

# The Comfort Paradigm in Mental Health Care: A Logotherapeutic Analysis of Avoidance-Based Well-Being Models

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DOI: <https://doi.org/10.5281/zenodo.18922287>

Published Date: 09-March-2026

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**Abstract:** Contemporary mental health care increasingly prioritizes symptom reduction, emotional regulation, and psychological safety as primary indicators of well-being. Although these stabilization-oriented approaches have advanced ethical practice through harm reduction and trauma-informed care, global indicators of psychological distress remain elevated. This tension raises a conceptual question: has mental health discourse narrowed its definition of psychological health by equating well-being with emotional comfort? Using a critical interpretive thematic synthesis of contemporary clinical and existential scholarship, this article examines the assumptions underlying avoidance-based well-being models and contrasts them with logotherapeutic and meaning-centered perspectives. Six analytic themes emerged, including the consolidation of a comfort paradigm, the normalization of experiential avoidance beyond acute contexts, the possibility of symptom relief without existential coherence, and the marginalization of existential tension as a developmental resource. Building on these findings, the article advances an integrative model of psychological health in which symptom stabilization is foundational but insufficient without meaning-centered engagement. Existential hope is clarified as a responsibility-grounded mechanism that sustains resilience independently of affective reassurance. The analysis argues that sustainable psychological well-being requires the dynamic integration of compassionate stabilization and existential orientation. By reframing discomfort as developmentally significant rather than merely pathological, this study offers a theoretically grounded corrective to comfort-dominant paradigms in contemporary mental health theory and practice.

**Keywords:** logotherapy; thematic synthesis; avoidance-based well-being; meaning-centered care; existential hope; psychological resilience; mental health theory.

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## I. INTRODUCTION

Despite substantial advances in contemporary mental health care, a critical conceptual tension remains insufficiently examined. Over the past decade, evidence-based interventions emphasizing symptom reduction, emotional regulation, psychological safety, and distress minimization have become central to clinical and public mental health practice (Cuijpers et al., 2023; Hayes et al., 2022). These approaches have contributed meaningfully to harm reduction, trauma-informed care, and improved access to treatment. Yet global indicators of anxiety, depression, burnout, and psychological dissatisfaction continue to rise (World Health Organization [WHO], 2023), raising questions about whether comfort-centered models, while effective for acute stabilization, are sufficient as comprehensive definitions of psychological health.

Emerging critiques suggest that an overreliance on distress avoidance may unintentionally reinforce experiential avoidance, constrain resilience, and attenuate engagement with existential concerns such as purpose, responsibility, and meaning (Kashdan et al., 2023). Parallel analyses of contemporary wellness culture warn that persistent efforts to eliminate discomfort may erode moral agency and foster emotional regulation without existential direction (Cederström & Spicer, 2023). Although these critiques identify important tensions within current well-being discourse, they remain fragmented and are rarely integrated into dominant theoretical frameworks guiding mental health practice.

A notable gap therefore exists in the conceptual integration of meaning and existential hope within contemporary mental health theory. While positive psychology and well-being research address flourishing and life satisfaction, they frequently operationalize well-being in affective or hedonic terms, positioning meaning as a secondary outcome rather than a central psychological mechanism (Wong, 2022). Even acceptance-based approaches, which acknowledge the inevitability of discomfort, often prioritize psychological flexibility and functional adaptation over intentional engagement with meaning as a sustaining orientation (Hayes et al., 2022). In this context, well-being risks being defined primarily by the management of internal states rather than by the cultivation of value-directed responsibility.

Logotherapy offers a meaning-centered framework capable of addressing this conceptual imbalance, yet it is often referenced historically rather than mobilized as a contemporary theoretical corrective (Frankl, 2006). Recent developments in existential hope further clarify distinctions between reassurance-based coping and responsibility-grounded meaning (Bull, 2026). However, the implications of existential hope for evaluating and refining avoidance-based well-being models remain underexplored. Furthermore, Recent reviews of meaning-centered therapies suggest that approaches grounded in existential and logotherapeutic principles emphasize resilience through purpose and responsibility rather than symptom alleviation alone (Aiello-Puchol, 2025; Szabó, 2025). This growing body of work indicates that meaning-focused engagement may function as a distinct pathway to psychological health beyond emotional stabilization.

Recent developments in existential and meaning-centered psychology have clarified distinctions between reassurance-based coping and responsibility-grounded forms of hope. Within this literature, hope is increasingly conceptualized not merely as optimistic expectation or confidence in favorable outcomes, but as a future-oriented commitment to personally endorsed values that sustains agency under conditions of uncertainty (Park, 2010; Wong, 2022). Meaning-centered and existential interventions emphasize that resilience emerges when individuals integrate suffering into coherent life narratives structured around responsibility and purpose rather than relying exclusively on affect regulation or symptom remission (Schnell, 2021; Tedeschi & Calhoun, 2004). In this view, hope functions as a mechanism of existential orientation, anchored in value-driven engagement, rather than as a byproduct of emotional comfort. This conceptualization aligns with logotherapeutic principles while situating existential hope within a broader interdisciplinary framework of meaning-making and post-adversity growth.

Consequently, there is a need for theoretically grounded analysis that re-centers meaning as indispensable to sustainable psychological health and clarifies how symptom-focused care can be integrated within, rather than substituted for, existential engagement.

### Research Questions

RQ1. How do contemporary avoidance-based well-being models conceptualize psychological distress, and what assumptions do they make regarding comfort, coping, and mental health?

RQ2. To what extent does an exclusive emphasis on comfort and symptom reduction risk reinforcing experiential avoidance and diminishing engagement with existential concerns such as meaning, responsibility, and purpose?

RQ3. How does logotherapy reframe the role of discomfort and suffering in psychological health, and in what ways does this perspective challenge avoidance-oriented approaches to well-being?

RQ4. What role does existential hope, understood as meaning-centered, responsibility-oriented hope play in sustaining psychological resilience beyond symptom relief?

RQ5. How can meaning-centered principles from logotherapy be integrated with existing mental health practices to balance compassionate care with existential engagement rather than comfort dependency?

## II. CONCEPTUAL FRAMEWORK

The conceptual framework guiding this article is grounded in logotherapy and informed by contemporary meaning-centered and existential psychology. Logotherapy, originally articulated by Viktor Frankl (2006), posits that the primary motivational force in human life is the will to meaning rather than the pursuit of pleasure or the avoidance of pain. Within this framework, psychological well-being is defined not solely by the reduction of distress but by sustained engagement with purpose, responsibility, and value-directed action under conditions of existential tension.

In contrast, contemporary mental health paradigms frequently operationalize well-being in terms of emotional regulation, symptom reduction, and psychological safety (Cuijpers et al., 2023; Hayes et al., 2022). These approaches are ethically indispensable for stabilization and harm reduction; however, when elevated to comprehensive definitions of psychological

health, they may narrow the construct of well-being to affective equilibrium. The present framework distinguishes between stabilization-oriented care (symptom containment, regulation, safety) and existentially oriented engagement (meaning formation, responsibility, agency, and purpose).

Drawing on recent developments in meaning-centered scholarship (Wong, 2022; Park, 2010; Schnell, 2021), this framework conceptualizes existential tension as a developmentally necessary dynamic between present circumstances and value-driven aspirations. Rather than treating discomfort as inherently pathological, existential traditions regard tension as a catalyst for growth and self-transcendence. Psychological distress becomes destructive primarily when stripped of meaning rather than when merely experienced.

