

Review

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Review

Beyond Stabilization: Addressing Meaning in Life in Humanitarian Trauma Care and Resource-Limited Contexts

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Abstract

Background/Objectives: Humanitarian trauma care has traditionally focused on immediate physical stabilization and the reduction of acute psychological symptoms. However, survivors of physical trauma—such as amputations, burns, or spinal cord injuries—often face significant disruptions to their sense of identity, purpose, and coherence. Meaning in life has been consistently linked to resilience, psychological adjustment, and post-traumatic growth, yet its integration into trauma care, particularly in low-resource settings, remains underexplored. This review identifies and synthesizes existing literature to highlight critical gaps and emerging opportunities for meaning-centered trauma care among physically injured populations in humanitarian contexts. **Methods:** This narrative review draws from interdisciplinary research across trauma psychology, global mental health, and palliative care. A targeted literature search was conducted focusing on meaning-making, physical trauma, humanitarian emergencies, and psychosocial support in resource-limited environments. Conceptual frameworks such as the Meaning Maintenance Model and Park's model of meaning-making were applied to interpret findings. **Results:** Three key gaps were identified: (1) the neglect of existential dimensions in trauma care, (2) the scarcity of research on meaning-making processes in low-resource or non-Western settings, and (3) the limited integration of meaning-centered interventions into widely used humanitarian mental health and psychosocial support (MHPSS) toolkits. Emerging strategies for addressing these gaps include culturally adapted, community-delivered interventions and narrative-based approaches, though empirical validation remains limited. **Conclusions:** Addressing meaning in life is essential for holistic trauma recovery, especially for physically injured individuals in humanitarian and low-resource contexts. Integrating culturally sensitive, meaning-centered approaches into trauma care and research can enhance psychological resilience, identity reconstruction, and overall well-being.

Keywords: meaning in life; trauma recovery; physical injury; humanitarian settings

1. Introduction

In humanitarian emergencies, trauma care has traditionally focused on immediate survival, the stabilization of physical injuries, and the alleviation of acute psychological symptoms such as fear, shock, and anxiety [1,2]. Medical and mental health teams prioritize life-saving interventions and deliver psychosocial support designed to prevent chronic mental illness [3]. While these responses are essential, they often neglect deeper psychosocial needs—particularly those related to identity, purpose, and meaning in life. This oversight is especially consequential for individuals recovering from severe physical trauma, such as amputations, burns, or spinal cord injuries, whose lived experiences are profoundly shaped by bodily change.

Meaning in life—understood as a sense of coherence, significance, and purpose—has been shown to buffer psychological distress and foster positive adjustment after adversity [4]. Individuals who are able to maintain or reconstruct meaning report greater resilience and well-being, and often experience post-traumatic growth, defined as positive psychological change resulting from the

struggle with trauma [5,6]. The presence of meaning contributes to a sense of agency and continuity, helping survivors to contextualize suffering, reclaim disrupted identities, and envision a purposeful future [7,8].

Despite its relevance, meaning is rarely a central focus of trauma intervention frameworks in humanitarian contexts, particularly in low-resource settings where psychosocial programs tend to emphasize symptom management over existential recovery [9]. This review explores the neglected role of meaning in humanitarian trauma care and highlights the importance of integrating culturally sensitive, meaning-centered approaches to support holistic healing and long-term recovery among physically injured survivors.

1.1. Conceptualizing Meaning in Life and Trauma

Meaning in life broadly refers to experiencing one's existence as purposeful, coherent, and significant [7,8]. This psychological resource plays a central role in navigating adversity, offering individuals a sense of stability and direction when confronted with trauma [4]. Traumatic physical injuries—such as amputations, burns, spinal cord injuries, and orthopedic trauma—can profoundly disrupt this sense of meaning by altering bodily integrity, social identity, and future possibilities [6,10].

Drawing from extreme adversity, it has been argued that individuals who can find or maintain meaning in suffering demonstrate greater psychological resilience [11]. The development of logotherapy highlighted the possibility of discovering meaning even amid profound hardship, framing it as a vital source of strength and hope. Contemporary psychological models build on these insights. The Meaning Maintenance Model [12] proposes that when traumatic events disrupt existing worldviews, individuals engage in cognitive efforts to restore coherence. Park's integrative model of meaning-making differentiates between global meaning (general beliefs and life goals) and situational meaning (interpretations of specific events) [4]. When trauma challenges global meaning, individuals often engage in processes such as reappraisal, narrative reconstruction, or spiritual reframing to restore a coherent sense of self [5].

