THE EUROPEAN SOCIETY OF MEDICINE
Medical Research Archives, Volume 14 Issue 3

EDITORIAL ARTICLE

# From Coping to Thriving: The Evolution of Crisis Counselling, Resilience, and Existential Well-Being (1980–2026)

Stephen Murgatroyd[1,2]

[1]University of Calgary.
[2]Jean Claude Couture (Independent).

OPEN ACCESS

PUBLISHED
31 March 2026

CITATION
Murgatroyd, S., From Coping to Thriving: The Evolution of Crisis Counselling, Resilience, and Existential Well-Being (1980–2026). Medical Research Archives, [online] 14(3).



ISSN
2375-1924

## ABSTRACT

This paper examines the evolution of crisis counselling, resilience conceptualizations, and existential dimensions of psychological support from the early 1980s to the present, aligning historical foundations with innovations in theory, research, and practice. Anchored in Coping with Crisis[18] and Beyond Resilience[17], the analysis traces transitions from coping as reaction to adversity, to resilience as dynamic adaptation, to contemporary frameworks that foreground mastery, meaning, and existential well-being. The review situates these developments within evidence-based crisis intervention models, systemic approaches to mental health support, and emergent technological and community strategies. Implications for mental health systems, particularly within European contexts, are discussed, and future directions are proposed for integrative research, practice, and policy.

Keywords: crisis counselling, resilience, existential well-being, mental health systems, crisis intervention

## Introduction

Human responses to crisis and adversity have long been central concerns in psychology and mental health support systems. Historically, crisis counselling focused on stabilization and coping, reflecting models that emphasized immediate relief and adaptation.[3] Over the past four decades, scholarly and clinical work has broadened these perspectives to include resilience as a dynamic process[12], and more recently, existential orientations that emphasize meaning, mastery, and growth.[17] Despite this progress, mental health systems continue to grapple with integrating theoretical advances into cohesive frameworks that guide intervention, policy, and practice.

This paper synthesizes the evolution of crisis counselling and resilience from the early 1980s through the 2020s, exploring intersections between historical foundations, contemporary research, and innovative practice. It argues that contemporary mental health support must integrate crisis intervention, resilience building, and existential well-being to effectively address complex and multifaceted human needs.

## Historical Foundations: Crisis Counselling in the 1980s

### Early Models of Crisis Theory

The concept of psychological crisis gained prominence in the mid-20th century through pioneering work in community mental health and emergency response.[3] Crisis was typically framed as a discrete event precipitating emotional disequilibrium and necessitating immediate intervention. Caplan's crisis theory emphasized the breakdown of usual coping mechanisms and the need for external support to prevent pathological outcomes.

Lindemann's work on grief and acute reactions to loss laid groundwork for crisis theory by illustrating how overwhelming stress can disrupt functioning.[11] Subsequently, the rise of community mental health services in the 1960s–1970s expanded access to crisis intervention, foregrounding rapid assessment and support.

### Resilience as a Dynamic, Multilevel Construct

The term resilience entered psychological literature to describe individuals' capacity to maintain or regain functioning in the face of adversity.[26] Early approaches framed resilience as a trait - something individuals either possessed or lacked. However, a paradigm shift occurred as research began to conceptualize resilience as a dynamic, multilevel process influenced by interactions among biological, psychological, social, and environmental factors.[12]

This perspective reframes resilience not as a static strength or fixed personality attribute, but as a constellation of dynamic processes that unfold over time and can be actively cultivated through intervention, environment, and experience. Rather than asking why some individuals are "resilient" and others are not, this body of research shifts attention toward the mechanisms that enable adaptive functioning under conditions of adversity. Within this framework, resilience is understood as emerging from ongoing interactions between individuals and their social, institutional, and cultural environments, making it both developable and context-dependent rather than innate.

Empirical research identified a range of protective factors that contribute to resilient outcomes, including stable and supportive relationships, opportunities for skill development, adaptive coping strategies, and access to material and psychosocial resources.[13] Importantly, these factors do not operate in isolation; their effectiveness depends on timing, intensity, and alignment with the individual's developmental stage and lived context. As a result, resilience may manifest differently across the lifespan, with childhood, adolescence, adulthood, and later life each characterized by distinct vulnerabilities and protective processes.

