Spiritual Coaching for Comfort:
Finger Tapping, Integral Mapping, and Chronic Pain/Negative Affect

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Spiritual coaching expert Gubbi once wrote, “Life is a journey that one has decided to take in the direction of achieving self defined goals” Gubbi (2012). And for large numbers of Americans, one of these goals is to eliminate chronic, physical pain. In a United States “sample of 1,801 older primary care patients, Unutzer, Ferrell, Lin, Marmon (2004) found that 79% reported functional impairment from pain within the previous month.” In fact, in the US, pain related costs in 2010 climbed to $216 to $300 billion (Gaskin and Richard, 2011). In addition, healing from chronic pain often includes negative affect (Bair, Robinson, Katon, Kroenke, 2011). According to Karp and Reynolds (2009, p.17), depression and pain “are mutually exacerbating and disabling…(and) are risk factors for the onset of each other.” Plus, as physicians remove dangerous Opioids from treatment options and insurance companies restrict the use of psychotherapy for the negative affect that often is found paired with chronic pain, a healing service gap develops. So, as a result, this paper will explore the process and outcome of the Intuitive (meditation, tapping tools) and process of Integral Models (all quadrants all levels) as they apply to reducing chronic pain and negative affect. Some rationale for the use of coaching and some industry-wide issues will also be identified.

The concept of coaching used herein was taken from the Bark (2011) Coaching Institute (BCI) model which emphasized the wisdom of the ‘whole person’ and suggested a deeper partnership of coach and client. Negative affect herein includes anxiety, depression, and anger (Chapin, Darnall, Seppala, Doty, Mackey, 2014). Another, rather complex, type of negative affect is pain catastrophizing. This incorporates “rumination, helplessness, and magnification” (Lu, Uysal, Teo, 2011, p. 821) and includes “ambivalence over emotional expression” (Lu et al, 2011, p. 819). EFT refers to the Emotional Freedom Technique of tapping. Integral means comprehensive and integrated. Ken Wilber’s (2000) AQAL refers to all quadrants all levels.
Historically, non-sports coaching has only a recent existence of about 70-80 years. For example, in a literature review by Anthony Grant (2005, in Cavanagh, Grant, and Kemp, 2005), he found that the numbers of “coach specific peer-reviewed papers” between 1935 and 1954 equaled “four” and the number between 1955 – 1959 equaled “eight.” By the late 70’s the number was “two,” then “twelve,” for 1985 to 1989. Again from 1990 to 1994 twelve studies were published and then “29” for the time period of 1995 to 1999. In the period of 2000 to 2003, an electrifying “fifty-two” peer reviewed articles were published on coaching. This totals an astounding “131 peer reviewed citations since 1937” (Grant, 2005, p. 6 in Cavanagh et al 2005).

Historically, according to Moayedi and Davis (2013), ancient theorists did pontificate about pain such as circa BCE third century Herophilus (existence of sensory and motor nerves); Descartes, circa 1660s (nerves as hollow tubes); and the Bell-Magendie Law circa 1850s (motor and sensory nerves have separate paths to the spinal cord). Further, in modern times, the concept of pain became even more complicated as, “the association between depression and pain … has been demonstrated consistently,” (Karp and Reynolds, 2009, p. 17) and “even that each may cause each other” (p. 17) giving credence for the need for mind body interventions to work with the whole person as Bark (2011) suggested.

Due to the healing service gap that exists in the medical system, a strong rationale exists to develop a fast-acting, useful, bio psychosocial spiritual coaching process for pain reduction and the rationale involves six factors. First, Bark (2011) suggests a coaching system (bio psycho social spiritual) model (BCI) that integrates mind/body/spirit where client and coach to build a strategy together quickly and effectively. Second, one of the glitches of allopathic pain treatment is the very goal itself to ‘eliminate’ all pain sensation -- usually attempted with chemical analgesics at home. Third, truthfully, however, “most analgesic medications work well, but in only a relatively small percentage of people,” (Moore, Derry, Eccleston, Kalso, 2013, p. 3). Also, Moore et al (2013) reported “analgesic failure rates
generally ranged from 55% to >87%” (p. 3). A fourth rationale is that Opioids are dangerous and medical mandates are ordering their discontinuance for chronic pain, but no allopathic interventions have replaced Opioids. As the fifth rationale, Foreman (2014) reported in her book, that physicians in the U.S. typically receive only about 9 hours of pain education in medical school.

