

Bonus Coaching Scripts

DOWNLOADABLE BONUS COMPANION

This appendix provides ready-to-use language for common coaching situations. These scripts are starting points, not rigid formulas. Adapt them to your voice and your client's needs. The goal is to have language prepared for difficult moments, so you are not searching for words when your client needs you most.

Scripts are organized by situation: session openings, emotional support, pacing conversations, goal setting, referrals, and boundary setting. Each includes context notes and, where relevant, alternative phrasings.

Reference: Chapter 8 (Adapted Coaching Conversations)

Pre-Session Conversation with a New Client

Coach: “Before we dive in, I want to check in about how you're doing right now. On a scale of 0 to 10, where 10 is your best, and 0 is completely depleted, where would you put your energy level today?”

(Wait for response. If below 4, consider offering a shorter session.)

Coach: “Thank you for sharing that. I want you to know that in our work together, your capacity comes first. If at any point you need to take a break, lie down, turn off your camera, or end early, that's not just okay; it's information we can use. There's no powering through here.”

Coach: “I also want to be clear about what coaching is and isn't. I'm not a doctor or therapist. I won't be diagnosing anything or recommending treatments. What I can do is support you in living your life as fully as possible within your current reality, whatever that looks like. Does that make sense?”

(Allow client to ask clarifying questions about the coaching relationship.)

Returning After a Flare or Crash

Coach: “It’s good to see you. I know you’ve been through a rough patch. Before we do anything else, how are you right now, in this moment?”

(Listen without rushing to problem-solve.)

Coach: “Thank you for being here even when things are hard. I want you to know there’s no pressure to be productive today. We can use this time however serves you best, whether that’s working on something specific, processing what happened, or just having a low-key conversation. What feels right?”

(Follow the client’s lead. If they want to process the flare, use grief/emotional support scripts. If they want to look forward, gently explore what might be sustainable.)

Client Arriving Depleted

Coach: “I’m noticing you seem really depleted today. On a 0-10 scale, where are you?”

(If 3 or below:)

Coach: “I appreciate you showing up, and I want to respect where your body is right now. We have a few options: we could do a very gentle, low-load session, maybe just 15-20 minutes of checking in. We could reschedule to a day when you have more capacity. Or we could do something in between. What feels right to you?”

(If client insists on a full session:)

Coach: “I hear that you want to make the most of our time. I also know that pushing through when depleted can have a cost. What if we start gently and check in partway through? We can always do more if you’re feeling okay, but we can’t undo overdoing.”

Standard Capacity Check-In (Every Session)

Coach: “Before we begin, I’d like to do our usual check-in. How’s your body today? How’s your brain? And how’s your emotional bandwidth?”

(This covers all three energy domains. Normalize brief responses.)

Coach: “Based on what you’ve shared, does a full session feel sustainable today, or would a shorter session serve you better?”

(Affirm whatever they choose without judgment.)

Reference: Chapter 9 (The Emotional Landscape)

When Grief Surfaces Unexpectedly

(Client becomes tearful or expresses loss mid-conversation.)

Coach: “I can see this is bringing up a lot of feelings. That makes complete sense. Would you like to stay with this for a moment, or would you prefer to set it aside for now?”

(If they want to stay with it:)

Coach: “I’m here. Take whatever time you need.”

(Allow silence. Resist the urge to fill space or fix.)

Coach: “What you’re feeling- this grief for what you’ve lost- it’s not a problem to solve. It’s a natural response to real loss. You don’t have to be anywhere other than where you are right now.”

When Identity Feels Lost

Client: “I don't even know who I am anymore. Everything that made me 'me' is gone.”

Coach: “That's one of the hardest parts of chronic illness, the way it disrupts our sense of self. Can I ask you something?”

Client: “Sure.”

Coach: “When you think about the people who love you, what do you imagine they would say they value about you? And I mean qualities, not accomplishments.”

(This question often surfaces values and characteristics that persist despite illness. Allow time for reflection.)

Coach: “Those qualities you just named, they're still here. The illness may have changed what you can do, but it hasn't erased who you are.”

When Client Expresses Hopelessness

Client: “What’s the point? Nothing is going to change. I’m just going to keep getting worse.”

(First, assess for suicidal ideation (see Referral Scripts). If not actively suicidal:)

Coach: “It sounds like you’re in a really dark place right now. I’m not going to try to talk you out of how you feel, because this is hard, and feeling hopeless sometimes makes sense.”

Coach: “Can I ask, when you say ‘nothing is going to change,’ what would change look like? What would you need to see to feel even a little bit of hope?”

(This opens exploration without toxic positivity. Listen for what matters to them.)

