

The languishing limbo: coaching for wellbeing



Not all clients who are supposedly free of mental illness are necessarily thriving. **Dr Jolanta Burke** demonstrates how coaches can work with those clients who are languishing, to promote and enhance their wellbeing and help them to flourish.

Frank was not unhappy, nor was he well; stuck somewhere between depression and happiness, he did not know what was happening to him.¹ According to research, Frank was not alone in his predicament, because on average, one in 10 adults is reported to experience languishing, which is a limbo often hard for them to comprehend.² When languishing, individuals describe themselves as feeling empty, hollow, or stagnated.³ It is the 'blah' feeling that some may find hard to shake off.

For a number of years, mental health was placed on a dichotomous continuum between mental illnesses, such as depression, anxiety, or alcoholism, and good mental health.⁴ Therefore, mental health was often measured as the absence of mental illness.^{5,6} For example, as long as people did not experience five symptoms of depression over at least two weeks, they were diagnosed as healthy.⁷ In the same vein, coaching clients who displayed symptoms of mental illness were characterised as outside the coaching remit, and so referred to psychotherapists and counsellors⁸, since coaches were not there to cure illness. This simplistic view of wellbeing continued until research was published that has changed the way both psychologists and practitioners perceive wellbeing.⁹ This study was carried out with over 6,000 participants in the UK as a part of the Health and Lifestyle Survey, collated over almost a decade. The researchers asked participants questions relating to their symptoms of ill-being, such as depression or anxiety, as well as symptoms of wellbeing, such as meaning in life, or experiencing positive emotions. While, for many participants, mental illness was negatively correlated with mental health, meaning that they experienced mental illness and reduced levels of good mental health at the same time, over 30 per cent of participants demonstrated both; higher levels of mental



Considering that wellbeing is not merely the absence of ill-being, but an integral component that impacts on clients' overall health, the coach's ability to focus on building the elements of clients' wellbeing can become one of the most crucial coaching objectives



illness along with higher levels of good mental health, or lower levels of mental illness along with lower levels of good mental health. This study showed that mental illness and good mental health can be unrelated to each other. Therefore, focusing on reducing mental illness is not synonymous with promoting good mental health.¹⁰ This is why, when working with coaching clients who experience symptoms of anxiety and/or depression, coaches may help them enhance their wellbeing, without the need to address their ill-being, which is within the counsellors' and psychotherapists' remit. This is what happened to Frank, whose therapist →



focused mainly on reducing his ill-being symptoms, which is why he had to work separately with me to boost his wellbeing habits.

Following the study, other research helped us further understand the relationship between ill-being and wellbeing. One component of good mental health is individuals' frequency of experiencing positive emotions.^{11,12} Those who experience more positive than negative emotions are seen as mentally healthy.¹³ Positive emotions serve a purpose of broadening people's minds, as well as building their resources.¹⁴ Therefore, when people experience positive emotions, even if they come in a transient burst, their minds open up to options, they become more creative and inclusive. Furthermore, experiencing a higher ratio of positive to negative emotions results in enhanced intellectual resources (eg problem solving), physical resources (eg cardiovascular health), social resources (ie ability to maintain relationships), and psychological resources (eg optimism). Subsequently, all these resources help individuals to cope more effectively with life stressors and crises¹⁵, as well as speed up their process of recovery.¹⁶ In this context, coaching may be beneficial as a tool supporting therapy.

When experiencing depression, anxiety or other issues, a therapist may assist individuals to reduce their symptoms of ill-being, whereas a coach's role may be to enhance their wellbeing. Alternatively, both processes can be carried out simultaneously by a trained therapist, although it is not yet a common therapeutic practice.¹⁷ Therefore, in the absence of therapists focusing on wellbeing, this role may well become the coach's responsibility. Also, considering that wellbeing is not merely the absence of ill-being, but an integral component that impacts on clients' overall health, the coach's ability to focus on building the elements of clients' wellbeing can become one of the most crucial coaching objectives. For Frank, the elements of wellbeing we worked on included meaning and engagement in life. Other clients might focus on experiences of positive emotions, such as gratitude, or developing optimism.

Higher levels of wellbeing elements are associated with various benefits relating to coaching practice. For example, clients who

report higher levels of optimism and positive emotions may be more likely to achieve a goal¹⁸, reduce their level of absenteeism¹⁹, improve performance and job evaluation score,¹⁹ or increase their income.²⁰ Therefore, boosting clients' wellbeing may not only serve as a supplementary tool to psychotherapy, but can also assist in crucial coaching-related work.

