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From Existential Vacuum to Thriving: Meaning-Centered Group Interventions for University Students

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Abstract
University students frequently experience existential concerns alongside subclinical psychological distress, including reduced meaning in life, depression, and anxiety. Meaning-centered group counseling based on logotherapy has been proposed as a preventive intervention; however, evidence for young adult populations remains limited. This study employed a Systematic Literature Review with Network Analysis (SLNA) conducted in accordance with the PRISMA 2020 guidelines to examine the effectiveness and research landscape of meaning-centered group counseling for university students. A systematic search of the Scopus database (2015-2025) identified five controlled studies (N = 206) involving group-based logotherapy interventions for individuals aged 18-25 years. Meaning in life was the primary outcome, while depression, anxiety, and stress were secondary outcomes. Due to heterogeneity, data were synthesized using SWiM guidelines and complemented by a bibliometric keyword co-occurrence analysis of 47 Scopus-indexed articles using VOSviewer. The results indicate consistent and significant improvements in meaning in life ($p < 0.05$) with large effect sizes, accompanied by reductions in psychological distress. These findings support meaning-centered group counseling as an effective preventive intervention in university counseling settings.

Keywords: Meaning-centered counseling; Logotherapy; Group intervention; Young adults; Systematic literature review; Network analysis

Introduction

Young adulthood represents a critical developmental period characterized by identity exploration, educational transitions, and increasing autonomy, yet this stage is also marked by heightened vulnerability to mental health challenges (Arnett, 2000). Epidemiological studies indicate that approximately 75% of lifetime mental disorders emerge by age 24, with university students experiencing particularly elevated rates of depression, anxiety, and stress compared to age-matched non-student populations (Kessler et al., 2005). While severe mental disorders receive substantial clinical attention, subclinical symptoms defined as psychological distress falling below diagnostic thresholds yet causing functional impairmen affect an estimated 30-40% of university students globally and represent critical targets for preventive intervention (Cuijpers & Smit, 2002). Beyond symptom presence, many young adults report profound existential concerns including diminished sense of meaning in life, purpose deficits, and what Frankl (1985) termed the *existential vacuum*, reflecting fundamental questions about life significance that transcend diagnostic categories yet profoundly impact psychological well-being.

Meaning-centered interventions, rooted in Frankl's (1985) logotherapy and existential psychology traditions, propose that facilitating the discovery and creation of personal meaning

constitutes a primary pathway to psychological health rather than merely targeting symptom reduction. Logotherapy posits three fundamental avenues for meaning-making: creative values (accomplishment and contribution), experiential values (receptivity to beauty, love, and connection), and attitudinal values (maintaining dignity and purpose despite unchangeable suffering) (Frankl, 1985). Contemporary adaptations have evolved these principles into structured group counseling formats that emphasize collaborative meaning exploration through Socratic dialogue, guided reflection, and experiential exercises within supportive group contexts (Breitbart et al., 2010; Wong, 2012). Theoretical frameworks further suggest that enhancing meaning in life operates as a transdiagnostic protective factor, buffering against depression and anxiety while promoting resilience and psychological well-being through multiple pathways, including improved emotional regulation, enhanced social connection, and strengthened sense of agency (Park, 2010; Steger, 2012). However, despite this strong theoretical foundation, existing empirical research has predominantly focused on clinical populations with severe mental illness or terminal medical conditions (Breitbart et al., 2010), leaving significant gaps regarding the effectiveness of meaning-centered group counseling for subclinical populations within preventive mental health contexts.

Despite its theoretical promise and growing clinical interest, a systematic synthesis of evidence concerning the effectiveness of meaning-centered group counseling for young adults with subclinical symptoms remains absent from the literature. Previous systematic reviews have examined meaning-centered interventions broadly (Vos & Vitali, 2018) or within specific clinical applications such as oncology and palliative care populations (Rosenfeld et al., 2018), yet no review has specifically targeted university students with subclinical presentations using group-based formats. This gap is particularly important given that group counseling is a preferred and scalable modality within university counseling centers, enabling broader service coverage while fostering interpersonal learning and shared meaning-making processes (Schulenberg et al., 2008).

Furthermore, traditional systematic reviews risk producing decontextualized conclusions by focusing exclusively on outcome effectiveness without situating findings within the broader research landscape. Integrating systematic review methods with bibliometric network analysis allows for the identification of temporal trends, thematic clusters, and conceptual linkages that are not visible through conventional evidence synthesis alone (Zupic & Čater, 2015). Such integration is especially relevant for emerging and interdisciplinary fields such as meaning-centered counseling, where theoretical traditions, methodological approaches, and applied contexts continue to evolve. Accordingly, a Systematic Literature Review with Network Analysis (SLNA) offers a more comprehensive and methodologically robust framework for synthesizing evidence while simultaneously mapping the intellectual structure of the field.

In response to these gaps, this study conducts a Systematic Literature Review with Network Analysis (SLNA) in accordance with the PRISMA 2020 guidelines to synthesize existing evidence on the effectiveness of meaning-centered group counseling for young adults with subclinical symptoms. Specifically, this review aims to: (1) systematically identify and quality-appraise controlled studies evaluating logotherapy-based or existential group interventions for university students aged 18–25 years; (2) synthesize evidence regarding primary outcomes, particularly meaning in life, and secondary outcomes including depression, anxiety, psychological well-being, and resilience; (3) conduct a bibliometric network analysis to map the broader research landscape, identify temporal trends, and validate systematic review findings through convergent evidence; and (4) integrate systematic and bibliometric results to provide a comprehensive understanding of the current evidence base, methodological gaps, and priority directions for future research. By addressing whether meaning-centered group counseling effectively promotes existential well-being alongside symptom reduction in

preventive contexts, this review aims to inform evidence-based practice in university counseling settings while preserving the theoretical integrity of existential and logotherapy-based approaches.

Method

Eligibility Criteria

Eligibility criteria were defined a priori using the Population, Intervention, Comparison, and Outcome (PICO) framework to ensure systematic and transparent study selection (Richardson et al., 1995; Schardt et al., 2007). The population included young adults aged 18-25 years or university students with non-clinical or subclinical psychological symptoms, consistent with the developmental conceptualization of emerging adulthood (Arnett, 2000). The intervention consisted of group-based meaning-centered or existential counseling grounded in logotherapy or existential psychology (Frankl, 1985), delivered through structured programs with a minimum of four sessions. Comparison conditions included waitlist controls, treatment as usual, or active comparison groups such as supportive group counseling. Eligible outcomes included meaning in life as the primary outcome and mental health indicators such as depression, anxiety, stress, psychological well-being, or resilience as secondary outcomes, all measured using validated quantitative instruments (Steger et al., 2006; Park, 2010). Only controlled quantitative studies published in peer-reviewed English-language journals between 2015 and 2025 were included.

Search Strategy and Information Source

A systematic literature search was conducted in the Scopus database, selected for its comprehensive multidisciplinary coverage of psychology and counseling research and its suitability for bibliometric analysis (Mongeon & Paul-Hus, 2016). The search strategy was developed using Boolean combinations of terms related to young adults, meaning-centered or existential group interventions, and mental health outcomes, following established guidance for systematic review searching (Lefebvre et al., 2019; Horsley et al., 2011). Searches were applied to titles, abstracts, and keywords. The final search was conducted on December 13, 2024, yielding 47 records

Study Selection Proces

Study selection followed a two-stage screening process consistent with recommendations from the Cochrane Handbook for Systematic Reviews of Interventions (Higgins et al., 2019). First, titles and abstracts were screened to exclude clearly irrelevant studies. Second, full texts of potentially eligible articles were assessed against the predefined inclusion criteria. Screening was conducted by a single reviewer using explicit decision rules, with systematic self-verification procedures implemented to mitigate selection bias, as recommended for resource-constrained systematic reviews (Edwards et al., 2002). The selection process resulted in five studies meeting all eligibility criteria and included in the final synthesis. The screening and inclusion process is summarized in a PRISMA 2020 flow diagram (Page et al., 2021).

