

Article

Spirituality and Religiosity in Meaning-Making After Stressful Life Events: A Qualitative Study Using the Meaning Making Model

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Abstract

This study investigates the role of spirituality/religiosity (S/R) in meaning-making processes following stressful life events (SLEs) within the framework of Crystal Park’s Meaning Making Model (MMM). A qualitative phenomenological design was applied, using semi-structured interviews with $N = 27$ German participants who had experienced psychological and/or physical SLEs. As the majority of the participants identified themselves primarily as spiritual rather than religious, the study initially focused on spirituality as a potential resource for meaning-making following SLEs. Data were analyzed using mainly ideal-type analysis. Participants were categorized into low-, moderate-, and high-spirituality groups based on dimensions derived from Anton Bucher’s conceptualization of spirituality. Contrary to what might have been expected from the predominantly spiritual orientation of the sample, the most extensive meaning-making processes and meanings made according to the MMM were observed not among participants with more individualized forms of spirituality but among those with a highly integrated spiritual *and* religious orientation. This group was characterized by coherent belief systems, regular spiritual practices, communal and institutional religious embeddedness, and strong trust in transcendent guidance. The results suggest that not spirituality alone but its integration with religiosity into a coherent spiritual–religious meaning system may be associated with more sustained meaning-making processes, meanings made, and participant-reported positive outcomes following SLEs. Beyond the study’s limitations, implications for future research and professional practice are also briefly outlined.

Keywords: spirituality/religiosity; meaning; finding meaning; Meaning Making Model; stressful life events



Academic Editor: Kelvin Mutter

Received: 20 May 2026

Revised: 16 June 2026

Accepted: 23 June 2026

Published: 25 June 2026

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1. Introduction

1.1. Stressful Life Events: Possible Effects and Ways to Cope

Over the course of a lifetime, everyone is confronted with stressful life events (SLEs). These may involve negative as well as positive stress, with a corresponding impact on health and well-being (Cohen et al. 2019; Hapke et al. 2013). SLEs, in combination with additional factors (e.g., personality, social support, genetical susceptibility), may trigger

stress, which, among other things, predicts the degree and progression of diseases (e.g., depression, cardiovascular complaints, autoimmune disorders) and has a negative effect on the risk of illness (Cohen et al. 2019). On the other hand, there are studies showing that not everyone affected by SLEs falls ill (Bonanno et al. 2011; Cohen et al. 2019). SLEs can not only be coped with but may even lead to positive changes in life and personal growth (Bonanno et al. 2011; Filipp and Aymanns 2018). In this context, Tedeschi and Calhoun (2004) speak of “posttraumatic growth” (PTG). This term describes the positive psychological changes that a person may experience after having coped with an extreme SLE and comprises elements like increased appreciation of life, a shift in priorities, the opening up of new avenues, and a richer existential/spiritual life (Tedeschi and Calhoun 2004; see also Dell’Osso et al. 2022). Studies also suggest a connection between a positive assessment of SLEs in the form of meaning-making and more success in coping with the experience (Thompson 1985; Triplett et al. 2012).

The awareness that SLEs can promote personal growth has been handed down in human history for millennia, and many religions and spiritual traditions refer to the transformative powers of suffering (Tedeschi and Calhoun 1995, 2004). In the 20th century, the question about the meaning of suffering finds its way into psychology, and psychotherapy methods have been developed that are oriented towards existential questions and the search for meaning (e.g., Frankl 1963; Caplan 1964; Yalom 1980; for an overview, see Tedeschi and Calhoun 2004).

1.2. *Meaning, Finding Meaning, and Its Outcomes*

Many individuals feel a need to experience meaning. Frankl (1963), the creator of meaning-centered psychotherapy or logotherapy, even postulated that the will to find meaning is the primary human motivation. This means that the main driving force in human existence consists of finding meaning and value in life itself, and not in acquiring wealth/power, as according to Adler (Witte 2007), and/or in sexual drive, as according to Freud (Freud 2000). Park et al. (2013) describe this urge to find meaning as the need for a functional system of meaning, which humans need in order to understand the world and find orientation therein. Humans wish for—and probably need—a sense of meaning and direction in what they do. Without this sense, they experience symptoms like alienation, desperation, and depression (Volkert et al. 2019).

The experience of meaning is regarded as dynamic and subjective: it is not a characteristic of a specific object or situation but arises from the individual significance that somebody assigns to it (Schnell 2016). As a rule, individuals have various sources of meaning (Schnell 2016), but the most frequently mentioned are interpersonal relations—above all, with family and close friends (Glaw et al. 2017; Volkert et al. 2013).

Several reviews have been published that address the health-related outcome relevance of the experience of meaning (Czekierda et al. 2017; Glaw et al. 2017; Park 2010; Roepke et al. 2014): “Overall, higher levels of meaning are clearly associated with better physical health, as well as with behavioral factors that decrease the probability of negative health outcomes or increase that of positive health outcomes” (Roepke et al. 2014, p. 1). Several other studies indicate that feelings of meaninglessness and/or a crisis of meaning may lead to such varied outcomes as depression, anxiety, addiction, aggression, hopelessness, apathy, impaired well-being, physical illness, and even suicide (Glaw et al. 2017). Persons with mental disorders in particular (Volkert et al. 2013), as well as with chronic, severe, and incurable somatic diseases such as cancer (Dezutter et al. 2013; Fradelos et al. 2015; Lieberwerth and Niemeijer 2024; Selman et al. 2018), often search for meaning and suffer from a feeling of meaninglessness.

1.3. Spirituality and Religiosity and Their Outcomes

Spirituality/religiosity (S/R) is proposed as one way in which people can satisfy their meaning-related needs (e.g., [Koltko-Rivera 2006](#); [Park et al. 2013](#)), because people, when asked about their spirituality, often talk about meaning ([Park 2005](#)). [Batson and Stocks \(2004\)](#) went as far as defining religion “... as whatever a person does to deal with existential questions” (p. 141), and [Doyle \(1992\)](#) also understands spirituality as the search for existential meaning. Logotherapist [Längle \(1994\)](#) offers a similar viewpoint:

Questions about the meaning of life, the search for purpose in suffering, forms of interpretation and communication of meaning go to the very limits of human understanding of the self and the world. Questions of this type are traditionally addressed in the context of faith and religion. (p. 74)

Accordingly, S/R and questions about meaning appear to be closely connected. This conclusion is also reflected, among other things, in an analysis of $N = 71$ studies in clinical settings, of which $N = 52$ identified meaning as a constitutive aspect of spirituality ([Vachon et al. 2009](#)).

The present study differentiates between religiosity and spirituality in order to facilitate a better understanding of the two concepts, thereby providing a better understanding of our results (compare Section 4).

According to [Hofmann and Heise \(2017\)](#), both terms are extremely culture- and context-dependent, both standing for multifaceted, multidimensional constructs with overlaps and differences. Religiosity tends to be associated with shared beliefs and practices of an organized church or religious institution, whereas spirituality is increasingly linked with individual, experience-based access to a transcendent dimension, with a sense of fundamental connectedness and the search for individual destiny and the purpose of existence (*ibid.*). Other definitions also contain this differentiation between experience-based personal spirituality and formal, institution-dependent religiosity ([Bucher 2014](#); [Del Rio and White 2012](#); [Koenig et al. 2012](#)). According to [Hofmann and Heise \(2017\)](#), the American Psychological Association (APA) also makes this distinction.

Many definitions of spirituality are known (e.g., those by [Emmons 2000](#) or [Scharfetter 1991](#)), but there is no single, standardized, and generally recognized definition. Thus, the present study follows the operational definition of spirituality presented by [Bucher \(2014\)](#) as a construct:

[...] with a core concept of connectedness: horizontal connectedness with social environment, nature and cosmos, and vertical connectedness with what is beyond humans, what is all-embracing, ultimate and holy—for many this still means God. But this opening of the spirit presupposes human power of self-transcendence and readiness to subordinate one’s ego. (p. 69)

When discussing the definition of religiosity, it becomes apparent that there is likewise no single, universally accepted, or most up-to-date definition of the concept. Instead, there is a broad consensus that religiosity is also a multidimensional, complex construct that is operationalized differently depending on the research approach ([Pearce et al. 2013](#)). Early foundational work by [Glock and Stark \(1965\)](#) established a seminal framework by distinguishing multiple dimensions of religiosity, including beliefs, practices, experiences, knowledge, and consequences.

