

EDITORIAL

🌐 The Four Pillars of Health Coaching: Preserving the Heart of a Movement

健康辅导的四大支柱：保留这项举动核心

Los cuatro pilares de la formación sanitaria: conservación de la esencia de un movimiento

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In this special themed issue of *Global Advances in Health and Medicine* and in articles published on the journal's website (www.gahmj.com), you will read all about this new and maturing approach to health behavior change and the social and cultural conditions in modern medicine that have called this practice into being. You will learn about its inception and history,¹ the philosophic constructs of its application,^{2,3} and its proposed mechanism of action.⁴ There are multiple case reports⁵⁻⁷ and clinical studies⁸⁻¹⁰ expanding our scientific understanding of coaching in health and wellness and descriptions about how to educate professionals to provide this new service.^{11,12} A review of existing literature in the field demonstrates the rapidly growing reported demonstration of its impact.¹³ I believe coaching is poised to have a major transformative impact on health and healthcare internationally; it also is at risk of being usurped and thereby deformed by the power of the existing paradigm of Western disease care and reductionistic scientific thought. That is the issue I wish to raise: How do we ensure the integrity of this new approach so that it can serve as a bridge from a broken system to a new horizon of holistic health and well-being?

I came to my own epiphany about the limitations and casualties of contemporary medicine in the mid-1980s during my training and early practice years as a family physician. It was a time when family practice was a newly recognized specialty and was working to prove itself as a respectable and professional branch of medicine. I was privileged to have the opportunity to learn from some of the last general practitioners who still did home visits, delivered babies, performed their own surgeries, provided care to entire multigenerational families over many years, and sat at the bedsides of the dying. They were, in many ways, the last of their kind in the United States. Through the introduction and rapid dominance of health maintenance organization models, the increasing corporatization of medicine, growing subspecialty development, and burgeoning fragmentation of care, the holism I sought became a rarity in the halls of hospitals and clinics. I began a search for other approaches to health and healing that acknowledged the mind, body, and spirit of individuals and families; empowered individuals in their own decision-making; and championed the innate healing

capacities of humans when they have the support and resources they need. That search led me to learn about mind-body practices, functional nutrition, movement practices, energy medicine, systems such as traditional Chinese medicine and homeopathy, and spiritual healing approaches.

By the late 1990s, I had become an advocate and leader of holistic medicine and shifted my professional energies to that field, hoping to transform health-care from inside of medicine. In the process of leading the development of new interdisciplinary team models for holistic clinics, it became clear to me that there was a missing provider. Whether an individual received expert guidance from doctor of medicine, a doctor of chiropractic, a naturopathic doctor, a physical therapist, or a licensed acupuncturist, the patient often left the clinic with a great deal of information about changes to make and no clear plan as to how to make them. Patients needed someone to know and understand their unique strengths, challenges, and desires—someone to walk with them through the demanding process of implementing new beliefs and behaviors in their lives—in a way that would promote their own health and healing at the pace for which they were ready. This person needed to be in a trusted relationship with the patient, to be readily and frequently available, to see the patient as the capable expert in his or her own life, to understand the nature of the change process, and to be able to hold the vision of greater health for and with the patient. This person was, and is, an integrative health coach.

When I joined the University of Minnesota Center for Spirituality and Healing in 2002, one of the topics of exploration was this: How do we create a training program for these new providers? Who would they be? How and in which subjects did they need to be educated? For the early clinical models I had been involved with, we had identified unique and talented individuals with a passion for this work. With the support and guidance of pioneers in the field such as Linda Bark, PhD, RN, MCC, NC-BC, we trained and supervised these new providers individually to serve in this role of health coach.

After the training, it was time to broaden this effort. With the blessing of a knowledgeable, interdisciplinary team of healthcare professionals—including my colleague, Becky Gorman, PA—some of whom had

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years of experience in coaching as well as integrative healthcare approaches, we developed a curriculum for a 2-year graduate training program in integrative health coaching (IHC). Indeed, our process model is consistent with that discussed in the IHC process description in the article by Smith, et al in this issue.¹⁰ However, apart from core process, practices, and skills, it became clear to us that there was a philosophic “heart” to coaching that, while it did not define the coaching process, when absent left coaching incapable of leading to the personal and cultural transformation in which we so deeply believed. For curriculum, we had drawn heavily from the existing fields of knowledge about human behavior change, motivation, engagement, empowerment, and complementary and integrative health perspectives; from that, we crafted a foundational model upon which we built our coaching instruction and practice. During the last 8 years of teaching this model, we’ve come to realize that while we feel it is critical for optimal and effective health coaching, it is not uniquely applicable only to that practice. Indeed, it may be a path of engagement that, if applied throughout all areas of healthcare, could transform our current medical culture. We call this model “The Four Pillars of Health Coaching” (Figure).

