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## Wounded Heroes and Heroic Vocations: Heroism and the Storied Lives of Therapists

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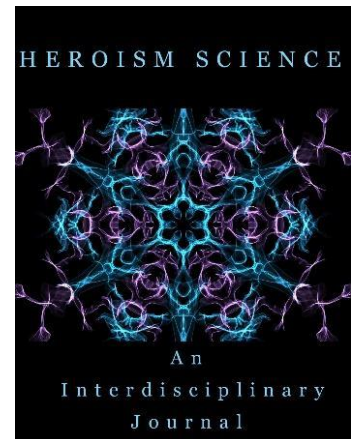
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# Wounded Healers and Heroic Vocations: Heroism and the Storied Lives of Therapists

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**ABSTRACT:** For many the world can be a dangerous place. Life is random. Survival is conditional, and individuals inevitably sustain physical and psychological wounds along the way. Challenged by change, human beings seek meaning in the making and remaking of personal myths that acknowledge both failure and the heroic achievement to endure and flourish. Revealing the heroic character of their creators, this impulse to make and share stories also elevates prosaic, day-to-day struggles into inspirational tales that can transcend context and speak into others' lives. The sharing of stories permits others to purposefully consider their own struggles and can inspire them to make changes in the world. By applying the narratives of heroism science and humanistic psychology to the vocational and personal lives of therapists, this article suggests that they are heroic, not least because many may have discovered their vocations by transforming their personal wounds into healing for others. It is suggested that, by using critical autoethnography to capture and analyse therapists' personal and vocational journeys, the phenomenon of the story and the heroic role that it plays in changing and directing therapists' lives may be more thoroughly acknowledged.

**KEYWORDS:** *activism, critical autoethnography, everyday hero, heroism science, humanistic counselling, meaning making, post-traumatic growth, spirituality, storytelling, trauma*

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## 1 INTRODUCTION

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From the earliest beginnings of Mankind our relationships with heroes, and their diverse and storied lives (Campbell, 1949), have had a profound evolutionary influence on the imagination and development of human societies that endures today (Zimbardo, 2007; Allison and Goethals, 2011; Franco, Blau, & Zimbardo, 2011; Kinsella, Ritchie, & Igou, 2015; Efthimiou, 2016; Efthimiou & Franco, 2017; Efthimiou, Allison, & Franco, 2018). Joseph Campbell's comparative work on the hero myth and the narrative pattern of the hero's journey popularised the field and offered humanistic and transpersonal psychologies, and now heroism science, a plausible blueprint to go alongside their own for mapping and understanding humanity's evolutionary potential. In addition, the hero and the monomyth permit us at a foundational level, to reconnect with human society's ubiquitous need to engage with those transformational dimensions of intellectual, moral, physical and spiritual expressions of consciousness embodied in heroic action (Efthimiou & Franco, 2017; Efthimiou & Allison, 2017).

Discussing the differences between heroism and altruism Franco, Blau and Zimbardo (2011) suggest that heroism occurs when individuals with the "right mind-set" are presented with "certain conditions that call for heroic action" (p. 100). In response, this article simply proposes that humanistic and existentially oriented therapy and counselling, used interchangeably here, are heroic vocations conducted by 'wounded healers' (Jung, 1951) who may have accumulated wounds formatively in family of origin settings, have a heightened awareness of oppression (Wolgien & Coady, 1997), and/or have subsequently experienced losses and trauma (Barnett, 2007) that oriented them toward healing professions. The following broadly suggests that the stories of therapists, that originate in difficult life events but result in successful journeys of positive personal developmental, may hold important information for heroic healers and their work with clients in the future. Thus, if therapists are

encouraged to engage in an analysis of their own life stories using the research methodology of autoethnography, discussed at the end of this article, alongside the narrative map of the hero's journey, they might recognize heroic action and its potential in their own lives as much as in the lives of their clients.

## 2 THE INFLUENCE OF HUMANISTIC PSYCHOLOGY

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The compelling aim of humanistic psychologists was to create a psychology that was more consonant with the actual lived experience of human existence and dedicated to its improvement. As a movement it came to prominence after World War II. The biological determinism of psychoanalysis and behaviourism seemed inconsistent with the contemporary realities of individuals' actual experiences and free-will, which led Maslow (Brewster Smith, 1990) to comment "that neither of these two versions of psychology dealt with human beings as human. Nor did they deal with real problems of life. They left great numbers of people feeling alienated and empty" (p. 8).

Humanistic psychology's point of difference was in its intellectual leaders' stance on human functioning and wellbeing, particularly in terms of self-actualisation. First recognised by Kurt Goldstein (1939) in his work with trauma survivors, actualisation is the human tendency toward psychological growth that enables the expression of the organism's and the self's potentialities. In 1942 Carl Rogers introduced his conception of non-directive counselling, later client-centred therapy. Developing his ideas on the human impulse toward better and healthier functioning (Rogers, 1951), he demonstrated how self-actualisation could occur in a therapeutic relationship when mediated by the clients' direct experiences. Rogers claimed that by enabling presence of conditions like genuineness, unconditional positive regard and empathic understanding, individuals develop a 'real self' that is able to achieve its

full potential. Rogers' respect for the unique primacy of the person and 'the self', led to the development of his model of the 'fully functioning person' (Rogers, 1961), and his 'organismic valuing process' that states that human beings evolve because they understand and value what will enhance their chances of survival and what makes a good life (Rogers, 1959).

Influenced by Goldstein's neurological work, and with his background in primate behaviour, Abraham Maslow (1954: 1971) developed a hierarchical theory of human motivation that suggested that lower-order physiological needs, and those associated with safety, love and belonging, and esteem must be satisfied before higher-order motives of self-actualization and self-transcendence are able to be fully addressed (Fagin-Jones, 2018). Aligning themselves with Rousseau's view that human nature uncorrupted by society is by itself good, Rogers' and Maslow's understanding of self-actualization as an empirical principle and an ethical ideal has served to define the mainstream of humanistic psychology (Brewster Smith, 1990). In addition, the Human Potential Movement in the 1960's promoted Maslow's (1987) belief that everyday people have the capacity to cultivate heroic potential and bring about social change. It was also at this time that the work and ideas of Joseph Campbell figured prominently at the Esalen Institute, from 1965-1986 (Franco & Efthimiou, 2018).

