Coaching in a non-clinical setting with coachees who access mental health services

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Abstract

This paper presents the findings from the study of a unique coaching situation. Coachees currently accessing mental health services and members of Converge (see below) were paired with undergraduate coaching students for time-limited coaching. Participants took part in semi-structured interviews. Transcripts were analysed using Interpretive Phenomenological Analysis. Results suggest that both groups found the experience to be beneficial. Both groups reported greater sense of agency. Coachees experienced a sense of potential achievement in their personal lives. The student coaches reported a sense of greater professional competence and identity. Both groups negotiated tensions between concepts of normality/abnormality and formality/informality, which seemed to create learning.

Keywords: Mental Health, Recovery, Student Coaches, Agency

Introduction

The recovery model in mental health is often perceived as distinct from the clinical or medical model in that rather than focusing on cure or "getting back to normal" it focuses on living positively with enduring symptoms (Roberts & Wolfson, 2003). It can be traced back to 1830 when John Perceval (son of British prime minister Spencer Perceval) chronicled his own successful recovery from psychosis and institutionalisation despite the treatments of "lunatic doctors" (Bateson, 1961). In more contemporary times the concept has been developed in a way that privileges the personal journey of the person recovering over set clinical outcomes, along with a profound reorientation of that person as they move beyond the potentially "catastrophic effects of mental illness" (Anthony, 1993: 17). A number of elements have come to be associated with successful recovery , including the generation of hope, social inclusion, engagement in supportive relationships, the strengthening of a durable sense of self and the development of a sense of meaning and overall purpose (Repper & Perkins, 2003). A review of qualitative studies suggests that this is supported by an engagement with others in a safe yet meaningful fashion that creates the type of nurturing psychological space which allows the development of greater sense of self and exploration of personal interests and objectives (Sells, Stayner & Davidson, 2004).

Coaching, with its relational foundation and its emphasis on creating a positive environment, formulating personalised goals and encouraging greater personal empowerment (Whitmore, 2009), is easily aligned with the recovery model and has potential for being employed in its service. Work by Grant (2003) suggests that engagement with life coaching has a potentially positive impact on mental health. However, there is a counter-narrative within

the coaching literature that suggests that coaching should be the preserve of the high functioning and mentally well whilst those who experience mental health issues should only access therapy (Fairley and Stout, 2004). In this study we wanted to question this assertion by asking what are the potential benefits for coachees currently accessing mental health services of participating in coaching outside of a medical context. We aimed to explore the notion that reciprocal benefits could possibly be derived for both parties in ways that are relevant to trainee coaches. Research on the possible advantages of offering coaching to people currently accessing mental health services is a new area and whilst it is under researched it is likely to increasingly attract attention from interested parties in the future. The creation of a placement opportunity for student coaches to enter coaching relationships with mental health service users at York St John University provided an excellent opportunity for a study of the potential gains and pitfalls of such coaching. An important element of the situation was that coaching occurred in a context that was separate to the settings in which the coachees access mental health services and was not managed by those agencies. Not only could this potentially support the coaching client in feeling de-stigmatised but it promoted a greater sense of ownership of the partnership for both the coachee and the student coach. This also recognised the difference in emphasis that has been noted between those privileging clinical outcomes and those focused on social outcomes (Secker et al, 2002; Bellack, 2006). Unlike a great deal of the coaching that occurs in organisational settings the work was liberated from the pressures of meeting targets set by the host organisation. Not only was this a clear ethical priority in terms of safeguarding the psychological wellbeing of all participants but it is also in keeping with the humanistic values that are the foundation of both the Converge project and the undergraduate programme in Counselling, Coaching and Mentoring at York St John.

Coachees were members of the Converge project who volunteered to participate in the project after attending a talk on the project. Converge is a partnership between York St John University and the local NHS mental health service provide delivering educational opportunities to people who use mental health services. Students and staff teach our courses and support those who participate. The project is driven by two imperatives:

a) The need for recovery-orientated, non-stigmatising educational opportunities for people who are experiencing mental health problems.

b) To provide opportunities for university students to learn through working alongside people who use mental health services.

