

How Meaning-making Impacts Identity Formation Within Posttraumatic Growth

By
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ABSTRACT

Meaning-making impacts identity formation within posttraumatic growth, yet the linkage is described unevenly across the literature. This project examines how meaning processes shape identity formation and clarifies the mechanisms, conditions, and boundaries under which identity repair is most credible. The methodology adopted is a critical literature review and analysis. Thirteen core studies were reviewed. The majority were quantitative studies. Due to most included designs being correlational, conclusions are framed as practice-relevant inferences rather than causal claims. Findings cluster into three areas. First, mechanisms, identity repair appears most credible when discrepancy between global and situational meaning narrows, reflective style shifts toward more deliberate processing, and clarified purposes are enacted in roles that others can recognize. Second, contextual conditions, belonging, routine, and realistic access to roles support enactment, while material strain and service limits require careful pacing. Third, boundaries, single-time self-report is not sufficient for durable claims, so monitoring pairs brief self-report with behaviour-adjacent indicators and applies cultural and ethical safeguards. Implications for Alberta practice include a brief, clinician-facing workflow that reads self-report alongside role-based indicators to keep change visible under session caps and documentation demands. Recommendations include integrating light, role-based monitoring into short-term services and strengthening cultural adaptation and longitudinal designs in future research so identity repair is assessed through both reflection and enacted change.

Keywords: meaning-making, identity formation, posttraumatic growth, narrative identity, deliberate rumination, short-term counselling

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Meaning-making Chapter 1: Introduction

Traumatic events commonly lead to distress, functional disruption, and symptoms consistent with posttraumatic stress, especially in the early aftermath (Park, 2022). Even so, a subset of people also report positive changes that emerge through the struggle to adapt, often described as posttraumatic growth (PTG) (Jayawickreme et al., 2021; Park, 2022). Such changes do not arise from the event itself. They develop as people make meaning of what happened, reconcile global and situational beliefs, and revise goals and purposes in light of new realities (Park & Folkman, 1997; Park, 2022). Identity formation processes, including narrative reconstruction and the linking of revised meanings to everyday roles and actions, help these shifts become coherent and durable over time (McAdams, 2018; Adler et al., 2016). For counselling psychology, the key is clarifying when reflective shifts become enacted change in daily roles. These enactments make growth claims credible in practice.

Recent work spans qualitative and quantitative studies across health, military transition, displacement, and prolonged crises, yet findings are uneven across methods and contexts, with many studies relying on single-time self-report and variable attention to cultural fit (Park, 2022; Jayawickreme et al., 2021). These variations limit comparability and make it difficult to judge when reported benefits reflect durable, enacted change, which justifies a focused review of meaning-making and identity within PTG

Research Problem

Research on PTG indicates that positive changes follow efforts to revise beliefs, goals, and purposes after trauma rather than the event itself (Park, 2022; Jayawickreme et al., 2021). However, the literature varies in how it defines meaning-making and identity processes, how it

measures them, and how it links them to change over time and across contexts (Infurna & Jayawickreme, 2019; Jayawickreme et al., 2021). This creates inconsistent guidance for clinicians and unclear criteria for what counts as credible identity change.

Traumatic experiences are also highly prevalent. Large-scale population studies show that 60 to 70 percent of adults will experience at least one potentially traumatic event in their lifetime, and many will encounter several (Benjet et al., 2016; Kazlauskas et al., 2017). Among those exposed, distress is common, but 30 to 70 percent report some degree of posttraumatic growth depending on the sample and event type (Ji et al., 2023; Xu et al., 2023). Despite these high exposure rates and the number of individuals reporting growth, the field still lacks clarity about when meaning-making actually contributes to durable identity repair rather than temporary or wishful reappraisal.

This problem affects survivors, families, and front-line services. When growth is measured only through single-time self-report, it risks overstating improvement, missing role-based changes, or overlooking clients who are making progress that is not captured by questionnaires alone. Unverified growth claims can misguide expectations, and vague methods can miss whether real change is enacted (Infurna & Jayawickreme, 2019; Park, 2022).

Given the high prevalence of trauma exposure and the inconsistent methods used to evaluate growth, clearer conceptual boundaries are needed. This capstone conducts a thematic literature review to examine how meaning-making supports identity formation within PTG and to clarify mechanisms, contextual conditions, and boundaries for credible claims and practice implications (Park & Folkman, 1997; McAdams, 2018; Park, 2022).

Research Questions

The study is guided by the following research question and sub-questions:

1. Under what conditions does meaning-making shift from intrusive preoccupation to deliberate, goal-directed reflection that supports identity formation?

Sub-question A. When do revised meanings become credible in practice, as evidenced by role enactment and recognition by others?

Sub-question B. How are these processes represented, monitored, or described in counselling literature relevant to short-term practice?

Rationale and Justification

A thematic review is warranted because common measurement and design limits make it difficult to determine how meaning-making contributes to identity change over time. Many studies rely on cross-sectional self-report, culturally narrow instruments, and heterogeneous definitions of growth, which obscures whether reported improvements reflect durable, enacted change (Infurna & Jayawickreme, 2019; Park, 2022; Eberle et al., 2024; Skrodzka et al., 2024). The field therefore lacks an integrated account of how meaning processes relate to observable shifts in roles, routines, and identity commitments across contexts.

This study addresses that gap by synthesizing qualitative and quantitative findings to map the mechanisms, contextual conditions, and boundaries under which identity-relevant change becomes credible. A thematic approach is appropriate because the evidence base mixes methods and measures in ways that make formal meta-analysis premature (Park, 2022). By organising results around mechanisms, context, and credibility criteria, the review offers a coherent framework that strengthens the conceptual foundation needed before larger causal or longitudinal studies are designed (McAdams, 2018; Brewin, 2024).

The contribution is practically significant in Canadian counselling settings, where short-term, publicly funded services require credible, low-burden ways to track change beyond self-report (College of Alberta Psychologists [CAP], 2023; Canadian Psychological Association [CPA], 2017). Clarifying how meaning-making becomes visible in lived roles offers both conceptual clarity and actionable guidance for counsellors working within cultural, temporal, and documentation constraints.

Significance of Study

Trauma strains health, family, school, and work systems when disrupted meanings and identity are not addressed, increasing demand for care and delaying recovery (Park, 2022; Ellena et al., 2021). Clarifying when meaning-making supports identity repair, as lived in everyday roles, provides a practical basis for brief assessment and monitoring in counselling, using light self-report and behaviour-adjacent indicators suitable for Canadian settings (McAdams, 2018; Steger et al., 2006). This capstone links PTG mechanisms to feasible monitoring within Alberta counselling settings, and Chapter 4 translates these elements for short-term practice (CPA, 2017; CAP, 2023). This study contributes to counselling psychology by bridging theory, measurement, and practice, offering clinicians feasible and ethically aligned ways to track identity repair and PTG in short-term care (CPA, 2017; CAP, 2023).

Theoretical and Conceptual Framework

This review is guided by four complementary lenses: existential theory, the meaning-system model of global and situational meaning, the posttraumatic growth (PTG) model, and narrative identity. Together they frame how trauma disrupts assumptions, how people work to reconcile meanings, how growth-oriented cognitive processes unfold, and when identity change

becomes credible in lived roles (Wilmshurst, 2020; Park & Folkman, 1997; Tedeschi et al., 2018; McAdams, 2018; Adler et al., 2016; Park, 2022).

When trauma thrusts concern about death, freedom, isolation, and life meaning to the foreground, an existential lens clarifies why the sense of self can feel injured as assumptions about safety and agency fail (Wilmshurst, 2020). Defensive activation is adaptive, yet when resources are overwhelmed, later appraisals may be interpreted as a personal deficiency, undermining beliefs about freedom, worth, or identity (Wilmshurst, 2020; Binder, 2022). People may then treat the event as a violation of how the world should work, raising questions about purpose, belonging, and responsibility (Wilmshurst, 2020; Binder, 2022).

Building on those questions, the meaning-system perspective explains how people attempt to realign their experiences and values. Global meaning, the relatively stable beliefs, goals, and purposes that organize a life, can come into conflict with situational meaning, the appraisal of what happened and one's capacity to manage it (Park & Folkman, 1997; Park, 2022). Trauma widens this gap. Early intrusive preoccupation indicates a threatened worldview and unsettled identity, whereas deliberate reflection can support accommodation, which revises global meanings to fit new realities, or assimilation, which reinterprets the event to fit existing meanings, allowing experience and values to realign (Park & Folkman, 1997; Park, 2022).

The posttraumatic growth model elaborates what may occur within this realignment. PTG theory proposes that trauma-related disruption of global beliefs triggers cognitive processing aimed at rebuilding shattered assumptions and reconstructing meaning (Tedeschi et al., 2018). Intrusive rumination signals distress and violated expectations, while more deliberate rumination supports considering new possibilities, examining core beliefs, and experimenting with revised purposes. These cognitive processes can contribute to perceived growth when they lead to

clarified values, strengthened interpersonal priorities, or a renewed sense of agency. Importantly, the PTG model conceptualizes growth as emerging through sustained cognitive-emotional work and not from the event itself.

Narrative identity then specifies when change becomes credible. Identity is carried forward through stories that connect past, present, and anticipated futures (McAdams, 2018). After trauma, revisions to those stories are most persuasive when they are enacted in roles and routines that others can recognize over time, aligning with the PTG emphasis on lived expressions of revised meaning rather than abstract self-report (McAdams, 2018; Jayawickreme et al., 2021).

A brief tension is worth noting. Existential approaches often treat acceptance and the capacity to live with limits as a credible endpoint (Wilmshurst, 2020). Meaning-system models tend to prioritize restoring coherence through assimilation or accommodation (Park & Folkman, 1997; Park, 2022). The PTG model highlights the cognitive work of examining and revising core beliefs, while narrative identity cautions that coherence is most convincing when enacted over time, not merely stated (McAdams, 2018). These differences shape how studies define change and help explain variance in reported outcomes.

In sum, an existential lens explains why identity feels threatened after trauma, the meaning-system model tracks how appraisals and global beliefs are reconciled, the PTG model identifies the cognitive processes through which new possibilities and revised beliefs may emerge, and narrative identity specifies when revised meanings become credible through enactment in roles. Together, these lenses shape the review questions and the synthesis approach used in Chapter 3.

Key Terms

Key terms are defined to ensure conceptual clarity.

Behaviour-adjacent indicators are observable signs that sit close to the target change without requiring full outcome verification. Examples include taking on a valued role, scheduling and completing a small step, or re-engaging in a routine that supports recovery. These indicators help clinicians monitor whether insight is turning into action in short-term care (Holtmaat et al., 2020; Steger et al., 2006).

