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Lessons in Global Coaching From a Journey Through Unusual Hardship

PHILIPPE ROSINSKI

A minor sport's injury turned into a worsening condition that could not be explained nor cured for over one year. The pain was such that it prevented me from sitting or standing up. Along the way, I learned a few lessons that helped me go through the hardship and finally recover. This experience underscores aspects of the mind-body connection and, incidentally, the importance of an integrated medicine. It also highlights the necessity of global coaching and reveals some of its characteristics, particularly the spiritual perspective. In this article, I tell you my story of this journey through unusual hardship and the insights I have gained.

THE STORY

“Some massages to loosen the contracture in your upper right leg muscles and in a few days, the problem will be over!” My (former) sport's physician was optimistic after the first consultation. A week later, he was still fairly confident when he tried mesotherapy (injections). As it turned out, this was only the beginning. My condition worsened over more than a year following a relatively minor tennis accident in August 2004: the pain in the right groin region quickly became so severe that I could neither sit nor stand up for more than a few seconds. Several medical specialists were either clueless or convinced that my problem was related to the organ they happened to focus on: for the neurosurgeon specialized in the back, the cause was a herniated disk; for the orthopedic surgeon specialized in the hip, the issue was coccyx-femoral-osteoarthritis; for a sport physician, it was a tendonitis. I received anti-inflammatory drugs, injections, even got hypnotized, to no avail. I tried a variety of needles (acupuncture), natural products I had never heard of (homeopathy) and even the seemingly harebrained “micro-osteopathy” with its gentle touch at specific bodily areas (the issue was supposedly not the tennis game but an event during my mother's pregnancy). Parallel medicine proved equally disappointing. Osteopathy and physiotherapy brought some temporary relief. My muscles were becoming weaker and weaker, fostering a vicious circle of pain: after just a few months my back was hurting as well.

I could, fortunately, do some walking, had been able at times to do some swimming as well, but was spending most of my time lying down. Incidentally, it is during this period that the difference between coaching and psychotherapy (or at least psychoanalysis) became obvious to me: whereas the analyst is usually sitting with his patient lying down (on a couch), I as the coach was the one stretched out (on a mattress that proved somewhat tricky for taking notes) while my coachee was comfortably seated!

Moving around to simply visit a physician was a painful challenge in itself and browsing the Internet on my own was simply not an option (I could not sit at all). Why did I have to go through this? Why would the physicians not look beyond their first and inaccurate ideas and really care? I could feel my frustration, anger and fear.

Dealing with the physical pain, inability to sit and stand up, combined with the anxiety of not understanding what was going on and where

to find help, coping as a family man and professional, gave me an unasked-for opportunity to learn about resilience.

I wondered how other humans had fared through hardship and figured I could learn from their example. Certainly from Viktor Frank who came back from the absolute horror of Nazis' concentrations camps and somehow was able to find meaning amidst humanity's darkest times. And also on a different register from Lance Armstrong, who recovered from a cancer already at an advanced stage and went on to set a record of seven "Tour de France" wins.

I was determined to never give up and at the same time to appreciate what I could. I was able to play and laugh with my four-year old daughter, albeit lying down on a mattress. I could still hold puppets in my hand and make up some stories behind the small theater. On the professional front, I was able to build new partnerships and reinforce friendships with two colleagues, who taught an MBA class on "Leadership and Coaching Across Cultures" based on my book; this was more satisfying than if I had carried the project on my own. I partnered with colleagues to co-author articles, which proved mutually beneficial.

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The experience gave me a chance to further elaborate on the approach of "coaching from multiple perspectives" I had introduced in the 1990s. Through the hardship, I discovered new facets of what could constitute coaching from a spiritual perspective. I also learned more about the mind-body connection.

Accepting my fate freed up energy I used to pro-actively find an explanation and a remedy. It is my new general practitioner, Dr. Henri Grynberg, who finally pointed me to the right medical team. I had given up on my usual general practitioner, who was by now starting to make me feel guilty for continuing to try new avenues rather than listen to his absence of solutions. It took much arguing to be able to meet the chronic pain team at Saint-Luc's hospital in Brussels after waiting for just over two months. By then, I had to travel to the hospital lying down in an ambulance.

I am very grateful. Professor Léon Plaghki, physical therapist Didier Clerboux and their colleagues saved me! The multidisciplinary, scientifically rigorous yet open-minded and humane approach I was looking for did exist after all!

Professor Plaghki listened carefully to my story, asking powerful questions to understand the exact circumstances and my precise symptoms under various situations. Prior to our first consultation, he had already studied my dossier with its numerous protocols. Although I suspect he quickly made up various hypotheses including the correct one, he did not jump to a conclusion. Instead he told me that he did not want to confuse me any further. He wanted me to see several colleagues, then meet with them to reach a conclusion and come up with a proposal.

