

Meaning Therapy for Addictions: A Case Study

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Abstract

Evidence from existential–humanistic psychology suggests that addiction is a response to boredom, loneliness, meaninglessness, and other existential struggles. This research is a case study of an existential, meaning-centered therapy practiced at an addiction treatment facility. Meaning therapy assumes that addiction is a response to a life that lacks personal meaning. The solution, therefore, is to help the client live a fulfilling life. The research question asked if, and in what ways, meaning therapy influenced how participants made sense of their addiction and recovery. The study used a mixed-methods design. Sources of qualitative data were pretreatment and posttreatment interviews, psychiatric reports, researcher field notes, and participants’ life stories. Quantitative data were pretreatment and posttreatment measures of items relevant to meaning and symptom reduction. Eleven participants volunteered for the study. Themes that emerged during a grounded theory thematic analysis revealed that therapy positively influenced nine (81.8%) participants in developing self-definition, interpersonal relatedness, and intrinsic motivation. Quantitative analysis revealed significant increases in measures of meaning and decreases in symptoms and daily problems for seven participants (63.6%). About 6 to 9 months posttreatment, eight participants (72.7%) who pursued self-definition, relatedness, and intrinsic motivation reported abstinence since discharge, fewer symptoms and problems in daily life, and the pursuit of personal goals. This study provides therapists with a better understanding of meaning therapy and suggests implications for addiction treatment.

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Addiction and Meaning

This study examined the influence of a meaning-centered therapy on men suffering from substance addiction. Meaning therapy assumes that addiction is a response to a life that lacks personal meaning. Its starting point is Frankl's (1984) declaration that "Alcoholism . . . [is] not understandable unless we recognize the existential vacuum underlying [it]" (p. 129). According to Frankl, the hallmark symptom of the vacuum is boredom, but research has also identified a weak sense of belonging, perceiving oneself as different from others, and feeling little control over one's life (Thompson, 2012). Intoxication, thus, serves a purpose: It helps the individual exist more comfortably in a life that is, as Narcotics Anonymous (2008) said, "meaningless, monotonous and boring" (p. 78). Frankl (1980) was convinced that, for the alcoholic, "filling up this vacuum may well be of primordial therapeutic value—nay, a prerequisite for therapeutic success" (p. x). If one could remove the purpose of addiction, then it would no longer be an issue.

Meaning in Context of Mainstream Addiction Psychology

Mainstream addiction psychologists have sought to understand why a person continues to use substances "despite knowledge" (American Psychiatric Association, 2000, p. 181) that drugs lead to chronic suffering. Their conclusion has been that addiction is brain pathology, whose defining feature is *compulsion* (Leshner, 1997). Volkow and Li (2004) summed up the mainstream perspective:

Drug addiction manifests as a compulsive drive to take a drug despite serious adverse consequences. This aberrant behaviour has traditionally been viewed as bad "choices" that are made voluntarily by the addict. However, recent studies have shown that repeated drug use leads to long-lasting changes in the brain that undermine voluntary control. . . . [Also,] environmental, genetic and developmental factors contribute to addiction. (p. 963)

Faced with these variables—neural adaptation, environment, genetic predisposition, and developmental factors—the addict is victim to forces beyond his or her control.

If addiction is the pathological effects of the drug on the person, then recovery demands abstinence from the problem drug, help for drug cravings

(e.g., acamprosate medication), adaptive cognitive–behavioral coping skills (e.g., Hunt & Azrin’s, 1973, Community Reinforcement Approach, or Marlatt & Gordon’s, 1985, relapse prevention therapy), and motivational support (e.g., Miller’s, 1995, Motivational Enhancement Therapy). But outcome studies from these therapies have not been inspiring. Statistically significant effect sizes are reserved for short-term, cross-sectional research (see, e.g., Mann, Leher, & Morgan, 2004, for a meta-analysis of acamprosate; Miller, Meyers, Tonigan, & Grant, 2001, for an analysis of Community Reinforcement Approach; Magill & Ray, 2009, for an analysis of Marlatt & Gordon’s program, 1985; Lundahl & Burke, 2009, for an analysis of Motivational Enhancement Therapy). Long-term studies of, for example, cognitive–behavioral and psychodynamic therapies have indicated that treatment is ineffective (Vaillant, 2013). Bickel and Potenza (2006) put the matter bluntly: “Why is addiction so difficult to treat?” (p. 8).

A handful of psychologists have pointed out that the mainstream approaches are the outsider’s view. Peele (1998), for example, suggested that any approach was inadequate if it failed to recognize that “lived human experience and its interpretation are central to the incidence, course, treatment, and remission of addiction” (p. ix). Rather than assume pathology, existential–humanistic psychologists asked addicts the meanings they ascribed to intoxication. Participants spoke little of brain disorder, habit, self-medication, or poor coping. Rather, they described intoxication as a salve for boredom, loneliness, confusion, and lack of purpose in life (Thompson, 2006). They touted the benefits of the drug experience as being intrinsically interesting (Grasmick & Bursik, 1990), promoting a sense of connection with others (Hunt & Evans, 2008), gaining new perspectives on self and others (Gray, 2007), and transcending their mundane lives (Gregoire, 1995). A crack cocaine addict in Trujillo’s (2004) study reported:

It’s like the whole world, life is beautiful. I feel great. I have a lot of ideas. My mind just opens tremendously. My mind is like really fast and I think better. I feel good. I feel life is wonderful. I can do anything. (p. 171)

Faced with a sober life infused with boredom, loneliness, and little direction, the substance addict used intoxication as way to feel vital and alive.

