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To cite this article: Karen L. Goble, Sharon M. Knight, Sloane C. Burke, Lena W. Carawan & Ruth Q. Wolever (2017): Transformative change to 'a new me': a qualitative study of clients' lived experience with integrative health coaching, *Coaching: An International Journal of Theory, Research and Practice*, DOI: [10.1080/17521882.2016.1266004](https://doi.org/10.1080/17521882.2016.1266004)

To link to this article: <http://dx.doi.org/10.1080/17521882.2016.1266004>



Published online: 13 Jan 2017.



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Transformative change to 'a new me': a qualitative study of clients' lived experience with integrative health coaching*

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ABSTRACT

The purpose of this study was to describe the lived experiences of adult clients who sought Integrative Health Coaching (IHC) to address a chronic health condition. Moustakas' phenomenological approach was applied to engage nine participants in recorded in-depth interviews and photo-elicitation interviews. Analysis revealed the essence of participants' IHC experience as engagement in transformative change. Participants described the integrative medicine framework and most notably mindfulness as supporting their engagement in the coaching process. They noted that mindfulness contributed to the coaching relationship as well as promoted their engagement, competence, and autonomy in self-determined goal attainment. Specifically, mindfulness helped participants cultivate self-awareness, insight, and self-acceptance and apply it to goal-directed action. The conceptualization of participants' lived experiences with IHC described the phenomenon of IHC as whole-person engagement in a mindfulness-based coaching practice established in integrative medicine that resulted in transformative change characterised by health and well-being. Participants described a journey in which they sought IHC to address a health concern and surprisingly discovered a 'new me.'

ARTICLE HISTORY

Received 9 June 2016
Accepted 24 November 2016

KEYWORDS

Mindfulness; integrative health coaching; integrative medicine; self-determination; chronic health condition; health behaviour change; patient engagement

Practice points

- To which field of practice area(s) in coaching is your contribution directly relevant? This contribution is directly relevant to health and wellness coaching, and the findings on mindfulness have additional implications for life and executive coaching.
- What do you see as the primary contribution your submission makes to coaching practice? This qualitative research adds to the conceptualisation of integrative health coaching (IHC) by revealing the lived experience of clients who participated in IHC to improve a chronic health condition. The participants identified the integrative medicine

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framework and mindfulness as foundational elements of IHC, and clarified that this brand of health coaching invites a paradigm shift from conventional healthcare in how to create sustainable behaviour change.

- What are its tangible implications for practitioners? Use bullet points.
 - Whole-person engagement is linked to transformative change.
 - The integrative medicine framework supported engagement in the coaching process.
 - Mindfulness contributed to the coaching relationship as well as promoted client engagement, competence, and autonomy in self-determined goal attainment.
 - Mindfulness helped participants cultivate self-awareness, insight, and self-acceptance and apply it to goal-directed action.

Introduction

The expanding burden of chronic disease has demanded new models of care in which patients are partners in prevention and health promotion (Bauer, Briss, Goodman, & Bowman, 2014; Coulter, 2012; Hibbard & Greene, 2013). The need to partner with patients to activate and engage them in health behaviour change has led the evolving body of health coaching evidence to burgeon in the past decade (Kivelä, Elo, Kyngäs, & Kääriäinen, 2014; Wolever et al., 2013). Reviews document that health coaching improves self-efficacy and motivational processes, psychosocial variables, health behaviour changes and to a lesser degree, immediate biological indices of chronic illness (Ammentorp et al., 2013; Hill, Richardson, & Skouteris, 2015; Kivelä et al., 2014; Olsen & Nesbitt, 2010). One particular model of health coaching, known as (IHC; Lawson, 2009; Smith et al., 2013; Wolever, Caldwell, et al., 2011), is based upon the principles of integrative medicine (Dodds et al., 2013; Greeson et al., 2008; Maizes, Rakel, & Niemic, 2009): patient collaboration, engagement in holistic individualised care, inter-professional teamwork and a focus on health promotion (see example in Figure 1). This holistic coaching model has been developed at academic centres with integrative medicine programmes including the University of Arizona, the University of Minnesota, Duke University, the California Institute of Integral Studies, and Vanderbilt. While literature describes the IHC approach and outcomes, no studies have described the perspectives of clients in IHC.

Used as a stand-alone intervention or as part of a more complex approach, clinical trials have demonstrated the positive impact of IHC on the course of chronic disease in 10-year risk for coronary heart disease (Edelman et al., 2006), in 5-year risk for diabetes and stroke (Wolever, Webber, et al., 2011), in weight maintenance (Caldwell, Grey, & Wolever, 2013) and on reducing outpatient and total expenditures for high-risk patients (Jonk et al., 2015). Furthermore, a randomised controlled trial of IHC alone (without other treatment components) demonstrated improved glycemic control in individuals with type 2 diabetes who had elevated levels of A1C at baseline (Wolever et al., 2010); the improvement related to clients making multiple changes such as increased medication adherence (Wolever & Dreusicke, 2016). Despite the theoretical and outcomes literature on health coaching in general, and IHC in particular, few studies have addressed *how clients experience* health coaching, and no studies have described *how clients experience* IHC.