At one point, I experienced internal laughter in the midst of pain. I thought I was speaking with a psychologist in Professor Plaghki's team. I was freely sharing some events in my personal development, when the gentleman started to place cottons soaked with ether on my skin. I was dealing with the anesthetist! The physical therapist, after listening to my story, asked me to sit on a gym bike. It was painful but the crucial point was that the pain had not risen much during

At one point, I experienced internal laughter in the midst of pain.

the five minutes of biking. Mr. Clerbaux saw how happy I was. The resistance was low and the exercise had not lasted for very long but my confidence had started to grow again. Noticing my determination to do whatever it would take to get well, Mr. Clerbaux offered to help. Without ever calling himself a coach, he turned out to be a formidable coach. He challenged me to bring my bike for our second session and meet outside the hospital. Since I was not able to sit in a car, I hired a minivan to transport me (lying down uncomfortably on the rear seats) and my bike. I was able to do a little bit of running and biking. The pain was bearable. Soon, I was riding my bike through the woods to come to the hospital. I remember the glorious sunlight the day I first made it to the hospital, the welcoming smile of a beautiful woman when I arrived in the parking, and the intense joy I felt.

The diagnostic was Complex Regional Pain Syndrome CRPS of type 1, a neuro-inflammatory condition. Although the pathology had been documented for several years, and the underlying phenomena had been popularized by V.S. Ramachandran in his remarkable *Phantoms in the Brain*, none of the many physicians I had dealt with had made the correct diagnostic prior to Professor Plaghki.

Professor Plaghki told me about V.S. Ramachandran's work. This extraordinary neurologist explains in *The Emerging Mind*,

Even though we usually think of pain as one thing, there are at least two different types which may have evolved for different functions. Acute pain evolved to allow reflexive withdrawal from, for example, fire, and probably also to teach avoidance of harmful, pain-producing objects such as thorns. Chronic pain –as in a fracture or a gangrene- is a different thing altogether: it evolved to reflexively immobilize the arm, so letting it rest and remain out of harm's way until fully healed. Ordinarily, pain is a very useful adaptive mechanism – a gift, not a curse. But sometimes the mechanism backfires. We often see patients with a condition called 'type 1 chronic pain', which includes the bizarre clinical syndrome of 'reflex sympathetic dystrophy' or RSD. In RSD patients, what begins as a minor injury – a bruise or insect sting or fracture of a finger-tip – leads to the entire arm becoming excruciatingly painful, completely immobilized, inflamed and swollen –grossly out of proportion to the inflicting event. And it lasts forever (Ramachandran, 2003, pp. 18-19).

What was particularly confusing is that there was real inflammation in the groin region, but according to Professor Plaghki, it did not originate in a muscle, tendon or stuck nerve. Rather the sensitive (or efferent) nerves in the right groin region were also abnormally working the other way around, in an afferent fashion: they were inappropriately producing an inflammatory substance "P". My cortex and these nerves were working in concert to perpetuate a painful neuro-inflammatory condition.

A key challenge for me was to 'unlearn' these spurious brain connections, to reprogram my brain! Along the way I also had to learn how to differentiate "normal" acute pain from chronic pain. I took many medical exams, notably MRI of the back (twice), MRI of the hip (eventually redone as well), scanner of the back, radiography of the hip, ultrasound of the groin region and protractor (three times), scintigraphy (twice), electromyography and blood analysis. I had to mentally integrate the fact that these were indeed accurate: there was nothing "wrong" physically (which had not prevented some physicians from finding various imaginary problems in these exams)!

If the chronic pain was not getting worse when doing an exercise, Mr. Clerbaux's message was to continue. There were ups and down but I quickly made progress with the bike, being able to sit on it for longer and longer periods. Mr. Clerbaux pointed out that when you bike, you cannot help but to alternatively contract and loosen up muscles. No other physical therapist had thought of saving me with a bike! Strangely, while I still could not sit still on a chair for more than a few seconds, I was already able to ride my bike for an hour. I was building confidence and starting to replace a vicious circle of degradation by a virtuous circle of progress.

Whereas I could not work at all sitting in a front of a computer and had to find help to write even a one paragraph e-mail message, I was soon challenged to sit for a few minutes at a time, with a timer next to me. I learned to "welcome" the pain, accepting it, even feeling grateful for the ten minutes in total of sitting down. Incidentally, this is an excellent exercise for setting up your priorities: if you know that you are only able to write for ten minutes, you quickly discover how to focus on what matters the most! I stopped panicking when the pain was becoming severe again, particularly at the end of the day. I was going to enjoy role-playing with my four-year old daughter lying on a mattress, despite the pain. The ability to engage in physical exercise again, albeit at a low level, was liberating. The slow decay had been stopped.

