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Meaning-Centered Counseling and Therapy (MCCT): An integrative and comprehensive approach to motivational counseling and addiction treatment*

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Abstract

Rooted in logotherapy, meaning-centered counseling and therapy (MCCT) employs personal meaning as its central organizing construct, but it also provides a conceptual framework to assimilate other approaches of counseling and psychotherapy, such as cognitive-behavioral therapy, narrative therapy, multicultural counseling and positive psychotherapy. This chapter first describes the basic tenets of MCCT and then introduces it as an integrative and comprehensive approach to motivational counseling in treating substance abuse.

Introduction

We are living in troubled times. The recent global economical melt down posts a serious threat to mental health (Gardner, 2008) and increases the risk of suicide (Gunnell, Platt, & Hawton, 2009). In addition, the threat of terrorist attack and mass destruction

has emerged as a major source of anxiety since the Al Quaeda attack on the United States on September 11, 2001 (9/11). The link between exposure to terrorism and mental disorders has been documented (Bleich, Gelkopf, & Solomon, 2003; Galea, et al, 2002). To the extent that these large scale stressors are beyond anyone's control, they call for existential coping (Wong, 1993; Wong, Reker, & Peacock, 2006). In the current social-political milieu, existential issues warrant special attention in clinical practice.

Against the above backdrop, MCCT offers a hopeful perspective of humanity and therapy. MCCT capitalizes on the uniquely human capacity to discover and create meanings out of raw and often painful life experiences (Frankl, 1984; Wong & Fry, 1998). It is meaning-centered motivational counseling, which affirms that one can find hope, meaning and happiness, even when one hits rock bottom because the human quest for meaning represents the strongest universal motivation (Frankl, 1985).

MCCT is a form of evidence-based positive psychotherapy that revolves around the central issue of what makes life worth living in the midst of suffering. Empirical research on the pursuit of meaning and the good life provides much of the foundation for MCCT (Baumeister, 1991; Csikszentmihalyi & Csikszentmihalyi, 2006; Klinger, 1977; Wong, in press; Wong and Fry, 1998). The broad range of research findings in support of the constructs and tenets of logotherapy further reinforce the empirical basis of MCCT (Batthyany & Guttmann, 2006; Batthyany & Levinson, 2009)

The defining characteristics of MCCT

The following seven defining characteristics capture the essence of MCCT in terms of its assumptions and core tenets:

(1) MCCT is integrative/holistic

Given the complexity of psychological problems in the 21st century, a flexible integrative approach to psychotherapy may be more efficacious (Brooks-Harris, 2008; Norcross & Goldfried, 2005). MCCT is one of the emerging integrative models that are open, flexible and comprehensive. With meaning as its central, organizing construct, MCCT is primarily based on logotherapy (Wong 1997, 2002, 2005a, 2007) and humanistic-existential psychotherapy (Wong, 2006), but it also assimilates cognitive-behavioral, narrative, cross-cultural and positive therapies (Wong, 1998c, 2005b, 2007,2008).

MCCT is inherently rather than technically integrative, because meaning systems necessarily involve multi-modalities, such as biological, cognitive, behavioral, motivational, affective, narrative, and cultural components (Wong & Fry, 1998; Wong, in press). Progress in neuroscience has made it abundantly clear that various human functions are inter-related through neural integration (Siegel, 2007). Research has also shown that the construct of meaning is central to understanding culture and society (Brunner, 1990; Wong & Wong, 2006); physical and mental health (Wong, in press; Wong & Fry, 1998); spirituality and religion (Wong, 1998b); death and dying (Wong, 2008).

MCCT is holistic by virtue of its focus on meaning and conceptualizing humans as bio-psycho-social-spiritual beings. Thus, a meaning-oriented therapist approaches the client not as a compartmentalized patient with some dysfunction or disease, but as a troubled person seeking healing and wholeness in a broken world. The therapist needs to enter the client's private world, listen to his/her life stories and explore all relevant sources of information that shed some light on the client's predicament. This includes

seeing the client in a specific historical-cultural context and considering ethno-cultural factors in assessment and treatment.

(2) MCCT is existential/spiritual

MCCT is an extension of Viktor Frankl's logotherapy, which literally means therapy through meaning. Logotherapy may be translated as meaning-oriented or meaning-centered therapy. Existential analysis is the therapeutic process to remove all the unconscious phenomena that block the primary human motive --will to meaning.

Logotherapy incorporates spirituality; it emphasizes the need to relate and respond to the Ultimate Meaning of life, and makes clients confront the Logos within them. It focuses on the human responsibility to live meaningfully and purposefully in every situation on a daily basis in order to become what they are meant to be. According to Frankl, three factors characterize human existence: spirituality, freedom, and responsibility. The spiritual dimension is the very core of our humanness, the essence of humanity. The defiant power of the human spirit refers to the human capacity to tap into the spiritual dimension in order to transcend the detrimental effects of stressful situations, illness or the influence of the past.

The human spirit is the most important resource in psychotherapy, because it encompasses conscience, meaning, purpose, freedom of choice, sense of humor, commitment to tasks, ideals, imagination, responsibility, compassion, forgiveness, and optimism. As such, the human spirit may be conceptualized as the inner resources according to Wong's resource-congruence model of coping (Wong, 1993; Wong, Reker, & Peacock, 2006). Research has clearly demonstrated the vital role of these inner resources in achieving resilience (Wong & Fry, 1998; Wong & Wong, 2006). Both

logotherapy and MCCT attempt to awaken people's awareness of the importance of spirituality, freedom and responsibility in recovery and personal growth.

Existential vacuum refers to a general sense of meaninglessness or emptiness, as evidenced by a state of boredom. It is a widespread phenomenon in contemporary life, as a result of industrialization, the loss of traditional values, the unraveling of communities, and the displacement and dehumanization of individuals in urban societies. Many people feel that life has no purpose, no challenge, no obligation, and no escape from their boredom and pain; they try to fill their existential vacuum with material things, pleasure, sex, power, busy work, and fame, but misguided efforts will only lead to frustration and despair (Frankl, 1985). Existential vacuum may lead to existential neurosis if one's quest for meaning is frustrated continually.

