

MetaHabilitation is a new model for rehabilitation after personal life crisis or significant trauma. It focuses on emotional and spiritual challenges

MetaHabilitation: how to survive life after trauma

In this article...

- › How research on recovery after personal trauma was conducted
- › A new model for rehabilitation – MetaHabilitation
- › The six stages of this process

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Aim To understand the system of MetaHabilitation after personal life crisis or significant trauma, and identify why and how this process occurs.

Method In-depth interviews were carried out with six survivors.

Results The process of MetaHabilitation involves six stages: acute recovery; turning point; focus on treatment; acceptance and adaptation; reintegration; and beyond integration or taking on the future. There are also defining characteristics of people who have “MetaHabilitated” and facilitating conditions that enable this process to occur. This model can aid nursing staff to identify how best to help patients surviving traumatic experiences.

Conclusion Current medical models of rehabilitation tend to focus on the physical problems associated with a crisis. However, this overlooks the transforming nature of such events and people’s ability for personal growth as a direct result of the trauma. This research has identified facilitating conditions and characteristics of such survivors and led to a new model of rehabilitation – MetaHabilitation.

The modern biomedical model of rehabilitation views trauma and disease primarily as a malfunction of biophysical mechanisms.

There is a lack of understanding that such events are unique, subjective and potentially transformative experiences (Smith, 2006; Karasu, 1999; Vash, 1994).

Trauma and disease can disrupt people’s equilibrium or status quo (Livneh and Parker, 2005). Addressing this requires adjustment to biological homeostasis as well as an adjustment of patients’ self-concept. Research in this field – specifically qualitative research – has identified the importance of appreciating the survivor experience (Hein et al, 2005; Hagner and Helm, 1994).

My interest in this topic is a product of surviving a traumatic experience resulting in a drive to promote personal life crisis and trauma as transformative. From this, a new model and system of rehabilitation emerged, which I have termed “MetaHabilitation”. The term and model implies people are able to move beyond basic survival and rehabilitation, expressly recognising capacity to grow as a direct result of crisis. Major life events are viewed as opportunities for multidimensional growth and development for survivors.

MetaHabilitation recognises an individual’s capacity – biological, psychological and spiritual – to be transformed and experience a higher level of functioning after a personal life crisis.

Aim

This qualitative study aimed to explore features of enhanced recovery after personal life crisis or significant trauma. Interviews with six survivors of major and catastrophic life events involved their personal background, traumatic experiences and perceptions of survival in an effort to understand why, but more importantly

5 key points

1 Current models of rehabilitation tend to focus on the physical problems and deleterious aspects of crisis

2 People who have gone through enhanced recovery share some defining characteristics and facilitating conditions

3 The desire to give back and help others in similar situations was an important aspect of MetaHabilitated survivors

4 The process of MetaHabilitation involves six stages

5 This model provides a system to help nursing staff identify how best to help patients who have survived traumatic experiences

BOX 1. PARTICIPANTS' CRISES OR TRAUMAS

- **Jerry:** paralysis due to air embolism in diving accident
- **David:** post traumatic stress disorder: survivor of Nazi concentration camps
- **Connie:** major trauma - fall from 30ft cliff
- **Suzy:** breast cancer survivor
- **Dominic:** paralysis due to spinal cord injury
- **Kurt:** alcohol and drug dependency

how, they MetaHabilitated. Box 1 lists the participants' personal life crisis or traumatic event.

Literature review

Current rehabilitation practices do not routinely encourage the full, multidimensional capacities of the individual, not only for survival and adaptation, but also to grow in the face of physical, emotional and spiritual challenges (Smith, 2006; Snyder et al, 2006; Gulanick, 1998; Leighton, 1998; Vash, 1994). The concept and belief that profound and troubling life events can ultimately serve as transformative, unique, existential experiences is not well understood or accepted and is therefore underused in traditional rehabilitation, where the focus is on pathology.

However, the experience of professionals and patients suggests that people can be enhanced as a direct result of such experiences. Maslow (1976) stated:

"Man has a higher and transcendent nature, and this is part of his essence, ie, his biological nature as a member of a species which has evolved."

To overlook or negate the possibility of crisis prompting a significant growth experience is short-sighted.