Interpreting drug addiction within a meaning framework integrates the insider’s view into theory and practice. Using *personal meaning* as an organizing construct does not deny that addiction has a physical substrate in the brain, that addicts have maladaptive coping skills, or use drugs out of habit, or to self-medicate. It does, however, argue addiction theory and therapy must address the existential vacuum.

It is important to recognize that there is no unified body of thought on which meaning theory rests. In its present stage of development, meaning theory is not a formal theory and meaning therapy is not a formal therapy. Rather, the body of work is a “comprehensive conceptual model, which emphasizes the central role of personal meaning in the process of adaptation and personal growth” (Wong, 1998). Klinger (1977), for example, proposed that the addict turned to the drug to deal with a “kind of psychic earthquake” (p. 137), the result of not achieving cherished goals that would organize and give purpose to life. Singer (1997) concluded that those suffering from “chronic [drug] addiction either had never found sufficient meaning in a sober life or through years of addiction had squandered any meaning they had once possessed” (p. 17). The lack of meaning arose from a weak sense of agency (“Who am I?”) and community (“How do I fit in the world around me?”). Similarly, Peele (1998, 2004) argued that the source of any addiction was often the individual’s weak self-efficacy, superficial relationships, and lack of direction. His solution included attending to “higher goals: pursuing and accomplishing things of value” (Peele, 2004, p. 194).

Viewed through the lens of meaning, those who experienced a void in their lives, little agency and community, loneliness, solipsistic existence, and other existential struggles could ease their suffering with the narcotic draft. Recognizing that mainstream therapies generally offer clients only a measure of physical and mental stability, Wong (2006) suggested that a meaning therapy could move beyond abstinence and harm reduction:

Such a positive existential approach [i.e., meaning therapy] recognizes that the goal of treatment is not only recovery from addiction, but full restoration to the fullness of life. . . . The recovery process needs to move beyond healing of brokenness to personal transformation and full integration into society. (p. v)

Meaning Therapy for This Study

Therapy for this study was based on a modified version of Wong’s (2009, 2012; Wong, Nee, & L. Wong, 2013) meaning-centered therapy. With its roots in Frankl’s logotherapy, Wong’s (2012) approach is best understood as a positive existential therapy. As such, it assumes (a) the whole human being is center stage, (b) the individual is the author of his or her life, and (c) the individual is growth oriented. A key difference with many existential therapies is Wong’s focus on the positive givens of life. Unlike Yalom (1980), for example, who attended to the negative givens (anxiety that arises from awareness of death, separateness, freedom, and meaninglessness), meaning promotes the capacity of the individual to reach within and find courage, hope,

creativity, a positive attitude, and meaning in suffering. The individual is, thus, capable of transcending his or her biology and environment.

Essentially, meaning therapy helps clients manage their lives more effectively. Like mainstream therapy, it addresses barriers to an authentic life through, for example, cognitive-behavioral coping skills. But defensive coping is not enough. Meaning therapy puts an equal focus on *existential coping skills* (Wong, Reker, & Peacock, 2006). Knowing more clearly their values, priorities, wants, strengths, and limitations; developing a positive attitude, gratitude, and forgiveness; and managing their lives consonantly with authentic values offer clients the best protection against the vicissitudes of life.

Wong (2012) summed up its 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 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. (p. 644)

Although Wong's list itemized the therapeutic principles followed in this study, constraints limited the therapy. Treatment was only 30 days, including detoxification. Helping participants understand their "true identity and place in the world" or even glimpse "their life's mission" was unrealistic. Rather, the program provided a "roadmap," as one participant described it, which clients could follow posttreatment.

The format was group therapy, including both a content component (e.g., providing a meaning framework and coping skills) and process therapy. The main therapeutic exercise was the life story, based on McAdams's (1993) narrative construction of the self. Participants told their stories in group, and feedback focused on McAdams's questions: "Who am I?" and "How do I fit in the world around me?"

Research Question

Does meaning therapy influence how participants make sense of their addiction and recovery and, if so, in what ways? By discovering if therapy resonated with participants and how it influenced them as they worked toward recovery, researchers would gain a more sophisticated and nuanced understanding of this approach.

Method

This was a case study, following Yin's (2009) postpositivist approach. The *case* was the therapy. This was not a multiple case study of participants' experience of therapy; rather, the research focused on the therapy itself.

Site and Participants

The facility where the research was conducted was a licensed, private, residential treatment center for men suffering from addiction and, often, co-occurring disorders. Eleven men, aged 19 to 66 years, admitted to the facility volunteered for the study. Ten were Caucasian, and all but two were born and raised in Canada. Six were married. Education ranged from Grade 9 to a master's degree. Eight had full-time employment or were on disability. All but one had co-occurring mental health issues, though four manifested only traits of the disorder and did not meet the full *Diagnostic and Statistical Manual of Mental Disorders—Fourth edition (DSM-IV)* criteria.

Design

The study used a mixed-methods approach. The main source of data was pretreatment and posttreatment interviews, coded according to Strauss and Corbin's (1998) postpositivist grounded theory method. The other data sources served to confirm or reject themes that emerged from the grounded theory thematic analysis. Quantitative data were pretreatment and posttreatment instruments measuring items of relevance to meaning and efficacy of treatment in reducing symptoms. Additional qualitative data were psychiatric assessments, researcher field notes, and participants' life stories.