Beyond this, current empirical research (e.g., [European Social Survey 2020](#); [Finke and Stark 2005](#); [Huber 2003](#); [Huber and Huber 2012](#); [Pollack and Rosta 2017](#); [Putnam and Campbell 2010](#); [Haerpfer et al. 2022](#)) commonly operationalizes religiosity through observable indicators such as participation in religious practices (e.g., attendance at services), affiliation with religious communities, and the frequency or consistency of religious behavior. These

indicators reflect the social and behavioral dimensions of religiosity and make it accessible to quantitative measurement, thereby demonstrating that religiosity is not only an internal disposition but also a socially embedded and publicly observable phenomenon.

Taken together, these theoretical and empirical developments converge on a broad consensus that religiosity is best understood as a multidimensional construct encompassing.

- cognitive dimensions (belief-related, e.g., belief in God);
- experiential dimensions (affective, e.g., religious feelings and experiences);
- behavioral dimensions (practice-related, e.g., regular prayer, rituals, participation in religious services);
- social dimensions (e.g., religious affiliation, engagement in both private and communal practices, involvement in religious networks); and
- processes of meaning-making and existential orientation toward the sacred or transcendent.

The literature has a wealth of studies that document the impacts of S/R on health and subjective well-being (Bucher 2014). Although negative effects of S/R are also reported (e.g., on coping processes in crises, anxiety, pressure; Zwingmann 2015), numerous reviews and meta-analyses establish a positive correlation between S/R and a number of different physical and mental health variables (Cornah 2006; Garssen et al. 2021; Koenig et al. 2012; Panzini et al. 2017; Zwingmann and Hodapp 2018). Villani et al. (2019) found a significant positive effect of spirituality on subjective well-being, independently of religious status. Plentiful research projects since the mid-1990s have illustrated that S/R coping is primarily employed in extremely stressful situations of threat and loss, thereby facilitating their handling (Zwingmann 2015). In a similar way, the “Meaning Making Model” (MMM)—developed from a broad empirical review by Park (2010)—describes how the process of coping with SLEs can take the form of meaning-making, whereby the model provides various psychological options for coping and finding meaning, including also S/R approaches.

1.4. Meaning Making Model (MMM)

In the MMM (Appendix S1, Supplementary Materials), Park (2010) starts out from a “global meaning” as an orientation system inherent in all humans. This covers “global meanings” regarding the world, the self, and the self in the world and also “goals”, as well as a “subjective sense of meaning or purpose” (Appendix S1, Supplementary Materials). When individuals experience an SLE (e.g., when a serious illness is diagnosed) that they cannot reconcile with their “global meaning” (e.g., “I deserve better”) and perceive as a “discrepancy” (Appendix S1, Supplementary Materials), this can lead to a burden according to Park (2010). Such “discrepancies” may be reduced by way of a “meaning-making process” (Appendix S1, Supplementary Materials) using various psychological methods. Important parameters for an extensive process are, among others, the seriousness/controllability of an SLE and its potential implications for the future (“appraised event meaning”, Appendix S1, Supplementary Materials). An extensive “meaning-making process” will then yield various kinds of “meanings made” and—as a further possible consequence—the convergence of “global meaning” and “situative meaning” (Appendix S1, Supplementary Materials).

Park’s MMM also describes S/R approaches as methods to find meaning. Activating S/R beliefs and experiences is one method of “meaning-making coping” (Park 2010, p. 259) and occurs within “automatic/deliberate meaning-making processes” in order to alter the “situative and/or global meaning” in SLEs (Appendix S1, Supplementary Materials). Moreover, S/R constitutes another component within the above-mentioned “global meaning”, in the form of “global goals” based on which individuals perceive and interpret themselves and their environments.

As a whole, this “meaning-making process”, according to the MMM, may help individuals to adapt to SLEs and cope more easily with current and subsequent SLEs and, as a consequence, may result in improved mental/physical well-being (Park 2010). Recent studies appear to confirm this conclusion (e.g., Holliday et al. 2018; Huang et al. 2021; Park 2016; Tsai et al. 2015; Zakarian et al. 2019).

1.5. Aim of the Study

To date, only a few empirical studies exist that deal with the role of S/R in the meaning-making process of the MMM after SLEs. Park et al. (2017) merely describe some individual case studies (e.g., pp. 16–17, 56–58, 76–78), primarily with a focus on the relevance and effects of spirituality in patients with posttraumatic stress disorder (PTSD). The MMM is described here as a reciprocal model in which “spirituality can be both part of the problem and part of the solution in the treatment of PTSD and other trauma-related concerns” (Park et al. 2017, p. 75). Although spiritual meanings could fulfill essential existential needs in dealing with trauma, they do not always lead to adaptive, prosocial coping and the establishment of a well-functioning system of meaning. Furthermore, traumatic experiences could be incorporated into and thus change or influence existing patterns of behavior and “global beliefs” (Appendix S1, Supplementary Materials) about meaning (Park et al. 2017).

Due to this research gap, the present study aimed to explore the role of S/R in meaning-making processes following stressful life events (SLEs) within the framework of the MMM (Park 2010). To this end, we used a qualitative data set comprising $N = 27$ participants who had experienced various psychological and/or physical SLEs but, in contrast to the case studies reported by Park et al. (2017), had not been diagnosed with PTSD.

As the majority of our study participants identified themselves primarily as spiritual rather than religious (e.g., spiritual, spiritual with a former or inactive religious affiliation), the initial focus of the study was on spirituality as a potential resource for meaning-making following SLEs. As a possible outcome, the study had the potential to generate not only scientific insights into the role of S/R in meaning-making after SLEs but also practical implications for psychotherapy, spiritual care, and individuals coping with stressful life events.

2. Materials and Methods

2.1. Study Design

The qualitative design aimed for a profound and comprehensive understanding of the abovementioned focus of our study (Section 1.5). Qualitative studies are particularly appropriate for complex and little-researched topics (Döring 2017; Flick et al. 2009), both of which are the case here.

We chose a phenomenological research perspective for the appropriate consideration of subjective meanings, individual interpretations, and the contexts of actions and opinions as described by participants. In accordance with this approach, it was decided to conduct semi-structured problem-centered interviews according to Witzel (2000), using, initially, qualitative content analysis (Mayring 2015) to obtain an initial data overview but then applying predominantly ideal-type analysis (Stapley et al. 2022). The authors of this paper adhere to the Standards for Reporting Qualitative Research (SRQR, O’Brien et al. 2014), and their application in this study is documented in detail in Appendix S4, Supplementary Materials.

2.2. Interview Guidelines, Sampling, and Data Collection

Ethical approval was given by the Ethics Committee of Witten/Herdecke University, Germany (application no. S-283/2021). Prior to the interviews, participants signed declarations of informed consent to participate in the research project.

Interviews were conducted in the context of a research project called “Spiritual Turning Points and/or Healing Experiences” by three psychology students who were at the end of their studies. Data collection took place in the period from spring 2021 to autumn 2022. The three students, together with the first (M.N.) and last authors (G.L.), drafted questions for the semi-structured interviews based on recommendations by Helfferich (2011), with subsequent pretests requiring minor amendments only (interview guidelines in Appendix S2, Supplementary Materials). It is apparent that the research project described and the interview guidelines did not exactly address questions about the MMM. However, the topics of spirituality, i.e., S/R, SLEs, and their healing or symptom changes and nearly all aspects of the MMM arose naturally in the interviews.

In advance, the student interviewers received intensive training by the first author (M.N.) in how to conduct problem-centered interviews according to Witzel (2000). This concept allows for further inquiries and for interviewers to deviate from the guideline questions in pursuit of more detailed answers.

Inclusion criteria for participation in the study were the perception or experience of instances of spiritual change in the past and/or experienced healing in or through spiritually oriented methods and/or (psycho)therapies¹. Further preconditions were an age of majority and stable mental and physical conditions as required for an interview. Excluded from the study were participants whose spiritual experiences stemmed from psychoactive substances like drugs and medication or from near-death experiences. Insufficient knowledge of the German language was another exclusion criterion.