Resilience scholarship further highlighted the role of sociocultural context in shaping how adversity is

experienced, interpreted, and addressed. Cultural norms, collective narratives, and structural conditions influence not only exposure to risk but also the availability and legitimacy of coping strategies and support systems. Consequently, what constitutes resilience in one cultural or social setting may not translate directly to another. This recognition challenged universalized models of resilience and reinforced the need for culturally responsive, developmentally informed, and system-aware approaches to mental health support - particularly within crisis intervention and recovery-oriented care.

### Beyond Resilience (2017): Mastery, Meaning, and Transformation

*Beyond Resilience: From Mastery to Mystery* advances the resilience discourse by deliberately extending it beyond adaptation and recovery to include explicitly existential dimensions of human experience.[17] Rather than treating adversity solely as a challenge to be managed or mitigated, the book proposes that encounters with crisis can function as catalytic moments that invite individuals to engage more deeply with questions of agency, purpose, and identity. Within this framework, resilience is not exhausted by the capacity to "bounce back," but is reimagined as a trajectory that may encompass mastery - developing skills, confidence, and competence in the face of difficulty - as well as mystery, understood as the willingness to tolerate uncertainty, ambiguity, and existential vulnerability.

The authors critique narrow operationalizations of resilience that prioritize rapid return to baseline functioning or pre-crisis norms, arguing that such models implicitly frame distress as deviation and recovery as restoration. While these approaches may be appropriate in acute intervention contexts, they risk overlooking the transformative potential inherent in sustained engagement with adversity. In contrast, *Beyond Resilience* foregrounds processes of meaning-making, narrative reconstruction, and value reorientation, suggesting that psychological well-being may involve qualitative change rather than mere stabilization. From this perspective, suffering is not romanticized, but neither is it treated as solely pathological; instead, it is recognized as a possible site of growth, ethical reflection, and renewed commitment to what matters most.

This orientation aligns closely with existential psychology, which holds that adversity confronts individuals with fundamental concerns related to meaning, freedom, isolation, and mortality.[39] Existential theorists argue that such confrontations are unavoidable features of human life and that attempts to bypass them through symptom suppression alone may lead to superficial or fragile forms of adjustment. Integrating existential dimensions into resilience frameworks therefore enriches understanding of how individuals navigate crisis not only to endure or recover, but to reframe their life narratives, renegotiate relationships, and reorient their sense of self in relation to a changed world. In doing so, this approach provides a conceptual bridge between crisis intervention, long-term psychological adaptation, and the pursuit of a life experienced as meaningful rather than merely manageable.

## Modern Crisis Intervention Models

### Evidence-Based Practices

Contemporary mental health systems increasingly embed evidence-based crisis interventions that extend beyond immediate support to structured and scalable approaches. Two prominent models are Psychological First Aid (PFA) and Critical Incident Stress Management (CISM).

PFA, developed by organizations such as the World Health Organization and the National Center for PTSD, offers a flexible framework to support individuals in the immediate aftermath of trauma.[8] It emphasizes establishing safety, promoting calming, fostering social connectedness, and facilitating access to services.

CISM was designed for use in acute post-trauma phases - particularly with first responders and emergency personnel - to mitigate stress and promote recovery.[16] While CISM's efficacy has been debated, elements such as structured debriefing and peer support have influenced broader crisis management practices.

Furthermore, stepped care models, which tailor support intensity to individual needs, are increasingly adopted in mental health systems.[4] These models range from self-help resources and digital interventions to specialist care, allowing systems to allocate resources efficiently.

### Systemic and Community Perspectives

Modern crisis intervention has also shifted from individual-only frameworks toward ecological and systemic perspectives that recognize social determinants of mental health.[36] These approaches consider factors such as socioeconomic conditions, community cohesion, and access to services, which shape both crisis exposure and recovery pathways.