According to Frankl (1986), feelings of existential vacuum or meaninglessness underlie "the mass neurotic triad of today, i.e., depression-addiction-aggression" (p. 298). There is increasing evidence regarding the meaninglessness-addiction connection, (e.g., Ianni, Hart, Hibbard, Carroll, Milosevic, & Wilson, 2010). Thus, effective treatment of addiction needs to address the underlying problem of existential vacuum (Hart & Singh, 2009; Robinson, Hart, Singh, & Pocrnic, 2009; Robinson & Hart, 2010). A meaning-oriented therapist can even facilitate psychotherapy in psychogenic cases and somatogenic neurosis because "by filling the existential vacuum, the patient will be prevented from suffering further relapses" (Frankl, 1985, p.130)

Based on his observations of both inmates in concentration camps and patients in hospitals, Frankl (2000) has concluded that the will to meaning and self-transcendence are essential for survival:

> "Under the same conditions, those who were oriented toward the future, toward a meaning that waited to be fulfilled – these persons were more likely to survive. Nardini and Lifton, two American military psychiatrists, found the same to be the case in the prisoner-of-war camps in Japan and Korean" (p. 97).

. That is why logotherapy and MCCT emphasize both the personal meaning in a specific situation and the higher meaning beyond self-interest. MCCT recognizes that what defines human beings is that they are meaning-seeking and meaning-making creatures living in cultures based on shared meanings (Brunner, 1990). It also recognizes that when a void engulfs the human existence, all behaviors, in one way or another, are aimed at filling this vacuum (Klinger, 1977; Baumeister, 1993). Consistent with most faith traditions and the tenets of logotherapy, MCCT believes that the terminal value of self-centered pursuits of personal happiness and success often lead to disillusion and misery, while the ultimate concern of living a responsible and meaningful life lead to fulfillment. Authentic happiness is a by-product of self-less surrender and commitment to a higher purpose. MCCT facilitates positive change by tapping into people's intrinsic quest for meaning and spirituality.

(3) **MCCT is relational**

This basic tenet is based on the need to belong, which is a fundamental human motivation (Adler, 1964; Baumeister & Leary, 1995), and the imperative of therapeutic relationship as the key to effective therapy (Duncan, Miller, Wampold, 2009; Norcross, 2002). The centrality of relationships for meaning and well-being has been demonstrated (Wong, 1998b). In MCCT, relationship goes beyond mere therapeutic alliance; it is more like an authentic encounter that reaches the deepest level of common humanity between

two individuals. In this here-and-now encounter, information and energy flow back and forth between two human beings; thus, the messenger is more important than the message, and the therapist more important than the therapy. In fact, the therapist is the most important instrument in the entire therapeutic process. In additional to addressing interpersonal issues experienced by the clients (Weissman, Markowitz, & Klerman, 2000) and capitalizing on the here and now interactions as the basis for diagnosis and therapy (Yalom, 1980), MCCT seeks to enhance clients' positive meaning through relationships.

(4) MCCT is positively oriented

MCCT is intrinsically positive, because of its affirmation of life and the defiant human spirit to survive and flourish no matter what. MCCT emphasizes that there is always something worth living for. More importantly, it maintains that individuals have almost unlimited capacity to construct complex meaning systems that both **protect** them from the inevitable negative life experiences and **empower** them to make life worth living during very difficult times. What makes MCCT a potent form of positive therapy is its stance that there are no hopeless cases; there is always hope for positive change. Healing and recovery can be a long and daunting uphill battle, but the struggle makes us better and stronger. MCCT provides both the motivation and the road map for positive transformation.

The concept of tragic optimism in logotherapy (Frankl, 1984; Wong, 2007) provides an answer to human sufferings and death through attitudinal values and tragic optimism (Frankl, 1984):

I speak of a tragic optimism, that is, an optimism in the face of tragedy and in view

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

Frankl maintains that meaning and hope can be found regardless of circumstances up to the last breath. Born out of desperation and nurtured by adversity, tragic optimism is the kind of hope that can weather the worst storms and disasters. Wong (2009) has identified the following key ingredients of tragic optimism: acceptance, affirmation, courage, faith, and self-transcendence. These qualities are incorporated in the practices of both logotherapy and MCCT.

Seligman, Steen, Park, and Peterson (2006) demonstrated that exercises designed explicitly to increase positive emotion, engagement, and meaning were more efficacious in treating depression than just cognitive-behavioral treatment (CBT) without positive psychology (PP) exercises. MCCT goes beyond CBT and PP exercises by (a) addressing existential and spiritual issues involved in depression and other psychological disorders and (b) equipping clients with the tools to succeed in their quest for a better and more fulfilling life. MCCT incorporates major positive psychology findings and exercises on enhancing happiness, well-being, gratitude, forgiveness, and goal striving.

In sum, MCCT adopts a two-pronged approach to resolve psychological problems and create a preferred positive future. MCCT represents a meaning-oriented positive psychotherapy, which taps into people's universal capacities for imagination, meaning construction, responsible action, personal growth and self-regulation. MCCT brings about

fundamental changes by equipping clients with strategies and skills that enable them to see themselves in a new light and live out their lives responsibly and purposefully.

(5) MCCT is multicultural

MCCT is inherently multicultural in its orientation and practice for several reasons:

(a) Since meaning is both individually and socially constructed, one's meaning system is inevitably shaped by one's historical-social-cultural background.

(b) Culture has a profound and pervasive influence on people's behavior and attitudes. We cannot understand clients' behavior and attitudes apart from their meaning-systems and cultural background (Arthur & Pedersen, 2008).

(c) Empathy demands cultural sensitivity in working with clients from different racial, ethnic and cultural backgrounds. Pedersen, Crethar, and Carlson (2008) stress the need for inclusive cultural empathy as an antidote to cultural biases.

(d) We cannot fully understand the meaning of behavior unless it is viewed at all levels of ecological contexts. An ecological approach enables us to understand the existential-phenomenological experiences of individuals in their interactions with the different contexts of their life circumstances.

(e) In a multi-cultural society, personal meaning systems necessarily evolve through the long struggle of navigating the cross-currents of different cultures. Therefore, sensitivity, understanding and knowledge of such struggles are essential for MCCT.

(6) MCCT is narrative

Meaning consists of more than isolated concepts and actions. Meaning is best understood and communicated in stories because of the "storied nature of human

conduct" (Sarbin, 1986). Human beings lead storied lives. They also construct and communicate their activities and experiences as stories filled with meaning. Only narratives do full justice to the lived experience of individuals and their social/cultural contexts.

In some way, all therapists depend on narratives from their clients for the purpose of diagnosis and treatment. Meaning-centered narrative therapy goes further and deeper in its emphasis on the power of reconstructing past meanings and re-authoring one's life story as a means of bringing about positive change.

(7) MCCT is psycho-educational

MCCT favors a **psycho-education approach** for two reasons**.** First, it is helpful to explain to clients the change process and the tools and strategies we use to facilitate such change. Once they master these tools and strategies, they can employ them effectively in real-life situations even long after termination of therapy.