Accordingly, the aims of the project are:

a) To offer high quality educational opportunities to people who use mental health services in the York area.

b) To challenge the dynamics of social exclusion that make it difficult for people who use mental health services to access good quality educational and employment opportunities.

c) To provide an opportunity for university students to work alongside people who use mental health services, enhancing their employability and 'real world' experience.

Converge offers courses to local people who use mental health services in sports/exercise, music, theatre, dance, fine art, creative writing, psychology, coaching and research methods. What distinguishes the project is that it offers a model of collaboration between a university

and a mental health service provider that can make a real difference in the lives of users of mental health services, full-time students and the university community. Each can learn from and alongside the other. It matches the 'core business' of its key providers: the university educates its students; the health service has a valuable provision for its clients; and full-time students complete their modules.

Literature Review

With the exception of two papers (Bora et *al*. 2010; Oades et *al*. 2009), there is, it seems, no academic writing specifically devoted to the theme of coaching and mental health recovery. However, the literature relating to the broader field of mental health recovery contains a number of references to coaching, and in what follows we examine some key themes of this literature and consider the affinities and tensions between coaching and the recovery approach to mental health. Before proceeding, however, it is important to emphasise that 'recovery' is not synonymous with 'cure.' The defining tenet of the recovery approach is that, whilst a permanent cure even for serious conditions such as schizophrenia is possible (Warner 2007), recovery is concerned with living as full and meaningful a life as possible, whether or not one manages to overcome one's illness.

Identity

The distinction between recovery and cure offers a useful way of introducing a key motif of the literature, that of identity. In a comprehensive review of the British literature relating to mental health recovery (Bonney & Stickley 2008), identity emerges as the most frequently cited topic. In a rich, detailed monograph on the topic of recovery, which focuses in particular on opportunities and challenges for mental health practitioners, Slade (2009: 83) suggests that "the first task of recovery is developing a positive identity outside of being a person with a mental illness." Slade suggests that, for practitioners, an appreciation of the distinction between personal and clinical recovery is vital here; the person is more than the illness. Similarly, for the person in recovery, relinquishing one's identity as a mentally-ill person in favour of one as a person who has a mental illness is by no means merely a question of semantics; rather, it is the very foundation of the recovery process (Slade 2009).

How might this foundation be laid? Kerr et *al*. (2013), in a paper which refers to Drake's (2010) work on narrative coaching, suggest that "narrative identity reconstruction" can enable people to "recover the voice that illness and treatment often take away," and that "narrative coaching is...particularly well aligned with recovery" (Kerr et *al*. 2013: 109). These ideas are lent empirical support by Hobbs's & Baker's (2010) Grounded Theory analysis of the experience of recovery, which highlights the value of "positive narratives of recovery" (Hobbs & Baker 2010: 148). The authors suggest that access to these can be facilitated through contact with "peer support specialists" who can act as "visible role models of recovery" (ibid.), echoing a point made by Slade (2009). Whilst such a relationship is arguably more akin to mentoring than to coaching, Hobbs & Baker suggest that practitioners can also provide access to narratives of recovery, either by signposting clients to first-person testimonies, or by facilitating "changes in perspective," a practice which has clear affinities with the narrative coaching technique of 're-storying' (Drake 2010: 124; see also Ridgway 2001; Stelter 2013).

Hope

If identity is the foundation of recovery, hope is the ground. On this point there is widespread agreement, along with acknowledgement that practitioners have a pivotal role to play in inculcating hope (Bonney & Stickley 2008; Bora et *al*. 2010; Borg & Kristiansen 2004; Hobbs & Baker 2012; Oades et *al*. 2009; Slade 2009). This can happen in two distinct though related ways, which we examine in turn. First, practitioners can instil hope through the use of specific hope-oriented interventions. Aside from the hope-inducing value of the "narratives of recovery" discussed above, Hobbs & Baker (2012), referring to Snyder's (2000) Hope Theory, highlight the importance of a sense of agency. They suggest goal-setting as one means of fostering this, and cite an interviewee's account of how the process of setting meaningful and attainable goals can create a virtuous circle of hope and action. In a similar discussion of the role of goal-setting in fostering hope, Slade (2009) also refers to Snyder's work, and to Positive Psychology more generally, as do Oades et *al*. (2009), for whose Collaborative Recovery model Positive Psychology, with its focus on strengths, is a central plank.