The experience of the client is paramount in health coaching, yet limited work has described it from the perspective of the client. One qualitative study of 32 hospitalised,



Figure 1. Wheel of health: The holistic model from the Osher Center for Integrative Medicine at Vanderbilt allows integrative health coaching clients and integrative medicine patients to self-assess their current areas of strength and need. Mindfulness is presented as compassionate awareness and sits at the center of the model. © 2015 Vanderbilt University Medical Center.

older adults who received nurse coaching revealed that a caring relationship with the coach contributed to engagement in self-management and to greater well-being (Parry, Kramer, & Coleman, 2006). Similarly, researchers studying motivational interviewing-based life coaching interviewed eight adult females living with obesity who participated in the intervention. Findings revealed that the key elements of the intervention were a client-driven approach encompassing multiple life domains, the application of life coaching skills, and the significance of the supportive coaching relationship (Newnham-Kanas, Irwin, Morrow, & Battram, 2011).

The IHC process incorporates aspects of these prevailing coaching models, and highlights the coaching partnership to engage clients in realizing self-defined goals (Caldwell et al., 2013; Wolever et al., 2010; Wolever, Caldwell, et al., 2011). IHC adheres to the professional standards and competencies defined by the International Coach Foundation (ICF) (ICF, 2016; Smith et al., 2013) and the National Consortium for Credentialing Health and Wellness Coaches (NCCHWC), the recently established credentialing body within the United States (Jordan, Wolever, Lawson, & Moore, 2015; NCCHWC, 2016; Wolever, Jordan, Lawson, & Moore, 2016). IHC differs from other coaching models in at least two major ways: (a) it engages the whole person, and (b) it centres on mindfulness defined by Kabat-Zinn (2005) as a natural quality that involves intentionally attending to the experience of the present moment with a sense of friendly curiosity (Lawson, 2009; Smith et al., 2013). A qualitative study of the IHC model confirmed these distinctions from the perspective of the IHC coaches and model co-developers (Wolever, Caldwell,

et al., 2011). That study found that an integrative medicine context distinguished IHC from an existing array of health coaching models and called for further research to better understand the core tenets of IHC, including the role of mindfulness.

The internal experience of mindfulness and the active role of clients in the IHC process underscore the importance of adding the client's voice to the conceptualisation of the IHC process. The purpose of this study was thus to gain an understanding of IHC from the perspectives of clients with chronic health conditions who had actively engaged in the IHC process. The research question asked, 'What is the lived experience of IHC for adult clients with a chronic health condition who had at least six sessions of IHC within the past year?' Clients' perspectives have the potential to enhance understanding and cohesion of the conceptual framework of IHC and further clarify distinctions between IHC, other health coaching models and conventional health education.

Method

The qualitative approach employed in this study engaged the researcher and study participants in a discovery-oriented process in an effort to describe clients' lived experiences in IHC. Moustakas (1994) descriptive phenomenological approach was applied to engage nine study participants in in-depth interviews that led to a description of the themes (content) and structures (dynamics) of their lived experiences with IHC (Creswell, 2007; Moustakas, 1994; Patton, 2002). Moustakas (1994) method for qualitative analysis was applied using phenomenological reduction, imaginative variation, and structural description to identify textural and structural themes and essences that were then synthesised to present the conceptual framework of client experiences in IHC. Study participants had an additional opportunity to express their IHC experiences using a photo-elicitation data collection strategy in which they created or identified an image that represented the essence of their experience and described the representation in a second interview (Bignante, 2010; Harper, 2002; Patton, 2002). The photo-elicitation approach provided a means for participants to access aspects of experience with IHC not readily articulated by words (Bignante, 2010; Harper, 2002; Sebastiao et al., 2016). Consistent with the use of photo-elicitation in participatory health research (Sebastiao et al., 2016), the approach in this study fostered participant engagement as co-researchers in the phenomenology and offered a variant perspective of their IHC experience (Bignante, 2010; Harper, 2002; Moustakas, 1994; Patton, 2002). Each participant's selected image used during the elicitation process served as a catalyst for attaining depth of insight as well as a means of triangulating data.

Set forth by Edmund Husserl (1856–1938) and developed by successors with branching epistemologies in the twentieth century, phenomenology has emerged as an important approach to human sciences research (Dowling, 2007; Moustakas, 1994; Wojnar & Swanson, 2007). As further described below, one of the researchers (KG) applied Moustakas (1994) discovery-oriented approach to facilitate participants' descriptions of the structure and essence of their lived experiences as IHC clients. This researcher also described her experience as an integrative health coach in order to identify and set aside her preconceptions (bracketing) and encounter the phenomena with an open awareness (epoche). Furthermore, she applied mindfulness practices to support the phenomenological iterative process of bracketing, epoche, and reflexivity.

