

Academic Paper

Silence and Disclosure: A Transcendental Phenomenological Study into the Experience of Workplace Coaching whilst facing Stressful Life Events At Home

Caroline Duncan 

Abstract

Organisations typically offer counselling to employees who experience stressful life events at home, and coaching to a much lesser extent. Yet my own experience suggests coaching can play a valuable role in support and action. A transcendental phenomenological methodology was adopted to gain vivid descriptions of the subjective experience of being coached, synthesised into an overarching essence. Findings highlight disclosure and boundaries were key themes, as was the interplay of coaching with concurrent therapeutic interventions. For organisations, the study supports the use of coaching as a tool for employee wellbeing and the creation of an emotionally literate culture.

Keywords

Silence, Disclosure, Executive Coaching, Transcendental Phenomenology, Stressful Life Events,

Article history

Accepted for publication: 19 May 2020

Published online: 01 June 2020



© the Author(s)

Published by Oxford Brookes University

Introduction

I coach clients in organisations and have observed how a number of them have shared the challenges of performing at work, whilst managing a significant personal or family event outside. They have disclosed stories of grief, relationship breakdown, ailing parents and personal illness, amongst other topics. In most cases they continue in work but describe how the personal issues impact their ability to remain focused, to communicate effectively and to give the same level of commitment. Work-life balance is widely discussed within organisations; however, in this study I explore the impact of more extraordinary events that challenge us, above and beyond the usual balancing act.

Typically, employees are offered 'employee assistance programmes (EAPs)', including legal advice, and access to psychological services, in most cases, counselling (Employee Assistance Programmes Association, 2017). Employers may also provide compassionate policies and practices. However, despite such services, employees do not always want to disclose details of the impact of challenges on performance, preferring to remain silent. Misunderstanding around performance is a common outcome from this silence, as well as symptoms going unresolved (Tehan and Thompson, 2013).

In some cases, coaching is offered as an intervention and, in my experience, it appears that coaching can play a valuable role in supporting the client get back on track at work, whilst coping with a range of demands (Lee and Roberts, 2015). My professional and personal experience led me to want to explore how others encounter coaching at work during stressful life events. For the coaching profession this could provide stimulus for a discussion of whether and how to support clients in these scenarios. For organisations, my hope was to shed some light on the use of coaching as an additional lever to support employees at work during such times of hardship.

The study aimed to gain a fully rounded and vivid picture of the participants' experience throughout the coaching engagement, from an exploration of how events impacted work, to initiation of coaching, to the experience of the coach and being coached. The study also considered the clients' experience of how their other therapeutic interventions interacted with the coaching sessions.

I turn to consider what is meant by 'stressful life events'. There are clearly a multitude of events that are a cause of great stress, spilling over into work. To narrow the review of literature I referred to Holmes and Rahe's 1967 Social Readjustment Rating Scale (Sugarman, 2001) and Hobson et al.'s (1998) perspective to identify 'stressful life events'. I focused the review on four of their top five events, including death and illness of self or family member. In this article I take time to emphasise my choice of transcendental phenomenology. I found myself fascinated by this methodological process from selection, through to analysis and conclusion and will share this in some detail and hope it lives and breathes through the article.

The article commences with a review of relevant literature concerning how stressful life events impact work performance, and considers existing research on coaching in this context. It continues by expanding on phenomenology as the choice of methodology and the process followed to collect and analyse data. The body of the article highlights major themes, along with the 'essence' passage encapsulating the experience of being coached. I discuss how silence and disclosure relate to boundaries, and consider the place of coaching versus other supporting interventions. The conclusion emphasises cultural implications for organisations and flexibility of boundaries for the coaching profession.

Literature review

This study related to more extraordinary events that go beyond usual daily challenges. This is often referred to as 'Work Family Conflict', or as competing tensions are bi-directional, 'Family Work Conflict' (Byron, 2005). I also sought insight on where and how coaching is currently used in these situations. As literature was scant on coaching, I looked at other related interventions such as workplace counselling.

Grief, silence and work

Hobson et al. (1998) record bereavement as the most significant stressful life event and its impact on work has been extensively explored. There are diverse responses to grief, albeit with certain commonalities, impacting quality of work, focus, stress, communication and attendance (Charles-Edwards, 2009; Hazen, 2009; Tehan and Thompson, 2013).

Writers refer to the concept of 'stifled', 'suppressed' or Doka's 'disenfranchised grief', which leaks into performance at work (Hazen, 2009, p.290; Porschitz and Siler, 2017, p.575). The imperative to remain silent, or to act as normal, fitting in with organisational expectations, keeps grief hidden (Bauer and Murray, 2018; Charles-Edwards, 2009; Hazen, 2009). A challenge arises when a connection is not made between downplayed grief and performance (Tehan and Thompson, 2013). For some individuals the silence is helpful, by maintaining their boundaries between personal and private spaces. This is balanced with the need to disclose to, connect with and be supported by colleagues (Bauer and Murray, 2018; Porschitz and Siler, 2017).