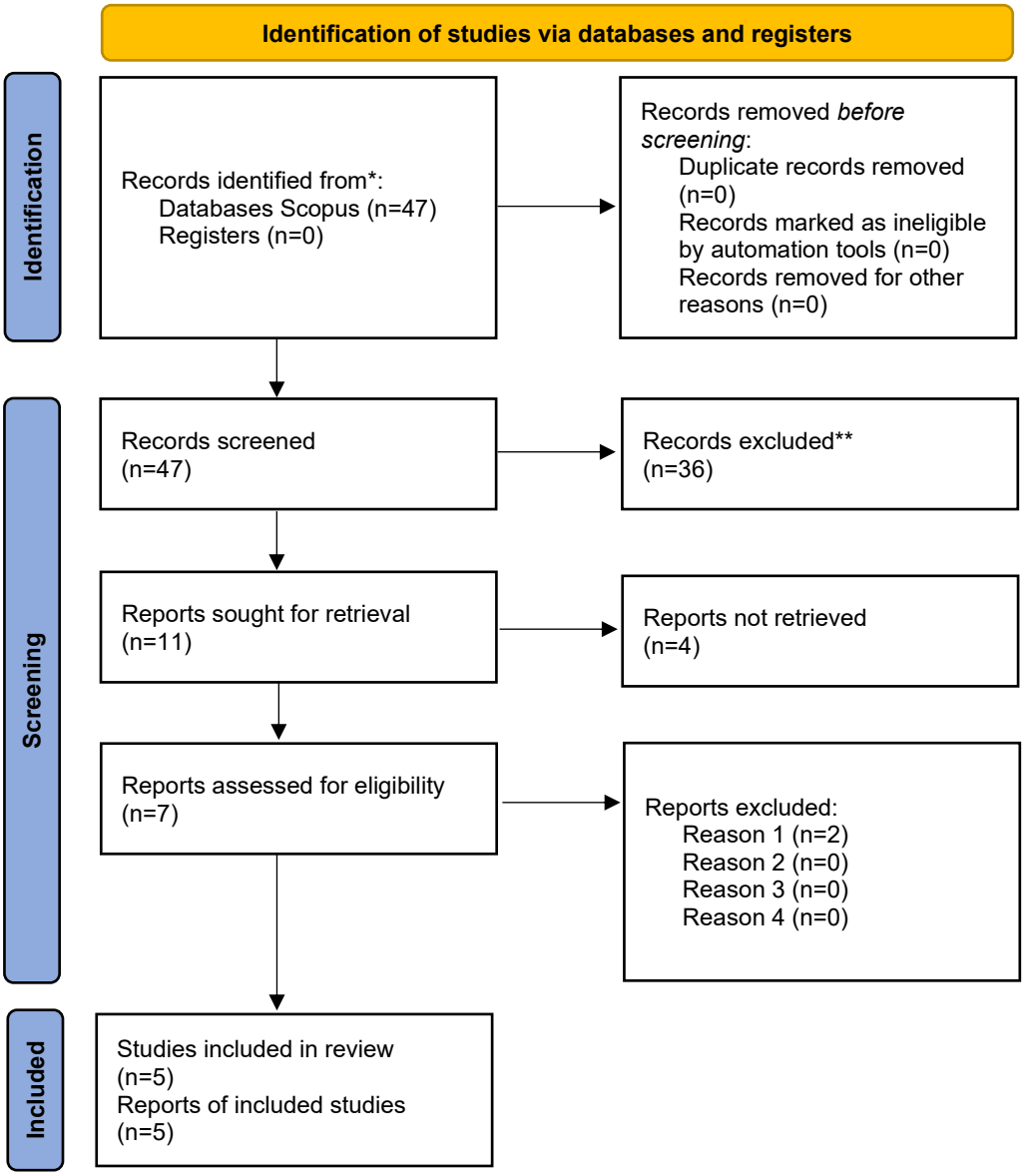

Figure 1. PRISMA 2020 Flow Diagram of Study Selection.

The study selection process followed the PRISMA 2020 guidelines. A total of 47 records were identified through database searching in Scopus. No duplicate records were identified, and all records proceeded to screening. Following title and abstract screening, 36 records were excluded for not meeting the predefined inclusion criteria. The full texts of 11 reports were sought for retrieval; however, four reports could not be retrieved despite systematic access attempts. Consequently, seven full-text articles were assessed for eligibility. Of these, two studies were excluded due to the use of individual rather than group-based intervention formats. Ultimately, five studies met all eligibility criteria and were included in the final systematic review.

Data Extraction and Quality Assesment

Data extraction was conducted using a standardized form developed in line with Cochrane Collaboration recommendations (Li et al., 2020). The form captured study characteristics, participant demographics, intervention features, comparison conditions, outcome measures, and key statistical results. Methodological quality and risk of bias were assessed using the Cochrane Risk of Bias 2.0 tool

for randomized controlled trials (Sterne et al., 2019) and the ROBINS-I tool for quasi-experimental studies (Sterne et al., 2016). Risk of bias assessments were used to inform interpretation of findings rather than as exclusion criteria.

Data Synthesis

Meta-analysis was not performed due to the limited number of included studies and substantial heterogeneity in intervention formats, outcome measures, and comparison conditions. Instead, findings were synthesized using Synthesis Without Meta-analysis (SWiM) guidelines through narrative synthesis and direction-of-effect analysis, as recommended for heterogeneous intervention reviews (Campbell et al., 2020; McKenzie & Brennan, 2019).

Bibliometric Network Analysis

To complement the systematic review, a bibliometric keyword co-occurrence analysis was conducted using VOSviewer, a specialized software for bibliometric mapping and network visualization (van Eck & Waltman, 2010). All 47 articles identified in the initial Scopus search were included to map thematic clusters, research trends, and conceptual relationships within the literature. Bibliometric findings were integrated with the systematic review results to provide convergent validation and to identify gaps and future research directions, consistent with best practices for integrated review designs (Zupic & Čater, 2015; Moral-Muñoz et al., 2020).

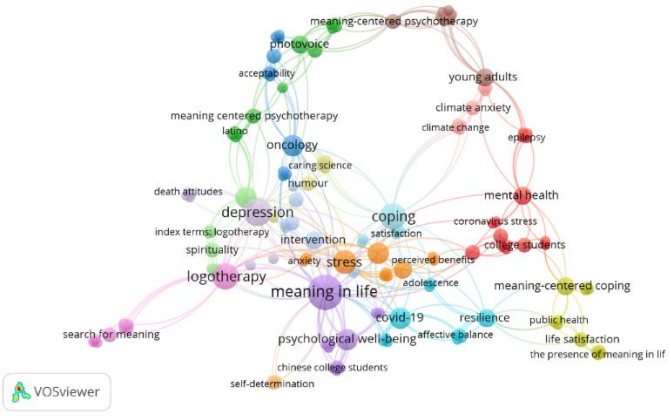

Figure 2. Keyword Co-occurrence Network and Temporal Overlay Visualization of Meaning-Centered Counseling Research (2015-2025).

Result

Inclusion and Exclusion Criteria

To ensure methodological rigor and consistency in study selection, explicit inclusion and exclusion criteria were established *a priori* based on the Population, Intervention, Comparison, Outcome, and Study Design (PICOS) framework. These criteria were applied systematically during the title–abstract screening and full-text eligibility assessment to identify studies that were conceptually aligned with the review objectives and methodologically appropriate for synthesis. Table 1 summarizes the detailed inclusion and exclusion criteria used to guide the study selection process.

Tabel 1. Inclusion and Exclusion Criteria for Study Selection

Criterion	Inclusion	Exclusion
Participants	Young adults aged 18-25 years or university/college students; non-clinical populations or subclinical	Children (<18 years), older adults (>65 years); diagnosed severe mental illness requiring psychiatric hospitalization;

	symptom levels; community-dwelling samples	terminal illness patients; intellectual disabilities
Intervention type	Group-based meaning-centered or existential interventions (≥3 participants); logotherapy, meaning-centered psychotherapy/counseling, or existential group therapy; explicit theoretical foundation in Frankl's logotherapy or existential psychology	Individual therapy format; family or couples counseling; interventions without explicit meaning-centered/existential theoretical rationale; purely CBT, mindfulness, or supportive counseling without meaning-making components
Intervention structure	Minimum 4 sessions over ≥2 weeks; structured protocol with trained facilitators (psychologists, counselors, supervised graduate students)	Single sessions or brief workshops (<60 min total); <4 sessions; purely educational/psychoeducational without therapeutic process; untrained facilitators
Study design	Quantitative designs with comparison/control groups: RCTs, quasi-experimental, controlled pre-post designs	Qualitative-only studies; single-group pre-post without comparison; case studies (n<10); cross-sectional/correlational studies; protocols without outcome data; reviews
Outcomes	Primary: meaning in life, sense of meaning, or purpose (validated instruments: MLQ, PIL, Life Regard Index). Secondary: depression, anxiety, stress, psychological well-being, or resilience (validated quantitative measures)	No measurement of meaning in life or relevant mental health outcomes; qualitative outcomes only; non-validated measures
Publication	Peer-reviewed journal articles; English language; published 2015-2025; full-text accessible	Non-peer-reviewed (dissertations, conference abstracts, grey literature); non-English; published before 2015 or after 2025; inaccessible full-text

Characteristics and Summary of Included Studies

The detailed characteristics and key findings of the studies included in this systematic review are summarized in Table 2. The table presents essential information regarding study design, participant characteristics, intervention formats, outcome measures, and principal results related to meaning in life and mental health outcomes. Collectively, the five included studies represent diverse cultural contexts and employ both randomized controlled and quasi-experimental designs, providing a comprehensive overview of the empirical evidence supporting meaning-centered group counseling in preventive and subclinical university settings.