Whilst agreeing upon the ways in which humanistic therapy should be conducted, Rollo May's approach was primarily drawn from his study of literature, philosophy and myth, which counter-balanced Rogers' undoubted skills in empirical research. The work of existential theologian Paul Tillich (1952) was a major influence on May and, like Viktor Frankl, he was able to examine central questions raised by ontology concerning human existence, bringing humanistic psychology into greater contact with the phenomenological tradition of European philosophy. In his scholarship May returns again and again to expand

his thinking on the relationship between psychoanalyses and existential psychology, and in his earlier works (1950: 1953) he introduces American humanistic psychology to Heidegger and Kierkegaard, whilst in his later works (May, 1969) he examines the more challenging aspects of the human condition: anxiety; love; guilt; depression; courage; and, beauty. May also takes a psychological approach to myth, seeing them as common stories that have the therapeutic function of raising and transforming consciousness by connecting the individual to society, and reflecting the wisdom and spiritual potential of a life well lived (Campbell, 1988). In *The Cry for Myth*, May notes that “Myth making is essential in gaining mental health, and the compassionate therapist will not discourage it” (p. 16). He concludes that “heroes are necessary in order to enable citizens to find their own ideals, courage, and wisdom in the society” (May, 1991, p. 53).

Privileging the client’s capacity to resource themselves through the therapeutic process, humanistic psychologists provide optimum conditions for collaborative work at relational depth in ways that promote personal growth through heightened awareness and self-understanding, and body/mind integration, with the primary focus of wellbeing. Therapists are uniquely placed to provide the necessary conditions for the disclosure of personal stories that might identify acts of heroism in the present and past lives of clients. Similarly, as heroic healers, therapist might also identify their own.

It is worth noting the impact that positive psychologists like Joseph and Linley (2005) and Peters and Seligman (2004) have made on the field. In broadly taking up the interests of humanistic research to study and promoting the more “life-affirming aspects of humanity”, it is surprising that it failed to identify the potential relationship between impulses that initiate personal growth and self-actualisation and those that inspire heroism (Efthimiou & Allison, 2017, p.2). It was only later when Franco and Zimbardo (2006) expressed the ‘banality of heroism’ in psychological terms that a common interest in research was identified between

positive mainstream psychology and heroism science. Using Campbell's monomyth of the hero as a rallying and reference point, interdisciplinary research exchanges are beginning to open up between soft social sciences and the hard sciences (Efthimiou & Allison, 2017).

### **3 HEROISM SCIENCE, THE HEROIC PROFILE AND WELLBEING**

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Although a relatively new field of interdisciplinary study, heroism science seeks to understand the impact that heroism in all its forms has on individuals and communities and to identify how ordinary people can learn and understand how to behave heroically. Presently its energy and focus is twofold, to establish itself as a scholarly discipline and to raise international consciousness by encouraging and nurturing "holistic well-being, promote heroic awareness and action, civic responsibility and engagement, and build resilient individuals and communities in the face of increasingly complex social landscapes" (Efthimiou & Allison, 2017, p. 11). For example, it is commonly understood that the qualities and behaviours possessed by heroes are not restricted to a few specially gifted individuals. Franco and Zimbardo's (2006) proposition concerning the banality of heroism provides a refreshing reframe of the accepted, exclusive image of the mythic and contemporary hero. Heroism science makes space to examine the complex nature of the hero-myth and translate it into 'everyday' human terms. Zimbardo (2011) suggests that all human beings have the capacity to behave altruistically and express concern for others in need, and are capable of rising to the challenge of defending moral causes regardless of the personal cost or risk to themselves. Everyday acts of heroism are distinguishable from simple altruism because the hero's passionate concern for others leads them on pathways that may diverge from more accepted standards of contemporary society (Franco & Zimbardo, 2016), or are compelled to perform acts of defiance against established social institutions (Seal, 2018). Thus, the true

hero is an individual who, unable to dismiss truths about the human condition, must be true to themselves. Developing resilience (Voigt, Day & Balandin, 2018) through personal struggles and brokenness, heroes are those who are positively transformed in ways that bring benefit and wellbeing to themselves and to the communities that they serve.

The development of a heroic profile has been particularly linked to the achievement of good psychological health illustrated by the growing psychological literature on wellness, which suggests that the achievement of good health is the new normal. Heroism scholars have also identified resilience, a capacity to tolerate ‘risk and adversity’ in the face of difficult life events (Efthimiou, Allison, & Franco, 2018, p. 2), as a major factor in the promotion of wellbeing and an important quality in the heroic profile. Health professionals of all kinds, not least therapists, are expected to maintain their resilience throughout their working lives, and model it to clients in their therapeutic relationships and practices. Notwithstanding, some therapists do struggle to meet these expectations in their day-to-day roles. Unable to fully integrate their wounds, they experience psychological splitting, non-integrated self-states that do make them more vulnerable to burnout.

Linking wellbeing and the human capacity to self-actualise, Efthimiou, Allison and Franco (2018) suggest that the former is a direct outcome of the “drive toward wholeness instigated by the presence of peril, struggle, loss, or other disorienting dilemma, to achieve the coherent integrity of the individual and in the unification of humanity” (p. 226). Thus, a significant task of heroism science is to collaboratively formulate responsive, integrative frameworks for wellbeing that attend to the mental, physical, and spiritual health needs of society.