Secondly, the larger vision for MCCT is to educate children and adults in the important guidelines for living a life filled with meaning, purpose and responsibility. Daily practice of these guidelines will not only contribute to one's well-being but also help create a healthy community. In short, the psycho-educational approach facilitates both recovery and prevention.

The Conceptual Frameworks

Based on the above basic assumptions and tenets, the conceptual framework of MCCT is expressed in two complementary theories: The dual-system model (D-SM) and the meaning-management-theory (MMT). D-SM is primarily concerned with the HOW TO. It provides a road map or practical guide on how to make use of the approach and

avoidance systems in a way that increase the flexibility and efficacy of coping with stress and attaining one's life goals. It prescribes intervention strategies that can be applied to a variety of life predicaments. MMT is concerned with the underlying psychological processes involved in self-regulation. It focuses on meaning-related cognitive processes in both (a) the automatic adaptive mechanisms in daily functioning such as stress appraisal (Peacock & Wong, 1983) and attribution (Wong & Weiner, 1981), and (b) the executive decision making processes, such as goal-setting and making choices. A meaning-centered counselor would keep in mind how the interventions contribute to the underlying processes of meaning-seeking, meaning-making and meaning-reconstruction.

The dual-system model (D-SM)

What are the strategies to recover and rebuild a better and stronger life? The dual-system model provides a road map of the pathways to survival and flourishing and depicts the dynamic and interactive nature of three kinds of basic meaning-oriented self-regulation: The approach system of life expansion, the avoidance system of life protection and the awareness system of regulation of one's attention and emotional reaction. A schematic presentation of D-SM is shown in Figure 1.

Insert Figure 1 about here

The duality principle of D-SM proposes that it is more effective to employ both the approach and avoidance systems than to focus on either one alone. It emphasizes the need to incorporate both approach and avoidance systems as the most effective way to protect individuals against negative aspects of human existence and at the same time empower

their quest for meaning and fulfillment. Life surges forward, driven by the motivations to preserve and expand oneself – the two fundamental biological needs. Individuals can survive trials and tribulations better when their need for meaning and happiness is stronger than their tendency to avoid suffering and death (Frankl, 1985; Frankl, 2000; Wong, 2009).

The duality principle also hypothesizes that all negative conditions contain seeds for personal growth and all positive conditions contains hidden dangers. It recognizes the fundamental dualistic nature of the human condition; that is, the co-existence of good and evil, benefits and cost, happiness and suffering, hope and despair. D-SM embraces the paradoxical and contradictory nature of existential dilemmas in human struggles. Any choice we make excludes other opportunities. Every alternative we choose has its costs and benefits. Every success we achieve has its downside. Every failure we achieve has its silver lining.

D-SM integrates psychotherapy with positive psychology in a comprehensive and coherent manner. The dynamics of meaning processes within the dualistic framework not only address clients' predicaments but also facilitate their quest for happiness. The complex interactions between the positive and negative systems provide a road map of what makes life worth living in the face of the difficulties and personal mortality. For example, the desire to achieve a preferred life and the need to avoid the downward spiral of addiction can reinforce each other and optimize the motivation for positive change.

Mindful awareness serves the meta-regulation function in the D-SM: It monitors the unfolding flow of life and modulates one's attentional process and emotional

reactions. Mindful awareness enhances our ability to focus on what is important in the ongoing struggle for recovery and personal growth.

One's ability to adapt is compromised when one (a) focuses exclusively on the negative aspects of life, (b) focuses exclusively on the positive aspects of life, (Baumeister, 1989; Baumeister, et al. 2001; Oettingen & Mayer, 2002), and (c) ignores the "neutral resting" state when one is not actively engaged in problem-solving or goal-striving. (Mason et al, 2007; Pavlov, 1960/2003). In the resting state, the mind is relaxed, open, exploratory, orienting to new stimuli, but it is still responding to whatever happens while it is happening. Mindful awareness ensures that we are attuned psychologically to the here and now, and it facilitates the transitions between approach, avoidance and the resting state. The practice of mindful awareness may cultivate the special qualities of OCEAN: Openness, Compassion, Empathy, Acceptance and Non-judgment. These attitudes and skills help the mind to remain focused and calm, thus reducing agony and over-reactions. (Shapiro, Schwartz, & Santerre, 2002; Siegel, 2007) Thus, a major part of MCCT is to help clients learn how to develop self-regulation skills essential for resolving problems and achieving a life worth living.

The meaning-management theory (MMT)

MMT is based on the centrality of meaning in human adaptation. Meaning encompasses (a) the human quest for meaning and coherence (Korotkov, 1998) and (b) the human capacity to discover and create meanings out of raw and perplexing life experiences. While D-SM provides a practical guide to clinical interventions, MMT provides a theoretical framework of the underlying meaning-related processes, such as meaning seeking, meaning making and meaning reconstruction.

The quest for meaning is a biological imperative (Sommer & Baumeister, 1998, Klinger, 1998, in press). Survival depends on (a) our capacity to predict and control our environment through learning the significance of events happening to us, and (b) our purposeful behavior to meet the basic needs for existence. However, this biological impulse can be distorted and blocked by traumatic life experiences and oppressive circumstances.

Meaning is also an imperative for self-expansion. The higher-order meanings, such as actualizing one's potentials, achieving a sense of coherence, living an authentic life, improving the well-being of disadvantaged people, or doing God's will, are born from self-reflections, ideas and imaginations. The most powerful incentives are not money, power or possessions but ideas that can make a difference in the world. Viktor Frankl (1985) considers the will to meaning as the primary motivation that makes us humane. Traditional existential therapy focuses on reducing existential anxieties, especially death anxiety, whereas MCC focuses on what makes life worth living. In the former case, we pursue meaning in life in order to reduce death anxiety; in the latter case, we purse meaning in life for its own sake, even when such pursuit increases the likelihood of untimely death.

Meaning is also important in our search for understanding and coherence in the face of uncertainty, chaos and absurdity. Our world views about people and the world are essentially our generalized and crystallized experiences and understanding about human existence. Our own self-concept and identity are based on (a) our interpretation of how others treat us and (b) our own evaluation of what really matters in life and what we are meant to be. The meaning we attribute to an event is more important than the event itself

(Beck, 1979; Ellis, 1962, 1987; Weiner, 1975). The story we live by is more important than the actual chronology of our life history (McAdam, 2006; Sarbin, 1986; White, 2007). The ideals we pursue are more important than our past achievements (Frankl, 1985; Oettingen & Mayer, 2002). The culture we create is more important than the physical environment we inhabit (Baumeister, 2005; Brunner, 1990). A meaning-centered therapist would pay attention to both the basic meaning-related processes and the client's meaning-systems. A MCCT practitioner will keep this fundamental meaning question at the back of his/her mind all the time: How does this intervention facilitate or enhance the client's capacity for meaning-seeking, meaning-making and meaning-reconstruction?