Coach: “I hear you. And I want you to know that even on days when hope feels impossible, I’m going to keep showing up. You don’t have to feel hopeful for our work to matter.”

When Client Expresses Anger

Client: “I hate my body. I hate this illness. I hate everything about my life now.”

Coach: “That anger makes complete sense. You’ve lost so much, and the unfairness of it is real. You don’t have to soften this or be okay with it.”

(Allow the anger without redirecting. Then:)

Coach: “What do you need right now? Do you need to keep expressing this, or is there something else that would help?”

(Some clients need to vent; others need to move to action. Follow their lead.)

Explaining the Acceptance Paradox

Client: “Everyone keeps telling me I need to accept this. But if I accept it, doesn’t that mean I’m giving up?”

Coach: “That’s such an important question, and I think the word ‘acceptance’ causes a lot of confusion. Can I share how I think about it?”

Client: “Please.”

Coach: “Acceptance doesn’t mean you stop hoping things will improve. It doesn’t mean you stop pursuing treatment or give up on having a good life. What it means is that you stop fighting against the reality of where you are right now. You can accept today’s limitations while still working toward tomorrow’s possibilities. Both can be true at the same time.”

Coach: “Think of it this way: if you’re lost in a forest, acceptance means acknowledging where you actually are, not where you wish you were. That’s not giving up on getting out. It’s the starting point for finding your way.”

Reference: Chapter 7 (The Art of Pacing)

Introducing the Energy Envelope Concept

Coach: “I’d like to share a concept that might help make sense of what you’re experiencing. Have you heard of the ‘energy envelope’?”

Client: “No, what is it?”

Coach: “Think of your available energy as a container with a fixed size, your envelope. In a healthy body, you can temporarily exceed your envelope, feel tired, rest, and recover. But in conditions like yours, exceeding the envelope can trigger a crash that takes days or weeks to recover from.”

Coach: “The tricky part is that your body’s fuel gauge is unreliable. You might feel fine in the moment, but pay for it 24 to 72 hours later. So pacing isn’t about how you feel right now. It’s about staying within what your body can actually sustain.”

Client: “That explains why I crash after good days.”

Coach: “Exactly. The goal of pacing is to find your sustainable baseline and stay within it, especially on days when you feel like you could do more.”

After a Boom-bust Episode

Client: “I did it again. I had a good day, and I overdid it, and now I'm paying for it.”

Coach: “I'm sorry you're in this place. Before we talk about what happened, how are you doing right now?”

(Check in on current state before any analysis.)

Coach: “Can we look at this with curiosity rather than judgment? Something pulled you to do more on that good day. What was it?”

(Common drivers: accumulated demands, guilt, fear of losing capacity, worth-as-output conditioning, hope that 'this time is different'.)

Coach: “That's such a human response. These patterns make sense, even when they hurt us. The question isn't 'why did I do this wrong?' but 'what need was I trying to meet, and is there another way to meet it?’

When Client Resists Pacing

Client: “Pacing feels like giving up. I refuse to let this illness define me.”

Coach: “I hear how important it is to you not to be limited by this illness. That fighting spirit has probably served you well in other areas of life.”

Coach: “Can I offer a different way to think about pacing? It's not about giving in to the illness. It's about being strategic. When you push past your limits and crash, the illness wins those days completely. When you pace, you're choosing sustainable engagement over boom-and-bust cycles.”

Coach: “What if pacing isn't surrender? What if it's playing the long game?”

(Allow client to respond. This reframe works for some clients; others need more time.)

Celebrating Sustainable Choices

Client: “I had a good day yesterday, and I actually stopped before I was exhausted. I could have done more, but I didn't.”

Coach: “That's huge. Can we pause and acknowledge what you just did? You had energy available, and you chose not to spend it all. You chose sustainability over short-term productivity.”

Coach: “How did it feel to make that choice?”

(Explore both the difficulty and the benefit.)

Coach: “This is the foundation of getting more stable. Not pushing harder, but choosing wisely. I'm really glad you're seeing the results.”

Reference: Chapter 6 (Rethinking Goals)

Introducing Range Goals

Coach: “I want to introduce a different way of thinking about goals. Instead of setting one fixed target that you either hit or miss, we're going to create three versions of each goal: one for good days, one for typical days, and one for difficult days.”

Client: “So I'm lowering my standards?”

Coach: “Actually, we're raising the accuracy of your plan. A goal that doesn't fit your body isn't ambitious; it's just inaccurate. We're building something that works with your reality instead of against it.”

Coach: “The key shift is this: success isn't about which tier you use. Success is choosing the tier that matches your actual capacity today. Using the Conservation tier on a difficult day is a win, not a compromise.”