Tabel 2. Characteristics and Key Findings of Studies Included in the Systematic Review (N = 5)

Author (Year)	Country / Setting	Study Design & Participants	Intervention Description	Measures	Main Findings
Robatmili et al. (2015)	Iran / University	RCT; N = 20 (Intervention = 10; Control = 10);	Classical group logotherapy grounded in Frankl's	Purpose in Life Test (PIL), Beck Depression	Intervention group showed a significant increase in

		undergraduate students aged 18–25 with elevated depressive symptoms	principles; 10 weekly sessions (90 minutes); facilitated by a trained counselor	Inventory (BDI)	meaning in life ($p < .001$; $d = 1.89$) and a significant reduction in depression ($p < .01$; $d = 1.12$). Effects were maintained at 2-month follow-up, indicating short-term stability of outcomes.
Cheng et al. (2015)	China (Hong Kong) / University	RCT; N = 66 (Intervention = 33; Control = 33); female college students	Meaning-centered psychoeducational group integrating logotherapy and positive psychology; 9 weekly sessions (60 minutes)	Meaning in Life Questionnaire (MLQ), Ryff's Psychological Well-Being Scale	Participants in the intervention group demonstrated significant improvements in meaning in life and psychological well-being compared to controls ($p < .05$). No follow-up assessment was conducted, limiting conclusions about long-term effects.
Fereydouni & Forstmeier (2022)	Iran / University	RCT with active control; N = 60 (Intervention = 30; Control = 30); female students with subclinical depression and anxiety	Islamic logotherapy integrating existential meaning with spiritual and religious values; 12 weekly sessions (90 minutes)	Depression Anxiety Stress Scales (DASS-21), Meaning in Life Scale	Results indicated very large effect sizes for reductions in depression ($d = 1.67$), anxiety ($d = 1.55$), and stress ($d = 1.42$), along with significant gains in meaning in life ($p < .001$). Effects were sustained at 3-month follow-up, suggesting

					robust preventive potential.
Karacabey (2023)	Turkey / University	Quasi-experimental; N = 20 (Intervention = 10; Control = 10); emerging adults	Spiritually oriented group counseling based on logotherapy; 8 weekly sessions (90 minutes)	Purpose in Life Test (PIL), Agentic Personality Scale	Findings showed a significant increase in meaning in life and agentic personality traits in the intervention group ($p < .05$). However, the small sample size and absence of follow-up limit generalizability.
Do & Cho (2025)	South Korea / Rural colleges	Quasi-experimental; N = 40 (Intervention = 20; Control = 20); rural college students	Humor-logotherapy integrating meaning-centered counseling with humor-based activities; 6 weekly sessions (120 minutes)	Meaning in Life Questionnaire (MLQ), DASS-21	Participants receiving humor-logotherapy reported significant improvements in meaning in life and moderate reductions in depression, anxiety, and stress ($p < .05$). Effect sizes were smaller than classical logotherapy but indicated feasibility for culturally adapted group formats.

Discussion

Framing Practice Recommendations: Acknowledging Evidence Limitations

The evidence synthesized in this systematic review, while suggesting potential value for meaning-centered group counseling interventions, requires substantial qualification before translation into practice recommendations. The synthesis of five controlled studies representing 206 participants

exclusively from Asian populations, combined with the methodological limitations extensively documented in sections 4.3 and 4.4, prevents confident generalizations to diverse implementation contexts. Any practice implications derived from this evidence base must be framed as provisional considerations requiring local adaptation, ongoing outcome monitoring, and critical evaluation rather than evidence-based recommendations with established efficacy (Bauer & Kirchner, 2020; Boutron et al., 2017). The complete absence of Western population evidence, predominance of waitlist control comparisons potentially inflating effect sizes, small sample sizes limiting precision, and restricted follow-up data constraining durability conclusions collectively necessitate an epistemically humble approach wherein practitioners are informed of both promising preliminary findings and substantial uncertainties (Lilienfeld et al., 2013; Button et al., 2013).

The distinction between efficacy evidence (controlled trials under ideal research conditions) and effectiveness evidence (real-world implementation with typical resources and populations) further complicates practice translation (Glasgow et al., 2019). All included studies represent efficacy research conducted by motivated researchers with specialized training, often employing manualized protocols and intensive supervision—conditions rarely replicated in typical university counseling center contexts facing competing demands, limited training resources, and diverse presenting problems (Eisenberg et al., 2011). The documented research-practice gap in psychotherapy implementation, wherein interventions demonstrating efficacy in controlled trials frequently show attenuated effects or implementation failures in routine care settings (Weisz et al., 2017), suggests that even if meaning-centered group counseling proves effective across diverse populations in future adequately powered trials, translating these effects to everyday practice will require dedicated implementation support extending beyond simple protocol dissemination. Accordingly, the following practice considerations should be interpreted as evidence-informed starting points for pilot implementation with rigorous local evaluation rather than validated best practices ready for widespread adoption.

Program Design Considerations for University Counseling Centers

The convergent evidence across all five included studies showing statistically significant meaning in life improvements following 6-12 session interventions (mean 9.2 sessions, SD=2.3) delivered weekly over 6-12 weeks provides an initial evidence-informed timeframe for program design. This duration aligns with typical brief therapy models commonly employed in university counseling centers facing time-limited service delivery constraints (Brunner et al., 2014), suggesting that meaning-centered approaches may be feasible to integrate within existing operational structures without requiring extended treatment commitments that strain limited resources. However, the absence of dose-response research directly comparing different session numbers prevents determination of optimal intervention length. The observed range of 6-12 sessions may reflect historical convention, researcher convenience, or institutional constraints rather than empirically established thresholds for maximum effectiveness (Howard et al., 1986).

The potential for a dose-response relationship wherein longer interventions produce larger or more durable effects remains entirely speculative given current evidence. Robatmili et al.'s (2015) 10-session protocol demonstrating very large effects (d=1.89) and Fereydouni and Forstmeier's (2022) 12-session protocol showing sustained effects at 3-month follow-up might suggest advantages for longer formats, while Do and Cho's (2025) 6-session intervention yielded smaller though still significant effects (d≈0.92). However, these studies differ across multiple dimensions beyond session number including cultural context, facilitator qualifications, group size, and theoretical adaptations preventing attribution of effect size differences to duration alone. Counseling centers implementing meaning-centered groups should consider starting with an 8-10 session format representing the modal duration across studies, while systematically tracking outcomes to inform potential adjustments. Pilot programs might additionally test abbreviated formats (6 sessions) for students with scheduling constraints or extended

formats (12 sessions) for complex presentations, using within-site comparative data to guide standardization decisions.

The modal session duration of 90 minutes across three studies (Robatmili et al., 2015; Fereydouni & Forstmeier, 2022; Karacabey, 2023), while longer than typical 50-minute individual counseling sessions, appears justified by group format requirements including opening check-ins, structured existential exercises, meaning-making dialogue, interpersonal processing, and closure rituals (Bernard et al., 2008). However, Cheng et al.'s (2015) apparent success using 60-minute sessions albeit with a large group format (n=33) potentially limiting depth suggests that flexibility may be possible when institutional constraints necessitate shorter sessions. The tradeoff between session duration and therapeutic depth remains empirically unexamined, with longer sessions theoretically providing more time for vulnerable disclosure, sustained Socratic dialogue, and emergent group cohesion that brief sessions may truncate. Counseling centers should balance evidence-based preferences for 90-minute formats against practical realities including scheduling constraints, room availability, and student attention capacities, recognizing that modest duration reductions (75-80 minutes) may represent pragmatic compromises with uncertain but potentially minor effectiveness implications. Systematic documentation of session activities and time allocation could inform future optimization research examining which intervention components require extended time versus which might be condensed without compromising core meaning-making processes.

The question of optimal group size emerges as a critical implementation decision with substantial implications for both therapeutic process and resource efficiency, yet receives limited guidance from existing evidence. Three studies employed groups of approximately 10 participants (Robatmili et al., 2015; Karacabey, 2023; Do & Cho, 2025), aligning closely with group psychotherapy guidelines recommending 7-10 members to balance sufficient interpersonal diversity for meaningful interaction against excessive size constraining individual airtime and intimate sharing (Yalom & Leszcz, 2020). Smaller groups theoretically enhance therapeutic factors including cohesion, universality, and interpersonal learning through sustained attention to each member's existential journey, while enabling facilitators to tailor Socratic questioning and meaning-making exercises to individual circumstances (Burlingame et al., 2013).

Conversely, two studies (Cheng et al., 2015; Fereydouni & Forstmeier, 2022) utilized large groups of 30-33 participants, yet still demonstrated significant outcomes—suggesting either that meaning-centered interventions retain effectiveness despite reduced interpersonal processing opportunities, or that these protocols functioned more as psychoeducational groups emphasizing didactic content delivery over therapeutic interpersonal work. The absence of direct comparisons between small versus large formats within the same population prevents determination of whether large groups represent acceptable compromises preserving most benefits while increasing reach, or whether they fundamentally alter intervention mechanisms thereby reducing depth despite maintaining statistical significance. The public health tension between depth (intensive small group therapy potentially transformative for fewer individuals) and breadth (less intensive large group education reaching more individuals with modest benefits) remains unresolved (Muñoz et al., 2010).

For university counseling centers, group size decisions should consider institutional priorities, resource availability, and intervention goals. Centers emphasizing transformative existential exploration for students experiencing profound meaning deficits might prioritize small groups (8-10 participants) accepting lower reach to maximize therapeutic depth. Centers prioritizing preventive programming for broader populations with subclinical concerns might reasonably implement larger psychoeducational formats (20-25 participants) accepting reduced interpersonal processing for enhanced access. A tiered approach might offer both formats targeting different populations: intensive small groups for students with clinical-level distress requiring therapeutic depth, and large psychoeducational groups for general wellness programming. Systematic outcome monitoring

comparing group sizes within institutions could generate practice-based evidence informing local optimization, though formal research designs with randomization would be necessary for definitive conclusions.