1.1.1. The Importance of Meaning in Trauma Recovery

Meaning in life has emerged as a central psychological resource in the aftermath of trauma, influencing not only how individuals cope with adversity but also how they rebuild their lives in its wake. Theorists and clinicians increasingly recognize that the presence of meaning—defined as a perceived sense of purpose, significance, and coherence—is not merely a marker of psychological well-being but a potential mechanism of recovery itself [7,8,13]. When traumatic events shatter assumptions about the self, others, and the world, the capacity to restore or discover meaning becomes essential for reorganizing identity and reintegrating disrupted life narratives [4,14]. Empirical research supports this view across diverse populations. In both clinical and community settings, greater perceived meaning has been associated with lower levels of depression, anxiety, and post-traumatic stress symptoms, and higher levels of psychological resilience, life satisfaction, and post-traumatic growth [15,16]. Among survivors of war, illness, bereavement, and natural disasters, meaning facilitates a cognitive reorientation that allows suffering to be contextualized and integrated rather than avoided or denied [17]. It provides a framework through which individuals can redefine their values, reengage with goals, and reconnect with others in ways that support both psychological and social functioning.

While both psychological and physical trauma can shatter assumptions about safety, identity, and the future, physical trauma introduces a unique set of challenges that intensify the importance of meaning-making in recovery. Unlike psychological trauma, which may be invisible and episodic, physical injuries—such as amputations, burns, or spinal cord damage—leave persistent bodily markers that serve as ongoing reminders of loss [18]. These visible injuries often entail functional limitations, disfigurement, or chronic pain, all of which complicate recovery by confronting survivors with enduring disruptions to their bodily integrity and social identity [5]. For many, these injuries

profoundly alter self-perception and relationships with others, especially in cultures where physical capability or appearance plays a central role in defining social value or familial responsibility [10,19]. Specifically, studies on war-wounded civilians and landmine survivors have shown that physical trauma is associated not only with high rates of psychological distress but also with long-term disruptions in social functioning and role fulfillment [18,20]. Survivors frequently reported feelings of shame, alienation, and diminished self-worth due to their changed bodies and dependency on others [21]. These outcomes are often exacerbated in humanitarian settings, where resource scarcity, displacement, and cultural stigmatization of disability further undermine recovery [22].

In contexts of physical trauma, meaning in life functions as a crucial psychological bridge that connects a fragmented past—marked by loss and disruption—with a reimagined future filled with new possibilities and purpose [23]. This bridging role is essential because trauma often fractures one's life narrative, undermining coherence and continuity that are foundational for a stable sense of self [24]. Through meaning-making, survivors reinterpret their suffering not merely as loss but as part of a broader story that encompasses resilience, growth, and adaptation. This process enables them to reclaim agency over their lives by actively constructing a renewed self-narrative that integrates physical limitations and altered life trajectories with enduring values and goals [5]. Empirical studies underscore the protective and transformative power of meaning-making in trauma recovery. For instance, cancer survivors who reported greater meaning in their illness experiences exhibited lower levels of depression and anxiety, alongside higher well-being and motivation to engage in health-promoting behaviors [25]. Similarly, Breitbart et al. [26] demonstrated that Meaning-Centered Psychotherapy, which explicitly cultivates a sense of purpose and significance, significantly reduced depressive symptoms and enhanced spiritual well-being among patients with advanced cancer. These findings highlight that perceived meaning is associated not only with emotional resilience but also with proactive engagement in rehabilitation and adaptive coping strategies.

