

Building the Bridge: An Expanded Coaching Model to Integrate Energy Medicine Practices into Current Healthcare and the World

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There is a movement in western healthcare toward promotive and integrative medicine that shifts focus from treating the patient when sick (reactive medicine) to partnering with the patient to prevent illness and create health in ways that are in alignment with the patient's beliefs and preferences. Readers of Energy Magazine are well aware of the benefits of Healing Touch and other energy practices that restore balance to the energetic system supporting the body's healing of disease states and moving patients and clients toward higher levels of health and well-being. Coaching, too, has been documented to facilitate the achievement of a higher quality of life and supports the creation of healthy habits. Furthermore, an expanded model of coaching using integral theory works from an energetic and multidimensional approach. A coaching model that is based on an energetic perspective makes combining coaching and energy work easy, and integrating the two is a powerful way to increase positive results for the client.

What happens when Healing Touch and coaching skill sets are combined? Dowd, Kolcaba, Steiner, and Fashinpaur (2007) compared the effect of Healing Touch, coaching, and a combined intervention of both Healing Touch and coaching on comfort and stress in younger college students. The combined group showed an 85% improvement, followed by the Healing Touch group with a 67% improvement and the coaching group with 58% improvement. (p. 199) The researchers found that "Healing Touch has better immediate results on stress and comfort, and that coaching had better carryover results on both outcomes." (p. 201) However, the Healing Touch treatments did not include education on self-care Healing Touch techniques, which might have changed the level of improvement between the groups. One thing was clear, the combination of Healing Touch and coaching produced the largest improvement in physical and/or mental signs and symptoms including positive changes in appetite, sleep, anxiety, depression, and academic performance. (p. 194)

In addition, Bark and Nielsen, the authors of this article, have seen many energy practitioners integrate skills from an expanded coaching model into their energy practice. Practitioners frequently report the two skill sets function as "a perfect marriage" with each potentiating the other and facilitating a powerful positive change in patient and client well-being. Some energy practitioners also find their coaching role can bring in clients who might not select an energy practitioner alone.

Coaching and energy medicine have both moved into the spotlight in recent years for their potential to help create promotive and effective health and well-being. With healthcare costs skyrocketing and quality of life deteriorating for many, multidisciplinary models including various energy medicine practices are potential solutions to current healthcare problems. Current research is now uncovering some underlying foundations responsible for positive health outcomes in support of these new approaches.

For example, Self-Determination Theory has been widely researched and shown to improve patient outcomes in the management of diabetes (Senecal, Nouwen, & White, 2000; Williams, Freedman, & Deci, 1998; Williams, McGregor, Zeldman, & Deci, 2004; Williams et al., 2009); overall improved health in how coaching and energy work are on parallel paths and can easily be combined.

To understand this further, let us look more closely at coaching. What exactly is coaching? It is defined differently, but with common elements, by different organizations and various professions that have already integrated coaching.

The organization considered globally to be the gold standard for credentialing coaches, The International Coach Federation (ICF), defines coaching as "partnering with clients in a thought-provoking creative

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patients, reduced healthcare visits, and improved maintenance of healthy lifestyle changes (Ryan, Patrick, Deci, & Williams, 2008; Williams, Frankel, Campbell, & Deci, 2000); and tobacco cessation (Ryan et al., 2008; Williams et al., 2006; Williams, Niemiec, Patrick, Ryan, & Deci, 2009). The theory addresses the motivation behind one's actions as an "interplay" between external factors and internal needs, passions, and driving forces (Deci & Ryan, n.d.; Ryan & Deci, 2000). At the September 2013 Coaching in Leadership and Healthcare symposium, Dr. Richard Ryan, PhD discussed the Self Determination Theory as a framework to understand how people find their intrinsic motivation, why people make certain choices, and what maintains those choices (Ryan, 2013).

Autonomy is one of the keys to intrinsic motivation (Ryan, 2013) and is present in coaching and energy work. It is at the heart of coaching, where clients are the experts, deciding their goals, how they get there and how to create new ways of doing and being. Energy work supports autonomy by following clients' energy and respecting their energetic boundaries; input is offered but interaction is determined by clients' readiness and inner wisdom. This is an example of process that inspires them to maximize their personal and professional potential" (International Coach Federation, n.d., Coaching FAQs).