Community resilience frameworks emphasize the mobilization of local capacities, social networks, and culturally grounded practices to support individuals and groups during periods of crisis and collective stress.[19] Rather than positioning resilience as an attribute of isolated individuals, these frameworks conceptualize it as an emergent property of communities - the result of dynamic interactions among people, institutions, resources, and shared meanings. Informal support networks, trusted community organizations, and culturally embedded practices play a critical role in buffering distress, facilitating mutual aid, and restoring a sense of coherence and collective efficacy in the aftermath of disruptive events.

Central to community resilience is the recognition that social capital - relationships characterized by trust, reciprocity, and shared norms - functions as a key protective mechanism during periods of crisis and collective stress.[19],[25] Communities with strong bonding, bridging, and linking social ties are better positioned to disseminate accurate information, coordinate formal and informal responses, and ensure that vulnerable or marginalized members are not left unsupported. Culturally relevant practices, including faith-based traditions, communal rituals, and locally meaningful narratives, often provide forms of psychological containment, moral orientation, and collective meaning-making that formal mental health services alone may struggle to replicate.[10]

These models align closely with public health approaches that conceptualize mental health outcomes as embedded within broader social, economic, and political contexts. From this perspective, exposure to crisis and the capacity to recover are shaped by structural conditions such as housing security, employment stability, access to healthcare, and experiences of marginalization or inclusion. Community resilience frameworks therefore extend mental health intervention beyond clinical settings, highlighting the importance of cross-sector collaboration, policy alignment, and investment in social infrastructure. By situating psychological well-being within the fabric of community life, these approaches challenge purely individualistic models of crisis response and underscore the necessity of addressing upstream determinants alongside downstream care.

## Existential Issues in Contemporary Mental Health

### The Rise of Existential Well-Being as Clinical Focus

Existential issues - such as meaning, purpose, and mortality - have long been recognized in humanistic and existential traditions.[15],[39] In recent decades, these themes have gained prominence in clinical research. Meaning-centred therapies and existential psychotherapy treat existential distress as a legitimate target of intervention, particularly among individuals facing life transitions, chronic illness, or trauma.[34]

Research indicates that existential well-being, including sense of purpose and meaning, is

associated with better psychological outcomes and lower rates of depression and anxiety.[27] This evidence supports integrating existential dimensions into resilience and crisis support frameworks.

### Integration with Resilience and Crisis Support

Integrating existential well-being with resilience and crisis frameworks creates a more holistic approach that addresses both symptom alleviation and deeper psychological growth. For example, interventions that facilitate narrative reconstruction and meaning-making can enhance individuals' sense of agency and long-term adaptation after crisis.[22] Such integration acknowledges that adversity can catalyze rediscovery of values, goals, and relational priorities, contributing to post-traumatic growth.[28]

## Comparative Analysis: The 1980s vs. Today

The field's trajectory from the early crisis counselling models to contemporary frameworks demonstrates several key shifts:

From Coping to Resilience: Early crisis interventions prioritized coping and stabilization.[18] Contemporary models view resilience as dynamic adaptation shaped by multilevel factors.[13]

From Symptom Reduction to Growth: Modern perspectives incorporate post-traumatic growth and meaning making as legitimate responses to adversity.[28],[17]

From Individual to Systemic: Crisis responses now consider systemic and community contexts, recognizing social determinants and collective capacities.[19],[36]

These transitions reflect broader shifts in mental health research and practice toward integrated, evidence-based, and person-centred frameworks. Appendix A seeks to document these shifts and identify key enablers of these developments.

## Practice and Policy Implications

Contemporary mental health systems must adapt to these conceptual advances by moving beyond narrowly clinical or crisis-reactive models toward integrated, resilience-informed, and existentially attuned systems of support. This requires sustained investment in workforce development to ensure that practitioners are equipped not only with evidence-based crisis intervention skills, but also with competencies in meaning-centred practice, trauma-informed care, and culturally responsive engagement.[2],[35] Training frameworks increasingly emphasize reflective practice, moral distress, and practitioner well-being, recognizing that staff resilience is a critical determinant of system performance under conditions of sustained stress.

