Chapter 28
A Meaning-Based Intervention for Addiction: Using Narrative Therapy and Mindfulness to Treat Alcohol Abuse

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When the general public conjures up pictures of alcohol abuse or addiction, extreme images of men living on the street or of celebrities fallen from grace and on their way to the Betty Ford Clinic often come to mind. For many individuals, however, the toll that alcohol takes in their lives is much more subtle and gradual in its menace. Although their current difficulties with alcohol may not have produced glaring problems with employment, law enforcement, and physical health, its impact on their relationships, self-concepts, and the efforts to find meaning and purpose in life should not be underestimated. Since we have previously written about the struggle of individuals with chronic addiction to find a sense of identity and meaning in recovery (Singer 1997, 2001, 2006), the focus in this chapter is on individuals who periodically abuse alcohol but have not yet defined themselves as full-blown "alcoholics." Critical to this volume, and similar to our previous work on chronic addiction, we seek to examine how alcohol has been incorporated into problem drinkers' ongoing sense of *narrative identity* and how – from a mindfulness perspective – an addiction to their own negative cognitions becomes a significant impediment in these individuals' ongoing struggles to achieve a sense of meaning and purpose in their lives.

By narrative identity (Bauer and McAdams 2004; King and Hicks 2006; McAdams and Pals 2006; Singer 2004), we mean the efforts that individuals engage in to find coherence and continuity in their lives by crafting together narratives from experiences, recounting these stories internally and to others, and "…ultimately [applying] these stories to knowledge of self, others, and the world in general" (Singer 2004, p. 438). Drawing on a case study of a highly successful professional woman in her

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early 30s, we illustrate how her narrative identity contains a significant repetitive "script" (Demorest 1995; Demorest and Alexander 1992; Demorest et al. 2011; Siegel and Demorest 2010; Tomkins 1979, 1987) organized around the disruptive role of alcohol in her most intimate relationships with family members and romantic partners. We argue that this contaminated script has been a problematic vehicle of self-understanding and meaning dating back to her first adolescent exposure to alcohol. It has continued through her current episodes of alcohol abuse, leading to critical self-judgment and lack of self-acceptance that minimize her ability to embrace a redemptive script of sobriety and emotional equanimity (McAdams 2006; Parry and Doan 1994). Using a two-pronged treatment strategy, combining narrative therapy (Madigan 2011; White 2004; White and Epston 1990) and mindfulness-based cognitive-behavioral therapy (Bowen and Marlatt 2009; Crane 2009; Marlatt and Witkiewitz 2005; Segal et al. 2004; Witkiewitz and Bowen 2010), we demonstrate how therapies based in meaning, nonjudgmental self-acceptance, and enhanced self-awareness can play a valuable role in refashioning this negative script and curtailing future episodes of alcohol abuse. Finally, we suggest that as the DSM-5 proposed revisions of the addiction diagnosis move away from placing a central emphasis on physiological characteristics of tolerance and withdrawal (American Psychiatric Association 2011), concern with the psychological and behavioral concomitants of alcohol abuse will be in ascendance. Efforts to understand and address the role that alcohol plays in both preempting and distorting meaning-making processes in individuals' ongoing search for stable identity are likely to be of increasing importance for clinical practitioners.

Narrative Identity and Meaning-Making

One of the primary ways in which human beings confront the question of meaning and purpose in their lives is to craft narratives or stories from the events of their lives. As major figures in the field of narrative identity (Bruner 1986; McAdams 1988; Sarbin 1986) first articulated, stories provide continuity to the self, connecting and integrating past, present, and anticipated future into a meaningful whole. Confronted with raw experiences, individuals process these sensory events through the lens of a short-term working self and then, depending on their relevance to ongoing goals and concerns, consolidate these experiences captured in episodic memory as part of an enduring long-term self (Conway et al. 2004). These autobiographical memories contribute to a larger life story that individuals construct to bring the diverse events of their lives into a coherent narrative. At each of these levels, individuals strive to interpret narrative content in order to extract a sense of meaning and purpose to their lives (Blagov and Singer 2004; McAdams 2001; McLean 2008; Singer and Conway 2011). This combination of narrative processing (the story-making component of consciousness) and autobiographical reasoning (the capacity of the mind to draw inferences from the narratives it creates) defines the critical psychological mechanisms of narrative identity (Bluck and Habermas 2001; Hicks

and King 2007; McLean 2008; McLean and Fournier 2008; McLean et al. 2007; Singer and Bluck 2001; Staudinger 2001).