Silent or not, there is consistency on the positive role of remaining at work; a welcome distraction from bereavement, from loneliness or from the multiple roles one may be playing at home. Work provides stability, a sense of identity and comradeship (Bevan and Thompson, 2015; Porschitz and Siler, 2017). This social contact is identified as key to recovery, yet colleagues often step away or make assumptions just when that contact is needed. For example, individuals may be offered severance or unpaid leave, which can increase isolation and financial stress (Han, 2012; Tehan and Thompson, 2013). Organisations that recognise and normalise the universality of grief and the power of balance of exchange can progress towards mitigating its hidden cost (O'Connor, Watts, Bloomer and Larkins, 2010; Vivona and Ty, 2011).

Equally the idea of space is discussed; space to experience and share grief and also to make sense of the bereavement and of a different type of life (Bauer and Murray, 2018; Bevan and Thompson, 2015; Porschitz and Siler, 2017). Vivona and Ty (2011) expand; grief is not a period of waiting but a "period of decision-making, practically and existentially" (2011, p.102). Having a safe space to reflect on the new normal, confidential, in or out of work, is key.

Impact of ill health of self or family

Ill health of self or family were highlighted as the third and fifth most stressful events by Hobson et al. (1998). Vickers (2005) writes about the impact of both grief and caring on the employee at work. She highlights that the load from exceptional caregiving shares many similarities with the load from grief, such as low energy, poor concentration, tears and anxiety. Like grief, such caregiving forces parents to re-evaluate their life and work plan, searching for a new normal (Vickers, 2005, 2011).

Unique characteristics of caring, for self or others, stem from the sheer volume of time, effort, and emotional commitment required in managing the complexity and advocacy required. Qualitative interviews vividly articulate parents' exhaustion, fatigue and guilt from perceived under-performance in all areas of life (Crettenden, Wright and Skinner, 2014; Kish, Newcombe and Haslam, 2018; Matthews, Booth, Taylor and Martin, 2011). Literature indicates that parent caregivers want to work. They reported that their career progression was impacted by their need for flexibility – in hours, location and understanding (Wright, Crettenden and Skinner, 2016), less time for professional development and the perception of being unreliable (Matthews et al., 2011).

As well as flexibility, commonly offered as an intervention, parents wanted more support in the form of awareness and understanding, respect and recognition, empathy and creativity in enacting the policies, and workplace support groups or counselling (Crettenden et al., 2014; George, Vickers, Wilkes and Barton, 2008; Matthews et al., 2011). Vickers (2011) demands compassion, at a macro and daily personal level, recommending critical reflexivity as a management capability when facing employee discomfort, with empathetic and creative responses. This is something I believe can be supported via coaching.

Coaching as an intervention

My coaching practice suggests that clients with personal challenges spilling over into work seek coaching to support their workplace presence and performance. There was very little literature on

coaching in this specific context however, indicating that this is an under-researched area. There is a body of research on health and well-being coaching (Wolever et al., 2013). However, this coaching is predominantly a patient-centred process, focused on supporting the achievement of health-based goals. In the few articles more directly related to this research key themes identified were the role of coaching versus other interventions, space and empathy, goal setting, and boundaries and contracting. Jackson and Parsons's (2016) study in the NHS found circumstances of survivorship where clients want coaching support, rather than psychotherapeutic or counselling interventions. They emphasise client autonomy, using compassion and a fuller understanding of their resources to move forwards to a well life. Kenyon et al. (2015) also looked at survivorship as the context for the coaching, as clients transitioned to a life post-cancer, using coaching to redefine themselves as survivors, not patients. Critically, the patients were of working age, so a confident return to work, and managing finances were noted as important. Goal setting was identified as a significant feature of such work (Kenyon et al., 2015; MacCourt, McLennan, Somers and Krawczyk, 2017; Tehrani, Osborne and Lane, 2012).

The issue of boundaries was raised as a challenge. They are difficult to define for coaches working in this area and depend largely on their experience and skills (Jackson and Parsons, 2016; Tehrani et al., 2012). Jackson and Parsons raise the imperative to "do no harm" (2016, p.85) which is at risk if coaches are not trained in identifying trauma (Tehrani et al., 2012) or in grief counselling; MacCourt et al.'s study was clear in stating that grief coaching should be delivered by trained clinicians (2017).

The majority of the literature indicates the benefits a coach provides by creating a safe space (Jackson and Parsons, 2016; Kenyon et al., 2015; Tehrani et al., 2012) and an appreciation of the social world that may be missed in a more medical approach (Tehrani et al., 2012). Despite the limited amount of research in this area, the literature does raise important points about ethics and contracting.

Methodology

Being interested in the subjective experience of clients I selected to follow a phenomenological approach for my methodology. This is consistent with the study's constructivist ontological stance and interpretivist epistemological stance (Bryman and Bell, 2007). I opted for transcendental or descriptive phenomenology as I was keen to keep a distance between my judgments and interpretations and the experiences as described by the participants. As the analysis progressed I found myself fascinated by and immersed in the methodological process, while I sought to gain a vibrant description of the participants' landscapes.

