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When Breath Becomes Air: Psychological Advances in Meaning, Mortality, and Conscious Flourishing - A Critical Review of Paul Kalanithi's Memoir

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Abstract: Paul Kalanithi's *When Breath Becomes Air* has attracted considerable attention for its profound exploration of mortality, identity, and the human experience of terminal illness. While the memoir has been widely discussed within medicine and the humanities, its contribution to contemporary psychological thought has received comparatively limited integrative examination. This critical narrative review synthesizes literature from existential psychology, narrative medicine, narrative identity, meaning-making, resilience science, positive psychology, and clinician well-being to examine the memoir as a psychologically significant text. Drawing upon interdisciplinary scholarship, the review explores how Kalanithi's experiences illuminate processes of mortality awareness, identity reconstruction, meaning-making, resilience, compassionate relationships, professional identity, and patient-centred healthcare. Based on this synthesis, the review proposes Conscious Flourishing as an integrative conceptual framework that brings together established psychological perspectives to explain adaptive functioning in the context of serious illness and existential uncertainty. Rather than advancing a new psychological theory, Conscious Flourishing is presented as a conceptual lens that integrates complementary constructs, including mortality awareness, narrative identity, meaning-making, psychological flexibility, resilience, compassion, and authentic living. The review further discusses implications for clinical psychology, psychotherapy, healthcare practice, medical education, and future interdisciplinary research. By positioning illness narratives as valuable sources of psychological knowledge, this review demonstrates how literary memoirs can enrich theoretical understanding and inform compassionate, person-centred approaches to care. The findings contribute to ongoing dialogue on human adaptation, well-being, and flourishing in the presence of suffering, while identifying directions for future empirical investigation of the proposed conceptual framework.

IndexTerms - Narrative medicine, Existential psychology, Meaning-making, Narrative identity, Resilience, Human flourishing, Healthcare psychology, Illness narratives

INTRODUCTION

Serious illness extends beyond biological dysfunction to influence identity, relationships, purpose, and perceptions of mortality. Consequently, contemporary healthcare has increasingly recognised that understanding patients' lived experiences is essential for delivering holistic and person-centred care (Charon, 2006; Greenhalgh & Hurwitz, 1999). Illness narratives have therefore emerged as valuable sources of psychological knowledge, offering insights into how individuals interpret adversity, reconstruct meaning, and adapt to life-altering circumstances (Frank, 2013; Kleinman, 1988). Within psychology and the medical humanities, such narratives complement empirical research by illuminating the subjective dimensions of illness that are often difficult to capture through quantitative measures alone (Charon, 2006; White & Epston, 1990).

Among contemporary illness memoirs, Paul Kalanithi's *When Breath Becomes Air* (2016) occupies a distinctive place because it documents the author's transition from neurosurgeon to patient following a diagnosis of advanced lung cancer. Rather than portraying illness solely as a medical condition, the memoir explores existential concerns surrounding mortality, professional identity, purpose, relationships, and legacy. Kalanithi's reflections offer a compelling narrative through which psychological processes such as identity reconstruction, meaning-making, resilience, and adaptation can be examined within the context of serious illness (Frank, 2013; McAdams, 2013).

Existing scholarship has largely examined *When Breath Becomes Air* through the lenses of narrative medicine, medical ethics, professionalism, physician-patient relationships, and end-of-life care (Charon, 2006; DasGupta & Charon, 2004). While these perspectives have highlighted the memoir's educational and clinical significance, relatively limited attention has been devoted to integrating contemporary psychological theories to explain the adaptive processes reflected in Kalanithi's narrative. In particular, the intersections among existential psychology, narrative identity, meaning-making, resilience, positive psychology, and clinician well-being have not been comprehensively synthesised within a single conceptual review (Park, 2010; Ryff, 2014; Southwick et al., 2014). Addressing this gap may enhance understanding of how individuals negotiate profound adversity while maintaining purpose, relationships, and psychological well-being.

The present review therefore undertakes a critical narrative synthesis of interdisciplinary literature to examine *When Breath Becomes Air* as a psychologically significant text rather than solely a literary memoir. Drawing on existential psychology (Frankl, 2006; Yalom, 1980), narrative medicine (Charon, 2006), narrative identity theory (McAdams, 2013), meaning-making models (Park, 2010), resilience science (Bonanno, 2004; Masten, 2014), and positive psychology (Seligman, 2011; Wong, 2011), the review explores how Kalanithi's experiences illuminate key psychological processes involved in adapting to serious illness and existential uncertainty. This interdisciplinary approach reflects the growing recognition that no single theoretical perspective adequately captures the complexity of human responses to life-threatening conditions.

Building on this synthesis, the review proposes **Conscious Flourishing** as an integrative conceptual framework. Rather than advancing a new psychological theory, Conscious Flourishing is presented as a heuristic framework that organises complementary insights from established psychological traditions. The framework conceptualises adaptive functioning as emerging through the interaction of mortality awareness, meaning-making, narrative identity reconstruction, psychological flexibility, resilience, compassionate relationships, and authentic living. In doing so, it offers a coherent perspective on flourishing that acknowledges suffering not as the antithesis of well-being but as a context within which individuals may cultivate growth, purpose, and psychological maturity (Frankl, 2006; Tedeschi & Calhoun, 2004; Wong, 2011).

Accordingly, this review has three objectives: (1) to synthesise psychological theories relevant to the central themes presented in *When Breath Becomes Air*; (2) to examine the memoir's implications for clinical psychology, psychotherapy, healthcare practice, and medical education; and (3) to introduce Conscious Flourishing as an integrative conceptual framework to guide future interdisciplinary scholarship. By positioning illness narratives as meaningful sources of psychological evidence, the review contributes to a broader understanding of human adaptation, resilience, and flourishing in the face of mortality.

THEORETICAL FOUNDATIONS: ILLNESS NARRATIVES, NARRATIVE MEDICINE, AND PSYCHOLOGICAL INQUIRY

Illness is not experienced solely as a biological event; it is also interpreted through personal stories that shape how individuals understand suffering, identity, and recovery. Consequently, narrative has become a central concept in psychology, medicine, and the health humanities because it provides access to the subjective meanings that accompany illness and major life transitions (Frank, 2013; Kleinman, 1988). Narrative approaches recognise that patients do not merely present symptoms but also construct accounts that connect past experiences, present realities, and anticipated futures. These narratives influence coping, emotional adjustment, decision-making, and interpersonal relationships, making them valuable sources of psychological insight (McAdams, 2013; Park, 2010).

