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To cite this article: Pavel G. Somov (2007) Meaning of Life Group: Group Application of Logotherapy for Substance Use Treatment, THE JOURNAL FOR SPECIALISTS IN GROUP WORK, 32:4, 316-345, DOI: [10.1080/01933920701476664](https://doi.org/10.1080/01933920701476664)

To link to this article: <https://doi.org/10.1080/01933920701476664>



Published online: 12 Nov 2007.



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## Meaning of Life Group: Group Application of Logotherapy for Substance Use Treatment

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*The rationale for the use of logotherapy in the context of substance use treatment is introduced. The article reviews prior group applications of logotherapy and offers a clinical curriculum for a group application of logotherapy tailored to the substance use treatment context. Furthermore, the article provides a discussion of the specifics of the group format and role induction to the "Meaning of Life" group, as well as a detailed discussion of eight themes that constitute the proposed logotherapeutic group intervention for substance use population.*

**Keywords:** addiction; group therapy; logotherapy; substance use

Logotherapy, a meaning-oriented therapy developed by Victor Frankl (1955) as an individual therapy modality is, in its pure form, a comparatively rare therapy of choice in contemporary clinical practice. Logotherapy as a group modality is even more rare.

Fabry (1988), in his book *Guideposts of Meaning: Discovering What Really Matters*, suggests that despite its fundamentally personal nature logotherapy is, in fact, suitable for a group format. A few "sharing" groups have been developed and described by logotherapists over time. Fabry's own "Finding Meaning Every Day" group protocol is a better-known group application of logotherapy and is designed to provide clients "with tools for restructuring their lives in ways that are meaningful to them, so that their daily behavior more nearly expresses their values" (p. 123).

While authors such as Lukas (1979) and Crumbaugh (1979) wrote about the application of logotherapy to substance use treatment, a structured logotherapy group that is thematically tailored for the substance use treatment setting has not, to the knowledge of this author, been proposed until Somov and Somova (2003). A rationale for the use

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of logotherapy in the context of substance use treatment, a review of the history of utilization of group psychotherapy with substance use clients, and an explanation of the rationale for a *logotherapy group for substance use* treatment are described. The present article then introduces the Meaning of Life group protocol as a motivation-enhancing and relapse-prevention application of logotherapy for substance use treatment.

### **Rationale for a Group Application of Logotherapy**

Yalom (1985), in the first two pages of his classic book on the theory and practice of group therapy, answers a self-imposed question of how group therapy helps patients by listing eleven primary therapeutic factors, the eleventh of which is “existential factors” (p. 3). Later in the book, Yalom, an existentialist himself, notes that the “category of existential factors was almost an afterthought” and rushes to make the last-but-not-least caveat: “it is clear that the ‘existential’ items strike responsive chords in patients” (pp. 92–93). In writing about the existential factors, Yalom defines the scope of the latter as a “struggle” with such “givens” and “ultimate concerns” of existence (p. 95) as death, isolation, freedom, responsibility, life purpose, and meaninglessness, issues that closely parallel the thematic content of logotherapy. Group therapy with its existentially normalizing factor of universality appears to be uniquely positioned to deal with existential concerns. Unfortunately, existential factors, more often than not, are but random by-products of the discourse that takes place in the context of group therapy. As such, non-logotherapy groups are existential only in the sense that that they normalize existential factors by underscoring their existential universality.

The group application of logotherapy is an attempt to directly capitalize upon the existentially normalizing process factors of group therapy by marrying the inherent existentialism of the group process with explicitly existential thematic content. Yalom (1985) offers an excellent example of this synergy of existentially normalizing group process and existential content. In writing about his experience of conducting a group therapy with terminally ill patients, he talks about ways in which the group was useful for dealing with the issue of mortality. More specifically, he notes: “The group configuration is not ‘you,’ the therapist, and ‘they,’ the dying; but it is we who are dying, we who are banding together in the face of our common condition” (p. 101). This statement illustrates the poignant marriage between the existentialism of universality (a group process variable) and existentialism of the topic of mortality (group content variable). The Meaning of Life group, as a logotherapeutic, existential group application, is

an attempt to leverage the therapeutic value of exploring issues of existence by capitalizing on the existentialism imbedded in the group process.

### **Rationale for Using Logotherapy in the Context of Substance Use Treatment**

In delineating the scope and goals of logotherapy, Frankl (1955) juxtaposed it with psychoanalysis by defining it as “existential analysis” that “seeks to bring to awareness the concepts of the mind,” with the goal of helping the client “toward the consciousness of responsibility” as “being responsible is one of the essential grounds of human existence” (p. 29). Existential review, search for meaning, and assuming responsibility are pivotal to the substance use recovery arc. Recovery in itself is not a goal but a means to a goal, a means to facilitating a meaningful life. Consequently, the Meaning of Life Group is an attempt to help clients place their substance use in the existential context. Lukas (1979) notes that upon completion of treatment, substance use clients are likely to “ask themselves if there was any sense of their being cured and what they will do with the life that was restored to them” (p. 263). Indeed, a person coming out of an otherwise successful rehabilitation may ask of him or herself, “OK, so I got clean . . . Now what?!” Leaving this question unanswered seems to be an invitation to relapse. While incentive-based motivations can help a client initiate a change, a meaning-based motivation may assure the maintenance of clinical gains. Consequently, clients are invited to start the recovery process by taking a look *beyond* the recovery, *beyond* the myopia of “getting back on track,” *towards* the destination of the life-track. This is accomplished by priming clients’ consciousness with the “meaning of life” questions; i.e., existential and philosophical questions that allow clients to broaden their motivational search from short-lived, tactical, and often clichéd motivations to person-specific, meaning-centered motivations that serve as a buffer against the turbulence of change.

Logotherapy can help normalize the angst of recovery as a normal existential “vital sign.” When clients are asked to ponder the interplay between meaninglessness (the all too familiar feelings of emptiness) and substance use, they are offered a normalizing, de-pathologized perspective on substance use as an escape from meaninglessness and a legitimate albeit sub-optimal form of trying to resolve *noogenic neurosis* or *noogenic depression* (Frankl, 1978). As such, the Meaning of Life Group introduces validating *existential language* into motivational enhancement that frees the client from the paralysis of self-deprecating guilt and refocuses the client on regaining meaning through recovery.

The Meaning of Life group protocol attempts to awaken the philosopher inside a given client, providing a substance use client with an

opportunity to strategically zoom out, to reset his or her existential compass, to place both substance abuse/misuse and recovery in the trajectory of one's life journey and to resuscitate the anesthetized and deadened will-to-meaning in the hope of giving recovery more than tactical importance. As such, logotherapy in the context of substance use treatment not only facilitates motivation for change but also serves as an important lapse/relapse prevention factor. There is more to life than recovery. Recovery is but a means to an end, not an end in and of itself. Clients for whom recovery becomes an end in and of itself are at added risk for relapse should they lapse in the first place. And, indeed, if being in recovery has become a defining part of one's narrative, if recovery has become an end in and of itself, catastrophizing interpretations of a lapse (as an end of everything that matters) are inevitable, and so is a relapse.

