



The Personal Hero Technique: A Therapeutic Strategy That Promotes Self-Transformation and Interdependence

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Abstract

This article introduces and provides initial qualitative support for the effectiveness of the personal hero technique (PHT), a second-order change strategy rooted in humanistic-existential psychology that builds on and practically applies the emerging heroism science literature. Specifically, I ask clients to identify a hero/heroine. Then I ask them to identify five characteristics that they admire in that person, five ways in which they see themselves as similar to that person, and five things they can do to become more like that person. During debriefing, I engage in dialogue with the clients regarding how they may apply insights gleaned from the exercise in the interest of promoting self-reflection and developmental maturation/transformation as well as other-awareness and relational connectedness. In this article, I survey the theoretical/philosophical basis of the PHT and its connections to humanistic-existential principles and other extant heroism literature. Then I describe how to implement the PHT as well as discuss its effectiveness using two case illustrations. Finally, I provide suggestions for future research on the PHT in a variety of contexts.

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We all start out dependent on others,
until one day we surpass them and become heroes ourselves.
The hope is that we pass on our strengths and knowledge to a new generation.

—Emily Pellini

Approaching the threshold of the new millennium, May (1991) reflected that in spite of 20th-century ideals of rationalism and enlightened education, people were left “more confused, lacking in moral ideals, dreading the future, [and] uncertain what to do to change things or how to rescue [their] inner life” (p. 22). A quarter-century later, heroism science has arguably emerged to serve several interrelated purposes. First, within psychology, it carries humanistic psychology’s historical infusion of the humanities into psychology (Bland & DeRobertis, 2017a) forward to a new generation (Franco, Efthimiou, & Zimbardo, 2016). Second, within academe, it introduces “deviant interdisciplinarity” (Efthimiou & Allison, 2017, p. 2) to disrupt a pattern in which, in the current era, “many experts . . . have abandoned their duty to engage with the public [and] retreated into jargon and irrelevance, preferring to interact with each other only” (Nichols, 2017, p. 5), thus contributing to a culture of ignorance in American society (see Proctor, 2008).

Third, in the public sphere, heroism science provides a relevant antidotal response to turbulent times characterized by (a) at the individual level, isolation (Olds & Schwartz, 2009), anxiety, boredom, and atrophy in the face of automation (Carr, 2014; Schneider, 2017), obsession with status (Prinstein, 2017), and dependency (Maté, 2010); and (b) at the collective level, polarization (Schneider, 2013; Snyder, 2017) in the face of crises involving global ecology and social justice (O’Hara, 2015; Zimbardo, 2011), as well as emotional alienation for males and objectification of females (Newsom, 2015) and xenophobia, inequality, and oppressive conditions based on one’s sexual/gender orientation, spiritual beliefs/practices, race/ethnicity, and/or financial standing (Hayes, 2017; Sue & Sue, 2013; Taibbi, 2014). Taken together,

The reinstatement and recognition of the importance of heroism in the 21st century is significant in terms of redefining our concept of well-being in contemporary culture . . . [as] informed by lived experience and geared toward

right and wise action, as well as independent decision-making centered on self-reflection and mindfulness. (Franco, Efthimiou, et al., 2016, p. 337-338)

This article builds on and applies the extant heroism literature in a professional helping context by introducing the personal hero technique (PHT), a therapeutic strategy that I developed and have employed for over a decade in my work as both a clinician and an educator. The PHT both promotes negotiation of normative developmental tasks as well as stimulates movement out of stagnation. I ask clients (or students) to identify a hero/heroine, followed by five characteristics that they admire in that person, five ways in which they see themselves as similar to that person, and five things they can do to become more like that person. During debriefing, the clients (or students) and I engage in dialogue as to how they may apply their insights in their everyday lives. My intention is to promote, in tandem (a) self-reflection and developmental maturation/transformation as well as (b) other-awareness and relational connectedness. In this article, I survey the theoretical/philosophical basis of the PHT and its connections to humanistic-existential principles and the extant heroism literature. Next, I describe how to implement the PHT and then discuss its effectiveness using two case illustrations. Finally, I provide suggestions for future research on the PHT in a variety of contexts.

Connections With Humanistic–Existential Theory

Second-Order (Transformative) Change

Consistent with the focus of humanistic-existential therapy on transformation of self (Cain, Keenan, & Rubin, 2016; Schneider & Krug, 2010), the PHT may be classified as a strategy that promotes *second-order change* (see Bland, 2013; Fraser & Solovey, 2007). This stands in contrast with conventional manualized therapeutic interventions based on the medical model (see Elkins, 2009) that emphasize problem-solving and stabilization (changes in the frequency, duration, and/or intensity of symptoms or target behaviors). While such first-order change strategies offer a temporary solution (and, as a side note, do have a place at the therapeutic table), they typically leave underlying problems relatively unaddressed and therefore prone to eventual return (May, as cited in Schneider, Galvin, & Serlin, 2009).

