

Metahabilitation: Transforming Life Crises

A Story of Enhanced Recovery Involving Addiction and Dependency

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Abstract

Individuals experience crisis when their estimation of resources needed to successfully manage traumatic situations such as addiction and dependency is greater than their perception of resources available. Some recovery models are limited in their perspective on enhanced outcomes, failing to put the individual in a position of strength and on the path to a positive, more meaningful future. Rehabilitation can be too general, failing to incorporate personal experiences of trauma into the therapeutic plan. Recovery models must address these insufficiencies and promote an individual's biological, psychological, and spiritual abilities to transform and experience higher levels of functioning—actually brought about by traumas and personal life crises such as addictions and dependencies. These conditions become vehicles, providing opportunities to creatively restructure the self and find significant existential meaning. A heuristic study revealed insights into advanced recovery. The results identified limitations of current rehabilitative models and informed the development of the unique recovery concept and process: metahabilitation. A case study provides an overview and shows the model as it applies to addiction and dependency.

Keywords: enhanced recovery, metahabilitation

INTRODUCTION

Alcoholism and other dependencies are tied to troubling issues (Boden, Fergusson, & Horwood, 2013; Cargiulo, 2007). They are major causes of morbidity and mortality from such ailments as liver and cardiac disease or metabolic and neurological disorders as well as catalysts for significant social, relational, and occupational disruptions (Babor & Higgins-Biddle, 2001; Cargiulo, 2007; Umeh & Sherratt, 2013).

As a result, there are considerable costs and burdens to healthcare systems and society, both in the United States

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and abroad (Laramée et al., 2013; Pouletty, 2002). There is evidence supporting treatment as a means of cost saving in healthcare and criminal justice systems (Copello & Orford, 2002; Frain et al., 2007; Raistrick, Heather, & Godfrey, 2006). Additional benefits of treatment include medical cost reductions for family members and improvement of interpersonal relationships (Weisner, Parthasarathy, Moore, & Mertens, 2010). For patients, effective treatment provides the potential to not only manage but also reduce adverse effects on the body and psyche, allowing them to improve and gain mastery over their lives (Mikal-Flynn, 2007, 2010, 2012).

The absence of drugs and alcohol is a necessary component of recovery, but treatment must also target physical, psychological, vocational, social, and interpersonal issues. It is suggested that programs move away from exclusively focusing on addictive or dependent behavior to emphasize improvement in quality of life as the ultimate outcome (Raistrick et al., 2006; Siporin & Baron, 2012). In addition, Umeh and Sherratt (2013) suggest that emphasizing underutilized change strategies improves therapeutic outcomes in individuals with alcohol abuse disorders. Treatment should be expanded; “more attention and recognition should be paid to a broader set of positive outcomes from treatment in addition to reductions in alcohol use, including effects on the family and the wider social context” (Raistrick et al., 2006, p. 26).

However, personal life crises (PLCs) and traumas are viewed primarily in a negative light, pulling the focus of treatment to their own deleterious aspects (Joseph & Butler, 2010). In the best-case scenario, they are considered hurdles to get over; in the worst-case scenario, they become the focal point of life, defining an individual. However, these life-altering events can be catalysts for profound growth and the adoption of positive behaviors and lifestyles (Mikal-Flynn, 2012; Moran, Schmidt, & Burkner, 2013). There is a chance to move beyond a simple restorative state to a heightened existence—personally, physically, and spiritually—not despite addiction and recovery, but as a direct result. That is the vital difference between traditional rehabilitation and metahabilitation (Mikal-Flynn, 2010, 2012).