Group composition considerations including gender, cultural background, baseline symptom severity, and year in school receive virtually no attention in existing research, representing substantial knowledge gaps with practical implications. Two studies employed female-only groups (Cheng et al., 2015; Fereydouni & Forstmeier, 2022) within cultural contexts where gender-segregated programming may enhance comfort and disclosure, while three studies included mixed-gender groups without reporting gender-specific analyses examining differential effects. Whether mixed-gender groups enhance meaning exploration through diverse perspectives or constrain vulnerable sharing about gender-specific existential concerns (e.g., body image pressures, masculine role conflicts) remains empirically unexamined. Similarly, whether homogeneous groups (e.g., all first-year students navigating identity formation; all seniors confronting post-graduation uncertainty) versus heterogeneous groups (diverse years providing multiple developmental perspectives) better facilitate meaning-making processes represents an open question requiring investigation. Counseling centers should document composition patterns and conduct post-hoc moderator analyses examining whether particular configurations associate with better outcomes, generating hypotheses for future confirmatory research.

Cultural Adaptation and Diversity Considerations

The demonstrated success of culturally adapted interventions particularly Fereydouni and Forstmeier's (2022) Islamic logotherapy protocol showing very large effects (d=1.42-1.67) despite active control comparison suggests that integrating existential principles with culturally resonant spiritual or philosophical frameworks may enhance both intervention acceptability and therapeutic potency for specific populations. This finding aligns with extensive multicultural counseling literature emphasizing that effective psychological interventions must demonstrate cultural responsiveness extending beyond surface-level modifications to deep integration of clients' worldviews, values, and meaning-making systems (Sue et al., 2019). For Muslim students, explicit incorporation of Quranic verses on life purpose, prayer as meaning-source, Islamic patience (sabr) in suffering, and faith-based frameworks for attitudinal values may provide culturally syntonic pathways to meaning that generic existential language lacks (Keshavarzi & Haque, 2013).

However, the complete absence of Western population evidence combined with the lack of dismantling studies directly comparing culturally adapted versus standard meaning interventions within the same population prevents definitive conclusions about whether observed benefits reflect cultural adaptation specifically or simply represent well-implemented logotherapy delivered by culturally competent facilitators establishing strong therapeutic alliances (Benish et al., 2011). The possibility that cultural adaptation functions as a marker of intervention quality wherein researchers sufficiently invested to develop culturally tailored protocols also ensure superior training, fidelity monitoring, and implementation rather than an active therapeutic ingredient cannot be ruled out. This distinction carries practical implications: if cultural adaptation represents essential effectiveness mechanisms, counseling centers must invest substantial resources developing population-specific protocols; if it primarily signals implementation quality, centers might reasonably employ standard protocols while emphasizing facilitator cultural competence and alliance-building.

For counseling centers serving culturally diverse student populations, several provisional guidance principles emerge despite evidence limitations. First, facilitators should minimally demonstrate cultural humility ongoing self-reflection about cultural assumptions, openness to students' cultural worldviews, and recognition of power dynamics inherent in cross-cultural therapeutic relationships (Hook et al., 2013) even when delivering standardized protocols. Second, meaning-centered groups might incorporate optional cultural elements wherein students are invited to explore

meaning through their own spiritual, religious, or philosophical traditions rather than imposing uniform existential frameworks. For example, structured exercises might ask "What does your cultural or spiritual tradition teach about life purpose?" rather than exclusively employing Western existential philosophy. Third, when serving populations with substantial cultural homogeneity (e.g., predominantly Muslim international students, Christian students at religious institutions), developing explicitly adapted protocols integrating relevant traditions appears justified by preliminary evidence, though requires collaboration with cultural insiders and systematic evaluation preventing assumptions that researcher-designed adaptations resonate as intended.

The complete absence of evidence regarding meaning-centered groups for racial/ethnic minority students within U.S. contexts represents a critical gap with equity implications. African American, Latinx, Asian American, and Indigenous students navigate unique existential challenges including discrimination, identity negotiation across multiple cultural contexts, and meaning-making in response to systemic oppression that generic existential frameworks developed primarily for European populations may inadequately address (Williams et al., 2018). Whether meaning-centered approaches require substantial reconceptualization to address collective meaning and social justice dimensions of minority student experiences versus whether core logotherapy principles (finding meaning despite unchosen circumstances through attitudinal values) translate effectively to oppression contexts requires dedicated investigation with these populations. Counseling centers serving diverse campuses should implement meaning-centered groups cautiously with extensive student input regarding cultural appropriateness, while prioritizing research partnerships examining cultural adaptation processes and outcomes for underrepresented populations.

Integration with Existing Clinical Services

The positioning of meaning-centered group counseling within broader university mental health service arrays requires thoughtful consideration of target populations, indications, contraindications, and integration with other treatment modalities. The evidence suggesting both meaning enhancement and mental health symptom reduction (80% of studies showing depression improvements, 100% showing anxiety improvements) positions meaning-centered groups as potentially appropriate for students presenting with existential concerns (purpose deficit, identity confusion, values ambiguity) accompanied by mild-to-moderate depression or anxiety symptoms. This dual focus differentiates meaning-centered approaches from purely symptom-focused treatments (CBT for depression, exposure therapy for anxiety) that may inadequately address underlying existential dimensions, while also distinguishing them from wellness programming that enhances well-being but lacks therapeutic depth for clinical symptoms (Ciarrochi et al., 2016).

However, the complete absence of direct comparative trials between meaning-centered approaches and established evidence-based treatments (CBT, mindfulness-based interventions, interpersonal therapy) prevents determination of whether meaning-centered groups represent superior, equivalent, or inferior alternatives for depression and anxiety. The large effect sizes observed for meaning-centered interventions where reported exceeding typical CBT benchmarks (Cuijpers et al., 2013) might suggest advantages, but the methodological limitations discussed in section 4.3 (small samples, waitlist controls, publication bias) prevent confident conclusions that these differences reflect true superiority rather than methodological artifacts. A prudent clinical approach involves offering meaning-centered groups as one option within a menu of evidence-informed group interventions, with thoughtful triage matching students to approaches based on presenting concerns, personal values, and treatment preferences.

Potential indications for meaning-centered group participation might include: (1) explicit existential distress (feeling life lacks meaning or purpose, questioning identity or values); (2) developmental transitions (graduation uncertainty, major changes, identity exploration); (3) loss experiences (relationship endings, career disappointments, bereavement) prompting meaning-seeking;

(4) subclinical depression or anxiety with identified existential components; (5) dissatisfaction with previous symptom-focused treatments that reduced distress without addressing underlying purpose deficits; (6) personal values emphasizing philosophical or spiritual exploration. Conversely, potential contraindications requiring careful assessment include: (1) severe depression with suicidal ideation requiring immediate crisis intervention; (2) acute psychosis or thought disorder impairing capacity for existential reflection; (3) severe social anxiety preventing group participation; (4) active substance dependence requiring specialized addiction treatment; (5) personality dynamics (e.g., narcissistic traits dominating group discussion) potentially disrupting therapeutic group process (MacKenzie, 1994).

The integration question of whether meaning-centered groups function as standalone interventions versus adjunctive treatments accompanying individual therapy or medication remains underexplored. None of the included studies reported excluding participants receiving concurrent treatments, yet none systematically examined whether combined treatment approaches produce additive benefits. Students experiencing significant clinical distress may benefit from individual therapy addressing acute symptoms while participating in meaning-centered groups cultivating longer-term existential resources, though coordinating these parallel treatments requires intentional communication between providers and clear treatment planning (Westra et al., 2016; Currin-McCulloch et al., 2024). Similarly, students prescribed psychiatric medications might supplement pharmacotherapy with meaning-centered groups addressing psychological dimensions of illness, though research examining these combined approaches in young adult populations remains absent.

Assessment and Outcome Monitoring

Systematic outcome monitoring represents essential best practice for any psychological intervention implementation, yet takes on heightened importance when adopting interventions with limited evidence bases in new populations (Lambert, 2010). Counseling centers implementing meaning-centered groups should incorporate routine outcome assessment at multiple timepoints (pre-intervention, mid-intervention, post-intervention, follow-up) using validated measures assessing both primary intended outcomes (meaning in life) and secondary benefits (depression, anxiety, well-being). The Meaning in Life Questionnaire (MLQ; Steger et al., 2006) offers psychometrically sound assessment of both meaning presence and meaning search across diverse populations, requiring only minutes to complete. Similarly, the Depression Anxiety Stress Scale-21 (DASS-21; Lovibond & Lovibond, 1995) provides efficient mental health symptom screening without excessive burden.

Beyond standard outcome measures, meaningful evaluation should incorporate process measures assessing putative mechanisms including perceived meaningfulness of life experiences, engagement in values-aligned activities, and existential well-being (Schulenberg et al., 2011). Session-by-session brief assessments (e.g., "How meaningful did today's session feel?" "How much did today's exercises help you explore life purpose?") enable identification of particularly impactful versus less helpful components, informing protocol refinement. Participant satisfaction and acceptability ratings provide important complementary data to symptom outcomes, as interventions may demonstrate statistical effectiveness while students experience them as culturally inappropriate, emotionally overwhelming, or incompatible with their learning preferences (Bohart & Tallman, 2010).