Instruments

Meaning was measured with the Purpose in Life test (PIL; Crumbaugh & Maholick, 1964). PIL is the most frequently used instrument in studies on addiction and meaning (Johnson & Robinson, 2008). Low PIL scores have been associated with addictive behaviors and improved scores have consistently correlated with positive outcomes from evidence-based treatment (Crumbaugh & Maholick, 1964; Robinson, Cranford, Webb, & Brower, 2007; Waisberg & Porter, 1994). Compared with, for example, the now-popular Meaning in Life Questionnaire (Steger, Frazier, Oishi, & Kaler, 2006), which leaves it to the participant to define what *meaning* means, PIL was designed to measure meaning as defined by Frankl's logotherapy, the basis

for the meaning therapy used in this study. Furthermore, Meaning in Life Questionnaire's search for meaning subscale has an even more serious problem of ambiguity (McDonald, Wong, & Gingras, 2012). The instrument measuring symptom reduction was the Behavioral and Symptom Identification Scale-32 (BASIS-32; Eisen, 2000). BASIS-32 is commonly used in mental health settings. It was designed to gain the client's perspective on whether treatment was helping reduce negative symptoms and daily problems.

Validity

Validity and reliability of case studies and grounded theory analyses have been debated along epistemological lines. This study followed Yin's (2009) postpositivist logic to ensure validity of a case study, including considering validity and reliability throughout the study, using a rigorous data collection protocol through each of the five sources of data, and addressing rival explanations. The grounded theory thematic analysis also followed a postpositivist logic, adhering to Strauss and Corbin's (1998) coding procedures, inviting participants who were diverse in terms of age, employment status, and education, asking participants to review their interview data, exploring negative cases, and using abduction. Rennie (2000) proposed that abduction was a key factor in validity of grounded theory research. Abduction requires the researcher to constantly test hypotheses, as they arise, within and between participants. As Rennie (2000) pointed out, "The significant consequence is that *induction is self-correcting*" (p. 490).

Diagnoses

This study followed the diagnoses of the facility's psychiatrist, who assessed participants according to the *DSM-IV* (American Psychiatric Association, 2000).

Results

Participant Interpretations of Addiction

Table 1 presents typical comments that participants made in the interviews.

Pretreatment: Addiction as a Mystery. On admission, all participants described drug use as a choice. Although 10 participants struggled to explain why they continued to use even though they knew drugs were intimately associated with suffering, they were adamant that it was a choice.

Table 1. Selected Participant Comments on Addiction.

Name	Pretreatment	Posttreatment
Peter	“Right now I don’t make sense of it [i.e., heroin use]. There may be something wrong in my mind.”	“I sort of betrayed myself [with heroin], and this should not have happened. Although it [i.e., heroin use] tore my life apart and pushed my family away, it was my purpose, which is something I don’t have overall in my life.”
Bob	[Ask the benefit of intoxication:] “Masking emotions.”	“[Drinking alleviated] boredom and not knowing what I want to do on a long-term basis.”
Jig	“Drinking would take the boredom away . . . I find doing regular mundane tasks more exciting when I’m drinking.”	“Drinking was a way of engaging the world.”

When asked why they chose to use drugs, nine participants initially stated the drug was a salve for their most salient negative affect or mood. Frank interpreted his marijuana use as self-medication for posttraumatic stress disorder (PTSD) symptoms, as did Dennis with alcohol. Peter described heroin use as a way to alleviate pressures he felt from his employer and his wife. Brian, Bob, Oscar, and Jig found intoxication the most effective way to ease their proneness toward boredom.

Yet eight participants soon recognized that the self-medication hypothesis did not explain why they chose to be intoxicated when they were feeling good or why they could not simply stop. Their attempts to make sense of addiction were naive and simplistic. Bob tossed out the idea that perhaps his “serotonin and dopamine levels” had been affected by alcohol. Peter was open to the possibility that he had an undiagnosed mental illness. But Bob and Peter offered these without conviction. Jig reported that he simply liked drinking: “Holy man, I enjoy drinking. I like drinking. Yeah, I knew the consequences of extended drinking and what I was doing to myself. It just always seems to come back that I like it.”

During the initial interview, eight participants eventually conceded that, at least personally, there must be some mystery factor at work, something that he was unaware of, but which pushed him to use alcohol or drugs. Peter, for instance, admitted, “I don’t make sense of it [i.e., his addiction].” They assumed treatment professionals would diagnosis the mystery factor and prescribe the solution. Three clients did not see anything mysterious about their

drug use. Patrick refused to believe his drinking was different from any other Irishman. Parmar and Frank saw drug use as self-medicating PTSD; their problem was trauma, not drugs.

Posttreatment: Addiction as Ephemeral and Doomed. All participants spoke of their attraction to intoxication, beyond a salve for boredom, anxiety, or lack of direction. They reported that mundane tasks became interesting and they felt more alive. Four participants talked about greater creativity and energy. Peter and Jig recognized that intoxication had become their “purpose” in life.

Ten participants understood that intoxication was a response to an unfulfilled life. Oscar, for example, concluded, “I’m beginning to think that the reason I drink is because I don’t have fulfillment in other areas [of my life].”

All participants recognized that intoxication had betrayed living consonantly with their authentic values. Eight stated this directly in the final interview. Frank admitted, “I think I smoked so much marijuana that I am really not in tune with what has been going on with myself.” Brian said that drinking “gave me an opportunity not to pay attention to myself and not actually understand who I am and what I enjoy.” Bob recognized that drinking prevented his “having future plans, having something to work toward.” For Jig, “I think drinking is really interfering with my purpose in life.” Dennis reported that in 30 days of treatment, “I have noticed a dramatic increase in my clarity and going out and doing things, when normally I would be going out and drinking, that is, fishing, outings or whatever. I actually enjoy them more when I am sober.” As Oscar summed it up, “I am really questioning whether I am getting anything from drinking.”