Narrative medicine builds on this understanding by advocating clinical practice that values patients' stories alongside biomedical evidence. Narrative medicine emphasizes attentive listening to patients' stories as a means of enhancing empathy, clinical understanding, and holistic care (Charon, 2006; Charon et al., 2017). They describe narrative medicine as the capacity to recognise, interpret, and respond to stories of illness, thereby strengthening empathy, communication, and therapeutic relationships. Contemporary evidence continues to support its relevance, demonstrating that narrative medicine enhances patient-centred care, reflective practice, clinician well-being, and healthcare education while complementing rather than replacing evidence-based medicine.

From a psychological perspective, illness narratives represent processes of identity reconstruction rather than simple recollections of medical events. Serious illness often disrupts an individual's established sense of identity, requiring psychological adaptation, narrative reconstruction, and the integration of altered life circumstances into a coherent sense of self, professional roles, relationships, and future aspirations, requiring individuals to reinterpret their life stories in ways that restore coherence and purpose (Bury, 1982; Frank, 2013; McAdams, 2013). Narrative identity theory proposes that people develop an evolving internal life story through which experiences are organised into a

meaningful sense of self (McAdams, 2013). When illness threatens continuity, narrative reconstruction becomes a mechanism through which individuals integrate adversity into a revised identity rather than viewing it solely as loss.

Meaning-making provides another essential theoretical lens for understanding adaptation to serious illness. According to Park's (2010) meaning-making model, psychological adjustment involves reconciling stressful experiences with broader beliefs, goals, and life values. Similarly, Frankl proposed that meaning can be discovered even amidst unavoidable suffering, a perspective that continues to inform contemporary conceptualizations of meaning as coherence, purpose, and significance (Frankl, 2006; Martela & Steger, 2023). Suggesting further that existential purpose is not contingent upon favourable circumstances. These perspectives have informed subsequent work in existential positive psychology, which conceptualises flourishing as emerging through engagement with adversity rather than its avoidance (Wong, 2011).

Existential psychology further emphasises that confronting mortality often prompts reflection on personal values, responsibility, authenticity, and the finite nature of life (Yalom, 1980). Awareness of death may evoke distress, yet it can also catalyse psychological growth, deepen relationships, and clarify priorities. Within this perspective, mortality awareness functions not only as a source of anxiety but also as a stimulus for intentional living and renewed commitment to personally meaningful goals.

These theoretical perspectives are complemented by resilience science, which views adaptation as a dynamic process rather than a fixed personality trait. Contemporary resilience research suggests that individuals may maintain or regain psychological functioning through flexible coping, supportive relationships, cognitive reappraisal, and meaning-oriented adaptation despite significant adversity (Bonanno, 2004, 2021; Masten, 2014; Southwick et al., 2014). Rather than eliminating suffering, resilience reflects the capacity to respond constructively to disruption while preserving psychological functioning and hope.

Together, narrative medicine, narrative identity theory, existential psychology, meaning-making, and resilience science provide a complementary framework for understanding *When Breath Becomes Air*. Kalanithi's memoir is therefore examined in this review not merely as an autobiographical account but as a psychologically significant illness narrative through which established theories of human adaptation can be interpreted and integrated. This interdisciplinary foundation informs the thematic analysis that follows and provides the basis for the proposed framework of **Conscious Flourishing**, which synthesises these complementary perspectives into a coherent understanding of adaptation, purpose, and well-being in the context of serious illness.

Table 1 : Theoretical Perspectives Underpinning the Psychological Analysis of *When Breath Becomes Air*

Theoretical Perspective	Core Psychological Focus	Application in the Present Review
Existential Psychology	Mortality awareness, freedom, meaning, and human existence	Explains how confronting terminal illness reshapes values, purpose, and psychological adaptation.

Theoretical Perspective	Core Psychological Focus	Application in the Present Review
Narrative Identity Theory	Identity construction and reconstruction through personal narratives	Interprets Kalanithi's transition from physician to patient and the reconstruction of self following life disruption.
Meaning-Making Theory	Purpose, coherence, and cognitive appraisal of adversity	Examines how suffering is integrated into a meaningful life narrative through reflection and value-directed living.
Resilience Theory	Psychological flexibility, adaptation, and recovery	Explains adaptive functioning, emotional regulation, and continued engagement despite serious illness.
Positive Psychology	Well-being, strengths, relationships, and authentic living	Highlights flourishing through hope, compassionate relationships, and purposeful engagement with life.
Narrative Medicine	Illness narratives, empathy, and person-centred healthcare	Demonstrates how patients' lived experiences enrich psychological understanding and compassionate clinical practice.

To facilitate understanding of the interdisciplinary perspective adopted in this review, Table 1 summarises the principal psychological theories, their core focus, and their application to the analysis of *When Breath Becomes Air*.

METHOD OF REVIEW

This study employed a **critical narrative review** methodology to examine the psychological significance of Paul Kalanithi's *When Breath Becomes Air* through an interdisciplinary synthesis of literature. A narrative review was considered appropriate because the objective was not to quantify evidence or evaluate intervention effectiveness, but to integrate theoretical perspectives and empirical findings from psychology, narrative medicine, medical humanities, and healthcare research into a coherent conceptual analysis.

A comprehensive literature search was conducted across major electronic databases, including **PsycINFO, PubMed, Scopus, Web of Science, Google Scholar, and ResearchGate**, to identify relevant peer-reviewed literature. Search terms included combinations of *When Breath Becomes Air*, illness narratives, narrative medicine, existential psychology, meaning-making, narrative identity, resilience, positive psychology, clinician well-being, burnout, human flourishing, and patient-centred care. Seminal theoretical works were included alongside recent empirical studies to provide both historical context and contemporary evidence.

The review prioritised English-language publications relevant to the psychological interpretation of illness narratives. Eligible sources included peer-reviewed journal articles, scholarly books, book chapters, and influential theoretical papers addressing existential psychology, narrative medicine, narrative identity, resilience, meaning-making, positive psychology, healthcare communication, and clinician well-being. Editorials, opinion pieces lacking scholarly support, and publications unrelated to the review objectives were excluded.

The selected literature was analysed using a thematic synthesis approach. Rather than evaluating the memoir as a literary text alone, psychological concepts emerging from *When Breath Becomes Air* were interpreted alongside established theoretical frameworks. Recurring themes including mortality awareness, identity reconstruction, meaning-making, resilience, compassionate relationships, professional identity, and narrative medicine, were identified and synthesised to examine their relevance for psychological theory and practice.