Within this structure, existential hope is conceptualized as a mechanism emerging from responsibility-oriented meaning engagement (Bull, 2026). Unlike outcome-dependent optimism or reassurance-based hope, existential hope reflects commitment to values independent of immediate emotional relief or external stability. It functions as a sustaining psychological orientation under chronic uncertainty, burnout, and moral complexity.

Accordingly, avoidance-based well-being models (AWBM) are interpreted not as clinically ineffective, but as conceptually incomplete when applied as totalizing frameworks. While regulation-focused interventions restore stability, they may not inherently cultivate existential coherence. Sustainable psychological resilience, within this framework, emerges from the integration of compassionate stabilization with meaning-centered engagement.

The framework therefore advances an integrative model in which symptom relief serves as foundational support rather than definitional endpoint. By situating existential hope within a meaning-centered architecture, the model clarifies the structural limits of comfort-oriented paradigms while preserving their ethical necessity. This integrative lens provides a theoretically coherent basis for evaluating contemporary mental health practices without rejecting regulation-based care.

#### **Avoidance-Based Well-Being Models (AWBMs) : Contributions, Assumptions, and Conceptual Limits**

Avoidance-based well-being models represent a dominant orientation within contemporary mental health care, encompassing interventions that prioritize emotional regulation, symptom reduction, psychological safety, and distress minimization. Cognitive-behavioral, acceptance-based, trauma-informed, and regulation-focused approaches have made indispensable contributions to clinical practice. Empirical evidence consistently supports their effectiveness in reducing acute distress, restoring functioning, and improving short-term outcomes (Cuijpers et al., 2023; Hayes et al., 2022). In contexts of crisis, trauma, or severe dysregulation, such approaches are ethically necessary and clinically appropriate.

However, as stabilization-oriented strategies increasingly inform broader conceptions of well-being, their underlying assumptions warrant examination. Contemporary frameworks are frequently operationalized in terms of symptom relief, affective balance, and perceived safety. While these outcomes are clinically valuable, defining psychological health primarily through distress reduction may risk narrowing the construct of well-being to emotional equilibrium. When discomfort is consistently framed as pathology to be eliminated, mental health care may inadvertently reinforce experiential avoidance as a normative coping posture (Kashdan et al., 2023).

From an existential perspective, this orientation reflects a potential conceptual imbalance. Meaning-centered traditions suggest that suffering becomes psychologically destructive not merely because it is painful, but because it is stripped of coherence, responsibility, and purpose (Frankl, 2006; Wong, 2022). Avoidance-based interventions may successfully reduce distress while leaving unaddressed the existential dimensions that orient individuals toward values and long-term commitments. In such cases, individuals experience regulation without direction and relief without narrative integration, which may contribute to persistent feelings of emptiness despite improved symptom profiles.

This limitation is particularly visible in relational and collective contexts. Research on existential isolation suggests that emotional stabilization alone does not necessarily resolve crises of meaning or identity (Yalom, 1980; Schnell, 2021). Similarly, recovery efforts centered exclusively on safety and symptom containment may restore functionality without cultivating durable existential hope, the capacity to envision a meaningful future independent of immediate comfort (Bull, 2024; Park, 2010).

Taken together, these observations suggest that avoidance-based well-being models are not ineffective but potentially incomplete when treated as comprehensive frameworks for psychological health. Their strength lies in stabilization; their limitation lies in insufficient engagement with existential orientation. Logotherapy challenges this imbalance by asserting that psychological tension is not solely a clinical liability but a necessary condition for growth and self-transcendence.

Within this framework, discomfort is not evidence of therapeutic failure but a potential site of responsibility and value realization.

Accordingly, the critique advanced here does not reject avoidance-based approaches but calls for their integration within a broader meaning-centered architecture. Without such integration, well-being risks being measured by the absence of distress rather than by the presence of meaning. By contrast, a logotherapeutic orientation reframes psychological health as the capacity to live purposefully in the presence of discomfort, thereby offering a theoretically grounded corrective to comfort-dominant paradigms.

### Logotherapeutic Framework Contrasting Avoidance-Based Well-Being and Meaning-Centered Care (LMCC)

Figure 1 presents a conceptual logotherapeutic framework illustrating divergent psychological orientations toward unavoidable human conditions, namely suffering, loneliness, and uncertainty. These conditions are not conceptualized as pathological anomalies but as constitutive features of the human condition that inevitably generate psychological pain. The model proposes that contemporary responses to such conditions often gravitate toward one of two dominant orientations, each grounded in differing assumptions about well-being, human motivation, and the function of psychological distress.

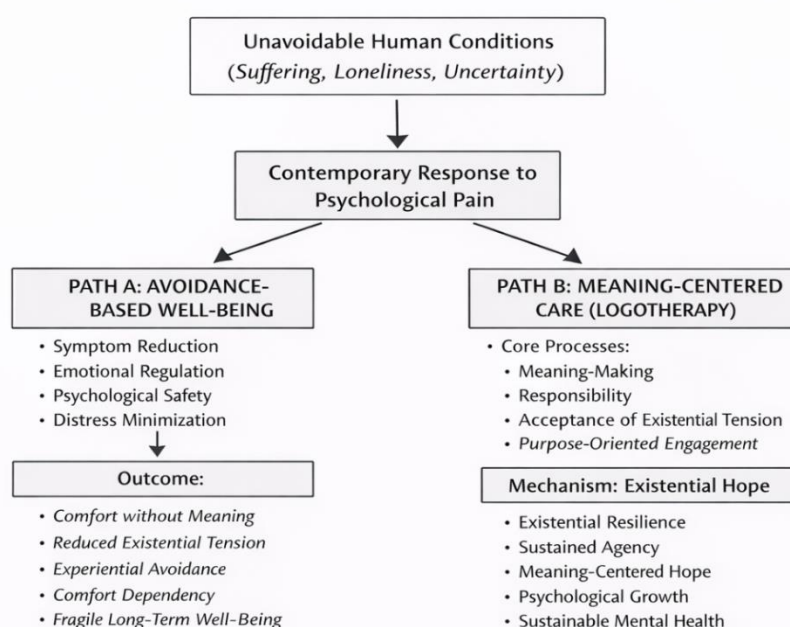


Figure 1. A logotherapeutic framework contrasting avoidance-based well-being models with meaning-centered care.

Path A represents a stabilization-oriented or avoidance-dominant orientation commonly reflected in contemporary mental health practice. This orientation prioritizes symptom reduction, emotional regulation, psychological safety, and distress minimization. In acute contexts, this pathway is ethically necessary and clinically appropriate. However, when generalized beyond stabilization, its primary goal may shift toward the reduction or containment of existential tension rather than its engagement. Under such conditions, well-being may become defined largely in terms of emotional comfort and symptom relief. While this orientation can produce short-term stability, resilience may remain contingent upon continued regulation, leaving existential questions of meaning, responsibility, and purpose comparatively underdeveloped.

Path B represents a meaning-centered orientation grounded in logotherapy and existential psychology. This pathway emphasizes meaning-making, personal responsibility, value-directed commitment, and the constructive engagement of existential tension. Rather than seeking to eliminate suffering outright, it reframes suffering as potentially significant within a broader narrative of purpose and moral agency. Existential tension is not treated as pathology per se but as a dynamic condition capable of motivating growth and self-transcendence.

Within Path B, existential hope functions as a central mechanism rather than a parallel outcome. Existential hope emerges through sustained meaning-making and responsible action in the presence of adversity. It differs from reassurance-based or

outcome-dependent optimism by being grounded in commitment to values rather than in the expectation of comfort. Through this mechanism, individuals may cultivate resilience that is less dependent on the absence of distress and more anchored in enduring purpose.

