CHAPTERS THERAPY

MSC PSYCHOTHERAPY · RESEARCH DISSERTATION

# High Achievers, Hidden Battles

*Exploring the therapy experience for individuals in high-performance corporate environments.*

AUTHOR

Jill Pierse

TWO STUDIES, ONE QUESTION

A systematic literature review & an original qualitative study into how high performers engage with therapy.

FOREWORD & ACKNOWLEDGEMENTS

# A labour of love, and a debt of gratitude.

This research is divided into two distinct pieces of work. Part One is a review of existing literature on the topic of high performers, providing a necessary academic background into what we currently know, and highlighting the gaps this research seeks to address. Part Two is a research study that explores the therapy experiences for high achieving individuals in corporate environments. The study process, aims, results and implications for psychotherapy practice are detailed.

This study would not have been possible without the time and care provided by the participants who were interviewed as part of this research. I'd like to take this opportunity to offer them my deepest gratitude for the trust they placed in me as they shared their stories. This study has been a labour of love, and I hope to bring the learnings and insights I've gained along the way from these participants into my own clinical practice.

This study has reminded me that suffering is universal, and success and achievement do not grant us an exemption. In fact, success and suffering can, and often do, exist side by side. We must endeavour to find more effective and novel ways to support those that inspire so many of us with their stories of success, ambition and the power of human perseverance.

> *"Everyone you meet is fighting a battle you know nothing about. Be kind. Always."*
>
> — ROBIN WILLIAMS

CONTENTS

# Two parts.

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PART ONE

THIRTY-ONE STUDIES · 2015–2024

# Systematic Literature Review

A review of the existing research on therapeutic experiences in high-performing environments — drawn from elite sport, the military and corporate leadership — and the barriers, silos, environments and interventions that shape whether high performers reach for help.

PART ONE · INTRODUCTION

# Those at the top experience mental-health difficulties at far higher rates than the general population — yet rarely reach for help.

The prevalence of mental health issues within high-performance corporate environments has garnered significant attention. Research has consistently demonstrated that those operating in elite performance settings, whether in sport, corporate leadership or the military, experience mental health difficulties at rates higher than the general population. Freeman et al. (2018) found that 49% of entrepreneurs reported experiencing a mental health condition, with depression being particularly prevalent (30%), compared to only 7% in the general population. Similarly, Akesdotter et al. (2020) reported a lifetime prevalence of mental health problems in elite athletes of 51.7%, with anxiety and depressive disorders being common. For military professionals, Engelhardt et al. (2023) found that almost a third of service members experience significant mental health issues.

A range of factors may contribute to this trend. High-performance professionals often operate under extreme pressure, high expectations, and a culture that prioritises resilience and success over emotional vulnerability (Baumann et al., 2024; Akesdotter et al., 2020; Freeman et al., 2018). Despite these risks, seeking therapy or professional support remains stigmatised, with concerns about perceived weakness and potential career repercussions acting as significant barriers to engagement (Ojio et al., 2021).

As more elite athletes start to utilise their public platform to talk openly about mental health, research into optimising mental health support for this group has gained traction. The same level of focus has not been extended to high-performance corporate professionals. Recent studies in sport psychology have explored how therapy can be better structured to improve engagement among athletes, and similar studies have emerged within military environments (Gouttebarge et al., 2019; Engelhardt et al., 2023). However, there remains a significant gap in research regarding how therapy can be adapted and effectively presented to corporate leaders and executives. Corporate professionals encounter similar stressors and performance expectations as elite athletes; this oversight represents a critical gap in the literature (Erschens et al., 2024).

At the same time, the field of executive coaching has seen a substantial rise in demand, with the global market projected to grow from $9.4 billion in 2022, to $25 billion by 2031 (Growthspace, 2023). While coaching is often positioned as a tool for performance enhancement, a motivating factor behind this study is driven by the concern that coaching is being used as a substitute for therapy in corporate environments where mental health struggles remain stigmatised. Indeed Grant (2016) describes how the most recent evolutions of the coaching profession have moved beyond explicitly focusing on development and performance to also include well-being. However, unlike therapists, executive coaches are not required to have training in psychology or psychological interventions, and the boundaries of where coaching ends and formal therapies begin remains poorly defined amongst coaches (Passmore & Fillery-travis, 2011). While Grant (2016) states that 'well-being' in coaching does not require, "in-depth knowledge of mental health, psychopathology, or diagnostics skills", they also advocate for its inclusion alongside performance development. This ambiguity creates a grey area where coaches, despite lacking clinical expertise, may engage with individuals facing significant mental health challenges. As a result, those with clinical needs may unknowingly turn to unqualified coaches, delaying or diverting them from appropriate psychological support.

This systematic literature review seeks to explore the existing research on therapeutic experiences in high-performing environments, particularly among elite athletes where the research is significant, and drawing parallels to the corporate sector. Through the use of thematic analysis this review aims to contribute to a deeper understanding of how therapy can be structured to better serve corporate professionals, an often-overlooked yet highly vulnerable group.

# Searching.

Numerous electronic libraries in the fields of mental health, sports psychology and corporate wellbeing were searched against a predetermined index of exclusion and inclusion criteria, including Pubmed, PsycInfo, PubPsych and Google Scholar. Keywords used during the search were: therapy experience; psychotherapy; high-performance professionals; executives; entrepreneurs; CEOs; elite athletes; counselling. Only studies published in the last ten years and conducted in the English language were included. Studies were selected by first scanning the article titles, followed by a review of the abstract, and finally was completed with the examination of the full study. Studies selected were done so based on relevance and their matching with the inclusion, exclusion criteria chosen. The process through which studies were retained or excluded is mapped in the PRISMA diagram found in Figure 1.

## Included and excluded studies for analysis

In total, thirty one studies were included which investigated the therapy experience for individuals in high performance across including: sports environments; established corporate environments; entrepreneurial environments; army/navy environments. In total, twenty of the thirty one related to sports, eight related to corporate environments and three related to the military. Sports and military were included because of the limited availability of relevant corporate literature and the similarity in focus of performance and pressure within these environments to that of corporate environments. Studies conducted prior to 2015 and non-English language studies, were excluded. A thematic analysis was utilised to analyse the data and conduct research findings, all studies were included in this analysis. A breakdown of the articles by category can be found in Figure 2 below, and a complete summary of all articles can be found in Appendix 1.

FIGURE 2 · BREAKDOWN OF ARTICLES BY CATEGORY

| CATEGORY | NUMBER OF ARTICLES |
|---|---|
| **Sports** | 20 |
| **Corporate** | 8 |
| **Military** | 3 |
| **Total** | **31** |

## Results & overview of thematic analysis

This thematic analysis following Braun and Clarke's (2006) six-phase framework, explores the experiences of high-performance professionals, including elite athletes, corporate executives, and military personnel, in engaging with mental health therapy. Thematic analysis is a qualitative research method used to identify, analyse and report patterns (themes) within a dataset. The following section provides a brief overview of how Braun and Clarke's (2006) approach was applied to analyse the literature and generate the themes presented. The process involved:

THE SIX PHASES

1. Familiarization with the data.
2. Generating initial codes whereby key concepts were systematically coded across the dataset. The initial codes included; Stigma and Toughness Norms; Tailored Therapeutic Approaches; Balancing Mental Health and Performance Goals; Leadership's Role in Mental Health; Identity and Career Transitions.
3. From here, these codes were grouped into broader themes.
4. Subsequently, themes were then reviewed and refined, ensuring clarity and distinction while integrating related codes to avoid redundancy.
5. The meaning and significance of each code was clarified and determined.
6. Finally, the thematic analysis was then structured based on these themes.

*The final structure of themes and sub-themes is displayed in Figure 3, and presented across the following pages.*

I THEME ONE · RESULTS

# Barriers to Mental Health Support in High Performance Environments.

## 1.1 · Stigma and Acceptability of Mental Health Challenges

To understand the therapy experience for individuals in high performance environments, it's necessary to also understand the barriers that impact access to and perceptions of therapy for this group. One of the most prominent barriers to therapy engagement that was present in many of these articles is stigma. The role of stigma for this group appears to play an even bigger role than other environments because of the emphasis and association with resilience and toughness placed upon those operating under high performance conditions.

