Medical Coaching Training Program

Module 3 - Advanced

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Medical Coaching Training Program

Module 3 – Advanced

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Welcome to the third module of the Medical Coaching training program.

In this module we focus on the last two of the four stages (namely "the Journey of Health" and "the Return Home and Integration") of the medical coaching model.

The 4 stages of Medical Coaching:

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

Resolving Conflicts

Conflicts are emotional experiences.

From a physiological perspective, a conflict is a mental struggle between different and opposing representations of the world.

External conflicts - occur between people when there is a lack of inner abilities/resources to cope with differences in the perception of reality that manifest in conflicting paradigms, beliefs, values and behavior.

Internal conflicts - occur between two different parts/representations of a person or an experience. Internal conflicts can be found on all Six Logical Levels of Change:

Environment: Where do I need to change?

Behaviors: What do I need to change?

Capabilities and Skills: How do I make these changes?

Values and Beliefs: Why do I make these changes?

Identity: Who am I and do I reflect that in the way I live?

Spirituality/Purpose: Whom do I serve and for what purpose?

The experience of an internal conflict

One part of us wants A, another part of us wants B and it feels as if A and B cannot co-exist.

Example:

- One part of me wants to be independent and another part wants to be taken cared for.
- One part of me wants to be spontaneous and another part of me needs structure.
- One part of me wants to get ahead and succeed and another part wants to be loved and accepted.

The content of a conflict is very subjective. What might be a conflict for one person might not be a conflict for another.

An internal conflict creates an experience of an inner split.

When we feel split from within it is difficult to experience and respond from a place of wholeness and resourcefulness.

A true and sustainable resolution can only be achieved when we come from a perspective of integration that honors the positive intention of all parts in the conflict.

From a Medical Coaching perspective, an internal conflict is an experience of emotional pain.

When does an inner conflict take place?

- When the hierarchy of values isn't clear
- When the values and beliefs have not been updated after crossing a threshold in life
- When there is a gap between the ways I see/experience myself and the way others see/experience me
- When there is a clash between two META-Programs

> * **Remember.** When a client is interested in making a change, it is important to check what is the belief or belief system around that change and if there is an inner incongruity. Inner incongruity will result in an internal conflict between beliefs.

There are 2 types of incongruity:

1. ***"NEED vs. WANT"***

This incongruity originates from two sources:

A person has a few significant role models who represent or hold different/conflicting beliefs

A person is confused about his/her belief hierarchy

2. ***"WANT / CAN'T" conflict***

This conflict occurs when a person expresses a desire for change but does not believe change is possible or that he/she deserves change.

The objective of resolving conflicts is to help the person to be internally aligned on all Logical Levels.

The common known approaches to resolving conflicts are negotiation or mediation. In both cases there is compromise and yielding.

From a Medical Coaching perspective - a true and sustainable resolution can only be achieved when the positive intentions of all parts in the conflict are honored.

In Medical Coaching the approach to resolving conflicts is Integration.

4 Steps to Integrate a Conflict:

1. Identify the conflicting parts
2. Determine the positive intention of each part
3. Engage the parts in understanding and accepting the positive intention of each other
4. Create a representation that symbolizes the integration of the two positive intentions

Parts Integration (Integration of Conflicting Parts)

1. Identify the conflicting parts
2. Elicit a state of relaxation
3. Begin with Part X - and ask the client:
   - "Where is (name of the part) located in your body?"
   - "Allow this part to travel to one of your shoulders (ask which shoulder), down the arm and into the palm of your hand"
   - "Create a representation that symbolizes this part"
4. Address Part Y - ask the client:
   - "Where is (name of the part) located in your body?"
   - "Allow this part to travel to your other shoulder, down the arm and into the palm of your hand"
   - "Create a representation that symbolizes this part"
5. Part X – elicit the positive intention of Part X by asking: "What is the gift/good thing you are bringing the client?"
6. Part Y – elicit the positive intention of Part Y by asking: "What is the gift/good thing you are bringing the client?"
7. Engage the parts in understanding and accepting the positive intention of the other by asking:
   - Does X understand and accept the positive intentions of Y?
   - Does Y understand and accept the positive intentions of X?
8. Instruct the client to turn the hands towards each other and slowly bring them closer together. As the client is doing this, reframe the process: "As your hands are coming closer together, your subconscious mind is creating a third resource that will be born out of the two positive intentions. This is not a process of mixing but a process of compounding (use the salad and cake metaphor). This is a process of alchemy and your subconscious knows exactly how to do this." Calibrate
9. Ask the client:
   - "There is a new image that has been created out of the two former parts. What is it? What is the resource that is being brought to you?"
   - "Bring the new resource into four places in your body:
     - HEART allow it to sink in.
     - HEAD allow it to sink into your brain.
     - ABDOMEN allow it to sink into your guts.
     - ORGAN/PLACE IN THE BODY (that you intuitively feel needs this resource), allow it to sink in."
10. Bring your client out of relaxation.
11. Ask your client to think about "that old issue" in light of the new learning and be curious: "What becomes possible now that you can approach this issue in a different way?"

Mind – Body Connection from a Medical Coaching Perspective

Medical Coaching coaches the person with the health/medical issue and not the issue itself.

This person – our client is a living, organic, biological, chemical, emotional and energetic system living inside a social, energetic system that is shared with other living, organic, biological, chemical, emotional and energetic systems. For this reason, Medical Coaching needs to be holistic and integrative in its approach as well as its practice.

Being holistic is more than looking for answers in alternative medicine, it is an approach to life.

To fully understand the holistic approach to life and medicine we need to understand the opposite approach - The Reductionist Approach.

The Reductionist Approach

looks to understand how each part of the system works in order to fully understand the system.

Reductionist medicine – looks at organs and systems separately.

The reductionist medicine asks: How is each symptom unique and different from others?

The Holistic Approach

looks to understand the synergy created between all parts of the system in order to fully understand the system.

Holistic medicine - looks at the body as an integrative system that depends on the reciprocal relationships between all of its parts in order to fully function. When one parts fails, the entire system is affected.

The holistic medicine asks: what do all the symptoms have in common?

When looking at the human experience through a holistic perspective we can identify four human bodies that co-exist:

The Physical Body – holds the anatomical, physiological, pathological, chemical, bio-chemical and mechanical aspects of our being.

The Emotional Body – holds the emotional aspects of our being.

The Mental Body – holds our opinions, perceptions, thoughts, and values through patterns, Meta Programs and beliefs.

The Energetic Body – holds our energetic system and our relationship with a higher being (however we choose to name or define it).

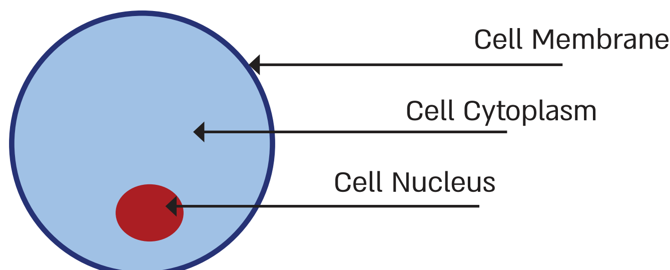
From a holistic perspective: the Physical Body mirrors the Emotional, Mental and Energetic bodies.

The Relationship between Emotions and the Body

To understand the relationship between the emotions and the body, we need to understand how medication works on our cells.

Cells are the smallest biological unit of life.

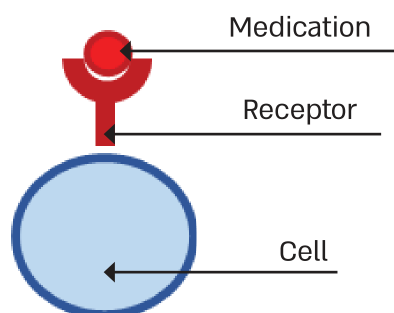
Cells consist of a nucleus (containing the cell's genome), the cytoplasm (containing the material within a cell) and a membrane (containing biomolecules such as proteins and nucleic acids)



The cell communicates with the environment through receptors that are located on the membrane.

As a medication fits into a receptor it effects the function of the cell.

A medication can fit a receptor only if it is biochemically similar to material that already exists in the cell. If the medication does not bio-chemically fit the receptor, it will not work.



In 1973 Dr. Candace Pert and Dr. Solomon Snyder published the first detailed study of what would turn out to be the Opioid Receptors – receptors that bind with opioids (substances that when binding with the opioid receptors produce morphine-like effects).

The discovery of Opioid Receptors meant that our cells already have material that operate in a similar way to opioids and this later led to the discovery of Endorphins. Endorphins are endogenous opioid neuropeptides (Neuropeptides are peptides - small protein-like molecules, used by neurons - nerve cells, to communicate with each other. Neuropeptides are also called messenger hormones).

Endorphins are naturally produced in response to pain but they have also been looked at for their role in pleasure, happiness and a sense of wellbeing. Research shows that the release of endorphins produces euphoric state which means that endorphins have an effect of our state of mind and awareness.

The discovery of endorphins was the first evidence that emotions have a bio-chemical aspect.

From this came five conclusions, revolutionary for the time (early 1980's):

1. Emotions are bio-chemical reactions
2. Emotions effect our immune system
3. Emotions effect our awareness
4. The body is an extension of the sub-conscious
5. Repressed emotions are stored in the body and disrupt the way the cells function

This means two VERY important things for us, as Medical Coaches:

1. Our cells are experiencing our emotions.
2. Emotions create bodily sensations:

   Anger usually feels like something hot coming up to the surface. It has a distinct vibration. Love usually feels like something warm spreading inside of us. Emotional pain usually feels like physical pain.

In module 2 we addressed the importance of expanding the emotional vocabulary by differentiating between emotions and sensations.

Emotions: psychological experience described by an emotion vocabulary

Sensations: physical experiences. Described via metaphors. Feels like...

Summary:

- Information gets to the brain through the five senses.
- The brain filters and processes the information, giving it meaning
- The meaning of the information creates both a thought process and an emotional reaction
- The emotions (being bio-chemical reactions) – effect our cells.
- The effect on the function of the cells effect the function of the body.

EFT - Emotional Freedom Technique

EFT - Emotional Freedom Technique - Tapping - is considered a form of Energy Psychology or Psychological Acupressure.

EFT uses the same energy as meridians that have been used in traditional acupuncture for over three thousand years.

We gently tap with our fingertips on acupuncture points, stimulating the body's energy system, while thinking about a specific issue

As we do that, energy moves, emotions shift and we experience a clearing or release.

The combination of stimulating our body's bioenergy system and voicing our thoughts – while feeling the emotions – works to clear what was previously a stuck energetic pattern and restores our mind and body to balance.

This allows new, empowering, resourceful, creative, healthy, loving, joyful and peaceful thoughts and emotions to emerge.

The modern version of EFT, as we know it today, was originated by Gary Craig.

There is a lot of information online about EFT and many demonstrations on YouTube.

As you go deeper into EFT and look at other EFT practitioners' work (which I highly recommend you do), you will notice that different practitioners' have different styles of tapping and different preferences for tapping points.

When you become more competent and more experienced with EFT you will find your own style.

My personal belief is that the actual points you tap on aren't nearly as important as stimulating the energy system and feeling the emotions.

Feelings that are "buried" do not die, they get trapped in our system and when triggered they express themselves emotionally, mentally and/or physically.

When tapping – speak the truth about what you feel.

The Scientific Aspect of EFT

Quotations from the article: 'Breakthroughs in Energy Psychology: A New Way to Heal the Body and Mind', , by Nick Ortner. Posted on the Huffington Post, 03/17/2012

http://www.huffingtonpost.com/nick-ortner/emotional-freedom-technique_b_1349223.html

Dr. Dawson Church, Ph.D., from the Foundation for Epigenetic Medicine, Santa Rosa, California, has been researching and using EFT since 2002. Because EFT simultaneously accesses stress on physical and emotional levels, he adds, "EFT gives you the best of both worlds, body and mind, like getting a massage during a psychotherapy session."

In fact, it's EFT's ability to access the amygdala, an almond-shaped part of your brain that initiates your body's negative reaction to fear, a process we often refer to as the "fight or flight" response that makes it so powerful. "By reducing stress," adds Church, "EFT helps with many problems. When you reduce stress in one area of your life, there's often a beneficial effect in other areas."

In partnership with Dr. David Feinstein, Dr. Church has been able to confirm that tapping on specific meridian points has a positive effect on cortisol levels. Cortisol, known as the "stress hormone," is integral to our body's "fight or flight" response.