As an alternative, second-order change involves a deep restructuring of self that results in long-term, core-level shifts in and expansions of clients' perspectives of their presenting concerns, of their world, and of themselves (Fraser & Solovey, 2007; Hanna, Giordano, Dupuy, & Puhakka, 1995; Murray, 2002). Second-order change relies less on prescriptive techniques

that uphold the clinician's role as expert in order to reduce clients' tension (Robbins, 1998). Rather, it necessitates the development, nurturance, and employment of therapeutic presence (Geller & Greenberg, 2012) throughout the counseling relationship in order to facilitate clients' creation of a new way of being. When the process goes well, clients identify and remediate underacknowledged and underactualized capacities within themselves to bring life domains into balance and commit to a more promising future despite the inevitability of limitations beyond their control (Schneider & Krug, 2010). As unfulfilled developmental tasks become clarified, understood, and openly addressed in therapy, their expressions subside, the process of growth becomes self-reinforcing (Maslow, 1999), and further mental health concerns, addictive, compulsive, and disruptive behavior patterns, and physical diseases can be prevented (Bland, 2013; Maté, 2003, 2010).

Comparable with the extant literature on second-order change in psychotherapy that emphasizes the role of the dark night of the soul as a necessary condition for sustainable transformation (Puhakka, 2000; Skalski & Hardy, 2013), heroism science "sees crisis as a fundamental opportunity for growth, revealing the redemptive quality of heroic action" (Franco, Efthimiou, et al., 2016, p. 338). Therefore, heroism is regarded as "a core transformative process" (p. 343) that involves eudaimonic "*paradox*—it is process and outcome, suffering and joy, downfall and transcendence, weakness and strength, simultaneously" (p. 338).

The Hero in Clinical Practice

The hero metaphor is not new to humanistic-existential clinical practice. May (1977) recommended using heroic language to help clients develop courage and patience to sit with difficult emotional experiences and work toward overcoming experiential avoidance. Likewise, Yalom (1980) proposed that hero metaphors provide clients with a sense of purpose to kindle dormant will and to overcome fixed patterns of cognition, experiencing, and behavior. Moreover, Maslow (1971) suggested that individuals seek out a model in their self-actualizing trajectory: "Beloved people can be incorporated into the self" in the interest of "[identifying] one's highest self with the highest values of the world" and therefore become the "carrier of something which is simultaneously [oneself] and not [oneself]" (pp. 301-302).

Heroism and Self-Actualization

That said, Franco, Allison, et al. (2016) emphasized that heroism is an "expression of self-actualization" (p. 1). Indeed, Zimbardo's (2007) portrayal of heroes mirrors Maslow's (1971, 1987, 1999) characteristics of self-actualizing

Heroes (Zimbardo)	Self-Actualization (Maslow)
Humility (i.e., willing to admit mistakes, reluctant to consider oneself heroic, no extrinsic gain).	Self-compassionate acceptance of one’s imperfections. Self-transcendence (i.e., appropriate striving, “trying not to try”). Intrinsic motivation.
Mindfulness and balanced time perspective.	Superior perception of reality. Centered on problems outside themselves. Flexibility.
Service to others over illusion of security.	Social interest. Altruism.
Courage and risk/sacrifice to transcend mediocrity, status quo, group acceptance.	Resistance to enculturation. Spontaneity.
Responsibility (i.e., respecting just authority while rebelling against unjust systems).	Post-conventional values and ethics. Democratic character structure. More likely to counterattack against evil people/behavior.
Nexus of constructive and destructive forces.	Creativity and resolution of dichotomies.
Acting alone but ultimately lauded by social consensus.	Autonomy.

Figure 1. A comparison of Zimbardo’s (2007) portrayal of heroes and Maslow’s (1971, 1987, 1999) descriptions of the characteristics of self-actualization.

individuals, as summarized in Figure 1. Comparable to Maslow’s (1999; also see Bland & DeRobertis, 2017b) description of self-actualizing people as embodying *both* social interest and appropriate striving, heroes inspire others to “shift focus away from individual concerns, [redirect] toward a world-focus perspective, . . . [and] perform at a higher level in their lives” (Kinsella, Ritchie, & Igou, 2015a, pp. 138-139). Furthermore, congruent with Maslow’s assertion that the self-actualizing person is an ordinary person “with nothing taken away” versus “with something added” (as cited in Hoffman, 2011, para. 6), Franco, Efthimiou, et al. (2016) emphasized the “banality of heroism” and encourage “a system of thought in which everyone is a *potential hero*” (p. 337). Accordingly, heroism “is not necessarily a way of being, but a set of skills that can be called upon in certain situations to ensure [that individuals do] not violate core principles that express their personal narrative through actions” (p. 338). These skills include intrinsic goal-setting, self-directed behavior, mindfulness and self-awareness, self-efficacy and prosociality, and practical wisdom.

