

Coaching in practice: menopause coaching



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What is the approach you use in coaching (the theoretical model, its premises/underlying beliefs or reasons for being developed etc)?

As a menopause coach, I am especially concerned with the impact of the menopause on women, and how it affects their relationship with themselves and others. The 2022 Fawcett Report¹ found that:

- One in 10 women who worked during the menopause left a job due to their symptoms
- Eight out of 10 women say their employers have not shared information, trained staff or put in place a menopause absence policy
- Almost half of women haven't approached their GPs, and three in 10 have experienced delays in diagnosis
- Only four in 10 women were offered hormone replacement therapy (HRT) in a timely fashion.

Menopause affects half the working population. As a menopause coach, I feel it's important that my clients are aware of the impact it can have on them, and that they don't have to just 'put up with it'.

Why were you drawn to this approach/model and how did you go about becoming skilled/qualified in it?

When I started to go through the menopause myself, I was not well informed about the changes that happen, both physiologically and psychologically. There were lots of small things I was 'putting up with', that I thought were just part of the ageing process. I was on HRT patches and thought that was enough. I had no idea that I should be having my HRT regularly reviewed, that my dosage could be increased or changed, and that I need not be still enduring symptoms.

One of the organisations I work with as an affiliate counsellor then offered me the opportunity to train as a menopause coach, and I jumped at the chance. I thought this would benefit both my clients and myself by being more informed. The one-day course was delivered through a coaching organisation that was employed to provide this training, and led to a CPD certificate as a menopause coach. I was shocked to discover that some of the things I was coping with, even being diagnosed with, were part of my menopausal journey. I then realised how we, as women, need to be more informed about our bodies, and the role hormones play in our mental and emotional wellbeing, so that we can better support ourselves, whether that be through medical or non-medical routes or, as I do, a combination of both.

Do you work with a particular client group and how do your clients benefit from the fact that you take this particular approach to coaching?

This comes up frequently when working with my female clients. Menopause is not an age issue, it's a hormone issue, so being aware of the role hormones play in our mood, the way we feel about ourselves, our self-esteem and our confidence is something I now drop into the conversation in many of my sessions, regardless of my clients' age. I have had a number of female clients in their 20s and 30s who have expressed difficulties with mood, confidence and self-esteem, and have been subsequently diagnosed with hormone-related issues such as polycystic ovary syndrome (PCOS), for example. So, supporting women to find out more about the impact of hormones on their mental and physical health can only benefit my clients, and enable

them to understand more about themselves and their symptoms.

As a coach, I do not offer diagnoses and a GP should always be consulted to rule out any other causes, but being more informed is more empowering for my clients so that they can start to explore ways to support themselves.

What do you most love about being this kind of coach? Have you experienced this kind of coaching in your life and how does it resource you as a practitioner?

When I first started working with women and became aware of the impact that the menopause transition can have on how we feel, I was initially nervous about bringing it into the therapeutic space. What if I insulted my client by suggesting they may be perimenopausal or menopausal? What if I inadvertently upset them in case it impacted on their desire to have a family, for example?

Once I moved past that, I have since learned to ask more open questions, for example, wondering if they are aware of the role that hormones play in the way they are feeling. This then gently opens up the exploration, and supports them to become

how could this be? I went to my GP and asked for a review of my treatment. With a move from patches to gel, within three months my IBS symptoms disappeared.

I am not saying this would be the same for everyone, but up until that point, I had thought the menopause was just about mood swings, hot flushes and maybe some night sweats. Then I realised I had also recently been having some confidence and self-esteem issues. This wasn't new for me, but I felt they had become more pronounced, to the point where I had been doubting my capability as a practitioner and even considering taking early retirement. Of course, self-doubt is part of life, and I still have such moments, but nowhere near as bad as I did before my treatment.

Women often come to coaching because they need to work on their confidence or have started doubting their capabilities. They may feel work has become more stressful and they feel less able to cope. I often wonder if it's a case of the chicken or the egg, i.e., are their hormones a bit out of balance and the work level is the same but it's feeling more stressful? Low oestrogen and high cortisol (stress hormone) are not good bedfellows. When oestrogen falls, then so does our mood-boosting hormone, serotonin, while the stress hormone cortisol rises.² Or has their work actually become more stressful, in which case, how else might they deal with it?

Could you share a tool or framework or aspect of this approach that other coaches might be able to use or draw on now in their work with clients?

As a menopause coach, being aware and informed about the main menopause symptoms, even possibly developing a symptom checker, might prove useful. It's also important to do some research on non-hormonal routes of support, such as healthy eating, stress reduction mechanisms, the impact of alcohol, and natural remedies such as the benefits of magnesium to aid sleep, or turmeric as an anti-inflammatory. Bear in mind this is not about telling clients what they should be doing, but about supporting them to work out how they can best help themselves.

More importantly, it's about providing a safe space to support clients to deal with the difficult emotions that may arise around reaching menopause and ageing, and what it means for them as individuals.

more informed about themselves and empowered to take control. I love this, because I wish someone had opened my eyes to this earlier and I could have helped myself.

For a few months before my training, I had been seeing my GP and even attended accident and emergency a couple of times with severe pains in my stomach. After many scans and investigations, I was diagnosed with irritable bowel syndrome (IBS). Imagine my shock when, on my training, I went through the list of symptoms and discovered that IBS could be a symptom of menopause. I was taking HRT, so

If people are interested in finding out more, what can they read or where could they explore it through CPD or fully train in it?

Start by looking for organisations that provide specialist menopause coaching training, either through any existing training providers you know, or ask for recommendations. There are a growing number of books and websites available on this subject, but my current 'go to' reading list includes:

- Newson L. The definitive guide to perimenopause and menopause. London: Hodder & Stoughton; 2023.
- McCall D, Porter N. Menopausal. London: HQ; 2022.
- Frostrup M, Smellie A. Cracking the menopause while keeping yourself together. London: Bluebird; 2022. ■

REFERENCES

- 1 Fawcett Society. Menopause and the workplace. [Online.] www.fawcettsociety.org.uk/menopauseandtheworkplace (accessed 15 March 2024).
- 2 Newson L. The definitive guide to perimenopause and menopause. London: Hodder & Stoughton; 2023 (p60).

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