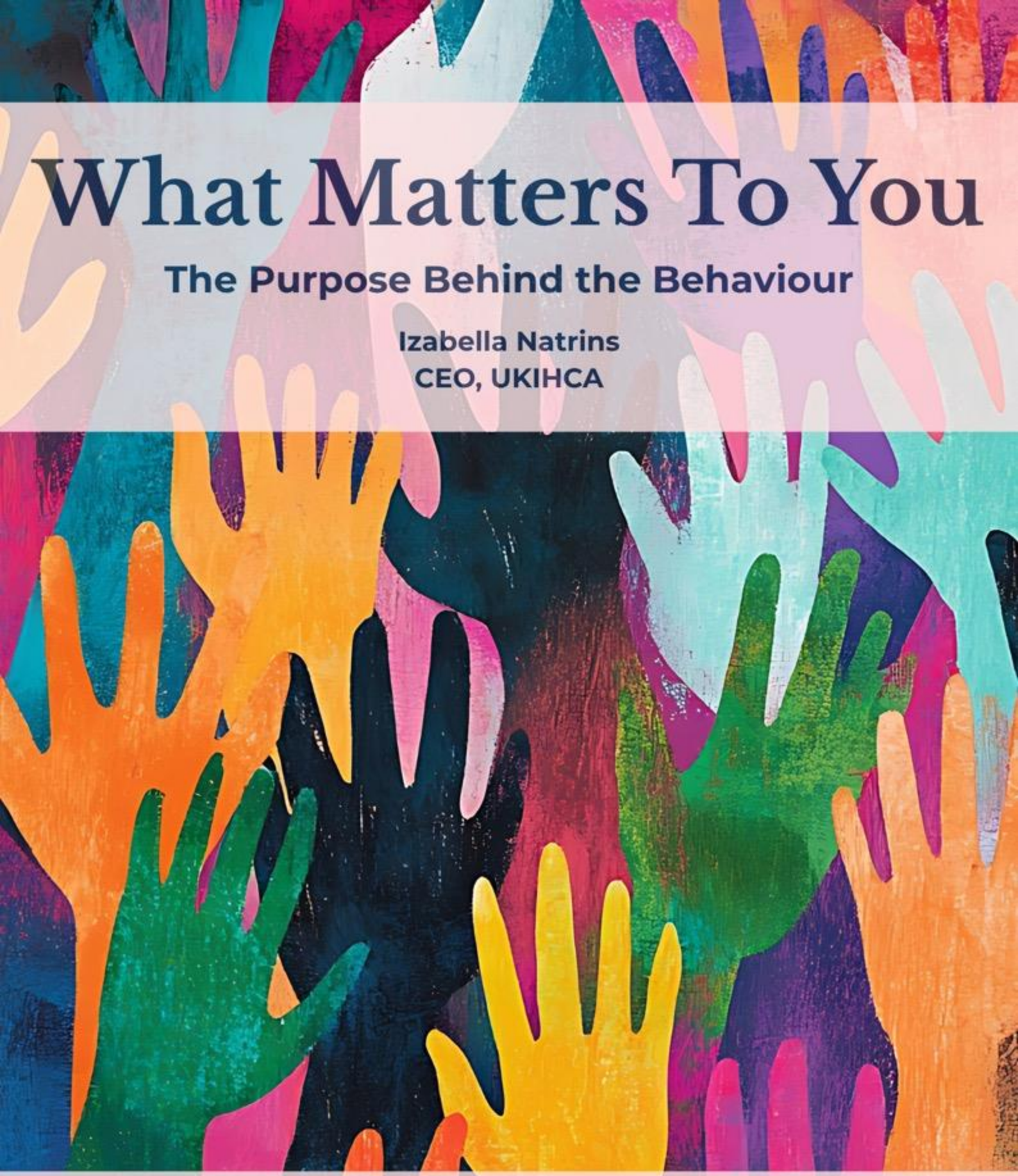


What Matters To You

The Purpose Behind the Behaviour

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The UKIHCA Voice | VO01 | August 2026

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August 2026

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We often describe health coaching as supporting behaviour change. Behaviour change matters – but is it the *purpose* of health and wellbeing coaching?