Lastly, coaching could help with some of the cognitive psycho-social issues as an alternative or adjunct to expensive and time consuming psychotherapy. Coaching researchers also suggest that coaching could assist with identifying “barriers (which) continue to impact on the acquisition of patients’ self-management skills and the satisfaction of health” (Hogden, Patha, Short, Taylor, Dugdale, Nugus, Greenfield, 2012, p. 520). For example, research suggests that the counseling issues for the intra-personal dynamics of chronic pain may be twofold: 1) to explore the pain catastrophizing including “rumination, helplessness, and magnification” (Lu, et al, 2011, p. 821) and 2) to deal with the certain “ambivalence over emotional expression” (Lu, et al, 2011, p. 819) both in Lu et al (2011). Also, it is common knowledge in mental health that ‘anger turned inward’ is depression. However, Chapin et al (2014) has taken this further and demonstrated that also pain is “associated with anger and animosity towards others as well as towards oneself … self blame, self-criticism…” (p. 2). Yet, instead of lengthy psychotherapy, short term coaching is being studied and developed by the researchers herein.

The BCI process of coaching offers three important ideas: the stages of change, the order of operation inside the session, and the tools chosen per learning style of the client. One concept of the stages of change is “Bridges Map for Change” (Bark, 2011, p. 90). Here Bark (2011) describes the mapping process as “endings, the gap and new beginnings” (p. 91). For an even more developed system, look at the formal Stages of Change (see Bark’s model, 2011 p. 93). Furthermore, the formal method of stages of change worked so well that it has been used in the medical field to promote motivation for classic medical treatment adherence. For example, Lindner, Menzies, Kelly, Taylor, and Shearer (2003)
reported that practitioners used coaching motivational techniques and stages of change to increase adherence to a medical protocol for chronic conditions. These are modern remnants from the historical legends Prochaska and DiClement (1982) whose stages of change model began to research the anecdote to the millions of ‘failures’ in traditional psychological counseling. Instead they suggest techniques that would help those less-than-motivated population by concentrating on motivation and measuring success in tiny increments in an integrated way. Miller and Rollnick (2002) also published on this topic and eventually the ideas of those four researchers became known as the “Transtheoretical Model of the Stages of Change.”

Next in terms of the process of coaching, Bark (2011) suggests delegating the session into three sections. For example, for the Intuitive Method, Bark (2011) explored the beginning of session with the coach employing the Magic Wand tool or even Contracting for Completion using 1-10 scale. For middle of the session, the coach could use working with energy in the body & considering group energy, taking a breath, Law of Attraction, Tapping, attention to Chakras, imagery, Gestalt dialog, divination, power questions etc. and working with Sense of Purpose or Meaning. Toward the end of the session, she suggested “spending time in nature, food mood and nourishment log and ritual” (Bark 2011, p. 216). Others from Bark (2011) include plans and timelines, affirmations, ritual and meditation/prayer. Other tools within this Intuitive paradigm are: herbs, aromatherapy, homeopathy, Energy healing (Healing Touch, Reiki) essential oils, crystals etc.

Obviously, the third dimension of process is the client finding the appropriate tool as a function of their learning style (Bark 2011, p.131) which includes an assessment (p. 131) to understand the visual, audio and kinetic style of the client and most importantly, adapt interventions appropriately i.e. for example, the coach using visually descriptive words for the visual learner (see, look, notice etc). Hogden, et al (2012) specifically studied coaching tools and reported the tool box should contain
“adaptable and flexible tools” (p. 520). Likewise, in Bark’s (2011) paradigm she also discusses the clinician’s choice of tools for the process. In one ingenious coaching tool study, Hodgen et al (2012) found “our themes emerged as determinants of clinicians’ tool preferences and use: (i) strengths and weaknesses; (ii) flexibility; (iii) skills and (iv) barriers to implementation” (p. 520). Although the focus of their coaching study was to look at the tool that coaches used to help people manage chronic disease but of course, for Bark (2011), the method/tool choice of the client is paramount.