Multiple strategies employed in the study ensured study rigour and credibility (Creswell, 2007; Patton, 2002), including the following: (1) institutional review board approval; (2) study design and phenomenological approach appropriate to the research question; (3) use of NVivo software (QSR International, 2011) to code verbatim transcripts; (4) maintenance of an audit trail that included a dated and timed log of researcher activities, analysis and interpretation memos, and the researcher's reflexive journal (Patton, 2002); (5) peer-debriefing during the analysis phase; (6) photo-elicitation; and (7) member checking (Patton, 2002).

Purposive sampling was used to recruit clients of the six IHC coaches who participated in the Wolever, Caldwell, et al. (2011) qualitative study on IHC. Respondents voluntarily contacted the researcher in response to an IRB-approved study announcement that IHC coaches e-mailed to their clients. Enrolled participants completed the in-depth and photo-elicitation interviews that, together, lasted from 60 to 90 minutes in duration.

Findings

Participants

Nine IHC clients enrolled in the study, ranging in age from early 20s to over 70 years old; 5 participants were between 50 and 69 years of age. In order to protect privacy, study participants received pseudonyms based upon the 2009 Atlantic hurricane index: Ana, Bill, Claudette, Danny, Ericka, Grace, Ida, Kate, and Mindy. Education levels ranged from high school diploma to post-doctoral training. Participants lived in various geographic locations, including the Mid-Atlantic, Midwest, Northeast, Southeast, and West Coast regions of the United States. All nine participants received individual telephone-based coaching that ranged from 20 to 45 minutes per session, although the coaching context varied: six participants received IHC as part of a worksite programme that also provided online group training sessions in mindful weight management; and three received IHC as a clinical service in addition to other clinical activities they pursued. In addition, one clinic participant accessed on-site group coaching sessions. Study participants initially sought coaching for varied health conditions including the following: arthritis, asthma, cardiovascular disease, cancer, back injury, depression, diabetes, menopause, sleep, stress, and obesity. Seven of the nine participants responded to the researcher's request for member checking and confirmed that the synthesis of textural and structural descriptions captured their lived experiences in IHC (Creswell, 2007; Wojnar & Swanson, 2007).

Textural themes and structural dynamics

Through a process of phenomenological reduction, data analysis revealed four textural themes that described participants' IHC-related perceptions and experiences as follows: (1) a unique integrative approach to realizing self-defined goals; (2) a supportive relationship with a skilled health coach; (3) engagement in mindfulness as a necessary foundation for change; and (4) a transformative change to 'a new me' who experienced health and well-being (see Table 1). A structural description of findings also disclosed the following dynamics as central to the process: (1) the integrative medicine approach,

Table 1. Aggregate textural themes and structural descriptions.Aggregate textural themes

A unique integrative approach to realizing self-defined goals, 'What she [IHC coach] did was open my heart and mind to be able to figure out what I wanted to do (Grace).'

Mindfulness as a foundation for change, 'Mindfulness is the dirt, the soil that the garden grows in (Ericka).'

Supportive relationship with the skilled health coach, 'the [coach's] acceptance ... reminds me of my loving kind nature which is just the opposite of the black and blue habit of mind and spirit that I held onto for a long time (Claudette).'

Transformative change to 'A New Me' characterized by health and well-being, 'I guess the new me ... it's a whole new way of awareness ... a whole new way of living my life (Ana).'

Textural essence: Transformative change to a 'new me'

Aggregate structural descriptions

Integrative Medicine framework, particularly mindfulness, supported engagement, 'My coach was a support system to help me be mindful (Kate).'

The facilitative coaching relationship engaged participants, 'I was the player. I was the one that had to produce the results ... The bulk of it was on my back (Bill).'

Self-determination in the IHC process that resulted in engagement and empowerment, 'Making it part of me allowed me to see how it was important to me and to do it again and again (Danny).'

Structural essence: The self-determined coaching process applied in an Integrative Medicine framework, notably mindfulness, **engaged** participants.

particularly the application of mindfulness; (2) the facilitative relationship; and (3) the self-determined aspects of IHC that led to an experience of engagement and empowerment in the change process. The four textural themes reflected participants' understandings of the transformative nature of the mindfulness-based, integrative approach and identified the core dynamics of clients' experiences of engagement in the change process.