Meaning-making acts as a buffer against despair and hopelessness, which are common psychological sequelae of severe physical injury. By providing a framework through which individuals can find significance in suffering, it mitigates feelings of helplessness and fosters hope. This is particularly vital for individuals living with lifelong impairments, whose recovery journey extends beyond acute medical care into ongoing identity reconstruction and social reintegration. Research on post-traumatic growth (PTG) elucidates how meaning-making facilitates positive psychological changes such as increased appreciation of life, enhanced personal strength, and improved relationships, even after devastating injuries (Tedeschi & Calhoun, 2004; Levine et al., 2009). For example, a longitudinal study of spinal cord injury survivors found that those engaging in active meaning-making reported greater PTG and psychological well-being over time, despite enduring physical limitations [27]. In humanitarian and resource-limited settings, where survivors often face compounded challenges including social stigma, economic hardship, and disrupted support systems, fostering meaning is not only therapeutic but essential for sustainable recovery [28]. War survivors who reported higher levels of perceived meaning experience greater emotional resilience, lower depressive symptoms, and stronger engagement in rehabilitation efforts [29]. By facilitating the reconstruction of a coherent and purposeful self-narrative, meaning-centered approaches help survivors to regain a sense of control and belonging, laying the groundwork for resilience and long-term well-being [24]. Meaning-making thus plays a protective role, buffering against the corrosive effects of hopelessness and enabling PTG—a process particularly crucial for individuals living with lifelong physical impairments.

Notwithstanding the importance of meaning in life, trauma care in humanitarian and low-resource settings remains heavily focused on symptom reduction, with few frameworks explicitly targeting existential recovery. The prevailing use of interventions like Psychological First Aid (PFA) or mhGAP protocols, while essential for immediate relief, often lacks pathways to address long-term identity reconstruction or facilitate meaning-making. This gap is especially problematic for physically injured survivors, for whom trauma is not confined to memory but lives on in the altered body and disrupted life course. In this case, supporting survivors in meaning-making is not a luxury—it is a

necessity for sustainable recovery. Integrating meaning into trauma research and practice thus represents both a conceptual advancement and a clinical imperative. It calls for interventions that not only reduce distress but also foster purpose, belonging, and identity reconstruction. Recognizing the existential dimensions of physical trauma invites a shift in humanitarian trauma care—from merely restoring function to rebuilding meaning. This shift requires culturally sensitive, scalable interventions that validate survivors' struggles, engage local narratives of suffering and resilience, and offer structured opportunities for reconstructing purpose and identity. As empirical and clinical evidence suggests, integrating meaning into trauma care is not only a theoretical refinement but a practical necessity for long-term recovery and reintegration [9]. Ultimately, attending to meaning in life expands the scope of trauma care from survival to flourishing, allowing individuals to reclaim not just their functioning, but their potential to thrive.

2. Issues in Current Literature

2.1. Neglect of Existential Dimensions in Humanitarian Trauma Care

Humanitarian mental health and psychosocial support (MHPSS) programs have traditionally emphasized the rapid reduction of acute psychological symptoms such as anxiety, depression, and post-traumatic stress disorder (PTSD). Interventions like Cognitive Behavioral Therapy (CBT), PFA, and problem management plus (PM+) are widely implemented due to their empirical support and scalability in emergency settings [1,30].

While these approaches are effective in managing distress and preventing chronic psychopathology, they are predominantly symptom-focused and often overlook the deeper existential suffering that can accompany trauma—particularly physical trauma. Survivors of physical injury frequently grapple with the profound psychosocial consequences of altered body image, loss of autonomy, and disruption of future life plans [18]. These experiences are not merely distressing in the clinical sense but can erode one's sense of identity, purpose, and coherence—core dimensions of existential well-being. Studies have found that individuals with visible or disabling injuries are at elevated risk for persistent emotional distress, feelings of social marginalization, and a disrupted sense of self [31]. For instance, a study of burn survivors revealed that beyond physical pain, patients often struggled with shame, isolation, and challenges integrating their changed appearance into their self-concept [32]. Moreover, physical trauma can give rise to moral injury—a distinct form of psychological distress stemming from perceived violations of deeply held moral or ethical beliefs, such as when survivors feel betrayed by institutions or abandoned by caregivers [33]. Such existential and moral distress can be especially salient in humanitarian crises, where systemic failures and chaotic conditions may deepen feelings of injustice, abandonment, or spiritual despair [34]. These dimensions are rarely addressed by standard MHPSS protocols, which tend to favor short-term, generalizable techniques over individualized, meaning-focused work.