Critically, outcome monitoring should examine not merely average effects but also heterogeneity in treatment response, identifying which students benefit substantially, which show modest improvements, and which experience no benefit or potential deterioration. Growth mixture modeling or latent class analysis approaches could identify distinct response trajectories (e.g., rapid responders, gradual improvers, non-responders), with subsequent examination of baseline predictors differentiating these classes (Muthén & Muthén, 2000). Such analyses inform personalized medicine approaches wherein assessment data guide treatment selection matching students to interventions for which they show highest likelihood of benefit. Counseling centers accumulating multi-year outcome data might conduct internal meta-analyses examining aggregate effects across cohorts, comparing

outcomes to published benchmarks from randomized trials, and exploring moderators including facilitator experience, group size, and student demographics (Boswell et al., 2015).

The complete absence of resilience measurement in existing research despite its theoretical centrality in logotherapy represents an assessment gap that future implementations should address. Validated measures including the Connor-Davidson Resilience Scale (Connor & Davidson, 2003) or Brief Resilience Scale (Smith et al., 2008) assess adaptive capacity and stress resistance that meaning-centered interventions theoretically enhance. Assessing resilience provides valuable data regarding whether meaning-making produces benefits extending beyond immediate symptom relief to include enhanced future coping a critical question for evaluating preventive intervention value (Kalisch et al., 2015).

Policy-Level Considerations and Resource Allocation

At the policy level, the limited evidence base prevents strong advocacy for widespread dissemination, mandated adoption, or substantial resource reallocation toward meaning-centered approaches. The synthesis of only five studies from four Asian countries, combined with the methodological limitations constraining certainty in findings, provides insufficient foundation for confident policy recommendations that would divert resources from interventions with more robust evidence bases or require significant infrastructure investments (Bockting et al., 2018; Lavis et al., 2009). However, the preliminary evidence does support continued investment in research infrastructure and pilot implementation with systematic evaluation, positioning meaning-centered approaches as promising innovations warranting investigation rather than established best practices ready for scaling (Aarons et al., 2011).

University mental health policies increasingly emphasize preventive programming addressing student well-being beyond crisis response and symptom treatment, driven by recognition that mental health challenges represent normative developmental experiences requiring proactive support rather than exclusively pathology requiring intervention (Lipson et al., 2015; Brooks et al., 2020). Meaning-centered approaches align well with this preventive orientation by cultivating existential resources (sense of purpose, values clarity, identity coherence) theoretically protective against future distress. Frankl's (1985) conceptualization of meaning as a protective factor buffering against psychological disturbance suggests that enhancing meaning in subclinical populations might prevent progression to clinical disorders a hypothesis requiring longitudinal research but consistent with resilience frameworks positioning purpose as a key protective resource (Southwick et al., 2014).

However, resource allocation decisions require comparing meaning-centered programming against other preventive approaches including mindfulness-based interventions, resilience training, peer support programs, and psychoeducational wellness initiatives many of which possess comparable or stronger evidence bases (Conley et al., 2015). The opportunity cost of implementing meaning-centered groups must be carefully weighed: resources (facilitator time, training expenses, space allocation) directed toward meaning-centered programming become unavailable for alternative interventions potentially serving more students or demonstrating larger effects. In resource-constrained environments the reality for most university counseling centers facing increasing demand and stagnant staffing (Reetz et al., 2016) evidence-based resource prioritization requires comparing not merely whether interventions work, but whether they work better than alternatives per unit of resource investment (Saldana et al., 2022).

A phased implementation approach might balance innovation with fiscal responsibility: (1) initial pilot implementation with one or two groups per semester enabling feasibility assessment and outcome evaluation; (2) systematic comparison of meaning-centered group outcomes against outcomes from existing group interventions using propensity score matching or other quasi-experimental techniques controlling for selection effects; (3) expanded implementation if pilot data demonstrate comparable or superior outcomes and acceptable resource requirements; (4) program refinement based on iterative

data analysis identifying optimal formats and target populations; (5) consideration of broader dissemination only after multi-year data establish sustained effectiveness and cost-efficiency. This staged approach prevents premature scaling of ineffective approaches while enabling evidence-based programs to expand sustainably (Fixsen et al., 2009).

Policy decisions should additionally consider implementation costs extending beyond direct service delivery to encompass facilitator training, supervision during initial implementation, protocol development or adaptation, outcome monitoring infrastructure, and program evaluation. These indirect costs substantially exceed the visible expense of facilitator time, yet frequently receive inadequate attention in implementation planning (Raghavan et al., 2008). Counseling centers should develop comprehensive budget projections including all implementation phases from training through sustainability, ensuring realistic resource allocation rather than underestimating requirements and producing implementation failures despite intervention potential.

Ethical Considerations and Clinical Cautions

Several ethical considerations merit attention when implementing meaning-centered group counseling in university settings. First, the philosophical nature of meaning-centered approaches, which explicitly engage questions of life purpose, values, and existential concerns, requires careful navigation of boundaries between therapeutic intervention and religious or philosophical indoctrination (Schulenberg & Melton, 2010). Facilitators must maintain therapeutic neutrality wherein students discover personally resonant meaning rather than imposing facilitator values or universal meaning prescriptions. This neutrality becomes particularly complex when implementing culturally adapted interventions (e.g., Islamic logotherapy) that integrate specific religious frameworks such approaches may be appropriate when targeting voluntary participants sharing relevant religious identities, but become ethically problematic if presented as universally applicable or required programming (Richards & Bergin, 2005).

Second, the emphasis on finding meaning even in suffering—central to Frankl's attitudinal values pathway requires sensitive application avoiding toxic positivity that minimizes genuine pain or implies that inability to find meaning represents personal failure (Wong, 2016). Students experiencing trauma, discrimination, grief, or mental illness should not be pressured to reframe suffering as meaningful or growth-producing, as such pressures can induce guilt and invalidate legitimate distress (Tennen & Affleck, 1999). Facilitators must balance encouragement of meaning-making with validation of pain and explicit permission that not all suffering yields meaning. Group norms should emphasize that meaning-making represents a personal choice rather than a therapeutic requirement, with successful intervention defined by enhanced capacity to find meaning when desired rather than constant maintenance of purpose despite all circumstances.

Third, group counseling formats inherently involve risks including breaches of confidentiality, harmful interactions between members, and unequal benefit distribution wherein some students improve substantially while others receive minimal attention in group contexts (Smokowski et al., 1999). While these risks characterize all group therapies rather than specifically meaning-centered approaches, they require explicit attention through careful informed consent, confidentiality agreements, ground rule establishment, and facilitator vigilance for problematic dynamics. Students with severe mental illness, active suicidality, or personality patterns likely to disrupt therapeutic group process should be thoughtfully screened and potentially referred to individual treatment more appropriate for their needs (Leszcz & Kobos, 2008).

Fourth, the complete absence of evidence regarding potential adverse effects or contraindications in meaning-centered group research represents a significant limitation. While meaning-centered approaches appear generally safe based on the low attrition and absence of reported adverse events in included studies, systematic adverse effect monitoring remains absent from this literature. Counseling centers should implement formal systems for identifying and documenting negative outcomes

including symptom exacerbation, suicidal ideation emergence, or distress related to group participation, ensuring that signs of harm trigger appropriate clinical response and program modification (Dimidjian & Hollon, 2010).

Limitations Constraining Pratice Translation

Several critical limitations constrain confident translation of review findings into practice recommendations, requiring explicit acknowledgment to prevent premature adoption of interventions with uncertain effectiveness in diverse contexts. Most fundamentally, the exclusive concentration of evidence within Asian populations (Iran, China, Turkey, South Korea) with zero Western representation prevents any confident extrapolation to North American or European university contexts. Cultural variations in meaning-making processes, collectivism-individualism dimensions affecting group dynamics, existential concerns prioritized across cultures, and mental health stigma differentially impacting help-seeking all suggest that interventions effective in Asian contexts may require substantial adaptation or may demonstrate reduced effectiveness when implemented with Western populations (Kashima et al., 2009; Cho & Jang, 2021).

The small number of included studies (n=5) representing only 206 total participants limits confidence in effect size stability and generalizability. Meta-analytic literature documents that initial small-study estimates frequently prove inflated upon replication with larger samples, a phenomenon termed the "decline effect" or "winner's curse" (Ioannidis, 2008). The large effect sizes observed (d=0.92-1.89) may reflect genuine intervention potency but could also represent publication bias, sampling variability, methodological limitations, or investigator allegiance effects that will attenuate in future research and routine implementation. The absence of any studies reporting null effects despite the implausibility that all attempted implementations succeeded equally raises concerns about selective publication or reporting that may produce overly optimistic evidence syntheses (Driessen et al., 2015).

The predominance of waitlist control conditions in 60% of studies limits conclusions about intervention-specific effectiveness versus non-specific therapeutic factors including attention, expectations, group cohesion, and structured activity. Waitlist-controlled trials systematically overestimate effect sizes compared to active-controlled designs (Cuijpers et al., 2018), suggesting that the observed benefits may partly reflect general psychotherapy factors rather than unique meaning-centered mechanisms. The single study employing an active comparison (Fereydouni & Forstmeier, 2022) provides valuable evidence but requires replication given that single studies however well-designed represent insufficient bases for confident conclusions. Real-world implementation in counseling centers cannot provide waitlist controls for ethical and practical reasons, meaning that the effectiveness question becomes whether meaning-centered groups outperform other available group interventions a question current evidence cannot address.

