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Growing with Our Heroes: Utilizing Hero Narratives in Therapy to Foster Psychological Resilience and Posttraumatic Growth

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GROWING WITH OUR HEROES: UTILIZING HERO NARRATIVES IN THERAPY TO FOSTER PSYCHOLOGICAL RESILIENCE AND POSTTRAUMATIC GROWTH

BY

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2023

DEDICATION

This work is dedicated to any and all individuals who have experienced or are currently experiencing suicidal ideation. I know the journey can be long and perilous, but I hope you stay with us and eventually find peace. This work is further dedicated to the individuals responsible for creating the fictional narratives that provide meaning and entertainment to so many; thank you for providing us with models of hope.

ACKNOWLEDGEMENTS

This work is the culmination and convergence of many areas of passion in my life and would not have been possible if not for the endless support of so many. I would first and foremost like to thank my amazing wife, Sierra Grace Overby for always believing in me and pushing me to see myself the same way she sees me. She is the most important hero in my story. Furthermore, I am thankful to my parents for their encouragement and pride in my clinical and academic work. I would be remiss if I did not also take time to thank my beautiful black Labrador, Obi, for his excessive emotional support and enthusiasm; no matter what the hour. Lastly, I am thankful to the EKU psychology department faculty and those involved with my review committee for their dedication throughout this process as well as for their contributions to my clinical training. If nothing else, I hope to show with this work that therapy can be a science and an art; in which you all have helped me to find my mediums.

ABSTRACT

With the rise of positive psychology, clinical psychologists and other helping-professionals have rightly begun to emphasize the importance of psychological factors that predict human flourishing rather than studying risk factors and psychopathology alone. This new emphasis has largely driven research into constructs such as psychological resilience and posttraumatic growth (PTG); both manifestations of the human ability to survive or grow following experiences with extreme adversity that are often traumatic. The current standards of care for those who have experienced a trauma include asking these individuals to voluntarily discuss and confront their traumatic experiences; a task made challenging by nature of the difficulty of these conversations as well as prevailing stigma. The program presented herein proposes that conversations surrounding hero-models and comparisons such as those found in popular culture super-hero narratives can be used to make trauma processing accessible as well as to foster and/or highlight psychological resilience and PTG in psychotherapy.

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I. Introduction

The Current State of Affairs

Even with hopes of consequential psychological improvement or symptom remediation, discussing topics related to trauma, adversity, and general loss in a psychotherapy context can be incredibly difficult for many individuals. As of the time of the writing of this project, one in five adults in the United States experiences a mental health disorder each year and one in twenty adults in the United States experiences serious mental illness each year (Substance Abuse and Mental Health Services Administration, 2020). Furthermore, about six of every ten men and five of every ten women experience at least one trauma in their lives (National Center for PTSD, n.d.). Additionally, in 2019, suicide was the 10th leading cause of death for all ages in the United States as well as the fourth leading cause for those aged 35-54. (Hedegaard et. al., 2021). While this is a significantly lower reported rate of suicidality from that of 2018, national data has not yet been compiled or analyzed for the years of 2020 and 2021, and it is not clear what the longitudinal effects of the COVID-19 pandemic on mental health might be. When increasing population in the United States is taken into consideration, it is apparent that there is an increasing demand for therapists of all backgrounds and specialties to be able and willing to render trauma-informed treatment and implement suicide prevention efforts.

Concurrent with rising attention being given to identification of psychopathology, there has been significant emerging interest in research into markers of human flourishing and well-being rather than only investigating indicators of distress and impairment. Indeed, many researchers have recognized that psychotherapy is impossible to divorce

from value claims as to what constitutes flourishing and well-being in the first place, suggesting that well-being promotion aimed at fostering client flourishing should be integrated alongside symptom reduction (Jankowski et al., 2020). Two constructs that may well represent significant representations of positive approaches to the study of clinical psychology include resilience and posttraumatic growth (PTG). Speaking broadly, psychological resilience can be said to refer to the process and outcome of adaptation to adverse events, wherein the resilient individual is able to effectively recover (Olsson et. al., 2003). Similarly, yet in somewhat apparent contrast, PTG can be said to refer to the experience of individuals whose development, in at least some areas, has surpassed what was present before the struggle with crises occurred (Tedeschi & Calhoun, 2004). It is not apparent that therapeutic interventions have been crafted with specificity targeting the cultivation of these psychological traits and protective factors among clinical clientele.

The Necessity of Novelty

Clinical psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others to use of such knowledge to improve the condition of individuals, organizations, and society (American Psychological Association, 2017). In order for psychologists to embody this goal of benevolence enshrined in the American Psychological Association's ethical code, it is clear that we must leave no stone unturned in our pursuit of novel evidence-based practices if we are to effectively reduce or attenuate the prevalence of mental health symptom occurrence. Though several evidence-based interventions have been determined to be efficacious for the treatments of posttraumatic stress disorder (PTSD), grief

experiences, and other related mental health disorders respectively, psychotherapy will continue to necessitate being tailored to the cultural frames of reference and societal needs of the time and place in which it is being practiced or received. Psychologists neglect scaling, tailoring, or otherwise adjusting their methods in accordance with cultural context to their own detriment as well as to the detriment of their clients' well-being.

As of the time of the writing of this project, *even* in the midst of a global pandemic which has done much to slow the production of fiction content-creation, super-hero media is increasingly popular (The Numbers, 2021); indeed, one could argue that it is operating as a cultural zeitgeist. Whereas generations past may have utilized religion, spirituality, classical myth, or different forms of expressive art as an interpretive lens in which to frame their existence thus affecting their internal working models (IWM) and in turn, their mental health; much of current western culture appears to have assimilated super-hero storytelling for these purposes.

It has been suggested that the therapeutic alliance is the primary curative component of therapy (Lambert & Barley, 2001), a finding that lends itself to expressing novelty in developing variant therapeutic approaches that could result in increased desirable clinical outcomes. If psychologists are to tailor their methods and language to produce an effective therapeutic alliance and improve therapeutic outcomes, it seems that including popular characters, stories, and ideas from the popular art of the era in therapy can only help to support these goals by building therapeutic "bridges" and possibly quick rapport.

Purpose

The essential purpose of this project is to contribute to the evolution of mental health clinician strategies by proposing that already-existing therapy techniques can be modified to increase accessibility of psychoeducational material, decrease stigma associated with receiving mental health services, and provide prototypical models in hopes of highlighting and fostering psychological resilience and posttraumatic growth. This proposal is achieved through the offering of a program that emphasizes popular super-hero narratives and other hero narratives within the already existing and efficacious techniques of constructivist psychotherapy. The treatment model presented herein will demonstrate that one can adapt constructivist psychotherapy techniques in this manner allowing for novel approaches to individual therapy, group therapy, and psychoeducation outreach in keeping with emerging models of preventative care.

II: Research

Method of Literature Search

Literature research and review was conducted through the utilization of peer-review databases such as: PsycInfo, EBSCO Host, Academic Search Complete, JSTOR, Research Gate, and Google Scholar. Key words utilized during the literature included: meaning-making, resilience, posttraumatic growth, trauma, grief, constructivism, narrative therapy, and reauthoring. No restriction was set for timeframe of journal article publication during searches, although the author made their best attempt to include more recent (published within the past decade) journal articles when researching psychological resilience and posttraumatic growth whenever possible due to the novelty of the research topics contained herein.

Literature Review

Meaning-Making: A Foundation

Humans are by nature, meaning-seeking and meaning-making beings who constantly interpret their own experiences (Wong, 2017). Meaning can be said to have correspondences “both to objective, subjective, and intersubjective or 'conversational' reality; it relates to consciousness, the unconscious, behavior, and personality, as well as interpersonal processes” (Leontiev, 2013). While humans tend to think of themselves as objective beings that meticulously analyze their environments in a rational manner, it appears that we perceive meaningful phenomena rather than the “objective world” as such (Peterson, 2013). The constructivist school of psychotherapy believes that epistemically, human knowledge operates as a model that actively structures experience, rather than a passive or receptive assimilation of things uncontaminated by human

knowing (Neimeyer, 2009). This tendency for humans to derive meaning from their environments and thus experiences is concretely demonstrated through the occurrence of pareidolia, which has been defined as the human tendency to perceive meaningful patterns from random data (Zhou & Meng, 2020). This manifestation of the biological drive toward meaning has been related to the face-detection system that is even shared across other primate species (Taubert et. al., 2017) of which humans share common ancestry. Suffice it to say that this mechanism of meaning-making at the cognitive level appears to be an important faculty for survival, as cognitive systems need to know that a face is present before making subsequent social judgements (Taubert et. al., 2017). Acknowledging that there is at least one case wherein meaning-making contributes to provide context conducive to adaptation serves to prompt inquiry as to whether or not there are other similar cognitive principles at work in humans which can be leveraged or addressed in therapy.