The failure to engage with these existential layers has real-world consequences. Research suggests that the presence of meaning in life is a key predictor of psychological recovery across trauma types, whereas its absence is linked to demoralization, poor rehabilitation outcomes, and increased risk for suicidal ideation—particularly in individuals with chronic disability [35,36]. For example, a study on survivors of spinal cord injury found that those who reported lower levels of meaning and purpose had significantly poorer mental health and lower adherence to rehabilitation over a 12-month period [37]. Cultural critiques from within humanitarian contexts further highlight this gap. For instance, post-tsunami psychosocial interventions were criticized for failing to incorporate local understandings of suffering, grief, and spiritual meaning, thereby limiting their cultural relevance and community engagement [38]. As Summerfield [39] argues, the dominance of Western biomedical paradigms in global mental health can marginalize culturally embedded healing practices and expressions of existential suffering. This critique aligns with findings from qualitative studies in post-conflict Uganda and Nepal, where survivors reported that Western-style counseling failed to address core concerns about community belonging, spiritual disconnection, and lost social

roles [40]. Furthermore, Authoritative humanitarian guidelines such as the Inter-Agency Standing Committee (IASC) framework [2] and WHO's mhGAP [1] offer essential tools for scaling MHPSS services. However, they lack explicit attention to meaning-making, identity reconstruction, or spiritual integration—while these frameworks succeed in crisis triage, they fall short in addressing the long-term psychological reconstruction that many trauma survivors require. This neglect is especially consequential in the case of physical trauma, where the body becomes a site of continued struggle for meaning. Unlike psychological trauma that may be internalized or temporally bounded, physical injuries are often permanent, visible, and socially impactful. They disrupt not only intrapersonal narratives but also interpersonal and societal perceptions of the self [18]. Recovery in such cases requires more than symptom relief or functional rehabilitation—it requires a holistic reconceptualization of selfhood that integrates bodily changes into a renewed life story.

Integrating meaning-centered approaches into MHPSS programming can address this gap. These approaches, including logotherapy [11], narrative therapy [24], and culturally adapted storytelling methods [28], are designed to support survivors in re-authoring their experiences, finding renewed purpose, and reconnecting with valued identities. Emerging evidence suggests that such interventions not only improve emotional well-being but also enhance social reintegration and long-term recovery outcomes [41]. By attending to existential concerns, trauma care can become more responsive, humanizing, and effective—especially in the face of complex, identity-disrupting injuries in humanitarian settings.

2.2. Scarcity of Research on Meaning-Making in Resource-Limited Contexts

Most empirical research on meaning-making and trauma has been conducted in high-income Western countries, where psychological constructs, intervention models, and outcome measures have been developed and validated. This Western-centric focus has generated robust theoretical and clinical advancements, particularly in areas such as post-traumatic growth, existential therapy, and narrative interventions. However, it has also resulted in a significant knowledge gap regarding how meaning is experienced, disrupted, and reconstructed in non-Western and resource-limited settings. Low- and middle-income countries (LMICs), where the majority of humanitarian crises and conflict-related traumas occur, are marked by distinct sociocultural, political, and spiritual contexts that deeply shape the process of coping and recovery [42]. These settings often feature collectivist orientations, strong spiritual belief systems, and non-Western idioms of distress—all of which influence how trauma is interpreted and how meaning is derived from suffering. Without careful attention to these contextual factors, MHPSS interventions risk being conceptually misaligned or culturally alienating. West et al. [43] highlight the importance of integrating local idioms of distress—culturally embedded ways of expressing suffering—into intervention design. These idioms frequently include spiritual and moral dimensions that may not map neatly onto diagnostic frameworks such as PTSD or depression but are central to survivors' meaning-making processes. Similarly, Kohrt and Hruschka's [19] ethnographic study among Nepali trauma survivors found that psychological suffering was more commonly articulated through somatic symptoms or spiritual concerns than through Western psychiatric language. The absence of meaning-centered assessment tools and outcome metrics that account for such cultural variation further limits the empirical understanding of recovery in these contexts [20]. For physically injured survivors in LMICs, cultural beliefs about the body, illness, and personhood take on heightened importance. Bodily injuries intersect with notions of fate, moral accountability, social worth, and spiritual balance [28]. In many cultures, physical disfigurement or disability may carry stigma, be perceived as a form of divine punishment, or alter a person's relational identity within the family or community [39]. These cultural narratives can either hinder or support the reconstruction of meaning, depending on the available communal resources and interpretive frameworks. Traditional healing practices—such as communal rituals, storytelling, and spiritual consultations—often serve as mechanisms for restoring coherence and facilitating post-trauma integration [10]. These approaches are rarely considered in formal MHPSS programming, despite evidence that they contribute to emotional healing, social

reconnection, and renewed life purpose. In particular, interventions aligned with local belief systems demonstrated higher engagement and better psychosocial outcomes, particularly when they involved participatory methods and community leadership [3]. Nonetheless, many humanitarian psychosocial programs continue to adopt standardized Western intervention models, often with superficial or tokenistic cultural adaptations [40,44]. This mismatch undermines the acceptability and efficacy of care and can even exacerbate alienation or distrust toward mental health services [45]—while localized and culturally sensitive approaches to trauma care are increasingly advocated, empirical evaluations remain sparse, and the meaning-making dimension is particularly underexplored [9].