The restricted follow-up data (maximum 3 months, only 40% of studies) prevents assessment of long-term durability, leaving uncertain whether observed improvements represent enduring changes in meaning-making capacity and psychological health versus transient post-intervention boosts requiring ongoing therapeutic support. Many students may benefit from brief group participation but require additional services for sustained well-being, or may experience symptom return during subsequent stress periods without accessible meaning-making resources. The absence of long-term outcome data particularly limits evaluation of preventive benefits wherein enhanced meaning theoretically protects against future mental health challenges a central rationale for university investment in meaning-centered programming yet entirely unsupported by available evidence.

Evidence-Informed Exploration with Systematic Evaluation

In conclusion, while the preliminary evidence suggesting potential benefits for meaning-centered group counseling in young adults appears promising, substantial limitations and knowledge gaps prevent strong practice recommendations for widespread adoption. University counseling centers

interested in meaning-centered approaches should conceptualize implementation as evidence-informed pilot programming requiring systematic local evaluation rather than established best practice ready for scaling. The appropriate stance involves epistemically humble exploration implementing carefully designed programs with rigorous outcome monitoring, documenting both successes and failures transparently, and contributing to the knowledge base through practice-based evidence generation (Spring, 2007).

Key principles for responsible implementation include: (1) explicit acknowledgment to stakeholders (administrators, students, staff) of evidence limitations and uncertainties; (2) systematic outcome monitoring comparing meaning-centered groups to other available interventions; (3) ongoing adaptation based on local data rather than rigid protocol adherence; (4) transparent documentation of implementation challenges, costs, and unanticipated consequences; (5) collaboration with researchers investigating meaning-centered approaches in Western populations; (6) dissemination of findings through conference presentations and publications regardless of whether results prove positive, null, or negative. This approach balances innovation with accountability, enabling exploration of potentially valuable interventions while maintaining ethical obligations to students and responsible stewardship of limited resources (Fixsen et al., 2009).

The ultimate goal extends beyond adopting or rejecting specific interventions to building a robust evidence base supporting diverse approaches addressing varied student needs. Meaning-centered group counseling represents one potentially valuable approach within a broader menu of evidence-informed interventions. Whether it fulfills its promise or proves less effective than alternatives when rigorously evaluated remains an open question requiring continued investigation with appropriately moderated claims and careful attention to implementation context.

Conclusion

This systematic literature review with network analysis identified promising but provisional evidence for the effectiveness of meaning-centered group counseling among young adults. Across five controlled studies conducted exclusively in Asian contexts, all interventions demonstrated significant improvements in meaning in life with large effect sizes. However, small sample sizes, limited follow-up periods, reliance on waitlist controls, and the absence of Western population studies constrain confidence in the generalizability and durability of these findings. Consequently, the current evidence should be interpreted as exploratory rather than confirmatory.

For university counseling settings, meaning-centered group counseling may be considered for carefully monitored pilot implementation, rather than routine adoption, with systematic outcome evaluation. Substantial research gaps remain, particularly regarding culturally diverse samples, long-term outcomes, resilience measurement, and comparative effectiveness against established interventions. Methodologically, the integration of systematic review and bibliometric network analysis enhanced contextual understanding and revealed field-level trends and gaps beyond conventional synthesis. Overall, the evidence base remains at an early developmental stage, requiring rigorous and cumulative investigation before firm practice recommendations can be established.

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References

Aria, M., & Cuccurullo, C. (2017). bibliometrix: An R-tool for comprehensive science mapping analysis. *Journal of Informetrics, 11*(4), 959-975. https://doi.org/10.1016/j.joi.2017.08.007

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*(5), 469-480. https://doi.org/10.1037/0003-066X.55.5.469

Bernard, H., Burlingame, G., Flores, P., Greene, L., Joyce, A., Kobos, J. C., Leszcz, M., MacNair-Semands, R. R., Piper, W. E., McEneaney, A. M., & Feirman, D. (2008). Clinical practice guidelines for group psychotherapy. *International Journal of Group Psychotherapy, 58*(4), 455-542. https://doi.org/10.1080/00207284.2008.11491573

Bockting, C. L., Klein, N. S., Elgersma, H. J., van Rijsbergen, G. D., Slofstra, C., Ormel, J., Buskens, E., Dekker, J., Spijker, J., Hollon, S. D., & Schene, A. H. (2018). Effectiveness of preventive cognitive therapy while tapering antidepressants versus maintenance antidepressant treatment versus their combination in prevention of depressive relapse or recurrence (DRD study): A three-group, multicentre, randomised controlled trial. *The Lancet Psychiatry, 5*(5), 401-410. https://doi.org/10.1016/S2215-0366(18)30100-7

Boutron, I., Altman, D. G., Hopewell, S., Vera-Badillo, F., Tannock, I., & Ravaud, P. (2017). Impact of spin in the abstracts of articles reporting results of randomized controlled trials in the field of cancer: Study of published articles. *Journal of Clinical Oncology, 32*(36), 4120-4126. https://doi.org/10.1200/JCO.2014.56.7503

Bramer, W. M., Rethlefsen, M. L., Kleijnen, J., & Franco, O. H. (2017). Optimal database combinations for literature searches in systematic reviews: A prospective exploratory study. *Systematic Reviews, 6*, 245. https://doi.org/10.1186/s13643-017-0644-y

Breitbart, W., Rosenfeld, B., Gibson, C., Pessin, H., Poppito, S., Nelson, C., Tomarken, A., Timm, A. K., Berg, A., Jacobson, C., Sorger, B., Abbey, J., & Olden, M. (2010). Meaning-centered group psychotherapy for patients with advanced cancer: A pilot randomized controlled trial. *Psycho-Oncology, 19*(1), 21-28. https://doi.org/10.1002/pon.1556

Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet, 395*(10227), 912-920. https://doi.org/10.1016/S0140-6736(20)30460-8

Brunner, J. L., Wallace, D. L., Reymann, L. S., Sellers, J. J., & McCabe, A. G. (2014). College counseling today: Contemporary students and how counseling centers meet their needs. *Journal of College Student Psychotherapy, 28*(4), 257-324. https://doi.org/10.1080/87568225.2014.948770

Button, K. S., Ioannidis, J. P., Mokrysz, C., Nosek, B. A., Flint, J., Robinson, E. S., & Munafò, M. R. (2013). Power failure: Why small sample size undermines the reliability of neuroscience. *Nature Reviews Neuroscience, 14*(5), 365-376. https://doi.org/10.1038/nrn3475

Campbell, M., McKenzie, J. E., Klugar, M., Riva, J. J., Seo, H. J., Voisin, C., Mathew, C., Brennan, S. E., Lasserson, T., Kredo, T., Johnston, R., Turner, T., Lokker, C., Bilandzic, A., McRae, A., Booth, A., & Thomas, J. (2020). GRADE-CERQual guidance: Using qualitative evidence to inform health decisions. In J. P. T. Higgins, J. Thomas, J. Chandler, M. Cumpston, T. Li, M. J. Page, & V. A. Welch (Eds.), *Cochrane Handbook for Systematic Reviews of Interventions* (version 6.1, chapter 23, pp. 441-456). Cochrane. https://doi.org/10.1002/9781119536604.ch23

Campbell, M., McKenzie, J. E., Sowden, A., Katikireddi, S. V., Brennan, S. E., Ellis, S., Hartmann-Boyce, J., Ryan, R., Shepperd, S., Thomas, J., Welch, V., & Thomson, H. (2020). Synthesis without meta-analysis (SWiM) in systematic reviews: Reporting guideline. *BMJ, 368*, l6890. https://doi.org/10.1136/bmj.l6890

Cheng, C., Cheung, M. W. L., & Montasem, A. (2015). The effectiveness of a meaning-centered psychoeducational group intervention for Chinese college students: A pilot study. *Social Behavior and Personality: An International Journal, 43*(5), 741-754. https://doi.org/10.2224/sbp.2015.43.5.741

Cho, H., & Jang, H. (2021). Effects of an existential nursing intervention for college students in the covid-19 pandemic situation. *Journal of Korean Academy of Nursing, 51*(1), 104-117. https://doi.org/10.4040/jkan.20152

Conley, C. S., Durlak, J. A., & Kirsch, A. C. (2015). A meta-analysis of universal mental health prevention programs for higher education students. *Prevention Science, 16*(4), 487-507. https://doi.org/10.1007/s11121-015-0543-1

Crumbaugh, J. C., & Maholick, L. T. (1964). An experimental study in existentialism: The psychometric approach to Frankl's concept of noogenic neurosis. *Journal of Clinical Psychology, 20*(2), 200-207. https://doi.org/10.1002/1097-4679(196404)20:2<200::AID-JCLP2270200203>3.0.CO;2-U

Cuijpers, P., Berking, M., Andersson, G., Quigley, L., Kleiboer, A., & Dobson, K. S. (2013). A meta-analysis of cognitive-behavioural therapy for adult depression, alone and in comparison with other treatments. *The Canadian Journal of Psychiatry, 58*(7), 376-385. https://doi.org/10.1177/070674371305800702

Cuijpers, P., Karyotaki, E., Reijnders, M., & Ebert, D. D. (2018). Was Eysenck right after all? A reassessment of the effects of psychotherapy for adult depression. *Epidemiology and Psychiatric Sciences, 28*(1), 21-30. https://doi.org/10.1017/S2045796018000057