Through her own trauma, a drowning accident that necessitated 22 minutes of cardiopulmonary resuscitation and a long recovery, the author of this article, Dr. Joyce Mikal-Flynn, experienced the limitations of standard rehabilitation. Already a nurse practitioner when her accident occurred, she channeled the insights gained from her struggle to reclaim her

abilities—and her life—into the concept of metahabilitation. The word is fashioned from “meta” (above and beyond) and “habilitation” (restore) and describes a rehabilitation philosophy and process promoting positive outcomes that transcend a simple restorative state. It recognizes inner strengths and capacities and can identify undiscovered or underutilized abilities. There is less focus on the trauma and more focus on the process of recovery, with challenges framed as opportunities for multidimensional transformation rather than only basic survival. Recovery from dependency often involves a profound growth experience, and it is a chance to metahabilitate (Mikal-Flynn, 2010, 2012).

Research supported this concept of enhanced recovery and revealed a pathway consisting of six stages: acute recovery; turning point, saying yes to life; treatments, conventional and complementary; acceptance and adaptation; reintegration to life; and metahabilitation, taking on the future (Mikal-Flynn, 2007, 2012).

LITERATURE REVIEW

Trauma and disease disrupt a person's equilibrium or status quo, ushering in a chain reaction of behaviors needed for successful survival and adaptation (Livneh & Parker, 2005). This requires not only an adjustment of his or her biological homeostasis but also an adjustment of self-concept so the disruption and disequilibrium can be effectively addressed (Bowler, Bowler, & James, 2011). Currently, biomedical rehabilitation models view trauma and disease primarily on pathology, malfunctions of biophysical mechanisms. This view does not recognize the potential of such events to be unique, subjective, and potentially transformative experiences (Karasu, 1999; Smith, 2006; Vash, 1994). Research in this field, specifically qualitative research, has been recognized as important (Hagner & Helm, 1994) in appreciating the survivor's experience (Biggs & Hinton-Bayre, 2008; Hein, Lustig, & Uruk, 2005).

The survivor of a PLC is a meaning-seeking, physical, and spiritual being who cannot be reduced to dependency and the “sick” role without serious disempowerment and all its negative consequences to the patient, family, and healthcare system (Raistrick et al., 2006). Before a PLC, one's level of knowledge, understanding, and awareness of self often causes one to underestimate his or her potential (Joseph & Butler, 2010). The experience of trauma, dependency, and addiction—any life crisis—allows one to face his or her fears as well as presumed and real limitations. It is at this time that we have an intense opportunity to fully learn who we are and, more importantly, who we can be.

Clark Moustakas was a leading expert on humanistic and clinical psychology. His work was the basis of heuristic research, the method used in this study (Moustakas, 1990). In his search for meaning, regarding the critical transition points of his life, Moustakas (1977) stated:

At times in this search a whole new realm of awareness opened amidst anger, fear, despair, joy or tenderness and sometimes stunning realizations

occurred pointing to the meaning of crisis and challenge and of how even devastating experiences of confusion and rejection can be turned into opportunities of self-realization (p. ix).

Thus, crisis can be transformative. Such an outcome “requires alterations in our attitudes and feelings about ourselves and our lives” (Bettelheim, 1979, p. 241), allowing us to see and use strengths and skills unidentified and fostering understanding and eventual appreciation of the event as a profoundly meaningful life experience. This integration of trauma and growth “requires both that we deal constructively with what it did to us as an inner experience, and also that we do something about it in our actions relating to it” (p. 241). Approaching adversity in positive ways introduces dimensions of consciousness that allow us the freedom to define and redefine meaning in the aftermath of significant life challenges (Frain, Bishop, & Tshopp, 2009; Linley & Joseph, 2004).

Current rehabilitative philosophies and services do not routinely operate in ways that bring forth an individual's full capacities for adaptation and growth stemming from physical, emotional, and spiritual challenges (Gulanick, 1998; Leighton, 1998; Smith, 2006; Snyder, Lehman, Kluck, & Monsson, 2006; Umeh & Sherratt, 2013; Vash, 1994). The concept that profound and troubling life events, including addiction, can ultimately serve as self-actualizing existential experiences is not well understood or accepted and therefore is underutilized in conventional medicine and rehabilitation. The focus tends to be on pathology and management of symptoms. However, that approach is too narrow, missing the fact that individuals can and are enhanced by the underlying crises (Thurang, Rydström, & Bengtsson Tops, 2011). Maslow (1976) stated, “Man has a higher and transcendent nature, and this is part of his essence, i.e., his biological nature as a member of a species which has evolved” (p. xvi).