This can be best understood in terms of Linville's (1985) research on self-complexity. Linville suggests that narrowly defined self-concepts are less stable than self-concepts that consist of multiple roles that are well differentiated from each other. Metaphorically, stable self-concepts are like submarines that are buffered from sinking by the fact that they consist of multiple hermetically separated compartments which isolate a leak in a given compartment from the rest of the submarine, allowing even a damaged, leaking submarine to remain afloat. A person in recovery whose life consists of multiple well-differentiated meanings, for whom recovery is but one of several means to a particular life-goal, would appear to be better buffered from stress and psychological "sinking" than a person in recovery who has turned recovery into a life-long cause and found a life's meaning in staying "clean." Life-long recovery-oriented socialization, life-long self-definition as an "addict" or as always "recovering" or through "years clean," or excessive enmeshment of recovery and spirituality, run the risk of a single-track self-concept with recovery turned into a life's meaning. When the treatment goal of recovery becomes a life goal, little leaks (lapses) become gushing catastrophic floods (re-lapses). Consequently, logotherapy, in addition to priming and enhancing motivation for change, can be invaluable in relapse prevention by helping substance use clients not substitute a narrow self-concept of an "addict" with a similarly narrow self-concept of being "a recovering addict."

### **Group Psychotherapy in the Context of Substance Use Treatment**

Flores (1993, p. 427) writes that group psychotherapy is "an important, if not the most crucial, component of the treatment program for persons with alcohol and substance-abuse disorders." The rationale for

use of group therapy in the context of substance use treatment has been widely articulated in the substance use treatment literature (Altman & Plunkett, 1984; Dagley, Gazda & Pistole, 1986; Fuhrmann & Washington, 1984; Vannicelli, 1992). The reasons for the use of group therapy in the context of substance use treatment appear to be three-fold: historical, clinical and practical.

Group therapy for substance use has historical roots in the 12-step treatment paradigm with the original self-help gatherings of Alcoholics Anonymous serving as historical *and* clinical progenitors of substance use group therapy. The arguably moral rather than clinical stance of the 12 step approach, later coupled with the disease model of addiction, set the tone for the conformist, content-prescriptive, directive, and at times confrontational culture of substance use groups. The pragmatics of serving an originally under-served clinical population of substance users as well as the need to bridge the credibility gap between the academically trained therapists that lacked the street and recovery “cred” and the down-and-out, “bottomed out” substance users led to certification and licensing policies that allowed for an infusion of substance use providers whose clinical approach was intimately intertwined with their own recovery experience.

To clarify, substance use group therapists can be conceptualized as the following two camps: professional psychotherapists with formal and clinical experience in group process and dynamics and entry level therapists (e.g., Certified Addiction Counselors) in recovery, who, having benefited from substance use recovery, have found meaning in a career of substance use counseling. Flores (1993) writes:

Compounding the difficulty of having a therapy group led by an inadequately trained group leader is the propensity to have experienced group therapists lead therapy groups composed of patients with addiction and alcoholism without the benefit of those group leaders being adequately trained in the treatment of addiction (p. 430–431).

This appears to have resulted in a two-way tension between these camps of providers: with “many excellent therapists” feeling “frustrated with AA’s distorted view of them as ‘ignorant professionals’ who have failed to help them and their members in the past” and with academically trained psychotherapists at times underestimating the intuitive wisdom of their para-therapist colleagues and viewing them as 12-step “offspring” group therapy amateurs (p. 431). In attempting to address this clinical divide, such experts in the field of group therapy as Yalom “outlined ways of establishing credibility while integrating AA philosophy into an interactive group therapy format” and aligning it with an interpersonal approach and Yalom’s theoretical model of interactional group therapy (p. 431).

The result of the historical and pragmatic rationale for use of groups to treat substance use disorders appears to have led to a group therapy culture that at least partially negates some of the excellent clinical reasons for use of group therapy with substance use presentation. Fuhrmann and Washington (1984) point out that group therapy provides a safe setting for substance use clients to break through their social isolation and to let go of their defenses. While a safe, non-judgmental environment should in theory help a socially isolated and defended substance user experience a sense of universality and normalization, the unfortunate legacy of confrontation and conformism of substance use groups can lead to a situation in which treatment compliance does not necessarily parallel treatment internalization (Lewis, Dana & Blevins, 1994).

Lewis, Dana and Blevins (1994) summarize that the “great promise” of group therapy as a strategy for substance use treatment “has not always been realized” and explain that the traditional group work with substance use clients has taken “one of two avenues: an emphasis on verbal confrontation or an emphasis on a didactic presentation of information,” methods that these authors consider to be “inconsistent with what is known about human behavior change” (p. 127). Flores (1993) similarly acknowledges the “heavy influence of AA and other 12-step programs” on the culture of substance use groups as well as the “downside of AA’s influence on group psychotherapy,” namely, the fact that “what often gets passed off as group psychotherapy, especially in treatment programs that rely heavily on the 12-step programs” is “a model that inadequately uses all the curative forces available in a therapy group” (pp. 430–431).

Consequently, the history of substance use group work as well as the pragmatics of treatment programming to address a growing substance use population have found themselves somewhat in the way of leveraging maximum clinical benefit from the group therapy modality as applied to the specifics of substance use treatment. The present article introduces a substance use group protocol that attempts to preserve the pragmatics of a time-limited structured group for the substance use population while at the same time striving to create a safe clinical forum, free from a dogmatic view of substance use, to allow clients to examine the interplay between substance use and issues of existence.

### **Rationale for a Logotherapy Group in the Context of Substance Use Treatment**

One of the key indications for use of group therapy in the context of substance use treatment is that groups allow substance use clients to

overcome the sense of social isolation that results from alcohol and drug abuse (Furhmann & Washington, 1984). While substance use focused groups aim to provide a safe haven for otherwise socially ostracized substance users, the typical substance use groups still remain potentially judgmental of a systematic exploration of the interplay between substance use and various existential factors. A client interested in discussing his or her attempt to use substance use for its potentially self-transcending value is likely to be shunned by the core of the substance use population socialized on 12-step philosophy. Similarly, a client willing to examine substance use as a means to dealing with the existential concerns of meaninglessness or mortality is likely to encounter at best silent disapproval of his or her peers who had been socialized to view substance use as a moral transgression and/or or a disease. Consequently, the key rationale for a logotherapy group in the context of substance use treatment is extending the normalizing safety of group process to a *doubly ostracized substance user* who, having been stigmatized by the society for use of chemicals to cope, runs an additional risk of stigmatization by the rehabilitation community for examining the existential value and valence of substance use. Thus, safety-wise, a logotherapy group for substance use clients picks up where a non-logotherapy group for substance use clients typically leaves off: a logotherapy group allows clients to discuss substance use not only as a consequence of existential angst but also as a common and humanely understandable, albeit problematic, existential coping choice, with its mix of cons *and* pros.

### MEANING OF LIFE GROUP FORMAT

The Meaning of Life group was initially developed as part of a comprehensive clinical curriculum for substance use treatment programming (Somov & Somova, 2003) and was subsequently piloted in the context of a residential correctional substance use program in a county jail. Furthermore, the Meaning of Life group can be utilized in the context of outpatient substance use programming and, if dismantled of its thematic focus on the interplay between substance use and the issues of existence, can be used as a "stem" protocol for an outpatient logotherapy group.

The Meaning of Life group is a professionally facilitated, secular, content-based, structured group that raises questions, facilitates a non-judgmental discussion of various issues of existential significance, and involves various experiential exercises. While the content is philosophical in nature, intellectualizing is discouraged. Facilitators follow the method of Socratic inquiry, a discourse method of preference in



logotherapy, the goal of which is not “to pour information into the students, but rather to elicit from the students what they already know intuitively” (Fabry, 1988, p. 9). In this process, facilitators are encouraged to remain attuned to what Fabry referred to as “logohints,” or phrases, facial expressions, intonations that indicate “what is meaningful to the seeker,” clues to clients’ “positive attitudes and values” (1988, p. 12). Furthermore, facilitators do not educate but facilitate clients’ self-discovery; facilitators do not provide meaning but point out “meaning possibilities” (Fabry, Bulka, & Sahakian, 1979, p. 265). As noted by Lukas (1979), the final responsibility for the *found* meanings and their implications rests with the clients.