Participant Interpretations of Recovery

Table 2 presents typical comments that participants made in the interviews.

Pretreatment: Recovery as Dealing With the External World. Pretreatment, all participants described recovery as a life of healthy mindedness and good order. Typically, they decided they needed abstinence, hobbies, more time with family, resolution of relationship issues, anger management, and treatment for depression and anxiety. All participants looked to the therapist and psychiatrist to give them strategies and techniques to accomplish these goals.

Jig appeared to recognize that his suffering arose from within himself. On admission, he stated that his recovery required “understanding . . . how my mind works.” The main strategy for the other participants was to focus on the

Table 2. Selected Participant Comments on Recovery.

Name	Pretreatment	Posttreatment
Brian	“Well, we know where this [drinking] is going, so let’s not do it.”	“It is going to be a lot of planning and a lot of hard work for me to not necessarily fill the time but have the confidence to actually identify what I like to do and just going ahead and doing it. Before I didn’t have that, and I still don’t. But I am working on it.”
Dennis	“I need to be busy all the time and doing things and talking to different people, because I have isolated myself so much.”	“I’ve lived so much of my life being controlled and being told what to do and every decision made for me. I just have to go and do it [i.e., do what I choose].”
Jig	“I need a really good understanding of how my mind works, what motivates me to drink.”	“I have more control over my life just for the fact that I have been thinking about what I want out of life and how I can get a little more purpose in my life. I realize that my life is kind of empty and that makes me feel a little bit lost.”

external world, which they perceived as the cause of their misery. Peter, for example, suggested that the unreasonable demands of his employer was a major source of distress, which led to heroin use. His solution was to learn strategies to cope with these demands: “I have to learn to deal with that [i.e., his employer’s demands]. If I am going to go back to that job, I have to learn just to deal with things and be ready.” On admission, Brian stated that alcohol relieved the anxiety he felt from being victimized by the world. Rather than look within himself, he proposed that the best solution was to move to another city, avoid disinterested family, find a new job, and break up with his fiancé.

Posttreatment: Recovery as Authentic Living. Participants’ focus posttreatment was to look inward, to discover more about themselves and what they authentically wanted from life. Dennis stated,

Who was I then and who am I now? Then I was confused, lacked direction, and either unwilling or not wanting to make decisions. Now, I would say I am still a little confused because I don’t have all the answers. Going forward, I will just have to strive to figure those out. I have more confidence now to make those decisions.

Peter declared, “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.”

Grounded Theory Thematic Analysis

Three themes emerged from the analysis of pretreatment and posttreatment interviews: positive self-definition, interpersonal relatedness, and intrinsic motivation. These themes did not follow any sequence; rather, they were synergistic. For example, connecting with other members of the group helped define personal strengths and limitations, as well as understand personal values by differentiating from others.

Table 3 presents major themes and subthemes that emerged from the grounded theory analysis. Nine participants shifted toward a more stable self-concept, greater emotional connections with others, and intrinsic motivations. After 4 weeks of therapy, they could not confidently declare they knew themselves, rebuilt relationships, or discovered personally meaningful goals. Rather, they reported progress. As Brian put it, “It is going to be a lot of planning and hard work to actually identify what I like to do and just going ahead and doing it. Before, I didn’t have that.” Bob stated, “I wouldn’t know where to start when it comes to being myself, but I’m trying to rely on my gut.”

Self-Definition. On admission, 10 participants had a remarkably weak sense of who they were as human beings. Seven mentioned a lack of self-reflection directly in the interviews. For example, Brian confessed, “I don’t really know who I am right now. I don’t think I have ever thought about my life. Not in any deep meaningful way.” Indeed, Brian seemed perplexed with the concept of self-definition: “Who am I and what am I doing here? I don’t know of anyone who can answer that.” Bob stated, “I don’t know who I am, and I’m stuck in young party mode.” Jig stated, “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.” Kevin stated, “I didn’t think about my life too much.”

Of the 11 participants, only 3 held negative self-beliefs. Brian, for example, saw his “real self” (as opposed to his “fake self,” induced under the narcotic draft) as someone so dull and anxiety-ridden that he would burden others with his company: “Before [treatment], I was pretty convinced that nobody really wanted to hang out with me while I was sober. When I drank, people wanted to hang out with me.” Those who held positive self-beliefs appreciated they had hurt others; however, they differentiated their actions in active addiction from personal values.

Table 3. Themes and Subthemes From Grounded Theory Thematic Analysis.

Theme	Freq	Prev	Theme	Freq	Prev	Theme	Freq	Prev
Self-definition	37	81.8	Relatedness	75	81.8	Intrinsic motivation	41	81.8
Self-reflection	18	72.7	Belonging	25	81.8	Personal goals	25	81.8
Positive self-beliefs	19	81.8	Openness to others	31	81.8	Asserting the self	16	81.8
			Validation	19	72.7			

Note. Freq = frequency; number of times participants directly stated theme/subtheme. Prev = prevalence; percentage of participants who directly stated theme/subtheme.

The value of therapy for nine participants was to begin self-exploration. When asked what he gained from group, Peter replied, “The life stories. Having to concentrate on mine and go through pretty much every stage of my life and thinking of a lot of things I hadn’t thought about.” For Kevin,

I’m understanding myself more. There were some things in my life that were missing. I think it comes down to a purpose and meaning in life. What it is for me right now, I don’t know. I am just thinking more clearly.