Historically, the Intuitive Method (in the coaching/healing sense) is the demonstration of the structure of consciousness similar to the consciousness during the Magical Time in History of Humans (Bark, 2011, p. 112) which occurred around 50,000 years ago (see Table 1 and Table 2). This was a time of intricacies of a world centric custom and is represented by the color Magenta on the Spiral Dynamics icon and described there as Tribal. Magic is the experience of mystical beliefs linking us all together (including ancestors). During Magical times spirituality included the clairvoyant and omniscient in a mixture of magic/mythic (spiral dynamics magenta). Here, a person experiences spontaneous intuition and embraces it, referring to a time of herbs, oils, crystals, and other (equally useful) folk remedies.

Prior to honing in on Tapping as the main tool for the Intuitive section, coaching with meditation/Yoga for the reduction of pain and negative affect will be mentioned. One study even looked at compassion and meditation as tools. For example, Chapin et al (2014) offered that “compassion is the experience of perceiving suffering and wishing to alleviate that suffering” (p. 2). In the study, Chapin et al (2014) showed that compassionate meditation using diaphragmatic breathing can be added to any medical and/or alternative treatment plan for reducing pain severity and anger (see Table 3). Like Chapin et al (2014) and Bark (2011), our own Dr. Hiroshi Motoyama’s theory is also Intuitive and developmental. According to Dr. Motoyama people can develop themselves over the course of their life and even among lifetimes (Motoyama, 2009). For example, Motoyama (2009) advises three ways to
break up individual karma which may free one from the chronic pain and help one develop spiritually: “chosaku” (a Buddhist term for “non-attached action”), strenuous spiritual observances like the method of Yogic cultivation demonstrated by Patanjali in the Yoga-Sutras, and commitment to surrender/prayer. In addition to meditation (and compassion); meditation could include herbs, aromatherapy, homeopathy, Energy healing (Healing Touch, Reiki) essential oils, crystals, & incense etc. as adjunct.

Tapping (see Table 3) is a “tool for connecting energy” (Bark, 2011, p. 215) and is basically a type of acupressure, a “branch of psychology that studies the effects of energy systems on emotions and behavior” (Gallo, 1999, p. xi, in Mason, 2012). To the ancient Chinese, the meridians in the human body refer to “an energy system that follows a specific pathway,” (Gallo, 2005, p. 31). Many empirical studies confirm “the existence of acupuncture points” (Ortner, 2015, p. 5). Furthermore, Tapping has been studied all over the world. For example, Feinstein (2008) reports that “The World Health Organization (WHO, 2002) lists 28 conditions where scientific studies strongly support acupuncture’s efficacy” (see a few examples on Table 4).

Furthermore, the National Institute of Health refers to a study by Bair et al (2003) which also clarifies that not only are there complex psychosocial ties between pain and negative affect but also complex biochemical ties between pain and negative affect. In the context of tapping, in the bio psycho social spiritual system, ‘bio’ usually refers to endocrine and neurological systems. For example, Bougea, Spandideas, Alexopoulos, Thomaides, Chrousos and Darviri (2013) found that EFT decreased salivary cortisol levels (stress hormone levels) and the frequency and intensity of headache episodes and reduced stress. Furthermore, Andrade & Feinstein (2004) showed a significant change in neurotransmitter profiles from acupoint therapies Indeed a strong part of the success of tapping lies in its “involving the chemistry of the brain” (Ruden, 2010, p. 201) although he acknowledged that the tapping techniques are
using ‘psychology.’ This agrees with Bark (2011), who accounted for bio psycho social spiritual types of issues in her model calling it “whole body, mind and spirit perspective” (p. 3).