Finally, enhancing clients' wellbeing may be particularly helpful when working with languishing individuals. In the absence of mental illness and the presence of consternation as to why they continue to feel unhappy, coaching for wellbeing may help clients learn how to live a more fulfilling life. This can be done in two ways: firstly, by spurring clients into action to seek out more help; secondly, by enhancing their wellbeing, so protecting them from experiencing mental illness in the future. Let's discuss these two approaches in more detail.

Languishing is a state that can be more challenging to deal with than mental illness.¹ For Frank, experiencing languishing was more frustrating than his previous experience of depression, because he felt like he was on the point of giving up on himself, since he continued to feel indifferent, despite years of therapy. When experiencing mental illness, people often believe that they have finally hit rock bottom and need others to help them, and may actively engage with health services, such as their GP or a therapist. On the other hand, when people languish, they report being less engaged in daily activities, less aware of what they want from life, and report absence of at least six or more days from work.³ Therefore, a coach may serve a particularly crucial role in helping individuals recognise that they may need medical and therapeutic help. More importantly, through coaching, clients may boost their wellbeing to such a level as to protect them from incidents of future mental illness.

When working with languishing clients, it is important to focus attention on their various aspects of wellbeing and identify to what degree they are developed, as well as establish goals to continue developing them further.²¹ The current theories of wellbeing posit that increased levels of individual elements of wellbeing result in higher scores of overall wellbeing.¹ Therefore, by



Enhancing clients' wellbeing may be particularly helpful when working with languishing individuals. In the absence of mental illness and the presence of consternation as to why they continue to feel unhappy, coaching for wellbeing may help clients learn how to live a more fulfilling life



developing the separate components of wellbeing, clients may start experiencing improvements in mental health that may ultimately lead to psychological flourishing.

Wellbeing and flourishing

Over the last few decades, two main models of wellbeing have dominated psychological research: subjective wellbeing (SWB)²² and psychological wellbeing (PWB).²³ SWB is often referred to as hedonic wellbeing, because it posits that in order for individuals to be well, they need to experience high levels of positive affect, low levels of negative affect and high levels of self-reported life satisfaction,^{22,24} which is often dependent on an emotional state, in that people report higher levels of life satisfaction when experiencing positive emotions.²⁵ On the other hand, PWB is often referred to as a *eudaimonic* model, because it incorporates deeper-level wellbeing, which does not consider momentary emotions.²⁶ The components of the model

include self-acceptance, purpose in life, environmental mastery, positive relationships, autonomy, and personal growth.

For years, the proponents of PWB criticised the SWB model for its lack of depth when focusing on transient components of wellbeing.²⁷ Comparably, the advocates of the SWB criticised the PWB model for being theory based and not representing the views of people.²⁸ Both models have been well contrasted and compared²⁹ before finally being combined to create the basis for some of the psychological flourishing models.

Flourishing is a multidimensional construct that incorporates various components of wellbeing.³⁰ Therefore, in order for people to flourish, they need to experience high levels of many elements of wellbeing, not just subjective or psychological wellbeing. The sum of individual components predicts the level of flourishing.

There are four main measures of flourishing currently available to researchers and

practitioners. One of the best known is the PERMA profiler (PERMA-P),³¹ based on the PERMA model (positive emotion, engagement, relationships, meaning, and accomplishment).¹² In addition to the model components, PERMA-P also measures physical health, negative emotions, loneliness and happiness. This comprehensive model provides a single score of flourishing, as well as individual scores for each of the components. It is very easy to use with coaching clients as an assessment tool at the start of the coaching relationship, but can easily serve as a monitoring tool that helps clients identify their progress in enhancing their wellbeing.

The second flourishing model derives from the psychological flourishing scale (FS),³² which posits that in order to flourish, people need to experience high levels of positive relationships, engagement, purpose and meaning, self-acceptance, self-esteem, competence, optimism and social contribution. This model provides a single score for flourishing, which can be used as a quick measure of clients' flourishing in life.

The third is a very comprehensive model of flourishing designed to measure wellbeing in a large-scale study.³³ It comprises 10 components, three of which are core features that need to exist in order to assess individuals as flourishing (positive emotions, engagement, meaning), and an additional six, of which people require high levels in at least three elements in order to flourish (self-esteem, positive emotion, competence, optimism, emotional stability, vitality, resilience). While the model is useful for working with clients to improve their wellbeing, the measurement of flourishing is too complex to apply in a coaching practice.