The consequences of this research gap are both theoretical and practical. Theoretically, it limits our understanding of how meaning functions as a universal versus culturally specific construct in trauma recovery. Practically, it restricts the development of interventions that are responsive to the lived realities and culturally embedded pathways of healing in LMICs. For example, while studies in high-income contexts show that meaning-making predicts lower distress and better functional outcomes after trauma [26], we do not yet know whether these associations hold, differ, or interact with unique cultural mediators in humanitarian settings. To address this gap, future research must prioritize culturally grounded, participatory methods that document how individuals in resource-limited settings construct meaning after physical trauma. Longitudinal mixed-methods studies could elucidate the evolution of meaning-making over time and its interaction with physical recovery, social reintegration, and spiritual well-being. Implementation science approaches can help determine how meaning-centered interventions—such as adapted logotherapy, life review, or narrative group therapy—can be feasibly delivered in low-resource contexts by trained lay personnel or traditional healers. Ultimately, bridging this research gap is essential for creating trauma care frameworks that are not only clinically effective but also socially and culturally resonant. For physically injured survivors in humanitarian contexts, meaning-making is not a peripheral concern—it is central to their capacity to heal, reimagine their identity, and reintegrate into life with dignity.

2.3. Limited Integration of Meaning-Centered Interventions in Humanitarian Toolkits

Meaning-centered therapies, such as Viktor Frankl's Logotherapy [11] and Breitbart's Meaning-Centered Psychotherapy (MCP) [26], have demonstrated robust efficacy in addressing existential distress in populations confronting severe physical illnesses, including cancer patients and those in palliative care [41]. These approaches explicitly focus on helping individuals find or restore a sense of purpose, coherence, and significance in life despite facing profound suffering and threats to survival. Empirical studies have shown that MCP improves spiritual well-being, reduces depressive symptoms, and enhances quality of life among patients with advanced illness [26].

Despite this strong evidence base, the translation and application of meaning-centered therapies to trauma recovery—particularly for survivors of physical injuries such as amputations, burns, or spinal cord injuries—remain notably sparse. This is concerning given that such injuries often provoke deep existential challenges, including identity disruption, loss of bodily integrity, and uncertainty about future roles and life meaning [18]. Addressing these challenges is critical for psychological adjustment and holistic rehabilitation, yet current humanitarian trauma care programs largely emphasize symptom reduction (e.g., PTSD, anxiety, depression) and physical functional restoration, with comparatively little focus on facilitating meaning-making or identity reconstruction [9]. Prominent global mental health and psychosocial support frameworks widely used in humanitarian settings—such as the World Health Organization's Mental Health Gap Action Programme (mhGAP) and the IASC's MHPSS guidelines—primarily prioritize evidence-based interventions for symptom alleviation and basic psychosocial support. While invaluable for scaling mental health services in resource-limited contexts, these guidelines rarely incorporate explicit meaning-centered approaches as core components of trauma recovery. This omission limits opportunities for survivors to engage in deeper processes of existential healing and narrative integration, which are essential for sustained psychological resilience and social reintegration.

Furthermore, there is a pronounced scarcity of culturally adapted, scalable meaning-centered interventions suitable for low-resource humanitarian environments. Approaches such as narrative therapy, group-based storytelling, life review, and culturally tailored adaptations of logotherapy have shown promise in fostering meaning reconstruction and psychological well-being in diverse populations [28]. These modalities often harness community resources, cultural rituals, and peer support to facilitate shared meaning-making, which may enhance accessibility and relevance in humanitarian settings. However, their systematic implementation and rigorous empirical evaluation in the context of physical trauma remain limited.