Unique integrative approach to realizing self-defined goals

Study participants expressed that IHC was 'different' from health interventions previously experienced and distinct from care they received from their primary medical providers or health educators. Further, they described their IHC experiences as key contributors to their success in making crucial lifestyle changes. As Danny observed, IHC offered 'a different approach to making myself healthier.' Participants observed that 'integrative' meant that during the change process, the whole person and multiple life domains were considered. They viewed IHC as an approach to health and well-being that involved an 'overarching' perspective that included self-awareness, exercise, rest, nutrition, emotional health, relationships, personal and professional growth, physical environment, and spirituality. Ida's photo-elicitation interview, for example, illustrated that, by reclaiming and transforming her physical environment, she experienced the health benefit of a sense of well-being and improved quality of life.

To the participants, 'integrative' also signified mindfulness. All nine participants described IHC as a mindfulness-based coaching process; five experienced mindfulness as 'the goal,' while others viewed it as an essential ingredient of IHC: in describing her collage, Ericka wrote, 'Mindfulness is the dirt, the soil that the garden grows in.'

The participants saw themselves as the active agents, 'the players,' who determined the focus, goals, action steps, and pace of health coaching. Study participants found their active role to be empowering in that their participation in IHC promoted ownership, responsibility, and engagement in realizing goals. Danny noted,

Had she [IHC coach] said, 'Well, go do this' then, I might have done it once. But would I have done it the second time because it wasn't a part of me? Making it part of me allowed me to see how it was important to me and to do it again and again.

Study participants observed that their coaching partnership extended to an integrated network of providers that included conventional as well as complementary and alternative care practitioners. They described experiences such as the use of guided imagery, yoga, or mindful eating as 'unique,' 'engaging,' and 'change' evoking. IHC clients emphasised the importance of resources and education that coaches offered in a mode of collaboration, facilitation, and support. Participants described this approach to building knowledge and skills as different from what they had previously experienced in that it relied on their own discovery, personal strengths, and resourcefulness. Claudette noted that her IHC coach 'will always say, "Well, what resources do you know, what could you think of to help yourself with this?"'

Supportive relationship with a skilled health coach

A central element of participants' IHC experiences was the supportive relationship they developed with their coach. They described the role of their IHC coach as 'partner,' 'guide,' 'cheerleader,' and 'facilitator' of inquiry-based learning, who empowered and engaged them in a self-defined process of change. Ana reflected, 'It was like doing it together ... having that partnership ... I thought it was pretty incredible she could know who I am just from my 25 minute sessions.' The relationship involved a joint endeavour in which participants experienced the coach as present and invested, but not directive.

Study participants described that their health coaches displayed qualities of mindfulness that buoyed their support. Study participants valued many features of their coaches: presence, non-judgement, attunement, listening, openness, awareness, loving-kindness, and a calm voice. Ana shared, 'They have that voice that is very soothing, very easy to listen to, very calming ... I felt very safe that I could share anything and I felt like I had a partner.' Participants experienced the coaches' attuned presence as a relationship that felt personal, friendly, safe, comfortable, and accountable. Ida stated, 'It's really the sense that I have this outside person who knows a lot about me, who listens and who is interactive and encouraging ... It's like having a friend who's, well, ... not a friend.' The loving-kindness and acceptance emanating from the coaches' mindful presence nurtured those qualities in study participants. Claudette observed that her coach's 'acceptance ... reminds me of my loving kind nature which is just the opposite of the black and blue habit of mind and spirit that I held onto for a long time.' She titled her image 'The Wind Beneath My Wings' and described how the loving-kindness of her health coach supported her transformation from flapping ('I went through most of my life flapping') to soaring.

Study participants described IHC coaches as 'very skilled.' Grace expressed the importance of integrative health coach training and credentials in the following comment: 'I would imagine that if you go with a health coach, you should definitely check their certifications and where they studied ... [health coaches] need to have training.' Bill summarised, 'to finish up ... you've got to have good coaching.' They emphasised the importance of proficiency with coaching techniques and personal experience with mindfulness.

Mindfulness as the foundation for change

All nine participants identified mindfulness as the basis for the IHC process, core to the coaching relationship and their foundation for change. The IHC coaches led mindfulness practices during the coaching sessions and reportedly demonstrated qualities of mindfulness throughout the coaching process. In addition, clients described qualities of mindfulness threaded throughout their IHC experiences: presence, attention, increased self-awareness, non-judgement, loving-kindness, insight, letting-go of control, and equanimity. Ericka described, 'Mindfulness is opening to your thoughts, it's listening to your body, it's slowing down.' Participants found that letting go of self-judgement helped them overcome self-defeating beliefs and limitations that presented barriers to change. Bill described loving-kindness as the 'nicest part of [IHC].' Kate identified the significance of loving-kindness practice: 'A lot of times we are so hard, at least I'm my worst critic.' Claudette learned to witness rather than judge: 'the main thing that I've learned is to bring compassion and loving-kindness to my thoughts because it's very easy for me to kick myself.' Study participants noted that self-acceptance contributed to goal attainment by helping them overcome habitual thought patterns associated with caring for themselves. Overall, study participants described mindfulness as a central element supporting their active engagement in the process.