The stigma present across the studies included self stigma, stigma from the professionals supporting the athletes, and stigma from the coaches and colleagues involved in these environments. Strohle (2019) noted that, "...while in the general population the stigma of at least some mental disorders has decreased over the past decades, in sports psychiatry we are still at the very beginning". We can see this also in Chen et al. (2018), "...the athletes and coaches that we approached were greatly concerned that receiving psychological training meant the players were not tough enough". Within the military environment, Engelhardt et al. (2023) also found that self-stigma was a barrier to help seeking behaviour noting that, "...previous literature found that factors contributing to service members' forgoing MH care include a lack of knowledge, self-stigma, not perceiving a need for help, and the belief that help would not benefit them."

## 1.2 · Stigma and Career Impact

Beyond the fear of being stigmatised alone, there is a very real fear of the impact opening up about mental health challenges could have on one's career in these environments. Engelhardt et al. (2023) reported that military personnel refrained from seeking mental health care due to concerns about career consequences, "...studies indicate that 35% of service members and veterans report believing that seeking mental health care will negatively impact their careers", (Engelhardt et al., 2023). This fear is in fact grounded in a reality referenced by Engelhardt et al. (2023) of another study that found "...seeking MH (mental health) treatment is associated with a higher likelihood of being involuntarily discharged from the military", Heyman et al. (2021).

## 1.3 · Role of Masculine Norms

Interrelated yet prominent in the literature in its own right, is an apparent association of high performance with masculine norms that also act as a barrier to help seeking. Ojio et al. (2021) found that elite rugby players resisted seeking mental health support due to the fear of "...being perceived as weak or non-masculine by those around them or by the general public", (Ojio et al., 2021). Engelhardt et al. (2023) also noted a fear of 'weakness' amongst military personnel reporting, "...21% fear that their peers will see them as weak if they seek mental health care", (Engelhardt et al., 2023).

2 THEME TWO · RESULTS

# Siloing Mental Health from Performance.

This theme is divided into three key subthemes: Training and Education Deficiencies in High-Performance Settings; Productisation of High-Performers; The Interplay Between Mental Health and Performance Outcomes.

## 2.1 · Training and Education Deficiencies

One of the key factors contributing to the siloing of mental health from performance is the lack of integration between mental health and professional development in high-performance environments. A philosophical divide exists within the world of elite sports as to whether mental health takes a seat at the table with performance enhancement. Roberts et al., (2016) highlight this when they note, "Sport psychology as a profession is split by two competing philosophical perspectives; one of which suggests that sport psychologists should work exclusively with athletes on performance enhancement, and the other views the athlete more holistically and accepts that their welfare may directly impact on their performance". This same philosophical divide comes into play from the opposite direction with sports psychiatry not considering performance optimisation within their treatment of athletes. Mack et al. (2023) note that "The role of sports psychiatrists can be expanded to include not just treating psychopathological issues but also developing strategies to help athletes achieve and maintain their optimal performance". We can see from both of these quotes that this philosophical divide creates a gap where athletes whole person needs for both mental health support and performance optimisation are unmet, depending on which side of the philosophical camp the professionals they're working with sits in.

## 2.2 · Productisation of High-Performers

One of the most damaging consequences of siloing mental health from performance is the viewing of athletes as a 'product' and a failure to recognize high-performers as human beings with complex emotional needs. Gardner and Moore (2017) argue that athletes should not be reduced to their performance outcomes, noting, "...athletes and other performers do not perform in a bubble, they are people first", (Gardner and Moore, 2017). This impact extends beyond sports psychology into broader corporate and military performance domains. Turner (2016) advocates for a shift away from the performance-first mentality, highlighting, "...the importance of viewing athletes as humans first, and athletes second...". Again, in corporate leadership, similar needs are sought to be met. Genrich et al. (2022) offer a potential solution and suggest that mental health interventions need to be framed in terms of work-related benefits to gain managerial support. "To convince managers of the usefulness of interventions, the relationship between good work design and productivity should therefore be highlighted", (Genrich et al., 2022). This both acknowledges the persistent reluctance to acknowledge mental well-being as valuable in its own right and the need to evidence good mental well-being as a part of 'product optimisation' to garner interest in the topic.

## 2.3 · The Interplay Between Mental Health and Performance Outcomes

What is perhaps most confounding across this literature, is that the question continues to be asked around whether we should separate mental health from performance enhancement for individuals in high performance environments, despite the vast literature that exists linking good mental health with good performance. Dehghani et al. (2018) found that mindfulness-based interventions not only improved mental health, but also led to measurable performance benefits, "Mindfulness helped female athlete students to see negative thoughts as mere emotions and thoughts, and accept them. Acceptance also increases their athletic performance". Myall et al. also found that mindfulness-based programmes (MBPs) improved overall performance for athletes, finding that, "...MBPs are associated with improvements in athletic performance," (Myall et al., 2023). Mohebi et al. conducted a study utilizing a similar intervention for female athletes and also found it enabled them "...to proactively and successfully cope with psychological pressure." Mohebi et al. (2021). The same holds true in military contexts, where psychological resilience was found to directly correlate with physical endurance and operational effectiveness in a 2018 study by Udell et al., demonstrated in their finding that, "...an ACT-based treatment program designed to help recruits more effectively handle pain, and improve their performance on physical fitness tests required for entrance into the Navy", (Udell et al., 2018).

3 THEME THREE · RESULTS

# The Environment's Role in Mental Health.

This theme is structured into three sub-themes; The power of language in shaping mental health attitudes; The environment as a catalyst for positive or negative mental health; The role of direct leadership and systemic incentives in mental health promotion.

## 3.1 · The Power of Language in Shaping Mental Health Attitudes

Turner, leaning on the work of Albert Ellis and Rational Emotive Behavioural Therapy (REBT), highlights how sporting environments in particular are steeped in language of irrational beliefs, beliefs that evoke "...maladaptive emotional and behavioural consequences that impede mental health", (Turner, 2016). Turner argues that "...the language used to report sport may play a role in not only reflecting irrational beliefs, but may also play a role in developing irrational beliefs", (Turner, 2016). Turner then goes on to highlight that for the athletes, such irrational beliefs are a, "...powerful source of information guiding thought processes and subsequent emotional and behaviour responding". Turner believes that in order for the environment within which athletes are existing to be conducive to high performance, the language used by coaches, staff and family needs to be examined and considered. Within the military environment, Engelhardt et al. (2023) point to how the language within policy for the organisation further stigmatises mental health, noting that "The DoD (Department of Defence) and the military services have potentially furthered this stigma through the language used in policy...almost two-thirds of the MH policies and over 90% of the substance use policies contained some form of stigma-increasing language".

## 3.2 · Environment as Catalyst for Good/Bad Health

Mack et al., suggests that proactively integrating mental health into the culture of sports organisation could, "...create a healthier and more supportive environment for all athletes, leading to increased camaraderie...and more effective strategies for performance enhancement", (Mack et al., 2023). Conversely, when an organisation does not systematically prioritise mental health, Roberts et al. describe how the characteristics of high-performance environments can generate or even exacerbate common mental disorders (CMDs), "Whilst the characteristics of the sporting environment may generate CMD within the athletic population, it also may exacerbate pre-existing conditions", (Roberts et al., 2016). In some cases, even well-intended interventions may fail due to systemic issues within the environment itself. LaMontagne et al. (2021) highlight that poor organisational structures and excessive demands within a policing environment actively obstructed mental health initiatives, making it difficult for individuals to benefit from available support; "Poor psychosocial work conditions, ironically, appeared to have played a substantial part in undermining intervention efforts to improve psychosocial working conditions", (La Montagne et al., 2021). This highlights that structural blockers can render even the most well-designed mental health programmes ineffective. Outside of the organisation itself, Hill et al., highlight the role social support systems, particularly family, coaching and peer relationships play in influencing mental health, noting that, "...family was seen as particularly important", (Hill et al., 2016). Finally, Baumann et al., looked at the role high performance sporting environments play in not just athletes mental health, but the coaches training the athletes. The authors highlight how, "...the close working alliance between a coach and an athlete coaches' mental health might impair elite athletes' mental health and worsen their performance", (Baumann et al., 2024).