Another domain encapsulating concrete and fundamental manifestations of the human tendency to derive meaning from their experiences is found specifically in child psychology. To put it briefly, there are many concepts that capture the human tendency of meaning-making from early ages; namely the areas of internal working models (IWM) and schema construction. An IWM can be defined as a representational model of self that contains affectively charged cognitions about one's lovableness and worthiness that can guide an individual's perception and behavior (Verschueren et. al., 1996). In other words, an IWM is a framework for understanding the self in relation to others and is said to emerge from the interpersonal interactions of children with their parents and caregivers (Verschueren et. al., 1996). Furthermore, the IWM of attachment is an automatic process

which can explain how infants and children act in accordance with their mental representations; this understanding of the world through information learned via attachment interactions can lead to representations of the world that lead to adaptive adjustment or maladaptive adjustment (Verschueren et. al., 1996). Essentially, information that is perceived and organized into an IWM from early childhood attachment-related interactions can be said to contribute to worldview (whether consciously or not) thus relating to the topic of meaning-making. In the case of maladaptive adjustment, a child could be hypothetically operating with an IWM that represents a core belief reflecting "close relationships are dangerous" or "close relationships should be avoided." An example of a core belief representing secure attachment could be that of "I am safe" which could be the antecedent for more adaptive or pro-social behaviors; a marked difference from what the opposite belief may cause behaviorally. In short, IWMs indicate yet another area in which mental frameworks are constructed (even if unconsciously) with the end result of applying meaning to one's existential context; with the potential to lead to adaptive outcomes in the case of secure attachment or less adaptive mental health-related outcomes in the case of fearful or avoidant attachment.

Related to the idea of fundamental interpretive frameworks being constructed for the purpose of understanding subjective as well as objective reality is that of the schema. Schemata refer to knowledge structures that represent objects or events and more importantly for the focus of this work, provide default assumptions about their characteristics, relationships, and entailments in contexts with incomplete information (DiMaggio, 1997). Furthermore, schemata function as mechanisms that simplify

cognition; indeed, they are a process of automatic cognition that allow for quicker information recall, accurate recall, as well as inaccurate recall (DiMaggio, 1997). In the case of cognition, it should be noted that efficiency does not necessarily indicate accuracy. Existing schemata may fail to account adequately for new stimuli (DiMaggio, 1997) as in the case of an unexpected traumatic event or loss which will be addressed in more detail later; leading to the possibility of deliberative cognition wherein sufficiently motivated individuals may override programmed modes of thought to think critically (DiMaggio, 1997). Individuals sufficiently motivated to examine their own cognition deliberately may be consistent with a client posed to engage in psychotherapy, and this language is reminiscent of that of cognitive restructuring techniques such as challenging core beliefs (Beck, 2011). The idea of the schema as another organizing cognitive process embedded into human thought is demonstrative of the need for humans to have systems and frames of reference for understanding themselves as well as their experiences.

In summation, the human propensity for meaning-making whether adaptive or maladaptive appears to be an unavoidable cognitively necessary as further evidenced by it being integral to childhood development. Meaning-making through cognitive processes that allow for interpretive frameworks to be constructed can continue to affect individual thoughts, emotional states and behaviors. Therapists are uniquely positioned to deliberately identify and interact with these meaning-making processes when these frameworks fail in assisting individuals in adapting to adversity. If mental health providers as well as individuals in similar helping professions are to continue pursuing the cultivation of a life of flourishing and well-being, it is readily apparent that these providers must be willing to engage with their clients in regard to topics of meaning-

making, which will be shown to have obvious relevance to topics being promoted within the realm of positive psychology such as psychological resilience and PTG.

What Can Go Wrong: Trauma, Adversity, Grief & Shattered Worlds

While this project will continue to emphasize factors that contribute to human adaptivity as well as improvement following adverse life experiences, it is of the utmost importance that thorough attention be given to the nature of acute stress-related psychopathology, including both PTSD criterion A experiences and other acute stressors.

For the purposes of this project, the author will utilize the term adverse life experiences as a general descriptor of occurrences that may be subjectively understood as being challenging or causing acute distress; in other words, experiences that are not *necessarily* criterion A traumas as commonly considered when assessing for PTSD symptoms. Nonetheless, many of these adverse life experiences may share convergence with what is anecdotally understood as "traumatic" and could well develop into criterion A traumas with elapsed time; especially when considering the already diverse nature of how traumatic events are defined.

The current Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) maintains its status as the standard frame of reference for the diagnosis of mental health disorders in the United States. The DSM-5 (American Psychiatric Association, 2013) conceptualizes traumatic stressors through criterion A in the following manner:

"Exposure to actual or threatened death, serious injury or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).

2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close

   friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains: police officers repeatedly

   exposed to details of child abuse). Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related."

While this specific identification of criterion A traumatic events provides differential diagnostic clarity as well as logistical utility for billing, it is important to note that there is still ambiguity and dissent among experts as to what *could* constitute a trauma. For instance, although initially somewhat controversial, recent research has suggested that military drone pilots who are not directly deployed in combat zones yet nonetheless "track, target, and destroy enemy combatants" and observe death and destruction have presented with PTSD symptoms (Chappelle et. al., 2014). These findings may present a challenge to the current standards of conceptualizing PTSD-triggering events in that these drone pilots are not necessarily experiencing or witnessing the relevant events in-person or "directly." More research into predictive relationships of different traumatic events needed to determine goodness of fit of this diagnostic language for future iterations of the DSM (Ozer & Weiss, 2004).

Another challenge to the conventional conceptualization of PTSD is presented by the findings of research into what is currently being identified as complex trauma; wherein an individual has experienced prolonged or repeated victimization (Herman, 1992). McDonald et. al., (2014) conducted a study supporting the hypothesis that "there are a variety of events considered traumatic in childhood that are not typically considered traumatic according to the DSM-5" as posited in criterion A. This is further suggestive of the emerging notion that traumatic events may be more appropriately conceptualized as being dynamic and less narrow than current diagnostic models emphasize.

A final support to the notion of clinicians regarding trauma as less narrowly defined when conceptualizing and treating their clients is that of the recently identified experience of racial trauma. Similar to the experiences of those with a symptom-set consistent with complex PTSD, people of color who reported experiences with racial discrimination were found to be more likely to report symptoms consistent with PTSD (Chou et. al., 2012). Individuals who have experienced racial discrimination were shown to have a direct association with stress sensitivity, dissociation symptoms, and depressive symptoms (Polanco-Roman et. al., 2021) consistent with a trauma response.

Attention has been given to divergence in the literature as to what can appropriately and diagnostically constitute a trauma to suggest that evidence-based practices that are efficacious in the treatment of trauma and other acute stressors may also be efficacious for wider applications than previously utilized. In other words, these treatment approaches including that of constructivist therapy may possibly be adapted to target a wider spectrum of clinical presentations than previously thought. Furthermore, it is apparent that some preventative interventions such as comprehensive programs that

build psychological fitness before the experience of high-rish adverse experiences are effective in preventing PTSD symptoms (McNally, 2012).

In regard to the "prototypical" symptom presentation of PTSD, DSM-5 criterion B (American Psychiatric Association, 2013) indicates that the presence of one or more of the following intrusion symptoms must be present "after the traumatic event(s) has occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). Note: In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.
2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s). Note: In children, there may be frightening dreams without recognizable content.
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) Note: In children, trauma-specific reenactment may occur in play.
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

DSM-5 criterion C for PTSD (American Psychiatric Association, 2013) includes the following:

Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

DSM-5 criterion D (American Psychiatric Association, 2013) for PTSD includes the following:

Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad,” “No one can be trusted,” ‘The world is completely dangerous,” “My whole nervous system is permanently ruined”).
3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
5. Markedly diminished interest or participation in significant activities.
6. Feelings of detachment or estrangement from others.

7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

DSM-5 criterion E (American Psychiatric Association, 2013) for PTSD includes the experiencing two or more of the following after the traumatic event(s):

1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

DSM-5 criterion F, G, and H (American Psychiatric Association, 2013) for PTSD respectively include the following:

F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.
G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

It would not do well to strictly study identifiable triggers of trauma responses and their resulting symptoms without identifying potential specific mechanisms of action of these responses. Particularly relevant to this work is the presence of cognitions that are concurrent with the trauma response; by identifying these in the literature one will be able to justify appropriate treatment techniques that work to address, modify, or process the

same. Central to the program that will be proposed in the next section that addresses this task is the notion of shattered assumptions. Seminal author Janoff-Bulman in 1992 proposed three worldview assumptions as being foundational to mental well-being; the world as benevolent, the world as meaningful, and the self as worthy with the respective opposite cognitions of each being associated with trauma-related distress. When these worldview assumptions are challenged by adverse events, the resulting discrepancies have been labelled fittingly as "shattered worlds."