Participants also reported that the self-awareness that they experienced through mindfulness was empowering. Kate shared, 'Sometimes you can be yourself all your life and not really know yourself. So I'm starting to get to know me.' They observed that mindfulness facilitated insight and self-awareness that enabled them to make intentional choices aligned with their values. Danny photographed an eagle that represented the 'strength and power' he experienced from increased self-awareness; he noted that mindfulness practice 'clears your mind for what you are going to do next.' The shift to increased awareness of the body, 'getting out of my head and into my body,' reflected a significant change for Ida who observed, 'I've sort of spent most of my life thinking and not as much doing.' Participants emphasised that increased awareness created a pause that gave them the opportunity to make a choice about their actions.

Participants learned mindfulness practices such as mindful eating, body scan, and awareness of breath either as an element of IHC sessions or in collaborative mindfulness-based stress reduction (MBSR; Kabat-Zinn, 2005) or mindfulness-based weight management programmes. Bill welcomed the brief breath awareness practice at the beginning of a coaching session, 'I just appreciate breathing more than I had in the past. I mean just taking the time to breathe in and feel what that breath is like.' The coaching helped them to apply their mindfulness skills in daily life to support goal attainment. Mindy illustrated how mindfulness supported her change process:

The thing is when I'm aware of what's going on, I don't pig out ... I don't go for the extra big plate. I don't go for seconds. I eat 'til I actually feel like I'm getting full and then I stop ... I know I'm full. I don't stress and overeat.

Study participants credited mindfulness with supporting their new sense of health and well-being and with their experience of transformation. Seven participants described mindfulness related to their photo-elicitation images. Kate shared, 'I picked a lady that's meditating and I chose that image because that's where it starts.' The image depicted her experience that, 'My coach was a support system to help me be mindful.'

Transformative change to 'a new me.'

Each of the nine IHC participants used illustrative change words that described the essence of their IHC experience as transformative: *metamorphosis*, *refined*, *sculpted*, *blooming*, *transformative*, *lifesaver*, and *freedom*. They also reported multiple changes in their physical and mental health such as: weight loss, improved physical fitness, lowered blood pressure and cholesterol, better glycemic control, improved mood and less negative thinking. In support of these health-related changes, they related numerous lifestyle changes, including increased exercise, healthier nutrition and eating behaviour, stress-management practices, and taking time for self-care. Changes also encompassed multiple life domains, including their physical environment, professional development, education, communication skills, personal growth, and relationships.

The experience of transformation surpassed specific health and lifestyle changes, and entailed whole person change described as 'life changing' and characterised by feelings of happiness, a sense of well-being, and perceived improvement in quality of life. Ida shared, 'Health is such a small part of it in a way.' Both the interviews and the photo-elicitation images centred on the experience of transformative change as participants integrated changes into their lives. Ana stated:

I guess the new me ... it's a whole new way of awareness. I would have to say that it's a happier me with myself ... I physically and emotionally feel so much better ... it's a whole new way of thinking, a whole new way of living my life.

Similarly, three participants' self-portraits depicted 'the new me.' Ericka's collage, titled 'Metamorphosis,' illustrated her experience that 'the coaches had acknowledgement and understanding of our transformation process, and so the caterpillars turned into butterflies.'

The image of a blooming rose captured Grace's experience: 'I guess the fact that you can blossom ... everybody has that flower inside of them and you can, with assistance, with the health coaching, you can actually become what you were meant to become.'

Empowerment and whole-person engagement

Participants observed that IHC engaged the whole person in taking self-identified steps towards realizing health and well-being. They expressed benefiting from IHC to the extent that they engaged in the process. Mindy emphasised the need to, 'be one hundred percent active in it.' The participants revealed that IHC involved commitment, intrinsic motivation based on values, and a personal vision such as a long healthy life to be with grandchildren. Grace shared, 'What she [IHC coach] did was open my heart and mind to be able to figure out what I wanted to do.' Study participants observed that engagement involved presence, self-awareness, readiness to change, and skilful coaching that built success and competence. The incremental process contributed to Claudette's success: 'She'll have me think through what might make it easier to begin, how it might again be broken down into smaller, manageable parts, what support I might need to get started.'

Study participants described time and competing demands as barriers to engagement in IHC. According to Grace, for example, 'A challenge is making the time ... to do the plans and ... what you say you're going to do in between sessions.' Participants further emphasised the significance of self-determination and ownership to engagement in IHC. While the coach provided the ongoing structure and support as well as facilitated accountability,

clients were keenly aware of their central role in creating the change. Bill stated, 'I was the player. I was the one that had to produce the results ... The bulk of it was on my back.'

