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# PSYCHO-ANTHROPOLOGICAL DIMENSIONS OF EXTREME CRISES: FROM THE FIRST WORLD WAR TO THE COVID-19 PANDEMIC

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## ABSTRACT

Extreme crises, including the World Wars, biological crises, and the COVID-19 pandemic, constitute major disruptive events that simultaneously affect the psychological, social, and symbolic dimensions of human societies. This article proposes an integrative psycho-anthropological model designed to examine the cognitive, emotional, and cultural mechanisms activated in response to situations of prolonged collective threat.

The study is based on a critical interdisciplinary documentary analysis drawing upon clinical and social psychology, the anthropology of disasters, and the sociology of collective trauma. It develops a conceptual framework organized around four core dimensions: threat perception, locus of control, stress and collective trauma, and the processes of resilience and symbolic reconstruction.

The findings indicate that extreme crises lead to a reconfiguration of individuals' relationship with control, characterized by an increased external locus of control (Rotter, 1966), heightened chronic stress (Lazarus & Folkman, 1984), and various forms of collective trauma (Alexander, 2004). At the same time, societies develop adaptive mechanisms grounded in cultural symbolization, social rituals, and dynamics of solidarity that contribute to restoring both psychological continuity and social cohesion (Douglas, 1966).

The comparative analysis highlights significant historical variations across different types of crises. Warfare is primarily characterized by direct violence and social disorganization, biological crises by the invisibility of the threat, whereas the COVID-19 pandemic combines health-related uncertainty, information overload, and socioeconomic instability (Brooks et al., 2020). The proposed model conceptualizes extreme crises as integrated psycho-socio-anthropological systems, thereby providing a comprehensive framework for understanding human adaptive responses while opening new perspectives for psychological prevention and the promotion of collective mental health.

**Keywords:** Extreme Crises; Psycho-Anthropology; Collective Trauma; Stress; Locus Of Control; Resilience; COVID-19; World Wars.

## 1 INTRODUCTION

Since the beginning of the twentieth century, human societies have been confronted with a succession of extreme crises (including the World Wars, health disasters, biological crises, and global pandemics) that have profoundly transformed social structures, symbolic systems, and the mechanisms underlying individuals' psychological regulation. These events represent not only historical ruptures but also situations of prolonged disruption that simultaneously activate biological, psychological, and sociocultural responses. Within this context, the human and social sciences have progressively sought to understand how individuals and communities respond to massive, unpredictable, and often enduring threats.

Research in clinical and social psychology has highlighted the central role of stress, trauma, and adaptive processes in response to extreme situations. Stress, conceptualized as a transactional process between environmental demands and the individual's perceived coping resources, constitutes a fundamental mechanism of adjustment under conditions of threat (Lazarus & Folkman, 1984). However, when the threat becomes chronic and uncontrollable, adaptive responses may evolve into persistent stress and psychological exhaustion. At the same time, research on trauma has demonstrated that certain experiences exceed individuals' capacities for psychological symbolization and integration, leading to a long-lasting disruption of representations of both the self and the external world (Herman, 1992).

From a historical perspective, the First World War marked a pivotal moment in the conceptualization of psychological trauma, with the emergence of descriptions of shell shock and the first theoretical analyses of traumatic repetition compulsion (Freud, 1920). The Second World War subsequently revealed the magnitude of collective trauma through mass violence, forced displacement, and genocide, thereby contributing to the development of scholarship on collective memory and the social construction of trauma (Alexander, 2004). More recently, biological crises and the COVID-19 pandemic have highlighted a distinct form of psychological vulnerability associated with the invisibility of the threat, scientific uncertainty, and the disruption of social relationships (Brooks et al., 2020).

Beyond strictly psychological perspectives, the anthropology of disasters has demonstrated that societies generate symbolic systems through which crises are interpreted and social cohesion is restored. Douglas's (1966) seminal work emphasizes that representations of purity, contamination, and danger play a central role in shaping cultural responses to collective threats. These symbolic frameworks, together with social rituals and shared narratives, contribute to the regulation of emotional experiences and the stabilization of social representations during periods of profound social disruption.

