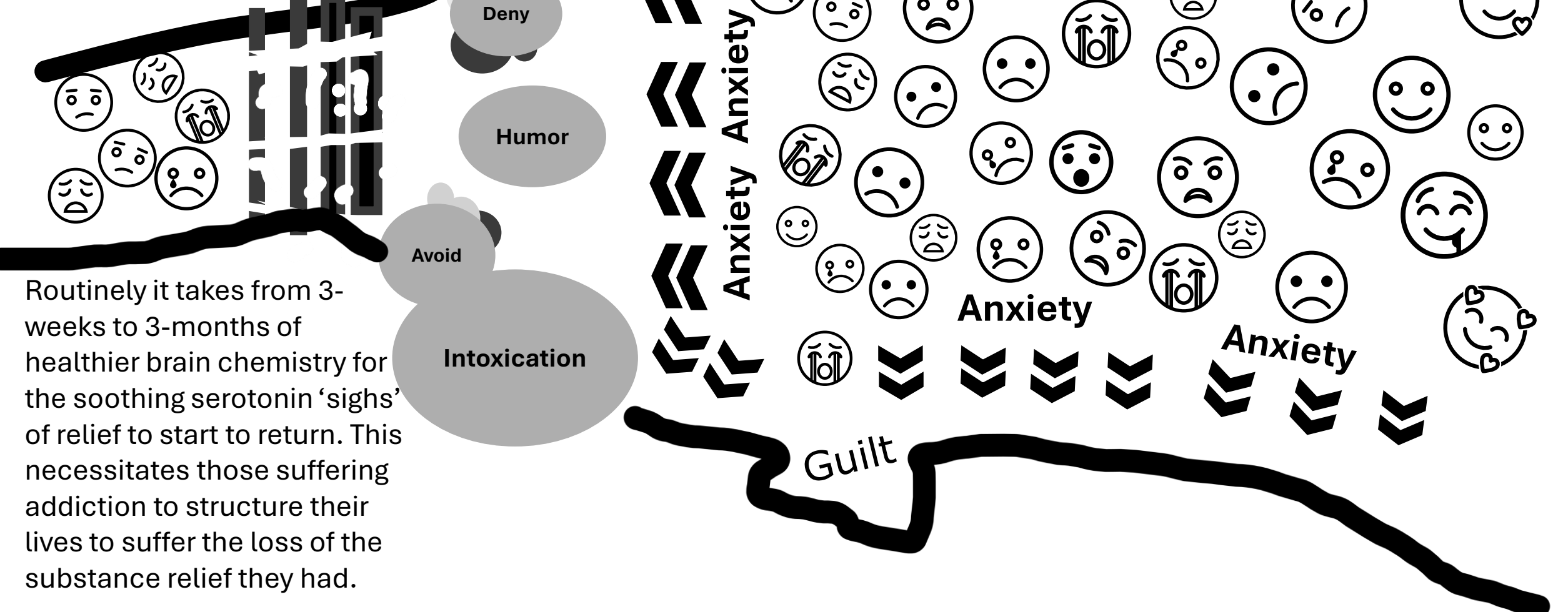
Slide 23: Substance abuse creates concrete and rebar distorting and blocking authentic feelings.



Feng et al (2024) research has shown that losses contribute to greater compulsion to drink, as this metaphor has shown since the late 1980s.

**Slide 24: With substance abstinence highly pressured emotions burst as the dam crumbles.**

**Abstinence**



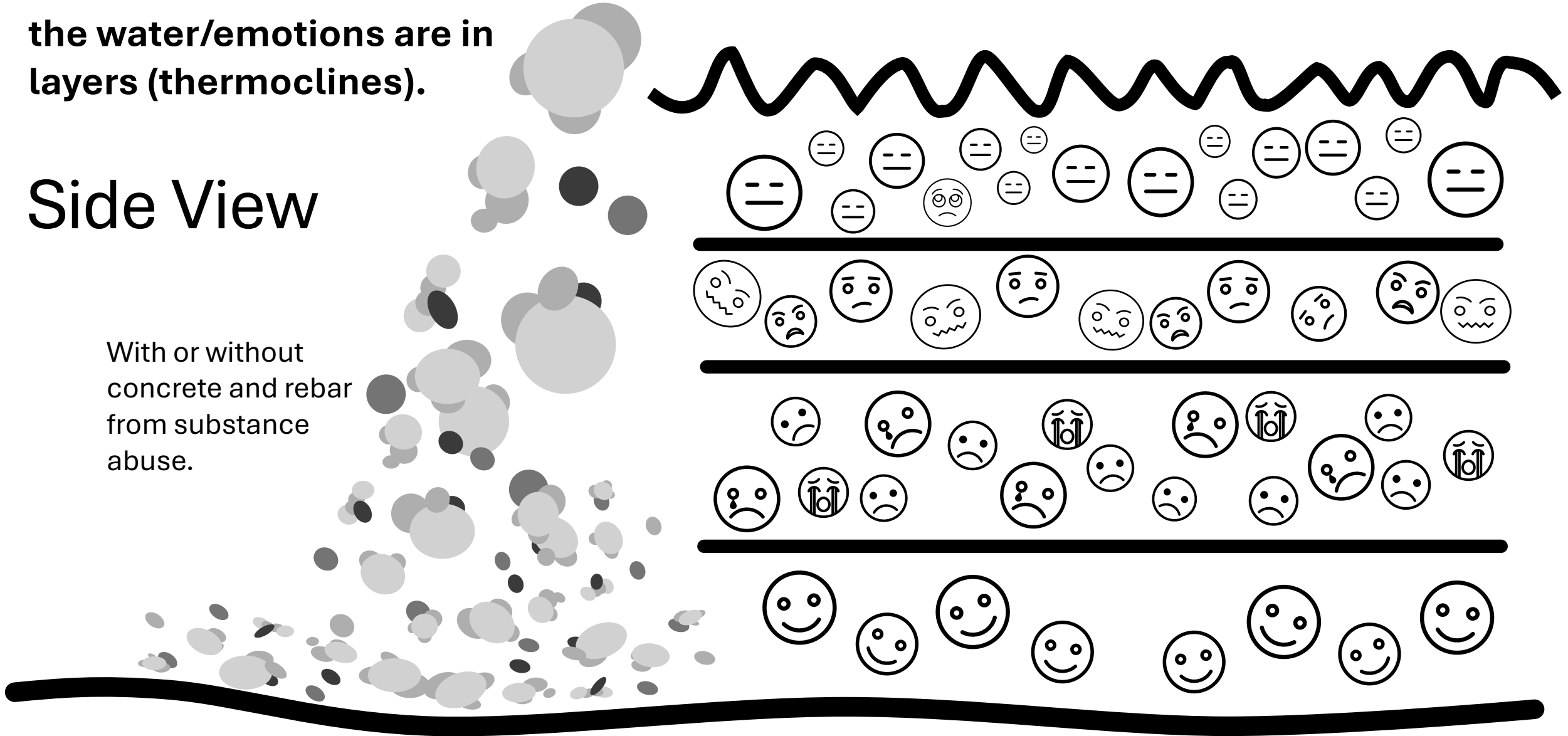
Routinely it takes from 3-weeks to 3-months of healthier brain chemistry for the soothing serotonin 'sighs' of relief to start to return. This necessitates those suffering addiction to structure their lives to suffer the loss of the substance relief they had.