When the Client Says “This Feels Like Giving Up”

Client: “I don't know. This feels like giving up. Like I'm just accepting that I'll never get better.”

Coach: “I hear that concern, and I want to address it directly. We're not giving up on anything. We're not saying you won't improve. What we're doing is building a structure that works right now, with your body as it actually is today.”

Coach: “Think of it this way: if you keep setting goals your body can't meet, you'll keep experiencing failure. That failure erodes your confidence and often leads people to stop trying altogether. That's giving up. What we're doing is the opposite: we're creating a way for you to keep moving forward, whatever forward looks like on any given day.”

(If client remains hesitant:)

Coach: “Would you be willing to try this approach for four weeks as an experiment? We can reassess then. If it's not working for you, we'll adjust.”

When the Client Dismisses the Conservation Tier

Client: “Standing at the window for one minute? That doesn't even count as exercise. That's nothing.”

Coach: “I understand why it feels that way. You used to do so much more. But let me ask you this: on your hardest days, when even getting out of bed feels like climbing a mountain, would standing at the window for one minute maintain some connection to movement?”

Client: “I guess. But it's embarrassing.”

Coach: “The embarrassment makes sense. You're comparing yourself to who you used to be, or to people who aren't living with your condition. But here's what I want you to consider: on your hardest days, maintaining any connection to this value is significant. The Conservation tier isn't 'less than.' It's appropriate to your reality. Choosing it when you need it is a skill, not a compromise.”

Coach: “And on days when even the Conservation tier is too much, rest is the goal. Choosing rest is success when rest is what your body needs.”

When the Client Dismisses Rest as “Doing Nothing”

Client: “So some days my goal is just... nothing? That feels like failure.”

Coach: “Rest is not nothing. Rest is not the absence of a goal. Rest is an active choice to protect your future capacity.”

Coach: “On days when any expenditure would deepen your deficit, rest is the most important thing you can do. It's not giving up. It's strategic. You're protecting tomorrow's energy by not spending what you don't have today.”

Client: “But I feel so guilty when I rest.”

Coach: “That guilt makes sense. You've been taught that productivity equals worth. But that equation doesn't account for bodies that work differently. For you, rest isn't laziness. Rest is how you stay in the game. Choosing rest when you need it is one of the hardest and most important skills we're building.”

When Revising a Goal Feels Like Giving Up

Client: “I can't believe I have to change the goal again. I feel like I keep failing.”

Coach: “Let's pause on that word ‘failing.’ What actually happened?”

Client: “My symptoms got worse. I couldn't do what I planned.”

Coach: “So your body gave you new information. Your circumstances changed. And now we’re responding to that information by adjusting the plan. That’s not failure. That’s exactly what we’re supposed to do.”

Coach: “This goal belonged to a different version of your capacity. We set it when things looked different. Now things have changed, and the plan needs to change too. Adapting isn’t failing. It’s the whole point of the Adaptive Capacity Goal Typology.”

(Use the Goal Revision Ritual from Chapter 6: Acknowledge what changed, Affirm what was attempted, Release the previous form, Reconstruct with current reality.)

When the Client Consistently Uses the Expansion Tier

Coach: “I’m noticing something I want to check in about. Looking at your tracking, you’ve used the Expansion tier most days over the past two weeks. Can we talk about that?”

Client: “I’ve been feeling pretty good! I figured I should take advantage of it.”

Coach: “I appreciate that you’re feeling better, and I also want to be careful here. Remember, the Expansion tier is a permission slip for days when your body has actual surplus. It’s not the target. It’s not the ‘real’ goal that you’re striving for.”

Coach: “When we consistently use Expansion, a few things might be happening. It might mean your Baseline tier is actually set too low and needs adjusting. Or it might mean the old pattern of pushing is reasserting itself, and we’re heading toward a crash.”

Client: “You think I’m overdoing it?”

Coach: “I think it’s worth asking the question. How does your body actually feel? Not ‘wired’ energy that comes before a crash, but true, sustainable capacity? And what does your experience tell you about what usually happens after a stretch of doing more?”

(Explore patterns. If client has history of boom-bust cycling, name it explicitly. Consider adjusting tiers or reinforcing the Good Day Contract (See Appendix F.3).)

Holding Space for Grief About Baseline

(When a client becomes emotional while establishing their realistic baseline:)

Coach: “I notice we just named something painful. Take whatever time you need.”

(Allow silence. Do not rush to problem-solve or offer silver linings....)

Coach: “The distance between where you used to be and where you are now is real. It makes sense that this hurts.”