Addressing this gap presents both a research and practice opportunity. Integrating meaning-centered care into humanitarian trauma toolkits could support survivors not only in managing psychological symptoms but also in reconstructing coherent self-narratives and renewing life purpose after physical injury. This holistic approach aligns with biopsychosocial models of trauma recovery and may improve long-term outcomes, including mental health, social functioning, and quality of life.

3. Future Directions

Integrating meaning-centered care into trauma recovery programs within humanitarian and resource-limited settings presents both logistical and conceptual challenges. However, it also offers transformative opportunities to enhance holistic healing for physically injured survivors. In such contexts, survivors often face compounding burdens—ongoing physical pain or impairment, social stigma, disrupted identity, and a fractured life narrative. These multidimensional needs demand a shift from conventional symptom-reduction approaches toward trauma interventions that are meaning-informed, culturally grounded, and adaptable to low-resource environments. Current trauma care frameworks often overlook these existential concerns, particularly in LMICs, where care systems are overstretched and culturally tailored mental health services are scarce [43]. Nevertheless, there is growing recognition that supporting individuals in rebuilding meaning and identity is essential for sustainable recovery. This section outlines three critical pathways for operationalizing meaning-centered trauma care in such settings: cultural adaptation, community-based delivery, and research development.

3.1. Cultural Adaptation

Cultural adaptation is a foundational step in ensuring that meaning-centered interventions resonate with survivors' lived experiences and value systems. It goes far beyond translating content into local languages—requiring careful modification of therapeutic concepts, metaphors, and delivery strategies to reflect culturally embedded worldviews regarding suffering, selfhood, spirituality, and recovery [46].

Research from global mental health has shown that interventions grounded in indigenous idioms of distress and locally salient explanatory models are significantly more acceptable, better utilized, and more effective than unadapted, Western-designed programs [19,40]. For example, in many African, Asian, and Middle Eastern contexts, trauma and suffering are often interpreted through spiritual frameworks, linked to disrupted relationships with ancestors, divine punishment, or communal disharmony. Addressing meaning in life through these lenses necessitates engaging with spiritual leaders, traditional healers, and rituals—not just clinical frameworks [40]. Empirical evidence underscores the value of cultural adaptation in trauma care. Psychosocial interventions adapted with community input in post-earthquake Haiti led to increased participant engagement, reduced attrition, and greater perceived relevance [47]. Similarly, integrating storytelling traditions, communal prayer, and symbolic rituals into healing initiatives in Afghanistan supported identity reconstruction, emotional regulation, and social reintegration [28].

Participatory approaches—such as co-design workshops, focus group discussions, and key informant interviews—are essential tools for achieving cultural fit. Involving local stakeholders (e.g., survivors, religious leaders, elders) could ensure that interventions are not only culturally consonant

but also gain legitimacy and ownership within the community [48]. Moreover, participatory design strengthens the ethical basis of intervention research by promoting equity and avoiding the imposition of external mental health models. Evidence from meta-analyses suggests that culturally adapted interventions yield effect sizes that are at least double those of non-adapted interventions in terms of psychological symptom reduction [49]. However, while adaptation for symptom-focused interventions is advancing, meaning-centered therapies—such as logotherapy, life review, and narrative therapy—have yet to be extensively adapted or empirically tested in humanitarian contexts, particularly for physically injured populations.

Therefore, future meaning-centered trauma care should prioritize early-stage formative research to understand local interpretations of body, identity, and purpose after trauma. Incorporating these insights can lead to interventions that are emotionally resonant, culturally authentic, and more effective in fostering long-term recovery.

3.2. Community-Based Delivery

In humanitarian and resource-constrained settings, the mental health workforce is often critically limited, with estimates suggesting that there may be fewer than 0.1 psychiatrists per 100,000 people in low-income countries [1]. In such environments, community-based delivery models are essential not only for scaling up access but also for ensuring contextual relevance, sustainability, and cultural congruence. Community-level actors—such as lay counselors, peer facilitators, traditional healers, and community health workers—are often embedded within existing social networks and are thus better positioned to deliver meaning-centered interventions in ways that are accessible, trusted, and resonant [40]. Evidence from global mental health demonstrates that task-sharing—delegating care responsibilities to trained non-specialists—can significantly expand mental health service capacity while maintaining treatment efficacy. For example, a meta-analysis by van Ginneken et al. [50] found that non-specialist-delivered psychological interventions in LMICs had significant effects in reducing depressive and PTSD symptoms. While most of these interventions focus on symptom relief, they offer a blueprint for adapting and delivering meaning-centered approaches in similarly decentralized formats.