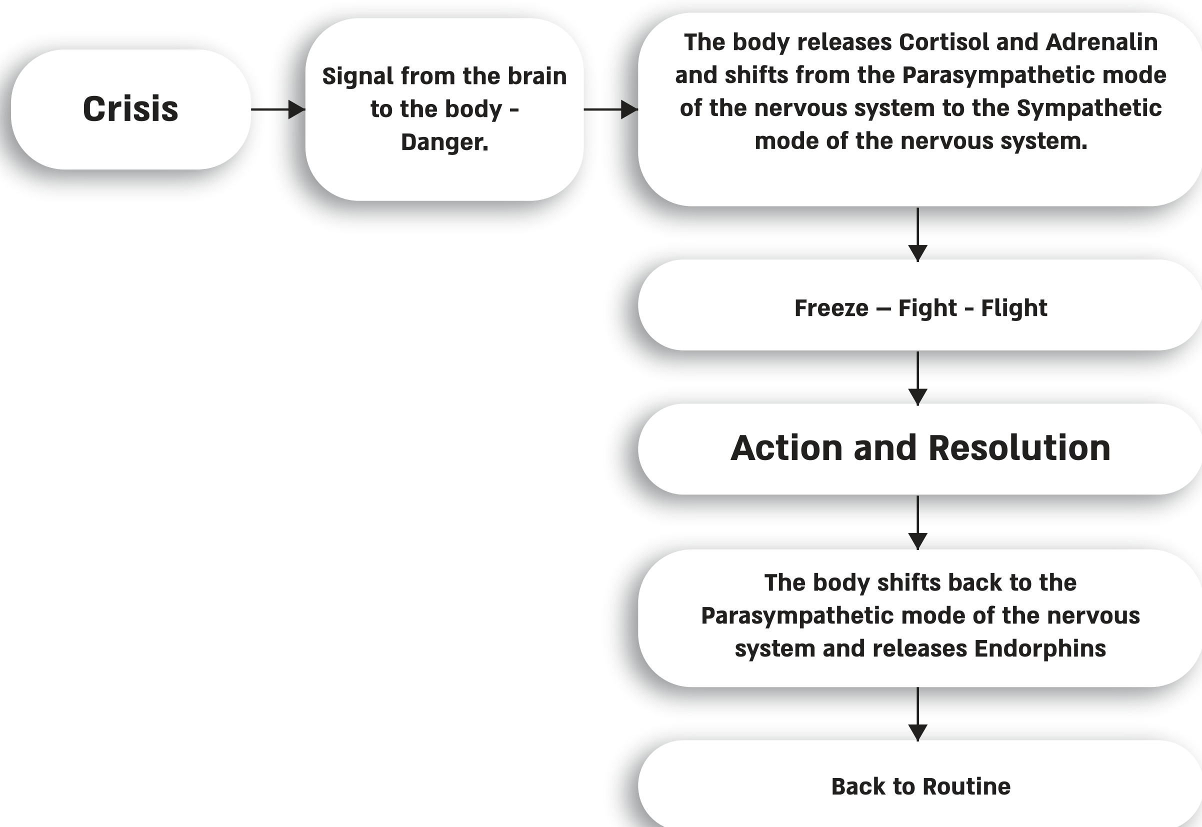
In Dr. Church's study, 83 participants were separated into three groups. One group was guided through an hour-long EFT session; the second group received an hour of talk therapy, while the third, the control group, received no treatment. The group that did an hour of EFT demonstrated a 24 percent decrease in cortisol levels, while the other two groups showed no real change. The EFT group also exhibited lower levels of psychological symptoms, including anxiety, depression, and others, as measured by the Symptom Assessment-45 (SA-45), a standard psychological assessment tool.

Research suggests that EFT may be so effective because of its perceived ability to balance out the nervous system, levelling off the activity of the parasympathetic and sympathetic regions. Responsible for promoting cell regeneration and relaxation, the parasympathetic region helps to slow your heartbeat, support digestion, and more. The sympathetic system, on the other hand, prepares you for vigorous physical activity by speeding up your heart, constricting your pupils, and so on. As noted in Church's study, imbalance between these two regions is associated with a long list of health issues, from high blood pressure and heart problems (most often seen in those with an overactive sympathetic region), to depression, fatigue, and weakened immune response (in those with excessive parasympathetic activity).

In his study findings, Church asserts that EFT, which he refers to as "acupoint treatments" produces "a neutral emotional state," which biologically speaking, is the gold standard of health and wellness.

(For full study go to - http://www.eftuniverse.com/images/stories/epimechpaper.pdf)

In conclusion: from a physiological point of view, EFT helps balance the levels of cortisol in the body allowing the body to shift from parasympathetic mode to sympathetic mode.



What can we use EFT for?

- Cravings
- Any emotional upset
- Repetitive thoughts
- Haunting memories
- Procrastination
- Overwhelm
- Pain
- Insomnia
- Goal-setting
- Headaches
- Fatigue

As Gary Craig (the originator of EFT) said, ***"Try it on everything!***

Let's be honest, this stuff can look REALLY silly!

Some people are put off by the look of emotional tapping, to others it seems unscientific.

The bottom line is that the positive effects of EFT are undeniable and... we can always tap on feeling silly. :)

A few points before we start tapping...

- We tap using several fingers
- It is best to tap with the fingertips (this way we also stimulate the energy meridians on the fingertips)
- We tap as hard as we might tap on a table

The 4 C's of tapping

There are 4 principles to a good tapping session. Gwyneth Moss calls them the 4 C's.

1. Calming – bringing down the level of emotional intensity
2. Connecting – maintaining the emotional connection to the topic
3. Clearing – clearing emotions to revealing deeper issues
4. Completing – making sure all aspects of the topic have been cleared and the change is ecological and applicable to the client's life

Basic EFT

1. ***TUNE IN AND ASSESS***

- Get the topic/issue.
- The first step in EFT tapping is to get a measurement of how strong the emotion is. Since we have no scale to stand on - the assessment is subjective.
- Tune in to what your inner voice is saying about the issue.
- Get the intensity of the related emotions right now. Get an intensity number, from 0 - 10.
- Zero means there is no emotion about the issue. Ten signifies the maximum emotional intensity.
- Note the starting number on paper. This is going to be your baseline. You will continually reassess it as you go through the process

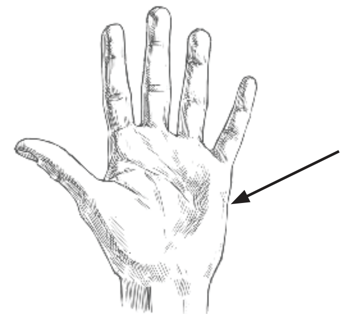
2. ***THE SET UP***

This part of the process is designed to pacify the subconscious gatekeepers who want to keep you safe in your familiar patterns.

Start tapping on the side of the hand and say,

Even though I have __(name the issue), I love and accept myself.

Make this statement three times, while tapping continuously on the side of the hand.



In the first part of the set-up phrase you fill in the blank with a short description of the problem or the issue.

Examples:

Even though I feel overwhelmed...

Even though I'm sad right now...

Even though I have this throbbing headache...

Even though I have this craving for___...

The second part of the set-up phrase is an affirmation or kind of positive statement about yourself. The most basic affirmation we use is: 'I love and accept myself'.

If that doesn't sit well or feel authentic there are other possible affirmations you can use, such as:

Even though I have (the issue), I accept myself and all my feelings.

Even though I have (the issue), I accept myself right now.

Even though I have (the issue), I'd like to accept myself just as I am.

Even though I have (the issue), I know I'm ok.

Examples, with the whole set up statement:

Even though I feel overwhelmed, I love and accept myself.

Even though I'm feeling depressed, I accept myself and all my feelings.

Even though I am terrified about the operation I have to have done, I'd like to accept myself just as I am.

Even though I have this throbbing pain in my leg, I know deep down I'm ok.

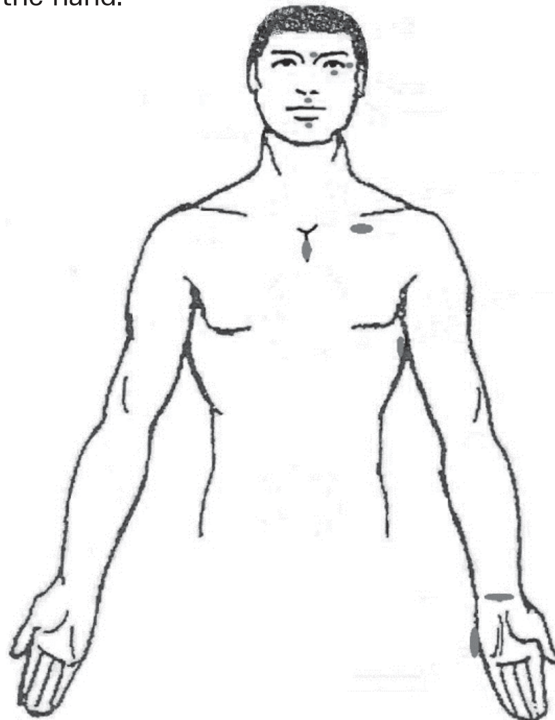
Even though I have this craving for a cigarette, I'm ok.

3. ***TAPPING***

After the Tapping set-up, start 2-3 tapping "rounds" on the meridian points.

At each point, you name the issue.

The tapping round begins and ends at the side f the hand.



These are the tapping points:

- Eyebrow
- Side of Eye
- Under Eye
- Under Nose
- Chin
- Collarbone
- Thymus
- Under Arm
- Wrist

That is one round.

Repeat at least two more times

Example:

Let's say the problem is that you are feeling overwhelmed.

At each point, you can repeat the statement: "This overwhelm."

Eyebrow: This overwhelm

Side of Eye: This overwhelm
Under Eye: This overwhelm
Under Nose: This overwhelm
Chin: This overwhelm
Collarbone: This overwhelm
Thymus: This overwhelm
Under Arm: This overwhelm
Wrist: This overwhelm

That is one round.

Repeat at least two more times.

4. ***DEEP BREATH***

Take a deep breath.

This helps move energy, oxygenates the mind and body and helps bring mental clarity. It's also recommended to drink water at this point.

5. ***REASSESS INTENSITY***

Tune in and reassess the intensity level of the issue from 0 - 10. Ideally, you will want to keep tapping until you bring the intensity level down to zero.

Notice if there is a new issue coming up and start a new set of tapping.

Using EFT with Clients

When we use EFT with clients, we become the facilitators of the tapping process.

1. We do not tap on the client. We mirror the tapping points by tapping on ourselves.
2. Client names the issue and the intensity.
3. We lead the tapping by speaking out load the issue and the client repeats after us.
4. During the process, we check new intensity levels and get curious about a new issues that may have come up.
5. We integrate the tapping into the coaching process.

Advanced EFT

Basic EFT is great for simple daily issues and upsets, such as: being irritated, feeling hurt, anxious, worried, frustrated or overwhelmed.

But there are times when basic tapping isn't enough and you need a tapping technique that goes deeper – an advanced tapping technique.

Advanced tapping is similar to the basic tapping technique, with a few additions.

1. We make a list of all the information that comes up as the client connects emotionally to the issue
2. We elicit the sub-modalities of the information
3. We use that list as tapping phrases

1. *TUNE IN AND ASSESS*

Get the topic/issue and its emotional intensity

Tune in and write down the related emotions, their intensity level from 0 – 10

Explore relevant sub- modalities

This information is your baseline

2. *THE SET UP*

Even though I have (name the issue), I love and accept myself.

Make this statement three times, while tapping continuously on the side of the hand.

Tap continuously on the karate chop point, state the problem and an affirmation three times

3. *START TAPPING*

Start tapping on the tapping point using the information (emotions and sub-modalities) you explored with the client

Encourage the client to vent anything else that comes up as you are both tapping together

4. *DEEP BREATH AND REASSESS*

Tap for 3 rounds

Take a deep breath and reassess all the information on the list

Notice if there are any new emotions or submodalities. If there are add them to the list.

5. *NEW SET UP*

* Start a new set up and keep tapping until you have brought all the intensities down to the lowest point the client can bring it to at that point in time.

Although, as Medical Coaches, we strive to bring the intensity down to zero, we need to make sure this is aligned with the client's belief system and values.

When practicing advanced tapping, we can take into consideration which emotion and body function is connected to which tapping point according to Chinese Medicine.

This is a list of emotions and body functions connected to the tapping points we use:

- *Side of the hand (KC) – Small Intestine Meridian*

  Releases: Psychological reversal (feeling stuck or frozen), inability to let go, resistance to change, sorrow, feeling vulnerable, worry, obsession, compulsive behavior.

  Allows: Ability to move forward, letting go of the old, healing from grief, finding happiness in and connecting to the present moment.

- *Eyebrow (EB) - Bladder Meridian*

  Releases: Trauma, hurt, sadness, restlessness, frustration, impatience and dread.

  Allows: Peace and emotional healing.

- *Side of Eye (SE) - Gall Bladder Meridian*

  Releases: Rage, anger, resentment, fear of change and muddled thinking.

  Allows: Clarity and compassion.

- *Under Eye (UE) - Stomach Meridian*

  Releases: Fear, anxiety, emptiness, worry, nervousness and disappointment.

  Allows: Contentment, calmness, and feeling safe. "All is well."

- *Under Nose (UN) - Governing Meridian*

  Releases: Embarrassment, powerlessness, shame, guilt, grief, fear of failure.

  Allows: Self-acceptance, self-empowerment, and compassion for self and others.

- *Chin (CH) - Central Meridian*

  Releases: Confusion, uncertainty, shame, embarrassment.

  Allows: Clarity, certainty, confidence, and self-acceptance.

- *Collarbone (CB) - Kidney Meridian - Adrenal Gland Function*

  Releases: Psychological reversal, feeling stuck, indecision, worry, and general stress.

  Allows: Ease in moving forward, confidence, clarity, elevating Qi levels.

- *Thymus*

  Releases: Trauma, stress.

  Allows: Adaptation of the immune system.

- *Under Arm (UA) - Spleen Meridian*

  Releases: Guilt, worry, obsessing, hopelessness, insecurity, and poor self-esteem.

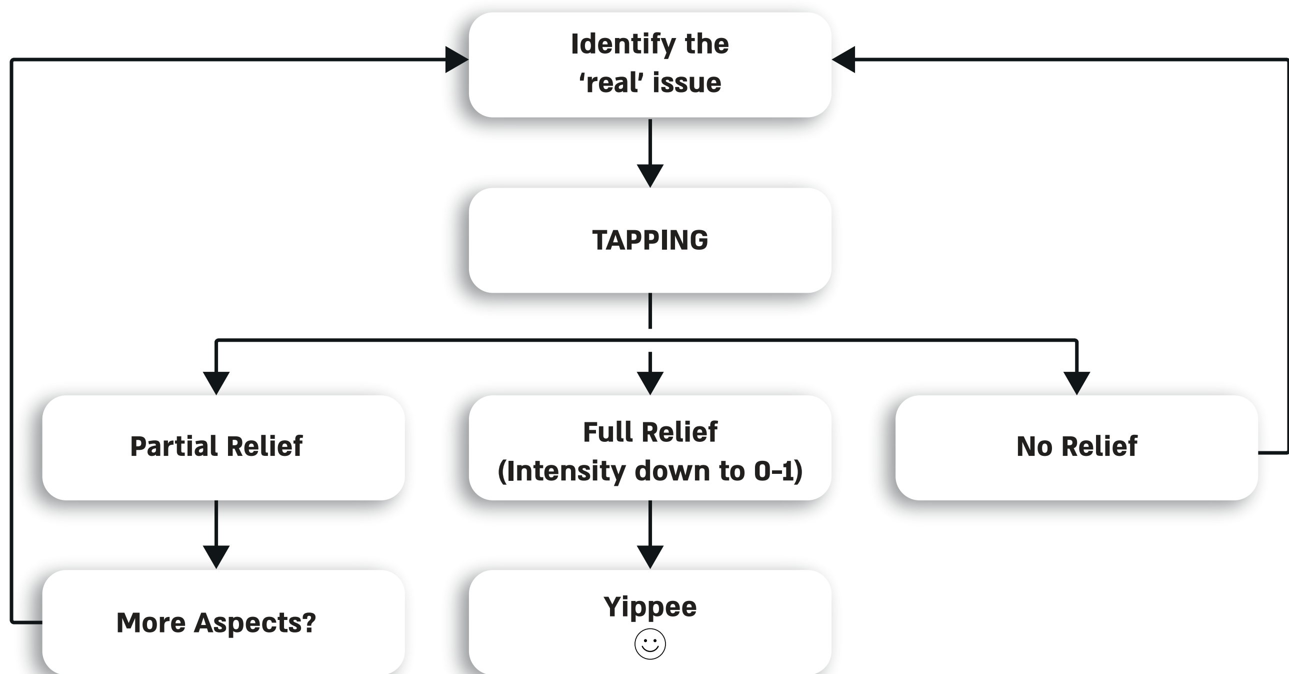
  Allows: Clarity, confidence, relaxation, and compassion for self and others.