Despite the substantial body of existing research, however, studies remain largely fragmented across psychological, sociological, and anthropological perspectives, with limited integration of these different levels of analysis. Such fragmentation constrains a comprehensive understanding of extreme crises as phenomena that are simultaneously psychological, social, and cultural in nature. Consequently, there is a pressing need to develop an integrative approach capable of articulating these complementary dimensions within a unified explanatory framework.

Against this background, the present article proposes an integrative psycho-anthropological model of extreme crises structured around four principal dimensions: the cognitive perception of threat, locus of control, the dynamics of stress and collective trauma, and the processes of resilience and symbolic reconstruction. The article pursues two complementary objectives. First, it seeks to analyze the recurrent psychological and sociocultural mechanisms activated in response to situations of prolonged crisis. Second, it compares different historical configurations of extreme crises—including the World Wars, biological crises, and the COVID-19 pandemic—in order to identify both structural invariants and historically specific variations.

By adopting this interdisciplinary perspective, the present study seeks to move beyond one-dimensional interpretations of extreme crises and to provide an integrated understanding of the dynamics of human vulnerability and adaptation. It is therefore situated within a psycho-anthropological perspective on crisis phenomena, in which individual processes of psychological regulation are inseparable from the social constructions and cultural mediations that organize collective responses to threat.

## 2 LOCUS OF CONTROL, THREAT PERCEPTION, AND PSYCHOLOGICAL VULNERABILITY

Threat perception constitutes a central determinant of psychological responses to extreme crises. World wars, biological emergencies, and pandemics expose individuals to circumstances characterized by uncertainty, unpredictability, and a pronounced reduction in perceived control over their environment. Within this context, the concept of locus of control is particularly relevant for understanding individual and collective variations in psychological responses.

The concept of locus of control, introduced by Rotter (1966) within the framework of social learning theory, refers to the way individuals attribute causality to events affecting their lives. An internal locus of control reflects the belief that outcomes are primarily contingent upon one's own actions, competencies, or decisions, whereas an external locus of control reflects the perception that outcomes are determined predominantly by forces beyond personal influence, such as chance, fate, or uncontrollable external circumstances.

In situations of extreme crisis, a pronounced shift toward externalized perceptions of control may occur. Individuals are confronted with events perceived as overwhelming, unpredictable, and largely beyond their capacity to influence, thereby fostering feelings of helplessness and diminished mastery. During the First World War, this dynamic was particularly evident among soldiers exposed to continuous bombardment, mass violence, and the persistent proximity of death, under circumstances in which survival frequently depended upon factors entirely independent of individual agency (Freud, 1920).

The Second World War intensified this experience of powerlessness at a collective level. Civilian and military populations were exposed to systemic violence, forced displacement, and widespread destruction, substantially constraining opportunities for individual control over unfolding events. Such circumstances contributed to the emergence and persistence of a collective emotional climate characterized by fear, uncertainty, and heightened vulnerability.

Biological and public health crises introduce a distinctive psychological configuration associated with the invisibility of the threat. Unlike armed conflicts, in which danger is often identifiable and spatially localized, pathogenic agents are invisible, diffuse, and difficult to monitor or control. This distinctive feature may intensify anticipatory anxiety and perceived helplessness. Leach and Dry (2007) suggest that biological crises can elicit psychological responses resembling those observed in wartime contexts, including heightened vigilance, social mistrust, and persistent concerns regarding contamination.

The COVID-19 pandemic provides a particularly salient illustration of this dynamic. Initial scientific uncertainty, the rapid spread of the virus, lockdown measures, and social isolation substantially undermined both individual and collective perceptions of control. This erosion of perceived control was associated with increased symptoms of anxiety, depression, and psychological distress, alongside a broader sense of psychological insecurity (Brooks et al., 2020).

