

1 What is coaching?

This question can puzzle both coaches and clients. There seem to be a number of reasons for this puzzlement, many of them arising because the word *coach* is so loosely used.

'Coach' may suggest a teacher earning extra money by helping your reluctant children through a loathed maths or French exam. Or it may suggest the pushy parent figure in tennis who also acts as coach and manager to a prodigiously talented child. More attractive images may be from other kinds of sports coaching. Here a coach may be a clever, sophisticated and highly paid guru figure whose tantalizing and competitively sought coaching secrets are eventually revealed in books and newspaper articles. This idea is still clearly alive and well, as I discovered to my dismay when I rang one client's office to hear his colleague shout, 'John! It's your guru on the phone!'

If not guru, there are also associations with management consulting which may not help. For instance, I often heard it alleged as a proven fact (needless to say it was no such thing) that one former director-general of the BBC was merely the puppet of the McKinsey consultants who had a permanent office a few doors down the corridor. 'X [one McKinsey man] works his arms and legs and another works his mouth' was how it was described. I admit to having wondered if there was truth in this scurrilous rumour when, the only time I appeared before the great man and his board, I was surprised to find X sitting smugly at his right hand.

In some organizations, even now, having a coach is still unusual and is reserved for very senior people with performance problems, where the intention can therefore be frank corrective training and to need coaching is then understandably seen as being a sign of shameful failure. 'Is this outplacement in advance?' one client asked me suspiciously. This was at a time some years ago when I was relatively new to the field. Alas, I came to see that in her case it probably was outplacement in advance, and that her company was seeking to show that it had done everything it reasonably could before sacking her. In this case I had been manipulated by the organization as much as she.

While these are recurrent concerns and confusions, it is probably much more common to be troubled by an underlying comparison with psychotherapy and counselling. Many potential and actual clients ask worriedly about this. When coaching is described to them, they may say, with visible suspicion, 'This sounds like counselling!', implying that if coaching is just counselling in

disguise, then it's not for them, thank you. In spite of much more enlightenment in the way we view mental health, there are still many hugely unhelpful clusters of associations with needing help in this area of our lives. The thrum of underlying belief is that we 'should' be able to deal with difficult issues on our own. These are not rational concerns. They have to do with fear of the power of our own emotions, of losing control, of the veneer of grownup-ness being ripped away.

The themes that unite all of these concerns are basic to understanding what coaching is. Take it as axiomatic that all clients, whoever they are and however grand, successful and important, fear two things: vulnerability and loss of control. They are right in these fears because coaching is about change and to change you do make yourself vulnerable and you may indeed not appear to have the degree of control you want over your life while the changes are happening.

The role of theory

This is a potentially confusing field. Psychology emerged as a branch of philosophy. Psychotherapy was originated by doctors who were psychiatrists. It was presented originally as a science. These early beginnings are still telling. Essentially psychotherapy and counselling are part of the health sector, whereas executive coaching is a branch of management development, and life coaching an approach to personal development closely paralleled by the popularity of the many thousands of self-help books.

Coaching, by and large, is a pragmatic trade drawing on borrowed theory. At the moment, theory therefore tends to play a much smaller role in the training of coaches. The best current summary is in the book edited by Leni Wildflower and Diane Brennan (2011), *The Handbook of Knowledge-Based Coaching*, where it is clear that our theoretical base comes from an extremely eclectic range of ideas. Currently, practice leads theory and I have heard coaching described as *a-theoretical*. Depending on your point of view, you can see this either as a strength or as a weakness which needs addressing. Perhaps it is both.

It makes me smile when I read the assertions of former athletes and other fleetingly famous British sportspeople – who came to coaching through sport and sports coaching in the late 1980s – that they are in some way the true originators of the profession. In fact, the growth of coaching as a discrete activity in the last two decades of the twentieth century had much to do with the so-called Human Potential or New Age Movement of the early 1970s, where Erhard Seminars Training (EST), founded by Werner Erhard, involved many of those who became pioneers of what we now call coaching. New Age writers such as Eckhart Tolle and Deepak Chopra are among the popular

philosophers of coaching. EST became Landmark Education in 1991 and still trains many thousands of people a year, but the actual origins of coaching have tangled roots in all of the following: psychology, psychiatry, medicine, physics, systems theory, linguistics, therapy, hypnosis, management development, anthropology, organization development, training, selling, religion and philosophy among many others. Coaching, whether dignified by the label or not, must be as old as human society. There is, for instance, a case for pointing out that Socrates was doing a form of coaching 2400 years ago in Greece when, according to Plato, he seems to have claimed that his only knowledge was of his own ignorance and that his role as a philosopher was analogous to that of a midwife: you do not give birth yourself but you play a vital role in enabling the mother to do so. The Socratic Method involved solving a problem through forming a question. In doing so you would be forced to look at your own beliefs, questioning their validity. As an encapsulation of coaching in the twenty-first century, that seems spot on to me.

A definition of coaching: choice in action

My definition is a simple one that conceals complexity.

Coaching is a partnership of equals whose aim is to achieve speedy, increased and sustainable effectiveness through focused learning in every aspect of the client's life. Coaching raises self-awareness and identifies choices. Working to the client's agenda, the coach and client have the sole aim of closing the gaps between potential and performance.

Behind this definition there is one overriding principle. This is the principle of choice. The assumption is that we can always choose how we respond to any of life's challenges. We may not always be able to choose what happens to us, though to a large extent we choose this as well, but we can always choose how we respond.

Here are six foundation principles which elaborate on this and help differentiate coaching from some other apparently similar disciplines.

Principle 1: the client is resourceful

The client has the resources to resolve his or her problems. The client has not come to be *fixed*, though there may be others in the client's world (e.g. a more senior manager paying the bill) who believe that this is the purpose of the coaching. Clients may share this belief sometimes: 'If you were me, what would you do?' Only the client can really know what to do because only the

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client knows the full story and only the client can actually implement the action and live with the results.