## 3.3 · Role of Leadership

Beyond the broader environment, leadership plays a crucial role in shaping mental health attitudes and behaviours in high-performance environments. Managers, coaches, and organisational leaders influence whether individuals feel safe to seek support or whether stigma prevails. Genrich et al. (2022) argue that raising awareness is not enough — leaders must have "... clear responsibilities and incentives", to promote mental health. They stress that "organizational structures should be developed to remove barriers to and facilitate managers' behavioural control". Similarly, LaMontagne et al. (2021) found that mental health interventions fail when leadership does not actively prioritise them, as they risk being seen as "add-on" initiatives rather than core organisational concerns. Beyond policy, leaders' interpersonal roles are critical. Baumann et al. (2024) highlight that "...coaches play an important role in promoting mental health in elite sports", directly affecting athletes' well-being. However, Sebbens et al. (2016) found that athletes feared how their coaches might perceive them if they sought help, reinforcing the power of leadership attitudes in shaping help-seeking behaviours. Likewise, Erschens et al. (2024) note that positive professional relationships service as a protective factor for mental health, further underscoring the need for supportive leadership. Rzesutek et al. (2023) found that unmanaged stress in leaders negatively impacts team dynamics and workplace mental health. By equipping leaders with mental-health specific training and embedding well-being metrics into performance evaluations, organisations can foster environments where seeking therapy is normalised rather than stigmatised, whilst also enhancing performance.

4 THEME FOUR · RESULTS

# Effectiveness of Tailored Interventions.

While previous sections explored barriers and systemic influences, this theme focuses on what works when implementing mental health interventions in high-performance settings. The research highlights three key aspects which will be utilised as subthemes: mindfulness-based interventions; the necessity for practitioners to have contextual expertise; and factors that influence intervention success.

## 4.1 · Mindfulness-Based Interventions

Mindfulness and acceptance-based approaches have gained strong empirical support as effective interventions for high-performance individuals. Gardner and Moore (2017) note that "mindfulness-based and acceptance-based interventions have developed a strong foundation of support within both basic and applied research." Similarly, Dehghani et al. (2018) found that these interventions, "...reduced competitive anxiety and improved athletic performance". Research has also demonstrated that mindfulness can reduce cognitive anxiety (Chen et al., 2018) and enhance resilience, self compassion and grit (Mohebi et al., 2021).

## 4.2 · Contextual Expertise

A recurring issue in the literature is the mismatch between mental health professionals' expertise and the unique pressures of high-performance settings. Roberts, Faull, and Tod (2016) warn that lack of context in mental health professionals may, "...negatively impact on their ability to provide effective intervention". Lundqvist, Wig and Schary (2024) found that athletes valued therapists who had an understanding of both, "...sport related as well as non-sport related issues". Hill et al. (2016) suggest that "...the incorporation of trained clinicians into talent development environments would potentially be an effective solution". They note that without the contextual expertise that is gained from immersion in this environment, interventions risk being irrelevant or ineffective.

## 4.3 · Factors That Influence Intervention Success

The effectiveness of interventions depends on multiple factors beyond the content of intervention alone. Brown and Fletcher (2017) found that "...relationships between the intervention effect and intervention type, intervention provider, and performer exist". Genrich et al. (2022) emphasize the need to tailor interventions to different professional groups, stating that "...managers in different positions could be convinced by different arguments". Erschens et al. (2024) argue that "leadership training or coaching should explicitly address the mechanisms of emotions and emotion regulations", as self-regulation is critical for mental well-being in demanding roles. This theme highlights that effective interventions must be adapted to the realities of high-performance environments. Mindfulness-based approaches are highly effective, but success depends on delivering them through practitioners with contextual expertise and ensuring interventions are tailored to individual and systemic factors.

PART ONE · METHODOLOGICAL ISSUES

# The limits of the evidence base.

There were unique methodological challenges and limitations faced when conducting this systematic literature review. The main issue as it pertains to this specific research area, was that there was limited research available on high performance within corporate environments with only eight out of thirty one articles relating, in some way, to corporate environments. As a result, the majority of the literature reviewed here, leans on existing work done within the elite sports and, to a lesser extent, military environments. Other limitations included over-reliance on self reported data and a lack of longitudinal studies. These issues are now explored.

### LIMITED RESEARCH ON CORPORATE HIGH-PERFORMERS

The overwhelming focus on elite athletes, and to a lesser although moderate extent the military, means that corporate leaders' mental health experiences are poorly understood. Although this reinforces the need for conducting studies such as this, it remains a gap in the literature review conducted here. While some studies examined burnout and workplace stress (Genrich et al., 2022), few assessed therapy engagement and intervention effectiveness in executive populations. Given the parallels between sports and corporate performance cultures, expanding research in this area is essential.

### OVER-RELIANCE ON SELF-REPORTED DATA

Most studies within this review rely on self-reported surveys and interviews, which are subject to biases, for example underreporting due to stigma. High-performance individuals may be particularly prone to presenting themselves as resilient, making it difficult to capture accurate mental health data. Future studies should integrate objective assessments, such as clinical diagnoses or physiological stress markers to improve reliability and reduce bias.

### LACK OF LONGITUDINAL STUDIES ON THERAPY ENGAGEMENT

Mental health challenges in high-performance settings often emerge over time, particularly during career transitions (Gouttebarge et al., 2019). However, most research remains cross-sectional, providing only a snapshot of mental health struggles. Longitudinal studies are needed to track how therapy engagement changes across different career stages, and whether interventions lead to sustained improvements over time.

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PART ONE · DISCUSSION

# What the evidence tells us.

This study sought to explore the experiences of high-performance individuals engaging with mental health therapy. Although the literature available on the therapy experience specifically for this audience was spare, the broader literature covering experiences of mental health topics more generally was drawn upon. This discussion summarises the main findings, acknowledges limitations, and provides recommendations for therapy practice and future research.

## Barriers to Mental Health Support

A significant barrier to mental health engagement across high-performance settings was stigma and the acceptability of mental health challenges within these environments. Despite individuals across high performance environments, experiencing mental health challenges at a higher rate than the average population, many individuals in this cohort avoid seeking therapy due to a multitude of fears. This was particularly evident in environments that prioritise toughness and self-sufficiency, such as elite sports and the military. Additionally, career impact fears emerged as a prominent deterrent — highlighting the unspoken assumption that to be a professional in these kinds of environments, means mental toughness and resilience are a prerequisite, leaving no room for vulnerability. Individuals were concerned that acknowledging mental health difficulties could result in negative professional consequences, such as losing leadership credibility or, in some cases, even facing job termination. Masculine norms further reinforced the expectation that elite performers should exhibit unwavering strength.

## Siloing Mental Health from Performance

A critical issue identified was the continued separation of mental health from performance development both philosophically and in practice. Professional training in high-performance environments often fails to integrate psychological well-being as part of performance optimisation, leading to a fragmented approach that sees therapy as reactive rather than proactive. This gives rise to the sub theme of productisation of performers, meaning that individuals seem to be valued solely for their output rather than being seen as whole humans with fallibility. This narrow focus overlooks the reality that mental health and performance are interconnected. Notably, there is a distinct absence in all of the literature of any description of the struggle typically involved with the path to high performance, isolating this kind of experience even further from the conversation and pointing towards toughness as something that should be 'inherent' and 'ever present'. The literature supports the notion that maintaining good psychological well-being enhances, rather than hinders, elite-level performance.