The final model is the mental health continuum (MHC),³ which encompasses three types of wellbeing: emotional, psychological and social. Each of the wellbeing types is based on rigorous research findings and incorporates additional components, such as hedonic and eudaimonic happiness, social contribution, social integration, social actualisation, social acceptance and social coherence, as well as self-acceptance, environmental mastery, positive relations, personal growth, autonomy and purpose in life. This is a very comprehensive model, and the →





Coaches' deeper understanding of what wellbeing is and an informed decision on what elements of wellbeing can be applied in a coaching practice... can help many people to begin to live their lives to the full



their MHC components, if it is more suitable for them. Alternatively, it may encompass parts of the PERMA and MHC components.

Positive psychology is a science of wellbeing and optimal human performance⁴ that can offer a number of interventions aiming to enhance various components of wellbeing. They include such activities as savouring,³⁴ gratitude,³⁵ best possible self,³⁶ or strength identification and use.³⁷ These interventions can be carried out by coaches to enhance wellbeing and promote flourishing in clients' lives.²¹ Coaches' deeper understanding of what wellbeing is and an informed decision on what elements of wellbeing can be applied in a coaching practice, as well as practical ways to do it, can help many people, just like Frank, to begin to live their lives to the full, after years of being stuck in the darkness of the languishing limbo. ■

Jolanta Burke, PhD, is a senior lecturer and co-leader for MSc in Applied Positive Psychology and Coaching Psychology at the University of East London. She speaks at conferences and events around the world, and writes extensively for academic journals, popular magazines and newspapers. She has been recently acknowledged by the *Irish Times* as one of 30 people who make Ireland happier. Her forthcoming book on the practical applications of positive psychology in coaching will be published by Routledge in autumn 2018. For more information about Dr Burke, please visit www.jolantaburke.com.

only one that identifies people who are languishing.

I am often asked which model should be used with coaching clients, and the answer I usually give is that all models have their own merits and can be used as required. When helping clients enhance their wellbeing, it is important to understand clients' values and either apply a specific model that is best aligned with them, or amalgamate components from various flourishing models into a blend most suitable for them.²¹ Therefore, it may involve working with some clients on enhancing their PERMA components, which is what I have done with Frank, while working with others on boosting