Heroism and Meaning Making

Kinsella, Igou, and Ritchie (2017) suggested that by having “a clear purpose” and living in a way that is “significant and coherent,” heroes “personify what it

means to live a meaningful life” (p. 2). Heroes serve several functions, including (a) *enhancing*, i.e., they “inspire [others] to take action” and to make “efforts toward self-improvement goals,” and they “create energy to pursue . . . subjective feelings of fulfillment” (pp. 7, 17); (b) *moral modeling*, which “serves people’s need for meaning [by] promoting a sense of belonging and human connection” (p. 8); and (c) *protecting*, that is, “people are motivated to adopt strategies to reduce uncertainty” as well as “protect against psychological threats to [individuals’] sense of meaning in life by offering hope to [those] who feel disillusioned” (p. 9).

Furthermore, consistent with the humanistic conceptualization of self as perpetually in a state of becoming (see Bland & DeRobertis, 2017a, 2017b), Kinsella et al. (2017) noted that heroes prompt “reflection on the eudaimonic questions of, ‘How should I live? What do I really want?’” and thereby “direct individuals’ attention toward more new goals,” helping “set the bar in terms of what is possible for them to achieve in their lives” (pp. 11-12). Accordingly, heroes inspire individuals to “challenge their own morality” and “view their own actions as significant,” thus “helping others live well, successfully, and responsibly” (p. 14). Hence, heroes “provide [individuals] with self-related information about [their] values, morals, motivations, and weaknesses” while offering reminders to “treat others in ways that are consistent with positive values like respect, humility, and compassion that facilitate harmonious group relations” (p. 17).

Heroic Action Versus Personal Heroes

Most of the extant heroism literature has focused on the cultivation (Kohen, Langdon, & Riches, 2017; Zimbardo, 2015) of *heroic action* “aimed at improving or saving the lives of others while also involving significant risk and self-sacrifice,” with the “risk component” being what “distinguishes it from altruism” (Allison & Cairo, 2016, p. 315). Furthermore, Franco, Efthimiou, et al. (2016) also noted the value of “passive heroism,” that is, “endurance, fortitude, . . . or the ability to bear up under extreme pressure, to not act in some situations” (p. 341).

On the other hand, Sullivan and Venter (2005) suggested that heroes can be defined not only by “outstanding acts” but also “because of their relevance to individuals” (p. 101). The authors’ empirical research findings suggested that individuals generally perceive heroes less as having “[accomplished] outstanding feats” (Sullivan & Venter, 2010, p. 475) but rather, as the name implies, as *personal heroes* “whom others imagine themselves to be like” (Klapp, as cited in Sullivan & Venter, 2005, p. 102). Thus, consistent with humanistic psychology’s focus on the idiographic (vs. generalizable, Misiak

& Sexton, 1973), the “critical feature in identifying a hero is the manner in which individuals . . . relate to or identify with the figure” (Sullivan & Venter, 2010, p. 483). This conceptualization is based “not only on the basis of the qualities [heroes] possess but also the fact that [others] wish to further develop these qualities in themselves” (Sullivan & Venter, 2005, p. 102). Similarly, Kinsella et al. (2017) noted that “individuals often feel strongly connected to their heroes” because they “prompt reflection on important questions about one’s own purpose and contribution in life” (p. 2). Thus, the personal hero provides a motif for individuals’ *ideal self* (“positive possible-selves,” Sullivan & Venter, 2010, p. 478; also see Kinsella et al., 2017) that can become “incorporated into their self-concepts” (Sullivan & Venter, 2005, p. 109) and enacted via “behavioral changes in attempts to converge with [their] hero’s positive social values” (Kinsella et al., 2017, p. 2).

Heroes Versus Role Models

Kinsella, Ritchie, and Igou (2015b) differentiated between *heroes* and *role models*. While both can have a positive impact on others, role models also can have a negative impact. For example, comparable with Maslow’s (1987) deficiency-oriented needs for love/belonging, “if people fail to gain a sense of belonging and leadership from family they will seek to satisfy this need to affiliate elsewhere, seeking out role models in religion, gangs, cults, celebrity culture, [etc.]” (Kinsella et al., 2015b, p. 124). Accordingly, role models can propagate immoral and/or destructive behavior that contributes to others’ moral disengagement and that becomes rationalized as acceptable (Bandura, as cited in Scott & Saginak, 2016; Bonner, Greenbaum, & Mayer, 2016). In addition, while both heroes and role models influence others via a process of upward social comparison (Festinger, 1954), only heroes can inspire others. Kinsella et al. (2017) noted that, “unlike role models,” heroes embody “a great deal of self-sacrifice, courage, risk, and exceptional [behavior]” that others “rarely wish to emulate” but rather “draw inspiration from” in the interest of making “smaller, more manageable changes in their own lives” (p. 8).