**Slide 25: Side View: The lake shows the water/emotions are in layers (thermoclines).**

## Side View

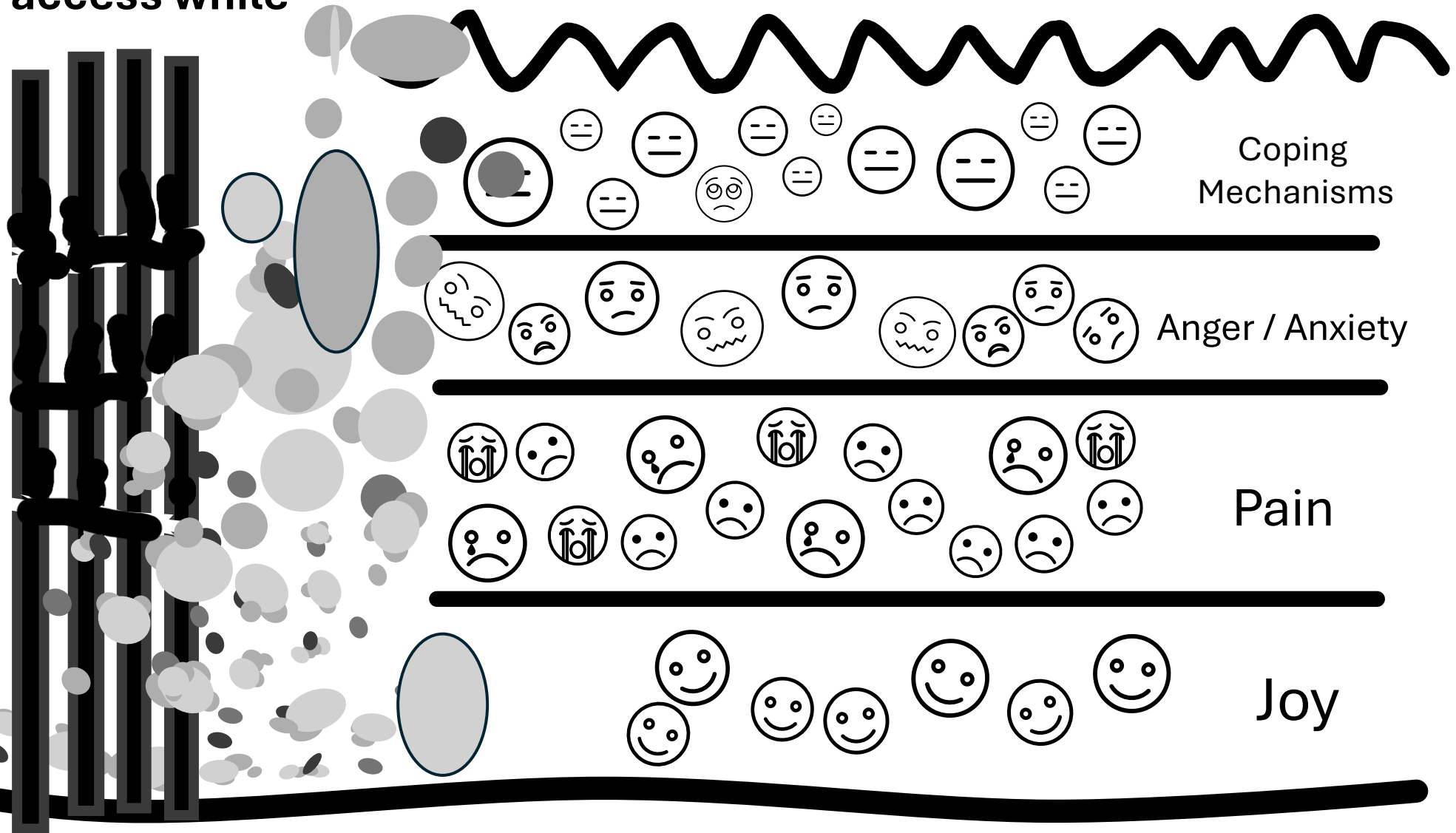
With or without concrete and rebar from substance abuse.



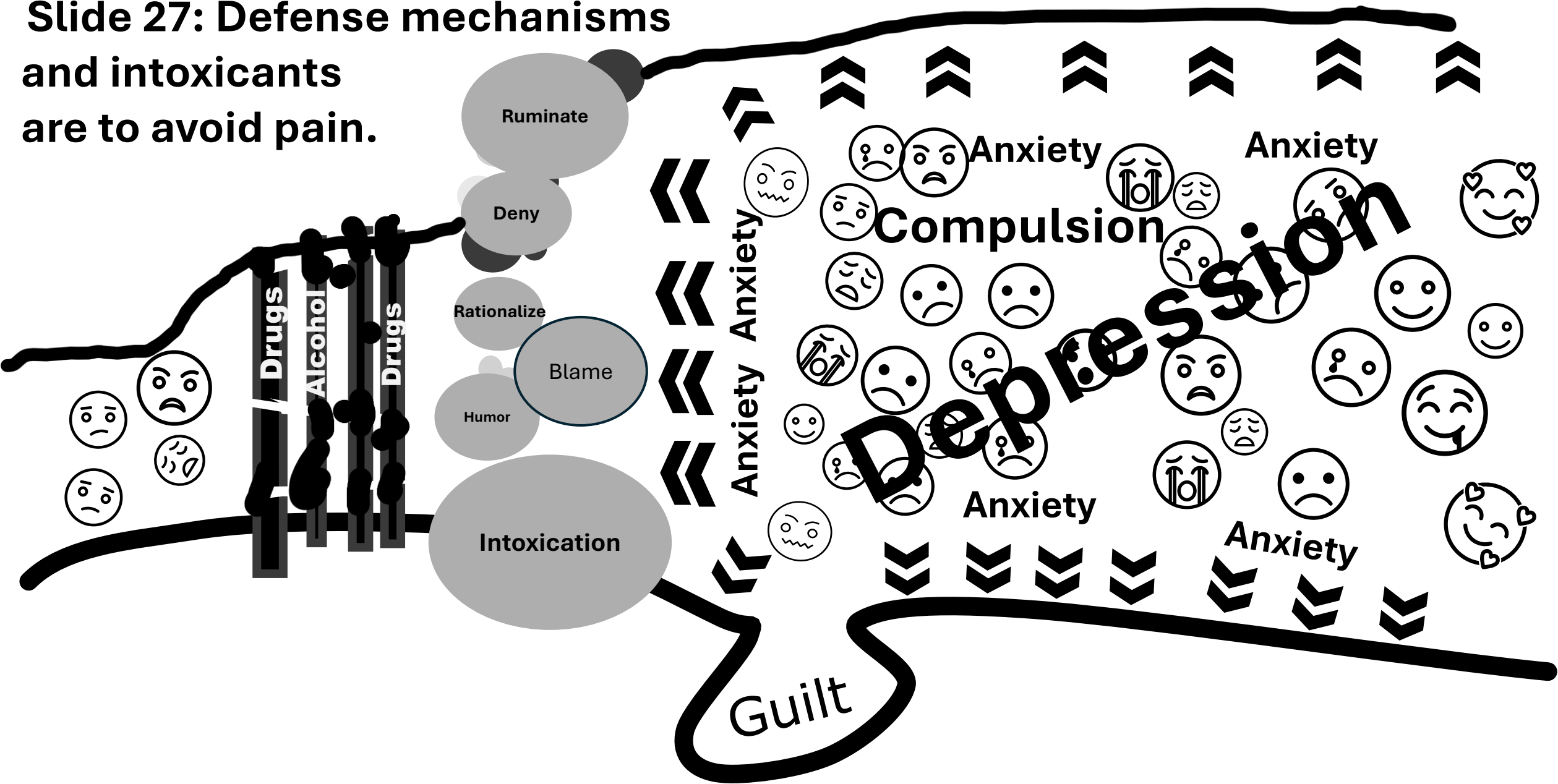
**Slide 26: From the side we see joy is deep and hard to access while pushed back from the spillway.**

## Side View

Most common we rely on defense mechanisms and adrenalin (anger/anxiety) to avoid our pain.