This does not preclude the coach from offering useful information, but it is the client's choice whether or not to use it.

Principle 2: the coach's role is to develop the client's resourcefulness through skilful questioning, challenge and support

It follows from the first principle that the role of the coach is not advice-giving. When you give advice you imply that you know best and that the client is a lesser person. When you do this you will most probably get sucked into the 'Why don't you?' . . . 'Yes, but' game:

Why don't you lose a bit of weight?

Yes, I agree I should but I can't do it yet . . .

Advice-giving also leads to dependency – the opposite of what you are trying to achieve as a coach. There is more about this in Chapter 3. The coach's role is to ask the penetrating questions which take clients into territory they have never previously considered. In doing this, clients will build their own resourcefulness.

Principle 3: coaching addresses the whole person – past, present and future; work and private lives

Coaches working in the corporate field sometimes see their role as strictly being about work. I believe that this is a mistake. Difficulties in the professional lives of clients are usually paralleled by difficulties in their personal lives. Also, relationship patterns formed in early life always have a bearing. Coaching is not psychoanalysis, but unless you know a little about a client's early life and issues they are experiencing in their current life beyond their jobs, you are unlikely to be able to work with the client as fully as is possible when you and the client take a more rounded view.

Principle 4: the client sets the agenda

This is where there is a difference with teaching. There is no set agenda with coaching. The coach may indeed have a mental model of, for instance, effective leadership, but if this is not a concern for the client, then it should not appear on the agenda of the sessions. The agenda is set by the client. When the client agenda is exhausted, then the coaching must stop, even if only temporarily. I have occasionally had enquiries from potential clients who have heard that coaching is 'interesting' and want to try it, but when they learn that they have to provide the agenda, their interest wanes.

Principle 5: the coach and the client are equals

The coach and the client work together as a partnership of equals. The model is colleague–colleague, adult–adult, because it is based on total respect. Suspending judgement is essential. Where you cannot respect a client for some reason, or where the client does not respect you, it is unlikely that your coaching can be effective and you must end or not start it.

Principle 6: coaching is about change and action

Clients come to coaching because they want something to change. Essentially they want to be more effective and the core purpose of coaching is to increase self-awareness, to make choices explicit and to close the gap between what they are capable of doing and what they are currently doing. The role of the coach is to help them achieve this increased effectiveness. It follows therefore that you cannot coach a client who does not want to change – so third-party referrals should always be regarded with initial caution. Equally, if a client says they want to change, but seem to be unable or unwilling to do so in practice, then the coaching may have to stop – or you could consider referring the client to another coach.

My assumption is that as coaches we are dealing with both the *being self* and the *doing self*. In my practice, I represent this whole approach to coaching in diagrammatic form, as in Figure 1.1.

The being self is the inner personality and the sum total of the experiences, attitudes and roles that we play or have played in our lives. It is about core values and beliefs – who we are rather than what we do.

The doing self is the externally focused person with tasks to accomplish and skills with which to do them. It is usually the doing self which initially presents for coaching. For instance, ‘Please help me become more effective in my work’; ‘Show me how to run a meeting better’; ‘Help me write a proper CV’, and so on.

The request for coaching is always triggered by change. If there is no change then it is unlikely that you have a genuine client. The change could be internally triggered – a being self area. Birthdays with a nought or a five on the end may well be cause for reappraisal of life and direction. So may a serious illness or a major change in personal status such as marriage, having children, the death of a parent or a divorce. Alternatively, or often in addition, there is externally imposed change. The organization may be losing or gaining staff, the client’s role may have changed through promotion or restructuring. Skills that seemed perfectly adequate before may not look so impressive now. There may be a new boss who demands a different kind of performance with consequent pressure for change in individuals. The client may have actually lost their job or be threatened with doing so. The crossover area in the middle creates the agenda for coaching.

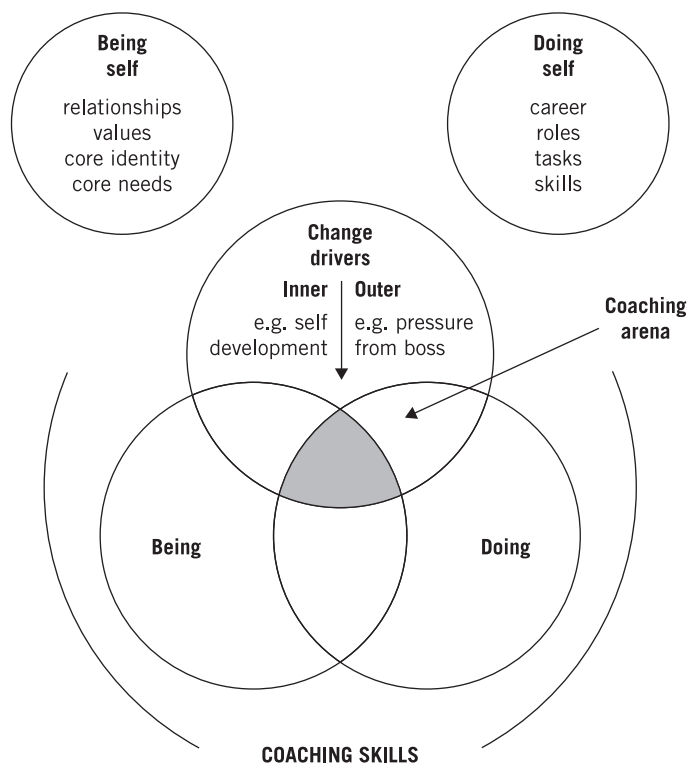


Figure 1.1 A model of coaching

This is why it is essential to take a whole-life perspective and to accept the client's initial agenda as merely the starting point for the coaching. The inexperienced coach often fails to act on the instinct which tells him or her that this is the correct way to go. As a new coach myself I was sometimes far too overawed by the seniority of my clients to ask them what felt then like impertinent questions about their backgrounds and childhoods. I quickly discovered what a mistake this was and now ask routinely about early life experience.