Purposive sampling was directed towards achieving maximum variation in age, gender, and spiritual methods, using a snowball approach (Creswell 2013; Patton 2002). However, we expected more responses from women as they tend to be more involved in S/R in Germany (Statista 2024). The sample size was estimated to be sufficient based on the principle of “pragmatic data saturation” according to Low (2019), i.e., we expected to reach saturation with approximately 20–25 interviews.

Participants were located all over Germany and were recruited from the psychology students’ as well as the first (M.N.) and third authors’ (W.U.) environments and circles of acquaintances, from Witten/Herdecke University (Germany), and from the internet platform Instagram via video and/or flyers. This recruiting strategy did not make it possible to determine a response rate, as only people with a connection to the topic expressed their interest in participating in the study.

Interviews were recorded on an audio device and conducted separately in different settings under comparable conditions, either on Zoom/Skype, via telephone, or at the participant’s or interviewer’s home. Overall, students generated a total of $N = 27$ interviews, lasting between 55 and 110 min. Full transcriptions of all interviews were created, in line with simple rules of transcription according to Dresing and Pehl (2010). Moreover, the interviews were anonymized in accordance with the requirements of the European Data Law, and each participant was given a code number. The interviewers and the second author (L.B.) reviewed the transcripts for accuracy.

2.3. Sample Description

Details of participants’ characteristics are shown in Appendix S3, Supplementary Materials. Originally, 31 participants were interviewed. However, following a subsequent data quality assessment, four interviews were excluded from the final analysis due to substantial inconsistencies and concerns regarding the validity and plausibility of the interview data. The final analyzed sample therefore consisted of $N = 27$ participants, whereby two of them provided no indication of their age. The other $N = 25$ participants were between 20 and 85 years old ($M = 41.4$ years, $Mdn = 29$ years). The gender distribution was unequal as

expected, with $N = 24$ female (88.9%) and $N = 3$ male (11.1%) participants. $N = 7$ participants were health professionals, $N = 14$ were employed outside the health system, and $N = 6$ were students enrolled in programs of psychology or medicine. All test subjects were of German nationality, with German as their first language.

$N = 15$ persons (55.6%) reported some kind of religious affiliation (such as Protestant, Roman Catholic, Greek Orthodox, Christian Community, Islam), but only $N = 7$ described themselves as actively practicing their religious beliefs. $N = 10$ participants were non-denominational (37%) and $N = 2$ gave no pertinent response. Overall, most participants identified themselves primarily as spiritual—often with a former or inactive religious affiliation—whereas only a small number described themselves as both spiritual and actively practicing a religion.

It is also noteworthy that the experiences of several study participants with conventional medicine and/or psychotherapy were not positive or were of inadequate efficiency (see Appendix S3, Supplementary Materials).

Meditation was found to be the most frequently practiced method, and more than 50% of participants had some training or further education in at least one therapeutic/spiritual area.

SLEs were defined in this study as a *subjective* stressful experience among study participants, and the most frequently mentioned were somatic and psychic diseases, demanding and sad events, career changes, and/or (intentional and unintentional) disruptions to one's lifestyle (e.g., the birth of a child).

2.4. Data Analysis

Initially, qualitative content analysis according to Mayring (2015) was inductively performed by the two first authors (M.N., L.B.) to obtain an overview of the data in connection with the above research question (Flick et al. 2009), but showing, at the same time, parallels with the MMM (Park 2010). This led to a second deductive step of content analysis, in which the interviews were checked against the procedural MMM steps as an established model of meaning-seeking. These two initial steps revealed the impact of the type and intensity of spirituality practiced by our participants on the success of meaning-making in the MMM. For a structured assessment of this moderating variable among the participants, a seven-stage ideal-type analysis along the lines of Stapley et al. (2022) was then conducted as a third analysis step. To this end, participants were assessed for the following five dimensions based on the above-mentioned spirituality definition by Bucher (2014, see Section 1.3), with ratings on a scale from “1 = not correct” to “10 = fully correct”:

1. Horizontal connectedness with one's social environment, nature, and the cosmos;
2. Vertical connectedness with what is beyond humans, what is all-embracing, ultimate, and holy—for many, this means the Christian God;
3. Powers of self-transcendence (= ability to efface oneself) and readiness to subordinate one's ego;
4. Degree of inner/emotional connectedness to (1) and (2) and in the practice of spiritual methods and techniques;
5. S/R methods, practiced continuously and integrated into daily life, which were also regarded as indicating the degree of connectedness to (1) and (2).

The two analysts (L.B., M.N.) assigned points ranging between 1 and 10 for each of the five spirituality dimensions, followed by the calculation of a mean value for each respondent. The 1–10 rating scale was chosen to allow a sufficiently nuanced assessment of individual differences across the five spirituality dimensions, while remaining consistent with the interpretative and exploratory nature of ideal-type analysis. On this basis, the total sample was classified into three types of low, moderate, and high spirituality, whereby

values of 1 to 4.9 describe low spirituality, 5 to 7.9 stand for moderate, and 8 to 10 for high spirituality (in correspondence with “constructing ideal types”, cf. pp. 3–5 in Stapley et al. 2022). The resulting mean scores were not intended to represent precise quantitative measurements of spirituality but served as heuristic indicators to facilitate the construction of ideal types.

A major criterion for the categorization of ideal types in the ideal-type analysis (Stapley et al. 2022) is (the greatest possible) homogeneity within a group and (the greatest possible) heterogeneity between types. Accordingly, the test subjects in this study were divided into types with low, moderate, and high spirituality, whereby the main criterion for homogeneity was the way in which participants underwent the entire process of seeking meaning. The cut-off points for low (1–4.9), moderate (5–7.9), and high spirituality (8–10) were not derived from established psychometric norms. Rather, they were introduced as pragmatic thresholds to support the formation of internally homogeneous and externally heterogeneous ideal types, which is a central aim of ideal-type analysis (Stapley et al. 2022). Throughout the analytical process, the assignment of participants to ideal types was therefore based not only on numerical scores but also on the qualitative characteristics of participants’ narratives and their overall meaning-making trajectories.

Further working steps were performed in line with the seven-step ideal-type analysis according to Stapley et al. (2022), like “identifying optimal cases”, “forming the ideal-type descriptions”, and “checking credibility”, also via two further independent and experienced researchers (W.U., G.L.) in a procedure known as investigator triangulation (Patton 2002). All disagreements over conclusions were intensively discussed by all authors (M.N., L.B., W.U., G.L.) in a group setting and adequately resolved. All authors were trained and experienced in qualitative data analysis, as well as in qualitative research and the publication of results.

It is important to note that we did not perform a separate ideal-type analysis based on the above-mentioned definition of religiosity (see Section 1.3). As outlined in the “Aim of the Study” (Section 1.5), we initially focused on spirituality as a potential resource for meaning-making following SLEs, which was further supported by the fact that the majority of the participants identified themselves primarily as spiritual rather than religious (cf. Section 2.3). Consequently, the ideal-type analysis was conducted on the basis of spirituality dimensions derived from Bucher’s conceptualization of spirituality. Research informed by a qualitative methodology recognizes the importance of locating and highlighting the central opinions informing the research process pursuant to the SRQR guidelines (O’Brien et al. 2014). Accordingly, this paper has been heavily informed by the standpoints of the first two authors (M.N., L.B.), who describe themselves as regularly practicing spiritual methods; W.U. and the last author (G.L.) are spiritually open, but without practicing regularly.

3. Results

This section starts with a summary of the results (Section 3.1, without interview quotes for brevity), followed by the description of two ideal types (Stapley et al. 2022)—one participant with a low and another with a high degree of spirituality (Section 3.2, including illustrating interview quotes). The comparison of two contrasting ideal types facilitates a thorough understanding of why a higher degree of spirituality may have contributed to more extensive meaning-making according to the MMM within the sample of this study.

In the summary of the results shown below (Section 3.1), the types with moderate spirituality represent a mixture of the two above-mentioned groups. Findings for this group are described only where they are of relevance, in order to ensure conciseness and facilitate reading.