As Slade (2009) suggests, recovery is a fundamentally relational process, and alongside the use of specific skills, the other way in which practitioners can foster hope is through the overall attitude they adopt towards those they work with. Borg & Kristiansen (2004) conclude their interesting (if methodologically limited) analysis of interviews with individuals recovering from serious mental illness by suggesting that "the ability to act as holders of hope for those who cannot hold it themselves, as well as having the courage to give it back, is critical to good practice" (Bork & Kristiansen 2004: 504). By the same token, pessimism on the part of the practitioner, the organisation and the wider culture can act as a powerful, and sometimes dangerous, negative placebo. On this point too there is widespread agreement; and Hobbs & Baker's (2012: 145) suggestion that "mental health service providers occupy a powerful position in relation to service users' hope, and must carefully consider how they communicate their own hopefulness about clients' recovery," is echoed by Borg & Kristiansen (2004), Oades et *al*. (2009) and Slade (2009).

It seems reasonable to suggest that coaching, with its increasingly sophisticated understanding of the theory and practice of goal-setting (Grant 2012), with its focus on strengths (Linley et al. 2010), and with its foundational assumption of a "growth mindset" (Dweck 2006: 10), has much to contribute to the development of recovery-orientated practices which foster a sense of hope and agency.

Responsibility and risk

The use of coaching in the field of mental health recovery is not, however, without its difficulties. A defining feature of coaching is the assumption of self-responsibility on the part of the client (Whitmore 2009), and, as Buckley (2007) suggests, the dominant view in the coaching literature is that coaching is only suitable for high-functioning individuals who are resilient enough to take responsibility for themselves and to weather any emotional turbulence resulting from the process of change. Bora et *al*. (2010) raise the question of whether this is a realistic or ethical expectation to hold of people experiencing significant mental illness, and point to the risk of "denial of disability" (p. 465) and of placing too great a weight of expectation on service-users. Moreover, with greater responsibility and autonomy comes increased risk, not only to service-users but also, at times, to others. Bonney & Stickley (2008), Oades et *al*. (2009) and Slade (2009) identify this as a key concern of mental health workers, one which lies at the heart of many practitioners' reluctance to adopt a recovery-oriented approach.

Methodology

The project was explained separately to members of Converge and the third year cohort of the counselling, coaching and mentoring degree at York St John University prior to people volunteering to participate. Seven coaching partnerships were identified and a group induction session was held. It was clearly explained to coachees that they could withdraw from the coaching at any time. Coaches were told that there would be a culture of "no blame" should their coaching partnership fail to thrive. The students received tutor-facilitated group supervision to support them in the coaching and also had one-to-one supervision and tutorial support available from tutors (who are also practicing coaches) throughout the project. It was explained that the coaching relationships had to be clearly boundaried. Two of the researchers are members of the British Association of Counselling and Psychotherapy's Coaching Division and students are trained in its ethical framework. It was clearly explained to students that in keeping with the ethical principles of beneficence and non-maleficence that they should not attempt to provide psychological therapy. The coaching partnerships would run for a maximum of eight sessions. Appointments were made through the Converge office and coaching sessions had to occur on the grounds of the University campus. All participants were advised that they should not engage in social relationships with one another outside of the coaching.