- *Wrist – replaces the Top of the Head point ('Hundred Meeting Points' Meridian)*

  Releases: Inner critic, 'gerbil wheel' thinking, lack of focus.

  Allows: Spiritual connection, insight, intuition, focus, wisdom, clarity.

The EFT process flow chart:



A few important tips:

- Venting is good when doing EFT!

  We tend to ignore those childish, whining parts of us that want to be cuddled, want approval, feel insecure and just want to be heard. Devoting a few rounds to express those thoughts and emotions can help release emotional 'garbage', integrate all our parts and heal (and it really feels good!)
- After each one or several rounds of tapping, stop and take a deep breath. This helps move more energy and clear your thoughts
- After taking a deep breath, tune in again and notice what you are feeling and thinking about the issue
- You can say the words out loud or to yourself – as long as you stay focused on the issue you are tapping on

What if 'I love and accept myself' doesn't work for the client?

The 'I love and accept myself' affirmation is only one option out of many. If it's doesn't feel 100% sincere and authentic, find one that does.

Here are some alternatives to the "I love and accept myself," statement:

Even though I_______, I accept myself and all my feelings. Even though I________, I accept myself no matter what.

Even though I_______, I accept myself right now. Even though I_________, I accept myself just as I am. Even though I__________, I know deep down I am good. Even though I____________, I'm ok.

Even though I_______, deep down I know I'm ok. Even though I_________, God loves me.

Even though I_______, I would like to accept myself.

Even though I_______, it would be great if I could accept myself no matter what. Even though I__, I'd like to be able to accept myself.

Even though I_______, I can imagine the possibility of beginning to accept myself someday. Even though I_____, I'm tapping on it.

Even though I_______, that's ok. Even though I___________, I'm alive.

Things that can sabotage tapping or make it ineffective:

1. Alcohol, drugs or chemical toxins
2. Inadequate water in the system. If you haven't drunk enough water, or have consumed only drinks like coffee, tea, juice or soda - drink water and begin EFT again
3. You are not tuned in emotionally to the issue. You are tapping, but not really feeling it
4. There is a conscious or unconscious secondary gain
5. There is a conflict
6. You are not tapping on the real issue

You began tapping and suddenly the client feels worse...

Option # 1 - You have probably tapped into a greater well of emotion than the client realized was there.

This is actually a good sign, because that deep emotion has been affecting the client without him/her being aware of it.

Continue tapping, and remember that the work you are doing is life transforming.

Option # 2 – the client feels a new unsettling emotion that wasn't present when you began tapping.

This is also a good sign, as our thoughts, feelings and beliefs around the events of our lives can have many layers. Like the layers of an onion we need to peal those layers to get to the core issue so that we can release it.

Continue tapping. Remember that the work you are doing is life transforming.

EFT and serious/chronic illness

- To appropriately approach an issue that concerns a chronic illness, we must first dispose of the "one-minute wonder" misconception about EFT
- Even though applying EFT to heath issues may result in "one minute wonders" on some of the symptoms, one cannot assume that EFT will dispose of the broader underlying causes so easily
- The idea of a "one session wonder" is a perception, in reality it is the exception to the rule

Tapping with Children

EFT is a great tool to use with children.

When tapping with children remember to use age appropriate language AND keep it simple and playful.

When is it time to work with a Professional and not on your own?

1. When the issues is highly emotionally charged - like trauma, death, abuse, horror and violence
2. When you feel you need change NOW!
3. When you can't seem to get to the root of the issue
4. When you feel it's too difficult to tap on the issue while maintaining distance and perspective

Acknowledgments:

I would like to acknowledge and thank my wonderful EFT teachers: Gary Craig, Natalie Hill, Masha Bennet, Nick Ortner, Brad Yates, Gwyneth Moss, Ilana Weiler & Aya Hod.

Introduction to Stress

Stress is a physical and physiological response to a stressor that makes us change the way we normally react and think.

Stress can be caused by different stressors and can be short-lived or long-lasting. Stressors can be external and internal...they can be anything and everything!

Acute Stress

Acute Stress is short-lived and appears as a result of exposure to an emotionally dramatic event/ situation – stressor - such as a deadline, financial issue, marriage, divorce, childbirth, trip, promotion etc.

On the one hand Acute Stress can be beneficial and create motivation. On the other hand, it can cause physical symptoms such as:

- Headaches
- Stomach aches or indigestion
- Sweating
- Heart palpitations
- Shortness of breath
- Dizziness
- Chest pain

During an Acute Stress event our body releases stress hormones (adrenaline and cortisol), that flood the body in order to get the heart going and boost energy levels. Once the crisis/event has passed, the body balances the levels of adrenaline and cortisol, the stress diminishes and we start to recover.

Chronic Stress

Chronic, or long-term stress, appears as a result of an ongoing exposure to one or more unresolved stressors.

The long-term high level of cortisol in the body causes various health problems:

1. Memory and reasoning are impaired
2. High blood pressure due to the narrowing of blood vessels
3. Bruxism - clenching and grinding the teeth, a condition afflicting the jaw and surrounding muscles
4. Suppression of neurotransmission in the brain, causing depression
5. A weakened immune system and increased risk of infections and stress related diseases
6. Excessive hair loss
7. Aggravation of existing skin problems including psoriasis, rosacea, acne and eczema
8. Muscular pain mostly in the back, neck and shoulders
9. High risk for cardiovascular disease and hypertension
10. Aggravation of existing medical conditions and illnesses

11. Aggravation of the digestive system that results in irritable bowel, nausea, or diarrhea
12. Weight gain as a result of several hormones playing a role in the stress and craving process, including serotonin, cortisol and neuropeptide Y
13. Impact on sex drive, vaginal infections, impotence, sexual dysfunction and infertility
14. Mental and emotional problems including insomnia, headaches, irritability, anxiety and personality changes

The Relationship Between Stress, Health and Illness

The first step in understanding the relationship between stress, health and illness is that stress is not a "stand alone" event that happens as a reaction to a stressor, it is the outcome of four systems acting in unison:

- Cognitive system
- Nervous system
- Endocrine system
- Immune system

There are Five theoretical models that address this relationship from a scientific perspective:

1. The Borysenko Model

Dr. Joan Borysenko's model is currently considered the most accurate description of the immune system.

When the brain receives a stimulus, which it perceives as a threat, it causes the autonomic nervous system (ANS) to release stress hormones which affect the way the body and the organs function for the purpose of better coping with the threat.

According to Borysenko, when the brain is frequently stimulated it creates heightened neural responses that speed up the metabolic rate of organs. This creates an autonomic dysregulation, meaning the autonomic nervous system becomes sensitive and over responsive to perceived threats resulting in the release of elevated levels of stress hormones. This in turn can lead to migraines, ulcers, irritable bowel syndrome, coronary heart disease and hypertension.

As the body becomes "flooded" with stress hormones, the various functions of the immune system become repressed, resulting in a decrease in T cell levels and a reduction in their ability to locate and destroy dangerous pathogens. This in turn can lead to infections, allergies, cancer, lupus, arthritis and AIDS.

(Read more about Dr. Borysenko - https://www.joanborysenko.com/)

2. The Pert Model

After discovering opioid receptors Dr. Candance Pert discovered the link between the nervous system and the immune system.

She discovered that neuropeptides (messenger hormones) are able to fit receptors on lymphocytes (white blood cells that include T cells and B cells – both are natural killer cells that eliminate or prevent pathogens growth). Neuropeptides carry a bio-chemical 'code' that is like a language influenced by emotional response

In addition, Pert discovered two additional things:

1. Immune cells can manufacture neuropeptides while being able to adapt to emotions.

2. Various cell tissues comprising the immune system can synthesize neuropeptides to alter immune function.

This led to the belief that neuropeptides are the means of communication between the brain, T cells and B cells, meaning that emotions can suppress or enhance immune function through the neuropeptides.

(Read more about Dr. Pert - http://candacepert.com/)

3. The Lipton Model

Dr. Bruce Lipton is an advocate of the 'epigenetic theory' (the studies of molecular mechanisms in which environment controls gene activity of DNA).

Lipton studied the cell's environment and suggested that the cell's brain in not in the nucleus but in the membrane. The membrane holds the knowledge that allows the cell to translate environmental signals into behavior. Lipton's research revealed that cells have the ability to promote growth as well as production of their integrity. They can't do both at once.

Looking at cells physiological systems Lipton noted that stress hormones greatly affect the immune system, so much so that organ transplant patient are often given high doses of these hormones to suppress the immune system from rejecting the new organ. Lipton looked at the correlation between stress and aging and his studies show that telomeres (a DNA protein) involved with cell division are greatly compromised by chronic physiological stress, indicating a link between stress and aging.

4. The Gerber Model

Dr. Richard Gerber's model states that the mind through conscious and unconscious thoughts exists as a subtle energy field that surrounds the body and influences biochemical reactions. Gerber names four layers that compose this energy field:

- The etheric layer – closest to the body
- The astral layer – emotional thought
- The mental layer – instinct, intellect and intuition
- The casual layer - soul

A disruption or disturbance in this subtle energy field cascades through the four layers via the chakras and meridians and leads to illness and disease.

Thought, perceptions, and emotions, that originate in various layers of subtle energy, cascade through the mind-body interface and are decoded at the molecule level, potentially causing biological change in the body.

From Gerber's perspective, stress related symptoms that appear in the physical body are the manifestation of problems that occurred earlier as a result of disturbances at higher energy levels.

* The study of subtle energy and energy medicine has led to a new field called Energy Psychology, which is a term used to describe the relationship between subtle energy, psychological issues and trauma involving certain aspects of stress.

5. The Pelletier Model

Dr. Kenneth Pelletier believed a number of issues must be studied and understood before a stress-disease model can be developed.

These include:

1. Manifestation of disease states in people with Multiple Personality Disorder: people who have different personalities manifest different illnesses.
2. Spontaneous remission: the sudden disappearance of diseased tissue – most often observed with terminally ill cancer patients but acknowledged with other illnesses as well.
3. Hypnosis: when the power of the unconscious mind is used to induce physiological changes. There have been documented cures of warts, asthma, hay fever, contact dermatitis and some animal allergies using hypnosis.
4. Placebos/noceboes: Placebo - the phenomenon where a medication that has no proven efficacy is believed to be effective by the person receiving it and it is. Nocebo - the phenomenon where a medication that have been proved to be extremely effective is believed to be ineffective by the person receiving it and it is.
5. Cell memory: cells of various organ tissues hold an energetic memory pattern that transfers to the next recipient. This has been discovered with the development of medical technology that has made organ transplants possible.
6. Subtle energy: according to Pelletier "mind-body interaction clearly involves subtle energy or subtle information exchange... given that mind-body interactions involve an exchange in subtle energy, principles of physics may be appropriately applied to issues of health and disease".
7. Immune enhancement: if a suppressed immune system can, by way of thought, influence the progression of tumors and other disease processes, physiological factors may also be able to enhance the immune system to create an environment conducive to spontaneous remission and other healing effects.

After reviewing the medical literature, at the time, Pelletier believed: that the only logical approach to understanding the stress-disease/mind-body phenomenon is an approach in which the individual is considered greater than the sum of his/her physiological parts.

(Read more about Dr. Pelletier - https://drpelletier.com/)

Psychosomatic illnesses

The second step in understanding the relationship between stress, health and illness is understanding the concept of **Psychosomatic illnesses**.

Psychosomatic mind (psyche), body (soma) – refers to psychological functioning of the brain (mind) on the physiological functions of the body.

Psychosomatic Illness – a physical illness, disease or disorder in which the physical symptoms are caused, triggered or worsened by emotional and mental factors.

It is now recognized that emotional factors play a role in the development of nearly all organic illnesses.

The physical manifestation of an illness, unless caused by mechanical trauma, cannot be separated from a person's emotional life. There is an emotional and mental aspect to every physical disease

To an extent, most illnesses are psychosomatic - involving both mind and body.

Experts estimate that 75-80% of all health-related issues and problems are either precipitated or aggravated by stress.

Psychosomatic Medicine is an interdisciplinary medical field exploring the relationships between social, psychological, and behavioral factors and the physiological function of the body.

Psychosomatic Medicine integrates diverse specialties such as: psychiatry, psychology, neurology, in ternal medicine, surgery, allergy, dermatology and psychoneuroimmunology.

Psychoneuroimmunology

Psychoneuroimmunology (PNI) is a relatively new field that studies interaction between psychological processes and the nervous and immune systems of the human body.

Dr. Kenneth Pelletier defines PNI as the study of intricate interaction of conscious (psych) , brain and central nervous system (neuro) , and the body's defense against external infection and internal aberrant cell division (immunology).

PNI examines the relationship between mental processes and health by focusing on the interactions between the nervous and immune systems.

The influence of one system on the other is intricate and designed to sense danger and produce an appropriate adaptive response. Research done in recent years show that the brain-to-immune interactions are highly modulated by psychological factors that influence immunity and immune system-mediated disease.