What happens in a coaching session: an overview

Typically coach and client will meet on the coach's premises for a series of hour-and-a-half or two-hour sessions over a period of a few months. The coach prepares the client for the first session with some introductory paperwork and 'exercises', including the client's draft of their goals for the whole coaching programme. Typically goals take two forms:

- *Dilemmas*: which of two or three paths should I follow?
- *Puzzles*: how can I make something or someone more comfortable, work better, be more focused, get past a block?

Examples might be:

- improve an important relationship;
- manage my time better;
- make more money;
- find a way of sorting out my debts;
- decide what I want to do as the next step in my career;
- tackle performance problems in my team;
- plan my entry into a new job;
- restructure my organization;
- learn how to make more convincing presentations;
- acquire the skills I need in a new role;
- launch myself into a freelance career or start a business;
- tackle the stress in my life;
- get a better balance between work and home;
- leave full-time work and decide whether a portfolio career or retirement is something I want.

Normally there will be two or three topics in each session. The client will leave with a plan of action around each of their goals. The first part of the next session reviews how the ‘homework’ has gone. This is an obvious point, but easy to miss: *the changes themselves happen outside and between sessions*.

A typical framework for a coaching session might be like this:

5 minutes	What has happened between the time we last met and now?
10–15 minutes	How did you get on with the action points we agreed last time? What have you tried? What have you learnt?
5 minutes	What items do you have for our agenda this time? <ul style="list-style-type: none"> • What priority do those items have in terms of their potential for impact on your life? • How much time would you like to devote to each during this session? • How does each of these items link to the overall goals we set for the coaching?
90 minutes	Coaching on the agenda items
5 minutes	What ‘homework’ will you be doing between this session and our next?
5 minutes	What feedback do you have for me on this session?

As coaching grows in popularity and familiarity, it is developing a number of distinct branches.

Life coaches concentrate on whole-life dilemmas: personal relationships, life balance, planning for the future. It is also the case that people who offer all kinds of familiar advisory services are now describing what they do as ‘coaching’, so debt counsellors are now *debt coaches*, acting tutors offer *audition coaching* and marriage guidance has been repackaged as *relationship coaching*. *Sports coaches* increasingly work from the core coaching principles I describe in this book. *Executive coaches’* work is generally concentrated on the most senior executives in large or medium-sized organizations. Clients expect a familiarity with and a track record in management. Potential topics for coaching include everything in the life-coaching agenda plus any and every aspect of running organizations. As with life coaching, executive coaching is also developing its own niches – new leaders, managing the first 100 days in a new job, retirement planning for older leaders, stress and burnout, finance, careers, finding a new job after redundancy, interview preparation, presentation skills, voice, image, strategy, and many others. Executive coaches may also work as *team coaches*, where they apply the same principles to whole teams. Fees for executive coaching are generally many times higher than fees for life coaching.

Differences between coaching and other disciplines

Coaching and psychiatry

A psychiatrist is a doctor trained in treating severe mental illnesses. Entry to the profession is strictly controlled by licensing after lengthy training, and practice is monitored and audited. If your licence is withdrawn, you cannot practise. Continuous updating is mandatory.

You might see a psychiatrist if your GP believes you could benefit from stabilizing medication prescribed by a specialist or if for some reason you feel you have temporarily lost your way in some form that feels serious. Psychiatrists also deal with disabling forms of mental illness such as schizophrenia, severe post-natal depression, drug and alcohol dependency or chronic depression. Forensic psychiatrists specialize in people whose illnesses or personality disorders involve danger to themselves or others.

Successful therapy often involves drugs as well as a ‘talking cure’ where the patient would typically be referred to a psychotherapist. However respectfully psychiatrists treat their patients, and the best ones do, there is little doubt about who has the power. Even when psychiatrists refer to their patients as *clients*, and increasingly they do, the model is overtly medical. The patient – a telling word – is sick and the helper is a doctor whose role is to cure sickness. The doctor has the power of superior knowledge, the power to make

a diagnosis, the power to prescribe drugs and, in some cases, the legal power to restrain and lock up the patient.

As a distantly related discipline, psychiatry is about as far from coaching as it is possible to be.

Coaching and psychotherapy

How coaching differs from psychotherapy is probably the difference that worries coaches most. In Colin Feltham and Ian Horton's excellent *Handbook of Counselling and Psychotherapy* (2000: 2), psychotherapy is defined as:

addressing psychological and psychosomatic problems and change, including deep and prolonged human suffering, situational dilemmas and crises and developmental needs, and aspirations towards the realization of human potential.

There is a huge spectrum of approaches to psychotherapy and a number of rival 'schools' using different models. Some people claim that there are as many as 400 different schools and approaches. This probably accounts for the widely varying effectiveness reported.

My own experience reflects this in a small way. A few years ago a personal crisis left me needing psychotherapeutic help. I could not shake off the feelings of overwhelming anxiety which haunted me for months afterwards. My world seemed to be dissolving. In seeking psychotherapeutic help, I experienced first a very poor and then a profoundly helpful experience of therapy.

My doctor referred me first to 'Dr X' who operated out of an elegant private medical practice. I probably alienated him from the start by asking if his doctorate was a medical one. This was a bit naughty as I already knew it wasn't, but I was by now annoyed by the grandiosity of the way I had been kept waiting and treated as a petitioner. He sat at a world domination desk, sideways on, while I sat on a very much lower sofa on what felt like the very far side of the large room. It was a smart, black leather sofa, but in sitting so much lower I couldn't help but feel that I was meant to be literally sitting at his feet. He asked me about my 'symptoms', dispensed a good deal of platitudinous advice, all of which I had heard before, and ended the session ten minutes early. I paid for an hour but received 40 minutes. I did not go back.

