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REVIEW

Police Psychotherapy as a Reconstructive Journey Toward Transformation, Healing, and Behavioral Change: The Heroic Growth Framework

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Abstract
Police officers are routinely exposed to cumulative stress, trauma, moral injury, and identity disruption. Although evidence-based psychotherapeutic modalities exist to address trauma and behavioral change, clinicians frequently encounter challenges related to engagement, meaning-making, resistance, and sustaining growth among police clients. This article presents Heroic Growth, a conceptual psychotherapeutic framework designed to organize treatment in psychotherapy with police officers. Drawing upon Joseph Campbell's monomyth, the Hero's Journey, Heroic Growth provides a narrative scaffold through which diverse therapeutic modalities may be applied without supplanting their empirical foundations. The framework is presented as a parallel process that aligns with established models of change and recovery, including the Transtheoretical Model of Behavioral Change, Herman's stages of trauma recovery, and Jungian stages of psychoanalytic transformation. A distinguishing feature of HG is its operationalization of narrative position as a clinical decision variable used to guide assessment, intervention timing, pacing, and treatment priorities across phases of change. Clinical implications for police psychologists and therapists working with police populations are discussed, along with limitations and directions for future research. The framework is intended to support clinician decision-making by improving engagement, pacing, and retention in police psychotherapy.

Keywords Police psychology · Psychotherapy · Trauma · Behavioral change · Narrative identity · Conceptual framework

Introduction

All growth involves change, but not all change results in growth. For police officers, exposure to adversity—whether operational trauma, moral injury, or identity disruption—is common, yet positive psychological transformation is not inevitable. Change becomes growth when it is accompanied by intentionality, ownership, and a coherent path forward.

Psychotherapy with police officers often extends beyond symptom reduction. Clinicians are frequently tasked with addressing disruptions in identity, meaning, and trust while navigating skepticism toward mental health treatment and resistance to externally imposed change. Although evidence-based treatments are well established, clinicians working with police populations often encounter difficulty sustaining engagement, pacing treatment, and supporting long-term behavioral change. These challenges suggest that technique alone may be insufficient when therapeutic work lacks a clinically useful and culturally relevant structure. This has direct implications for engagement, retention, and the effectiveness of psychotherapy with police populations, particularly when treatment is experienced as misaligned with how officers understand distress and responsibility.

To address this gap, the present article introduces Heroic Growth, an integrative psychotherapeutic framework that conceptualizes therapy with police officers as a reconstructive journey toward transformation and behavioral change.

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The Hero's Journey as a Psychological and Clinical Construct

Joseph Campbell's comparative study of mythology led to the articulation of the monomyth, commonly referred to as the Hero's Journey, in *The Hero with a Thousand Faces* (Campbell, 1949/2008). He identified a recurring narrative structure in which an individual departs from the familiar world, encounters adversity and transformation, and ultimately returns with new insight or capacity.

Campbell described this process as a three-phase movement of separation, initiation, and return. Although often treated as a literary motif, its structural features parallel clinically observable processes of disruption, confrontation, and reintegration. In this sense, the Hero's Journey may be understood as reflecting recurring processes of identity disruption, confrontation, and reintegration across contexts.

The Hero's Journey functions as a narrative structure through which individuals interpret adversity and change. The descent into challenge, confrontation with internal and external obstacles, and eventual return parallel processes observed in psychotherapy, particularly in trauma recovery and identity reconstruction. Importantly, the monomyth emphasizes cyclical movement, ambivalence, refusal, and regression, which are consistent with clinical realities rather than linear models of change.

Clarifying the Use of the Term Hero in Heroic Growth

Within Heroic Growth (HG), the term *Hero* is used deliberately and narrowly as a proper noun. As used in HG, *Hero* refers to an archetypal and narrative organizing function and does not denote altruistic heroism or moral exceptionalism as defined within social psychological literature. This usage differs from conventional prosocial framings of heroism in both research and popular discourse and is distinct from Zimbardo's conception of the hero as an altruistic, self-sacrificial individual engaged in humanitarian action (Franco et al., 2011; Franco & Zimbardo, 2007). While such formulations emphasize moral courage and ethical action, they are not the focus of the present framework.

Instead, HG draws upon two complementary traditions: Campbell's articulation of the Hero's Journey (1949/2008) and Jung's conceptualization of the hero as an archetypal psychic function associated with adaptation, differentiation, and individuation (Jung, 1967, 1968). Within HG, the Hero functions as a narrative and archetypal organizer of adaptation and integration rather than a moral or prosocial ideal, allowing the concept to structure therapeutic work without implying occupational valorization.

Beyond its theoretical grounding, the clinical utility of the Hero within HG rests on its potential cultural resonance with police populations. Research on policing culture emphasizes the centrality of professional identity, mission orientation, and discretionary judgment in officers' everyday work (Campeau, 2015; Maile et al., 2023). Sociological analyses suggest that "mission" functions as a cultural resource through which officers interpret their work under institutional constraints (Campeau, 2015), and wellbeing research identifies sense of purpose and professional identity as protective factors (Berlanga et al., 2026). Qualitative studies further highlight autonomy and discretion as organizing features of decision-making under uncertainty (Maile et al., 2023).

At the same time, research on mental health in policing documents norms that privilege emotional control and strength, contributing to stigma and hesitancy around help-seeking (Grupe, 2023). Contemporary role-orientation research indicates that officers' professional self-concepts—often described as "warrior" and "guardian" orientations—are associated with preferences for coercive or procedurally just approaches (Henry & Wolfe, 2024; Murphy & McCarthy, 2024; Stoughton, 2015).

These findings do not establish HG as an evidence-based intervention but provide an empirical context in which the stage-based structure of the Hero's Journey may be clinically plausible and testable. Features of policing culture—mission orientation, autonomy, and emotional control—align with constructs of agency, persistence, and goal-directed behavior, supporting the plausibility of a Hero-aligned framework. The correspondence between HG and policing culture is therefore understood as theoretical alignment rather than metaphorical association.

In psychotherapy with law enforcement officers, the Hero serves a dual clinical function. At an archetypal level, it aligns with mission orientation, agency, and task engagement that are culturally consistent with policing and may reduce dissonance with therapeutic processes. At a narrative level, it provides a reference point through which officers may reinterpret adversity, resistance, and growth without framing therapy as deficit-based or corrective.