For Bob, “I really liked telling my story because I don’t think I’ve done that ever. Exploring yourself.” For Jig, “I had never put as much thought into who I am as I have around here [i.e., in the facility].” Not surprisingly, because of his age, 19-year-old Mark commented, “I’m still trying to find myself. It’s like learning to walk again.”

In the final interviews, nine participants had a more sophisticated and positive self-awareness. Frank, for example, who stated he always “wanted to be normal,” felt less defective: “I guess there is no really normal. When you think about it, everyone has their own unique problems. Not just a label on it or society looks at it like, ‘Oh, he has PTSD.’” In the final interview, Brian concluded that he was “an ok guy.” Mark decided he was not “some weird recluse.”

All participants were more able to identify not only their strengths but also their limitations. Frank stated, “I think I might be kind of judgmental in a lot of situations,” and he “learned a lot about not being so impulsive.” Reflecting on his discovery that he had a high IQ, Mark admitted, “It made me quite egotistical for a while. I completely realize that now.”

Other Sources of Data. Research field notes and life stories provided more detailed accounts of self-definition. The most salient self-belief on admission, held by eight participants, was that they were different from “normal” people. For three participants, this arose from a perceived defectiveness.

After a psychiatrist diagnosed him at age 5 with attention deficit hyperactivity disorder, Frank said he felt inferior to others, somehow defective. This feeling of being different could, however, come from being put on a pedestal. From an early age, mentored by his father, Dennis excelled. Envied by his classmates, and a source of pride for his parents, he was a successful entrepreneur by his midteens, the top athlete in school, and a straight-A student.

After treatment, nine participants began to define themselves more clearly. Self-worth was measured less by bank accounts and status jobs than it was by values and beliefs. For Dennis, who spent most of his time at work, the job took second place to being a husband and father. Bob reported that being “a big fish in a small pond” was less important than challenging himself by returning to college. Being different was no longer interpreted as being apart from others or abnormal. Rather, listening to the stories of other group members helped them appreciate that each person was unique.

Patrick and Parmar were exceptions. Despite psychiatric and therapist assessments that his self-awareness was coarse, Patrick maintained that he had a good sense of self. His drinking was part of his Irish heritage: “If you don’t get drunk, they [i.e., Irish people] don’t trust you,” and “In Ireland, you don’t see people walking down the street with a coffee; they have a pint.” But Patrick’s appeal to his Irish drinking identity lacked personal responsibility. He avoided addressing problems that arose at work and home because of his drunkenness, which collateral information from employer, wife, and children affirmed. Patrick’s apparent lack of self-awareness was also evident in his surprise when the psychiatrist diagnosed PTSD. It seems remarkable that this successful, 45-year-old husband and father had interpreted his PTSD as “I have some anxiety.” Parmar, like Patrick, resisted talking about personal details and maintained that his only issue was PTSD.

Interpersonal Relatedness. On admission, all participants focused on their struggles to connect with others. 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.”

Group therapy helped nine participants experience deeper connections, though this connection, for four members, did not transfer to their families. Even Frank, who struggled all his life to connect with others, stated, “I felt more like part of the group.” Being a member of group convinced Brian that others accepted him even though he was sober:

For me to come here and make some friends with people that I have never met before is a big step for me. I haven’t done that in a long time. Probably when I went away to school, which was hard, and I didn’t really do well at that.

Their sense of belonging was associated with being open with other members. Nine participants used the metaphors of *closed* and *open* to describe relationships. Frank reported that he did not feel connected with other people, even family. "I have a closed relationship with my family, at least emotionally. I don't really have an open relationship with either of my parents." Dennis, too, had no close friends: "Back home in my world I don't open up to people." Posttreatment, all but Oscar and Parmar expressed their belief that they had willingly been vulnerable with group members. Even Patrick reported,

When I first came in [to the facility], I wasn't looking forward to sharing my views and opinions with a group of strangers. But over the last weeks, I feel completely relaxed, and I think it has shown in some of my participation in the group toward the end.

Although three participants said they had no problems with intimate relationships, eight did not feel validated, the consequence of which was greater disconnection. Kevin, for example, complained that he had talked with his wife about his negative experiences in the workplace and his loathing of the long commute each day, but did not feel heard:

My wife knows it [i.e., his drinking] is a problem, but I don't know if she understands what I am going through. I tried to explain what was going on for me at work. In the area where we live a lot of the husbands go away for seven days at a time and then come back home. I don't know if she listens to me because she says, "Well, a lot of the husbands can do it. Why can't you?" I say, "Well, I'm not them. I am me. I am Kevin. I want to be at home, and I don't want to work these crazy hours, and I don't need that brand new Escalade sitting in the driveway."

Therapy helped eight clients feel validated. Where Mark, for example, had condemned himself initially as "a complete social idiot" and "some weirdo recluse," he reported in the final interview, "I learned that I can interact with people. [Said with a grin] I was somewhat of a likeable person, I guess you could say." Asked the benefit of treatment, Peter stressed the importance of being validated by other group members: "They [i.e., group members] were trying to show me how to figure out what I need to do, instead of telling me what needs to happen."

Other Sources of Data. Struggles with interpersonal relationships were routine in life stories and therapy. In active addiction, 10 participants felt others singled them out as deficient. All but Oscar became self-conscious when they

felt that others reduced them to some stereotypical representation of the addict. Jig's daily visits to one of the two liquor stores in his small town reinforced his self-consciousness. When unable to wait for the liquor store to open, he patronized the local corner store to purchase vanilla extract (which contains alcohol). His visits to the corner store became uncomfortable encounters with reproving clerks.