PURPOSE

Survivors of trauma can, over time, find meaning in suffering, recognize the purpose of the trauma, and ultimately view it as a gift (Frankl, 1984, 2000; Mikal-Flynn, 2007, 2010, 2012). It allows them to creatively restructure themselves.

In an effort to promote this possibility, the metahabilitation model seeks to correct widespread clinical and colloquial misunderstanding of PLCs, including addiction and dependency, so that they can be viewed as positive and transformative. The purpose of this investigation was to answer the critical questions of why and, more importantly, how one metahabilitates. Providing this information can influence contemporary rehabilitation programs and assist survivors by instilling hope for a future.

METHODOLOGY

“Many of the most significant and exciting life events and extraordinary experiences—moments of clarity, illumination and healing—have been systematically excluded from conventional research” (Braud & Anderson, 1998, p. 3).

The method used for the study of metahabilitation was heuristics, as defined by the methodology's creator, Clark Moustakas (1990), allowing in-depth investigation of human experience. Heuristics comes from the Greek word, "heuriskein," meaning to discover or find. This methodology is an organized, systematic form of investigation retaining the essence of a person's knowledge; "the focus in a heuristic quest is on recreation of the lived experience; full and complete depictions of the experience from the frame of reference of the experiencing person" (p. 39), in this case, to bring forth insight and information regarding the enhanced or metahabilitated survivor.

Heuristics is guided by six phases: initial engagement, immersion into the topic and question, incubation, illumination, explication, and creative synthesis, which is the culmination of the study (Moustakas, 1990). Following this system, interviews were undertaken with several individuals who experienced PLCs but overcame and mastered their lives afterward.

Video and audio chronicles of these interviews provided an understanding of life challenges and how survivors can overcome. Knowledge of the world in which these people live added unique perspective to the questions: Why do survivors metahabilitate? How do they accomplish this?

RESEARCH DESIGN

Interviews were recorded at locations chosen by the survivors, mostly inside their homes. The use of their homes was convenient for them and presented an environment where they felt comfortable and secure. No set timeframe was established before the interview. Each subject expressed openness about the prospect of being interviewed. The duration of conversations occurred naturally, all lasting approximately 2 hours.

The comprehensive and intimate interviews assisted in identifying characteristics and conditions that facilitate metahabilitation as well as the mechanisms of the process itself. The "researcher is seeking to understand the wholeness and the unique patterns of experiences in a scientifically organized and disciplined way" (Moustakas, 1990, p. 16).

This research is designed to elicit "a search for unity in the hidden likenesses" (Bronowski, 1965, p. 13), as heuristic inquiry emphasizes "disclosing the self as a way of facilitating disclosure from others" (Douglass & Moustakas, 1985, p. 50). The basic interview format consisted of initial sharing of a PLC and discussion of human behavior postevent, followed by informal, biographical questions to relax interviewees (McCraken, 1998, Thurang et al., 2011) and to obtain their stories and personal insights. The following are examples of guiding statements:

I would like you to start with the day of your accident or your perception of the beginning of your addiction or dependency.

I would like you to start by telling the story of that event.

I would like you to start by describing what happened to you.

Each interview was a free-flowing narrative. "The open-ended responses and uninterrupted dialogues allow one to view the world [uniquely] seen by the survivor and to capture their points of view, allowing them to define their own categories" (McCraken, 1998, p. 27). Probative questions were used to clarify perceptions and themes associated with metahabilitation and the research questions.