The Meaning of Life group therefore aims to trigger an intrapersonal, internal dialogue between the client and his/her self, rather than aiming at a process-oriented interpersonal dialogue between clients. The typical flow of interactions can be thus summarized as follows: a facilitator stimulates clients to think about a particular existential issue, prompts clients to share the fruits of their introspection, manages and processes the cross-talk between clients for the existential meaning of defensiveness that is likely to emerge in response to diversity of existential opinion, and reflects back and summarizes the emerging existential themes and insights for the benefit of the entire group in a kind of collective narrative of the group’s emerging insights.

Facilitators remain mindful of the natural interplay between meaning and spirituality, but avoid direct discussion of religious topics, redirect clients’ from direct questioning of fellow group members’ religious pronouncements and defer direct discussions of religious beliefs to more appropriate non-secular forums. The facilitators, of course, avoid imposing their values or endorsing others’ values with the emphasis of the group being on raising the questions, rather than on answering them. Facilitators explicitly recognize and help clients recognize that while there might be *the* question, there isn’t always *the* answer.

### **Leader Qualifications and Training**

Rosenbaum (1993), in commenting about leader qualifications for an existential-humanistic approach to group psychotherapy, points out that “omniscient therapists who need to lead a group in order to moralize or direct are not desirous of exploring or engaging in existential approaches” (p. 235). Given the fact that the substance use treatment culture for years has emphasized the importance of utilizing the therapist’s own recovery status for modeling purposes and given the fact that many of the substance use professionals in recovery often,

at least, partially attribute their recovery status to identification with the 12-step treatment philosophy, the importance of the group therapist's ability not to feel threatened by the potentially unconventional and controversial opinions that might emerge in the course of the Meaning of Life group cannot be overemphasized. With this in mind, preparation of Meaning of Life group facilitators should be focused on assuring that prospective group facilitators are able to avoid imposing their recovery values on clients and are able to position themselves as a source of questions and not as a source of answers.

While effective Meaning of Life group facilitators function in a non-directive manner in terms of the group content, they are at the same time expected to be able to remain sufficiently directive in regard to the structure of the group in order to fulfill the necessarily paced mandate of the Meaning of Life group curriculum. Given the fact that the history of substance use group work is replete with confrontational, denial-breaking, content-prescriptive approaches, finding a group therapist that is comfortable with a structured group format is much easier than finding a group therapist who is able to check his or her recovery and recovery "party lines" at the door, let alone finding a group therapist who is capable of delivering a structured group while at the same time remaining non-transparent in regard to his or her recovery values.

This qualifications issue is further compounded by the fact that many group therapists in the substance use treatment setting have only had the experience of conducting substance-use related groups that are characteristically content-based and prescriptive in their clinical mandate (frequently with an unequivocal emphasis on absolute abstinence and a disease model of addiction and with an explicit endorsement of the 12-step principles, for example). Consequently, such group facilitators, whose only group therapy experience has been such prototypical substance use group work, are used to modeling and endorsing; i.e., to an attitude of directive, albeit clinical, influence of clients.

With this in mind, facilitators' experience with conducting process-oriented groups can be used as a "litmus test" of basic competency skills sufficient to conduct the Meaning of Life group. While most process skills will be, in fact, unnecessary for the purposes of the Meaning of Life group, the very precedent of such clinical experience (of conducting process-oriented groups) assures a necessary degree of "stimulus" neutrality of the group therapist as a person in the group process in order to facilitate a safe exploration of opinions pertaining to the existential valence of substance use that might be potentially controversial in the context of substance use treatment.

Aside from developing familiarity with the Meaning of Life group curriculum, potential Meaning of Life group facilitators are also

encouraged to cultivate their overall familiarity with the existential-humanistic ideational domain through supplemental readings of the existential, phenomenological, humanistic, and logotherapeutic classics. Finally, potential Meaning of Life group facilitators would also do well to undergo a Meaning of Life group themselves.

### **Client Parameters**

The selection process of group members for a substance use group *in some ways* appears to be the antithesis of the selection process for a non-substance-use focused group, since the criteria for inclusion in a substance use group are typical exclusionary criteria for a non-substance-use focused group. Yalom (1985) notes that “there is a considerable consensus” that individuals addicted to drugs or alcohol or sociopathic individuals are “poor candidates for a heterogeneous outpatient intensive therapy group” (p. 228) and adds that “specialized” groups have been shown to be more effective for substance users (p. 229). While the Meaning of Life group, as a population-specific group, is inevitably homogenized on the variables of substance use and the associated co-morbidities, the selection of group members should aim at preserving a potential for heterogeneity of existential opinions. With this in mind, it is suggested that group facilitators, in screening clients for participation in the Meaning of Life group, aim to include substance use clients of various socio-economic and cultural walks of life to potentiate a maximum diversity of existential opinion. Given the fact that the thematic thrust of the group is toward elucidating the interplay between substance use and issues of existence, facilitators are particularly encouraged to attempt to build-in some diversity of opinion around the philosophy of addiction.

The exclusionary criteria for the Meaning of Life group reflect its “cognitive load;” given the fact that the group involves a certain element of abstract thinking, facilitators would do well to screen out clients who are extremely concrete cognitive processors. Additionally, given the somewhat oratorical nature of participation (clients verbalize their opinions on potentially abstract issues of existence), group facilitators are encouraged to screen for monopolizing. While the Meaning of Life group can endure narcissistic categoricalness of expression, it may not survive psychotic or manic grandiosity of opinion, since such grandiosity is likely to come across as proselytizing of values that would jeopardize the safety of this group forum.

Substance use groups are also sometimes differentiated in regard to the substance of choice, a distinction historically reflected in the separateness of AA and NA. The potential heterogeneity of lifestyle associated with legal and illegal drug use, in my opinion, constitutes a

group composition asset rather than a liability. With this in mind, the Meaning of Life need not homogenize the groups on the variable of substance type as the group offers the convenience of a modality that is equally suitable for drug and alcohol abusers.

### **Client Role Induction/Group Rules**

As previously noted, the Meaning of Life group was initially designed for the purposes of a correctional substance use program. A Meaning of Life group facilitator functioning in a substance use treatment setting has a formidable challenge of building a group culture that allows a safe, non-judgmental review of the interplay between substance use and search for meaning. One of the “clinical facts of life,” a potential population-specific “intrinsic limiting factor” (Yalom, 1985, p. 458) of attempting an open-minded and public existential analysis of substance use in a substance use treatment setting is that of dealing with the quasi-religious culture of the 12-step paradigm rooted in Christianity (Peele, 2004). Furthermore, “people are taught in AA that it is wrong—arrogant, unhealthy, even sacrilegious—to think you control your experience” (Peele, p. 36). This direct and indirect moral and religious pathologizing of self-efficacy as well as the 12-step culture of submission where “the best way to surmount a problem is by acknowledging one’s powerlessness over it” (Peele, p. 37) presents a kind of iatrogenic side-effect from clients’ prior substance use treatment experience and, if unaddressed through proper role induction and group rules, may significantly limit the therapeutic value of a logotherapy group in the substance use treatment setting. While exploring the meaning of life is hardly possible without some reference to spirituality or religious beliefs, the Meaning of Life acknowledges spirituality as one particular path in search for meaning but opposes quasi-religious dogma in an effort to minimize any counter-therapeutic religious and/or 12-step proselytizing by group members. This is accomplished through group rules that socialize group members to avoid “pitching” their beliefs to their fellow group members as well as by deferring any specific religious questions to a more appropriate forum of pastoral counseling.

