HMCI
Health and Medical Coaching Institute

Medical Coaching Training Program

Module 1 – Foundation

Contents:

The Perception of Health and Illness

From a Health and Medical Coaching perspective, "Health" is not the absence of illness; it is the state of mind of wholeness.

The concept of a state of mind of wholeness is based on the systemic approach, where we view a person as a complex human system. The element of complexity refers to the many interconnected parts in the system. Each part has a role and a relationship with other parts as well as with the entire system. Each part's role contributes to the integrity of the system, and its agenda and vision are aligned with those of the system.

An Illness is perceived as a behavior of one or more parts in the system, rather than as the absence of health.

Since the human system is more than the sum of its parts, and its existence extends beyond them, an illness can occur in an otherwise healthy system, or, in Health and Medical Coaching terms, a healthy person can still experience an illness.

The agenda and goal of the human system is to maintain its wholeness and integrity. Always.

Health perception refers to the way we perceive our physical, mental, and emotional aspects of our health.

A client's health perception is a significant factor because it has the power to influence health behaviors, emotional well-being, healthcare decisions, motivation, confidence, hope, self-esteem, and adherence.

In Health and Medical Coaching, we don't label perceptions as positive or negative; instead, we make a distinction between a perception that is option and possibility-driven and a perception that is limitation and obstacle-driven.

Our perception of health is shaped by both internal factors, such as personal beliefs, experiences, and emotions, as well as external factors, including upbringing, education, cultural background, societal norms, and the influence of the media.

One way to help clients shift from a limitation- and obstacle-driven perception to an option- and possibility-driven perception is by changing the inner dialog.

For example:

- There is no cure → this is how things are right now, at this point.
- I can't do this → I haven't found a way/figured out/ learned how to do this yet
- I feel helpless → I can use some of the strategies I've learned and see what works.
- I am sick → I have an illness

Inviting clients to become aware of and understand their health perceptions enables them to take proactive steps towards reaching their coaching goals and improving their quality of life.

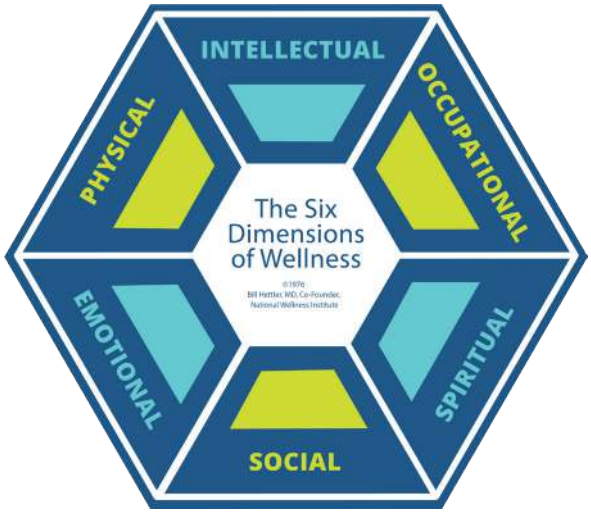
Dimensions of Health

In Health and Medical Coaching, we view health as a state of being that is more than and not limited to the absence of illness, disease, disability, injury, or pain.

This is aligned with the World Health Organization (WHO), definition of health from 2021, as it appears in the organization's constitution. Health is defined as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity," (https://www.who.int/about/governance/constitution)

This holistic definition emphasizes that health is a positive concept, and it requires social and personal resources to be maintained, highlighting the interconnectedness of different aspects of health and emphasizing the importance of considering all dimensions of well-being when assessing an individual's overall health status.

In the field of health, medical, and wellness coaching, we recognize six dimensions that are foundational to wellness and quality of life: physical, emotional, social, intellectual, spiritual, and occupational/career.



These six dimensions provide a framework for supporting clients.

- **The Physical Dimension:**

  Focuses on physical wellness and health through nutrition, exercise, sleep, and minimizing harmful behaviors.

- **The Emotional Dimension:**

  Focuses on emotional wellness through emotional agility and building resilience.

- **The Social Dimension:**

  Focuses on building and maintaining supportive relationships, fostering a sense of belonging, and contributing to the community.

- **The Intellectual Dimension:**

  Focuses on lifelong learning, critical thinking, and pursuing personal and professional growth.

- **The Spiritual Dimension:**

  Focuses on finding meaning and purpose in life, aligning with personal values, and cultivating a sense of inner peace.

- **The Occupational Dimension:**

  Focuses on finding fulfillment and purpose in work, utilizing skills and talents, and contributing to something meaningful.

These dimensions are interconnected. A balanced approach to each contributes to a holistic sense of wellness.
For more informaiton, go to the Resource section of Module 1.

The Distinction between Curing & Healing

Curing is what the medical team and medical system seek to offer. Curing is an evidence-based approach of "fixing" what went wrong in the body and regaining normal function.

Healing is a process of achieving an experience of wholeness where illness is not part of the person's sense of self. The illness is something that has happened to the person, resulting in learning and growth, but it is NOT who the person is. Healing is viewed as a multifaceted process, encompassing physical, emotional, mental, and spiritual aspects, that enables one to return to an authentic state of health.

The Coach Approach in Health vs Other Approaches

Coaching in health is a partnership where coaches support clients in achieving self-directed, lasting changes aligned with their values to promote health and well-being.

The focus is on supporting clients in discovering what is most important to them, contributing more of their unique selves to the world, and creating a greater sense of meaning. This is achieved by aligning values, strengths, identity, purpose, and actions.

- National Board for Health and Wellness Coaching (NBHWC)
- Pentland & al. 2016

Motivational Interviewing is a conversational structure of talking with people about change and growth to strengthen their motivation and commitment. The focus is on addressing a specific behavioral or lifestyle change when a person experiences ambivalence or reluctance toward taking action.

- Miller & Rollnick, 2023

- Hélène Thériault, 2025

Cognitive Behavioral Therapy (CBT) is a structured, evidence-based form of psychotherapy. It is grounded in self-awareness—helping individuals recognize and shift unhelpful patterns that interfere with well-being.

The focus is on helping clients recognize, question, and modify thought patterns, attitudes, and beliefs that influence emotional and behavioral responses.

- Beck 1995
- Hélène Thériault, 2025

Counselling Psychology is a branch of psychology that specializes in facilitating personal and interpersonal functioning across the lifespan.

The focus is on emotional, social, vocational, educational, health-related, developmental, and organizational concerns—such as improving well-being, alleviating distress and maladjustment, and resolving crises—and addresses issues from individual, family, group, systems, and organizational perspectives.

- American Psychological Association

Definition of Health and Medical Coaching:

Health and Medical Coaching supports people living with health or medical conditions.

These include those going through a diagnostic process, living with chronic illnesses, coping with stress and stress-related illnesses, recovering from injuries, and/or living with disabilities.

Health and Medical Coaching empowers people to become fully aware of their unique needs, challenges, and goals. It develops emotional, cognitive, and mental coping strategies, builds communication and relationship skills, and increases emotional agility and resilience.