SAMPLE

Six participants were carefully selected because they had survived a major physical, personal, and/or psychological trauma and created a constructive way of integrating the experience into a more meaningful life. Identification was based on significant personal knowledge of the individuals, careful history taking, and extensive dialogue with each person. Each participant met the following criteria: First, the individual had experienced a considerable trauma, PLC, or catastrophic event that significantly changed (physically, physiologically, spiritually, and/or emotionally) the way he or she existed in or experienced the world. Second, over time, these survivors embraced the experience and their altered lives, identifying a profound change or transformation in how they interacted with the world at large. They noted how significantly the event contributed to their self-actualization and finding enhanced meaning in their lives. One subject, Kurt, endured many years of drug and alcohol addiction before finding a way out. Over time, he not only survived but mastered his fate, reclaiming a life that today is full and productive. His story will illuminate the concept of metahabilitation.

BACKGROUND

For Kurt, that realization was the culmination of many years of struggle. He grew up with alcoholic parents and never really knew his father, who was found dead at the age of 49 years alone in a motel room from complications of alcoholism. Kurt, a brother, and two sisters were raised by his mother, who regularly used alcohol throughout their childhood.

He remembered his parents having many parties, always with a great deal of alcohol. He grew up assuming this was normal adult behavior. When Kurt was 7 years old, his parents divorced. His mother rebounded very quickly into another relationship that was followed shortly by another marriage. At the time, he did not realize the profound effect his parents' divorce would have on him. He only recognized the significance later on in his life and the deleterious effect it had on his behavior as a young boy and then as a man.

His struggle is rooted in a memory of the fifth grade. He finished the school year only to be told during the summer that he needed to repeat the grade. "It made me feel stupid, made me feel less than. And that summer, being so ashamed, I stayed away from school altogether despite living