The findings of this synthesis informed the development of **Conscious Flourishing**, presented in this review as an **integrative conceptual framework** rather than a new psychological theory. The framework emerged through the convergence of complementary perspectives from existential psychology, narrative identity theory, resilience science, positive psychology, and narrative medicine. It is intended to organise existing knowledge, stimulate interdisciplinary dialogue, and identify directions for future empirical research on psychological adaptation to serious illness and existential adversity.

PSYCHOLOGICAL ANALYSIS

i) Mortality Awareness and Existential Psychology

Mortality awareness has long been recognised as a defining concern within existential psychology. Rather than viewing death solely as a biological endpoint, existential theorists argue that awareness of life's finitude fundamentally shapes how individuals construct meaning, exercise freedom, and define personal values (Frankl, 2006; Yalom, 1980). Although confronting mortality often evokes anxiety and uncertainty, it may also prompt deeper reflection on priorities, relationships, and purpose. Contemporary research similarly suggests that awareness of mortality can facilitate psychological growth when individuals are able to integrate existential concerns into a coherent understanding of their lives (Pyszczynski et al., 2015; Routledge & Vess, 2019).

Paul Kalanithi's *When Breath Becomes Air* provides a compelling illustration of these existential processes. As a neurosurgeon accustomed to treating critically ill patients, Kalanithi initially approached death from a professional perspective. His diagnosis with metastatic lung cancer, however, transformed mortality from an abstract clinical reality into an immediate personal experience. This transition disrupted assumptions regarding career, identity, and future aspirations, compelling him to reconsider fundamental questions concerning what makes life meaningful when its duration becomes uncertain (Kalanithi, 2016).

From an existential perspective, the memoir illustrates that psychological adaptation does not arise from denying mortality but from engaging with it consciously. Frankl (2006) argued that individuals retain the capacity to choose their attitudes even under circumstances that cannot be changed. Rather than defining himself exclusively through illness, Kalanithi continued to invest in meaningful relationships, intellectual inquiry, and professional contribution despite recognising the limitations imposed by his diagnosis. His reflections demonstrate that meaning can coexist with suffering and that purpose remains possible even when conventional expectations about the future are disrupted.

Yalom (1980) similarly proposed that confronting mortality can generate what he termed an "awakening experience," encouraging individuals to reassess priorities and live more intentionally. Kalanithi's narrative reflects this process

through his renewed appreciation of family, fatherhood, medicine, and writing. Rather than presenting death as a purely destructive force, the memoir portrays mortality awareness as a catalyst for greater authenticity and value-directed living. In this sense, awareness of life's finitude becomes psychologically transformative rather than solely distressing.

Contemporary existential research supports this interpretation by suggesting that adaptive responses to mortality depend on individuals' ability to construct meaning, maintain valued relationships, and preserve a coherent sense of self despite uncertainty (Routledge & Vess, 2019). Similarly, Terror Management Theory proposes that awareness of death motivates individuals to seek symbolic forms of continuity through close relationships, meaningful achievements, and enduring personal values (Pyszczynski et al., 2015). Kalanithi's commitment to completing his memoir, continuing clinical work for as long as possible, and embracing fatherhood may be understood as expressions of this search for enduring significance rather than attempts to avoid the reality of death.

Importantly, the memoir challenges the assumption that psychological well-being requires the absence of fear or suffering. Kalanithi openly acknowledges uncertainty, grief, and vulnerability while continuing to engage with life in purposeful ways. This perspective aligns with contemporary approaches within existential positive psychology, which argue that flourishing is strengthened not by eliminating adversity but by integrating suffering into a broader framework of meaning, responsibility, and hope (Wong, 2011). Psychological adaptation therefore emerges as an ongoing process of negotiating vulnerability rather than achieving emotional invulnerability.

The psychological significance of *When Breath Becomes Air* lies in its demonstration that mortality awareness can become a source of existential insight rather than merely existential distress. Through Kalanithi's narrative, death is not romanticised nor portrayed as inherently transformative; instead, it functions as a profound reminder of life's finite nature, encouraging intentional choices regarding relationships, work, and personal values. The memoir illustrates that meaning is not discovered despite mortality but often because of it, offering a psychologically nuanced understanding of adaptation under conditions of profound uncertainty.

Critical Insight. Existential psychology provides a valuable framework for interpreting Kalanithi's memoir because it shifts attention from the inevitability of death to the psychological possibilities that emerge through confronting mortality. Rather than presenting flourishing as freedom from suffering, the memoir suggests that enduring well-being may arise through conscious engagement with life's limitations, thereby laying the conceptual foundation for the integrative framework of **Conscious Flourishing** developed later in this review.

ii) Identity Reconstruction: From Physician to Patient

Identity is a dynamic psychological construct that evolves through life experiences, social roles, and personal narratives. According to narrative identity theory, individuals develop an internalised life story that integrates past experiences with present circumstances and future aspirations, providing coherence and continuity to the self (McAdams, 2013; McLean et al., 2020). Serious illness can disrupt this narrative by altering anticipated life

trajectories, challenging established roles, and requiring individuals to reconstruct their sense of self (Bury, 1982; Frank, 2013).

This process is vividly illustrated in *When Breath Becomes Air*. Before his diagnosis, Paul Kalanithi's identity was deeply rooted in his role as a neurosurgeon, where professional competence, scientific inquiry, and responsibility for patient care defined his sense of purpose. A diagnosis of metastatic lung cancer abruptly transformed him from physician to patient, disrupting not only his career but also the assumptions that had shaped his identity and future. The memoir demonstrates that this transition involved far more than a change in medical status; it represented a profound psychological re-evaluation of who he was and what continued to give his life meaning (Kalanithi, 2016).

Narrative identity theory suggests that adaptation following major life disruption depends on reconstructing, rather than replacing, one's personal narrative (McAdams, 2013; McLean et al., 2020). Kalanithi's reflections illustrate this process as he gradually integrates multiple identities that of physician, patient, husband, father, and writer into a coherent understanding of himself. Rather than allowing illness to become his defining characteristic, he reorganises his life around enduring values, including compassion, intellectual curiosity, relationships, and service. His narrative therefore exemplifies identity continuity through transformation rather than restoration.

Frank's (2013) concept of the quest narrative further illuminates Kalanithi's experience. Instead of portraying illness solely as tragedy or seeking a return to his previous life, he explores how suffering reshapes his understanding of medicine, family, and personal purpose. Meaning emerges not from overcoming illness but from engaging with it honestly while continuing to invest in valued aspects of life. This perspective highlights identity reconstruction as an active psychological process grounded in acceptance and reflection rather than denial.