Instead, I sought help from Sue, a fellow coach who also operates as a therapist. Her steady, calm exploration of feelings and mutual exploration of practical strategies for dealing with them were just what I needed. If proof were needed that a high price is no guarantee of high quality, her charges were a quarter of those demanded by 'Dr X'.

Where is the boundary with psychotherapy?

In some of my recent work as an executive coach I have encountered these situations with clients: a finance director wanting to re-enter work after recovering from a severe episode of bipolar disorder; a chief executive whose most pressing issue was her marital problems; a banker whose misery at work meant that he was visibly upset through a great deal of the session.

The less experienced you are as a coach, my guess is that the more likely you are to read of these clients with a shudder of dread: surely these are just the sorts of situations where a coach should keep well out of the way and refer the client to a therapist? If so, I disagree. I believe that the squeamishness of so many coaches is unjustified and unnecessary. Their fears are reflected in much of the literature on coaching, sometimes suggesting for instance that any deep exploration of feelings is inappropriate, that any topics connected with personal life should be avoided in executive coaching, or that somehow 'everyone knows' where therapy is needed. In the first edition of this book I dutifully went along with this even while I was privately wondering if it were true. My belief now is that the boundaries with therapy are extremely shadowy and that I am content that this should be so.

Many coaches fear 'getting in too deep', or 'doing harm'. Discussing their concerns usually reveals many common misconceptions about therapy – for instance that it is a monolithic discipline, always about the past, that it involves the therapist as interpreter, that it goes on for years and is somehow mysterious and unfathomable and therefore 'dangerous'. These stereotypes fail to represent the reality of vigorous and mutually antagonistic squabbling between different types of therapy, as well as the thinness of the line between many kinds of therapy and coaching and also the additional reality of 'brief therapy' – a short programme, often as little as six hours (less than many coaching programmes), and arising because funding and therefore access to therapy is rationed. The naïve view of therapy is heavily influenced by film and TV, where the therapeutic model implied is most often psychoanalytical, the earliest form of therapy, still being practised, where it is common for therapist and client to meet several times a week. You should note that this form of therapy seems to be in sharp decline with many psychoanalysts struggling to recruit clients.

Some clients are suspicious that coaching is just 'therapy-lite', though I privately believe that it is 'therapy-plus'. However, there is a common view that therapy is something that is for gullible wimps, so as coaches we do indeed need reassuring and honest answers to such challenges. The debate has also been stoked by attacks from therapists asserting their own version of the stereotype, this time that coaching is superficial, short term, ridiculously expensive, unregulated and conducted by charlatans or by people who have failed in other careers. For a view of this sort, see Steven Berglas's article (2002) in the *Harvard Business Review* where good psychotherapy is melodramatically compared with bad coaching to (unintended) comical effect.

The truth is that without therapy there would be no coaching, though I find that many coaches seem to be unaware of this debt. Most strands of theory and all of our techniques have descended from therapy one way or another. I am shamelessly eclectic in my own choices here, lifting ideas and approaches from many traditions. If it works, I will use it.

Much of the muddle about therapy and coaching starts from the false assumption that human beings are rational. So, allegedly, coaching deals in rationality and therapy deals in emotion. In fact, as so much recent research in neuroscience (see Chapter 2) makes abundantly clear, the limbic system of the human brain, its emotional centre, is far more powerful than the prefrontal cortex – the seat of thinking and reason. Decision-making is emotionally, not rationally, led. How can it therefore make any sense to exclude emotion from our work with clients? However, conscientious coaches do worry about whether they might ‘harm’ a client through unskilled dabbling in therapy, and I say more about this on page 274.

It’s true that much executive coaching starts with work issues because these are safe to declare and the organization is paying. But problems in work life are always affected by what is going on in a person’s private life, and vice versa. Banning the discussion of personal issues results in thin, lopsided coaching and no problem worth looking at in coaching is without an emotional dimension.

Concentrating exclusively on work issues and on so-called ‘performance coaching’ results in an overemphasis on the behavioural approaches which have dominated our first 30 or so years as a profession. These may be useful as far as they go, but their impact is often limited and superficial.

Some differences between psychotherapy and coaching

In general when you compare psychotherapy and counselling with coaching you will tend to see a number of differences. The most important is the probable mental state of the client. A client for psychotherapy or counselling is far more likely to be in a persistently distressed and disabling state than a client for coaching. Feltham and Horton’s definition, quoted above, refers to ‘deep and prolonged human suffering’. Many psychotherapists still refer to their clients as *patients*. Where this is the case, the underlying model is clearly the medical one of doctor–patient and not the adult–adult partnership of equals that I describe above as Principle 5.

By contrast, I, in common with all the other coaches I know, assume that my clients have robust mental health unless proved otherwise. I am looking to work with my clients on functional rather than on severe psychological problems. All schools of psychotherapy stress that therapy is a partnership. I believe that in practice this critical difference in assumed mental state will almost inevitably lead to a profound imbalance in power which makes a genuine relationship of equals a lot less likely in a therapist–client relationship than in a coach–client relationship. For instance, psychotherapists may be

motivated by a sincere and profound wish to *help*, and by feeling pity for the suffering of their clients. They will describe their work as a *helping* discipline. The helper, almost by definition, feels as if they are in a stronger place than the helpee. Coaches are more likely to describe what they do as *working with* a client.