Still I could not sit, nor stand up for very long. Mr. Clerbaux taught me to be more "present" to myself. Mr. Clerbaux ensured I would learn from experience. To illustrate the notion of pain as a perception that involves choice rather than a simple mechanical bodily response that is beyond our control, Mr. Clerbaux grabbed my thigh and asked me how it felt: I told him it hurt! Then he asked me first to be present to myself. Concretely, I was instructed to place my hands on my groin or legs and to focus by visualizing the connections between these parts and the prolongation beyond these parts (for example, seeing and feeling the entire leg). Likewise, when I would later sit down, I learned to feel and visualize the contact. Then again, Mr. Clerbaux grabbed me and asked me how I felt: amazingly, it did not hurt at all, feeling almost like a caress. The experience was radically different but Mr. Clerbaux swore he had exerted the same pressure. The abstract concept of being "present to oneself" had become very concrete. By demonstrating how my conscious mind had the power to diminish my experience of pain, it opened a new perspective and gave me new hope.

Mr. Clerbaux's *de facto* coaching approach made him very effective. He would start each session asking me to share how I felt and how I experienced the various activities we had agreed upon the previous time: swimming (e.g., first a few laps on the back and gradually more laps alternating breaststroke and back), biking (e.g., number of minutes, resistance, *later on* adding one minute of standing on the pedals every other minute), walking, sitting (e.g., two minutes at the time alternating with walking down and up stairs). In the journal, which Dr. Plaghki had asked me to start, I would write down what I was experiencing. This helped me to be more present to myself, to examine patterns, celebrate progress and overcome setbacks. After each session, we would set new objectives. By noticing progress already at the first session, and by regularly pushing back my limits, my confidence increased. Mr. Clerbaux, as a good coach, was also challenging me to be more daring as I was becoming more and more convinced that the

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CRPS was indeed the right diagnostic. I still had to tread carefully because my muscles had become weaker and thus more subject to new injuries. He would help me to overcome hurdles along the way, creatively finding possible avenues for reengaging my body in physical activities.

As an expert, Mr. Clerbaux was sharing his knowledge of chronic pain's mechanism, body functioning (e.g., muscles, tendons) and medical reconditioning. But as a coach, he was inviting me to experience for myself and reflect on my experience. He was sometimes sharing his own feedback as well.

Among the many hurdles along the way: one day, the locker had been broken and my bike was stolen right in front on Mr. Clerbaux's house. I had to call a taxi to go back. The taxi driver rather insensitively complained about "all these bikers and the ecologists" who were promoting bicycling in the city. I did not argue with the old man. I was determined to continue with biking despite the loss. I bought a new bike. Unfortunately I soon injured my knees because the settings were off and my muscles not strong and flexible enough yet to adjust. I was really upset. I tried my best not to get mired in frustration, but simply decided to tackle that new problem as well. The doctor suggested

I could replace bicycling with aqua-jogging. Here I was running in a public pool carrying a bizarre-looking and uncomfortable floater around my waist to maintain my physical condition. I also performed daily stretching exercises and built my quadriceps muscles in a gym or at the hospital three times a week.

One day, my one-hour session with Mr. Clerbaux consisted of playing a chess game with him. I had to sit for the entire hour. I could only muster a part of my brain to focus on the game, the rest being consumed by the formidable pain. By then, the climate of trust was such that I nevertheless accepted to do this. A few months earlier, a similar attempt performed on my own initiative had ended up at the osteopath's office: I had locked up my pelvis. Consequently, I had not been too keen on trying the experience again!

I made a few gross mistakes as we were playing chess, with the real excuse of the pain distraction. However, I was proud to make some good moves as well. I even made an illusion with a surprise counter-attack that produced a momentary impression that I was gaining the advantage in this game. Given the turn of events, I eventually gave up winning but continued to offer some fierce resistance. Five minutes after the end of the hour, I could not help bursting into laughter, teasing Mr. Clerbaux. He had been so caught up in the game, vainly trying to reach victory, that he had lost his habitual sense of punctuality. The tie was nevertheless a clear victory for both of us. I had been able to sit down for an hour (albeit sometimes walking around during that time) and I had survived the experience with no extra damage!

After just over two months of efforts and patient coaching by Mr. Clerbaux, on December 30, 2005, I was able to have my first dinner sitting normally in a restaurant. It was a bit painful at first but I would not be bothered. I was gaining confidence as the pain was not getting worse and soon, miraculously, it almost did not hurt for the entire time. I had not been able to sit in restaurant in over 16 months. The mussels prepared with an exquisite wine sauce and a touch of tomato, French fries and white Sancerre wine were tastier than ever! My wife and I enjoyed every bit of this special meal. It took another two months and the pain in the groin was gone.

Mr. Clerbaux, as a good coach, was also challenging me to be more daring as I was becoming more and more convinced that the CRPS was indeed the right diagnostic.

Since then the pain sometimes came back, but in a very mild way. I did not panic but I took it as a wake up call for stepping back. For example, I felt a bit of pain after traveling back-and-forth to Luxembourg by train in one day to work with a client. This represented a total of six hours sitting rigidly upright in the uncomfortable train, not to mention sitting at my client's office. I decided I would not take on a coaching assignment that would require me to spend such a long day traveling sitting straight to work abroad (recent high speed trains to Paris and London are also more comfortable but not available yet from Brussels to Luxembourg). I contacted instead a very good executive coach I knew in Luxembourg, to whom I am now subcontracting most of the work there. Since then, I don't recall having ever again experienced this pain.

