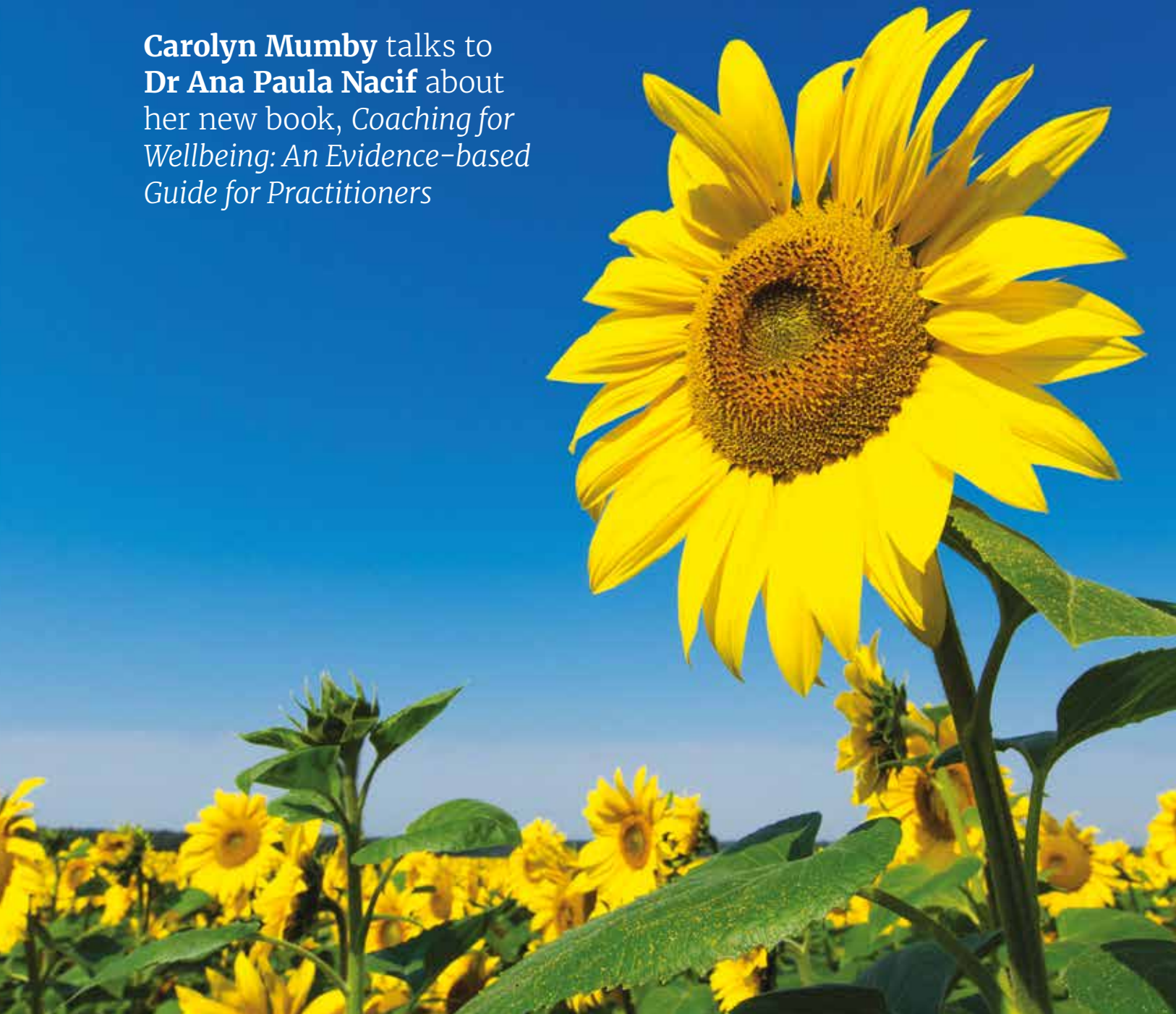


The social impact of coaching for wellbeing

Carolyn Mumby talks to **Dr Ana Paula Nacif** about her new book, *Coaching for Wellbeing: An Evidence-based Guide for Practitioners*



Carolyn Mumby and Dr Ana Paula Nacif are members of the Coaching for Social Impact steering group (www.coaching4socialimpact.com) which aims to bring together anyone involved in coaching people for the social good in a supportive and collaborative network.