With executive coaching there are some further tweaks to the power relationship which are significantly different from therapy. These coaching clients are generally both well paid and powerful people and they – or their employers – are paying premium fees for their coaching. By contrast, therapy and counselling may sometimes be provided free or very cheaply to the user (for instance, through the NHS, a voluntary agency or an employer via an Employee Assistance Scheme) and are potentially therefore subject to the peculiarly corrosive tendency to see such users as petitioners, lucky to get their rationed treatment.

Not all, but much psychotherapy looks to the past to explain the present, and the therapist is interested in answering the question ‘Why?’ Insight into cause and effect and the origins of emotions is a strong feature of some (though not all) schools of therapy. The coach may look briefly to the past but is more interested in the client’s present and future and is probably more concerned with the question ‘What?’, as in ‘What to do?’ than in the question ‘Why?’

There are also some differences in practicalities and mechanics. Coaches will see clients for an average of six two-hour sessions, probably spread over a period of months. Therapists will tend to suggest seeing their clients for a ‘fifty-minute hour’ every week. This gives a distinctly different timbre to the experience – for both therapist and client.

My colleagues and I have trained many therapists in how to become coaches. We find that large numbers of the skills overlap. We also find that therapists may bring as many prejudices and assumptions about coaching as coaches may hold about therapists. While therapists may assume that coaching is ‘superficial’ compared with therapy (it’s not), coaches may allege that therapists glory in the distress of their clients, or enjoy ‘wallowing’ in the past. None of these stereotypes is true. What we have also noticed is that our therapist trainees comment on how much more overtly goal-focused coaching is compared with therapy and that it does move at a much faster pace with more future focus. I describe this, again as anecdotal evidence, with no assumptions that lack of goal focus makes therapy inferior or that a faster pace is necessarily ‘better’.

Coaching and counselling

Counselling is sometimes described as the ‘shallow end’ of psychotherapy, though it is also sometimes used as a synonym for psychotherapy itself. As

with psychotherapy, heroic efforts have been made since the mid-1960s to control the quality of counselling through better training and accreditation. The Samaritans wisely call such people 'befrienders' and devote considerable effort in training them, emphasizing the limits of the role.

Counselling and psychotherapy are often used as interchangeable terms, but by custom and practice the word 'counselling' seems now more likely to mean a short-term engagement around a particular crisis. Often, the client will have been managing perfectly well until the onset of this crisis.

Typical examples would be trauma counsellors who work with survivors of a major accident; relationship counsellors who work with couples (the 'marriage guidance' area); spiritual counselling offered by religious groups; police officers who counsel rape survivors or the families of missing children; specialist nurses who counsel people newly diagnosed with life-threatening illness; and priests who counsel the bereaved.

More than any of the other approaches described in this chapter, counselling has come to carry with it an emphasis on the powerful comfort of non-judgemental listening in the moment. This means talking it through extensively, without either counsellor or client feeling any of the obligation to *action* which both coaching and psychotherapy may imply.

Coaching and mentoring

This is an easier one.

The word *mentor* comes from the Greek myth of the king who asked Mentor, an older, wiser man, to look after his son during the king's absence. Pure mentoring still has this implication and is how the word is most often used.

In practice there are two distinctly different forms of mentoring. One is best described as *sponsorship mentoring*. This means being a career friend, someone who knows the ropes in an organization, is extremely senior and influential and can act as patron. The implication is that the mentor takes a keen interest in the career of the mentee, passes on useful hints and tips and, when the time comes, may influence promotion decisions on behalf of the mentee. The other form of mentoring is *development mentoring*. Here, the mentor may or may not be in the same organization, though probably is in the same sector, and may only be a little older or more senior. The aim is different: to develop the mentee's confidence and skill.

In practice, mentoring does have the overtones of implying that the older and wiser person will be passing on their advice. Where this is so, mentoring is a different activity from coaching. Where coaching principles apply, mentoring and coaching are synonyms for the same process. In practice, *mentoring* is coming to seem like an older-fashioned word for *coaching*.

Coaching and training

If coaching is about learning, and it is, then how is it different from training? There are some major and some subtle differences.

A trainer has a set curriculum and rightly presents as an expert in his or her subject. Some trainers behave more like lecturers than coaches, doing a lot more of the talking than any coach would consider appropriate. There may be externally agreed standards involving accreditation or assessment which the trainee is expected to reach and on which by implication the trainer is assessed. So for instance, in schools, Standard Assessment Tests (SATs) *grade* the pupil but *assess* the school and its teachers against nationally agreed norms. On many training courses, the participants have been enrolled against their will whereas coaching has to be entered into voluntarily.

A coach definitely has no set curriculum and would rarely talk for more than a few minutes at a time, but may be an expert in his or her subject – for instance, negotiating, leadership, life-planning or human relationships generally. There is no equivalent of SATs in coaching. As with mentoring, training is far more effective as a learning process when it proceeds from coaching principles.

Line manager coaches

Interest in coaching as an alternative to command and control is growing. This is because in a non-authoritarian society people reject command and control. Developing a 'coaching culture' has become a desirable aim for many organizations. Here coaching is an approach to performance management which emphasizes the manager's role as *developer* rather than as *controller*. Line managers use a *coaching approach*, encouraging team members to develop self-confidence, resourcefulness, skills, belief in the value of their own decision-making and so on through a process of accelerated learning. However, the line management responsibility puts a significantly different slant on how the line manager coach can work. As a boss, it is entirely probable that you are part of whatever problems your coachee has and this can be difficult to see let alone to acknowledge. Also, it is always more difficult to promise confidentiality, encourage or expect complete disclosure, set aside your own considerations or remain detached from the possible outcomes. As a boss you have a stake in the outcome, whereas when you are purely a coach you do not.