A key tenet of narrative identity theory is that individuals draw on these narrative capacities to respond to the demands of current affectively charged events (Conway et al. 2004). Confronted with new events, they can recruit specific memories that might bear similarity to the situation at hand and therefore provide them with context and information about previous actions or outcomes. We might consider this an example of putting *narrative content* to work in the service of making meaning out of a given set of circumstances. At the same time, individuals may invoke affective interpersonal schemas that dictate a more abstracted sequence of expectations, actions, outcomes, and affective responses. We can describe this as the recruitment of a *narrative process* to assist them in reasoning about the implications of an unfolding and emotionally evocative event (see also McLean and Fournier 2008). For example, McAdams and colleagues have studied extensively how individuals may draw on *redemption* (bad to good) or *contamination* (good to bad) sequences in the creation of narrative accounts (McAdams 2001; McAdams et al. 2001).

Within narrative identity theory, these schemas of event-affect-behavior sequences are known as *scripts* (Demorest 1995; Demorest and Alexander 1992; Demorest et al. 2011; Siegel and Demorest 2010) and can be defined formally as

> …guides that form in order to anticipate and cope with [difficult and distressing] emotions in particular. Although affective scripts are originally constructed from specific emotional interactions, they become general rather than specific so as to function as a personal model for how to manage similar interactions in the future, indicating what the person should expect to occur…(Siegel and Demorest 2010, p. 3).

Significantly, scripts originally develop as quick adaptive responses to situations in which unexpected changes in the status of one's goals have taken place; however, over time some may become repetitive and inflexible reactions that lose their functional quality. Despite the fact that they have turned maladaptive and often lead to strong negative emotions, such as anger or suspicion, their activation may be reinforced since they serve to mask more painful feelings of anxiety or distress (Siegel and Demorest 2010).

Researchers have developed a coding system called FRAMES (Fundamental Repetitive and Maladaptive Emotion Structure) that allows one to extract scripts from a narrative transcript and code them according to standard categories and a sequence of interpersonal exchanges (Dahl and Teller 1994; Hoelzer and Dahl 1996; Siegel and Demorest 2010; Siegel et al. 2002). This method has been used to assess negative interpersonal patterns and track changes in these patterns over the course of psychotherapy (Siegel and Demorest 2010; Siegel et al. 2002). The categories consist of wishes, states of satisfaction or dissatisfaction with regard to wishes, and a dimension of activity/passivity. For example, a positive active wish – to love another person – or a negative active wish – to hurt another person – can lead respectively to the positive active state of joy or the negative active state of anger. Each sequence of wish, action, and resulting state, either within a narrative told by the client or as expressed in an exchange between client and therapist, can be coded and monitored over ensuing therapy sessions. Reductions in the client's activation of a familiar

negative script or a change in its dynamic structure signals a greater freedom of emotional response and corresponds to greater health and well-being, as expressed by the client and observed by the therapist (Siegel and Demorest 2010).

In addition to the possibility that individuals rely on negative scripts to ward off even more feared negative emotional states, another explanation for the persistence of scripts can be traced to a variant of terror management theory (Solomon et al. 1991a, b). Vess et al. (2009) have suggested that events that activate extreme anxiety due to mortality salience have differential effects for individuals who vary on their personal need for structure (PNS). Individuals who have a strong need for clear structure and unambiguous belief systems in their lives are likely to retreat to rigid schemas when faced with anxiety about mortality. In contrast, individuals who have lower levels of PNS are more likely to seek novel information and creative solutions to increased anxiety in the face of mortality salience. In the parlance of mindfulness, these individuals, when faced with threats to the self, overcome reactive sympathetic nervous system-generated behaviors in favor of "out of the box" adaptive responses made possible through a greater flexibility of cognitive processing (Kabat-Zinn 1990). It is possible then that individuals who are prone to invoke rigid or preexisting narrative scripts in response to anxiety-provoking situations are more likely to be lower in self-complexity, mindfulness, and degree of ego development (Fernandez et al. 2010; King and Hicks 2006; King et al. 2000; Loevinger 1976). They cling to a more simplified meaning system in the face of acute distress. A goal of treatment then is to encourage enhanced freedom in consideration of responses to situations of acute stress, as well as more nuanced and flexible thinking. In other words, the therapist seeks to aid the client to move from black and white either-or thinking to "both and" thinking that allows for ambiguity and multiple possibilities.