The purpose of the follow-up research was to assess the impact of coaching relationships between members of the Converge project and student coaches. In doing this it would be possible to identify both strengths of the work along with possible problem areas. This in turn could form the foundation of informed speculation around three areas; possible future projects of a similar nature, coaching with people in the mental health system generally and the development of the training of coaches. In the follow-up interviews were conducted with 3 coachees and 4 student coaches and then the resulting transcripts were subjected to analysis. In their ground breaking volume Glaser and Strauss (1967) note that moving from data to theory as opposed to using data to test a pre-existing hypothesis was perceived to be in keeping with the ethos of qualitative research. Our decision to use qualitative methodology over quantitative was informed by our awareness that this is a new field of research which is focusing on an innovative situation and it was important that the field of study remained open and flexible. In order to draw meaningful conclusions from the work it was important to make every effort to capture the different qualities of each individual's experience without presupposing what those qualities would be. Following the termination of the coaching relationships semi-structured interviews of varying length in keeping with the ethos outlined by Kvale and Brinkman (2009) were held with seven of the participants (four coaches and three coachees).

In briefly surveying the available methods of qualitative data analysis Interpretive Phenomenological Analysis (Flowers et al, 2009) was settled on as the preferred methodology. In deciding to reject grounded theory the team felt that the lack of a precise research question at the outset of the project was not in keeping with rigorous grounded theory practice (Strauss and Corbin, 1990). In addition to this the back-and-forth momentum needed to achieve effective constant comparative analysis was not a practical option for this project (Willig, 2008). Whilst the focus on the action orientation of language (Edwards & Potter, 1992) aligns closely with the culture of coaching and so might make discourse analysis seem a natural choice

its focus solely on discourse has led to it being characterised as having *"a lack of a person"* (Langridge (2004:345) which in turn made it difficult to align with the values that underlie this project. Similarly, Foucauldian discourse analysis not only focuses on the text (Parker, 1992) but through its emphasis on positioning within society (Harre and Van Langenhove, 1999) can be accused of minimising the agency of the individual. IPA on the other hand has as its foundation the study of the individuals' experience that is able to incorporate their wider social context beyond discourse (Smith et al, 2009). The aspiration of the approach to create an "insider's perspective" (Fade, 2004, p.648) appeared particularly relevant to a project that is engaging with participants who, it could easily be argued, are likely to have experience of feeling marginalised. A perceived weakness of IPA is the common perception that it is unable to generate generalizable knowledge (Willig, 2008). Given the stated aim of this project to engage in informed, forward-facing speculation this can be understood as a substantial disadvantage with the approach. However, it is a criticism that is refuted by the founders of the approach (Smith et al, 2009). Whilst phenomenological experience emerges from the unique experience of the individual it is also a relational process that incorporates connections with other individuals. Therefore, rather than rejecting the notion of generalizable insight IPA locates it within the individual in the first place and then cautiously develops it in an outward direction.

Findings

In reviewing the data that was provided from the interviews the researchers noted the emergence of four central themes and one sub-theme across the different interviews. These themes are listed in table 1 below and then developed further throughout the article.

Table 1: Super ordinate themes and sub-theme

1) **Nature of change for the coachee**
2) **Tension between the formal and the informal**
3) **Identity** (sub-themes: reciprocity; self-labelling in regard to normal/abnormal)
4) **Emerging sense of professionalism within coaches**

1. Nature of change for the coachee

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The ways in which the coachees described the impact of their work with student coaches is an indication of the ways in which they considered coaching may be able to help in their recovery. The benefits they identified were that coaching was accessible, promoting understanding, instilling hope and enabling a sense of control over thoughts and feelings.

> With regard to accessibility, in a striking turn of phrase one person said:
> *It's not like therapy; it's more serious. It's [therapy] more almost school-like, whereas coaching is more like ordinary people… kind of grounded, down to earth and you can have a conversation with them, y'know?*

At another point he backs up this point:

what I found is that they give me inspiration as well, someone to off load to… like a psychologist but more grounded.

