



*From wellness to illness and back through recovery, coaching has a huge role to play in keeping employees fit for work. Yet both coaches and coaching buyers seem to have a blind spot around well-being, says*  
**Anthony Eldridge-Rogers**

# Wake up to wellness

By Anthony Eldridge-Rogers

**T**he coaching profession has a blind spot: our relationship to and integration with human health.

Wellness is not a new topic. The media has been talking about it a lot in recent years and it is one of the fastest growing sectors in the world. However, some important issues stand out: coaches, mostly, haven't cottoned on to the potential of this market, and healthcare providers and organisations haven't realised the enormity of what coaches can contribute.

## BACKGROUND

We're in the grip of a global epidemic of ill-health. The massive shift of focus towards certain health concerns that only a few decades ago were considered marginal is not confined to the UK, US and other OECD (Organisation for Economic Co-operation and Development) countries. The Middle East and North Africa (MENA) region now has a type 2 diabetes and obesity epidemic. In China alone, more than 100 million people suffer from type 2 diabetes.

The charity Diabetes UK says type 2 diabetes on its own can bankrupt the UK's NHS, so we can be sure the juggernaut of ill-health is wreaking havoc in business and companies too.

Despite this, many organisations and businesses focus solely on

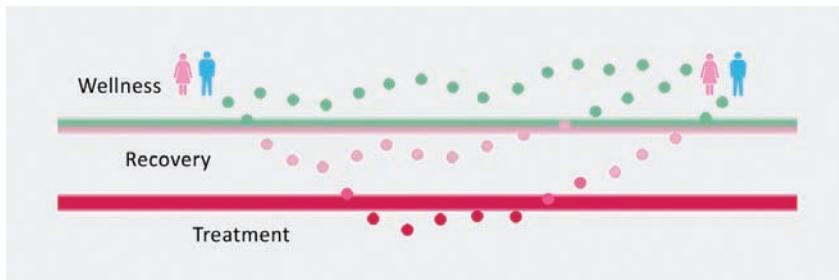
wellness in their workplace, unaware that, without an integrated approach that includes the whole continuum from wellness to illness and back through recovery, they have no control of the current and future costs of their workforce's health.

Issues around stress, health and fatigue are indicated in a wide number of organisational risks and objectives. Businesses cannot fire and hire their way out of it. In the US, for example, almost one in three adults' health is impacted by obesity and diabetes type 2-related illnesses. That means it is statistically impossible to employ a workforce that does not import these risks and costs into the company account.

At the same time, although there has been a shift in understanding, such as at the London Deanery, where clinicians are supported to maximise their potential, many providers have not yet realised that coaching can be a powerful aid in reducing healthcare challenges.

Formalised healthcare is dominated by big pharma and the medical approach. But on the frontline the doctors and specialists I talk to are exasperated at the limitations that they see in their approach and resources. They know something else is needed.

Many healthcare challenges relate to lifestyle and behaviour. However, the coaching profession seems to be ignoring the potential of this area. ➔



**Fig 1: The missing area of the illness to wellness continuum. The recovery region is a no man's land in most organisations**

A staggering number of humans face behaviourally driven health challenges for which the only cure is a change in how they eat, sleep, work, relax and pursue their lives. And if working with people to change how they behave, work, create, manage, lead and pioneer is not the domain of coaches, I am not sure what is.

The shortcomings of a solely medical approach to what is really an issue of behavioural change, are becoming clear in the data. Despite the billions being spent, many healthcare problems don't have innovative creative programmes to do the real job: assisting people to make positive, sustainable, long-term recovery to wellness journeys.

There are exceptions. *Coaching at Work's* health coaching campaign raised the profile of coaching's contribution to health and wellbeing, with practitioners and researchers, such as Professor Stephen Palmer, sharing findings and techniques for working in this arena (eg, *vol 8, issue 1, 2013*). So why is coaching not at the leading edge of that development?

**BARRIERS**

In my experience, the main barrier to engagement is anxiety. Coaches are unsure of how to integrate these kinds of issues into a coaching relationship, whatever the level. This is especially true when we think about mental health and substance and behaviour misuse. That nice safe coaching client

who came to us for career coaching shifts the goalposts considerably when they disclose their depression and drinking issues.

Training, ethical grounding, rigour and self-management are important, but so is confidence – to include the entirety of clients' experiences and, even more so, to explicitly offer coaching services that speak to the issue of healthcare challenges.

Of course, we coaches are also part of those statistics. Coaches may, too, feel overwhelmed and suffer from 'crisis fatigue'. Or they may be ambivalent or confused as to how coaches fit into all of this.