(If client tries to push past the emotion:)

Coach: “We don’t have to rush past this. This is a real loss you’re naming. Your grief is appropriate.”

(Only when client is ready:)

Coach: “When you’re ready, we can continue building the goal. But the grief doesn’t have to be finished first. It can be here with us while we work.”

See Chapter 9 for extended guidance on grief work.

Introducing the Values-Capacity Matrix

Coach: “I want to show you a tool that might help on days when you’re not sure what you can do. It’s called the Values-Capacity Matrix.”

Coach: “The idea is simple: we take the things that matter most to you, your core values, and we figure out how you can express each one at different capacity levels. So on a high-capacity day, connection with your kids might look like playing on the floor together. On a low-capacity day, it might look like reading aloud while you’re lying down. Both are real expressions of the same value.”

Client: “So I’m not just abandoning what matters when I’m having a bad day?”

Coach: “Exactly. You’re not abandoning anything. You’re finding a different way to affirm it. The value stays constant. The expression adapts to what your body can offer.”

(Work through the matrix together. See Chapter 6 and Appendix B for the template.)

Warm Referral to Mental Health Professional

Coach: “I want to share something I’ve been noticing in our conversations. It sounds like you’re carrying a lot right now, grief, anxiety, some really heavy feelings about your situation.”

Coach: “As your coach, I can support you in many ways, but some of what you’re describing goes beyond what coaching can address. I think you might really benefit from working with a therapist who specializes in chronic illness.”

(Pause for response. Address concerns without backing down from the referral.)

Coach: “This isn’t me saying I can’t work with you anymore. I’d like to continue our coaching. But I think you deserve more support than I alone can provide. Would you be open to exploring that?”

If yes, offer specific names if you have them, or help them identify what to look for in a therapist.

Reference: Chapter 14 (Scope of Practice)

Assessing for Suicidal Ideation

(When a client expresses hopelessness, always assess directly.)

Coach: “When you say you don’t see the point, I want to make sure I understand what you mean. Are you having thoughts of harming yourself or ending your life?”

(If NO: “Thank you for being honest with me. I wanted to ask directly because I care about your safety.”)

(If YES or UNCLEAR:)

Coach: “I’m really glad you told me. I need to ask a few more questions to understand how you’re doing. Do you have a plan for how you would harm yourself?”

(If they have a plan and means, this is a crisis. Stay on the line, contact emergency services if needed. Do not end the session until safety is established.)

Coach: “Your safety matters more than anything else we could work on. I want to help you get the support you need right now. Can we talk about who you can reach out to?”

When Client Resists Referral

Client: “I don’t want to see a therapist. I’m not crazy. I just have a chronic illness.”

Coach: “You’re absolutely right that having a chronic illness doesn’t make you crazy. Therapy isn’t about being crazy. It’s about having support for the hard things you’re dealing with.”

Coach: “Living with chronic illness involves real grief, real trauma sometimes, real challenges that deserve specialized support. Seeing a therapist isn’t a sign of weakness. It’s a sign that you’re taking your wellbeing seriously.”

(If they still resist:)

Coach: “I hear that you’re not ready for that step right now. I won’t push you. But I want you to know that the option is there, and I’ll keep gently holding it as something that might help.”

Referral to Medical Provider

Coach: “You’ve mentioned some symptoms that I think warrant medical attention: (name specific symptoms). Have you talked to your doctor about these?”

(If no:)

Coach: “I’d really encourage you to bring this up at your next appointment, or sooner if it’s concerning you. I’m not qualified to evaluate medical symptoms, but my instinct is that this deserves professional attention.”

Coach: “Would it help to think through how you might describe this to your doctor? Sometimes having the words ready makes it easier to advocate for yourself.”

Reference: Chapter 14 (Scope of Practice)

When Client Asks for Medical Advice

Client: “What do you think I should do about my medication? Should I try that new supplement I read about?”

Coach: “I appreciate you trusting me with this question. But medication and supplement decisions are outside my scope as a coach. That's something to discuss with your doctor or pharmacist.”

Coach: “What I can do is help you think through what questions you want to ask your healthcare provider, or explore what's driving your interest in making a change. Would either of those be helpful?”

When Client Seeks Diagnosis Confirmation

Client: “I've been researching and I'm pretty sure I have MCAS. Don't you think that sounds right based on my symptoms?”

Coach: “I can hear how much you want answers, and it sounds like you've done a lot of research. That's understandable when you're trying to make sense of what's happening in your body.”

Coach: “I'm not able to confirm or rule out diagnoses, that's medical territory. But I can help you prepare to discuss this with a doctor who can properly evaluate it. What would help you feel prepared for that conversation?”