One promising strategy involves peer-led narrative groups, where survivors collaboratively reconstruct personal narratives, reflect on their losses and values, and articulate renewed life purpose. These groups draw from structured therapeutic models such as life review therapy, logotherapy, and narrative therapy, which have shown benefits in enhancing existential well-being and reducing psychological distress [26,51]. For example, Chochinov's Dignity Therapy, originally developed for palliative care settings, has been adapted into group formats and shown to improve meaning, spiritual well-being, and self-worth [47,51]. These approaches can be adapted to trauma recovery by focusing on themes of survival, identity disruption, social connectedness, and hope. Community-based providers can also facilitate reflective exercises that promote meaning-making, such as values clarification, strength identification, and future-oriented goal setting [5]. Training curricula for these providers should be grounded in trauma-informed principles, with components on basic psychosocial support, active listening, and facilitation of narrative and meaning-based interventions. Regular supervision and mentoring by qualified professionals remains essential to ensure intervention fidelity, manage complex cases, and prevent burnout. Digital supervision models using mobile platforms, SMS-based support, or video consultation have proven effective in maintaining quality in low-resource environments [52].

In addition to standalone psychosocial groups, meaning-centered care can be embedded into existing services such as physical rehabilitation, vocational training, and disability support. For example, during physiotherapy or occupational therapy sessions, providers can incorporate brief reflective conversations about personal values, identity, and goals for the future—transforming functional recovery activities into opportunities for existential integration [18]. This dual-focus model has been used effectively in chronic illness care, where integrating narrative and meaning-making into rehabilitation has led to improved motivation and adherence [53,54]. Moreover, community-

based models align with a strengths-based perspective, viewing survivors not merely as victims of trauma but as active agents capable of constructing new meanings and contributing to collective resilience. As such, programs that center survivor voices and mobilize shared cultural resources are more likely to be sustainable, empowering, and socially embedded.

In sum, a community-based delivery model enables the decentralization and cultural tailoring of meaning-centered care, expanding its reach and relevance. It bridges the gap between professional expertise and lived experience, allowing for scalable, low-cost, and psychologically meaningful interventions that support both individual recovery and community healing.

3.3. Research Development

Robust, contextually grounded research is essential for guiding the integration of meaning-centered approaches into trauma care, particularly in humanitarian and resource-limited settings. A key research priority is to understand how meaning is lost, maintained, or reconstructed following physical trauma in these environments. Survivors of injuries such as amputations, burns, or spinal cord damage often face enduring existential disruptions—questions about identity, role, and life purpose—that cannot be fully understood through symptom-focused assessments alone [18]. Longitudinal mixed-methods studies are particularly valuable for capturing the evolving nature of meaning over time. Quantitative measures—such as the Meaning in Life Questionnaire [8], Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being (FACIT-Sp) [55], and Posttraumatic Growth Inventory [56]—can be used to track shifts in existential well-being, psychological adjustment, and functional recovery across multiple timepoints. These data can reveal how changes in meaning relate to long-term outcomes such as social reintegration, employment, and quality of life [7]. For instance, higher levels of perceived meaning predicted lower depression and better engagement in rehabilitation among cardiac surgery patients [57]—a finding that may generalize to other physically traumatic contexts with appropriate validation.

Alongside quantitative inquiry, qualitative research—including ethnography, narrative analysis, and grounded theory—plays a critical role in uncovering local frameworks of suffering, healing, and resilience. Studies in Nepal demonstrate how psychological suffering is often framed through culturally specific idioms that intertwine social, spiritual, and bodily dimensions [40]. These insights are indispensable for adapting interventions in a way that aligns with local beliefs and practices. For example, indigenous storytelling, rituals, and communal ceremonies in Sierra Leone help reconstruct identity and meaning after wartime trauma [58,59]—insights that could inform intervention development in similar post-conflict or post-disaster contexts.