Lay Conceptualizations of Heroes

Kinsella et al. (2015a) collected data on how laypeople conceptualize heroes via online questionnaires and by literally asking people on the street. The salient themes reported were remarkably comparable to the perspectives surveyed above. For example, heroes were described as able to inspire others to shift focus “away from individual concerns,” to redirect their attention “toward a world-focus perspective,” and to “perform at a higher level in one’s own life

(evoking feelings of self-responsibility and volitional control)” (pp. 8-9). In addition, heroes make people ““feel better about the world,’ more positive about humanity” and thereby become “more positive and less misanthropic toward [others]”; they also “guide new [ways] of thinking, being, or doing, . . . sometimes without tangible outcomes” (pp. 8-9). It is worth noting the depth of laypeople’s conceptualizations when they were asked spontaneously to define *hero*. Arguably, these conceptualizations provide a rationale for identification of a *hero* in the PHT—versus a *role model* (see above) or a *self-actualizing person* (see below)—insofar as “the term hero is universal and understood to provide important physical, psychological, and social benefits to people” (Kinsella, in University of Limerick, 2012, para. 3).

Personal Hero Identification as a Therapeutic Technique

As aforementioned, the majority of the extant heroism literature to date has focused on *heroic action*. Stories thereof serve both epistemic (imparting wisdom and shedding light on meaningful paradoxes) and energizing (healing, inspiring, promoting personal growth, building community and social identity) functions (Allison & Cairo, 2016). Applied to helping, *cuento therapy* (Constantino, Malgady, & Rogler, 1988) is an evidence-based technique rooted in social learning that incorporates storytelling (i.e., presentation of folk heroes/heroines) to address Puerto Rican adolescents’ need for constructive adult role models and to promote pride in their ethnic heritage, self-esteem, and adaptive coping with poverty and discrimination.

However, to my knowledge, clients’ identification of and dialogue regarding personal heroes has not been a focus of evidence-based therapeutic practice to date. While variations of the PHT have been included in humanistic-oriented clinical and educational literature, they have been presented only briefly and in incomplete form, and they have not incorporated the language of heroes (but rather parallel principles). For example, in *Psychosynthesis*, Assagioli (1971) included the question “Which men and women (of the past and the present) do you appreciate and admire most? Why?” (with minor differences in wording for children and adolescents) in a structured interview schedule (p. 82). In addition, Frick’s (1991) personality theories workbook featured these reflective writing prompts: “In your experience, what person comes the closest to representing the self-actualizing personality? Briefly describe this person’s outstanding features that parallel some of Maslow’s characteristics” and “Identify and illustrate three characteristics of the self-actualizing individual that you feel are the most well developed in your own personality” as well as “the most undeveloped at the present time”

(pp. 99-100). Furthermore, more recently, Shumaker (2012) discussed the general relevance of the “hero” metaphor in therapeutic practice with adolescent clients but did not provide a specific practical strategy. Meantime, no research has been conducted that formally appraised the effectiveness of these techniques. This article is intended to help begin to fill that gap.

PHT Nuts and Bolts

As noted above, the PHT involves first asking clients to identify a hero/heroine. I usually say, “I want you to think of a person whom you would identify as a hero or heroine, whatever that means to you. The person can be someone you know or don’t know, alive or dead.” After offering appropriate time for clients to reflect, I ask, “Now I want you to think of five things you admire about that person.” My preference is to get these in writing so that at any time the client’s words can be referred back to as needed. Depending on setting as well as individual differences with regard to clients’ age, literacy ability, personality variables, and so on. I may have clients write out the characteristics themselves, state the characteristics aloud while I write them, or both. Then I follow with, “Now identify five ways in which you see yourself as similar to that person.” If clients state that they cannot come up with five attributes, in most cases I provide appropriate encouragement as well as time for them to devise a complete list. Next, I ask, “Last, please name five things you can do to become more like that person.” Finally, the debriefing dialogue (discussed further below) is the most important component of the PHT.