In the following case study, we illustrate how a client has developed a maladaptive script that leads her to engage in alcohol abuse as a rigid response to extreme feelings of anxiety and hopelessness. Once we have defined the narrative content and process of this script formation and its repetitive revival, we then turn to interventions based in narrative therapy and mindfulness relapse prevention. Although working within this narrative identity/cognitive-behavioral framework, the following therapy shares a similar perspective and is highly congruent with the existential-humanist approach of Wong and colleagues (Wong 2011; Wong and Fry 1998).

Case Study of a Client with a Narrative Script of Alcohol Abuse

Bryn (a pseudonymous amalgam of several clients from our practice with similar presenting problems) is an attractive white female in her early 30s from an upper middle class coastal New England town. Mention of her home community is relevant because its proximity to beaches and sailing clubs accentuates the "good

life – cocktail hour – bar-hopping" culture that affects many of its residents. Bryn has a Masters in Occupational Therapy, but currently works as a supervisor/administrator in the OT department of a regional hospital. She loves her work and has been quite successful in receiving promotions and responsibility at a very young age. However, she has had a history of unhappy relationships, as well as intermittent episodes of extreme drunkenness in which she blacks out and behaves in a volatile and aggressive manner. She entered therapy with the first author of this chapter, complaining of depressed mood, hopelessness about her love life, and concern about her drinking.

In presenting her history, Bryn described herself as coming from a "crazy family where even though we're adults everyone is still attached at the hip." She is the youngest of three with an older sister and brother. As far as she can remember, her parents presented extreme contrasts in personality types. Her mother was almost theatrical in her extremes of emotion; she was affectionate, temperamental, overbearing, fun-loving, and self-centered. Her father was quiet, cerebral, and socially withdrawn. Both of her siblings, though very bright in school, became involved with the adolescent partying scene and presented a variety of challenges and disappointments to their parents. Even after finishing high school and beginning their adult lives, they continued to display difficulties in settling down in their work and relationships.

As a young girl, Bryn excelled in school and did everything possible to be a "good little girl" and attract the attention of her parents. However, their focus was often on the ups and downs of the older children, and many times Bryn felt pushed aside or overlooked. She has vivid memories of her mother's countless kitchen table dialogues with her older sister, both of them in tears, as they discussed the sister's problems with her boyfriend and eventual husband. Similarly, her brother had some problems with the law around drug possession and a DUI, while still a minor.

Bryn's most traumatic memory took place when she was 14 and her mother told her that she had kicked her father out and was going to divorce him. It turned out that he had quietly been having an affair with a coworker for the last couple of years. The divorce was messy and protracted and, since her older siblings were already out of the house, she was often the main support and sounding board for her mother.

Although not aware of it at the time, a pattern of actions and feelings began to take hold in Bryn's life. Bryn found that she could hold her mother's attention when she became a kind of "junior counselor" who would listen to her and console her about her problems with her ex-husband or with Bryn's older siblings. Similarly, when Bryn herself began to act out by skipping school, drinking, and smoking pot, her mother would take notice and briefly put the spotlight on her. However, whenever Bryn took a positive step forward by improving her grades or making the transition to attending college, her mother and siblings seemed determined to pull her back into supporting them through the latest emotional (and sometimes financial) crises in their lives. In fact, as Bryn grew even more successful, generally slowing down her alcohol use, graduating both college and a Masters program, landing an excellent first job, and moving quickly up the promotion ranks of the hospital, her family would whisper about her "selfish" tendencies – how her focus on her

schoolwork and fixing up her own apartment were signs that she had begun to think that she was better than them or too busy with her own concerns to help her other family members.

Bryn found that a similar pattern repeated itself in the two significant love relationships that she had had in her adult life. Both boyfriends were charismatic and talented men; both had their share of problems with drinking. Neither boyfriend was particularly well educated and had little connection to Bryn's professional work or her interest in reading and art. In the early stages of the relationships, Bryn was overly attentive to their needs and they tended to idealize her as beautiful, kind, and giving. Over time, Bryn would increasingly feel her own voice and concerns were being stifled in the relationship; yet when she made tentative efforts to be more assertive, she met with resistance and comments about how difficult she was to satisfy. When the second relationship ended due to the boyfriend's string of unfaithful liaisons, Bryn found herself reluctantly going back to drinking. Once drunk, her anger and suspicion concerning the good will of any person in her life would overwhelm her. She often ended up in an argument or fight while in a blackout. In some recent brief relationships just before and after the therapy started, she had repeated this same pattern. Once she began to feel the possibility of caring for someone, she would perceive what seemed like selfish or callous behavior by the other person; this would lead to her drinking too much and initiating an angry confrontation, filled with accusations against the other person. These episodes of alcoholic abuse, followed by extreme feelings of depression and despair, were what brought her to enter therapy.