Relationships also play a central role in sustaining identity during illness. Research suggests that supportive interpersonal relationships provide emotional validation and reinforce continuity during major life transitions (Haslam et al., 2018). Throughout the memoir, Kalanithi's interactions with his wife, family, colleagues, and patients enable him to maintain valued aspects of himself despite increasing physical limitations. These relationships demonstrate that identity is co-constructed within social contexts and supported through connection as much as individual reflection.

For healthcare professionals, Kalanithi's experience offers an important insight into professional identity. His movement between the roles of physician and patient deepened his appreciation of empathy, communication, and vulnerability, illustrating that effective clinical practice depends not only on technical expertise but also on recognising the shared humanity of those who provide and receive care.

Critical Insight. Viewed through narrative identity theory, *When Breath Becomes Air* demonstrates that serious illness transforms rather than erases identity. Psychological adaptation emerges through reconstructing a coherent and value-driven life story that accommodates vulnerability while preserving purpose, relationships, and authenticity. This process constitutes a central dimension of the proposed framework of **Conscious Flourishing**.

iii) Meaning-Making and Purpose

Meaning-making is a fundamental psychological process through which individuals interpret adversity and integrate it into a coherent understanding of themselves and their lives (Park, 2010; George & Park, 2016). Rather than eliminating suffering, it enables individuals to preserve purpose, values, and psychological well-being despite uncertainty. This perspective is particularly relevant in the context of life-threatening illness, where questions concerning identity, purpose, and mortality become increasingly salient.

Frankl's logotherapy provides an influential framework for understanding this process. Frankl (2006) argued that the primary human motivation is the search for meaning and that purpose can be discovered even under conditions of unavoidable suffering. Contemporary research similarly indicates that meaning in life is associated with greater psychological resilience, adaptive coping, and emotional well-being among individuals confronting chronic illness and major life stressors (George & Park, 2016; Park, 2010). Meaning-making therefore functions as a protective psychological resource that supports adaptation when circumstances cannot be changed.

These principles are reflected throughout *When Breath Becomes Air*. Following his diagnosis with metastatic lung cancer, Kalanithi confronts not only the prospect of death but also the collapse of a carefully envisioned future. Kalanithi continually reconstructs meaning despite progressive illness, illustrating how meaning emerges through purpose, coherence, and existential significance (Frankl, 2006; Martela & Steger, 2023). Rather than focusing solely on loss, he reorients his life towards enduring values by continuing to write, nurturing relationships, and embracing fatherhood. His narrative suggests that meaning is actively constructed through purposeful engagement with life rather than determined by health, professional success, or longevity (Kalanithi, 2016).

Meaning-making in the memoir is inseparable from relationships and identity. As Kalanithi's professional role changes, his sense of purpose increasingly derives from his connections with family, patients, and the legacy he hopes to leave behind. This aligns with positive psychology, which emphasises that enduring well-being is grounded in purpose, meaningful relationships, and contribution to others rather than the pursuit of pleasure alone (Ryff, 2014; Seligman, 2011). His reflections also resonate with existential positive psychology, which views flourishing as emerging through the integration of suffering, responsibility, and hope rather than through the avoidance of adversity (Wong, 2011).

Critical Insight. *When Breath Becomes Air* demonstrates that meaning is not found despite suffering but often through it. Viewed through the lens of meaning-making theory and existential psychology, the memoir illustrates that psychological adaptation depends on sustaining purpose, values, and relationships even when life remains uncertain. This process forms a central pillar of the proposed framework of **Conscious Flourishing**.

iv) Resilience, Hope, and Psychological Adaptation

Resilience is increasingly understood as a dynamic process through which individuals adapt to significant adversity rather than as a fixed personality trait (Masten, 2014). Contemporary resilience research emphasises psychological flexibility, adaptive coping, supportive relationships, and meaning-making as key mechanisms that enable individuals to maintain or regain psychological functioning following life-altering events (Bonanno, 2004, 2021; Southwick et

al., 2014). Hope, similarly, is not characterised by unrealistic optimism but by the capacity to remain purposefully engaged with life despite uncertainty (Snyder, 2002).

Kalanithi's experience illustrates resilience as an ongoing process of adaptation rather than recovery. Although Kalanithi's experiences cannot be fully characterized as posttraumatic growth, his reflections demonstrate psychological changes that resonate with aspects of the posttraumatic growth literature, particularly in relation to appreciation of life, existential reflection, and personal meaning (Tedeschi & Calhoun, 2004). His memoir does not portray resilience as emotional invulnerability or the denial of suffering. Instead, it depicts an individual who openly acknowledges fear, uncertainty, and physical decline while continuing to pursue personally meaningful goals. His decisions to complete his memoir, sustain relationships, and continue contributing to medicine for as long as possible reflect psychological flexibility and value-directed living rather than resistance to reality (Kalanithi, 2016).

This perspective aligns with contemporary resilience theory, which views adaptation as the capacity to adjust to changing circumstances while preserving core values and purpose (Masten, 2014). Rather than measuring resilience by physical recovery, the memoir suggests that it is expressed through continued engagement with meaningful activities despite progressive loss. Kalanithi's reflections further demonstrate that resilience is strengthened through interpersonal relationships, particularly the support of family and professional colleagues, reinforcing evidence that social connectedness is a critical protective factor during serious illness (Southwick et al., 2014).

The memoir also challenges conventional notions of hope. Rather than hoping exclusively for a cure, Kalanithi gradually redefines hope as the possibility of living meaningfully within the limits imposed by illness. This shift from outcome-oriented expectations to value-oriented living reflects an adaptive psychological response consistent with existential and positive psychological perspectives, where hope is grounded in purpose, acceptance, and personal agency rather than certainty about the future (Snyder, 2002; Wong, 2011).

Critical Insight. When *Breath Becomes Air* reframes resilience as purposeful adaptation rather than resistance to adversity. By integrating resilience with meaning, relationships, and psychological flexibility, the memoir demonstrates that enduring well-being is sustained through engagement with life despite uncertainty, reinforcing another key dimension of the proposed framework of **Conscious Flourishing**.

v) Relationships, Compassion, and Relational Connectedness

Relationships play a central role in psychological adaptation by providing emotional security, shared meaning, and social support during periods of adversity. Attachment theory posits that secure interpersonal relationships foster resilience by enhancing emotional regulation, trust, and adaptive coping in the face of significant stress, adversity, or loss (Bowlby, 1988; Mikulincer & Shaver, 2016). Contemporary positive psychology similarly identifies positive relationships as a core component of well-being, emphasising that flourishing is sustained through connection, compassion, and belonging rather than individual achievement alone (Seligman, 2011; Ryff, 2014).