We at HMCI believe that when people are empowered to make choices, their quality of life improves, and their entire ecosystem benefits.

Let's break it down:

- **Health and Medical Coaching..."**– the Health and Medical Coaching model is process-oriented and not a goal-oriented model. As coaches, we facilitate a process that helps clients achieve their Life Vision and health goals. We meet the clients where they are now and work from that perspective with whatever they bring into the space, whilst maintaining alignment with the vision and the goals.
- **"...with a health or medical condition"** – as Health and Medical Coaches, we work with the words our clients choose to define and name what has happened to them, whether they call it an illness, sickness, issue, challenge, curse, fate, event, story, etc. We do not judge or evaluate their words according to clinical definitions; we work with their inner subjective language and narrative.
- **"... it develops..."** – we hold the clients naturally creative, resourceful, whole, and accountable, and build on what the client already knows and has. We further develop that knowledge to better serve the client's goals and vision. Everything the client needs is already present in the inner system and requires rediscovery, updating, upgrading, and/or development.
- **"...emotional agility"** - the ability to be aware of our emotions, self-reflect, and create emotional shifts. Emotional Agility is also a skill that can be taught and perfected until it becomes a natural and authentic way of navigating our emotional reality.

- **resilience…" -** In HMCI, we work with the American Psychological Association definition of resilience: '**Resilience** is the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress — such as family and relationship problems, serious health problems, or workplace and financial stressors. It means "bouncing back" from difficult experiences.' (https://psychcentral.com/lib/what-is-resilience/)

  Research has shown that resilience is a common human skill. This means that we do not have to be extraordinary to be resilient; however, there are extraordinary circumstances that require us to update and adapt our existing abilities to be resilient.

  Resilience involves behaviors, thoughts, and actions that anyone can learn and develop.

  Factors in Creating Resilience

  - The capacity to understand the nature of a situation and process relevant information
  - The ability to accept the current reality: "I acknowledge things are the way they are at the moment"
  - The capacity to make realistic plans and take steps to carry them out
  - The ability to ask for help and support
  - The ability to separate one's sense of self from the circumstances (I am not what has happened to me)
  - A positive view of oneself and confidence in one's strengths and abilities
  - The ability to communicate in an authentic and effective way
  - The capacity to understand and manage strong emotions and impulses
  - The ability to recharge (instead of enduring)
  - The ability to shift from guilt to responsibility

  Developing resilience is a personal journey, and it is different for each person.

The premises of the HMCI Health and Medical Coaching:

1. **The Client is naturally creative, resourceful, accountable and whole.**

2. **Every behavior is motivated by a positive intention for the person doing the behavior.**
    a. The present behavior is the best choice with the resources available.
    b. People are not their behaviors.

3. **Health and Medical Coaching addresses the client as a whole.**

4. **Health and medical issues are multi-dimensional experiences: physical, emotional, mental, spiritual, social, and environmental**

5. **Energy flows where attention goes.**

6. **There is no failure – only feedback.**

7. **There is no "Objective Reality", only Subjective Narratives.**
    a. People create subjective narratives of the reality they experience.
    b. People are not aware of all their subjective narratives.
    c. People are responsible for their narratives, perspectives, and behavior.
    d. People are not their narratives.

8. **People have all the resources they need to achieve their desired outcomes.**
    a. There are no unresourceful people, only unresourceful states.

9. **People communicate all the time.**
    a. The most powerful form of communication is non-verbal.
    b. If you do not receive the response you want, change the communication.
    c. Resistance is a request for change.

The HMCI - Health and Medical Coaching Model

As Health and Medical Coaches, we coach our clients through a journey of health, helping them achieve a healthier state of being and return to their authentic selves.

The four stages of the Health and Medical Coaching Model:

1. Inner Compass
2. Commitment
3. Journey of Health
4. Return Home and Integration

1. The Inner Compass

The Inner Compass is the voice of the client's soul; it is an inner calling that cannot be overheard, overlooked, or ignored. It is a call for change, learning, growth, and purpose. As Health and Medical Coaches, we help our clients turn their inner compass into a clear life vision and set the goals to achieve it.

2. Commitment

Embarking on an inner journey requires leaving the comfort zone, whether the journey is physical or spiritual.

This can be a frightening and challenging thing to do and requires a powerful commitment.

Commitment to change means different things for different people.

In terms of the coaching process, this is a commitment the client makes both to their vision and to coaching.

Tools we can use to support the act of committing:

1. The Coaching Agreement
2. Setting Expectations
3. Addressing Payment
4. Addressing the Coaching Accountability
5. A "commitment scale"

3. Journey of Health

During this journey, the client meets allies, creates and discovers resources, realizes their strengths, overcomes challenges, gains insights and learnings, and taps into their personal and collective subconscious.

The Journey includes three main interactive dynamics:

1. Overcoming Challenges

- Toxic relationships
- Limiting beliefs
- Conflicts
- Anxiety
- Stress
- Loss
- Trauma
- Etc.

2. Connecting with resources and allies

- Empowering relationships
- Empowering beliefs
- Modelling
- Inspiration
- Body – mind connection
- Intuition
- Role models
- Etc.

3. Allowing transformation

To create a sustainable process, the client (and especially the client's brain) needs time to allow assimilation of all the changes – this is called: transformation time.

Transformation occurs when we allow ourselves to learn and grow from every situation.

4. Return Home and Integration

The journey of change, much like the "Hero's Journey"*, changes those who choose to embark on it as well as changing the home they return to.

As we complete it is important to address a few points:

- What insights and understandings did the client take from the journey?
- What accomplishments need to be celebrated?
- What challenges remain and how are they different?
- Is there a new calling?

"Hero's Journey" is a broad category of tales that involve a hero who is called to go on an adventure, faces challenges, wins a victory, and then returns home changed or transformed.

The Health and Medical Coaching Relationship

The Coach –

- Is professionally certified in Health and Medical Coaching
- Is knowledgeable in the HMCI Code of Ethics
- Has a positive outlook
- Sees the person beyond the illness
- Addresses the client's entire life
- Calls the client forth into his/her greatness
- "Meets" the client where the client is, throughout the process
- Has a META-View
- Creates action structures with the client
- Paces and leads
- Creates and maintains rapport
- Constantly calibrates
- Self-manages at all times
- Keeps learning and developing professionally
- Receives regular supervision
- Exercises personal maintenance and self-reflection
- Makes sure to be onboarded appropriately when working in a clinical setting
- Holds the light of hope and focus throughout the process
- Signs a Coaching Agreement with the client