Another “clinical fact of life” (Yalom, 1985, p. 458) in designing a group in the context of substance use treatment has to do with the unnecessarily confrontational culture of substance treatment programs, particularly those designed for correctional substance use clients. Lewis et al. (1994) report that many substance use clients “had previously experienced highly confrontive groups that placed pressure on individuals to respond to all questions” (p. 131) and recommend the following group rule for substance use groups: “Group members have

the right to be quiet if they do not wish to take part in a particular discussion. Other members do not have the right to force them to participate but do have the right to ask them questions and encourage them to participate” (p. 131).

Furthermore, the Meaning of Life group, with its philosophically laden content, can be potentially threatening to a concrete thinker unprepared for an existential level of abstraction to problem analysis. Giving group members explicit permission to be silent frees a concrete thinking client from the stressful expectation of participation and allows such a client to ease into a discourse of a possibly unfamiliar and, arguably, somewhat intellectualized thematic content. In the author’s clinical experience, lowering the expectations for verbal participation paradoxically increases participation while at the same time minimizing inauthentic, pseudo-prosocial contribution competition not uncommon among the mandated substance use treatment clients, as in a common case of a mandated therapeutic community participant who admits: “I tell them what I have to tell them so I can go home” (Patenaude, 2005, p. 89). In the unlikely case that a given group member accepts the permission to be silent *literally* and does not verbally engage, a Meaning of Life group may still leverage change through such observational therapeutic factors of group experience as universality, imparting of information and interpersonal learning (Yalom, 1985) that do not necessarily require active verbal participation of any given client, assuming the participation of fellow group members.

The following is a summary of the suggested parameters and group rules for a Meaning of Life group designed to both accommodate the specifics of the Meaning of Life group content as well as to reflect the specifics of conducting group work in the substance use treatment setting: a) Meaning of Life group is an opportunity to discuss the meaning of life and how it relates to substance use and recovery; b) group members will express opinions and avoid imposing or “pitching” their beliefs to others; c) group members will attempt to remain open to exploration of the life implications of the opinions they express; d) specific religious questions or religious opinions are best reserved for spiritual counseling and are not appropriate for this forum; e) group members will exercise respect and tact in relating to each other; f) no self-disclosure is required to participate; silence is accepted. The facilitator explicitly positions him or herself as a person with questions, not answers. It should be further noted that Meaning of Life group rules may be customized to the specifics of a given substance use treatment setting. For example, in working with substance use clients that had not been exposed to and/or indoctrinated to the values of the 12-step paradigm, the group rules designed to minimize proselytizing of one’s religious values might be less topical. Similarly, these

normative safeguards (rules b and d) might be of less importance with a substance use sub-population that is thought to be practiced in tactful acceptance of diversity. Similarly, when conducting a Meaning of Life group in a non-mandated substance use treatment setting, the silence caveat might be unnecessary.

### **Typical Meaning of Life Group Dynamics**

The group dynamics of the Meaning of Life group protocol are fundamentally restricted by its content-driven, structured format. While content-based and structured, the Meaning of Life group is neither exactly a psycho-educational group with its minimal room for process, nor a process-oriented group with its primary focus on process. The Meaning of Life group is an opportunity to process information. Unlike a psycho-educational group, the Meaning of Life group does not teach. Unlike an interpersonal process group, the Meaning of Life group does not highlight the nuances of *inter*-personal process. The Meaning of Life group processes *intra*-personal information by first encouraging clients to explore the issues of existence and then encouraging clients to process how they relate this information to their substance use.

Regardless of its focus and format, the Meaning of Life group is a group and is therefore subject to group dynamics as inevitably “all the members begin to manifest themselves interpersonally” (Yalom, 1985, p. 299). As would be the case for an initial stage of group process, the Meaning of Life group participants test the safety of the forum and search for the meaning of the Meaning of Life group. Given a relative novelty of an existential perspective in the substance use treatment setting, to advance in the mission of the group, group members require much assistance from the facilitator in regard to role induction, group rules, and group rationale. The thematic content of the group with an early focus on the meaning of adversity and suffering (see further below) is designed to assist clients in their search for similarity with fellow group members to lessen the dependence on the facilitator and to allow clients to experience the safety of the group by way of cross-referencing and, thus, normalizing their meanings of suffering. Safety is a prerequisite for conflict; having found a common existential denominator in the meanings of suffering, group members embark on a series of more conflictual existential items such as the meaning of self and death. Given the fact that the Meaning of Life group is content-focused rather than process-focused, the conflict is ideational in nature. It is at this point that the group is likely to subdivide into ideological groups depending on group members’ philosophy of recovery and often their spiritual beliefs. At this point of the group development, the facilitators are encouraged to diffuse conflicts by processing

the threat from the difference in opinions, conceptualizing defensiveness as a potentially useful marker of one's uncertainty about one's own beliefs and normalizing such uncertainty as one of the fundamental challenges of existence. As the group progresses, a tangible marker of its increasing cohesion is an emerging tentativeness of expression, tolerance of the diversity of opinion of fellow group members, and a gradual shift from defensive proclamation of one's existential opinions to a more exploratory testing of one's ideas with a "what-do-others-think?" interrogative invitation for feedback. As the group processes through the thematic curriculum, the topics of the meaning of freedom and transition allow clients to complete the shift from an interpersonal war of existential paradigms to an intra-personal focus on how the issues of existence relate to one's substance use.

The point of the group is to prompt an existential awakening in the service of enhancing motivation for change. Given the structured, content-driven, time-limited logistics of the group, all or none of the above mentioned group dynamics and member development may emerge. At a minimum, the Meaning of Life group is designed to attempt to provide a forum for exploring issues of existence in the context of substance use treatment. If this occurs with the minimum of process, the group will parallel the dynamics of a psycho-educational group. At a maximum, the Meaning of Life group can prove to be a useful practicum of social skills, namely, a kind of diversity training that exposes clients to difference in opinions and allows clients to learn to non-defensively tolerate difference and diversity as well as to practice tentativeness of expression as a conflict prevention tool.

## **THE EIGHT THEME CURRICULUM**

Frankl (1955), discussing the scope of logotherapy as existential analysis, emphasized the exploration of meaning of life, meaning of death, meaning of suffering, meaning of work, and meaning of love. The following are eight discussion themes that structure the curriculum of the Meaning of Life group:

- Theme 1: Meaning of Meaninglessness
- Theme 2: Meaning of Adversity
- Theme 3: Meaning of Self
- Theme 4: Meaning of Presence
- Theme 5: Meaning of Death
- Theme 6: Meaning of Freedom
- Theme 7: Meaning of Substance Use
- Theme 8: Meaning of Transition

The reader should be aware that the theme content presented in this article differs from the original Meaning of Life group theme curriculum, as described in "The Recovery Equation: Motivational Enhancement, Choice Awareness, Use Prevention, an Innovative Clinical Curriculum for Substance Use Treatment" (Somov & Somova, 2003). The original Meaning of Life group did not include the discussion of the meaning of freedom since this topic was addressed through a stand-alone Choice Awareness Training treatment module.