3.1. Summary of Results: Lived S/R and the MMM

3.1.1. Lived S/R

The sample was categorized into the three above-mentioned ideal types of spirituality as follows: $N = 17$ participants reach spirituality scores of 1 to 4.9 and are rated as of low spirituality; $N = 5$ participants reach moderate scores of spirituality between 5 and 7.9; and $N = 5$ participants are rated as highly spiritual, with scores of 8 to 10. The presence or development of a high degree of spirituality, and the deeper search for meaning (cf. the following section), does not appear to be predicted by age (and corresponding life experience) or by gender and/or vocation/education in this sample.

Based on the ideal-type analysis, compared to respondents with a low degree of spirituality, highly spiritual types are characterized by practicing spirituality.

- (1) ... with little or less ego/more humility and more self-transcendence;
- (2) ... with higher emotional connectedness with what is beyond humans, what is all-embracing, ultimate, and holy—for many in this group, this means (the Christian) God;
- (3) ... as an integral part of daily life via, for example, prayer, Bible studies, contemplation, and/or blessings, which also helps to create inner connectedness to the divine;
- (4) ... primarily together with others, in the form of connectedness with the social environment.

Additional differences between participants with low and high spirituality emerged that were not fully captured by Bucher's (2014) conceptualization of spirituality. Instead, several of these characteristics showed substantial overlap with dimensions commonly associated with religiosity as defined in Section 1.3. In contrast to the types with low spirituality in this sample, highly spiritual types.

- (a) ... opt for a single S/R belief system (such as the Bible as a written system of religious/mental orientation)—in most cases, the Christian faith in God/a higher guidance;
- (b) ... have a longer history as part of an institutional/church/religious context that fosters collective practice;
- (c) ... practice various different S/R methods on a daily basis, which nevertheless form part of a single belief system;
- (d) ... pray every day (those with little or moderate spirituality rarely speak of prayer);
- (e) ... have confidence and faith (in God/a higher guidance).

Taken together, however, the subsequent analyses show that these characteristics extend beyond what is typically captured by contemporary conceptualizations of spirituality (e.g., Bucher 2014). In particular, the combination of stable belief systems, daily ritualized practice, and strong institutional and communal embeddedness suggests substantial overlap with dimensions more commonly associated with religiosity. Against this background, and in order to better reflect the empirically observed pattern, we will henceforth refer to this category as “highly spiritual–religious types”.

Furthermore, strong faith in a single belief system is also reflected in the fact that highly spiritual–religious persons “hand over/entrust” problems that they cannot resolve to God or to a higher guidance. This means that they consciously let go of control or the authority to solve their problems and hand them over to God or a higher guidance, which may be an indication of a smaller ego and/or of humility/surrender (Kapp 2023).

In contrast, types with a low degree of spirituality tend to alternate between spiritual methods (without a written system of mental/spiritual orientation and/or spiritual/religious guidance by more experienced practitioners) and use them only periodically but not regularly and often just as a means to a specific end, e.g., to address psychological and/or physical symptoms. However, many participants with a low or moderate degree of spirituality express a wish to integrate these methods into their lives but have so far failed

to do so. Additionally, they are not able to “hand over/entrust” their concerns to God or a higher guidance, and they show almost no signs of humility/surrender.

3.1.2. Lived S/R and the MMM

Highly spiritual–religious participants generally appeared to demonstrate an extensive “meaning-making process”, whereas participants with low levels of spirituality tended to report less extensive or absent processes of meaning-making. There are only a few “meaning-making processes” in the group with a low degree of spirituality; mostly, they do not ask or explore questions about, e.g., the deeper meaning of SLEs for their own lives and/or mental–spiritual growth (compare Figure 1). In contrast, not only do almost all highly spiritual–religious types go through the entire “meaning-making process” in the sense of the MMM, but they also do so very quickly and tend to pose and reflect on the above-mentioned relevant questions about meaning (compare Figure 2).

Although all three type groups experience certain components of “meanings made”, our data suggest that, especially in the case of the highly spiritual–religious types, these are predominantly based on “meaning-making processes” and the deep exploration of questions of meaning. On average, the types with low spirituality achieve fewer “meanings made”. The comparable deficit in “meaning-making processes” and the failure to pursue relevant questions of meaning are not conducive to a deeper understanding of the experience and its causes or to a changed perspective on meaning (e.g., of life and/or the SLEs). It is, moreover, notable that participants with low spirituality primarily achieve their “meanings made” via methods of stress regulation/stress management and not through S/R methods, as is the case with highly spiritual–religious types. In addition, the “meanings made” appear to feed back on the existing “global meanings”: the highly spiritual–religious individuals mostly experience the reinforcement or deepening specifically of existing S/R convictions, rather than fundamental changes in “global meanings” (Figure 2). Changes in “global meanings” occur more frequently in people with a low degree of spirituality, whereas the reinforcement of existing meanings tends to be weaker than in highly spiritual–religious individuals (compare Figure 1).

The psychological/physical—i.e., patient-reported—outcomes resulting from the MMM for highly spiritual–religious participants (compare Figure 2) are sustained psychological and physical changes; in most cases, participants described themselves as having achieved complete and enduring recovery. Participants in this group report more coping skills, which they practice regularly, which in turn influences not only the primary but also subsequent SLEs in a positive way (Figure 2). The group with low spirituality, on the other hand, often feels short-term or temporary improvement, but the original stress recurs repeatedly (compare Figure 1). Considered against the background of the extent and types of SLEs in this sample, our findings reveal an almost equal distribution of minor, moderate, and severe physical and/or psychological SLEs in all three type groups.

However, participants with a low or moderate degree of spirituality still seem to benefit from the multiple methods that they apply, but apparently not as much as the highly spiritual–religious group, and they seem to do more at the level of stress regulation/management and less on a mental/emotional and/or spiritual level or in the form of a sustained meaning-making process (compare Figure 2).

The low-spirituality group reports having useful methods available for directly coping with SLEs and other forms of stress and feels confident in applying them. However, many participants report recurring SLEs and incomplete processing, suggesting that the effects of the methods used are short-term and not sustainable.