Importantly, locus of control should not be conceptualized solely as an individual-level characteristic; it is also shaped by broader social and cultural determinants. Institutional trust, the consistency and credibility of public health messaging, and the stability of normative frameworks can directly influence perceptions of controllability. Contexts characterized by misinformation, institutional inconsistency, or contradictory public communication may reinforce externalized control beliefs and amplify collective stress responses.

The media likewise play a critical role in this process. The dissemination of alarming, ambiguous, or contradictory information may intensify perceptions of unpredictability and helplessness, whereas clear, coherent, and structured communication can contribute to restoring a degree of perceived control. Locus of control can therefore be conceptualized as a construct situated at the intersection of cognitive appraisal, social context, and communication processes.

Contemporary research further indicates that perceived control is closely associated with adaptive capacity in the face of adversity. Even a partial sense of personal efficacy may facilitate the mobilization of adaptive coping strategies, emotional regulation, and engagement in constructive behavioral responses. Conversely, a predominantly external locus of control has been associated with heightened vulnerability to chronic stress, anxiety, and depressive symptomatology.

Taken together, locus of control may function as a critical mediating mechanism linking threat perception to individual and collective psychological responses. This framework helps explain why some populations are able to preserve adaptive capacities despite exposure to profoundly adverse circumstances, whereas others develop persistent psychological vulnerability in response to extreme crises.

## 3 INDIVIDUAL AND COLLECTIVE RESILIENCE: ADAPTATION, COPING, AND PSYCHOSOCIAL RECONSTRUCTION

In the face of extreme crises, individuals and societies do not merely passively endure the effects of stress and trauma. Despite the intensity of loss, fear, and social disorganization, processes of psychological adaptation and psychosocial reconstruction gradually emerge in order to restore emotional, relational, and symbolic equilibrium. From this

perspective, resilience constitutes a central concept for understanding the mechanisms through which human beings maintain or reorganize their psychological and social functioning when confronted with potentially destabilizing events.

Resilience cannot be reduced to a simple resistance to stress or to the absence of psychopathology following a traumatic event. Contemporary approaches define it as a dynamic process involving interactions among individual, social, and cultural factors. Bonanno (2004) emphasizes that resilience corresponds to the capacity to maintain relatively stable functioning in the face of highly disruptive events while mobilizing resources that enable the gradual reorganization of experience. This conception challenges linear models of trauma by demonstrating that psychological trajectories may remain relatively stable despite adversity.

At the individual level, resilience relies in part on coping strategies. Within the transactional model of stress, Lazarus and Folkman (1984) define coping as the set of cognitive and behavioral efforts deployed to manage situations appraised as exceeding an individual's available resources. These strategies include cognitive reappraisal, emotional regulation, the pursuit of social support, and the establishment of adaptive routines that help restore a sense of stability.

Wartime situations have historically provided opportunities to observe these adaptive mechanisms under extreme conditions. During the First World War, some soldiers developed forms of resilience grounded in group solidarity, everyday rituals, and the construction of symbolic narratives that enabled them to make sense of experiences of violence and death. These mechanisms did not eliminate suffering, but they contributed to preserving a minimal sense of identity continuity within profoundly disorganized environments.

However, resilience cannot be understood solely at the individual level. It also possesses an essential collective and cultural dimension. Hobfoll (2001) emphasizes that psychosocial resources, such as social support, normative stability, and institutional trust, play a central role in protecting individuals and communities against the effects of collective trauma. Collective resilience is therefore constructed through social interactions, institutions, and community support systems.

Societies also mobilize symbolic and cultural mechanisms to cope with crises. Commemorative rituals, religious practices, historical narratives, and forms of collective storytelling enable traumatic experiences to be integrated into a shared symbolic continuity. These mechanisms contribute to transforming chaotic events into socially interpretable experiences, thereby helping to restore a sense of collective coherence.