Slide 27: Defense mechanisms and intoxicants are to avoid pain.



## Slide 28: The Process of Grieving

### Human Grief

#### Loss:

- 1) Loss of What We Had But Was Taken Away
  - \*some physical losses
  - \*some lost expectations, hopes
- 2) Loss of What We Needed But Did Not Get
  - \*insufficient healthy attachment

#### Defense Mechanisms:

blaming, denial, rationalizing, bargaining, intoxication,  
guilt, rumination, humor, avoid-avoid-avoid, and many others

#### Anger/Anxiety:

Fight, take flight, or freeze  
(mix of adrenaline, norepinephrine, cortisol, and in extreme comes renin)  
frustration, aggression, resentment, anxiety, agitation, fear,

#### Pain:

(mix from adrenaline, norepinephrine, cortisol, renin, with  
transition to massive expressions of serotonin)  
the most profound is that of abandonment

#### Serenity:

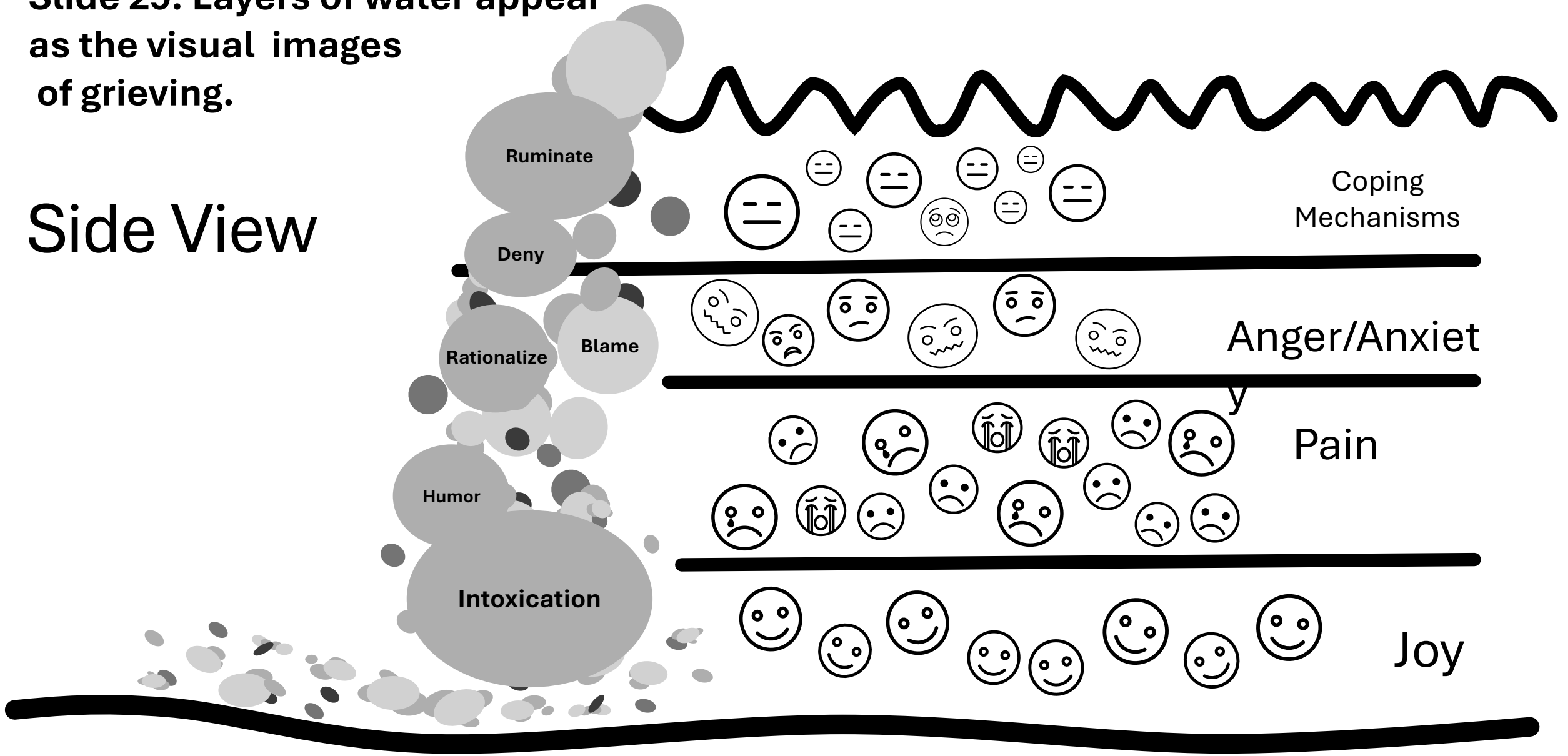
(massive expressions of serotonin from the raphe nucleus)  
sober sighs of relief and resolve

#### Effective Decision-Making

decide on what is best, not just what will avoid pain

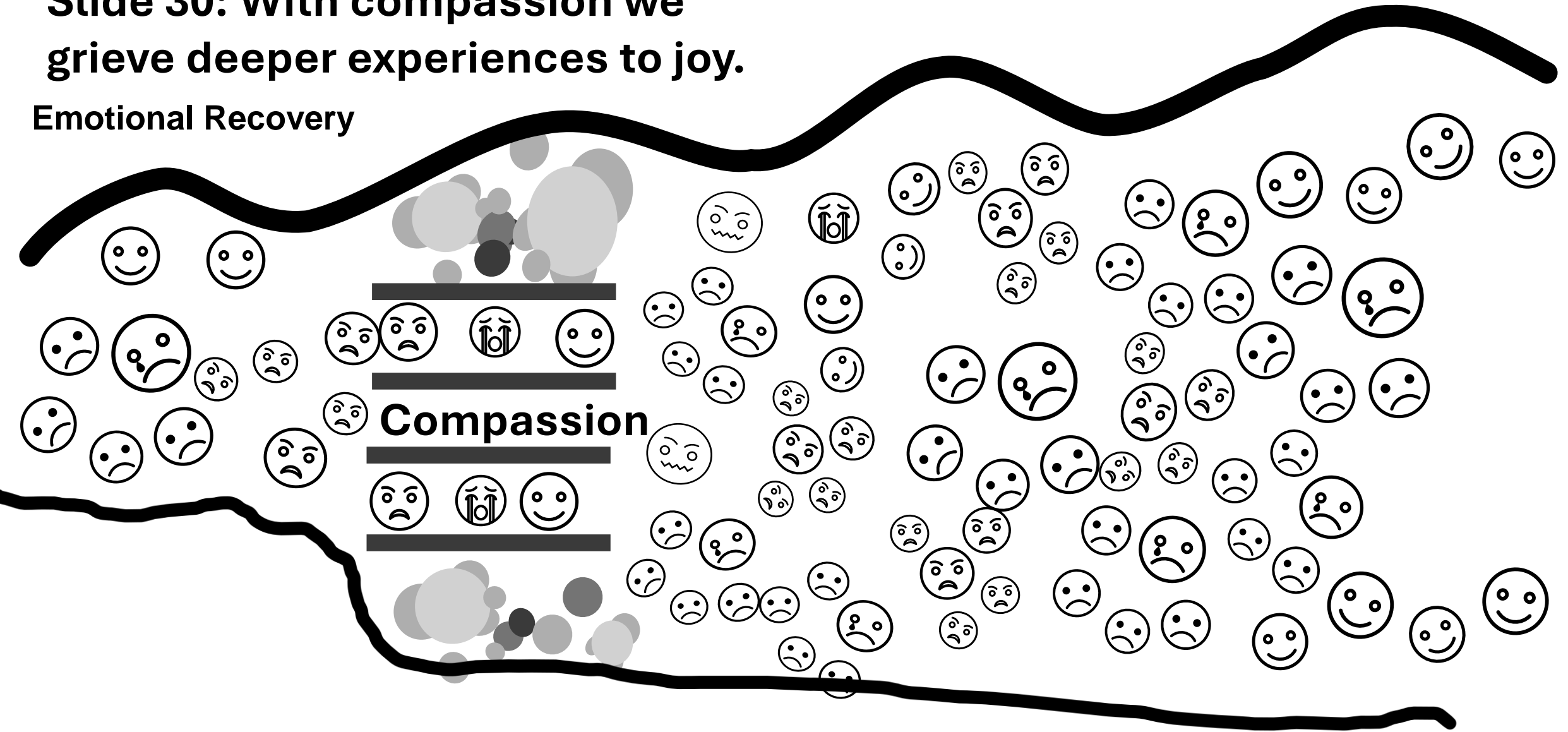
Slide 29: Layers of water appear as the visual images of grieving.