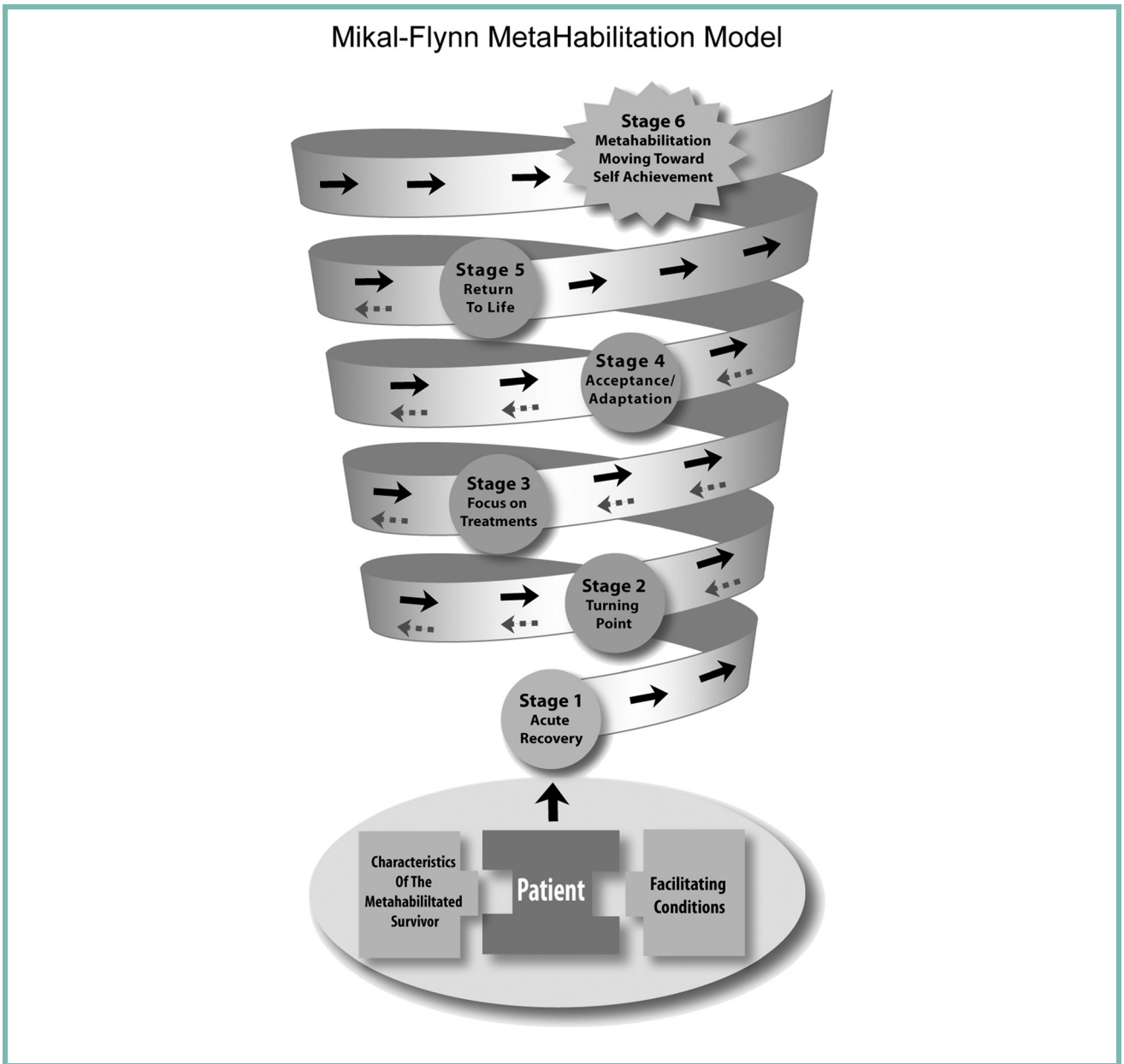


Figure 1. Mikal-Flynn Metahabilitation Model of Post Traumatic Growth.

directly behind it.” Kurt went from being the teacher’s pet to being the class clown. “I just didn’t care.”

This disappointment was followed by the dissolution of his mother’s second marriage. Because of her escalating use of alcohol and an absent father, Kurt and his younger sister were left alone much of the time. His mother would regularly go to bars after work, staying longer and longer, rarely making it home before dinner. Thus, Kurt and his sister were left to care for themselves with little to no supervision, spurring his attraction to and eventual reliance on alcohol. Drinking alcohol made him feel better. He felt it even made him look better. His use of alcohol escalated through junior high and was well-established behavior by the time he entered high school.

While in high school, Kurt recognized a need and desire for a father. However, without a relationship with his own father and given his mother’s lack of marital stability, he found himself always looking for that father figure. Kurt was big for his age and somewhat more mature than other students. Once, while handing in a paper, a male teacher looked at him and asked, “When are we going to go out drinking, boy?” He was surprised but pleased by the proposal from this high school teacher. Kurt was looking for a relationship with a father figure and “would do or say anything to make you like me,” so he quickly accepted the offer just trying to “find anything just to fill that void.” Armed with a fake ID, he drank with his teacher and eventually began drinking with his mother. This unstable life and

complete lack of guidance led to regular and unsupervised parties and sleepovers at his home, where the use of alcohol and drugs became commonplace. His addictive behavior escalated, never allowing him to stop at one drink, drug, or girlfriend. It affected his jobs and relationships—“in the beginning it is fun and then it’s funny problems, and then it is just problems. Alcohol is what I used to kind of fix Kurt in so many different ways.”

In 1974, Kurt’s mother was arrested for drunk driving and, in front of him, was placed in handcuffs and taken to jail. Although this did not initially deter her from further use of alcohol, she eventually acknowledged that she had a considerable problem. After she discontinued her use of alcohol and began regularly attending Alcoholics Anonymous (AA) meetings, Kurt noticed a change. He felt he had a new mom. Her demeanor and behavior was “a 180-degree turn.” Seeing her change planted a crucial seed. However, it was not until 1979 that another momentous event provided his turning point.