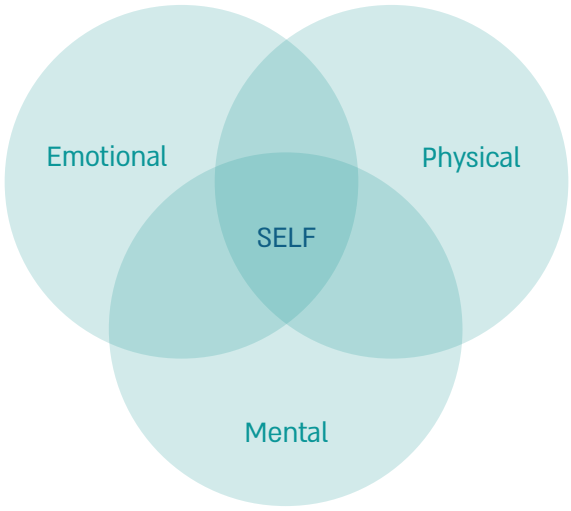
The Client

- Is naturally creative, resourceful, whole, and accountable
- Holds the agenda
- Experiences or is open to experiencing him/herself as a person with a medical/health issue
- Is over the age of 17
- Does not currently suffer from a mental illness
- Does not currently suffer from clinical depression
- Signs a Coaching Agreement with the coach

The Health and Medical Coaching relationship is:

- A professional coaching relationship
- Designed by coach and client
- Specified in an agreement
- Defined by a professional Code of Ethics
- Dynamic
- Honest
- Brave
- Challenging
- Consistent

Guiding Principles:



1. Health and Medical Coaching addresses the client's sense of self through three dimensions: Physical, Emotional, and Mental
2. Sustainable change happens when the process addresses the SELF
3. "Health" is not the absence of illness; it is the state of mind of wholeness"
4. "Healing" is the process of becoming whole
5. People make health shifts when they are ready and at their own pace
6. Clients shift when they are ready
7. Different approaches suit different clients at different times. Fit the approach to the client.

The Physical/Geographical Settings of Coaching Sessions –

Coach's office:

1. Private space/office
2. Door closed
3. Phone is turned off/muted
4. Computer and social media off/muted
5. The coach makes sure there are no distractions or interruptions

Coaching Online:

1. Private room or space
2. Door closed
3. Phone is turned off/muted
4. Social media is turned off/muted
5. Coach and client make sure there are no distractions or interruptions

Coaching in the Client's House:

1. Private room
2. Door closed
3. Phone is turned off/muted
4. Computer and social media are turned off/ muted
5. The client makes sure there are no distractions or interruptions

Coaching in a Hospital/ Medical Facility:

1. Private room or space
2. Door closed
3. Phone is turned off/muted
4. Computer and social media are turned off/ muted
5. The client makes sure there are no distractions or interruptions from family members or friends
6. The client informs the medical staff and makes sure to schedule sessions in alignment with the facility schedule

Perspectives on Health and Medical Issues

There are four common denominators for all medical crises:

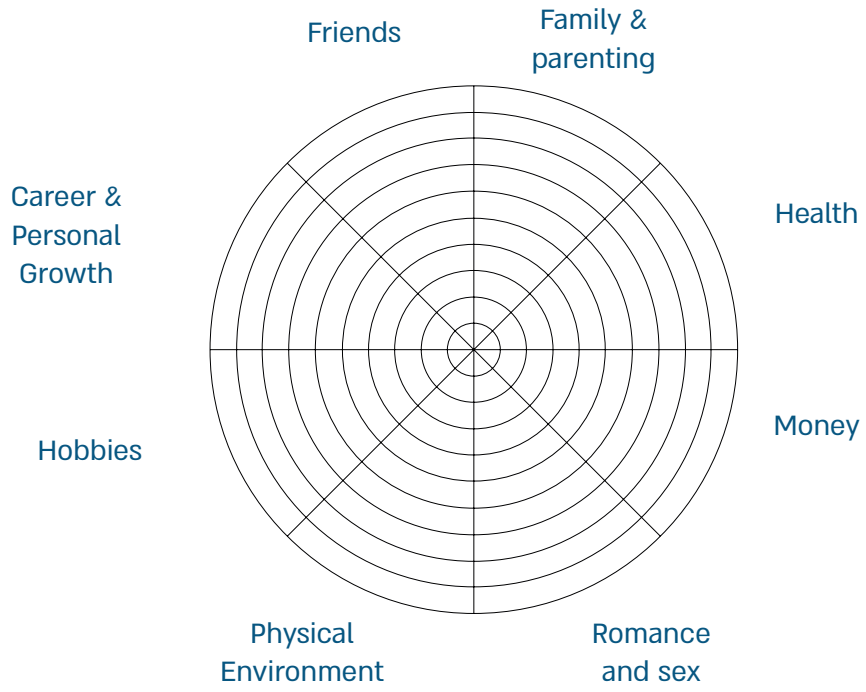
1. The field of events is in the client's body
2. The client lacks choice regarding the characteristics of the crisis
3. The client experiences loss of control over his/her body (the most basic container of the self)
4. The client experiences loss of trust and betrayal of the most fundamental aspects of physical existence
5. In Western culture, our body's health, function, vitality, and appearance are associated with self-worth, sexual desirability, social status, financial stability, and abundance. A medical crisis and/or chronic illness is perceived to be more than just a physical issue.

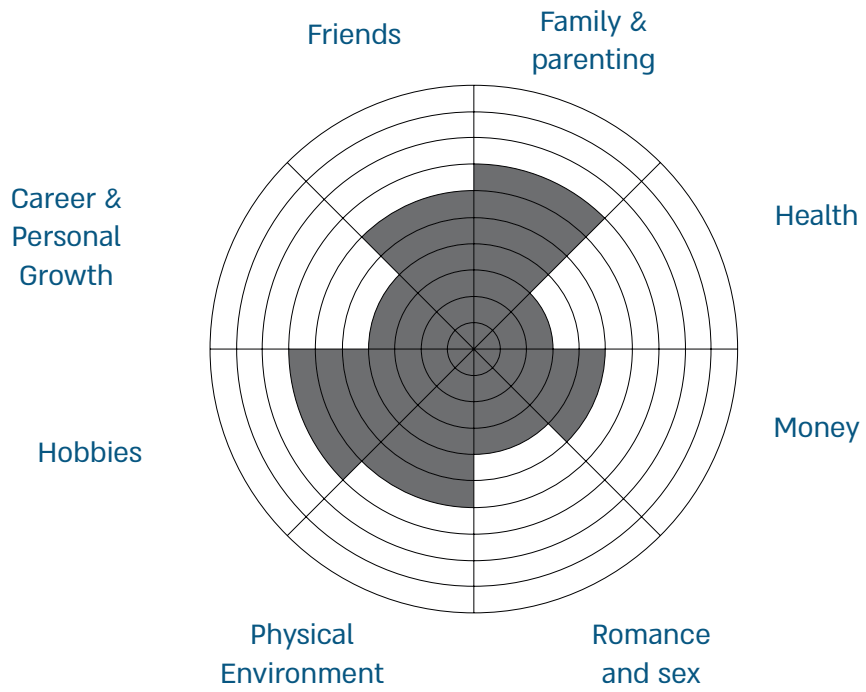
There are many perspectives on illnesses/medical crises.