Side View



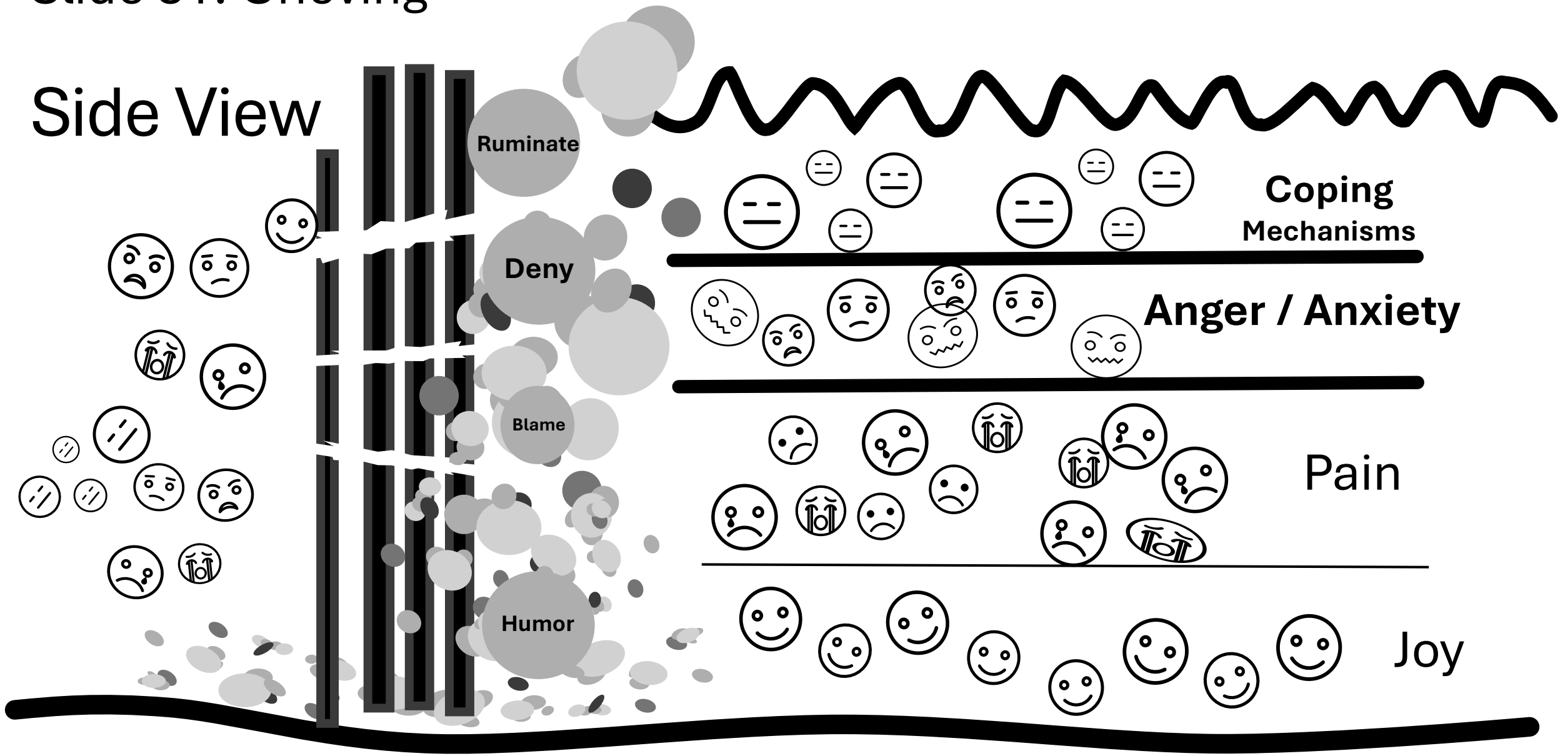
# Slide 30: With compassion we grieve deeper experiences to joy.