The World Health Organization’ (2012) suggests that wellbeing “exists in two dimensions, subjective and objective. It comprises an individual’s experience of their life as well as a comparison of life circumstances with social norms and values” (p. 9). Using the



WHO-5 Well-Being Index (1998), and literature appropriate to the application of the hero's journey in therapy, Efthimiou, Allison, and Franco (2018) identify the following core features that underpin heroism as a distinct behavioural construct and as a measure of subjective wellbeing (pp. 220-223). The following summarizes their suggestions and, underpinned by the premise that the heroism of skilled and morally courageous therapists is inked to their abilities as empathic guides to work alongside clients to identify pathways to inquiry and subjective meaning-making, adapts them for use in considering their wellness:

i. *I feel cheerful and in good spirits* – Like heroism, therapy is a *pro-social* act, positively aligned with *purpose, meaning, emotional elevation, and engagement* with others, as well as being associated with spiritual and psychological wellbeing. Assuming the presence of heroic attributes, the measurement of a therapists' wellbeing should accommodate heroism's complexity as a phenomenon when pinpointing their exact positions on the hero's journey, identifying the routes travelled and the challenges and benefits that might lie ahead. With a strong focus on purposeful meaning making activities, humanistic and existential approaches provide a framework in which to widely consider all existential concerns. Such an assessment assumes an *awareness, openness and acceptance of personal transformation*, and the expansion of consciousness that permits therapists to feel love for themselves and their fellow human beings.

ii. *I feel calm and relaxed* – Heroism involves *self-mastery and personal growth*. Heroic therapists possess self-awareness, *mindfulness and emotional intelligence*, especially concerning *perceived personal vulnerabilities and failures*. As a *servant leader*, and client companion, therapists possess *humility, self-acceptance and forgiveness* and their mastery and understanding of the world naturally contributes to their own wellbeing and the improving wellbeing of those around them.

iii. *I feel active and vigorous* – Heroic therapists are *dynamic* and vigorous, *energising* and potent. Through their heroism therapists inspire, elevate and improve the human condition. Therapists *derive meaning from their actions* because they are moral and purposefully benefit others. They *inspire others* to pursue their goals in ways that bring fulfilment to their lives. In the presence of these morally impressive acts their clients open up to feelings of *awe, reverence, calmness, warmth, love, and admiration* that permit and *inspire them to activate their own heroism*.

iv. *I feel fresh and rested* – Embarked on a hero's journey therapists, whilst *attending to their own demons*, purposefully and mindfully *assist others* engaged in the same wearying processes of confrontation and resolution. Here they identify and share the common purpose of *confronting and ameliorating those debilitating burdens that cause stress and challenge and limit* an individual's mastery of the world. In acknowledging these needs in others they too are able to participate more fully in the world, feel greater joy, improve their *personal functioning, awareness* and satisfaction, and increase wellbeing.

v. *My daily life is filled with things that interest me* – Therapists are interested in personal transformation. Among the six types of heroic transformational outcomes that can occur as a result of the *inspirational* hero's journey (Allison & Smith, 2015), *mental transformation* particularly suggests that it is both a process and *a template for* the acquisition of knowledge and wisdom that might be used to *change* previously held understandings that individuals hold about themselves and the world. In addition, the work of therapists illustrates that the journey and its story *reveal transrational knowledge and experiences* that might otherwise be inaccessible.

It is suggested that using this subjective wellbeing assessment in conjunction with Efthimiou, Allison, and Franco's (2018) proposed 'Evaluation targets for heroic wellbeing according to objective and subjective measures' (Table 14.2, pp. 231-232) might be a useful

starting point for therapists and other health care professionals to assess the impact of training and ongoing practice, and to discuss and provide resources that support their wellness, psychological wellbeing and resilience. Furthermore, the ‘Heroic Imagination Project’, with its “message that every person has the potential to act heroically” (Franco, Blau, & Zimbardo, 2011, p. 111), in emphasising individual and community contributions to greater wellbeing and an ethical focus on helping and protecting, also challenges therapists to consider how they are working for the good of others.

Simply, human beings encounter life events that challenge and risk them in diverse ways and provide them with opportunities to realise acts of heroism that assist others to survive and thrive. Heroic action enables the individual to be the person they would like to be, and to “become the change we seek in the world” (Holman Jones, 2016, p. 1). Applying heroic imagination is to accept the paradox that “heroism is a social attribution, never a personal one; yet the act itself is often a solitary, existential choice” (Franco, Blau, & Zimbardo, 2011, p. 99). This may go some way to explain why therapists celebrate the heroic actions of their clients and are blind to their own, especially when it involves companionship clients through experiences of loss and trauma (Voigt, Day & Balandin, 2018) and particularly the risk that counter-transferential responses to clients do trigger vicarious trauma responses in therapists (Wheeler, 2007).

## **4 HEROIC HEALERS**

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Whilst working with, and recognising the heroic lives of clients is integral to the daily practice of therapists (Duncan & Miller, 2000a), this article focuses on the experiences and choices that individuals make when becoming therapists and why they should be described as heroic. If, as Efthimiou (2016) suggests, “heroism manifests in the presence of a moral, mental, and/or physical challenge, calling the individual to rise to it, which culminates in

some form of psychological, spiritual, physical, and/or social transformation” (p. 20), then to be a heroic healer is to have the ability to enter psychologically intimate relationships with clients, and to share their wounds at an intrapsychic level in ways that make the therapist vulnerable to further wounding and trauma. Understanding the consequences, therapists take these journeys with clients every day.

This exploration also hypothesises that, as a result of their experiences and the decision to become therapists, these healers continually draw upon core self-narratives that underpin their practices and inform the ways in which they understand wellness and healing. These stories resonate with, and exemplify important aspects of Campbell’s hero’s journey to wholeness; through their wounds, challenges and tasks, and in processes of integration and healing, they transmute the base materials of traumatic life events into the gold of posttraumatic growth (Tedeschi & Calhoun, 1996; 2004; Voigt, Day & Balandin, 2018).