'Situational' coaching or mentoring

Every now and then a particularly useful idea comes along which has the power to help us see an old question in a new way. Anne Brockbank

and Ian McGill's book, *Facilitating Reflective Learning through Mentoring & Coaching* (2006), is one such and one of the first genuinely new attempts for a decade to define coaching and mentoring. The book takes sociological perspective, written by a husband and wife team with backgrounds in psychotherapy, sociology and action learning. It asks: *Whose view of 'reality' prevails here? Who owns the purpose?* Is it subjective, that is, the individual's own view, as opposed to some assumed-to-be-objective view? Second, it asks *'What is the (often unspoken) purpose?* Is it to preserve the status quo, or is it transformation? If you follow this matrix (see Figure 1.2) it makes no difference whether you call the activity *coaching*, *training* or *mentoring*, or whether you are talking about line management coaching or life coaching.

The four quadrants in Figure 1.2 are now explored in more detail.

Quadrant 1: improvement coaching

The unspoken aim here is to maintain the status quo and get people to fit in.

This is the traditional apprenticeship model and is what people often mean by the word *mentoring*, but it can apply to coaching just as readily – for example, if you are asked to take on a client whose performance is about to derail (and in effect be doing the work that should be done by the line

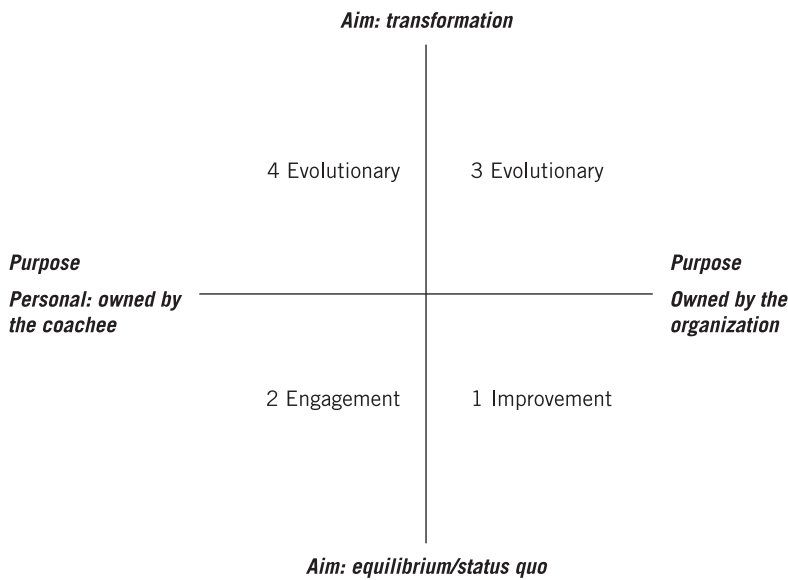


Figure 1.2 The Brockbank-McGill matrix (adapted from Brockbank and McGill 2006)

manager). The assumption is that there is an objective reality out there – for instance, a competency framework or a set of professional standards – and that these are fixed benchmarks. It is useful for demonstrating ‘the way we do things around here’. It reinforces the existing power relationships and what Brockbank and McGill call the ‘power horizon’ remains invisible; ‘taken for granted’ (TFGs) are never challenged. This is often the purpose of training – for example, management development, where organizations have their own ‘leadership model’. The individual’s view is not considered to be important. Many social mentoring projects have this as their aim – for example, projects which aim to reduce social exclusion. Coaching as a line management activity often has this flavour because coachee and manager are assumed to share the organization-set agenda.

Quadrant 2: engagement coaching

The unspoken aim here is to minimize opposition to change.

In this type of coaching the individual’s subjective view is taken into account, but essentially the aim is to maintain the status quo. It is useful when an organization needs to train people in acquiring an unpopular skill such as appraising people, or giving feedback, or to persuade them to accept unpopular changes. The power relationships are unchanged and still largely invisible. When coaching is undertaken here it is to ‘correct’ the ‘mistaken’ ideas of the individual, but to do it nicely. As external coaches, we may be asked to undertake coaching as a way of developing a ‘high-flier’ but again, ultimately, what is expected is behaviour change and conformity to the organization’s norms. With both improvement and engagement coaching, the focus is on work and work skills – in my model it is entirely about the *doing self*. Personal life is not on the agenda and organizational clients may be surprised by or even opposed to the idea that it could be. Coaching may have this flavour where the emphasis is on skill development and where it therefore has more of the feel of one-to-one training.

Quadrant 3: evolutionary coaching

The aim here is explicit transformation. The coachee is expected to take responsibility for their own learning and life. Their agenda is what matters.

This is the model I endorse: my being/doing model is another way of expressing the same beliefs. The coachee’s goals are the foundation of the work, although in executive coaching the line manager’s/organization’s goals are also fed into the agenda; values are explicitly explored. Evolutionary coaching encourages questioning and challenging, including taking a cool look at ‘the power horizon’ – how decisions are actually taken as well as the things that are TFGs. The work is holistic: both work and private life are

explicitly on the agenda. The rock-bottom assumption is that people are infinitely resourceful. It is always possible that the coachee may leave the organization as a result of the work. Questions relating to life purpose, the quality of relationships (work and home), feelings, career and health may all be explored legitimately. Techniques used here have a more obvious debt to psychotherapy and are linked in a clear line to humanistic psychotherapy, for instance to the work of Carl Rogers.

Quadrant 4: revolutionary coaching

The aim here is the transformation of society or the organization.

Where the aim is social (e.g. Marxism, some forms of radical Islam, some kinds of fundamentalist or dogmatic Christianity as well as many cults), the coachee's views are unimportant. The coaching takes the form of instruction. In organizational terms, this would involve a radical revamping of the organization, perhaps in the wake of a take-over or financial crisis.