In this way, the Hero functions as a translation of psychotherapeutic work into meaning structures already present within policing culture, supporting engagement and reducing resistance while maintaining clinical rigor. Clinically, this is reflected in a preference for action-oriented framing, resistance to deficit-based language, and increased engagement when therapeutic work is organized around agency, responsibility, and mission-consistent meaning structures. Within law enforcement populations, this frequently appears as greater willingness to participate when treatment is experienced as congruent with professional identity rather than in opposition to it.

Table 1 Heroic growth phase correspondence, clinical meaning, and primary clinical tasks

Hero's Journey Sub-Stage	Primary Clinical Tasks
Heroic Growth Phase: **BEFORE**	
Ordinary World: Baseline narrative context and identity organization prior to disruption	Conduct biopsychosocial assessment; establish baseline functioning; clarify occupational, relational, and developmental history; explore identity organization, values, and meaning structures; identify pre-existing strengths and vulnerabilities.
Heroic Growth Phase: **ORIGIN**	
Call to Adventure: Disruptive event or accumulation of stressors that destabilizes prior assumptions and requires adaptation	Identify precipitating events; assess operational trauma, moral injury, organizational stress, and symptom emergence; clarify the officer's interpretation of disruption; evaluate readiness for change.
Refusal of the Call: Ambivalence, hesitation, avoidance, or resistance toward change and treatment engagement	Assess ambivalence and treatment readiness; identify avoidance patterns, stigma concerns, and engagement barriers; normalize resistance as an expected aspect of adaptation; strengthen motivation for treatment participation.
Heroic Growth Phase: **TRAINING**	
Supernatural Aid: Therapeutic, interpersonal, or organizational support that facilitates movement toward change; clinician as mentor	Establish therapeutic alliance; provide psychoeducation; normalize reactions to adversity; identify internal and external supports; collaboratively develop treatment goals and structure.
Crossing the Threshold: Initial commitment to treatment and movement beyond crisis management; overcoming barriers	Facilitate engagement in treatment; support examination of internal experience; strengthen commitment to therapeutic work; transition from problem identification to active participation.
Belly of the Whale: Early destabilization and psychological reorganization following departure from familiar patterns	Stabilize symptoms; strengthen affect regulation; teach grounding and coping skills; develop distress tolerance; establish safety; assess readiness for deeper processing.
Heroic Growth Phase: **TESTING**	
Road of Trials: Repeated challenges that require adaptation, persistence, and development of new capacities; learned skills tested in vivo	Process avoided material; challenge maladaptive beliefs; facilitate emotional processing; implement behavioral experiments; strengthen adaptive coping and resilience.
Meeting with the Goddess: Encounter with meaning, connection, possibility, values, emerging strengths, or numinous experiences associated with psychological growth and transformation	Clarify values; identify strengths and sources of meaning; explore relational connections; facilitate encounters with profound or numinous material that may support psychological transformation; support future-oriented goals; reconstruct identity beyond trauma or crisis.
Woman as Temptress: Pull toward avoidance, retreat, distraction, or familiar maladaptive patterns; resistance of exit/regression	Identify avoidance strategies and treatment-interfering behaviors; address competing commitments; explore defensive patterns; monitor relapse risk and disengagement.
Atonement with the Father: Confrontation with authority, responsibility, moral conflict, or identity-defining expectations	Address perfectionism, authority conflicts, organizational betrayal, moral injury, internalized expectations, and identity-related shame; support reconciliation of conflicting self-perceptions.
Apotheosis: Experiential integration resulting in increased coherence, flexibility, and tolerance for ambiguity	Consolidate insight; strengthen narrative coherence; facilitate experiential integration; increase tolerance for ambiguity; reduce reactivity; support movement from understanding to embodiment.
Heroic Growth Phase: **GROWTH**	
Ultimate Boon: Acquisition of new capacities, meaning, perspective, adaptive understanding, posttraumatic growth, or generative insight that may be applied beyond the self.	Identify emergent strengths and adaptive capacities; articulate lessons learned; consolidate gains in meaning, identity, perspective, and functioning; support integration of growth-related changes following adversity; explore how these gains may be expressed in relationships, leadership, mentorship, or service.
Refusal of the Return: Reluctance or resistance to applying therapeutic gains within everyday life	Explore barriers to change implementation; address fears associated with relinquishing familiar roles, coping patterns, or identities; support transition from insight to action.
Crossing the Return Threshold: Translation of therapeutic gains into occupational, relational, and community functioning	Support behavioral implementation of insight across occupational, relational, and community domains; evaluate functioning in real-world contexts; address challenges encountered during reintegration.

Table 1 (continued)

Hero's Journey Sub-Stage	Primary Clinical Tasks
Mastery of Two Worlds: Capacity to balance internal experience and external demands with flexibility; successful integration of the before and after	Integrate occupational, relational, and personal identities; support application of therapeutic gains within leadership, mentorship, family, and community roles; strengthen adaptive boundaries; support sustained functioning across contexts.
Freedom to Live: Increased agency, psychological flexibility, and engagement with life beyond adversity	Maintain gains; develop relapse-prevention strategies; support retirement or role transitions; reinforce continued growth without overidentification with adversity.

Note. Hero's Journey terminology is adapted from Campbell (1949/2008). The table emphasizes sub-stages most readily operationalized as clinical tasks within Heroic Growth and is intended as a clinician-facing framework rather than an exhaustive representation of Campbell's monomyth. Primary clinical tasks are illustrative rather than prescriptive and demonstrate how narrative position may inform assessment, intervention timing, pacing, and treatment planning within the Heroic Growth framework

This proposition is grounded in theoretical alignment, descriptions of policing culture, and clinical observation rather than direct empirical evaluation of HG as a unified model. Accordingly, the framework is best understood as a hypothesis regarding police psychotherapy that warrants further evaluation.

The Stages and Sub-Stages of the Hero's Journey Within the Heroic Growth Framework

Campbell (1949/2008) described the Hero's Journey as unfolding across three primary stages - Departure, Initiation, and Return - each composed of sub-stages that reflect recurring psychological processes rather than discrete events. Within the HG framework, these stages are conceptualized as symbolic markers that parallel clinically observable phases of engagement, disruption, processing, and integration in psychotherapy with police officers.

