The role of coaching psychology and coaching in 'The Grey Space'

Lauretta Cundy

Abstract

The purpose of this article is to explore how coaching psychology and coaching may hold an ameliorative essence when it comes to mental health illness, such as anxiety and depression that results from long-term chronic stress, as coaching may be seen to be located within the situation from an alternative position, to that of traditional therapy and counselling. However, with this brings the management of boundaries, proposing that we may find ourselves as coaches in the 'grey space', where the boundaries between the therapeutic space and the coaching space become blurred. I suggest it is vital to understanding how we might navigate this space, as coaches to ensure ethical practice for our coachees.

Keywords: coaching, coaching psychology, boundaries, therapy, stress management

As a coaching psychologist working mainly in the areas of personal development and stress management, my mission is: to help people by enhancing and developing skills, so they can improve their mental and physical well-being to thrive.

I view my coaching work as offering up discourse that may not have once been available. Therefore, through this newly available discourse, the coachee can re-author the self, through 'crafting' and reconstructing how they produce their story and ultimately their identity, (Burr, 2003; Foucault, 1972; Parker, 1992; Willig, 1999), to cope with the stresses they may face.

Through my practice, I have become increasingly aware of several systems in operation, and a complex range of knowledge landscapes (Brown, 2010) at play: specifically, in relation to stress management, and development of resilience. Furthermore, working in this

context and with the development of my doctorate research, drawing from a range of qualitative methodologies, Critical Reflection, Autoethnography and Action Research. The need to navigate what I deem the 'grey space' has arisen, where the boundaries between therapy and coaching become blurred (Cundy, 2019).

Stress as a 'Wicked Problem'

Palmer and Cooper (2013) define stress as "stress occurs when pressure exceeds your perceived ability to cope", (p.7). Brown (2010) puts forward that each decision maker draws on a range of knowledge, whether the individual is aware of it or not, when making decisions. This knowledge ranges from personal experience, as a member of their community, holding a skillset or specialism from the world of work, through to their own imagination.

A connected synergistic pattern, where each knowledge space or system has an impact on the whole rather than being isolated within itself. I suggest that our understanding and management of stress in one knowledge landscape has a ripple effect on the rest. Therefore, on reviewing the literature, I put forward that stress is a wicked problem. Brown (ibid, p.62–63) sets out what constitutes a 'wicked problem', based on Rittel and Webber's original 10 characteristics of 'wicked problems', as follows:

• Wicked problems evade clear definition. They have multiple interpretations from multiple interests, with no one version verifiable as right or wrong.
• Wicked problems are multi-causal with many interdependencies, thereby involving trade-offs between conflicting goals.

• Wicked problems are often not stable. Problem-solvers are forced to focus on a moving target.
• Wicked problems are socially complex. Their social complexity baffles many management approaches.
• Wicked problems rarely sit conveniently within any one person, discipline or organisation, making it difficult to position responsibility.
• Resolution of wicked problems necessarily involves change in personal and social behaviour; change that may be strongly resisted or encouraged, according to circumstance.

It could be argued that we are faced with an entry point into inquiring into stress as a wicked problem. "An entry point for an inquiry into a wicked problem is usually some wake-up call, crisis event, a new idea, or shift in social expectation" (Brown, 2010, p.65).

According to research, stress is at an all-time high. Research has shown that millions of people from all ages and social spheres are experiencing mental health problems each year, and that "tackling stress, we can go a long way to tackle mental health problems such as anxiety and depression" (Mental Health Foundation, 2018).

Stress has an extensive range of negative implications, from the mental health factors, through to physical health (Palmer & Cooper, 2010). These can become chronic debilitating conditions adversely affecting individuals' quality of life, sense of self and their relationships on every level (Crouter, et al, 2001).

This is compounded by underfunding in the National Health Service for mental

health services in the UK. Budgets have and are still being cut, yet stress is rising (The Guardian, 2018; Kings Fund, 2018). Exacerbating this further is that mental health is still seen as a taboo subject, despite large organisations being created, such as Heads Together (https://www.headstogether.org.uk), a coalition of eight mental health charities spearheaded by The Royal Foundation of The Duke and Duchess of Cambridge and the Duke of Sussex, in Great Britain, which have been created to tackle stigma and to change the conversation on mental health.

The awareness of stress has increased, so much so that in the last few years there have been drives by the Institute of Directors (https://www.iod.com), the Mind charity (https://www.mind.org.uk) and Mental Health Foundation (https://www.mentalhealth.org.uk), to name a few. These organisations aim, to raise awareness and encourage organisations, schools and individuals to understand the implications of stress and to incorporate strategies to help manage it.

