Emotional Expression, Systemic Shifts, and Psycho-Education in Approaching Complicated Grief: A Case Study of One Adolescent’s Experience in Wilderness Therapy

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Abstract

This case study focused on a fourteen year old boy in wilderness treatment for Major Depressive Disorder, Other Specified Trauma-and-Stressor-Related Disorder, persistent complex bereavement disorder, and Depersonalization/Derealization Disorder. Treatment focused on three main areas: (1) helping Bradley to acquire skills in emotional identification, acceptance and expression, (2) systemic family shifts to allow for the expression of grief, and (3) psycho-education on systems theory, systemic family grief, dissociation as a trauma response, and male socialization.

Client Overview

Bradley was a fourteen-year-old Caucasian male who lived in a large Midwestern city. Bradley’s father John died suddenly at home three years prior to Bradley’s enrollment at True North Wilderness Program (TNWP) and since that time his mother, Susan, had raised Bradley, his older brother, and his younger sister as a single parent. Susan was a business owner and the family was financially comfortable. Throughout his childhood Bradley had always been socially, academically, and athletically successful. He was well liked, well mannered, highly verbal and socially astute. Prior to John’s death no major concerns had been reported in any area of Bradley’s functioning or development.

In the months following John’s death Bradley continued to excel academically and socially, and he denied to family and helping professionals that his father’s death had significantly impacted him. However, a year after the death, Bradley began to exhibit depressive symptoms and his childhood imaginary friend, Sebastian, who had been gone for years from Bradley’s life, began to return regularly. Bradley used Sebastian as a tool in early childhood to process and resolve problems. As a re-emergent tool Sebastian expressed feelings of anger, and often told Bradley to hurt himself or others. Bradley’s reality testing was intact during these experiences; he knew that Sebastian wasn’t real, but the experiences of hearing him were unsettling for Bradley. Bradley also began to avoid his house and frequently stayed overnight at a close friend’s house nearby. Bradley saw a therapist regularly and began taking a benzodiazepine. Nonetheless, his growing depression resulted in two hospital visits in close
succession. Throughout his struggles with depression, Bradley continued to thrive academically and maintain friendships, avoiding concern from peripheral acquaintances. One month before enrollment in TNWP Bradley took a large dose of his medication and attempted suicide by hanging. He had written a suicide note to his family. His mother found him a minute after this attempt, removed him from immediate danger, and he was hospitalized for a third time. Bradley did not sustain any permanent physical damage from his suicide attempt and after a short-term hospital stay he asked his mother to support him in getting help.

Preparation for Treatment

Susan sought the guidance of an educational consultant and consequently chose TNWP to provide a short-term intensive therapeutic intervention, clinical assessment, and post-wilderness transition. Bradley elected to attend TNWP on his own after his suicide attempt, indicating a readiness for change (Prochaska, 1979). Bradley and Susan attended the initial phase of Bradley's enrollment together, which was facilitated by a Master's level therapist. In this meeting Bradley and his mother were given information about the enrollment process and program structure in order to demonstrate transparency. Bradley's field guides and therapists were described to him as important resources. Susan was also assigned a dedicated parent therapist. Prior to outfitting, and as standard protocol, Bradley was given a drug screen, which indicated no presence of illegal substances.

Initial Presentation

Upon enrollment, Bradley demonstrated strong patterns of “people pleasing” and stoicism. Staff consistently observed Bradley placing importance on his concern for others above his own personal responsibilities and emotional work, and minimizing or masking his struggles. He often offered to do more than his fair share of group chores, expressed inauthentic pleasant feelings, and presented a cheerful façade.

Juxtaposed with this cheery façade, Bradley experienced several dissociative episodes while in the early and mid-phases of his stay. These episodes were twofold: auditory misperceptions (hearing the voice of Sebastian, his childhood imaginary friend) and depersonalization, (sensation of being separate from his body). During these episodes Bradley’s reality testing remained adequate: Bradley consistently recognized that Sebastian’s voice wasn’t real, and he was able to tell staff members when it happened and ask for help. In therapy, it became evident that the episodes were his unconscious attempt to stifle the sadness and anger associated with painful thoughts and memories of his father.