Collectively, the framework clarifies a theoretical distinction between orientations that prioritize stability through discomfort reduction and those that cultivate resilience through existential engagement. Importantly, these pathways are not mutually exclusive clinical systems but represent differing emphases within mental health practice. By situating existential hope as an emergent mechanism within meaning-centered engagement, the model distinguishes stabilization from existential integration and highlights the conditions under which psychological resilience may become more durable under sustained uncertainty.

### Integrative Framing

The preceding analysis suggests that contemporary mental health paradigms and logotherapeutic perspectives differ less in clinical intent than in conceptual emphasis. To illustrate these differences systematically, Table 1 presents a structured comparison across key theoretical dimensions.

**Table 1: Conceptual Contrast Between ABWBM and LMCC.**

| Dimension                        | Avoidance-Based Well-Being Models   | Logotherapy & Existential Hope Framework  |
|----------------------------------|---|---|
| Primary Goal                     | Reduction of psychological distress and negative affect                     | Cultivation of meaning, responsibility, and purpose despite distress                  |
| View of Psychological Discomfort | Distress is inherently pathological and should be minimized or eliminated   | Discomfort is an inevitable aspect of human existence and can be meaningfully engaged |
| Core Mechanism                   | Emotional regulation, coping skills, symptom management                     | Meaning-making, existential tension, and value-driven responsibility                  |
| Conceptualization of Well-Being  | Psychological health equated with comfort, stability, and affective balance | Psychological health defined by existential orientation and purposeful living         |
| Role of Suffering                | Suffering is primarily a clinical liability                                 | Suffering becomes destructive only when stripped of meaning (Bull, 2024)              |
| Treatment of Loneliness          | Addressed through social skills, support, and affect regulation             | Understood as existential isolation rooted in loss of meaning (Bull, 2026)            |
| Orientation to Hope              | Hope tied to symptom relief, reassurance, or external outcomes              | Existential hope grounded in responsibility and future-oriented meaning.              |
| Long-Term Outcome                | Comfort without meaning; risk of experiential avoidance and dependency      | Existential resilience, sustained agency, and psychological growth                    |
| Primary Limitation               | May stabilize symptoms without restoring existential coherence              | Does not eliminate pain but reframes it within a meaningful life narrative            |
| Ethical Emphasis                 | Protection from distress and psychological harm                             | Preservation of dignity, agency, and moral responsibility                             |

*Note: Avoidance-based well-being models play an essential role in acute stabilization and ethical care but may become conceptually incomplete when applied as comprehensive frameworks for psychological health. Logotherapy and existential hope offer a complementary meaning-centered corrective that integrates symptom relief with existential engagement (Bull, 2026; Hayes et al., 2022; Cuijpers et al., 2023).*

The purpose of this comparison is not to invalidate stabilization-oriented approaches, but to clarify how the meaning-centered framework extends beyond symptom reduction to address existential orientation. Framed in this way, the table highlights areas of divergence while preserving the possibility of integrative practice.

As Table 1 illustrates, avoidance-based models and logotherapeutic frameworks diverge most sharply in their treatment of discomfort and their conceptualization of hope. Whereas stabilization-oriented approaches prioritize symptom containment and affective balance, meaning-centered frameworks locate psychological vitality in responsible engagement with unavoidable tension. Importantly, these distinctions do not imply incompatibility; rather, they underscore the need for integration such that symptom relief serves as a foundation for existential development rather than its substitute.

Cross-national evidence indicates that meaning in life and resilience independently predict lower psychological distress, even when controlling for demographic and stress-related variables (Yıldırım et al., 2025). These findings support the argument that meaning functions as a central psychological mechanism rather than as a secondary byproduct of emotional comfort.

### Literature Search Strategy

A targeted literature search was conducted to identify contemporary scholarship addressing mental health care models, well-being frameworks, experiential avoidance, and meaning-centered approaches. Searches were performed across PsycINFO, PubMed, Scopus, and Google Scholar, with an emphasis on peer-reviewed literature published between 2022 and 2026 to reflect current theoretical and clinical discourse.

Search terms included combinations of *mental health care*, *well-being models*, *symptom reduction*, *emotional regulation*, *experiential avoidance*, *meaning in mental health*, *logotherapy*, *existential psychology*, and *hope*.

Seminal works by Viktor Frankl were included to establish the theoretical foundation of logotherapy, while recent empirical and conceptual studies were prioritized to capture contemporary developments. In addition, the author's prior peer-reviewed work on suffering, loneliness, and existential hope (Bull, 2024; Bull, 2026a; Bull, 2026b) was included to support theory development and continuity. The goal of the search was not exhaustive coverage, but conceptual saturation sufficient to identify dominant patterns, tensions, and omissions relevant to the study's research questions.

### Thematic Synthesis Approach

The retrieved literature was synthesized using a thematic synthesis approach as outlined by Thomas and Harden (2008), which is well suited for integrating qualitative, conceptual, and theoretical scholarship. This method involves three iterative phases: (a) identification and coding of recurring concepts across sources, (b) development of descriptive themes that represent dominant perspectives in the literature, and (c) generation of higher-order analytical themes that address conceptual gaps and guide theoretical advancement.

Consistent with established principles of thematic analysis (Braun & Clarke, 2006, 2021), the synthesis emphasized conceptual coherence, transparency, and reflexive interpretation. Rather than aggregating findings or evaluating intervention effectiveness, the analysis focused on how mental health care literature conceptualizes psychological distress, comfort, coping, and well-being. Particular attention was given to implicit assumptions regarding the role of discomfort and the relative prominence of meaning, responsibility, and existential orientation within prevailing frameworks.

Through this process, two distinct but intersecting perspectives emerged from the literature: (1) avoidance-based well-being models emphasizing symptom reduction and emotional regulation, and (2) meaning-centered existential approaches emphasizing purpose, responsibility, and engagement with unavoidable suffering. These perspectives form the analytic foundation for the sections that follow and structure the critical responses to the study's research questions.

### Emergent Perspectives From the Literature

The first perspective reflects the dominant orientation in contemporary mental health care, characterized by regulation-focused and comfort-oriented approaches. This body of literature conceptualizes psychological distress primarily as a clinical risk factor to be minimized through evidence-based interventions targeting symptom reduction, emotional stabilization, and psychological safety (Cuijpers et al., 2023; Hayes et al., 2022). These models demonstrate clear effectiveness in acute stabilization and ethical harm reduction and are widely endorsed in clinical practice and policy frameworks (World Health Organization [WHO], 2023).

The second perspective, though less prominent, is grounded in existential and meaning-centered psychology, including logotherapy. This literature conceptualizes distress not solely as pathology, but as an inevitable dimension of human existence that acquires psychological significance through meaning-making, responsibility, and purpose (Frankl, 2006; Wong, 2022). Recent contributions extend this perspective by demonstrating that suffering, loneliness, and recovery are fundamentally existential phenomena that cannot be resolved through emotional regulation alone (Bull, 2024).

While these perspectives are often treated as parallel or incompatible within the literature, the present synthesis reveals a more productive tension: avoidance-based well-being models excel in stabilization but risk conceptual incompleteness when meaning is marginalized, whereas meaning-centered approaches offer existential depth but are under-integrated into mainstream mental health care. This unresolved tension provides the basis for the critical analysis that follows and frames the study's responses to the research questions.

