Addiction Treatment Through the Lens of Meaning: Observations on a Program Developed in a Residential Facility

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Abstract

This article describes a meaning-centered therapy developed in a residential treatment center for men suffering from addictions and co-occurring disorders. Meaning therapy assumes that addiction is a response to living a life that lacks personal meaning; therefore, the solution is to help clients pursue a fulfilling life. This article comprises selected observations on the center's program and its influence on clients. It first describes the vulnerability of those who succumb to addiction based on a grounded theory thematic analysis conducted at the center, followed by salient principles and practices on how meaning therapy addresses these vulnerabilities. Secondly, it highlights how the therapy integrates mainstream therapies and clinical constructs. Finally, it suggests that the influence of treatment is to help clients pursue a personally meaningful life, in spite of their struggles.

Introduction

When a residential facility for men suffering from addictions was developing a meaning-centered program, it needed a therapy that could work with clients who also suffered from co-occurring disorders, such as depression or posttraumatic stress disorder, and from physical complications, such as cardiac conditions or chronic pain. It also required a therapy that would incorporate but look beyond the *spiritual*, in the sense that some clients vigorously resisted any notion of religiosity or spirituality. Existing meaning-centered therapies in the addiction field have been based almost exclusively on Frankl's (1984) logotherapy. Crumbaugh, Wood, and Wood (1980), for example, used a five-step relational interpretation of logotherapy to help those suffering from alcoholism; Somov (2007) developed a 12-session group format for addicted inmates based on his intrapsychic interpretation of Frankl's work. A major theoretical and practical limitation of logotherapy, however, is that Frankl saw it as restricted to the spiritual dimension of human nature and, thus, considered it an adjunct to psychological and physical treatments.

Wong's (2012a) meaning theory and therapy was a better fit than logotherapy. Wong extended Frankl's work, and his model offers a comprehensive and coherent framework, using personal meaning as its organizing construct. Essentially, meaning therapy "is primarily concerned with the meaning and quality of human existence. It emphasizes the importance of understanding what it means to be fully alive and how to live vitally in spite of suffering" (p. 627). He summed up its clinical application:

> [Meaning therapy] equips clinicians with the fundamental principles and skills to (a) help clients develop a healthy understanding of their true identity and place in the world; (b) motivate and empower clients in their struggle for survival and fulfillment regardless of their life circumstances; (c) tap into people's capacity for meaning construction in order to help clients make sense of their predicaments and restore their purpose, faith, and hope; (d) provide necessary tools for clients to overcome personal difficulties and

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> anxieties and fulfill their life's mission; and (e) establish a genuine healing relationship with clients and enhance their capacity to trust and relate to others. (pp. 643-644)

But Wong's canon did not apply readily to clients at the facility. Entering treatment, they first had to detoxify. Most were cognitively impaired because of the drug use, overwhelmed with guilt and shame, malnourished, and sleep deprived. Added to this, they typically enrolled in a 30-day program. Accounting for detoxification and aftercare planning, formal therapy was about three weeks. Helping clients appreciate "their true nature and place in the world" or transcend their "life circumstances" was too much to hope for in a such a short time. Still, the model offered a roadmap to conduct therapy, because its assumptions and theory were established.

There were also no studies to understand this therapy with addicted clients. After the program was implemented, the author conducted a year-long examination to determine whether it influenced how clients interpreted their addiction and recovery and, if so, in what ways (Thompson, 2016). The research was designed as an inductive study, using grounded theory thematic analysis as the main source of information, supported or disconfirmed with psychiatric assessments, measures of meaning and levels of symptoms and daily problems, narrative analysis of life stories, and therapists' observations. Regardless of theory, the research aimed to discover the tangible effects of meaning therapy on this population.

This article includes selected results of this study, as well as theoretical formulations, to describe meaning therapy as developed at the facility.