## The Role of Environment and Leadership in Mental Health

Leadership and environments play a crucial role in either promoting or hindering mental well-being. The power of language in shaping mental health attitudes was evident, with findings showing that how broader stakeholders discuss mental health significantly impacts help-seeking behaviours. Furthermore, the environment itself acts as a catalyst for mental health outcomes, with organisational structures either supporting or obstructing well-being. For instance, high job demands, excessive pressure and a lack of mental health initiatives contribute to stress and burnout. Even in organisations where mental health initiatives are present, structural obstructions within the environment were shown to impede their impact and success. Additionally, leadership directly influences mental health outcomes, as managers and coaches play a pivotal role in whether individuals feel supported in seeking therapy.

## Effectiveness of Tailored Therapeutic Interventions

Findings suggest that mindfulness-based interventions have become a gold standard for addressing mental health concerns in high-performance populations. These interventions have been shown to reduce anxiety, enhance resilience, and improve performance. However, effectiveness is contingent on the contextual understanding held of the environment by the therapist. Therapists lacking this insight may struggle to provide relevant or impactful interventions. Moreover, multiple systemic factors influence the success of interventions, including leadership buy-in, workplace structures, and individual engagement.

PART ONE · IMPLICATIONS FOR THERAPY PRACTICE

# Considerations for therapists working with high-achieving clients.

This review provides key implications for therapists working with clients existing within high performance environments. The following considerations are essential for effectively engaging and supporting high-achieving clients.

### HIGH PERFORMANCE SPECIALISATION

Therapists working with high-performance individuals must frame mental health interventions in a way that aligns with their values and goals. Given the tension between seeking help being perceived as a sign of weakness versus an act of performance enhancement, to get this audience through the doors of a therapy room, we must consider positioning therapy as a tool for optimising performance rather than purely a response to distress. Clinicians should also develop expertise in elite performance culture, understanding the demands, pressures, and expectations that shape clients' experiences. Without this specialised knowledge, therapy risks being perceived as ineffective.

### UNDERSTAND THE ORGANISATIONAL CONTEXT

A client's relationship with mental health support is heavily shaped by the norms, expectations and policies within their organisation. Some high-performance environments proactively integrate mental well-being into leadership and performance development, while others view it as a secondary or even detrimental concern. Therapists should assess how an organisation frames and supports mental health, as this will influence the client's willingness to engage with therapy and their perception of its value. If an environment fosters stigma or negative consequences for seeking help, clinicians should work with clients to develop strategies to navigate these barriers while maintaining their psychological well-being.

### ASSESSING MENTAL HEALTH LITERACY AMONG CLIENTS AND THEIR LEADERS

Therapists should evaluate how literate a client is in recognising, understanding and managing their mental health, as well as the level of mental health awareness among their leadership figures. Clients who lack literacy may struggle to articulate or prioritise their well-being, whereas highly literate individuals may seek therapy proactively. Additionally, leadership attitudes can significantly impact engagement — if managers or coaches minimise mental health concerns, clients may feel deterred from seeking support. Understanding these dynamics allows therapists to tailor psychoeducation, therapy promotion and intervention approaches effectively.

#### MINDFULNESS-BASED INTERVENTIONS AS THE GOLD STANDARD

This review highlights that mindfulness-based and acceptance-based interventions have emerged as the most effective approaches for high-performance individuals. These interventions have been shown to reduce anxiety, enhance focus and improve resilience, aligning well with the demands of elite environments. Given the strong empirical backing, therapists should consider integrating mindfulness-based techniques into their work with high-achievers. Additionally, ensuring these interventions are contextually adapted to the clients specific performance domain increases engagement and effectiveness.

By incorporating these insights into practice, therapists can better support high-performance individuals, ensuring therapy is accessible, relevant, and positioned as an essential component of sustained success.

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## Limitations and Future Research

This study faced several limitations. First, limited research exists on corporate high-performers in relation to therapy engagement. Most literature focuses on athletes and military personnel, highlighting a significant gap in understanding executives' mental health experiences. Future research should specifically investigate how individuals in high performance corporate environments engage with therapy and what interventions are most effective for them. Second, an over reliance on self-reported data across the reviewed studies may have led to underreporting of mental health difficulties due to stigma. Future studies should incorporate objective measures, such as clinical assessments or physiological markers of stress. Finally, a lack of longitudinal research limits understanding of how therapy engagement evolves over time. Future studies should track high-performance individuals throughout different career stages to assess the long-term impact of mental health interventions.

## Conclusion

This thematic analysis highlights that mental health engagement in high-performance settings is significantly shaped by stigma, leadership, systemic barriers, and intervention design. To improve mental health outcomes, therapy must be integrated into performance development, delivered by professionals with contextual expertise, and actively supported by leadership. Future research should prioritise corporate high-performers, expand beyond self-reported data, and examine the long-term impact of mental health interventions. By addressing these gaps, mental health support can become a standardised and integral part of elite performance culture, rather than a last-resort intervention.

02

PART TWO

FIVE SENIOR LEADERS · APRIL 2025

# High Achievers, Hidden Battles

An original qualitative study exploring the therapy experience for individuals in high-performance corporate environments — five senior corporate leaders, in their own words.

PART TWO · ABSTRACT

# Blurred boundaries, achievement as coping, and a hunger for depth with direction.

This qualitative study explored how professionals in high-performance corporate environments engage with therapy. Five senior corporate leaders participated in semi-structured interviews and discussed their experiences of seeking help, the psychological patterns they brought into therapy, and what made support effective. Thematic analysis identified three core themes. First, participants described blurred boundaries between coaching and therapy, noting a difference in theory but frequent overlap in practice. Second, they revealed achievement often functioned as a coping mechanism, shaped by perfectionism, burnout, and emotional control. Third, participants emphasised the need for practitioners who demonstrate independence, contextual understanding, validation, depth, and action-oriented strategies. Findings suggest high-performing individuals could benefit from flexible, blended psychological support that recognises the emotional and professional demands they face. The study highlights the opportunity for therapists to bridge the gap between coaching and therapy to better serve this population.

PART TWO · INTRODUCTION

# A gap in the corporate evidence — and how the lens widened.

This study explored how individuals in high-performance corporate environments experience and engage with therapy, and what factors shape these experiences. Initially, the focus of the literature review was on corporate leaders, specifically those in senior positions. However, when reviewing existing literature, it became clear that few studies had examined mental health or therapy experiences in this group. While some research existed on entrepreneurial populations, studies focusing specifically on senior executives or corporate leadership roles were rare and often did not align closely with this study's research questions.

Given this gap, the study's Systematic Literature Review (SLR) was broadened to include entrepreneurs, elite athletes, and military leaders, populations working under similarly high-pressure, high-performance conditions characterised by leadership responsibility (Erschens et al., 2024), metric-driven performance measurement (Hill et al., 2016) and chronic stress (Gouttebarge et al., 2019).

> When considering prevalence rates, around one in eight of the general adult population experiences a diagnosable mental health condition at any given time (World Health Organization, 2022). However, Freeman et al. (2018) found that nearly 49% of entrepreneurs reported having experienced mental health difficulties. In elite sports, studies have reported rates as high as 51.7% for common mental disorders such as anxiety and depression (Akesdotter et al., 2020). Despite these elevated risks in comparable populations, few studies have systematically explored the mental health challenges faced by senior corporate leaders and how they seek psychological support.

The SLR revealed five core patterns relevant to understanding this population's therapeutic needs:

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### Stigma and career risk fears

Despite significant psychological distress, individuals in high-performance environments often avoided therapy due to fears of stigma (Akesdotter et al., 2020), reputational harm (Hill et al., 2016), and potential career repercussions (Heyman et al., 2021).

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### Siloing of mental health and performance

Psychological wellbeing and performance development were routinely treated as separate domains (Roberts et al., 2016). Workplace cultures often valued individuals solely for output, which discouraged seeking support (Genrich et al., 2022).

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### The critical role of context

The effectiveness of psychological interventions depended heavily on the practitioner's understanding of the client's environment. Therapists without contextual knowledge often struggled to provide relevant or impactful support (Lundqvist et al., 2024).