Not only is there ‘overlap’ in the brain between negative affect and physical pain, but the psychiatric “treatments for these conditions are often the same (e.g., antidepressants and cognitive behavior therapy)” (parenthesis theirs, Karp and Reynolds 2009 p. 22). Likewise the tapping treatments are the same as well. For example, “the algorithm protocols are the same for both illnesses” (Gallo, 2005, p. 165) in the Thought Freedom Therapy tapping treatment model, for both pain and depression treatment, even when those symptoms are experienced separately. In addition, other tools can be added such as: herbs, aromatherapy, homeopathy, Energy healing (Healing Touch, Reiki) essential oils, crystals, & incense etc. which would also effect the therapist.

Chapin et al (2014) studied meditation and found a subtle aspect in negative affect (usually meaning depression/anxiety). Her team also found brain research suggesting that “effective cognitive and emotional interventions may positively influenced these (brain) pathways and reduce pain” (Chapin et al 2014, p.1). Incredibly, Chapin et al (2014) reports these brain pathways are a major influence of “anger” and other negative affect (disappointment, self-blame, animosity, etc).

Perhaps, a unique way in which coaching utilizing tapping benefits the client is that the therapist taps along with the patient. Gallo (2005) reported that the clinical work of tapping suggests that the human interaction of the therapy itself and not just the (also important) interpersonal empathy may be important. He proposed the coach’s “tapping serves to affect the client’s energy system adding an extra therapeutic boost to the process” (Gallo, 2005, p. 130).

In terms of Tapping outcomes, a large coaching study by Andrade and Feinstein (2004) evaluated 5000 patients during a five year period and found that “90% had a positive clinical response and 76% complete remission of (various) symptoms in the group with tapping alone” with the p-value
0.01 (p. 198). In addition, Thought Field Therapy (TFT), rendered a 97% success rate in studies by both Callahan (1987) and Leonoff (1995) in Gallo (2005, p. 193). In fact, some high quality double blind studies have been fruitful. For example, Kober, Scheck, Greher, Lieba, Fleischhackl, Fleischhackl, (2002) found significance for relieving pain and trauma anxiety using tapping (see Table 4). Salas, Brooks, and Rowe (2011) used EFT on negative affect (phobias) and found significance (see Table 4). As mentioned early, in terms of the broad category of Intuitive, a few empirical study outcomes for mixed interventions of meditation and tapping are available (see Table 4 for examples).

Historically, Plato’s great chain of being and Aristotle’s Ladder of Nature are early examples of ancient models demonstrating Integral themes. In fact, many other philosophers also referred to and contributed to it as well such as “Goethe, Schelling, Hegel, Campbell, Fechner, William James, Whitehead, Baldwin, Habermas, Maslow, Sheldrake, Wilber,” (Dinan, 2014) and Bark’s (2011) integral ‘adaption’ to coaching (p. 314). As mentioned previously, an important Integral figure Jean Gebser (Wilber, 2000, p. 148) wrote about five structures of consciousness: archaic, magic, mythical, mental, and integral which form the foundation of Bark’s book. The Integral stage is represented by the yellow area on the Spiral Dynamics (see Table 2) and represents societies of the last 50 years and into the future. Bark (2011) says that Integral Consciousness is “thinking and acting from all of the structures of consciousnesses” (p. 117).

Likewise, Bark (2011) made a substantial contribution to integral coaching and pain healing when she called for a multidimensional (Integral) approach in the 1990’s. Bark (2011) developed the process of BCI as no similar interventions were available at the time. In further writings about Integral, Bark (2011) recently writes, “the whole, total or complete perspective: foreground, background, side ground, up ground, down ground, all around ground, and all the aspects of a situation, person or event” (p. 3). Bark (2011) describes Spiral Dynamics in terms of a client’s personal development and pairs
those with appropriate, stage-specific, interventions adapted from the model of Jean Gebser and the last structure of consciousness he named Integral (p. 315). Bark spends eleven pages (2011, p. 313-324) in her coaching manual discussing the process of the AQAL model making the point that by looking at all quadrants we see way beyond one tiny perspective, increasing wholeness and offering integration.