Our ability to create rapport depends on our ability to understand our client's model of the world

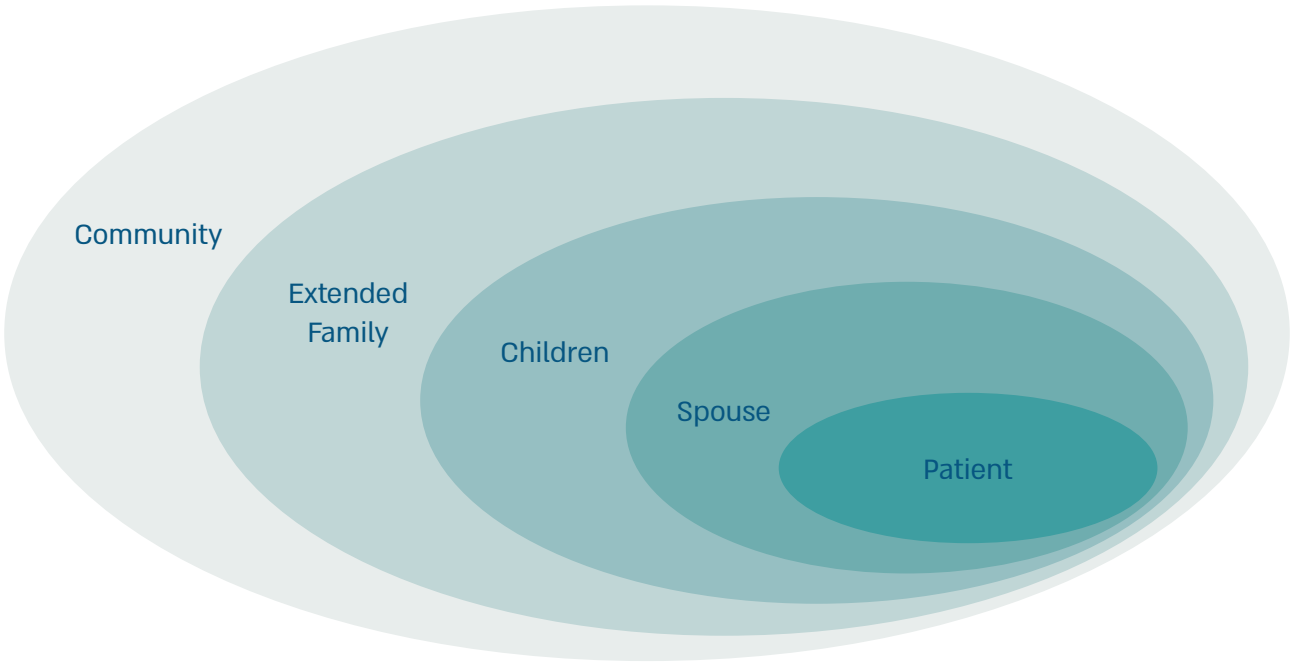
Examples of various perspectives people have regarding illnesses and/or medical issues:

1. An event of dramatic impact on all areas of life





2. An event of dramatic impact on family and community



3. A traumatic event with the potential to create posttraumatic experience

An illness/medical issue can be experienced in a traumatic way. This will usually be a result of the way the person has received news of the diagnosis. The event of receiving medical information (diagnosis, results, consultation is called a diagnostic shock)

4. An event of emotional chaos

An experience of overwhelm as a result of dramatic emotions (anxiety, distress, anger), an experience of feeling isolation, resourceless (no access to resources and strategies) and loss of control (a sense of helplessness in the face of a force stronger than us), accompanied with a dysregulation of the nervous system.

5. An experience of major loss

- Health
- Physical abilities
- Trust in the body
- Autonomy of the body
- Career
- Income
- Friends
- Social Status
- Privacy
- Dreams
- Perception of self
- Self-worth
- Sexuality
- Mobility
- Independence
- Identity

6. A Crisis/Journey of the Soul

Illness shakes the foundation of all that we believe about ourselves and the world.

While we face danger and our mortality, we are also confronted with questions about the meaning of life and the boundaries of our relationships.

There is an opportunity to turn the crisis of the soul into a Soul Journey.

7. "Time Out"

When we find ourselves living a life we did not intend to live, a life that is not aligned with our values and is deaf to our inner calling, the body will call a "Time Out" and offer us the opportunity to rest, rethink, and turn our lives in another direction.

8. A Mistake

Biological and/or chemical malfunction of the body.

9. An Experience of Betrayal

Our body is the most primary and basic container of who we are. We learn and experience the world through our body and our senses.

Our relationship with our body is the most important and intimate relationship we will ever have, and it is the foundation of all other relationships in our lives.

When our body "turns on us" and betrays our trust, intimacy with ourselves is the first thing we lose. If we cannot trust our body to be safe, how can we trust the world?

If we cannot have intimacy with ourselves, how can we have intimacy with others?

10. Fate / Karma

Fate – A force more powerful than us that shapes and determines our future.

Karma – A circle of action and reaction.

The total of one's actions – past, present, and future- creates a reaction in the form of a new reality.

11. An Inner Imbalance

- Energetic imbalance - imbalanced levels of Chi – life energy
- Emotional imbalance
- Stress

12. Physical Imbalance

- Toxins
- Genetics
- Pollution
- Smoking
- Drugs and alcohol
- Medication and its side effects
- Sleep deprivation
- Extreme exposure to cold and/or warm
- Nutrition

13. A Subculture

Culture - A group whose members share characteristics, have similar needs, and develop behavioral norms.

Subculture - A subversion of normalcy. A group of like-minded individuals who feel neglected by social standards and come together to create a platform for social criticism and an alternative social and personal narrative.

Narratives of Illness, Health and Inner Journeys

When a crisis appears in our lives, it interrupts the sequence of our life events as we understand, experience, and expect them to be. This interruption does not stop our lives; it puts us in a Liminal Space where we remain until we are ready to cope, adjust, and grow from the changes brought to our lives by the crisis. This is true for a medical crisis as well.

Oxford Dictionaries: Liminal - origin late 19th century: from Latin limen, limin- 'threshold'.

Every time we experience a change or transition in our lives, we cross a threshold. Every time we learn something new, we cross a threshold. Every time we choose, we cross a threshold.

These thresholds of waiting and not knowing what "comes next" are everywhere in life, and they are inevitable. Each transition over a threshold will interrupt and disorient our lives for a while, regardless of our awareness during the transition.

A Liminal Space is a transitional phase between two well-defined states or periods.

> *...a unique spiritual position where human beings hate to be, but where the biblical God is always leading them. It is when you have left the tried and true but have not yet been able to replace it with anything else. It is when you are finally out of the way. It is when you are between your old comfort zone and any possible new answer.*
>
> *If you are not trained in how to hold anxiety, how to live with ambiguity, how to entrust and wait, you will run...anything to flee this terrible cloud of unknowing.*
>
> - *Richard Rohr (a Franciscan friar ordained to the priesthood in the Roman Catholic Church and an internationally known inspirational speaker).*

We have stepped out of one period/state and have yet to enter or begin another. The old period/state has ended, and the new period/state hasn't begun yet.

We are caught between the two. Neither here nor there.

A Liminal Space has the following characteristics:

1. Separation from a group of peers
2. Change in social status and position in social hierarchy
3. Changes in self-identity, and therefore a sense of disorientation and lack of clarity
4. Waiting...wondering "now what?"
5. A place of transition

During our presence in this **Liminal Space,** a new social structure of a **Communitas** is formed between all the individuals in this space.