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### Environmental and leadership influence

Organisational culture and leadership responses significantly influenced whether individuals felt safe seeking help or disclosing vulnerability (Genrich et al., 2022; Sebbens et al., 2016; Erschens et al., 2024).

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### Early promise in tailored approaches

Some success was observed in performance contexts where mental health interventions were adapted to the client's environment, particularly mindfulness and acceptance-based approaches in elite sports (Dehghani et al., 2018; Chen et al., 2018) and military settings (Engelhard et al., 2023). However, there were no such studies found that supported similar research efforts in the corporate leadership environment.

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Although coaching was not the primary focus of the SLR, it emerged as an important adjacent practice throughout. Coaching has become a common form of psychological support in corporate environments, often organisationally sanctioned and associated with performance enhancement rather than emotional wellbeing (Passmore & Brown, 2017). While distinct from therapy, coaching shaped how many individuals thought about psychological support more broadly.

PART TWO · RESEARCH AIMS AND QUESTIONS

# Three questions guided the inquiry.

The present study aimed to build on the SLR findings by conducting a qualitative investigation into how professionals in high-performance corporate environments experience and engage with therapy. Three research questions guided the inquiry:

**RQ1** How do professionals in high-performance corporate environments perceive the distinctions between coaching and therapy, and what factors influence their choice between the two?

**RQ2** What unique experiences do professionals in high-performance corporate environments bring into therapy that therapists need to be aware of?

**RQ3** How can the therapy experience be improved for people in high-performance corporate environments?

PART TWO · METHODOLOGY

# Research Design.

This study employed a qualitative design, using semi-structured interviews to explore the lived experiences of professionals in high-performance corporate environments as they engaged with therapy. A qualitative approach was selected to facilitate in-depth exploration of personal meaning, context, and lived experience, elements that are often inaccessible through quantitative methods (Gill et al., 2008). Semi-structured interviews are particularly effective in qualitative research, as they balance consistency across interviews with the flexibility to explore emerging themes and clarify responses (Gill et al., 2008). This design was well suited to capturing the nuanced psychological and interpersonal dynamics central to the study's aims. Thematic analysis, following Braun and Clarke's (2006) six-phase framework, was used to analyse the data that emerged from five semi-structured interviews recorded and transcribed for this study. Data was collected over the period of a week when each participant was interviewed. Interviews lasted between thirty minutes and one hour and fifteen minutes varying based on the length of the participants answers to interview questions. This method was chosen for its flexibility and suitability in identifying and interpreting patterns of meaning across complex, subjective experiences.

## Participants

A purposive sampling strategy was used to recruit participants who held or had held senior leadership roles in corporate environments and who had engaged with either therapy, coaching, or both forms of psychological support. Three of the participants were known to the researcher from their personal professional network, and recruited through reaching out directly using email and sharing the Participant Information Sheet (see Appendix 3) for background on the study, its aims and highlighting the voluntary and confidential nature of the study. Two additional participants were recruited by word of mouth through the original pool of participants sharing the Participant Information Sheet with their network and introducing two additional participants to the researcher. To protect confidentiality, all names were replaced with pseudonyms and identifying details were removed or altered, a standard practice in qualitative research to uphold ethical integrity and participant anonymity (Kaiser, 2009). In total, five participants (three women, two men) were interviewed, and all had experience working in global technology companies, varying across different industries including consumer goods, investments, air travel, advertising, social media, e-commerce and finance. Participants all shared the defining characteristic of working in high-performance roles with significant leadership responsibility and all of their current employers were predominantly associated with the technology sector. See Figure 1 for details on each participant.

FIGURE 1 · PARTICIPANT OVERVIEW

| PSEUDONYM | AGE | GENDER | LOCATION | CURRENT ROLE |
|---|---|---|---|---|
| **James** | 59 | Male | Ireland | Board member. Previously held Director and Vice President roles in numerous technology companies both in Europe and the United States. |
| **Simon** | 32 | Male | United Kingdom | Global Head of Sales. Previously held numerous Head of Sales roles in global technology companies. |
| **Chloe** | 41 | Female | Ireland | Self-employed Career Coach. Previously held numerous Sales Manager roles in a global technology company. |
| **Charlotte** | 33 | Female | United Kingdom | Senior Client Manager. Previously held numerous Client Manager roles in multiple global technology companies. |
| **Anna** | 34 | Female | United Kingdom | Head of Business Development. Previously held Senior Management roles in multiple European and US technology companies. |

## Data Collection

## Data Collection

Data was collected through in-depth, semi-structured interviews lasting between 60 and 90 minutes throughout the month of April 2025. Interviews were conducted in private, secure settings via Zoom, a secure video conferencing software and followed a flexible guide that explored: participants' experiences with therapy and/or coaching; perceptions of the differences and overlaps between these modalities; factors influencing their engagement or reluctance to engage with psychological support; and reflections on what has or has not worked for them in therapeutic settings. Interviews were audio recorded and transcribed verbatim.

## Ethical Considerations

This study received ethical approval from the IICP College Research Ethics Committee prior to data collection. All participants were provided with an information sheet outlining the study's purpose, what participation would involve, potential risks and benefits and data protection procedures. Contact information for the researcher and a classmate who was nominated as a support should participants require any assistance post-interview were included also. Informed consent was obtained in writing before interviews commenced. Participants were informed of their right to withdraw at any stage of the research without providing a reason. Participants were advised of their right to skip any questions or pause the interview at any time. All interviews were audio recorded with permission and subsequently anonymised. Pseudonyms were assigned, and all identifying information was removed or altered to protect confidentiality, in line with best practice in qualitative research (Kaiser, 2009). The researcher remained alert to signs of participant distress and was prepared to stop or reschedule interviews if needed. No adverse events were reported during or following data collection.

## Data Analysis

Thematic analysis was conducted using Braun and Clarke's (2006) framework, comprising the following phases. **Familiarisation:** the researcher reviewed each transcript multiple times, noting initial observations and patterns. **Coding:** systematic coding was applied to identify features of the data relevant to the research questions. **Theme Development:** codes were reviewed and grouped into preliminary themes, which were then refined and defined. A codebook was created outlining different codes accounted for and relevant quotes associated. You can find this codebook in Appendix 1. **Reviewing Themes:** themes were reviewed to ensure they accurately reflected the dataset and captured key patterns of meaning. **Defining and Naming Themes:** clear definitions were developed for each theme, ensuring consistency and coherence. A summary of the themes and their meaning can be found in Appendix 2. **Producing the Report:** themes were organised to address the research questions, supported by illustrative quotes.

organised to address the research questions, supported by illustrative quotes.

This analytic process was iterative, allowing for the refinement of themes as new insights emerged during coding and review. The methodology reflects a natural progression from the researcher's prior SLR, which identified key gaps in understanding the therapy experiences of individuals working in high-performance environments. While the SLR employed a thematic analysis of existing studies across sport, military, and corporate domains, this study extended the inquiry by collecting and analysing primary interview data from individuals in high-performance corporate environments to directly address gaps in the literature, a common approach when existing research lacks first-person perspectives or contextual depth (Bolderston, 2012).

I THEME ONE · RESULTS

# Navigating Blurred Boundaries Between Coaching and Therapy.

This theme explores how participants navigated and conceptualised coaching and therapy. While theme three addresses what participants valued in effective professional support, this theme focuses on how they understood and engaged with different modalities. Participants described their understanding of coaching and therapy not as clearly distinct interventions but as overlapping and interconnected forms of support. Coaching was widely perceived as future-focused and action-oriented, providing a space to develop skills, build strategies, and work towards aspirational goals. Therapy, by contrast, was often framed as past-focused, helping participants explore underlying emotional challenges or unresolved experiences. However, as participants reflected on their personal experiences with both, these distinctions frequently broke down in practice.