PNI is an interdisciplinary approach, incorporating psychology, neuroscience, immunology, physiology, genetics, pharmacology, molecular biology, psychiatry, behavioral medicine, infectious diseases, endocrinology and rheumatology.

Recommended reading:

Emotional Expression in Cancer Onset and Progression - http://www.thrivetraining.info/wp-content/

uploads/EMOTIONAL-EXPRESSION-IN-CANCER-ONSET-AND-PROGRESSION.pdf

Emotions, Immunity and Disease - a speculative theoretical integration – https://jamanetwork.com/journals/jamapsychiatry/article-abstract/488681

Stress, Depression and Immunity: Research Findings and Clinical Implications - https://books.google.co.il/books?id=ecX46Asi8DUC&pg=PA168&lpg=PA168&dq=,+studySchleifer&source=bl&ots=yIy35Tf7xv&sig=ACfU3U2C8TaetMY6AklOeBTwqVweNJw2bw&hl=iw&sa=X&ved=2ahUKEwi9wtqKxunhAhUIKFAKHcwfDC4Q6AEwBXoECAkQAQ#v=onepage&q=%2C%20studySchleifer&f=false

Understanding Psychoneuroimmunology - https://www.healthline.com/health/psychoneuroimmunology

The Connection Between Stress and the Freeze-Fight-or-Flight Response

From a physiological perspective, the body's way to respond to stress is by activating the sympathetic nervous system which results in the 3 Fs: Freeze-Fight-or-Flight response. The sympathetic nervous system releases high levels of cortisol into the body.

Since our brain does not know how to differentiate between "reality" and "imagination", it does not know how to differentiate between an external, environmental stressor and an internal one. Our body reacts the same way to both types of stressors.

Different people react in different ways to acute stressors and chronic stressors.

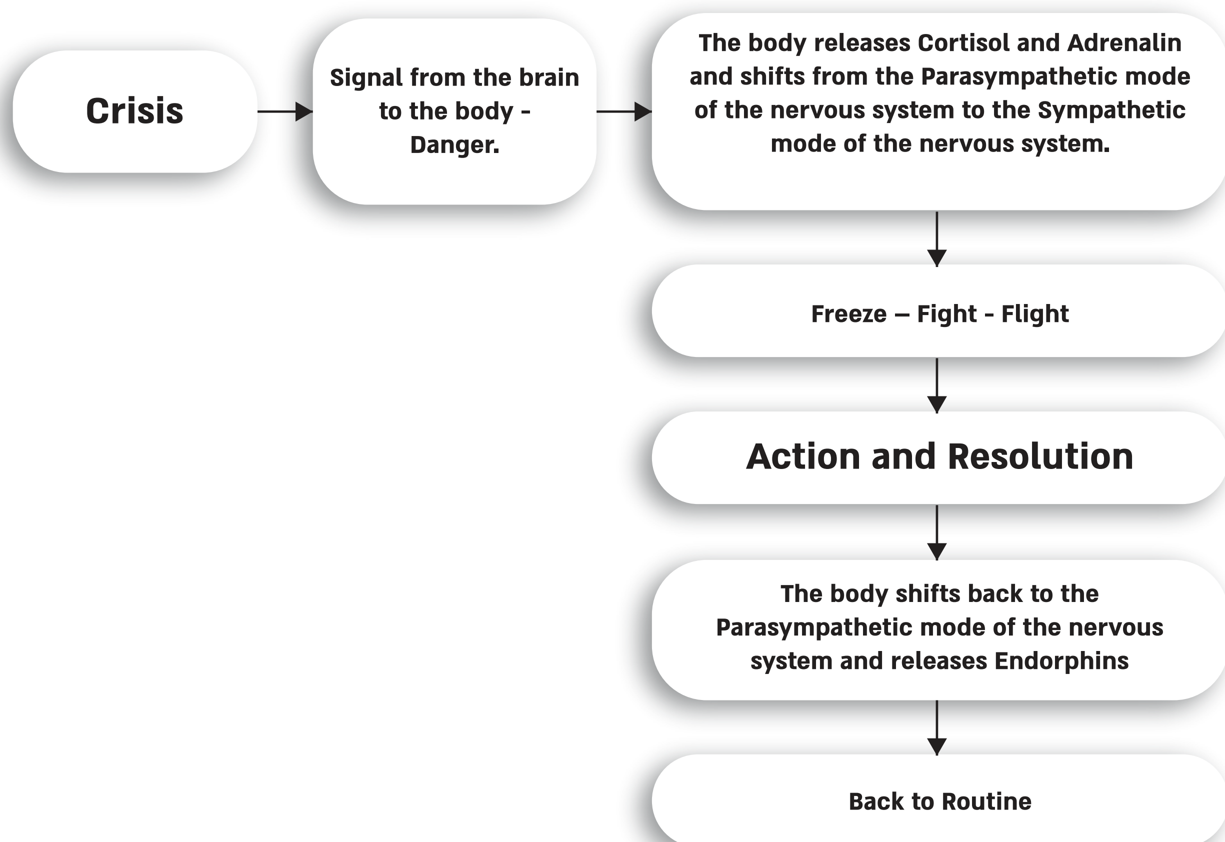
The reaction to a stressor derives from the emotions triggered by the way a person perceives the stressor.

As Medical Coaches we focus on the person's ability to create resilience and effective coping skills and not the story of the stressor.

There are four types of reaction to stressors:

1. Physical reactions: blood pressure, heart rate, body temperature, breathing rate, etc.
2. Emotional reactions: fear, anxiety, anger, shame, sadness, etc.
3. Behavioral reactions: loss of interest, aggression, crying, nervousness, etc.
4. Mental reactions: confusion, distortions in perception, difficulty in judgment, etc.

An abstract flow chart of the stress reaction in the body



Chronic stress means that the person has not completed the 'action and resolution' phase.

In the Medical Coaching process, we help the client complete the 'action and resolution' phase so that there can be a shift to the parasympathetic mode and back to a balanced daily routine.

It's important to remember:

1. The connection between stress and illness is 'a two-way street': stress causes illness and illness causes stress
2. Stressors are subjective and can be anything from an argument to an accident
3. Positive events can be stressors

Coping with stress

There is no "right" way to cope with stress. Medication alone does not provide a complete solution. The down side of using medication alone is that it only addresses the symptoms and not the cause. Paradoxically, that is also its benefit as it allows a person to get relief while going through a deeper process of identifying and releasing the actual stressors.

Alternative and complementary therapies offer a variety of efficient ways to cope with stress. Some give symptomatic relief and some help release the stressors.

In Medical Coaching we work with our client to clear the stressors so that all the resources that were directed towards coping with stress can be redirected towards healing.

Compassion Fatigue

Compassion Fatigue is defined as a combination of physical, emotional, and spiritual depletion associated with caring for patients in significant emotional pain and physical distress (Anewalt, 2009; Figley, 1995).

The first to coin this term was a nurse by the name of Clara Joinson in 1992, in her work with emergency room personnel. She identified Compassion Fatigue as a unique form of burnout that affects individuals in caregiving roles.

That same year Jeffrey Kottler (1992), in his book, Compassionate Therapy, emphasized the importance of compassion in dealing with extremely difficult and resistant patients.

Most studies addressing the issue of the effectiveness of therapy point to the therapeutic alliance between client and clinician as the ability to empathize, understand and help clients (Figley & Nelson, 1989). When it is not present, it is highly unlikely that any change (therapeutic or other) will take place.

In Medical Coaching we look at the alliance between client and Medical Coach as the relationship that holds the Medical Coaching process. The most important ingredient in building a Medical Coaching relationship (or any other coaching and/or therapeutic relationship for that matter) is the trust the client feels towards the coach and the process. This trust is directly related to the degree to which the coach utilizes and expresses empathy and compassion.

In the context of Medical Coaching we need to be aware of Compassion Fatigue when working with a client that is a caregiver and/or in contact with someone coping with a medical crisis.

I addition we must be aware that we, as Medical Coaches, are also susceptible to Compassion Fatigue. There are several identifiable symptoms of Compassion Fatigue.

These symptoms can be physical, emotional, behavioral and cognitive.

Physical symptoms

- Headaches
- Digestive problems: diarrhea, constipation, upset stomach
- Muscle tension
- Sleep disturbances: inability to sleep, insomnia, too much sleep
- Fatigue, chronic tiredness or a sense of feeling drained
- Cardiac symptoms: chest pain/pressure, palpitations, tachycardia
- Frequent colds or other illnesses
- High blood pressure
- Anxiety/stress symptoms

Emotional symptoms

- Mood swings
- Restlessness
- Irritability
- Oversensitivity

- Stress and anxiety
- Excessive use of substances: nicotine, alcohol, illicit drugs
- Sadness or depression
- Anger and resentment
- Loss of objectivity
- Memory issues
- Poor concentration, focus, and judgment
- Less enjoyment of pleasant activities
- Feeling hopeless or helpless
- Irritability or having a "short fuse"
- Feeling overwhelmed
- Decrease in a sense of basic trust in others and in the world
- Decreased sense of purpose and meaning in life
- Feeling ineffective and cynical or negative about life in general

Behavioral symptoms

- Increased drinking or smoking marihuana
- Anger outbursts
- Changes in eating or shopping habits (including on-line shopping)
- Avoidance or dread of working with certain patients/ clients/people
- Reduced ability to feel empathy towards patients/ clients
- Frequent use of sick days and cancellation of sessions
- Lack of joyfulness
- Less desire to be with friends or family
- Impatience with others
- Increased anxiety in public places
- Greater need to be in control in order to feel safe

Cognitive symptoms

- Decreased concentration and focus
- Impaired memory
- "Seeing" scary images in your thoughts
- Nightmares or disrupted sleep

Any of the above symptoms could indicate the occurrence of Compassion Fatigue. However, it is important to note that generally more than one symptom is present before someone is identified as having compassion fatigue.

Burnout

Burnout is a term used to describe severe chronic stress related to a stressful working environment. The term was first coined in the mid-1970s by a researcher named Herbert Freudenberger.

Compaction fatigue is a form of burnout connected with healthcare environments.

Burnout syndrome is characterized by three dimensions:

1. Emotional exhaustion (depletion of emotional resources to contact with other people)
2. Depersonalization (negative feelings and cynical attitudes toward the recipient of one's services or care)
3. Reduced personal accomplishment (a tendency to evaluate oneself negatively, particularly with regard to work)

*Maslach C, Schaufeli WB, Leiter MB. Job burnout. Annu Rev Psychol. 2001;52:397-422.

When the conversation about Burnout and Compassion Fatigue is reduced to a list of wellness tools and tips, it means there is a fundamental misunderstanding of what Burnout really is. Burnout is a manifestation of Chronic Stress.

We can divide the causes for burnout into three main categories:

1. Personal – conflicts of values, conflicts of beliefs, negative self-talk, low self-esteem.
2. Interpersonal – conflicts within relationships at work and / or in life.
3. Organizational – conflicts of values and/or beliefs with the organization resulting in a break of trust in the organization.

When coaching burnout issues, we must be brave enough to call our clients forth to look at these conflicts and resist the easy path of focusing on wellness tips and "quick fixes".

The B.T.R.S. model

The B.T.R.S. model is the approach used in Medical Coaching to help clients reduce and manage their stress.

B- Behavior

T- Trigger

R – Release

S – Self-care

B- Behavior

Stress shows itself through behaviors – internal and external.

Either there is a change in the ability to perform regular behaviors or there are new (usually unwanted) behaviors that are associated with stress.

The discussion about stress always starts with creating clarity about the way stress is manifested through the behaviors.

T- Trigger

Once we have identified the stress behaviors with the client, we start looking for the triggers that active them.

Stress triggers are called stressors.

Stressors act like activation buttons that set on a physical and physiological response (behavior) of stress.

Triggers/Stressors can be external and internal. Most of all they are subjective.

A stressor can activate one behavior or several.

R – Release

Once we have identified a stressor, we release it by clearing the actual stressor and replacing it with an anchored resource. We test and repeat this process as needed until the client experiences a significant change in the old behaviors.

S – self-care

We integrate the new resource in a self-care plan that we create with the client.

Self-care

Self-care is similar to taking care of your cell phone.

We all know that our cell phone batteries need to be recharged. We have 3 options of how to recharge our batt

1. Wait until the battery is completely empty and then go without the use of the cell phone until a place and oppor to recharge it is found
2. Listen to the cell phone's signal when the battery is low and then recharge it
3. Recharge the battery regularly

When coping with a medical crisis, self-care needs to be done regularly.

The roles of self-care and a healthy life style are central in the prevention and/or recovering from compassion fa

In Medical Coaching we use a Metrix template to help the client create or improve his/her self-care routine.

The Medical Coaching Self-Care Matrix

Level 3	Purpose	Spirituality	Personal Development	Mind-Body Connections	Values
Level 2	Family Relationships	Work Related Relationships	Relations with Medical Team/ Caregivers	Social Support	Communication Skills
Level 1	Nutrition	Movement & Exercise	Rest	Environment	Time & Resource Management

Working with the Medical Coaching Self-Care Matrix

Level 3	**Purpose** Identify a bigger sense of life's purpose ("for the sake of what is it important to address your stress and self-care?).	**Spirituality** Reframe spirituality as a self-care resource.	**Personal Development** Identify areas the client would like to continue developing. Explore options. _ Create new strategies.	**Mind-Body Connections** Create awareness regarding the "Body-Mind" connections. Identify with the client what it means for him/her. Create new strategies.	**Values** Create awareness regarding the concept of values and core values. Identify with the client the values around health and self-care. Create new strategies.
Level 2	**Family Relationships** Review stressors and challenges regrading relationships with family members. Clear stressors. Create new strategies.	**Work related relationships** Review stressors and challenges regrading workplace relationships. Clear stressors. Create new strategies.	**Relations with Medical Team/ Caregivers** Review stressors and challenges regrading relationships with medical team/ caregivers. Clear stressors. Create new strategies.	**Social Support** Create awareness regarding the need and added value of social support to self-care. Identify specific needs. Explore options._ Create new strategies.	**Communication skills** Review stressors and challenges around specific communication skills. Clear stressors. Create new strategies
Level 1	**Nutrition** Create awareness regarding healthy nutrition. Invite the client to make a conscious choice. Create new strategies.	**Movement & Exercise** Create awareness regarding the importance and impact of movement and exercise. Evaluate options. Invite the client to make a conscious choice. Create new strategies.	**Rest** Create awareness regarding the nature and impact of rest. Evaluate options. Invite the client to make a conscious choice. Create new strategies.	**Environment** Create awareness regarding current stressors and challenges in the environment. Evaluate options. Invite the client to make a conscious choice. Create new strategies._	**Time & resource Management** Review of current challenges regarding time & resource management. Evaluate options. Invite the client to make a conscious choice. Create new strategies._

Pain

In a Medical Coaching process, the client brings pain issues to the coaching space.