Engagement in IHC entailed increased confidence that participants described as empowerment. The sense of empowerment, confidence, competence, and self-direction supported client engagement. Bill observed, 'You gotta motivate yourself to do these things. You don't know how many times the body wanted to say, 'oh, you don't have to walk this evening, just take it easy.' Study participants noted that the self-regulation skills they learned through mindfulness and education during IHC, particularly working with negative thoughts and self-judgement, played a significant role in sustaining engagement. In addition, accountability and strategies to overcome obstacles contributed to engagement. Danny depicted his experience of 'empowerment' in IHC in his photo-elicitation image of an eagle 'looking inward to doing outward.' He observed, 'Other weight loss [programmes] say "do this and you'll lose weight." Not change yourself and you'll have control over that ... It's changed me. It's changed me to looking at things differently and looking at myself differently.'

In summary, participants observed that the integrative medicine approach, the coaching relationship, the coaches' interventions, and mindfulness worked together to engage them as whole persons and empower them in an iterative way.

Discussion

Study findings revealed the paramount importance of the integrative medicine context and principles for IHC practice in facilitating change. While the nine IHC clients understood the difficulty of making sustainable changes in health behaviours and lifestyle, their IHC experience engaged them in realizing self-defined goals connected to their personal vision and values. The coach facilitated the process and the client selected the emphasis and content. Participants found their active role to be empowering, describing the process as one that promoted ownership, responsibility, and engagement in realizing goals. They identified foundational elements of the process to be the facilitative relationship, the integrative medicine framework and resources, and mindfulness. Participants described a transformative journey in which they sought IHC to address a health concern and surprisingly discovered a 'new me.'

Participant descriptions addressed the significance of two overarching IHC structures: the integrative medicine context and the coaching process itself. Mindfulness was observed to be central to both. Participant experiences supported the Wolever, Caldwell, et al. (2011) finding that the integrative medicine framework distinguished IHC from medical models of health coaching, from conventional health education that involves coaching, and from life coaching. According to the clients' perspectives, the dynamic integrative medicine context and the coaching process operated together as a system whose key elements paralleled those previously identified by IHC coaches (Wolever, Caldwell, et al., 2011): namely, the coach as partner and facilitator, the patient-centred and whole-person integrative medicine approach, and the foundation of mindfulness.

Similarities with other health coaching approaches

The study further clarifies similarities and differences between IHC and varied health coaching interventions. Like other health coaching approaches, IHC improves quality of life,

emphasises the facilitative relationship, focuses on self-determined goals and strategies as seminal to client engagement and intrinsic motivation, and provides access to health education (Hayes, McCahon, Panahi, Hamre, & Pohlman, 2008; Linden, Butterworth, & Prochaska, 2010; Newnham-Kanas et al., 2011; Newnham-Kanas, Morrow, & Irwin, 2010; Parry et al., 2006). Theoretical as well as empirical work has described the impact of a facilitative relationship and focus on self-determined goals and values. As seen before, (Coulter, 2012; Hibbard & Greene, 2013; Hibbard, Stockard, Mahoney, & Tusler, 2004; Kivelä et al., 2014; Linden et al., 2010; Wolever et al., 2010), both engagement and intrinsic motivation were increased as the facilitative relationship encouraged participants to step into an active role as agents of change. To create the facilitative relationship that enhanced engagement and motivation, IHC coaches asked open-ended questions, offered complex reflections, and consistently acknowledged client success (Caldwell et al., 2013). They also actively listened and communicated attuned presence, non-judgement, and acceptance. Not surprisingly, participants stressed the value of having coaches proficient in competencies that engage and empower clients. Similarly, as described in Self-Determination Theory, (SDT: Deci & Ryan, 2008; Ryan, Patrick, Deci, & Williams, 2008), participant engagement and intrinsic motivation were enhanced when the IHC clients focused on self-defined goals tied to personal values. Participants' sense of autonomy and competence was further supported when invited to draw from their own resources and knowledge to develop personal strategies to meet self-defined goals. In sum, the IHC clients discovered what personally mattered most and defined goals connected to their personal values, thus increasing engagement, discovering intrinsic motivation and building autonomy (Ryan et al., 2008; Wolever et al., 2010).

Since personally meaningful and self-defined goals are seminal to the process of change, it is imperative to note that not all interventions that are labelled 'health coaching' adhere to this principle. In fact, many so called 'coaching' approaches have failed to grasp the magnitude of importance that personally meaningful and self-defined goals and strategies hold in the creation of self-sustaining change (e.g. Wolever & Eisenberg, 2011). This is one reason for the movement towards a single, national certification for health and wellness coaching in the United States that maximises use of personally meaningful and self-defined goals and strategies (Jordan et al., 2015; Wolever et al., 2016).