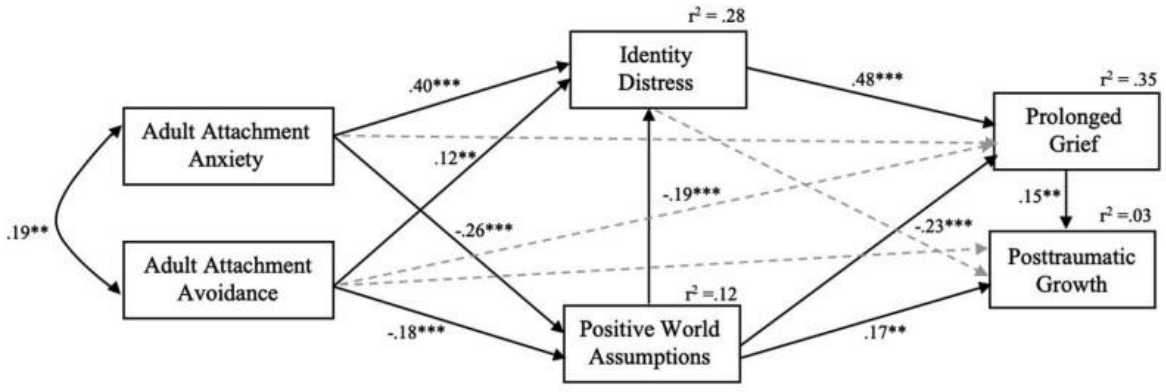
One immensely relevant manifestation of adverse experience whether specifically traumatic or not is that of grief. Grief refers to a reaction to loss but is often associated with the death of someone close; with cognitive, behavioral, physical, and spiritual effects (Hospice Foundation of America, 2012). Relevantly, bereavement refers to the way the grief experience is processed. Grief and traumatic responses can compound to produce increased occurrence of mental and physical health problems in those who are bereaved (Toblin et. al., 2012). Furthermore, loss due to graphic or violent death has been correlated with increased likelihood of chronic depression and elevated PTSD, although the authors of this finding posit that complicated (longer-term and higher severity) grief may constitute a differential diagnosis where this effect is not relevant (Bonanno, 2007). Reconstructing the assumptive world (which is related to the aforementioned topic of meaning-making) is inherently related to the improvement of trauma symptoms, of which the individual's community and mental health professionals are directly involved (Walsh, 2007).

Authors Captari et. al., (2021) observe that "Clinicians should listen for the ways survivors may feel shattered and experience a crisis of meaning. Restoring a sense of the

world as safe and meaningful, and the self as worthy, are key therapeutic foci. Attending to bereaved individuals' assumptive worlds may facilitate both assimilation (integrating the loss into previously held assumptions) and/or accommodation (altering previously held assumptions in light of the loss)." This project proposes that use of super-hero and other hero narrative in the context of constructivist therapy can help provide an approachable means of explaining IWM and assumptive worldview topics to those who are less psychologically minded as providing a therapeutic base to explore and reconstruct IWMs has been identified as vital (Captari et., al., 2021). Figure 1 below illustrates one study's findings demonstrating the correlations between attachment, assumptive worldview, as well as grief and trauma response which have all been covered at length. In this study, positive world assumptions contributed to posttraumatic growth.

Figure 1

Path Model Depicting Relationships Among Attachment to Close Others, Identity Distress, Positive World Assumptions, and Psychological Outcomes



Note. From *Attachment Processes Following Traumatic Loss: A Mediation Model*

Examining Identity Distress, Shattered Assumptions, Prolonged Grief, and Posttraumatic Growth by L. E. Captari (p. 96), 2021, American Psychological Association. Copyright 2020 by American Psychological Association.

As Irvin Yalom and Lieberman (1991) so aptly state in their classic study *Bereavement and Heightened Existential Awareness,* "Bereaved individuals are challenged in many areas but, most important, they are confronted with major and mortal questions about existence - about finitude, freedom and responsibility, isolation and meaning in life". This observation embodies obvious ramifications for the clinician who recognizes worldview and meaning-making must be addressed in the treatment of those who have experienced adversity, loss, traumatic events, or a combination of some of these.

What Can Go Wrong: Barriers to Effective Treatment

Many clients who engage with therapy services are asked to complete "homework" when they are not in-session for the purpose of skill-building. One potential barrier to treatment is that individuals are already busy outside of session, and homework assignments can be found to not be stimulating; especially for those presenting with difficulty concentrating; a common mental health disorder symptom. Completion of supplementary therapy-related homework has been related to more favorable clinical outcomes in the case of utilizing CBT for obsessive compulsive disorder (Hawley, 2021). A related potential barrier to treatment could be lack of comprehension of therapy content including skills, which has also been shown to improve CBT outcomes (Hawley, 2021). When engaging with their clients, therapists must take care to ensure they are making their subject matter understandable to optimize treatment outcomes.

What Can Go Right: Understanding Psychological Resilience

Resilience as a psychological construct could be said to include three relevant orientations of definition; traits referring to personal qualities that enable one to thrive in the face of adversity, outcome-based definitions wherein positive adaptation post-adversity is central, and process-oriented approaches wherein resilience is regarded as a dynamic process encompassing positive adaptation within the context of significant adversity (Nuttman-Shwartz & Green, 2021). In other words, individuals exemplifying resilience could be said to maintain an adaptive level of personal well-being during or following adverse experiences. It is important to note that resilience as a psychological construct is multidimensional; it is possible that individuals may exemplify resilience in one area and not in others (Luthar et. al., 2000). Resilience allows for a return to equilibrium rather than the experience of growth (Ogińska-Bulik & Kobylarczyk, 2016) as in the case of PTG.

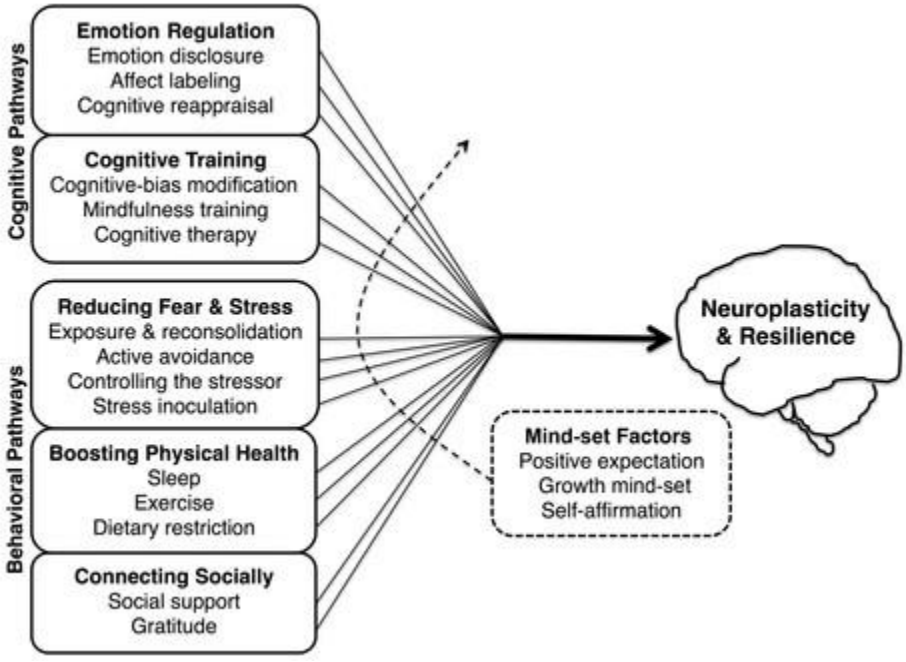
As a construct, it appears that resilience is associated with adaptive or maladaptive appraisal of experience (Ogińska-Bulik & Kobylarczyk, 2016) and as such relate to meaning-making. In the case of adaptivity, Ogińska-Bulik & Kobylarczyk (2016) found in accordance with prior research that resilient fire-fighters were more likely to identify an external stressor as a challenge rather than seeing them as a "loss".

Similarly, to PTG, it is clear that the possession of such a trait or ability would be desirable to be fostered within a psychotherapeutic context. Forbes & Fikretoglu (2018) claim that resilience interventions have been found to be effective in some contexts, but it is not yet clear exactly what the mechanism of action is in these contexts. One such context is that of the United States Army Battlemind debriefing program, which discusses

post-deployment stress education resulting in those with the most combat exposure experiencing fewer PTSD and depressive symptoms (McNally, 2012). Tabibnia & Radecki in 2018 identified the following fifteen potential cognitive and behavioral strategies for increasing resilience that capitalize on neuroplasticity; or the ability to for the brain to change: emotion disclosure, affect labeling, cognitive reappraisal, cognitive-bias modification, mindfulness training, cognitive therapy, exposure and reconsolidation, active avoidance, controlling the stressor, stress inoculation, sleep, exercise, dietary restriction, social support, and gratitude as reflected in Figure 2 below.