### **Theme 1—Role Induction and the Meaning of Meaninglessness**

The first session pursues three tasks: to provide role induction for the group, to normalize meaninglessness, and to facilitate positive expectations regarding the relevance of the group to clients' recovery efforts. The role induction into the Meaning of Life group begins with a description of the rationale for the group and the presentation of the group rules. The five core existential questions may be briefly presented to stimulate interest and engagement. The other key ideas at this point are as follows: a) search for meaning aids in search for motivation for recovery, b) recovery, while a treatment goal, is not a life goal per se; recovery is a means to an end, not an end in and of itself, and c) substance use is normalized and humanized as an understandable but problematic search for meaning, for some, and, for others, as an understandable, albeit problematic, form of coping with meaninglessness. In presenting the rationale and the ideas above, the facilitators model a contemplative, non-judgmental atmosphere and reinforce the idea that philosophizing or thinking about the meaning of life is not a luxury but a necessity.

To further set the mood for the group, group members might be asked to recall times when they gazed at the stars. In eliciting clients' accounts, star-gazing as an experience, is recognized as an attempt to somehow integrate one's life with the seductively overwhelming universe outside as a moment of self-transcendence. Clients are also asked to recall if after an episode of star-gazing, they felt an inspired, motivated eagerness to change, to somehow bring their life in order with their realizations. Star-gazing can be also offered as a metaphor of navigation or finding the way for those who might feel lost or without direction. The answers to the meaning-of-life questions presented in this group can be metaphorically likened to constellations of meaning that help clients navigate towards their life-goals and, at times of confusion, to re-assess their existential coordinates.

A key task of the first session is to normalize clients' sense of meaninglessness. While facilitators are encouraged to normalize



meaninglessness throughout this intervention, the first session aims to explicitly de-pathologize clients' possible feelings of emptiness and meaninglessness. The search for meaning is recognized as work in progress, as a kind of existential hypothesis-testing in which people try out different models of meaning in search of the best existential fit. Consequently, lack of meaning, lack of answers to life's fundamental questions, is hardly evidence of a deficit of wisdom but, if anything, a reflection of the complexity of questions posed.

Facilitators are encouraged to Socratically elicit and summarize the key points of the session. For example, having "baited" the group with the initial trial balloon of a question of "What would you say is the meaning of life as you understand it?," the facilitator may reflect back the expressed sentiment of hesitation and uncertainty and follow up with: "I see many of you shrug your shoulders and say that you are not sure and I wonder how you might have dealt with this overwhelming and confusing uncertainty throughout the years?" An exchange of this sort helps clients arrive at a validating and normalizing realization that uncertainty about the meaning of life is not unusual, that such uncertainty is understandably overwhelming, and that it is understandable that one might be prompted to cope with this overwhelming uncertainty of meaninglessness by escaping it through substance use.

## **Theme 2—Meaning of Adversity: What is the Meaning of Pain and Suffering?**

Frequently, admission to substance use treatment is precipitated by adversity. Making sense of adversity, therefore, taps into the most immediate phenomenology of a person in treatment and serves as an emotionally validating, meaning-finding and motivation enhancing opportunity. Making sense of random adversity and adversity that resulted from clients' failures can help clients see that their suffering had not been all in vein. In the words of Elizabeth Lukas, a logotherapeutic approach allows that "failures become retrospectively filled with meaning" (Fabry et al., 1979).

*Coping versus meaning focused suffering.* Coping is designed to reduce suffering. Coping literature distinguishes two approaches to reducing suffering: problem focused and emotion focused coping (Folkman, 1984). Problem focused coping reduces suffering through behavioral problem-solving. Emotion focused coping aims to reduce suffering by controlling and suppressing the corresponding negative emotionality.

Both problem focused and emotion focused coping strategies represent an attempt to solve a problem, either through a behavioral

or attitudinal solution. In achieving that, both of these coping approaches appear *tactical* and neglect the bigger picture, that of the existential meaning of having a problem in the first place. Meaning focused suffering, while akin to coping, does not automatically view a given problem as a problem; instead, meaning focused suffering attempts to place a given problematic event or occurrence that had resulted in suffering in a broader existential context. Depending on a person's particular existential interpretation of meaning, a person may reject the idea of suffering as a problem altogether and see the fact of a problem not as a problem, but as a "vital sign" of life or a consequence of his or her freely made choice. Consequently, meaning focused suffering does not replace problem-solving (or solution focused) coping but compliments it by viewing suffering as an opportunity to manifest attitudinal values.

*Facilitating meaning focused suffering.* In developing the Meaning of Suffering theme, the facilitators may briefly introduce the distinction between problem focused and emotion focused coping as a prelude to a discussion of the meaning focused suffering. Following this, facilitators open discussion with a question along the lines of: "What do you think is the meaning of suffering, pain, adversity, hard times?" The discussion may result in a variety of meaning-focused interpretations of suffering. The following is a summary of common existential interpretations of suffering.

**Adversity as Contrast:**

Pain and suffering create contrast for happiness and well-being.

You can't know pleasure without knowing pain.

**Adversity as a Normal Part of Life:**

Adversity is a normal, unavoidable, part of the human experience.

Pain is a vital sign, a sign that we are alive.

**Adversity as a Learning/Growth Opportunity:**

No pain, no gain.

There is a silver lining (an opportunity for growth) to every cloud (adversity).

**Adversity as Consequence and Manifestation of Our Freedom:**

Adversity is an occasional consequence of our choices.

Adversity is an occasional cost of our freedom.

**Adversity as Punishment or Misfortune:**

Adversity is punishment and penance.

Adversity is a result of misfortune and bad luck.

**Adversity as Preparation and Inoculation for Greater Adversity:**

What doesn't kill us, makes us stronger.

Coping with adversity is a skill, adversity is an opportunity to practice coping.

*Suffering focus and substance use interplay.* To consolidate the theme of Meaning of Adversity, facilitators are advised to invite clients

to examine the interplay between the suffering focus and substance use episodes. For example, problem-focused suffering may catastrophize suffering as intolerable and unacceptable and, therefore, can lead to chemical coping. Solution-focused coping also views adversity as a problem and may guide a person to cope with pain and suffering by escaping into substance use. Meaning-focused suffering may reject the view of suffering as a problem altogether and see the fact of having a problem, at a minimum, as a normal part of life, and, at a maximum, as an opportunity to manifest one's life-values.

*The suffering vice-grip exercise.* In his book *The Doctor and the Soul*, Frankl talks of "squeezing" meaning out of suffering (1955, p. 300). The facilitator introduces the notion of "squeezing meaning out of suffering." Facilitators may offer a metaphor of an existential vice-grip that wrings the meaning out of suffering. Clients are asked to think of instances of suffering in recent past and to put them, metaphorically, through the Suffering Vice-Grip to squeeze out the meaning. Facilitators may, for example, ask a client: "As you think about lost relationships, lost jobs, time lost to incarceration, I wonder what that suffering meant to you then, I wonder what that suffering means to you now? As painful and hard and disruptive as that was, I wonder what of value you have taken from those hard times, how you grew from those times of hardship?" As clients "wring" the meaning out their suffering, the facilitator prompts clients to keep "squeezing" meaning out of suffering: "How else do you think that was meaningful to you? What else did that mean to you then? What else does that mean to you now?" Facilitators may eventually conclude with a respectfully subdued yet congratulatory reflection: "It sounds like you have been able to learn so much from that," or "it sounds like this was a very meaningful time in your life."