Consistent with Campbell's (1949/2008) conception of the monomyth as a recurring symbolic pattern and Vogler's (2020) observation that Hero's Journey elements may emerge nonlinearly, these stages are not treated as a prescriptive sequence but as a symbolic scaffold through which disruption, engagement, regression, and reintegration may be clinically organized. Individuals may move unevenly across stages, revisit earlier phases, or engage multiple developmental tasks simultaneously. Within HG, the value of the monomyth lies not in predicting a fixed progression but in providing a clinically useful structure for organizing assessment, intervention timing, pacing, and therapeutic movement over time.

Table 1 summarizes the major stages and sub-stages of the Hero's Journey as operationalized within Heroic Growth, including their corresponding HG phases and associated clinical implications. The table is intended as a reference point for understanding how mythological terminology is translated into clinically relevant therapeutic tasks.

Stage One: Departure (Separation) corresponds to the Before and Origin phases of HG. The Ordinary World reflects the officer's baseline, including identity organization, role investment, relational patterns, and assumptions about self and world. The Call to Adventure represents the precipitating event or accumulation of stressors that disrupts this baseline, aligning with Origin, in which trauma exposure or moral injury destabilizes prior meaning structures. Refusal of the Call parallels ambivalence toward treatment and avoidance of distressing material and is conceptualized within HG as clinically informative. Supernatural Aid and Crossing the First Threshold represent the introduction of therapeutic support and the client's initial engagement in treatment, corresponding to early movement into Training. The Belly of the Whale reflects a period of stabilization during which psychological reorganization begins.

In practice, this stage is often characterized by early ambivalence, guarded disclosure, and efforts to maintain pre-existing identity structures despite emerging disruption. Engagement may be tentative, with participation shaped by uncertainty regarding the purpose, safety, and relevance of treatment. Clinically, this stage emphasizes identity stabilization prior to engaging more destabilizing material. This has direct implications for engagement and pacing, particularly in establishing initial therapeutic alliance under conditions of resistance.

Stage Two: Initiation is the central transformational phase of the monomyth and aligns with the Training and Testing phases of HG. The Road of Trials corresponds to the development and testing of coping strategies, affect regulation, and insight. Sub-stages such as Meeting with the Goddess, Woman as Temptress, and Atonement with the Father are reframed as symbolic confrontations with meaning, temptation, authority, and internalized power structures. These processes reflect therapeutic work involving identity integration, resistance to avoidance, and examination of limiting beliefs. Clinically, this phase is often characterized by oscillation between engagement and avoidance, with officers testing both the therapist and the process while gradually increasing tolerance for distressing material. Apotheosis

represents a transition in Testing in which transformation becomes experientially anchored rather than solely cognitive. Clinically, this phase guides pacing and supports integration of insight into behavior.

Stage Three: Return corresponds to the Growth phase of HG and parallels Herman's stage of reconnection and integration. The Ultimate Boon represents the capacities or insights developed through treatment. Refusal of the Return reflects reluctance to apply change within daily life. Additional Return motifs, including the Magic Flight and Rescue from Without, are treated within HG as symbolic variations of the reintegration process rather than distinct clinical phases. Consistent with Campbell's (1949/2008) conception of the monomyth as a recurring symbolic pattern and Vogler's (2020) observation that Hero's Journey elements may emerge in varied and non-linear forms, these motifs are operationalized as aspects of reintegration rather than separate developmental tasks. The Crossing of the Return Threshold describes the challenges associated with translating therapeutic gains into everyday occupational, relational, and community functioning. The final movements, often described as Mastery of Two Worlds and Freedom to Live, reflect the capacity to navigate internal and external demands with increased flexibility and agency.

In session, this frequently emerges as difficulty translating insight into behavior, particularly when returning to occupational environments that reinforce prior patterns. Clinically, this stage emphasizes behavioral translation and identity reintegration, such that change is reflected in relational and occupational functioning rather than remaining limited to insight within therapy. This is relevant to sustaining treatment gains and supporting long-term behavioral change within policing contexts.

Consistent with trauma-informed models, these stages are understood as non-linear and recursive. Returns to earlier phases are conceptualized within HG as opportunities for further integration rather than indicators of failure.

Clinical Applications of the Hero's Journey in Psychotherapy

The Hero's Journey has been examined within clinical and empirical psychology. Research on narrative identity suggests that reframing lived experience within a coherent developmental structure is associated with improved psychological functioning over time (Adler et al., 2016). Rogers et al. (2023) reported that individuals who conceptualized their life narratives in alignment with the Hero's Journey demonstrated increased meaning in life following a re-storying intervention.

Beyond this empirical work, the monomyth has been applied across humanistic, Jungian, integrative, and trauma-focused therapies (Efthimiou & Franco, 2017; Gilligan & Dilts, 2009; Kaufmann, 2019; Williams, 2016, 2019). Across these contexts, it has functioned as a narrative organizer that may support motivation, coherence, and engagement when paired with established approaches.

The application of HG to police psychotherapy is therefore hypothesis-generating rather than evidence-derived. Its empirical grounding remains preliminary, and the present formulation should be understood as a conceptual proposal requiring systematic evaluation rather than as an empirically validated model.

Police Psychotherapy and the Problem of Engagement, Meaning, and Change

Police officers occupy a professional role characterized by authority, exposure to danger, and moral complexity. These occupational conditions shape how officers experience psychological distress and how they engage with psychotherapy. Many officers enter treatment in response to functional impairment or occupational consequences rather than intrinsic motivation for self-exploration, a pattern consistent with research documenting stigma-related barriers and ambivalence toward mental health engagement among law enforcement personnel (Haugen et al., 2017; Karaffa & Koch, 2016).

Traditional therapeutic language may be experienced as incongruent with police identity, particularly when framed in terms of vulnerability or pathology within occupational cultures that emphasize strength, emotional control, and concerns regarding stigma and career consequences (Haugen et al., 2017; Karaffa & Koch, 2016). As a result, resistance to psychotherapy is common and may be experienced as incompatible with an action-oriented professional identity. In law enforcement populations, this frequently appears as guarded engagement, skepticism toward therapeutic intent, and reluctance to participate in processes perceived as incongruent with operational identity. This has direct implications for engagement, retention, and the effectiveness of psychotherapy, particularly when treatment is experienced as externally imposed rather than internally meaningful. Campbell's formulation of the monomyth provides a relevant reframing of this tension, noting that "the passage of the mythological hero may be over-ground, incidentally; fundamentally, it is inward—into depths where obscure resistances are overcome" (Campbell, 1949/2008, p. 22).