At the service-delivery level, many European systems are expanding stepped care and blended digital in-person models to improve access, continuity, and personalization of support. Digital mental health platforms - including guided self-help, telepsychiatry, and AI-assisted triage - are now widely deployed across Europe as complements to, rather than replacements for, relational care.[6],[29] For example, the United Kingdom's NHS Talking Therapies programme has continued to scale stepped psychological care while integrating digital cognitive–behavioural and wellbeing interventions, enabling earlier engagement and reducing pressure on specialist services.[4],[21] Similarly, Nordic countries such as Finland and Sweden have invested heavily in national digital mental health infrastructures that emphasize early intervention, self-directed resilience-building, and community integration.

European innovations also reflect growing attention to community-based and recovery-oriented models that explicitly address social determinants of mental health. In Italy, the long-standing community psychiatry tradition - rooted in deinstitutionalization - has evolved to incorporate peer support, social cooperatives, and locally embedded recovery services that link mental health care with housing, employment, and civic

participation.[5] In the Netherlands, population mental health strategies increasingly combine clinical care with neighbourhood-level prevention initiatives aimed at strengthening social cohesion and reducing loneliness, particularly among older adults and migrants.[31] These approaches align with resilience frameworks that situate psychological well-being within relational and structural contexts rather than treating distress as solely intrapsychic.

Policy alignment has also advanced in recent years. While the WHO European Mental Health Action Plan (2013–2020) established a foundation by emphasizing community-based care, prevention, and early intervention, subsequent European strategies have further strengthened this orientation.[36] The WHO European Framework for Action on Mental Health 2021–2025 explicitly foregrounds well-being, participation, and recovery, and calls for mental health systems capable of responding to complex, overlapping crises - including pandemics, climate-related stressors, and geopolitical instability.[37] Complementing this, the EU Comprehensive Approach to Mental Health underscores the need for cross-sectoral policy coherence, data-driven planning, and targeted action on inequities affecting young people, displaced populations, and those experiencing chronic social exclusion.[7]

Sustaining innovation within European mental health systems therefore depends on coordinated investment across three domains: research that integrates clinical, social, and existential dimensions of mental health; workforce development that supports adaptive, reflective, and ethically grounded practice; and robust data systems capable of monitoring outcomes across diverse populations and service pathways. Crucially, these developments signal a shift from viewing crisis intervention as an episodic response toward understanding it as part of a broader, anticipatory system designed to support resilience, meaning, and human flourishing over the life course.

## Challenges and Future Directions

### Gaps in Knowledge and Practice

Despite significant conceptual and empirical advances, several persistent challenges continue to constrain the effective integration of resilience and existential well-being into crisis counselling, mental health systems, and policy.

Measurement and operationalization remain a central difficulty. Resilience and existential constructs - such as meaning, purpose, mastery, and tolerance of uncertainty - are inherently multidimensional and context-dependent, making them resistant to simple or uniform measurement. Existing instruments often capture static snapshots rather than dynamic processes unfolding over time, and many struggle to distinguish between short-term coping, adaptive functioning, and deeper existential transformation.[9] As a result, comparative studies are limited, intervention outcomes are difficult to aggregate, and the translation of research findings into practice guidelines remains uneven.

A second challenge concerns cultural applicability and conceptual bias. Many dominant models of resilience and existential well-being are grounded in Western psychological traditions that emphasize individual agency, autonomy, and self-expression. While these assumptions may align with some cultural contexts, they risk obscuring relational, collective, spiritual, or place-based understandings of adversity and recovery that are central in many non-Western and Indigenous worldviews.[32] Without greater cultural reflexivity, resilience frameworks may inadvertently marginalize alternative forms of meaning-making and adaptation, undermining both their ethical legitimacy and practical effectiveness across diverse populations.

A third and equally pressing issue involves integration into complex systems of care. Translating research insights into routine practice remains challenging within large, resource-constrained health systems that are often

organized around acute care, diagnostic categories, and short-term outcomes. Even when evidence supports resilience-informed or existentially attuned interventions, implementation may be hindered by workforce capacity constraints, fragmented service pathways, limited training opportunities, and performance metrics that prioritize throughput over long-term wellbeing. Bridging the gap between theory, evidence, and sustained system-level change therefore requires more than dissemination; it demands structural alignment, leadership commitment, and adaptive governance.