Brief monitoring is a low-burden way to track change in short-term services. It pairs a few self-report items (e.g., from the Meaning in Life Questionnaire or the Event-Related Rumination Inventory) with simple behaviour-adjacent indicators, such as showing up for a role, completing a planned action, or following a routine. The aim is to notice small, observable shifts without over-relying on questionnaires (Steger et al., 2006; Cann et al., 2011).

Enactment refers to putting revised meanings into action in daily life. It shows up as role participation, routines, or decisions that others can recognize over time, rather than only as insight reported in session. In this project, enactment is treated as the credibility check for claims about growth or change (McAdams, 2018; Park, 2022).

Identity repair is the process of rebuilding a workable sense of self after disruption. It involves forming meanings that fit current realities and then living them out in everyday roles and relationships so that a coherent, agentic self becomes visible to the person and to others. Identity repair is judged by patterns of action over time, not by one-time statements of intent (Adler et al., 2016; Park, 2022).

Intrusive rumination describes cue-triggered, unwanted preoccupation that keeps attention locked on the event and maintains distress. It often feels repetitive, urgent, and outside intentional control. High levels of intrusive rumination are associated with poorer adjustment and can impede movement toward deliberate, purpose-guided reflection (Cann et al., 2011).

Meaning-making is the set of processes people use to address a mismatch between their global meaning system and the meaning of a specific event. That work can involve assimilating the event to fit prior beliefs or accommodating by revising higher-order beliefs and goals. Successful meaning-making reduces discrepancy and supports a more coherent, workable outlook (Park & Folkman, 1997; Park, 2022).

Narrative identity is the evolving life story that links past, present, and imagined future into a sense of continuity and agency. People use stories to interpret what adversity means and who they are becoming in response. Narrative change becomes convincing when it aligns with enacted roles and routines (McAdams, 2018).

Posttraumatic growth (PTG) refers to positive changes reported after adversity that arise through the struggle to adapt, not from the event itself. PTG includes shifts in relationships, appreciation of life, personal strength, possibilities, and spirituality. Claims of growth are stronger when they are paired with enacted changes in daily life (Jayawickreme et al., 2021; Park, 2022).

Researcher Positioning and Reflexivity

This project is written from the standpoint of a White, male researcher raised in a middle-class context which shapes what I notice, the kinds of evidence I favour, and how I interpret change after adversity (Park, 2022). I treat this perspective as partial and situated. I read claims of posttraumatic growth with attention to whose standards are applied and whose voices are

centred, including the ways meaning and identity can be carried collectively through family, land, language, and faith rather than only through individual reappraisal (Eberle et al., 2024; Skrodzka et al., 2024).

My interpretive stance is constructivist with a critical-realist commitment to linking narratives to observable role-based change where possible (McAdams, 2018; Adler et al., 2016; Park, 2022). I prioritize convergence between what people say and what they do in everyday roles, such as small, repeated actions that align with stated values, routine resumption, or role participation that reflects identity repair in context. When studies rely mostly on self-report, I read inferences cautiously and look for behaviour-adjacent indicators before weighing claims of growth or identity change (Brewin, 2024; Park, 2022).

Single-coder synthesis can introduce bias. I managed this risk through explicit decision rules for screening, coding, weighting, and inclusion and exclusion criteria, to indicate when my preferences or prior beliefs might be steering an interpretation (Park, 2022). I attended to negative cases, for example when deliberate rumination rose without coherent narrative change, or when purpose statements did not align with role behaviour, and I used uncertainty language when evidence was thin or mixed (Brewin, 2024; McAdams, 2018; Adler et al., 2016).

Cultural fit matters for both measurement and interpretation. I noted whether studies reported translation processes, cognitive interviewing, or contextual adaptation, and I narrowed claims when adaptation details were absent or minimal (Park, 2022). These choices align with CPA's emphasis on respect for dignity and responsible caring, CAP's requirements for cultural responsiveness in practice, and Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2) principles that foreground welfare, justice, and inclusiveness when

appraising research evidence that involves minoritized communities (CAP, 2023; CPA, 2017; TCPS 2, 2022).

I treat posttraumatic growth as one possible pattern among many, not a presumed outcome and not a requirement to adopt positive narratives (Brewin, 2024). I focus on modest, role-anchored changes that clients judge as meaningful in their own contexts, and I avoid pressure toward positivity that can silence ambivalence or ongoing distress (Brewin, 2024; Park, 2022).

Chapter Map

Chapter 2 describes the methods used to identify, screen, and synthesize sources for review. Chapter 3 presents the synthesis organised around three moves, clarifying how meaning work becomes enacted change, specifying contextual conditions for identity repair, and setting boundaries with culture and ethics in view. Chapter 4 translates the synthesis into a brief, clinician-facing sequence suitable for time-limited care in Alberta. Chapter 5 weighs the contribution of the review, outlines limitations, draws out practice and policy implications, and identifies directions for future work in Canadian community settings. Together, these chapters position the project as a bridge between theoretical synthesis and applied counselling practice. Chapter 2 supports the overall question by showing exactly how sources were found and selected to examine how meaning-making relates to identity formation in PTG.

Chapter 2: Methods

This chapter explains how sources were identified, screened, and synthesized for the thematic review. It documents the search scope and selection decisions that underpin Chapter 3's synthesis and Chapter 4's practice guidance. Procedures are described for databases, time frame, search terms and strings, inclusion and exclusion criteria, screening and selection steps, risk-of-bias considerations, and challenges encountered. Methods follow a constructivist stance with a critical realist view of outcomes, treating experiences as constructed and identity outcomes as partly observable, which suits questions about meaning-making and identity formation in PTG (Braun & Clarke, 2021; Levitt et al., 2018). Within counselling psychology, these choices centre on practice relevance and ethical accountability by privileging identity-relevant outcomes that clinicians can recognize and document, consistent with CPA Principle II (Responsible Caring) and Alberta practice standards (CPA, 2017; CAP, 2023).

This review intentionally used a thematic synthesis rather than a meta-analysis or integrative review. A meta-analysis presumes commensurable outcomes and measurement models, which are limited in this field because definitions of meaning-making, narrative identity, and PTG vary across studies, and many outcomes blend appraisal language with enactment in ways that are not directly comparable (Thomas & Harden, 2008). A thematic synthesis is appropriate when constructs and outcomes vary across studies, allowing a coherent analysis of how meaning-making relates to identity formation in PTG.

Databases, Time Frame, and Scope

Searches were conducted in PsycINFO, PubMed, Google Scholar, and the City University of Seattle library collections. The primary time frame was 2019 to 2025 to prioritize

current findings, with earlier sources retained selectively for theory, measures, and definitions central to meaning-making, narrative identity, and PTG (Park, 2022). This window reflects counselling psychology's emphasis on recent, practice-relevant evidence, captures post-2019 developments in meaning and identity research, and aligns the synthesis with current measurement and ethical guidance. Foundational models and instruments were included when they remained in contemporary use, such as the Meaning System Model, the Narrative Identity Framework, and the Posttraumatic Growth Inventory (McAdams, 2018; Jayawickreme et al., 2021). The final search was run on October 16, 2025. Records were screened for construct fit, exposure to trauma or significant disruption, and links to identity formation. A total of 13 empirical studies met the criteria and were included in the synthesis. This field is emerging, with inconsistent definitions and outcomes that limit comparability, frequent correlational designs, and uneven cultural or measurement adaptation across settings. Additionally, articles that did not fully meet the criteria for thematic analysis were incorporated to support, compare and contrast findings across the overall literature analysis.

Search Terms and Strings

Search terms included “posttraumatic growth,” “meaning-making,” “narrative identity,” “identity,” “deliberate rumination,” “intrusive rumination,” “purpose,” “coherence,” “longitudinal,” and “enactment.” Example strings included “posttraumatic growth AND meaning-making AND identity,” “deliberate rumination AND purpose AND longitudinal,” and “narrative identity AND trauma AND role participation AND identity formation.” Context terms were also used to widen cultural and setting diversity, for example “cancer survivorship,” “military transition,” “refugees,” and “prolonged crisis.” Term diversity was focused on capturing constructs like purpose, coherence, and rumination styles, and extending cultural and

setting breadth across survivorship, military transition, and displacement to reflect counselling psychology's ecological and multicultural commitments.

Inclusion and Exclusion Criteria

Peer-reviewed empirical studies with human participants were eligible when they explicitly linked meaning processes to identity-relevant outcomes after trauma or major disruption, used named constructs or measures with enough methodological detail to appraise quality, and, where available, included behaviour-adjacent or role-participation indicators rather than self-report alone. Studies were sought across contexts, for example survivorship, military service and displacement, and prolonged crises, so that identity repair could be examined across settings. The publication window was 2019–2025 to capture contemporary updates in measures and theory, while earlier sources were consulted only to define constructs and justify instruments, keeping the analytic frame aligned with counselling psychology ethics and scope of practice (CPA, 2017; CAP, 2023). Journal impact factor was reviewed during the appraisal process but not used as a primary inclusion criterion. Impact factor can reflect visibility of a journal but does not consistently indicate methodological quality within meaning-making, identity, or trauma research because strong qualitative and culturally focused studies may be published in journals with lower impact factors. Instead, methodological fit, conceptual relevance, and transparency guided inclusion, ensuring that the final dataset represented the strongest and most applicable evidence for understanding meaning-making and identity change in PTG.

Non-peer-reviewed documents, dissertations, single-case reports, and papers with unclear trauma or disruption exposure were excluded. Studies were also excluded when they examined meaning or growth without identity-linked outcomes, relied only on self-perceived growth

without converging indicators, provided insufficient detail on measures or design to support comparison, duplicated samples or measures already represented, or omitted cultural or translation information needed to judge fit.

As of the final search on October 16, 2025, 13 studies met all inclusion criteria and maintained comparability for identity-linked outcomes. The scope is intentionally narrow, focusing on how meaning-making relates to identity formation within posttraumatic growth rather than general distress or well-being (Park, 2022; McAdams, 2018). Given mixed operationalisation of meaning, narrative identity, and PTG across the literature, adding lower-fit studies would increase heterogeneity without improving comparability or practice relevance, and would weaken inferences about identity repair (Park, 2022; Jayawickreme et al., 2021; Infurna & Jayawickreme, 2019). Chapter 3 therefore cites recent, conceptually relevant studies as comparators to interrogate divergence, methodological tensions, and measurement inconsistencies. These comparator papers fall outside the inclusion criteria and are not counted in the 13-study analytic set, so PRISMA flow counts remain unchanged.