### Reconciling Compassionate Care and Existential Engagement

The present thematic synthesis identifies a consequential tension within contemporary mental health care: the ethical and clinical success of avoidance-based well-being models has gradually narrowed the conceptual boundaries of psychological health. Approaches emphasizing harm reduction, emotional regulation, trauma-informed stabilization, and accessibility have unquestionably advanced practice (Cuijpers et al., 2023; Hayes et al., 2022). These models are indispensable in acute distress, crisis intervention, and safety-oriented contexts. However, when regulation-focused strategies are implicitly elevated from situational interventions to comprehensive definitions of well-being, they risk equating psychological health with emotional ease and distress minimization.

The limitation, therefore, does not lie in the effectiveness of avoidance-based approaches, but in a conceptual category shift. Techniques designed to stabilize dysregulation have increasingly been treated as normative endpoints of psychological flourishing. Across contemporary discourse, mental health is often operationalized in terms of symptom reduction, affective balance, and perceived safety. Within this framing, discomfort becomes primarily pathological, an experience to be eliminated rather than engaged. While this orientation successfully mitigates acute suffering, it may simultaneously marginalize existential dimensions of psychological life, particularly meaning, responsibility, purpose, and moral agency.

From a logotherapeutic perspective, such marginalization reflects a misunderstanding of existential tension. Frankl (2006) argued that psychological vitality depends not on the absence of tension, but on the dynamic tension between what one is and what one ought to become. Existential tension is not inherently destabilizing; rather, it is the structural condition of growth, responsibility, and value realization. When therapeutic paradigms implicitly aim to eradicate tension altogether, they risk conflating compassionate care with comfort dependency. Individuals may achieve emotional regulation without existential orientation, stability without direction, relief without purpose, and coping without coherence.

The synthesis further identifies experiential avoidance as a mediating mechanism linking comfort-centered paradigms to diminished existential engagement. Avoidance is adaptive in contexts of threat, trauma, or overwhelming dysregulation. Yet when it becomes normalized as a general stance toward discomfort, it may foster psychological inflexibility and reduced resilience (Kashdan et al., 2023). Symptom relief achieved through chronic avoidance can inadvertently weaken individuals' capacity to confront unavoidable suffering constructively. Over time, this orientation may contribute to a paradox: improved access to care alongside persistent existential malaise.

Logotherapy offers a corrective that is neither adversarial nor dismissive of contemporary practice. Rather than opposing symptom management, it recontextualizes it within a broader existential framework. By positing the will to meaning as the primary motivational force in human life, logotherapy reframes suffering not as clinical failure but as a potential site of responsibility and value-driven engagement. Within this framework, emotional stabilization serves as a foundation for meaning-centered action rather than as an endpoint. Discomfort is neither glorified nor pathologized; it is interpreted as existentially significant.

A central conceptual clarification emerging from this synthesis concerns existential hope. In much of the literature, hope is operationalized in hedonic or outcome-dependent terms, closely tied to reassurance, symptom improvement, or anticipated relief. By contrast, existential hope arises from sustained engagement with meaning, responsibility, and future-oriented purpose independent of immediate emotional comfort (Bull, 2024; Bull, 2026). It functions not as a parallel coping strategy but as a mechanism generated through meaning-centered orientation. This distinction explains why comfort-centered care may succeed clinically while failing to produce durable resilience under conditions of chronic uncertainty, moral injury, or prolonged adversity.

The reconciliation proposed here is integrative. Avoidance-based models remain ethically indispensable for stabilization, safety, and harm reduction. The critique is not that mental health care should diminish its compassion, but that compassion should not be conflated with the systematic elimination of discomfort. Sustainable psychological health requires the integration of symptom relief with existential engagement. Comfort must serve as support for meaning rather than a substitute for it.

In re-centering meaning as a foundational dimension of well-being, this synthesis restores existential depth to contemporary mental health discourse without abandoning evidence-based practice. By distinguishing compassionate care from comfort dependency and situating regulation-focused strategies within a logotherapeutic orientation, psychological practice can preserve ethical commitments while strengthening resilience that endures beyond symptom relief. In an era marked by chronic uncertainty, burnout, and moral fragmentation, such integration is not merely theoretically desirable, it is structurally necessary for cultivating durable psychological vitality.

### III. METHODOLOGY

This study employed a qualitative thematic synthesis to examine the conceptual relationship between comfort-oriented mental health models and meaning-centered frameworks, with particular attention to the role of existential engagement in contemporary well-being discourse. The methodological approach was designed to systematically identify, analyze, and integrate peer-reviewed scholarship addressing symptom regulation, experiential avoidance, resilience, and logotherapeutic constructs. Rather than testing a predefined hypothesis, the study sought to generate an integrative theoretical clarification grounded in patterns emerging across the literature.

A structured search strategy was implemented to capture recent empirical and theoretical contributions within psychology, psychiatry, and well-being research. Inclusion criteria prioritized peer-reviewed articles addressing emotional regulation, avoidance-based coping, resilience mechanisms, and meaning-centered interventions. Articles were selected based on conceptual relevance, methodological rigor, and contribution to the evolving discourse on psychological health. The synthesis followed established procedures for thematic analysis, including iterative coding, theme development, cross-study comparison, and theoretical integration.

The objective of this methodological design was not to adjudicate the effectiveness of specific interventions, but to clarify underlying conceptual assumptions shaping contemporary mental health paradigms. Through systematic thematic extraction and interpretive synthesis, the study aimed to articulate an integrative model capable of reconciling compassionate stabilization with existential engagement.

#### Research Design and Rationale

This study employed a theory-informed critical interpretive thematic synthesis to examine how contemporary mental health scholarship conceptualizes psychological distress, comfort, coping, and well-being. The approach integrates three complementary traditions: Critical Interpretive Synthesis (CIS) (Dixon-Woods et al., 2006), Thematic Synthesis (Thomas & Harden, 2008), and Reflexive Thematic Analysis (Braun & Clarke, 2006, 2021). This combined design was selected because the purpose of the study was not to evaluate intervention efficacy or aggregate effect sizes, but to interrogate underlying conceptual assumptions, identify recurring interpretive patterns, and develop a theoretically grounded critique of avoidance-based well-being models through a logotherapeutic lens.

Critical Interpretive Synthesis is particularly suited for examining dominant paradigms across heterogeneous literatures, as it supports iterative theory development and the systematic examination of implicit assumptions embedded within scholarly discourse (Dixon-Woods et al., 2006). Thematic Synthesis offers a structured process for coding and organizing concepts into higher-order analytic themes (Thomas & Harden, 2008), while reflexive thematic principles ensure transparency regarding interpretive positioning and analytic decision-making (Braun & Clarke, 2021). Together, these methods enabled the development of analytically rigorous themes that move beyond description toward conceptual clarification and theoretical advancement.

#### Literature Search Strategy

A targeted and conceptually driven literature search was conducted across PsycINFO, PubMed, Scopus, Web of Science, and Google Scholar. The primary timeframe included peer-reviewed publications from 2022 through 2026, reflecting contemporary discourse in mental health care, psychological flexibility, experiential avoidance, existential psychology, and well-being theory. Foundational works, most notably Frankl (2006), were included to establish theoretical grounding.

Search terms included combinations of: *mental health care, well-being models, symptom reduction, emotional regulation, psychological safety, experiential avoidance, psychological flexibility, meaning in life, logotherapy, existential psychology, existential hope, burnout and meaning, and moral injury*. Boolean operators were used to refine searches, and citation chaining was employed to identify influential conceptual works.