After all, it is meaning that gives life clarity, direction, and passion. It is meaning that endows life with a sense of significance and coherence. It is meaning that helps us navigate through troubled waters. Meaning manifests itself in thoughts, emotions, and actions. Meaning management is about managing and regulating one's life successfully through meaning systems. Therefore, to understand clients is to understand how they construe the world and their own existence, and how they use and manage their world of meaning in making crucial decisions. Most clients see the world and people almost entirely in negative terms (Beck, Rush, Shaw, & Emery, 1979; Ellis, 1987). They focus on the negative aspect of the environment; they construct a negative world view, and they are unduly preoccupied by fear of failure in pursuing any life goals. Therefore, their life style is dominated by the defensive avoidance tendency.

Meaning-management supplements the dual-system model by (a) focusing the meaning-related processes in both approach and avoidance tendencies, and (b) examining the construction and reconstruction of one's general meaning systems apart from specific

goals or problems. Meta-systems are shaped by both culture and one's life history and they include world views, philosophy of life and values, and belief-systems.

MMT posits that net positive meanings, after accepting and transforming negative realities, offer clients the best protection against tough times and the best chance of success in realizing one's life goals. Thus, a meaning-centered therapist is in a good position to guide and motivate the client to make positive changes.

Intervention Strategies

The PURE Strategy of Quest for a Meaningful Life

Meaning is defined in terms of four inter-related components (Wong, 1998): Purpose, Understanding, Responsible action, and Evaluation (PURE). This PURE model is capable of incorporating most of the

meaning research (Wong, in press). *PURE* can also be referred to as *the four treasures of MCCT*, because they represent the best practices of building a healthier and happier future.

1. **P**urpose – *the motivational component*, including goals, directions, incentive objects, values, aspirations, and objectives—is concerned with such questions as: What does life demand of me? What should I do with my life? What really matters in life? A purpose-driven life is an engaged life committed to pursuing a preferred future.
2. **U**nderstanding – *the cognitive component*, encompassing a sense of coherence, making sense of situations, understanding one's own identity and other people, effective communications–is concerned with such questions as: What has happened? What does it mean? How do I make sense of the world? What am I doing here? Who am I? A life with understanding is a life with clarity and coherence.

3. **R**esponsible action – *the behavioral component*, including appropriate reactions and actions, doing what is morally right, fining the right solutions, making mends—is concerned with such questions as: What is my responsibility in this situation? What is the right thing to do? What options do I have? What choices should I make? A responsible life is based on the exercise of human freedom and personal agency.
4. **E**valuation – *the affective component*, including assessing degree of satisfaction or dissatisfaction with the situation or life as a whole—is concerned with such questions as: Have I achieved what I set out to do? Am I happy with how I have lived my life? If this is love, why am I still unhappy? A meaningful life is a happy life based on reflection and judgment.

Each of these components includes a set of intervention skills. Some of the commonly used skills include goal-setting, decision making, reality check, fast-forwarding of consequences of choices, Socratic questioning, the use of Wong's Personal Meaning Profile, and challenging irrational or unrealistic thoughts. These four components of meaning work together and form an upward-spiral feedback loop. With each successful completion, one's positivity moves up one notch. However, when one encounters a serious setback or obstacle, one will switch to the avoidance system to manage the negative circumstance.

The ABCDE Strategy of overcoming negativity

The ABCDE intervention strategy is the main tool in dealing with negative life experiences. Totally different from the ABCDE sequence involved in the rational-emotive therapy process (Ellis 1962, 1987), this ABCDE is similar to Acceptance and Commitment Therapy in its emphasis on action rather than thinking.

Simply put, in MCCT, **A** stands for Acceptance, **B** for Belief and affirmation, **C** for Commitment to specific goals and actions, **D** for Discovering the meaning & significance of self and situations, and **E** for Evaluation of the outcome and enjoying the positive results. These components generate corresponding principles:

1. *Accept* and confront the reality -- *the reality principle.*
2. *Believe* that life is worth living – *the faith principle.*
3. *Commit* to goals and actions – *the action principle***.**
4. *Discover* the meaning and significance of self and situations – *the Aha! principle.*
5. *Evaluate* the above – *the self-regulation principle***.**

The Power of Acceptance

Central to both logotherapy and MCCT is the important role of acceptance. Recovery begins with accepting the fact that something is seriously wrong and that help is needed. Regardless of whether the problem is addiction or physical illness, over the long haul denial kills while acceptance heals. The serenity prayer attributed to Reinhold Niebuhr has been embraced by so many people, especially among those who are addicted, because it recognizes the power of acceptance in facing adversities and healing one's brokenness:

"God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."

All clinicians have faced the problem of resistance and denial. A seasoned therapist will employ a variety of skills to reduce or bypass clients' unconscious defense mechanisms and intentional denial and avoidance. Motivational counseling is primarily

concerned with overcoming such resistance and awakening clients' yearnings for positive change and happiness.

We need to be clear that acceptance does not mean giving up hope for change. Nor does it mean passively accepting reality as fate. It does mean that we honestly recognize the constraints of reality and the fact that we cannot turn back the clock. It also means that we try to make changes in areas where we have some control and surrender our control to God or fate in areas beyond our control. It is also important to recognize the different levels of acceptance: (a) Cognitive acceptance simply acknowledges that something has happened as a matter of fact. (b) Emotional acceptance involves willing to confront and re-experience negative emotions. (c) Realistic acceptance recognizes honestly and unflinchingly the full impact of the event on one's life. (d) Integrative acceptance incorporates the negative life event with the rest of one's life. (e) Existential acceptance endures and lives with what cannot be changed. (f) Transcendental acceptance rises above an unsolvable problem. (g) Transformative acceptance entails the process of meaning-reconstruction that transforms the negative event into something positive.

Different skills are involved to achieve each of the seven levels of acceptance. It would be beyond the scope of this chapter to describe these skills. For example, exercises can be prescribed to practicing letting go behaviorally, cognitively and emotionally and experiencing each moment as it comes without judgment through mindful meditation. Recovering addicts can also be empowered to practice forgiveness and gratitude in order to be freed from resentment of past wrongs and bad fortunes.