Cuijpers, P., & Smit, F. (2002). Excess mortality in depression: A meta-analysis of community studies. *Journal of Affective Disorders, 72*(3), 227-236. https://doi.org/10.1016/S0165-0327(01)00413-X

Currin-McCulloch, J. A., Stanton, A. L., Meyerowitz, B. E., Petersen, L., Bove, K., Pavlova, Y., & Ganz, P. A. (2024). Through the lens: The feasibility and acceptability of an online meaning-making photovoice group among young adult cancer survivors. *Psycho-Oncology, 33*(2), e6272. https://doi.org/10.1002/pon.6272

Do, T. T., & Cho, H. (2025). Effects of humour-logotherapy tailored to rural college students: A quasi-experimental study. *Counselling and Psychotherapy Research, 25*(1), 167-178. https://doi.org/10.1002/capr.12865

Dragioti, E., Karathanos, V., Gerdle, B., & Evangelou, E. (2015). Does psychotherapy work? An umbrella review of meta-analyses of randomized controlled trials. *Acta Psychiatrica Scandinavica, 136*(3), 236-246. https://doi.org/10.1111/acps.12713

Edwards, P., Clarke, M., DiGuiseppi, C., Pratap, S., Roberts, I., & Wentz, R. (2002). Identification of randomized controlled trials in systematic reviews: Accuracy and reliability of the electronic search. *BMJ, 324*(7339), 696-699. https://doi.org/10.1136/bmj.324.7339.696.

Fereydouni, F., & Forstmeier, S. (2022). An Islamic form of logotherapy in the treatment of depression, anxiety and stress symptoms in university students in Iran. *Journal of Religion and Health, 61*(4), 3045-3065. https://doi.org/10.1007/s10943-021-01495-0

Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2009). *Implementation research: A synthesis of the literature*. Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).

Frankl, V. E. (1985). *Man's search for meaning*. Simon & Schuster.

Furukawa, T. A., Noma, H., Caldwell, D. M., Honyashiki, M., Shinohara, K., Imai, H., Chen, P., Hunot, V., & Churchill, R. (2014). Waiting list may be a nocebo condition in psychotherapy trials: A contribution from network meta-analysis. *Acta Psychiatrica Scandinavica, 130*(3), 181-192. https://doi.org/10.1111/acps.12275

Glasgow, R. E., Harden, S. M., Gaglio, B., Rabin, B., Smith, M. L., Porter, G. C., Ory, M. G., & Estabrooks, P. A. (2019). RE-AIM planning and evaluation framework: Adapting to new science and practice with a 20-year review. *Frontiers in Public Health, 7*, 64. https://doi.org/10.3389/fpubh.2019.00064

Gough, D., Oliver, S., & Thomas, J. (2012). *An introduction to systematic reviews*. SAGE Publications.

Grant, M. J., & Booth, A. (2009). A typology of reviews: An analysis of 14 review types and associated methodologies. *Health Information & Libraries Journal, 26*(2), 91-108. https://doi.org/10.1111/j.1471-1842.2009.00848.x

Higgins, J. P. T., Thomas, J., Chandler, J., Cumpston, M., Li, T., Page, M. J., & Welch, V. A. (Eds.). (2019). *Cochrane Handbook for Systematic Reviews of Interventions* (version 6.0). Cochrane. https://www.training.cochrane.org/handbook

Horsley, T., Dingwall, O., & Sampson, M. (2011). Checking reference lists to find additional studies for systematic reviews. *Cochrane Database of Systematic Reviews, 8*, MR000026. https://doi.org/10.1002/14651858.MR000026.pub2

Hróbjartsson, A., Thomsen, A. S. S., Emanuelsson, F., Tendal, B., Hilden, J., Boutron, I., Ravnkilde, B., & Brorson, S. (2012). Observer bias in randomised clinical trials with binary outcomes: Systematic review of trials with both blinded and non-blinded outcome assessors. *BMJ, 344*, e1119. https://doi.org/10.1136/bmj.e1119

Ioannidis, J. P. (2005). Why most published research findings are false. *PLoS Medicine, 2*(8), e124. https://doi.org/10.1371/journal.pmed.0020124

Ioannidis, J. P. (2008). Why most discovered true associations are inflated. *Epidemiology, 19*(5), 640-648. https://doi.org/10.1097/EDE.0b013e31818131e7

Karacabey, M. F. (2023). The impact of the logotherapy-based spiritually oriented group counseling on meaning in life and multi-measure agentic personality levels of emerging adults. *Spiritual Psychology and Counseling, 8*(1), 45-63. https://doi.org/10.37898/spc.2023.8.1.184

Kashima, Y., Yamaguchi, S., Kim, U., Choi, S. C., Gelfand, M. J., & Yuki, M. (2009). Meaning systems, social identities, and the forms of psychological collectivism. *Journal of Cross-Cultural Psychology, 40*(3), 475-489. https://doi.org/10.1177/0022022109335388

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*(6), 593-602. https://doi.org/10.1001/archpsyc.62.6.593

Lakens, D. (2013). Calculating and reporting effect sizes to facilitate cumulative science: A practical primer for t-tests and ANOVAs. *Frontiers in Psychology, 4*, 863. https://doi.org/10.3389/fpsyg.2013.00863

Lefebvre, C., Glanville, J., Briscoe, S., Littlewood, A., Marshall, C., Metzendorf, M. I., Noel-Storr, A., Rader, T., Shokraneh, F., Thomas, J., & Wieland, L. S. (2019). Technical Supplement to Chapter 4: Searching for and selecting studies. In J. P. T. Higgins, J. Thomas, J. Chandler, M. Cumpston, T. Li, M. J. Page, & V. A. Welch (Eds.), *Cochrane Handbook for Systematic Reviews of Interventions* (version 6.0). Cochrane. https://training.cochrane.org/handbook/current/chapter-04-technical-supplement

Lertzman, R. (2015). *Environmental melancholia: Psychoanalytic dimensions of engagement*. Routledge.

Li, T., Higgins, J. P. T., & Deeks, J. J. (2020). Collecting data. In J. P. T. Higgins, J. Thomas, J. Chandler, M. Cumpston, T. Li, M. J. Page, & V. A. Welch (Eds.), *Cochrane Handbook for Systematic Reviews of Interventions* (version 6.1, chapter 5). Cochrane. https://training.cochrane.org/handbook/current/chapter-05

Lichiello, L., Moskowitz, A. L., Lown, E. A., Vittinghoff, E., & Mangurian, C. V. (2022). Cancer during a pandemic: A psychosocial telehealth intervention for young adults with cancer. *Supportive Care in Cancer, 30*(7), 5891-5900. https://doi.org/10.1007/s00520-022-06990-3

Lilienfeld, S. O., Ritschel, L. A., Lynn, S. J., Cautin, R. L., & Latzman, R. D. (2013). Why many clinical psychologists are resistant to evidence-based practice: Root causes and constructive remedies. *Clinical Psychology Review, 33*(7), 883-900. https://doi.org/10.1016/j.cpr.2012.09.008

Lipson, S. K., Lattie, E. G., & Eisenberg, D. (2019). Increased rates of mental health service utilization by U.S. college students: 10-year population-level trends (2007-2017). *Psychiatric Services, 70*(1), 60-63. https://doi.org/10.1176/appi.ps.201800332

MacKinnon, D. P., Fairchild, A. J., & Fritz, M. S. (2007). Mediation analysis. *Annual Review of Psychology, 58*, 593-614. https://doi.org/10.1146/annurev.psych.58.110405.085542

Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review, 98*(2), 224-253. https://doi.org/10.1037/0033-295X.98.2.224

McGowan, J., Sampson, M., Salzwedel, D. M., Cogo, E., Foerster, V., & Lefebvre, C. (2016). PRESS Peer Review of Electronic Search Strategies: 2015 guideline statement. *Journal of Clinical Epidemiology, 75*, 40-46. https://doi.org/10.1016/j.jclinepi.2016.01.021

McKenzie, J. E., & Brennan, S. E. (2019). Synthesizing and presenting findings using other methods. In J. P. T. Higgins, J. Thomas, J. Chandler, M. Cumpston, T. Li, M. J. Page, & V. A. Welch (Eds.), *Cochrane Handbook for Systematic Reviews of Interventions* (version 6.0, chapter 12). Cochrane. https://training.cochrane.org/handbook/current/chapter-12

Mongeon, P., & Paul-Hus, A. (2016). The journal coverage of Web of Science and Scopus: A comparative analysis. *Scientometrics, 106*(1), 213-228. https://doi.org/10.1007/s11192-015-1765-5

Moral-Munoz, J. A., Herrera-Viedma, E., Santisteban-Espejo, A., & Cobo, M. J. (2020). Software tools for conducting bibliometric analysis in science: An up-to-date review. *El Profesional de la Información, 29*(1), e290103. https://doi.org/10.3145/epi.2020.ene.03

Muñoz, R. F., Cuijpers, P., Smit, F., Barrera, A. Z., & Leykin, Y. (2010). Prevention of major depression. *Annual Review of Clinical Psychology, 6*, 181-212. https://doi.org/10.1146/annurev-clinpsy-033109-132040

Murad, M. H., Mustafa, R. A., Schünemann, H. J., Sultan, S., & Santesso, N. (2017). Rating the certainty in evidence in the absence of a single estimate of effect. *BMJ Evidence-Based Medicine, 22*(3), 85-87. https://doi.org/10.1136/ebmed-2017-110668

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson,

A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., McGuinness, L. A., Stewart, L. A., Thomas, J., Tricco, A. C., Welch, V. A., Whiting, P., & Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ, 372*, n71. https://doi.org/10.1136/bmj.n71

Park, C. L. (2010). Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin, 136*(2), 257-301. https://doi.org/10.1037/a0018301

Perepletchikova, F., & Kazdin, A. E. (2005). Treatment integrity and therapeutic change: Issues and research recommendations. *Clinical Psychology: Science and Practice, 12*(4), 365-383. https://doi.org/10.1093/clipsy.bpi045

Rethlefsen, M. L., Kirtley, S., Waffenschmidt, S., Ayala, A. P., Moher, D., Page, M. J., Koffel, J. B., & PRISMA-S Group. (2021). PRISMA-S: An extension to the PRISMA Statement for Reporting Literature Searches in Systematic Reviews. *Systematic Reviews, 10*, 39. https://doi.org/10.1186/s13643-020-01542-z

Richardson, W. S., Wilson, M. C., Nishikawa, J., & Hayward, R. S. (1995). The well-built clinical question: A key to evidence-based decisions. *ACP Journal Club, 123*(3), A12-A13.