Nine participants described relationships in terms of power dynamics. Families, friends, and employers saw the participants as defective and in need of fixing and their strategy was to control them. Attempts to take control were expressed in various tactics. Jig's wife ensured two signatures were required to take money from the bank. Peter's wife removed him from decisions to attend parties. Employers kept a wary eye on the addict. Patrick's employer attached great energy and suspicion to a sick day or missed appointment. Attempting to redress the power imbalance, 10 participants resorted to manipulating, lying, and reacting aggressively or passive-aggressively to accusations of drug use.

Forming positive relationships was evident mainly with other group members, but seven participants were rebuilding relationships with family and acquaintances. They appeared to be motivated mainly by personal values in these efforts. Dennis, for example, reported early in therapy, "I always put my job first. That caused a lot of strife in my marriage." He recounted one instance when he left the birthing room while his wife was in labor to answer a telephone call from work. During therapy, he reported, "I want to be a good father and a good husband. Those are really the only two things that are important to me right now." Mark confronted his growing sense of guilt that arose from blaming others for his suffering: "My resentment and judgment has pretty well gone now. I shouldn't say gone, but not judging people has been a big thing I have been working on."

Intrinsic Motivation. All participants lacked direction in their lives. For example, none of the participants reported any directed effort toward attaining a career they were passionate about. Peter was typical: "I thought a bit about being a lawyer, just because I read a lot of crime novels. I did have that idea, but, then again, the world is saturated with lawyers."

Ten participants reported that in active addiction, they lived only for the moment. Brian, for example, said, "When you are in active addiction, you are really kind of focused on what is going on around you at that particular moment." Similarly, Dennis remarked, "When I drink, I'm absorbed in the moment."

Therapy catalyzed a shift toward purposeful living. Brian said in the final interview, "Just over the last couple of weeks, I am starting to think ahead, and I have never been one to think ahead." Mark stated,

Being addicted for me was like running away from my problems. Pretty much denying that there was ever a place for me and not looking toward the future. Now, it is more about looking into my past and figuring out what happened and what went wrong and dealing with that. Realizing how you got here and where you're going to go from here.

For all participants, however, goals were elusive. Dennis declared, "I know what I do not like from my past, and I don't want to go back there. Do I have a firm direction? No, I don't. But I'm working on it." Mark, too, was confused about goals:

- Interviewer: Do you say often to yourself, "This is not what I should be doing?"
- Mark: Yeah, I do.
- Interviewer: What should you be doing?
- Mark: That's the question, isn't it?

For Jig, awareness that he had little purpose in his life was a source of distress. "The way it stands now, when I look down the path, really, I don't have a lot to go home to. I don't have plans for too many things right now. It feels rather empty."

Nine participants perceived that others dictated their lives. Brian lamented, "Most of my decisions in the past have been based on what someone else wanted." Nine participants discovered from therapy the importance of asserting themselves. After therapy, Dennis concluded that rather than allow others to dictate his life, "I have to just do it." Peter recognized that recovery demanded personal goals:

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 heads. It has to be what my gut feels I should be doing.

Other Sources of Data. Personal goals and asserting the self were themes found in life stories and field notes. One of the more striking changes for 10 participants was their shift from extrinsic to intrinsic goals. Kevin provided a typical example. While in treatment, he was offered a 14-day-in/7-day-out job in an oil camp. He reported that he would normally have taken the job. But after 2 days of reflection, he declined the offer. What swayed him was a question we posed: "What price do you put on being a father?" Bob planned to attend university and take general courses until he decided what interested

him the most. Dennis was considering leaving his current job and pursuing his interest in a fishing lodge.

This shift was also evident in their expectations of therapy. At the beginning of therapy, all participants expected professionals to diagnose their problem and prescribe the solution. But they came to recognize that the answer was within them. Mark, for example, concluded, "Ultimately, you know what's best for you, and no one else does."

Nine participants reported they were not as easily bored as they were before treatment. They attributed this to making decisions based on what they wanted to do rather than following the lead of others. This was the case even in simple things. Brian, for example, complained that he followed others in recreational activities, even if he did not like the activity. During treatment, he participated only in recreational activities that attracted him and declined invitations to those he had no interest in.

Eight were more able to live comfortably with ambiguity. On admission, Frank, for example, was preoccupied with his upcoming court date. He saw himself at the mercy of the judge. At the end of treatment, he reported that he could do only his part to prepare, and he expressed a measure of confidence that he would not fall victim to the legal system, even if he were incarcerated. Brian had been very anxious pretreatment whether his relationship with his fiancé would work out. Posttreatment, he was motivated to work on the relationship, but he also recognized that he had no control over her decision.

PIL and BASIS-32 Scores

Table 4 presents participants' self-reported scores on factors relevant to the meaning construct (PIL) and symptom reduction (BASIS-32). Pretreatment and posttreatment scores generally supported other sources of data with notable exceptions. For example, Brian and Oscar's pretreatment scores did not fit a clinical sample. Parmar's self-reported dramatic decrease in negative symptoms and daily problems did not match other sources of data, such as psychiatric notes. Scores for Brian, Frank, Patrick, and Parmar did not predict their status 6 to 9 months after discharge. Although their scores reflected little improvement, Brian and Frank reported doing very well. Patrick and Parmar, despite self-reported improvements in meaning (Patrick) and symptom reduction (Patrick, Parmar), relapsed within weeks of leaving the program.

Participant Status 6 to 9 Months Posttreatment

A robust association emerged between participant reports on how they were doing posttreatment and the three themes from the study analysis. Eight

Table 4. Purpose in Life (PIL) Test and Behavioral and Symptom Identification Scale-32 (BASIS-32) Raw Scores.