The Nature of Addiction

Understanding chronic drug use from a meaning perspective is important because the addiction literature is a sprawling investigation, with no agreed upon framework to guide research (Thompson, 2013; West, 2006). The most influential theory is the biomedical model, also known as the brain disease model (Volkow & Li, 2004), with its emphasis on abstinence and on medications to ease drug cravings. As its name suggests, the model assumes that drug use is outside of voluntary control. Behaviorist models are similarly deterministic. They tend to interpret the addicted person as suffering the effects of conditioning, simply reacting to environmental cues that trigger drug cravings (Bandura, 1969). A growing body of research in the human sciences interprets addiction as a social construction (Heath, 1995), with the implication that those who succumb to addiction are not victims of their addicted brain or conditioning, but of our prohibitionist ideology. What is significant for this article is that these models pay little or no attention to the individual, complex, decision-making person. A few models do assume that those suffering from addictions have made a conscious choice to use drugs. Behavioral economics (Becker & Murphy, 1988) is one of the more influential of these models and interprets a person who uses a drug as a consumer who uses a product. Another major perspective is the self-medication model (Khantzian, 1997), which proposes that a person consciously uses a drug as a salve for some underlying condition, such as anger or depression. Neither perspective probes the motivation for addiction beyond the immediate yearning for intoxication.

Meaning therapy, on the other hand, defines addiction in line with Frankl's (1984) declaration that "alcoholism … [is] not understandable unless we recognize the existential vacuum underlying [it]" (p. 124). The vacuum arises when one's attempts to live a personally meaningful life are persistently frustrated. In other words, chronic drug use is a response to feeling that one's life is unfulfilling and lacks significance. Those who experience daily existence as "meaningless, monotonous and boring" (Narcotics Anonymous, 2008, p. 78), whose

"lives are barren of meaningful incentives" (Klinger, 1977, p. 263), or who "had never found sufficient meaning in a sober life" (Singer, 1997, p. 17) are vulnerable to addiction. This definition does not deny that there is a physical substrate in the brain for chronic drug use, that addiction is, in part, learned behavior, or that social pressures influence drug use. It does, however, argue that chronic intoxication operates mainly at the level of personal meaning. Indeed, research has consistently confirmed that those who succumb to addiction score low on measures of meaning and purpose (Crumbaugh & Maholick, 1969; Csabonyi & Phillips, 2017; Nicholson et al., 1994; Robinson, Cranford, Webb & Brower, 2007; Waisberg & Porter, 1994).

According to the study at the facility, this vulnerability to addiction emerged from an *external orientation*. Rather than reach out into the world from an internal anchor based on authentic self-awareness and a sense of belonging, participants relied on others to answer *Who am I?* and *How do I fit into the world around me?* Of course, all of us are born into a world constructed by others, which guides us in developing agency and community, but the distinct characteristic of the research participants was how little they relied on themselves.

The most obvious expression of this reliance on the outside world, this external orientation, was that participants looked to a chemical to regulate their mood and affect at home, work, family visits, shopping, mowing the lawn, or helping a friend move. But this external orientation was far more compelling than simply reaching for a drug. Martin failed first year at law school because he was drinking so much. One might think that he would learn from the mistake and work more diligently. After all, being a lawyer was his dream. But not Martin. Facing his classmates and admitting failure so unnerved him that he switched to another faculty, giving him permission to tell his friends, "Law school wasn't for me." John described a loveless marriage. Asked why he married, he replied that most of his friends were married, so he thought he should, too. Asked what led to his suicide attempt, Patrick could say only, "The police officer on the scene said it didn't look as if I had much to live for."

The external orientation evolved in large part because participants did not reflect on their lives. Tom, a 67-year old highly regarded professional, told his life story in group therapy, which he concluded with the statement, "That's the first time in 67 years on this planet that I've thought about my life for more than five minutes." Jig reported, "I spent a lot of time thinking about taking care of dogs or taking care of children. I didn't spend a lot of time thinking about myself or what I needed or what I wanted." In fact, not a single participant reported evaluating his life to detect if it needed tinkering or an overhaul.

Three themes of this external orientation emerged from the grounded theory thematic analysis in the study: weak self-definition, fragmented relationships, and extrinsic motivations. As an aside, self-definition and relatedness are, of course, major constructs in clinical and personality psychology (Luyten & Blatt, 2013), and motivation is a concern in most schools of psychology. In this sense, the emergence of these themes is not unexpected, but they are also evidence that a meaning approach fits well with mainstream psychology.