The search strategy was purposive rather than exhaustive. The objective was conceptual saturation, the point at which additional sources no longer generated novel interpretive categories, rather than comprehensive aggregation (Thomas & Harden, 2008).

#### Inclusion and Exclusion Criteria

Sources were selected according to clearly defined inclusion and exclusion criteria. Studies were included if they addressed conceptualizations of psychological distress or well-being; examined symptom reduction, emotional regulation, or

avoidance-based coping frameworks; or engaged existential, meaning-centered, or logotherapeutic perspectives. Eligible sources consisted of peer-reviewed empirical studies, theoretical analyses, and major scholarly texts that contributed substantively to conceptual understanding relevant to the research questions.

Sources were excluded if they focused exclusively on pharmacological efficacy without broader conceptual framing, addressed psychiatric classification systems without theoretical discussion, or consisted of non-scholarly commentary. These criteria ensured that the review prioritized conceptual depth and theoretical integration rather than purely clinical or diagnostic outcomes.

This selection strategy facilitated interdisciplinary integration across clinical psychology, public mental health, existential psychology, and well-being scholarship, allowing for a comprehensive examination of avoidance-based models and their relationship to meaning-centered frameworks.

### **Data Extraction and Coding Process**

Data extraction and synthesis were conducted using a structured thematic synthesis approach consistent with the methodology articulated by Thomas and Harden (2008) and informed by established qualitative synthesis procedures in health and social science research (Braun & Clarke, 2006; Noblit & Hare, 1988). The analytic process was iterative, transparent, and theory-informed, progressing through three sequential stages: (a) line-by-line conceptual coding, (b) development of descriptive themes, and (c) generation of higher-order analytic themes.

#### **Stage 1: Line-by-Line Conceptual Coding**

In the first stage, each included source was subjected to systematic line-by-line coding. Consistent with thematic synthesis principles (Thomas & Harden, 2008), attention was directed toward explicit conceptual definitions, implicit normative assumptions, and theoretical framings of psychological distress and well-being. Unlike meta-analytic approaches that prioritize statistical aggregation, the present synthesis focused on conceptual language and theoretical positioning.

Initial codes captured recurring constructs such as the framing of distress as pathology, the positioning of comfort as a primary outcome, emotional regulation as the central mechanism of change, psychological safety as a therapeutic endpoint, and avoidance as an adaptive coping strategy. Parallel codes reflected existential constructs, including meaning as a primary motivational force (Frankl, 2006), existential tension as developmentally significant, responsibility and agency as markers of psychological maturity, and differentiated conceptualizations of hope, either as reassurance grounded in outcome expectation or as commitment grounded in purpose (Bull, 2024; Bull, 2026).

Coding was conducted inductively from the data while being sensitized by logotherapeutic theory (Frankl, 2006) and contemporary existential scholarship, consistent with abductive analytic practice in qualitative synthesis (Timmermans & Tavory, 2012).

#### **Stage 2: Development of Descriptive Themes**

In the second stage, codes were grouped into descriptive themes representing patterned orientations within the literature. This process involved constant comparison across sources to identify convergent conceptual clusters (Braun & Clarke, 2006). Two dominant domains emerged.

Within the avoidance-based well-being literature, descriptive themes included (a) distress minimization as a marker of therapeutic success, (b) emotional regulation as the central therapeutic mechanism, (c) comfort as a defining indicator of psychological health, and (d) normalization of avoidance beyond acute or trauma-specific contexts (Cuijpers et al., 2023; Hayes et al., 2022). These themes reflected a consistent conceptual prioritization of symptom reduction and affect stabilization.

Within the existential and meaning-centered literature, descriptive themes included (a) meaning as the primary motivational force (Frankl, 2006), (b) suffering as an existential condition rather than exclusively pathological, (c) existential tension as developmentally formative, (d) responsibility as foundational to agency, and (e) hope as grounded in purpose rather than reassurance (Bull, 2026). These themes emphasized constructive engagement with suffering and the preservation of existential orientation. Descriptive themes were defined as patterned conceptual orientations recurring across multiple sources, rather than isolated theoretical claims.

### Stage 3: Generation of Analytical Themes

In the final stage, descriptive themes were synthesized into higher-order analytic themes. This process involved interrogating relationships between domains, identifying conceptual tensions, and generating integrative theoretical interpretations consistent with qualitative meta-synthesis procedures (Noblit & Hare, 1988; Thomas & Harden, 2008). Analytical themes were developed to directly address the study's research questions and to clarify the conceptual relationship between avoidance-based and meaning-centered frameworks.

The analytic process was reflexive and iterative, with themes refined through repeated comparison to the original sources to ensure fidelity to the underlying literature (Braun & Clarke, 2006). Rather than privileging one paradigm over another, the synthesis sought to explicate structural differences in underlying assumptions about distress, coping, and psychological health, thereby enabling theoretically grounded integration.

Collectively, this three-stage procedure ensured methodological rigor, transparency, and conceptual depth, facilitating an integrative analysis spanning clinical psychology, public mental health, existential psychology, and well-being scholarship.

### Thematic Analysis and Conceptual Discussion

The following section presents the thematic analysis and conceptual discussion derived from the critical interpretive synthesis, organizing the findings into analytically coherent themes that clarify the structural assumptions underlying avoidance-based well-being models and their contrast with meaning-centered frameworks.

#### ***Theme 1: The Comfort Paradigm as a Dominant Definition of Mental Health***

A central theme emerging from the synthesis is the consolidation of what may be termed the *comfort paradigm* as a dominant operational definition of mental health. Contemporary clinical frameworks increasingly equate psychological well-being with emotional ease, symptom reduction, and affective stabilization (Cuijpers et al., 2023; Hayes et al., 2022). In practice, therapeutic success is frequently measured through decreases in anxiety, depressive symptomatology, emotional dysregulation, and subjective distress. These metrics are clinically valuable and ethically necessary, particularly in contexts of acute crisis, trauma exposure, and functional impairment. However, when such outcomes become the primary or exclusive markers of psychological health, the conceptual boundaries of well-being narrow.

Within this paradigm, distress is implicitly framed as deviation from normative functioning. Although this framing has facilitated destigmatization and expanded access to care, it also parallels broader cultural movements toward the medicalization of ordinary suffering and the expansion of therapeutic discourse into everyday life (Horwitz & Wakefield, 2007; Furedi, 2004). Sociological analyses suggest that when emotional discomfort is routinely pathologized, the distinction between existential tension and clinical dysfunction may become blurred (Illouz, 2008).

By privileging comfort as the endpoint of care, mental health discourse risks redefining psychological flourishing as the maintenance of internal equilibrium rather than the cultivation of agency, responsibility, moral development, and meaning. In this sense, the comfort paradigm reflects not only a clinical orientation but a normative redefinition of what it means to be psychologically well.

#### ***Theme 2: Experiential Avoidance as a Normalized Therapeutic Orientation***

Closely related to the consolidation of the comfort paradigm is the expanded normalization of experiential avoidance as a therapeutic orientation. Experiential avoidance refers to efforts to minimize, suppress, or escape unwanted internal experiences, including distressing thoughts, emotions, and physiological arousal (Hayes et al., 1996). Within trauma-informed and regulation-based interventions, such strategies are often adaptive and clinically justified, particularly in contexts of acute dysregulation or overwhelming stress (Hayes et al., 2012; Cuijpers et al., 2023). Stabilization, containment, and symptom reduction are ethically indispensable components of responsible care.