Name	PIL, Week 1	PIL, Week 4	Change ^a	BASIS-32, Week 1	BASIS-32, Week 4	Change ^b
Peter	73	95	+22	53	25	-28
Brian	100	96	-4	40	47	+7
Frank	74	78	+4	74	77	+3
Bob	72	106	+34	73	39	-34
Dennis	55	80	+25	92	65	-27
Oscar	109	125	+16	15	6	-9
Kevin	72	105	+33	74	11	-63
Patrick	75	93	+18	52	33	-19
Jig	92	98	+6	61	51	-10
Mark	60	98	+28	80	28	-52
Parmar	91	94	+3	54	14	-40

Note. PIL normative sample = 105 (Marsh, Smith, Piek, & Saunders, 2003); BASIS-32 normative sample = 30-37 (Eisen, 2000).

^aIncrease indicates greater meaning and purpose. ^bDecrease indicates greater well-being.

participants who actively pursued positive self-definition, relatedness, and intrinsic motivations reported abstinence since discharge, few problems in daily life, and a sense of purpose. For example, Frank reported doing well. He had not been incarcerated, met a woman, worked actively to overcome PTSD, and found a satisfying job. Conversely, the three who did not pursue these themes reported frequent substance use and many problems. Bob, for example, did not pursue his plans for education, remained at the same job, and lived with his parents. He relapsed within a month of discharge and drank several days each week. Participant reports indicated that pursuing all three themes were the rule for those who were successful. Similarly, those who relapsed reported almost no progress on any of the themes.

Discussion

Results indicate a strong association between addiction and an external orientation to the world. Rather than reach out into the world from an internal anchor, based on personal values and intrinsic goals, participants looked to others to navigate their lives and to substances to regulate mood and affect. Overcoming addiction was a process of reversing this dynamic. Confidence that meaning therapy was the catalyst of these results must be tempered by the recognition that other types of therapy might produce similar results.

Because of logistics, it was not possible to compare meaning therapy with a control group participating in treatment-as-usual.

Addiction as a Response to a Lack of Meaning

Wong (2006; Wong et al., 2013) agreed with Frankl's (1984) proposition that addiction is a response to a life that lacks personal meaning. A total of 9 participants in this study admitted directly that they had no personal goals they were achieving, and 10 admitted that had not lived consonantly with personal values. Indeed, nine reported they did not know themselves.

The participants' pretreatment reasons for using reflected mainstream addiction psychology, which generally sees addiction as an avoidance coping skill: "Addictive behavior is a way to turn problems off for a while" (Bien & Bien, 2002, p. 5). But intoxication was much more than escaping negative affect. In his memoir of alcoholism, Burroughs (2003) described his reasons for drinking: "I use booze like an escape hatch and also like a destination" (p. 83). Intoxication as a destination was an experience that 10 participants were attracted to.

Frank, who initially emphasized that marijuana eased PTSD, admitted that he had "gone overboard" with its use. Pressed further, he stated that the drug inspired creativity in martial arts competitions. Similarly, Oscar, Patrick, Jig, and Mark said that intoxication catalyzed creativity in work-related challenges or in artistic endeavors. Jig and Kevin stated that mundane tasks, such as household chores, became more interesting when under the influence. All remarked that intoxication made jokes funnier, music richer, and, for the younger clients, sexual activities more intense.

Pursuing intoxication as a destination, as agentic behavior, is a very minor theme in the scholarly literature on addiction. Seeburger (2013) interpreted Burroughs's (2003) *destination* as evidence of the alcoholic's volition: "Addiction provides a solution to the problem of preserving effective agency in situations where it is otherwise blocked" (p. 73). Indeed, all participants described intoxication as the time in their lives when they paid attention to themselves. For Peter and Kevin, it was their "reward" for sacrificing personal desires to attend to those of their wives and employers. Seeburger's view was that social pressure—job demands, social propriety, family obligations—blocked agentic behavior. Data in this study, however, suggested that the participants' lack of self-definition and external motivations blocked agency.

Despite benefits of feeling focused and creative, gaining energy, and eliminating boredom, anxiety, and external pressures, drug use as a solution to the existential vacuum was ephemeral and doomed. One problem was that

addiction led to an inauthentic encounter with the world. May (1975) suggested that addicts used substances to engage the world without inhibitions. But such engagement was inauthentic because genuine engagement “is not something that occurs merely because we ourselves have subjectively changed; it represents, rather, a real relationship with the objective world” (May, 1975, p. 48). For study participants, this *real relationship* was missing in active addiction. Nine participants described a deep divide between themselves and the world. Mark said he would “just sit from the sidelines [of life] and watch everything happen.” He drank to “forget the world around me exists.” Jig was too self-conscious to have an authentic encounter with the world: “I don’t like being known as an alcoholic. I don’t like it at all. It’s embarrassing.” Jig’s doomed strategy was to try to impose his imagination on life:

Maybe it is just safer in my imagination. I don’t know. I do live a lot in my own mind and have an overactive imagination sometimes. But how to transfer imagination into reality? I am definitely struggling with that one.

A second problem of chronic addiction, as eight participants recognized, was that it dismissed the self. Brian stated, “I think the biggest reason [for drinking] was that it gave me an opportunity not to pay attention to myself.” Frank stated, “I think I smoked so much marijuana that I am really not in tune with what has been going on with myself.” Dennis stated, “I don’t remember what the real Dennis was like.” Jig was struck by a friend’s comments: “I got a letter the other day from a friend, and she said, ‘It would be nice to see the old you’. I’m not sure what that means, but she obviously knew a different person that I have been.”