In this conversation, they explore information and ideas from Ana's new book *Coaching for Wellbeing*¹ and highlight the need for this work to be further researched and funded.

CM: Ana, could you introduce us to your journey into coaching and, specifically, coaching for wellbeing?

APN: When I completed my coaching training many years ago, I was invited by a not-for-profit organisation to run wellbeing workshops with their clients, HIV-positive gay men. I was a relatively newly qualified coach and did not have great expertise on the topic. I remember frantically doing loads of research for every workshop and feeling very fearful of my ability to deliver. However, I fell in love with the topic and the client group, continuing the learning, development, and growth through other workshops over many weekends. It was such a joy working with them.

I am a passionate advocate for the need to base more of our coaching work on sound theoretical understanding and research, so I enrolled for a doctorate. I based my thesis on group coaching for wellbeing in a community context,² because coaching in groups is impactful for more people, and creates ongoing networks of support.

I'd learned a lot from experience but when I began to delve into the literature, a whole new world opened up, and I realised that it was an extremely complex subject. The doctorate was focused on practice because, for me, research has to have a practical impact. It was a dream of mine to enable commissioners to better understand that coaching for wellbeing is part of the prevention agenda that's talked about but not properly resourced. I used the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS),³ which is recognised

by both academics and policymakers in the UK, including the National Health Service. I thought 'if I use a scale they understand, perhaps they will listen', but I now think I was quite naïve. We need more opportunities for people to get funding to run large-scale studies where they would have more weight in terms of the literature they produce. There are various ways of measuring wellbeing, and evidence is extremely important. However, there is also the tension between wanting to measure something and knowing that for me, the person's experience is potentially more important than the numbers that are showing up on their scale.

It became clear to me that wellbeing is the foundation of all coaching work. It's about everything that we experience as human beings: our lives, our work, our leisure and our relationships. I knew that no one was going to read a thesis if it was too dry, and I wanted to share my learning with coaches who wish to work in the area of wellbeing. In the book, I explain the theoretical basis and the research evidence around wellbeing, and then give tools and case studies. In fact, I created the book that I wish I had found when I first started when I didn't know anything and thought, 'If I want to do this, where do I go?' I also wanted to write a book that considers wellbeing as 'wellbeing', not health coaching.

CM: So how does coaching for wellbeing differ from health coaching?

APN: Health coaching is usually linked to improving either physical or mental health, or to managing the health condition so it impacts a person's life less. Coaching for wellbeing tends to be multi-dimensional in its focus, so we could describe wellbeing as the umbrella, with health coaching sitting under that, but also with focus on interpersonal, social, and psychological aspects of our experience as human beings. One of the things that I've had conversations about with health coaches is the fact that it's all very well for us to think about compliance - for example, whether their clients are taking or not taking their medication - and the model where we go: exercise - 'tick', eating well - 'tick', and you have all these boxes to check. I know they're important but my experience of working with people living with long-term health conditions is that there is a lot more to their wellbeing than just their health. For example, the longest wellbeing study conducted by Harvard⁴ revealed that people who have meaningful relationships achieve better wellbeing, regardless of what they eat, smoke, or do for exercise etc.



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One of the challenges that we also have with funding is the need for things to happen quickly; wanting a quick fix for things is a societal issue. So, I say to people when we are working on our wellbeing that it's not something you do one day, and it's done. It's an ongoing thing.

CM: You reference DiClemente and Prochaska's Transtheoretical Model of Change⁵ when you are writing about 'fostering long-lasting changes'. The authors acknowledged people making change seem to go through six stages cyclically and that relapse is very likely to be a part of that. The recognition is that you can have a relapse, but it doesn't mean you go back to the beginning; you can explore what caused the relapse and find a way back to maintaining change. Taking a more fluid and forgiving approach, a self-compassionate attitude, seems to be key.

APN: Yes, it's important to have a sense of the inevitable fluctuation in our wellbeing.