Benefits of Personal Hero Identification

I have observed that asking individuals to identify their own heroes/heroines (vs. specify ones for the client, a *la cuento therapy* above) is conducive to them (a) becoming more comfortable acknowledging their strengths and competencies and thus improving self-esteem in order to (b) set the stage for the ability to enact self-actualizing qualities (see Maslow, 1987). Furthermore, having clients provide concrete specifics as to how they can become more like a hero can aid in ongoing personal goal setting as part of the therapeutic process. As noted by Kinsella et al. (2017), identification of personal heroes “prompts individuals to be more open to [and] accepting of receiving negative or psychologically threatening feedback and in turn, benefit from personal development and growth” (pp. 7-8). Moreover, choosing one’s hero/heroine can provide a source of inspiration (and, in some cases, support) that serves as an extension of the corrective experiences—that is, “events that challenge one’s fear and [problematic] expectations and lead to new

outcomes” (Castonguay & Hill, 2012, p. 4; also see Bland, 2014) encountered in the therapeutic relationship.

Practical Matters

I have employed the PHT with clients as young as 8 years old and as old as 88, in both individual and group formats, and in outpatient, partial hospitalization, and residential settings, as well as in my experience as an educator. With groups, I typically have individuals complete the activity on their own and then debrief in either small or large groups, though the exercise can be adapted for dyads to ask the questions to each other and then present each other’s hero/heroine to the larger group. With individuals, the process is usually less linear, with debriefing often incorporated into the identification of attributes as the conversation progresses.

Sometimes clients or students may have difficulty coming up with a hero. In such cases, gentle prompting can be helpful. For example, I found it helpful to respond, “Sometimes young people have a favorite coach or teacher they look up to” when a 19-year-old client was stuck; almost immediately, he replied, “Oh, yeah, I’ve got one!” Likewise, I deliberately summon five (vs. only three or four) attributes in the interest of promoting as much self-reflection as possible and making it more difficult for clients or students to provide mechanical responses. On the other hand, in instances in which a client is clearly distressed, after providing a reasonable degree of encouragement, I typically let it go with fewer attributes, note the difficulty, and follow up on it during debriefing and connect it to their presenting issues. Furthermore, when working with children, I have found it helpful (a) to ask them to draw a picture of their hero/heroine in the interest of making the activity more engaging, as well as (b) to provide a worksheet which includes spaces for them to write the attributes as well as complete the drawing.

Debriefing

As noted above, the most important component of the PHT is the debriefing dialogue, the pacing and content of which is highly individualized and tailored in accordance not only with clients’ narratives but also with their stage of change (see Prochaska & Norcross, 2002). In general, I use a semistructured interviewing approach resembling a form of narrative therapy (see Madigan, 2010). I encourage clients to engage in discussion regarding how they may apply their insights about becoming more like their hero/heroine in order to promote both their self-reflection and developmental maturation and transformation (see Bland, 2013) as well as a greater sense of

other-awareness and relational connectedness. Throughout the debriefing I employ active listening skills as well as influencing skills (e.g., immediacy, confrontation of discrepancies, constructive feedback, information giving, self-disclosure, etc., see Skovholt & Rivers, 2007) as appropriate. The influencing skills should especially be employed in instances during which clients demonstrate negative feedback loops (i.e., regression to the familiar in the face of change) and where encouragement is warranted to promote their continued movement toward growth (as opposed to recoiling to homeostatic safety, see Bland & DeRobertis, 2017b; Maslow, 1999) as well as a greater sense of intentionality (see May, 1969). Thereafter, the PHT can serve as a valuable reference point for clients as they encounter setbacks during subsequent phases of therapy. For example, I might say, “What would [client’s chosen hero] do in this case?” as a means of accentuating the inter- and intra-personal interface.

Outcomes

In addition to its applicability in numerous settings, the effectiveness of the PHT extends to a variety of presenting concerns. Below are two case illustrations from my employment of the PHT in adult outpatient therapy. Quoted phrases refer to the clients’ words.

Case 1

A 58-year-old White male client presented for therapy to address anxiety. He recognized that throughout his life he had relied on working as a means of coping and that his anxiety had intensified as his health (e.g., back issues) forced him to slow down. In addition, he acknowledged his issues with perfectionism, which he attributed to his father having obsessive-compulsive disorder and being both unreasonably demanding and fiercely independent, which resulted in strained and/or distant relationships within the client’s family of origin. The client identified himself as the only one of his siblings who was able to get along with their father. Given his penchant for all things mechanical, the client described himself as ordinarily a “fix it” person; however, in this case he was “not allowed to fix” (and, accordingly, experienced “guilt” after being turned away when he “[tried] to help”) as his father began demonstrating signs of cognitive decline at the same time that the father moved into a smaller house following the death of his wife (the client’s mother). Finally, the client had begun grappling more with his own existential issues as they became more pressing in light of his father’s concerns.