Emotional Recovery

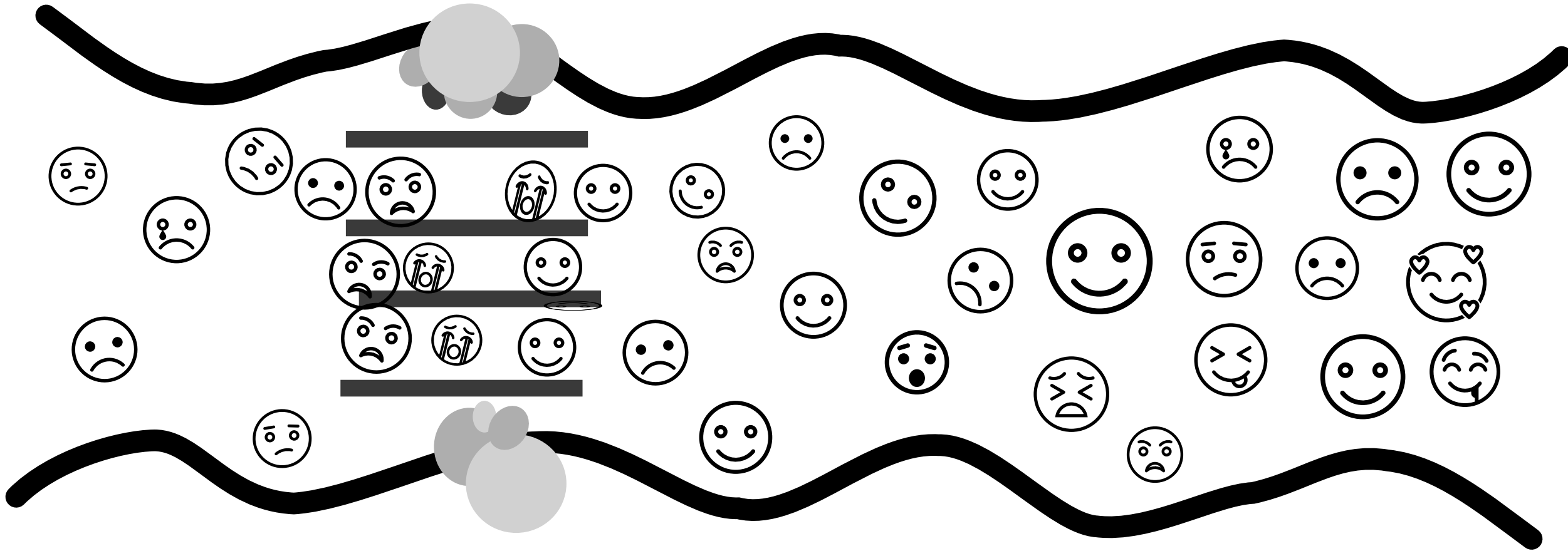


# Slide 31: Grieving

## Side View



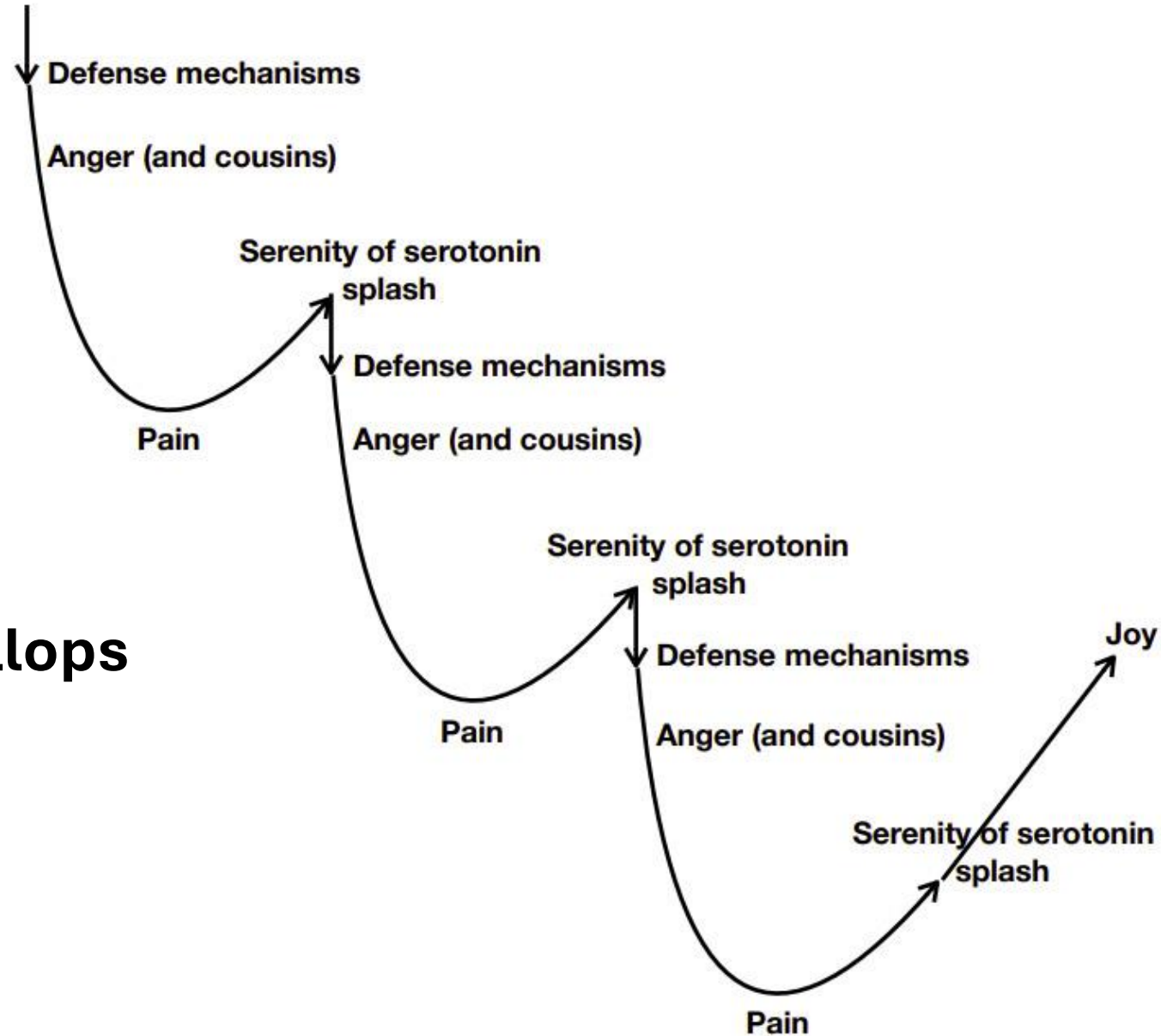
## Slide 32: Emotional Recovery with confidence



