

**A call for clarity and reflection in the field of health,
wellness and wellbeing coaching**

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Abstract

Since the Covid-19 Pandemic there has been a renewed interest in health and wellbeing across all sectors of society. This has been reflected in the growing interest in health, wellness and wellbeing coaching research and practice. Whilst these terms are often used interchangeably or are even conflated, they reflect distinct practices, based on specific paradigms and body of knowledge. This paper explores these differences and calls for more clarity in the conceptualisation of these areas of coaching. It argues that, although complementary, *health and wellness coaching* and *wellbeing coaching* are deployed in different contexts and with distinct aims. The paper recognises that more discussions are needed among coaching psychology professionals and scholars to support advancements in this field.

Keywords: health coaching, wellness coaching, wellbeing coaching, coaching psychology

Introduction

The world of health, wellness and wellbeing coaching is burgeoning. This is partly due to the impact of the Covid-19 pandemic and its role in putting health and wellbeing at the forefront of people's minds. In addition, technological advancements, such as wellbeing apps, digital resources and wearable technology, continue to propel wellbeing as a sine qua non for a thriving society.

As this field grows, so does the need to clarify the conceptualisation and application of such practices. While the terms health, wellness and wellbeing can often be used interchangeably, or even conflated, they reflect disparate coaching practices, informed by distinct bodies of knowledge, philosophical and theoretical approaches. Such differences tend to define the scope and purpose of the coaching practice, alongside the context in which it is utilised.

Health, wellness and wellbeing are interconnected concepts, but more reflection is needed from coaching psychology practitioners and scholars when considering this complex landscape so that there is a better understanding of practice, research and education in this broad and emerging field.

Health paradigms

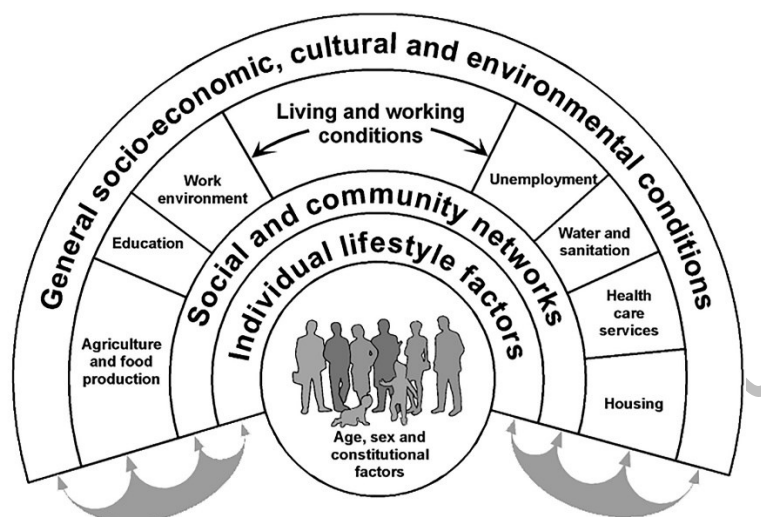
Over the past few decades, there has been a paradigm shift in the thinking about health. Traditionally, medicine was firmly based on the biomedical model which focuses on purely biological factors and excludes psychological, environmental, and social influence.

This model was heavily criticised between the 1960s and 1980s by Engel (1977), who highlighted the limitations of such an approach and called for a medical model that took into account social, psychological and behavioural factors. He posited that “the boundaries between health and disease, between well and sick, are far from clear and never will be clear, for they are diffused by cultural, social, and psychological considerations” (Engel, 1977, p. 387).

Engel’s biopsychosocial model is not without its opponents, who criticised it for being a) vaguely defined and therefore not testable; b) too generic in scope without specific guidance for professionals; and c) lacking a method to identify relevant biopsychosocial (Farre & Rapley, 2017, p. 88). Despite its shortcomings, the biopsychosocial model has found its way into policy, academia and practice, influencing thinking around health and paving the way to the Rainbow Model (Figure 1), devised in 1991, and considered to be “the most widely

used [determinant of health] model of its kind worldwide”
(Dahlgren & Whitehead, 2021, p. 20).