Practices and stress management strategies

Gherardi (2009) proposes that once we deem activities as practices, such as strategies for the management of stress, this then legitimises and normalises the accountability of various conducts. Moreover, what one "produces in their sustained practice is not only work, but also the (re)production of society" (p. 536). This brings with it a huge responsibility for what we deem as practices to be ethical and of best practice. As Gherardi (2009) further states: "practice is an analytic concept that enables interpretation of how people achieve active being-in-the-world" (p. 536). I view coaching as such a practice; one that can support the (re)production of society in mitigating and managing stress, and in the development of resilience.

Specifically, I see myself as being part of the experience of, creation of and solution to stress, on several levels in relation to the 'knowledge cultures' (Brown, 2010), as discussed above. As an individual, I see myself located within the situation being both subject to and part of the issue of stress creation. This comes from the position that we, in this space and time, are all subjects of our 'cultural values' and 'social expectations' (Foucault, 1978), which both influence and shape us.

That said, we can learn and develop tools (such as those used in coaching) to challenge and resist such power structure of cultural values and social expectations. This then impacts how stress is produced and managed. I see this as being achieved by 'cultivating' myself and encouraging others to do the same, through the coaching work that I do. Foucault (1978) further argues that one cannot escape or move beyond the cultural values and social expectations; rather, one can learn which to accept or resist, which he referred to as the 'art of existence'.

Coaching psychology and coaching's role and stress: the 'Wicked Problem'

Coaching psychology has already created interventions for the non-clinical population by extracting from existing psychological theories and techniques (Grant, 2008). However, I view my work as a coaching psychologist presenting a

discourse that may not have been accessible. Willig (1999b) proposes: "individuals are constrained by available discourses because discursive positions pre-exist the individual whose sense of 'self' (subjectivity) and range of experiences are circumscribed by available discourses" (p.114).

Therefore, by eliciting from these now available discourses, the coachee can 're-author' the 'self', through 'crafting' and reconstructing how they produce their story and ultimately their identity in relation to stress (Burr, 2003; Foucault, 1972; Parker, 1992; Willig, 1999b).

Furthermore, I view my professional self as being positioned within and having influence on the situation. Foucault (1982) suggests that madness through our cultural perspective is 'owned' or belongs to the disciplines of psychology/psychoanalysis and psychiatry. It is here that these disciplines assume an expert position of power; where another's behaviour is assessed and determined with significant consequences. It may be argued that there is still currently caution within our culture and society, resulting from these positions of power, causing a dynamic between patient and therapist/psychologist, where the power is distributed towards the expert.

I suggest that this may impact individuals seeking support when it comes to stress-related issues. So, it is here that I see myself as a coach being located within this situation from an alternative position, regardless of the ontology of the coaching tools and processes used. The discourses that are made available through the coaching process that were once not, enable coachees to re-author the self (Foucault, 1997) in relation to stress; thereby offering up new ways in which to construct, produce, formulate and perform ways of coping.

In assuming the role of coaching psychologist, I relate with my coachees from a mutual footing, while still offering expertise, unlike that of a clinical/counselling psychologist who assumes a position of 'expert' (Kearns, Gardiner & Marshall, 2008). The relationship developed during coaching between the coach and the coachee is one of full transparency and equality (ibid). Grant (2008) proposes that "coaching requires a sophisticated set of skills and the ability to draw on expert knowledge, whilst at the same time facilitating the self-directed learning which lies at the core of the coaching enterprise…", (p.34), ultimately empowering the coachee to become their own self-coach (Palmer & Neenan, 2005).

It is suggested that this results in less perceived stigma because coaching is seen in a more positive light than therapy/counselling, (Palmer & Cooper, 2013). Consequently, it could be argued that individuals may see coaching as being more approachable and therefore may be amenable to facing challenges and concerns earlier, such as stress, prior to the difficulties becoming clinical (ibid). However, it is here that the boundaries between therapy and coaching may become blurred, entering a 'grey space'. There brings with it considerations of ethics of practice and, as a professional practitioner, the need to explore such practices' competencies further, to ensure best practice within my own coaching work as well as within the wider field.

I have often found myself grappling in this (grey) space within my practice. These experiences have influenced the development of the research I am currently undertaking.