> *"From my understanding, I've always thought of coaching as forward looking statements... whereas therapy to me is more looking backwards at what is potentially causing certain behaviours."*
>
> SIMON · GLOBAL HEAD OF SALES

Chloe, who had engaged in both coaching and therapy, described a similar experience. "With therapy, some of it felt a bit too slow," she noted. "With coaching, I liked the future focus, the action, the more pragmatic, concrete approach." Charlotte also drew a contrast between the two, stating, "With therapy, I used it for a very specific thing and it was extremely helpful and it made me face a lot of things that I'd been avoiding, where coaching was more fluff."

Despite these perceived functional differences, participants described frequent conceptual and experiential overlap between coaching and therapy. Chloe, who also worked as a coach, observed, "Even though I have a psychology background, I'm not a qualified therapist. I might bring some positive psychology frameworks... Some clients continue with me and realise there's a deeper level they need to address alongside coaching."

However, crossing these boundaries was not always welcome. Simon explained, "I've always shied away when coaches try to become more personal. I just don't think it's necessarily right." Others felt the boundaries created limitations. Anna expressed frustration when coaches failed to understand how she typically approached challenges: "There might be more of a disconnect with a coach on, like, their understanding of how I would usually go about a scenario. They're just going to talk me through best practice in general." Chloe, in contrast, felt therapy sometimes lacked an understanding of her work context and identity:

> *"I just found that [the therapist] didn't quite get the work world that I was in... There was a whole area of my life that was important to me, defining myself by my career, and there wasn't even any point in trying to explain the stresses."*
>
> CHLOE · CAREER COACH

James described how, in practice, the boundary between the two became increasingly difficult to maintain, "The lines between coach and therapist for me are so blurred that I would actually prefer that they were all the one."

Organisational structures also shaped participants' engagement with both modalities. Coaching was often employer-arranged or mandatory, particularly at senior levels, whereas therapy was available but typically self-initiated. Simon reflected: "Coaching has been offered to me a lot in my career as kind of a value add to the top... whereas therapy has always been available if I wanted it, but not necessarily given. You had to go asking for it." He added, "At a certain level, coaching wasn't optional. It was mandatory. I would always try to get out of it."

Across the interviews, participants described weighing the trade-offs of both approaches. Some participants suggested that therapy could serve as a useful foundation for coaching. Chloe noted: "I do have clients who tell me they are going to therapy at the moment and many that have done therapy, which as a coach I like hearing because it indicates to me they are probably going to be a good client... more likely to implement change." Others viewed coaching as a valuable entry point into therapeutic work. James described this progression candidly:

> *"The coach is the entry level drug to therapy... for people like me, coaching is probably the place to start."*
>
> JAMES · BOARD MEMBER

Across the interviews, participants expressed a desire for blended support that offered both the forward momentum of coaching and the emotional depth of therapy.

2 THEME TWO · RESULTS

# The Drive to Succeed and Its Psychological Toll.

This theme explores the powerful internal drivers that shaped participants' patterns of achievement, emotional regulation, and burnout. While theme one addressed how participants navigated different forms of professional support, and theme three focuses on what they valued in practitioner relationships, this theme examines the psychological costs of their high performance. For many, success was not simply a goal but became a coping mechanism. Achieving provided fleeting relief from anxiety and self-doubt, reinforcing a compulsive cycle of striving.

> *"I hate it in the moment, but I love the adrenaline afterwards. I get high off the bounce back."*
>
> SIMON

James reflected on the relentlessness of pace: "When you're on the treadmill, you don't know anything else other than speed." Chloe spoke of the relief found in completing tasks: "When you're there putting slides together and your eyes are dry... maybe if I'd ticked something off the list, that feels like some sort of achievement." Charlotte described restoring control through success: "I go above and beyond until I can fix it... then I feel better." She reflected, "My ability to perform at a high level impacts my mental health. If I'm not achieving, even though I'm doing everything I can, that really stresses me out."

Underlying this drive was a persistent fear of failure and a need to prove worth. For James, this fear first crystallised early in his career. Recalling a vivid moment at age 23, he described driving up a busy road after experiencing his first serious professional setback: "I could just close my eyes, get to the top, and if I get hit, I get hit. Every time since... it's like driving over my grave." He reflected, "And this was like two years into my work career that an approach to failing is the ultimate quit." From that moment, failure was not simply an outcome to avoid; it carried such profound despair that, at times, suicide felt like the only solution. He added, "Successes can be great and monetarily excellent. The perceptions of the failures are frighteningly low, and that causes really demonic things to go around in your head." Chloe described a similarly harsh internal dialogue: "The critical voice is very loud and self-doubt is very loud." Anna reflected on how showing vulnerability at work could permanently damage perceptions of competence: "When I tried to share this vulnerability... that was the only way she saw me, as someone that couldn't do the job." Charlotte admitted, "I feel like a failure for asking for help."

Despite the dangers, burnout and hardship were often reframed as necessary for growth. Simon reflected, "Sometimes pressure is good. It sharpens me, but too much and I just shut down." He added, "Being in that chaos made me a better leader. At a cost, sure. It was miserable, but I came out of it stronger." He continued, "What grew my career was a very abusive relationship. It showed me the power of resilience and getting shit done." Charlotte agreed: "I used to just push through. Now I realise it's not good for me, but it did build resilience."

Yet most participants continued to push themselves beyond healthy limits. Chloe remarked, "I keep raising the bar so I never really get to celebrate success. The pressure just resets. It's relentless." James described, "It's like climbing a mountain. The air gets more rarefied as you go up. Can you get to the top without hitting complete oxygen debt? Or are you just moving to a higher peak and repeating the exercise?" Simon reflected, "I do worry I'll take it a step too far once and break." James added, "Let me pile extreme on top of extreme on top of extreme. It doesn't work." Charlotte acknowledged, "I don't ask for help until I'm at breaking point."

As careers advanced, many reported increasing isolation. James noted, "Until probably the last three or four years, I never had a peer I could really have an open, honest conversation with." Chloe observed, "If I'm a director with my director peers... I'm in competition with them." Anna described, "I was completely overwhelmed, so stressed, and I didn't have anyone that was more of a confidant."

A relentless inner critic often fuelled these patterns. James focused on his mistakes: "The crystal clear memory I have is of the mistake I made." He reflected, "It took me a long time to realise that I've actually been very successful." Chloe described thinking, "I'm shit at everything." Simon noted, "I sometimes think it's bollocks that psychological safety gets you the best out of people. The best comes when you strain yourself." Charlotte described judging her career struggles with the thought, "I should be able to do this."

Even when disclosing vulnerability, participants described managing it as a strategic calculation. Chloe reflected:

> *"I'm a lot more cautious and strategic with vulnerability the more senior I get. Vulnerability in leadership? For those below, it's a good tactic. But upwards? That's ammo."*
>
> CHLOE

Simon shared, "Even when I'm sharing, I'm thinking: how is this going to be perceived?" Anna recounted the career impact of revealing difficulty to a new manager: "I was overwhelmed, said it aloud to my new manager, and I think that's all she ever saw of me after that." Simon added, "I told a couple of my directs, but hid it from leadership. There's still a stigma, especially upwards." Meanwhile, James' description of constant mental vigilance captured the broader context of this strategic mindset: "How can you chill out if you think everything's a chess game? If you're thinking four moves ahead... it's difficult." Finally, the emotional and physical toll became severe. Charlotte said, "I often don't realise I've been really stressed until my body tells me. My neck seizes up."

3 THEME THREE · RESULTS

# Balancing Performance and Emotional Safety in Professional Support.

While theme 1 addressed how participants navigated the boundaries between coaching and therapy, and theme 2 explored their internal drivers and psychological tolls, this theme examines what participants valued most in the professional support they sought and what they believe individuals in high-performance environments need from the therapy experience. Participants described in detail what made coaching and therapy feel effective, trustworthy, and meaningful. While preferences varied, six consistent priorities emerged: independence and impartiality; validation; contextual understanding; depth; emotional safety combined with constructive challenge; and action-oriented support. A broader insight also became clear: participants increasingly sought a blended approach that offered both psychological depth and strategic guidance.