On admission to the facility, clients' self-definitions were better suited for characters in a comic book than living human beings. They typically mistook coping skills for personality traits, struggled to name feelings, and had little sense of what was authentically important to them. Brian confessed, "I don't really know who I am right now." Bob: "I don't know who I am, and I'm stuck in young party mode." Peter lamented, "I've lost who I am." Motivations that arise from within the person rely, of course, on a reasonable sense of strengths and limitations, authentic values, and desires and wants—and reflection on one's life (Weinstein, Ryan, & Deci, 2012). Lacking this self-awareness, participants depended on extrinsic goals. Asked why he

spent four years studying finance in university even though he "hated every day of it," Simon replied, "My father thought it was a good idea." Brian reported that he went to university "to get a degree." Participants fared little better in relationships. Their life stories were a catalogue of superficial or troubled relations, even before drug use began. Most of Mark's initial interview descriptions of himself focused on his belief that he was apart from society:

> This world we live in today disgusts me, more or less. I don't intentionally rebel against it or anything. I am not out there with protest signs. I believe that we are self-destructing. I kind of just sit from the sidelines and watch everything happen.

Peter reported, "I don't have many friends." Bob described himself as solitary: "I have always been kind of a secluded person." Patrick described himself as "being a private person." Once addiction took hold, relationships became much more problematic, especially as the participants became self-conscious under the wary eyes of family, friends, and employers.

Intoxication provided relief from such a life. Mainstream researchers typically dismiss the drug experience as aberrant and not worth examining, and even Frankl did not explain why intoxication was so appealing as a way to fill the vacuum. But participants described at length, and with animation, the benefits they perceived. Frank reported that marijuana intoxication catalyzed creativity in martial arts. Oscar brought puzzling work problems home to solve them in his armchair with a bottle of wine. Jig said intoxication made chores, such as vacuuming, more interesting. Brian described his experience succinctly: "It was my way of being in the world."

Under the influence of what the philosopher, Friedrich Nietzsche (1872/2000), called the "narcotic draught" (p. 36), life feels richer and more energizing. For example, the public tends to believe that the main effect of drunkenness is disinhibition. This is, however, a weak way of understanding the experience. The more potent effect is that inebriation promotes absorption into the immediate environment or activity. Being absorbed in an experience is a reminder of flow theory (Csikszentmihalyi, 2000), with its dynamic that the activity is intrinsically interesting. Seeburger (2013) proposed that those with addictions looked to the drug experience not only as a means of escaping discomfort but also as a "destination" (p. 70), a term he borrowed from Augusten Burroughs's (2003) novel, *Dry*. Intoxication is where the drinker wants to be, even if he or she has nothing to escape from. On using opium for the first time, De Quincey (1821/1986), whose major problem was a stomach ache, declared, "Here was the secret of happiness" (p. 20). It is as if those who succumb to the drug tell themselves, "Finally, this is the way I was meant to feel!"

Intoxication is, thus, an act of agency (Seeburger, 2013). For Peter, it was his "reward" for spending his days doing what his boss or wife wanted. Oscar said, "It's my time." For those who lack an internal anchor and rely on the external world for self-definition and motivation, intoxication is the time they pay attention to themselves, to filling the vacuum.

Meaning Therapy

Meaning therapy at the facility helps clients shift from an external to an internal orientation. Wong (2006) suggested that meaning therapy could help clients move beyond abstinence or harm reduction: "Such a positive existential approach [i.e., meaning therapy] recognizes that the goal of addiction treatment is not only recovery from addiction, but also restoration to the fullness of life" (p. v). Recovery is not so much about changing behaviors as it is about looking within. Given that those suffering from addictions are externally oriented, meaning therapy puts a special focus on helping clients rely on themselves to increase self-awareness, develop positive relationships, and discover intrinsic motivations.

Existential Identity and Responsibility

The starting point for therapy as it developed at the facility was helping the client answer, *Who am I?* Bugental (1976) saw the task of therapy as helping the client develop, what he called in the title of his book, "existential identity," that "inward vision that makes it possible for us to be continually aware of how well our outer experience matches our inner nature. This is the existential sense" (p. 2). Although Bugental interpreted this inner awareness as mainly an experiential awareness of being a whole person, the facility's program also saw it as a cognitive awareness of values, beliefs, desires, and an appreciation of life's contingencies.