It has been suggested that hero narratives are “about *we* as much as *me*” (Seal, 2018, p. 30) and therapists’ professional stories often disclose respect for the client and the work that they have done together, and capture both heroic and highly relational elements that have improved their skills and suggest pathways of healing for future clients (Allison & Goethals, 2014). Gumb’s (2018) descriptive profile of the “ordinary hero” as a trauma survivor who still maintains an ordinary life, freed from any obligation or high expectations to perform altruistic feats or conventional acts of heroism. Her suggestion that traumatic events and experiences can set an individual on a path where their heroic potential is activated and they are challenged to review how their new life might be lived is certainly one that therapists and clients can understand.

When a traumatized individual recognizes that she has been altered by trauma and refuses to be defined by that experience . . . and therefore seeks help in some

way. . . [is] the defining moment of resistance, the moment of reclaiming agency, and the moment when the ordinary hero begins to emerge (p. 464).

Training, self-awareness and an ability to recognise the significance of personal disclosures, make therapists particularly sympathetic to stories of wounding and heroism and, therefore, to the utility of the hero-journey as developmental metaphor and therapeutic tool (Bland, 2018; Keck, Compton, Schoeneberg, & Compton, 2017; Hartley, 2011; Lawson, 2005; Tedeschi & Moore, 2016; Rubin, 2009; Williams, 2017). Working with others' wounds, their physical and psychological pain and discomfort, heroic healers inspire others to evaluate their experiences and actions in terms of heroic potential and support them to make changes in their lives.

## **5 DEVELOPING AN 'EVERYDAY' HERO PROFILE FOR THERAPISTS**

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... heroism is an expression of humanity's highest good and its most important values, it follows that this ideal can engender psychological, physical, and societal health and flourishing" (Efthimiou, Allison & Franco, 2018, p. 3)

This article assumes that heroism is found both in formal and informal relational arrangements where human beings assist or care for others at some personal risk to themselves, and that this is a universal phenomenon and a necessary condition for the psychological growth and wellbeing of society. This being so it is hypothesised that the role of the therapist qualifies as both healing and heroic.

Efthimiou, Allison, and Franco (2018) support the general view that a hero is "a form of healer", often viewed "in a somewhat heroic light", who is charged to restore wellbeing (p. 226). Thus, in terms that resonate with Campbell's (1949) myth, the therapist is a discoverer who, despite risks and burdens to self, works to give a 'boon to society' that ultimately

improves the human condition and incidentally gives meaning to their own existence. As social healers, therapists are courageous in their service of others, and committed to restoring wholeness and wellbeing to their communities, one client at a time (Efthimiou 2017).

One task of heroism science is to understand the impact that heroism has on the psychological health of individuals and communities and how these 'heroic' qualities and behaviours may be learned and passed on. However, given that these can be identified across the population, it is possible that therapists, like most heroes, will not self-identify as heroic individuals unless prompted to do so by a model or framework that reflects their qualities and behaviours congruently. As social heroes, therapists are individuals who are highly motivated to make lives better for others (Allison & Goethals, 2014). They are generally identified as moral, self-aware individuals who are resilient and possess a tolerance for risk and adversity (Efthimiou, Allison, & Franco, 2018). In addition, they are likely to be intolerant of social injustice and abuses of power, particularly when they impact clients and their communities. It is this well-developed concern for others, coupled with a capacity to act unselfishly, that can set them apart and allow them to work without immediate consideration for their selves (Franco & Zimbardo, 2016).

Entering the broken world of another in order to give therapeutic aid is not an easy choice or easy work. Each time a therapist meets with a client they must be prepared to make themselves psychologically vulnerable and potentially risk themselves. Consequently, although their actions may appear less spontaneous and more considered, they make a decision, a commitment to intentionally enter a clients' world and put aside their own needs in order to focus upon and optimise the wellbeing of the client at the heart of the healing process. As any therapist will explain, there is very little that they would ask patients to examine that they as therapists have not examined in themselves. Smyth (2017) argues that that choice, when applied to heroism and action is an important concept. He states that heroic

actions, rather than motivated by personal self-sacrifice are actually “driven by the concrete socio-historical factors that shape our embodied coexistence” (p. 16). Nevertheless, although the therapist is aware of societal pressure to fulfil her role, reactive heroism, she is also aware that the contract between herself and the client depends upon both professional obligations and shared decisions which infers a form of proactive heroism.

In a survey of psychological research in which she captures and collates the perspectives of leading heroism science researchers, Hanne Viken (2018) supplies the following definition of “everyday” heroism that neatly aligns with the personal and professional lives of therapists,

. . . living heroically is a way of life filled with love, compassion, courage, growth, flourishing, and adventures . . . it is the result of all the small choices we make every single day that have a significant impact on our lives . . . which eventually lead you down the path of happiness, wellbeing, and flourishing. (p. xviii)

Therapists are constantly challenged in their work with clients to deliberately make small choices that put themselves or the client first. They are inspired by love, compassion and courage to perform if they are to provide the best possible outcomes. In her analysis of a simple story about everyday heroism Viken links the achievement of personal wellbeing to the characteristics and actions of the hero, attributes that largely coincide with those expected of therapists. While Rogers’ (1957:1961) asks therapists to offer genuineness, unconditional positive regard and empathic understanding to their clients, Viken (2018) suggests that heroic individuals are: present and mindful with an open attitude to the world; empathic and connect to others; accept that people are free to make choices and feel responsibility for ‘humanity’; and, have the capacity to act upon compassion with others. As Viken notes, heroism principally occurs when compassion is acted upon – this is what separates the hero-therapist

from the ordinary person and permits the character of their everyday heroic actions to distinguish them from others in the taxonomy of existing heroic identities.

A profile for therapists and other health and helping professionals as ‘heroic healers’ may well include these and other heroic attributes in some measure. Therapists are valued by society and are expected to model exemplary professional and ethical behaviours. Similarly, there is a growing expectation that counsellors, as agents of change, will share their concerns and work collaboratively with their professional bodies and communities to advocate for mental, physical, and spiritual wellbeing, and to speak-out for others who are disenfranchised and vulnerable (Franco, Blau, & Zimbardo, 2011).