In terms of Integral and chronic pain, this AQAL process integrates the medical and physical aspects of pain with the cognitive, emotional, and behavioral issues of pain (Gatchel, Peng, Peters, 2007). The AQAL model refers to ALL of the quadrants and ALL of levels (Bark, 2011, p. 316) as they arise together. In this case, physical and mental health would be the ‘lines’ in the example of Integral coaching for pain and negative affect reduction. Remember, Bark (2011) says that Integral Consciousness is “thinking and acting from all of the structures of consciousnesses” (p. 117). So the goal is to develop the stage of each line past the Intuitive and up to the Integral level of physical health and the integral level of emotional health (Bark, 2011, p. 316). This would be the multi-dimensional consciousness per Wilber (2000). Basically, the Integral Consciousness Coaching four quadrant model breaks down into two basic statements: both quadrants above the line refer to the individual healing experiences and below the collective healing experience.

The rest of this Integral section explores the adapting of Bark’s (2011) quadrant example (p. 316) to the specific topic of chronic pain and negative affect. The main tools are the AQAL model and Spiral Dynamics (see Table 2 and 5). For the AQAL quadrant system, the UPPER LEFT quadrant considers the interior of an individual. This is what the patient experiencing as ‘I feel hurt, depressed, angry, painful or alienated.’ It describes the client’s learning style, doshas, intentionality, personal interests, tool preferences, personal attitudes etc. Knowing this will help the coaching intervention to explore the client’s personal issues and level of motivation and could include a dialogue as one of the interventions which ties this self quadrant to other quadrants. One salient component of the Integral tool for spiritual
coaching would be goal setting for pain reduction. For the UPPER LEFT, the pain is both the client’s interpretation of pain and the definition of the goal both of which are perfect topics for spiritual coaching. Esteve, Ramirez-Maestre, and Lopez-Martinez (2007) suggested that Integral coaching include “acceptance-based treatments (which) … lend support to the role of control beliefs and of active coping to maintain a positive mood. Acceptance and coping are presented as complementary approaches” (p. 179). Its opposite, catastrophizing, is unproductive and aggravates the “intensity” of the pain (Esteve et al, 2007).

The LOWER LEFT represents the collective interior tool where dimensions of the collective include a sympathetic resonance only to members within a certain shared community such as shared values, world views, meaning making. One client example would be for the client to look into their feelings about local resources and support received from family/friends which are contributing to or relieving the chronic pain/negative affect. If there are persistent issues here regarding family and environment, a referral to a family therapist may be appropriate.

The UPPER RIGHT refers to the individual exterior; it refers to the “it” of the chronic pain and negative affect problem. Here, a client example of using this tool would be emotionally processing the results of objective measure data. For example, this “it” could be diagnostic tests for arthritis such as imaging studies (X-rays, computed tomography (CAT) scans, or magnetic resonance imaging (MRI) scans) or other objective measurable data that the physicians and healers would use to help. Recently, some members of the allopathic system (researchers) found they could objectively and empirically distinguish between their patient’s physical symptoms and their emotional pain symptoms by measuring neurological changes in the brain. Astonishingly, some of these researchers demonstrated that some members of the allopathic system (doctors) could better ‘interpret’ pain using mathematics (statistics). For example, Rogachov, Cheng, DeSouza, (2015) report that using the statistical method of Support
Vector Machine (SVM) they could distinguish between the subject’s “physical and social pain with 100% accuracy” (Rogachov et al, 2015, pg. 4). For the best coaching practices, this quadrant of science would need to be integrated into the self with other quadrants.

LOWER RIGHT is the collective exterior and it brings us the client’s description of his/her experience with the impersonal medical bureaucratic authority, their theories, and their behaviors of systems of healing. This would include allopathic insurance companies and claims adjusters, MBA’s, policy makers, torte law specialists, medical ethics boards, credentialing boards (JCAHO and CARF, etc.) large, cold, cement medical ‘campuses’ and even alternative and integrative systems. Here are two examples which could be the focus of this tool. First, some in integrative services, according to Wilber, commit the crime of systems theory and apply it to healing. Wilber describes this as that the complementary system “offers us holistic ‘its’ instead of atomistic (like allopathic) its whereas both of those need to be integrated with the interior domains of the I and the we – the domains of consciousness and culture aesthetic and morals appreciated in their own terms” (Wilber, 2000, p. 74). It is imperative that spiritual coaching include people and their feelings in the mix and help them integrate this information.