It used to be easy to spot the dividing line. Coaches didn't touch health and health problems. But it becomes much less simple once we consider that behaviour exists on a continuum of frequency, effect and context that can generate the same behaviour in two different people –

with entirely different consequences and implications.

Not joining together the dots is another obstacle. Let's take the hot topic of neuroscience and coaching, for example. To study the brain is to study the whole human system, but the link between leading edge neuroscience and whole human system health has yet to become the foundation stone it needs to be in coaching.

The health of the whole human body is synonymous with brain functioning. Neuroscience and its application in coaching is deepening our understanding of both brain and mind functioning. Two aspects stand out. First, the brain is the control mechanism for the whole system and is utterly dependent on that whole system for biological functioning. Optimal brain function is a factor of the whole organism's health.

Second, the mind is responsible for the condition of the body and healthy functioning and thus also responsible for its own health.

But if we know all this, how is it that conference after conference on coaching as well as leadership programmes almost entirely ignore it? The elephant in the room right now is human health.

When a coach moves into a coaching relationship with a client, surely the foremost question has to be how healthy is this person's system? Yet it has been proposed to me that

**Top five key attributes of a recovery to wellness coach**

- Knows how to use coaching skills in the recovery process
- Can integrate coaching while clients navigate through treatments
- Can manage the non-linear and systemic aspects of the recovery process
- Understands the difference between recovery focused coaching and wellness/health coaching
- Understands the stages of development of the health problem their client is working on, including prevention

this aspect of a person is private and intimate in way that precludes us from including it as a necessary part of coaching the whole person.

I've had coaches tell me with complete conviction that in their practice they do not "deal with clients' emotions", and in the same way, a person's health is usually excluded.

The exception is when coaches are explicitly hired as health coaches. But it seems to me that all coaches are health coaches, whether we choose to accept it or not. People who wish to perform well, manage well and be at optimal performance, are inextricably bound to their health. Coach them and you are coaching their health. If they're developing a health challenge, such as obesity or pre-diabetes or anxiety or depression, then you are coaching someone in need of a recovery process.

## WHERE IS OUR LEAD?

1. We can recognise that appropriately and professionally trained coaches are uniquely and ideally positioned to help people make sustainable changes to both prevent and recover from behaviourally driven healthcare challenges, and to act accordingly.

2. Those delivering leadership and executive coaching programmes can be explicit about placing human health and focus on recovery to wellness across all its domains as a central foundation stone on which all human innovation, productivity, creativity and resilience is built.

3. Coaches and coaching buyers can advocate for properly trained coaches to be a primary engagement resource for organisations to integrate into their workforce health approaches. We can argue that coaches are as relevant and effective a resource for an employee's health and wellness issue as is a therapist, counsellor or another medical model-based intervention.

## CASE STUDY

### Prescription drug abuse

John had been working with his client, Peter, for six months before Peter, a senior advertising executive, disclosed that he was worried about his own mental health and was abusing his prescription drugs for sleep problems. Peter was clear though, that he did not consider himself to be addicted.

John and Peter had already been working on Peter's stress and sleep problems, but the prescription drug issue was new information. John coached Peter to understand better his stress and anxiety management and the choices he faced, in order to help him develop different responses. John then referred Peter to a sleep coach colleague.

As a result, Peter stopped taking the sleep medication and his ability to sleep improved. He also took up running, which he enjoyed. As Peter was not addicted to the medication, a treatment approach was not warranted, but he could easily have developed a much worse problem without his coach's competency.

By the time an employee is headed for the company therapist, and time off work with all the attendant costs and impact, quite a few milestones will have been passed. Those milestones may all have been opportunities to engage with an appropriately trained coach and that engagement may have changed the path leading to the time off, reduced performance and subsequent impact on their workmates.

Organisations can 'up their game' to get further along the curve of the wellness to recovery continuum and start thinking about early engagement.

Throwing information at people creates awareness, but not necessarily change. There are going to be people for whom water management, air quality control, posture management and the like, will just not be a solution.

It may be too late. There may be factors unknown as well as co-occurring factors that neutralise engagement. These are people who are in or are drifting towards recovery (see Figure 1, p46). For them a different approach is needed.

Having seen first-hand in my coaching practice the real benefit of including healthcare issues and having had this confirmed from many

of the coaches we've trained globally, I'm convinced that professionally trained ethical recovery to wellness coaches have a massive opportunity to make a terrific contribution, whether they work internally or externally.

I'd like to see all coaches adopt the state of human health across all aspects and make it the non-negotiable foundation stone and primary context for coaching the whole person. 

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● *Coaching at Work* is a partner with FRC for its International Recovery and Wellness Coaching Conference (IRWCC), an international online coaching conference with a face-to-face launch conference over two days in London on 17-18 November in London

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