Figure 2

Schematic of the 15 Strategies That Can Boost Resilience and Lead to Long-Term Change in The Nervous System



Note. The solid boxes represent 15 strategies that can boost resilience and lead to long-term change in the nervous system. Also shown are the three mind-set factors (dashed box) that can improve learning and implementation of these resilience-boosting

strategies. Thin lines from the strategies converge onto a thick arrow to depict their additive effect on the nervous system and resilience. (Tabibnia & Radecki, 2018, p. 63) From *Resilience Training That Can Change the Brain* by G. Tabibnia & D. Radecki (p. 63), 2018, Consulting Psychology Journal: Practice and Research. Copyright 2018 by American Psychological Association.

Furthermore, Tabibnia & Radecki (2018) indicate that voluntarily confronting a stressor and the associate emotions in reality or cognitively tends to be a more adaptive approach than avoidance or suppression of said stressor. All of these considerations lend themselves to the discussion of resilience in the context of psychotherapy with hope that they can indeed be increased.

What Can Go Right: Understanding Posttraumatic Growth

The construct of posttraumatic growth emerged from research findings that not all consequences of adverse life experiences were maladaptive; indeed, individuals have reported improvements in their own wellbeing across domains such as increased sense of personal strength, deepening of personal relationships, increased appreciation for life, enhanced spirituality, and openness to new possibilities following the perceived negative event (Waters et al., 2013). These findings are significant in that they offer an appealing alternative emphasis to the distress that often accompanies the experience of potentially traumatic event and go further in adaptivity than static psychological resilience following an adverse experience.

Furthermore, the five aforementioned domains that mark posttraumatic growth demonstrate obvious resonance with the process of meaning-making, a concept that has been identified as lending itself to the fostering of increased sense of well-being. As

already alluded to, meaning-making from personal experiences has been demonstrated to potentially lead to positive psychological adaptation (Waters et al., 2013). Along those lines, it is important to note that individuals experiencing PTG likely would not have experienced a major change without the adverse event(s) altering their understanding of the world (Tedeschi & Calhoun, 1999). This is supportive of our prior observation that the fundamental meaning-making process that encapsulates assumptive worldview can be very closely related to clinical outcomes. Tedeschi & Calhoun (1999) add further credence to this theory of worldview being altered by a trauma through stating directly that schemata and assumptive worldview are both effected in such circumstances. These authors further note that they believe the first step to being able to foster posttraumatic growth in a psychotherapeutic context is for the clinician to be aware that it possible and highlighting it when it is being reflected in-session. PTG as a topic is never "forced" onto the client receiving therapy; instead, the clinician maintains a posture of attention and receptivity for the client to use the trauma as an opportunity to reconstruct new worldviews.

Positive psychological adaptation is simply another area that is able to be cultivated within the context of psychotherapy while addressing meaning-making and worldviews, and further demonstrates the importance of interventions that relate to the aforementioned experience of making meaning from personal experiences.

Constructivist Therapy: Deliberate Meaning-Making as Intervention

Constructivist psychotherapy represents a post-modern approach to therapy that emphasizes constructed meaning rather than a transcendent "objective reality", manifesting in sessions that focus on the nuances of personal interpretation rather than

what is “true” in an external world (Neimeyer, 2009). The constructivist school of psychotherapy is sometimes criticized for emphasizing subjectivity of experience; however, it should be noted that the process of deriving meaning from experience as detailed in the section of meaning-making is a universal tendency (Frankl, 2006). With this being the case, an emphasis on subjectivity in therapy easily lends itself to the discussion of works of fiction that nonetheless represent important experiences consistent with the personal reality of the individual. Emphasis on subjectivity could also allow for more flexibility in recognizing the aftermath of a traumatic event as an opportunity for growth; an attitude consistent with growth-mindset which is a possible strategy for facilitating PTG (Tabibnia & Radecki, 2018).

Practitioners of constructivist psychotherapy would affirm with philosophical post-modernists that people live in an “interpreted world” (Neimeyer, 2009), a notion consistent with previous references to humans constantly interpreting themselves as well as their experiences, manifesting in IWMs, schemata, and assumptive worldviews. By recognizing this fact, the constructivist psychotherapist is readily positioned to collaboratively identify and potentially restructure adaptive and maladaptive cognition within these worldview factors with their clientele.

Constructivist strategies that have been utilized in group therapy include narrative retelling; wherein adverse experiences are recounted and meaning attributed to details of the experience, therapeutic writing; including techniques such as inviting clients to write about themselves from the standpoint of a compassionate other, biographical work, and reassessing vivid images of their experiences to seek fresh significance in them (Neimeyer, 2010). Further techniques from within constructivist psychotherapy can

include metaphor/evocative visualization; wherein the clinician and client co-construct metaphors to convey their cognitive and emotional experiences and using imagination to analyze visual symbols pertaining to the client's experiences (Neimeyer, 2010). Finally, another significant and helpful constructivist therapeutic technique is encountering the "pro-symptom" position; collaboratively identifying potential hidden logic of the client's symptomatic responses and thus validating their experience.

Within the constructivist domain of psychotherapy exists a specified therapeutic approach known as narrative therapy. Narrative therapy is a collaborative person-centered therapy (Malinen et. al., 2012) that uses the client's own story to empower them to process change throughout their life cycle (Hunt et. al., 2015). Within the realm of narrative therapy is the concept of restorying, wherein therapists "assist their clients in embracing the past while allowing it to function as a prologue to the future" (Hunt et. al., 2015). Noted techniques within the narrative therapy realm include practices that encourage externalization of client challenges, deconstruction of problems/challenges breaking the client's story down, and considering alternative stories (Clarke, 2021) which is consistent with openness to new experience, a trait shown to be potentially consistent with resilience (Ogińska-Bulik & Kobylarczyk, 2016).

The variety of techniques within constructivist psychotherapy easily lend themselves to clinician creativity and novelty due to their emphasis on subjectivity. These techniques have been demonstrated to be effective at increasing quality of life and decreasing anxiety and depressive related symptoms (Clarke, 2021).

Hero Worship: Models of Resilience & PTG

Why superheroes? Superheroes are excellent models that are intrinsically motivated to use their abilities and resources for good even after tragic life events (Ansari & Scott, 2019) in line with the idea that challenging experiences offer opportunities for challenge and growth as in the cases of resilience and PTG. Furthermore, and as previously stated, psychotherapists must strive to make psychoeducational and intervention related content as accessible as possible in keeping with their clinical values. One way to do this is to include culturally popular phenomena that lends itself to a common language thus fostering the therapeutic alliance. As of the time of the completion of this project, the top eleven superhero films all earned over $1,000,000,000 worldwide in box office earnings, with the top grossing two films earning over $2,000,000,000 (The Numbers, 2021). Furthermore, comics; where superhero narrative originates from, brought in a combined $1.28 billion, even in the midst of a global pandemic (Jackson, 2021). This occurrence marks the highest sales for this market in in recorded history (Jackson, 2021). It is clear that superhero narrative is operating as a cultural zeitgeist for many ages, a phenomenon that therapists can easily capitalize on if conscious effort is made.

Mental health as well as superhero media and culture collided again in an interesting manner with the film release of the director's cut of *Zack Snyder's Justice League.* Zack Snyder, the original director of *Justice League* elected to step away from production of this film in 2017 following losing his daughter Autumn Snyder by suicide (O'Connell, 2021). Following his absence, the film that was completed with his name still attribute but without his involvement was received poorly by general audiences and critics alike (O'Connell, 2021). Only in 2021 was his film released as originally intended;

following dozens of fan campaigns including record-breaking hashtags that raised over $500,000 for suicide prevention in solidarity with Snyder (American Foundation for Suicide Prevention, 2021). Snyder thanked the American Foundation for Suicide Prevention for their work by including a cameo appearance of the same on a billboard featured in his film (Burlingame, 2021), further bridging the gaps between mental health advocacy and superhero media.

Dr. Lawrence Rubin (2019) already specializes in superhero-informed counseling and play therapy; editing an entire book dedicated to the subject that has already been cited. The founder of "Geek Therapy", another pop culture/therapy integrator and writer of the forward of this work indicates that "when I encouraged clients to explain how they felt using stories they were familiar with and loved, they were more comfortable expressing themselves. Sometimes we don't have the words to describe how we feel and in those cases, sometimes, a fictional story can help us do that." (Rubin 2019). Fittingly, he further states "these characters matter to their clients. And if they matter to our clients, they should matter to us" (Rubin 2019).

At the same time, it should be noted that hero-figures that are personally meaningful to therapy clients can also be integrated into these therapeutic conversations even if they are not derived from comics; indeed, many people find biblical characters (Moore, 2021) and other popular figures to provide inspiration.