Survivors of life crises are physical and spiritual beings seeking meaning. They cannot be reduced to the dependency-of-the-sick role without serious disempowerment and negative consequences for patients, families and the healthcare system. Personal life crises can be transformative. As Bettelheim (1979) noted, they allow us to discover previously unidentified strengths and talents, providing increased understanding, improved function and eventual appreciation of the event as a profoundly meaningful life experience.

Method

The qualitative approach used was heuristics, which begins with a personal

experience that stimulates curiosity in the researcher. The research question is deeply personal (Moustakas, 1990). The steps of heuristic inquiry then move on to immersion, incubation, illumination, explication and creative synthesis.

Internal review board (IRB) approval and written and audio/videotaped consent from each participant was obtained; all participants were eager for their first names to be used in the research report.

Six survivors, identified as having not only survived, but thrived, after their trauma were interviewed separately in their homes. Each audi/videotaped interview lasted 2-3 hours; survivors shared specifics about their personal life crises or traumas, then focused on the recovery process and their lives now. They were also asked about their childhood to elicit information relevant to explaining their survival success.

Each interview was transcribed and examined several times. Analysis included tagging concepts, reviewing transcripts with survivors and identifying specific reasons, attitudes and behaviours explaining exactly why and, more importantly how, each survivor MetaHabilitated.

Results

Stages of MetaHabilitation

The interviews identified six stages of MetaHabilitation (Box 2). In addition, facilitating conditions and characteristics of those who had gone through the process emerged.

Stage one (acute recovery) relates to the immediate and emergency aspects of care necessary for survival:

"I knew instantly that I was paralysed. I asked the nurse, 'will I ever walk again?' She didn't say 'no', but she did not say 'yes'. I was kind of dazed, feeling like it was a bad dream." (Dominic)

However, once survival is ensured, questions about expectations for the future begin. Such questions can be difficult to answer and survivors may struggle but eventually they come to a turning point, or the second stage. At this point, they say "yes" to life and consciously choose to move forward:

"There are two roads people would go down. They would either be optimistic and hopeful or ... depressed and think that it is not worth living. I remember thinking, 'if something this bad could happen to me, why couldn't something great happen to me? For every bad thing there is something good that could happen too'. I knew it [the road back] was going to be tough but it would probably be worth it." (Dominic)

Survivors begin by entering traditional rehabilitation at this time.

Stage three involves ongoing therapeutic interventions. Once the choice to live and move forward has been made, survivors and families are involved in seeking out treatment modalities, both traditional and complementary, to find what brings a cure or reduces the burden of the event:

"One should pursue maybe going to the gym, yoga, meditation, and walking and trying to work out. It is important to engage yourself and remain as engaged as possible in your care." (Connie)

Stage four is acceptance and adaptation. Once therapies have been implemented, survivors acknowledge, at least for now, what they are left and must deal with on an ongoing basis:

"I didn't know what the hell I was going to do and how I was going to live... getting away from seeing my friends go along with their daily lives... going into a different environment... there was a lot of time to think, a lot of time to read and just clear my head and figure out some things." (Dominic)

Once survivors accept, they adapt to the situation and are willing, able and eager to return to life, depending on capabilities (stage five):

"You can feel sad about things that are. For a long period of time I walked differently. You need to acknowledge that and accept things for what they are." (Connie)

They strive to live at the most functional level, focusing on living a happy, productive and useful life:

"I do not hold grudges anymore. I have a zest for living. I think the alternative is lousy. I have a lot to live for and I enjoy it." (Jerry)

The final stage

The final stage is complete MetaHabilitation or full recovery, characterised by taking on the future and moving towards self-achievement. The event as well as the recovery journey has given survivors insight into their own strengths:

"I have a life today beyond my wildest dreams. I would not change a thing because I am who I am today with all the experiences I had. I like who I am today. I love who I am today." (Kurt)

Survivors recognise the support and love that allowed them to heal. They look back and realise they did not do it alone but had support from family, friends and healthcare providers:

"It is important not to isolate yourself... be

BOX 2. STAGES OF METAHABILITATION

1. Acute recovery
2. Turning point - saying yes to life
3. Focus on treatment - conventional and complementary
4. Acceptance and adaptation - a time to reflect
5. Reintegration - returning to life, introspection on life's journey
6. Beyond integration - taking on the future

open to letting people help. Everyone wants to do something. It makes them feel good and it makes you feel good.” (Suzy)

Finally, people MetaHabilitate because they say “yes” to the possibilities open to them, realising there is a future for them:

“Something happens. You begin to see that’s better, this is a little better, and it just keeps going... it is a journey and you are on it. There is no point I knew I couldn’t reach. I said, ‘let’s see how far I can go.’” (Jerry)

This awareness is helped by family, friends and health professionals providing support and a positive and hopeful outlook:

“When you are struggling and trying to deal with stuff, it’s good to have your friends around. My rugby coach told me, ‘you have to go back - you’ve got to go back into the lion’s den’. That always stuck with me.” (Dominic)

Holding on to hope, even in a fragile state, ultimately gives meaning to life and allows transcendence of the critical event. Survivors are eventually able to surpass the trauma and look towards a future:

“There is that process... things just begin to evolve. All of us did not get better in one month. It took two years for some of the physical aspects to get better. Thinking about things that do not change is only hurting you. You let it go.” (Jerry)

Patients develop an attitude, a conviction about the future - they are free to choose. There is a distinction between potential and actual. We all have potential, but it is recognition and embracing personal freedom that allows MetaHabilitation to occur:

“When I wake up and get out of bed, I have a choice. I can be a miserable SOB or I can be a productive member of society. I choose today to have my cup half full all the time.” (Kurt)

Further analysis of the interviews highlighted several facilitating conditions that helped turn potential into recovery (Box 3).

Characteristics of MetaHabilitated survivors

In addition to acknowledging the stages of MetaHabilitation, this research identified specific behaviours and attitudes that highlight how people accomplish an enhanced recovery. Those who have successfully been through this process seem to come from supportive families who modelled the way for them, supporting their efforts in working through troubling events as children:

“My mother was a tough lady. We could never stay home from school unless we had a temperature. She was tough, she was a fighter and that’s probably where I got that.” (Suzy)

In addition, MetaHabilitated survivors live with continual hope and gratitude. They feel their lives, even with disabilities or problems, are worth living and are profoundly grateful because they are alive:

“I say a prayer every night before I go to sleep and when I wake up, just giving thanks to the universe for all we have been given.” (Connie)

Survivors enjoyed life, perhaps not as before, but they could still be a meaningful part of others’ lives and the world in general. They made promises to themselves and others and kept them. This gave them tremendous strength while facing enormous odds. To surrender to the situation was, at times, a consideration but they overcame this by strength of will and a belief that they had a future:

“I was just being stupid and feeling sorry for myself. I did not really want to get through it. A lot of times I realise if you got to do something, you just have to do it. You have to face it... [life] opened my eyes up to what I was capable of and what I could do.” (Dominic)

Participants made productive personal choices and surrounded themselves with positive thinking, messages and people:

“I did not watch sad news. I did not read sad books. Everyone was sending me funny cards to make me laugh - that was so helpful.” (Suzy)

They refused to live with anger and despair and moved on. They stopped asking “why me?” and instead asked “why not me?” They grieved the losses and focused on what was left:

“It was a miracle I survived. I am lucky because I have pictures of my family. I don’t have nothing else, they all died. They were all murdered. So this is what I got... this is precious.” (David)

Survivors recognised they needed help and accepted it. Faced with troubling life

events, they felt they had lessons to learn:

“It is important to let people that are reaching out to you touch you and help you. I know that was a difficult time for me and I feel very blessed to have so many kind and loving people that were willing to do things and help me.” (Connie)

They noted limitations but did not allow these to stand in the way of getting back into life:

“I did not picture myself in a wheelchair. I thought, ‘I am going to figure some way to get out and walk’. As soon as somebody said, ‘good job, you’re going to walk again’, that had such an effect, to give you courage to keep up the training.” (Jerry)

Although limitations were frustrating, survivors looked at alternatives and slowly overcame obstacles. Families and friends helped them see the lighter side, allowing them to normalise their lives. They were eventually able to laugh at themselves and at situations:

“I think you have to laugh at yourself. It is really healthy. There is a humorous side to everything... [it] was a major factor in my healing.” (Jerry)

Survivors took time to work things out by removing themselves from day-to-day aspects of life. They needed time to grieve and contemplate how to deal with this new life:

“I do think it is important to go through a grief process... part of that is you get sad, you get angry, you get confused. I think it is important to acknowledge that and deal with that and sit with that - then try to move beyond.” (Connie)