Phenomenology

From the starting point of phenomenology, I assessed whether to take the hermeneutical or transcendental path. Conroy (2003) suggests the choice between these two roads is a confusing one, and one that is oft mistaken. Indeed, Conroy's descriptions of the characteristics in hermeneutical study of curiosity, questioning, reflexivity, seeking hidden depth and time all resonate with my desired investigation of the experience of coaching.

However, I wanted to respect the uniqueness of the participants' contributions and give them the space to share, without distortion or direction from myself. As Cresswell and Poth (2018) suggest, in order to be truly curious we need to suspend our preconception in a way that enhances curiosity. Therefore, this study followed the work of Giorgi (2009) and Moustakas (1994) with a transcendental phenomenological approach.

This approach is not without challenge. Bracketing personal beliefs is required, which is debatably an unrealistic expectation. With my experience of and passion for the topic it may be too tempting to involve myself in others' landscapes in interview or bring my assumptions to bear in analysis. I therefore took up Moustakas' suggestion that researchers capture their own reflective notes as a part of the process of collecting textual and structural descriptions (Cresswell and Poth, 2018).

Data Collection

As the research is phenomenological, and therefore interested in the detailed experience of the participants, I targeted a small number of 4 to 6 people, who received coaching at work, whilst experiencing a stressful life event at home. I selected semi-structured interviews, typically used in phenomenological research, to access the details of participants' experience (Cresswell and Poth, 2018; Moustakas, 1994). Interview has its limitations, however. The process and the conversation has been described as a social construct (Alvesson and Ashcraft, 2012). Giorgi (2009) accepts that an adequate description of experience can be sufficient enough for the phenomenon to be discerned and new knowledge gained.

Quality and Ethics

Finally, I considered quality and ethics as part of my study through the stages of design, data collection and analysis. I used Polkinghorne's questions to assess the quality of my study in my reflexive journal (1989, quoted in Cresswell and Poth, 2018). This intervention is limited by being a self-assessment. Participant care was also a key ethical consideration, particularly as I was aware that airing stressful life events with interviewees might increase their burden. It was therefore essential to have a plan in place to "do no harm" (Saunders, Lewis and Thornhill, 2009, p.160). I took several steps to mitigate this risk, including the sending invitation letters detailing the research, having introductory phone calls explaining the research question and process, requesting completion of consent forms, and reiterating confidentiality and that they have the option to withdraw at any point (Cresswell and Poth, 2018; Saunders et al., Lewis and Thornhill, 2009). As an example, in the introductory phone call I impressed upon the candidates that the focus of the study was hearing of their experience of coaching and the impact of the stressful events on their work, rather than delving into details of the events themselves. The interview questions were designed to support this objective.

Data Analysis Process

Being keen to follow a descriptive or transcendental phenomenological approach I stuck close to Cresswell and Poth's (2018) six step method of analysis. I therefore started by bracketing as an attempt to set aside my experience to stay true to the descriptive phenomenological approach (Cresswell and Poth, 2018; Moustakas, 1994). This approach aims to bring a fresh and naïve view on experience, wide-eyed and abstaining from judgment (Moustakas, 1994).

Having recorded the interviews, I listened with headphones on, walking around the phenomenon, viewing it from different perspectives (Husserl, 1931, cited in Moustakas, 1994), enabling me to feel closer to the conversation. I subsequently read the transcripts and highlighted significant statements about the individual's experience, described as 'horizontalisation' by Moustakas, treating each statement as equal (1994, p.121, Cresswell and Poth, 2018). The significant statements were gathered together into the core themes of the experience.

Alongside this process, for each interview, I reduced the transcription to its core elements in two ways; stripping it into a 'Textural Description', a dense account of 'what' happened, and into a 'Structural Description', a more reflexive account of 'how' it happened (Moustakas, 1994, p.78). Inevitably, the editing process is at risk of bias and is arguably unavoidable (Cresswell and Poth, 2018; Van Manen, 2014). However, I would contend that the repeated immersion into the texts,

through writing significant statements, the descriptions, the essences and the epoche limits this to some extent.

The editing continued, as I took the textural and structural descriptions and condensed them into a single paragraph, the 'essence' of the experience for each participant. This culminated in integrating the five essences into one essence. Fusing five accounts into one created new challenges; by reducing down, is someone's experience missed and the end result too bland, or is it too all-encompassing and not relevant to all? One participant's experience appeared to be an outlier, I therefore invited him to comment on its resonance for him.

Findings

The findings are presented in two forms; firstly I highlight two of the themes or 'meaning units' that emerged from the interviews, the textural and structural descriptions and the essences (Cresswell and Poth, 2018). Secondly, I articulate the synthesis of the individual essences of experience, "a unified statement of the essences of the experience of the phenomenon as a whole" (Moustakas, 1994, p.100).

Meaning Units

Boundaries – silence versus disclosure

Boundaries – how much they disclosed, when and with whom - was a notable dimension in the participants' experience. In most cases they were not wholly open about their circumstances at work, and when they were several did not get the help they felt they needed in the workplace. In some cases, the lack of support left participants feeling lonely and isolated. This contrasted with the benefit they felt from being able to share; Skye, for example, talks of a 'lifeline' from sharing with her coach.