Within HG, this process operates on two levels: a narrative structure that organizes experience into recognizable phases and a concurrent process of psychological

transformation that unfolds as those phases are engaged. Framing psychotherapy as a reconstructive journey rather than a corrective intervention situates internal resistance as an expected feature of a broader developmental process of adaptation and integration. Within HG, the inward psychological work of therapy is conceptualized as the central task, emphasizing agency and sustained engagement while aligning internal change with values present in policing culture.

Addressing Barriers to Engagement in Police Psychotherapy

Recent peer-reviewed literature in police mental health consistently identifies stigma, reluctance to disclose psychological distress, and ambivalence toward professional help-seeking as persistent and structurally embedded features of policing culture rather than isolated or transient phenomena. Qualitative and mixed-methods studies indicate that mental health concerns may be minimized, concealed, or reframed within occupational norms that prioritize control, resilience, and operational readiness (Bell et al., 2022; Grupe, 2023). Officers frequently report concern about being perceived as weak, unreliable, or unfit for duty, contributing to hesitation in acknowledging distress or initiating treatment (Lane et al., 2022).

A recent scoping review synthesizing post-2021 quantitative studies similarly found that attitudes toward seeking mental health support among police are shaped by stigma, prior experiences with help-seeking, and perceived organizational culture, with ambivalence toward treatment representing a consistent pattern across samples (Grumley Traynor & Rydon-Grange, 2025). Taken together, these findings suggest that barriers to engagement are not merely individual but reflect broader cultural and occupational dynamics that shape how psychological services are perceived and utilized.

Beyond general stigma, the literature increasingly highlights more concrete and consequential barriers that influence engagement decisions in real-world contexts. Concerns regarding confidentiality, distrust of department-affiliated services, and fear of negative career consequences are repeatedly identified as central deterrents to help-seeking. Officers report apprehension that participation in mental health services may not remain private and could result in administrative scrutiny, loss of specialized assignments, restrictions on duty status, or impediments to promotion (Hancock & Clifton, 2025; Gavin & Porter, 2025).

Empirical studies demonstrate that perceived lack of confidentiality and coworker stigma significantly reduce willingness to utilize available programs, whereas confidence in confidentiality increases participation (Whittington & Basham, 2024). Similarly, mixed-methods findings indicate that distrust of organizational systems and concern about how mental health information may be used function as primary inhibitors of service use, even when services are technically available (Fix et al., 2024). These concerns reflect what may be described as "kitchen table" realities within policing—informal, experience-based beliefs about how engagement with mental health services may affect one's standing within the organization.

In addition to stigma and distrust, barriers related to access and perceived fit further complicate engagement with psychotherapy among police officers. Research suggests that officers may be willing to participate in mental health services when those services are clearly accessible, confidential, and perceived as relevant to the realities of police work; however, awareness of available resources remains inconsistent, and availability alone does not ensure utilization (Padilla, 2023). Officers frequently report uncertainty about how to access services, limited time due to operational demands, and skepticism regarding whether providers understand policing contexts (Lane et al., 2022; Panza et al., 2024). The scoping review by Grumley Traynor and Rydon-Grange (2025) further indicates that perceived availability and prior engagement with services are among the strongest positive correlates of help-seeking attitudes, whereas symptom burden alone does not reliably predict engagement.

These findings suggest that engagement in police psychotherapy is not determined by symptom burden alone. It is also shaped by how help is framed, who is perceived to have access to that information, whether services are experienced as confidential and trustworthy, whether engagement is perceived as threatening to occupational identity, and whether care is understood as relevant to the realities of police work rather than externally imposed. These factors directly influence initiation, participation, and continuity of treatment.

Collectively, this body of research indicates that barriers to engagement in police psychotherapy are shaped by how services are framed, delivered, and integrated within policing culture. These findings support psychotherapeutic approaches that are responsive to concerns regarding identity, trust, and professional consequence. In this context, a culturally aware and non-pathologizing approach may reduce perceived threat, preserve agency, and provide a coherent frame through which change can be understood (Hofer & Savell, 2021; Fix et al., 2024; Whittington & Basham, 2024). Accordingly, the clinical value of HG lies not in introducing a novel mechanism of change, but in addressing a documented problem in police psychology by organizing treatment in a manner that is clinically grounded and responsive to the realities of policing.

Heroic Growth: An Integrative Psychotherapeutic Framework for Police

Heroic Growth is a conceptual psychotherapeutic framework, not a treatment or explanatory model. It is described as a framework to emphasize its organizing function rather than any claim of empirical efficacy or mechanism of action. The framework provides a narrative structure through which evidence-based psychotherapeutic approaches may be organized without supplanting their empirical foundations. Within HG, the Hero's Journey functions as a symbolic scaffold rather than a treatment protocol. The monomyth provides an organizing structure through which meaning-making, developmental challenge, resistance, regression, and integration may be conceptualized, while the mechanisms of change remain those associated with the evidence-based interventions employed by the clinician.

A distinguishing feature of HG is its operationalization of narrative position as a decision-making variable. Rather than conceptualizing phases implicitly, HG requires the clinician to identify where the client is situated within a reconstructive arc and to align intervention, pacing, and depth accordingly. This approach shifts clinical decision-making by positioning narrative position, rather than symptom severity alone, as a determinant of intervention timing. In this sense, HG functions as a structured method for aligning intervention with developmental readiness.

HG does not introduce a novel mechanism of change. Its contribution lies in organizing existing interventions through a phase-sensitive narrative frame that supports timing, pacing, and engagement within a police-specific clinical context. In this way, therapeutic work may be experienced as coherent, purposeful, and culturally credible without displacing the mechanisms of established interventions.

Although HG draws upon narrative and trauma-informed traditions, it differs from these approaches in how the framework is operationalized clinically. Narrative approaches primarily focus on the stories clients use to understand themselves and their experiences, whereas trauma-informed approaches emphasize safety, regulation, processing, and integration following adversity. HG incorporates these functions but approaches them through a different organizing question. Rather than asking only, "What story is the client telling about this experience?" or "Is the client sufficiently safe and regulated for deeper processing?", HG asks, "Where is this client in the reconstructive process, and what intervention is indicated at this stage?"