Screening and Selection

The screening procedure included reviewing construct relevance and population fit, followed by a full-text review of design features, construct clarity, and indicators linking meaning processes to identity constructs or outcomes. When designs were cross-sectional but thematically informative, for example, culturally specific expressions of meaning and identity, the study was retained to prevent an overly Western tilt in interpretation. When studies were similar in design quality, preference was given to multi-informant data, behaviour-adjacent indicators or those with clearer construct definitions. Duplicates across sources were removed by matching titles, years, and first authors. For counting purposes, “included studies” refers to

primary empirical studies analyzed in Chapter 3 thematic synthesis. Conceptually relevant sources that were consulted for framework building and coding, such as theory pieces, narrative reviews, and measurement papers, informed the codebook and critical appraisal but were not counted as included studies.

Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidance was followed and is reported narratively (Page et al., 2021). Searches were completed iteratively across the project. On October 16, 2025, I consolidated results from the databases used, removed duplicates, and recorded the final counts. After deduplication, 168 unique records were screened by title and abstract, of which 112 were excluded due to construct or population mismatches. Fifty-six full texts were assessed, with 43 excluded for reasons such as unclear exposure, insufficient linkage to identity formation in PTG, or non-empirical format. Thirteen studies were retained for synthesis. A brief running list documented search dates, key terms, and reasons for exclusion to support transparency.

Included studies had to link meaning processes to identity-relevant outcomes after trauma, use named measures with enough detail for appraisal, and, when available, report behaviour-adjacent or informant indicators; papers were excluded when they lacked identity outcomes, relied only on self-perceived growth without converging indicators, had unclear exposure or duplicate samples, or provided limited cultural or measurement adaptation.

Data Extraction and Synthesis

For each study, details were recorded on author and year, setting and design, sample, constructs and measures, and key findings related to discrepancy reduction, processing style, purpose, narrative, and context. A thematic analysis grouped convergent findings and important

differences across studies. Codes captured mechanisms, contexts, and identity-related outcomes, and were clustered into themes and subthemes. This process produced a three-by-three structure for Chapter 3: mechanisms of meaning-making related to identity formation, contextual conditions that enable or constrain identity change, and boundaries for credible claims, including culture, ethics, and methods. The synthesis then compared convergences and divergences across designs and contexts, drawing on foundational theory only when it clarified mechanisms and definitions.

Coding began with the project's core constructs, and new codes were added when studies described important patterns not captured by that initial list. Deductively, initial codes mapped to meaning processes and identity-related outcomes identified in the framework and review questions. Inductively, codes were expanded when studies described additional identity shifts or culturally grounded mechanisms. Themes were retained when supported by multiple studies and conceptually distinct from neighbouring categories and were considered adequate when additional articles produced only minor refinements. For transparency, decision rules and code changes were recorded in a brief audit trail. For a single-coder design, this combination of explicit decision rules and iterative checking is consistent with contemporary reflexive thematic analysis practice (Braun & Clarke, 2021) and qualitative reporting standards that emphasize coherence and credibility (Levitt et al., 2018). To avoid over-claiming, findings were read alongside the designs most commonly used in this literature and the identity constructs central to the project's framework (Park, 2022; McAdams, 2018; Adler et al., 2016).

Quality and Risk-of-Bias Considerations

Studies were judged on design strength, clarity of constructs, and whether there were signs of real-world follow through or input from someone other than the participant. Many

included studies were cross-sectional self-reports, which were useful for wording and context but carried less weight for causal or temporal claims (Infurna & Jayawickreme, 2019; Park, 2022). Within-person evidence on shifts from intrusive to deliberate reflection was limited, which weakens causal claims (Jayawickreme et al., 2021; Park, 2022). Tests of measurement invariance were uneven across time and groups, and response shift may have influenced change scores (Jayawickreme et al., 2021; King & Hicks, 2021). Sampling or self-selection may have biased some results, and approaches to missing data or dropouts varied in longitudinal work (Whealin et al., 2020; Holtmaat et al., 2020). To keep claims tied to everyday life, the synthesis favoured studies with identity-relevant indicators and, when available, informant perspectives; examples include survivorship and identity-focused work. Bias was assessed by attending to sampling and selection, the fit between design and claims, construct clarity, and how missing data were handled (Almeida et al., 2022; McAdams, 2018; Adler et al., 2016). No numerical score was produced, but these elements informed the narrative weighting. Because coding was completed by a single reviewer, intercoder coefficients were not calculated. To keep the analysis reliable, I applied the same rules throughout and checked that each finding fit the identity outcomes defined in the framework (Braun & Clarke, 2021; Levitt et al., 2018).

Cultural and Ethical Considerations in the Search

To reduce Western bias, context terms were varied, and settings were included where collective roles and belonging are central. Where culture-bound language could be misread as growth, interpretation relied on convergent indicators such as routine participation and informant views. These practices align with TCPS 2 principles, including proportionality and cultural guidance, when the work touches research or service evaluation, and align with Canadian professional ethics (TCPS 2, 2022; CPA, 2017). To link inclusion with methodological caution,

studies were examined for procedures that support culturally informed interpretation, such as clear descriptions of translation and adaptation and consideration of whether identity-relevant constructs travel across settings. When those steps were strong, cross-study comparisons were given more interpretive weight. When minimal, conclusions were limited to within-study interpretation. This approach aligns with TCPS 2 proportionality, CPA ethical principles, and Alberta practice standards that emphasise cultural competence and evidence-informed judgement (TCPS 2, 2022; CPA, 2017; CAP, 2023).

Challenges Encountered

Three recurring issues shape how findings are interpreted in Chapter 3—first, label variation. Studies used overlapping terms for related processes, for example, purpose versus values or coherence versus narrative integration. In this review, similar constructs were grouped under widely used labels and treated cautiously when measurement items mixed appraisal with identity descriptors—second, outcome overlap. Several papers described perceived change in appraisal language while implying identity development. For synthesis, claims about identity formation carried more weight when clearly linked to the identity constructs described in the framework and research questions, and when the design supported at least some temporal interpretation (Park, 2022; Jayawickreme et al., 2021; King & Hicks, 2021)—third, uneven reporting of cultural adaptation. Translation steps and comparability across groups were inconsistently described, so inferences about cross-cultural generalisability were narrowed accordingly. When adaptation procedures were stronger, those studies carried greater interpretive weight; when minimal, conclusions were limited to within-study interpretation, consistent with proportional and culturally respectful inference (TCPS 2, 2022). These issues led to cautious

rules in Chapter 3, giving more weight to studies with clear identity constructs, some time-based support, and culturally described procedures, and narrowing claims when those were missing.

Links to Chapter 3

These methods produced the three-theme structure used in Chapter 3. Theme 1 summarises evidence linking discrepancy reduction, processing style, purpose, and narrative identity formation. Theme 2 shows how context, including survivorship, military transition and displacement, and prolonged crises, enables or constrains identity change, available roles, and everyday routines. Theme 3 sets boundaries for credible claims by covering methods to detect durable change, cultural interpretation, and ethical guardrails. Foundational works frame definitions, and recent studies provide both convergent and divergent findings about meaning-making and identity. This bridge clarifies why Chapter 3 assigns greater weight to studies that pair meaning-making shifts with identity-relevant indicators and that report procedures supporting cultural interpretation and methodological credibility.

Chapter 3: Literature Review, Critical Analysis, and Findings

Traumatic experiences can disrupt core beliefs, expectations, identity, and a person's sense of purpose (Park, 2022; McAdams, 2018). For many people, the immediate aftermath is primarily distress, yet a subset reports positive changes that emerge from the struggle to adapt (Jayawickreme et al., 2021). These changes, commonly described as PTG, do not arise from the event itself. They reflect the work of adjusting to new realities through appraisal, reflection, and revision of beliefs and goals (Jayawickreme et al., 2021; Park, 2022). This chapter evaluates how and why meaning processes relate to identity formation across contexts, and where the evidence converges, conflicts, or remains uncertain, to ground clinical application in Chapter 4. This chapter addresses Research Questions 1–3 by evaluating mechanisms, contextual conditions, and boundaries for credible identity change.

Three themes organize this literature review on how meaning-making relates to identity reconstruction within PTG. Theme 1 synthesizes mechanisms that link discrepancy reduction, reflection style, purpose, and narrative to enacted change. Theme 2 shows how context, including illness and survivorship, military service transition and displacement, and prolonged crises, shapes whether revised meanings stabilize identity. Theme 3 clarifies boundaries, including how to detect durable change, how culture and collective life shape what counts as growth, and how ethics in Canada set guardrails for pacing, consent, and inclusion. A table following this introduction summarizes the three themes and their subthemes to clarify the chapter's structure. This chapter uses global meaning to refer to relatively stable beliefs, goals, and purposes that organize a life, whereas situational meaning refers to appraisals of a specific event and one's capacity to manage it (Park & Folkman, 1997; Park, 2022). The review distinguishes intrusive rumination, which is unwanted cue-triggered preoccupation, from

deliberate rumination, which is purposive reflection oriented to values, plans, and integration (Park & Folkman, 1997; Park, 2022).

Table 1

Major themes and subthemes

Major Theme	Subtheme A	Subtheme B	Subtheme C
Theme 1: Meaning-making Supports Change	Discrepancy Reduction Between Global and Situational Meaning	Processing Style and Purpose-Anchored Integration	Narrative Identity and Enacted Change
Theme 2: Meaning and Identity: Contextual Implications	Illness and Survivorship: Phased Identity Repair	Military Service and Displacement: Belonging and Role Recovery	Prolonged Crises and Daily Life: Routines as Identity Scaffolds
Theme 3: Boundaries, Culture, and Ethics	Methods for Detecting Durable Change	Cultural and Collective Identity Resources	Ethical Considerations in Research and Practice

Theme 1: Meaning-making Supports Change

Meaning-making helps people adjust when trauma disrupts assumptions and goals by reconciling global and situational meanings and by shifting reflection from intrusive to deliberate. This theme examines how discrepancy reduction, purposeful processing, and narrative enactment contribute to identity repair.