The Power of Belief and Affirmation

Another important component is belief, which is related to faith and positive expectation (see also Klinger & Cox, Chapter 1, and Correia et al., Chapter 2, this volume). Clients need to believe that some progress is attainable if they are committed to the regimen of change. They need to be patient and keep faith even when progress is slow. Acceptance without affirmation often leads to despair and depression (Klinger, 1975, 1977; Klinger & Cox, Chapter 1, this volume). Transcendental and transformative acceptances are predicated on belief in something positive. To some extent, the efficacy of any treatment depends on belief as attested by the placebo effect. Belief, whether it is religious faith or humanistic affirmation, gives people hope. Belief provides the motivation to change. If one believes that one can get better and that life is worth living, then one is more likely to be committed to taking steps to change. In therapeutic conversations, the therapist needs to reinforce the belief that there is some goodness in life that is worth fighting for and that it is never too late to start over again regardless of how many past failures.

The Power of Action

MCCT emphasizes human agency and the potency of action. Hard work is necessary to bring about change. There will always be setbacks and obstacles, but there is no substitute for persistence and hard work. Choice without commitment means that one remains stuck. Promise without following through remains empty. Remorse is simply sentimentality without an actual change of direction. Real change is possible only when one takes the first concrete step in a new direction. We need to do what we ought to do as demanded by a sense of responsibility or moral obligations.. Just do it, even when we don’t feel like doing it. Both Morita therapy and Acceptance-Commitment therapy stress

the importance of action over feelings in order to overcome depression and improve daily functioning.

In equipping clients with self-regulation skills, therapists have the responsibility to clarify and demonstrate the assignment and drive home the significance of practicing it. For example, the therapist can explain that setting specific, concrete and realistic goals is more likely to lead to successful implementation than ambitious but vague goals. The therapist can also demonstrate the usefulness of a daily and weekly checklist of goals in terms of increasing the likelihood of success and reinforcement. To practice one lesson consistently is more beneficial to the client than learning many lessons without practicing any. Commitment to action is one of the keys to getting started on the long hard road of recovery and transformation. Therapists need to use the principles of modeling, reinforcement, and meaning. If clients perceive a prescribed exercise as *meaningful and attainable*, they are likely to practice it. Here a few helpful exercises:

- Contracting to perform specific behavioral tasks
- Develop and implement plans of action
- Set concrete, specific and realistic goals
- Take small steps toward one's goal
- Monitor one's progress on a daily basis
- Keep on making adjustments and improvements
- Practice meaning-seeking and meaning-making skills
- Do some kind deeds for someone each day

The Power of Discovery

Recovery is akin to a sense of awakening, which is necessary for successful existential quest (Wong & Gingras, 2010). Viktor Frankl (1983) has consistently emphasized that meaning is discovered more than created, and for good reason. Whatever belief we may hold and whatever action we may take, discovery of meaning ultimately requires an Aha! response, a spark of insight to achieve optimal results. There is, so to speak, the turning on of a light bulb inside our heads. Out of the darkness of confusion and despair, suddenly therapy makes good sense, and there is indeed light at the end of the tunnel only if one keeps on moving in the right direction.

Clinicians need to pay special attention to moments of awakening. Many skills can be used to help clients see life in a new way. These include metaphors, exceptions, magic questions, journaling, self-reflection, Socratic questioning, cognitive reframing, myth-making, re-construction, and re-storing. Mindful meditation is useful in discovering the richness of present moments with openness, while life review is useful in making sense of the past. Alert clients to the many possibilities of discoveries:

- Discover the forgotten positive aspects of one's life
- Discover the hidden strengths of oneself
- Discover the significance of mundane matters
- Discover joy in every step and every breath
- Discover newness in old routines
- Discover sacred moments in secular engagements
- Learn to hear, see and think deeply
- Practice looking towards the sky beyond the horizon
- Walk towards the sun and leave behind the shadow

Evaluating and Enjoying the Outcomes

Evaluation represents the affective component of self-regulation. If nothing seems to work and one remains miserable, then some adjustment is necessary.

Joy is inevitable if one successfully follows the above four strategic steps, which are dynamically interrelated. Positive feelings and outcomes reinforce positive practices. Here are a few examples of positive feelings that follow a successful practice of ABCDE:

- Enjoy the liberty and relief that come from acceptance
- Enjoy the feeling of freedom and power of letting go
- Enjoy the hope and consolation that come from belief in a better future
- Enjoy a more positive outlook of life

The Double-Vision Strategy

This is a two-pronged strategy designed to address both the immediate presenting problems and the underlying big picture issues, such as death anxiety, the quest for meaning and the struggle against injustice. Double vision is an important macro strategy for several reasons:

1. If we focus on the trees, we may lose sight of the forest. We can gain a deeper insight into our clients' predicaments by looking at the larger context and the big picture issues.
2. If we can help restore clients' passion and purpose for living, this will reinforce their motivation to make the necessary changes.
3. By looking beyond the pressing, immediate concerns, MCCT seeks to awaken clients' sense of responsibility and vision for something larger than themselves.

MCCT is concerned with both individual's presenting problems and the larger context in which these problems are situated. Michael White (2007) is aware of the macro socio-political factors that may have a negative impact on individuals' life situations and self-identities. It is helpful for clients to be aware that there are larger forces that limit their freedom of choice. Macro counseling skills help clients to view their predicaments in the larger schemes of things, thus, broadening and deepening their understanding of the meaning of their problems and their potential for positive change.

Summary Statements about MCCT

In sum, MCCT equips clinicians with the fundamental principles and skills (a) to motivate and empower clients in their struggle for survival and fulfillment regardless of life circumstances, (b) to tap into people's capacity for meaning construction in order to help clients restore purpose, faith and hope in their predicaments, (c) to provide the necessary tools for clients to overcome personal difficulties/anxieties and achieve their life's mission, and (d) to establish a genuine healing relationship with clients.

Motivational Counseling and the Problem of Addiction

In this section, MCCT is presented as a comprehensive meaning-centered approach to motivational counseling in addiction treatment. In America, addiction approaches epidemic proportions, with 6.9% of Americans engaging in heavy drinking (i.e., having five or more drinks on five or more occasions in the past 30 days) and 8% of Americans using illicit drugs in the past month (SAMHSA, 2007). Unfortunately, success rates in addiction recovery are poor. The revolving-door phenomenon and the false-hope syndrome are commonplace, with an estimated 40 to 60% of people treated for addiction suffering relapse (NIDA, 2009). To compound the challenge, many addicts are high in

problem complexity (biological vulnerability and comorbidity) but low in support resources (marginalization and poverty). Addiction is more than a disease and more than a psycho-social adaptation problem; it also represents societal, economic, and spiritual problems prevalent in a highly competitive and materialistic society.