Narrative and Meaning Analysis of Bryn's Problem Drinking

From the standpoint of narrative identity theory, Bryn's alcohol abuse has been incorporated into a maladaptive interpersonal script that she imposes on her interactions with intimate others in her life. This script is activated in moments of extreme anxiety about her self-worth and her fears of rejection and abandonment by others. It provides a meaning structure, albeit a rigid one, that instantiates a course of action and protection from utter despair and acute self-loathing. In the language of FRAMES, we can distill the script into the following sequence:

I seek love by putting others first, serving as a loyal confidante and helper (Behavior that Expresses an Active Positive Wish)

I am accepted and given love (Passive Positive State Satisfaction)

I assert myself and seek to meet my own needs (Behavior that Expresses an Active Positive Wish)

I experience extreme sadness at anticipated rejection (Passive Negative State of Dissatisfaction)

I drink and express my anger at the perceived rejection of my needs (Active Negative State of Dissatisfaction)

Bryn's fundamental understanding of the meaning of her relationships and of how to have a healthy sense of interpersonal connection has become confused and convoluted. When seeking to understand the purpose of relationships in life, she

might expect that entry into and intimacy in relationships would lead to a sense of self-affirmation, of giving and receiving love in return. Instead, she has come to associate attempts at strong connection to others with self-abnegation and efforts at self-affirmation with condemnation and rejection. Moments in which she asserts her autonomy and freedom from these self-denying connections terrify her; she feels cut loose from any familiar self-understanding, and her anxiety and despair overwhelm her. Exactly at these moments, she recruits what Vess et al. (2009) would refer to as a rigid "pre-existing knowledge structure" (p. 730) – this structure tells her that she will only receive notice by giving up autonomy or acting out. In the grip of this script, any resolve to drink moderately is overcome, she says "F- it" and lets herself go. Once drunk and in a blackout, she unleashes her whole painful scenario of distrust and self-loathing, alternately belligerent and self-pitying. In a near panic state of anxiety, she reverts back to a familiar script that provides structure and a course of action, but by the next morning it has brought little relief and a mountain of remorse. It may indeed have pushed unhealthy partners out of her life, but it has left her no closer to a stable self-image and a genuine capacity for meaningful connection with others.

Clinical Intervention: Addressing the Narrative Content and Process of the Alcohol Abuse Script

Conventional outpatient treatment of alcohol abuse usually begins with questions based in motivational interviewing and self-monitoring (Miller and Rose 2009). Bryn kept a log of her alcohol use and chose to set a limit of no more than three drinks on a given night. Able to manage this routine for 2 or 3 weeks consecutively, she would inevitably reach a point of relational anxiety with a family member or romantic partner and go over her limit and then drink far too much. Through her log of feelings and thoughts immediately prior to these episodes, we were able to piece together the repetitive script described above. With this self-destructive narrative identified, we recruited the techniques of narrative therapy (Madigan 2011; White 2004; White and Epston 1990) to help Bryn see that her "problem-saturated" story did not exist *inside* her, but was a narrative created jointly by her family dynamics, social limits on positive female assertiveness, and culturally reinforced notions of alcohol as an escape value from anxiety and sadness. In the spirit of narrative therapy, she needed to "externalize" the problem and see the script of assertion-despair-alcohol abuse as an antagonistic and alien narrative to be isolated and defeated. Bryn and her therapist sought out further examples of this script's infiltration in her life and counteracted these incursions by identifying "unique outcomes" or "sparkling events" (Nichols 2010, p. 271) in which she had not succumbed to the script, but instead showed restraint in her drinking and behaved in a healthy and self-loving manner. Working with these moments, Bryn began to "re-author" a new sequence of events that would allow her to associate moments of anxiety about relational rejection with a determination to practice self-care and restraint in alcohol use.