Second, researchers and the health ‘system’ may not even be defining pain accurately. Patients complain about pain using a variety of categories such as aching, throbbing, visceral or deep. However, modern theories used by medical education and health institutions and systems so far “focus on cutaneous pain and do not address issues pertaining to deep-tissue, visceral, or muscular pain” (Moayedi and Davis (2013, p. 9) -- imagine the need for integration there. So both across the quadrants and within the quadrants themselves, systems may skew results.

However, it may be Fredrick Krasey (2011) on a U-TUB video, which captures the Ken Wilber AQAL system the best in terms of adapting for spiritual coaching:
“UL which is the intentionality is related to our Wisdom. UR which is the behavior relates to our Health. LL which is the cultural aspect which is our happiness realm and the LR which is the social or systemic relates to our Wealth. This tool is also able to help us map our Happiness, Health, Wealth and Wisdom and can show us where our weaknesses and strengths lay.”

Although Integral coaching has developed to some degree, it is still quite young as is coaching itself, and professional/research/practice issues abound. Bark (2011) identified five issues (see Table 6) to be addressed in the profession of coaching. In addition to hers, this writer located other professional issues in coaching. For example, a lack of an operational definition of health coaching -- and the subtle and not so subtle differences in the usage of the word “health coach” means that it is difficult to compare various studies and collect a review of the literature and weakens the concept of it being an “evidenced-based” intervention with specifics. “There was a notable lack of detail describing specific conceptual designs, tools, or skill sets used to guide the health coaching studies” (Olsen and Nesbitt, 2010, p. 10).

Likewise, Grant et al (2005) complained that the three typologies of coaching skills, performance coaching and developmental coaching are not ‘discrete’ and further problems exist with the validity of ‘self-reporting’ inventories, especially in terms of ‘faking’ good to impress the therapist (Green, Oades and Grant, 2005, p. 139).

In conclusion, Lindner et al (2003) suggests, “Coaching is gradually being validated as a means of overcoming the many problems confronting patients in the self-management of chronic illness” (p. 8). This paper has explored the development of coaching and the process and outcome of the Intuitive (meditation, tapping) and process of Integral Models (all quadrants all levels) as they apply to reducing chronic pain and negative affect. Further, this paper identified some rationale for the use of coaching as well as identified industry issues.
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Table 1 Spiritual Coaching: Integral Model and Spiral Dynamics

Integral figure Jean Gebser (Wilber, 2000, p. 148) wrote about five structures of consciousness: archaic, magic, mythical, mental, and integral which forms the foundation of Bark’s book.

Each of these becomes a developmental level in Integral levels/AQAL.
Table 2 Classic Spiral Dynamic Guide (refers to Intuitive as Magic)
Table 3. BCI Coach In Action (Adapted from Bark p. 325)

<table>
<thead>
<tr>
<th>Structure</th>
<th>Tool</th>
<th>When to use</th>
<th>Steps is Using</th>
<th>How to Gauge effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intuitive</td>
<td>Meditation</td>
<td>Body Tension, Anger</td>
<td>Diaphragmatic Breathing, Yoga-Sutras, and commitment to surrender/prayer. Could include herbs, essential oils, crystals, aroma therapy, incense etc.</td>
<td>SUD (Subjective unit of distress)</td>
</tr>
<tr>
<td>Intuitive</td>
<td>Tapping</td>
<td>Emotionally stuck about a situation or feeling or pain</td>
<td>Teach how to tap &amp; write scripts. Could include herbs, essential oils, crystals, aroma therapy, incense etc.</td>
<td>SUD (Subjective unit of distress)</td>
</tr>
<tr>
<td>Integral</td>
<td>AQAL</td>
<td>Too focused in on one viewpoint on pain/negative affect instead of the whole issue, needs perspective</td>
<td>Depending on learning style, either discussion, or drawing, or wording of each quadrant. Paper uses “acceptance therapy” as one possibility to move up the developmental stage in each line.</td>
<td>SUD (Subjective unit of distress)</td>
</tr>
</tbody>
</table>
Table 4  Mixed Coaching Outcomes: Tapping and Meditation to Be Statistically Relevant

(Further studies in addition to Chapin et al 2014, and Feinstein and Gallo, 2005).