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## 6 WOUNDED HEALERS – HEROIC VOCATIONS

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There is a belief that in order to effectively heal others of their wounds the professional ‘healer’ will have healed their own first. In the tradition of shamanism, the healer is wounded and embarks on a hero-journey, finds healing and only then helps others to heal. Similarly, actual experience is symbolically activated through the stories and journeys of therapeutic training and practice. The becoming therapist, as the archetypal hero, struggling with wounds, chooses a path that will take him or her to their desired goal. To work with others they must prove that they can master personal demons and conquer dragons before emerging victorious with sufficient knowledge, self-awareness and skill to work with others.

Norcross and Farber (2005) suggest that the resolution of the healer-patient dialectic in an interpersonal context, and a concern for self-healing and self-growth, lie at the centre of most people’s decisions to become therapists. A choice that can often follow the successful management of an injury or weakness caused by personal hardship, illness or loss together with a need to make one’s life more meaningful. Thus, the wounds of professional healers



become imbued with healing properties because they confirm that the bearer has taken a path of inner healing and service. The wound suggests skill, knowledge and understanding learned the hard way. It provides a degree of assurance that the healer will have empathy with the client's pain and understand how to ameliorate their wounds.

Unsurprisingly, Carl Jung's discovery of the 'wounded healer' archetype expresses his conviction that

A good half of every treatment that probes at all deeply consists in the doctor's examining himself...it is his own hurt that gives a measure of his power to heal. This, and nothing else, is the meaning of the Greek myth of the wounded physician. (Jung, 1951, p.116).

Discussing his therapeutic practice, Jung (1953/1983) notes that vocation is a necessary aspect of individuation, "True personality is always vocation" (p. 175). Defined as the response to an inner call to engage in particular work, 'vocation' equates to healthy personality development, which figures in a number of major humanistic psychological theories (Treadgold, 1999, p. 83-84). Thus, while Maslow (1971) distinguishes vocation as an outworking of our innate drive to grow into a self-actualizing person, Jung (1953/1983) sees vocation as the response to inner guidance activated in the second phase of individuation when the ego integrates with the self, enabling the fullest expression of our potentialities.

Although these positions may hold different perspectives on the development and purpose of vocation they do share an understanding concerning the importance of myth as an essential way to make meaning of existence. "Both Jungian and existential analysis stress the inherent human need for meaning" (Diamond, 2018, p. 10) and accept that existential suffering is often played out simultaneously in other dimensions of experience beyond the personal. Thus, Jung's mythological archetype of the wounded healer may arguably have

utility in making meaning and understanding the role and motivation of humanistic-existential therapists in their practices.

The ‘wounded healer’ archetype can be traced back to the ancient Greek myths of Chiron, the centaur incurably wounded by one of Hercules’ poisoned arrows, and his pupils, notably Asclepius the culture hero and god of medicine and healing. Jung first coined the term to explain the psychological dynamic of transference and countertransference that can occur between therapist and client in the course of treating mental illnesses (Amundson & Ross, 2016). Jung’s metaphor is now more broadly accepted as referring to the personal wounds therapists accumulate in their lives and their capacity to manage them through self-awareness, psychological strengths and weaknesses, and potential for growth. The impact of these wounds on the meaning, work and character of the therapist may often be identified as reasons for therapists’ stress, burn-out and counter-transference when managing demanding and traumatic caseloads. However unlike Chiron, Jung suggests that the healer’s wounds are curable because at the core of the ‘wounded healer’ metaphor lies an opportunity for personal transformation (Amundson & Ross, 2016). Thus through the healing work entailed in their own supervision and self-care, therapists repair their wounds whilst simultaneously modelling resilience and transformation to clients as they companion them on their hero journeys to face and repair the ruptures in their lives.

Although anecdotal evidence may suggest that many therapists are the ‘wounded’ survivors of personal disasters and traumas, lack of evidence makes it difficult to identify them as civil heroes because their prosocial practices do not seem to fall into existing hero typology. Similarly, if the “presence of risk” is not enough to define heroism (Franco, Blau, & Zimbardo, 2011) then how might actions that include the “compassion and altruism” (p. 99) of wounded healers be included? Alternatively, the role could be categorized as a form of “social heroism” (p.110), which is described as “. . . less dramatic, unfolds over a much

longer time period, and is frequently undertaken in private rather than public settings” (p. 101). Humanistic-existential therapists undoubtedly reap the rewards of their work. Whilst accepting the risk of fatigue, burnout and stress, they practice the principles of self-actualization, and proliferate the heroic imagination in ways that shape attitudes and release the potential in every person to behave heroically.

## 7 HEALER’S WOUNDS

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The deep wounding caused by a personal tragedy fundamentally alters an individual’s life trajectory and subsequent narrative (Efthimiou, Allison & Franco, 2018). It represents a transition, “a chaotic voyage into the interior” (Bruner, 1959, p. 357). Men and women with seemingly predictable lives, have had them turned upside-down by crises and forced to journey on unexpected highways, they risk becoming overwhelmed or may be more fortunate enough to use this new turn as a way to ‘follow their bliss’ (Campbell, Moyers & Flowers, 1991). Whether the desire for a vocational change that brings support to others grows from this direct encounter with personal trauma, or reinforces an existing career path of professional caring, the experience and models of support offered at that time may influence subsequent decisions or assist in creating freshly generative, redemptive (McAdams, 2006) and sustainable stories about their lives (Farber, Manevich, Metzger, & Saypol, 2005). As Campbell’s (1991) presciently notes, “The earth must be broken to bring forth life” (p. 19).

The basic tenets of humanistic and existential psychologies assume that individuals, because they exist in contexts that are both human and cosmic, are best helped as whole persons rather than by the treatment of discrete features. Aware of being aware, individuals have the capacity to act responsibly and make choices about how they take others into account (Greening, 2006). Heroic healers “combine situational awareness and option awareness to cobble together a set of solutions that ensure maximal human potential in

others, despite risk” (Efthimiou, Allison, & Franco, 2018, p. 229). Consequently, as equal partners in collaborative activities that support mutual healing, therapists make it possible for both partners to thrive.