However, addressing the narrative content of her script and engaging in re-authoring practices would not be sufficient to disrupt the narrative process that short-circuits her more rational decision-making and superimposes the same familiar automatic script and its subsequent action sequence. In order to break this barely conscious process, the therapist introduced a series of mindfulness techniques.

Clinical Intervention: Addressing the Narrative Process Through Mindfulness

The past two decades have produced a growing body of literature on the application of mindfulness to a wide range of emotional and behavioral problems, including recurrent depression, anxiety, personality disorders, and substance abuse (Hoffman et al. 2010; Kingston et al. 2007; Linehan 1993; Witkiewitz and Marlatt 2005; Segal et al. 2002). Mindfulness, with its roots in the ancient Buddhist practice of vipassana (insight) meditation, has been defined as a state of nonjudgmental self-acceptance achieved through the act of paying attention to the present moment (Kabat-Zinn 1990). Meditation may be understood as the tool of mindfulness, akin to playing scales on a piano. Just as the goal of scale practice is to develop the ability to perform an intricate sonata at a recital, the goal of meditation practice is the development of a set of mindfulness skills, including awareness, intention, adaptability, and acceptance, that may be applied to the daily vicissitudes of life.

If it may be said that the cognitive component of cognitive behavioral therapy (CBT) focuses on evaluating certain thoughts in order to change one's faulty thinking (Beck and Beck 2011), then mindfulness may be understood as *meta-cognitive* in nature, as it seeks not to change the content of one's thoughts but rather to change one's *relationship* to those thoughts – be they positive or negative – that come and go with varying degrees of salience (Segal et al. 2002; Wells 2002). In this sense, the practice of mindfulness is more aligned with narrative process than with narrative content in that it is present-centered. In theory, once an individual begins to understand that the goal of a mindfulness breath meditation is not relaxation, per se, but simply to "catch-and-release" any thoughts (including those focused on hedonic states or physical sensations) as part of a continuous process of redirecting one's attention back to one's breathing, then the impermanence of all states reveals itself, allowing for the generation of healthier, more adaptive responses.

Mindfulness-based relapse prevention (MBRP), as presented by Marlatt and Witkiewitz (2005), follows the basic mindfulness-based stress reduction (MBSR) manualized treatment developed by Jon Kabat-Zinn and his colleagues at the University of Massachusetts Medical Center in 1979 (Kabat-Zinn 1990; Santorelli 2000). It includes 8 weekly 2.5 h group sessions featuring experiential instruction in mindfulness principles and formal meditations facilitated by a trained instructor. Participants are expected to practice for up to 45 min a day and are provided with prerecorded guided meditations to utilize at home.

In Bryn's case, she received a guided meditation audio CD and followed the meditation routines at home on a daily basis. One guided meditation created by one of the authors focused on transforming fear through acceptance (Singer 2009). In this meditation, entitled Mountain Well, she was asked to develop an image of a fearful creature and then embrace it. In doing so, the creature was transformed into a benign spirit that empowered her to find nurturance through the expression of her wishes and hopes.

Simultaneously, the therapist worked with her on cultivating a different more mindful attitude toward her interpersonal interactions that put her at risk for further alcohol abuse. Drawing on her prior identification of "sparkling events" in which she had resisted drinking too much, the author introduced the mindfulness concept of "black ducks."

Derived from clinical work with chronic pain patients, the concept of finding one's black ducks is grounded in Hempel's Raven Paradox (Hempel 1965), which seeks to demonstrate the limitations of inductive reasoning. Clients are told a story of how, long ago in Medieval Europe, it was believed, based on observation, that all ducks were white. Discovery of a single black duck, however, created a paradigm shift in this false system of belief. For chronic pain patients, a black duck may be a moment of spontaneous laughter in which all thoughts of pain are forgotten. This unique outcome offers up the recognition that by engaging fully in a present-centered activity, such as laughter, they gain the ability to abandon a rigid script in which they are in constant pain. Clients are, therefore, encouraged to "find your black ducks," which may be defined in terms of MBSR as discovering those meaningful moments in their lives in which they coped successfully with cravings and urges or experienced the positive benefits of sobriety.

Black ducks may be gathered into flocks, so to speak, to serve, ultimately, as internalized reminders that nothing is permanent and that black and white thinking can be replaced by the mindful ability to hold ambivalent or contradictory feelings simultaneously without having to react in a predetermined fashion based on an anxious adherence to an established script. Thus, the use of black ducks as part of mindfulness psychoeducation serves as kind of hermeneutic to illustrate concepts such as nonjudgmental self-acceptance, presence, awareness, un-attachment from suffering, and greater self-efficacy through generating creative and flexible responses to new stressors.