Since the beginning of January 2006, I have worked out several times a week with another physical therapist, who is also my personal trainer. The sessions take place in a gym. I am actively rebuilding muscles, stretching, and increasing my endurance. I have made good progress. It has been wonderful to feel in good shape again. Moreover, although I have always practiced a lot of sports, my schedule is now even more systematically built around the sport routine, almost every day.

In 2007, I have enjoyed long bike rides on the Belgian coast, particularly along the lovely canals near Bruges. I have gone down beautiful rivers in the Belgian Ardennes, kayaking at a good pace (still taking the time to notice the passage through magnificent trees and flowers and the occasional majestic castle uphill). On the other hand, I did experience new hardship, which I certainly would have preferred to avoid. However, the lessons learned proved once again useful to more effectively focus my energy.

THE LESSONS

1. Adopting the sunflower strategy – Noticing the miracles of the day
2. Accepting what cannot be avoided – Exerting our choice
3. Adopting a true scientific attitude
4. Caring – Bringing humanity to life
5. Understanding the mind-body connection
6. Building ownership and increasing effectiveness through coaching
7. Favoring unity in diversity: synthesizing disciplines, leveraging multiple perspectives

1. Adopting the sunflower strategy – Noticing the miracles of the day

Darkness is the experience of being deep in the hole, physically or psychologically. Away from the verdant meadows and sunny beaches, the obscure cavern sometimes comes our way. With prudence, we often avoid the fall but sometimes hardship strikes anyway. When bathed in light, we might have taken the daily brightness for granted, perhaps not even noticing the beautiful radiance around us. However and paradoxically, once caught in the somber night, in these extremely challenging situations, we may regain perspective. Amazingly, the faintest glow can now appear to be more luminous than ever. Suddenly, this tiny ray of light becomes synonymous with hope and rejoicing. We may start to appreciate each single beam of light. First, this sense of gratitude helps us to merely survive. Then, when we are out of the rut, the gratefulness allows us to live life more fully. The luminous presence, once considered self-evident, now brings a deeper sense of joy every day.

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Ironically, the shaft of light, by its very scarcity, has exerted a stronger hold than the abundant luminosity. The spiritual perspective, in my view, is that of the sunflower, resolutely turning towards the light. It sometimes takes a journey into the darkness to learn how to greet the light, if only a small glow. Back into the brightness, the challenge is to continue paying attention and still welcoming these rays, abundant once again.

During my hardship I read Dante's epic journey down into violent hell, where hope is cruelly lost, and then up through the milder and already more serene purgatory, and finally to the gleaming paradise (Alighieri, 1321/1996). It struck my imagination.

I also read Viktor Frankl's inspirational book (Frankl, 1959) following his ordeal in the Nazi concentration camps. As he was struggling for survival under the most atrocious circumstances, he was still able to discern a few rays of light, deciding that evil cannot extinguish us. His classical tribute to hope offers us an avenue to finding greater meaning and purpose in our own lives.

The spiritual perspective aims at stepping back from daily life, to better discern the surrounding light, and consequently to restore the sacredness in life. Barbara De Angelis writes, "Most people don't end the day feeling happy and focusing on the gifts of the day, the miracles of the day, the connections of the day. They say, well, I didn't make any sales today, and didn't finish these five tasks; I didn't go to the gym, ... so it wasn't a great day... Every day can be a fulfilling day ... if we are growing, learning, sharing, connecting, paying attention." Rather than vainly trying to get everything under control, she remarks that "we can control whether we are opening to love and joy or not" (De Angelis, 2006).

As we receive the light and radiate it back in the world, we contribute to a virtuous circle of progress.

The great spiritual traditions invite us and teach us how to receive the light, meaning joy, love, life and positive energy. Kabbalah, the Jewish mystic tradition (which has also developed in Christianity, notably with Pic de La Mirandole), indeed literally means "reception" (Ouaknin, 2003). The Kabbalah helps to reconnect with a sense of wonder and gratitude. Even in the midst of adversity, it shows various avenues to practically engage our minds, hearts and bodies at greeting the light that surrounds us: it may be your child playing, a colleague smiling, the sun shining, a bird singing, a stranger giving you a hand, the blessing of having a good health, a melodious piece of music, a breathtaking landscape...

Rather than despair or break down, this positive energy, when we let it in, allows us to shine as well, reflecting the light. As we receive the light and radiate it back in the world, we contribute to a virtuous circle of progress.

Other spiritual traditions, despite nuances, seem to compare on the essential. In Buddhism, Awakening also implies putting reality into a wide perspective, being open, listening to ourselves and to others with gentleness and compassion.