In the context of the COVID-19 pandemic, manifestations of community resilience became particularly visible through solidarity networks, mutual aid initiatives, and forms of social support, including digital forms of interaction. These mechanisms played an important protective role against the psychological effects of lockdowns and social isolation. Conversely, misinformation and social fragmentation weakened adaptive capacities and intensified collective stress (Brooks et al., 2020).

Resilience is also closely associated with locus of control. Even a partial sense of control over certain aspects of a situation facilitates engagement in adaptive behaviors and the mobilization of available resources. Conversely, a predominantly external locus of control may restrict agency, reinforce perceived helplessness, and hinder processes of psychological recovery.

## 4 INDIVIDUAL AND COLLECTIVE RESILIENCE: ADAPTATION, COPING, AND PSYCHOSOCIAL RECONSTRUCTION

In the face of extreme crises, individuals and societies do not merely endure the effects of stress and trauma passively. Despite the magnitude of loss, fear, and social disorganization, processes of psychological adaptation and psychosocial reconstruction gradually emerge to restore emotional, relational, and symbolic equilibrium. From this perspective, resilience constitutes a central concept for understanding the mechanisms through which human beings maintain or reorganize their psychological and social functioning when confronted with potentially destabilizing events.

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Resilience is also closely associated with locus of control. Even a partial sense of control over certain aspects of a crisis encourages engagement in adaptive behaviors and facilitates the mobilization of available psychological and social resources. Conversely, the predominance of an external locus of control may restrict individual agency, reinforce feelings of helplessness, and hinder processes of psychological recovery.

## 5 ANTHROPOLOGICAL APPROACH TO EXTREME CRISES

The analysis of extreme crises cannot be confined solely to their psychological and clinical dimensions. A comprehensive understanding requires the integration of anthropological frameworks that illuminate how societies construct meaning, organize fear, and develop symbolic mechanisms in response to threat. From this perspective, the anthropology of crises focuses on the systems of representation, ritual practices, and cultural structures mobilized to confront situations of profound disruption.

Extreme crises are not merely destructive events; they also constitute moments of symbolic and social reconfiguration. In the face of catastrophe, human societies develop cultural forms of organization intended to restore normative and symbolic continuity. These mechanisms enable the transformation of the chaotic experience of crisis into a reality that is intelligible and socially shareable.

Mary Douglas (1966) demonstrated that representations of danger, pollution, and purity play a central role in the cultural organization of societies. From this perspective, public health and biological crises, in particular, reactivate symbolic processes of classification based on distinctions between purity and impurity, health and contamination, safety and danger. These symbolic categories shape both individual and collective responses to threat through hygienic norms, social distancing practices, and mechanisms regulating social interaction.

Social rituals likewise perform an essential function in the anthropological management of crises. They help contain collective anxiety by providing symbolic frameworks through which experiences of loss, death, and threat can be interpreted and managed. Rituals of mourning, commemoration, and public health protection constitute cultural mechanisms that transform psychologically disorganizing experiences into socially structured practices. In doing so, they contribute to restoring a sense of order, continuity, and collective stability.

In wartime contexts, these ritual mechanisms often take the form of patriotic ceremonies, collective commemorations, and heroic narratives. They contribute to the construction of collective memory by providing meaning to human losses and large-scale destruction. Research on collective memory has shown that societies systematically reconstruct narratives that integrate historical violence into a coherent framework of collective identity (Halbwachs, 1950; Alexander, 2004).

Biological crises and pandemics introduce an additional dimension associated with the invisibility of the threat. Unlike armed conflicts, in which the enemy is physically identifiable, pathogenic agents escape direct perception. This invisibility reinforces processes of cultural symbolization, often characterized by the objectification of danger through public discourse, visual representations, and socially organized practices of control.

The COVID-19 pandemic provides a particularly illustrative example of this dynamic. Public health measures, lockdown policies, barrier gestures, and official communication all functioned as cultural mechanisms designed to render the threat intelligible and manageable. These practices may therefore be interpreted as contemporary forms of ritualization of health-related danger, intended to restore a sense of symbolic control in the face of uncertainty.