Campbell (1990) has suggested that myths in particular assist healing because they draw attention away from the self - the phenomenal field - to the transcendent. Unsurprisingly heroism, as it shares traits with other favourable behaviours, is also unique in incorporating transrational (Allison and Goethals, 2014), or numinous, qualities. Borrowing from Dürckheim, Campbell (2009) describes psychological and physiological health as a capacity to take advantage of the energy in the transcendent domain, “Your bliss can guide you to that transcendent mystery” (p. xxiv). Conflating healing and psychological health through the transcendent, Jung (1973) adds that an individual’s approach “to the numinous is the real therapy and inasmuch as you attain to the numinous experiences you are released from the curse of pathology. Even the very disease takes on a numinous character” (p. 377: Hollis, 2003). Unsurprisingly, Campbell’s expression of actualization through transcendence aligns with Jung’s individuation process. In Jung’s clinical practice, he anticipates that the hero’s trials and subsequent victories will be integrated over time into a well-functioning whole, in the same way that in the therapeutic setting therapists, depending on their own levels of integration, work with clients to achieve self-actualising goals. To do this the establishment of a truly collaborative therapeutic relationship is likely to be an important aspect of clinical practice, notably because clients want to trust that their therapists will reliably companion them through the darkest parts of the journey (Mearns & Cooper, 2017: Tedeschi & Moore, 2016). Therapists provide wise counsel and share a privileged position in this liminal professional space, “where the true face of heroism as *pure love* is revealed” (Efthimiou, Allison, & Franco, 2018, p. 6).

## 8 THE LIVES OF HEROIC HEALERS

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Examples of exemplary practitioners, mentors and professional role models are ubiquitous and suggest that the route to heroism for therapists, and particularly their vocational decisions, may be directly influenced by their experiences of difficult life events and/or complicated attachments across the lifespan. In addition, like other moral exemplars who engage in value-congruent vocational action (Fagin-Jones, 2018), the choice to engage in a career as psychotherapist, whilst it may often provide economic security and health, can offer more enduring rewards for therapists than some other vocations.

Albert Ellis indicates a common route that individuals take to become psychotherapists and counsellors. His initial decision was driven by his desire to resolve his own issues. He simply notes that he “was very anxious in several respects and wanted to solve my own problems” (p. 948). Another pathway is through the experience of therapy. Michael Sussman (1995), acknowledges that personal therapy made him realise that working with others could help him toward self-growth. Thus, while the resolution of difficult personal problems may initially spark a desire to become a therapist, it is also suggested here that the accumulation of difficult life experiences and their wounds simultaneously initiate the kind of rigorous self-examination that will ultimately enable the same individuals to become resilient and competent in their work with clients (Norcross and Farber, 2005), and permit the emergence of heroic potential.

Accepting the continuing contributions of these influential healers to the field, their lives might be mapped as hero’s journeys. Recorded briefly here, the formative experiences of heroic healers demonstrate the continuing legacy of their wounds to other professionals and their clients.

Carl Rogers was the third son in a loving but controlling “close-knit family where hard work and a highly conservative (almost fundamentalist) Protestant Christianity were

about equally revered” (Rogers, 1959, p 187). Considered “the oddball of the family”, he questioned the family’s strict religious standards and views, abandoning the career path they had hoped for him, “Some of the most fundamental aspects of my point of view and my approach are sort of the reciprocal of what my parents believed”. A lonely, introverted and creative boy with an openness to change, he was easily hurt by the family’s seeming lack of positive regard and affection. Rogers notes that he “would have never thought of telling anything significant to my mother, because I know that she would have a judgment about it and it probably would be negative” (Heppner, Rogers, & Lee, 1984, p.18). Rogers (1961) went on to “find a field in which I could be sure my freedom of thought would not be limited” (p. 8)

A first generation Jewish immigrant from Kiev, Abraham Maslow experienced anti-Semitism from his teachers and violence from his peers that negatively impacted his family relationships, especially with his mother,

What I had reacted to was not only her physical appearance, but also her values and world view, her stinginess, her total selfishness, her lack of love for anyone else in the world – even her own husband and children – her narcissism, her Negro prejudice, her exploitation of everyone, her assumption that anyone was wrong who disagreed with her, her lack of friends, her sloppiness and dirtiness. . . (Hoffman, 1988, p. 11).

Maslow had few friends and immersed himself in the world of books and ideas and, like Rogers, his formative family relationships and experiences may well have influenced his psychological ideas. Arguably, to a greater or lesser degree, Maslow and Rogers experienced traumas derived from problematic and disrupted attachments that could have prompted them to take up careers where they could understand and therapeutically correct these emotional experiences for themselves and for others. These journeys prepared them to become

relationally effective therapeutic healers, and shaped them as influential leaders of the humanistic-existential movement.

Similarly, existential psychologist Rollo May also experienced high levels of personal disruption in his early years as he witnessed his parents' divorce and his sister's battle with schizophrenia. As the oldest child of six children he was often left to look after his siblings. Echoing Campbell, and presciently heralding 'heroic imagination' and everyday heroism, he states:

Strange as it sounds, steady, patient growth in freedom is probably the most difficult task of all, requiring the greatest courage. Thus if the term 'hero' is used in this discussion at all, it must refer not to the special acts of outstanding persons, but to the heroic element potentially in every man (1953, p. 174).

Finally, it is widely known that Victor Frankl's (2000) loss of both his wife and immediate family, and the traumatic experiences of being detained in a concentration camp during W. W. II, contributed greatly to the way that he subsequently saw his life and future. Guided by heroic compassion and a philosophical belief Frankl's work emphasizes the need to meaningfully accommodate human suffering and death, and to live with it.