Often the pain will come in the form of emotional pain, and we will work with it in the same way we work with emotions. Pain can also come up in the form of physical pain.

The Medical Coaching premises on pain:

1. Physical pain tells a physical/clinical story through symptoms and disturbances in bodily function.
2. Physical chronic pain is affected by unresolved emotions that have not been acknowledged or expressed on a conscious level.
3. The presence of chronic physical pain draws attention away from suppressed issues and emotions.
4. In every case of chronic pain, there is subconscious anger at the body for hurting.
5. Physical pain issues can trigger a disconnect with the body.
6. Emotional pain tells a personal story through the meaning given to thoughts and emotions.

When coaching a client with chronic pain, we focus on the emotions rather than the actual intensity of the physical pain.

For that purpose, we need to learn to expand our listening skills so that we can listen to the voice of the feelings.

We will ask our client: “What feeling comes up and is present now?”

“What feeling are you desperately trying not to feel?”

When working with a client in pain, it is important to create clarity regarding the difference between PAIN and SUFFERING.

From a Medical Coaching perspective:

Pain is the experience of hurt. Pain is a part of life.

Pain changes because everything in this world changes, that is the nature of things. There is always something that we can do to change the nature of our pain.

Suffering is the experience of feeling powerless.

Suffering happens when we feel powerless to create or stop change.

In the contest of pain, suffering is a result of feeling powerless to change or stop the pain. Suffering is one option out of many; it is a choice.

Additional articles on the topic:

Stress and Chronic Pain - https://www.instituteforchronicpain.org/blog/item/123-26stress-and-chronic-pain

Chronic Pain and Chronic Stress: Two Sides of the Same Coin? https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5546756/

Eliminating Stress Brings Pain Relief - https://www.everydayhealth.com/pain-management/stress-and-pain.aspx

Techniques in the Medical Coaching toolbox for working with pain:

EFT (Emotional Freedom Technique)

ACE (Advanced Clearing Energetics)

Using EFT with Pain Issues

We can use EFT in 3 different ways to work with a client's pain:

Technique # 1 - assess the intensity of the pain as if it were a "regular" issue and tap on it using the reminder phrase: "this pain".

Technique # 2 – elicit the sub-modalities of the pain and tap on them using advanced tapping.

Technique # 3 – (By Nick Ortner)

In this EFT technique we tap on the pain issue without addressing its content, origin or nature at all.

Instead we address four subjective aspects of the pain:

The shape of the pain

The color of the pain

The emotion of the pain

The texture of the pain

We elicit the submodalities of these aspects and tap on them in order to create change in the nature and quality of the pain through the change in the submodalities.

Technique # 3 – (By Nick Ortner)

We elicit sub-modalities of Shape, Color, Texture and Emotion

We make sure the affirmation is sincere and authentic.

The set-up:

Even though I have this Shape, I love and accept myself

Even though I have this Shape and Color, I love and accept myself

Even though I have this Emotion, I love, accept and forgive myself

Start Tapping

Eyebrow: This Shape

Side of Eye: This Shape and Color

Under Eye: This Shape and Color and Texture

Under Nose: This Shape and Texture

Chin: This Shape and Color

Collarbone: This overwhelm

Thymus: Emotion

Under Arm: This Shape and Color and Texture

Wrist: I am safe, calm and healing

Deep breath and drink of water

Reassess sub-modalities of: Shape, Color, Emotion and Texture

Start a new round

Get a new set-up with the new sub-modalities and start tapping.

ACE (Advanced Clearing Energetics)

Richard Flook is the originator of Advanced Clearing Energetics also known as ACE and author of the book, 'Why Am I Sick'. After losing his mother from breast cancer during childhood, Richard always felt a deep compulsion to find answers as to why disease occurs and how we heal. This led him on a journey to discover the root causes of illnesses and to finally find the answer to the question, 'Why do we get sick'? Richard teaches his groundbreaking techniques around the world both live and online.

Learn more about Richard Flook:

https://richardflook.com/

https://www.whyamisick.com/

http://www.advancedclearingenergetics.com/

The Major Premise of ACE

The energy (emotions) of the events we experience are picked up by the – **HEART**,

It is then communicated to and lodges in the – **GUTS**,

the stress becomes localized in the – **BRAIN**,

And finally relates embryonically to a part of an – **ORGAN**.

> Embryology – a branch of biology that studies the formation and development of an embryo and fetus.
>
> Learn more about Embryology - https://www.youtube.com/channel/UC2X7h11Oa-NtVbRp2p3GV8Q

Background Knowledge – The theories that created ACE

The HEART

The Heart's Wave:

The quality of our thoughts and emotions affect the heart's electromagnetic field.

This energetically affects those in our environment.

The Heart is pumping out information

As the heart beats, it is sending out a wave of information into the world and into the body. This creates a human body field.

'This field is responsible for attracting certain individuals into our lives and putting us into specific environments. Our world is made up from the negative and positive energy that is stored in our system' – Richard Flook

Learn more:

Science of the Heart video - https://www.youtube.com/watch?v=pp-r_f8-qz8

https://www.heartmath.com/

https://www.heartmath.org/

The GUTS

Our gut and brain originate from the same embryonic tissue.

One becomes the Central Nervous system the other the Enteric Nervous system.

The gut can function independently of the brain and communicates with the brain via the Vagus Nerve. This controls everyday emotional wellbeing.

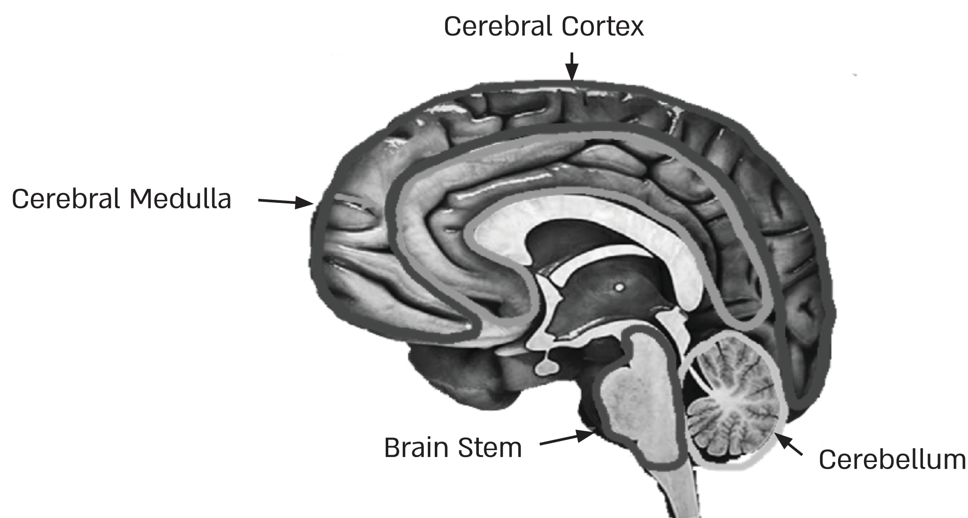
Learn more:

- Dacher Keltner on the Vagus Nerve - https://www.youtube.com/watch?v=5d6e_Un6dv8
- The surprisingly charming science of your gut - https://www.youtube.com/watch?v=HNMQ_w7hXTA

The Brain

Our brain stores information about everything that happens in our body and our lives. META-Medicine® addresses 4 main brain layers:

Cerebellum Brain Stem Cerebral Medulla Cerebral Cortex



META-Medicine® connects different types of conflicts to different brain layers:

- Cerebellum - PROTECTION - Skin
- Brain Stem - DIGESTION - Guts
- Cerebral Medulla - SELF WORTH – Muscles, Cartilage, Tendons, Bones
- Cerebral Cortex - TERRITORY & SOCIAL– Mucous membranes and soft tissue

The Organ

The reaction of the organ is designed to assist the person in resolving the energy (emotions) from the event and learn from it.

"Cells change their structure and function based on their environment" (Lipton & Bensch 1991)

The reaction of the organ is designed to assist the person in solving the UDIN shock and learn from it.

A UDIN Moment

UDIN is an acronym for a traumatic moment:

Unexpected – from a subjective perspective.

Dramatic – the existence of intense fear and threat to the physical, emotional or mental wholeness

Isolating - from a subjective perspective.

No Strategy - the person feels disconnected from resources.

During the time of its occurrence we feel shocked by the unexpectedness of it, overwhelmed by the dramatic emotions, isolated in the moment, powerless and without a strategy in the face of a force stronger than ourselves.

What happens in the body during a UDIN moment?

Information gets trapped inside an energy ball of emotion that is either positive or negative. We see this on X-Rays, CT scans, as flat two-dimensional images.

A UDIN moment has everything in it: images, voices, touch, feelings, tastes, smells as well as your own narrative, beliefs and values.

Epigenetics

Epigenetics is a field of science that studies changes in our genetic activity that occur without changing our genetic code. It is a process that happens throughout our lives and is normal to our development.

Epigenetics is asking whether our external environment (e.g. smoking, diet, pollution and war) and our internal environment (e.g. emotions, stress and trauma) can leave "epigenetic marks" on our DNA that could get passed on to subsequent generations. They call the phenomenon Epigenetic Inheritance.

Learn more –

Epigenetics - An Introduction - https://www.youtube.com/watch?v=JMT6oRYgkTk

Epigenetics - https://www.youtube.com/watch?v=avWwfuJYnnI

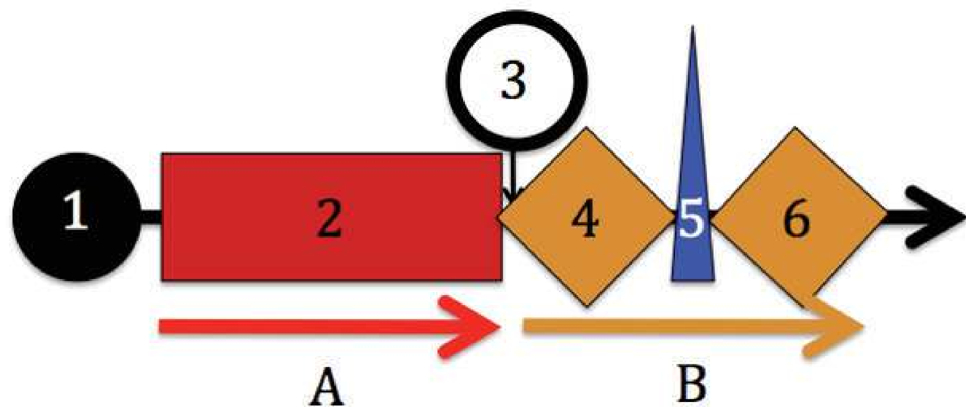
Epigenetics: Nature vs nurture - https://www.youtube.com/watch?v=k50yMwEOWGU

Epigenetics – our bodies' way to change the destiny written in our DNA - https://www.youtube.com/watch?v=SrqmuYvk3iQ

Bruce Lipton, Ph.D. Epigenetics: The Science of Human Empowerment - https://www.youtube.com/watch?v=kqG5TagD0uU

The Six Stages of healing

1. UDIN
2. Stress
3. UDIN Reversal
4. Repair
5. Spike
6. Rebuild



A. Sympathetic phase

B. Parasympathetic phase

Important to remember when working with the ACE technique

- Let the client do all of the work. Remain a coach, follow the process and hold a safe space.
- All pain/issues are trapped energy.
- We are all designed to learn from past experiences.
- All diseases have a positive learning experience behind them.
- What is going on outside you, is going on inside you.
- Stuck energy can be seen everywhere and anywhere you look, inside your body as well as in pain and disease. This is mostly unconscious.
- Flowing energy can be seen everywhere and anywhere as well.
- Everything is a metaphor. It all has meaning and deciphering what is meaningful to you is the key.

The ACE Strategy

1. Define the pain issue with the client.
2. Get the information of the energy. Ask the client to go his/her heart, brain, belly (guts), issue (pain or organ) and get the information of the energy.
3. Notice the underlying pattern. Get an auditory code name for it.
4. Clear the trapped energy of the core issue that is in the heart, brain, belly (guts) and organ.
5. Use the Magic Questions: Is this energy yours? Where does it come from? How far back?
6. Ask the client to 'Go back before the Core Event ever happened'. Above the timeline.
7. Elicit the positive learnings.
8. Ask the secondary gain questions:

   What are you doing now that once you let this go you will STOP doing?

   What are you NOT doing now that once you let this go you will START doing?
9. Check that the event on the timeline is cleared and the energy is all gone.
10. Bring the client back to the present on the timeline. Read back the positive learnings and ask the client to put them into the timeline.
11. Creating a new resource. In the present, ask the client to create a symbol of the new energy that includes all the positive learnings.
12. Integrate the new energy.

    Put this new resource in the heart, guts, brain, issue (pain or organ). In this order.
13. Closure.

    Invite your client to open his/her eyes.

    Ask the client how he/she feels and what becomes possible now.

Let's Break It Down...

1. ***Define the pain issue with the client.***

   The pain issue can be physical or emotional.

   Keep a clear language and give this process time.

2. ***Get the information of the energy.***

   Ask the client to go into his/her heart and ask for the following:

   1. Images that might be coming up
   2. Voices that might be coming up (internal and/or external)
   3. Body sensations, tastes or smells that might be coming up
   4. Emotions that might be coming up
   5. Any tastes or smells?

   Do the same for the brain, guts and organ.