# Confidence



## Slide 33: Grieving Scallops



# Slide 34: The Process Of Grieving

## Human Grief

### Loss:

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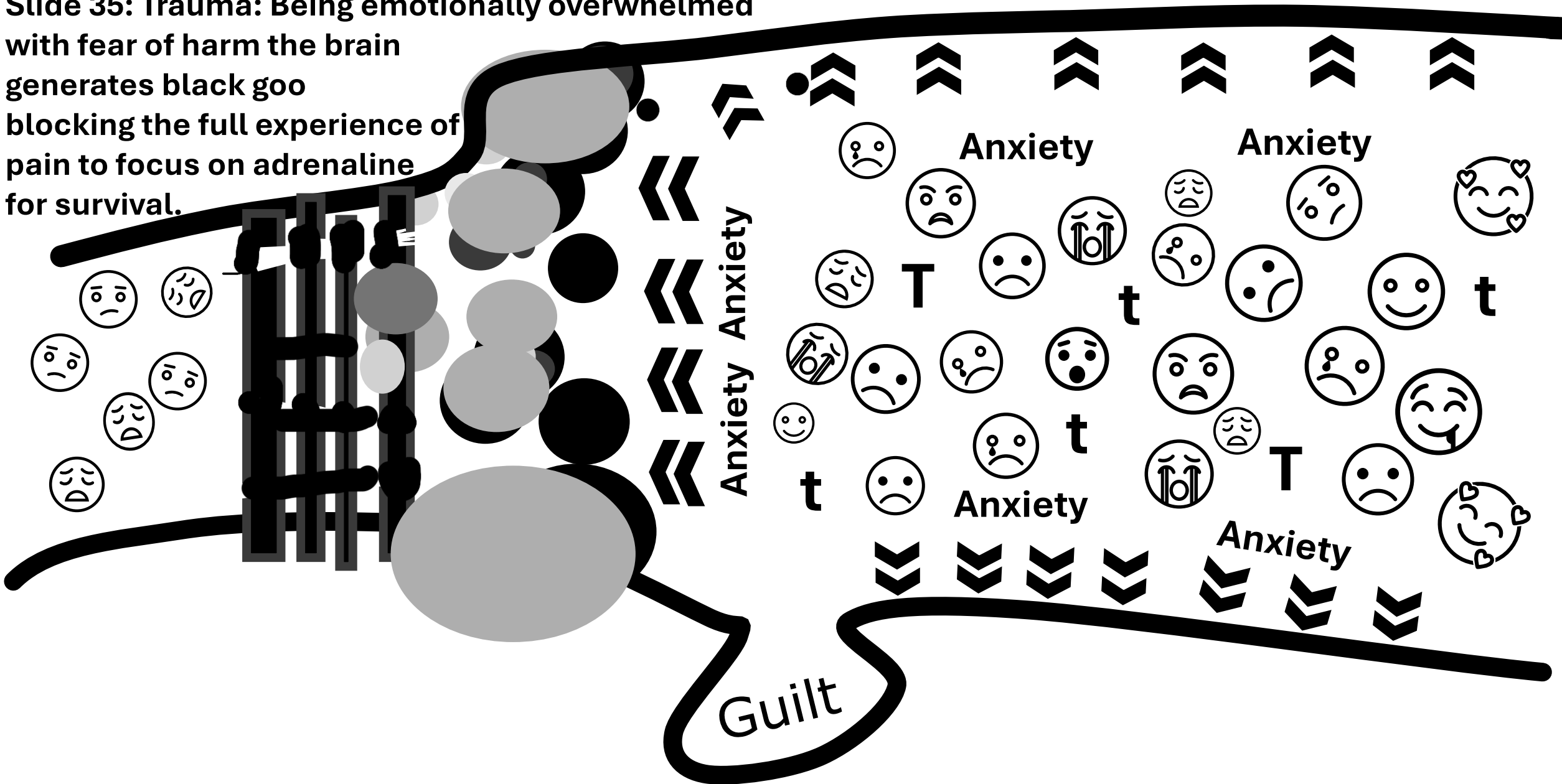
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(massive expressions of serotonin from the raphe nucleus)  
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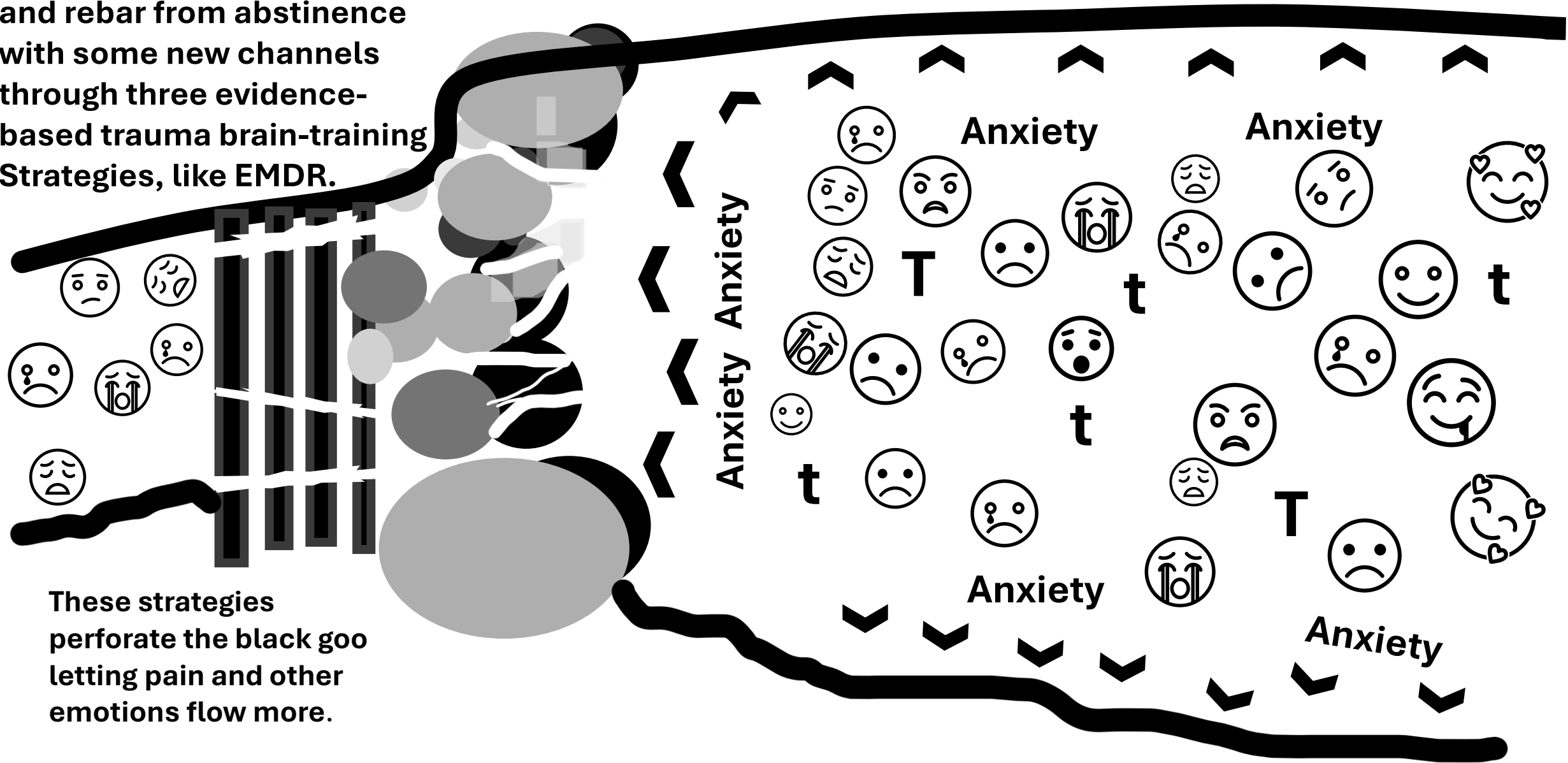
### Effective Decision-Making

decide on what is best, not just what will avoid pain

Slide 35: Trauma: Being emotionally overwhelmed  
with fear of harm the brain  
generates black goo  
blocking the full experience of  
pain to focus on adrenaline  
for survival.



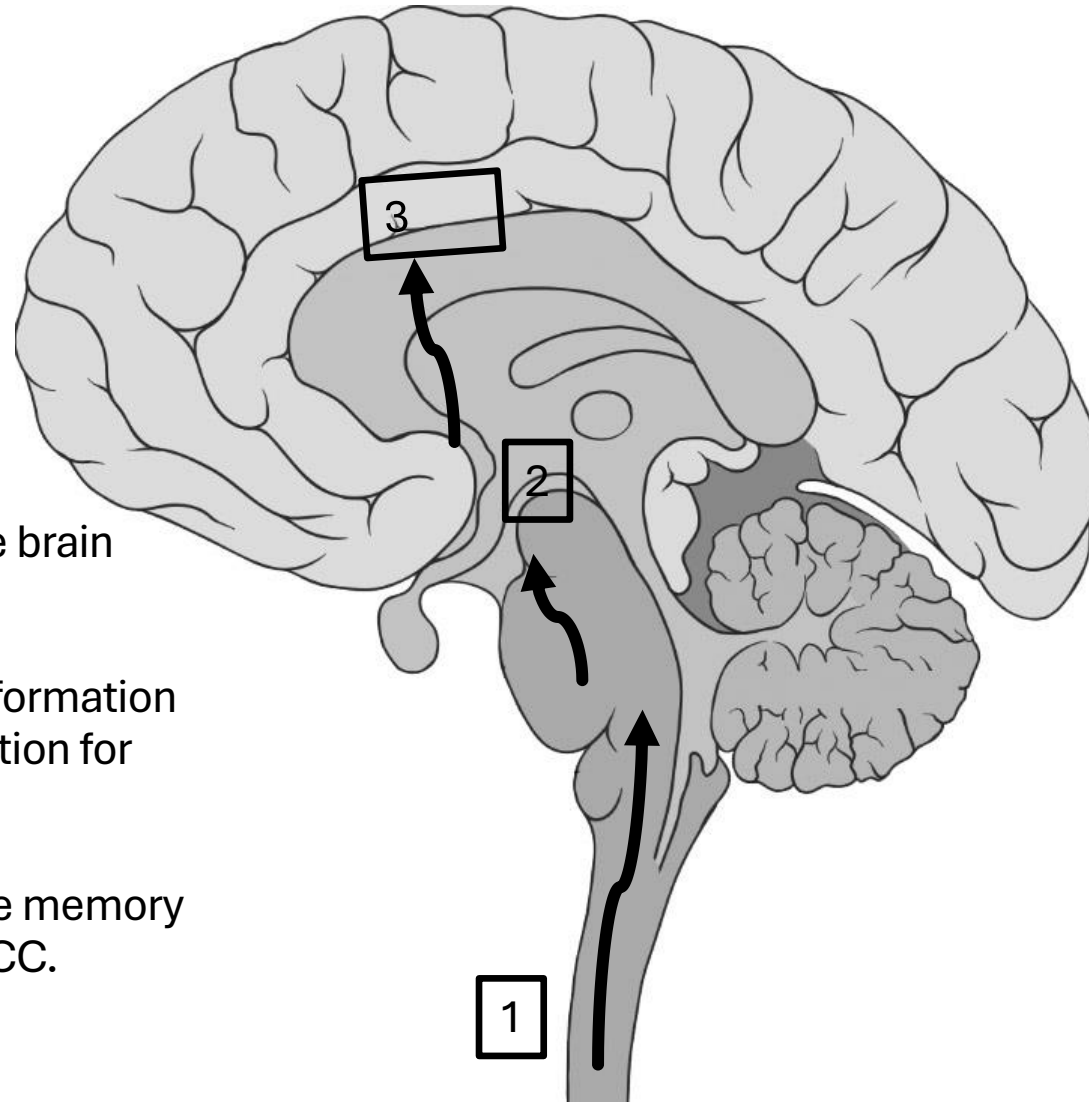
**Slide 36: Broken concrete and rebar from abstinence with some new channels through three evidence-based trauma brain-training Strategies, like EMDR.**