Within HG, narrative position functions as a clinical decision variable. Regardless of theoretical orientation or treatment modality, the clinician uses the client's position within the reconstructive process to guide assessment, pacing, treatment priorities, and expectations regarding resistance or progression. In this respect, HG does not prescribe specific interventions; rather, it provides a phase-informed framework for determining which therapeutic tasks are most appropriate at a given point in treatment. The same intervention may therefore be indicated, deferred, or modified depending upon whether the client is engaged in stabilization, active processing, or reintegration. Thus, HG is distinguished not by a unique mechanism of change, but by its use of narrative position to organize clinical decision-making.

Narrative Identity and Constructivist Influences in Heroic Growth

Heroic Growth draws on narrative identity and constructivist perspectives, conceptualizing change as both symptom reduction and reconstruction of meaning.

Consistent with social constructionist and narrative approaches to psychotherapy (McAdams, 1993; White & Epston, 1990), HG conceptualizes therapy as a process of re-authoring the stories individuals use to interpret adversity, identity, and agency. Within this framework, distress is addressed by facilitating shifts in narrative coherence rather than by replacing one account with another.

Heroic Growth operationalizes narrative reconstruction through the structure of departure, initiation, and return, providing a developmental framework through which disruption and integration may be understood within a broader process of change. Both Jung and Campbell emphasized the role of myth and personal narrative in psychological transformation, conceptualizing myth as symbolic expression rather than literal belief. This perspective is consistent with contemporary narrative and constructivist approaches, as well as with the use of metaphor and storytelling in evidence-based psychotherapies.

For example, Linehan (2014, 2018, 2020) described the use of metaphor as a strategy to clarify meaning and integrate complex emotional experience. Within HG, this process is applied to the individual's evolving life narrative. Heroic Growth does not prescribe a singular narrative but provides a flexible structure for meaning reconstruction. This orientation allows HG to be applied across therapeutic modalities and law enforcement populations while maintaining conceptual coherence.

Heroic Growth as a Parallel Process Framework

Heroic Growth is not a replacement for established models or evidence-based treatments but a parallel process framework that organizes therapeutic work in a manner consistent with how psychological change unfolds. Rather than privileging narrative metaphor over clinical science, HG uses

the Hero's Journey as a scaffold through which established models of change may be integrated and communicated.

To illustrate this alignment, the following subsections describe how HG parallels three established models relevant to psychotherapy with police officers: the Transtheoretical Model of Behavioral Change, Herman's stages of trauma recovery, and Jungian stages of psychoanalytic transformation. These comparisons are intended to clarify points of convergence rather than to propose theoretical integration or modification of underlying models.

Prochaska and DiClemente's Transtheoretical Model of Behavioral Change

The Transtheoretical Model of Behavioral Change (TTM) emerged from Prochaska's (1979) comparative analysis of psychotherapeutic systems, following Parloff's (1976) observation that different approaches often produce similar outcomes. Subsequent work by Prochaska and DiClemente (1982, 1983) formalized TTM as a stage-based framework describing intentional behavioral change across domains. TTM remains widely applied for understanding readiness, ambivalence, and sustained change in psychotherapy (Prochaska & Norcross, 2018).

Within HG, the Hero's Journey functions as a parallel scaffold through which the stages of TTM may be framed experientially. This orientation does not alter the mechanisms of TTM but situates them within a developmental structure that contextualizes movement through change. Clinically, this often presents as fluctuating readiness for change, with officers moving between engagement and resistance in ways that are better understood as stage-consistent rather than oppositional.

Precontemplation is marked by limited awareness of a need for change or a lack of intention to engage in change. This stage parallels the Hero's Ordinary World, in which existing patterns remain familiar and stable.

Contemplation involves growing recognition of the need for change alongside persistent ambivalence. Individuals weigh costs and benefits and may intend to change, although commitment remains uncertain. Within HG, this stage corresponds to the Call to Adventure, drawing on Campbell's typology of the call as voluntary, coerced, accidental, or forced.

Preparation reflects initial movement toward change through preliminary steps without full behavioral implementation. Within HG, this phase aligns with the threshold between the familiar and the unknown.

Action involves overt behavioral change and sustained effort and is often accompanied by vulnerability to relapse. Heroic Growth aligns this stage with the Initiation phase, particularly the Road of Trials, in which skill development and engagement with obstacles are central.

Maintenance is characterized by continued application of strategies and consolidation of gains. Within HG, this stage corresponds to later phases of Initiation and early phases of Return, emphasizing integration and stabilization across contexts.

Termination reflects sustained behavioral change without significant relapse. This stage parallels the Return phase of the Hero's Journey, in which the individual re-enters the ordinary world with changes integrated into daily functioning and identity.

Across stages of change, HG preserves the empirical structure of TTM while providing a narrative framework that contextualizes ambivalence, effort, regression, and integration without redefining underlying mechanisms of behavioral change. This supports phase-informed clinical decision-making under conditions of ambivalence and resistance, particularly in maintaining engagement across the reconstructive process.

Herman's Stages of Trauma Recovery

Herman's stage-based model of trauma recovery conceptualizes the experience and aftermath of trauma as unfolding across three interrelated phases: safety and stabilization, remembrance and mourning, and reconnection and integration (Herman, 1992). Within HG, these stages are framed as a parallel process to the Hero's Journey, situating trauma recovery within a broader pattern of disruption, confrontation, and integration. This comparison is intended to clarify structural correspondence rather than to integrate or modify Herman's model.

Safety and stabilization involve establishing a secure therapeutic environment, accurate diagnosis, and restoration of agency through self-regulation. Within HG, this phase corresponds to early Departure, in which the individual remains anchored in the familiar while preparing for engagement with change. In practice, this is often observed as the need to establish safety and control prior to deeper processing, particularly in populations accustomed to operational threat exposure.

Remembrance and mourning require the individual to confront traumatic memory. As Herman noted, "the choice to confront the horrors of the past rests with the survivor" (1992, p. 175). This parallels Campbell's observation that during Initiation "the last deed has to be done by oneself" (Campbell & Moyers, 1988/1991, p. 184). Within HG, this phase aligns with Initiation, during which traumatic material is processed and integrated through meaning-making.

Reconnection and integration involve re-engagement with ordinary life and the development of a future-oriented

identity that incorporates trauma without being defined by it. This phase parallels the Return stage of the Hero's Journey, in which the individual is able to navigate both internal experience and external demands with increased flexibility. This has direct implications for pacing and sequencing intervention in trauma-focused work with police officers.