However, the thematic synthesis suggests that strategies originally designed for acute stabilization may, in broader well-being discourse, function as generalized psychological postures rather than context-specific interventions. Emotional regulation, cognitive reframing, and distress minimization are frequently presented not only as tools but as normative indicators of psychological maturity and success. When the reduction of discomfort becomes a standing objective rather than a situational necessity, the boundary between adaptive regulation and chronic avoidance may become less distinct (Kashdan et al., 2023).

This shift does not imply that regulation-focused models promote avoidance in a simplistic sense. Acceptance-based frameworks, for example, explicitly distinguish between experiential avoidance and psychological flexibility (Hayes et al., 2012). Nevertheless, when cultural and clinical discourse converge around comfort maximization as a defining feature of well-being, individuals may increasingly interpret distress as a signal for elimination rather than engagement. Over time, such orientation may reduce tolerance for existential tension and constrain deeper confrontation with identity, responsibility, and meaning.

The synthesis therefore identifies a structural risk: avoidance, initially conceptualized as situationally adaptive, may become normalized as a default coping stance within comfort-dominant paradigms. While this orientation reduces acute suffering, it may inadvertently limit opportunities for meaning-centered growth. In this sense, experiential avoidance becomes not merely a clinical construct but a broader interpretive posture toward discomfort itself.

### ***Theme 3: Symptom Relief Without Existential Coherence***

A third theme emerging from the synthesis concerns the potential distinction between symptom relief and existential coherence. Contemporary mental health interventions demonstrate robust efficacy in reducing anxiety, depressive symptoms, and emotional dysregulation (Cuijpers et al., 2023). These outcomes represent significant clinical achievements and have contributed meaningfully to harm reduction and functional restoration. However, parallel strands of scholarship suggest that reductions in acute distress do not necessarily resolve broader experiences of purposelessness, alienation, or moral disorientation (Cederström & Spicer, 2023; Ehrenberg, 1998).

Existential coherence refers to the alignment among values, narrative identity, agency, and purpose. It reflects not merely emotional stability but orientation toward meaning and responsibility. The synthesis indicates that while emotional regulation may restore psychological equilibrium, it does not inherently address questions concerning life direction, moral commitment, or value integration. Individuals may experience measurable improvement in symptom severity while continuing to report feelings of emptiness or lack of existential direction.

This distinction does not undermine the importance of symptom reduction; rather, it clarifies its conceptual limits. Emotional stabilization may be necessary for existential reflection, but it does not guarantee existential integration. When well-being is defined primarily through the attenuation of distress, deeper dimensions of psychological vitality may remain underdeveloped.

Broader cultural analyses reinforce this tension. Rising rates of reported psychological dissatisfaction despite expanded access to therapeutic interventions (World Health Organization [WHO], 2023) suggest that distress may not be reducible to symptom severity alone. Contemporary critiques of therapeutic culture argue that the proliferation of regulatory strategies has not uniformly translated into increased existential fulfillment (Ehrenberg, 1998; Furedi, 2004). While causal conclusions cannot be drawn from such patterns, they underscore the conceptual possibility that symptom relief and existential coherence represent related but distinct dimensions of psychological health.

The synthesis therefore identifies a structural asymmetry within comfort-dominant paradigms: clinical improvement may occur without corresponding restoration of meaning. This asymmetry helps explain why psychological functioning may improve while existential dissatisfaction persists. Addressing this gap requires integrating stabilization with intentional engagement in meaning-making rather than assuming that emotional equilibrium alone constitutes flourishing.

### ***Theme 4: Existential Tension as Developmentally Necessary***

In contrast to comfort-dominant paradigms, existential and logotherapeutic traditions conceptualize psychological tension as developmentally formative rather than inherently pathological. Frankl (2006) argued that mental health is sustained not through homeostatic equilibrium alone but through dynamic tension between present reality and meaningful aspiration. This tension reflects the distance between what one is and what one values becoming. Within existential frameworks, such tension is not a sign of dysfunction but a structural condition of growth.

Contemporary meaning-centered scholarship similarly emphasizes that confrontation with limitation, suffering, and uncertainty can catalyze moral development, responsibility, and purpose formation (Wong, 2022; Park, 2010; Schnell, 2021). Psychological vitality, from this perspective, emerges not from the elimination of discomfort but from its integration within a value-directed narrative. Tension becomes developmentally productive when it is structured by meaning and responsibility rather than avoided or suppressed.

Importantly, this position does not romanticize suffering or deny the necessity of stabilization. Unregulated distress can overwhelm psychological capacity and impair functioning. The existential claim is narrower and more precise: the systematic elimination of tension as a therapeutic endpoint may inadvertently undermine motivational structures essential for agency and growth. When discomfort is treated exclusively as pathology, opportunities for value clarification, identity consolidation, and moral commitment may be attenuated.

The synthesis therefore suggests that tension functions as a developmental resource when metabolized through meaning-centered engagement. Rather than framing psychological health as the absence of discomfort, existential traditions define it as the capacity to endure and organize discomfort in service of purpose. This reframing directly challenges the assumption that comfort constitutes the highest form of well-being. Instead, it positions structured tension as an indispensable component of resilient flourishing.

#### ***Theme 5: Existential Hope as a Meaning-Centered Mechanism***

A fifth theme concerns the conceptualization of hope within competing models of psychological health. In many contemporary well-being frameworks, hope is implicitly or explicitly associated with positive expectation, symptom improvement, or reassurance regarding future outcomes. Within comfort-oriented paradigms, hope is often tethered to the anticipation of reduced distress or restored emotional equilibrium.

Existential and meaning-centered traditions offer a qualitatively different account. Hope, in this framework, is not grounded primarily in favorable outcomes but in responsible commitment to values under conditions of uncertainty (Frankl, 2006; Wong, 2022). Existential hope reflects a future-oriented orientation sustained by meaning rather than by affective prediction. It persists even when suffering remains unresolved.

Recent theoretical developments further distinguish existential hope from optimism and coping-based reassurance by defining it as a responsibility-centered mechanism that emerges through active engagement with adversity (Bull, 2024; Bull, 2026). In this formulation, hope is not contingent upon symptom reduction; rather, it is strengthened through value-directed action in the presence of tension. It represents continuity of agency despite discomfort.

This distinction clarifies a structural limitation within avoidance-dominant paradigms.

Regulation-based interventions may reduce distress and improve emotional functioning without necessarily cultivating the form of hope that sustains long-term resilience under chronic uncertainty. When hope is tied primarily to the expectation of relief, resilience becomes dependent on favorable emotional states. By contrast, existential hope supports endurance independent of immediate comfort.

The synthesis therefore identifies existential hope as a mediating mechanism linking tension to resilience. It integrates discomfort into a broader narrative of purpose, transforming suffering from a purely negative state into a context for responsible action. In doing so, existential hope reinforces agency rather than passivity and strengthens resilience not by eliminating distress but by organizing it within meaning.

#### ***Theme 6: Integration Rather Than Replacement***

The final theme emerging from the synthesis underscores that avoidance-based and regulation-focused models are ethically indispensable yet conceptually incomplete when treated as comprehensive definitions of psychological health. Across the literature, stabilization-oriented interventions demonstrate clear effectiveness in reducing acute distress, restoring functional capacity, and preventing harm (Cuijpers et al., 2023; Hayes et al., 2012). These contributions represent foundational achievements within contemporary mental health care and should not be minimized.