Compare this perspective with mainstream treatments, which tend to argue that the addicted person has a genetic predisposition for a certain personality (Berridge & Robinson, 2016) or has assumed an addict-identity, which must be changed into a non-addict identity through therapy (Shinebourne & Smith, 2009; Taieb, Revah-Levy, Moro, & Baubet, 2008). A meaning approach disagrees with such reductionist views. It assumes the authentic person is always within the client (Wong's "true identity," noted above). The issue is not that a chronic drug user has some addict personality or identity but that the dynamics of addiction have submerged the authentic person, who must be teased out in therapy. Psychologists have helped us understand these dynamics. Singer (1997), for example, showed that the most potent, and necessary, coping skill to develop an addiction is the "surrender of agency ('Fuck it')" (p. 38), which "signifies that I don't matter enough to refrain from actions that will destroy my life" (p. 38).

The construct of existential responsibility (Yalom, 1980) is the natural complement to existential identity. According to Yalom, "Responsibility means authorship. To be aware of responsibility is to be aware of creating one's own self, destiny, life predicament, feelings, and, if such be the case, one's own suffering" (p. 218). Even an individual's unconscious is the responsibility of that person, as Yalom pointed out: "Whose unconscious is it?" (p. 229). Meaning therapy takes Yalom's authorship a step further, arguing that a meaningful life requires making choices beyond self-interest. A meaningful life is one in which the individual attaches choices to something greater than the self (Baumeister, Vohs, Aaker, & Garbinsky, 2013). Such altruistic motivations and goals are not imposed upon the individual, and they do not demand the individual sacrifice himself or herself for the good of others; rather, the altruist urge emerges from within the person who pursues meaning. Peter, for example, at the end of therapy, spoke at length of his desire to contribute to society. Reflecting on his job as a "butler" to a very rich man, he said,

> I don't think what I have done so far work-wise has really helped out society or humanity. I have fed people, but everybody can do that. I want to do more volunteer work and help people who really need it, instead of just people who are rich and can afford whatever they want.

Developing self-definition and meaningful goals are not solipsistic pursuits. We learn about ourselves from the feedback we receive from others and from noticing how we are different from them (Yalom, 1995). Through relatedness, we discover goals beyond merely pursuing hedonic motivations. Developing positive relationships and a sense of community are, in large part, the answer to *How do I fit into the world around me?* In the facility study, participants reported the most powerful connections they felt were with other members of the group, but they also reported rebuilding relationships with family and friends, affirming Wong's (2012a) emphasis on "the centrality of relationships for healing, meaning, and well-being" (p. 629).

Participants spent their greatest effort defining themselves and developing relationships. Shifting from external to internal motivations was far more difficult, because, as Peter pointed out, "How can I make personally meaningful goals when I don't even know who I am?" Brian summed up his challenge: "I don't know what being true to myself is. I have to try things out and see what I like."

Narrative

Meaning therapy acknowledges the usefulness of many addiction counseling approaches. Techniques from cognitive-behavioral therapy (CBT; McHugh, Hearon, & Otto, 2010) or motivational interviewing (MI; Miller & Rollnick, 2012) are among the tools meaning therapists use. Cognitive restructuring, for example, may be the best technique to help a client find other ways of making sense of a situation in which he felt invalidated by another client. In meaning therapy, however, techniques are always used in support of the goal, which is to help the client better understand himself, his world, and how he fits into that world. Techniques from CBT or MI, by themselves, are not designed to achieve this.

Narrative is one of the few approaches that offers the psychological depth needed to come to terms with Frankl's vacuum, to explore the client's life at the level of personal meaning. Psychoanalysis is also a depth psychology, but it has poor outcomes with addicted clients, mainly because its focus is on the past (Kemp, 2009). Lukas (2015), a logotherapist, also pointed out that focusing on the past, when the client does not experience meaning and purpose in the present, magnifies guilt, anger, and other problematic memories, giving them more power than they deserve. Narrative is especially useful because clients who enter treatment are often cognitively impaired to some degree, but each has a story to tell.

Clients present their life story, using McAdams's (1993) narrative template. The aim of this exercise is to deconstruct the story, helping the client (and therapist) discover how he makes sense of himself and his life. The therapist then works with the client to reconstruct his narrative, but this new story is more responsive to reality and consonant with the client's authentic values and beliefs. In short, their new narrative is more positive, sophisticated, and accurate.