A primary concern for James was the need for independent and impartial practitioners. He distrusted employer-arranged support, fearing coaches or therapists might align with corporate interests or report back to the organisation: "You can get a professional coach provided it's their coach, which is a huge problem... you always feel it's going to be reported back... I am now, I feel exposed." He added, "The independence and the impartiality... it had potential career ramifications. Done correctly, it builds trust. Not done correctly, there is no trust." While others did not raise this concern explicitly, all valued trustworthy and confidential relationships.

Participants also valued validation and normalisation of their emotional experiences. Anna said, "The fact I just knew the thing I was feeling was normal." She added, "Having an emotion validated" and "I think talking to her, knowing that I'm not crazy." Charlotte valued having a space where she could share openly without judgement: "I could just air everything out and feel like I wasn't getting judged." For James, a major turning point in therapy was realising: "It got me to accept that I wasn't nuts."

Contextual understanding was another priority. Simon described how he carefully evaluated coaches based on their industry credibility: "With a coach... I can very quickly suss versus the therapist, I don't know what the fuck they're doing... I just assume [therapists] are qualified versus the coach. I'm like, look at their LinkedIn. If I'm not impressed by them, I don't talk to them." Chloe noted that one therapist's lack of contextual knowledge led her to avoid discussing work entirely: "I felt there was a whole area of my life that was important to me... defining myself very much by my career... there wasn't even any point trying to explain the stresses." She described her ideal coach as, "A tech plus psychology blend... someone who really gets the complexity." Anna also noted her frustration with coaches offering generic advice without understanding her usual approaches. James described a different but related experience of contextual resonance. While he did not seek coaches with industry knowledge, he reflected on how his long-term coach demonstrated deep understanding through personal experience:

> *"He came to meet me and spent the first 20 minutes talking about how he got into coaching. It was because he got within minutes of taking his own life, pulled himself back from the brink… But what I didn't realise was he was actually holding a mirror up to me… I had never, ever looked in the mirror and dealt with the demons."*
>
> JAMES

Participants also valued depth. While James noted a clear difference in purpose, "Walking out of a coaching session, I came out with tactics. Therapy was two levels above that." Others felt that some coaching lacked substance. Anna remarked, "Coaches often lacked context and just offered generalised best practices." Charlotte described some coaching experiences as "just fluff." Simon commented on inconsistency in coaching quality: "In general, probably what I've learned from coaches is you have to go through a lot of them until you get someone that works for you."

Emotional safety combined with constructive challenge was essential. Charlotte recalled, "Stating what I didn't want to hear really helped me... laying out what the future was going to look like was exactly what I needed." Chloe described needing not just listening but active challenge: "After three or four sessions, you're like, I need stuff back. I need questions. I need insights. I need my beliefs to be checked and challenged." Simon reflected, "Therapy worked because the therapist asked the difficult questions without trying to upsell anything. They just identified the real issue."

Participants also emphasised action-oriented support. Chloe said, "Homework works for me and I don't always do it but it works for me." Simon reflected, "The therapists that worked for me weren't just listening. They challenged me on my beliefs and assumptions." Charlotte agreed: "Stating what I didn't want to hear really helped me... laying out what the future was going to look like was exactly what I needed."

A consistent theme was that participants no longer sought a binary choice between coaching or therapy. Instead, they wanted professionals who could offer psychological insight, strategic thinking, contextual understanding, and practical challenge. As Chloe summarised, the ideal was a "tech plus psychology blend." Simon echoed this desire for integrated support: "If there was a bit of overlap between the two, it would be awesome."


SUMMARY

Across all three themes, participants described navigating the complexities of coaching and therapy while managing the intense psychological demands of high-performance careers. Their accounts revealed blurred boundaries between support modalities, the emotional costs of relentless achievement, and the critical importance of depth, validation, and contextual understanding in professional psychological support. These findings provide a foundation for understanding how high-performing individuals in corporate environments perceive and engage with therapy, offering key insights to inform the following discussion of their implications, limitations, and future directions.

RQ1

# How do high-performing professionals perceive the distinctions between coaching and therapy, and what factors influence their choice between the two?

At a conceptual level, participants initially perceived coaching and therapy as distinct. Coaching was seen as pragmatic, future-oriented, and focused on performance goals, while therapy was viewed as emotionally exploratory and past-focused. This distinction reflected how they understood the two modalities when first engaging with them. This understanding reflects a similar separation of performance interventions from psychological support interventions evidenced in the sport psychology literature (Roberts et al., 2016).

However, lived experiences revealed that these categories rarely held firm. In practice, the boundary between coaching and therapy was fluid, shaped by practitioner flexibility, the complexity of participants' challenges, and organisational structures. Coaches sometimes explored emotional territory; therapists occasionally offered strategic guidance. While this flexibility was sometimes valued, participants also described challenges when practitioners lacked depth, emotional understanding, or contextual knowledge of their industries and identities. This desire for additional contextual knowledge to be integrated into the providers experience reflects similar findings from the literature review when exploring elite athletes and their experience with therapeutic support (Lundqvist et al., 2024). Perceptions, therefore, evolved over time: from seeing coaching and therapy as separate interventions to understanding them as overlapping, with limitations in both when applied to complex professional lives.

As for the factors influencing participants' choices between the two, three key elements emerged:

### PRACTITIONER FLEXIBILITY

Participants preferred coaches and therapists who could move fluidly between insight and action, adapting their methods to the client's needs rather than adhering strictly to professional boundaries.

### ORGANISATIONAL CONTEXT

Coaching was often employer-arranged or mandatory at senior levels. Some embraced this support; others, like Simon and Caroline, found it imposed or misaligned with their readiness for change. Therapy was typically self-initiated, offering greater autonomy but requiring more personal effort to access.

### DESIRE FOR INTEGRATED SUPPORT

Ultimately, participants sought blended approaches combining psychological insight, practical strategy, and contextual understanding. Their choices reflected a desire for holistic support that neither coaching nor therapy, as currently structured, fully provided. This finding suggests a broader implication: the needs of high-performing professionals may require new integrated models of support that transcend the traditional boundaries between coaching and therapy. This preference for flexibility and blended approaches reflects patterns noted in the broader literature, where the siloing of mental health and performance domains has been identified as a persistent barrier to effective support in high-performance settings (Genrich et al., 2022).

In summary, participants initially perceived clear distinctions between coaching and therapy, but their experiences showed that these lines were often blurred in practice. Their choices were influenced by practitioner flexibility, organisational dynamics, and, most importantly, a desire for integrated, adaptive support that addressed both their professional goals and emotional wellbeing.

RQ2

# What unique experiences do high-performing professionals bring into therapy that therapists need to be aware of?

Participants' narratives revealed a consistent set of psychological patterns and life experiences that therapists should consider when working with this group.

## Achievement as emotional regulation

Success was not merely a goal but a strategy for managing difficult emotions. Achieving, performing, and "bouncing back" provided temporary relief from anxiety, self-doubt, and distress. When not performing at a high level, participants reported significant emotional discomfort, including stress, burnout, and in some cases, thoughts of self-harm. Therapists should be aware that for these clients, perfectionism and relentless striving may serve as coping mechanisms, not just personality traits.

## Fear of failure and the internal critic

Participants described a harsh, self-critical internal dialogue and an overwhelming fear of failure. This internal critic often drove overachievement but also fuelled anxiety, burnout, and isolation. This hyper-focus on past mistakes made it difficult for client's to make room for any positive self-appraisal with some participants placing a higher value on criticism because of a belief of the role it plays in their self-improvement and achievement.

## Addiction to pace and intensity

A compulsive attachment to speed, challenge, and the cycle of "crash and bounce back" was evident. Some participants described this as addictive, recognising the emotional highs they experienced when overcoming adversity or pushing through extreme workloads.

## Isolation and loneliness at senior levels

As they progressed in their careers, participants experienced increasing isolation. Trusted peers became fewer, and the competitive nature of leadership roles intensified their sense of being "on their own." Therapists should be attuned to the unique loneliness experienced by clients in high-pressure, senior positions.