The anthropology of crises also highlights the social dynamics involved in identifying sources of danger. Throughout numerous historical crises, societies have tended to designate particular individuals or social groups as responsible for the perceived threat. Such processes of stigmatization and scapegoating contribute to the symbolic regulation of collective anxiety but may simultaneously intensify social tensions and reinforce forms of community fragmentation.

Finally, extreme crises produce lasting transformations in cultural structures. They reshape representations of the body, health, death, and security while also influencing social norms, everyday practices, and systems of values. Consequently, the anthropology of crises demonstrates that extreme events should not be understood solely as moments of rupture but also as periods of profound reconfiguration of the cultural and symbolic frameworks that organize human societies.

## 6 METHODOLOGY

### 6.1 Research Design

The present study adopts a qualitative, exploratory, and comparative research design based on a critical documentary analysis. It employs a psycho-anthropological perspective to compare the psychological, social, and cultural configurations associated with different historical extreme crises, ranging from the First World War to the COVID-19 pandemic.

This approach is based on a retrospective cross-sectional design, enabling the analysis of distinct historical events through the psychological and sociocultural manifestations documented in the scientific literature.

### 6.2 Analytical Method

The analysis follows a thematic and comparative approach structured around three complementary levels:

- **Within-case analysis:** Identification of the psychological and social characteristics specific to each type of crisis (the World Wars, biological crises, and the COVID-19 pandemic).
- **Cross-case analysis:** Comparison of common patterns and distinguishing features across the different historical configurations.
- **Integrative analysis:** Development of a unified psycho-anthropological model of responses to extreme crises.

The principal analytical categories include:

- Chronic stress and psychological disorganization;
- Individual and collective trauma;
- Locus of control and threat perception;
- Individual and collective resilience;
- Symbolic systems and cultural representations.

### 6.3 Methodological Limitations

This study presents the limitations inherent to documentary research, particularly the absence of primary empirical data and its reliance on interpretations derived from the existing scientific literature. Furthermore, comparing heterogeneous historical contexts requires careful interpretation in order to avoid unwarranted generalizations.

Nevertheless, these limitations are partially offset by the richness of the secondary data and by the opportunity to develop an integrative transhistorical interpretation of the psychological, social, and cultural phenomena examined in this study.

## 7 COMPARATIVE ANALYSIS OF THE PSYCHOLOGICAL AND SOCIAL IMPACTS OF EXTREME CRISES

### 7.1 The First World War: Mass Trauma and the Collapse of Psychological Reference Points

The First World War represents a major turning point in the history of modern collective trauma. It introduced a form of prolonged and industrialized violence that exposed millions of individuals to extreme situations of danger, death, and both sensory and cognitive disorganization. Soldiers confronted with relentless bombardments, trench warfare, and the omnipresence of death developed a range of clinical conditions collectively referred to as shell shock, now widely recognized as closely related to what is currently diagnosed as post-traumatic stress disorder (PTSD).

Within this context, Freud's (1920) work highlighted the phenomenon of repetition compulsion and the psyche's inability to fully integrate traumatic experiences that exceed its capacity for symbolization. Trauma can thus be understood as a rupture between lived experience and psychological meaning-making, giving rise to dissociative phenomena, overwhelming terror, and enduring psychological disorganization.

At the collective level, the war also produced a profound collapse of social and symbolic reference points. European societies experienced a fundamental questioning of the ideals of progress, rationality, and historical stability. The widespread experience of grief and loss contributed to the emergence of new forms of collective memory and commemorative practices aimed at restoring symbolic continuity in the aftermath of catastrophe.

### 7.2 The Second World War: Collective Trauma, Systemic Violence, and Intergenerational Transmission

The Second World War intensified the traumatic dynamics observed during the First World War while introducing an unprecedented systemic and industrialized dimension of violence. Massive aerial bombardments, forced population displacements, concentration camps, and genocide generated psychological trauma of an unparalleled magnitude and scope.