> *Communitas is a Latin noun commonly referring either to an unstructured community in which people are equal, or to the very spirit of community.*
>
> *Communitas also has a meaning in cultural anthropology and social sciences. Anthropologist Victor Turner, who coined the term "communitas," in the context of anthropology, refers to an intense feeling of social solidarity and togetherness that emerges in specific social situations, particularly during rituals or times of crisis. It's a state of unstructured, egalitarian connection between individuals. Communitas is often seen as the opposite of social structure, highlighting a temporary suspension of normal social hierarchies and roles.*

Examples of Liminal Spaces:

1. **University graduation ceremony.**

   The soon-to-be graduates are physically separated from the rest of the crowd (and at some universities, they even wear distinct gowns). Throughout the ceremony, they are neither students nor graduates - they are in a liminal space. Once they are called to receive the diploma and are declared graduates in front of the crowd, they cross a threshold into the status of a university graduate and step out of the Liminal Space.

2. **Engagement.**

   Lovers are not free to pursue other mates or engage romantically with others, nor are they officially married to one another.

3. **Cultural rites of passage into adulthood.**

   The young boys and girls (in some cultures, they are separated according to gender) are separated physically from the rest of the community for a period. They are no longer children, so they do not enjoy the privileges of childhood, nor are they adults yet, so they do not enjoy the privileges of adulthood. Their initiation into adulthood will be the rite of passage – the crossing of the threshold into the status of community adults.

4. **Hospitalization.**

   The patients physically leave their homes and place in the community and move to the hospital, where they will receive treatment and live with other sick people. They are given garments that define their status, and they give up all previous social status symbols until they are declared healthy and move back into society.

From an anthropological perspective, an illness/medical crisis is a **Liminal Space**.

The 'healthy' life has ended, and there needs to be a rite of passage so that the person can cross the threshold into a new life with the illness/medical crisis.

Offering our client the perspective that an illness can be perceived as an inner journey, enables them to use the liminality of the illness to heal whatever else (other than the body) needs healing, rebalance the emotions, mourn what has been lost, make room for what is being born and create a rite of passage to cross back the threshold out of the liminal space.

Using myths and stories is a powerful way to connect our client to the "being" of an inner journey perspective.

The Power of Myths and Stories – working with the client's narrative myths

Myths are cultural stories that form the collective identity of a group. They are created within a context, and they are part of the cultural building blocks. The purpose of myths is to shape the collective memory and give meaning to both the ordinary and extraordinary events of daily life. The strength of a myth lies in its ability to emotionally correspond with human experience on all of its levels and complexities.

We understand the human experience of who we are in this world through stories.

In many ways, we are our stories.

Every day is a line, a paragraph, or a chapter in the story of our lives.

When an illness/medical crisis appears, it changes the course of our story, and some say it integrates itself into the story and becomes an inseparable part of it.

When we shift from our personal story to a wider myth, we can give our lives and our illness/crisis a broader and deeper meaning.

Through stories, a person processes the experience of the illness and redefines his/her identity. People learn about themselves by hearing themselves tell the stories of what has happened to them, by seeing how their stories resonate with listeners, and through experiencing the way their stories are being retold and shared.

The stories told by people with illness are not stories of an illness; they are stories of the human experience told through an illness, through a wounded body.

For some people, becoming a storyteller is a way of recovering the voice that has been taken or silenced by the illness, its treatments, and medical jargon.

These people experience themselves as wounded storytellers trying to survive and support others by making sense and giving meaning to a reality that has become hostile, violent, and senseless.

In modern society, there is one story/narrative that is acceptable medically, legally, and socially – it is the story told by the physician and written in the medical records. This narrative has become the voice against which all other narratives are judged true or false, useful or not.

The wounded storyteller strives to emancipate him/herself from the totality of the clinical story by adding their voice to the medical dialogue.

This emancipation is the cornerstone of every healing journey and every Medical Coaching process.

Invisible Illnesses

An Invisible Illness is a chronic condition that is not easily seen and has no obvious external symptoms.

Those are Illnesses that can be debilitating and prevent a person from performing everyday activities. People with an invisible illness often struggle to explain their condition to others and feel judged or misunderstood. They can look healthy and strong but feel sick or in pain.

What happens to our story when an Illness enters our Lives?

There are three common denominators to every life story that has been interrupted by an illness/ crisis:

1. Loss of control.
2. Invasion – in the case of a chronic illness, there is an experience of recurrent invasions (or interruptions) into the intimate space of life.
3. The body becomes something that is separate from who we feel we are. This impacts the way we experience and relate to ourselves.

Each illness has one clinical story.

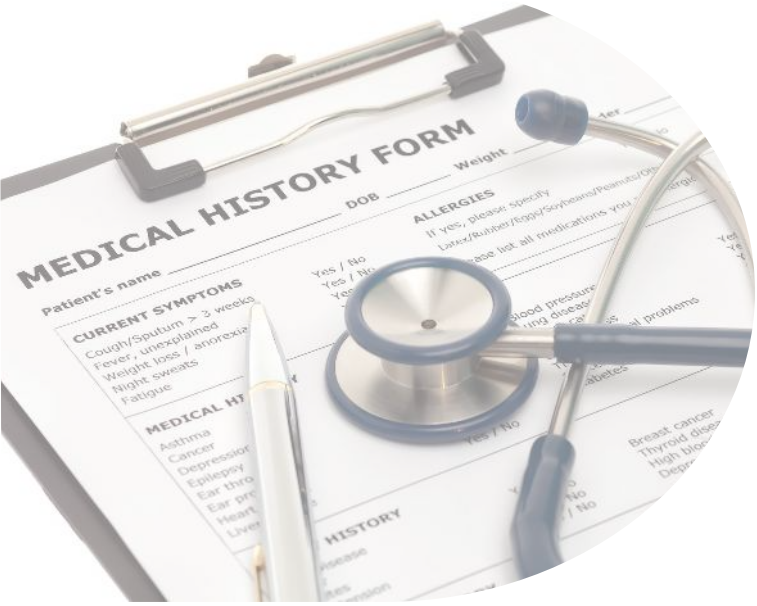
Every person has infinite possibilities of how to tell the story of his/her illness. Myths and stories inspire us to tell our own story in a way that can empower us as well as others.

Medical History and Personal Stories

Medical histories are constructed from the outside. They include medical documents, diagnosis, prognosis, test results, pathophysiology, the course of the disease, and the potential for various treatments and possible outcomes. They use standard professional terminology.

These histories address the **'WHAT'** and ignore the **'WHO'**.

Medical histories can dehumanize patients by addressing them as representations of their medical files and not people, e.g., Miriam Green becomes the diabetic in bed 4A. When this happens, we risk losing sight of who she is; we define Miriam Green solely by her medical date.



The greater the distance a person experiences between who they are, their medical records, and who they experience themselves to be, the more anxiety, depression, failure, and shame that person is likely to feel regarding the illness and/or the healing.