Even with obvious limitations survivors are sincerely happy. They are convinced that love is the overriding behaviour they acquired and extended that towards health professionals, family and friends:

“I think that life is short, I don’t take things as seriously as I used to. When you go through something like this, it really makes you realise how important everyone is, how important love is.” (Suzy)

Giving back

Participants gave back and continue to do so. This was one of the most acknowledged and important aspects of MetaHabilitated survivors. They regularly sought opportunities to serve, in particular working with others who had endured similar situations:

“I wanted to... do something... for other

BOX 3. FACILITATING CONDITIONS OF METAHABILITATION

- Immediate and ongoing family support
- Using gut instinct to make personal decisions about care and recovery
- Goal setting – ongoing
- Continual optimism, despite overwhelming problems/setbacks
- Avoiding negative thoughts and negative people
- Surrounding oneself with positive people, books, movies and health professionals
- Focusing on what you can do – not what you cannot do
- Advocacy from family
- Taking risks and pushing oneself regularly
- Adapting to situations
- Spirituality

- Acceptance
- Taking time for reflection
- Previous strong, close relationships with friends and family
- Learning how to accept and embrace help from others
- Getting involved by studying the condition – taking advantage of best and latest research
- Grieving the losses
- Contacting others with the same problem and issues
- Giving back – feeling they can and have made a difference to others' lives
- Getting back into life and establishing a routine
- Recognising one's inner strength
- Exercising control over medical and life decisions
- Trying new things
- Participating in care
- Recognising the gifts – spiritual, physical, emotional and relational – brought forth as a direct result of the life crisis

people in my situation, specifically the rugby team because that was what I was involved with at the time of my accident.” (Dominic)

This provided meaning in their life, a mission and purpose and took away pity they may have had for themselves. All participants had this intense desire to give, to help and be part of something generative. It was essential for their recovery.

Choices were continuously made that helped participants move forward in a constructive and meaningful way. Sometimes the power came from others, such as families, friends, health professionals and support programmes.

With each success came hope, control, willingness and a desire to push forward:

“I knew there was a better life. I got an opportunity to look at so many different aspects of my life and actually deal with them. I could never buy what I have today. I look at my life today as if I have won the lottery.” (Kurt)

Discussion

This research has led to a better definition and understanding of complete healing. Analysis of the interviews illuminated a new model of rehabilitation – MetaHabilitation, defining stages, facilitating conditions and survivor characteristics.

People can move through each stage; however, at times, they retreat briefly. Once they attain the final stage they continue to move forward. Facilitating conditions help progression through each stage; these conditions must be identified and supported for an optimal outcome. If not present they then become specific recommendations for nursing intervention, allowing positive progression through each stage.

There appear to be timelines associated with recovery. Acute recovery centres on

immediate survival, meeting basic needs to move forward. Next, survivors begin to recognise what abilities remain and start investigating resources to achieve full recovery. Patients and families are intensely involved in seeking help. There is an ongoing process of acceptance, adaptation and insight into what the event has meant to them and, eventually, recognition of the growth provided by survival.

Suggested points in time to review the progression of MetaHabilitation are months one, three, six, nine and 12. It appears that survivors have attained significant recovery physically, spiritually, emotionally and personally by year two. Further investigation of these phases and timelines is needed.

Limitations

As only six survivors were interviewed, the findings cannot be generalised. More research is needed to further validate the results. Additionally, specific guidance on implementing the process or pathway of MetaHabilitation is necessary.

Conclusion

A perspective limited to the basic and restorative aspects of rehabilitation does not take account of individuals' ability to overcome and make meaning out of traumatic events. Failure to derive meaning creates an existential despair and spiritual distress rather than an emotional disease or mental illness. However, this does not imply that we must discard the medical model; we must simply recognise its limits (Frankl, 2000).

The fact that humans behave with resilience and optimism following a personal life crisis, have the ability for enhanced recovery, and find the crisis has made a valuable and positive contribution to their lives was never in question. This research

has generated a better understanding of the concept of MetaHabilitation by identifying facilitating conditions and characteristics of survivors. More importantly, a new model of rehabilitation has been created allowing for movement towards an outcome, consistently focusing on the positive and meaningful aspects of the trauma, rather than the negative ones.

The promotion and integration of this concept must be introduced at the beginning of the recovery process. Further research is needed to clarify stages and timelines for this model to be used successfully. **NT**

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