A Nurse Coach is defined by the American Holistic Nurse Credentialing Corporation as a "registered nurse who integrates coaching competencies into any setting or specialty area of practice to facilitate a process of change or development that assists individuals or groups to realize their potential" (Hess et al., 2013, p. xv). Further explained, "Nurse Coaching is a skilled, purposeful, results-oriented, and structured relationship-centered interaction with clients provided by registered nurses for the purpose of promoting achievement of client goals" (Hess et al., 2013, p. xv).

A way of envisioning coaching is with the coach standing beside and slightly behind the client. The coach is not the expert knowing the answers but "skilled in supporting movement without leading,"(Bark, 2011, p. 28) where the client moves "at a self-determined pace and in a self-determined direction." (Bark, 2011, p. 28)

The inner workings of general coaching can be easily described by the four core competencies of coaching

as outlined by the International Coach Federation. These core competencies consist of setting the foundation with the client, co-creating the relationship, communicating effectively, and facilitating learning and results (ICF, n.d., Core Competencies). Table 1 offers an overview for each of the core competencies.

General coaching can be very mental, focusing on logic, thinking, and looking at smaller and smaller parts of the whole. This potentially limited perspective can diminish the power of energy connection and impact. The Wisdom of the Whole[®] coaching model is an expanded model of coaching that builds on the foundations of general coaching and embeds integral theory and energy concepts into every aspect of the coaching process. This model includes the mental but adds a multidimensional approach and can act as a bridge to integrate energy medicine into current healthcare (Bark, 2011).

Table 2 illustrates the difference between active listening according to the ICF core competencies and active listening using The Wisdom of the Whole[®] core competencies.

The integral theory of this expanded coaching method is based on Jean Gebser's description of the structures of consciousness. Jean Gebser (1905-1973)

Setting the Foundation	Co-Creating the Relationship	Communicating Effectively	Facilitating Learning and Results
a. Meeting Ethical Guidelines and Professional Standards	a. Establishing Trust and Intimacy with the Client	a. Active Listening	a. Creating Awareness
b. Establishing the Coaching Agreement	b. Coaching Presence	b. Powerful Questioning	b. Designing Actions
		c. Direct Communication	c. Planning and Goal Setting
			d. Managing Progress and Accountability

Table 1 - ICF Core Competencies of Coaching

Table 2 - Comparison of Active Listening According to ICF and The Wisdom of the Whole[®] Core Competencies

Active Listening with ICF Core Competencies	Active Listening with The Wisdom of the Whole® Competencies	
"Distinguishes between the words, the tone of voice, and the body language" (ICF, n.d., Core Competencies, C. 5. c)	ICF core competency plus listens energetically, including sensing vibrational and energetic frequency (somatic reso- nance) (Bark, 2011).	
"Asks open-ended questions that create greater clarity, pos- sibility or new learning" (ICF, n.d., Core Competencies, C. 6. c)	ICF core competency plus asks open-ended questions that relate to body and energy awareness, such as "Where do you feel that in your body?" or if aware of chakra system, "What is happening in your third chakra as you discuss this power issue?" (Bark, 2011).	

was a philosopher who intuited an entire shift in the structure of western consciousness. He is best known for his seminal work, *The Ever-Present Origin*, which is based on the sciences and humanities and describes five structures of consciousness, which started at the beginning of humankind and are impacting the present period and the future. (Gebser, 1949/1985) His insights bear similarities and are confirmed by the work of Sri Aurobindo (philosophy), Pierre Teilhard de Chadin (theology and paleontology), Alfred North Whitehead (philosophy) and David Bohm (cosmology). Gebser's key insight was that consciousness mutates toward its innate integrality. He described our current culture being in the final death throws of the deficient and declining mental-rational perception of reality and simultaneously standing on the threshold of a new consciousness that is capable of revolutionizing the foundations of human civilization.