I have increasingly come to wonder whether, in repeating the phrase '*behaviour change'* so often, our profession may be allowing a *mechanism* to stand in for a purpose.

Behaviour is not the purpose of health coaching, optimising health and wellbeing is - and that distinction is not merely semantic. It shapes what practitioners are trained to notice, what standards and professional bodies choose to measure, and what people experience when they sit across from a health and wellbeing coach. This is not a case against behaviour change, it is a case for situating that work within something larger.

Part of the problem sits in our founding definition of health itself. The World Health Organization's 1948 definition - *"a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity"*[1] - has been the profession's default reference point for over seventy years.

Yet as the environmental health scientist Gary Miller has observed, a definition built on completeness renders anyone living with an inherited or chronic condition unhealthy by definition, regardless of how well they manage it - which makes the definition, in his words, operationally close to meaningless.[2]

We need, as Miller argues, a better conceptualisation of health. That gap is precisely what the whole-health and whole-person movements have set out to fill.

The language we choose shapes practice

Each of the phrases our field has used carries a slightly different philosophy of practice:

- "Behaviour change" suggests the modification of discrete actions.
- "Health behaviour change" anchors those actions to health outcomes.
- "Whole-person health and wellbeing" asks why those behaviours matter to the individual in the first place.

And the Whole Health approach developed within the United States Department of Veterans Affairs goes a step further still, replacing a diagnostic question with a relational one.

That reframing is captured in a single, now well-known shift documented in the Whole Health literature: from asking *"What is the matter with you?"* to asking *"What matters to you?"* [3,4] It is a small change of preposition with large consequences for practice: it moves the starting point of the conversation from deficit to purpose.

From behaviour to whole wealth

Health, on this account, is not simply a matter of eating differently, moving more, or sleeping longer, although all three remain important. It also encompasses meaning, purpose, relationships, belonging, environment, community, strengths and identity. The Veterans Health Administration's own evaluations of its Whole Health System describe a structured, multi-year transformation - encompassing patient-facing services, workforce training and organisational culture - built explicitly

around this broader definition and report measurable shifts in patient engagement and wellbeing outcomes as a result.[5,6]

It is worth being honest about where our own evidence base sits in relation to this. The most cited systematic review of the health and wellness coaching literature appropriately described the field as 'a key behavioural intervention in healthcare' [7].

That work provided an essential foundation for establishing the evidence base for health coaching. As the profession has matured, however, the opportunity is not to move beyond behaviour science but to build upon it, integrating behavioural science with whole-person, relational and systems perspectives. Put simply: behavioural science helps us understand how people change; whole-person health and wellbeing helps us understand what they are changing for.

On this view, behaviour becomes one expression of a healthier, more connected life rather than the objective of health and wellbeing coaching itself. This is not a new insight so much as a recovered one. The World Health Organization's own 1984 reframing of health described it not as a fixed state but as *"a resource for everyday life"* [8] - a formulation that quietly anticipated much of what Whole Health and whole-person coaching now argue for.

Why UKIHCA talks about whole-person health and wellbeing

As a former Professional Standards & Development Director at UKHCA (now UKIHCA), one of my responsibilities was leading a review of our professional standards, set out in *Towards Defining Health and Wellness Coaching*[9] in October 2020.

Rather than beginning with competency frameworks alone, I looked first to philosophy - including the emerging Whole Health work led by Dr Tracy Gaudet, then building The Whole Health Institute on the foundations of the VA's Whole Health programme. It offered a vision of health coaching that recognised people as whole human beings rather than collections of health risks. That perspective continues to influence the way UKIHCA describes professional health and wellbeing coaching today.



That instinct was never only an American import. It sits comfortably alongside a longer UK holistic medicine tradition. As Professor David Peters of the British Association for Holistic Medicine & Health Care put it, holism *"is more about relatedness rather than separation, taking a broader view rather than reducing individuals to disease labels"* [10] - our relationships, culture and environment all bear on our health, not only our behaviours.