PTG has already been creatively integrated into specific discussions of superhero narrative (Moore, 2021), demonstrating that meaningful psychoeducation and dialogue can be produced when super-hero topics and clinical psychology collide. Moore (2021) notes for instance that many consider Batman to be the greatest example of PTG in comic

book literature. Moore (2021) also cites further examples of comic-book heroes that serve to illustrate PTG domains such as Robin, Catwoman, and Daredevil reflecting diversity in application of various character narratives to these topics. This work indicates a prototype understanding of how superhero narrative can be applied to fundamentally serious clinical topics such as coping with loss or other adverse or potentially traumatic events.

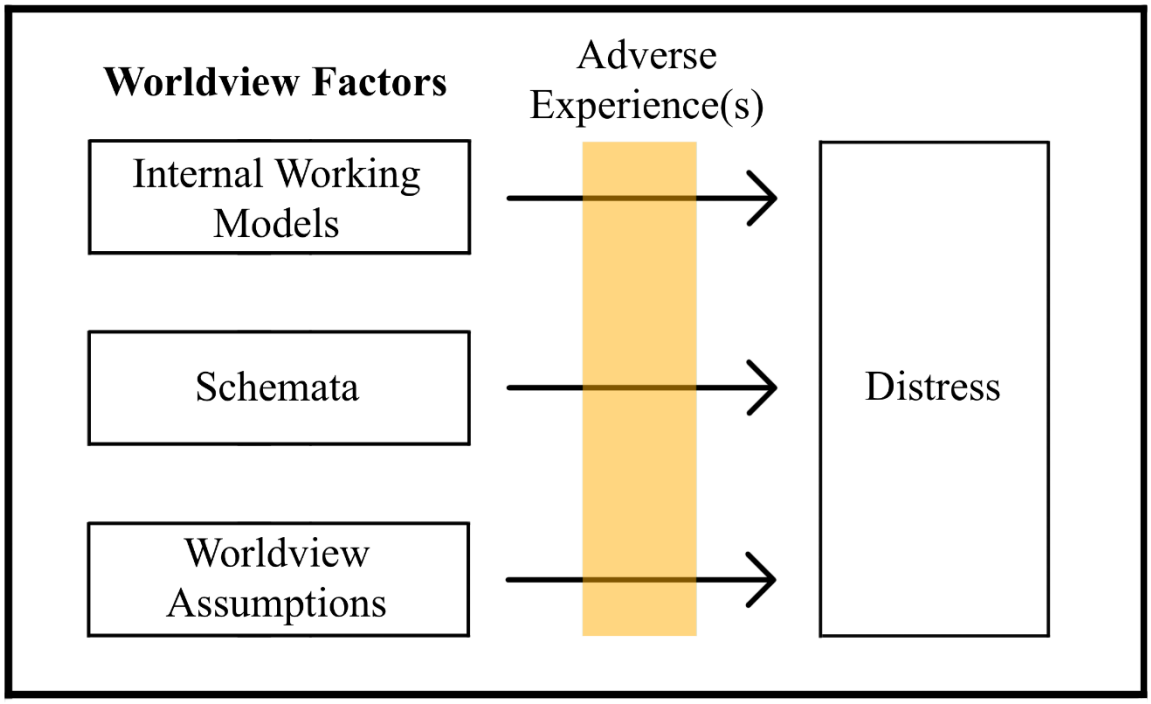
Superheroes have been appropriately identified as embodying strengths and challenges related to the subject matter at hand in the larger work of *Superhero Grief: The Transformative Power of Loss* (2021) edited by Jill Harrington and Robert Neimeyer, lending further credence to the notion that these topics can be integrated in a meaningful way. What follows in the subsequent program proposal are constructivist and more narrative therapy techniques, modified to reflect a specificity of superhero or other appropriate hero narrative emphasis.

III. Program

Hero-Centric Constructivist Psychotherapy: A Proposed Conceptual Model

Figure 3

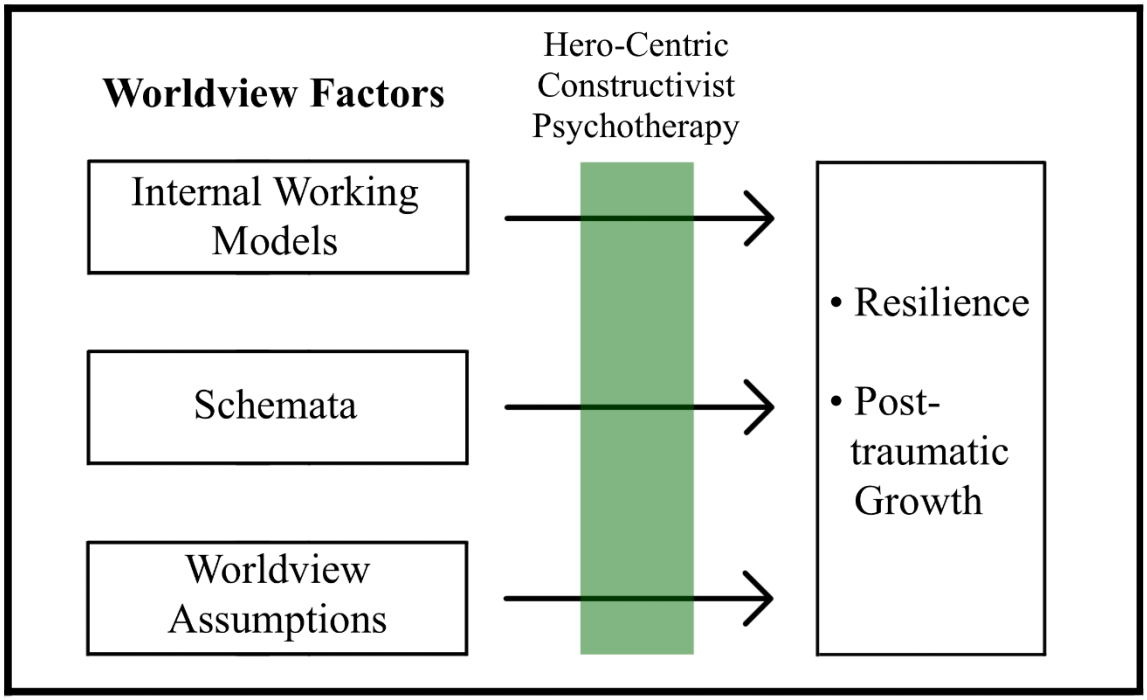
Potential Interaction of Adverse/Traumatic Experiences and Maladaptive Worldview Factors



The proposed intervention of this project would suggest conceptualizing appropriate clientele as follows: suitable individuals may have experienced or be experiencing maladaptive worldview factors related to IWMs of attachment, general schemata, and assumptive worldviews (see Figure 3). These factors are either created by or further exacerbated by adverse or traumatic experiences, which can lead to distress or lack of growth in PTG domains without education and/or intervention.

Figure 4

Ideal Interaction of Hero-Centric Constructivist Psychotherapy and Maladaptive Worldview Factors Following Post-Hoc Cognitive Restructuring



Hero-centric constructivist psychotherapy seeks to identify and address underlying worldview factors such as IWMs of attachment, general schemata and assumptive worldviews following diversity. Once maladaptive or less helpful worldview factors are identified, they can be directly addressed for the purpose of restructuring using cognitive and constructivist techniques with hopes of identifying and/or fostering resilience and PTG indicators among clientele as suggested by Figure 4. Receptivity to hero-centric constructivist psychotherapy topics rather than age or other demographic factors is the emphasis in determining goodness of fit for this proposed set of intervention strategies.

Bruce: A Case Study

All material that follows in this section has been de-identified with care in compliance with all relevant professional laws, standards, and guidelines.

In one case study, the author of this project was rendering psychotherapy services to a young boy named “Bruce.” Bruce was a six-year-old, Caucasian, cisgender male who was referred for psychotherapy due to experiencing depressive symptoms in response to losing his father to suicide. In this case, standard psychosocial interventions were found to produce defiance and a lack of engagement with Bruce. The clinician experienced significant difficulty in identifying bridges rather barriers to treatment engagement and was subsequently encouraged by their supervisor to distill heavy concepts such as education regarding trauma responses through language that was developmentally appropriate for a six-year-old.

Bruce was asked to identify superheroes from media they enjoyed themselves, thus establishing rapport and fostering interest in ensuing conversation. It then followed that Bruce was able to rectory his own experience through constructivist therapeutic techniques that related superheroes narratives to himself, thus providing him with models demonstrating the possibility for his own resilience and growth. When resilience and PTG material was delivered through application to media that the child found accessible, engagement with the material was fostered. Bruce was able to independently demonstrate parallels between his own adverse experiences and those of his favorite superheroes such as Batman and Spider-man in an enjoyable manner both to himself and the clinician.