Discrepancy Reduction Between Global and Situational Meaning

Trauma widens the gap between global meaning, the relatively stable beliefs, goals, and purposes that organize a life, and situational meaning, the appraisal of what happened and one's capacity to handle it (Park & Folkman, 1997; Park, 2022). When the event challenges pre-existing assumptions about safety, fairness, control, or identity, this creates a gap between the two meaning systems. People experience this gap as distress. Intrusive preoccupation is an early, common response, characterized by repetitive, unwanted, cue-triggered thoughts that heighten arousal and crowd out planning. As arousal settles, people can shift toward deliberate reflection, which is purposeful thinking about what the event means for core values and what to do next. In this phase, beliefs and priorities are revised so life fits the new reality. Those revisions start to show up as small, repeatable actions that fit existing roles, for example protecting sleep, adjusting work hours, checking in with family, or resuming faith or community practices (Ellena et al., 2021; Park, 2022; Xu et al., 2023). With repetition, these actions stabilize everyday practice, others begin to recognize continuity in how the person shows up, and identity coherence strengthens over time. However, some studies have found limited change when ongoing stressors keep discrepancy high, even as people endorse new meanings (Ellena et al., 2021; Park, 2022; Infurna & Jayawickreme, 2019). This may suggest that alignment often requires at least minimal situational stability, which can take the form of more manageable symptoms or predictable routines.

Across health, displacement, and crisis contexts, change tends to unfold in a recognizable arc. Early on, people narrow their attention to what matters most, often naming family, health, or faith as anchors while immediate demands are managed (Fioretti et al., 2020). As the intensity of distress recedes, thinking becomes more purposeful and links experiences to specific aims, such as caregiving choices, health behaviours, or renewed spiritual practice (Fioretti et al., 2022;

Yang, 2021). When clarified meaning shows up in everyday roles, people describe themselves as more consistent and easier for others to recognize, which is the point at which growth feels real rather than aspirational (Camia & Zafar, 2021; Craig et al., 2024).

Across recent work, some designs lack identity-linked indicators or sufficient temporal structure, leaving the link to identity repair uncertain (Peplak et al., 2025; de Moor, 2023). Cross-sectional studies can also reflect response shift or measurement overlap between meaning and identity, which tempers timing claims (Park, 2022; Steger et al., 2006).

Processing Style and Purpose-Anchored Integration

Across health and veteran research, a shared pattern appears: as intrusive thoughts give way to deliberate reflection, people with a clearer sense of purpose are more likely to turn revised meanings into repeatable actions (Fioretti et al., 2020; Fioretti et al., 2022; Almeida et al., 2022; Whealin et al., 2020). Common examples include adherence to health behaviours, prosocial engagement, and re-entry into valued roles. Purpose helps organize attention and effort so that narrative changes are enacted even while some symptoms of distress remain. In cancer survivorship, studies sampling brief, regular reflection linked to values report increases in appreciation for life and relationships together with steadier health behaviours months later (Holtmaat et al., 2020; Cafaro et al., 2024; Marco et al., 2024). Among frontline workers and veterans, higher purpose and more deliberate reflection travel together with prosocial engagement and role re-entry, showing how meaning becomes lived rather than merely described (Yi et al., 2023; Whealin et al., 2020; Fischer et al., 2023). Some studies have found that deliberate reflection without clear purpose cues can stall or even amplify distress, implying that processing style is helpful when guided by goal clarity and feasible next steps and less helpful when reflection lacks direction (Ellena et al., 2021; Park, 2022; Xu et al., 2023).

Effects are clearer when deliberate reflection is paired with purpose and feasible next steps, yet many studies still use single-time surveys that limit claims about when change occurs (King & Hicks, 2021; Peplak et al., 2025). Profiles that combine higher self-concept clarity with stronger meaning show the most adaptive pattern, supporting the pairing of reflection with enactment (Yang et al., 2025).

Narrative Identity and Enacted Change

Identity is an evolving sense of who one is over time, including commitments, values, roles, and a felt continuity across settings (McAdams, 2018). Trauma can unsettle continuity and commitments, yet narrative identity work can reconfigure what to keep and what to change when contexts provide opportunities to enact revised roles. Narrative change is most credible when it is paired with visible participation and commitments. After natural disasters, gaining or sustaining group memberships predicts higher posttraumatic growth through social-identity revitalization, linking meaning to collective roles in daily life (Craig et al., 2024). Studies with displaced people show that integrating experiences into a coherent life story that connects past and present relates to stronger self-continuity and easier role re-entry (Camia & Zafar, 2021; Skrodzka et al., 2024). Developmentally, adolescence and young adulthood show more identity plasticity, while midlife and later adulthood emphasize role realignment and legacy (Branje et al., 2021; Crocetti et al., 2022). However, coherence without enactment remains fragile, and redemptive stories do not predict better adjustment unless they are coupled with stable role participation (McAdams, 2018; Craig et al., 2024).

In survivorship, qualitative studies show narrative gains and identity work across illness trajectories, although visible role participation is not always tracked, which leaves durability uncertain without behaviour-adjacent indicators (Martino et al., 2024; Marín-Chollom et al.,

2025). Findings carry more weight for identity repair when participation or informant input is present. Together, these lines of evidence show how meaning becomes workable by aligning discrepancies, engaging in deliberate reflection, clarifying purpose, and then enacting roles.

Theme 2 examines how context—illness and survivorship, military transition and displacement, and prolonged crises—opens or constrains that enactment through belonging, available roles, and routines (Park, 2022; McAdams, 2018; Ellena et al., 2021).

Theme 2: Meaning and Identity: Contextual Implications

The same sequence of change takes shape differently across life contexts. Illness, military service and displacement, and prolonged crises each impose distinct constraints on how reflection is converted into daily action. This theme highlights how context influences whether revised meanings can stabilize identity through belonging, role opportunities, and simple routines.

Illness and Survivorship: Phased Identity Repair

Diagnosis and treatment of illnesses interrupt life expectations and roles. This requires priorities to be rapidly reordered. Stabilization, social support, and values clarification help shift processing from intrusive to more deliberate reflection (Fioretti et al., 2020; Xu et al., 2023). As health stabilizes, people link revised meanings to daily roles, such as reconfigured work hours, shared caregiving, or health behaviours. Claims of growth are most convincing when revised priorities are reflected in everyday choices that others can observe (Ellena et al., 2021; Fioretti et al., 2022; Almeida et al., 2022). Constraints such as treatment side effects, financial strain, or caregiver load can limit opportunities to enact revised roles, yielding stable meanings without visible change. When survivorship work is studied, consent materials that describe the narrative

nature of tasks, allow easy withdrawal, and protect the privacy of identifiable stories align with the *Tri-Council Policy Statement* and the *Canadian Code of Ethics for Psychologists* (TCPS 2, 2022; Canadian Psychological Association, 2017). In contrast, some survivorship samples show increased appreciation for life with no corresponding behavioural shifts during active treatment windows, which suggests that timing and feasibility heavily moderate enactment.

Recent qualitative and mixed-methods studies describe phase-specific identity work in survivorship, yet attrition, mixed timing, and varied measures limit generalisation to everyday role participation (Marin-Chollom et al., 2025; Martino et al., 2024).

Military Service and Displacement: Belonging and Role Recovery

Across military transition and forced displacement, belonging, role opportunities, and purpose co-produce identity repair (Jayawickreme et al., 2021). When people leave military service, gaps in role, membership, and purpose can widen the distance between global and situational meaning. Belonging and purpose converge in roles that allow contribution and recognition, with veterans in helping or peer roles reporting progress even when some symptoms remain (Whealin et al., 2020; Fogle et al., 2020; Fischer et al., 2023). For displaced people, continuity between pre-migration identity and new memberships, such as language classes or work, stabilizes self-continuity and reduces distress (Skrodzka et al., 2024; Camia & Zafar, 2021). In contexts where stigma, credential transfer barriers, or legal status constrain access to valued roles, even strong purpose and coherent stories may fail to yield role recovery, illuminating cross-context variation in PTG (Whealin et al., 2020; Fogle et al., 2020; Fischer et al., 2023). This means gains in meaning do not reliably translate into role recovery when legal status, stigma, or resource barriers constrain identity options, which supports treating social

identity resources as moderators rather than uniform mechanisms (Hirad et al., 2023; Skrodzka et al., 2024).

Prolonged Crises and Daily Life: Routines as Identity Scaffolds

In extended disruption, small routines such as regular sleep, movement, shared meals, and brief reflective practices anchor attention to clarified values (King & Hicks, 2021; Yang, 2021). Group memberships in families, schools, workplaces, faith communities, and volunteer roles provide recognizable identities and opportunities to contribute, supporting coherence and adjustment (Jayawickreme et al., 2021; Ellena et al., 2021). Where roles are available to practice revised commitments, narratives of growth are more likely to be backed by changes in routines and participation (Jayawickreme et al., 2021; Skrodzka et al., 2024; Camia & Zafar, 2021). It is important to note that some studies found that under conditions of persistent material strain or unstable housing, routine formation can be difficult, and studies find weaker links between clarified meaning and daily participation, underscoring how environmental regularity shapes enactment (Skrodzka et al., 2024; Camia & Zafar, 2021).

Context specifies the conditions under which enacted meanings sustain identity day to day (Jayawickreme et al., 2021; Eberle et al., 2024). Theme 3 explains how to separate durable change from short-lived reinterpretation and sets the cultural and ethical safeguards, for example, consent, pacing, and culturally valid measures, required for credible claims of growth. Under persistent instability, clarified meanings may not appear in daily participation, so tracking enactment rather than reflection alone is important, and cross-sectional signals should be interpreted cautiously (Peplak et al., 2025; Jayawickreme et al., 2021; Park, 2022).

Theme 3: Boundaries, Culture, and Ethics

This theme addresses the boundaries for credible claims, how to detect durable change rather than transient reinterpretation, how culture and collective contexts shape what counts as growth, and how ethical standards in Canada guide pacing, consent, privacy, and fair inclusion.

Methods for Detecting Durable Change

Single-time self-report is not enough to establish durable change. One healthy meal does not equal a change in diet. Repeated, within-person designs can model movement from intrusive preoccupation toward deliberate reflection alongside the appearance of revised priorities in roles and routines (Ellena et al., 2021; Jayawickreme et al., 2021; Park, 2022). Self-report tools such as the Posttraumatic Growth Inventory capture perceived benefits, but claims are stronger when paired with behaviour-adjacent indicators, informant perspectives, and narrative assessment that documents coherence and enactment over time (Tedeschi & Calhoun, 1996; McAdams, 2018; Infurna & Jayawickreme, 2019). For example, studies commonly pair diary-based shifts from intrusive to deliberate reflection with simple indicators like regularity in sleep-wake timing, verified attendance in school or work, or informant-rated role reliability. Where indicators are unavailable or culturally misaligned, self-report should be interpreted cautiously and triangulated with narrative or informant data.

Confidence in durable identity change weakens when designs rely on single-time self-report or when meaning and identity measures overlap, so pairing brief questionnaires with behaviour-adjacent or informant indicators is important (Steger et al., 2006; de Moor, 2023). Cross-cultural work further requires checks for measurement invariance to support valid comparisons (Caycho-Rodriguez et al., 2025).