During our first four sessions, the client and I explored the connections between his relationship with his father and (a) his history of harboring resentment and (b) his desire for a more intimate and fulfilling relationship with his own son, whom he described as relatively self-sufficient. The client lamented that his son did not rely on him to help with handyman tasks in the same way as his daughters, which left him feeling deserted. Furthermore, in these sessions, the client learned and practiced mindfulness-based techniques, which he reported helped him better deal with his anticipatory anxiety and his tendency to second-guess himself on tasks in which he was aware he was competent. He also became more aware of his preference for results at the expense of process and his engagement in compulsive activity as a form of experiential avoidance (“[attempts to] get rid of unwanted private experiences [that] simply create extra suffering,” Harris, 2006, p. 72; also see Frankl, 1978).

During our fifth session, I implemented the PHT. Given that the client had already identified his father-in-law as a source of inspiration for overcoming problematic anxiety, developing equanimity, and building a stronger relationship with his son, I employed immediacy and ventured directly into querying about the qualities the client admired in his father-in-law. The client described his father-in-law as confident, “calm under pressure,” and accepting of change without difficulty. The client then acknowledged that he and his father-in-law share the attributes of being “helpful,” “reliable,” “smart with money,” and “humble.” Thereafter, he identified that he could learn from his father-in-law how to be more confident, to “stay calm” under fire, and to “accept change better.” This paved the way for discussion about the dialectic between (a) the client’s desire to be more confident and his self-identified humility and (b) how he could work toward becoming more assertive (i.e., overcoming passivity) without losing his virtue of unpretentiousness. In addition, the client explored how a home-repair project he had recently taken on with his daughter (which drew from his stated strength of helpfulness) served to increase his confidence in his abilities as a handyman and also for him to better recognize that he had been influential in his son’s development of such skills, thereby enabling the son’s autonomy.

Arguably due to the influence of the PHT as situated within his therapy, during our remaining sessions, the client reported improvement in stopping problematic rumination and in refraining from engagement in habitual activity to distract himself from basic anxiety (see May, 1977). Furthermore, he demonstrated a better ability to “see the good” in situations and to appreciate possibilities, as well as to transform self-consciousness into self-awareness. He also discussed how his relationships with and appreciation of his children had improved as he detached from his maladaptive dynamic of trying to please his

father and instead began relying more on his father-in-law as inspiration for optimal well-being at that point in his development. Thus, he underwent quantum leaps (Maxwell, 2017; Skalski & Hardy, 2013) in the fulfillment of unresolved developmental tasks from earlier in his life and therefore became more effective at negotiating Erikson's (1959/1994) *generativity versus stagnation* dialectic, which entails shifting one's motivation from self-occupation to devoting one's energy to guiding the next generation. Accordingly, the distance in his family started to mend, forging connections between generations as well as across blood and marriage lines, and thus enhancing the flow of energy within the family system.

Case 2

A 40-year-old White male presented with depression. He reportedly experienced shame and regret about his history of substance abuse ("How do I accept God's love? It's hard to accept there's love and forgiveness"), indecisiveness and uncertainty about his life goals, and therefore irritability and impatience. He was unemployed, had limited social support, and had recently moved back in with his father, about which he expressed embarrassment. The client had grown up in a "conservative Christian household," and his parents had divorced when he was 22 following his father's involvement in an affair. The client reported a history of emotional and interpersonal difficulties as well as "[difficulty with] authority" beginning in kindergarten which resulted in multiple expulsions from school. He had been diagnosed with ADHD (attention deficit/hyperactivity disorder) during childhood, and he reported a history of heavy substance use (alcohol, marijuana, opioids, and cocaine/crack) beginning during adolescence and continuing until he was about 37, at which time he entered rehab and had been sober since. He had graduated high school and attended some college, but he had a history of difficulty committing to jobs. He was married twice but reported an extensive history of one-night stands and trouble with emotional intimacy. He had a teenage daughter with whom he had had no contact for 5 years. He had a history of hospitalizations since adolescence for suicidal ideation, although he denied any history of attempts.

Following several sessions in which the client (a) developed means of more effectively dealing with uncomfortable emotions as he acclimated to a substance-free lifestyle that no longer offered distraction from his difficult formative experiences, (b) identified and began engaging in fulfilling recreational activities, and (c) addressed his history of assuming the mascot ("nutball") role in his family of origin (Wegschneider, 1981) which also contributed to his difficulties at school (e.g., "I did goofy things to be liked"), the client

announced that he wished to “be liked for who [he was] instead of a façade.” He also explored how his father’s emotional absence during most of his childhood contributed to his difficulties sustaining attention, his addictions, his trouble engaging in authentic relationships, and his negativism. Then, as he had developed a more sustainable relationship with his father as an adult, he experienced—but had difficulty maintaining—glimpses of a more hopeful worldview.