Figure 1: Rainbow Model (Dahlgren & Whitehead, 2021, p. 22)



The model highlights the complexity of factors impacting an individual's state of health, including individual lifestyle factors, which form the basis of lifestyle medicine and whose focus is “on lifestyle and its important role in treatment and rehabilitation of disease as well as prevention” (Yeh & Kong, 2013, p. 3).

This focus on individual lifestyle choices, within a health-disease lens, aligns with the theory put forward by the American College of Lifestyle Medicine. Established in 2004, it considers the six pillars of lifestyle medicine to be: nutrition (based on whole food and predominantly plant-based), physical activity, sleep, stress management,

avoidance of risky substances and social connections. More recently, Sundermann and colleagues (2023) posited that nature should become an unofficial seventh pillar, based on recent research that links time spent in nature with improved physical and mental health indicators.

Why is this important in the context of health, wellness and wellbeing coaching psychology?

It sets the foundation for the current thinking in healthcare, which is bound to influence how coaching psychology is perceived and utilised within the health system. This is reflected in the remit of health and wellness coaching as explored in the existing literature. Secondly, it calls for further reflection on potential opportunities and developments outside this narrow focus, perhaps under the wider banner of wellbeing.

Health, wellness and lifestyle medicine

Coaching undertaken within lifestyle medicine and health contexts tends to emphasise health outcomes, both related to the self-management of long-term conditions and disease prevention, mainly through behavioural change and treatment/drug adherence.

Health coaching, which is concerned with health education, promotion and the improvement of health-

related goals (Palmer et al., 2003), is closely aligned with lifestyle medicine. According to Palmer and Sułkowska (2024) “health coaching is an important intervention often used within lifestyle medicine” (p. 6).

Over the past 20 years, the remit of research and practice in health coaching has been mainly focused on behavioural change associated with health outcomes, with motivational interviewing being one of the standardised models extensively used by health coaches (Wolever et al., 2013).

Similarly, this also seems to be the case for wellness coaching. The Global Wellness Institute defines wellness as “the active pursuit of activities, choices and lifestyles that lead to a state of holistic health”. It emphasises physical health, prevention of ill health and healthy lifestyle choices, including self-care, fitness, nutrition and healthy living, and aligns with the remit of health coaching, as described above. A systematic review of the literature on health and wellness coaching (Wolever et al., 2013) elucidates the scope of health and wellness coaching as being a *patient-centred* ‘behavioural intervention in healthcare’ to bring about “health behaviours, health outcomes and associated costs that are targeted to reduce the global burden of chronic disease” (Wolever et al., 2013, p. 38). It seems that it

makes sense for health and wellness to be used jointly in the context of coaching.

A literature review on health coaching is outside the scope of this paper. However, it is important to mention that there is supporting empirical evidence for the use and positive impact of health coaching linked to health-related outcomes, including among people living with cardiovascular risk factors (An & Song, 2020), diabetes (Lin et al., 2021), and obesity (Chew et al., 2023). A systematic review (Yang et al., 2020) of the impact of health coaches on the improvement of patients living with a chronic condition concluded that this type of intervention is effective. The evidence is not consistent and Wolever and colleagues (2013) argued that “the lack of standardization in both the definition and operationalization of health coaching makes it difficult to determine the effectiveness of health coaching” ((Wolever et al., 2013, p. 40). This was echoed by Almulhim et al. (2023), who highlighted the lack of clear theoretical underpinnings in health coaching studies, while others have called for ‘higher-quality evidence’ (Lin et al., 2021). These gaps confirm that additional work is required to refine the conceptualisation, research and application of this coaching modality.