Furthermore, by being able to broach these topics in early childhood, special care has been given to elicit positive outcomes by the providing of aforementioned

"preventative" psychosocial interventions. By applying these concepts in a preventative context as well as post-hoc to challenging events, it is hoped that Bruce and individuals like him will be able to apply resilience and PTG-related concepts when encountering further difficulties as they mature. Like conventional and popular superheroes, Bruce was able to utilize the disruptive "world shattering" qualities of a traumatic event as an opportunity to ascend to new heights clinically through examining his worldview at an early age.

Assistance in Application

It is recommended that the following identified therapy techniques be applied at the discretion of the clinician, in a supplementary fashion within their respective theoretical orientations. It is suggested that these therapy techniques be seen as skills or exercises that can be implemented in the frequency and detail that clinicians feel is appropriate in the context of their own practices.

There is no recommended age group for the implementation of these practices, although more psychologically minded or complex topics may be best suited for adolescent to adult age ranges, and many of the included exercises as formulated here will target adolescent to adult aged typical cognitive ability. Due to the emphasis on subjectivity within constructivist psychotherapy, topics are easily scalable to the cognitive abilities or age of whoever is being worked with so long as the individual continues to find them meaningful or useful.

In assessing goodness of fit for potential candidates for hero-centric constructivist therapy, utility may be found in assessing for the presence of one or more adverse or traumatic events, then subsequent resilience factors and PTG factors. Resilience and PTG

factors can be effectively screened for using the Connor-Davidson Resilience Scale (Connor & Davidson, 2003) and the Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996) respectively.

Further assessment considerations will consist of unstructured interviewing; wherein the clinician will determine whether or not superheroes or other hero figures demonstrate significant relevance or meaning to the individual client being considered. This will result in maintaining the collaborative nature of treatment and continued fostering of the therapeutic alliance rather than unilateral control of session content.

Concept 1: Foundations & Worldview Factors Psychoeducation

The average client will not have had significant exposure to concepts such as IWM, schemata, and assumptive worldview. Before more detailed work can be done identifying the presence of such constructs within the client, the clinician must take care to provide a foundation for them in an accessible manner.

First and foremost, it may serve the clinician well to identify superhero or other hero narratives that are meaningful to the client to serve as frames of references for future exercises. Prompting for such identification may include:

"Before we begin our work with Growing With Our Heroes, I thought it might be good to start by discussing some stories and characters that you find meaningful. With that in mind, what would some of these types of things be for you?"

Once potential hero candidates and stories are identified; further prompting in line with constructivist thought could include:

"Alright, I'm hearing that Batman is a character that is particularly interesting to you. What is it about Batman or his stories that you find compelling? What does Batman mean to you?"

After meaningful heroes and their stories are identified, the clinician will be prepared to engage the client with more formal psychoeducational material using the aforementioned content to make it interesting and accessible. First the client may begin carefully and methodically relating index traumas reported by the client to parallels in narratives they are interested in or have exposure to. Potential exemplary prompting may include:

"You know, a lot of these heroes we have begun discussing have an origin story where they experienced something incredibly challenging or what some people may consider traumatic. In the case of Batman for instance, I'm aware that he lost his parents to violent crime at a young age, and this continued to impact him for a long time. I'm wondering if anything extremely difficult you've experienced continues to affect your life?"

Second, the clinician will want to set a foundation for worldview factors such as IWMs of attachment, schemata, and assumptive worldviews since these will be a central target of constructivist restructuring and restorying. This content in particular may be more difficult for younger or less cognitively abled individuals, so the clinician should scale as necessary and emphasize the meaning of the constructs rather than their names. Displaying a table such as below that includes the various attachment styles posited by IWM theory may provide significant utility.

Table 1

Internal Working Model of Attachment Types

Type	Description	Model of Self	Dependence	Model of Other	Avoidance
Secure	comfortable with intimacy and independence	positive	low	positive	low
Fearful	fearful of intimacy, avoidant	negative	high	negative	high
Preoccupied	preoccupied with intimacy	negative	high	positive	low
Dismissing	dismissing of intimacy, counter-dependent	positive	low	negative	high

Potential scripting for discussing IWM could include the following:

"We've discussed how past events between attachment figure and child can shape how individuals think and behave now. In looking at Batman's life, what early lessons do you think he might have learned in his experiences?

"What about in your own story? How does your attachment type differ from Batman's?"

Discussing schemata as well as assumptive worldview continues to serve the client in learning to identify the same. Similar prompting may be beneficial in developing these identification skills:

"We have just talked about how many people have beliefs about how the way the world works that affect how they feel. Remember, many people have beliefs like "the world is good," "the world has meaning" and "I am worthy" that get shattered when

they experience tragedy. What do you think Batman's thoughts on those ideas could be? Was Batman's world shattered?"

"How are your ideas similar to Batman's? Are they different? Why might they be different?"

If the script has been followed to this point, challenging Socratic questioning could begin to be implemented, although perhaps as rapport is earned and in later sessions.

"So, Batman's worldview was challenged, but he is still recognized as a hero. Even though you are similar, do you see yourself in a different light?"

Once these introductory topics of worldview factors have been discussed at length and the clinician is satisfied the material has been comprehended, other module material may be effectively applied.

Concept 2: Identifying Super-strengths

Many superheroes possess unique talents, skills, and extraordinary abilities. Using this trope as a frame of reference may serve as an entertaining means of identifying current potential strengths and resilience factors within the client. Ansari and Scott (2019) recommend utilizing the VIA strengths inventory to identify potential strengths but identifying already existing resilience contributors the client indicated on a resilience inventory may serve just as well for this purpose. Traits identified as potential strengths within the VIA strengths inventory include appreciation beauty and excellence, bravery, creativity, curiosity, fairness, forgiveness, gratitude, honesty, hope, humility, humor, judgment, kindness, leadership, love, love of learning, perseverance, perspective,

prudence, self-regulation, social intelligence, spirituality, teamwork, and zest (VIA Institute on Character, 2022). Potential introductory prompting may include:

"Resilience means maintaining our adaptiveness following a challenging experience. On that paperwork you filled out last time (resilience inventory) *it appears that you identified optimism as something that has protected you. Why don't we take a look at how heroes like Batman use optimism to continue fighting for good?"*

One could then transition to narrative retelling (Neimeyer, 2010):

"You're right, it seems many heroes show resilience in these ways. In your own story, how did your optimism help you get through your challenge?

Concept 3: Narrative Re-telling

Superheroes are embedded in a fictional narrative by the nature of their respective media portrayals. In like manner, constructivists would tend to view actual humans as being embedded in a narrative they have constructed for themselves (Neimeyer, 2009). This parallel may serve to set a foundation of conscious and unconscious meaning-making with the client. Prompting could include:

"We've spent a lot of time talking about superhero stories such as Batman, but what if I told you that we're all living in a story that we also serve to write ourselves?"

To introduce verbal retelling of adverse experiences in hopes of finding new meaning that could be consistent with PTG, scripting could include:

"I'd be interested in continuing to listen to your story because like with Batman's detective work sometimes we may find new clues or "easter-eggs" that we haven't discovered before. Starting at the beginning, could you tell your story to me again? I'm wondering if anything will change as we continue!"

"Perhaps you could relate your story to me similar to a superhero movie. If you are the hero protagonist, how does the rest of the story go?"

"Thanks for telling your story again. Kind of like the fact that Batman was able to find meaning in the loss of his parents, it seems that you have also been motivated to grow in these ways. In our field we call this posttraumatic growth, and we know it is possible in the real world. Do you think this area could be an area of growth for you?"

Illustrations from superhero stories indicating traumatic experiences as leading to powers could have utility in explaining PTG as a concept here as well.

Concept 4: Therapeutic Writing

Expressive writing can be effective, especially when it prompts meaning-based processing of loss experiences (Neimeyer, 2010). Therapeutic writing exercises that are hero-centric lend themselves to creative approaches in developing prompts that could foster reflection on resilience and PTG. Examples of prompts could be:

"As hard as it may be, I want you to try to identify your own superpowers and strengths and write them in a journal. Perhaps when you feel you are weak, you can refer back to this list?"

"Something that a lot of people find helpful is to write about themselves from the standpoint of a compassionate other. We've discussed how Superman always thinks compassionately. If he met you, what do you think he would have to say about you and your ability to survive or grow?"

"You really enjoy comics, perhaps you could create a comic that shows the highlights of your shared life with your loved one?"

Concept 5: Superhero-Relevant Metaphors

Metaphors are intrinsic ways humans deliberately derive meaning from their experience and are highlighted in constructivist therapy. Metaphors can be used in varying ways but with great utility in the context of therapy. One potential use in hero-centric constructivist psychotherapy could be in explaining psychological constructs such as resilience or PTG as in the following examples:

"You've identified that you enjoy Superman stories because he is very difficult for his enemies to hurt. This reminds me of resilience, and you may have your own protective powers like your seeing obstacles as challenges…"

"So, Peter Parker was bitten by a radioactive spider and then gained powers. It sounds like the pain from the bite was intense, but created conditions of change for Peter to grow stronger. That sounds a lot like how posttraumatic growth works…"

Furthermore, the client may find superhero related story devices and occurrences to be an entertaining and destigmatizing way of discussing traumatic events or vulnerabilities as seen below.