In *When Breath Becomes Air*, relationships emerge as an enduring source of meaning as Kalanithi's priorities shift from professional accomplishment towards family, companionship, and legacy. His relationship with his wife, Lucy, exemplifies mutual resilience, illustrating how compassion and shared decision-making support psychological adaptation during terminal illness. Likewise, the decision to become a father despite an uncertain future reflects a commitment to hope, continuity, and generativity rather than resignation to illness (Kalanithi, 2016). These experiences suggest that meaningful relationships do not merely buffer distress but actively shape how individuals reconstruct identity and purpose.

The memoir also offers important insights into compassion within healthcare. Having experienced both the roles of physician and patient, Kalanithi demonstrates that compassionate care extends beyond technical competence to include attentive listening, empathy, and recognition of patients' lived experiences. His dual perspective reinforces the principles of narrative medicine, which advocate understanding patients through their stories as well as their symptoms (Charon, 2006). Compassion therefore becomes not only an interpersonal virtue but also a clinical practice that strengthens trust and therapeutic relationships.

Psychologically, the memoir illustrates that relationships provide a context in which meaning, resilience, and identity are continually negotiated. Rather than portraying adaptation as an individual achievement, Kalanithi's narrative highlights its relational nature, demonstrating that connection with loved ones and healthcare professionals enables individuals to navigate uncertainty with greater dignity and hope.

Critical Insight. When *Breath Becomes Air* portrays relationships as active contributors to psychological adaptation rather than sources of emotional support alone. Through attachment, compassion, and shared meaning, the memoir demonstrates that flourishing is fundamentally relational, reinforcing the view that authentic human connection is an essential dimension of the proposed framework of **Conscious Flourishing**.

vi) Professional Identity, Burnout, and Clinician Well-being

Professional identity plays a significant role in shaping clinicians' sense of purpose, competence, and self-worth. While healthcare professionals are trained to diagnose and treat illness, they are often less prepared for the psychological challenges that arise when illness affects their own lives. Research indicates that burnout, emotional exhaustion, and loss of professional identity can undermine clinicians' well-being, empathy, and quality of care, highlighting the importance of reflective practice and organisational support (Maslach & Leiter, 2016, 2022; West et al., 2018).

When Breath Becomes Air offers a unique perspective on these challenges through Kalanithi's transition from neurosurgeon to patient. His diagnosis disrupts a professional identity built around expertise, responsibility, and caring for others, compelling him to confront vulnerability from the patient's perspective. Rather than viewing this transition as a loss of identity alone, the memoir illustrates how lived experience of illness deepens his understanding of empathy, uncertainty, and the relational dimensions of medical practice (Kalanithi, 2016).

The memoir also challenges traditional assumptions that effective clinicians must remain emotionally detached. Kalanithi's reflections suggest that professional competence and vulnerability are not mutually exclusive. His experience as both physician and patient demonstrates that acknowledging uncertainty and emotional complexity can strengthen compassionate care by fostering greater sensitivity to patients' experiences. This perspective aligns with contemporary calls for healthcare systems that support reflective practice, clinician well-being, and emotionally sustainable models of care (West et al., 2018).

Rather than presenting burnout solely as an individual problem, the memoir implicitly highlights the psychological demands of medical practice and the importance of preserving meaning and purpose within professional roles. It suggests that clinician well-being is sustained not only through technical competence but also through self-awareness, supportive relationships, and opportunities for reflection. These factors enable healthcare professionals to maintain empathy while navigating the emotional realities of caring for seriously ill patients.

Critical Insight. Kalanithi's dual identity as physician and patient demonstrates that professional growth may emerge through vulnerability as well as expertise. Interpreted through the lens of clinician well-being, the memoir suggests that reflective practice, empathy, and a sustained sense of purpose are essential for psychologically healthy and compassionate healthcare, reinforcing another dimension of **Conscious Flourishing**.

vii) Narrative Medicine and Humanistic Healthcare

The growing emphasis on person-centred healthcare has reinforced the importance of understanding patients not only through clinical findings but also through their lived experiences. Narrative medicine provides a framework for integrating patients' stories into healthcare, recognising that illness is simultaneously a biological, psychological, and social experience (Charon, 2006). Within this perspective, narratives enrich clinical understanding by revealing how individuals interpret illness, negotiate uncertainty, and reconstruct meaning.

When *Breath Becomes Air* exemplifies the principles of narrative medicine through Kalanithi's unique perspective as both physician and patient. Kalanithi's memoir demonstrates how illness narratives facilitate reflection, identity reconstruction, and meaning-making, illustrating the central principles of narrative medicine (Kleinman, 1988; Charon, 2006; Charon et al., 2017). His memoir illustrates how serious illness transforms the clinician's understanding of care, shifting attention from disease management alone to questions of identity, dignity, communication, and meaning. By experiencing healthcare from both sides of the consultation, Kalanithi highlights the limitations of an exclusively biomedical approach and underscores the value of empathy, attentive listening, and shared decision-making (Kalanithi, 2016).

The memoir also demonstrates that narrative competence extends beyond effective communication. Understanding a patient's story enables clinicians to appreciate the values, fears, and priorities that influence healthcare decisions, particularly in life-limiting conditions. This perspective supports psychological care that is responsive not only to symptoms but also to the individual's evolving sense of self and purpose. Contemporary evidence similarly suggests

that narrative-based approaches strengthen patient-centred care, reflective practice, and clinician empathy, contributing to improved therapeutic relationships and healthcare experiences (Charon, 2006 ; Fioretti et al., 2016).