Cultural and Collective Identity Resources

Culture and collective life shape how people make sense of trauma and how they carry identity forward. Family networks, faith communities, language, and local practices can offer stability and roles that help align daily choices with clarified values after disruption (Eberle et al., 2024; Skrodzka et al., 2024). Since meaning and identity are expressed through culturally preferred stories and practices, what counts as coherence, agency, or redemption can vary. Practical steps include careful translation and back-translation, brief cognitive interviewing to confirm item meaning, and tests of measurement invariance so that scores are comparable across language and group. Short narrative prompts can check that key constructs are being described in ways that fit local language and values before fielding full surveys. Convergent evidence should show that revised meanings are enacted in daily life and recognized by others, reducing the risk of mistaking culturally normative coping language for durable change (Eberle et al., 2024; Skrodzka et al., 2024). In Canada, TCPS 2 includes additional guidance for research involving First Nations, Inuit, or Métis Peoples, including community engagement and attention to local governance of data. When work involves Indigenous participants or communities, designs should be developed collaboratively and paced to community priorities, with clear agreements about privacy, use, and stewardship of narrative materials (TCPS 2, 2022).

Identity is carried through family, language, faith, land, and group membership. Studies that describe adaptation and community-grounded mechanisms read differently from those that apply Western individualist measures without clear adaptation steps (Hirad et al., 2023; Eberle et al., 2024).

Ethical Considerations in Research and Practice

This chapter aligns with *TCPS 2* and the *Canadian Code of Ethics for Psychologists* (TCPS 2, 2022; CPA, 2017). Respect for persons, concern for welfare, and justice translate into

concrete requirements. Consent must clearly describe the narrative nature of the tasks, foreseeable distress, the right to pause or withdraw, and the supports available (TCPS 2, 2022; CPA, 2017). Reflective work is paced to current stability, with risk screened and monitored, and narrative tasks are paused or deferred when symptoms are acute or contexts are unsafe (CPA, 2017). Compensation should be proportionate and non-coercive, and privacy safeguards for identifiable information should be included (TCPS 2, 2022; CPA, 2017). Fair inclusion also requires the cultural adaptation of language and procedures so that meaning and identity are accurately interpreted across groups (Eberle et al., 2024). Cultural humility and collaboration with families and communities help align values with care, and documentation should avoid unnecessary detail that could expose identifiable stories beyond therapeutic need (CPA, 2017).

Across research, ethical safeguards are often not described in sufficient detail to evaluate implementation, with many articles noting ethics approval and consent but providing limited information on consent content, privacy protections for narrative material, or how reflective tasks were paced to current stability (Jayawickreme et al., 2021; Eberle et al., 2024). Culturally, adaptation steps such as translation with back-translation and tests of measurement invariance are frequently under-reported, which increases the chance of misreading culturally normative coping language as growth or overlooking collective or spiritual change (Eberle et al., 2024). For practice and future research, safeguards should be explicit and routine, use consent that names the narrative work and permits easy withdrawal, minimise identifiable detail and restrict reuse of narratives, and link the timing and depth of reflective tasks to capacity and contextual stability. These requirements align with TCPS 2 and Canadian professional standards and set up the phase-based pacing and cultural fit operationalized in Chapter 4 (TCPS 2, 2022; CPA, 2017; CAP, 2023).

Gaps in the Literature

Evidence still leans heavily on cross-sectional self-report, which captures perceived benefits without demonstrating that revised meanings are enacted in roles and routines over time (Infurna & Jayawickreme, 2019). Within-person longitudinal designs that trace change from intrusive preoccupation to deliberate reflection remain scarce, and the timing and sequencing of this shift across the life span are understudied (Jayawickreme et al., 2021; Xu et al., 2023). Many studies do not test whether their measures perform similarly over time or across groups, and few account for shifts in respondents' internal standards, which makes change scores hard to interpret (Park, 2022; Jayawickreme et al., 2021). Cultural fit is inconsistently addressed, so instruments developed in Western samples can misclassify culturally normative coping language as growth and can overlook collective or spiritual forms of change (Eberle et al., 2024; Skrodzka et al., 2024). Patterns of maladaptive or repetitive rumination also remain under-characterised in several populations, leaving trajectories of stuck identity processes less visible in the evidence base (Xu et al., 2023; Ellena et al., 2021).

Accordingly, this review emphasizes evidence that connects reflection style to enacted change, pairs brief self-report with behaviour-adjacent indicators where available and attends to cultural fit when interpreting growth claims (Ellena et al., 2021; Park, 2022). Conceptually, it links discrepancy reduction and narrative identity with purpose and enactment to clarify when claims of growth are most credible, that is, when shifts are visible in roles and recognized by others (McAdams, 2018; Adler et al., 2016; Park, 2022). Clinically, these gaps motivate a phase-based approach that begins with stabilization and then moves towards concise coherence prompts and values-consistent actions in daily roles, with ethical safeguards and regulatory standards in Canada embedded throughout (CPA, 2017; CAP, 2023).

Synthesis of Key Findings

Theme 1: Mechanisms that link meaning work to enacted change

Across the reviewed studies and contexts, identity repair was most credible when discrepancy between global and situational meanings narrowed (Park & Folkman, 1997; Park, 2022), when reflection moved from intrusive to more deliberate styles (Cann et al., 2011), and when clarified purposes were enacted in roles that others could recognize (McAdams, 2018; Adler et al., 2016). These links were strongest where behaviour-adjacent indicators or informants were present, for example stable routines, role participation, and observed follow-through (Holtmaat et al., 2020; Craig et al., 2024).

Timing of the shift from intrusive to deliberate reflection is not well documented in within-person studies (Jayawickreme et al., 2021). Some reports showed gains in narrative coherence without corresponding role enactment (Infurna & Jayawickreme, 2019). Claims are descriptive and framed as consistent rather than definitive. These patterns depend on context, which is why enactment strengthens or stalls as role access, supports, and routines change.

Theme 2: Contextual conditions that open or constrain enactment

Context shaped feasibility. Belonging, routine, and realistic role opportunities created scaffolds for identity repair (Craig et al., 2024; King & Hicks, 2021). When roles were available and supported, stories of growth aligned more often with visible behaviour that mattered in daily life (McAdams, 2018; Park, 2022).

Under material strain, session caps, or limited access to valued roles, enactment weakened even when people reported coherent meaning or strong purpose. In these contexts pacing and practical supports mattered most (Whealin et al., 2020; Jayawickreme et al., 2021).

Populations facing displacement or system barriers often required slower pacing and stronger attention to consent and cultural fit (CPA, 2017; CAP, 2023; TCPS 2, 2022).

Theme 3: Boundaries for credible claims, including culture, ethics, and methods

Single-time self-report did not establish durable change (Infurna & Jayawickreme, 2019). Credibility improved when brief self-report was paired with behaviour-adjacent indicators, informants, or repeated role-based markers over time (Steger et al., 2006; Cann et al., 2011; Holtmaat et al., 2020). In practice, use three safeguards while claims are tentative: pace narrative depth, renew consent when depth or methods change, and check cultural fit in supervision.

Tests of measurement invariance and attention to response shift were inconsistent (Raeder et al., 2023; Holtmaat et al., 2020). Cultural adaptation steps varied or were under-reported, which risks misreading culturally normative coping as growth and can overlook collective or spiritual change (Eberle et al., 2024; TCPS 2, 2022).

Taken together, these three themes suggest that, in counselling psychology, credible change is most defensible when meaning-making shifts are paired with identity-relevant role participation, are feasible within the client's context, and are claimed with cultural and methodological safeguards that keep risk, equity, and measurement limits in view.

Summary

Meaning-making can support identity repair when reflective work becomes deliberate, is anchored in purpose, and is enacted in everyday roles (Park, 2022; Xu et al., 2023; King & Hicks, 2021). Posttraumatic growth refers to positive changes that emerge through adapting to posttraumatic realities rather than from the event itself, and signals are strongest when discrepancy reduction is followed by visible enactment in relationships, routines, and roles

(Jayawickreme et al., 2021; Park, 2022; Ellena et al., 2021). Narrative identity theory clarifies how coherent, agentic stories guide action, and gains in coherence and purpose relate to well-being and value-consistent behaviour (McAdams, 2018; King & Hicks, 2021). Across survivorship, military transition and displacement, and prolonged crises, belonging, role opportunities, and simple routines help stabilize revised commitments (Fioretti et al., 2020; Whealin et al., 2020; Skrodzka et al., 2024; Yang, 2021).

At the same time, theoretical lenses diverge on what counts as change, many designs are cross-sectional, and some measures conflate meaning and identity in ways that limit comparability and timing claims (de Moor, 2023; Jayawickreme et al., 2021; Steger et al., 2006; Park, 2022). Self-report tools such as the Posttraumatic Growth Inventory capture perceived benefits, yet claims are stronger when indicators go beyond self-report, for example informant input, role participation, or other behaviour-adjacent markers, and when cultural adaptation is described clearly (Tedeschi & Calhoun, 1996; Ellena et al., 2021; Hirad et al., 2023; Eberle et al., 2024). These patterns justify the focused analytic set and identify priorities for longitudinal and culturally adapted designs that track role-based enactment over time. Chapter 4 translates these findings into a brief, practice-ready workflow with attention to feasibility, ethics, and cultural fit, and Chapter 5 develops implications for research and policy. This synthesis explicitly highlights theoretical tensions across lenses, methodological differences in study designs, measurement challenges, including invariance and response shift, and cultural or contextual limitations that constrain generalisability, while showing why the 13 studies adequately support the intended thematic analysis.

Chapter 4: Application to Clinical Practice

Purpose and Scope

This chapter translates the literature review into practice by showing how meaning-making, identity reconstruction, and PTG can guide clinical decisions in outpatient and community counselling in Alberta (Park, 2022; Jayawickreme et al., 2021). The discussion addresses how to judge when the evidence applies to a given client group, how legislation and funding shape feasibility, and which concrete frameworks can be implemented in routine individual counselling (CAP, 2023). The aim is to keep recommendations clinician-focused, culturally responsive, and realistic about constraints, while preserving informed consent and privacy safeguards throughout (CPA, 2017; TCPS 2, 2022). Translating literature into practice always involves interpretation; much of the evidence on meaning and identity is correlational, so techniques are adapted with caution and judged against context. Chapter 4 builds directly on the three synthesized themes in Chapter 3 by translating the identified mechanisms, contextual conditions, and credibility boundaries into a practical workflow for counsellors.