THE EVENT

Stage 1

Kurt was drinking significant amounts of alcohol and using marijuana on a daily basis. He lived in Southern California and was trying his hand at acting, convinced he would be “the next Dustin Hoffman.” Each morning, his first thought and action was to smoke marijuana, even before taking a shower. On January 2, 1979, Kurt went to a read-through, vowing not to smoke marijuana until after rehearsal. Once finished, another actor offered him some of the drug. He took what was offered, but while heading back home with a friend, he admitted he could not quit smoking marijuana and “something had to happen. Now looking back, it was almost like I was pleading for help.” Kurt recognized the desire and, more crucially, the absolute need to change his behavior. He declared to his friend: “Maybe I should talk to my mom because, you know, my mom is nearly five years sober herself.”

Later, while sitting in the car with his friend, thinking he needed to get help and wanting to speak with his mother, Kurt was suddenly and quite inexplicably drawn to something outside the windshield and remembers: “I started getting this feeling of what I call adrenaline running through my body. It was so absolutely intense. The adrenaline started shooting in my body and all of a sudden out of the sky, because I was just drawn out there. This white light came out of the sky and through the windshield, and it hit me right in the chest. I couldn’t talk. I was just in awe of what I was experiencing, and then finally, that adrenaline feeling subsided, and I looked at Mark and said, ‘You are not going to believe this, but I’m never going to get high again.’ That was the last time I smoked. The desire had been lifted. The smell [of marijuana] bothered me, and that was a long time ago, almost 30 years ago. I say it’s too bad it didn’t affect me with alcohol and the other drugs I was taking at the time, but I truly believe that God had a plan for me and still does have a plan for me.

I needed to experience what I experienced to get to where I am today. That was one of the biggest moments for me.”

Stage 2

Although he quit using marijuana, Kurt continued to drink regularly until December 28, 1986. He went to the home of some friends, just after the birth of their child, bringing a gift for the newborn. Asked if he wanted something to drink, he accepted his usual Johnny Walker Black. After a few drinks, he left. While sitting in his cheap car, because his other car had been repossessed, he recalled thinking, “I do not like the way I feel.” This moment of self-awareness and clarity was another turning point.

Summoning extreme will, he made a decision to discontinue drinking on his own. No more drinking; no more dating. He had lost jobs, relationships, cars, and other possessions for lack of payment. He made excuses for it all. “I would do anything to make the outside look good, and I was dying inside.” However, now, he was going to embark on an entirely new journey.

Although discontinuing these addictive behaviors helped, Kurt felt something was missing. Then, another turning point came. He walked into AA and realized immediately—Kurt was the problem.

RECOVERY

Stage 3

While in Los Angeles, he met a woman who later became his wife. They married and moved back to Sacramento, where Kurt began to go to AA meetings on a regular basis. He cites problems in his marriage and the escalation of his wife’s drinking as the reasons for his regular attendance at AA meetings. Although saddened by this turn of events, Kurt believed this was the best thing to happen. He eventually moved out of the house and away from a situation that could be harmful to him and his recovery. He was able to be present at meetings and learned to listen and take suggestions regarding life and how to live it more fully and authentically. He began to really hear other people’s stories. Many of them had struggled as he had but managed to go to law school or were reunited with families and children. He saw possibilities. He first realized and then believed he could do whatever he wanted to do.