Finally, as with many coaching approaches, health education played a consequential role in participants' change process (Olsen & Nesbitt, 2010; Palmer, Tubbs, & Whybrow, 2003). They valued the knowledge and skills accessible through their health coach. However, the findings also clarify that the practice of health education in IHC differs substantially from the didactic style found in conventional models. In IHC, coaches facilitate an approach to health education that encourages study participants' to self-discover the knowledge and skills they deem necessary to accomplish their goals (Caldwell et al., 2013; Maizes et al., 2009; Ryan et al., 2008; Wolever, Caldwell, et al., 2011). This is different from receiving didactic information that someone else determined to be important for the client. In IHC, health education is self-directed, individualised, and used as a tool for empowerment and the integration of the change.

Differences from other health coaching approaches

Additional distinctions between IHC and other health coaching approaches also arose. Unlike other approaches and consistent with the Wolever, Caldwell, et al. (2011) findings,

the integrative medicine framework and the central role of mindfulness emerged as two formative and differentiating factors in IHC.

IHC and the integrative medicine framework

In contrast to the targeted, disease-oriented approach often applied in conventional health education and coaching programmes, this study found that IHC focuses on the well-being of the whole person (Olsen & Nesbitt, 2010; Wolever, Caldwell, et al., 2011) promoted their intrinsic capability to realise well-being. This finding is consistent with the IHC literature (Lawson, 2009; Wolever et al., 2010; Wolever, Caldwell, et al., 2011) life coaching models (ICF, 2016; Newnham-Kanas et al., 2011), and the integrative medicine paradigm (Maizes et al., 2009). In accord with integrative medicine, participants described that the whole-person IHC approach worked with mind, body, and spirit and included multiple life domains. Even the participants' IHC experiences of self-determination are in line with an integrative medicine paradigm (Maizes et al., 2009; Wolever, Caldwell, et al., 2011).

The integrative medicine context also provided a network of care and resources that supported the clients' change processes. Consistent with the integrative medicine framework (Maizes et al., 2009; Verhoef, Mulkins, & Boon, 2005; Wolever, Caldwell, et al., 2011), communication and collaboration among health care providers and coaches were essential. Access to a network of resources including health education and complementary and alternative practices also helped to further individualise change process. Finally, access to this network contributed to the participant experience of autonomy and competence that increased engagement (Deci & Ryan, 2008; Hibbard et al., 2004, 2005; Maizes et al., 2009; Wolever, Caldwell, et al., 2011). As the IHC coaching process helped participants to be engaged, autonomous agents in changing their lives and realizing well-being, they became engaged in 'transformative change' (Bell et al., 2002; Maizes et al., 2009; Verhoef et al., 2005).

Mindfulness as the foundation for multiple aspects of the IHC process

The second distinct and pivotal theme that emerged in IHC was the central role of mindfulness. Again reflecting the integrative medicine paradigm (Bell et al., 2002; Maizes et al., 2009), mindfulness operated through clients' personal practice, through the IHC process itself, and in the coaching relationship. SDT provided a helpful framework to examine the application of mindfulness in IHC as a way to increase self-awareness that builds intrinsic motivation for health behaviour change (Deci & Ryan, 2008). In terms of participants' personal practice, mindfulness was instrumental in cultivating self-awareness and insight that increased their ability to make intentional choices (Kabat-Zinn, 2005). Increased self-awareness along with the release of self-judgement and increased self-acceptance helped participants notice and shift habitual thinking patterns as well as behaviour (e.g. snacking at work when experiencing boredom or stress) (Deci & Ryan, 2008; Kabat-Zinn, 2005; Kristeller, Wolever, & Sheets, 2013; Wolever & Best, 2009; Wolever, Caldwell, et al., 2011).

Mindfulness contributed to participants' experience of engagement, a dynamic central to sustainable health behaviour change (Deci & Ryan, 2008; Hibbard et al., 2004, 2005). Participants discovered that awareness of their inner state empowered personal choice and purposeful action consistent with the SDT construct of autonomy (Ryan et al., 2008; Spence & Oades, 2011). The resulting successes, along with mindfulness-supported skills

for self-management and self-acceptance, contributed to participants' experiences of competence that helped sustain motivation and engagement (Ryan et al., 2008). In IHC, mindfulness helped participants cultivate self-awareness, insight, and self-acceptance and apply it to goal-directed action. Consistent with SDT, the translation of insight to action increased engagement and resulted in integration of the change process that study participants described as transformative (Deci & Ryan, 2008; Wolever, Caldwell, et al., 2011). Study findings suggested that the application of mindfulness in IHC increased motivation and engagement and contributed to study participants' experiences of transformative change.