## Strategic management of vulnerability

Participants described carefully controlling when, how, and to whom they disclosed emotional challenges. Vulnerability was used tactically, to inspire junior colleagues or build psychological safety, but rarely shared upward, where it was seen as a liability. Some participants, for example Anna, revealed how expressing her performance challenges to her manager had impacted how her manager saw her from then on. This is in line with the finding in the literature reviewed that highlighted the fear of stigma and career impact revealing one's struggles with their managers could have. This finding was present in particular in studies of military environments where one study highlighted a fear of career impact for seeking mental health support (Engelhardt et al., 2023) and another highlighted fear of being involuntarily discharged from the military (Heyman et al., 2021). This behaviour may have important implications for therapy, where open emotional expression is essential. While participants did not describe this dynamic within therapy itself, it is likely that similar patterns influence how they engage in therapeutic settings. Therapists should be aware that clients may unconsciously apply the same caution in sessions, requiring careful attention to creating safety and addressing these learned strategies of emotional control.

## Burnout reframed as resilience

Many participants reframed their experiences of burnout and hardship as evidence of strength and growth. While this sometimes reflected genuine resilience, it also risked reinforcing patterns of overwork and self-neglect. Therapists should explore how clients narrate and make sense of their burnout experiences. This was not a topic that was present in the literature reviewed as part of this study, thus highlighting a new contribution to this body of research.

The interplay of perfectionism, emotional control, and strategic vulnerability described here echoes dynamics highlighted in other high-performance populations, including elite sport (Gouttebarge et al., 2019) and entrepreneurship (Freeman et al., 2018), where similar pressures shape help-seeking behaviours and therapeutic engagement. In summary, therapists working with high-performing professionals should be prepared to navigate a complex interplay of perfectionism, fear of failure, emotional regulation through achievement, isolation, and controlled vulnerability. These dynamics are not simply presenting problems but fundamental ways of engaging with the world, and may shape the therapeutic relationship itself.

# RQ3 How can the therapy experience be improved for high-performing professionals?

Participants' reflections revealed six consistent priorities that therapists should be aware of when working with this population. While preferences varied, they highlighted common needs rooted in participants' experiences of both therapy and coaching, as well as the broader psychological demands of their professional lives.

Independence and impartiality of the support provider were paramount. Employer-arranged coaching or therapy was frequently distrusted, particularly by senior leaders, due to fears that such services might align with corporate interests or compromise confidentiality. Participants valued therapeutic relationships where independence was explicit and trust was actively established. This is in conflict with the stances found in the elite sports environment, where some researchers suggest integrating clinicians directly into the talent development environments would be an effective solution (Hill et al., 2016). For therapists, this suggests the importance of clearly communicating confidentiality boundaries and reinforcing their neutral, client-centred stance, especially for clients accustomed to support embedded within workplace dynamics.

Participants consistently valued validation and normalisation of their psychological experiences. Many described relief when practitioners recognised their emotional struggles as understandable responses to high-pressure environments, rather than personal failings. For individuals often isolated in their distress and accustomed to high self-criticism, normalisation served as an early corrective to self-doubt and shame. Therapists should prioritise this validation, particularly in the initial stages of therapy, to counteract clients' tendencies to minimise or pathologise their emotional experiences.

Contextual understanding of the work environment the client exists within was essential. Several participants described avoiding discussion of work-related stress in past therapy experiences because they felt practitioners lacked understanding of their industries or the status-related pressures they faced. Others expressed frustration with generic advice that overlooked the realities of leadership and high performance. Therapists do not necessarily need direct corporate experience, but should demonstrate curiosity about clients' professional worlds, or be transparent about any learning curve, to encourage fuller disclosure.

Depth and substance distinguished meaningful therapeutic experiences from superficial ones. Participants valued therapists who could explore complex emotional patterns while also offering practical relevance. Approaches that felt generic or overly simplistic were often dismissed. Flexibility and an ability to integrate psychological insight with strategic thinking were highlighted as markers of effective practice.

Emotional safety combined with constructive challenge was key. Participants appreciated therapists who provided warmth and security, but also engaged actively in questioning beliefs, highlighting patterns, and encouraging behaviour change. They expressed frustration with purely reflective or passive approaches, preferring therapists who could balance empathy with appropriate directness.

Participants sought an integration of insight and action. They valued therapeutic work that went beyond emotional understanding to include strategies for change and, in some cases, tasks between sessions. Action-oriented support enhanced engagement and fostered a sense of progress.

Overall, participants did not seek traditional therapy or coaching alone, but rather an integrated model of support combining psychological depth, strategic insight, contextual understanding, and practical challenge. These findings suggest that therapists working with high-performing professionals could seek to balance flexibility and expertise across these domains to meet the complex and evolving needs of this population. While these priorities align with themes identified in previous literature, including the critical importance of contextual understanding and depth (Lundqvist et al., 2024), this study extends the field by articulating how these needs manifest specifically in senior corporate and entrepreneurial leaders, a population previously underexplored.

# Summary.

This study explored how high-performing professionals perceive the distinctions between coaching and therapy, the psychological experiences they bring into therapeutic settings, and how therapy can be improved to meet their complex needs. The findings revealed that while participants initially viewed coaching and therapy as distinct, their lived experiences blurred these boundaries. Choices between the two were shaped less by modality and more by practitioner flexibility, organisational context, and a desire for integrated, adaptive support.

Participants' psychological landscapes were characterised by intense ambition, fear of failure, self-criticism, and a compulsive drive to succeed. Achievement often functioned as emotional regulation, with burnout and vulnerability managed strategically rather than openly. These patterns, while adaptive in demanding professional environments, have profound implications for therapeutic work. Therapists must recognise not only the presenting issues but also the deeper dynamics of emotional control, perfectionism, and calculated disclosure that clients may unconsciously bring into therapy.

## Limitations

While this study provides valuable insights into the therapeutic experiences and preferences of high-performing professionals in corporate environments, several limitations should be acknowledged. First, the sample size was small (n = 5) and purposively selected, which, while appropriate for qualitative research, limits the generalisability of the findings to broader high-performance populations. Second, participants were drawn from similar corporate industries, potentially narrowing the diversity of perspectives. Third, the researcher's dual role as a psychotherapist and corporate leader may have introduced biases in data interpretation, despite efforts to maintain reflexivity. Finally, as with all qualitative studies, the findings reflect participants' self-reported experiences and perceptions, which may be influenced by recall bias or social desirability.

## Recommendations for Future Research

Future studies should consider larger and more diverse samples, including high-performing professionals from a wider range of industries and cultural contexts. Longitudinal research could provide deeper insights into how therapeutic needs and preferences evolve over time. Additionally, quantitative studies could test the prevalence of the psychological patterns identified here, such as achievement as emotional regulation and strategic vulnerability, across larger populations. Finally, applied research exploring the design and evaluation of integrated coaching-therapy models could further inform best practices for supporting high performers in both corporate and clinical settings.

## Implications for Clinical Practice

This study offers several key implications for therapists working with high-performing professionals in corporate environments. First, therapists should recognise that achievement behaviours may serve as emotional regulation strategies, not just markers of ambition or personality. Second, practitioners should be aware of the potential for strategic emotional disclosure, which may limit clients' willingness to engage fully in therapy. Therapeutic approaches should explicitly balance validation, contextual understanding, and practical challenge, offering clients both emotional depth and action-oriented support. Flexibility across coaching and therapeutic techniques, or collaboration between professionals across these domains, may also enhance outcomes. Finally, therapists should be prepared to navigate complex organisational dynamics, including clients' fears of stigma, reputational risk, and confidentiality concerns.

*More broadly, the study highlights a potential gap in traditional coaching and therapy models. As the demands on professionals evolve, so too must the support systems designed to serve them, potentially calling for new, integrated approaches that transcend traditional boundaries.*

# Systematic Literature Review.

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*Success and suffering can, and often do, exist side by side.*

Jill Pierse · MSc Psychotherapy · IACP Accredited Psychotherapist (M16474). This research informs the clinical work at Chapters Therapy with leaders, founders and high performers.