References

- 1 Burke J. Happiness after 30: the paradox of aging. Dublin: Jumpp; 2016.
- 2 Keyes CLM. Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology* 2005; 73: 539-548.
- 3 Keyes CLM. The mental health continuum: from languishing to flourishing in life. *Journal of Health and Social Behavior* 2002; 43: 207-222.
- 4 Burke J, Minton SJ. Re-thinking well-being measures in bullying and cyberbullying research. In McGuckin C, Corcoran L (eds). *Bullying and cyberbullying: prevalence, psychological impacts and intervention strategies*. New York: Nova; 2016 (pp89-104).
- 5 Burke J, Hackett M. When Irish eyes are smiling: Irish therapists' well-being and their passion for the work of counselling & psychotherapy. *Irish Journal of Counselling and Psychotherapy* 2017; 17(3): 20-26.
- 6 Burke J, Stephens E. Applying positive psychology to sex addiction. In Birchard T, Benfield J (eds). *Routledge international handbook of sexual addiction*. New York: Routledge; 2017 (pp235-246).
- 7 American Psychiatric Association. *Diagnostic and statistical manual of mental disorders* (5th edition). Washington DC APA Publishing; 2013.
- 8 Hart V, Blattner J, Leipsic S. Coaching versus therapy: a perspective. *Consulting Psychology Journal: Practice And Research* 2001; 53(4): 229-237. doi:10.1037/1061-4087.53.4.229.
- 9 Huppert FA, Whittington JE. Evidence for the independence of positive and negative well-being: implications for quality of life assessment. *British Journal of Health Psychology* 2003; 8: 107-122.
- 10 Keyes CLM. Promoting and protecting mental health as flourishing: a complementary strategy for improving national mental health. *American Psychologist* 2007; 62: 95-108.
- 11 Seligman MEP. *Authentic happiness: using the new positive psychology to realize your potential for lasting fulfillment*. London: Nicolas Brealey Publishing; 2003.
- 12 Seligman MEP. *Flourish: a visionary new understanding of happiness and wellbeing*. London: Nicholas Brealey Publishing; 2011.
- 13 Fredrickson BL. Updated thinking on positivity ratios. *American Psychologist* 2013; 68(9): 814-822. doi: 10.1037/a0033584.
- 14 Fredrickson B. The role of positive emotions in positive psychology: the broaden and build theory of positive emotions. *American Psychologist* 2001; 56(3): 218-226.
- 15 Fredrickson BL, Tugade MM, Waugh CE, Larkin GR. What good are positive emotions in crisis? A prospective study of resilience and emotions following the terrorist attacks on the United States on September 11th, 2001. *Journal of Personality and Social Psychology* 2003; 84(2): 365-376. doi:10.1037/0022-3514.84.2.365.
- 16 Cohen S, Doyle W, Turner R, Alper C, Skoner D. Emotional style and susceptibility to the common cold. *Psychosomatic Medicine* 2003; 65(4): 652-657.
- 17 Burke J. The clinical practice of wellbeing. *Healthcare Counselling and Psychotherapy Journal* 2017; 17(4): 14-17.
- 18 Toyama M. Dispositional optimism moderates the inhibition of alternative goals. *Japanese Journal of Educational Psychology* 2017; 65(1): 1-11. doi:10.5926/jjep.65.1.
- 19 Staw BM, Sutton RI, Pelled LH. Employee positive emotion and favorable outcomes at the workplace. *Organization Science* 1994; 5: 51-71.
- 20 Diener E, Nickerson C, Lucas RE, Sandvik E. Dispositional affect and job outcomes. *Social Indicators Research* 2002; 59: 229-259.
- 21 Burke J. *Positive psychology coaching: practical guide to applying positive psychology in coaching*. New York: Routledge (in press).
- 22 Diener E. Subjective well-being. *Psychological Bulletin* 1984; 95(3): 542-575.
- 23 Ryff CD, Keyes CL. The structure of psychological well-being revisited. *Journal of Personality and Social Psychology* 1995; 69(4): 719-27.
- 24 Diener E, Emmons RA, Larsen RJ, Griffin S. The satisfaction with life scale. *Journal of Personality Assessment* 1985; 49(1): 71.
- 25 Kahneman D, Riis J. *Living, and thinking about it: two perspectives on life*. In: *The science of well-being*. New York, NY: Oxford University Press; 2005 (pp285-304). doi:10.1093/acprof:oso/9780198567523.003.0011.
- 26 Ryff CD. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology* 1989; 57: 1069-1081. doi: 10.1037/0022-3514.57.6.1069.
- 27 Ryff CD, Singer B. The contours of positive human health. *Psychological Inquiry* 1998; 9(1): 1.
- 28 Diener E, Sapryta JJ, Suh E. Subjective well-being is essential to well-being. *Psychological Inquiry* 1998; 9(1): 33.
- 29 Keyes CM, Shmotkin D, Ryff CD. Optimizing well-being: the empirical encounter of two traditions. *Journal of Personality and Social Psychology* 2002; 82(6): 1007-1022. doi:10.1037/0022-3514.82.6.1007.
- 30 Hone LC, Jarden A, Schofield GM, Duncan S. Measuring flourishing: the impact of operational definitions on the prevalence of high levels of well-being. *International Journal of Well-Being* 2014; 4(1): 62-90. doi:10.5502/ijw.v4i1.4.
- 31 Butler J, Kern ML. The PERMA-profiler: a brief multidimensional measure of flourishing. *International Journal of Wellbeing* 2016; 6(3): 1-48. doi:10.5502/ijw.v6i3.526.
- 32 Diener E, Wirtz D, Tov W, Kim-Prieto C, Choi DW, Oishi S, Biswas-Diener R. New well-being measures: short scales to assess flourishing and positive and negative feelings. *Social Indicators Research* 2010; 97(2): 143-156. <http://dx.doi.org/10.1007/s11205-009-9493-y>.
- 33 Huppert FA, So TC. Flourishing across Europe: application of a new conceptual framework for defining well-being. *Social Indicators Research* 2013; 110(3): 837-861. doi:http://dx.doi.org.elib.tcd.ie/10.1007/s11205-011-9966-7.
- 34 Bryant FB, Veroff J. *Savoring: a new model of positive experience*. Mahwah, NJ: Lawrence Erlbaum Associates Publishers; 2007.
- 35 Emmons RA, McCullough ME. Counting blessings versus burdens: an experimental investigation of gratitude and subjective well-being in daily life. *Journal of Personality and Social Psychology* 2003; 84(2): 377-389. doi:10.1037/0022-3514.84.2.377.
- 36 King LA. The health benefits of writing about life goals. *Personality and Social Psychology Bulletin* 2001; 27(7): 798-807.
- 37 Seligman MP, Steen TA, Park N. Positive psychology progress: empirical validation of interventions. *American Psychologist* 2005; 60(5): 410-421.