3. ***Use an Auditory CODE NAME for the trapped energy.***

An auditory CODE NAME is a vocal representation of the trapped energy.

It needs to be a sound that has no meaning for you or the client, such as yah, bah or nuni... Get the client to notice the pattern that comes up from the information collected.

Be unattached to the pattern and do not analyze it with the client. Just create awareness to its existence by noticing it.

Using a Codename

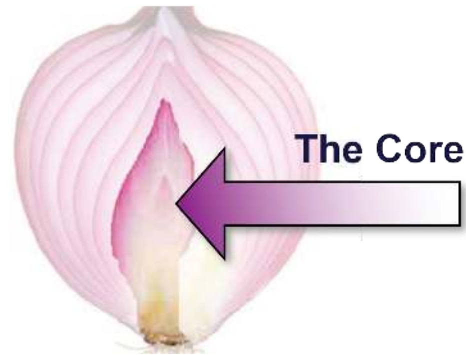
- Getting an auditory codename stops you, the practitioner, from getting caught up in the client's 'DRAMA' around the issue. There is a difference between DRAMA and important information. We want information but we don't the 'DRAMA'
- Stops the client from blaming others for his/her issues
- Allows the client to associate safely without identifying with the issue
- Allows the client to unravel the issue quickly, as we are only clearing a codename
- During the process it is important to keep reminding the client to go back to the CODE NAME

4. *Clearing the Trapped Energy of the core issue (represented by the CODE NAME)*

Most issues will have trapped energy surrounding them. You will need to clear this energy first in order to get to the core.

Start clearing the trapped energy by asking the client to release

and clear all the information that you both discovered in step #2.



Remember that all information needs to be clear including positive

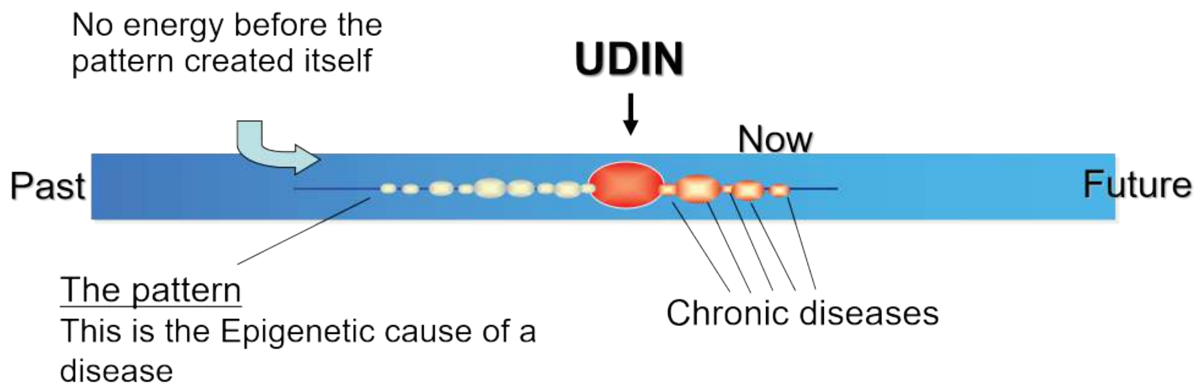
information.

Clearing this information will allow you and the client to reach the core

of the issue.

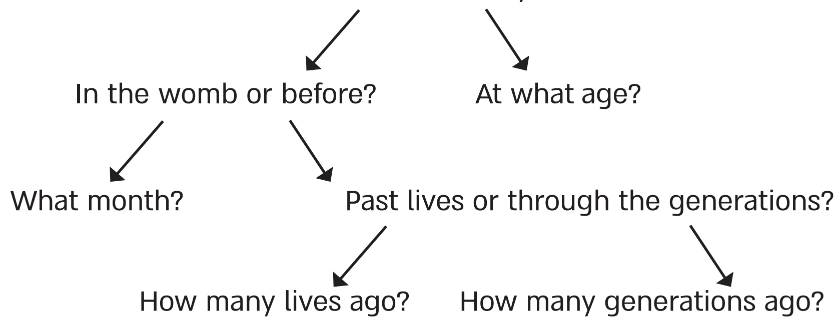
5. *The Magic Questions*

The goal of the 'Magic Questions' is to identify the core event.



Ask the following questions (work fast):

- **Is this energy yours? Yes or No?**
- **How far back was it created?** Before or after your birth?



6. ***<u>Ask the client to go back before the energy was ever created.</u>***

Ask the client to go to a place ABOVE the Timeline BEFORE the energy was ever created and any chain of events leading to that event was ever created. (at this point the event has not happened yet).

7. ***<u>Elicit the Positive Learnings</u>***

We ask the client to name the positive learnings.

<u>The principles of a positive learning are:</u>

1. Stated in positive language
2. Personal
3. General - relevant to all areas of life

The learnings can be conscious and/or unconscious.

Give this process time.

8. ***<u>Ask the secondary gain questions</u>***

We use these two secondary gain questions to clear out any secondary gain that might prevent the energy of the event from clearing:

- **What is it that you are doing that once you let this go, you STOP doing?**
- **What is it that you are NOT doing that once you let this go, you START doing**?

Give the client time to allow these questions to sink in and resonate. If needed,

use questions to elicit additional positive learnings

9. ***Check the event on the timeline***

Go down into the event on the timeline in order to check if all energy has been cleared.

Use the Finger/Toe principle.

Ask: if there is any energy left or has it all disappeared?

Calibrate to know that everything has been cleared.

- Often the client says the pain has lessened or disappeared
- If there is still trapped energy you will need to pause the process and clear it by asking for more positive learnings
- It is important to make sure there is no energy left before proceeding

10. ***Bring the client back to the present***

As the client is "traveling" back to the present, read back the positive learnings and ask the client to "plant" them into the Timeline in places where they are needed.

11. ***Creating a New Resource***

- Ask the client to create a symbol that represents all the learnings and includes a new energy of who he/she really is – the real authentic identity
- This new energy is NOT the antithesis, or opposite of the old energy of the issue, but a brand-new energy

12. ***Integrate the New Energy***

- Add the new energy to the heart first and do the 3 Tests:
  - o Does the new energy come easily?
  - o Does it feel nice?
  - o Does it go into the heart easily?

If the energy does not pass the 3 tests, there is still more to clear, Repeat Steps 7 - 11

Once the energy passes the 3 tests continue integrating it in this order:

- Let the energy FLOW down into the guts and fill the guts
- Let the energy FLOW up into the brain and fill the brain
- Let the energy FLOW into the organ or and fill the organ

13. ***Closure***

- Invite your client to open his/her eyes
- Hold a safe space and keep calibrating
- Ask the client how he/she feels and what becomes possible now

ACE work sheet

1. **The issue:** ____

2. **Get the information of the energy**

	Information: pictures, sounds, memories, thoughts, sensations, feelings, tastes, smells...
Heart	
Brain	
Guts	
Organ	

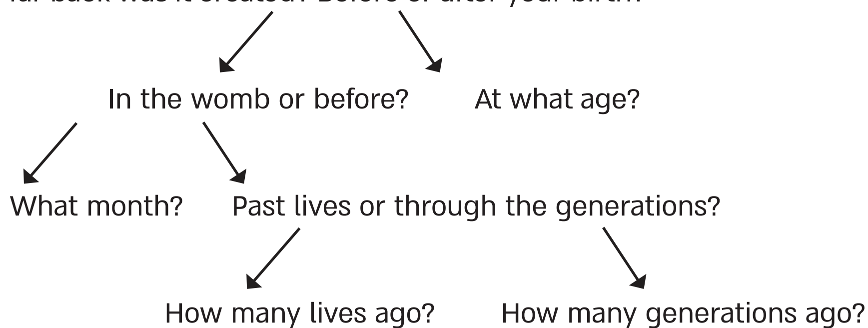
3. **Auditory Codename:** ______________________________

4. **Release and clear the information/trapped energy.**

5. **Use Magic Questions:**

Is this energy yours? Yes or No?

How far back was it created? Before or after your birth?



6. **Ask the client to go back before the Core Event ever happened and any chain of events leading to it ever happened.**

7. **Elicit the positive learnings:**

____

____

8. **Ask the Secondary Gain questions:**
    - 'What are you doing that once you let this go you STOP doing?
    - What are you NOT doing that once you let this go, you START doing?

9. ***Check that the energy of event on the Timeline has been cleared.***

10. **Bring the client back to the present while reading back all the positive learnings** and ask the client to "plant"/insert them in the Timeline, where needed.

11. **Ask for a symbol of the learnings:** ______________________________

12. **Put the symbol in the HEART** and do the 3 tests:
    a. Does the new energy come easily?
    b. Does it feel nice?
    c. Did it go into the heart easily?

Put the energy in the GUTS, BRAIN, ORGAN.

13. **Invite your client to open his/her eyes.**

    Ask the client:
    - "how do you feel?"
    - "What becomes possible now?"

The connection between stress and pain

It is common that people feel more pain when facing a stressful event and that they report that when feeling emotionally well and relaxed there is a reduction in the intensity of pain.

Pain itself can become an independent stressor and intensify other stressors.

When coaching clients with chronic pain issues, it is important to address the aspect of stress as part of the client's pain management strategy.

Trauma

Many people experience trauma in some shape or form in the context of their illness or medical condition.

The trauma can be caused by the way a person experiences his/her illness, medical procedure, an interaction with a healthcare professional, an interaction with the medical system and/or witnessing another person experience a traumatic event.

In Medical Coaching we address traumatic events and memories that are linked directly to the illness/ medical condition.

If a client is actively coping with the aftermath of another traumatic issue and/or a past traumatic issue is being triggered by the current illness/medical issue the coaching must be paused and three questions MUST to be addressed:

1. Is this client coachable?
2. Is Medical Coaching the right modality at this point?
3. Am I the right coach (personally and professionally) for this client?

It is highly recommended to take supervision at this point.

The original meaning of the word TRAUMA is a physical wound or injury to the body caused by an external source.

Today, Trauma is considered an experience and not an event. It has physical, emotional, mental, and social aspects.

According to Prof. Mooli Lahad (Israeli psychologist and psycho trauma specialist) a traumatic event interrupts four life sequences:

1. The cognitive sequence – "what just happened?"
2. The functional sequence – "what do I do now?"
3. The social sequence – "no one can understand what I'm going through"
4. The historical sequence – "something happened to me, it changed me"

Since there is a tendency to use the term "Trauma" to describe a variety of emotional events it is important that we, as Medical Coaches, understand the difference between a traumatic event and a dramatic one.

A dramatic event is an event that causes us to experience unbalanced emotions.

Every dramatic event has an impact on us but not every dramatic event is a trauma.

There are four elements that turn a dramatic event into a traumatic one:

Unexpected – from a subjective perspective.

Dramatic – Intense fear, powerlessness and a perceived threat to the physical, emotional or mental wholeness.

Isolating - from a subjective perspective.

No Strategy - feeling disconnected from resources. We call it a **UDIN** moment.

During the time of its occurrence we feel shocked by the unexpectedness of it, overwhelmed by the dramatic emotions, isolated in the moment, powerless and without a strategy in the face of a force that is stronger than us.

After a traumatic event, our mind and body are still in a state of shock.

In time we start to make sense of what happened to us, process our emotions, create meaning by getting learnings from the event and eventually heal ourselves.

Trauma can affect those who personally experience it and those who witness it such as the caregivers, friends and family members of those who went through the actual trauma.

This is called – **SECONDARY TRAUMA**.

Today, even the medical establishment refers to events of physical trauma - such as an injury, accident and illness- as an emotional and mental experience of trauma.

To clear the emotions from a traumatic event/UDIN moment we use EFT.

The Tearless Trauma Technique (EFT)

This specific EFT technique IS USED to clear events or memories that are emotionally charged, painful, stressful and/or traumatic.

In this technique we DO NOT go into the content of the event.

We address the event as if it were an energy, give it a code name and elicit it's submodalities.

The above creates disassociation that helps our client clear this issue without re-experiencing it.

It's important to remember that this technique will not erase the memory of the event, it will help the client reduce and adjust the emotional experience of it.

This change will increase the client's ability to regain balance and resilience.

Tearless Trauma Technique

Identify a specific event or memory that still triggers intense and painful emotions. Make sure that the event is in the client's past and has ended!

Assess the emotions and the intensity and write it down.

It's important that the client does not recreate the event in his/her mind!

- Give the event/memory a code name
- Write down all emotions and thoughts that the event triggers
- Elicit the sub-modalities of the emotions and thoughts - and assess the intensity
- Tap on the event using ONLY the code name and sub-modality of the emotions and thoughts
- Do 3-4 rounds
- Reassess the intensity and elicit new sub-modalities
- Keep tapping until you have brought the intensity down to less than 2
- Ask the client to TRY to remember "that old event" and notice what has changed
- Ask the client 'what becomes possible now'

When clearing a memory of a traumatic event it is important to remember that trauma impacts and changes a person's belief system.

In order to make our work sustainable we need to clear any belief that has been created or changed by the traumatic event.

The following question will point us in the right direction: In that specific trauma/event, what do you do to survive?

Rotating in Space Technique

(Adapted from Zivorad M. Slavinski' P.E.A.T methodology)

1. Identify the challenging image (a still picture - not a moving picture)

2. Ask the client:
   - What is the image?
   - What thoughts are coming up?
   - What is coming up in the body?

3. Ask the client to turn the image into a Black and White image AND put a frame around it

4. Ask the client to reach out and touch the frame with the fingertip

5. Ask the client to close his/her eyes and drag the picture as he/she turns 3.5 turns counter-clockwise (keep reminding the client to drag the picture with the finger tip)

6. Ask the client to open his/her eyes AND release the old image.

7. Break State

8. Ask the client to try to bring up the old image and notice what has changed

9. Ask what becomes possible now

Breaking Space Technique

(Adapted from Zivorad M. Slavinski' P.E.A.T methodology)

Identify the challenging image (a still picture and not a moving picture)

1. Ask the client: Where is the image in your space?
    - What is the image?
    - What thoughts are coming up?
    - What is coming up in the body?
2. Ask the client to turn the image into a Black and White image AND put a frame around it
3. Ask the client to reach out and touch the frame with the fingertip
4. Ask the client to close his/her eyes and drag the picture while he/she turns 90° to the left
5. Ask the client to estimate the following:
    - The distance from the fingertip to the ceiling
    - The distance from the fingertip to the floor
    - The distance from the fingertip to the wall in front
    - The distance from the fingertip to the wall behind
    - The distance from the fingertip to the wall on the right
    - The distance from the fingertip to the wall on the left
6. Turn your client back and remind him/her to drag the picture with the fingertip
7. Ask the client to open his/her eyes AND release the old image.
8. Break State
9. Ask the client to try to bring up the old image and notice what has changed
10. Ask what becomes possible now

Post-Traumatic Stress Disorder - PTSD

PTSD is an anxiety disorder caused by exposure to a traumatic event.