Presenting questions such as: "How do we understand and manage boundaries around such mental health issues in relationship to goal attainment, which emerges from within the context of personal development or stress management?"

The 'Grey Space'

Figure 1 below depicts that the boundaries between therapeutic and coaching work are not clear. The black and white sections of this image represent the therapeutic space (*black*) and the coaching space (*white*), and how the boundaries between the two are not a defined line. Rather, that they bleed into each other at times, dependant on the coachee we are working with. Therefore, creating this 'grey space', where the boundaries become blurred.

Grant (2007) suggests a percentage of coachees will experience mental health problems, posing questions such as, "do such issues exclude them from coaching?" (p.253). This brings further questions of whether we as coaches can ethically work with individuals experiencing an anxiety disorder or a coachee who may become depressed during the coaching work? (ibid). Adding further to the complexity of how to work with stress within the coaching context, highlighting once again stress as a 'wicked problem' (Brown, 2010).

Grant (2007) suggests a "discrepancy between the espoused ideas of what coaching 'should' be and the reality of what happens in real-life coaching practice". This indicates that there may be a blur in the boundary between the practice of coaching and that of therapy. Bachkirova and Cox (2004) argue that the differences of concern within client-therapy and client-coaching are not necessarily clear cut.

Figure 1: Image depicting boundaries between therapeutic and coaching work
Source: http://dans-le-townhouse.blogspot.ca/2012/02/simple-but-striking-diy-painting.html

Ameliorative role coaching can play in The 'Grey Space'

As discussed, an argument has been present that there is a 'fine line' and even a fuzzy space (Joplin, 2007) between what signifies coaching and what starts to become therapeutic territory. Grant (2007) proposes that one of the principal distinctions is that of working towards the coachees' goals, where coaching goal striving and mental health/mental illness sit side by side (Keyes, 2003). Grant (2007) also suggests that, while remaining in the bounds of coaching, one can strive towards goal attainment, such as the development or skill attainment of

adaptive coping strategies, for stress, thereby influencing the development of anxiety and depression in relation to stress. Whilst not explicitly focusing on dealing with the distress or improving psychopathology.

Furthermore, when coachees enter coaching they bring all of themselves. Therefore, it is important that we as practitioners are able to navigate this terrain; not to be frightened, but rather to be brave and step up into the space of emotions, particularly those that are challenging, so as not to collude with the 'tyranny of the positive'. At the same time, we must remain within the ethical considerations of what it is to be a coach, knowing one's own limits and boundaries, while ensuring a basic awareness of psychological and personality disorder with the ability to recognise disorders (Einzig, 2011).

The purpose of my research is to learn more about how I and other coaches manage the murky 'grey space' while remaining ethical. Learning more about how I and other coaches manage this terrain is vital in order to ensure that we are good practitioners and that we practise ethically. Personally, I draw on supervision and continuing professional development (CPD), as well as drawing from my professional communities, furthermore being a member of the British Psychological Society, (https://www.bps.org.uk/search/google/ethics) the Special Group in Coaching Psychology-BPS, (https://www.bps.org.uk/member-microsites/special-group-coaching-psychology/resources), International Society of Coaching Psychology, (https://www.isfcp.net/ethics.htm) and the International Coaching Federation, (https://www.coachfederation.org.uk/credentialing/icf-code-of-ethics), who offer ethical guidelines.

I consider there to be an ameliorative essence when working within the 'grey space'; one of empowering the coachee to assume a new 'subject position', to construct an alternative identity (Foucault, 1982; Parker, 1992), and one that is in accordance with the goals they intend for themselves.

I propose that there is this 'grey space' where boundaries between therapy and coaching are blurred; suggesting that decisions, such as, if, when and how coaching can continue, may not be a 'one size fits all' approach, with much being left to the coach's discernment. It is in this space, the 'grey space', that, as a practitioner, it can be lonely and treacherous. Therefore, to explore this space is vital in order to support the development of the profession and to inform best practice.

The 'Grey Space', boundaries and ethics

Boundaries within coaching act to serve the coach and coachee on several levels; providing clarity to the coach as to what is acceptable practice as well as a yardstick from which they can discern what is expected (Popovic & Jinks, 2014). On reviewing the literature relating to the boundaries between therapy and coaching and what the ethical procedures are, some guidelines have been set. However, there are no clear-cut margins, but more vague, generic guidance, which is at times conflicting.