Western Medicine, which is an evidence-based medicine, tells the story of medical and physiological evidence and excludes other voices that tell other stories such as: the story of what this illness means for this person, the story of how the illness has impacted this person's life, the story of how this person sees his/her future, etc.

In the absence of these voices, the medical system risks losing its personal touch or even its human touch.

- Since the 1980s, a new approach to medicine has been developing called Narrative-Based Medicine. NBM, a patient-centered approach, addresses the patient as a subject and not an object by taking into account the specific psychological and personal history of the patient in addition to the medical and pathological evidence. For further information, check out articles by Dr. Rita Charon and look at the online Journal of Narrative Medicine - http://www.theintima.org
- Nowadays, we can find narrative articles by patients and doctors in leading medical publications such as JAMA and the NEJM

Health disparities

Health disparities or health inequities are preventable differences in health outcomes and opportunities experienced by socially disadvantaged populations. They are not random occurrences but rather the result of systematic disadvantages, inequities, and obstacles to health often linked to social, economic, and environmental disadvantages.

Health disparities or health inequities will be a part of the personal narrative because they correspond with the belief system and hold emotional triggers.

Examples of factors contributing to health disparities:

Socioeconomic status (SES):

Socioeconomic disparities in healthcare refer to the systematic differences in health and healthcare access, quality, and outcomes observed across different socioeconomic groups. These disparities manifest as inequalities in health status, disease prevalence, and access to and utilization of healthcare services. Factors like income, education, occupation, and social status significantly influence an individual's health and their ability to access and afford necessary medical care.

Examples of health disparities related to SES:

- Individuals with lower SES have a greater likelihood of developing conditions like cardiovascular disease, diabetes, and certain cancers.
- Children from low-income families face higher risks of infectious diseases, accidents, and developmental delays.
- Studies show significant differences in life expectancy based on socioeconomic status, with poorer populations experiencing shorter lifespans.
- Individuals with lower SES may face barriers to accessing quality healthcare services due to factors like transportation, insurance coverage, and lack of awareness.
- Lower SES may affect social support networks and limit opportunities for social mobility, further impacting health outcomes.

Race and ethnicity:

Racial and ethnic health disparities in healthcare refer to the differences in health and healthcare, discrimination, and systemic barriers to healthcare experienced by various racial and ethnic groups. These disparities manifest as higher rates of illness, disability, and mortality across a wide range of health conditions.

Examples of health disparities related to race and minority:

- Minorities often face barriers in accessing healthcare services, leading to delays in diagnosis and treatment.
- Research suggests that implicit racial biases among healthcare providers can contribute to disparities in care delivery and outcomes.
- Systemic racism and individual discrimination can affect access to resources and opportunities, impacting health outcomes.
- Cultural beliefs and practices can influence health behaviors and healthcare utilization.
- Lack of insurance, geographic barriers, and language barriers can limit access to timely and appropriate healthcare.

Gender:

Gender disparities in health refer to differences in health outcomes, access to care, and experiences with the healthcare system between men and women. These disparities are shaped by a complex interplay of biological, social, and cultural factors.

While both males and females face health disparities, women have historically experienced a disproportionate amount of health inequity. This stems from the fact that many cultural ideologies and practices have created a structured patriarchal society where women's experiences are discredited. Additionally, females are also frequently underrepresented or excluded from mixed-sex clinical trials and, therefore, subjected to physician bias in diagnosis and treatment.

Examples of health disparities related to gender:

- Heart disease is often underdiagnosed or misdiagnosed in women. Women may experience different symptoms of heart attacks than men, leading to delayed or missed diagnoses.
- Women are more likely to be diagnosed with mental health conditions like depression and anxiety, potentially due to hormonal factors, social pressures, and gender-based violence.
- Women's health needs, particularly related to reproductive health (pregnancy, childbirth, etc.), are often under-addressed or stigmatized, leading to negative health outcomes.
- Women are often excluded from clinical trials, leading to limited information on the safety and efficacy of medications during pregnancy and breastfeeding.
- Gender bias in healthcare settings can lead to misdiagnosis, delayed treatment, and unequal access to services.

Identity and sexual orientation:

Identity and sexual orientation disparities in healthcare refer to differences in health outcomes and access to care experienced by sexual minorities, including members of the LGBTQ community (lesbian, gay, bisexual, transgender, and queer individuals). These health disparities encompass both mental and physical health issues stemming from a combination of factors, including minority stress, discrimination, and limited access to appropriate healthcare.

Examples of health disparities related to race and minority:

- Sexual minorities may face challenges in accessing healthcare, including lower rates of health insurance coverage, less frequent routine checkups, and unmet needs due to cost barriers.
- Chronic stress and minority stress related to stigma, discrimination, and social exclusion can negatively impact both physical and mental health.
- Lack of culturally competent healthcare providers and biases within the healthcare system can contribute to disparities and unfair treatment by healthcare providers.
- Sexual minorities are less likely to have health insurance, leading to less access to the healthcare they need, a lack of a regular health care provider, and delays in getting care, especially in older adults.

Disability:

Disability disparities in health refer to a range of adverse health outcomes, limited access to healthcare, higher rates of chronic conditions, and lower rates of preventive care.

These disparities stem from a combination of individual factors, societal barriers, and shortcomings within the healthcare system.

Examples of health disparities related to disability:

- Disabilities can lead to secondary conditions like pain, depression, and fatigue that are not looked into as they are interpretated as part of the original disability. These can further impact overall health and well-being.
- Individuals with disabilities are less likely to receive preventive healthcare services like mammograms and Pap smears. This can lead to delayed diagnosis and treatment of serious health issues.
- People with disabilities often face physical, communication, and attitudinal barriers when accessing healthcare services. This can include inaccessible healthcare facilities, a lack of accessible information, and a lack of provider knowledge about disability-specific needs.
- Health disparities are often compounded when disability intersects with other factors such as race, ethnicity, socioeconomic status, and geographic location. For example, people with disabilities from racial and ethnic minority groups may face additional barriers to healthcare access and experience poorer health outcomes.

Age:

Age disparities in health refer to a range of issues where older adults, and sometimes specific age groups, experience unequal access to healthcare, face higher risks of certain diseases, and have poorer overall health outcomes compared to other populations. Factors like socioeconomic status, race, ethnicity, and geographic location influence these disparities.

These disparities stem from a combination of individual factors, societal barriers, and shortcomings within the healthcare system.

Examples of health disparities related to age:

- There is a shortage of board-certified geriatricians, leaving many older adults with fewer qualified physicians.
- Decreased mobility with age can make it difficult to access transportation to healthcare appointments, grocery stores, and other essential services.
- Many older adults struggle to understand medical information, which can affect their ability to make informed health decisions.
- Older adults with chronic conditions may face challenges in managing their health due to lack of knowledge, resources, or support.
- Reduced physical activity can exacerbate age-related decline and increase the risk of chronic diseases and falls.

The "Description-Experience" Gap

The term "description-experience gap" refers to the difference in how people make decisions when they are presented with information about potential outcomes versus when they experience those outcomes.