### **Theme 3—Meaning of Self: Who/What am I?**

"Who/What am I?", as a question of great ambiguity, is a litmus test of a person's tolerance of existential discourse. Therefore, to leverage group participants' interest in this seemingly impractical question, the facilitator would do well to begin by inviting group members to explore the possible utility of knowing who/what they are in the context of their recovery. This initial approach to the topic is a good opportunity to reiterate the view of recovery as a means to an end rather than a goal in and of itself. The key point of the current theme is to broaden clients' view of themselves beyond their often narrow view of themselves as "addicts" or "recovering addicts." This can be accomplished by the examination of who/what clients were *prior to*

*their substance use* as well as by encouraging clients to consider who/what they are *aside from their substance use* and aside from their recovery (“You say you are an addict, or a recovering addict, okay . . . and aside from that, what else are you? What else can you say about who you are? What makes you *you*?”).

*Exploring addiction self-definitions.* Clients in substance use treatment frequently define themselves as “addicts” or “recovering addicts/alcoholics.” Exploring these treatment-endorsed self-definitions as well as such derogatory addiction slang terms as “junkie,” “crack-head,” “pot-head” allows clients to evaluate the impact of these self-conceptualizations on their self-esteem and recovery potential. More specifically, clients are asked: “When you call yourself an addict, what does that mean? What is the meaning of you saying that you are always going to be a recovering alcoholic?” Facilitators may also offer clients to evaluate and compare such alternative addiction self-definition alternatives as “habitual substance user” or “chemical coper.”

*Finding self through past.* Fabry (1988) recommends examination of one’s family history as a means to finding meaning in everyday living. Consequently, inviting clients to explore their family history might be useful in helping clients appreciate where they came from and where they are going. Exploration of one’s roots may help clients feel connected and grounded in the past, and to see their role and responsibilities in the trans-generational transmission of family values and traditions.

*Value hierarchy.* Assessment of one’s values may also prove a useful tool in the search for the meaning of “who I am.” Fabry (1988) offers a formalized assessment of one’s value hierarchy that allows clients to track the actual origin of their values by source (family, society, self, etc.). Such value assessment can help clients also explore the extent to which who they are is a product of cultural, familial programming, and to what extent who they are is a function of their own values and philosophy of living.

*Highlighting the discrepancy between the real and ideal self.* As the clients explore the meaning of who they are, they might be also encouraged to evaluate the degree of correspondence between who they actually are (Real Self) at the present time against who they aspire to be (Ideal Self). This juxtaposition between the Real and the Ideal Selves creates a state of cognitive dissonance similar to what Saunders, Willkinson, & Allsop (1991) term as a psychological squirm, a state that further facilitates motivation for change.

### Theme 4—Meaning of Presence

The emotional parcel of this theme is to awaken a sense of appreciation for being alive, right now. The goal is to try to facilitate emergence of a sense of urgency (and even angst) about the need at least to pose and ponder existential questions in order not to miss the opportunity for meaning. The primary method of the session is that of infusing an awareness of time. In my experience, any discussion of existential issues without the psychological “squirm” of time awareness is likely to remain a purely intellectual exercise. Infusing a here-and-now awareness of time passing into the discussion of the existential issues sets a tone for an affectively-laden and, therefore, motivationally priming and personally relevant experience.

On a technical note, the facilitators arrive for the session with an hour glass and offer a pensive opening: “The sand of time . . . clocks ticking . . . moments passing . . . as I sleep, as I go to work, as I sit in the traffic jam . . . time’s passing . . . life’s passing . . . someone’s dying . . . someone’s just being born . . .” The facilitator waits in silence, allowing the metaphor and the imagery to take hold. He or she then continues: “You are alive right now . . . by historical standards, you will be gone in a flash of time . . . What does it mean to you to be alive right now, in this moment, a moment after so many have already died, and a moment before so many are yet to be born?”

Following this “contemplative narrative,” the facilitator defers to the group for thoughts and reactions. The facilitator “moves” the process by re-infusing the awareness of time whenever the sand of time runs out: “Right now, in this very moment, someone’s life is coming to an end, they might or might not know it, their clock is about to stop . . . and someone’s life just beginning . . . what does that mean to you, right now?”

Facilitators wrap up the session by checking for feelings. Feelings of urgency, restlessness, and desire to be productive are not uncommon. Facilitators may validate this yearning “to do something” as a common (“manic”) defense against concerns of mortality and may encourage clients to stay with the restlessness, not to rush to do something, but to wait and explore opportunities for meaning that become more apparent when the blurring and dizzying carousel of escapist behavior slows down and the confusion of not-knowing paradoxically offers moments of clarity.

Facilitators aim to leave some time for appreciating life as it is happening *right now* for each group member in the room. They offer gentle guidance: “This is it . . . right now, this is your life . . . passing . . . are you present?” The facilitator should be prepared that some clients will find this invitation for mindful presence as a gift, while others, feeling the

“squirm” of mindfulness, may resist such an invitation by whispering or giggling.

### **Theme 5—Meaning of Death: Where am I Going?**

Meaning of life and meaning of death are intertwined. Our beliefs about death define our approach to living. The “meaning of death” question, however, is often a surprise to the non-philosophizing public. Facilitators, prepared for this surprise, simply ask: “What is the meaning of death? What does death mean to you? What are your beliefs about death? What do you think happens next, after you die, if anything? If life is a journey, where do you believe you are going? What do you believe to be the destination of this journey that we call life?” The answers to the “meaning of death” question is likely to reveal clients’ religious beliefs. With this in mind, it is important to avoid any evaluation of the expressed beliefs. Therefore, for example, facilitators are encouraged to avoid such probes as “What do others think about what so-and-so said?” Having done this existential “roll-call” on the issue of death, facilitators summarize the stated themes and offer a discussion of the interplay between clients’ beliefs about death and their substance use.

*Destination: Somewhere vs. Nowhere.* Some people view life as a prelude to after-life, while others see life as containing no destination other than death and, thus a destination unto itself. In my experience, the difference on this point has the potential of being quite emotionally divisive. Consequently, in helping clients explore their beliefs about the meaning of death, facilitators have to be on their “process” toes to minimize any aggression in debate. The facilitators should be prepared to understand and summarize the following three common perspectives on death: 1) death as the beginning of an after-life, 2) death as the ultimate end of life, and 3) death as rebirth (reincarnation). Naturally, the facilitators may also run into an agnostic perspective of “not knowing” what death means, which could be then constructed as *death as an unknown*.

*Substance use as transcendence.* The recovery “business” is often a judgmental business. The humanity of substance use, with its ancient roots in various world cultures, is, unfortunately, under recognized, and moralizing abounds. The Meaning of Life group facilitators should be prepared to recognize and validate a view of substance use as a spiritual search for transcendence. To clarify, validation is not an expression of values about a given position or an endorsement of a particular position. Validation is acceptance of the phenomenological

logic of a given position. Being clear on this point allows Meaning of Life group facilitators to offer their clients a rare opportunity not to “demonize” their substance use but to openly reminisce about its existential value. On a practical note, the sub-theme of substance use as transcendence can be facilitated by such questions as: “How has substance use changed your attitude to death, if at all?” or “In what ways, if at all, has substance use helped you resolve your fears or questions about death?”