The tension identified in the preceding themes does not arise from clinical inadequacy but from definitional expansion. When symptom reduction and emotional regulation are implicitly elevated from necessary interventions to normative endpoints of well-being, existential dimensions of psychological life may be underemphasized. The synthesis suggests that the central issue is not excessive compassion but conceptual reductionism—an implicit narrowing of health to affective equilibrium.

Integration therefore emerges as the most theoretically coherent response. Stabilization and meaning-centered engagement are not competing paradigms but interdependent domains within a broader architecture of psychological health. Emotional safety and regulatory capacity create the conditions under which individuals can confront existential questions without being overwhelmed. Meaning-centered engagement, in turn, increases tolerance for tension and reduces reliance on avoidance as a default coping strategy.

Within this integrative framing, comfort is foundational but not definitive. Regulation functions as support rather than substitute for meaning. Psychological resilience develops not through the eradication of discomfort alone but through the coordinated interaction between stabilization and value-directed commitment. Such coordination preserves ethical commitments to harm reduction while restoring existential depth to contemporary mental health discourse.

The synthesis thus concludes that sustainable well-being requires structured integration rather than paradigm replacement. Avoidance-based strategies remain appropriate within their domain; however, long-term flourishing depends upon embedding those strategies within a meaning-centered orientation that preserves tension, responsibility, and hope as developmentally significant. This integrative insight provides the conceptual bridge to the model advanced in the following section.

### **Toward a Meaning-Centered Corrective: A Conceptual Model**

The six themes identified through thematic synthesis converge on a central theoretical proposition: contemporary mental health care has consolidated around a comfort-regulation paradigm that is clinically necessary but existentially incomplete. The synthesis suggests a developmental imbalance in which symptom stabilization and distress minimization have become dominant definitional criteria for psychological health, while existential engagement has been comparatively marginalized.

The conceptual model derived from this synthesis delineates three interrelated levels of psychological functioning: (a) a stabilization level characterized by symptom containment, emotional regulation, and the mitigation of acute distress; (b) an existential level encompassing meaning formation, responsibility, agency, and purpose-oriented commitment; and (c) an integrative level in which sustainable resilience emerges through the coordinated interaction of stabilization and existential engagement.

Within this framework, avoidance-based and regulation-focused interventions are appropriately situated at the stabilization level. Such approaches are ethically indispensable for restoring safety, reducing overwhelming distress, and preventing psychological decompensation. However, when stabilization is treated as the definitional endpoint of care rather than its structural foundation, opportunities for existential development may be attenuated. The model therefore advances the proposition that psychological health is best understood not as sustained emotional equilibrium, but as the dynamic integration of regulatory stability with meaning-centered engagement under conditions of ongoing existential tension.

The conceptual transition from comfort to meaning does not negate regulation but repositions it. Emotional safety becomes a precondition for meaning making rather than its substitute. Existential tension is not eliminated but structured, enabling growth through responsible commitment to values.

This integrative architecture reframes distress not solely as pathology but as potentially developmental, contingent upon its relationship to meaning and agency.

### **Toward a Meaning-Centered Integrative Model of Psychological Health**

The thematic synthesis indicates that contemporary mental health care is not deficient in compassion or clinical rigor, but conceptually narrowed. Regulation-focused interventions have become central to practice and measurement, with therapeutic success frequently indexed by symptom reduction, emotional stabilization, and perceived safety (Cuijpers et al., 2023; Hayes et al., 2022).

While these outcomes are ethically indispensable, particularly in acute contexts, empirical findings suggest that symptom remission does not uniformly predict increases in meaning in life, purpose orientation, or existential coherence (Park, 2010; Schnell, 2021). This divergence supports the present model's distinction between stabilization and existential engagement as analytically separable dimensions of psychological health.

Figure 1 presents the proposed integrative model of psychological health. The model delineates three interrelated levels of functioning: (a) stabilization, characterized by symptom containment and emotional regulation; (b) existential engagement, encompassing meaning formation, responsibility, agency, and purpose-directed commitment; and (c) integrative resilience, which emerges through the dynamic coordination of these two domains. Rather than depicting these levels as hierarchical stages, Figure 1 conceptualizes them as reciprocally interacting systems whose coordination determines the durability of psychological well-being.

Within this architecture, avoidance-based and regulation-focused interventions are appropriately situated within the stabilization domain. As illustrated in Figure 1, stabilization functions as a structural prerequisite, restoring safety, reducing

overwhelming arousal, and preventing decompensation. However, when stabilization is treated as the operational endpoint of care rather than its foundation, existential development may remain undercultivated. The model therefore proposes that psychological health cannot be equated solely with sustained emotional equilibrium.

The bidirectional arrows in Figure 1 emphasize that movement between domains is continuous and recursive. Stabilization enables existential engagement by creating psychological capacity for reflection, responsibility, and value-directed action. In turn, meaning-centered engagement increases tolerance for discomfort and reduces reliance on avoidance-based coping. Resilient well-being, positioned centrally in the model, is thus conceptualized as emergent integration rather than static balance.



Figure 2. Adaptive Cycle of Psychological Health

**Figure 1: Integrative Model of Psychological Health: Reciprocal Coordination of Stabilization and Meaning-Centered Engagement**

Empirical findings support this structural distinction. Research on experiential avoidance suggests that while avoidance may reduce immediate distress, chronic reliance on avoidance-based coping predicts diminished psychological flexibility and poorer long-term adjustment (Kashdan et al., 2023). Similarly, cross-national evidence demonstrates that meaning in life independently predicts resilience and lower psychological distress even when controlling for stress-related variables (Yıldırım et al., 2025). These findings reinforce the model’s claim that regulation alone does not account for durable psychological health.

Within this framework, existential tension is not conceptualized as pathology to be eliminated but as a developmentally necessary condition of growth. Logotherapeutic and existential traditions maintain that psychological vitality arises from the tension between present reality and value-directed aspiration (Frankl, 2006; Wong, 2022). Figure 1 visually situates this tension as metabolized through integration rather than eradicated through regulation. Resilience therefore reflects coordinated functioning between stabilization and meaning-centered engagement, not the absence of discomfort.

The theoretical contribution of the model lies in repositioning stabilization as structurally necessary but developmentally insufficient. By articulating regulation and existential engagement as reciprocally constitutive systems, the framework clarifies how contemporary mental health practice can preserve ethical commitments to safety and harm reduction while restoring meaning, responsibility, and existential hope as central organizing principles of long-term resilience.

**IV. DISCUSSION**

The present analysis advances a critical yet integrative reassessment of contemporary mental health paradigms. Through critical interpretive thematic synthesis, the study examined how avoidance-based well-being models conceptualize psychological distress, how comfort-oriented frameworks shape definitions of health, and how logotherapy and existential hope provide a corrective lens. The findings indicate that regulation-focused interventions have substantially advanced ethical care, yet their conceptual elevation as comprehensive definitions of well-being may narrow the developmental scope of psychological health.

The analysis addressed RQ1 by demonstrating that contemporary avoidance-based models predominantly conceptualize distress as pathology requiring reduction and stabilization. Therapeutic success is frequently operationalized through symptom relief, emotional regulation, and perceived safety. These outcomes are clinically essential, particularly in acute contexts, but they tend to define well-being in terms of affective equilibrium.

RQ2 was addressed through identification of experiential avoidance as a normalized therapeutic posture when distress minimization becomes a standing objective rather than a context-specific intervention. While avoidance is adaptive in crisis, its generalization as a default orientation may constrain engagement with existential concerns such as meaning, responsibility, and purpose. This pattern may contribute to symptom relief without corresponding existential coherence.