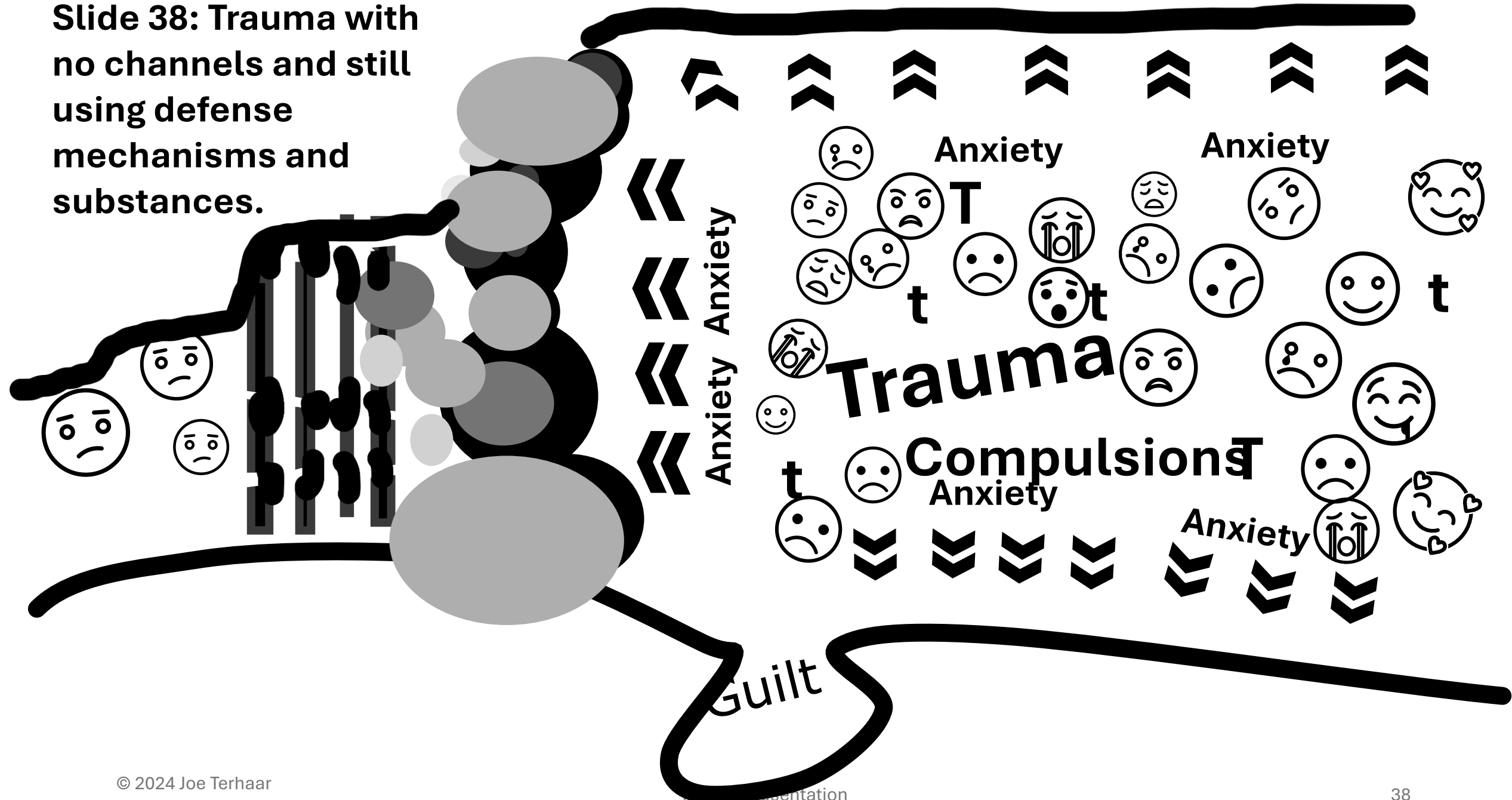
**These strategies perforate the black goo letting pain and other emotions flow more.**