In Shamanism, the "Awakened ...is no longer prisoner of his capriciousness, moods, beliefs, dreams, and past." What is left is "the freedom of angels, bathing in the love of what lives" (Gougau, 1995, p. 280).

Coaching from a spiritual perspective in my view is not about religion in the traditional sense, and has nothing to do with dogma. It is about inviting coachees to become more proficient at adopting the sunflower strategy in their lives: getting

into a habit of letting go of negativity, of mustering and sharing positive energy instead, seizing opportunities to feel compassion, gratefulness and joyfulness. This enables coachees to become more resilient at tackling their challenges and at facing hardship.

Coachees learn not be unnecessarily consumed by resentment, disappointment, and frustration. They become more acceptant and tolerant of themselves and of others. They become more humble, accepting natural limitations. They regularly reflect on how to best use their energy, focusing on taking constructive actions in pursuit of their meaningful, important objectives.

We can grow by accepting our fate with dignity and courage, hereby setting an inspiring example for others. Frankl's own story provides evidence of this—the inspirational power of dignity.

2. Accepting what cannot be avoided -Exerting our choice

Coaching is about helping people discover new paths and make new choices. Viktor Frankl (1959, p. 75) argues that we always have a choice:

We who lived in concentration camps can remember the men who walked through the huts comforting others, giving away their last piece of bread. They may have been few in number, but they offer sufficient proof that everything can be taken from a man but one thing: the last of the human freedoms – to choose one's attitude in any given set of circumstances, to choose one's own way.

And there were always choices to make. Every day, every hour, offered the opportunity to make a decision, a decision which determined whether you would or would not submit to those powers which threatened to rob you of your very self, your inner freedom; which determined whether or not you would become the plaything of circumstance, renouncing freedom and dignity to become molded into the form of the typical inmate.

Frankl explains that life can always be meaningful, fundamentally in three ways: the active life of creation (achievement or accomplishment), the passive life of enjoyment (which includes experiencing something –such as goodness, truth and beauty- or encountering someone –loving her) and finally, the courageous life of accepting suffering with dignity when suffering cannot be avoided.

In *Coaching Across Cultures* (2003), I have discussed how global coaches can help with the first two ways. With the Global Scorecard, we help coachees find meaning by setting concrete objectives that will make a positive difference for others, including organizational stakeholders and society at large. These objectives should be intrinsically desirable for the coachee, so that he/she will be genuinely engaged at taking the necessary actions. We also invite coachees to take great care of themselves, and to share love and friendship. Frankl's first two ways, active and passive, correspond to Doing and Being referring to the Cultural Orientations Framework.

What about suffering? When adversity strikes us, and *a fortiori* “when confronted with a hopeless situation, when facing a fate that cannot be changed”, we still have an opportunity to “transform a personal tragedy into a triumph, to turn one's predicament into human achievement”. I share Frankl's (1959, p. 117) view that suffering is not necessary: “If it is avoidable, the meaningful thing to do is to remove its cause.” However, when it cannot be avoided, we can find meaning by changing our attitude vis-à-vis suffering. We can grow by accepting our fate with dignity and courage, hereby setting an inspiring example for others. Frankl's own story provides evidence of this—the inspirational power of dignity.

Behaving with dignity and courage in terrible circumstances is a path to spiritual growth that leads to a sense of appeasement, if not love and joy. In the Greek mythology, Sisyphus was doomed to push a huge rock up a mountain. The rock would then roll down and Sisyphus had to start all over again. In *The Myth of Sisyphus*, Albert Camus (1942) suggests that Sisyphus still had the choice of lighting up his face with a smile, accepting his tragic fate with grace, making it thus more bearable instead of being mired in frustration and despair.

Overcoming the debilitating CRPS condition represents a growth opportunity. The patient has to play the determinant active role. Physical activity, gradually with higher and higher targets, is crucial. Mental and emotional resilience is essential as well. It requires a heightened sense of awareness about how you feel

They remind us, global coaches, to look beyond inevitable biases. They should inspire us to combine an open mind with healthy skepticism, “challenging respectfully” (Rosinski, 1998).

and about your internal dialogue. It implies replacing self-defeating thoughts and emotions by constructive ones: paradoxically accepting the pain rather than resisting it, not giving in to contemplating catastrophic scenarios, maintaining dignity and optimism (as much as possible) in the face of adversity, putting things in perspective and letting go of projects that you cannot make happen (and that are perhaps not that important after all), appreciating your child’s smile, the support and love given, the sight of a deer in the forest or cheerful music. It even implies turning the whole situation into an opportunity: I was able to train colleagues and benefit from their insights and new ideas around my work. I deepened some partnerships and developed new ones, which will help me to work with colleagues and reach out to more organizations.

3. Adopting a true scientific attitude

Professor Plaghki made sure he clearly understood my story, listened carefully without preconceived ideas, did not rush into a premature conclusion, and explored various possibilities. Listening also meant taking my case seriously rather than conveying the sense that “I cannot possibly experience such terrible pain since the exams do not show any serious problem.”