Perhaps such work is becoming more pressing with health coaching becoming more widely adopted. For example, as recently as 2023 the National Health Service (NHS) in the UK has included health and wellbeing coaches in its workforce development framework, strongly signalling to the system the importance of this role in supporting patients' health outcomes and free capacity in the system. It is worth noting that the remit of these coaches is focused on behavioural and lifestyle risk factors affecting health, with emphasis on self-management of long-term conditions and/or prevention of chronic diseases, rather than a wider perspective on wellbeing. The case for health and wellbeing coaches in the NHS is as much linked to health improvement as it is to reducing the so-called 'disease burden', which includes not only health indicator morbidity but also the financial cost to the system.

Beyond health: wellbeing coaching

Although health can impact people's wellbeing, it is not a necessary condition for it, and vice-versa. Individuals can have low levels of wellbeing while experiencing good health; equally, someone living with a physical or mental health condition may experience high levels of wellbeing.

For some of these individuals, a wider lens, that goes beyond behavioural and lifestyle changes focused on health, may be helpful. This approach may also be more suitable in other contexts, such as in organisations. Here is where the case for coaching for wellbeing, distinct from health and wellness coaching, becomes significant.

Therefore, coaching psychologists whose focus of work is wellbeing are likely to use a broader frame of reference for their work with clients, in comparison to coaches with a focus on health and wellness, as explored in the previous section of this paper. Furthermore, this wider remit means it can be deployed in various settings, including workplaces and communities, with the potential not only for individual but also collective change.

Despite the everyday use of the word wellbeing, this concept is not easily defined. One of the many definitions points to the multi-faceted nature of wellbeing and its link to optimal psychological functioning and experience (Ryan & Deci, 2001).

There are two major wellbeing paradigms: hedonism and eudaimonism. The hedonistic approach equates wellbeing to pleasure, pain avoidance and happiness (Diener et al., 1999), whilst eudaimonism sees wellbeing as the actualisation of human potential (Waterman, 1993). Humanist psychologists in the 20th century also

took an interest in wellbeing and positive functioning.

Jahoda (1958), Rogers (1957) and Maslow (1943), who continue to influence psychological thinking, all used a person-centred eudaimonic perspective in their work when exploring the psychology of individuals.

Each paradigm has specific interests and therefore has produced distinct bodies of knowledge (Ryan & Deci, 2001). Current thinking and practice in the coaching for wellbeing field tend to combine both paradigms (A. P. Nacif, 2021). More research is needed in this field as literature on coaching for wellbeing remains limited. Empirical studies have indicated that coaching for wellbeing programmes can have a positive impact on individuals in communities (A. Nacif, 2021) and organisations (Davis, 2015; Hultgren et al., 2013; Jarosz, 2021).

Wellbeing is also linked to the realm of positive psychology which is concerned with the flourishing and optimal functioning of people, groups and organisations (Gable & Haidt, 2005; Linley et al., 2006). In addition, aligned to eudaimonic principles, its second wave emphasised the importance of meaning and purpose as pathways to wellbeing. Its third wave moves beyond the individual, and considers how societal, cultural, and environmental factors contribute to wellbeing (Lomas et

al., 2021). The body of knowledge in positive psychology and its application continues to expand, and empirical findings point to the effectiveness of a positive psychology approach to support people's wellbeing as demonstrated in recent meta-analyses (Carr et al., 2021; Carr et al., 2024). In addition, various positive psychology studies report its benefits to an individual's physical and mental health (Bohlmeijer & Westerhof, 2021). This is aligned with the concept of positive health which includes healthy functioning (Cloninger et al., 2012). Furthermore, this may also be a suitable field for the expansion of positive psychology coaching, which integrates coaching psychology and positive psychology.

Professional and ethical challenges

Given the unique scopes of these practices, as examined above, it can be argued that each sub-discipline should be evaluated on its own merits. This approach would enable the development of theory, research, and practice within a clear and consistent framework. Conflating wellbeing, and health and wellness coaching can be counterproductive, specially when it comes to upholding professional and ethical standards.