Case Conceptualization

Bradley’s father John was described as a family man with a big personality that was central to all areas of family functioning, from where to picnic on weekends to how to pay the bills. When John died, Susan needed to learn to manage the household and daily routine as a single parent, while also coping with her grief as well as that of her children. Though Susan’s grief was immense, her instinct was to “keep the family moving”. She compartmentalized her sadness. She often broke down emotionally when alone so as not to expose her children to the depth of her grief. She attempted to create happy experiences for her children and when they expressed sadness she assured them that “it will be OK” and ushered them towards more pleasant experiences.

Bradley witnessed his mother trying to keep the family together. He also witnessed his older brother demonstrating more overt emotional expressions of grief and Bradley, a middle child that excelled at caring for others, stifled his own expressions of grief in an attempt to lessen the burden on his family. He continued to thrive academically and socially in an attempt to mask his struggles. He dissociated
from his suicide attempt, reporting that he did not remember it. He stated that the cause “wasn’t me”, but that the attempt had entirely been a side effect of his medication. The re-emergence of Sebastian was conceptualized as another form of dissociation. Bradley's grief, pain, and anger were powerful, but Bradley did not believe it was acceptable to express these emotions; therefore, Sebastian became an external container for this emotional energy.

Diagnoses. The death of Bradley's father was viewed by his clinicians as a trauma, and his dissociative and depressive symptoms as a stress response. Using the DSM-5, Bradley was diagnosed with Major Depressive Disorder, Recurrent, Moderate 296.32, Other Specified Trauma-and-Stressor-Related Disorder, persistent complex bereavement disorder 309.80, and Depersonalization/Derealization Disorder 300.6 (American Psychiatric Association, 2013).

Wilderness Treatment

The therapy program provided Bradley with a simplified daily routine that revolved around primitive outdoor living in a small group of up to six students with a 3:1 student to staff ratio. In addition to the field guides who provided 24/7 support, Bradley had two Master's level clinicians who met with him twice weekly for hour-long sessions. Following the clinical model of the program, the therapeutic alliance, the most agreed upon common factor and most robust predictor of positive therapeutic outcomes (Greencavage & Norcross, 1990), was an integral part of Bradley's treatment. Also, in keeping with the program's model, Bradley was initially encouraged to experience the natural consequences of his thoughts, emotions, and behavior in order to help him identify maladaptive behavior patterns. In this group setting, Bradley was provided with daily opportunities to receive both positive and constructive feedback in the moment, along with daily structured process groups. These factors, in addition to the healing power of close connection to the natural world (Doherty, 2010), provided Bradley with a supportive, validating and structured setting in which to explore his emotional experience and test new healing behaviors.

Therapeutic Approach and Interventions

Bradley’s treatment focused on three main areas: (1) helping Bradley to acquire skills in emotional identification, acceptance and expression, (2) systemic family shifts to allow for the expression of grief, and (3) psycho-education on systems theory, systemic family grief, dissociation as a trauma response, and male socialization. Interventions in each of these areas occurred within the context of individual therapy sessions, group work, family therapy, individual reflection through therapeutic assignments, and daily living.

Identification of behavioral patterns. Early in his stay Bradley's clinicians identified his patterns of pleasing others and emotional stoicism. Bradley’s verbal and cognitive abilities were above average for his age and it therefore was appropriate to engage directly with him in conversations about these behaviors.

Client response. Bradley was interested in engaging in conversations about his patterned behaviors, and was easily able to connect his behavior in the group to his presentation at home. Bradley began exploring family dynamics through these conversations and identified his intention of protecting his mother and siblings from his unpleasant feelings, along with his belief that emotions such as sadness and anger were not acceptable to express. Bradley was also able to acknowledge that emotional stoicism had been maladaptive for him and contributed to many of his current unwanted symptoms.