What this person seems to be stressing is not only the accessibility of coaching, a process more familiar to him than 'therapy'; but also the feeling of hope that the coaching inspires. All the coachees we interviewed stressed the ways in coaching promoted their understanding:

I've taken what I've learned… what we spoke about and a lot of her insight and it's given me insight as well so… I kind of take kind of what the things that we've learnt and kind of the advice she give me and I can use it now to kind of rationalise.

Another person told us that the coaching 'gave me an understanding that I can control how I think to a degree' and that it helped him think, '…about good things in my life that I was pleased with myself for doing and it made me think that I've got to be more determined to carry on doing them.' Another interviewee backs this up by saying 'I've given myself a break and stopped being so hard on myself.' The following description of a coaching intervention supports how the coaching promoted understanding and control of thoughts:

What we did was a very clever strategy 'cause I have so much going on in my mind, she said instead of just thinking we did a little exercise where we write down what's actually in our mind and try and like 'self-psychologise' and now I'm able to do that, and like that little tactic what she give me it's enabled me to quiet my mind a little bit.

This sense of taking control over thoughts and emotions seems important to coachees. It was not only an opportunity to 'offload to someone', but perhaps more importantly, as one person put it "*…to realise that I had a say in how I felt from moment to moment."* Finally, the social component was important, one participant thought the process useful because it was "*like getting to know more people".*

2) Tension between the formal and the informal.

The tension between informality and formality within the coaching relationships was something that was commented on by all the coaches interviewed and referred to indirectly by two of the coachees. Both positive and negative themes emerged from their perspectives. The coachees however perceived a shift away from formality (and by implication a sense of professional role) as a positive thing and a sign that the relationship had become more of a positive entity in its own right, either as something approaching a friendship or as a relationship of mutual interest and gain "*…so it was almost like a friend…it was almost like a friend as well as a coach, but a friend"* (P)

She's doing a counselling/coaching degree anyway, so we've been helping each other out in that category. (C)

Coach AM grappled with the tension between the two. Her perception was that her coachee associated formality with being judged in other settings:

He even mentioned it to me…he didn't like going into sort of formal environments because he felt judged (AM)

There was a conflict between her wish for the partnership to work and the need to make sure the relationship could be characterised as "coaching":

It was not informal but it's not formal. It's sort of in-between and trying to get that in-between was …… difficult for him to understand. (AM)

Her perception was that this was on one hand beneficial for the coachee:

I think he felt more able to open up, because he had a hard time opening up with people. I think just him being able to meet with someone and talk…because he told me the previous year that he couldn't do that.

This would appear to be in-keeping with Sells et al's (2004) perception of the nurturing psychological space but came at a cost because initially it caused the student to have doubts about her competence:

I am very black and white…I'm either very professional or very informal, so I think like, it made me question if I could have that balance. (AM)

ME was aware of the potential tension between the two styles but was able to resolve them by having an informal manner within the structure of the coaching approach she had learned:

I tried to stick to the umm, model we had used with our coaching in uni which was great. (ME)

I tried to take on a more friendly approach rather than being all professional…it wasn't just based on the coaching we had rapport building as well (ME)

For her the sense of informality became a positive quality that allowed more flow to enter her coaching:

I felt like I'd learnt more in myself because it's quite an informal environment…whereas the only other experience I've had is being in confidential rooms…it became more natural to say things and ask questions before it was a bit like I've got to go onto this stage. (ME)

JO opted to clearly contract from the outset of the relationship and was obviously aware of the potential problems of a lack of structure alongside informality:

He certainly knew what he wanted to work on and perhaps that evolved through me describing what coaching was about …I was quite maybe specific about what it was. (JO)

If you didn't follow a coaching model or you weren't perhaps capable of directing a person…then I could see how it sort of might wander off and become something else (JO)

However, there was a glimpse of the possibility of other qualities entering the relationship through unplanned informal experiences. Whilst the lack of a pre-booked formalised setting for the coaching was perceived to be an irritant, on occasions for JO the informality involved in locating a quiet space on occasion bought positive affect:

It's nice to have the freedom because that does lend a certain…relationship together y'know. A… sense of wandering around together y'know. "Where shall we go?" y'know (JO)