Client: *"I really have to avoid fireworks. They remind me of what happened that day and make things a lot harder for me."*

Clinician: *"I think a lot of superheroes have also had unique challenges or vulnerabilities. What have you found to be your Kryptonite? How do you understand this challenge in the context of your own story? Do you think it is possible to overcome fireworks like Superman overcame Kryptonite in that story?"*

Furthermore, the aforementioned worldview factors that can be related to distress could be compared to the hindrances or vulnerabilities heroes experience.

Concept 6: Externalizing via Hero

One feature of constructivist therapy is the idea of detaching oneself from one's problems to analyze them narratively through another perspective. When utilizing this concept, the clinician focuses very much on maintaining a posture of collaborative curiosity in investigating the hidden or implicit logic of their symptom experiences (Neimeyer, 2010) and thus validating or normalizing them. This process can first be modeled like so:

"The more we discuss his stories, the more I'm starting to think Batman may have reasons for insisting on working isolated. What reasons could you imagine for Batman pushing others away? Do you think those may be related to his constructed worldview?"

Once the identification and connection with the pro-symptom position in the case of an identified hero has cemented familiarity of the topic, application to the client's own story can occur:

"Well now that you've told me your story again, I'm wondering what meaning you make from it. Similar to Batman, what reasons might you have for experiencing difficulties with others?"

"Do you think that might be related to your beliefs about others like we talked about before?"

Concept 7: Writing the Next Chapter by Restorying

The previous concepts following the foundations of concept 1 could theoretically be implemented in any order or combination the clinician may find helpful and appropriate, however it is recommended that the considerations contained in concept 7 be

implemented closer to termination or the end of resilience and PTG discussion as they pertain to client goals and the future.

Restorying refers to the deliberate process of assisting clients in embracing the past while allowing it to function as a prologue to the future (Hunt et. al., 2015) thereby empowering clients to change by adopting a new narrative. This concept fits nicely in the context of transitioning away from an on-going conversation in therapy regarding resilience, PTG, and hero narratives whether due to termination of individual therapy services or adjusting intervention goals/methods. The goal of this concept is to examine and construct alternative stories following identification of problem-saturated dominant stories (Merscham, 2000). The first step when enacting this concept will be to reiterate the stories that the client has identified as problematic relating to worldview factors. Introductions to this conversation could include:

"So far we've spent a lot of time discussing beliefs about the world and yourself that may have been less helpful. Let's take some time to make a running list of these…"

"Now that we have a comprehensive list of less helpful ways of telling your story, perhaps we can consider if these relate to those worldview factors we mentioned before."

Upon consideration of past as summative prologue, the client and clinician are ready to begin examining and constructing alternatives which can be informed by modeled superhero narrative. This topic could be broached in the following manner:

"We've talked a lot about superhero stories you found personally meaningful. I'm wondering if any of them might be meaningful enough to you to apply as a template for a way forward in growth and continuing to be resilient?"

"If you are the hero of your own story, how might you write the next issue of the comic so that you bring what you've learned but enable a more desirable story? Who else is in that story? What are you like as the protagonist? How does your character continue to embody resilience and posttraumatic growth?"

Limitations & Future Directions

A primary limitation to the endeavors enshrined in this project is that of lack of targeted specific empirical study. For a therapy intervention to be considered efficacious, it must first undergo two randomized controlled trials demonstrating its effectiveness in remediating symptoms it intends to remediate. While the interventions modified herein have been conducted on techniques from the evidence-based practice of constructivist therapy (a cognitive therapy approach), it remains important that targeted research that identifies potential mechanism of action is conducted.

A secondary limitation to this project is that resilience and PTG remain emerging constructs; they do appear to be supported by convergent validity but investigation into these topics remains recent in empirical study. Further research into the specific mechanisms of action in effective resilience and PTG is needed to refine treatment program approach.

Potential future directions informed by this work could be creation of a therapy group that utilizes these concepts. The subjective nature of constructivist conceptualization readily enables ease of discussion, lending itself to discussion of narratives with multiple interpretations of equal validity. The emphasis of this work has been to leverage superhero narrative to highlight and reinforce resilience as well as PTG, but it may be the case that other modeled narratives from a peer group are also able to be

utilized for this task. Another potential future expansion of this project could be the creation of a self-directed therapeutic workbook in which the concepts proposed are adapted into writing exercises which are already a relevant practice to constructivist psychotherapists. Such a workbook could easily be utilized in conjunction with individual therapy as a template for supplementary homework.

If shown to be specifically effective, it is feasible that these approaches be modified in accordance with preventative models of care to develop resilience training programs to be used in outreach education. It may be the case that this process of encapsulation provides a more entertaining and accessible method of discussing the source material.

Conclusion

It has been incrementally argued that tasks of meaning-making offer inherent value to the practicing psychotherapist, and is especially relevant to discussing worldview factors that may predict adaptive responses such as resilience and PTG. It is apparent that superhero stories lend themselves to novel psychotherapy interventions including frameworks from narrative therapies to create an approachable program for introducing resilience and posttraumatic growth topics. As mental health care continues to emphasize preventative education as well as positive psychology, the aforementioned approaches to engaging in these endeavors show significant promise.

Discussing potentially difficult material with clinical clientele is made easier by applying metaphors that are developmentally appropriate and could potentially lead to cumulatively positive mental health outcomes. Further research is needed with particular emphasis on targeting specific efficacy of a hero-centric constructivist resilience and

PTG training program, as well as to identify potential paths forward for further modifications or subject emphases.

References

American Foundation for Suicide Prevention. (2021, February 2). *Thank you to the #ReleasetheSnyderCut Movement for raising $500k for suicide prevention. https://afsp.org/story/thank-you-to-the-releasethesnydercut-movement-for-raising-500k-for-suicide-prevention*

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct.* https://www.apa.org/ethics/code/ethics-code-2017.pdf

Ansari, S. & Scott, M.C. (2019). *Flourishing after the origin story: using positive psychology to explore well-being in superheroes and supervillains.* In L.C. Rubin *Using superheroes and villains in counseling and play therapy.* Routledge.

Beck, J. S., (2011). *Cognitive Behavior Therapy: Basics and Beyond* (2nd ed.). The Guilford Press.

Bonanno, G. A., Neria, Y., Mancini, A., Coifman, K. G., Litz, B., & Insel, B. (2007). Is there more to complicated grief than depression and posttraumatic stress disorder? A test of incremental validity. *Journal of Abnormal Psychology, 116(2), 342–351.* doi:10.1037/0021-843x.116.2.342

Burlingame, R. (2021) *Zack Snyder's Favorite Suicide Prevention Charity Got a Cameo in Justice League.* Comicbook. https://comicbook.com/dc/news/zack-snyders-favorite-suicide-prevention-charity-got-a-cameo-in/

Captari, L. E., Riggs, S. A., & Stephen, K. (2021). Attachment processes following traumatic loss: A mediation model examining identity distress, shattered

assumptions, prolonged grief, and posttraumatic growth. *Psychological Trauma: Theory, Research, Practice, and Policy, 13*(1), 94–103. https://doi-org.libproxy.eku.edu/10.1037/tra0000555

Chappelle, W., Goodman, T., Reardon, L., & Thompson, W. (2014). An analysis of post-traumatic stress symptoms in United States Air Force drone operators. *Journal of Anxiety Disorders*, *28*(5), 480–487. https://doi-org.libproxy.eku.edu/10.1016/j.janxdis.2014.05.003

Chou, T., Asnaani, A., & Hofmann, S. G. (2012). Perception of racial discrimination and psychopathology across three US ethnic minority groups. *Cultural Diversity and Ethnic Minority Psychology*, *18*(1), 74–81. https://doiorg.libproxy.eku.edu/10.1037/a0025432

Clarke, J., (2021, July). *What Is Narrative Therapy?* Verywell Mind. https://www.verywellmind.com/narrative-therapy-4172956

Connor, K. M., & Davidson, J. R. (2003). Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). *Depression and anxiety*, *18*(2), 76-82.

DiMaggio, P. (1997). Culture and cognition. *Annual Review of Sociology 23*(1), 263-287. https://doi.org/10.1146/annurev.soc.23.1.263

Forbes, S., & Fikretoglu, D. (2018). Building resilience: The conceptual basis and research evidence for resilience training programs. *Review of General Psychology*, *22*(4), 452-468. https://doi-org.libproxy.eku.edu/10.1037/gpr0000152

Frankl, V. E. (2006). *Man's search for meaning: An introdcution to logotherapy*. Beacon Press.

Harrington, J.A., Neimeyer, R.A. (2021). *Superhero Grief: The Transformative Power of Loss.* (pp.157-162) Routledge.