Whilst it may not always be possible or even desirable to draw hard boundaries between these practices, due to

their cross-disciplinary nature, the absence of better-defined scopes of application poses significant ethical risks and implications.

Firstly, it is abundantly clear that the fields of wellness, health and wellbeing coaching are based on distinct, although inter-related, fields of knowledge and research. Secondly, the specialist nature of these practices means that they can be deployed in context-specific settings, which require outcomes and approaches that are not universally standardised and/or applied across other coaching fields. An example might be the outcomes expected in health coaching programmes for chronic health conditions management, which are predominantly based on a medical model using motivational interviewing techniques, as opposed to broader and more flexible results required for wellbeing coaching engagements in non-clinical demographics in communities or organisations – which could be based on a wide range of coaching psychology approaches and paradigms.

The BPS' Code of Ethics and Conduct requires coaching psychologists to practice within their areas of knowledge, skills, training and experience, whilst recognising the limitations of their professional practice. Therefore, a better understanding of these practices would support the

professional and academic development of coaches seeking to specialise in these areas.

From an educational perspective, coaching training should provide coaches with a basic understanding of these fields. Specialist training should be available to ensure the best possible safe experience and outcomes for clients. In some settings, such as healthcare and lifestyle medicine or mental health recovery, the coaching training may be auxiliary to other professional expertise and/or developed to include specialist skills, knowledge and experience, as demanded by the context and its client groups.

Table 1 summarises some of the key aspects of these practices and areas of specialisms which, as previously discussed, may overlap depending on the context in which they are applied.

Table 1: Health, wellness and wellbeing coaching

	Health coaching	Wellness coaching	Wellbeing coaching
Focus	Primarily on physical health, nutrition and fitness; management of chronic conditions	Broader scope, including mental health, stress management, work-life balance, nutrition, and exercise	Overall psychological, social and emotional wellbeing
Desired outcomes	Well-managed long-term health condition; positive health markers	Healthy lifestyle	Focused on creating a fulfilling life and improving overall mental and emotional health
Clients	People living with chronic health conditions and/or recovering from illness	Individuals looking to improve their physical and mental health	Individuals looking to improve their life experience and enhance overall life satisfaction
Approach	Medical model; specific health outcomes; behavioural approaches are preferred (i.e. motivational interviewing)	It can blend medical models and eclectic/integrative coaching approaches; it can include expertise in areas such as nutrition, fitness, stress management, amongst others	Psycho-social approaches are preferred; it can use integrative coaching approaches; no clinical, health, exercise, fitness or nutritional expertise needed

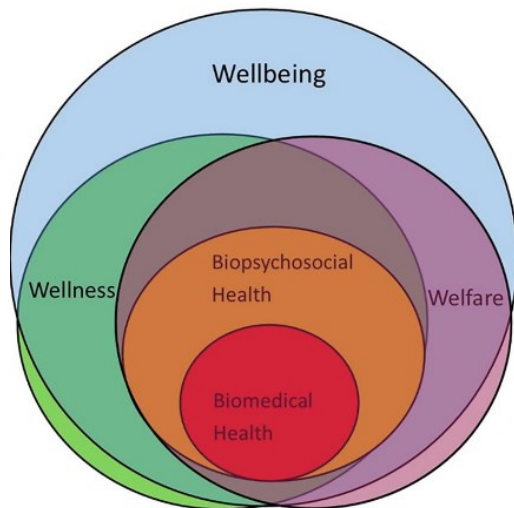
Integration, separation or something else?

In such a complex landscape, a coaching psychology paradigm that is responsive to the multidisciplinary and multifaceted nature of health and wellbeing may be the way to go. More reflections and discussions are needed to establish the best way forward for all concerned.

Palmer and Sułkowska (2024) have recently called for further discussions in wellbeing and health coaching psychology “which, as a fairly new branch or sub-discipline of psychology, is a potential advance in the field” (p. 6).