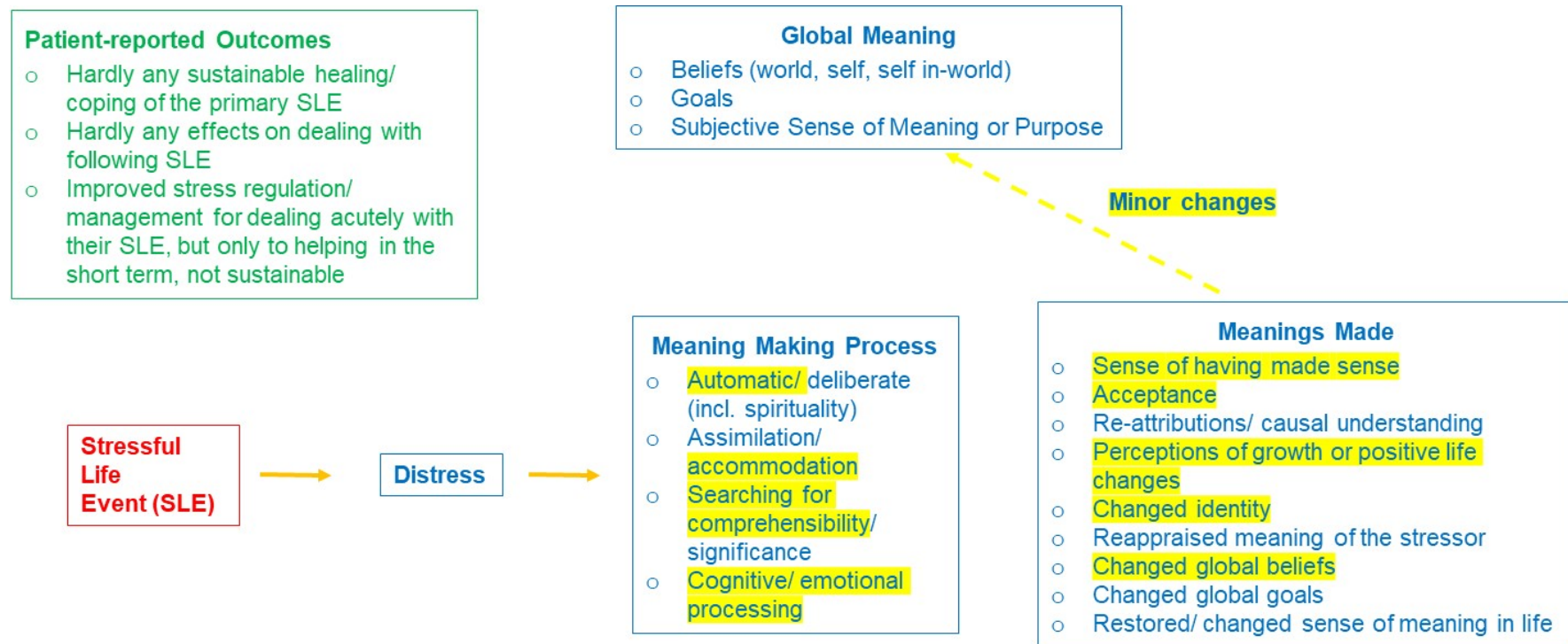


Figure 1. Participants with a low degree of spirituality ($N = 17$) in (a simplified depiction of) the MMM (Park 2010). *Note.* Yellow markings show changes in participants' lives (SLE = stressful life event).

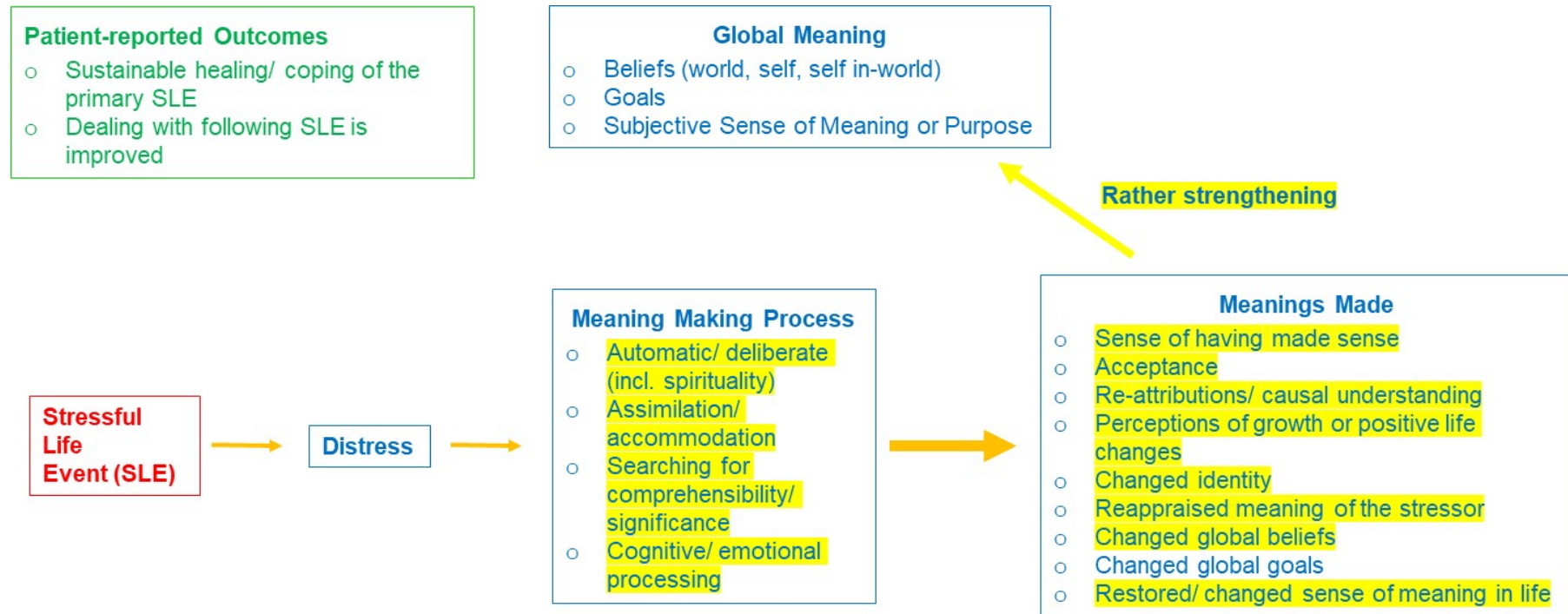


Figure 2. Participants with a high degree of spirituality and religiosity ($N = 5$) in (a simplified depiction of) the MMM (Park 2010). *Note.* Yellow markings show changes in participants' lives (SLE = stressful life event).

3.2. Contrasting Descriptions of Two Ideal Types: Lived S/R and the MMM

The authors consider the two participants described below, of different ages, to represent the best and easiest-to-understand ideal types for the groups with low spirituality (Marie)² and high spirituality–religiosity (Anna)³ from the study population.

3.2.1. Ideal-Type Participant with Low Degree of Spirituality

Marie’s biographical background. Marie (respondent no. 29; see Appendix S3, Supplementary Materials) is a student of psychology and is between 20 and 25 years old. She is of Protestant denomination (non-practicing). When asked about the reasons that she decided to register for the study, she answers that she is much concerned with spirituality in her private life and specifically with correlations between spirituality and healing experiences. She has gained some pertinent experience due to having a chronic somatic illness since she was 14 years old. The diagnosis induced her to take an interest in spiritual methods at some point. She has regular appointments with a psychotherapist specializing in somatic diseases. In this context, she also applies mindfulness exercises, such as breathing exercises and mindfulness-based stress reduction. As an adolescent, she started out with a combination of meditation, acupuncture, and autogenous training; the latter turned out to be particularly helpful during hospitalization. She still practices meditation but not regularly, and she reports positive mental and physical effects.

Marie’s lived spirituality. What Marie associates with spirituality is restfulness, strength, and security. Spirituality is “like a little pill you can take, and then you feel somewhat better” (I 29, p. 34). For her, spirituality “mainly has to do with mindfulness, and this [...] means that you live in the moment and perceive in the moment, without assigning value to anything” (I 29, p. 8).

Marie does not mention the primary elements of spirituality as defined by Bucher (2014), i.e., connectedness and self-transcendence, neither directly nor indirectly. Moreover, she does not speak of a sense of connectedness with her environment or with God or a higher power/guidance, and she does not report social ties to any kind of (spiritual) community. Moreover, Marie employs spiritual methods only infrequently and primarily to cope with stress and symptoms, since stress tends to aggravate her chronic somatic illness. But she does not employ spiritual methods to achieve self-transcendence and connectivity in the sense of Bucher’s (2014) definition:

So, that is also the main reason why I do it [the meditation]. Because this [chronic illness] that I have, well, you don’t know exactly where it comes from. But they say that stress can trigger it incredibly and always leads to a worse course of the disease, which is one of the reasons why a lot of people with [this kind of chronic illness] are recommended to incorporate such exercises into their daily routine, simply to counteract it a little. (I 29, p. 9)

As to her sporadically practiced spiritual exercises (primarily meditation, gratitude journaling), Marie reports personal growth and a positive life change during the active stages. Despite these positive health-related outcomes and obvious relevance for her chronic somatic illness, she does not employ these spiritual methods continuously, nor does she integrate them into her routines:

... when I practice it, I notice that mindfulness works well, but I find it difficult to keep on practicing it. Because when I feel better afterwards, I don’t feel the need to do it anymore. That’s what you always think, and then you only start again when you’re feeling bad, and by then it’s usually too late. (I 29, pp. 6–7)

She expresses a wish to practice the methods more regularly but has so far failed to do so: “I think that there should be some continuity [...] you always find excuses, but

sometimes I feel everything is too much and there is just not enough time [...] to practice them" (I 29, p. 7).

Against this background, Marie was assigned to the group with a low degree of spirituality, with a rating of 1.3.