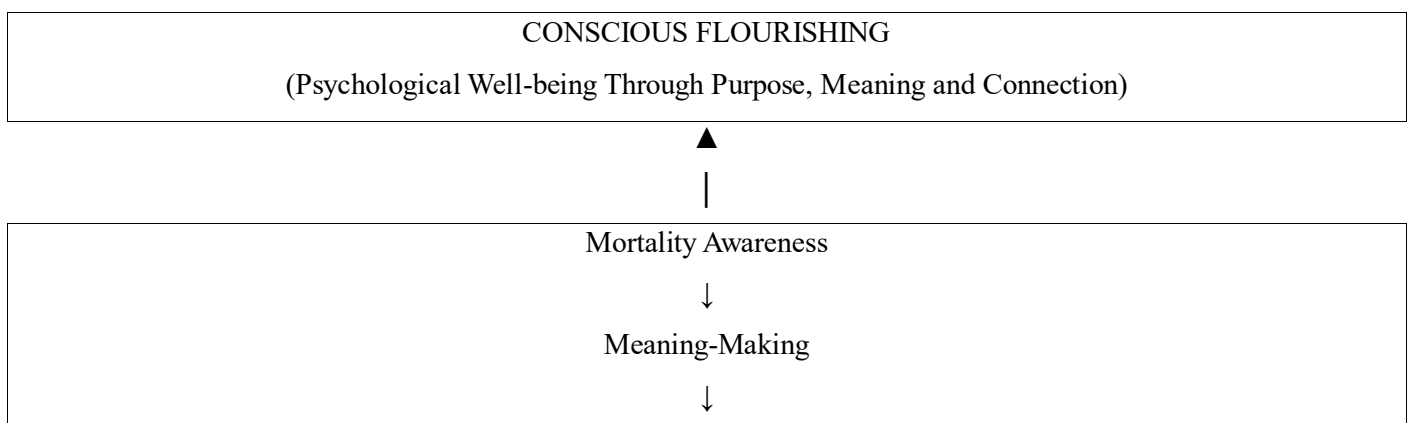
From a psychological perspective, illness narratives complement empirical research by illuminating dimensions of suffering, adaptation, and resilience that may not be fully captured through standard clinical measures. Kalanithi's memoir demonstrates that personal narratives can deepen understanding of existential concerns, identity reconstruction, and meaning-making while encouraging healthcare professionals to view patients as active participants in their own stories rather than passive recipients of treatment.

Critical Insight. When *Breath Becomes Air* illustrates that effective healthcare requires attention to both clinical evidence and personal narratives. Through the lens of narrative medicine, the memoir demonstrates that compassionate care is strengthened when clinicians understand the psychological meanings that patients attach to illness. This integration of scientific knowledge with lived experience provides the conceptual bridge to the proposed framework of **Conscious Flourishing**, which is developed in the following section.

CONSCIOUS FLOURISHING: AN INTEGRATIVE CONCEPTUAL FRAMEWORK

The preceding analysis demonstrates that *When Breath Becomes Air* reflects multiple interconnected psychological processes rather than a single theoretical perspective. Existential psychology explains the significance of mortality awareness; narrative identity theory illuminates identity reconstruction; meaning-making theory clarifies the search for purpose; resilience science highlights adaptive functioning; positive psychology emphasises purposeful living and relationships; and narrative medicine underscores the value of patients' lived experiences. While each perspective offers important insights, no individual framework fully captures the psychological complexity of Kalanithi's journey. This review therefore proposes **Conscious Flourishing** as an **integrative conceptual framework** that synthesises these complementary perspectives into a coherent understanding of psychological adaptation during serious illness.

Conscious Flourishing is **not proposed as a new psychological theory**, nor does it replace established theoretical models. Rather, it serves as a heuristic framework that organises evidence from existing scholarship to explain how individuals may continue to experience psychological growth, purpose, and relational well-being despite profound adversity. The framework is grounded in the premise that flourishing is compatible with vulnerability and that adaptive functioning emerges through the interaction of several mutually reinforcing psychological processes.



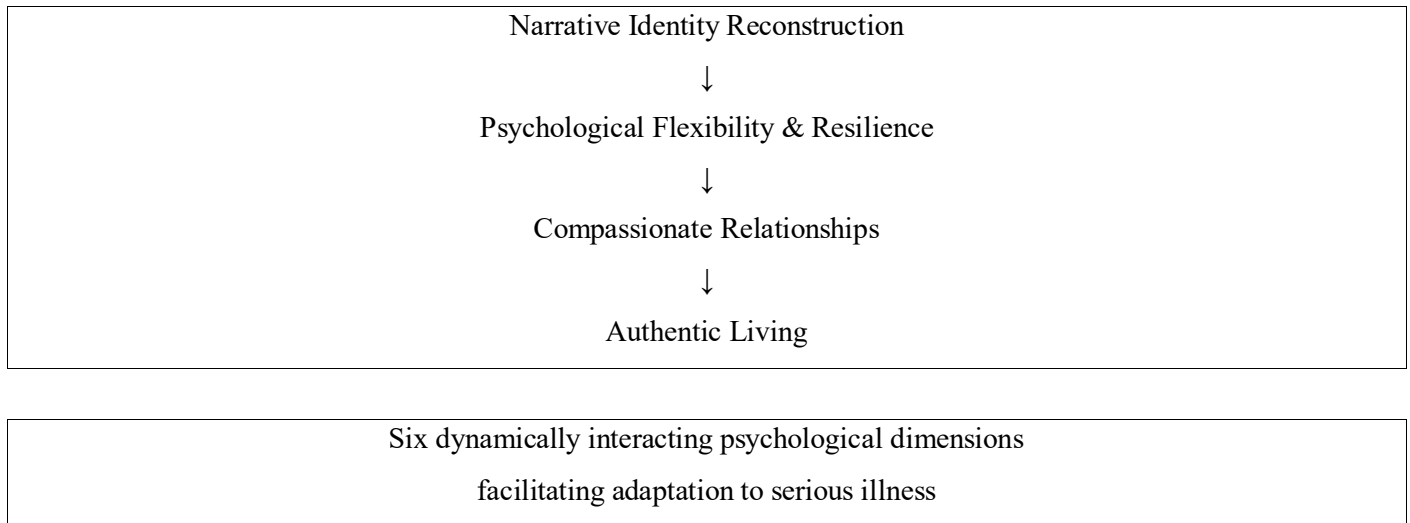


Figure 1 : The Conscious Flourishing Framework: An Integrative Conceptual Model of Psychological Adaptation

Figure 1 synthesises the principal findings of the present review into the proposed **Conscious Flourishing Framework**. The model illustrates how six established psychological processes interact to support adaptation during serious illness. Rather than functioning independently or sequentially, these dimensions operate as a dynamic and mutually reinforcing system that enables individuals to maintain meaning, resilience, authentic relationships, and purposeful engagement despite confronting mortality.

The framework comprises six interrelated dimensions.

Mortality Awareness represents the recognition of life's finitude. Rather than functioning solely as a source of anxiety, awareness of mortality may encourage individuals to re-evaluate priorities, clarify values, and engage more intentionally with life (Yalom, 1980; Frankl, 2006;).