Heroic lives, whether they are experienced through the necessary losses that attend the traumas of disrupted familial attachments or take place on seemingly greater existential stages, provide vital meaning and purpose, develop personal efficacy, reveal values, and improve self-worth in self and others. Their stories and models are useful resources for both the training of therapists and their work with clients. Kinsella, Igou and Ritchie's (2017) meaning regulation framework illustrates just how important the exposure to models and stories of heroes and heroic action can be in the stimulation of wellbeing and cognitive and emotional meaning making. They activate purpose, coherence and sense in people's lives,

allowing them to identify themselves as moral creatures who understand their motivations, values and vulnerabilities. They protect from feelings of distress and disillusionment and maintain faith in humanity. They encourage the positive and respectful treatment of others, with humility and compassion, and preserve harmonious group relationships. Heroes, they suggest, create positive emotions that inspire the active pursuit of “objective goals and subjective feelings of fulfilment” (p. 17-18).

## 9 STORY MAKING AND CAMPBELL’S MONOMYTH

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It is hypothesised that the experience and integration of difficult life events, such as loss and trauma, may lead some individuals to become therapists. It is also claimed that heroic stories are often inspirational exemplars of the practice of everyday heroism.

Discussing effective therapy and meaningful living, May (1967) argues that our greatest challenge as human beings is to see ourselves as both the subject and object of experiences, suggesting a capacity to create stories about our lives and also to amend them in response to changing circumstances. With the emergence of self-consciousness myths become “self-interpretations of our inner selves” (May, 1991, p. 21), and their telling is therapeutic (Freud, 1988/1995). Thus, the creation and examination of human myth makes it possible to envision new potential when embarking on a journey to rebuild a shattered life. They provide a greater awareness of personal identity and community, support our moral values and provide ways to deal with the mystery and uncertainty of existence, “A person without a myth” May (1991) suggests “is a person without a home” (p. 49).

The modern study of heroism offers a transdisciplinary bridge between academia and real-world applications that perfectly parallels the traditional trajectories of humanistic, transpersonal and positive psychologies (Franco & Efthimiou, 2018). With its diverse interests, heroism science continues psychology’s traditional task of acknowledging and



promoting human experience through practice and research (Brewster Smith, 1990). It provides a fresh lens with which to examine psychology's contribution to understanding human development and wellbeing, as well as suggesting creative and heroic frameworks and opportunities for therapists to share their stories. The making and telling of stories is a universal phenomenon and listening to stories is a skill commonly practiced in therapeutic practice. As Jung (1983) explains, "Myth is more individual and expresses life more precisely than does science. Science works with concepts of averages which are far too general to do justice to the subjective variety of an individual life" (p. 17).

Storytelling and myth-making have a significant part to play in knowledge production (Efthimiou, 2016). By listening to the stories that individuals and communities reflexively weave around themselves and their lives qualitative research goes some way to meeting the needs of science and reveal the diversity of life experiences. In a qualitative study with representatives of areas of science in which key studies on heroism are taking place, Efthimiou noted that participants used the basic narrative structure of the hero's journey to tell stories that explained their research orientations and how these stories built bridges of understanding between people and disciplines. In her conclusion she observes, "If story lies at the heart of both heroism and science, then this shared foundation reveals heroism and science as inherently consilient in their mode and method of communicating their narratives" (p. 28). Thus, as an 'interpretive apparatus' the story of the hero's journey is a perfect example of the "universality of the story as a guide to living and as a vehicle for understanding the conduct of others" (Sarbin, 1986, p. x).

Therapists particularly are pioneers in their creative use of the hero myth in client assessment, models of functioning and wellbeing, and in educational frameworks that inform practice. Therapists encourage clients to engage their heroic imaginations, to identify and action their unique theories of change (Duncan & Miller, 2000a), and reposition themselves

as ‘heroic clients’ (Duncan & Miller, 2000b). Consequently, the hero’s story has been applied therapeutically in a number of ways over the last decade or so.

Positioning therapists as companions (Halstead, 2000; Tedeschi & Moore, 2016) on the client’s hero-journey, Lawson (2005) uses Campbell’s (1949) myth as a conceptual metaphor to attune therapists to the client’s unique metaphorical world and the nuanced expression of their personal experiences. In this space clients are encouraged to locate and make meaning, re-author their life stories, cultivate psychological development, and nourish personal growth. Similarly, Rubin (2009) uses the hero’s adventure to assist clients to story their lives and challenges as an unfolding personal myth or epic adventure. Likewise, Williams’ (2018) ‘Hero Model of Change’, uses the hero’s journey to map out a 12-stage process that assists clients to resolve personal life problems. By locating themselves in this system of goals, challenges, and resolutions, clients effectively identify, anticipate and engage with their next move in their unique process of change. In their work with trauma survivors as heroes at the start of their journeys, Keck, Compton, Schoeneberg and Compton (2017) employ Campbell’s main stages of departure, initiation, and return. Using a strengths-based perspective to reframe pathology as positive coping and symptomology, they identify a rite of passage from injured, to transformed, to recovery in which the latter two stages are interpreted as processes of posttraumatic growth (Tedeschi & Calhoun, 1996: 2004).

Alternatively, rather than positioning the client in the hero narrative, Bland (2018) uses a therapeutic intervention that he calls the Personal Hero Technique to directly engage the client with a hero model or archetype. Asked to identify a hero/heroine that they most identify with, clients name five characteristics that they most admire. Subsequent discussion engage clients in deep reflection and strategizing to decide what they can do in their own lives to be like their heroes. Bland suggests that giving the client the opportunity to reassess

their own difficulties with the benefit of heroic wisdom encourages self-transformation and interdependence.