From the perspective of logotherapy, addiction can be viewed as one of the outcomes of existential vacuum, when people's deep-seated needs for meaning and significance are not met. Frankl (1984) wrote: "The feeling of meaninglessness not only underlies the mass neurotic triad of today, i.e., depression-addiction-aggression, but also may eventuate in what we Logotherapists call a 'noogenic neurosis'". Thus, MCCT is uniquely suitable to addressing the underlying existential/spiritual issues of addiction.

MCCT also emphasizes the basic human need for relationship and community. When this basic need is not met, when people feel alienated and marginalized, they may resort to addiction to fill the void. According to Alexander (2001): "Addiction in the modern world can be best understood as a compulsive lifestyle that people adopt in desperation as a substitute when they are dislocated from the myriad intimate ties between people and groups – from the family to the spiritual community – that are essential for every person in every type of society"

MCCT is primarily a motivational approach, because it is predicated on the basic human needs for meaning and relationship.

Motivation andAddiction

Motivation is one of the fundamental aspects of personality, a potent psychological force; it is important for both survival and personal growth (see also Klinger & Cox, Chapter 1, this volume). Motivation or lack of it is a major contributing

factor to one's ability to overcome internal and external handicaps and psychological problems. Motivation is particularly important in bringing about specific changes in addictive behavior, (Cox and Klinger, 2004, Chapter 6, this volume; Noonan and Moyers, 1997; Vasilaki, Hosier and Cox, 2006)

Numerous psychological constructs have been used to capture aspects of human motivation – emotion, need, drive, motive, intention, hope, will to meaning, goal striving, expectation, positive thinking, volition, reinforcement, commitment, engagement, disengagement, approach and avoidance. Most of these constructs are covered by the dual-system model described earlier. According to this model, human behaviors and experiences are organized around not only the pursuit and enjoyment of desirable goals, but also avoidance and overcoming undesirable conditions.

In the final analysis, if a person lives in denial and does not see the need for change, the likelihood of success in therapy would be low. Court-mandated therapy, involuntary detox treatment, or coercive confrontation and aversive consequences may be necessary and effective in the short run, but they also evoke psychological reactance and resistance. For the therapy to be effective over the long haul there has to be a gradual switch from external to internal locus of control. While stressing the principle of self-determination and personal responsibility, MCCT also recognizes the importance of reinforcement, which can come in a variety of sources, such as successful outcomes, validation from the therapists and support from the healing community

Typically, motivation manifests itself in three dimensions: direction (choice), intensity and persistence. Thus, addictive behaviors can also be conceptualized in these dimensions. The difficulty of treating addictive behavior is that it is intermittently and

intensely reinforced by both the negative reinforcement of relief from the withdrawal pain and the biological reward of euphoria (Wikler 1973). Such double intermittent reinforcement will lead to very strong persistence (Wong, 1986).

. The ambivalence toward being sober versus remaining an addict stems from the fact that the gains of leading a drug-free life are not strong enough to compete with the intense pleasures of being high. The normal sober life also means returning to the old boring, painful and meaningless existence that once drove them to addiction. To the addicts, the cycles of pain and pleasure are more attractive than the unrelenting horrors of living. Thus, to succeed in addiction treatment, we need to resolve the ambivalence in favor of sobriety. The dual-system model would suggest the need to strengthen the quest for positive meanings from a variety of sources and avoid old habits and practices related to the agony of addiction. The addicts need to have a foretaste of the joy of living a sober but meaningful life and develop the hope and confidence of overcoming their inner demon for addiction.

MCCT attempts to awaken the addicts' "will to meaning" and their capacity for freedom and responsibility to make the right choices in each and every situation. During the course of counseling, there will be many windows of opportunity for MCCT to change ambivalence into responsible decisions: moments of regrets, memories of better days in the past, concerns about facing present predicaments, or expressions of longing for a better life. The therapist will reinforce the idea that no matter how strong the bondage and how hopeless the situation, human beings still maintain the freedom of choice, at least in the area of attitude. More importantly, MCCT emphasizes the need to discover and choose one's mission in life – to commit to something higher and larger

than immediate pleasure, to transcend to something beyond oneself that can really fill the inner void. Nothing less than a new passion for living can set one free from addiction. To be **free from** addiction, one needed to be **free to** live a fulfilling life. One may say that zestful living results from the replacement of a destructive addiction with a positive addiction.

The umbrella of motivational counseling covers a variety of programs such as systematic motivational counseling, motivational interviewing (MI), motivational enhancement therapy (MET), and solution-focused brief therapy. Even cognitive behavior therapy and the 12-step program make use of motivational principles. Several recent review papers (Burke et al., 2003; Dunn et al. 2001; Noonan & Moyers, 1997;, Vasilaki, Hosier and Cox, 2006) have demonstrated the efficacy of motivational counseling in alcoholism and substance-abuse. The next section contrasts MCCT with various psychosocial approaches to addiction.

Contrast between MCCT and Other Addiction Treatments

Motivational Interviewing (MI)

Developed by Miller and Rollnick (1991, 2002), MI is rooted in humanistic psychology and empirical research. Miller and Rollnick (2002, p. 25) defined MI as "a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence". MI aims to enhance the client's intrinsic motivation to change through empathy and strategic focusing on the client's expressed present concerns and related life events. The aim is to explore ambivalence and reduce resistance in a way that will enhance the client's intrinsic motivation to change addictive behavior. Miller and Rollnick (1991) have listed five key techniques of MI: expresses

empathy, develops discrepancy, avoids argumentation, rolls with resistance, and supports self-efficacy.

To resolve ambivalence, the therapist will encourage clients to express and clarify the approach – avoidance conflict and guide them to set realistic goals that will break the impasse and contribute to positive change. The therapist is attuned to the client's motivational and emotional states and respects the client's autonomy and freedom of choice. The therapist seeks to understand the client's frame of reference in terms of world views, values, and life circumstances via reflective listening. However, to successfully resolve ambivalence, the therapist needs to elicit and reinforce the client's own self expressions indicative of addiction-related problems and the intention to change. The change process involves enhancing the motivation for change and strengthening the commitment to change.