I find the quadrant model very useful indeed, not least as a way of reminding myself what kind of coaching I am engaged in at any one time. So, for instance, when I am doing career coaching I am somewhere on the crossing point between Quadrants 1, 2 and 3. I have information about how to handle a job interview which assumes that there are useful rules about interview behaviour which I need to pass on to the client. My purpose is transformation, and the client is setting the agenda ('help me get that job'), but to help the client get there I need to offer information and advice which comes from my view of the world and from principles I have found that interviewers expect, rather than the client's view of the world. When an organization asks me to coach a problem performer, I am aware that they are asking me to operate out of Quadrant 1 or 2 – in other words, to get the client to fit into organizational norms and to deal with their potentially disruptive or difficult behaviour. My whole-person approach may therefore not be the right fit and I need to raise this explicitly at the outset.

Where organizations offer coaches, mentors or 'buddies' to newly-hired staff, the intention is almost always to offer the helpful support that falls squarely into Quadrant 1 because it is entirely about how to fit in – for instance, how to learn the hidden rules of the culture quickly. Line manager coaches are virtually always operating out of Quadrant 2 because their role is essentially to accustom their teams to inevitable change.

The Brockbank-McGill matrix has been refreshing to me because it draws attention to the importance of understanding what it is we are doing and why, rather than obsessing about what we call it or how, exactly, to define it – and also makes it plain that there is a legitimate place for all four kinds of activity.

When does a client need specialist help?

Clients may benefit from all kinds of specialist help, for all kinds of reasons, either in tandem with your coaching or serially.

CASE STUDY

Lynne

Lynne was a manager newly appointed into a senior role. Our agenda was to work on her first 100 days in her new role, but feedback indicated that she also had a problem with what her organization called 'personal impact'. Lynne's confidence issues stemmed from a childhood where she had felt socially disadvantaged as one of the few free-place children in a famous public school. She had a reputation for mumbling and swallowing her words, rushing at them, apparently to get them out of the way. She and I were able to work effectively on a strategy for her first 100 days, but I referred her to a specialist colleague on the speech issues. My colleague, trained as an actor and voice specialist, was able to see that, along with the psychological issues, Lynne had a complex set of problems, some of them physical, with tongue and breath control. She prescribed a series of exercises which, when rigorously implemented, were able to make a significant impact on Lynne's performance at meetings and when giving presentations.

Developmental disorders

Over my two decades as a coach I have probably worked with at least eight clients who were somewhere on the autistic spectrum. None was labelled as such and my 'diagnosis' is a speculative one made with hindsight. However, these clients, all men, typically presented with similar issues and all had been referred by someone else, usually in the context of organizational change.

Any one of these 'symptoms' could be benign on its own, but it is when many or most of them are present that you may begin to suspect some form of mild autism such as Asperger's syndrome:

- difficulty with eye contact;
- over-formal speech patterns: I remember several such clients who never used an elision but always, for instance, would say *should not*

rather than *shouldn't* or spoke using the passive tense and in convoluted sentences;

- repetitive body movements such as mild finger-flapping or foot-tapping which the client finds it hard to control;
- reported problems in creating rapport and making emotional contact with colleagues;
- a reputation for eccentricity;
- physical clumsiness: I remember one such client repeatedly stumbling as he came into the room and later managing to bang his head against our front door as he left; another spilt his coffee in all but one of his sessions;
- inflexibility about time-management – for instance, insisting on particular routines;
- skills concentrated on a restricted spectrum;
- intense resistance to change;
- extreme and obsessive interest in hobbies which involve counting and collecting; I also remember one such client whose commitment to a football club came a long way before the needs of his job, his health, his wife or his children.

All these clients were intelligent and articulate men at middle-senior levels in their organizations. Most were in what seemed to be viable partner relationships and had children. Often they had been able to sustain their jobs, typically specialist roles in information technology or finance, in a protected pocket of the organization until a change had dislodged them. The coaching probably had limited success. Mostly it was about closely offered feedback and in some cases frank teaching about social interaction – for instance, learning the importance of eye contact or of asking social questions of others and how to sustain this effectively.

A suspicion that your client has some kind of developmental disorder of this kind is not a reason for refusing to coach the client, but it may be a reason for understanding that the coaching will need to have a different flavour and pace. It will also be important to be realistic, both with the client and the organization, about what the coaching might achieve. Now that conditions such as Asperger's syndrome are better recognized and the associated stigmas less intense than they were, we might increasingly expect clients and their organizations to let us know that this is what we are jointly up against.

Psychotherapeutic help

There may be occasional clients who can benefit from therapy and others where you may notice a need for therapy but decide not to raise it with the client.

CASE STUDY

Kamila

Kamila was a client who had a perfectly conventional list of performance-related work problems, many of them to do with her perfectionism and lack of self-confidence. At the outset of her coaching programme she had said that having a major tidying up of her flat was one of her goals. When we had worked with moderate success through most of her list, I commented mildly that the tidier flat had been consistently avoided as a topic. Kamila tentatively said a little more about her home, describing hoarding thousands of newspapers and feeling unable to invite anyone into her home as a result. This did a lot to explain the social isolation of which she had complained. Knowing that such excessive hoarding was a classic symptom of obsessive-compulsive disorder (OCD), that it often accompanied just the perfectionism and lack of confidence that Kamila had described, and that hoarders with OCD are often reluctant to seek treatment, I left it at that, feeling that I did not have permission to go further.

Understanding common psychotherapeutic or psychiatric conditions

As a coach you do need a working knowledge of common psychological and psychiatric problems. For instance, as well as the kind of encounter I describe with Kamila, above, I have had several clients whose extreme fluctuations in mood might possibly have been mild versions of bipolar disorder. One such senior client was eventually removed from her post. There was an official reason given which was to do with 'reorganization', but I wondered privately whether the actual reason was that her grandiose plans for her organization, her casual lack of interest in their practicality and her sudden, unpredictable plummets in energy and optimism came to be seen as far too risky.