Goal creation and group work. With the help of his therapists, Bradley created an initial therapeutic goal. Bradley's initial goal centered on authentically expressing his emotions to his group members and
staff in real time, while subsequent goals progressively focused on gaining comfort with vulnerability in front of others and self advocacy. Bradley’s stated his goal out loud daily and he was given frequent feedback from peers and staff; both congratulatory when he made progress towards emotional expression, and constructive when he was not honest or forthcoming about his emotional experience.

**Client response.** Bradley engaged willingly in the goal creation process and felt connected to his personalized goals. In his group setting, Bradley practiced in-the-moment emotional expression. Bradley initially struggled with this, wanting to avoid inconveniencing or upsetting his peers. Eventually, Bradley shifted his emotional expression dramatically, exploding by screaming and ranting to his group mates about aspects of his life that he was angry about, and stating that he didn’t care how his outbursts affected his relationships. With time, Bradley balanced these two extremes, avoided emotional buildup, and expressed difficult emotions in the moment. With support and feedback from his group, Bradley became more comfortable with emotional expression. The content of Bradley’s emotional expression also evolved over time. Initially, he practiced expressing frustration over inefficient group functioning, and as he gained proficiency he progressed to expressing anger about his father’s death and his own need for emotional support, and finally to sadness and grief over losing his father.

**Psychoeducation.** Psychoeducation on a variety of relevant therapeutic topics served to normalize, rather than pathologize Bradley’s symptoms and family experiences. In addition, psychoeducational conversations helped Bradley to self-identify progressive therapeutic goals. Throughout his treatment Bradley was educated about individual and systemic family responses to grief, systemic concepts of homeostasis as it related to group and family dynamics, dissociation as a stress response, and the contribution of male socialization to his pattern of emotional stoicism.

**Client response.** Bradley frequently expressed interest in psychoeducational topics. Understanding that dissociation can be a psychological symptom of trauma/stress helped Bradley to decrease his shame around this symptom. Bradley’s imaginary friend Sebastian was normalized and conceptualized as a part of him that held unwanted and difficult emotions and thoughts. By approaching Sebastian in this way Bradley was able to shift his perception of this symptom and reintegrate fear, sadness, and anger into himself. Discussing grief responses created a bridge that allowed Bradley to approach a difficult topic safely while also normalizing and gaining insight into his family’s experience. At one point Bradley noticed that when he started expressing more difficult emotions to his group members, his peers became uncomfortable. They were used to Bradley presenting himself as regulated and happy and confused supporting him with attempting to remove his difficult emotional experiences.

Systemic concepts of homeostasis and negative feedback: that families systems tend to reinforce expected behavioral patterns, even when unhelpful and destructive, (Watzlawick, Bavelas, & Jackson, 1967) were explained in order to help Bradley understand and predict how others might respond to his individual change. Gaining this knowledge highlighted the importance of explaining and advocating for appropriate support to his group members and family.

**Parent therapy.** The program provides a separate parent therapist for each family to engage parents in discussions about their families or origin, values, interpersonal boundaries, and how these contribute to systemic family dynamics and their children’s presentations. Susan engaged wholeheartedly in the parent program and through that she identified her fear that her children would be swallowed by grief. She recognized that through her behavior, she had encouraged Bradley to stifle unpleasant emotions and appear happy. Susan began to make significant shifts in the way in which she responded to her children’s sadness, creating room for the expression of grief rather than trying to pull them out of it.

**Impact letters.** Parent therapists supported Susan in writing an impact letter to Bradley. In this letter, Susan told Bradley about her own emotional experiences as his parent and described her grief process after John’s death, in addition to her reaction to finding Bradley during his suicide attempt. She shared
with Bradley her insight into how she had reinforced Bradley’s behavior of stifling his grief. Susan also expressed her intention to allow for and encourage a full range of emotional expression in the family. Bradley was profoundly touched by his mother’s letter and engaged fully in the response process. He utilized reflective listening and validation skills to reflect what Susan had shared, and expressed his own internal experience of John’s death, and his subsequent depression and suicide attempt. Especially notable in this letter was Bradley’s ability to identify the emotional triggers behind his suicide attempt and take accountability for it as his own behavior, rather than dissociating from it.