Stage 4

Life was improving, but nonetheless, he was fired from one of his best jobs during his sobriety. Although initially, it was a profound disappointment, it drove him to return to school, bringing forth another turning point. While back in school, Kurt consulted with an academic counselor and requested to be tested for learning disabilities. It was the first time he had ever admitted or discussed with anyone his secret—his ongoing “feeling of being stupid.” He knew he was street-smart. He had survived enough to know that he could deal with the realities of life. However, he lacked formal education and confidence in his ability to do the work. He was worried about

the outcome, but he completed all of the learning tests and met with the counselor for over an hour, only to be told he had no detectable problems. Presented with a bar graph, he was shown consistent average to above average scores and told: "You are a smart man." He had lived for 40 years with a lack of confidence in his intellectual abilities that was based on almost nothing. No one had ever told him that he was smart. He had no self-esteem and felt "bankrupt in that department."

Kurt studied in earnest, discovering gifts and strengths he had not recognized in the past. Later, to his astonishment, the company that fired him asked him to return. He declined the offer but views the entire situation as a blessing. Regarding the man who fired him, Kurt stated, "I thank him today because I am convinced that had I not been fired.... I probably would not have gone back to school. I probably would not have gone to get tested, and I would not have found out that I am a smart guy. That, to me, was the big door that opened for me. I have a life today beyond my wildest dreams. For a kid growing up knowing he was never going to amount to anything, I have respect today."

Kurt credits this perspective to attending AA meetings on a regular basis and to following the disciplines of the program. As discussed earlier, alcoholism is extremely prevalent in Kurt's family. Uncles, aunts, grandparents, and parents were all alcoholics. He was aware, even as a young man, that he had become a casualty of this disease. He became convinced that, if he continued the lifestyle and behaviors he was involved in during the first 20 years of his life, he would go nowhere. He would never amount to anything. He noted positive changes in his mother, in himself, and in one of his sisters after they got sober through AA. He could see there was a better life, a healthier life. He stated: "AA is about this onion, and you get to peel back these layers. I got an opportunity to look at so many different aspects of my life and actually deal with them. It is so easy for us to just say that's just the way it was, so I'm going to forget about it. If you continue going through your life that way and you just start stuffing all this stuff, nothing really changes, and I needed to change. I needed a change because I wanted to be.... I just wanted to be a better person."

Stage 5

He needed to be a better person to be the parent, the father, and the role model he had always sought. He considers this a rebirth for him, an opportunity to change "my thought process, to change the way I looked at life, that way I looked at who I was, and I don't ever want to forget where I came from." It is clear that he believes that the struggle, the hurt, and the pain were worth it. He put resentments toward his mother and especially toward his father behind him. He realized his self-worth did not depend on whether others liked him but was based on his own self-assessment. He no longer cheats or lies to make himself look good. "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."

METAHABILITATION

Stage 6

Without an awareness of the formal therapeutic model, Kurt metahabilitated. He shared his thoughts on how this was accomplished, emphasizing the ability to surrender. He was weary of his addiction, of losing relationships and jobs, and of arguing with everyone who came into his life. He believes that, if you are truly finished with a negative way of life, then you recognize it and are ready to change. His initial drive was supported by the fellowship of AA. Kurt calls the meetings his dialysis, his insulin. He sees that many people who return to a lifestyle of drugs and alcohol stopped going to meetings. For any sufferers of PLCs, support groups like AA or friends and family are crucial.

At a certain point in his recovery, Kurt talked to his mother about their addictions. She told him she wished things had been different for him, that she would have done things differently. He responded: "I wouldn't change anything, because I am who I am today with all of the experiences that I had. I like who I am; I love who I am today. I get to be the Dad today that I always wanted. It's not the material stuff. It's that I want to be in my son's life. That's all I ever wanted as a kid growing up. I don't remember my Dad ever telling me he loved me. I know he loved me; I have to know he did, but I never heard it. There is not a conversation that I have with my son today that I don't say, 'I love you, Eric.' I just do not ever want him to have a thought for a second; 'I wonder if my Dad loves me?'"

Most important to Kurt is his understanding of and belief in a power greater than himself, "that conscious contact with a higher power I call God." In addition, he says giving back is essential. He believes "you have to give it away to keep it."