Hawley, L. L., Rector, N. A., & Segal, Z. V. (2021). The relative impact of cognitive and behavioral skill comprehension and use during CBT for Obsessive Compulsive Disorder. *Cognitive Therapy and Research, 45*(3), 439–449. https://doi-org.libproxy.eku.edu/10.1007/s10608-020-10117-0

Hedegaard, H., Curtin, S. C., Warner, M., (2021). *Suicide Mortality in the United States, 1999-2019*, (NCHS Data Brief 398). National Center for Health Statistics. https://dx.doi.org/10.15620/cdc:101761

Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress, 5(3), 377–391.* doi:10.1002/jts.2490050305

Hospice Foundation of America. (2012). *Grief.* Retrieved October 1, 2021, from https://web.archive.org/web/20120319211508/http://www.hospicefoundation.org/grief

Hunt, Q., Russo-Mitma, G., Olsen, C. & Nelson, M. (2015). Restorying Interventions: Commemorating the Past and Embracing the Future, *Journal of Family Psychotherapy, 26*:1, 36-41, DOI: 10.1080/08975353.2015.1002741

Jackson, M. (2021, July 7). *Comics wire: 2020 sold more comics than ever; Grant Morrison's DC departure; extreme carnage; and more!* SYFY Wire. https://www.syfy.com/syfy-wire/comics-wire--sales-2020-grant-morrison-dc-departure-carnage

Jankowski, P. J., Sandage, S. J., Bell, C. A., Davis, D. E., Porter, E., Jessen, M., Motzny, C. L., Ross, K.V., & Owen, J. (2020). Virtue, flourishing, and positive psychology in psychotherapy: An overview and research prospectus. *Psychotherapy, 57*(3), 291–309. https://doiorg.libproxy.eku.edu/10.1037/pst0000285

Janoff-Bulman, R. (1992). *Shattered assumptions*. New York, NY: Free Press.

Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training, 38*(4), 357–361. https://doi -org.libproxy.eku.edu/10.1037/0033-3204.38.4.357

Leontiev, D. A. (2013). Positive psychology in search for meaning: An introduction. *The Journal of Positive Psychology*, *8*(6), 457–458. https://doiorg.libproxy.eku.edu/10.1080/17439760.2013.830766

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, *71*(3), 543–562. https://doi-org.libproxy.eku.edu/10.1111/1467-8624.00164

Malinen, T., Cooper, S.J., & Thomas, F.N. (Eds.). (2011). *Masters of Narrative and Collaborative Therapies: The Voices of Andersen, Anderson, and White*. Routledge.

McDonald, M. K., Borntrager, C. F., & Rostad, W. (2014). Measuring trauma: Considerations for assessing complex and non-PTSD criterion a childhood trauma. *Journal of Trauma & Dissociation*, *15*(2), 184–203. https://doi -org.libproxy.eku.edu/10.1080/15299732.2014.867577

McNally, R. J. (2012). ARE WE WINNING THE WAR AGAINST POSTTRAUMATIC STRESS DISORDER? *Science, 336*(6083), 872–874. http://www.jstor.org/stable/41584853

Merscham, C. (2000). Restorying trauma with narrative therapy: Using the phantom family. *The Family Journal*, *8*(3), 282–286. https://doi-org.libproxy.eku.edu/10.1177/1066480700083013

Moore, M.M., Posttraumatic Growth, Superheroes and The Bereaved. In Harrington, J.A., Neimeyer, R.A. (2021). *Superhero Grief: The Transformative Power of Loss.* (pp.157-162) Routledge.

National Center for PTSD. (n.d.). *How common is PTSD in adults?* Retrieved October 1. 2021, from https://www.ptsd.va.gov/understand/common/common_adults.asp

Neimeyer, R.A. (2009). *Constructivist psychotherapy: distinctive features*. Routledge.

Neimeyer, R. A., Burke, L. A., Mackay, M. M., & van Dyke Stringer, J. G. (2010). Grief therapy and the reconstruction of meaning: From principles to practice. *Journal of Contemporary Psychotherapy: On the Cutting Edge of Modern Developments in Psychotherapy*, *40*(2), 73–83. https://doi-org.libproxy.eku.edu/10.1007/s10879-009-9135-3

Nuttman-Shwartz, O., & Green, O. (2021). Resilience truths: Trauma resilience workers' points of view toward resilience in continuous traumatic situations. *International Journal of Stress Management, 28*(1), 1–10. https://doi-org.libproxy.eku.edu/10.1037/str0000223

O'Connell, S. (2021). *Release the Snyder cut: The crazy true story behind the fight that saved Zack Snyder's Justice League.* Applause.

Ogińska-Bulik, N., & Kobylarczyk, M., (2016). Association between resiliency and posttraumatic growth in firefighters: the role of stress appraisal, *International Journal of Occupational Safety and Ergonomics*, *22*(1), 40 -48, http://dx.doi.org/10.1080/10803548.2015.1109372

Olsson, C. A., Bond, L., Burns, J. M., Vella-Brodrick, D. A., & Sawyer, S. M. (2003). Adolescent resilience: A concept analysis. *Journal of Adolescence*, *26*(1), 1–11. https://doi-org.libproxy.eku.edu/10.1016/S0140-1971(02)00118-5

Peterson, J. B. (2013). Three forms of meaning and the management of complexity. In K. D. Markman, T. Proulx, & M. J. Lindberg (Eds.), *The psychology of meaning*. (pp. 17–48) American Psychological Association. https://doi -org.libproxy.eku.edu/10.1037/14040-002

Polanco-Roman, L., Miranda, R., Hien, D., & Anglin, D. M. (2021). Racial/ethnic discrimination as race-based trauma and suicide-related risk in racial/ethnic minority young adults: The explanatory roles of stress sensitivity and dissociation. *Psychological Trauma: Theory, Research, Practice, and Policy*, *13*(7), 759–767. https://doi-org.libproxy.eku.edu/10.1037/tra0001076

Substance Abuse and Mental Health Services Administration. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/

Tabibnia, G., & Radecki, D. (2018). Resilience training that can change the brain. *Consulting Psychology Journal: Practice and Research*, *70*(1), 59–88. https://doi-org.libproxy.eku.edu/10.1037/cpb0000110

Taubert, J., Wardle, S. G., Flessert, M., Leopold, D. A., & Ungerleider, L. G. (2017). Face Pareidolia in the Rhesus Monkey. *Current Biology*, *27*(16), 2505–2509.e2. https://doi-org.libproxy.eku.edu/10.1016/j.cub.2017.06.075

Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of traumatic stress*, *9*(3), 455 -471.

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic Growth: Conceptual Foundations and Empirical Evidence. *Psychological Inquiry*, *15*(1), 1–18. https://doi-org.libproxy.eku.edu/10.1207/s15327965pli1501_01

The Numbers. (2021), *All time worldwide box office for super hero movies.* Retrieved November 8, 2021, from https://www.the-numbers.com/box-office -records/worldwide/all-movies/creative-types/super-hero

Toblin, R. L., Riviere, L. A., Thomas, J. L., Adler, A. B., Kok, B. C., & Hoge, C. W. (2012). Grief and physical health outcomes in U.S. soldiers returning from combat. *Journal of Affective Disorders, 136(3),* 469 -475. doi:10.1016/j.jad.2011.10.048

Verschueren, K., Marcoen, A., & Schoefs, V. (1996). The internal working model of the self, attachment, and competence in five-year-olds. *Child Development*, *67*(5), 2493–2511. https://doi-org.libproxy.eku.edu/10.2307/1131636

VIA Institute on Character. (2022). *The 24 character strengths.* *https://www.viacharacter.org/character-strengths*

Walsh, F. (2007). Traumatic Loss and Major Disasters: Strengthening Family and Community Resilience. *Family Process*, *46*(2), 207–227. https://doi-org.libproxy.eku.edu/10.1111/j.1545-5300.2007.00205.x

Waters, T. E. A., Shallcross, J. F., & Fivush, R. (2013). The many facets of meaning making: Comparing multiple measures of meaning making and their relations to psychological distress. *Memory*, *21*(1), 111–124. https://doi org.libproxy.eku.edu/10.1080/09658211.2012.705300

Wong, P. T. P. (2017). Meaning-centered approach to research and therapy, second wave positive psychology, and the future of humanistic psychology. *The Humanistic Psychologist*, *45*(3), 207–216. https://doi-org.libproxy.eku.edu/10.1037/hum0000062

Yalom, I.D. & Lieberman, M.A. (1991). Bereavement and Heightened Existential Awareness, *Psychiatry*, *54*(4), 334-345, https://doi.org/10.1080/00332747.1991.11024563

Zhou, L.-F., & Meng, M. (2020). Do you see the “face”? Individual differences in face pareidolia. *Journal of Pacific Rim Psychology*, *14*. https://doi-org.libproxy.eku.edu/10.1017/prp.2019.27