Professor Plaghki is passionate and committed to serve patients. He has a genuine curiosity about medicine and he contributes to medical progress. He had the courage to test a cream that he prescribed to me at some point so he could competently describe its effects (this was the only medicine he suggested I should take and only for three weeks): this cream actually burns the nerve terminations and feels like hell at the beginning.

The best scientific research implies paying close attention to what does not fit with current conceptualization. This is typically how breakthroughs occur. In astronomy, Simon Singh explains how Roux in 1955 and Shmanov in 1957 separately detected the CMB radiation but shrugged off the apparent noise as a minor defect in their instruments. They lacked the determination, persistence and rigor that allowed Penzias and Wilson to discover the CMB radiation in 1965, “one of the greatest discoveries in 500 years of modern astronomy” according to NASA astronomer Jastrow, and “maybe the most important thing anybody has ever seen” according to Harvard physicist Purcell (Singh, 2004, pp. 432-433).

In neurosciences, Dr. Ramachandran, one of the world’s leading brain researchers, studied bizarre manifestations reported by patients who hear voices, feel missing limbs, see things that no one else does. He writes, “Although enigmatic disorders like these have intrigued and perplexed physicians throughout history, they are

usually chalked up as curiosities—case studies stuffed into a drawer labeled ‘file and forget.’ Most neurologists who treat such patients are not particularly interested in explaining these odd behaviors. Their goal is to alleviate symptoms and to make people well again, not necessarily to dig deeper or to learn how the brain works. Psychiatrists often invent *ad hoc* theories for curious syndromes, as if a bizarre condition requires an equally bizarre explanation.” What differentiates Vilayanur Ramachandran from ordinary medical scientists is that rather than dismissing bizarre manifestations, he assumes that these represent serious learning opportunities. “I believe that being a medical scientist is not at all different from being a sleuth ... I have attempted to share the sense of mystery that lies at the heart of all scientific pursuits and is especially characteristic of the forays we make in trying to understand our own mind” (Ramachandran, 1998, pp. 2-3). Ramachandran’s breakthrough discoveries include having solved the mystery of phantom limbs and invented a simple and ingenious mechanism for removing real chronic pain in phantom limbs. As far as I am concerned, his research allowed Professor Plaghki and his team to establish the right diagnostic and save me!

Viewing the placebo effect, not as a nuisance, but as a crucial healing factor that underpins the importance of the psychosocial context, implies a radical change in traditional medicine. Simply stated, it calls for a more humane medicine since humanity facilitates healing.

Openness and curiosity are called for. Einstein once said, “I have no special talent. I am only passionately curious.” He also noted, “The important thing is not to stop questioning. Curiosity has its own reason for existing. One cannot help but be in awe when one contemplates the mysteries of eternity, of life, of the marvelous structure of reality” (Singh, 2004, pp. 98-99).

These qualities are essential in all human endeavors. They remind us, global coaches, to look beyond inevitable biases. They should inspire us to combine an open mind with healthy skepticism, “challenging respectfully” (Rosinski, 1998).

4. Caring: bring humanity to life

Professor Plaghki showed he really cared. Furthermore, his professional excellence did not stir up arrogance in him. Quite the contrary. He showed humility and respect. He would talk from equal to equal, would take the time to explain, answer questions, share an article and encourage my own curiosity and desire to understand what was going on. Despite a very busy agenda, he would return my phone calls, even apologizing when he could not do it in a timely fashion, addressing concerns or difficulties along the way.

Just after my treatment, I was pleased to discover that Stanford University had started to address issues that seem to characterize medical education on both sides of the Atlantic Ocean. Diane Rogers (2006) explains that the Stanford School of Medicine, under Philip Pizzo’s leadership, has recently started to make fundamental changes in medical education. A medical student comments on the new Practice of Medicine course: “It really teaches us the humanization of medicine- that we’re not just gatekeepers of drugs, but that we’re actually caring for patients and being good listeners, and that’s a big part of medicine.” Dr Pizzo pushed for a new curriculum because, he says, “Medicine has become more technological, [and] that has erected a barrier between clinician and patient.” It’s easy to rely on diagnostic tools such as CT scans, but Pizzo counsels that “the laying on of hands and touching and contact are critically important.” He adds that “engaging the public trust requires that the medical profession rewrite itself,”

and says that effort is “where the interplay between compassion and science become so important” (p. 52).

The goal of the medical school’s redesigned courses is “turning out more skilled, more compassionate doctors ... engaged in the excitement of what medicine has to offer. It’s designed to make medicine less of a ‘career’ and more of a passion.” A student declared, “It’s not about making myself a well-known physician. It’s about serving” (p. 57).

These changes struck me as excellent initiatives that address many of the shortcomings I had faced when dealing with physicians. Hopefully, these changes will take place elsewhere and become the new norm in medical education in a not too distant future.