One motivation for silence was to protect the team, maintaining its status quo of closeness. Skye's colleagues were very supportive but their efforts made her feel as though she should be grateful. Laura also felt she couldn't open up entirely because she thought colleagues would assume early menopause was an annoyance, whilst privately feeling embarrassed at times with the symptoms. By contrast, in a subsequent role Skye, however, had a positive experience, her team showing her genuine understanding. "They came from a real place of empathy, 'You do you' they said".

In contrast to their relative silence at work, Don, Silla and Skye all opened up about their home life with their coaches. Silla felt it was important and helpful to discuss this with her coach. Charles and Laura both took a different approach. He did not explicitly discuss home issues with his coach, keeping focus on "being an effective MD". The coach, however, gave him 'resilience, energy and confidence' helping to address disengagement and low energy arising from grief. Laura also proactively chose not to tell her coach about her early menopause, instead referring to a general medical condition and directing the sessions towards how the symptoms impacted her at work, such as commitment and confidence. "It feels really personal...I kind of wish I didn't have that separation, but then I don't want to be exposed....it's professional...I don't want to be the weak link."

She 'filtered' her conversations with the coach.

"I don't want to be too vulnerable at work, that's how it serves me....I would become an emotional mess.... How do I redeem myself if I allow myself to go to bits and crumble at work and everyone sees me as this weak, vulnerable not coping mess?"

Despite assuming that her personal information would remain confidential, she associated the coaching closely with her work persona. Laura did not know her coach before the engagement and was the only participant to hold her coaching sessions at the office. This contrasts with the other participants, who were all, to a greater or lesser extent, able to share some details with their coach, and saw a benefit in doing so. Yet Laura did value the coaching, suggesting there is no one model for how to disclose in these circumstances.

Coaching versus other interventions

The participants' challenges at home might have warranted interventions other than coaching. Indeed, four of the participants reported having such support either at the same time or close to the coaching. They described how these two provisions contrasted or complimented each other. What is apparent from the participants is that the coaching meant something different yet useful. As an example, several participants needed to express emotion, but the coach was not always chosen for this purpose. For example, Laura would cry with her homeopath, "I feel quite normal, happy doing that. I wouldn't do that with the coaching at work, and yet I suppose they support each other." Charles saw his psychotherapy and coaching "as a kind of coalescing of a synthesis of one's potential." For Silla, who also had counselling, coaching was about moving from shutting down to taking action.

Throughout Skye's health challenges she had seen several therapists and coaches, concluding the coaching was the single most effective provision for her. Following counselling she would feel a 'release' from being listened to, but also vulnerable and reflective, and somehow "more broken". In contrast she felt coaching was more empowering and proactive, and helped her manage her energy levels more.

The participants chose to disclose to their colleagues and coaches in very distinct ways. Similarly, there was no unifying model for how and from whom they sought help. Their coaching engagements intersected with other therapeutic interventions, addressing different needs. Of the coaching, the participants described finding meaning from the safe space. They also described the action focus and goal setting opportunity that coaching in particular, gave them, to make a change in how they viewed and managed themselves at work.

Essence

I turn to the 'essence' of the experience of being coached at work, whilst facing a stressful life event at home. The consolidation of the interviews into a precise yet vivid depiction was an important part of the analytical process for me. The aim was to elicit the colour and flavour of the "picture of the conditions that precipitate an experience and connect with it" (Moustakas, 1994, p.35).

On reading the essence, I reflected on the consistencies and yet the breadth of their experience, particularly at work; the similarities in impact and the breadth of response from colleagues. I also observed the value they gained from the coaching relationship, the space, challenge and goals set. It was clear however, for all but one, that coaching was not intended to solve the source issue, but one of a suite of supporting interventions.

Figure 1: Essence

They were facing stressful events at home and were still coming to work. During these circumstances they experienced a range of states when at work; feeling alone, emotional and teary, distracted and disengaged. They felt anxious and stuck. They shut down, losing control; control of their thoughts, emotions, responses and performance at work.

In some cases their line managers and colleagues knew something of their home events. Some were offered hugs, sympathy and time off work. All were offered counselling or coaching, funded by the business. But their colleagues didn't really know or understand what they were going through. The behaviour of some employers did not mirror their words.

There was a choice, to share more, or to protect themselves, and their colleagues, maintaining the status quo and saving all from awkward situations. What if they did share? They risked tears at work and a loss of professionalism and face.

They met their coaches, in work or outside. They chose to open up, or not, with their coach about their stressful event, to provide context for their state at work. Some felt they didn't need to – they left that job to their therapist - or couldn't – preferring to filter their description of their personal circumstance, creating a boundary, protecting from vulnerability. Leaving a coaching session in the office in tears was not an option when personal and professional confidence was low. For others, sharing created a tipping point. Having an existing and trusted relationship with their coach expedited the openness and progress; it was a very important element of the coaching, because the home context was part of the reason they were struggling at work. It enabled them to be vulnerable and not worry about the impact.