Evidence strength varies across modalities and populations. Some findings generalise well to cancer survivorship and adult outpatient settings, while results for first responders, refugees, or youth are more mixed and context dependent (Almeida et al., 2022; Camia & Zafar, 2021). This chapter notes where the evidence applies and when it may not generalise. “Outpatient and community counselling” here refers to short-term services in public or nonprofit clinics, primary care or campus settings, and private practice with typical session caps, and the recommendations are sized for those constraints (CAP, 2023; CPA, 2017).

Significance for Counselling Psychology

This approach extends trauma-informed care by adding identity repair as an outcome alongside symptom relief, so gains are lived in everyday roles rather than only reported in session (McAdams, 2018; Park, 2022). As established in Chapter 3, coherence and agency predict more durable posttraumatic change when revised meanings are enacted in recognisable roles and routines (Jayawickreme et al., 2021; McAdams, 2018). In Alberta practice, these mechanisms are applied by restoring stability, nurturing deliberate reflection, and linking clarified purpose to small, repeatable actions in everyday roles, while monitoring reflection and behaviour in line with Canadian ethical safeguards (CPA, 2017; CAP, 2023). Two constructs central to this chapter, agency and meaning, are hard to operationalize in short-term care. The plan below uses simple, observable role-based actions to avoid inflating self-report signals and to keep claims modest. Applicability beyond Alberta can shift with different ethical and funding systems, and notes on feasibility and adaptation are included where relevant.

Meaning-making and Identity are Inherent to Therapy

Across modalities, progress often follows a similar mechanism. Intrusive preoccupation gives way, coherence and agency rebuild, and revised meanings are enacted through routine role behaviours (Park, 2022; McAdams, 2018). People are more likely to sustain change when these actions are tied to recognisable roles and routines, as recent work shows across samples and methods (King & Hicks, 2021; Xu et al., 2023). Therapy provides structured, clinician-supported reflection that helps clients notice patterns, test new interpretations, and link them to feasible actions (Raeder et al., 2023). These processes span modalities and can be integrated into routine individual counselling without introducing a new therapy brand or protocol (Marco et al., 2024). More specifically, cognitive behavioural therapy (CBT) offers direct routes for translating clarified values and meanings into manageable steps through problem solving, activity

scheduling, and graded exposure when avoidance blocks action (Nakao, 2021). In this chapter, that sequence is translated into stabilization, role-based enactment, and monitoring that fit short-term services in Alberta (Park, 2022; CAP, 2023).

Culture shapes how meaning is made. Language and local norms influence which interpretations feel valid and which actions are recognized as change (Eberle et al., 2024; Park, 2022). Coherence is not always the healthiest end state for every client. A partial or provisional story can protect capacity and safety during ongoing stress (King & Hicks, 2021; Park, 2022). Clinicians also monitor their own meaning frameworks to avoid over-validating stories that align with personal beliefs while missing client-defined meanings that align with culture and community (CPA, 2017). Evidence strength varies: much of the base is correlational or cross-sectional, which limits timing claims (Jayawickreme et al., 2021; Park, 2022), while randomised trials provide stronger signals in defined contexts such as CBT in outpatient settings (Nakao, 2021) and structured narrative programmes in survivorship samples (Holtmaat et al., 2020; Marco et al., 2024).

Narrative Work Restores Cohesion

Narrative tasks such as mapping turning points, naming losses, or linking changes in priorities to daily roles can help rebuild coherence and agency when introduced at a safe pace that matches capacity and context (McAdams, 2018; Brewin, 2024). Tasks are paced to reduce the risk of retraumatization, overexposure, and premature pressure toward redemptive narratives. Consent is revisited as capacity changes (CPA, 2017). Evidence for the effectiveness of narrative work is promising, yet effects differ across populations and over time. This is visible in work with first responders and displaced communities, where context and pacing shape outcomes

(Camia & Zafar, 2021; Craig et al., 2024). Progress is tracked with reflection and behaviour so benefits extend beyond the therapy hour (Raeder et al., 2023).

Alternative Modalities

Acceptance and commitment therapy and emotion-focused therapy support meaning-centred work alongside CBT (Hayes et al., 2012; Greenberg & Goldman, 2008). Acceptance and commitment therapy strengthens values clarification and committed action, so that a clarified purpose becomes behaviour (Hayes et al., 2012; King & Hicks, 2021). Emotion-focused therapy deepens experiential processing and supports coherent meaning-making within close relationships, where belonging and role participation stabilize identity (Greenberg & Goldman, 2008). Systems and relational approaches scaffold enactment through family or team routines, and peer-led supports make role-anchored habits visible in everyday settings (Camia & Zafar, 2021; Craig et al., 2024). These options are used when they help translate meaning into role-based steps (Holtmaat et al., 2020; Marco et al., 2024). Direct head-to-head comparisons of their effects on meaning and identity are scarce (Jayawickreme et al., 2021). Effects likely differ by setting and population. Integrative practice requires competence across models and clear supervision so care remains coherent and ethically sound (CPA, 2017). Scholars differ on the primary engine of change. CBT-based approaches emphasize symptom reduction and skills (Nakao, 2021), whereas narrative-based and experiential approaches emphasize coherence, meaning, and identity (McAdams, 2018; Greenberg & Goldman, 2008). In short-term care, a defensible stance is to integrate tasks when they help clients enact values in real roles (King & Hicks, 2021)

Practitioner Workflow Across Phases

At intake, the clinician documents presenting concerns, an account of traumatic stressors, and practical constraints such as housing, finances, transportation, and social supports (CPA, 2017; CAP, 2023). A brief meaning map notes what feels most disrupted, what still matters, and where coherence feels stuck, which helps the clinician and client recognize strengths while using plain language to name gaps to address (Park, 2022; Ellena et al., 2021). A screen of processing style helps determine whether the first emphasis should be on stabilization skills, or whether the client can begin gentle coherence prompts that connect beliefs, goals, and actions (Xu et al., 2023; Park, 2022). The shared formulation summarises where discrepancies between situational meanings and global beliefs are fuelling distress or identity confusion and clarifies how the work will proceed step by step (Park, 2022). Public systems often require measurable outcomes. The plan balances individual pacing with light indicators that reflect both reflection and enacted change (Holtmaat et al., 2020). The structure is a guide, not a script. Clinicians adapt prompts and steps without reducing the client to a protocol (CPA, 2017).

Phase 1: Safety and Stability

Early work acknowledges and normalizes the pull of intrusive thoughts instead of arguing with them, then teaches brief regulation practices for use between appointments while deferring deeper narrative tasks until arousal has eased (Ellena et al., 2021; Park, 2022). This pacing avoids pressure toward redemptive stories before capacity is present. When intrusive rumination is high, plans begin with regulation, sleep supports, and simple values-consistent micro-actions that can be repeated weekly, so momentum is built through success under current constraints (Park, 2022; Ellena et al., 2021).

Phase 2: Enactment in Roles

Once the immediate distress is contained, work shifts to concise, culturally attuned coherence prompts that ask the client what still matters and what feels most disrupted in language that fits the client's context (Park, 2022; Ellena et al., 2021; Eberle et al., 2024). Insights are translated into concrete, values-consistent steps within a chosen role, so that narrative shifts are enacted rather than merely described, making change observable to the client and to important others (McAdams, 2018; Craig et al., 2024). Typical examples include a sleep routine, a scheduled peer check-in, or a small adjustment at school or work, sized to succeed under current constraints and then repeated until part of a normal routine (Craig et al., 2024; King & Hicks, 2021). Purpose language and chosen goals are kept simple, observable, and measurable so the client and others can recognize continuity in how the person shows up, which supports self-continuity and identity repair across settings over time (Camia & Zafar, 2021; King & Hicks, 2021). As discussed in Chapter 3, the credibility of growth claims increases when shifts are visible to others through role participation and routine, rather than only being described in session, which is the rationale for linking meaning prompts to observable actions in clinical work (Craig et al., 2024; McAdams, 2018).

Phase 3: Monitoring and Adjustment

Progress is reviewed with self-report paired with behaviour-adjacent indicators. In short-term care, the Meaning in Life Questionnaire can be used to track whether coherence and aim are strengthening week to week (Steger et al., 2006). This should be used once clients are stable enough to reflect. The Event-Related Rumination Inventory can be used to check whether processing is shifting from intrusive, cue-triggered loops toward more deliberate, goal-directed reflection, which helps decide when to emphasize regulation versus coherence work (Cann et al., 2011). These checks should be paired with behaviour-adjacent indicators, for example whether

planned actions occurred, whether role participation is stabilising, and whether others notice reliable follow-through. If indicators stall, steps are resized, prompts or pacing are adjusted, barriers are revisited, and when complexity is high or uncertainty persists, supervision or peer consultation is added (Ellena et al., 2021; CPA, 2017). Intensive narrative work is paused during acute risk or overwhelming crises, and consent and privacy safeguards remain explicit at each checkpoint (CPA, 2017; CAP, 2023). Attention to cultural fit in prompts and examples is maintained to avoid imposing frames that do not match client language or community norms (Eberle et al., 2024). Self-report scores can reflect language and culture as much as change. Read them alongside role-based indicators to reduce measurement bias (Steger et al., 2006; King & Hicks, 2021).

Applicability and Cultural Context

Fit to population is judged by developmental stage, cultural background, health status, and resource access, which shape pacing and the size of actions chosen for practice (Park, 2022; Aeschlimann et al., 2024). Adolescents often benefit from shorter sessions, concrete language, and caregiver involvement so values and routines can be supported at home and school (Branje et al., 2021; King & Hicks, 2021). Young adults may be navigating education or work transitions and require attention to role language and self-continuity across settings (McAdams, 2018; King & Hicks, 2021). Clients with cancer or chronic illness need plans that align with fatigue and treatment cycles, and brief, meaning-focused approaches show benefits when linked to feasible behaviour during recovery (Holtmaat et al., 2020; Marco et al., 2024). Veterans and first responders may benefit from attention to occupational identity, moral stress, and trusted peer involvement so coherence is rebuilt within the work culture (Craig et al., 2024). Newcomers and displaced persons face immigration stressors and legal processes that can make disclosure unsafe

or exhausting, which argues for slower pacing and careful consent (Camia & Zafar, 2021). Clinicians can draw on community knowledge and language brokering and adjust role language to local norms where appropriate (Skrodzka et al., 2024; Craig et al., 2024).

The same core process applies across groups, but prompts, examples, and actions should be adapted to language, culture, and available supports so identity repair is not separated from client realities (Aeschlimann et al., 2024; Eberle et al., 2024). Check cultural fit in supervision and through client and community feedback rather than assuming translation is enough (Eberle et al., 2024). Distinguish culturally normative coping from avoidance by checking alignment with values and roles over time, not only symptom change (Camia & Zafar, 2021). Longitudinal, within-person evidence on timing is limited, which constrains strong claims about when reflection becomes enactment (Jayawickreme et al., 2021; Park, 2022). Multicultural evidence is growing but uneven, so adaptation, co-design, and checks for measurement invariance and possible response shift are needed before generalising across groups (TCPS 2, 2022; Eberle et al., 2024; Park, 2022).