However, a sense that with hindsight there was a need to formally re-contract outside of the training sessions in a one-to-one situation was a theme that re-emerged with other coaches:

> *I would say "well what do you want from coaching?" I would make sure that they really understood what coaching was all about regardless of whether they've been told.* (AM)
>
> *...the contracting side a little bit more because I don't necessarily that's on, like the Converge side of it.* (BE)

3) Identity

Issues of identity are central to the history and experience of people who have used mental health services. The impact of labelling, over-definite or premature diagnosis (particularly of schizophrenia and personality disorder), and the stigma attached to these conditions have often been more of a problem for people who use mental health services than the actual 'mental health problem' itself. Converge are very keen that people who participate in the project should do so as students rather than as people with mental health problems and that the focus should be on the learning. Inevitably this principle would be challenged by this coaching opportunity and we were keen to see how students and coachees would manage this.

In previous research (Rowe et al, 2013) we explored theatre students' attitudes to mental illness and how these changed following participation in Converge. The most striking consequence of students' contact was a change from regarding people who use mental health services as ontologically different, highly vulnerable and in need of special care and treatment to engaging with them as theatre makers and learners: a relationship and a purpose far more familiar to students. This desire to make clear distinctions is not so evident amongst coaching students. There was a concern that 'it was going to be awkward'; however, the students we interviewed did not explicitly express anxieties related to the fact people had used mental health services.

One student said that at the outset there was what she called a 'natural wariness'. She was concerned about matters of 'personal' safety but recognized that this may have to do with the stigma that surrounds mental illness. She told us that 'using mental health services for a long time, that becomes your identity'. She does however wonder if she should have known the diagnosis of the coachee but goes on to say that it is the 'premise of Converge that we don't give that information away so that someone has a clean slate – you know they are trying to get away from services'.

> *It erm, put some of my anxiety to bed ... so my perception changed I became more comfortable with it, I was less anxious erm,... I think... did my perception change of people with mental health illness? No, no it didn't because I don't think I had a judgement about it anyway...*

Reciprocity

There was some indication that the fact that both coaches and coachees were students may have a led to a degree of mutual benefit. One coach puts it this way,

> *We've helped each other out on our courses if you know what I mean.* One of the coachees recognised this when he said, *She was a student herself...and we had some good chats as well, like life chats.*

Self-labelling and conversations about normality/abnormality
For one of the coachees there was an assumption that his coach had not had similar experiences to him. He said,

> *I think inevitably you compare yourself with the person you do the coaching with. It did make me think that, this isn't a moral judgement on anyone else but, - nothing bad had ever happened to the person that I was doing it with.*

The interviewer gently challenged the assumption that 'nothing bad had ever happened' to the coach; aware of the boundaries of the relationship the coachee replied that, 'it would be inappropriate to ask'.
One of the coaches told us that the coachee she was working with at first was keen to label himself and how this led to some conversations about the nature of normality.

> *And it's interesting actually that because when… when we first sat down together, the client and I, erm, he was quite quick to offer labels of himself, because clearly that's something that he's quite comfortable with y'know it's attachments of security I suppose. And ah, I would probably say maybe by the third or fourth week… session… he stopped doing that.*

These examples of the internal processes of self-labeling that place, often unspoken, in the relationship raise they question whether such processes should be challenged in a coaching relationship such as this. It is not clear from our interviews whether that in fact this happened.

4) Emerging sense of professional identity in coaches

A gratifying element of the project was becoming aware from the analysis of interviews with the coaches of a growing sense of professionalism and competence amongst them. Expectations amongst the coaching students at the start of the project were understandably cautious:

> *I thought it would be very formal, yeah, I wasn't sure why but erm, I had quite a clinical mind frame on how it would be. It wasn't like that at all.* (AM)
> *I think I'd had an idea it was going to be awkward, I'd have no idea what I was doing and coaching itself; I thought it was going to be harder.* (BE)

However, the experience of successfully engaging with coachees from a "real life" setting beyond their course bought with it a sense of grounding themselves in what was experienced as more authentic practice.