To facilitate the translation of meaning-centered interventions into real-world humanitarian settings, implementation science approaches are needed. Frameworks such as the Consolidated Framework for Implementation Research (CFIR) and Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) can guide the assessment of fidelity, feasibility, and sustainability when meaning-making interventions are delivered by non-specialists or embedded into existing services [60,61]. For instance, process evaluations conducted in conflict-affected regions of Uganda and Sierra Leone found that community-delivered mental health interventions were more sustainable and better received when they were tailored to local values and supported by ongoing supervision [9]. Participatory research methods—which involve trauma survivors, caregivers, and community stakeholders in study design, implementation, and dissemination—further enhance the ethical and contextual validity of research. Community-based participatory research (CBPR) approaches have been successfully used in global mental health to co-design culturally resonant interventions, improve trust, and increase uptake [62]. Involving survivors in identifying what constitutes “meaning” and “recovery” ensures that interventions address what matters most to those directly affected.

Critically, outcome evaluations should move beyond symptom-focused metrics such as anxiety or PTSD scores to include indicators of existential and psychosocial recovery. These might include: sense of life purpose or coherence [8], spiritual well-being [26], narrative integration and identity

reconstruction [24], and social connectedness and reintegration [28]. Developing validated tools for measuring these constructs across diverse cultural contexts is an important frontier. Some efforts are already underway: for example, the WHO's Measuring Health and Disability (WHODAS 2.0) includes functional and participation-based metrics, but it lacks existential indicators. Incorporating meaning-centered constructs into such tools could offer a more holistic picture of recovery.

In sum, advancing research on meaning in trauma care requires methodological pluralism, cultural humility, and collaborative engagement. By combining rigorous longitudinal designs, qualitative inquiry, implementation frameworks, and participatory methods, the field can generate evidence that is both scientifically robust and socially meaningful. These efforts are essential to building trauma care systems that support not only the survival of physically injured individuals, but their capacity to live lives that are coherent, purposeful, and connected.

Taken together, these three pathways—cultural adaptation, community-based delivery, and evidence-informed research—offer a feasible and ethically grounded roadmap for integrating meaning-centered approaches into humanitarian trauma care. By prioritizing cultural resonance, local capacity, and empirical rigor, it is possible to support trauma survivors in reconstructing lives that are not only physically functional but also psychologically and spiritually whole.

4. Conclusions

In humanitarian and resource-limited contexts, trauma recovery efforts have historically prioritized physical stabilization and the alleviation of acute psychological symptoms. While such interventions are indispensable, they are insufficient in addressing the deeper existential disruptions experienced by physically injured trauma survivors. Bodily trauma often provokes a crisis of meaning, undermining continuity of identity, sense of purpose, and belief in a coherent life narrative. These existential wounds are particularly pronounced when injury leads to disfigurement, disability, or permanent functional loss—experiences that cannot be fully addressed through symptom-focused care alone.

This review highlights a critical but under-recognized dimension of trauma recovery: the reconstruction of meaning in life. Empirical evidence underscores that meaning is not merely a philosophical abstraction but a robust psychological resource linked to emotional resilience, rehabilitation engagement, and post-traumatic growth [4,7,63]. Meaning-centered therapies have shown efficacy in other populations confronting mortality or irreversible life changes, such as cancer and palliative care patients [41]. Yet these models remain underutilized in trauma care for physically injured individuals, particularly in humanitarian settings where such existential needs are often most acute and least addressed. The neglect of meaning in current trauma frameworks reflects broader limitations in global mental health paradigms. Dominant approaches frequently default to Western biomedical models that emphasize standardized symptom reduction and universal diagnostics [10,39]. These frameworks often overlook culturally embedded idioms of suffering, traditional healing systems, and indigenous meaning-making practices that are central to survivors' lived realities [19,28]. Without integrating these perspectives, trauma interventions risk cultural dissonance, reduced acceptability, and diminished effectiveness.

To move toward more holistic and sustainable models of recovery, trauma care must expand to include culturally adapted, community-delivered, and empirically supported meaning-centered approaches. Future research must invest in understanding how diverse populations reconstruct meaning after physical trauma, especially in low-resource settings. Community engagement and participatory research are essential to ensuring interventions resonate with local worldviews and social structures. Additionally, outcome metrics must evolve to include indicators of existential well-being, such as coherence, purpose, spiritual resilience, and identity integration—not just the absence of psychopathology. By embedding meaning at the heart of trauma care, humanitarian programs can help survivors not only to survive, but to find renewed life amid loss. This transformation—from focusing solely on the mitigation of distress to supporting the recovery of meaning—represents both

a moral and clinical imperative. It offers a vision of trauma recovery that affirms the whole person—moving from the stage of surviving to thriving.

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