This sense-making is a key therapeutic force. An accurate awareness of personal values, strengths, limitations, internal paradoxes, goals, desires, and wants, as well as an acceptance of the reality of one's situation, promotes "existential coping" (Wong, 2012a, p. 634), which may be the best protection against the vicissitudes of life. "Having a clear sense of meaning and purpose can not only pull us out of depression, misery, and anxiety but also give us the motivation, optimism, and strength we need to flourish" (Wong, 2012b, p. xliv).

Integrating Therapies and Constructs

Therapy at the facility is not merely psychotherapy, because the center employs professionals trained in different disciplines. The meaning model must work with a physician, psychiatrist, nutritionist, exercise kinesiologist, and other practitioners. A "person-centered care" (Adams & Grieder, 2014, p. vii) is gaining influence in the field of mental health and addictions, and one of its primary principles is "integrated care" (p. 24), which refers to providing both medical and mental health services in one location, at the same time. Though referred to as *integrated*, it is more accurate to call this practice *eclectic*. Indeed, most residential addiction centers combine therapies through eclecticism, a sort of shopping cart approach, in which one simply pushes the cart down the aisle and selects off the shelf those treatments that the literature says offer success.

The result of eclecticism is that clients receive an assortment of perspectives and practices with little regard for theoretical coherence. Typically, for example, the physician, trained in addiction medicine, tells the client his internal organs are deteriorating as a result of the disease of addiction, the psychiatrist prescribes him psychotropic medication for his brain disorder, the motivational therapist tells him he is able to make choices, and the relapse prevention therapist tells him he is the product of behaviourist conditioning requiring new coping skills.

Confusion also emerges in treatment programs because of the epistemological conflicts often inherent in eclecticism. For example, family systems therapies have become popular in the field. According to these models, the addicted person is the identified patient and drug use is a response to an imbalance in the family system. In other words, the focus of this therapy is not on each complex, unique person, but on the *system*. Such a focus is antithetical to a meaning perspective, which puts the individual person at center stage as the author.

Wong (2012a) emphasized that meaning therapy is integrative, which he differentiated from eclectic. As developed at the center, different therapies were integrated at the levels of epistemology, theory, and practice. Eagleton's (2007) description of a jazz band provides a useful image to understand how each of these comes together under the construct of personal meaning. Where a symphony follows a set score, under the direction of a conductor, a jazz band is free flowing and highlights personal contributions. Individual jazz musicians play to their personal strengths and passions. Yet each musician is in harmony with the others. In the same way, the psychotherapist, physician, psychiatrist, kinesiologist, and others operate under the umbrella of personal meaning and not as ends in themselves. The facility's psychiatrist, for example, is legally obligated to assess clients according to the *International Classification of Disease* (World Health Organization, 2010); however, the psychiatrist is keenly interested in the unique individual patient and attuned to his struggles with identity, relationships, and goals. Similarly, the psychotherapist welcomes psychiatric assessment as part of treatment planning and care. Psychotropic medications help stabilize the client, allowing him to gain the most out of the therapeutic hour. Unlike most mainstream addiction therapists, professionals at the facility do not treat an *addict* or an *addiction*. They treat a whole human being, who is struggling with self-definition, relatedness, and motivations.

A meaning model also requires making sense of clinical constructs within a meaning framework. Bandura (1969), for instance, saw boredom as a common trigger for alcoholic drinking. As a behaviorist, however, he had no interest in *why* alcoholics were prone to boredom. From a meaning perspective, boredom is not simply part of conditioned behavior. For Frankl, it was the hallmark symptom of the existential vacuum, an indication that one experiences life as lacking significance. As another example, posttraumatic stress disorder (PTSD) is now typically reduced to pathology in the physical brain, treated with medications for sleep and anxiety, and with cognitive-behavioral coping skills. A meaning framework interprets PTSD as a problem of how the individual makes sense of life. Although welcoming psychotropic medication and coping skills, therapists at the facility define trauma as shattered assumptions (Janoff-Bulman, 1992), requiring a new narrative that resonates with reality (Meichenbaum, 2007), with the possibility of experiencing posttraumatic growth (Tedeschi & McNally, 2011).