In the coaching sessions there was silence, encouragement, reassurance and a calming hand. They felt empathy and they weren't judged. It was a safe space, to think, to be vulnerable, to reflect and to gain an understanding of, and perspective on, themselves and their situation. This normalised their experience and led to acceptance for some. They reconnected to their values, their purpose and their strengths, rebuilding direction and confidence.

This was not counselling however. The coach could be challenging, as they tussled with their assumptions, beliefs and, in some cases, big choices. It could be scary, letting go of long-held habits, and yet empowering. The sessions were proactive and positive - they set goals, sometimes small - a change of internal message or perspective - sometimes more stretching, for those who wanted to achieve in spite of their challenges. In either case they took action, with courage and confidence, getting out of a rut, getting a boost. They regained energy, equilibrium and control. This control showed up at work, making career choices, managing responses to colleagues or making progress at home.

They all advocated coaching. It had its role to play, it didn't do everything for everyone – therapy, managers, colleagues and family played their part - but they got back on track at work when they faced stressful times at home.

Discussion

The five participants were all facing related but different stressful life events at home whilst continuing to work. I focus attention on boundaries, disclosure and the interaction between coaching and other interventions.

Boundaries – Silence versus Disclosure

The participants of the study chose, consciously or otherwise, to set boundaries when sharing with colleagues and coaches. The findings emphasised a multi-dimensional perspective on these boundaries – whom were they sharing with, how and when they shared and how that sharing

changed over time. What is clear from the literature is that sharing to a certain extent helps, as does holding back (Bauer and Murray, 2018; Charles- Edwards, 2009; Hazen, 2009).

There is no one model for disclosing personal experiences, as noted with Don and Laura; they shared with their colleagues to some degree but felt their own pressure to act and appear as normal. This experience echoes in the grief literature (Bauer and Murray, 2018; Charles-Edwards, 2009; Hazen, 2009), and in the cases of Don and Charles, it could be argued that by not sharing, they were precipitating Doka's notion of disenfranchised grief (Hazen, 2009; Porschitz and Siler, 2017). Laura's response to hold back was reminiscent of Porschitz and Siler's (2017) research on miscarriage, where they noted that silence could serve a purpose, protecting boundaries between personal and private spaces. Beatty and McGonagle (2016) highlighted that disclosing the right amount of information about a condition was an on-going challenge for clients, and one that coaching can help support by creating a model of disclosure, to manage privacy and maintain relationships in tandem.

Bauer and Murray's (2018) exploration of public and private spaces for emotion during grief mirrored the experience of almost all of the participants. They describe how "successful" workers need to manage their emotions at work, given the "normalised pressure to stay silent" (2018, p.63). With the limitations of workspaces for sharing, coaching can play a role in creating a transitional safe space for the client. Arguably, the use of an external coach could propagate the lack of private safe spaces in the workplace by keeping them separate, a view echoed by Charles-Edwards (2009). However, research shows some clients need public/private separation (Porschitz and Siler, 2017). The responses participants received, from managers in particular, were variable – from empathy, sympathy and action to inaction and frustration. What seems clear is that employees' needs are not being consistently met, to disclose, should they need to. Given the beneficial role work plays (Breevaart, and Bakker, 2011; George et al., 2008; Matthews et al., 2011), I believe more managers can be coached on supporting rather than avoiding difficult conversations around stressful life events.

There are several potential implications for coaching. Firstly, I believe taking a systemic view with clients can support them in considering the full range of resources they have at their fingertips. Helping a client understand what and how they have shared, and what its impact was, could be a useful intervention in increasing autonomy and relatedness. A second implication for the coach is the knowledge that they may be one of the few containers for personal issues in the workplace, and this raises specific ethical concerns that should be discussed in supervision.

The coach's ability to help raise awareness of a client's resources is based on the assumption that the client has opened up, and yet, as can be seen with the participants, clients do not necessarily share everything with their coach. Maxwell (2009) writes of a 'co-created' model of boundaries, ranging from discussing personal issues at the heart of the work performance to keeping home-life out of the conversation. The boundary, "rather than being a definable absolute, is a negotiated product of both the coach and the client's willingness to explore the intersection of the personal and professional" (Maxwell, 2009, p.91). Maxwell's (2009) findings also imply a temporal dimension, mirrored in this research, where the boundary can change over time, as willingness and ability flex, increasing trust. Contracting is key with all these boundaries, particularly as they shift (Bachkirova, 2008), as was seen when Don's coach asked for permission to delve deeper.

Coaching versus Other Interventions

Four of the participants were receiving both coaching and additional support outside of work; they described a range of relationships from 'synthesis' to separate interventions providing very distinct outcomes. The literature focuses on the boundary between coaching and therapy, as described by coaching research and by professional bodies (Association for Coaching, 2019; Bachkirova 2008; Buckley, 2007). However, there is less written about how coaching and these other interventions

intertwine when run in tandem. The exception to this is literature on health coaching where coaching provides an additional service beyond medical and other care. Jordan and Livingstone (2013) explore the relationship between health coaches and psychotherapists and conclude that they can and do co-exist successfully, providing integrated care. They do urge caution to health coaches stepping into therapeutic territory, however. Bachkirova (2008) considers the overlap with counselling and psychotherapy and coaching, concluding that both can co-exist, if the mental health of the client is attended to in the relevant therapeutic setting.