*Death as discontinuity of self.* Beliefs about death are also intertwined with the idea of continuity of “I-ness” or continuity of self. This seemingly heavy-duty philosophical perspective can be introduced with relative ease along the following lines: “Some people suggest that you are your consciousness . . . With this in mind, are such states as sleep/unconsciousness/coma a form of psychological death?” The idea here is to look at death from the standpoint of loss of sense of self or self-control such as in the case of unconscious or substance-induced behavior. In this context, life then could be defined as “being awake, being conscious, being your usual self,” and death as “being asleep, unconscious (as in coma), not your usual self.” Extending this idea further, facilitators may explore the idea of being intoxicated or under the influence as a temporary death/cessation of one’s usual self (“When you are high, are you *you*?”). The overall vector of this sub-theme is to explore the perspective of substance use from the standpoint of temporary loss of selves. While for some this idea might appear too esoteric, for others it may lead to an insight that if life means being awake and death means sleep, then extreme states of intoxication may, in fact, represent a loss of conscious, a loss of self; a loss of life that is, therefore, to be mourned. To further facilitate this discussion, therapists may simply inquire: “In what ways is substance use similar to death?” In my experience, this particular sub-theme is a clinical Klondike rich with potentially motivating insights.

*Substance use as “reversible” death.* Most substance use treatment providers are familiar with the escapist, avoidant, if not para-suicidal function of substance use. Some individuals, at times of adversity, consciously look for a means to “numb out,” to escape pain and suffering, and, not uncommonly, to escape themselves. Drugging and drinking as a “reversible suicide,” as an escape from one’s self is a likely theme to come up in the context of the discussion of the meaning of death.

*Death and dying.* In discussing the meaning of death, facilitators should be prepared to encounter a theme of grief and loss. Direct elicitation of this sub-theme is not recommended since grief-related

disclosures are likely to monopolize group time. Therefore, facilitators should be prepared to redirect client's disclosures about their grief. This can be accomplished by acknowledging the comment and *broadening the scope of potential reply* by inviting the group to relate. For example, the facilitator may say: "Jake here mentioned about losing his Mom, about how painful and hard that was . . . I am sure many of you in the group have had similarly painful losses. How do you think these deaths changed your beliefs about death? What do you think these deaths had to do with your substance use?"

### **Theme 6—Meaning of Freedom: Am I Free?**

Meaning of freedom is one of the pivotal existential questions for anyone and, particularly, for anyone embarking on substance use recovery. "Am I free or is everything predetermined?"—the answer to this question often determines the client's conceptual map of recovery. The current theme is designed to approach the issue of freedom in a concentrically focusing manner, beginning at a broader level of abstraction, gradually zooming in on the personal and practical implications of one's beliefs about the issue of freedom, with an eventual close-up on how beliefs about freedom interface with one's approach to recovery.

*Philosophical level of abstraction.* Facilitators introduce the topic at the broadest level of abstraction by simply asking: "What is freedom?" The discussion can be further enhanced by the introduction of the distinction between freedom and determinism. Facilitators may, for example, introduce such a "truism" as the idea that "everything has a cause" and then challenge clients to try to reconcile the seemingly deterministic causality of everything that happens with the phenomenologically convincing sense of freedom of choice. Clients might be further stimulated by such probes as: "What are your thoughts about the notions of destiny, fate, or a Grand Plan?" Clients might be also offered the distinction between hard determinism and soft determinism (predisposition for a particular course of action with an option of volitional override). For example, facilitators may offer an example of someone with a so-called "short fuse," who, under usual circumstances, might be "easy to fire up," but who is, nevertheless, able to manage their anger much better, say, at a gun point, or during an important job interview with much at stake. Such a discussion can help clients tease out the distinction between causes, predispositions, and actual behavioral choices. This particular sub-theme can be further consolidated by offering a definition of freedom as awareness of options available to an individual at any given point (Somov & Somova, 2003).



*Ethico-practical level of abstraction.* At this level of abstraction, facilitators shift the discussion toward ethical and practical implications of clients' beliefs about freedom. This is accomplished by asking clients about the interrelationship between "freedom" and "responsibility." More specifically, facilitators inquire along the following lines: "This is a question to those of you who believe that everything has a cause and that your current behavior is predetermined by your prior actions and behaviors. . . If what you are right now is a function of who you were yesterday and so on and so forth, then, how can you be held responsible for what you are doing at any given point?" Additionally, the facilitators explore the ethico-pragmatic implications of clients' beliefs about the interplay between socio-economic factors and problems of poverty, violence or substance use. In conclusion of this sub-theme about freedom and responsibility, the facilitators may offer the following two perspectives: a) if you believe that everything is pre-determined, then you believe you are not free, and, therefore, you are not responsible for what you do (even though the society and the legal system will hold you responsible for your actions); and b) if you believe you are fundamentally free, despite any bio-psycho-social predispositions you might have, you are also ultimately responsible, with responsibility being the cost of your freedom.

*Personal/Substance-use level of abstraction.* As with any discussion, progressing from philosophical to personal tends to be accompanied by the risk of increased emotionality which is in proportion to insecurity of our beliefs. One such belief that lies at the core of the existential notion of freedom and responsibility, is the belief that addiction is a disease. Facilitators are cautioned to tread carefully around this issue as mere questioning of the disease model of addiction is tantamount to "sacrilege" in certain substance use settings. Yet, the issue of whether substance use and dependence is, indeed, a disease, in a technical, rather than metaphorical, sense is a bona fide existential issue. Prior to embarking on this subject, facilitators are encouraged to do preliminary readings on the history of the disease model of addiction (Jellinek, 1972) as well as of the criticism of conceptualizing substance use as a disease (Peele, 1999). Viewing addiction as a disease is a form of determinism which makes one no more responsible for the disease of addiction than for the disease of cancer. Conceptualizing substance use as a habit represents a form of "soft determinism" that views substance use as a behavioral predisposition (reflective of past behavioral choice and conditioning) that is, nevertheless, subject to volitional control.

Eliciting these distinctions from clients can be accomplished by such questions as: “What is a disease? What are some examples of diseases? Are you responsible for, say, having cancer? Are you free not to have cancer by merely choosing not to have it? Is addiction a disease? What does viewing addiction as disease mean to you about your responsibility for substance use? What does viewing addiction as a disease mean to you about whether you are free to recover from it? What is the difference in viewing substance use as a disease versus viewing it as a habit? Are you free to choose to not act in accordance with your habitual inclinations and your habitual predispositions?” Challenging clients to evaluate the interplay between their beliefs about freedom and responsibility and their model of addiction is one of the key guideposts to meaning on the path to recovery.

### **Theme 7—Meaning of Substance Use: What Does Drinking/Drugging Do for Us?**

The process of change cannot begin with a conviction that one is irrational. Substance use is not evidence of irrationality but is merely evidence of a person’s search for an optimal form of coping with a personally acceptable cost to benefit ratio. The present theme allows participants to review the interplay between substance use and various existential issues and to recognize substance use as a legitimate attempt at solving the challenges of existence. Make no mistake: the point of the theme is not to endorse substance use but to recognize its partial rationality as a coping strategy. Helping clients see substance use as a creative, albeit problematic, form of existential coping, allows them to regain the belief in themselves as rational creatures and to move away from a self-critical, demoralizing, depressogenic view of themselves.

The following is a sample of questions that can be used to provide the overview of the interplay between substance use and search for meaning:

- How does substance use help you feel free?*
- How does substance use help you understand who/what you are?*
- How does substance use help you deal with lack of meaning?*
- How does substance use help you feel connected with others?*
- How does substance use help you transcend the routine and the meaninglessness of life?*
- How does substance use help you deal with confusion, ambiguity, and complexity of life?*
- How does substance use help you deal with pain and suffering of adversity?*
- How does substance use help you deal with your mortality, death and non-being?*

### **Theme 8—Meaning of Transition**

The final topic addresses the meaning of transition, the existential challenge of closure, the existentiality of ambiguity.