Post-Traumatic Growth and the "Boon" of Heroic Growth

Within HG, post-traumatic growth (PTG) is conceptualized as a potential outcome of integration rather than an expected result. PTG, as described by Tedeschi and Calhoun (1999), refers to positive psychological change that may occur following adversity. Within HG, such change is framed as the Ultimate Boon of the journey, representing the meaning or capacity that may emerge through reconstruction of personal narrative.

The concept of growth following adversity predates contemporary PTG formulations and is reflected in Jung's view that suffering may catalyze transformation, noting that "there is no birth of consciousness without pain" (Jung, 1925/1981, CW 18, p. 193).

Empirical research has associated PTG with reorganization of priorities and identity following adversity (Tedeschi & Calhoun, 1995, 1999). Within HG, these changes are conceptualized as indicators of narrative integration rather than aspirational outcomes, reflecting reorganization across identity, meaning, and behavior. Heroic Growth does not assume or require post-traumatic growth but provides a framework within which growth may occur if individuals reconstruct meaning in ways that support agency and coherence. In this context, the "boon" is defined as integration rather than optimism and is evaluated as an indicator of narrative organization rather than an outcome to be achieved.

Stages of Psychoanalytic Transformation

Jung conceptualized psychotherapy as a staged process involving the integration of previously unconscious material into conscious identity (Jung, 1966). In *The Practice of Psychotherapy* (CW 16), he described phases of change—confession, elucidation, education, and transformation—that reflect movement from disclosure of conflict to adaptive reintegration.

Within HG, these stages are treated as descriptive markers of psychological change rather than prescriptive procedures. Confession parallels early Departure, in which previously unarticulated material emerges and the individual engages in therapy. Elucidation corresponds to the interpretive work of Initiation. Education reflects the application of insight to functioning, aligning with later Initiation and early Return. Transformation denotes increased integration and flexibility rather than symptom reduction alone.

This alignment supports the view that psychotherapy often unfolds as a reconstructive process involving confrontation, integration, and reintegration across theoretical orientations. HG draws on Jung's staged description of change to illustrate convergence across models rather than to privilege a specific theoretical approach.

The structural correspondence across these models is summarized in Fig. 1, illustrating their relevance for clinical application and stage-informed intervention.

Operationalizing Heroic Growth: A Phase-Informed Guide for Clinical Practice

Having established HG as a parallel-process framework aligned with models of behavioral change, trauma recovery, and psychological transformation, the practical question is how it may be implemented in psychotherapy with police officers. The following section outlines a phase-based approach to clinical application. Within treatment, the Hero's Journey may be introduced to clients as a narrative framework, whereas the five phases of HG (Before, Origin, Training, Testing, Growth) function as clinician-facing constructs that guide assessment, pacing, and intervention.

Although informed by archetypal theory, the framework may be implemented using secular language. Hero's Journey elements can be translated into descriptive clinical terms without requiring familiarity with Jungian, archetypal, or mythological concepts.

Introducing the Hero's Journey in Early Treatment

The Hero's Journey is typically introduced during early sessions after rapport has been established and presenting concerns have been clarified. It is presented as a narrative structure that parallels psychological experience. Clinicians may describe a general pattern of disruption and change: a stable baseline, a destabilizing event, ambivalence or resistance, engagement with challenges, and a return marked by change. Therapy may be framed as following a similar process. The introduction is collaborative; if the framework resonates, it is used to orient the work, and if not, it is not pursued.

The *Hero* is presented as a narrative role rather than a moral ideal, with emphasis placed on psychological adaptation rather than occupational meaning. If the term evokes discomfort, alternative language such as journey, mission arc, or developmental cycle may be used. The framework does not depend on specific terminology.

Assessment of resonance occurs throughout treatment. When the language is adopted by the client to describe