Meaning-Making enables individuals to interpret adversity in ways that preserve purpose and coherence. Through ongoing reflection and value-directed action, suffering becomes integrated into a broader life narrative rather than remaining an isolated experience of loss (Park, 2010; Martela & Steger, 2023).

Narrative Identity Reconstruction reflects the process through which individuals revise their understanding of self-following major life disruption. Identity is maintained through continuity of values rather than continuity of circumstances, allowing individuals to accommodate illness without losing a coherent sense of self (McAdams, 2013).

Psychological Flexibility and Resilience represent the capacity to adapt to changing realities while remaining committed to personally meaningful goals. Adaptation is expressed through acceptance, emotional regulation, and sustained engagement with valued aspects of life rather than through avoidance or denial (Bonanno, 2004, 2021; Masten, 2014).

Compassionate Relationships emphasise the relational foundations of well-being. Supportive interpersonal connections provide emotional security, reinforce identity, and facilitate meaning-making, illustrating that psychological adaptation is inherently social rather than exclusively individual (Bowlby, 1988; Ryff, 2014; Haslam et al., 2018).

Finally, **Authentic Living** reflects alignment between personal values, choices, and actions. Kalanithi's narrative illustrates that authenticity is expressed not by controlling external circumstances but by consciously choosing how to live within them. Purposeful engagement with family, professional service, and personal legacy therefore becomes an expression of flourishing despite the inevitability of suffering.

Rather than functioning independently, these dimensions interact dynamically. Mortality awareness initiates existential reflection; meaning-making and narrative reconstruction restore coherence; resilience supports adaptation; relationships provide emotional grounding; and authentic living integrates these processes into purposeful action. Together, they illustrate that flourishing is not the absence of adversity but the capacity to respond to adversity with meaning, connection, and intentionality.

Table 2: Dimensions of the Conscious Flourishing Framework and Their Psychological Significance

Dimension	Psychological Significance	Illustration from When Breath Becomes Air
Mortality Awareness	Promotes existential reflection, values clarification, and intentional living in the face of life's finitude.	Kalanithi's terminal diagnosis prompts reflection on what gives life meaning beyond professional achievement.
Meaning-Making	Facilitates integration of adversity into a coherent and purposeful life narrative.	Writing, family, and medicine become enduring sources of purpose despite progressive illness.
Narrative Identity Reconstruction	Supports continuity of self by reconstructing identity following major life disruption.	The transition from neurosurgeon to patient reshapes Kalanithi's understanding of himself and his life story.
Psychological Flexibility and Resilience	Enables adaptive functioning through acceptance, emotional regulation, and sustained engagement with valued goals.	Kalanithi continues writing, clinical engagement, and family life while adapting to changing health.
Compassionate Relationships	Reinforces emotional security, empathy, and shared meaning through supportive interpersonal connections.	Relationships with Lucy, family, colleagues, and patients strengthen resilience and purpose.
Authentic Living	Encourages alignment between personal values, choices, and purposeful action despite uncertainty.	Kalanithi chooses fatherhood, writing, and service, reflecting a life guided by deeply held values.

For ease of reference, Table 2 summarises the six dimensions of the Conscious Flourishing framework, their psychological significance, and illustrative examples drawn from *When Breath Becomes Air*.

The proposed framework has implications beyond the interpretation of *When Breath Becomes Air*. It offers an integrative lens through which psychologists, psychotherapists, healthcare professionals, and educators may understand adaptation among individuals experiencing chronic illness, bereavement, occupational burnout, and other major life transitions. Although conceptual in nature, Conscious Flourishing provides a foundation for future empirical research examining the relationships among mortality awareness, meaning-making, narrative identity, resilience, compassion, and authentic living across diverse populations.

Viewed collectively, Conscious Flourishing synthesises the principal psychological insights emerging from this review into a single conceptual perspective. It does not seek to redefine flourishing but rather to expand its understanding by recognising that vulnerability, suffering, and mortality can coexist with purpose, growth, meaningful relationships, and psychological well-being. In doing so, the framework provides the central conceptual contribution of the present review.

IMPLICATIONS FOR PSYCHOLOGY, HEALTHCARE, AND FUTURE RESEARCH

The interdisciplinary synthesis presented in this review extends the significance of *When Breath Becomes Air* beyond its literary and autobiographical value by demonstrating its relevance to contemporary psychological theory and healthcare practice. Rather than viewing illness solely through biomedical or existential perspectives, the review illustrates how integrating narrative identity, meaning-making, resilience, clinician well-being, and narrative medicine provides a more comprehensive understanding of psychological adaptation to serious illness. Supporting clinician well-being requires both individual and organizational approaches that reduce burnout and foster psychologically healthy work environments (Maslach & Leiter, 2016, 2022; West et al., 2016).

For **clinical psychology and psychotherapy**, the findings reinforce the importance of therapeutic approaches that address identity reconstruction, meaning-making, and value-directed living alongside symptom management. Clients experiencing chronic illness, grief, trauma, or major life transitions often struggle with disrupted assumptions about themselves and their future. The psychological processes identified in this review suggest that interventions fostering narrative reconstruction, psychological flexibility, and purposeful engagement may support adaptive functioning even when adverse circumstances cannot be changed.

For **healthcare practice**, the review highlights the value of person-centred care grounded in empathy, reflective listening, and an appreciation of patients' lived experiences. Kalanithi's dual perspective as physician and patient demonstrates that effective healthcare extends beyond disease management to include understanding how individuals interpret illness, negotiate uncertainty, and preserve dignity. Integrating narrative perspectives into routine clinical practice may therefore strengthen therapeutic relationships and improve patient-centred decision-making.

The review also has implications for **medical education**. Illness narratives such as *When Breath Becomes Air* provide opportunities for developing empathy, communication skills, reflective practice, and professional identity formation among healthcare trainees. Incorporating such narratives into educational programmes may help future clinicians better appreciate the psychological and relational dimensions of patient care while fostering emotionally sustainable professional practice.

Finally, the proposed framework of **Conscious Flourishing** offers a foundation for **future research**. Although conceptual in nature, the framework identifies six interrelated dimensions: mortality awareness, meaning-making, narrative identity reconstruction, psychological flexibility, compassionate relationships, and authentic living, that warrant empirical investigation. Future qualitative, quantitative, and longitudinal studies may examine how these dimensions interact across diverse clinical populations, cultural contexts, and life transitions. Such research would contribute to a more integrated understanding of human flourishing under conditions of adversity while refining the conceptual framework proposed in this review.