Role of Marie's lived spirituality in the MMM. Analyzing Marie's statements in the context of the MMM, she says that she lived with the firm conviction that nothing could happen to her as she was healthy ("global meaning") up to the moment that she was diagnosed with a chronic somatic illness. It took years for her to perceive the "discrepancy" between this original conviction and the actual experience of falling ill, and only then did she feel threatened: "Now I have reached a point where I admit that I can no longer handle it well at all" (I 29, p. 33). Despite this belated perception of discrepancy, Marie does not go through a "meaning-making process" according to the MMM, nor does she ask questions of meaning. "Meanings made", described in the MMM as a result of the process, do not follow. Marie does not develop a sense of acceptance for her situation:

Yes, and it's not as simple as repeating to yourself three times every evening, "I accept that now, I accept it." Somehow, it's a really difficult process and a non-linear one. And to be honest, I haven't really found a solution for it yet, or a way to really deal with it, I'm still totally stuck in it, and I realize that I'm not there yet, that it hasn't happened. (I 29, p. 33)

Nevertheless, Marie's "global meaning" has undergone some change due to her practice of spiritual methods and her personal reckoning with the illness. Previously, her self-image was negative: "I know that I can do all of this. There is just that element of negativism in me, or this tendency to overthink things, that makes me anticipate failing, even though I know quite well that I can do it" (I 29, p. 22). A further change for the better in her "global meaning" is that her attitude to life has changed:

So, I believe I handle [my life] far more deliberately and feel much more gratitude [...] I no longer feel that urgent need for growth like in the past [...] no longer that permanent urge that everything must become higher, better, more fantastic, I rather think everything is all right as it is now." (I 29, p. 28) Marie was moreover capable of developing self-reliance: "I am personally responsible for me and my life" (I 29, p. 25), and "I have learned to become proactive and see to it that I am OK at the end of the day". (I 29, p. 27)

Marie displays only minor physical and/or psychological patient-reported outcomes: she is undergoing a long phase of coping with her chronic somatic illness and has so far found neither mental nor physical stability: "I notice that it is somehow like a rollercoaster, I have extremely good days [...] and then again others that are extremely bad" (I 29, p. 24).

3.2.2. Ideal-Type Participant with High Degree of Spirituality and Religiosity

Anna's biographical background. Anna (respondent no. 19; see Appendix S3, Supplementary Materials) is between 65 and 70 years old, is Protestant, and has been actively involved in an institutional context, i.e., her church congregation, since she was about 14 or 15. In the 1970s, she became a deaconess and has been living in a religious order ever since. Shortly after completing her education as a nurse, she suffered from a serious accident with paraplegia as a possible consequence and went through a long convalescence period of two to three years. She worked as a nurse for the following 25 years, until a burnout enforced a reorientation phase. She then retrained as a librarian and has been employed as such within her order ever since. Apart from the S/R orientation in her vocational as well as private life, she also reports very positive experiences with regular (non-spiritual) psychotherapy. When asked about her motivation to participate in

the study, she says, “Well, it cannot hurt to remind yourself of such issues or think about them. You wouldn’t do that during your daily routines” (I 19, p. 3).

Anna’s lived S/R. All spiritual elements 1–4 listed in Section 3.1.1 apply to Anna to a high degree, as evidenced by the following descriptions of her S/R practice. Prayers form a deliberate part of her daily routine; moreover, she prays spontaneously in specific situations, either alone or together with others in regular group meetings. Having been a member of her parish choir since she was 14 or 15, she is acquainted with spiritual songs. Apart from regular attendance at church services on Sundays, she consults the Bible several times per week. She perceives lived S/R not only in an emotional connection to God but also in the Bible as a mental component of faith: “For me the Bible is the Word of God, as a matter of fact and not only on an emotional level” (I 19, p. 8).

For Anna, spirituality essentially means “how to shape one’s life with God’s guidance”: Spirit, to me, is the Spirit of God. So, yes, life inspired by God’s spirit (I 19, p. 8). This quote, as well as many other parts of the interview, clearly reveal a high degree of self-transcendence/little ego and humbleness/devotion, e.g., “. . . it was important to me to live my life with God [. . .] and to pray He might show or indicate a possible way for me” (I 19, p. 7) and also “. . . so that I knew that if I wanted to live my life [. . .] with God, then it was also important to consult the Bible, because in it God tells me what is important for my life and it contains lots of guidance for life, as well as standards for living” (I 19, p. 6).

In addition, Anna complies with all religious aspects (a) to (e) in Section 3.1.1, which characterize highly spiritual–religious types in this study population. Her profound trust and strong faith in God are apparent in many parts of the interview, e.g.,

At first, I had no idea whether I would again be able to work in the hospital [due to her severe accident]—and still I knew: God wants what’s best for me, even if I can’t see that now or don’t know what is going to happen.” (I 19, p. 12)

In consideration of this background, Anna was rated as highly spiritual–religious, with a score of 9.7.

Role of Anna’s lived S/R in the MMM. In coping with various SLEs, Anna undergoes almost all aspects of the “meaning-making process” and achieves almost all “meanings made” as described by Park. The focus is on the application of her S/R, with regular (non-spiritual) psychotherapy as another helpful factor.

After her life-threatening accident, she was “lying there all of a sudden, unable to do anything and not knowing what will happen next” (I 19, p. 9). During this stay in hospital, she was given a Bible verse on a card as a present: “For I know the plans I have for you, plans to prosper you and not to harm you, plans to give you hope and a future” (Jeremiah 29:11). This verse came to be the central theme in the “meaning-making process” after this SLE. Throughout her intense and drawn-out physical and mental suffering, she was “searching for comprehensibility”, a process that allowed her also to take a new perspective on the accident:

And He wants to give future and hope, even though I’m lying here and simply cannot imagine what will become of me. Of course, that doesn’t happen overnight, but over my healing period this was something I could hold on to and which helped me to handle the situation.” (I 19, p. 10)

Anna goes on to describe how her patience wavered repeatedly in the long recovery process. But her faith, fortified by the above Bible verse, helped her to master the difficult situation and keep up the hope to return to her dream job as a nurse. She has always believed and trusted in God’s goodness (“deliberate processes”, “assimilation”). At one point, she even says that she “counted on” the outcome in some way; she expected God’s help in letting her work in the hospital again. She resumed her job step by step, starting

with the hospital's telephone exchange. On her first working days as a nurse after an interval of two to three years, she finally realized and experienced a specific meaning in what happened to her ("cognitive/emotional processing" and "searching for significance" in "meaning-making processes" in the MMM):

One of my first days back at work [...] I met a patient who had had a similar accident. Seeing me standing there on two legs and at work again, that was encouraging for her and for me, too. In this respect alone it made some sense to have had that accident. (I 19, p. 11) ("sense of having made sense")

Beyond this, Anna's experiences in connection with the SLE significantly fortified her pre-existing faith and trust in the divine power ("global meanings") (therefore, no "changed global beliefs/goals" in "meanings made", as they already existed). They moreover had a lasting impact on her coping with subsequent SLEs (compare arrow from "global meaning" to "appraised event meaning"):

Well, and having had such an intensive experience with a Bible verse, then you'll come across things like that repeatedly in your life, like a statement or a Bible verse reminding you of that earlier event or giving encouragement because you've been in that situation before. (I 19, pp. 12–13) ("perceptions of growth")

The experience of the accident and the matter with the Bible verse gave her the strength to undergo a minor surgery many years later:

... the fact that I felt that kind of peace [...] so that I knew: "Okay, my life is in God's hands". Of course, they do everything humanly possible to ensure that you wake up from the anesthetic, but—in case that does not happen, against the odds—I felt I was able to tell myself at that moment: "Okay, it's alright, that's how it is". I even wrote a farewell letter for my family which I never handed over to anyone in the end [...] that was a really strong sensation, to feel so much at peace". (I 19, p. 15) ("perceptions of growth", "acceptance")

This quote once again expresses the "surrender" to God described above (see Section 3.1.1) and the humbleness/devotion involved. She also describes the ups and downs of her "meaning-making process":

I was well aware of some uncertainty [...] I would say it takes a while to get there. But if you are caught in such a situation, where the going gets rough, then you have to confront the challenge. You can't just say "God will take care of it" or something. You always have to get through it. It might vary, one day I may believe I've got everything under control, and the next day I'll think: "Oh no, how is that going to work?" (I 19, p. 16)