The works of Bettelheim (1943) and Frankl (1946) demonstrate that prolonged exposure to extreme conditions of dehumanization produces profound alterations in psychological functioning while simultaneously giving rise to forms of psychological survival based on the construction of minimal meaning and internally generated symbolic frameworks. Alexander (2004), in turn, argues that these historical events evolved into cultural traumas that became permanently embedded within the collective memory of societies.

At the social level, the war gave rise to complex processes of institutional and identity reconstruction. Societies developed collective narratives, commemorative mechanisms, and normative frameworks designed to restore historical continuity and rebuild social cohesion. Nevertheless, the psychological consequences were not confined to those directly exposed to violence, as the intergenerational transmission of trauma has been extensively documented across subsequent generations.

During this period, the external locus of control reached particularly high levels because individuals perceived themselves as almost entirely incapable of influencing the course of events, both at the personal and the collective levels.

### 7.3 Biological Crises and Health Wars: Invisibility of the Threat and Anticipatory Anxiety

Biological crises introduce a specific psychological configuration characterized by the invisibility of the danger. Unlike conventional warfare, the threat is not directly observable, which intensifies cognitive and emotional uncertainty.

Leach and Dry (2007) have shown that health crises elicit psychological responses similar to those observed in wartime contexts, particularly hypervigilance, persistent anxiety, and fear of contamination. The lack of direct control over an invisible pathogenic agent reinforces feelings of helplessness and fosters a heightened perception of vulnerability.

In such contexts, societies develop symbolic and behavioral regulatory systems aimed at reducing uncertainty, including sanitary norms, hygiene protocols, scientific discourse, and institutional control mechanisms. These elements contribute to structuring collective responses to the perceived threat.

### 7.4 The COVID-19 Pandemic: Global Crisis, Social Disruption, and Information Overload

The COVID-19 pandemic constitutes a global crisis that simultaneously integrates sanitary, social, economic, and informational dimensions. It is distinguished by the combination of an invisible biological threat, rapid worldwide spread, and a high level of initial scientific uncertainty.

Lockdown measures, social isolation, and restrictions on interpersonal interactions led to a significant increase in psychological stress, anxiety, and depressive symptoms at a global scale (Brooks et al., 2020). Information overload and the massive circulation of contradictory messages further contributed to heightened collective emotional instability.

In this context, an intensification of external locus of control is observed, associated with a perceived loss of both individual and collective mastery over events. Nevertheless, community resilience dynamics also emerged, particularly through solidarity networks, digital forms of social support, and local mutual aid initiatives.

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## 8 DISCUSSION

The comparative analysis of extreme crises presented in this article reveals a functional continuity between historically distinct events such as the World Wars, biological crises, and the COVID-19 pandemic. Beyond their contextual differences, these situations activate similar psychological and social configurations structured around threat perception, the disorganization of symbolic reference points, and the search for control and meaning.

A first major finding concerns the centrality of stress and collective trauma as universal psychological responses to systemic disruption. Extreme crises induce an overload of both individual and collective adaptive capacities, leading to prolonged states of hypervigilance, anxiety, and emotional exhaustion. However, these manifestations cannot be reduced to purely individual responses, insofar as they are embedded within severely disrupted social environments characterized by instability in norms, roles, and interpretative frameworks.

A second finding highlights the structuring role of locus of control in modulating psychological responses to crisis. The perception of loss of control, particularly pronounced in contexts of massive and unpredictable threats, acts as an amplifier of stress and feelings of helplessness. Conversely, even partial or symbolic forms of perceived control help stabilize emotional responses and facilitate engagement in adaptive behaviors. Thus, locus of control appears as a key intermediary mechanism between objective threat and the subjective experience of vulnerability.