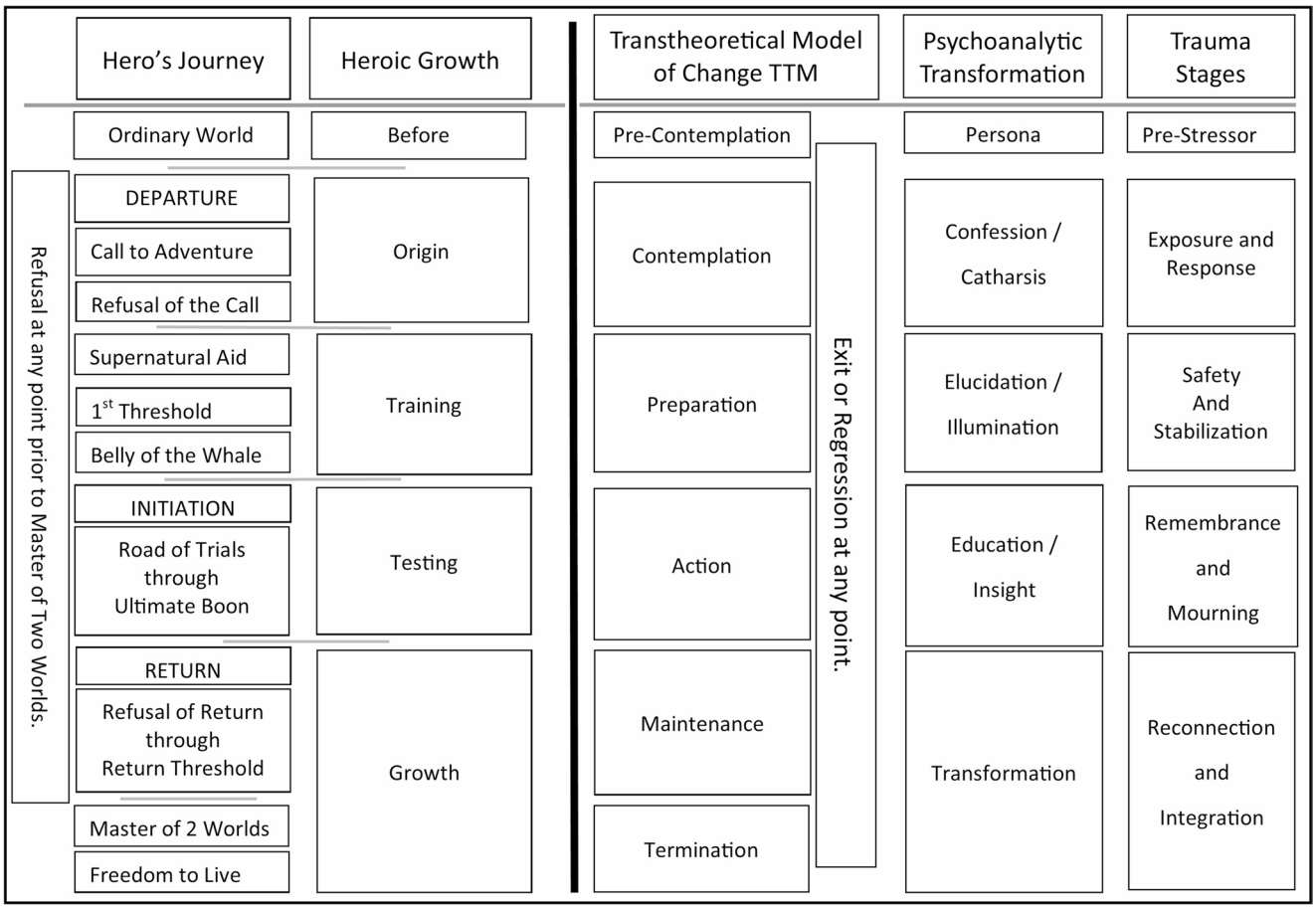

Fig. 1 Structural correspondence across the Hero's Journey, Heroic Growth, the Transtheoretical Model of Change, psychodynamic transformation, and trauma recovery stages. The figure highlights parallel phase-based processes and points of regression, illustrating how movement across stages may inform clinical assessment, pacing, and intervention

current challenges, the framework is considered integrated. When it elicits disengagement or overidentification, the clinician adjusts or removes explicit reference to the monomyth. Resistance is conceptualized as part of the process rather than as treatment failure, informing pacing and intervention within the broader developmental framework.

The explicit use of the *Hero* construct requires attention to potential inflation. In occupational cultures associated with strong identity investment, the Hero narrative may reinforce defensiveness if applied without calibration. Within HG, the Hero role is deliberately reframed during Testing, where engagement with ambivalence, moral injury, and limitation becomes central. Apotheosis is conceptualized as integration following disillusionment rather than as achievement. In this way, the Hero function is used to support differentiation rather than to reinforce occupational identity.

Phase-by-Phase Clinical Implementation

While the Hero's Journey may be introduced to the client, the clinician organizes treatment according to the five phases of HG. Each phase corresponds to observable movements in psychotherapy and parallels stage-based models of change.

HG Phase 1: BEFORE (Hero's Journey: Ordinary World)

The Before phase establishes the officer's baseline narrative context. Clinical exploration focuses on motivations for entering policing, early experiences with authority, assumptions regarding safety and trust, and the influence of significant figures. Attention is also given to early threshold experiences, such as academy training, initial exposure to violence, or early disillusionment. These elements clarify the foundations of identity organization.

The purpose of this phase is contextual orientation rather than idealization. By articulating the structure of the Ordinary World, the clinician and client identify what has been disrupted in Origin and what may require reintegration in later phases. This phase provides a baseline against which subsequent change can be understood.

HG Phase 2: ORIGIN (Hero's Journey: Call to Adventure and Refusal of the Call)

The Origin phase corresponds to disruption of the prior narrative structure. Clinical work focuses on identifying precipitating events, examining changes in assumptions about self and world, and clarifying the meaning of exposure. Attention is directed toward what was altered or lost, such as confidence, trust, or sense of control, and how the officer interprets these changes.

Resistance to treatment is conceptualized as Refusal of the Call. Hesitation and ambivalence are understood as expected responses to engagement with unfamiliar psychological material. Differentiating adaptive caution from avoidance becomes clinically relevant. The officer's experience of the Call may inform pacing and engagement, and this framing may reduce stigma by situating reluctance within a broader developmental process.

HG Phase 3: TRAINING (Hero's Journey: Supernatural Aid, Crossing the Threshold, Belly of the Whale)

Training aligns with Herman's phase of safety and stabilization and is typically the most structured portion of treatment. The therapeutic focus is on restoring safety, strengthening affect regulation, and supporting agency. Interventions may include psychophysiological regulation strategies, grounding techniques, skills training, and identification of environmental stressors that affect stability.

Within the narrative frame, the therapist occupies the role of Supernatural Aid as guide and instructor. Crossing the Threshold reflects the officer's engagement with deeper therapeutic work beyond initial stabilization. The Belly of the Whale may be reflected in early destabilization, including increased affect or distress as defensive structures are reduced.

Progression beyond Training is guided by capacity indicators rather than session count. The clinician assesses whether the officer can regulate affect, tolerate distress, and describe internal states with increasing coherence. Movement into Testing is based on stability rather than urgency.

HG Phase 4: TESTING (Hero's Journey: Road of Trials, Atonement, Apotheosis)

Testing corresponds to the remembrance and mourning phase of trauma recovery and represents the central phase of psychotherapy. Clinical work includes narrative reconstruction, identification of cognitive distortions, processing of moral injury, and engagement with previously avoided aspects of experience such as anger, guilt, or betrayal. Anticipated stressors, including occupational or legal challenges, may also be addressed.

The Road of Trials reflects graduated engagement with meaning-laden material. The clinician regulates depth to maintain stability while supporting integration. Atonement may involve reconciliation with internalized authority or aspects of self that conflict with prior identity. Apotheosis is reflected in experiential integration, indicated by reduced reactivity, increased narrative coherence, and the capacity to tolerate ambivalence.

HG Phase 5: GROWTH (Hero's Journey: Ultimate Boon, Return, Mastery of Two Worlds, Freedom to Live)

Growth parallels reconnection and integration in trauma recovery. The focus shifts to translating insight into lived identity. The clinician supports articulation of the "boon"—the capacity, perspective, boundary, or growth-related insight that emerged through treatment—and its integration within occupational, relational, and community contexts. Consistent with Campbell's conception of the Return, therapeutic work may also involve consideration of how the boon is carried back into the world through leadership, mentorship, service, parenting, or other forms of generative contribution.

Maintenance planning, relapse prevention, and navigation of role transitions, including promotion or retirement, become central.

Mastery of Two Worlds reflects the capacity to hold trauma-related experience alongside present functioning without dominance by either. Freedom to Live reflects increased psychological flexibility rather than absence of distress. Post-traumatic growth may emerge in areas such as relational functioning or perspective-taking, but it is not treated as an expected outcome. Integration remains the primary aim.