When the participants compared the coaching to their other interventions, goal-setting and action were identified as differentiating factors. For Skye, despite being chronically ill and receiving ongoing medical and therapeutic support, she was working and keen to continue. The coaching supported this transition from patient into survivor and employee (Kenyon et al., 2015). Kenyon et al.'s (2015) research supports this view, as clients increase their self-efficacy and confidence, moving towards a 'new normal'.

Maxwell's (2009) model of boundaries provides stimulus for considering the use of multiple services. She describes resourcefulness as an internal quality that influences where the boundary with the coach lies (alongside motivation and willingness). I argue that resourcefulness can also be an external force coming from other service providers (and stakeholders in the client's life). Laura had a space to be emotional with her homeopath and therefore could draw her boundary tighter with her coach. This further supports the idea of thinking of boundaries systemically, as multi-dimensional, moving concepts, where the coach is reminded that they play but one role. How coaching at work interacts with therapeutic and supportive interventions is an area for future research, given the paucity of literature on this topic.

Conclusions

Stressful events impacted participants at work in different but also common ways; from feeling distracted, having low energy, producing lower quality work, to feeling less committed. They chose to share their challenges to greater or lesser extents with those around them, some preferring to hide their thoughts from colleagues and even their coach, others using the coaching space as a safe one in which to open up. Given the complex challenges it was not a surprise that most participants also attended therapeutic sessions concurrently and described how the two interacted. This ranged from counselling allowing greater openness and emotion than coaching, to not being practical and proactive enough. Most recalled how coaching provided the action and goal focus they needed to create change.

Limitations of the Study and Future Research

Arguably the essence, culminating from the experience of the participants, cannot be generalised to the wider population. There is, however a value for practitioners in the knowledge gained from shared experiences (Cresswell and Poth, 2018) and I hope, whilst not generalising, that the outputs from the study can contribute to a debate. There is very little coaching research regarding the study question and I see value in exploring this topic further depth. In particular I believe it would be beneficial to explore the experience of coaching in relation to one type of stressful event in detail, for example grief, in order to provide more targeted coaching interventions. A further question is how coaching could support those in the workplace with caring responsibilities, particularly the female majority. In most cases the participants were accessing other therapeutic interventions and I believe greater understanding of this interaction would be valuable for the coaching profession.

Implications

The study is a reminder to employers that they have a range of interventions available, from EAPs, to coaching, and budgets allowing, such options can be used in tandem. It is also a reminder that organisational culture and capability can be developed to better support such employees, for example, building the environment and skills in enabling colleagues to handle compassionate situations effectively. I argue that this focus supports inclusion and diversity. The implications for the coaching profession focus on boundaries and development. As coaches take on clients with more complex challenges, further discussion on the elasticity of boundaries and contracting is valuable.