After going through a traumatic experience, it is natural to feel frightened, overwhelmed, sad, anxious, disconnected and numb.

These are normal reactions to abnormal events.

- Almost anyone who has been through trauma experiences at least some PTSD symptoms
- For most people, these symptoms last for several days or even weeks, but they gradually fade
- PTSD symptoms develop in the hours or days following the event
- Sometimes it takes weeks, months, or even years before they appear
- Living with PTSD damages every aspect of life
- *PTSD can be treated*

Symptoms of PTSD:

Re-experiencing the traumatic event

- Intrusive, upsetting memories of the event
- Flashbacks
- Nightmares
- Feelings of intense distress when reminded of the trauma
- Intense physical reactions to reminders of the event

Avoidance and numbing

- Avoiding activities, places, thoughts, or feelings that remind you of the trauma
- Inability to remember important aspects of the trauma
- Loss of interest in activities and life in general
- Feeling detached from others and emotionally numb
- Sense of a limited future

Increased anxiety and emotional arousal

- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hyper vigilance
- Feeling jumpy and easily startled

Obsessive interest in the trauma

- Feelings of intense guilt and responsibility regarding the outcome of the trauma
- Obsessive thoughts about the traumatic events
- Reduction in interest in anything that does not have to do with the trauma
- Attempts to recreate the chain of events leading to the trauma

Not everyone that has PTSD will exhibit all of the symptoms, but even one is enough to cause pain and suffering in one's life.

Can anyone suffer from PTSD?

Generally speaking – yes, because a person's inner maps give meaning to every event in that person's life. Nevertheless, there are a few factors that increase the probability of PTSD:

- The type of event
- The severity of the consequences
- The duration of the exposure
- The richness of a person's inner maps
- The availability of resources around the time of the event
- The level to which control was lost
- Prior emotional and mental issues
- The level of support from family/community

Diagnostic Shock

A Diagnostic Shock is a traumatic shock created around the act of giving or receiving medical information.

It can occur due to an initial diagnosis, a second opinion, test results, a change in medical therapy, a change in diagnosis, on-line medical information.

Similar to any other traumatic event, a diagnostic shock is an unexpected, dramatic, isolating event that evokes a sense of powerlessness and lack of strategy in the face of danger.

Learn more –

Health Events That Trigger PTSD - https://www.everydayhealth.com/news/health-events-that-trigger-ptsd/?xid=fb_s_063016_n_ptsd_i

Trauma and medical illness: Assessing trauma-related disorders in medical settings - https://psycnet.apa.org/record/1997-97162-006

Post-traumatic stress in Crohn's disease and its association with disease activity - https://fg.bmj.com/content/2/1/2.abstract

Post-traumatic stress disorder symptoms after acute lung injury: A 2-year prospective longitudinal study - https://www.researchgate.net/publication/235727970_Post-traumatic_stress_disorder_symptoms_after_acute_lung_injury_A_2-year_prospective_longitudinal_study

Emotional First Aid

Emotional first aid is used to address emotional injury and distress.

Similar to medical first aid that addresses physical injury, emotional first aid provides the immediate relief and assistance needed in order to reduce the level of pain and prevent further injury or damage.

First aid – medical and/or emotional – DOES NOT REPLACE TREATMENT AND THERAPY.

Emotional First Aid in the Coaching Room

The goal of these techniques is to help the client create an emotional shift that will enable him/her to re-enter a resourceful state and regain resilience.

This is critical when a person needs to make quick decisions, cope with a crisis and create an action plan.

You already have three powerful tools in your toolbox:

1. Rapport
2. Sub-modalities
3. EFT

RAIN model –

R - Recognize. Recognize what is going on in the space, name the emotions and speak the inner narrative.

A - Allow. Allow yourself to be with what is present at the moment without judgment.

I - Investigate. Investigate with yourself what is it that you need right now in order to center and balance yourself.

N - Non-Identification (Non-Attachment). You are not your emotions AND you are more than your circumstances.

Centering

The term "Centering" refers to an approach that looks to create a shift in the state of mind through the focus on the body.

My favorite definition for centering is by Mark Walsh: "...any body-mind techniques used for self-regulation that bring us back into holistic balance."

Centering techniques include techniques that reduce arousal levels and techniques that increase alertness and stimulation (up-regulation).

The centering approach has three principles, called the A – B – C of Centering:

A - Awareness to the body and the breathing.

B - Balance yourself by feeling connected to where you are right now.

C - Center yourself by locating your physical center of gravity.

Here are three basic and effective breathing techniques that are very effective:

Conscious breathing

1. Look around you and notice where you are right now. Notice what you see and hear.
2. Breathe to your lower abdomen as if you are inflating a balloon that is located underneath your belly button.
3. Release your jaw.
4. Take your attention to your breathing.
5. Continue until you feel an inner shift.

The Square Breath Technique:

INHALE: 4 seconds,
HOLD: 4 seconds,
EXHALE: 4 seconds,
HOLD: 4 seconds.

4-7-8 Breathing Technique:

INHALE: 4 seconds,
HOLD: 7 seconds,
EXHALE: 8 seconds,

Emotional First Aid Outside the Coaching Room

There can be situation where you might come across a person in distress outside the coaching room.

This means that there is not coach-client relationship between you and this person.

The principles for emotional First Aid outside the coaching room:

1. Introduce yourself by name
2. Establish rapport
3. Ask what happened and what the person needs
4. Help the person's emotional balance (using fast relief techniques, grounding and connection)

The British Ministry of Health, developed 4 rules for the provision of emotional first aid, called NO FEAR (acronym for Focus, Encourage, Ask, Render understandable).

This is an adaptation of the NO FEAR model for coaches:

1. **Focus** – create a connection with the person you are assisting by using the principles of rapport. This will focus the person's attention on the communication with you and help him/her reduce the feeling of loneliness.

2. **Encourage** – use simple action instructions to help the person start shifting from a passive state to a more active state.

   For example: ask the person to tell you his/her name, phone number, means to contact relatives

3. **Ask** – start asking simple open questions to increase cognitive processing and choice.
   For example:
   - Where are you from?
   - Where do you need to go?
   - How did you get here?
   - Do you know anyone in the area?
   - How can I help you?
   - Are you hungry/thirsty?

* Avoid questions about emotions, as a flood of emotions heightens distress.

4. **Render understandable** – start reducing confusion and increasing comprehension by helping the person make a the sequence of events.

Use the timeline principle to describe the sequence of events that have occurred. Stick to the facts, avoid metaphors and keep your language clear and simple.

Another way to look at emotional first aid:

Caring: Perspectives on Health Care *by Jamie K. Reaser, Ph.D.*

On Friday November 5th, I came upon a scene in a metro station that was to teach me a profound lesson in the art and science of health care. The entire experience took only a few minutes. It was about 8:15 am and one of the few grey, chilly mornings of the DC fall thus far in '99. I passed my ticket through the metro gate and joined the time-pressed masses heading for the 23rd Street escalator. Then I stopped.

A crowd of people was gathered around a bloody-faced young woman who had collapsed on the ground at the base of the incoming escalator. At first glance the young woman seemed to be attended to by so many passers-by that I concluded anyone else would merely get in the way. And, surely, I surmised, all the local commuters knew that a hospital was just across the street. I took a few more steps on my journey to work.

Looking back over my shoulder, I doubted my quick evaluation; the crowd consisted largely of curious spectators, most stood and some sat around the young woman. No one was actually in one-to-one contact with her, at least not in a way I knew to be possible. I decided to see what, if anything, I could do to help.

Upon reaching the woman it was apparent she was more unconscious than conscious. Although her eyes were open, she could not see. And, if she could hear, she was not

responsive to questions. Her breathing was shallow and very rapid. According to the observers, she had been this way for 10 minutes already.

Two other women on the scene were medical professionals: a resident and an emergency room nurse. They had also been on their way to work.

The ER nurse had "taken charge" of the situation and when I approached she was repeatedly telling everyone that "There is nothing we can do. We just have to wait for the hospital staff." The resident stood by, watching.

Concerned that the young woman might be processing, "There is nothing we can do. "I started to reframe the nurse's statements to "She is being cared for." "Everyone here is caring for her." "We all care about her." "She is a person deserving care."

As this was happening, I was doing my best to send warm, caring energy to the young woman and to connect with her on an unconscious level.

Since she wasn't responding to auditory or visual cues, I decided to try to change her breathing quickly by pacing and leading kinesthetically. I took her arm and rubbed it for short, shallow strokes, which eventually (over merely a period of seconds) become long, deep strokes. At the same time, I gave her verbal encouragement and reinforcing feedback just in case she could hear me. Her breathing followed and she began to relax.

Next I looked at the position in which her eyes seemed to be stuck (straight forward and slightly to each side) and did my best to step into her shoes to get an idea of what might be happening internally for her. I got the impression that she was stuck and overwhelmed in an auditory channel and that I might be able to get her "unstuck" if I could "switch" her to a kinesthetic channel.

I took her hands and squeezed down on them in a caring way, yet quite firmly. Immediately the eye lock was released and she could both hear and see.

The nurse launched a string of statements: "You are sick." "You've had a seizure." "You can't move." And then to follow the questions she'd been bombarding the woman with when she was unresponsive,

"You don't know who you are or where you are."

The young woman said, "I'm scared" and the nurse replied with "I know you must be very scared, terrified."

The young woman asked, "Where are my friends?" and the nurse said, "You are all alone."

I tried to reframe as many statements as I could, as quickly as I could. I encouraged the young woman to notice that she recognized the clues indicating where she was, who she was, what had happened, and that she was safe and surrounded by friends who were caring for her.

Meanwhile, I continued to hold her hands, make eye contact, and send her supportive energy.

She turned to me and, looking straight into my eyes, said, "I want you to stay with me until the doctors come...you care about me...you are helping me...I'm safe with you."

And when the doctors did come in a matter of seconds, they started talking to the ER nurse (not the young woman) and whisked the nurse and young woman off into an elevator only a few feet away with a quick, curt "thank you" to the crowd.

The young woman looked out at me as she was being wheeled away and I said "You know you will be OK, don't you?" and she gave a slight nod.

Had I had a few minutes more with her, and gotten her permission, I probably would have started the trauma process and asked someone else to gently massage her "brain buttons."

I don't think the ER nurse, resident, or anyone else even noticed my interventions. And, while I certainly could have been explaining everything I was doing, it seemed more important to give my full attention to the young woman than to teach NLP at that time.

The major lesson I took away from the experience was that health care to these medical professionals seemed to be limited to care of the "body" while from an NLP perspective, I perceive health care as support for the "body, mind, and spirit."

When choosing what NLP tools to share with medical professionals, let's place rapport and the supportive use of language patterns at the top of the box.

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Loss

A chronic illness /medical crisis is, among other things, an experience of loss.

Because it is an ongoing, ever changing experience, the loss takes on many shapes and forms: losing a job, physical abilities, and the ability to do certain things on your own, social status, friends, mobility, dreams, privacy, sexuality etc.

Unlike a permanent loss, such as death, chronic illness invites a constant flow of "small" losses into one's life.

This challenges one to find a way to allow space to grieve while still maintaining the daily level of function and responsibilities.

As medical coaches we encourage our client to identify his/her authentic way of grieving these losses and create grieving spaces that can allow the grief to be heard and processed.

Coaching a client through issues of loss requires us to examine our own beliefs, values, thought patterns and emotions around loss.

Writing a Loss History

A loss history is a great tool for the clients to reveal or identify how they view loss and helps them understand the coping mechanisms they use.

The information included should address various events of loss (not only deaths), such as: divorces, job losses, illnesses, major moves etc.

These are examples of questions that could be used:

- Was an illness or deformity something to be ashamed of or talked about openly in your family?
- Was it okay to show sadness in the family? Or was that considered a weakness?
- Were the details of a divorce discussed or did you know not to ask?
- What are your family mottos regarding loss?
- What are some stories told in the family regarding the "right way" to deal with loss?
- How do you think your family wants you to deal with your loss based on the messages you received?
- How do you think your friends/community want you to deal with your loss based on the messages you received?
- What cultural rituals for sickness, death, burial and bereavement does your family/community practice?
- What kind of beliefs regarding sickness and death did you hear in your family/community?
- Do you remember deceased relatives on their birthdays or the anniversary of their deaths?

Loss is an event – Grief is the process of coming to terms with the loss.

End of life coaching

"It's not that I'm afraid to die, I just don't want to be there when it happens." *Woody Allen*

Death is the ultimate most frightening form of

loss. In this context it is important to remember:

1. Death is a part of life

2. We are all going to die

When the topic of Death comes up in the coaching process we, as medical coaches, need to hold a safe space while balancing between letting the client set the pace and calling the client forth.

As human beings, talking about our death or planning for it goes against every instinct we have. Yet in the context of a medical coaching process talking about death is just another way of "walking our talk".

End of Life coaching is a process of holding a safe space for a client to define and prepare for a "Good Death".

A Good Death

The answer to the question "What is a Good Death?" depends on the person answering it.

The truth is that for most people death isn't good, it's actually a tough experience both for the person dying and for those who are left behind.

Even when the dying person is receiving high-quality palliative care the process includes physical and emotional challenges.

Using the term Good Death" holds within it an internal complexity. On the one hand, it is an invitation to create a process that is honorable, empowering, dignifying and meaningful in a positive way. On the other hand it can cause people who are dying with physical and emotional pain and distress to think and feel that they haven't done enough, failed or simply aren't strong enough to deal with this challenge "in the right way"and for their caregiver and healthcare practitioners to feel they have failed them and are somehow weak and/or inadequate.