Cultural Adaptations

Limits on generalisability remain. Measures developed in Western samples can misread culturally normative coping language as growth and overlook collective or spiritual forms of change, which argues for careful adaptation and locally meaningful prompts (Eberle et al., 2024; Camia & Zafar, 2021; Skrodzka et al., 2024). In refugee and asylum-seeking contexts, trauma exposure is layered with ongoing stressors, so pacing, language brokering, and community collaboration are often preconditions for safe narrative work (Aeschlimann et al., 2024). Clinically, the same mechanism is maintained, yet prompts, examples, and goals are adapted so they are culturally relevant and feasible (Park, 2022; Eberle et al., 2024). Using Western-

developed measures without adaptation risks epistemic harm and may pathologize culturally distinct resilience. Co-designing prompts and indicators with community partners helps preserve meaning and keeps change observable in locally relevant ways (Eberle et al., 2024; CPA, 2017).

Legislative and Ethical Frameworks and Feasibility

Legislative and ethical frameworks provide the guardrails for all stages of the work. Practitioners follow the CPA Code of Ethics and provincial standards such as the CAP Standards of Practice, including requirements for competence, confidentiality, supervision, documentation, and cultural responsiveness in service delivery (CAP, 2023; CPA, 2017). Informed consent is ongoing rather than a one-time event, which is particularly important when reflective and narrative tasks may surface sensitive material or affect family and work relationships, and clients should understand the rationale, potential benefits, and limits in advance of any step that could raise risk (CPA, 2017; CAP, 2023). Clinicians slow or defer intensive narrative work during acute risk, active psychosis, severe dissociation without stabilization skills, or when crises such as unstable housing or immediate legal threats overwhelm capacity. Counsellors should also coordinate with primary care or psychiatry when suicidality, psychosis, or severe sleep or pain issues interfere with progress (CPA, 2017; CAP, 2023). System-level rules on funding and documentation can conflict with individual-level ethics, such as autonomy and continuity. These tensions are named where they arise. Consent evolves as insight and risk unfold, and clients revisit goals, pacing, and what narrative material to share at each step (CAP, 2023; CPA, 2017).

Legislative Constraints and Funding

Feasibility is shaped by funding sources and system constraints in Alberta and across Canada (CAP, 2023). In practice, clients may rely on provincial coverage, workers'

compensation, employer assistance, student plans, or community programs, and each option can bring session caps, waitlists, and specific documentation requirements (CPA, 2017). One way to protect access within these limits is to use brief, evidence-based, targeted interventions that fit short-term formats (Marco et al., 2024). Another is to prepare clear letters and summaries when coverage depends on paperwork, so approvals are not delayed (CAP, 2023). Partnerships with community organizations can also help maintain continuity between episodes of funded care, particularly when clients shift across settings (CPA, 2017). Within this landscape, meaning-centred and narrative approaches can be delivered effectively when they are paced to capacity and monitored in a low-burden way (Holtmaat et al., 2020). Peer-supported options add further reach where formal sessions are limited (Raeder et al., 2023).

The evidence for short-term approaches is promising but not uniform over time (Holtmaat et al., 2020). Studies from 2020 to 2024 show short-term gains in meaning-related outcomes in oncology and in narrative-based treatments, while longer-term benefits vary and appear sensitive to context and follow-up supports (Marco et al., 2024). Clinically, this argues for scheduled check-ins, group or peer support options, or occasional booster sessions when funding allows, paired with routine monitoring of enacted role changes to ensure progress remains visible outside the clinic (Raeder et al., 2023).

Session caps and insurance limits can nudge services toward symptom-only goals. Identity repair stays on the table by sizing actions to capacity, using peer options, and scheduling brief check-ins when possible (Holtmaat et al., 2020; Raeder et al., 2023). Where clients lack coverage, equity concerns are named, and advocacy or community partnerships are used when appropriate so gains continue between funded episodes (CAP, 2023; CPA, 2017).

Brief Pathway in Practice

Short-term services can follow an eight-session structure that is adapted to culture, risk, preferences, and capacity. A rigid structure can oversimplify complex trauma or identity work. Steps are resized and reordered when context demands. Session one obtains consent, completes a crisis plan, and clarifies the presenting problem and hopes for therapy so that the purpose, risks and benefits of therapy are clear (CPA, 2017; CAP, 2023). Safety and stability are assessed and supported. Session two maps shifts and losses by eliciting values, examining lived actions, and sketching one or two realistic changes to try in the coming week so that narrative and behaviour are linked from the start (Aeschlimann et al., 2024). Session three focuses on processing style, helping the client notice intrusive loops versus deliberate reflection, then linking practice to values-consistent actions so that reflection is not only verbal (Xu et al., 2023; Yi et al., 2023). Session four introduces coherence work with culturally attuned prompts that build agency without pressuring positive narratives, followed by behavioural experiments sized to the week ahead so that change remains feasible (Brewin, 2024; Raeder et al., 2023). Session five strengthens purpose and roles by addressing barriers and adapting plans, with measures to monitor progress so the client can see what is and is not working. Session six emphasises enactment by troubleshooting obstacles, reinforcing habit supports, and tracking behaviour-adjacent indicators such as role participation or prosocial contact so that improvements are visible (Holtmaat et al., 2020). Session seven focuses on consolidation and a relapse plan, documenting early warning signs, recovery steps, and follow-up options to maintain gains during stressors (Holtmaat et al., 2020). Session eight reviews progress, anticipates upcoming changes, and helps the client outline self-directed plans to apply skills in new situations so that the gains generalise beyond the therapy setting. Progress measures can privilege cognitive insight over

embodied or relational change, so brief self-report is paired with role-based indicators and, when feasible, optional peer or group follow-up for continuity (Steger et al., 2006; Raeder et al., 2023).

Implications for Training and Supervision

The following points highlight practical innovations for training, supervision, and policy that flow from this chapter. Training can emphasize three applied skills: pacing narrative depth to current capacity (CPA, 2017), linking meaning prompts to role-based micro-actions (King & Hicks, 2021), and reading self-report alongside behaviour-adjacent indicators (Steger et al., 2006; Cann et al., 2011). Supervision can focus on cultural fit as an ongoing learning process (TCPS 2, 2022; CPA, 2017), and on coherence across integrated modalities so clinicians adapt tasks without sliding into protocol-only work (Hayes et al., 2012; Greenberg & Goldman, 2008). At the policy level, documentation templates and allowance for brief check-ins (CAP, 2023), plus recognition of co-designed indicators with communities (TCPS 2, 2022; Eberle et al., 2024), can help services monitor identity repair under session caps while protecting equity and feasibility (CAP, 2023).

Practice Implications

- Integrate meaning-mapping early to guide collaborative formulation.
- Use coherence prompts only after stabilization.
- Translate insight into role-based micro-actions.
- Monitor progress via reflection and behaviour.
- Adjust for culture, capacity, and funding constraints.

In publicly funded or time-limited care, these steps protect feasibility and keep identity repair visible outside the session (CAP, 2023).

Contribution to Counselling Psychology

This project contributes to counselling psychology by positioning posttraumatic growth as modest, role-anchored identity repair that can be monitored in short-term care. It clarifies that growth claims are most credible when clarified meanings are enacted in at least one chosen role and recognised by others, not only expressed in session (McAdams, 2018; Park, 2022). The three-phase workflow translates these ideas into concrete steps that clinicians can document within Alberta's ethical and regulatory frameworks, pairing brief self-report with behaviour-adjacent indicators rather than relying on self-report alone (CPA, 2017; CAP, 2023; Steger et al., 2006; Cann et al., 2011).

Framing PTG in this way emphasises cultural fit and consent (CPA, 2017; CAP, 2023) and supports co-designed indicators with clients and communities (Steger et al., 2006). It provides a discipline-facing model for integrating identity-relevant outcomes into routine practice (Park, 2022) and offers an alternative to symptom-focused outcome models through role-based, identity-focused indicators aligned with CPA Principle II: Responsible Caring (CPA, 2017). The framework can inform supervision, ethics training, and brief intervention design through case formulation, cultural-fit checks, and role-anchored micro-tasks with succinct monitoring.

Summary

Clinical application rests on three linked moves: stabilize and widen perspective, support coherence and agency in ways that fit culture and context, and link insight to small, repeatable actions in valued roles (Park, 2022; McAdams, 2018). Brief meaning prompts paired with small quantitative checks can guide pacing and track movement from intrusive preoccupation toward

more deliberate reflection (King & Hicks, 2021; Steger et al., 2006; Cann et al., 2011). Some links among meaning, agency, and enacted change remain uncertain because cultural adaptation is variable (Jayawickreme et al., 2021; Park, 2022; Eberle et al., 2024).

This chapter closes the loop to Chapter One's purpose by showing how meaning-making becomes visible in role-based actions that support identity repair in short term Alberta services (Jayawickreme et al., 2021). In routine care, credibility improves when brief self report is read alongside behaviour adjacent indicators and, when feasible, an informant cue (Raeder et al., 2023). The approach honours consent and cultural fit (CPA, 2017; TCPS 2, 2022) and aligns with Alberta documentation and session limits (CAP, 2023).

Randomized controlled trials support structured CBT packages in medical and outpatient contexts and show benefits for structured narrative programmes in survivorship samples, while much of the broader literature remains correlational or cross-sectional, which limits timing claims (Nakao, 2021; Holtmaat et al., 2020; Marco et al., 2024; Jayawickreme et al., 2021; Park, 2022). Scholars disagree on the engine of change, with CBT emphasising symptom reduction and skills, and narrative or experiential approaches emphasising coherence, meaning, and identity (Nakao, 2021; McAdams, 2018; Greenberg & Goldman, 2008). Longitudinal and multicultural evidence is uneven, so adaptation, co-design, and checks for invariance and response shift are needed before generalising across groups (TCPS 2, 2022; Eberle et al., 2024). Together, these applied frameworks clarify when role-based actions can be monitored credibly in short-term services, and they set up Chapter 5 to weigh contributions, limits, and directions for future research and policy in Canadian settings.