In healthcare, the "description-experience gap" refers to the differences in how people perceive and respond to risk information based on whether it's presented through descriptions (like statistical data) or personal experience.

This gap can significantly impact healthcare decisions, as individuals may weigh risks differently depending on how they learned about them.

How does this show up in our coaching, and what impact does this have on our clients' health and healthcare?

Like the belief system, values, and health disparities, the "description-experience" gap is part of the client's narrative, and we will hear it only if we are aware of its existence and we care to listen for it.

The "description-experience" gap impacts our clients' health and health care on three levels:

1. **Decision-Making:**

Clients will make different choices about treatment based on whether they've experienced a condition or its potential consequences (through personal experience or the experience of others) versus reading about it in medical literature or social media.

2. **Risk Perception:**

Underestimating the likelihood of a rare but serious side effect based on a description versus perceiving it as more likely based on a personal experience or having seen it happen to someone else.

3. **Communication:**

Understanding this gap can help:

- Healthcare providers communicate risks more effectively.
- Patients (our clients) ask for specific examples and information based on their learning styles (descriptive or experiential) to improve their understanding and decision-making.
- Coaches tailor the communication with clients on topics such as risk management, adherence, decision making, and communication with their healthcare practitioners in a way that can be translated into resources and actions that serve their goals.

Working with the client's subjective narrative:

There are nine ways we work with our clients' narratives:

1. Validating the existing story
2. Exploring values
3. Exploring belief
4. Symptom awareness through a symptom journal (see resources)
5. Acknowledging and empowering the storyteller
6. Self-expression
7. Reflective tools – what are you learning about
8. Modeling
9. Exploring ways both storyteller and story would like to evolve/change.

‘e-patients’

The term **‘e-patients’** was coined by Dr. Tom Ferguson to describe individuals who are equipped, enabled, empowered, **and engaged** in their health and health care decisions.

The vision of the e-patient movement is one of an equal partnership between e-patients, health professionals, and systems that support them.

Today, some say that the ‘e’ in ‘e-patients stands for the following:

equipped, enabled, empowered, engaged

+

educated, expressive + expert + electronic

One of the leading agendas of the e-patient movement is ‘Participatory Medicine’.

‘Participatory Medicine’ is a model of cooperative health care that seeks to achieve active involvement by patients, professionals, caregivers, and others across the continuum of care on all issues related to an individual’s health.

‘Participatory Medicine’ is an ethical approach to medical care that also holds promise to improve outcomes, reduce medical errors, increase patient satisfaction, and improve the cost of care. For more information on **‘Participatory Medicine’,** go to The Society for Participatory Medicine website - http:// participatorymedicine.org/

Calibration

The ability to identify different "internal states" by looking at the external cues and reading non-verbal signals.

How is it done?

We pay attention! Examples of what we pay attention to are:

- Tone and volume of voice
- Posture (including angle of head)
- Facial color
- Eye accessing cues and pupil dilation
- Muscle tension in the face and forehead
- Movement and balance on the floor or chair
- Breathing pattern

Important note:

Avoid attaching "meanings" to these signals. Calibration involves noticing a change and inviting the client to explore the meaning of that change.

Rapport

Rapport is the ability to relate to others and interact in a way that creates trust and understanding. It is the ability to see and understand others' points of view/models of the world/inner representations, regardless of whether you like or agree with them.

Many people describe rapport as a feeling of commonality, being in sync, or being on the same wavelength with someone.

The good news is that we can establish Rapport with anyone, anytime we choose.

The Theory is:

A. Communication is:

7% Words
38% Tonality
55% Physiology

B. When people are like each other, they like each other. Rapport is a process of responsiveness, not necessarily "liking".

The Process is:

A. Subtly Matching & Mirroring non-verbal communication/ body language.

B. Developing a genuine interest in the other person and in the way they see and experience the world.

There are four levels of non-verbal communication/body language where we Match & Mirror to establish Rapport:

1. Physiology:

- Posture
- Facial Expressions
- Blink rate/pattern
- Lip biting
- Smiling/frowning
- Touching face or lips
- Eyebrow movement
- Body lean
- Head position

2. Breathing rate/patterns/shifts

3. Tone and volume of voice:

- Audio tonal changes during answer
- Time for processing answers
- Pace, speed and tempo

4. Vocabulary

- • Representational system
- Metaphors
- Language or jargon

Rapport and Heart Energy

An additional aspect of creating Rapport is creating Match & Mirror using the heart's energy. This is Rapport on an energetic and emotional level. This approach is based on the field of Heart Math.

Heart Math "A key area of focus of the Institute of Heart Math Research Center is exploring our emotions and how they affect our physiology, with an emphasis on the physiological effects of positive emotions."

"Heart–Brain Interactions: The heart and brain maintain a continuous two-way dialogue, each influencing the other's functioning. The signals the heart sends to the brain can influence perception, emotional processing, and higher cognitive functions. Neuro-cardiology researchers view this system and circuitry as "heart-brain."

"The heart produces by far the body's most powerful rhythmic electromagnetic field, which can be detected several feet away by sensitive instruments. Research shows our heart's field changes distinctly as we experience different emotions. It is registered in people's brains around us and can affect cells, water, and DNA studied in vitro. Growing evidence also suggests energetic interactions involving the heart may underlie intuition and important aspects of human consciousness.

(quoted from the Heart Math website – www.heartmath.com)

A few important notes on Rapport

1. Make sure you are subtly Matching & Mirroring, or else your client might feel he/she is being mocked.
2. Rapport is a two-way street. Avoid creating deep rapport with someone whose emotions you do not feel comfortable with or cannot contain.
3. Make sure you come to the session emotionally balanced and can self-manage before you establish rapport. Your client has enough on his/her plate...

Coaching Association & Disassociation

Coaching association and disassociation are different from psychological association and disassociation.

They refer to different ways of experiencing memories and situations, impacting emotional intensity and perspective.

Association – Experiencing the experience as if you are "in" the situation

Association involves experiencing a memory or situation as if you are reliving it, seeing it through your own eyes, hearing it through your ears, feeling the emotions, and being fully aware of the values, beliefs, and narrative associated with it.

Association is typically used to enhance positive emotions and experiences, making them more vivid and impactful. For example, visualizing a cherished memory in vivid detail, with all the sights, sounds, and feelings, is an example of association. However, it can also amplify difficult emotions if associated with painful memories.

Dissociation – Experiencing the experience as if you are "observing" the situation from an external viewpoint.

You feel you are watching, listening to, and/or observing the experience from the outside. In a dis-associated state, you observe your emotions, values, and beliefs. This encompasses a certain emotional "distance«.

Dissociation involves stepping outside of the experience and viewing it from a distance, or a detached perspective, as if you are observing it from an outside viewpoint, often seeing yourself in the scene.

Dissociation is typically used to reduce the intensity of complex emotions and gain a more objective perspective.

The ability to move from an associative state to a dissociative state and vice versa enables the following:

1. Connecting/reconnecting to positive memories and resources
2. Disconnecting from negative emotions or memories
3. Dissolving feelings attached to unwanted thoughts
4. Dissolving emotional triggers
5. Readjusting levels of emotional intensity

Physiology plays a part in recognizing whether our client is in an associative or dissociative state and in helping the client shift from one to the other.