References

- Alvesson, M. and Ashcraft, K.L. (2012) 'Interviews', in Symon, G. and Cassell, C. (eds.) *Qualitative organizational research: core methods and current challenges*. Los Angeles: Sage Publications, pp.239-257.
- Association for Coaching (2019) *Global Code of Ethics*. Available at: <https://www.associationforcoaching.com/page/AboutCodeEthics>.
- Bachkirova, T. (2008) 'Role of coaching psychology in defining boundaries between counselling and coaching', in Palmer, S. and Whybrow, A. (eds.) *Handbook of Coaching Psychology*. Hove: Routledge, pp.351-366.
- Bauer, J.C. and Murray, M.A. (2018) 'Leave Your Emotions at Home': Bereavement, Organizational Space, and Professional Identity', *Women's Studies in Communication*, 41(1), pp.60-81.
- Beatty, J.E. and McGonagle, A. (2016) 'Coaching Employees with Chronic Illness: Supporting Professional Identities through Biographical Work', *International Journal of Evidence Based Coaching and Mentoring*, 14(1), pp.1-15. Available at: <https://radar.brookes.ac.uk/radar/items/10de2fa4-dcb6-4f8a-98a0-faf1013f6ac3/1/>.
- Bevan, D. and Thompson, T. (2015) 'Death and the Workplace', *Illness, Crisis & Loss*, 23(3), pp.211-225. DOI: 10.1177/1054137315585445.
- Breevaart, K. and Bakker, A. (2011) 'Working Parents of Children with Behavioral Problems: A Study on the Family-Work Interface', *Anxiety, Stress and Coping*, 24(3), pp.239-253. DOI: 10.1080/10615806.2010.527958.
- Bryman, A. and Bell, E. (2007) *Business Research Methods* (3rd edn.). New York: Oxford University Press.
- Buckley, A. (2007) 'The mental health boundary in relationship to coaching and other activities', *International Journal of Evidence Based Coaching and Mentoring*, pp.17-23. Available at: <https://radar.brookes.ac.uk/radar/items/69d51e6f-7b81-4312-898a-001caa5dc9ce/1/>.
- Byron, K. (2005) 'A Meta-Analytic Review of Work-Family Conflict and Its Antecedents', *Journal of Vocational Behavior*, 67(2), pp.169-198. DOI: 10.1016/j.jvb.2004.08.009.
- Charles-Edwards, D. (2009) 'Empowering People at Work in the Face of Death and Bereavement', *Death studies*, 33(5), pp.420-436. DOI: 10.1080/07481180902805632.
- Conroy, S.A. (2003) 'A Pathway to Interpretative Phenomenology', *International Journal of Qualitative Methods*, 2(3). DOI: 10.1177/160940690300200304.
- Cresswell, J.W. and Poth, C.N. (2018) *Qualitative Inquiry and Research and Design: Choosing Among Five Approaches*. Thousand Oaks, CA: Sage Publications.
- Crettenden, A., Wright, A. and Skinner, N. (2014) 'Mothers Caring for Children and Young People with Developmental Disabilities: Intent to Work, Patterns of Participation in Paid Employment and the Experience of Workplace Flexibility', *Community, Work & Family*, 17(3), pp.244-267. DOI: 10.1080/13668803.2014.923816.
- Employee Assistance Professionals Association (2017) *EAP Resources*. Available at: <https://www.eapa.org.uk/eap-resources/>.
- Eyetssemitan, F. (1998) 'Stifled Grief in the Workplace', *Death Studies*, 22(5), pp.469-479.
- Finlay, L. (2009) 'Debating Phenomenological Research Methods', *Phenomenology and Practice*, 3(1), pp.6-25. DOI: 10.1007/978-94-6091-834-6_2.
- Fontana, A. and Frey, J. (2005) 'Interviewing: the art of science', in Denzin, N. and Lincoln, Y. (eds.) *Handbook of Qualitative Research* (3rd edn.). Thousand Oaks, CA: Sage Publications, pp.695-728.
- George, A., Vickers, M.H., Wilkes, L. and Barton, B. (2008) 'Working and Caring for a Child with Chronic Illness: Challenges in Maintaining Employment', *Employee Responsibilities and Rights Journal*, 20(3), pp.165-176. DOI: 10.1007/s10672-008-9065-3.