Gebser is not the only thought leader in the field who

Table 3 - Wisdom of the Whole Coaching Model® (Bark, 2011) Based on Jean Gebser's Structures of Consciousness (Gebser, 1949/1985)

Structure with description	Stage of human development	State during 24-hour daily cycle	Examples of coaching tools
Archaic – very close connec- tion with source	Inside womb and connected to mother	Delta sleep	Compassion, connec- tion with source, sense of purpose
Intuitive or "magic" – con- nection with source, identi- fication of group and nature, little language, able to func- tion using subtle sensitivities	Young child who believes in Santa Claus, Easter Bunny, Tooth Fairy	Dreaming state like theta brain waves	Intuition, individual and group energy fields, species learning, morphic fields
Mythical – some separation from source; perspective of above and below; more language than previous struc- ture; myths about creation and other events; emphasis on how to appease and relate to Gods and Goddesses	Young child interested in stories and makes up own stories, loves myths and cos- tumes, plays different roles	Alpha states where there is a dreamy feeling but some awareness of story told in the dream, place just before sleeping or just after sleeping	Story, personal constitu- tions, dialogs
Mental – logical, sequential thinking, duality (either/or), focus on material not subtle, "To see it is to believe it," little connection with source	Young adults able to under- stand concepts and theories	Waking state – beta brain waves	Patterns, timelines, plans, measurements
Integral – ability to be in all above structures and at times, act from one more fully than another; ability to move fluidly among structures; abil- ity to hold all structures as if they are part of a hologram	Some adults and perhaps some of the younger genera- tions who are not so rigidly embedded in the mental and value the other structures of consciousness	Awake and open to earlier structures of consciousness	An integral coaching ses- sion that draws from all the structures of consciousness as needed

predicted a major shift in consciousness in our times, but in his unique model, he not only defined the new paradigm but importantly described a process for arriving at the new level of integral consciousness. (Gebser, 1949/1985). Below is a table briefly explaining the five structures of consciousness or ways of being and doing. In the first column, the structure is named and a simple description is presented. The second column describes the structures during our human development, and the third column identifies these structures in our daily cycle of 24 hours, demonstrating that the structures are more familiar than one might have originally thought. Coaching tools based on the structures are described in the fourth column.

Scientific support is growing to show the value of integral theory and what it could mean for our modern-day world. For example, the research of Anna Wise can begin to explain what happens in the brain when different parts of self are accessed, similar to what happens in integral coaching sessions. In her book The High Performance Mind, Wise describes the differences between beta, alpha, theta and delta brainwaves when measured using spectrum electroencephalography (EEG) and explains the beneficial brainwaves resulting from relaxation and meditation techniques. Interestingly, Wise found that different brainwave patterns can be measured when subjects are working with imagery, receiving intuitive inspiration, and using conscious thought processes for newly and well-informed action steps. In true integral fashion, Wise also describes the different brain waves as equally important and without hierarchy. She also includes an example of the EEG brain wave pattern for what she refers to as the "awakened mind" (Wise, 1997), which could be considered to demonstrate the integral structure of consciousness.

Gebser laid out the structures of consciousness not for mere intellectual curiosity but to describe the current collapse of many institutions of our time that are built on the mental structure and to provide a method for movement into the new integral structure of consciousness. He believed that this change relied on our ability to integrate the previous structures of consciousness. (Gebser, 1949/1985)

This invites us then to move out of the duality of the mental and into the inclusion and expansion of the integral. Coaching from this expanded model then, is one way of practicing, to whatever level possible, this new way of being and doing that includes energy and intuition from past structures of consciousness.

We find ourselves at a very unique time in history where many aspects of our human existence are at a crisis point, waiting for us to make our choices individually and as a global community. The challenge of clarifying the emerging integral world from the current cultural dissolution stands before us. Indeed, it is perhaps more obvious now than when Gebser first articulated it. With energy medicine practitioners being such a vital component of a movement toward promotive medicine and sustainability, an expanded integral coaching model serves as a perfect bridge to incorporate multiple perspectives, multiple modalities, and multiple ways of healing for new and inventive solutions to our current challenges.

Skilled energy medicine practitioners are perfectly poised to understand the swift-moving cosmic currents that are assisting our evolution as a species, and evidence-informed integral coaching offers a strong, grounded, and practical foundation for all of us to incorporate energy medicine practices and a coaching culture of learning, growth, and respect of personal autonomy into mainstream healthcare and the world.

Bibliography

Bark, Linda. *The Wisdom of the Whole: Coaching for Joy, Health, and Success.* Create Space Independent Publishing Platform, 2011.