CM: In Chapter 5, you describe the notions of flourishing and languishing, and you acknowledge that the absence of mental illness does not necessarily equate to good mental health. People may still be feeling very low. Equally, you can have a serious mental illness and have a high level of mental wellbeing alongside that diagnosis. David Britten has also spoken about this,⁶ and for me it challenges the idea that coaching is only for a certain group of people. I'm interested too in how we decide whether someone's flourishing or languishing. I've been working with polyvagal theory,⁷ and the concept that our story about the world and ourselves tends to arise from the different state we're in, in our nervous system. It's different if we're defensively mobilised, in defensive collapse and when we're in ventral vagal, where we feel safe and connected. We might be cycling through from flourishing, which we might equate to ventral, and we might then be mobilised in sympathetic, and then we might fall into dorsal vagal when we get very overwhelmed, which I think would probably equate to that idea of languishing. This shift in state can happen quite quickly and is a normal part of responding to life, but if we're not anchored in ventral sufficiently, we might spend long periods defensively mobilised and then become so overwhelmed that we get stuck in dorsal vagal, which equates to that sense of very low mood and often withdrawal from the world. Can you say something more about the parameters of when somebody's defined to be flourishing or languishing, and the longevity of that?

APN: The language comes from our needs in academia and science to label experiences and measure them; there is a languishing and flourishing scale,⁸ and it's often thought about in terms of the intensity and longevity of the experience. I agree that we have a whole variety of experiences and emotions throughout our day or week. But when in the flourishing space, we have more resources to cope with whatever life throws at us, and the energy to pick ourselves up. We can see the horizon. In the languishing space, everything feels more difficult and it's harder to see choices; the sense of horizon is not there. This relates to what we were saying about mental illness and good mental health. It's true to say that I can be diagnosed with schizophrenia, or a general anxiety disorder, and yet I can manage it well. I know what's going to trigger me. I can then take steps to prevent a crisis. If I do have a crisis, I know what to do with myself to get through that crisis in the best possible way. Equally, I may have no clinical diagnosis, but I may be stuck in that place where there is no energy, no light, there is a sense of being stuck and not seeing the possibilities in life, and it doesn't necessarily mean that I'm clinically depressed. I'm a functioning person but that's how I'm feeling.

CM: Yes, and sometimes resource may be available, but we can't see it, or we can't connect to it. So flourishing may depend on understanding more about who we are and the challenges we're facing, and having the ability to prevent ourselves from going into a crisis or getting into a spiral that's going to oppress our wellbeing, and that sense that we have a strategy for a way out.

APN: Yes, in the same way, we might respond to our emotions, we don't discount them, but we perhaps don't completely identify with them either. There is room for me to step away a little bit and then think and act because I'm not so embedded into that story.



CM: You also talk in the book about the kind of obsession with wellbeing that comes with social media influencers, which can create unrealistic or unachievable expectations.

APN: Yes, I get frustrated with the commoditisation of wellbeing. We can sometimes alienate people because they think that wellbeing is just for the people who have money and time, especially they are being told 'if you sign up for this class or buy this product you'll have wellbeing'. That can lead those who do not have the resources to feel they are failing in life and that wellbeing is out of their reach, which is not helpful.

CM: This takes us back to the idea of coaching for social impact. You talk in the book about the difference between a focus on personal accountability versus systemic pressures, and the recognition that people are not having opportunity for resources and support equally, and therefore that affects their wellbeing.

APN: Absolutely. When working with the wellbeing of a population who are experiencing a systemic challenge, a demographic that is struggling at some level, we need to be very mindful regarding our biases. We have to be careful that we do not dismiss that demographic by thinking 'they can't have wellbeing because they're struggling too much, first they need something else'. I firmly believe that even with all the challenges people might be facing, there are little things they can do every day to support their wellbeing. Even those whose basic needs may be lacking can find joy in life and flourish. That's not to deny that, as a society, we need to ensure that people's basic needs are met. But I think sometimes we need to be careful that we don't decide on behalf of other people what is possible for them in terms of wellbeing. In the book, I explore some of the philosophies and theories about meaning. We can have a positive experience and still be in a very difficult situation. These experiences are not mutually exclusive.

CM: I note that you provide guidance on four coaching phases: exploring meaning and vision, working on values and purpose, a focus on choices and strategies, and a consolidation and celebratory phase. I think this has great relevance for practitioners who are working in an integrated way, incorporating elements of counselling and coaching.

APN: It's important to emphasise again that within this process how balance is thought about and discovered is down to the individual ie, what balance looks and feels like for them, especially given that we live in a world of social media and comparison. The question is 'What is it that you want for your life?' Some people may want a lot more time with their family, whereas others may want to work more because they have other projects that they want to take forward. Imposed messages about wellbeing can be experienced as a burden or a checklist of 'oughts' even if it's something worthy like mindfulness, yoga, eating well, or exercise, etc.