Important Tips:

- To create an associative state – we use language
- To create a dissociative state – we use language and physiology

Reframing

To give something meaning we need to identify the context or the setting – we need to frame it.

The meaning we give things depends on our point of view/perspective/ internal representation at the time we framed them.

To reframe something is to change its meaning by putting it in a different frame – a different context or setting.

Changing the frame – reframing- helps us

- change/balance our emotions regarding something,
- choose a different perspective,
- connect to new resources,
- move between associative and dissociative states.

Empathy

Empathy is the ability to accept a person without needing to accept their behavior.

Empathy	Sympathy (Identification)
Empathy is asymmetrical. I see and understand the situation as it reflects in another person's reaction.	Sympathy is to be symmetrically connected with another person in his/her subjective experience. I am experiencing what the other experiences, with him/her in the same way.
I can understand another person's subjective experience while remaining emotionally separate from it.	The other's experience becomes mine and I am focused on my emotions and myself.

Empathy is the ability to accept a person without needing to accept their behavior.

Empathetic Listening – listening with an open mind, without defense, judgment, objection, or identification.

Coaching Curiosity

As coaches, we use curiosity as a professional skill to help clients explore their beliefs, perspectives, behaviors, options, and possibilities beyond their comfort zone.

When using our Coaching Curiosity, it's essential that we:

1. Release our own beliefs, perspectives, and judgment
2. Release any need to 'save' the client
3. Be empathically unattached to the content and emotions the client brings to the coaching space
4. Be curious about the client's experience and not the "juicy details".

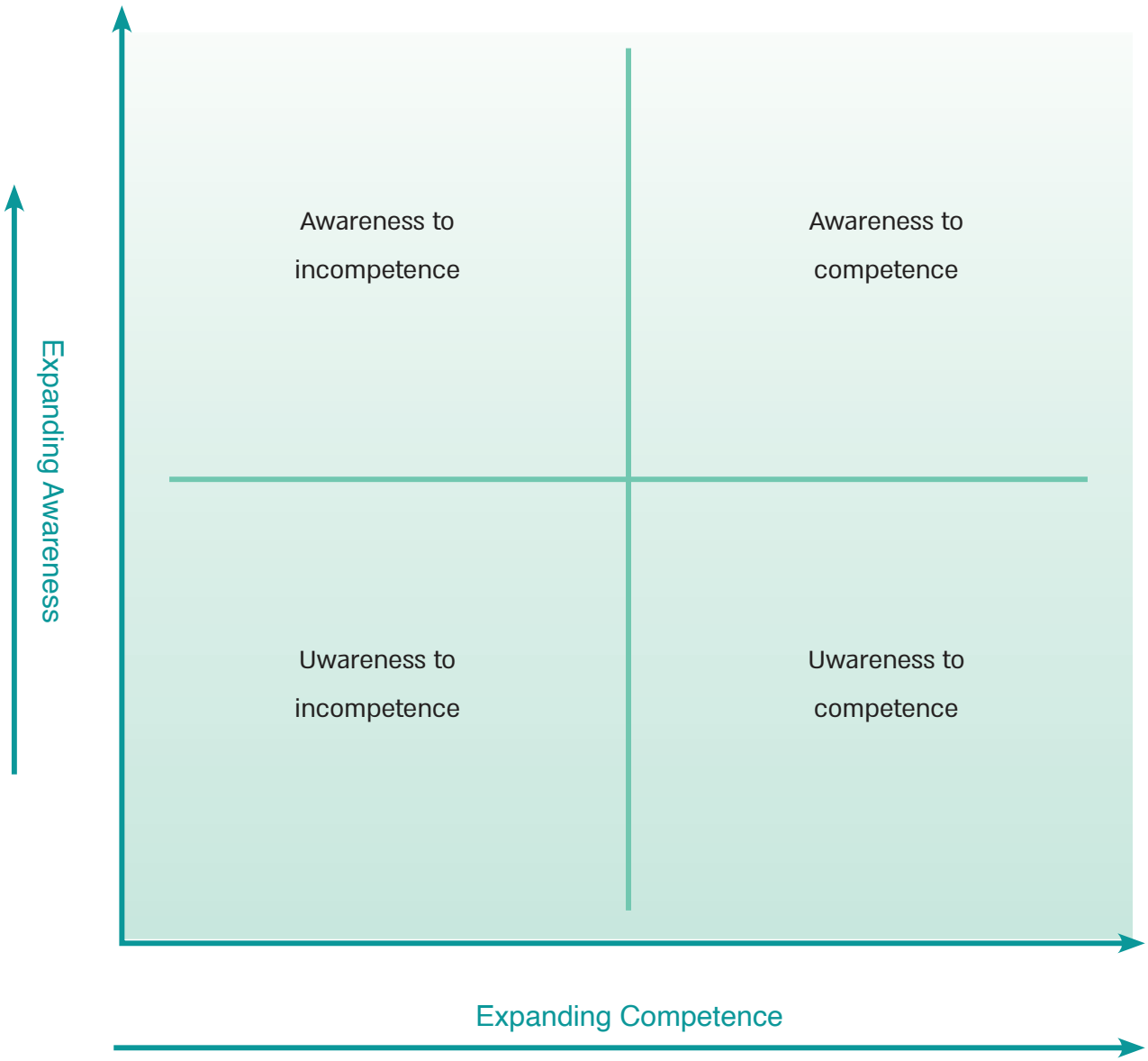
Examples for Coaching Curiosity questions:

- What can become possible?
- What else?
- For the sake of what?
- How does that feel in the body?
- What are you not saying?
- What might be another way...?

Raising Awareness

Our job as coaches is to help our clients shift in two directions:

From unawareness to awareness and from incompetence to competence.



Holding Space

Holding Space is not something exclusive to coaches, facilitators, therapists, or palliative care nurses. It is something we can all do for each other – for our partners, children, friends, neighbors, colleagues, clients, and even strangers.

In coaching, we tend to look at Holding Space for clients as an intuitive state of being that comes naturally as we complete our basic training. Unfortunately, that is not the case for everyone. Holding Space is a complex practice that evolves as we practice it, and it is unique to each coach, each client, and each situation.

In Health and Medical Coaching, Holding Space is a professional skill.

These 14 steps will help you master this skill:

1. Create rapport.
2. Be actively empathic and not sympathetic.
3. Give your client time to process. People move when they are ready.
4. Be willing to walk alongside your client and not lead.
5. Allow your client to be vulnerable, weak, and safely express emotions.
6. Give your client permission to trust their intuition and wisdom.
7. Allow the client to make different decisions from those you would.
8. Keep your ego out of it.
9. Avoid judgment.
10. Avoid trying to fix.
11. Release attachment to the results.
12. Be ok with the 'not knowing'.
13. Focus on the client's experience and not the story.

Last, but not least –

14. Make sure you have someone to hold the space for you.

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Medical Coaching Training Program

Module 1 – Foundation

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