*The search continues, dealing with ambiguity.* The theme begins with a review of clients' "journeys" in the group. More specifically, facilitators encourage clients to review what, if anything, they have learned and understood about themselves and what, if anything, has changed about them. As clients are helped to tally up the tentative answers in their search for meaning, they are also encouraged to take an inventory of the questions that remain to be answered. Facilitators may further ask: "Where do you go from here?" While mostly rhetorical, this question acknowledges the unavoidable, inevitable ambiguity of the continuing search for meaning and of life as a journey. Facilitators may invite clients to process what this ambiguity "feels like."

*Dealing with transition and closure.* Closure, termination, parting, ending, and separation are unique existential moments. Substance use clients are invited to explore the meaning of such transitions and are helped to recognize that such transitions present opportunities for existential meaning. The facilitators are likely to encounter references to past abandonment, lack of closure, resulting sadness and loneliness, and personal vows to never open up and get emotionally close to anyone. To help clients find solace in meaning-focused suffering, facilitators may use such questions as: "From the existential standpoint, what can we learn/gain from things coming to an end? What existential sense can we make of the sadness we experience when something ends? From the existential standpoint, what opportunities do departures offer? What beginnings do endings offer? If you follow on this path to recovery, what you are leaving behind and what are you moving towards?"

## **EVALUATION OF THE MEANING OF LIFE GROUP PROTOCOL**

The Meaning of Life group, as noted above, was initially designed as a part of a comprehensive substance use treatment curriculum and was subsequently applied in the context of a residential correctional substance use treatment program that took place in a program-devoted pod/cellblock of a county jail in Pittsburgh, Pennsylvania. No quantitative evaluation of the Meaning of Life group modality has yet been undertaken. In the author's direct clinical experience of

administering the Meaning of Life group, the group appeared to be one of the favorite group modalities of the overall treatment curriculum and appeared to serve as a potent cohesion-building clinical event for any given cohort of admitted clients that underwent the Meaning of Life group early on in their participation in the treatment program. The following are a sample of client statements about the Meaning of Life group; these statements are taken from a weekly newsletter ("The Weekly Fix") issued by the inmates that participated in the program in question.

Inmate client M. H. (The Weekly Fix, Issue 10), poses the question to himself: "What is the meaning of my life?" and proceeds to recap the existential vector of his life of "getting closer to the dope man." M. H. concludes: "Today I was going over my notes and realized that there is a lot of meaning to my life. I am thankful for different options in recovery. I don't have to become a slave to anything again, in fact, I realize I never did. I have choices, that's where I am at!" This client's writing exemplifies a kind of existential life-review that serves as a useful platform of cognitive dissonance that eventually ferments into a motivation to change. Note this client's retrospective embracing of responsibility and an encouraging awareness of remaining opportunities for meaning.

Inmate H. T. (The Weekly Fix, Issue 12) philosophizes in response to the Meaning of Life group: "How deep does it need to be when what we've read is being written by us? How far do we need to go when walking to where we are already? How can we lose contact with reality, when it's all real?"

Inmate J. B. (The Weekly Fix, Issue 33) writes in response to the star-gazing/navigational metaphor from the Meaning of Life group (see session 1 details above): "Much of what you will face in your life is currently hidden from your view. No mirrors, windshields or navigational devices will let you see everything that awaits you ahead. When in doubt, look up, when troubled, look within, and when in darkness, always follow the Star." This particular elaboration of the star-gazing metaphor from the Meaning of Life group illustrates the emerging internalization of the treatment message of meaning as a "navigational" tool.

Inmate J. F. (The Weekly Fix, Issue 33): "Today life emerges from within and does not derive from the people around me. So it's important to find human guidance within myself or desperately search for identity." This sentiment parallels some of the ideas that tend to be verbalized in response to the Meaning of Life sub-theme of the "meaning of self" that inevitably results in the discussion of the cost-to-benefit ratio of the search for external validation and definitions of self predicated on others' expectations versus an independent approval and definition of self.

The same inmate, J. F., writes in the Weekly Fix Issue 31: "When (the facilitator) started asking me what would I do if I only had a certain time frame to live, that started making me really think and put things in perspective. Since death is the end of all possibilities, a man's merit lies in his knowledge." J. F. continues with sharing his ideas on what is meaningful to him and concludes: "True worth is to know the meaning of life to me." Note the apparent safety of the Meaning of Life forum that allowed this inmate client to express an often unpopular for substance use setting atheistic view of death as "the end of all possibilities" and the poignant redefining of the meaning of life as *knowing* the meaning of life. This level of philosophical and existential seeking is not unusual, in my experience, and presents an invaluable clinical asset for leveraging motivation for change.

Inmate W. S. (The Weekly Fix, Issue 21) writes: "Recovery equals change, and change means doing things differently. The problem has been that most of times I resisted doing things differently, what I've been doing was not working. But at least I was familiar with it. It took courage to step into the unknown." This sentiment parallels the Meaning of Life group normalizing discussions of the feelings associated with the meaning of transitions as well as the meaning of meaninglessness and the substance use as a form of coping with the challenge of change.

Inmate client T. G. (The Weekly Fix, Issue 28) mentions: "By the time I came to (the program) my heart was set on not using, but I still wavered about doing crime. Through the Meaning of Life, reading my Bible, and the Crime and Recovery classes, my motivation not to do crime is much stronger today." This statement likely echoes the Meaning of Life discussions about the "meaning of self" in which correctional substance use clients have an opportunity to own the fact that we are, at least, in part, what we do. For many substance use clients for whom crime was purely instrumental as a way of obtaining the means to purchase drugs, the "meaning of self" discussion allows them to bring the meaning of their criminality into a dissonant focus with what they like to think of themselves. This is further separately addressed in the Crime and Recovery group protocol that is part of the Recovery Equation treatment curriculum (Somov & Somova, 2003).

Inmate T. A. (The Weekly Fix, Issue 23) writes about time, a frequent side topic to emerge from the Meaning of Life group sessions: "The older I get, the shorter my life seems. Short as life is, I make it shorter by the careless waste of time I spend each day getting high." This inmate further lays out the case of re-claiming the time that is yet to be lost and captures this point in an effectively paradoxical title of his article, "From Death to Life," reversing the typical intuitive

sequence one would expect, equating his “using” life with meaningless mindlessness. Another inmate client, O. W. (The Weekly Fix, Issue 9), in an article entitled “Time” alludes to one of the Meaning of Life group questions: “Is time doing you? Or are you doing time? Great questions for sure.” This client explores the double pun of doing correctional time and also doing time as an active recovery stance as a way of preventing a waste of time and a waste of life. This sense of temporal urgency was observed to be a frequent by-product of the Meaning of Life group discussions and appeared to function as a marker of the emerging existential awakening.

## CONCLUSION

Logotherapy is a uniquely valuable pre-rehabilitation and post-rehabilitation substance use treatment modality. As a pre-rehabilitation clinical tool, logotherapy, as an existential analysis of one’s values and attitudes that is “particularly concerned with making men conscious of their responsibility” (Fabry, 1955, p. 29), serves to complement the process of motivational enhancement for a client embarking on the path of recovery. As a post-rehabilitation clinical tool, logotherapy is “prophylactic in preventing a relapse” (Lukas, 1979, p. 264). Indeed, as noted above, there is more to life than recovery. Recovery, like substance use, is but a means to an end, not an end in and of itself. The proposed Meaning of Life group treatment protocol offers substance use clients a systematic approach for examining the purpose of their recovery.

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