MET is also developed by Miller (2000). It is a four-session adaptation of MI (Miller, Zweben, DiClemente and Rychtarik, 1992). MET helps clients accept the painful reality and enhances their intrinsic motivation to change through reframing, selective reinforcement of verbal behavior, etc. Based on social psychological principles, MET recognizes that relapse is an inevitable part of the change process (Prochaska, Norcross, & DiClemente, 1995). In this paper, MET is regarded as an enhanced form of MI.

The above description of MI can be readily applied to MCCT. However, MCCT goes further by addressing existential and spiritual issues underlying addiction, such as the need for meaning and fear of alienation and death. Such deeper existential concerns can provide additional sources of intrinsic motivation for change. MCCT also appeals to the client's basic needs for meaning and relationship from a cultural perspective,

leveraging client's own cultural values. Furthermore, MCCT focuses on more than strategically reinforcing certain self expressions. Based on the dual-system model, the MCCT practitioner will guide the client to explore and enhance the intrinsic motivation to build a preferred life as well as the motivation to avoid substance abuse. Yahne (2004) emphasizes hope as a crucial element in MI. He points out the need to have the necessary clinical skills to inject hope to addicts or patients. Based on Frankl's concept of tragic optimism, Wong (2001) has identified five essential components to restore hope in very difficult circumstances:

1. *Acceptance* – Confront and accept the reality, no matter how bleak or painful. This is the necessary first step for healing
2. *Affirmation* -- Say 'yes' to life; believe that life is worth living in spite of the suffering and pain. This is the turning point for recovery.
3. *Courage* – This involves the defiant human spirit to persist in spite of setbacks, fears, and obstacles. This is needed to see us through the uphill battle for overcoming addiction.
4. *Faith* – This is often the only source of strength and hope in a hopeless situation. It is needed to keep us going even when everything else has failed. It could be faith in the system or in powerful individuals, but typically it means faith in God or a higher power (Wade, 2009).
5. *Self-transcendence* – Transcend self-interest and personal concerns to reach out to something bigger and higher than ourselves. This reaching beyond self is a key element in logotherapy and MCCT.

The most powerful tool of MCCT with addicts is its ability to transform despair and hopelessness to tragic optimism as part of the ABCDE cycle. The clients come to accept the strong grip of a drug, the pain of withdrawal, and all the past failures in relapses, yet they come to believe that it is possible to recover the passion for living if they commit to a worthy goal.

One case stands out. A young man is now happily married and pursuing graduate studies. Three years ago, he was going through rehab. Even today, he still writes me from time to time, crediting the concept of tragic optimism for his successful recovery.

In sum, MCCT goes further than MI in exploring clients' meaning systems and tapping a wide variety of sources of positive motivation. The therapist can explore commitment to realistic goals in different domains, and clarify the client's understanding of the deeper meanings of his/her addiction problem and related anxieties and fears. Together, the therapist's mindful presence and the skillful use of PURE, ABCDE and double-vision strategies can be an effective way to motivate clients to pursue a life worth living.

Systematic Motivational Counseling (SMC)

SMC was developed by Cox and Klinger (2004; Chapter 10, this volume). SMC systematically explores clients' current concerns and realistic goals in different life domains. The advantage of SMC is that it provides a comprehensive structure for motivational counseling. Klinger and Cox (2004; Chapters. 7 and 8, this volume) have developed instruments to monitor changes in motivational structures and affective indices. The efficacy of SMC has been well established (Cox, Heineman, Miranti, Schmidt, Klinger, Blount, 2003; Cox & Klinger, Chapter 10, this volume; Klinger & Cox, 2004). Similar to SMC, as part of the PURE strategy, MCCT systematically

explores major sources of meaning as measured by the Personal Meaning Profile (PMP: Wong, 1998b). This instrument reveals which sources resonate with the client's present concerns and future aspirations. The sources measured by the PMP are:

1. *Achievement* – Pursuing worthwhile life goals, striving towards personal growth, and achieving one's aspirations.
2. *Acceptance* – Accepting one's limitations and what cannot be changed; being at peace with oneself and with one's past.
3. *Transcendence* – Having a sense of mission, serving a higher purpose that transcends self-interest, and making a difference in the world.
4. *Intimacy* – Having a mutually satisfying love relationship, enjoying a good family life, and sharing intimate feelings with confidants.
5. *Relationship* – Caring about others, relating well with others, and being liked by others.
6. *Religion* – Seeking to do God's will, having a personal relationship with God, and believing in an afterlife.
7. *Fairness* – Receiving a fair share of opportunities and being treated fairly by others.

MCCT is more existential and spiritual in its orientation. Whenever an opportunity presents itself, MCCT would explore existential and spiritual issues underlying present concerns. Consistent with the double-vision strategy, MCCT attempts to link specific plans for resolving immediate problems to longer-range life goals and higher purposes capable of re-igniting clients' passion for living. .

Solution-Focused Brief Therapy (SFBT)

A very popular treatment approach was primarily developed by S. D. Miller (2000) to treat substance abuse. SFBT shares many of the same characteristics as MI in its stress on the intrinsic motivation of solving one's own problems. The therapist helps clients reframe and reduce problems to small, specific and solvable goals and then encourage them to use their own resources to accomplish the treatment goals. The therapist elicits information on how to repeat "exceptions" (periods of time when problems are not experienced) and "instances" (periods of time when problems are experienced), thus giving clients a sense of control. Solutions may have little to do with the addiction problems, as long as they contribute to clients' sense of self-control and awareness of the less remembered positive moments.

Small successes give clients hope, but we need to go further. The Commitment component in the ABCDE strategy also emphasizes resolving the problem by making a commitment to achieve both the immediate small goals as well as larger long-term goals. In addition, the growth oriented PURE strategy attempts to link problem-solution to the attainment of one's dreams. One needs long-term objectives to better achieve short-term goals.

Cognitive-Behavioral Therapy (CBT)

CBT has been long been a standard practice in psychotherapy and addiction treatment. The basic assumption of CBT is that addiction is a learned maladaptive coping skill (Marlatt & Gordon, 1985). In this view, addiction is simply a bad habit, not a disease (Peele, 2000). Many addicts report childhood abuse and family dysfunction (Sayette,

1999); addiction is a maladaptive way to deal with the inner pain and anger. Relapse is precipitated by triggers, stress and cravings.

CBT treatment focuses on anticipating problems and helping addicts develop effective coping skills. Self-monitoring helps recognize early signs of drug cravings and avoid high-risk situations for use. Coping skills learned in relapse prevention therapy remain after the completion of treatment (Carroll, Rounsaville, & Keller, 1991; Marlatt & Gordon, 1985). Recently, mindful meditation has been found effective in preventing relapse (Marlatt, 2002; Marlatt et al, 2004).