In the case of Bryn, alcohol dependency was less of a salient issue than her addictive relationship to her own negative thoughts. Her repetitive tendency toward alcohol abuse was conceptualized as resulting from a desire to avoid negative hedonic states that have been shown to increase urges or cravings to use (Witkiewitz and Bowen 2010). Ironically, the more she avoided and resisted these states, the more vulnerable she became to entering into her old repetitive script of binge drinking, blacking out, and feeling remorse. In helping Bryn to see how she focused on past events and relationships, on the one hand, and the fearful anticipation of future problems, on the other, she was offered mindfulness as a means to get "out of the box" of a thin and rigid script. This script was collapsing under the tremendous

narrative strain required to balance her internal needs with the external stressors placed on her by unhealthy interpersonal relationships (refer to B. F. Singer 2007, pp. 55–58 for a discussion of narrative strain).

With her meditation training and increased capacity to slow her thoughts and exercise the option to catch and release them, as well her accumulation of "black duck moments," Bryn felt much more equipped to resist the pull of her interpersonal script toward despair and destructive drinking. As her safe behavior extended into a period of months, she reported a growing sense of freedom to choose alternatives when experiencing interpersonal threats and disappointments. No longer in the throes of her maladaptive script, she used her mindfulness techniques to guide her to healthier and more satisfying choices.

Conclusion

Bryn's alcohol abuse script and the clinician's efforts to free her from it, based in narrative therapy and mindfulness techniques, exemplify a critical problem of meaning in psychotherapy. Dating all the way back to the Freudian concept of the *repetition compulsion* (Freud 1920/1973), therapists have helped their clients identify rigid patterns of thought, feeling, and action that are applied to similar situations over and over again, despite their fruitless, and in many cases, destructive results. In fact, it is a familiar therapeutic maxim that the definition of *neurosis* is "repeating the same behavior and expecting a different result." The meaning-oriented techniques described in this chapter are recent efforts to help clients break this logjam in their thought and action in order to create more flexible and novel responses to episodes of alcohol abuse in their lives.

The fundamental premise that both narrative therapy and mindfulness share is that these destructive action patterns stem from a kind of narrative rigidity as we seek to draw meaning from new experiences. In other words, we tell ourselves "the same old stories" about ongoing events in our lives, and through the lens of these overdetermined narratives, we preclude the possibility of other meanings, understandings, and subsequent novel responses. In Bryn's case, she reaches for the bottle (after starting with the glass) because she is deeply ensconced in a narrative of rejection in the face of self-assertion. Believing others have little interest in her genuine welfare, she follows the conclusion of this story – "Why should I care for myself? I might as well drink (even though I know it will end badly)."

Social psychologists, Routledge and Arndt (2009), have recently demonstrated that an intervention that encourages individuals to engage in creative exploration of different social, cultural, and intellectual alternatives reduced their tendency to respond rigidly when confronted with mortality salience. Active engagement in novel ideas along with social support to explore these new viewpoints seemed to unlock these individuals from their familiar routines. We would like to suggest that this critical mechanism of new meaning generation may account for some of the effectiveness of our narrative therapy and mindfulness interventions. When clients are encouraged to focus on "sparkling moments" and "black ducks," when they are

encouraged to see their story as belonging to a larger sociocultural problem rather than a long-standing personal failing, when they are offered new ways of thinking about their thinking, and of breathing and being in their bodies, an invigorating sense of possibility emerges in the face of what has seemed an inevitable despair. *Despair* literally means the absence of hope, and it is hopelessness that often leads from alcohol abuse to chronic addiction (Chen 2010; Singer 1997). What these innovative therapeutic strategies offer in their creative challenges to narrative rigidity is the promise of new endings to painful and repetitive stories. To find new meanings (and consequently new choices and new behaviors) is to replace despair with hope. Recent studies of individuals who have had sustained recovery from alcohol addiction have found that a higher quality of life in personal, interpersonal, and social functioning post-recovery is associated with a more positive sense of meaning and purpose in one's life (Hart and Singh 2009). For Bryn and others like her, prone to negative scripts of alcohol abuse, the path to that better quality of life may lie through the exploration and discovery of different narratives and new meanings.

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