Nonlinearity and Recursion

Heroic Growth is conceptualized as cyclical rather than linear. Consistent with trauma-informed models, movement across phases reflects fluctuations in capacity, with progression, regression, or temporary disengagement understood as expected features of the change process rather than indicators of failure. Returns to earlier phases may represent re-engagement with underlying material, and periods of relapse may correspond to renewed work within Testing rather than loss of prior gains.

Communicating this cyclical structure may reduce stigma, normalize variability in engagement, and support sustained participation in treatment by reframing disruption as part of an ongoing process of integration. This supports

clinical decision-making by providing a structured, phase-informed framework for intervention under conditions of uncertainty.

Contraindications for Explicit Use

There are circumstances in which explicit use of the monomyth may not be clinically indicated. Acute suicidality, severe dysregulation, active substance withdrawal, or cognitive impairment may require stabilization prior to introduction of narrative framing. Clinicians also exercise caution when the Hero construct may reinforce inflation or when the client rejects mythic language. In such cases, HG may function as an internal organizing framework without explicit use in treatment. The framework is not expected to resonate uniformly across officers, units, or organizational cultures, and is most effective when applied flexibly in accordance with individual preferences, identity structures, and clinical presentation.

Contextual Applications in Police Psychotherapy

The practical utility of HG is evident in its application to occupational stressors in policing. For example, an Internal Affairs investigation may be conceptualized as a Road of Trials, mandated treatment as Crossing the Threshold, and resistance to retirement as Refusal of the Return. Promotion may involve risks of inflation, and disciplinary action may function as a threshold challenge. Framing these experiences within a developmental structure may assist officers in understanding occupational challenges as part of an ongoing process of adaptation rather than as isolated failures.

For example, a mid-career officer referred following an Internal Affairs investigation initially described the event as institutional betrayal and personal humiliation. The officer reported intense anger, preoccupation with the investigation, and fears that the inquiry represented a permanent stain on his professional identity. Within an HG framework, the investigation was conceptualized as a Road of Trials rather than an identity collapse, with the officer positioned in the transition between Origin and Training.

Early treatment focused on stabilization and differentiation between procedural scrutiny and global moral condemnation. Because the officer remained highly reactive and primarily concerned with the immediate occupational consequences of the investigation, deeper interpretive work was intentionally deferred. Intervention emphasized affect regulation, development of reflective capacity, and exploration of how the investigation had become fused with broader assumptions regarding competence, worth, and identity.

As emotional reactivity decreased and the officer demonstrated greater capacity for self-reflection, treatment progressed into Testing. At this stage, psychodynamic exploration and narrative reconstruction focused on patterns of perfectionism, authority-based identity investment, and beliefs regarding responsibility and failure that contributed to heightened shame. The investigation was increasingly understood not only as an external event but also as a challenge to longstanding assumptions regarding self-worth, professional legitimacy, and institutional authority.

Growth was reflected in increased capacity to tolerate ambiguity, integrate institutional complexity, and maintain professional engagement without rigid overidentification. Attention shifted toward translating insight into occupational functioning and sustaining professional effectiveness despite unresolved external circumstances. The narrative shift did not alter procedural realities but reorganized the officer's relationship to them.

Although the treatment in this example primarily utilized psychodynamic psychotherapy, trauma-informed stabilization strategies, and narrative reconstruction, these interventions were selected because they were consistent with the officer's developmental position within the reconstructive process. Within HG, the organizing function of the framework lies not in prescribing a particular modality, but in guiding clinical decisions regarding timing, pacing, and therapeutic task selection.

Clinically, this illustrates how HG may facilitate movement from global identity threat toward more differentiated meaning-making. By organizing treatment around developmental phase rather than symptom severity alone, the framework provides a structure through which officers may engage adversity without equating occupational challenge with personal collapse.

This example illustrates how HG operates as an organizing framework within treatment. Cognitive-behavioral interventions, EMDR, psychodynamic approaches, and skills-based therapies may be delivered within a phase-informed structure, with the Hero's Journey providing narrative organization and established modalities providing mechanism. Integrating narrative structure with phase-informed intervention supports assessment, informs pacing, and provides a coherent frame through which resistance and setbacks may be understood within a broader process of change.

Clinical Implications for Police Psychotherapy

Heroic Growth offers a structure for organizing therapeutic work, supporting alliance, pacing intervention, and contextualizing setbacks. It may be particularly relevant during assessment, goal-setting, and periods of therapeutic impasse when identity and motivation are central.

HG may also support supervision, case consultation, training, and organizational implementation within police psychology by providing a shared framework for conceptualizing narrative position, pacing, regression, and case progression. Such a framework may enhance consistency across clinicians and support the development of wellness initiatives that are experienced as credible and relevant by officers.

Limitations and Future Directions

Heroic Growth is a conceptual framework intended to organize therapeutic engagement and pacing rather than a discrete treatment modality, and it has not been empirically validated. Accordingly, its clinical value should be regarded as provisional and dependent upon careful application. Future research is needed to examine its use in practice, including perceived utility among clinicians and officers, its influence on engagement and retention, and its integration with evidence-based interventions when used as an organizing framework. The framework should therefore be understood as complementary to, rather than a substitute for, evidence-based treatment.

The framework may not be applicable across all individuals, clinical presentations, or cultural contexts. Some clients may reject narrative framing or prefer more symptom-focused approaches. There is also risk of misapplication if the Hero construct is introduced prematurely, applied prescriptively, or conflated with occupational identity. Ethical use of HG requires clinical discretion, cultural sensitivity, and responsiveness to client preference, with the framework remaining optional rather than directive.

Future research may use qualitative and mixed-methods designs to examine client and clinician experiences of HG, particularly in relation to engagement, resistance, and meaning-making across the reconstructive process. Research evaluating how clinicians introduce and adapt the framework over time, as well as training-focused studies in police psychology, may clarify its practical utility. Such approaches are appropriate for early evaluation of conceptual frameworks and may inform subsequent empirical investigation.

Conclusion

Psychotherapy with police officers often involves reconstructive change following adversity, requiring approaches that support engagement, pacing, and sustained integration. Heroic Growth provides a flexible, phase-informed framework for understanding this process as a progression of change rather than a series of isolated interventions. By organizing established psychological models within a culturally congruent narrative structure, HG offers a clinically applicable approach to structuring therapeutic work while maintaining fidelity to evidence-based practice.

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