Anna describes another SLE—a burnout after 25 years as a nurse. She was hospitalized for several weeks, followed by medication treatment and a period of non-spiritual psychotherapy. The burnout forced her to take a break for several months before she started retraining as a librarian for employment by her religious order. During this break, her activities were limited to harvesting apples and baking cookies. Although she cannot properly explain the burnout experience to herself, she reaches the following "meanings made":

One of the main things was not being able to work here, apart from harvesting a few apples and such, and then to be assured by the head of the sisterhood that even though I couldn't do any work, it didn't matter, I was still accepted and loved, whatever happens. That experience was extremely important, perhaps that was why I needed to go through it [...] because back home we were brought

up with an emphasis on productivity. (I 19, pp. 26–27) (“sense of having made sense”, “acceptance”, “reappraised meaning of the stressor”)

In the context of her “meaning-making process” after this SLE, Anna’s profound faith and the above-described earlier experiences (“deliberate”, “assimilation”) were complemented by non-spiritual psychotherapy in the sense of “cognitive emotional processing”:

The important thing for me about psychotherapy was to talk to somebody on a regular basis and sometimes to have kind of a task to do. So, for instance, when I had weekly appointments, I knew I would have to think about the issue under discussion, and we would continue our conversation the following week. I found this regular reflection very helpful, and theoretically I could have done that differently, but it was easier to do it with a person from outside our context, with a different view of the situation. (I 19, p. 30)

In summary, Anna went through all “meaning-making processes” after several SLEs and achieved almost all “meanings made”, with the exception of “changed identity”—her identity appeared stable. She also does not appear to experience changes in “global beliefs/goals”—those she had previously held were strengthened in this process. With regard to her patient-reported outcomes, Anna experienced permanent healing after her SLEs, with positive implications for her subsequent SLEs.

4. Discussion

The findings of this exploratory qualitative study suggest that participants’ degrees of spirituality *and* religiosity may be associated with the perceived success of the meaning-making process and “meanings made” within the Meaning Making Model (MMM). These processes resulted in improved patient-reported outcomes, including sustained coping with primary SLEs—in some cases, described as complete or lasting recovery—as well as improved management of subsequent SLEs. Participants exhibiting these characteristics belonged to the group of highly spiritual ideal types, who—compared to participants with low or moderate spirituality—additionally showed stronger institutional–religious embeddedness and more regular, integrated practice patterns. This finding was unexpected regarding the initial aim of our study (see Section 1.5), as most participants initially described themselves primarily as “spiritual”. Nevertheless, dimensions more commonly associated with religiosity appeared to play a central role in the meaning-making process. In light of these results, this subgroup was henceforth referred to as “highly spiritual–religious” participants in the Section 3.

S/R and Meaning-Making in SLEs. Our results confirm findings from other studies that positively associate S/R and meaning (e.g., Batson and Stocks 2004; Bucher 2014; Koltko-Rivera 2006; Längle 1994; Park 2005, 2010; Park et al. 2013; Vachon et al. 2009). Furthermore, they underline the significance of spiritual and also religious connectedness for meaning-making in SLEs. Therefore, they are of relevance for research and practice in (psycho)therapy, among other disciplines, and contribute to a broad field of research into correlations between spirituality, religiosity, meaning, and psychotherapy (e.g., Ernesti et al. 2022; Frankl 1963).

Our findings also support studies on PTG (Tedeschi and Calhoun 2004) and others regarding the positive evaluation of SLEs via meanings made, with better coping as a result (Thompson 1985; Triplett et al. 2012), and serve to confirm millennia-old religious beliefs that suffering may lead to personal growth (Tedeschi and Calhoun 1995, 2004): highly spiritual–religious individuals seem to find meaning in SLEs faster and more easily due to pre-existing beliefs and thus achieve mental and physical growth and fortify their belief and trust in God/a higher power. This result also appears to be vitally important for psychotherapy in practice.

The patient-reported outcomes for the highly spiritual–religious participants in our sample also confirm studies showing positive correlations between S/R, meaning-making, and mental/physical health (e.g., Bucher 2014; Garssen et al. 2021; Panzini et al. 2017). Moreover, our findings suggest more sustained healing/coping with primary and subsequent SLEs, which corresponds to studies like that by Foy et al. (2011) on the correlations between S/R and resilience.

In the context of the MMM (Park 2010), the activation of S/R is seen as an option for meaning-making in the “meaning-making process” and as a coping strategy to reduce the discrepancy between “global meaning” and “situational meaning”. The results of our study confirm this assessment. They also have similarities with those of the study by Tsai et al. (2015): the spiritual–religious inclinations in our highly spiritual–religious group might be called *intrinsic*, and the spiritual motivation in persons with little and moderate spirituality might be termed *extrinsic*. Tsai et al. (2015) observed PTG in war veterans with functioning social ties, a more pronounced concept of meaning, and intrinsic religiosity. Similar correlations with respect to personal, mental, physical, and spiritual growth can also be observed in our *intrinsically* highly spiritual types (cf. Li and Liu 2023; reflection of the controversially discussed concept of intrinsic/extrinsic S/R: Park 2021).

Another important point to note is that, based on our qualitative analyses, we expanded Park’s (2010) MMM by incorporating patient-reported outcomes (see also Figures 1 and 2). In the context of investigating bio–psycho–social–spiritual research questions, this extension appears to us to be a meaningful and valuable addition to the model.

Highly Integrated Spiritual–Religious Orientations and Meaning-Making. Although the majority of the participants primarily identified themselves as “spiritual” rather than “religious”, extensive “meaning-making processes” and “meanings made” were found among participants whose spirituality was additionally characterized by stable religious structures, daily practices, communal embedding, and trust in transcendent guidance. It was therefore not spirituality in an individualized and eclectic sense but rather a coherent and existentially integrated form of “spiritual religiosity” that appeared to be most strongly associated with extensive meaning-making after SLEs. Moreover, the findings suggest that meaning-making after SLEs may require more than situational coping techniques or stress regulation strategies, used mainly by participants with low and moderate spirituality. Instead, participants with highly integrated spiritual–religious orientations appeared to possess a stable “global meaning system” (Park 2010) that enabled them to interpret suffering within a broader existential framework. Their spirituality was not primarily used instrumentally to reduce symptoms but functioned as an enduring orientation system, shaping identity, interpretation, emotional processing, and behavioral responses.

Particularly striking is the finding that the participants with extensive meaning-making trajectories were not those with the broadest range of spiritual techniques applied in the low- and moderate-spirituality groups but those whose spirituality was embedded within a coherent, relational, and partly institutionalized religious framework. The data suggest that eclectic and primarily self-focused forms of spirituality may support short-term stress regulation, whereas deeply integrated spiritual–religious worldviews may facilitate enduring existential transformation and sustainable meaning reconstruction.

Overall, the present findings seem to challenge the common assumption that spirituality and religiosity should be understood as clearly separable constructs in the context of coping and meaning-making. Instead, the data indicate that highly effective “meaning-making processes” and “meanings made” after SLEs may emerge particularly where spirituality is embedded in coherent religious beliefs, communal practices, and enduring existential trust. Future research should therefore examine more closely not only whether

individuals are “spiritual” or “religious” but also how deeply their beliefs and practices are integrated into a stable global meaning system.

A further noteworthy finding is that the presence or development of high spirituality and an intensive search for meaning do not appear to be predicted—at least in this qualitative–exploratory, non-representative sample—by age (and corresponding life experience), gender, and/or occupation or educational background. This is consistent with Grof (1985), who emphasized an *individual’s readiness* for inner transformation as more decisive than external triggers or sociodemographic characteristics.

4.1. Limitations and Strengths

Several limitations must be mentioned in evaluating this qualitative–explorative study. The interviews were conducted with a different research question and did not explicitly inquire about the MMM. From a different viewpoint, however, this limitation may be interpreted as a strength, as it ensured that there was no unintentional influence and participants were not steered towards a mutual issue via suggestive questions. Moreover, all participants brought up most issues of the MMM directly and indirectly in the interviews by themselves. Social desirability bias (Bergen and Labonté 2020) seems thus to be low regarding the investigation of the MMM.