Adapted from Feinstein, D. (2008)

<table>
<thead>
<tr>
<th>Source</th>
<th>Condition</th>
<th>Treatment, N</th>
<th>Controls, N</th>
<th>Measures</th>
<th>Diff. p&lt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elder, et al., 2007*</td>
<td>Weight loss maintenance</td>
<td>10 hours group TAT sessions over 12 weeks, N=27</td>
<td>10 hours group qigong sessions over 12 weeks, N=22</td>
<td>Maintenance of weight loss after 10 group sessions and then 12 weeks later</td>
<td>.006 .000</td>
</tr>
<tr>
<td>Korber, et al., 2002*</td>
<td>Anxiety, pain, and elevated heart rate following injury</td>
<td>Paramedic-applied acupressure before transport N=20</td>
<td>Paramedic-applied sham-acupuncture N=20</td>
<td>Pulse rate; Visual analog scale for anxiety pain</td>
<td>.001 .001 .001</td>
</tr>
<tr>
<td>Wells, et al., 2003*</td>
<td>Specific Phobia (partial replication of Wells)</td>
<td>30-min EFT Session, N=18</td>
<td>30-min Diaphragmatic Breathing Session, N=17</td>
<td>SUD, Standardized Fear Survey, Behavioral Approach Task</td>
<td>.005 .005 .02</td>
</tr>
<tr>
<td>Salas, et al 2011</td>
<td>Pilot</td>
<td>1 Session EFT, 1 Diaphragmatic Breathing, N=22 (half in each order)</td>
<td>Subjects were own controls</td>
<td>SUD, Beck Anxiety Inventory, Behavioral Approach Task</td>
<td>.01 to .001</td>
</tr>
</tbody>
</table>

Note: EFT = Emotional Freedom Techniques; RCT = Randomized Controlled Trial; SUD = Subjective Units of Distress; TAT = Tapping Acupressure Technique; TFT = Thought Field Therapy.
Table 5 Integral Mapping: AQAL Adapted for Spiritual Coaching for Healing

**UL** where people interpret their interior experiences and focus on "I." This is what the patient experiencing as “I feel hurt, pain or alienated” and the self (UL) and it is subjective, esoteric, Intentionality, personal interests attitudes and values of the internal dynamic of the specific person means the coaching intervention should be about their motivation (why we do things) and should include a dialogue as the or one of the intervention.

**IL** interpret the collective consciousness of a society, or plurality of people and focuses on “we” In terms of “we” as in our values, family values, our morality, our corporate culture. This could be how the family reacts to chronic pain. Referral to family therapist many be needed. However this quadrant can contain other interpersonal systems, such as views of your boss, co-workers, friends, etc. on work-life balance.

**UR** empirical observation of the behavior of organisms interventions of the traditional healthcare. and is objective, measureable, tangible., UR observable behaviors of a person how we do things, muscle testing or SUDS and the client’s reaction to them.

**LR** behavior of healthcare organizations/systems of a society (ITS). Describes the problem of health service fragmentation that underlies the more obvious health care crisis. This describes the alternative, allopathic and complementary systems and the client’s reaction to them.
TABLE 6 Bark’s Identified Five Issues with Coaching (p 7):

Bark (2011) identified five issues in the coaching literature that the profession of coaching needs to attend to for further development:

1) Should coaches themselves be trained on the topic of the coaching,

2) To what degree the coach and the client each set treatment goals

3) Should coaches be licensed and if so how? By specialty (sports, executive, medical) by training (some are counselors others have no higher education)

4) What is the role of research in coaching

5) How to apply a mixture of skills, models and theories from different disciplines? (this is a problem to some degree with psychiatric nursing and to a huge degree with all clinical social work).