The same instinct now runs through UK policy. NHS England's Comprehensive Model for Personalised Care is built, in its own words, around understanding *what matters* to people - whether they are maintaining good health, managing a long-term condition, or living with complex and multiple conditions.[11]

Its Health Coaching Implementation and Quality Summary Guide, developed for those leading local implementation, sets out the same starting principle for practice on the ground.[12]

That a national health system and a Veterans' health administration on opposite sides of the Atlantic have converged on the same starting question is not a coincidence. It is evidence that the whole-person premise is becoming a shared clinical and policy grammar, not a niche philosophy.

Health behaviour change: an essential step toward something larger

None of this is an argument against behaviour change as a concept:

- "Behaviour change" describes an essential mechanism but in itself, it says nothing about direction or purpose.
- "Health behaviour change" is more accurate, because it ties the behaviour to an outcome. But even that formulation treats behaviour as the destination.

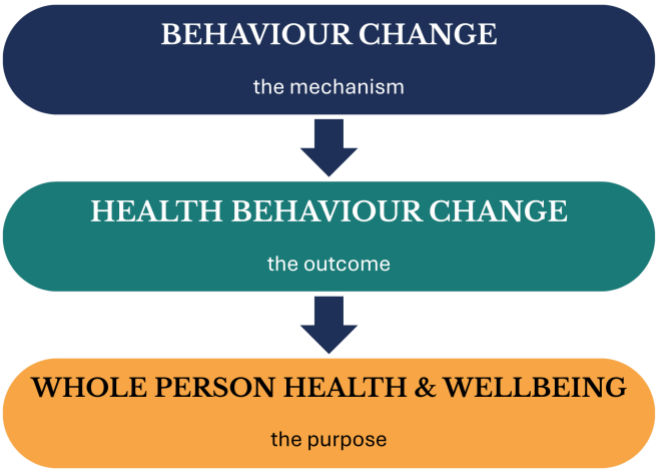
Whole-person health and wellbeing coaching treats behaviour as one pathway - among several - towards better health, greater wellbeing, improved quality of life and, ultimately, flourishing.

Looking Ahead

As the profession continues to mature internationally, our language matters - not as an academic exercise, but because words shape expectations, standards, education, and ultimately practice. Behaviour change is an important part of whole person health and wellbeing coaching.

Our greatest contribution, however, may be something broader: supporting people to build lives in which healthier behaviours become possible because they are connected to purpose, relationships, strengths, and what matters most.

This is not a choice between behavioural science and Whole Health. The future of professional health and wellbeing coaching lies in integrating these perspectives. Behavioural science provides an increasingly sophisticated understanding of how and why people change.



Whole Health reminds us that those behaviours are shaped by "*what matters to me*" relationships, purpose, environment and community. Together, they offer a richer and more complete foundation for practice.

This spirit of integration is reflected in UKIHCA's recent international collaborative white paper, developed with colleagues from the Institute for Behavior Change (USA), the Health Coaches Australia and New Zealand Association, and the Society of Behavioural Health (Singapore).

Together, we explore the profession's continuing evolution, recognising that advancing professional standards requires us to integrate behavioural science, whole-person care and population health perspectives rather than viewing them as competing approaches.

Perhaps the next stage in our profession's evolution is recognising that supporting health behaviour change requires more than behavioural expertise alone. It requires the integration of clinical understanding, relational capability, community context and salutogenic thinking.

Behaviour does not occur in isolation. It emerges within the complex realities of people's lives.

Our language and concepts should reflect that complexity.

The opportunity before us is to integrate behavioural science, whole-person health and wellbeing, and population health into a mature profession capable of meeting the complex health challenges of the twenty-first century.

Artificial Intelligence Assistance Statement

AI tools were used to support drafting, structuring, iterative development, and editorial refinement under human direction. All content was critically reviewed, revised, and approved by the authors, who retain full responsibility for the final output.

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