From the perspective of MCCT, ABCDE addresses both maladaptive coping habits and the deep-seated psychological issues. In conjunction with the PURE strategy, ABCDE is capable of transforming negative thoughts and habits into positive ones through various sources of positive motivations, such as repairing broken relationships, regaining employment, rediscovering one's passion for living, and realizing dreams of a life worth living. In addition, MCCT focuses on the power of positive meaning through meaning-management, such as reframing and meaning-reconstruction. Positively oriented thoughts enable the clients to see the past, present and future in a way that is more inviting and engaging.

The 12-Step Facilitation Therapy (the Minnesota Model)

Primarily developed at Hazelden treatment centre, the Minnesota Model is abstinence-based and committed to the 12-step approach. It often uses confrontation as a counseling style to break through the client's 'denial' and resistance. It adds medical, psychological, and religious elements to the first five steps. The goal is to treat the whole

person in addition to the disease of addiction. It favors a holistic approach, working with the mind, body and spirit as components of a healthy life.

The Twelve Steps of Alcoholics Anonymous form the spiritual core for a recovery program (Alcoholics Anonymous, 2001). In essence, the 12 steps are designed for helping clients to get reconnected with self, others and a higher power. Tonigan, Connors, and Miller (2003) have provided empirical support for the 12-step facilitation therapy.

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

The above 12 steps can be readily incorporated into the ABCDE strategy of MCCT. The first step is about acceptance, while the second step is about belief. Acceptance is equated with "surrender" in the AA literature (Hart & Huggett, 2005). Steps 3 to 11 comprise commitment to an action plan of connecting with God and others. The last step represents discovery of the new way of life. The continued practice of 12 steps provides evidence that the client enjoys this new found freedom while it lasts.

Both logotherapy and MCCT also make use of confrontation judiciously as a way to awaken clients' sense of personal responsibility and their need for positive change. However, confrontation is always done in a way that respects clients' dignity and expresses empathy and compassion. Recovery also needs to take place in a healing community, where addicts are treated as human beings worthy of respect and dignity.

A criticism of the Minnesota model is that there is too much emphasis on sobriety and not enough emphasis on personal development. From the perspective of MCCT, relapse is not the end of the world, because healing is an uphill struggle and relapse is just a temporary setback. The important thing is that such incidents become less and less frequent as the client comes further along in the way of recovery.

Conclusions

MCCT complements the mainstream treatments and addresses existential and spiritual needs of the clients. In addition, MCCT advocates the development of a healing community, which will facilitate clients' psychosocial integration and provide a supportive environment for their personal quest for meaning. There is empirical evidence that social and emotional support is important for addiction recovery (Hart & McGarragle, 2010). MCCT also emphasizes the concept of the "wounded healer" — the idea that transcending an affliction and discovering some higher meaning and purpose gives counselors power to understand and heal others (White, 2000). Providing hope is crucial to recovery. MCCT provides a tragic sense of optimism that is based on both accepting reality and affirming faith in a more fulfilling future. MCCT is sensitive to individual and cultural differences in values and belief systems.

The ultimate objective of MCCT is the realization of clients' full potentials. Thus, the treatment goals include not only *recovery from addiction* but also *restoration of full functioning and passion for living* . The recovery process needs to move from healing of addiction and brokenness to personal transformation and full integration into society. Complete abstinence is likely the outcome of complete restoration. MCCT facilitates clients' quest for meaning and discovery of life purpose and prepares and supports clients' re-entry and re-integration into society.

In sum, MCCT embraces two types of orientations:

Problem-Solution Orientation

- Relate small solvable goals to the larger life goals that will provide added incentive for change.
- Describe the goals and solutions in concrete behavioral terms, but the larger life goals in larger, psychological terms.
- Reinforce the solutions that a client brings by fostering new skills, clear understanding and a supportive community.
- Translate clients' expressions of desire to change into concrete plans and actions, which are followed up to ensure accountability.
- Reinforce relapse prevention by goal-pursuit.
- Teach clients the importance of clear and honest communication, which will facilitate healing and relationship building.
- Give and receive timely and honest feedback to ensure that recovery is on track.
- Help them make sense of their addiction and suffering.
- Teach clients more adaptive ways to cope with the inner pains resulting from the past.

Personal Growth Orientation

- The ultimate goal is not simply solution of a problem but attainment of a healthy and productive life.
- Provide a role model of authentic and vital living.
- Use "magic questions" to explore clients' deepest longings and most cherished values.
- Evoke clients' innate motivation toward growth and self-actualization.

- Use life review and narrative therapy to help clients re-author their lives and enact more positive roles.
- Empower clients to take full responsibility for their lives and their future.
- Explore their various avenues of rebuilding a positive future.
- Discover their purposes, gifts, and callings.
- Plan concrete steps to realize their dreams.
- Replace a drug-induced high with a spiritual high.
- Encourage clients to explore all sources of meaning, including religious/spiritual meaning.
- Enlist a whole spectrum of community efforts in support of individual recovery.

MCCT can be applied to the entire process of treatment and recovery. Basically, MCCT involves three stages:

1. Treating the biological craving and the self-destructive behaviors of addiction
2. Working through the psychological, existential and societal issues that underlie addiction. This will not only set clients free from the bondage of craving but also get them engaged in meaningful goal pursuit.
3. Providing a supportive healing community that facilitates healing, restoration and re-entry

The meaning-centered approach to addiction treatment may be captured by the **3 R's** for the recovery and restoration of the total person**:**

1. *Recovering* from addiction and its harmful effects

2. *Resolving* the underlying issues of addiction
3. *Rediscovering* the purpose and passion for living

Given that addiction is multidimensional with numerous causes, Peele (1998) proposes that an ideal addiction model needs to be holistic and integrative, incorporating pharmacological, experiential, cultural, situational, and psycho-social components in describing and understanding the addictive motivation. The MCCT represents an ambitious attempt to attain this ideal in its efforts to develop a comprehensive and integrative motivational counseling capable of incorporating the best practices from a variety of addiction treatments that employ motivational principles.

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* In W. M. Cox and E. Klinger (Eds.) (In press, to be released in January 2011) *Handbook of motivational counseling: Concepts, approaches, and assessment (2nd Ed.)* Chichester, United Kingdom: Wiley

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Figure 1. PURE: Purpose, Understanding, Responsible action, Evaluation.

ABCDE: Accept, Believe, Commit, Discover, Evaluation.