## **10 THERAPIST AS STORYTELLERS - CRITICAL AUTOETHNOGRAPHY RESEARCH AND HEROISM SCIENCE**

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This article's primary focus has been on therapists who are characterised as wounded healers and everyday heroes, and explores the potential for heroic action that their personal and professional stories may reveal. Whilst all human beings carry that potential, personal wounds alone do not demonstrate a heroic spirit or denote professional competence. Those who have enjoyed relatively stable and predictable lives mainly untroubled by difficult life events may still decide to enter the profession as therapists and be extremely effective. Wounded by large or small traumas, their healing contributions to clients' lives are still incalculable and cannot be minimised simply because the therapists themselves have had the good fortune to be bypassed by major difficulties. Their decisions to become therapists, perhaps prompted more by altruism and a generous philosophy of life than a desire to understand their own pain, are still likely to emerge as deeds of heroism. Thus, while personal wounds and selflessness alone do not demonstrate a heroic spirit or denote professional competence, all therapists do finally make the decision as to whether they will fully commit themselves to the purpose of healing others and, in their willingness to do that work, to accept whatever consequences it brings to them personally and professionally. This in itself is heroic (Franco & Zimbardo, 2016) and its story is one of heroism.

It is hypothesised here that therapists' accounts of their lives will yield instructive and important data. As highly educated, skilled observers and accomplished case writers, their anecdotal observations and personal struggles should provide rich material for discussion and analysis. However, the real value of their stories might play out when therapists themselves

are given the opportunity to examine their own lives using a means of research that sympathetically works with therapists' clinical strengths, aligns with their core values and responds to their professional goals.

One way to encourage therapists is through the use of autoethnography, which provides authentic descriptions of cultures through the lenses of personal experiences or, more specifically, by the use of critical autoethnography as a form of self-reflective qualitative research practice that enables therapists to use their personal stories of heroism as opportunities to bring important social issues and their implications to wider audiences (Holman Jones & Pruyn, 2018). Of the two critical autoethnography attends to the ways that individuals' experiences of cultures are manipulated by relations of power (Holman Jones, 2018). Thus by intentionally making stories that explore experiences of intersecting power relations that detail privilege and disadvantage in their own lives, the latter employs multiple perspectives to draw attention to injustice in specific social contexts and across systems as well as honestly and ethically critiquing them. Distinguishing itself from autoethnography as a way to study and critique culture "through the lens of the self" (Holman Jones, 2018, p. 4) critical autoethnography unites autobiographic and ethnographic practices, making it a more precise tool for capturing the heroic potential of therapists' lives by using their "personal stories to comment on, critique and transform damaging and unjust cultural beliefs and practices" (Holman Jones & Pruyn, 2018, p. vii).

Hartley's (2010) account of her journey through madness, following a psychotic break, is a typical example of how critical autoethnographic analysis and Campbell's monomyth can effectively present therapists' difficult personal stories. A practicing mental health clinician, Hartley recounts her harrowing experiences of psychoses and plots its progress using a therapeutic reinterpretation of Campbell's framework (Lukoff & Everest, 1985). In her analysis she helps herself to "make sense of psychotic experience and facilitate

deeper understanding of mental distress” (p. 227), and concludes, with Jung (1983), that “The years when I was pursuing my inner images were the most important of my life – in them everything essential was decided” (p. 225).

Similarly, in his analysis of an account of losing his family in a motor vehicle accident, therapist and educator Bray (2015) synthesises therapeutic theory and heroic imagery to create a new story that demonstrates to others how enduring bonds severed by bereavement can be positively transformed.

Finally, discussing her work and development as a resilience and hero trainer, Jacques (2018) recalls her encounter with Campbell’s monomyth and how its wisdom as a pedagogical tool helped her to become more resilient as she “navigate[d] times of deep uncertainty and failure” and was able to use its template to examine her life, her professional work as a teacher and provide a ‘scaffold’ for resilience training (p. 198).

As case studies for heroic inquiry, these researchers unapologetically offer their personal and professional experiences up for analysis in ways that fulfil Holman Jones (2018) three heroic goals for critical autoethnographers: to challenge their readers to “examine systems, institutions, and discourses”; to take a “provisional and heuristic approach” to explanatory frameworks offered by critical theory and examine them through storytelling; and, to link “analysis and action by presenting the insights of theory in context, in practice and performance, and in people’s lives” (p. 6). As a potential agent of change, critical autoethnography harvests insider perspectives and prompts outsiders to critically reflect on their lives, communities and socio-political conditions. It is respectful of story makers’ and audience’s positions and emotionally resonates with both.

With its claim that there are no right or wrong responses, critical autoethnography’s expansive and unrestrictive modes of expression liberate the therapist-researcher from the traditional and sometimes limiting forms of academic expression. It applies conventional

qualitative research methods but its point of difference is that its method commits the researcher, who is also its subject, to a high level of personal disclosure and risk. By prizing authenticity and realism, playfulness and creativity, its egalitarian view of science preserves the rigour of scientific method whilst responsibly admitting and accommodating the unique capacities and resources of the reflexive self. This makes it particularly sympathetic to therapists who would want to critically examine and discuss the “why” and “how” of their own conditions and heroically resist “mandates to accept that which is not enough” (Muñoz, 2009, p. 96). By mining the raw data of their own lives, therapists can make stories and sense of their experiences and, by incorporating deep analytical reflections that employ a range of creative and sense-making processes, hold their audience’s attention so that they may work through the issue together. As a way of writing that helps individuals to understand their fuller potential (Richardson, 2000), it is suggested here that it may also be a way to acknowledge the heroic identities and acts of heroism of therapists.

The work of therapists and critical autoethnography share common cause with heroism science’s goals to explore, identify, examine and promote the heroic and transformative potential of human beings in the world. Whilst therapists work diligently with clients embarked on heroic journeys, and Campbell’s narrative framework locates and maps that same journey, the critical autoethnographic space encourages therapists to employ “the personal, the concrete, and an emphasis on storytelling” (Holman Jones, 2016, p. 1) to directly examine and critique the intimate experiences of their lives and journeys, apply them to larger social contexts and share them with wider audiences.

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## 12 CONFLICT OF INTEREST

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*The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.*