Robatmili, S., Sohrabi, F., Shahrak, M. A., Talepasand, S., Nokani, M., & Hasani, M. (2015). The effect of group logotherapy on meaning in life and depression levels of Iranian students. *International Journal for the Advancement of Counselling, 37*(1), 54-62. https://doi.org/10.1007/s10447-014-9225-0

Rosenfeld, B., Saracino, R., Tobias, K., Masterson, M., Pessin, H., Applebaum, A., Brescia, R., & Breitbart, W. (2018). Adapting meaning-centered psychotherapy for the palliative care setting: Results of a pilot study. *Palliative Medicine, 32*(1), 140-146. https://doi.org/10.1177/0269216317720061

Schmucker, C. M., Blümle, A., Schell, L. K., Schwarzer, G., Oeller, P., Cabrera, L., von Elm, E., Briel, M., Meerpohl, J. J., & OPEN consortium. (2017). Systematic review finds that study data not published in full text articles have unclear impact on meta-analyses results in medical research. *PLoS ONE, 12*(4), e0176210. https://doi.org/10.1371/journal.pone.0176210

Schulenberg, S. E., Hutzell, R. R., Nassif, C., & Rogina, J. M. (2008). Logotherapy for clinical practice. *Psychotherapy: Theory, Research, Practice, Training, 45*(4), 447-463. https://doi.org/10.1037/a0014331

Schünemann, H. J., Brożek, J., Guyatt, G., & Oxman, A. (Eds.). (2013). *GRADE handbook for grading quality of evidence and strength of recommendations*. The GRADE Working Group. Available from guidelinedevelopment.org/handbook

Schünemann, H. J., Vist, G. E., Higgins, J. P. T., Santesso, N., Deeks, J. J., Glasziou, P., Akl, E. A., & Guyatt, G. H. (2019). Interpreting results and drawing conclusions. In J. P. T. Higgins, J. Thomas, J. Chandler, M. Cumpston, T. Li, M. J. Page, & V. A. Welch (Eds.), *Cochrane Handbook for Systematic Reviews of Interventions* (version 6.0, chapter 15). Cochrane. https://training.cochrane.org/handbook/current/chapter-15

Schutzeichel, L., van Doornik, M., Renner, F., Lobbestael, J., & Arntz, A. (2025). A meaning-centered intervention for undergraduate women with high weight and shape concerns—Replication of a randomized controlled trial. *Cognitive Therapy and Research, 49*(1), 112-126. https://doi.org/10.1007/s10608-024-10512-x

Seligman, M. E., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*(1), 5-14. https://doi.org/10.1037/0003-066X.55.1.5

Seo, M., & Chun, S. (2025). Effectiveness of a grief programme for sudden bereavement: A logotherapy approach. *Death Studies, 49*(3), 234-247. https://doi.org/10.1080/07481187.2024.2315789

Shemilt, I., Khan, N., Park, S., & Thomas, J. (2016). Use of cost-effectiveness analysis to compare the efficiency of study identification methods in systematic reviews. *Systematic Reviews, 5*, 140. https://doi.org/10.1186/s13643-016-0315-4

Southwick, S. M., Sippel, L., Krystal, J., Charney, D., Mayes, L., & Pietrzak, R. (2016). Why are some individuals more resilient than others: The role of social support. *World Psychiatry, 15*(1), 77-79. https://doi.org/10.1002/wps.20282

Spring, B. (2007). Evidence-based practice in clinical psychology: What it is, why it matters; what you need to know. *Journal of Clinical Psychology, 63*(7), 611-631. https://doi.org/10.1002/jclp.20373

Steger, M. F. (2012). Experiencing meaning in life: Optimal functioning at the nexus of well-being, psychopathology, and spirituality. In P. T. P. Wong (Ed.), *The human quest for meaning: Theories, research, and applications* (2nd ed., pp. 165-184). Routledge.

Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2006). The Meaning in Life Questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counseling Psychology, 53*(1), 80-93. https://doi.org/10.1037/0022-0167.53.1.80

Sterne, J. A., Hernán, M. A., Reeves, B. C., Savović, J., Berkman, N. D., Viswanathan, M., Henry, D., Altman, D. G., Ansari, M. T., Boutron, I., Carpenter, J. R., Chan, A. W., Churchill, R., Deeks, J. J., Hróbjartsson, A., Kirkham, J., Jüni, P., Loke, Y. K., Pigott, T. D., ... Higgins, J. P. T. (2016). ROBINS-I: A tool for assessing risk of bias in non-randomised studies of interventions. *BMJ, 355*, i4919. https://doi.org/10.1136/bmj.i4919

Sterne, J. A. C., Savović, J., Page, M. J., Elbers, R. G., Blencowe, N. S., Boutron, I., Cates, C. J., Cheng, H. Y., Corbett, M. S., Eldridge, S. M., Emberson, J. R., Hernán, M. A., Hopewell, S., Hróbjartsson, A., Junqueira, D. R., Jüni, P., Kirkham, J. J., Lasserson, T., Li, T., ... Higgins, J. P. T. (2019). RoB 2: A revised tool for assessing risk of bias in randomised trials. *BMJ, 366*, l4898. https://doi.org/10.1136/bmj.l4898

Sue, D. W., Rasheed, M. N., & Rasheed, J. M. (2019). *Multicultural social work practice: A competency-based approach to diversity and social justice* (2nd ed.). John Wiley & Sons.

van Doornik, M., Schutzeichel, L., Renner, F., Lobbestael, J., & Arntz, A. (2024). The effects of a meaning-centered intervention on meaning in life and eating disorder symptoms in undergraduate women with high weight and shape concerns: A randomized controlled trial. *Journal of Counseling Psychology, 71*(3), 298-312. https://doi.org/10.1037/cou0000698

van Eck, N. J., & Waltman, L. (2009). How to normalize cooccurrence data? An analysis of some well-known similarity measures. *Journal of the American Society for Information Science and Technology, 60*(8), 1635-1651. https://doi.org/10.1002/asi.21075

van Eck, N. J., & Waltman, L. (2010). Software survey: VOSviewer, a computer program for bibliometric mapping. *Scientometrics, 84*(2), 523-538. https://doi.org/10.1007/s11192-009-0146-3

van Eck, N. J., & Waltman, L. (2017). Citation-based clustering of publications using CitNetExplorer and VOSviewer. *Scientometrics, 111*(2), 1053-1070. https://doi.org/10.1007/s11192-017-2300-7

Vos, J., & Vitali, D. (2018). The effects of psychological meaning-centered therapies on quality of life and psychological stress: A metaanalysis. *Palliative & Supportive Care, 16*(5), 608-632. https://doi.org/10.1017/S1478951517000931

Weisz, J. R., Kuppens, S., Ng, M. Y., Eckshtain, D., Ugueto, A. M., Vaughn-Coaxum, R., Jensen-Doss, A., Hawley, K. M., Krumholz Marchette, L. S., Chu, B. C., Weersing, V. R., & Fordwood, S. R. (2017).

What five decades of research tells us about the effects of youth psychological therapy: A multilevel meta-analysis and implications for science and practice. *American Psychologist, 72*(2), 79-117. https://doi.org/10.1037/a0040360

Wong, P. T. P. (2012). From logotherapy to meaning-centered counseling and therapy. In P. T. P. Wong (Ed.), *The human quest for meaning: Theories, research, and applications* (2nd ed., pp. 619-647). Routledge.

Wong, P. T. P. (2016). Meaning-seeking, self-transcendence, and well-being. In A. Batthyany (Ed.), *Logotherapy and existential analysis: Proceedings of the Viktor Frankl Institute Vienna* (Vol. 1, pp. 311-322). Springer.

Yalom, I. D., & Leszcz, M. (2020). *The theory and practice of group psychotherapy* (6th ed.). Basic Books.

Zupic, I., & Čater, T. (2015). Bibliometric methods in management and organization. *Organizational Research Methods, 18*(3), 429-472. https://doi.org/10.1177/1094428114562629