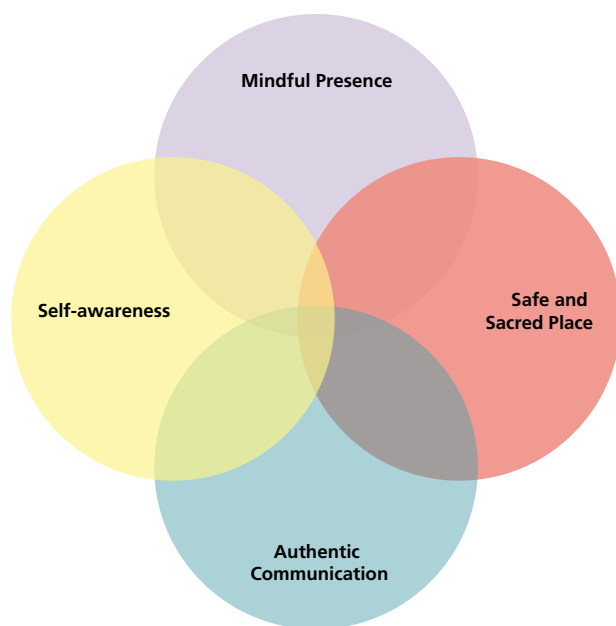


Figure The Four Pillars of Health Coaching.

1. Pillar one is **Mindful Presence**. Mindfulness is the process of focused, nonjudgmental awareness in the present moment,¹³ mindful presence then being the practice of mindfulness in relationship to another person, requiring intentional consciousness at multiple levels. This process requires regular practice of mindfulness by the practitioner to bring it into the therapeutic encounter.
2. Pillar two is **Authentic Communication**. This area draws from and builds upon communication

frameworks such as motivational interviewing,¹⁴ appreciative inquiry,¹⁵ and nonviolent communication¹⁶ and synthesizes them into this cohesive summation with the following four aspects:

- *Deep listening* describes hearing what is being communicated through and between the words, body language, and emotions. It involves the use of multiple ways of knowing for both coach and the client.
 - *Curious inquiry* is a nonjudgmental practice of open-hearted exploration without goals or expectations.
 - *Perceptive reflections* mirror for the client what is heard or perceived but with the coach always checking the “truth” of the reflection with the client. This is an opportunity to offer observations and insights with empathy instead of pity, sympathy, or judgment.
 - *Silence* is a critical and often unacknowledged aspect of impactful human communication. Practitioners need to be comfortable with silence themselves in order to be sensitive and responsive to the effective use of silence with a client.
3. Pillar three is **Self-awareness**. This is moment-to-moment mindfulness applied to the self—physically, mentally, and emotionally. In order to be clear with the client, a coach is required to be constantly aware of which feelings and reactions arise internally, so they can manage the responses they are having appropriately during the session and attend to any personal issues that need to be addressed outside of the session. This means a good health coach recurrently commits to a lifelong practice of personal development work using whatever tools, skills, and resources are necessary over time. In other words, health coaches must continually “walk their talk” with their own well-being in order to be effective in supporting and nurturing the well-being of others.
 4. Pillar four is **Safe and Sacred Space**. The creation of an environment of safety, as it is perceived by the client, is critical for the development of a trusting, connected, and productive health coaching relationship. This is a variable and ever-changing issue, and what is required for the client to feel safe is relative to the time, the content, and the relationship. The coach always must have a fluid awareness of safety. The acknowledgment of the sacredness of the relationship and process, even if not spoken about to a client, brings in respect for every individual’s innate capacity for growth through his or her higher self and allows for the mystery and miracles of healing that as humans we will never fully understand.

Anyone who reads a newspaper today is aware that the US system of medicine is in a state of great upheaval, which presents both a challenge and an opportunity. Health coaching can be usurped or distorted by so many forces: preexisting concepts of reductionism, financial

pressures, deeply engrained authoritarian professional roles that disempower patients, and reimbursement models that overpay for medications and procedures but often undervalue relationships, education, and support. If such outcomes happen and dilute and deform the practice of coaching to reinforce old limiting systemic patterns, its very value as a change agent will be lost. Even though the previous system has led to a financially unsustainable and clinically unsatisfactory system,¹⁷ old structures do not fall away easily or without resistance. It is up to those of us who are advancing the field of health coaching to protect the profession from negative distortion by such powerful and ubiquitous forces. We must promote health coaching's practice and its principles as both an example and a force for change within a system of healthcare that is struggling to create greater accessibility, effectiveness, and sustainability. The case letter by Gorman⁵ at www.gahmj.com is an application of the Four-pillars model in action and an exploration of its effectiveness. In the spirit of hope, I offer this model as an invitation—a way for us to work together to keep health coaching in all of its flavors unwavering in integrity and aligned with the highest vision of mind-body-spirit well-being for us all.

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