In the initial interview, I asked participants about their lives in active addiction. Questions were based on research into what makes life meaningful: being the author of one’s life (Wong, 2012; Yalom, 1980), reflecting on one’s life (Wong, 2012), building relationships (Weinstein, Ryan, & Deci, 2012), and being future oriented (Frankl, 1984). Table 5 presents the responses to interview questions.

With the exception of Oscar, the pattern is clear and robust. Intoxication not only purged perceived problems—allowing them to feel more energized, relaxed, or creative—but it also removed personal goals, self-evaluations, and control over life.

Recovery as the Pursuit of a Personally Meaningful Life

The themes that emerged from this study—positive self-definition, affirming relationships, and intrinsic motivations—generally match Wong’s (2012;

Table 5. Responses to Initial Interview Questions on Life in Active Addiction.

Name	Feel in control of life?	Evaluate life?	Think of past/future?	Impact of drug on relations?	Address personal problems?	True to values?	Pursue personal goals?
Peter	No	No	No	Negative	No	No	No
Brian	No	No	No	Negative	No	No	No
Frank	No	No	No	Negative	No	No	No
Bob	No	No	No	Negative	No	No	No
Dennis	No	No	No	Negative	No	No	No
Oscar	Yes	No	No	Neutral	Yes	Yes	No
Kevin	No	No	No	Negative	No	No	No
Patrick	Yes	No	No	Negative	No	No	No
Jig	No	No	No	Negative	No	No	No
Mark	No	No	No	Negative	No	No	No
Parmar	No	No	No	Negative	No	No	No

Wong et al., 2013) therapy framework. Wong (2012) proposed that living a personally meaningful life begins with self-awareness, from which the individual develops intrinsic motivations and goals. But this is not a solipsistic pursuit. Humans are relational beings, defined in large part by sociocultural imperatives, family, and early attachment. Meaningful living also demands attaching one's life to something greater than the self. Wong agreed with Steger (2012), who wrote that meaningful living "refers to the understandings that we develop of who we are, what the world is like, and how we fit in with and relate to the grand scheme of things" (p. 165).

Although participants stated they had not attained any of the three themes, eight reported progress. Indeed, the best predictor of client status 6 to 9 months posttreatment was if he were pursuing more positive and accurate self-definition, stronger relationships, and personal motivations. Results of this study appear to support research that indicates that the *pursuit* of a personally meaningful life has powerful psychological health benefits (Kashdan, Breen, & Julian, 2010; Park, 2012; Steger, 2012; Wong, 2012; Zafirides, Markman, Proulx, & Lindberg, 2013).

Negative Cases

In grounded theory analysis, examining negative cases is necessary to reject or confirm emerging themes (Strauss & Corbin, 1998). Although Patrick's PIL and BASIS-32 and Parmar's BASIS-32 scores improved, and both

reported in the final interview that they gained much from therapy, their reports were not supported by the other sources of information. Life stories, psychiatric notes, researcher field notes, and interviews indicated little progress in developing a more sophisticated sense of self, more positive relationships, and intrinsic motivations. Their frequent drug use postdischarge was also an indication of their struggles to overcome addiction. In terms of grounded theory analysis, these negative cases thus confirmed that progress in the three themes was associated with successful recovery.

Neither participant, however, appeared to resonate with meaning therapy. Patrick's and Parmar's understatements concerning personal responsibility for drug use and their apparent naivety on the nature of addiction may be explained, in part, by acculturation issues. The most salient aspect of their lives, which they did not have in common with other participants, was that both were born and raised in another country: Patrick in Ireland and Parmar in India. Petersen (2006) pointed out that, faced with a new culture, immigrants are typically forced to reexamine how they make sense of self and their world, leading to acculturation stress.

Patrick and Parmar's heritages affected how they made sense of their addiction and recovery. For example, research indicates that immigrant Irish adhere to an Irish drinking identity more than those living in Ireland do; in turn, the alcoholic Irish immigrant usually minimizes personal responsibility for intoxication in favor of a drinking identity (O'Dwyer, 2001). This appeared to be the case with Patrick. On the other hand, Parmar appeared to resist part of his heritage. For example, the communal nature of Indian families means they are typically involved in their loved one's treatment for illegal substances (Government of India, 2011). Yet Parmar refused to provide consent for the facility to contact his family, reporting only that he "did not want them to worry."

Part of meaning therapy seeks to understand the client within cross-cultural transition and acculturation (Wong, Wong, & Scott, 2006). It is difficult to identify precisely why Patrick and Parmar declined invitations to examine details in their lives and their sense of personal responsibility. The final interview asked participants their views on the therapist and approach. Both reported they felt connected with the therapist and resonated with the approach.

Conclusion

The most significant limitations of the study were the small and narrow sample and the lack of comparison with a treatment-as-usual group. Given this, however, the results of this study may help breathe new energy into addiction psychology.

Mainstream scientific psychology reduces addiction to pathology and promotes a life of healthy mindedness. But these ideas have not led to systematic advancement in our understanding or treating addiction. A meaning approach, however, proposes that addiction is a response to living a life that lacks personal meaning. This approach may help answer Bickel and Potenza's (2006) question, "Why is addiction so difficult to treat?" (p. 8). Learning to live with healthy mindedness and good order is too weak to counteract an existential vacuum. It does addicts little good to practice defensive coping skills, extinguish cues that illicit cravings, and recognize internal conflicts between the motivation to use and the motivation to abstain if they cannot find a meaning and reason for abstaining.

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