Some guidance on how to manage the situation of a coachee, who may be presenting a mental health issue, such as anxiety and depression as a result of long-term stress, is offered. Grant (2007) suggests

that the task of the coach is not to diagnose whether a coachee has a mental health issue, but rather to ask: "Can my coaching help? What are my limitations with this issue? and What is in the best interest of the client?"

Cavanagh (2005) suggests five questions one should ask oneself, when considering refereeing on a coachee if concerns in behaviours or thinking have been noticed. These are:

1) How long has the distress been going on?
2) How extreme are the behaviours and responses?
3) How pervasive are the distress and dysfunctional behaviours?
4) How defensive is the person?
5) How resistant to change are they?

The answers assist in helping the coach gain a bigger picture of what may be occurring for the coachee. However, what this may mean is the continuation of coaching depends on several other dynamics, such as the coaching context, the contract, the skillset of the coach, and the desires of the coachee.

There is some distinction on offer, such as the coachees' ability to process their adult selves, while displaying the openness to implement new behaviours moving towards the coaching goals. Other distinctions are the context and content for which the coachee seeks support, whether the coach has a broad ability and whether the coachee is not directly seeking therapy and is able to manage change (Joseph, 2006; Popovic & Jinks, 2014).

Rutkowski (2014) puts forward that understanding with precision the difference between coaching and therapy is a complex task, with definitions of coaching offering modest distinction or clarity; suggesting that it is of substantial interest to both professions to understand how coaching and therapeutic practices vary in action.

An acceptance of an overlap or 'fuzzy space' (Joplin, 2007) between therapy and coaching in general featured within the coaching literature, acknowledging the complexity of this space (Hart & Leipsic, 2001; Maxwell, 2009; Price, 2009; Rutkowski, 2014). Maxwell (2009) also proposes that the boundary distinctions do not lie within the fields of coaching or therapy but rather within the practitioner; with the "willingness and ability of both coach and coachee to work with personal/psychological material" (p.82).

Sime and Jocob (2018) suggest that detailed and robust research surrounding the experience of "how coaches work, the roles they adopt, how they experience boundaries and where they actually lie within the professional practices does not currently exist" (p. 49); further proposing that the foundation of key theories which could shape the conversation surrounding coaching should be practical information such as this.

Furthermore, in their study to explore the coaches' perceptions of roles, borders and boundaries, Sime and Jocob (2018) concluded that this resulted in more questions being raised regarding the boundary between coaching and therapy; calling for acceptance from both professions to acknowledge the overlap and suggesting that the focus should be on continued, transparent and judgement-free dialogues between the two professions.

Conclusion

Finally, I argue that these tensions bring with them the opportunity to further explore the practices of coaching. Coaching is here to stay.

Grant (2008) proposes that, despite coaching being aimed at the non-clinical population, "some individuals seek coaching as a more socially acceptable form of therapy" (p.26). As discussed previously, there are suggestions that coachees who voluntarily seek life coaching have higher levels of psychopathology than those who enter coaching through workplace coaching programmes (Grant, 2007), resulting from coaching being perceived as holding less stigma than counselling. Therefore, individuals may be more open to seeking support during earlier signs of stress (Palmer & Whybrow, 2008).

Furthermore, Palmer and Gyllensten (2008) propose that counselling/therapy may be viewed as tertiary interventions, with psychological coaching as primary or secondary interventions subject to what specific issues are tackled. From this perspective, I suggest coaching contains within its process ameliorative strategies for working within the 'grey space' and with problems such as stress and troublesome emotions.

I believe there is further opportunity to add to the debate relating to coaching as an ethical practice, rather than thwarting the therapeutic/counselling communities, or impeding the appropriate support for those individuals who suffer with mental illness. Rather, coaching can be seen to be 'filling a gap' and serving an area of the population that may be currently 'slipping through the cracks'.

It is here that I see an opportunity to further investigate how coaching can provide a framework for the development of adaptive coping (Grant, 2007; Palmer & Cooper, 2013; Palmer & Gyllensten, 2008), particularly as an ameliorate measure, as well as developing a deeper understanding of how to manage this work within the boundaries and ethical considerations of coaching, thereby ensuring best practice.

As a result, enquiring through my research of my own coaching practice and that of other coaching psychologists and coaches, I explore how we navigate the 'grey space' that we inevitably face when working with our coaches, therefore, ensuring we are better practitioners using shared learning of boundary management and ethical considerations. In so doing we further address concerns of best practice that the wider communities of psychology, therapy and counselling may have. Furthermore, developing our understanding and therefore coaching as a practice.

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Biography

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