On the other hand, we assume high social desirability bias (Bergen and Labonté 2020) regarding the issue of S/R in this study, primarily in the groups of the low and moderate types: due to our chosen definition of spirituality, these two groups showed a more pronounced ego in the interviews. Moreover, spirituality as a bypass (Masters 2010) can be hypothesized in these two groups. Both aspects could have distorted our results for these two groups, and, as a result, it is very likely that, in reality, they even practiced less spirituality. Two examples of these aspects from our sample are participants 20 and 21: they gave “correct” definitions of spirituality in their interviews, but they did not act in this way, which we also verified from their interviews.

Another aspect to be noted is that participants reported retrospectively, making their statements prone to retrospective bias. Moreover, with regard to the interview design, it must be pointed out that, although the psychology students received intensive interview training from an experienced researcher in this study (M.N.), they had less experience compared to seniors in qualitative research and were therefore more prone to making mistakes. On the other hand, their lack of experience and the diversity of perspectives (as there were three interviewers) may have induced them to ask a greater variety and wider range of questions for clarification purposes, and the deficit in scientific/theoretical knowledge may have reduced the risk of unconscious manipulation.

Control of a variety of potentially influencing and confounding variables was not possible due to the retrospective and qualitative design chosen for the study; patient-reported outcomes, for example, were also influenced by the progression of somatic illnesses, which was not specifically addressed in interview questions. At the same time, a qualitative, explorative, and hypotheses-generating design offers various further strengths: this is the first explorative, qualitative study with participants affected by different physical and/or mental SLEs where the MMM was employed to assess the impact of the component S/R, generate new hypotheses, and gain profound insights into a complex issue. The findings can stimulate further research on the MMM (see Section 4.2) and also serve to assign S/R a more central role within the MMM.

Additionally, the unequal gender distribution of the sample should be considered when interpreting the findings. Previous research suggests that women tend to report higher levels of religiosity/spirituality and may engage differently in religious/spiritual coping and meaning-making processes following stressful life events (Krok 2015). Since

the present study was not specifically designed to investigate gender differences, no systematic gender-based analysis was conducted. Future research should therefore examine potential gender-specific aspects of spirituality, religiosity, and meaning-making processes more explicitly.

Furthermore, the self-selected nature of the sample should be considered. Participants were willing to speak retrospectively about stressful life events, spiritual change, healing experiences, and meaning-making processes, and many were already interested in spiritual practices. This may have influenced both the depth and the direction of their narratives. Therefore, the findings should not be generalized to all individuals experiencing SLEs but should be understood as an exploratory account of meaning-making processes in a spiritually oriented and self-selected sample.

4.2. Suggestions for Future Research and Professional Practice

The findings from our study, due to its explorative nature, primarily yield information about the impacts of S/R in meaning-making in the context of the MMM and beyond. Interesting implications for further research might be expected from a comparison between atheist participants, on the one hand, and test subjects with little, moderate, and high S/R, on the other hand, after SLEs and outstanding/critical/traumatic life events. The aim would be to explore the role of S/R in the MMM in more detail and possibly to support and expand the findings from the present study. Comparisons within one faith group, e.g., between highly spiritual and less spiritual Christians with and without denominational allegiance after SLEs and outstanding/critical/traumatic life events, might open up further interesting areas of research. Future studies should closely examine relevant confounding variables, such as social desirability in particular (Bergen and Labonté 2020) and spiritual bypassing (Masters 2010).

Furthermore, the observed differences in meaning-making processes should not be attributed exclusively to spirituality or religiosity. Given the exploratory and retrospective nature of the study, alternative explanations remain possible. For example, factors such as previous or ongoing psychotherapy, social support, personality characteristics, the severity and duration of illness, access to healthcare, etc., may also have contributed to participants' meaning-making processes and reported outcomes. The present study was not designed to disentangle the relative influences of these factors. Future research should therefore examine more systematically how spirituality, religiosity, and these potentially relevant contextual variables interact in shaping meaning-making processes following stressful life events.

The present findings may also have tentative practical implications for different professional fields working with individuals affected by stressful life events (SLEs), including medicine, psychotherapy, spiritual care, and pastoral counseling. Although causal conclusions cannot be drawn from this qualitative study, the data suggest that deeply integrated spiritual–religious meaning systems may function as important resources in coping and meaning-making processes.

For medical and mental health professionals, the findings underline the potential importance of addressing existential and spiritual concerns in a sensitive and patient-centered manner, particularly in individuals facing chronic illness, trauma, or severe life crises. Several participants in this study described experiences of suffering, helplessness, loss of control, and existential questioning that extended beyond purely psychotherapeutic/biomedical and/or symptom-focused dimensions. In this context, spiritual and/or religious resources appeared to contribute not only to emotional stabilization but also to broader processes of meaning reconstruction, acceptance, hope, long-term coping, and improved patient-reported outcomes.

The results further suggest that it may be clinically relevant to differentiate between situational or primarily technique-oriented forms of spirituality and more deeply integrated spiritual–religious orientations embedded in stable belief systems, daily practices, and supportive communities. Participants with highly integrated spiritual–religious orientations appeared more likely to describe coherent meaning-making processes and sustained coping outcomes following SLEs.

At the same time, the findings do not imply that spirituality or religiosity should be promoted normatively in therapeutic or medical contexts. Rather, they point to the importance of recognizing and respectfully exploring existing spiritual, religious, or existential resources where these are meaningful to the individual patient.

For chaplains, spiritual care providers, and pastoral counselors, the findings may support existing approaches that emphasize accompaniment in existential questioning, the cultivation of hope and trust, communal support, ritual practice, and the integration of suffering into broader frameworks of meaning. In particular, the observed importance of surrender, trust in transcendent guidance, and stable communal–religious embedding may represent relevant dimensions for future research and clinical practice in spiritual care.

Nevertheless, future studies with larger and more diverse samples are needed before broader practical recommendations can be derived.

Supplementary Materials: The following supporting information can be downloaded at <https://www.mdpi.com/article/10.3390/rel17070763/s1>.

Author Contributions: Conceptualization, M.N.; methodology, M.N.; validation, W.U. and G.L.; formal analysis, L.B. and M.N.; investigation, M.N.; resources, M.N.; data curation, M.N.; writing—original draft preparation, M.N. and L.B.; writing—review and editing, W.U. and G.L.; visualization, M.N.; supervision, G.L.; project administration, M.N.; funding acquisition, G.L. and M.N. All authors have read and agreed to the published version of the manuscript.

Funding: We would like to thank the Software AG Foundation for their financial support of this study.

Institutional Review Board Statement: Ethical approval was given by the Ethics Committee of Witten/Herdecke University, Germany (application no. S-283/2021). The study was also conducted in accordance with the Declaration of Helsinki.

Informed Consent Statement: Prior to the interviews, participants signed declarations of informed consent to participate in the research project. Written informed consent has been obtained from the participants publish quotes from their interviews in this paper.

Data Availability Statement: We did not include sensitive transcripts of the qualitative interviews, because it was necessary to preserve the anonymity of our study participants according to the German and European Data Protection Law.

Acknowledgments: We would like to thank all study participants for taking the time to participate in the interviews. We are also grateful to Christina Wagner for her valuable help in the translation of this article. During the revision of this manuscript, the authors used ChatGPT (OpenAI, GPT-5) as a language-support tool for editing and refining scientific text, improving clarity and structure, discussing alternative formulations, and assisting with translations between German and English. The tool was not used for data collection, data analysis, interpretation of findings, or the generation of scientific conclusions. All outputs were reviewed, edited, and verified by the authors, who take full responsibility for the content of this publication.

Conflicts of Interest: The authors declare no conflicts of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of the data; in the writing of the manuscript; or in the decision to publish the results.

Notes

- ¹ These included passive meditation (e.g., silent/quiet meditation, breathing meditation, mindfulness meditation/MBSR, transcendental meditation), active meditation (e.g., Yoga, Tai Chi/Chi Gong, walking meditation, dance), rhythmic sounds/music, nature-oriented therapies (e.g., forest therapy), prayer, transpersonal (psycho)therapies (e.g., initiatic therapy, holotropic breathwork, transpersonal behavior therapy), regression therapies, hypnotherapies, body(psycho)therapies.
- ² Real name withheld.
- ³ See note 2 above.

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