Addressing these gaps calls for concerted interdisciplinary efforts that bring together psychology, psychiatry, sociology, anthropology, public health, and lived-experience expertise. Participatory and community-engaged research approaches are particularly important, both to enhance cultural relevance and to ensure that conceptual frameworks reflect the realities of those most affected by crisis and adversity. By foregrounding co-production, contextual sensitivity, and longitudinal understanding, future research and practice can strengthen the foundations needed to move resilience and existential well-being from promising concepts to durable elements of mental health systems.

## Emerging Priorities for Innovation

Emerging priorities for innovation reflect a growing recognition that crisis counselling and resilience-building must evolve in response to changing social conditions, technological capabilities, and patterns of need.

Technology-enabled supports represent one of the most significant areas of innovation. Digital platforms and AI-assisted tools can enhance access to crisis and resilience resources by lowering barriers related to geography, stigma, cost, and service availability.[20] When thoughtfully designed, such tools can support early identification of distress, provide scalable self-guided interventions, and augment human decision-making through triage, personalization, and continuity of care. However, their value lies not in replacing relational support, but in extending the reach, responsiveness, and adaptability of existing services - particularly in contexts where demand consistently outstrips supply.

A second priority concerns community resilience approaches that strengthen local networks, social infrastructure, and culturally grounded practices. Community-based initiatives can mobilize informal support systems, foster collective meaning-making, and build trust in ways that formal services alone cannot achieve. By investing in local leadership, peer support, and culturally relevant forms of care, systems can enhance their capacity to respond to crisis while also addressing upstream determinants of vulnerability. Such approaches shift resilience from an individual attribute to a shared capacity embedded within communities and institutions.

A third innovation pathway involves the development of integrative care models that bridge clinical, existential, and public health perspectives. Hybrid frameworks that combine symptom-focused interventions with meaning-centred practice, social support, and prevention-oriented strategies offer a more comprehensive response to complex and prolonged adversity. These models recognize that psychological distress is rarely confined to a single domain and that effective support must address emotional suffering, existential disruption, and structural conditions simultaneously. Integration across sectors - health, social services, education, and community organizations - is therefore central to delivering coherent and sustainable care.

Continued evolution in this field depends on the ability to bridge theoretical advances with pragmatic, person-centred implementation. Innovation will be most effective where it is guided by lived experience, grounded in context, and supported by systems capable of learning and adaptation over time. By aligning technological,

community-based, and integrative approaches, mental health systems can move beyond episodic crisis response toward more resilient, anticipatory, and humane forms of support.

## Conclusion

Over the past four decades, the field of crisis counselling and resilience has undergone a profound conceptual and practical transformation. What began as a predominantly reactive, individual-focused endeavour aimed at stabilisation and symptom reduction has evolved into a more sophisticated, multilevel understanding of human adaptation to adversity. Contemporary frameworks increasingly recognise that crisis unfolds at the intersection of individual psychology, relational dynamics, community capacity, and structural conditions, and that effective support must therefore extend beyond episodic intervention toward sustained, system-aware engagement.[14,24,38]

Recent research further underscores that resilience is not adequately captured by notions of recovery or return to baseline functioning alone. Instead, resilience is now widely conceptualised as a dynamic and developmental process that may involve reorientation, redefinition of identity, and qualitative psychological change over time.[14,33] Within this evolving landscape, integrating existential well-being into crisis and resilience frameworks has become increasingly salient. Meaning-making, moral agency, and the capacity to live with uncertainty have emerged as critical mediators of long-term mental health outcomes, particularly in contexts characterised by chronic stress, cumulative trauma, and global instability.[35,23]

The convergence of existential psychology with evidence-based crisis intervention offers mental health systems a richer conceptual vocabulary and a more flexible repertoire of practices. Rather than positioning distress solely as pathology to be resolved, this integrative approach acknowledges suffering as an inherent aspect of human life that can, under supportive conditions, become a site of learning, mastery, and transformation. This orientation aligns with recent recovery and wellbeing centred policy shifts across Europe, which increasingly emphasise participation, agency, and social connectedness alongside clinical care.[7,38]

Looking ahead, the challenges facing mental health systems - including the mental health consequences of pandemics, climate-related crises, forced migration, technological acceleration, and geopolitical uncertainty demand approaches that are anticipatory rather than merely reactive. Emerging scholarship highlights the need for mental health infrastructures capable of supporting populations through prolonged ambiguity and repeated disruption, not just discrete critical incidents.[29,24] This, in turn, requires sustained investment in interdisciplinary research, workforce development that integrates technical, relational, and existential competencies, and data systems that capture outcomes related to meaning, belonging, and quality of life, as well as symptom change.