> *Because I'd only really had experience of coaching people on my course, so it was different coaching, like a real person, so to speak.* (BE)
> *Yeah it made me feel more relaxed when I met up with him, definitely more relaxed* (AM)
> *It made things more real for me and probably lowered my anxiety around it* (JO)

In the case of BE this bought with it a new sense of future vocation. Whilst AM had grappled with her coaching relationship this in itself provided her with the raw material for future-focused, positive reflection on professional development.

> *So if anything, it kind of taught me that I actually want to do that kind of thing* (BE)
> *But positively I did think that it, it did give me a little taster what it would be like , even if it is in a completely different situation….it gave me a heads up on what I can, what I did wrong and what I did right. Sort of like a test if you will, it was nice to be sort of tested like that.* (AM)

Discussion

In linking this project with the recovery model it becomes possible to envision a situation where the coaching profession is able to work ethically and effectively within the field of mental health. However, it is important to note that there exist diverse opinions about the recovery model. Whilst commentators such as Deegan (2003) and Davidson et al (2006) have argued for models for recovery based on positive life-styles and self-image that are able to encompass the effects of mental illness Jacobsen and Greenley (2001) have noted that it still a vague concept with the specifics undetermined. Oyebode (2004) has suggested that the model could lead to a situation where we create a discourse in which the genuine impact of symptoms is diminished or disregarded. He argues that the appropriation of the word recovery in this way "is to build hope on illusion" (p.49). However, Mountain and Premal (2008) argue forcefully for an integration of the recovery model and clinical psychiatry. The present research suggests that the greater informality of the coaching setting appears to have lent itself to facilitating the coachees. As a result of the coaching relationship they experienced a greater sense of optimism and of control over problematic thoughts and feelings. Alongside this there appears to be the formation of identities that go beyond the limitation of diagnosis. On this basis it can be argued that the assumption made by such commentators as Fairley and Stout (2004) and highlighted by Buckley (2007) that coaching serves the high functioning whilst those experiencing mental health issues are best served by therapy is one that can be challenged vigorously. We would argue that distinguishing between therapy and coaching on the basis of what they suggest appears to be inaccurate and to reinforce unhelpful perceptions of both those using mental health services, (i.e. they are not able to participate in future-oriented, goal-focused discourse) and psychotherapy (i.e. it is about deficiency within people rather than personal development or growth). In trying to assess the areas of the coaching that have had most positive affect for participants a picture emerges of opposed concepts or qualities shifting as they moved into a dialectical relationship with one another through the coaching discourse; principally the notions of "formal" and "informal" alongside the qualities of "normal" and "abnormal".

Anecdotal evidence suggests that it is likely that the shift between formality and informality is at odds with what many of the coachees have experienced in clinical settings where clear roles are adhered to. Yet the shifting of boundaries in this manner is not something unknown to the providers of mainstream psychological services (Knapp & Slattery, 2004). In this context there is a differentiation in the literature (e.g. Baca, 2011) between "boundary crossing" (the shifting of boundaries with the wellbeing of the client as its central focus) and "boundary violations" (the usually wilful violation of boundaries in order to exploit the client). It seems clear that the greater informality created a sense of de-stigmatisation for the coachees and can be aligned with positive boundary crossing. In confronting and engaging with the

reality of this type of boundary crossing (within a supportive environment) students were confronted with and had to negotiate a familiar professional dilemma. This shift, although uncomfortable in the first place, moved the students' quality of presence towards a more authentic and transparent character that is in-keeping with competent humanistic coaching practice. The university environment (where all the sessions occurred) provided a helpful setting for this to occur in that it is a location that simultaneously encourages an atmosphere of informality whilst having clear expectations around appropriate behaviour.