In response to RQ3, the synthesis demonstrated that logotherapy reframes discomfort and suffering as developmentally significant rather than inherently pathological. Existential tension, within this framework, is not a therapeutic failure but a dynamic condition that motivates growth and value realization. These reframing challenges avoidance-oriented paradigms not by rejecting stabilization but by repositioning it as foundational rather than definitive.

The analysis further clarified RQ4, establishing existential hope as a meaning-centered mechanism rather than an outcome of reassurance or symptom improvement. Existential hope emerges through responsible engagement with adversity and sustained commitment to values independent of affective comfort. This mechanism helps explain why regulation-based approaches may reduce distress yet fail to cultivate durable resilience under chronic uncertainty.

Finally, RQ5 is addressed through the integrative model proposed herein. Rather than advocating replacement of regulation-focused care, the model embeds stabilization within a broader meaning-centered architecture. Emotional safety and symptom containment create the conditions under which existential engagement becomes possible. Resilience emerges through reciprocal interaction between regulation and value-directed commitment, not through either domain in isolation.

Taken together, the findings suggest that the central issue in contemporary mental health discourse is not excessive compassion but definitional reductionism. When well-being is equated primarily with emotional comfort, existential vitality risks marginalization. This narrowing may inadvertently foster what could be described as comfort dependency, where psychological health becomes contingent upon the absence of distress rather than the presence of meaning.

The integrative model advanced in this study reframes psychological health as dynamic coordination between stabilization and existential engagement. Comfort without meaning risks fragility; meaning without stabilization risks overwhelm. Sustainable resilience requires structured tension that is metabolized through responsibility and purpose. In this sense, existential tension is neither glorified nor eliminated but developmentally integrated.

The theoretical contribution of this article lies in clarifying the structural relationship between avoidance-based care and meaning-centered engagement. By distinguishing stabilization from existential integration, the study offers a conceptual recalibration that preserves ethical commitments to harm reduction while restoring existential depth. In an era characterized by chronic uncertainty, burnout, moral injury, and social fragmentation, mental health paradigms grounded solely in affect regulation may prove insufficient. Frameworks that integrate stabilization with existential orientation are more likely to cultivate resilience that endures beyond symptom relief.

Future empirical research should examine how meaning-centered engagement interacts with regulation-based interventions to predict long-term psychological resilience. Longitudinal and mixed-methods designs may clarify the developmental trajectory of existential hope and its measurable impact under sustained stress conditions. Such investigation would extend the conceptual contribution of the present study into testable domains, strengthening the bridge between existential theory and contemporary clinical practice.

### **Theoretical Intensification for High-Impact Positioning**

For high-impact theoretical discourse, the implications are more provocative. If contemporary mental health continues to equate well-being with comfort, it risks institutionalizing experiential avoidance as cultural norm. Such normalization may contribute to what could be termed affective fragility, reduced tolerance for existential tension and diminished capacity for responsible engagement with suffering.

The comfort paradigm aligns with broader cultural shifts toward safety maximization and risk minimization. While protective in intention, this orientation may inadvertently erode the very psychological capacities required to confront moral complexity, uncertainty, and loss. In an era defined by chronic instability, climate anxiety, social fragmentation, and moral injury, psychological models that prioritize comfort above meaning may prove structurally insufficient.

The theoretical contribution of this article lies in clarifying that the central problem is not symptom-focused care but definitional reductionism. When mental health is reduced to emotional equilibrium, existential vitality becomes peripheral. Re-centering meaning restores a developmental horizon in which discomfort can function as catalyst rather than failure.

Thus, the proposed meaning-centered corrective represents not a nostalgic return to existentialism but a necessary recalibration of contemporary psychological theory. It reframes resilience as sustained value commitment under tension rather than mere regulation of affect. It distinguishes compassionate care from comfort dependency. And it proposes that the ethical future of mental health lies in preserving the dialectic between stabilization and existential engagement.

### **Trustworthiness and Rigor**

Methodological rigor was maintained through a transparent, multi-stage analytic process consistent with established standards for thematic synthesis (Thomas & Harden, 2008; Braun & Clarke, 2021). Coding proceeded iteratively and was documented systematically, with explicit articulation of how descriptive themes were derived from initial conceptual codes and subsequently synthesized into higher-order analytic constructs.

Cross-disciplinary triangulation was employed by integrating scholarship from clinical psychology, existential psychology, public mental health, and well-being research, thereby reducing disciplinary bias and enhancing interpretive breadth. Reflexive memos were maintained throughout the analytic process to document interpretive decisions and theoretical positioning. Conceptual saturation was considered achieved when successive analyses yielded no substantively new interpretive categories or thematic refinements.

### **Reflexivity**

This analysis was theory-guided and informed by logotherapeutic commitments to meaning-centered engagement. In accordance with reflexive thematic synthesis principles (Braun & Clarke, 2021), the interpretation reflects an existential orientation that emphasizes responsibility, purpose, and meaning in psychological development. At the same time, reflexive awareness was maintained throughout the analytic process to minimize selective interpretation and avoid misrepresenting avoidance-based well-being models.

The critique advanced in this study is therefore structural and conceptual rather than adversarial. Avoidance-based and regulation-focused frameworks are recognized as ethically and clinically essential within appropriate contexts, particularly in trauma-informed and stabilization-oriented care. The purpose of this analysis is not to dismiss these approaches but to clarify potential theoretical asymmetries that arise when emotional comfort becomes the dominant indicator of psychological health. In this sense, the synthesis seeks constructive theoretical clarification rather than oppositional critique.

### **Methodological Limitations**

Several limitations warrant acknowledgment. First, as an interpretive synthesis, this study does not empirically evaluate intervention efficacy or outcome data; its conclusions pertain to conceptual paradigms rather than treatment effectiveness. Second, the literature base analyzed is predominantly Western, reflecting broader patterns in contemporary psychological scholarship, which may limit cross-cultural generalizability. Third, the critique necessarily abstracts across heterogeneous therapeutic modalities. While care was taken to avoid oversimplification, conceptual synthesis requires a degree of generalization that may not fully capture variation within specific therapeutic schools.

### **Methodological Contribution**

This study demonstrates that critical interpretive thematic synthesis constitutes a rigorous and appropriate methodology for examining dominant conceptual paradigms within mental health scholarship. By systematically identifying recurring assumptions, organizing them into coherent analytic themes, and integrating them within a theoretically grounded corrective framework, the approach facilitates the development of conceptual innovation without relying on new empirical datasets. The methodology thus contributes not only to theoretical clarification within mental health discourse but also to the refinement of interpretive synthesis as a tool for paradigm-level analysis.

### **Limitations**

This study is an interpretive synthesis and does not empirically test the proposed model or evaluate intervention outcomes. The conclusions are conceptual rather than causal. The literature base reviewed is predominantly Western and may not fully capture cross-cultural perspectives on suffering, resilience, and well-being. Additionally, the critique necessarily abstracts across diverse therapeutic modalities and does not imply uniform application across clinical contexts. The construct of existential hope, while theoretically articulated, requires further operationalization and empirical validation.

### Future Directions

Future research should examine how meaning-centered engagement interacts with symptom reduction to predict long-term resilience. Longitudinal and mixed-methods designs may clarify how existential hope develops under sustained uncertainty. Empirical investigation of clinicians' implicit assumptions regarding comfort, avoidance, and existential tension would further refine the proposed integrative framework.

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