Many physicians I met seemed to have lost this sense of caring and serving, to some extent at least. Their detachment was undoubtedly a useful coping mechanism allowing them to keep a distance with my pain. Unfortunately, this distance probably also prevented them from digging deeper to find a solution.

Learning again and again to bring humanity back to life, in medicine as well as in business and other human endeavors, will go a long way to improve the human condition in today’s world. Global coaches have a crucial role to play – primarily through their own example of genuinely caring and through helping their coachees connect with a sense of service in concrete situations.

Despite the considerable publicity about coaching in the last years, most professionals and managers have not yet learned how to coach, let alone discover what coaching is and what it can do. Instead all they do is give instructions and advice.

The de-humanization of medicine also goes hand in hand with its increased high technical nature. In the Western world, the patient has almost become an “object” whose condition can best be diagnosed through a battery of sophisticated clinical exams. The amazing progress in surgery and pharmacology is doing wonders. At the

same time, these technical advances may have led physicians and patients alike to ignore the mind-body connection and overlook multiple opportunities to enhance health, increase well-being and performance. Fortunately at Stanford University and elsewhere, a new generation of physicians has started to promote an integrated, holistic, global form of medicine, building on new research and moving beyond the cultural limitations of current Western medicine.

5. Understanding the mind-body connection

Professor Plaghki shared an important article with me that demonstrates how recent research in neurosciences is paving the way toward an understanding of the mind-body connection: “Placebos and painkillers: Is mind as real as matter?” by Colloca and Benedetti (2005).

In traditional medicine and pharmacology, the placebo effect is seen as a nuisance. The trials are designed to pinpoint the effect of the drug itself, as if it was advisable or possible to extract this effect from the context in which the drug is administered. “The gold standard in clinical trials is the double-blind randomized placebo-controlled study with two arms.” Colloca and Benedetti make a strong case to show the limitations of this gold standard. You can eliminate the placebo effect by covertly administering the drug: the patient knows he will receive the drug (for ethical reasons) but does not know when. You then examine his reactions and see if improvements are correlated with the time when the drug was administered. On

the other hand, if you administer the drug overtly (actual drug or placebo), you create an expectation of improvement, which may have significant therapeutic impact (the placebo effect) that is difficult to distinguish from the active principle in the drug itself.

For example, Colloca and Benedetti observed that “telling a patient that a painkiller is being injected (actually a saline solution) is as potent as 6-8 mg of morphine. An analgesic effect stronger than the placebo was only observed when the hidden dose was increased to 12mg. This indicates that an open injection of morphine in full view of the patient, which is the usual medical practice, is more effective than a hidden injection, because the placebo component is absent.” Viewing the placebo effect, not as a nuisance, but as a crucial healing factor that underpins the importance of the psychosocial context, implies a radical change in traditional medicine. Simply stated, it calls for a more humane medicine since humanity facilitates healing. In my view, this paves the way for the ideal combination: leverage the technical excellence of traditional Western medicine with the relational emphasis of alternative Eastern medicine. All too often, we get the worst of both medicines: lack of humanity on one hand and lack of scientific rigor on the other hand.

Two remarkable books (easy to understand yet with solid anchoring in research) by Thierry Janssen (2006) and David Servan-Schreiber (2007), published after my recovery, offer more evidence about the mind-body connection and its implications. Janssen’s book includes two major sections which highlight a holistic approach: “a medicine of the spirit to heal the body” and “a medicine of the body to heal the spirit”. Chronic stress facilitates various illnesses. Approaches ranging from positive psychology to meditation can be invaluable. We combat diseases by learning to regain control in our lives, by identifying and overcoming internal obstacles to calmness and happiness. Moreover, by learning to affirm who we are, to own up to our desires, to mobilize our energy to make it happen, we are ex-pressing ourselves, which is an excellent way to avoid de-pressing. Janssen notes that wisdom can be found in spiritual traditions such as Buddhism, which for a long time has warned humans against “emotional poisons,” urging us to transform these to build happiness. Practice can help us turn damaging self-pride into humility, greed into detachment, jealousy into joy for what happens to others, wrath into patience and tolerance, ignorance into knowledge of the true nature of the spirit.

Servan-Schreiber recognizes that there is no substitute for surgery, chemotherapy and radiotherapy to combat cancer. But he reveals important research from multiple sources about conditions that can facilitate or inhibit cancer. Many oncologists are still unfortunately not aware about the connection between nutrition and cancer, and therefore unable to offer specific recommendations, which incidentally would also help address other diseases including obesity, diabetes, and heart attacks. They are also not aware of how a medicine of the spirit can notably reinforce our immunity and reduce our inflammation – which will be detrimental to cancer and favorable to our health, fulfillment and performance.