It is not at all uncommon to find that some clients have partners with serious mental health problems – for instance, delusional states of one kind or another. One such client was secretly followed into work by her husband, convinced that she was merely pretending to be a manager in her organization and was actually working for MI5. Another client's wife believed that their TV had personal messages for her and that the water supply to their flat was being poisoned. Problems of dementia in ageing parents, and the bizarre behaviour associated with some forms of it, are extremely common. The distress all of this causes to loved ones is beyond agonizing, and I observe that it is often too painful for discussion anywhere but in the privacy of the coaching room. Your role here is to allow the client to explore their feelings and also to consider

what action, if any, they need to take. Again, you may be able to suggest specialist sources of advice. So with one client whose husband was very ill, in the grip of a long-running psychotic episode, but refusing treatment, I was able to suggest she book herself a conversation with a fellow coach who is also a consultant psychiatrist. This coach accepted the brief on the understanding that he could not prescribe treatment for the husband without seeing him as a patient, but that he could and did work with my client on ways to manage interactions with her husband.

Be ultra careful in how you enter this arena because it is fraught with tripping points. Classifying and labelling psychiatric disorders is controversial even among the professionals dealing with mentally ill people. Richard P. Bentall, a professor of clinical psychology, has written a cheerfully iconoclastic book, *Doctoring the Mind: Why Psychiatric Treatments Fail* (2010), about the way the pharmaceutical industry has taken over treatments based on what he says is the myth that mental illness has a physical basis. He writes:

My own view is that most psychiatric diagnoses are about as scientifically meaningful as star signs, a diagnostic system which is similarly employed to describe people and predict what will happen to them, and which enjoys a wide following despite compelling scientific evidence that it is useless.

(2010: 110)

So we should consider ourselves warned.

When might a client need psychotherapy?

There is no universal way to pinpoint when a coaching client needs psychotherapy, but these are some rules of thumb that I find useful.

- The client cries: frequently, intensely and uncontrollably.
- The client describes suicidal feelings or actual suicide attempts.
- There are threats of harm to others.
- The client returns over and over again to one relationship, typically with a parent, parent-figure or sibling.
- One major fear appears to dominate the client's life – e.g. abandonment, ever-present dread of complete catastrophe, rejection, loss of control.
- When the client tells their life story it features a major trauma. Examples from my own practice include: living through a major house fire; being the apparent cause of the death of a sibling; childhood as a refugee; a mother leaving children behind after moving into a new relationship; being the survivor of child abuse; an entirely unanticipated divorce after a long marriage; the theft and destruction of a PhD thesis by a trusted colleague.

- The client is unable to move on from one incident: everything seems to be seen through the prism of that event. Typically the event will involve loss of some kind.
- The client frequently resorts to 'if only . . .':
 - he/she/they would change;
 - that hadn't happened;
 - I hadn't done that;
 - I wasn't the way I am;
 - I didn't look the way I do.
- A bereavement has never been acknowledged and worked through.
- There is an inability to accept personal responsibility: victim-thinking has become a way of life.
- The client describes symptoms of frequent mental dysfunction which intrude significantly into everyday life – e.g. depression, anxiety, panic attacks, agoraphobia, OCD, hypochondria.
- There is a denial of 'reality': the client lives in a fantasy world.
- The client engages in substance misuse: drink, eating problems, drugs.
- The client has other kinds of addictive behaviour – e.g. gambling, compulsive risk-taking, sexual promiscuity.
- The client behaves in troubling ways with you – e.g. heavy flirting, displays of anger, constantly failing to turn up for appointments.

Note that all of this behaviour could have other, more innocent explanations, and many of us might consider ourselves perfectly mentally healthy while subject to a few of such symptoms occasionally. But the more of such behaviour that is present in a client, and the more persistent it is, the more likely it is that you are in therapeutic territory. Overall, probably the most important single indicator is your own feeling that *you are out of your depth* or that *something is wrong*. Trust that feeling and listen to your worries, but don't panic too soon. I believe we should stop searching for a non-existent boundary with therapy. It is, and always will be, grey, and as you gain experience, confidence and skill it will most probably become greyer. As well as trusting your own feelings and judgement, trust your clients. If they believe you can help them, they are probably right.

Handling the conversation about referral

As coaches we probably need to accept that few clients are likely to take up the therapy option, even it is clear to you, and possibly also to them, that they could benefit from it. The difficulties of finding a suitable therapist, the feelings of shame still associated with needing therapy, the hope that the

distress may go away all on its own, the fear of change, the cost and the poor reputation that some therapy has, may all deter a client from pursuing it. None of this should prevent you from making the suggestion when you feel it is right. GPs are always the first and best point of contact for mental health issues. Here, the coaching is about how the client can find specialist help rather than working directly on the issues.

- Tell the client that you feel you are at the limits of your skills. Beware of appearing to blame the client for their problem.
- Stress your respect for the client and your desire to support them.
- Explain the differences between psychotherapy and coaching; describe how psychotherapy might help.
- Ask for the client's reactions.
- Encourage the client to contact their GP and to suggest a therapist.
- Clarify the boundaries of the future coaching relationship.
- If you both agree that the coaching should stop, offer to contact the client at an appropriate future date for feedback on their progress.

When done well, all the approaches I have described in this chapter have a great deal in common. When done badly all also fall into similar mistakes. So there are mentors who act indistinguishably from the best coaches and coaches who can fall into the traps of the worst mentors. There are coaches who do psychotherapy without labelling it as therapy and therapists who might as well be coaches. To be successful, all depend on unforced respect for the client – the foundation stone of which is what Carl Rogers, one of the most significant thinkers of the twentieth century in this area, called 'unconditional positive regard'. All require the practitioner to create and sustain an extraordinary degree of rapport and to act from the highest ethical standards. All need an extraordinary degree of self-awareness and self-management. All demand extraordinary levels of listening and questioning ability plus the capability to challenge appropriately – and an infinite curiosity about and interest in people.