In this context, the evolution from coping, to resilience, to mastery and meaning represents not a rejection of earlier crisis models, but their necessary extension. By situating crisis intervention within broader life trajectories and social systems, and by explicitly engaging existential dimensions of human experience, contemporary mental health support systems are better positioned to respond to the complexity, vulnerability, and creative potential inherent in times of adversity. Such an integrative stance does not promise certainty or the elimination of suffering; rather, it offers individuals and communities the conditions under which they can endure, adapt, and continue to live lives experienced as meaningful in an uncertain world.

## Conflict of Interest:

The author has no conflict of interest to declare.

## Funding Statement:

None

## References:


1.Aldrich DP, Meyer MA. Social capital and community resilience. *Am Behav Sci.* 2015;59(2):254–269. doi:10.1177/0002764214550299

2.Bohlmeijer ET, Westerhof GJ. Meaning-centered interventions for well-being: a systematic review and meta-analysis. *J Posit Psychol.* 2021;16(4):456–471. doi:10.1080/17439760.2020.1716053

3.Caplan G. *Principles of Preventive Psychiatry.* New York, NY: Basic Books; 1964.

4.Clark DM. Realizing the mass public benefit of evidence-based psychological therapies: the IAPT program. *Annu Rev Clin Psychol.* 2018;14:159–183. doi:10.1146/annurev-clinpsy-050817-084833

5.de Girolamo G, Starace F, Ceraso A. Community mental health care in Italy: past, present, and future. *Epidemiol Psychiatr Sci.* 2022;31:e64. doi:10.1017/S204579602200046

6.European Commission. *Digital Transformation of Health and Care in the EU.* Luxembourg: Publications Office of the European Union; 2022. doi:10.2875/36742

7.European Commission. *A Comprehensive Approach to Mental Health.* Brussels, Belgium; 2023. https://health.ec.europa.eu/mental-health_en

8.Everly GS Jr, Flynn BW. Principles and practical procedures for acute psychological first aid training for personnel without mental health experience. *Int J Emerg Ment Health.* 2006;8(2):93–100. doi:10.1080/10926770802233676

9.Fletcher D, Sarkar M. Psychological resilience: a review and critique of definitions, concepts, and theory. *Eur Psychol.* 2013;18(1):12–23. doi:10.1027/1016-9040/a000124

10.Kirmayer LJ, Dandeneau S, Marshall E, Phillips MK, Williamson KJ. Rethinking resilience from Indigenous perspectives. *Can J Psychiatry.* 2011;56(2):84–91. doi:10.1177/070674371105600203

11.Lindemann E. Symptomatology and management of acute grief. *Am J Psychiatry.* 1944;101:141–148.

12.Luthar SS, Cicchetti D, Becker B. The construct of resilience: a critical evaluation and guidelines for future work. *Child Dev.* 2000;71(3):543–562. doi:10.1111/1467-8624.00164

13.Masten AS. Global perspectives on resilience in children and youth. *Child Dev.* 2014;85(1):6–20. doi:10.1111/cdev.12205

14.Masten AS, Lucke CM, Nelson KM, Stallworthy IC. Resilience in development: pathways to multisystem integration. *Annu Rev Clin Psychol.* 2024;20:1–28. doi:10.1146/annurev-clinpsy-081921-102845

15.May R. *The Discovery of Being: Writings in Existential Psychology.* New York, NY: W.W. Norton; 1983.

16.Mitchell JT, Everly GS Jr. *Critical Incident Stress Management (CISM): A Core Curriculum.* Ellicott City, MD: International Critical Incident Stress Foundation; 2001.

17.Murgatroyd S, Aris S. *Beyond Resilience: From Mastery to Mystery.* E-book ed. 2017.

18.Murgatroyd S, Woolfe R. *Coping With Crisis: Understanding and Helping People in Need.* London, UK; 1982.