CM: Some coaching clients may come almost expecting you to lick them into shape. If the coach is not very experienced and grounded, they can be pulled into an agenda, which is about accountability, rather than the client responding to themselves through that regular reflection and exploration. It's important to create a space for them to reflect, for example: 'I wanted to do this but I didn't. What happened that got in my way? What am I assuming stopped me from taking that action? How did it feel not to do it? Can I move towards that again if that's what I want to do? What might that give me?' I can see with coaching for wellbeing that there are a few traps that we could fall into, like taking over the agenda from having a feeling of responsibility for the outcomes.

APN: Another trap might be that we move too quickly into finding the goal and breaking it down – saying, 'Let's put a plan together' or 'Let's find a strategy' for whatever it is that the client wants to achieve, without really taking time to explore the *experience* of the client. If a client comes to a coach and says, 'I want to eat better', chances are they know what they should be eating. They're often well-informed, but they're not doing it. There is something that's stopping them, so if we go very quickly into setting goals, we might be contributing to them feeling like a failure because they won't do it. It's important for the coach to take a step back and understand the experience of the client. Do you know what's driving their desire for their outcome? What would that mean to them? Because we live in a society that is obsessed with the optimisation of human beings, as if we are machines, we can be caught up in the idea that we need to get results quickly, when often we need to take time because once the client finds their key, they can use it in other situations. It can be detrimental to the client to focus too quickly on goals because they might feel that, 'I can't do this. I've tried but I have proved myself to be a failure again and again.'

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CM: Yes, and the less experienced coach can get pulled into feeling that they too have failed because if they were a good coach, they would help their client to achieve their goals.

In your book you explore how in Western societies we seem to have a culture of deficit. We tend to focus on the gaps and what's missing and on top of that, we have the discourse of success, performance, growth and achievement. There is never a moment to rest and we're off to the next challenge and the next. You talk about how this culture is taking its toll on families, workplaces, and schools, so is there also a broader societal relevance to the idea of wellbeing?

APN: Yes, I had an internal debate about whether to share coaching tools because sometimes, I think people are looking for the shortcut. But I understand that the tools can be that 'beginning' for coaches to use to find their way and have some sort of safety as they explore the topic. There is a very practical side to coaching of course, but I think that nothing replaces that relational space where you sit with your client and learn about their experience; I wanted to invite coaches to think about when we reach for a tool, what is our intention? Can we use it in a reflective meaningful way as part of the work?

CM: So rather than thinking, what's the perceived deficit and how can we hop over it with this tool, you're more focused on the client's experience and the territory that they're in and the sense of how they are navigating forward, and what they're already doing that's working.

APN: Yes, we don't *do* coaching to people - we partner with them. Groups can be such a beautifully supportive environment, there is a wealth and richness of experience in a group and it's often where you see a fuller spectrum of experience of wellbeing. If we build a safe dynamic, people realise they are not alone with their struggles, are enthused by the achievement of others and recognise that because others have done it, maybe they can do it too.

CM: So as well as in community settings, if you're working in organisations and creating space for a wellbeing discussion, how do you bring that to life?

APN: We know from research that management or managers have a massive impact on people's wellbeing.⁹ If a space is created for reflection about the culture of the organisation, where the focus is not just on a tick box, or individual wellbeing, they can be supported to consult their staff and create a better environment and processes to support the wellbeing of all.

Finally I think it's also vital to encourage coaches to take some time to understand their own wellbeing; I think that's when the 'being' as the coach, comes to life with the client work.

CM: So maybe people could do some co-coaching based on some of the ideas from the book or by using some of the frameworks or tools presented?

APN: Absolutely. This is an invitation for us all to look after ourselves. It's always good to have a reminder, because life gets in the way! ■

ABOUT THE AUTHORS



Carolyn Mumby is a coach-therapist offering an integrated practice to clients and supervising dual trained practitioners and coaches.



Dr Ana Paula Nacif is an experienced executive and group coach, facilitator and consultant who works with individuals and organisations in the areas of wellbeing, inclusion and leadership. She has nearly 20 years of coaching experience within the private, public, and not-for-profit sectors, and is an academic and active researcher in coaching and wellbeing. She is also the co-editor of *The Philosophy of Coaching: an International Journal*.

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