Eventually, I employed the PHT with the client. The client identified the father he had come to know and appreciate as an adult—and who recently had undergone significant changes of his own—as his hero. He stated that his father was “good with people” and an effective communicator, practically minded, “neat in appearance,” “good with money,” and a “go-getter.” When asked to identify things they shared in common, the client principally identified things that he did not like about himself, such as his impatience, which he connected to a childhood memory of his father throwing a remote control at a television when his favorite team lost a game. This stimulated a conversation in which I validated the client’s insight regarding the connection between the lack of appropriate guidance from his father as a child (see Maslow, 1996) and his presenting issues. Moments later, however, the client *also* identified that he and his father shared the ability to make people laugh. This provided an appropriate opportunity to gently confront the client’s discrepancies, as he had lamented earlier in the session that he had lost his sense of humor the further he delved into sobriety. Shortly thereafter, the client cracked a genuinely funny joke, and I was able to provide constructive feedback that the client not only had retained his ability to make people laugh, but that he also was able to do so in a way that transcended the conditions of worth (i.e., how he believed he must act in order for others to accept him as worthy of their love and attention, Rogers, 1959) associated with his mascot/clown role. When the time came for the client to identify ways he could become more like his father, he immediately reverted back to talking about his father in the present, describing him as decisive, “good with money,” able to “find the good in others in surprising ways,” patient (“he hangs in there when it gets tough”), and determined. The client then identified means by which he could apply his father’s determination to a project with which he had recently struggled, stating, “I need to ask myself if I give myself enough time and if I have learned what I have needed to learn” in order to carry it out.

Furthermore, the PHT inspired conversations that day and during several subsequent sessions about how the client could apply his insights (a) to effectively deal with loneliness, fear, shame, and emotional vulnerability in order to maintain stamina and motivation as he acclimated to sobriety, (b) to improve authenticity and intimacy in relationships, (c) to better tolerate ambiguity, and

(d) to appreciate the constructive aspects of difficult emotions (see Dalai Lama, 2012). Perhaps most importantly, the PHT enabled the client to address his Jonah complex—that is, “the fear of [his] own greatness” (Maslow, 1971, p. 34)—as he negotiated a greater sense of comprehension, purpose, and mattering (see George & Park, 2016) as an adult. From the standpoint of existential-integrative therapy, this enabled him to work past hyperconstriction (see Ballinger, Matano, & Amantea, 2008) and centering his identity around his addictive history and underlying shame (see Ianni, Hart, Hibbard, & Carroll, 2010) and instead work toward a greater sense of coherence (see Karavalaki & Shumaker, 2016) and experiential liberation (Ballinger et al., 2008). Moreover, by identifying an updated image of his father as hero, he worked toward forgiving his father for not being ideal when he was a child, and in turn applying the unconditional positive regard he experienced in therapy (Rogers, 1959, 1961/1995) toward forgiving himself for not being perfect as an adult. This motivated him to more directly engage in a relationship with his father in the present, to better accept his father’s limitations as human fallibilities that likely reflected his own intergenerational issues, and to better appreciate and mutually reinforce the changes both of them had made.

Suggestions for Future Research

Further case studies and qualitative analyses are warranted to provide additional empirical support for the PHT. For instance, they could demonstrate its effectiveness with a variety of populations, especially: (a) adolescents, given the aforementioned relevance of hero metaphors at that developmental phase (Constantino et al., 1988; Shumaker, 2012) as identity is negotiated (Erikson, 1959/1994); (b) emerging adults (a developmental phase peculiar to developed societies characterized by simultaneous excitement about possibilities and worry about one’s future and by increased well-being for some but more intense anxiety/depression for others, see Arnett, 2000; Schwartz, 2016); and (c) individuals negotiating crises of self during adulthood (see Robinson & Smith, 2010) to supplement the two accounts presented above. The suitability of the PHT in a variety of settings (including not only therapeutic but also educational, which I did not cover in this article due to space constraints) also should be demonstrated. Moreover, special attention should be given to the nuanced dimensions of how girls and women respond to the PHT as they navigate their processes of development (see Belenky, Clinchy, Goldberger, & Tarule, 1997; Sommers-Flanagan & Roscoe, 2008) and transformation (see Ross, 2017). Given the idiographic nature of the PHT, such research could demonstrate not only the utility of the technique at particular developmental levels but also its flexible applicability across a variety of presenting

concerns *within* those groups as they negotiate existential givens (see Yalom, 1980). Furthermore, narrative analyses are recommended to exemplify Kinsella et al.'s (2017) suggestion that "reflecting on personal heroes that were influential at different life stages may help prompt a sense of coherence in one's life story and personal narrative" (p. 13).