**Family workshop.** Three-quarters of the way into Bradley’s stay, Susan attended an in-person family workshop with Bradley, which was facilitated by a Master’s level Marriage and Family Therapist. An art therapy activity, during which Bradley and Susan drew a representation of their family dynamic before treatment, fostered a dialogue about problematic individual and family behaviors and hopes for the future. Bradley was clearly able to identify the disconnection he felt from Susan and other family members after John’s death, his inability to ask for help, and the inauthentic smile that he wore to mask his grief and depression. Bradley and Susan engaged in heartfelt discussions during which they expressed their desire for emotional honesty and communication and laid the groundwork for a new family tone that welcomed the expression of unpleasant emotions.

**Client response.** Both Bradley and Susan identified family work as very impactful and integral in the healing process. Given Bradley’s current developmental stage and desire to protect his family, it was essential that his Susan take the first steps by identifying maladaptive family patterns and take accountability for her role in their creation and maintenance. Through these actions she was able to lead Bradley towards self-acceptance and self-expression. By fully engaging in the therapeutic process herself, Susan implicitly gave permission for Bradley to do the same.

**Experiential exercises and metaphors.** Experiential exercises were often used to supplement and enhance therapy sessions. When discussing male socialization, Bradley engaged in an emotionally powerful exercise in which he placed emotions that are socially acceptable for men to express inside a box of sticks. Bradley was able to take this exercise a step further, by identifying emotions that his father freely expressed in contrast to emotions he was uncomfortable showing. This experiential moment provided a moment of connection between Bradley and his father, which led to an emotionally cathartic moment and shared vulnerability. Later, Bradley facilitated a group conversation about male socialization using the same exercise. Bradley also decided to write his father an impact letter. This personal exercise allowed Bradley to deepen his connection to the memory of his father and experience additional emotional release. Wilderness-based metaphors were also frequently used and helped Bradley to develop a language with which to talk about his struggles. For example, in his impact letter to his mother he wrote that just like carrying a pack that was too heavy, he had carried too much emotional weight for too long and was learning to lighten his load.

**Transition.** Bradley’s mother decided to bring him home after completing the wilderness program based on the progress in emotional identification and expression, his high level of functioning in other areas, and the personal shifts that she was able to make. Bradley’s final two weeks at the program focused on preparing for the transition home. He expanded communication to include his siblings and friends: Bradley wrote to his siblings, telling them about the changes he had undergone while in therapy and the emotional changes they could expect to see when he returned home. This was followed up with a face-to-face family session post-graduation in which Bradley was able to verbally discuss his growth. Bradley and his mother also worked together to create expectations for home. During this process, they both identified aspects of the program that had been helpful for Bradley’s emotional development, including frequent emotional check-ins, family therapy work, leadership roles, structured times for emotional processing, and service to others. Together they developed a list of...
specific and clear expectations that would hold Bradley accountable to this continued level of self-care at home. Susan also sought out an appropriate family therapist and a clinically informed male mentor for Bradley at home. The therapists discussed Bradley’s progress and treatment transparently with these professionals in order to increase collaboration and clinical cohesion.

Conclusion

The group environment, in which Bradley was provided with 24/7 therapeutic support, was integral to his progress. The safe and caring nature of the setting and group relationships, along with the constant presence of clinically informed staff, allowed Bradley to receive the in vivo feedback that he needed in order to exhaust his patterns of stoicism and people pleasing and experiment with new behaviors.

In addition to Bradley’s insight into the need for a full range of emotional expression and his ability to practice this, several aspects of the clinical approach were fundamental to his treatment. Susan’s ability to provide Bradley with an emotional road map by identifying maladaptive family patterns, taking responsibility, and making systemic shifts to allow for the expression of discomfort was essential. Susan’s emotional work gave Bradley permission to make the changes he needed. Finally, by educating Bradley about dissociation and conceptualizing Sebastian as an externalized part of him, the shame around this symptom was decreased and Bradley was able to intentionally work towards reintegrating difficult emotions back into himself.
APPREACHING COMPLICATED GRIEF

References