Attention deficit disorder (ADD) provides a more complex example of re-interpreting clinical constructs through the lens of meaning. ADD is typically classified as impulse control disorder (American Psychiatric Association, 2013), treated with stimulants and cognitive-behavioral strategies. Under a meaning framework, ADD is interpreted as a lack of conscious authorship. The impulsive client's style of decision-making—immediate, concrete, and

practical—does not foster deep reflection on life or the pursuit of longer-term goals. Shapiro (1999) concluded that such decision-making was an expression of the impulsive person's worldview. Asked why he did not make a budget, Brian, one of the research participants, replied, "Why would I? I don't know what will happen in the future. I could get run over by a bus tomorrow." The impulsive sees himself or herself as a firm decision-maker, not like those frustrating people who explore options or list pros and cons before making a choice. The world for the impulsive person is a random series of frustrations, pleasures, luck, pains, and opportunities. Reflecting on one's future or the world is pointless because there is no logic to it. Shapiro pointed out that the consequence of interpreting life as impermanent, random, and fragmented is that the impulsive person feels little ownership over his or her decisions. Impressions are more compelling than considered reflection. Signing a mortgage document is not a personal commitment to repay money, an act of authorship; it is an arbitrary step the bank imposed as a requirement for the loan. Parenthood is not something to be thoroughly considered for all its implications; it's something that has to be dealt with when it happens.

About 25 percent of clients at the facility suffer from impulse control disorders. Medication and cognitive-behavioral techniques are useful, but the core issue is that their way of making sense of their lives prohibits authorship. Using drugs to manipulate feelings and moods makes perfect sense to them—intoxication is immediate, concrete, and practical. Their struggle is examining how their impulsive decision-making style and worldview bar them from taking full responsibility for their lives.

As the above examples show, integration is not about selecting this theory or that theory, or this technique or that technique, and then patching them together to form a program. Coherence arises by using personal meaning as the organizing construct. Wong (2012a) summed up integration as follows: "Because the meaning construct itself is holistic, MCCT [meaning-centered counseling and therapy] is *inherently* rather than *technically* integrative" (p. 628). He quoted Hoffman (2009):

> The instillation of meaning is a primary component of all existential approaches to psychotherapy. The deepest forms of meaning can be experienced on the various realms of biological, behavioral, cognitive, emotional, and interpersonal; in other words, it is a holistic meaning. The attainment of meaning is one of the most central aspects of human existence and necessary to address in existential therapy. (p. 45; as cited in Wong, 2012a, p. 628)

Self-transcendence

In addiction outcome studies, we consistently find higher scores on measures of meaning compared with pretreatment scores (Piderman, Schneekloth, Pankratz, Maloney, & Altchuler, 2007; Waisberg & Porter, 1994), and this was true of scores on Purpose-in-Life tests (Crumbaugh & Maholick, 1969) in the facility study. Yet living a personally meaningful life requires a mature self-awareness, positive relationships, and internal motivations, and none of the participants achieved such progress in their brief therapy. In addition, on discharge, they faced troubled family relationships, drained bank accounts, difficulties at work, and physical damage to the body. Given this situation, why did they score significantly higher on measures of meaning after completing treatment?

One answer is that the pursuit of meaning is different from its attainment. Indeed, studies have shown that those who pursue meaning are not particularly happy with how their lives are going (Baumeister, Vohs, Aaker, & Garbinsky, 2013). Research also indicates that the pursuit of

personally meaningful goals, as opposed to their attainment, has benefits of its own (Weinstein, Ryan, & Deci, 2012). For example, pursuing meaningful activities has been shown to reduce PTSD symptoms in combat soldiers (Kashdan, Breen, & Julian, 2010; Southwick, Gilmartin, McDonough, & Morrissey, 2006). But a more potent explanation is that clients appear to have developed a form of optimism made famous by Frankl: tragic optimism. Based on his experiences in the concentration camps, Frankl (1984) defined tragic optimism as a response to suffering, guilt, and death:

> An optimism in the face of tragedy and in view of the human potential which at its best always allows for: (1) turning suffering into a human achievement and accomplishment; (2) deriving from guilt the opportunity to change oneself for the better; and (3) deriving from life's transitoriness an incentive to take responsible action. (p. 162)