In addition, Kinsella et al. (2017) called for research on the value of heroes for individuals who "encounter a psychological threat (e.g., boredom or social ostracism) to their sense of meaning" as well as those with developmental disorders (p. 17). Accordingly, research on the PHT for such populations at any age is recommended. Furthermore, in light of Riches's (2017) descriptive profiles of more extraverted ("open, loving, and risk-taking") and more introverted ("spiritual, socially responsible, and prudent") heroes (p. 1), it would be interesting to note the connections between individuals' personal heroes and their own personality patterns and areas for growth. Schneider's (2008) model of existential dreads involving polarities of constriction (smallness) and expansion (greatness) also could be employed (as in Case 2, above), especially as it relates to heroism as a "response to a set of constraints and possibilities" (Franco, Efthimiou, et al., 2016, p. 341).

Research also could extend beyond the short-term utility of the PHT (as demonstrated above) to include how the PHT fits into the more longitudinal process of clients' own journeys as heroes themselves. It was beyond the scope of this article to thoroughly address the connections between the PHT and Campbell's (1973) hero-journey motif—a process of *separation* from one's familiar routine; crossing the threshold into the ambiguous and *initiation* into new worldview and experiences; and then making a *return* journey (i.e., coming full circle) in which a significant life problem is resolved. On the other hand, there are vast parallels between the Campellian hero journey and the process by which clients negotiate the challenges of personal transformation/second-order change in therapy (Feinstein, Krippner, & Granger, 1988; Williams, 2017) as well as by which personal learning is promoted in educational and organizational contexts (Brown & Moffett, 1999). Accordingly, future case studies could explore and demonstrate the utility of the PHT as situated within the greater context of the hero-journey motif. For example, given the relevance of the hero-journey motif for individuals recovering from traumatic events (Bray, 2017), such research could demonstrate the value of the PHT for facilitating posttraumatic growth.

Similarly, Feinstein et al.'s (1988) five-stage model of clients' negotiation of dialectics in the therapeutic process built upon Campbell's (1968) proposal that modern culture puts individuals in the unique position of creating their own individualized mythology (i.e., narrative) and tailoring rites of passage to their particular circumstances. First, a conflict between one's prevailing mythic/

narrative structure and a submerged countermyth is identified and brought into awareness. Second, the history and outcomes of one's prevailing myth/narrative are explored. Third, possibilities for integrating the opposing myths/narratives are considered and then, fourth, articulated and refined. Fifth, "individuals . . . become practical and vigilant monitors of their commitment to achieve a harmony between daily life and the renewed guiding mythology that they have formulated" (Feinstein et al., 1988, p. 37). Future research could clarify how the PHT employs Feinstein et al.'s (1988) model to promote *mental contrasting* of a desired future with the present reality, which has been demonstrated as effective for constructively dealing with setbacks (Oettingen & Reininger, 2016), promoting selective goal pursuit by changing the meaning of individuals' reality (Kappes, Wendt, Reinelt, & Oettingen, 2013), and, accordingly, reducing disproportional anxiety regarding a negative future (Brodersen & Oettingen, 2017).

Finally, bearing in mind that mental contrasting also promotes engagement with the present moment and thereby attenuates disappointment, regret, and resentment (Krott & Oettingen, 2017), research could further explore the effectiveness of employing the PHT in conjunction with training in mindfulness-based practices (as discussed in Case 1, above) to facilitate "heroically relevant qualities such as increased attentional functioning, enhanced primary sensory awareness, greater conflict monitoring, increased cognitive control, reduced fear response, and an increase in loving-kindness and self-sacrificing behaviors" (Jones, 2017, p. 1).

Conclusion

Zimbardo (2007) remarked that heroes "form essential links among us" and thereby "forge our human connection" (p. 488). In an era characterized by uncertainty, rapid change, and its myriad manifestations (outlined at the beginning of this article), the PHT provides a means of engaging individuals in an active meaning-making process conducive to transformative, sustainable change that promotes the development of self-actualizing qualities (see Maslow, 1971, 1987, 1999; Rogers, 1961/1995) by facilitating their conscious participation as part of a lineage (i.e., being-in-the-world). As noted by Kinsella et al. (2017):

At the most basic level, the essence of meaning is connection, and meaning in life builds on connections such as people, places, and things external to the self, as well as the thoughts, emotions, behaviors, motivations, abilities, roles, and memories within the self. Personal meaning integrates individuals' ideas about

who they each are, the kind of world they each live in, and how they each relate to the people and environments around them. (p. 4)

Moreover, the PHT contributes to heroism science not only as a practical application for helping professionals but also as a conduit of research data. It heeds Sullivan and Venter's (2005) call for identification of "qualities that make individuals others' heroes . . . to better understand the different ways that heroes are considered and the different effects that they have on people" as well as "the influence of real relationships [as distinct] from that of cultural figures admired from afar in terms of effects on the self" (p. 110). Furthermore, it contributes to an emerging body of literature called for by Elkins (2009) to legitimize the effectiveness of relationally-based therapies in light of research that reveals the limitations of the medical model and systems of professional helping based thereupon.

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