The second challenge coaches faced was to negotiate the contested concepts of 'normal' and 'abnormal'. They entered the coaching relationship knowing that the people they were working with had lived experience of mental health problems and although some had experience of mental ill health in their families none had worked professionally in this area. Simultaneously coaches were aware that the main aim of Converge is to focus on assets rather than deficits and to work with people as students in a university context. This is a difficult tension to manage. Some students were concerned that they did not know people's mental health history or diagnosis and they were concerns regarding personal safety or that they may unwittingly compound people's problems. This tension between working within a spirit of positivity and hope for the future while acknowledging the limitations that mental health problems may cause is a familiar one to professional coaches. We would argue that managing this tension, as well as the tension between formality and informality, is a valuable 'hands-on' learning experience for coaching students and indeed for coachees.

From a process of negotiating these tensions more positive and fluid self-concepts and identities were able to emerge for both coachees and coaches. This is in keeping with the models of the dialectical Self proposed by both Jenkins (2014) and Andersen & Chen (2002). It would appear that for both coaches and coachees there was a mutual process where the edges of the self-concept softened allowing a shift towards more positive, agentic identities. Whether more experienced coaching practitioners would have been equally open to such shifts in their understanding remains open to speculation. Ironically it could possibly be argued that whilst the coaches experienced a greater sense of competence and emerging professional identity that the movement experienced by the coachees was in part a result of the coaches' relative inexperience. It would be interesting to compare and contrast the results of this project with a similar project carried out in a more formal, clinical setting by more experienced coaches.

Conclusion

We are aware of the significant limitations of this study: the sample group of coaches and coachees was small, the interview schedule was relatively unstructured leaving areas of enquiry unexplored, and there was no baseline from which to judge the changes described by respondents. Despite this the study does throw up significant issues worthy of further research:

a) There was a lack of focus on goals in the research interviews. Whilst a number of the coachees reported tangible and concrete achievements as a result of the coaching (e.g. better sleeping, increased sports activity, improved familial relationships etc.) it was unclear of the relationship of these achievements to goals and goal setting. It may be that the semi-structured interviews minimised this particular element of the coaching. In light of the findings of Grant (2003) that goal setting is a crucial factor in coaching in the mental health field, future research could investigate the efficacy of the coaching in this respect.

b) This research suggests that coaching that is framed outside the health/medical context may have significant benefits to those who experience mental health problems. A greater understanding is needed of the ethics and risks as well as of the benefits.
c) The research identified two tensions apparent in the coaching relationship which are closely related to professional and mental health identities: between formality and informality and between normality and abnormality. As we have seen identity is a crucial factor in recovery and so further investigation into the negotiation of these tensions in the coaching relationship would be worthwhile.
d) The siting of the coaching relationships in a university environment and the fact that both coach and coachees were students seems to have been an important factor in shaping the identities of participants. Further research is needed into the impact and ethics of such work.
e) This study raises ethical and pedagogical questions about the education of coaching students and their learning through projects such as this. Future research might draw on the tradition of 'service learning' in which students learn through engaging with their communities (see Butin 2010; Boland 2014).

As Thornicroft et al. (2016) tell us 'stigma and discrimination in relation to mental illnesses have been described as having worse consequences than the conditions themselves.' The stigma attributed to the mental illness identity can limit the person's self-concept confining them to a sense of themselves overshadowed by diagnosis. This project, which takes place in a university where both coach and coachees identify themselves as students, is an attempt to challenge the limitations of the mental health identity and support Slade's 'first task of recovery': to develop an identity outside of mental illness. There seems to have been mutual benefit to both coach and coachee in this project, both grappling with and learning from, the tensions and contradictions that often arise in the mental health field. Converge aims to provide university-based learning experiences for its students that challenge the stigma and limitations of mental illness; coaching aims to focus on strengths rather than deficits and to help the coachee develop realistic hopes for the future. More research needs to be done however this preliminary research suggests such an initiative may play a part in challenging the dynamics of social exclusion that limit the lives of people who have experienced mental health problems as well as providing a mutually beneficial learning experience for coach and coachee. As one coachee told us about these 'conversations', 'It's not like therapy, it's more serious'.

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