Deci, Edward, and Richard Ryan. "Theory - Selfdeterminationtheory.org." Selfdeterminationtheory.org. Accessed April 17, 2015. Dowd, Therésè, Katharine Kolcaba, Richard Steiner, and Diane Fashinpaur. "Comparison of a Healing Touch, Coaching, and a Combined Intervention on Comfort and Stress in Younger College Students." *Holistic Nursing Practice*, July/ August (2007): 194-202.

Gebser, Jean, and Noel Barstad (Translator). *The Ever-Present Origin*. Athens, Ohio: Ohio University Press, 1985 (Original work published 1949).

Hess, Darlene, Barbara Dossey, Mary Southard, Susan Luck, Bonnie Schaub, and Linda Bark. *The Art and Science of Nurse Coaching: The Provider's Guide to Coaching Scope and Competencies.* Silver Spring, MD: American Nurses Association, 2013.

"Coaching FAQs; What Is Professional Coaching?" International Coaching Federation. Accessed April 17, 2015. http:// www.coachfederation.org/need/landing.cfm?ltemNumber =978&navItemNumber=567.

"Core Competencies." International Coaching Federation. Accessed April 17, 2015. http://www.coachfederation.org/ credential/landing.cfm?ltemNumber=2206&navltemNum ber=576.

Ryan, Richard. "Self-Determination Theory." Lecture, Coaching in Leadership and Healthcare Symposium from Institute of Coaching, McLean Hospital, and Harvard Medical School, Boston, MA, September 27, 2013.

Ryan, Richard. "Self-determination Theory and the Facilitation of Intrinsic Motivation, Social Development, and Wellbeing." American Psychologist 55 (2000): 68-78.

Ryan, Richard, Heather Patrick, Edward Deci, and Geoffrey Williams. "Facilitating Health Behaviour Change and Its Maintenance: Interventions Based on Self-Determination Theory." The European Health Psychologist 10, no. 1 (2008): 2-5.

Senecal, Caroline, Arie Nouwen, and David White. "Motivation and Dietary Self-care in Adults with Diabetes: Are Self-efficacy and Autonomous Self-regulation Complementary or Competing Constructs?" Health Psychology 19, no. 5 (2000): 452-57. doi:10.10371/0278-6133.19.5.452. Williams, Geoffrey, Zachary Freedman, and Edward Deci. "Supporting Autonomy to Motivate Patients With Diabetes for Glucose Control." Diabetes Care 21 (1998): 1644-651.

Williams, Geoffrey C., Richard M. Frankel, Thomas L. Campbell, and Edward L. Deci. "Research on Relationship-Centered Care and Healthcare Outcomes from the Rochester Biopsychosocial Program: A Self-Determination Theory Integration." Families, Systems, & Health 18 (2000): 79-90.

Williams, Geoffrey C., Holly A. Mcgregor, Daryl Sharp, Chantal Levesque, Ruth W. Kouides, Richard M. Ryan, and Edward L. Deci. "Testing a Self-Determination Theory Intervention for Motivating Tobacco Cessation: Supporting Autonomy and Competence in a Clinical Trial." Health Psychology 25, no. 1 (2006): 91-101. doi:10.1037/0278-6133.25.1.91.

Williams, Geoffrey C., Holly A. Mcgregor, Allan Zeldman, Zachary R. Freedman, and Edward L. Deci. "Testing a Self-Determination Theory Process Model for Promoting Glycemic Control Through Diabetes Self-Management." Health Psychology 23, no. 1 (2004): 58-66. doi:10.1037/0278-6133.23.1.58.

Williams, Geoffrey C., Heather Patrick, Christopher P. Niemiec, L. Keoki Williams, George Divine, Jennifer E. Lafata, Michele Heisler, Kaan Tunceli, and Manel Pladevall. "Reducing the Health Risks of Diabetes: How Self-Determination Theory May Help Improve Medication Adherence and Quality of Life." The Diabetes Educator 35, no. 3 (2009): 484-92.

Williams, Geoffrey C., Christopher P. Niemiec, Heather Patrick, Richard M. Ryan, and Edward L. Deci. "The Importance of Supporting Autonomy and Perceived Competence in Facilitating Long-Term Tobacco Abstinence." Annals of Behavioral Medicine 37, no. 3 (2009): 315-24. doi:10.1007/ s12160-009-9090-y.

Wise, Anna. *The High-Performance Mind: Mastering Brainwaves for Insight, Healing, and Creativity.* New York: Tarcher/Penguin, 1995.