While we global coaches cannot aim at mastering medical knowledge, which medical doctors themselves are not always acquainted with, we should at least strive to find out as much as possible about this type of research, in a spirit of curiosity combined with scientific rigor. The mind-body connection (for

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our coachees as well as for ourselves) is still vastly underestimated and poorly understood. All too often, this connection is either ignored or tackled in a simplistic and magical fashion. For example, I have known some professionals influenced by the New Age literature and convinced that they can unambiguously interpret body reactions. Each disease or organ dysfunction is supposed to have a straightforward psychological explanation. The German physician Ryke Geerd Hamer is considered the leader of this movement.

Thierry Janssen argues for humility and carefulness instead. It is disempowering to dogmatically provide an *ad hoc* explanation for each symptom. It prevents patients from developing their own awareness and expressing their own truth. It can also foster a negative conditioning (nocebo effect): the patient might unconsciously try to prove the therapist's interpretation is right (Janssen, 2006, pp. 175-176)! A therapist showed me a book that claimed to "decode" illnesses and physical suffering. I was vulnerable and the book made me feel uncomfortable without proposing any concrete solution to overcome my condition. Coaches who lack in rigor might be tempted to follow Hamer's approach. These coaches might not tell you directly but will surely lead you to discover the "correct" explanation. Interestingly, the benevolent attitude may sometimes still foster significant healing, due to the placebo effect, but this does not mean that the underlying fanciful theory is valid. The lack of scientific rigor and imposition of bizarre models is actually disempowering.

Learning to listen to our body, finding our own way to correctly interpret its signals, emphasizing a healthy mind in a healthy body should be essential coaching objectives. These are the foundations that enable performance and fulfillment. Incidentally, the placebo effect serves as a validation of the pragmatic humanism effective coaches are already demonstrating when they offer a benevolent, open and constructive context in which coachees can thrive.

The physical and spiritual perspectives are interconnected in many ways. It is well known that the practice of endurance sport (without excess) stimulates the production of endorphin. This hormone makes you feel good, boosting your morale and positive outlook. It increases a sense of calm and helps one sleep better. It diminishes negative stress, anxiety and frustration (Pierard, 2006). One executive I coach would go running when stressed at the end of the day, and invariably feel relaxed again after the workout. In sum, the physical path is essential for experiencing spiritual qualities of gratefulness and unity, which contribute to personal effectiveness and positive impact on others. More generally, coaches should encourage leaders to develop their health and fitness to increase their overall performance and fulfillment at work.

6. Building ownership and increase effectiveness through coaching

I attribute Mr. Clerbaux's effectiveness to his expert knowledge of chronic's pain mechanism as well as his coaching approach, which I described in my story. Both qualities proved to be unique. He succeeded where everyone else had failed before. However, he should not be the exception. Despite the considerable publicity about coaching in the last years, most professionals and managers have not yet learned how to coach, let alone discover what coaching is and what it can do. Instead all they do is give instructions and advice.

Empowerment of the patient, empowerment of employees and empowerment of citizens in general: coaching is a formidable vehicle for helping each one of us to connect with the power that resides within. It challenges us to give up

what Transactional Analysis refers to as the Victim role (Rosinski, 2003, p. 260)—depending and relying on powerful others (e.g., physicians, managers, or politicians), who are invested with unrealistic expectations and who are expected to play the Rescuer role (Rosinski, 2003, p. 260). It helps us to appreciate the choices we have and the responsibility that comes with these choices. In the increasingly complex world we live in, we all need to become actors and coaching has become a necessity to ensure we access our considerable potential, recognize our responsibility and become fully engaged in life.

7. Favoring unity in diversity: synthesis of disciplines, leveraging of multiple perspectives

Since I was in high-school, I have been fascinated by multiple perspectives and preferred learning from various disciplines. Since the 1990s, I have promoted global coaching as a broad and inclusive form of coaching, necessary for enabling sustainable and global success. I have shown how non-traditional perspectives (e.g., physical, political, cultural, spiritual) can open up new possibilities and growth opportunities. I proposed the Möbius strip representation to emphasize our interconnected reality and the synthesis we can help to bring about (Rosinski, 2003, 2006).

Ironically, my hardship experience reminded me how division and the absence of a global approach still permeate our society. For over a year, the only medical or paramedical help I could find had little knowledge and apparently little curiosity for anything beyond their area of specialization. In contrast, the multi-disciplinary approach I finally uncovered made all the difference and further validated the power of leveraging multiple perspectives.

Professor Plaghki's multi-disciplinary approach allowed him to confront viewpoints and cross-fertilize various domains of expertise. This led to the correct diagnostic. On the contrary, all lone physicians had gone down the wrong path, making costly mistakes that could have been easily avoided.

In the movie *Genesis*, an African griot, with innocence and wisdom, comments on the birth of our universe (Nuridsany and Pérennou, 2004). The entropy law dominates: simply said, if left alone, things turn into disorder and chaos. Life is the exception, the anomaly that makes it possible, albeit temporarily, to change the usual trend toward decay. Life is synergy by essence: $1 + 1 = 3$ (One man loving one woman becoming one man, one woman and a child). As global coaches, we too can marvel at life's odyssey and play our part to promote and sustain life on earth.

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