Collectively, these implications reinforce the central argument of the present review: psychological adaptation to serious illness is best understood through an interdisciplinary perspective that recognises the dynamic interplay between individual, relational, and existential processes. By positioning illness narratives as valuable sources of psychological knowledge, this review contributes to ongoing efforts to promote compassionate healthcare, psychologically informed practice, and future interdisciplinary scholarship.

STRENGTHS, LIMITATIONS, AND FUTURE DIRECTIONS

This review offers several contributions to the growing intersection of psychology, medical humanities, and healthcare research. By synthesising perspectives from existential psychology, narrative identity, meaning-making, resilience science, positive psychology, and narrative medicine, it provides an interdisciplinary interpretation of *When Breath Becomes Air* that extends beyond literary analysis. Rather than examining these perspectives in isolation, the review integrates them into the conceptual framework of **Conscious Flourishing**, demonstrating how established psychological theories collectively illuminate adaptation to serious illness. This integrative approach represents the principal strength of the review, offering a coherent lens through which psychological responses to mortality, identity disruption, and purposeful living may be understood.

A further strength lies in the use of an illness memoir as a source of psychological insight. Personal narratives capture subjective experiences of suffering, uncertainty, and adaptation that are often difficult to examine through quantitative methods alone. Analysing Kalanithi's memoir alongside contemporary psychological literature therefore illustrates how narrative evidence can complement empirical research, enriching understanding of the lived experience of illness and informing person-centred healthcare.

Despite these contributions, several limitations should be acknowledged. First, the review is based primarily on a single autobiographical narrative. Although *When Breath Becomes Air* provides rich psychological material, its insights cannot be assumed to represent the experiences of all individuals living with serious illness. Psychological

adaptation is influenced by personal, cultural, social, and healthcare contexts, which may vary considerably across populations.

Second, the proposed framework of **Conscious Flourishing** is conceptual rather than empirically validated. It synthesises established theories to organise psychological processes identified in the memoir but has not been directly tested through quantitative or longitudinal research. Consequently, the framework should be regarded as a heuristic model that requires further empirical evaluation before broader theoretical or clinical conclusions are drawn.

Third, as a narrative review, this study does not employ the methodological procedures of a systematic review or meta-analysis. While the critical narrative approach is appropriate for integrating diverse theoretical perspectives, it may be influenced by interpretive judgement and the selective nature of available literature. The conclusions should therefore be interpreted within the context of conceptual scholarship rather than definitive empirical evidence.

Future research should evaluate the proposed framework across diverse populations experiencing chronic illness, disability, bereavement, occupational burnout, and other major life transitions. Qualitative studies may explore how individuals describe the interaction among mortality awareness, meaning-making, identity reconstruction, resilience, relationships, and authentic living, while quantitative and longitudinal research could examine these dimensions using validated psychological measures. Cross-cultural investigations would further determine the applicability of the framework in different social and healthcare contexts.

Taken together, these strengths and limitations underscore the exploratory nature of the present review while supporting its value as a foundation for future interdisciplinary research. By integrating established psychological theories into a coherent conceptual framework, this review aims to stimulate further empirical investigation into the processes through which individuals cultivate meaning, resilience, and flourishing in the face of profound adversity.

CONCLUSION

When Breath Becomes Air offers far more than a personal account of terminal illness; it provides a profound exploration of how individuals confront mortality while striving to preserve identity, meaning, relationships, and purpose. Through an interdisciplinary psychological lens, this review demonstrates that Kalanithi's memoir serves as a valuable source of insight into the complex processes of human adaptation in the face of profound adversity. Integrating perspectives from existential psychology, narrative identity theory, meaning-making, resilience science, positive psychology, and narrative medicine reveals that these processes are not isolated but dynamically interconnected, shaping how individuals respond to life's greatest uncertainties.

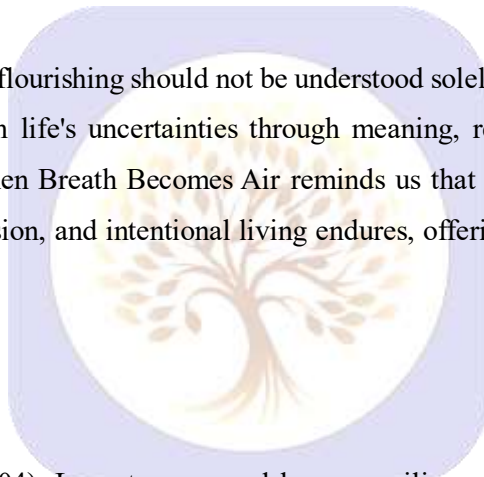
The principal contribution of this review lies in the development of **Conscious Flourishing**, an integrative conceptual framework that synthesises these established psychological perspectives into a coherent understanding of adaptation during serious illness. Rather than proposing a new psychological theory, the framework organises complementary evidence to illustrate how mortality awareness, meaning-making, narrative identity reconstruction, psychological flexibility, compassionate relationships, and authentic living collectively contribute to psychological well-being

despite suffering. In doing so, the review extends existing discussions of flourishing by emphasising that vulnerability and human growth are not opposing experiences but may coexist throughout the process of living with illness.

Beyond its conceptual contribution, the review highlights the value of illness narratives as meaningful sources of psychological knowledge. Personal accounts such as *When Breath Becomes Air* enrich empirical understanding by illuminating subjective experiences that are often inaccessible through conventional clinical measures alone. Integrating narrative evidence with psychological theory therefore strengthens person-centred approaches to research, psychotherapy, healthcare, and medical education while reinforcing the importance of compassionate and reflective practice.

Although the proposed framework requires empirical evaluation across diverse populations and cultural contexts, it offers a foundation for future interdisciplinary scholarship exploring adaptation to chronic illness, bereavement, occupational burnout, and other major life transitions. By encouraging dialogue across psychology, healthcare, and the medical humanities, the framework invites further investigation into the dynamic processes through which individuals sustain purpose and psychological well-being under conditions of adversity.

Ultimately, this review suggests that flourishing should not be understood solely as the absence of suffering but as the capacity to engage consciously with life's uncertainties through meaning, resilience, authentic relationships, and purposeful action. In this sense, *When Breath Becomes Air* reminds us that even in the presence of mortality, the human capacity for growth, compassion, and intentional living endures, offering enduring lessons for psychological science and clinical practice.



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