Simons and Baldwin (2021), whose paper discussed current approaches to health and wellbeing in the medical field, highlighted the importance of a salutogenic approach, which leans on the positive aspects of the human experience (Simons & Baldwin, 2021, p. 985). They also made a case for combining hedonic and eudaimonic aspects of wellbeing, proposing a concept diagram of the relationship between wellbeing, wellness, welfare and health (Figure 2). The concept of welfare, which has not been mentioned thus far in this paper, is associated with financial status, and support, which can impact levels of wellbeing (Thomson et al., 2022).

Figure 2: Concept diagram of the proposed relationship between health, wellness, welfare and wellbeing (Simons and Baldwin, 2021, p. 985)

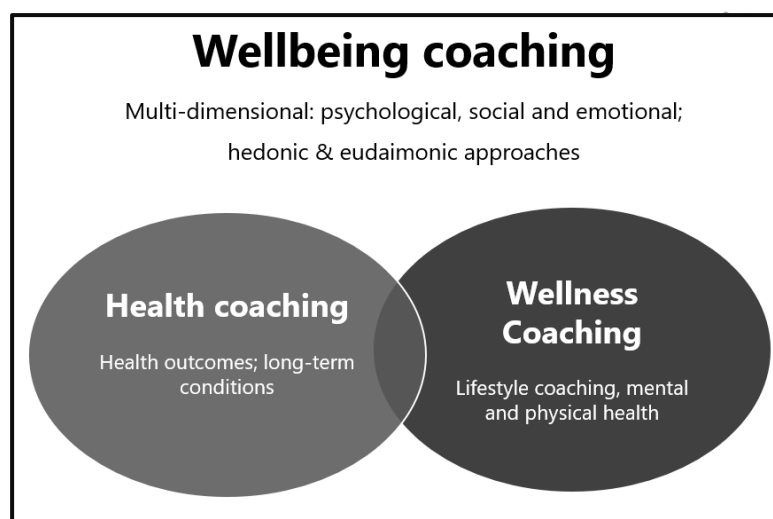


Whereas health and wellness coaching support individuals' health goals and outcomes, within and outside the health system, wellbeing coaching may be well-placed to be implemented in a range of settings, such as educational, community and organisational contexts.

Therefore Simons and Baldwin's model (2021) is a good starting point for a coaching psychology framework that recognises the importance of wellbeing as the foundation and backdrop for other coaching modalities to build upon (Figure 3). Wellbeing coaching is an instrumental intervention to help individuals raise awareness and understanding of their holistic wellbeing needs, independent of their health status. Furthermore, helping clients develop awareness of all the dimensions of wellbeing – such as social, emotional, mental, spiritual –

can enable those who need to engage with the focused remit of health and wellness coaching to fully understand all aspects of their health and wellbeing experience, which arguably can positively influence coaching outcomes.

Figure 3: Wellbeing, health and wellness coaching framework



Conclusion

This paper presented the current paradigms along with the scope of practice and research in health, wellness and wellbeing coaching. It demonstrated that, although often used interchangeably and sometimes even conflated, these distinct practices are deployed to meet different purposes, usually within particular contexts. The paper explained that, while there are overlaps between these areas, the lack of clear boundaries poses professional and ethical issues, highlighting the needs for

specialist training for coaching psychologists. It proposed a framework suggesting that coaching for wellbeing can serve as a foundational element upon which health and wellness coaching practices can be developed. This implies that health and wellness coaching, alongside coaching for wellbeing, can be delivered as complementary practices in certain settings, particularly within community services and wellbeing programmes commissioned by public health, for example. With growing interest in health and wellbeing across all sectors of society, there may be untapped opportunities for coaching psychologists. This paper is an attempt to add to the conversation and stimulate thinking among coaching psychologist professionals, scholars and others interested in using coaching to support and enhance societal wellbeing, as well as the wellbeing of individuals and communities.

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