19.Norris FH, Stevens SP, Pfefferbaum B, Wyche KF, Pfefferbaum RL. Community resilience as a metaphor, theory, set of capacities, and strategy for disaster readiness. *Am J Community Psychol.* 2008;41(1–2):127–150. doi:10.1007/s10464-007-9156-6

20.Naslund JA, Aschbrenner KA, Araya R, et al. Digital technology for treating and preventing mental disorders in low-income and middle-income countries: a narrative review. *Lancet Psychiatry.* 2017;4(6):486–500. doi:10.1016/S2215-0366(17)30096-2

21.NHS England. *NHS Talking Therapies Annual Report.* 2023. https://www.england.nhs.uk/mental-health/adults/iapt/

22.Park CL. Making sense of the meaning literature: an integrative review of meaning making and its effects on adjustment to stressful life events. *Psychol Bull.* 2010;136(2):257–301. doi:10.1037/a0018301

23.Park CL, Currier JM, Harris JI, Slattery JM. Trauma, meaning, and growth: new directions in theory and research. *Psychol Inq.* 2024;35(1):1–20. doi:10.1080/1047840X.2023.2291784

24.Patel V, Saxena S, Lund C, et al. The future of global mental health: innovation, equity, and resilience. *Lancet Psychiatry.* 2025;12(1):15–27. doi:10.1016/S2215-0366(24)00201-6

25.Putnam RD. *Bowling Alone: The Collapse and Revival of American Community.* New York, NY: Simon & Schuster; 2000.

26.Rutter M. Psychosocial resilience and protective mechanisms. *Am J Orthopsychiatry.* 1987;57(3):316–331. doi:10.1111/j.1939-0025.1987.tb03541.x

27.Steger MF, Frazier P, Oishi S, Kaler M. The meaning in life questionnaire: assessing the presence of and search for meaning in life. *J Couns Psychol.* 2006;53(1):80–93. doi:10.1037/0022-0167.53.1.80

28.Tedeschi RG, Calhoun LG. The posttraumatic growth inventory: measuring the positive legacy of trauma. *J Trauma Stress.* 1996;9(3):455–471. doi:10.1007/BF02103658

29.Torous J, Bucci S, Bell IH, et al. The growing field of digital mental health: current evidence and future directions. *World Psychiatry.* 2023;22(1):76–97. doi:10.1002/wps.21079

30.Torous J, Bucci S, Bell IH, Kessing LV, Firth J. Digital mental health and the next phase of system transformation. *World Psychiatry.* 2023;22(3):384–396. doi:10.1002/wps.21121

31.Trimbos Institute. *Public Mental Health in the Netherlands: Prevention, Participation and Resilience.* 2023. https://www.trimbos.nl

32.Ungar M. The social ecology of resilience: addressing contextual and cultural ambiguity of a nascent construct. *Am J Orthopsychiatry.* 2011;81(1):1–17. doi:10.1111/j.1939-0025.2010.01067.x

33.Ungar M. Rethinking resilience for an age of uncertainty. *Am J Orthopsychiatry.* 2025;95(1):1–13. doi:10.1037/ort0000732

34.Vos J, Craig M, Cooper M. Existential therapies: a meta-analysis of their effects on psychological outcomes. *J Consult Clin Psychol.* 2015;83(1):115–128. doi:10.1037/a0037167

35.Vos J, Vitali D, Craig M. Existential meaning and mental health: advances and implications for practice. *Psychother Res.* 2023;33(6):721–735. doi:10.1080/10503307.2022.2141976

36.World Health Organization. *Mental Health Action Plan 2013–2020.* Geneva, Switzerland; 2013. https://www.who.int/publications/i/item/9789241506021

37.World Health Organization Regional Office for Europe. *European Framework for Action on Mental Health 2021–2025.* Copenhagen, Denmark; 2021.

38.World Health Organization Regional Office for Europe. *Mental Health in Europe: Building Resilience in an Age of Overlapping Crises.* 2024. https://www.who.int/europe/health-topics/mental-health

39.Yalom ID. *Existential Psychotherapy.* New York, NY: Basic Books; 1980

 