## Slide 37: Posterior Cingulate Cortex (PCC)

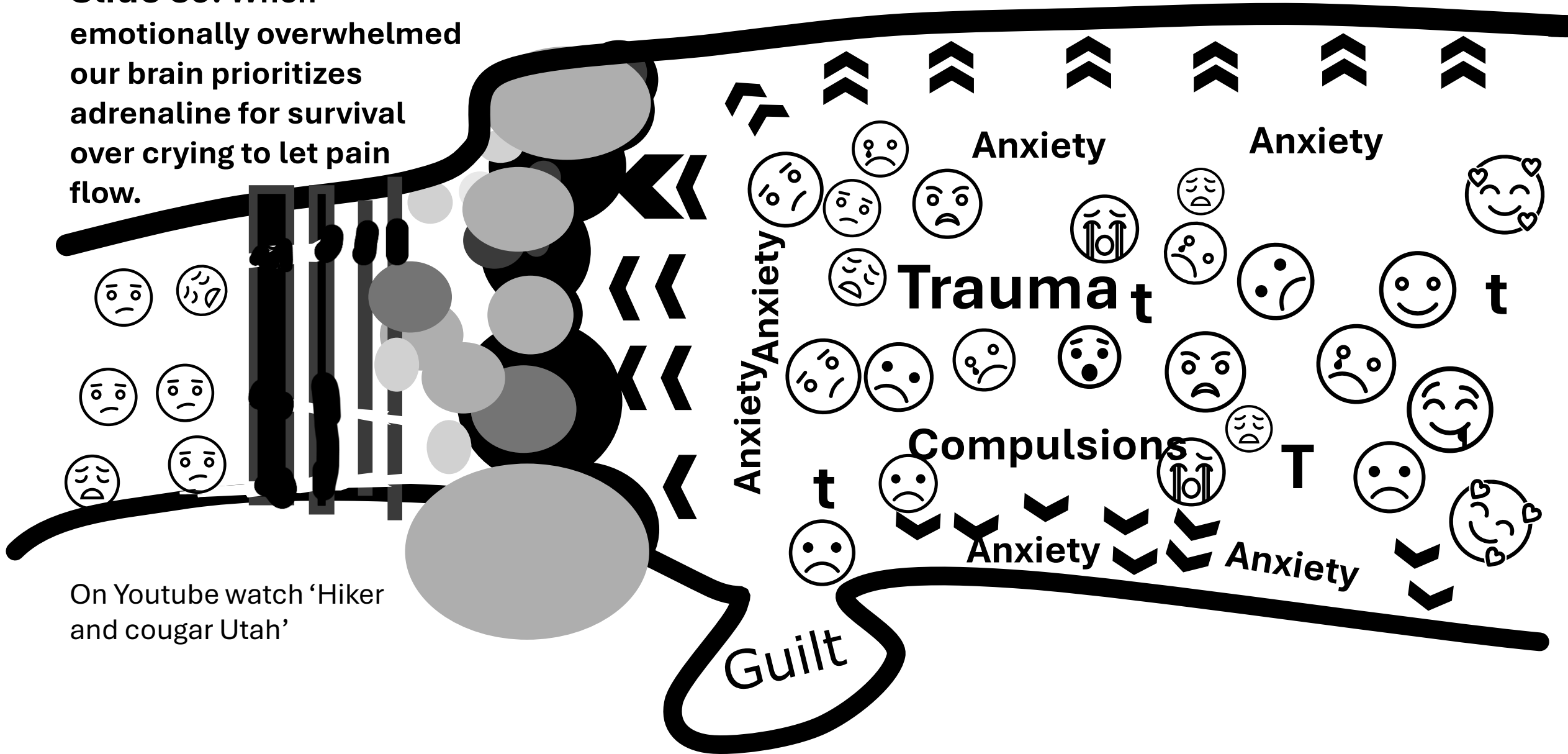
- 1.) Information comes in through the brain stem.
- 2.) The amygdala filters and sorts information and tags important (salient) information for special storage.
- 3.) Important information goes to the memory centers for storage; trauma to the PCC.



Slide 38: Trauma with no channels and still using defense mechanisms and substances.

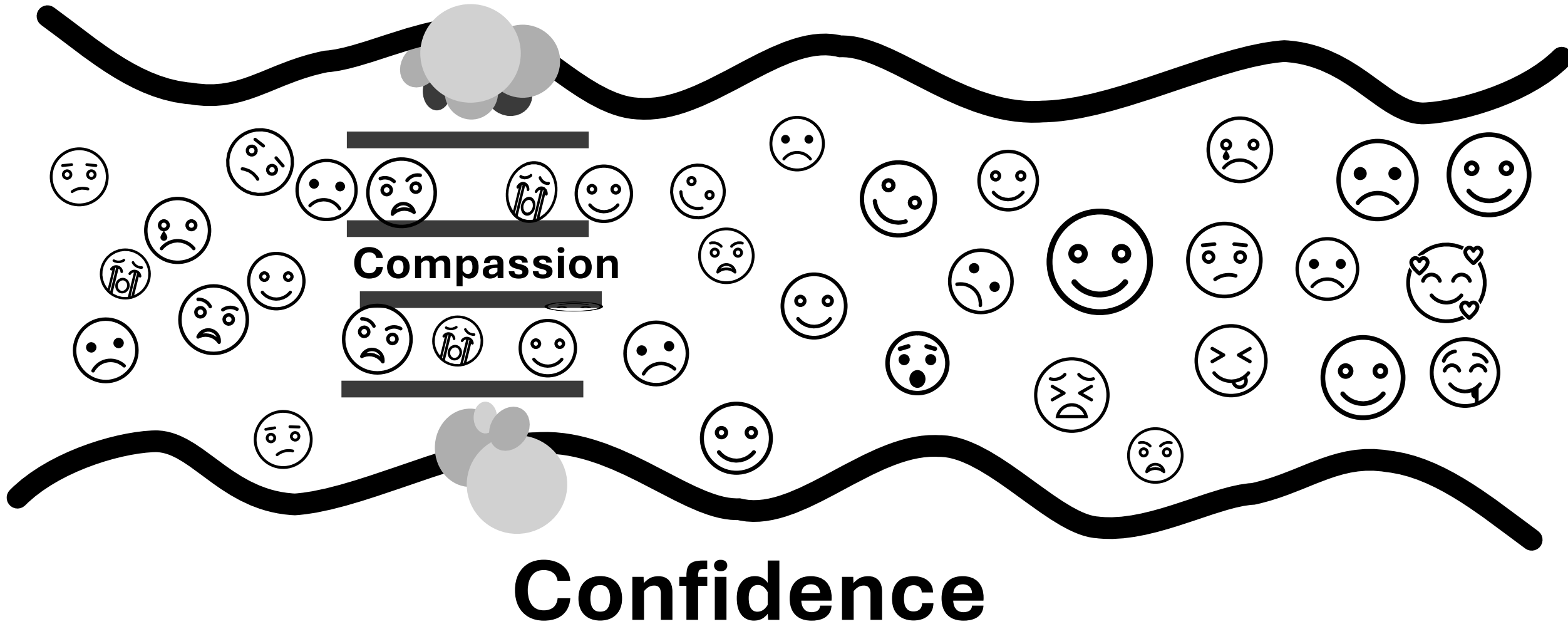


**Slide 39: When emotionally overwhelmed our brain prioritizes adrenaline for survival over crying to let pain flow.**



On Youtube watch 'Hiker and cougar Utah'

## Slide 40: Emotional Recovery with confidence





Slide 41

# Strategies To Reduce Symptoms Rather Than Treat The Contributors Of Depression And Anxiety

Medication

Mindfulness

Yoga

Relaxation

Exercise

Traditional talk therapy

Electro convulsive therapy

Transcranial Therapy

Cognitive Behavioral Therapy

Dialectic Behavioral Therapy

Acupuncture and vagus nerve stimulation

Reflexology

Ketamine

psilocibin

## Slide 42

# Three **Essential** Elements For Long-term Addiction Recovery

### **1. Structure And skills**

Relapse  
Prevention Plan

Build Sober  
Support Network

Refusal Skills

Basic Conflict  
Resolut. Skills

Traditional  
treatment with 67-  
63% relapse in <  
1year

Avail. in  
traditional rehab

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### **2. Skills and Compassion For Grieving**

Learn the intra- and interpersonal skills for engaging with compassion, taking turns in supporting each other (family) in grieving, naturally leading to effective problem-solving. When compassion does not work, the interfering impact of trauma must be abated.

Some possible in 12-Step.

### **Search for Emotion Focused Family Therapy (EFT)**

### **3. Abate Adverse Impact of Trauma**

Three Evidence-Based  
Strategies

1.Cognitiver Processing Therapy  
CPT

2. EMDR \*

Prolonged Exposure Therapy  
PE

With the therapeutic process of  
Family-Centered Addiction Recovery<sup>®</sup>,  
**insuring compassion for**  
**and between each family member,**  
we document progress in grieving and abating the  
adverse impact of trauma resulting in healing,  
nurturing healthy attachment with children and adults  
for acquisition of problem-solving capacities  
and substance abstinence (addiction recovery).

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