Chapter 5: Conclusions and Recommendations

Chapter 3 provided a full synthesis of the three themes, clarifying how mechanisms, contextual conditions, and credibility boundaries shape meaning-making and identity repair. Building on that foundation, Chapter 5 does not revisit each theme in detail. Instead, it weighs the review's contribution to counselling psychology, identifies the limits and boundaries of the evidence, and traces implications for practice, policy, and systems. The chapter then outlines priorities for future research, reflects on personal learning, and closes with an overall conclusion about what meaning-making and identity repair can reasonably support in short-term counselling.

Critical Reflections and Boundaries of the Evidence

Much of the evidence is cross-sectional, so statements about when shifts occur are limited, and timing claims are kept modest (Jayawickreme et al., 2021). These gaps map to the Chapter 1 questions by showing where claims about mechanisms and timing must remain cautious, and where context and measurement shape what counts as credible change. Coherence is not always a sign of health, so counsellors should interpret it alongside role participation and current risk, noting that a partial or provisional story can support safety and pacing (Park, 2022). Clinician meaning frameworks can shape which client meanings are encouraged, so supervision should include reflection on therapist assumptions and cultural position (CPA, 2017). Agency and meaning are difficult to operationalize in short-term care, so this chapter treats them as enacted through small, values-consistent steps in specific roles, not as global traits (King & Hicks, 2021). Movement from intrusive to deliberate reflection is theorised and observed in parts, yet it is undertested in within-person designs (Cann et al., 2011; Jayawickreme et al., 2021). Measurement issues persist, with uneven invariance checks and attention to response

shift, which complicates interpretation of change scores (Raeder et al., 2023). Sampling and self-selection are common, because many samples favour people engaged with services or with time to respond, which can inflate perceived benefit and mute barriers (Holtmaat et al., 2020).

Cultural adaptation remains uneven, and Western measures can misclassify normative collective or spiritual coping as growth, so co-designed and local language work is needed to lower epistemic risk (TCPS 2, 2022; Eberle et al., 2024). External validity beyond Alberta is uncertain because ethical and funding systems vary across provinces and countries, which means feasibility and outcomes will shift with local constraints (CAP, 2023). Practically, these boundaries guide knowledge translation by flagging when to slow depth, renew consent, or substitute identity-relevant indicators for single-time self-report in supervision and program planning (CPA, 2017; TCPS 2, 2022).

Limitations of this Capstone

As a graduate researcher interested in meaning, existentialism, and CBT, my perspective and access are likely to have shaped the emphasis on brief-service feasibility and identity-relevant indicators. Searches drew on multiple major databases and institutional collections, with an English-language scope. Inclusion criteria prioritized studies that linked reflection to enactment. This choice may under-represent broader conceptual debates (McAdams, 2018; Park, 2022). The synthesis used narrative weighting to fit mixed methods and measures, which introduces interpretive judgement even as it improves fit to the available evidence (Infurna & Jayawickreme, 2019).

Implications for Practice

- Pace narrative and coherence tasks to current capacity, and delay depth when arousal is high
- At each review point, pair brief self-report items with behaviour-adjacent indicators to see whether insight shows up in everyday roles
- When a brief tool helps, use items from the Meaning in Life Questionnaire to watch presence and search, and an Event-Related Rumination Inventory check to see whether intrusive reflection is easing toward more deliberate reflection.
- Translate clarified meaning into small, values-consistent actions inside one chosen role, then repeat until the action becomes routine
- Read self-report alongside role participation and, where appropriate, an informant cue, such as attendance, a supervisor note, or a family observation
- Keep consent active and protect privacy as narrative material shifts. Check cultural fit in supervision and, when possible, with client or community feedback
- When combining ACT or EFT with narrative tasks, check conceptual fit and clinician competence

Implications for Policy and Systems

Translating the literature into action for brief services, the steps below prioritize identity-relevant, feasible indicators while protecting consent, cultural fit, and workload. Session caps and documentation requirements make short, observable indicators useful, especially when they are paired with brief self-report (CAP, 2023). Programs can add quick check-ins with role-based markers, offer peer or group options where appropriate, and invite co-designed indicators with communities (TCPS 2, 2022). These moves can improve cultural fit and help maintain equity for clients without coverage while keeping paperwork reasonable for clinicians (CPA, 2017). These

recommendations face policy-level tensions such as session caps, privacy rules, staffing, and funding models, which can limit informant checks and role markers. Adoption of these recommendations should be paced, co-designed with communities, and audited for equity impacts.

Future Research

Given the gaps in the literature the following are possible future research questions:

1. How do shifts from intrusive to deliberate reflection unfold over time, and how are they linked to role enactment that others can observe?
2. In short-term services, does brief monitoring that pairs self-report with behaviour-adjacent indicators detect meaningful change?
3. How do meaning-making and identity processes present across cultures, and what therapy, measurement, and indicator adaptations are needed to fit local contexts and avoid misclassification?

Future research should address the limits imposed by a small but conceptually coherent evidence base, as well as the methodological and cultural tensions that emerged in this review. Although 13 studies met criteria for inclusion, many additional papers were excluded because they relied exclusively on cross-sectional self-report, blended meaning and identity language in ways that made constructs indistinct or did not provide enough methodological detail to judge comparability. These exclusions were necessary to preserve conceptual clarity, yet they also signal where the field requires stronger designs. Future work should therefore prioritize longitudinal and mixed-method approaches that can trace movement from intrusive preoccupation to more deliberate reflection and then to enacted changes in daily roles. Such

designs would allow clearer testing of when revised meanings become visible as identity repair rather than remaining aspirational or tied to transient mood.

Stronger measurement practices are also needed. Many current tools do not consistently distinguish meaning from identity processes, and few studies test whether instruments function equivalently over time or across cultural groups. Future research should include checks for measurement invariance, procedures to identify response shift, and behaviour-adjacent indicators that make enacted change observable in everyday roles. Culturally adapted measures are needed so that collective or spiritual identity work is not misinterpreted through Western individualist frames. Studies involving displaced communities, Indigenous participants, or faith-anchored identity systems should incorporate translation with back translation, cognitive interviewing, and culturally grounded indicators of identity repair to ensure valid interpretation.

There is also a need for research that evaluates practice-oriented pathways in real-world settings. Most interventions are tested in idealised contexts or with narrow populations, which limits relevance for outpatient and community counselling in Alberta. Future studies should examine how brief, meaning focused, identity anchored sequences perform under routine constraints such as session caps, variable stability, and differing levels of client readiness. These projects should test whether linking coherence prompts to simple, repeatable role-based actions meaningfully strengthens identity repair, and whether combining brief self-report with behaviour-adjacent indicators improves outcome monitoring in short term care. Research attention to training, supervision, and policy-level supports would further clarify what practitioners need to scale these approaches ethically within Canadian service systems.

Taken together, these directions would help expand an evidence base currently constrained by design limits, heterogeneous constructs, and uneven cultural fit. They would also respond directly to the methodological tensions highlighted in this capstone, strengthening the empirical foundation for meaning-centred, identity-oriented counselling practice.

Personal Learning

I learned to treat identity repair as most credible when reflective talk is paired with week-sized actions inside valued roles, so progress is visible to clients and clinicians in short-term services (McAdam, 2018). I now read single-time self-report cautiously, and I look for convergence with behaviour-adjacent indicators such as role participation, routine resumption, or small repeated actions that align with stated values (Brewin, 2024; Park, 2022). In practice, I plan to pair brief questionnaires with simple, co-designed indicators and, when feasible, a single informant cue, so that monitoring aligns with Alberta workload realities while keeping cultural fit in view (CPA, 2017; CAP, 2023). I also have a greater appreciation for how cultural context shapes meaning and identity, so I will check for measure adaptation and invite community input where possible, consistent with TCPS 2 guidance on welfare, justice, and inclusiveness (TCPS 2, 2022; CAP, 2023). In research, these shifts help me keep claims modest when the evidence is cross-sectional. In counselling, I can measure and build change through observable, role-anchored change that matters in routine care (Park, 2022; Brewin, 2024).

Conclusion

This review found that credible posttraumatic growth depends on whether revised meanings are enacted in daily roles, not only reported. Across studies, clients progressed when deliberate meaning-making was paired with small, role-based actions that others could

recognize. Because most research relies on single-time self-report, claims remain cautious. In response, this project offers a brief workflow that helps clinicians read self-report alongside behaviour-adjacent indicators so change stays visible within short-term services.

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Appendix A

Included studies table

Note. This table lists the primary empirical studies analysed in the thematic synthesis. Theory, review, measurement, and ethics sources informed framing and appraisal but are not counted here.

Author	Year	Title	Journal	Type
Cafaro et al.	2024	Promoting post-traumatic growth in cancer patients: A randomized controlled trial of guided written disclosure	Frontiers in Psychology	Randomized controlled trial
Marco et al.	2024	Effectiveness of meaning-centered psychotherapy on posttraumatic growth in cancer survivors: A randomized controlled trial	Behavior Therapy	Randomized controlled trial
Holtmaat et al.	2020	Long-term efficacy of meaning-centered group psychotherapy for cancer survivors: Two-year follow-up results of a randomized controlled trial	Psycho-Oncology	Randomized controlled trial (follow-up)
Craig et al.	2024	New groups and post-traumatic growth: Experimental evidence that gaining group memberships supports recovery from natural disaster	Environment and Behavior	Experimental
Camia & Zafar	2021	Autobiographical meaning-making protects the sense of self-continuity past forced migration	Frontiers in Psychology	Cross-sectional
Skrodzka et al.	2024	New social identities in Ukrainian “refugees”: A social cure or social curse?	Social Science & Medicine	Cross-sectional
Whealin et al.	2020	Dynamic interplay between PTSD symptoms and	Journal of Affective Disorders	Longitudinal

		posttraumatic growth in older military veterans		
Xu et al.	2023	The influence of deliberate rumination on post-traumatic growth of college students during the COVID-19 pandemic and the moderating role of self-efficacy	Frontiers in Public Health	Cross-sectional
Yang	2021	Meaning-making helps cope with COVID-19: A longitudinal study	Personality and Individual Differences	Longitudinal
Yi et al.	2023	Contribution of rumination and psychological resilience to post-traumatic growth of front-line healthcare workers in mobile cabin hospitals under normalized epidemic prevention and control requirements	Preventive Medicine Reports	Cross-sectional
Fioretti et al.	2020	Exploring narratives on post-traumatic growth in women with breast cancer: A qualitative study	European Journal of Cancer Care	Qualitative
Fioretti et al.	2022	Investigating post-traumatic growth in cancer: The role of time perspective and resilience	International Journal of Environmental Research and Public Health	Cross-sectional
Fischer et al.	2023	Purpose in life and physical health in older U.S. military veterans: Cross-sectional results from the National Health and Resilience in Veterans Study	Preventive Medicine	Cross-sectional