Furthermore, the results underscore the importance of symbolic and cultural systems in regulating collective affect. Societies do not respond to crises solely through individual psychological mechanisms; they also mobilize cultural meaning-making devices such as collective narratives, social norms, ritual practices, and institutional discourse. These systems play an ambivalent role: they may both contain collective anxiety and, in some cases, intensify it when they generate confusion, misinformation, or distrust.

A fourth insight concerns the dynamic and non-linear nature of resilience. Resilience should not be understood as a stable state but rather as an emergent process resulting from the interaction between individual resources, social support, and symbolic frameworks. It thus appears as a multi-level regulatory phenomenon, in which individual adaptive capacities are closely dependent on the quality of social and institutional environments.

Finally, this analysis reveals a common structure across the different extreme crises examined, suggesting the existence of transversal psycho-anthropological mechanisms. These mechanisms are based on an articulation between threat perception, loss or maintenance of perceived control, and the mobilization of symbolic and social resources aimed at restoring psychological and collective equilibrium.

Accordingly, extreme crises cannot be understood solely as destructive events, but must instead be conceptualized as complex systems of simultaneous disorganization and reconfiguration. This perspective opens the way toward an integrative understanding of human responses to situations of global vulnerability.

## 9 CONCLUSION

This article aimed to analyze, from an integrative psycho-anthropological perspective, the psychological, social, and cultural dimensions of extreme crises, by examining major historical events ranging from the First World War to the COVID-19 pandemic. The main objective was to move beyond a fragmented understanding of crises in order to highlight transversal mechanisms that may account for the recurrence of certain psychopathological and socio-cultural configurations across distinct historical contexts.

The results of this analysis show that, despite the diversity of forms that extreme crises may take, they converge toward a set of recurrent psychological processes. Chronic stress, hypervigilance, individual and collective trauma, and the disorganization of symbolic reference systems emerge as major psychological invariants. These processes are not solely intrapsychic in nature but are embedded within social environments profoundly affected by instability, loss of control, and the disruption of normative continuities.

In this continuity, locus of control appears as a central mediating mechanism between threat perception and individual and collective psychological responses. The predominance of an external locus of control in extreme crisis contexts contributes to intensifying feelings of helplessness and weakening adaptive capacities. Conversely, the partial restoration of a sense of control, even when symbolic, constitutes a key factor in stress regulation and in the mobilization of adaptive resources.

Furthermore, the analysis highlights the fundamental role of symbolic and cultural systems in crisis management. Human societies do not merely respond to extreme events at a behavioral or institutional level; they also produce frameworks of meaning that render catastrophic experiences intelligible. Rituals, collective narratives, social norms, and institutional discourse thus contribute to transforming traumatic events into symbolically integrable realities.

Finally, resilience appears as a dynamic and multidimensional process resulting from the interaction between psychological, social, and cultural factors. It cannot be reduced either to a stable individual trait or to a simple contextual effect, but must be understood as an emergent property of human systems under extreme constraint. This perspective allows for a move beyond individualizing approaches to trauma in favor of a systemic and integrated understanding of adaptive capacities.

At the theoretical level, this research contributes to the enrichment of existing models by proposing a psycho-anthropological reading of extreme crises, integrating intrapsychic, interpersonal, and sociocultural levels of analysis. It also underscores the relevance of a transhistorical approach that enables the comparison of seemingly heterogeneous crisis configurations, which are nonetheless structurally similar in their psychological and social effects.

At the practical level, these findings open important perspectives for mental health policies and preventive interventions in crisis contexts. Understanding the mechanisms of vulnerability and resilience suggests the need to strengthen symbolic, social, and institutional resources capable of supporting populations exposed to prolonged threats.

Ultimately, extreme crises appear not only as disruptive events but also as revealing moments of the deep structures underlying the psychological and social functioning of human societies. Their study thus provides a better understanding of the conditions of collective vulnerability, as well as the ways in which individuals and groups reconstruct meaning, social bonds, and continuity in the face of global uncertainty.

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