From a medical Coaching perspective, a Good Death is the process of managing the last stages of one's life so that it is free, as much as possible, from distress and it honors, as much as possible, the wishes and values of the person dying.

The actual, operative meaning of dying a Good Death is different for each person.

It is shaped by values, beliefs, personal experiences, religious and spiritual practices, cultural background, family history, financial capabilities, medical condition and quality of palliative care.

One of the first things we do with the client is identify what a "Good Death" or "dying well" means for the client. We approach this with patience, curiosity and a clean language.

These are a few points that can help both us and the client maintain focus while exploring this issue:

- Having some understanding of what to expect as death gets closer
- Having some control over pain relief and other symptoms
- Having some control over where and how death will happen
- Maintaining a sense of dignity
- Having some understanding of the types of palliative care available
- Having a chance to put affairs in order
- Having the chance to say goodbye

"The Talk"

Talking about death in a coaching way means the topic is addressed in a way that is aligned with the client's values.

Like with everything else that comes up in coaching we want to design an alliance around this talk and ask our client for permission to be curious, "blurt out" our intuition, and challenge.

There are certain topics that need to be addressed:

- Type of palliative or end of life care
- Preferred place of death
- Resuscitation or DNR
- Preferred way of dealing with the bodily remains
- Funeral arrangements
- Care of dependents
- Organ donation
- Legacy
- Farewells
- Having "The Talk" with family and loved ones
- Worries and unresolved issues
- Online assets and legacies (Digital Dust)
- Closure

Dying

Things we need to remember about the process of dying:

1. Dying can be a traumatic process for the person and his/her community (family, friends, caregivers and colleagues)

2. The dying are grieving as well

3. Not everyone has a religious faith to lean back on but everyone has resources that bring comfort and closure

4. The process of dying holds a lot of fear and uncertainty:
   - Fear of being and/or dying alone
   - Fear of becoming a burden
   - Fear of pain
   - Fear of losing one's dignity

Things we need to remember about coaching a dying client:

1. Our presence is the most empowering and valuable thing in the stage of the coaching process

2. We come from a place of empathy and not sympathy

3. Listen carefully to everything - verbal and non-verbal

4. It is crucial at this point to lower the level of fear and stress as much as possible

Our job is not to prevent pain of loss or the loss itself.

Our job is to facilitate a separation process that is aligned with our client's values and beliefs – in medical coaching we call it: Facilitating a Good Death.

Additional Tools for coaching an End of Life client

1. **Powerful questions:**
   - What would it be like to regain control now?
   - What do you need to choose what is right for you, right now?
   - What would it be like to ask and receive the help and support you need right now?
   - What needs to be said? To whom does it need to be said?
   - How do you want to die?
   - What would be a good death?
   - What do you need to do so that you can have a good death?
   - What haven't we addressed yet?

2. **Creating a Sanctuary**
   - Create a place that is a sanctuary for you, a safe, pleasant, comfortable place.
   - What does it look like?
   - What are the sounds, smell, tastes and senses in this place?
   - How does it feel when you are there?

3. **Soften & Flow**

When a difficult emotion comes up, ask the client to turn the attention to the emotion, soften it and allow it to flow out...

- For some clients it's important to reframe that nothing is really lost in the universe, everything changes, recycles so that it can be in the service of something new.
- For some clients it is not.

4. ***Meditation***

5. **Documenting dreams, thoughts and memories**

6. **Writing letters**

7. **Preparing an emotional last will and testament** – legacy, for family members and/or friends

Grief

Grief helps us process the loss and create new meaning in life. Grieving is an unavoidable painful and difficult phase/process.

The Theory of Grieving/ The Five Stages of Grief - Dr. Elizabeth Kubler-Ross

Dr. Kubler- Ross' theory about the stages of grief, described in her 1969 book "On Death and Dying," was initially developed through her observations of terminally ill patients and their families.

However, this 5-stage model can be applied to help people understand, cope and even predict their emotional reactions to a range of events involving life with a chronic illness.

In this model, the Five Stages of Grief are:

- Denial and Isolation
- Anger
- Bargaining
- Depression
- Acceptance

Denial and Isolation– "This can't be happening to me"

In this stage you are in denial about your diagnosis – you do not believe it's true.

You might feel numb, "in shock" or simply de-personalized, as though "it's not happening to me but to someone else." You feel nothing at all - for a while.

Denial is a natural coping mechanism - it helps us cope with feelings that are overwhelming at the time and protects us from feeling out of control and helpless.

Anger – "Why me? It's not fair!"

As the shock wears off, you begin to accept the truth of your diagnosis and you start feeling angry about it.

The anger can be generated by various things: the unfairness of being ill, the "betrayal" of your body, a sense of helplessness you might feel etc...

Anger is a strong and difficult feeling to cope with. You might find yourself lashing out at friends and family members, finding it difficult to contain your anger or even trying to "medicate" the anger with alcohol, drugs or other behaviors.

You might be preoccupied with what could have been done to prevent the illness and/or experience feelings of guilt as you struggle with the idea that you may somehow have caused the disease.

Bargaining – "I promise to X from now on..."/"I just want to Y before..."

As the anger subsides, you may find yourself trying to "make deals" with God/yourself/the body to make your illness go away. You might find yourself questioning and doubting your personal and/or spiritual beliefs.

If this doesn't work, you may find yourself going through the anger stage again.

Depression – "Why bother?"/ "There is no point..."

As the bargaining subsides, the truth of your situation begins to "sink in" and you begin to experience profound feelings of sadness and loss.

Sleep disturbance, loss of appetite, lack of energy, poor concentration and crying spells are common outward manifestations of depression.

This sort of depression is a normal part of the grieving process.

However, depression that significantly interferes with basic activities (eating, bathing, dressing, etc.) or leads the person to thoughts of suicide, injuring themselves or others, requires immediate medical care.

Acceptance – "I can be OK"

Acceptance doesn't mean that everything is ok and everyone is experiencing a "happy ending".

Acceptance means you have gained enough strength and support to move forward in your life. By moving forward, you don't necessarily live the life as you would like it to be (without the illness) but you have reached the point where you can lead a life with happiness and new ways of self-fulfillment, a life without crippling emotional reactions or self-destructive coping behaviors.

Not every person manages acceptance, but Kubler Ross's writes that if communication occurs early on in the process, even though the process is incomplete prior to death, the transitions through the stages will be experienced as therapeutic and the process will continue after the death.

Some Thanatologists say there is a sixth stage – Euphoria.

It "looks" like this: "I'm going to die/I've been through the worst, nothing can hurt me anymore – I am untouchable".

Don't confuse this stage with denial, they are very different.

Important to remember when working with this model:

1. This is not a linear progress. It's a spiral model

2. There is no "right way" or a timetable for this

3. Some people skip a stage and some repeat stages

4. It is important to create a safe space and allow self-expression at every stage, without judgement, offering advice or instant solutions

5. Create a context for the emotions and reframe what is happening by connecting it to the model and the different stages

Emotions that come up during the grieving process:

1. **Shock** – even when the loss is expected, we're still stunned by the fact that it really happened
2. **Denial**– we are not yet prepared to accept the reality of the loss
3. **Relief** – when the dying process was a painful one, accompanied by suffering of our loved one, we feel relief. In some cases, this will be accompanied by guilt
4. **Guilt** – for things that have not been said or done
5. **Fear** – How will life continue now? What will happen to us?
6. **Numbness** – a feeling that can last from several hours to several weeks and even months
7. **Anger** – at the deceased, the family, the doctor, the medical system...
8. **Longing** – for what has been lost
9. **Loneliness** - difficulty adjusting to life without the person/thing that is lost
10. **Sorrow** – for the loss of connection

It is important to remember that grief takes time, and the best thing that we can give our clients is our time.

Anticipatory Grief

Anticipatory grief relates to grief that occurs in expectation of one's death or that of a loved one.

Anticipatory grief differs from unanticipated grief in a few ways:

1. There is time to "look forward" to the death
2. There is chronic stress
3. There are characteristics of a Liminal Phase

Therese Rando (Clinical Psychologist - Thanatologist – Traumatologist) detailed the many aspects of anticipatory grief and the factors that influence the anticipatory grief of individuals.

We are going to address the points that are relevant for our work as Medical Coaches.

Anticipatory grief is affected by:

1. The duration and nature of the illness
2. Characteristics of the person and/or relationship that are lost
3. The secondary losses that will result from the death
4. The personal characteristics of the griever
5. The griever's previous experience with/or and personal expectations regarding illness, dying, and death
6. The griever's knowledge and response to the illness and ultimate death
7. The type, frequency, and intensity of the griever's involvement in the dying person's care and treatment
8. The griever's perception of the preventability of the illness
9. The location of the dying individual (home, hospital, nursing home, relative's house)
10. The griever's evaluation of the quality of care, treatment, and resources provided
11. The griever's physiological condition
12. The dying individual's subjective experience/ attitude and response to the illness and its ramifications
13. The quality of the dying person's life after the diagnosis
14. The family constellation and specific characteristics of the family system
15. The family's participation in the patient's care

16. Quality and quantity of the griever's social support system

17. The griever's sociocultural, ethnic, and religious-philosophical background

18. The griever's financial resources and expected stability

19. Family and community rituals for illness, dying, and death

- Anticipatory grief is experienced from two perspectives:
    1. The perspective of the dying individual
    2. The perspective of the caregiver
- Anticipatory grief has 3 time anchors:
    1. Past – what was experienced and shared and can never be regained
    2. Present –losses that are experienced as time passes and death approaches
    3. Future - losses anticipated to be experienced after the death

As with clients grieving an unanticipated grief, Medical Coaches facilitate a separation and grieving process that is aligned with our client's values and beliefs.

Coaching grieving clients

Grief can be an overwhelming process. Many times people are not sure how and when the grieving begins and/or when and how it ends.

Cultural and/or familial rites of bereavement provide a structure to help a person reframe and process the loss but many times this does not feel authentic or enough.

The main principle of coaching a client though a grieving period is helping the client process the loss so that he/she can create new meaning from this separation and integrate this experience with the rest of his/her life experiences.

Grieving begins when we realize that we can no longer "bypass" the mourning, we need to work our way "through" it and deal with our emotions regarding the loss.

There are four additional aspects we address in Medical Coaching to support a grieving process:

1. ***Maintaining function and health***
    - Regular meals and healthy nutrition
    - Sleep and rest
    - Physical activity
    - Keeping the GP informed and updated

2. ***Social support***
    - Maintaining connection with current social circles
    - Support groups
    - Maintaining calendar community events

3. ***Emotional process***
    - Giving permission to feel and be with what is currently present
    - Sharing emotions
    - Talking about the loss and listening to other stories about loss and grief
    - Giving permission to begin memorialization
    - Documenting the emotional process
    - Creating a wider context

4. ***Family and close relationships***

- Allowing the loss to be familial as well as personal
- Giving permission to various ways of bereavement (releasing judgement)
- Maintaining familiar roles and events
- Giving permission to familiar/social acts of remembrance
- Authentically expressing wishes and setting boundaries
- Giving permission to rethink and re-plan holidays and family events during the first year of mourning

Coaching Tips:

Have patience – everyone has a difference way and pace

Be humble

Be authentic

Be honest

Be empathetic and not sympathetic

Respect old defense and coping mechanisms

Be aware of your own emotions, limitations and boundaries

Get supervision

Remember:

Although grieving is personal, unique and has no "quick fix"es, everyone goes through the following:

I can't...

I must...

I will...

Relevant Resources

Websites:

Dying Matters - https://www.dyingmatters.org/

Cancer Council website – Facing End of Life - https://www.cancercouncil.com.au/cancer-information/advanced-cancer/end-of-life/

Articles and blogs:

Defining a Good Death (Successful Dying): Literature Review and a Call for Research and Public Dialogue - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4828197/

The promise of a good death - https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(98)90329-4/fulltext

We like to talk about "a good death." But how often does this really happen? https://healthydebate.ca/opinions/a-good-death

Comparing Quality of Dying and Death Perceived by Family Members and Nurses for Patients Dying in US and Dutch ICUs - https://journal.chestnet.org/article/S0012-3692(16)59166-1/pdf

Good Death Inventory: A Measure for Evaluating Good Death from the Bereaved Family Member's Perspective - https://www.jpsmjournal.com/article/S0885-3924(08)00054-7/pdf

Digital Dust, Vered Shavit's blog - http://digital-era-death-eng.blogspot.com/2018/03/what-more-can-be-done.html?fbclid=IwAR39PzKYbNNAfr3wYA22uZmv0ef3Vk-Ai5Np-PPaMyXdVVKOaVz073eFkzg

How Doctors Die - https://thehealthcareblog.com/blog/2012/08/06/how-doctors-die/

Grief Beyond Belief — How Atheists Are Dealing With Death - https://gretachristina.typepad.com/greta_christinas_weblog/2011/08/grief-beyond-belief-how-atheists-are-dealing-with-death.html

Additional resources:

Facing End of Live (online booklet by the Cancer Council) https://cancercouncil.com.au/wp-content/uploads/2014/05/UC-Pub-Facing-End-of-Life-CAN4407-lo-res-March-2017.pdf?_ga=2.5112698.874001574.1559594145-367184364.1559594145

Understanding Palliative Care (online booklet by the Cancer Council) - https://cancercouncil.com.au/wp-content/uploads/2014/05/Uc-pub-Palliative-Care-52PP-CAN436-2019.pdf?_ga=2.29231989.874001574.1559594145-367184364.1559594145

What Happens To Our Digital Remains When We Die? | Vered Shavit, TEDxWhiteCity - https://www.youtube.com/watch?v=HwPla9GS3xU&feature=share

Keeping Communications Alive When You're Dead | Paula Kiel | TEDxRoyalCentralSchool - https://www.youtube.com/watch?v=zfQBCi-6d3E&feature=youtu.be&fbclid=IwAR1xbVCF_zRyVUHnFJHFM_vVCZajcbUGhg7_3HhIC6ZFZ4Jrk9iGmFpLlLQ

Death Cafe - https://deathcafe.com/