Surviving and overcoming the crisis of addiction allowed him to have a dreamed-of life. "I have a son...who has never seen me drink, has never seen me drunk, has never seen me hung over, has never seen me mean or ugly. He has a father today that participates in his life, and that's all I wanted as a kid growing up. I have people in my life today that care about me for who I am and not about the outside stuff. I have a relationship with my mother, with my sister, with my family members. I am so blessed. Today, my cup is half full. My cup is half full all of the time because I have this life that I never ever knew existed for me. I owe it to sobriety. I owe it to the fellowship of Alcoholics Anonymous. I owe it to God. I wouldn't change anything."

Why do people metahabilitate? Like Kurt, they say yes to possibility. This is critical. They realize there is a future, and that leads to hope. This awareness is aided by family, friends, and healthcare professionals providing support and a positive outlook. It is holding on to hope, even in a fragile state, that allows transcendence of a PLC. Faith leads to different thinking, to conviction about the future. Metahabilitated survivors recognize that they have a choice, and it rests in the distinction between potential and actuality. As stated earlier, we all have potential, but it is recognizing and embracing personal freedom that leads to the actualization of metahabilitation.

This case study revealed that almost everything can be taken away from a person, except one thing: “the last of the human freedoms—to choose one’s attitude in any given set of circumstances, to choose one’s own way” (Frankl, 1963, p. 65).

The turning point rests on making that choice and being open to an alternative lifestyle. It is a bit of an enigma, why some choose to move forward and others do not. Perhaps, it is a lack of support and guidance or overwhelming feelings of hopelessness and despair. Maybe, childhood environments never allowed the right mindset to form.

On the flip side, choices are continuously made to move forward, prompted by a sense of necessity, urgency, and at times, fear. Metahabilitating individuals stumble and experience disappointments but never give up. The strength of their conviction allows them to move on. Sometimes, it is dependent on the survivor’s own strength, whereas other times, certainly in the acute or early stage, it comes from others. Families, friends, healthcare professionals, and support programs, such as AA, carry the survivor when they cannot do it themselves because of angst, anger, fear, and fatigue. With each success comes hope, more control, desire, and willingness to push forward. This leads to eventual mastery of the situation and allows for personal contemplation and recognition of how far one has come. They get it. They see that the PLCs gave much more than they took, opening up the mind and soul to the truth of what is truly necessary and precious in life.

CONCLUSION

Reviewing this case study, the concept of metahabilitation is apparent. In the context of addiction, where there is not an acute event but one suffers over long periods, once the issue is acknowledged and dealt with, major and positive life changes are possible. When one endures addiction, there is an interesting dichotomy of hardiness, resiliency, and survivorship. The addiction failed to bring about complete demise—the person survived. He has strengths. By identifying this personal power, survivors can utilize it to propel them forward in their recovery and beyond.

Furthermore, metahabilitation firmly recognizes that one does not only overcome the negative and deleterious aspects of this disease and crisis; one achieves mastery over it, not despite it but as a direct result of the healing process. Strengths and mindsets can be discovered or reignited during recovery, allowing survivors to embrace life in ways that may never have occurred to them had they not been exposed to and endured addictions. As Frankl (1984) so eloquently stated:

[We] may find meaning in life even when confronted by a...fate that cannot be changed. For what matters then is to bear witness to the uniquely human potential at its best, which is to transform personal tragedy into a triumph.... Suffering ceases to be suffering at the moment it finds a meaning (p. 133).

Addictions and dependencies come with challenges and devastation, but they are also opportunities for profound

growth. They are not end points; they are beginnings. The event does not define the person. It is about how they live their lives after.

Metahabilitation recognizes this growth potential. As observed in this case study, Kurt, in the midst of enormous struggles—some of his own making—revealed to himself, and then to others, how his life became better and more fulfilled as a direct result of the addiction and recovery process. As he stated: Surviving and overcoming this PLC afforded him “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 I if I won the lottery. I have won the lottery.”

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