In terms of the coaching relationship, mindfulness was salient through multiple qualities demonstrated by IHC coaches. Participants noted the IHC coaches' capacity for presence, non-judgement, acceptance, and attunement, all of which created a sense of safety and support essential to relationships that facilitate change (Livingstone & Gaffney, 2016; Moustakas, 1986; Ryan et al., 2008). Coaches' skilfulness with facilitating mindfulness was essential to participants' experiences of the IHC process; participants' descriptions of the role of mindfulness in the relationship concurred with that of the IHC coaches in Wolever, Caldwell, et al. (2011). These findings highlight the need for IHC coaches to obtain training and personal practice with mindfulness. They further imply the importance of labelling IHC as a mindfulness-based process.

Findings regarding training

Several additional factors were important to participants regarding characteristics of IHC coaches. The coaches' affiliation with a trusted institution contributed to legitimacy, safety, and confidence. Participants emphasised the importance of training and proficiency in coaching skills of their IHC coaches. Their observations supported literature addressing health coach training (Adelman & Graybill, 2005; Jordan et al., 2015; Wolever et al., 2010; Wolever et al., 2013; Wolever, Caldwell, et al., 2011) and underscored the need for standardised credentials for health coaching practice (Jordan et al., 2015; Wolever et al., 2013, 2016; Wolever & Eisenberg, 2011). In addition to health coaching skills, IHC coaches needed authentic experience and knowledge of integrative medicine practices that supported holistic mind and body involvement in the change process. Examples of such skill sets cited by the participants include the use of guided imagery and knowledge of yoga and mindful eating (Maizes et al., 2009; Wolever, Caldwell, et al., 2011). The specialised skill sets involved raise the need for not only health coach credentialing, but perhaps for IHC credentialing as well.

Limitations and need for further studies

This study described the lived experiences of nine clients with chronic health issues who had completed at least six IHC sessions in the year prior to study participation. All participants reported high satisfaction with IHC. The limitation of the small sample size ($n = 9$) that did not represent clients with a range of satisfaction suggests caution with generalizing the findings. Future qualitative work examining the IHC experience of clients with a range of satisfaction, including clients who withdrew from IHC, will contribute to a deeper understanding of IHC.

IHC clients described the experience of transformative change and the integration of new behaviours. SDT-framed outcomes research should measure client changes realised during IHC while also assessing engagement and motivation and engagement over an extended timeframe to further understand the longevity of change. Future investigations should further clarify the potential mechanisms of an integrative medicine framework and of mindfulness in health coaching, perhaps in comparative effectiveness trials that evaluate IHC and other health coaching approaches.

Conclusions

Health coaches and health promotion practitioners can use these findings to conceptualise clients' experiences with IHC. Participants described the difficulty of making sustainable health and lifestyle changes and the need for more than provider recommendations and health education. Results suggest that IHC reflects a paradigm shift as opposed to adoption of an ancillary skill or intervention. While IHC has elements in common with various health coaching approaches, two clear distinctions emerged as seminal to participants' change process. First, participants reported that their experience of transformative change characterised by health and well-being was informed by the integrative medicine context. Second, participants revealed that mindfulness plays a significant role in IHC through multiple avenues: their own mindfulness practice, the coaching process itself, and the mindful qualities of the coach. Participants found the IHC coaches' skill with mindfulness to be foundational to the coaching relationship and the IHC process as well as to the participants' mindfulness practice. The application of mindfulness in IHC required specific training in mindfulness. Client descriptions illustrated the importance of IHC coaches cultivating a personal practice of mindfulness; participants also noted the potential benefits for themselves of mindfulness as a transformative agent, a means of engagement and empowerment in the change process resulting in a new way of being in the world (Moustakas, 1986).

Participants emphasised the necessity of skilled coaching. IHC coaches require proficiency with coaching interventions and the competencies defined by the ICF (2016) and the NCCHWC (Jordan et al., 2015; NCCHWC, 2016; Wolever et al., 2016). Results suggest that IHC coaches require additional training, skills, and credentials unique to an integrative medicine framework and in particular to training and personal experience with mindfulness. IHC requires a paradigm shift, a reorientation from directive coaching to an attuned and authentic presence and the personal skills for 'being in, being for, and being with' clients that Moustakas (1986) found in relationships that facilitate change. In addition, mindfulness helps participants cultivate self-awareness, insight, and self-acceptance and apply them to goal-directed action. In conclusion, IHC offers a model for health promotion that can meet the challenges of chronic disease prevention and behavioural change, effectively supporting individuals in their quest for well-being and an improved quality of life.

Acknowledgements

The authors wish to thank the study participants who courageously shared their coaching experiences, the Integrative Health Coaches whose generous support invited the clients' voices, and the

programmes that provided the coaching: the Duke Integrative Medicine clinic and eMindful's Weight Loss in Small Bytes™ program.

Disclosure statement

No potential conflict of interest was reported by the authors.

Conflict of interest notification

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