- Giorgi, A. (2009) *The Descriptive Phenomenological Method in Psychology: A Modified Husserlian Approach*. Pennsylvania: Duquesne University Press.
- Han, Y. (2012) 'Grief and Work: The Experience of Losing a Close Co-worker by Cancer', *Journal of Management Inquiry*, 21(3), pp.288-296.
- Haynes, K. (2012) 'Reflexivity in Qualitative Research', in Symon, G. and Cassell, C. (eds.) *Qualitative organizational research: core methods and current challenges*. Los Angeles: Sage Publications, pp.72-89.
- Hazen, M. (2009) 'Recognizing and Responding to Workplace Grief', *Organizational Dynamics*, 38(4), pp.290-296. DOI: [10.1016/j.orgdyn.2009.07.002](https://doi.org/10.1016/j.orgdyn.2009.07.002).
- Hobson, C.J., Kamen, J., Szostek, J., Nethercut, C.M., Tidemann, J.W. and Wojnarowicz, S. (1998) 'Stressful Life Events: A Revision and Update of the Social Readjustment Rating Scale', *International Journal of Stress Management*, 5(1), pp.1-23. DOI: [10.1023/A:1022978019315](https://doi.org/10.1023/A:1022978019315).
- Jackson, S. and Parsons, A.A. (2016) 'Developing Principles for Therapeutic Coaching: A UK Perspective', *Philosophy of Coaching: An International Journal*, 1(1), pp.80-98. DOI: [10.22316/poc/01.1.07](https://doi.org/10.22316/poc/01.1.07).
- Johnson, P.R. and Gardner, S. (1999) 'Domestic Violence and the Workplace: Developing a Company Response', *Journal of Management Development*, 18(7), pp.590-597. DOI: [10.1108/02621719910284440](https://doi.org/10.1108/02621719910284440).
- Jordan, M. and Livingstone, J.B. (2013) 'Coaching Vs. Psychotherapy in Health and Wellness: Overlap, Dissimilarities, and the Potential for Collaboration', *Global advances in health and medicine*, 2(4), pp.20-27. DOI: [10.7453/gahmj.2013.036](https://doi.org/10.7453/gahmj.2013.036).
- Kenyon, M., Young, F., Mufti, G.J., Pagliuca, A., Lim, Z. and Ream, E. (2015) 'Life Coaching Following Haematopoietic Stem Cell Transplantation: A Mixed-Method Investigation of Feasibility and Acceptability', *European Journal of Cancer Care*, 24(4), pp.531-541.
- Kish, A.M., Newcombe, P.A. and Haslam, D.M. (2018) 'Working and Caring for a Child with Chronic Illness: A Review of Current Literature', *Child: care, health and development*, 44(3), pp.343-354. DOI: [10.1111/cch.12546](https://doi.org/10.1111/cch.12546).
- Lee, G. and Roberts, I. (2015) 'Coaching for Authentic Leadership', in Passmore, J. (eds.) *Leadership coaching: working with leaders to develop elite performance* (2nd edn.). London: Kogan Page.
- MacCourt, P., McLennan, M., Somers, S. and Krawczyk, M. (2017) 'Effectiveness of a Grief Intervention for Caregivers of People with Dementia', *Omega*, 75(3), pp.230-247. DOI: [10.1177/0030222816652802](https://doi.org/10.1177/0030222816652802).
- Matthews, R.A., Booth, S.M., Taylor, C.F. and Martin, T. (2011) 'A Qualitative Examination of the Work-Family Interface: Parents of Children with Autism Spectrum Disorder', *Journal of Vocational Behavior*, 79(3), pp.625-639. DOI: [10.1016/j.jvb.2011.04.010](https://doi.org/10.1016/j.jvb.2011.04.010).
- Maxwell, A. (2009) 'The co-created boundary: negotiating the limits of coaching', *International Journal of Evidence Based Coaching and Mentoring*, pp.82-94. Available at: <https://radar.brookes.ac.uk/radar/items/4404103e-62fa-4e61-9be5-6259eff84ac5/1/>.
- Moustakas, C. (1994) *Phenomenological Research Methods*. Thousand Oaks, CA: Sage Publications.
- O'Connor, M., Watts, J., Bloomer, M. and Larkins, K. (2010) 'Loss and Grief in the Workplace', *International Journal of Workplace Health Management*, 3(2), pp.131-142. DOI: [10.1108/17538351011055023](https://doi.org/10.1108/17538351011055023).
- Porschitz, E.T. and Siler, E.A. (2017) 'Miscarriage in the Workplace: An Autoethnography', *Gender, Work & Organization*, 24(6), pp.565-578. DOI: [10.1111/gwao.12181](https://doi.org/10.1111/gwao.12181).
- Saunders, M., Lewis, P. and Thornhill, A. (2009) *Research Methods for Business Students* (5th edn.). Edinburgh: Pearson Education Limited.
- Sugarman, L. (2001) *Life-span development: frameworks, accounts, and strategies* (2nd edn.). Hove, East Sussex: Psychology Press.
- Teahan, M. and Thompson, N. (2013) 'Loss and Grief in the Workplace: The Challenge of Leadership', *Omega*, 66(3), pp.265-280. DOI: [10.2190/OM.66.3.d](https://doi.org/10.2190/OM.66.3.d).
- Tehrani, N., Osborne, D. and Lane, D. (2012) 'Restoring meaning and wholeness', *International Coaching Psychology Review*, 7(2), pp.239-246. Available at: <http://www.ccpglobalcouncil.com/wp-content/uploads/2016/09/Looking-back-to-see-the-future-The-influence-of-humanistic-and-transpersonal-psychology-on-coaching-psychology-today.pdf#page=101>.
- Van Manen, M. (2014) *Phenomenology of practice: meaning-giving methods in phenomenological research and writing*. Abingdon: Routledge.
- Vickers, M.H. (2005) 'Bounded Grief at Work: Working and Caring for Children with Chronic Illness', *Illness, Crisis & Loss*, 13(3), pp.201-218. DOI: [10.1177/105413730501300302](https://doi.org/10.1177/105413730501300302).
- Vickers, M.H. (2011) 'Taking a Compassionate Turn for Workers with Multiple Sclerosis (MS): Towards the Facilitation of Management Learning', *Management Learning*, 42(1), pp.49-65. DOI: [10.1177/1350507610384545](https://doi.org/10.1177/1350507610384545).
- Vivona, B. and Ty, R. (2011) 'Traumatic Death in the Workplace: Why Should Human Resource Development Care?', *Advances in Developing Human Resources*, 13(1), pp.99-113. DOI: [10.1177/1523422311410654](https://doi.org/10.1177/1523422311410654).

Wolever, R.Q., Simmons, L.A., Sforzo, G.A., Dill, D., Kaye, M., Bechard, E.M., Southard, M.E., Kennedy, M., Vosloo, J. and Yang, N. (2013) 'A Systematic Review of the Literature on Health and Wellness Coaching: Defining a Key Behavioral Intervention in Healthcare', *Global advances in health and medicine*, 2(4), pp.38-57. DOI: [10.7453/gahmj.2013.042](https://doi.org/10.7453/gahmj.2013.042).

Wright, A., Crettenden, A. and Skinner, N. (2016) 'Dads Care Too! Participation in Paid Employment and Experiences of Workplace Flexibility for Australian Fathers Caring for Children and Young Adults with Disabilities', *Community, Work & Family*, 19(3), pp.340-361. DOI: [10.1080/13668803.2015.1052041](https://doi.org/10.1080/13668803.2015.1052041).

About the authors

Caroline Duncan is an Executive Coach and Facilitator working with leaders and professionals, leveraging over 20 years commercial experience in finance, strategy and HR. Her evidence-based practice is sensitive to the demands of complex and fast-moving organisational systems. She has a strong interest in mental health and wellbeing at work.