Optimism is not willed or learned; rather, it is the natural consequence of finding meaning in a desperate situation. With such a meaning, an individual "may rise above himself, may grow beyond himself, and by so doing change himself" (p. 170). The most powerful source of this optimism is a certain attitude toward suffering, which Frankl called "the defiant power of the human spirit" (p. 171). Even in the worst possible circumstances, the individual is free to choose his or her attitude toward suffering. Asking questions such as *Why did this happen to me?* leads only to unsatisfactory answers. It is more productive to ask, *What is the meaning of this condition or situation?* and *How can I respond to this condition or situation with courage and responsibility?*

In the facility study, 73 percent of participants reinterpreted their suffering in a way that enabled them to grow from it. For example, they accepted the reality of their situation without defensive attribution. Kevin became aware that in active addiction he had not attended to his love of nature and his family: "What's missing in my life is just getting back to my roots, what I enjoy doing." Frank's admission that he thought of himself as a scared little boy was an act of acceptance. Jig's acknowledgment that he could find no purpose in his life was an acceptance of his reality. Mark's recognition that he was, in fact, the author of his life was evidence that he no longer found value in blaming the "system." All participants affirmed their lives were worth fighting for, in spite of suffering.

This optimism arose from a newfound belief that if they could live their lives consonant with personal values and limitations, then, at some undefined future time, they could feel vital and alive in a sober life. Peter recognized that his recovery depended on himself:

> There can't be full recovery without me paying more attention to myself and giving myself more directives and stop letting other people mold my future or guide me to what I should be doing in their minds. It has to be what my gut feels I should be doing.

Most research participants reported that something had changed in their lives at the end of therapy. This was not a return to their former lives, only this time without drugs. It was not a decision to give up self-destructive and socially inappropriate impulses in favor of a healthy-mindedness and good order. The change was in how they made sense of their lives. Even though a stable and positive self-definition, relatedness, and internal motivation continued to be elusive, even though the wreckage of the past awaited them, even though they knew it would take many more months to rebalance their neurobiology, they began to understand themselves, their world, and their place in the world in a new way.

Participants had not eliminated their suffering; they had risen above it. The refusal to play victim to biology or situation was an act of self-transcendence, which is the agent of change in Frankl's logotherapy and Wong's meaning theory and practice.

Limitations of the Model

Meaning therapy at the facility is, of course, vastly more complex than presented in this article. Working with those who resist treatment, suffer from psychosis or personality disorders, or have major medical conditions has unique challenges. The model also needs refining in several areas. Follow up communications with alumni suggest that older clients, 65 and beyond, often struggle after discharge, as do those who remain confounded by existential responsibility. The program also struggles engaging those who rigidly see their addiction as part of their identity, such as many Irish immigrants, or as merely self-medication, particularly for PTSD. Future research is planned to address these and other cases.

Conclusion

The observations presented here—vulnerabilities to addiction and how meaning therapy addresses these, how personal meaning as an organizing construct is able to integrate different therapies and constructs, and helping clients develop optimism by making sense of their lives in a new way—are salient aspects of the developing model. Preliminary indications suggest meaning therapy is working. Follow-up study of the research participants indicated that those who pursued self-definition, relatedness, and internal motivations had significantly improved quality of life, while those who did not had chronic relapses. Two surveys of alumni at the center, measuring drug use and quality of life variables, suggested that the therapy appears to be at least as effective as other scientifically designed addiction therapies (Tsarouk & Thompson, 2013). In one standard marker of treatment success, treatment completion rate, the facility's rate is superior to most programs.

This success is, in part, likely because meaning therapy is an ethical and positive form of addiction treatment. But it is also because it offers a very different approach from treatment as usual. Mainstream approaches typically begin with abstinence, move to relapse prevention, and then help clients work through issues of depression, anxiety, family problems, and so on. Such a progression means that living a fulfilling life is many months or years in the future. Meaning therapy, on the other hand, front-loads the pursuit of meaning and purpose, in spite of personal struggles. Even the facility's psychiatrist advises clients at discharge, "Don't focus on keeping away from drugs. Focus on getting a life." Abstinence is not the first step in recovery; rather, it is the byproduct of the pursuit of meaning.

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