When Client Wants You to Contradict Medical Advice

Client: “My doctor wants me to try graded exercise therapy, but I've read it can be harmful. You know about pacing. Don't you think my doctor is wrong?”

Coach: “I can see you're caught between what your doctor is recommending and what you've learned from other sources. That's a difficult position.”

Coach: “I'm not in a position to contradict your doctor's medical advice. What I can do is help you think through questions to ask, like: 'What's the evidence for this approach in my specific condition? What should I watch for that would indicate I should stop? Are there alternatives?’”

Coach: “Ultimately, you're the one who gets to make decisions about your body. My job is to support you in gathering information and advocating for yourself, not to replace your medical team.”

When Client Asks for Treatment Recommendations

Client: “You know a lot about chronic illness. What treatments do you think would help me?”

Coach: “I'm glad you see me as a resource, and I want to be honest about the limits of what I can offer. Recommending treatments is outside my scope. I'm not qualified to evaluate what interventions might help your specific situation.”

Coach: “What I can do is help you clarify what you're looking for, support you in researching options, and prepare you to have productive conversations with healthcare providers who can make recommendations. Would any of that be useful?”

Foundational health coaching questions often assume normal capacity. These adapted questions recognize constraint while still supporting growth and agency.

On Capacity and Limits

What does your body need right now that you might be ignoring?
 If you had to cut your to-do list in half, what would stay?
 What would “enough” look like today?
 What are you doing that someone else could do, even imperfectly?
 What would sustainable look like for this goal?
 Where are you spending energy on things that don’t align with your values?
 What would you do differently if you truly believed rest was productive?

On Identity and Meaning

What matters to you that your illness can’t touch?
 Who are you becoming through this?
 What strength have you developed that you wish you hadn’t needed to?
 Who are you when you’re not producing?
 What qualities define you that have nothing to do with what you can accomplish?
 What would the person you want to become do in this situation?
 What brings you meaning without requiring high energy?
 If you couldn’t do anything, but could only be, what would you want to be?
 What parts of your former self do you want to carry forward? What might you leave behind?
 What would it mean to build a life you don’t need to escape from?

On Relationships and Support

Who in your life truly understands what you’re going through?
 What kind of support would actually help? What kind doesn’t?
 What are you not asking for that you need?
 Where are you performing wellness for someone else’s comfort?
 What conversation have you been avoiding that might bring relief?
 Which relationships give you energy? Which ones cost energy?
 What would you need to feel less alone in this?
 How might you let people support you without feeling like a burden?

On Hope and Future

What does a good day look like now, not compared to before?
 What small thing might bring you a moment of peace today?
 What becomes possible when you stop fighting against where you are?
 What would you attempt if you knew you could adjust as needed?
 What tiny experiment might be worth trying this week?
 A year from now, what do you hope will be different? What do you hope stays the same?
 What does a good life look like from where you are now?
 If progress isn’t linear, what does forward movement actually look like for you?
 What would you attempt if setbacks were expected rather than evidence of something wrong?

Certain phrases, though well-intentioned, replicate the dismissal and pressure chronically ill clients have experienced elsewhere. These phrases share a common structure: they locate the problem in the client's attitude, effort, or willpower rather than in the physiological constraints imposed by the body.

The underlying principle: Avoid language that implies the client's limits are a matter of willpower, mindset, or effort. Respect the reality of physiological constraints while supporting agency within them.

Push-Through Language

These phrases assume the client's barrier is psychological when it may be physiological. In conditions involving Post-Exertional Malaise, pushing through causes measurable harm.

Avoid	Why It Harms	Instead
<i>“Push through the discomfort, your body will adapt.”</i>	<i>In PEM conditions, pushing through doesn't adapt. It produces a crash.</i>	<i>“Let's find the level of activity your body can sustain without a cost the next day.”</i>
<i>“You just need to build up your stamina.”</i>	<i>Assumes a healthy physiology where effort accumulates into fitness. In ME/CFS and Long COVID, effort accumulates into deficit.</i>	<i>“Let's look at what your body can consistently manage right now.”</i>
<i>“The hardest part is just getting started.”</i>	<i>Implies the barrier is motivational. For this population it is often physiological.</i>	<i>“What does your body need before we talk about next steps?”</i>
<i>“Once you get moving you'll feel better.”</i>	<i>Accurate for most clients, dangerous for clients with Post-Exertional Malaise.</i>	<i>“What has movement felt like for you? What does your body tell you afterward?”</i>
<i>“You have to fight for your health.”</i>	<i>Frames the body as adversary and effort as the solution. Both assumptions harm this population.</i>	<i>“Let's work with what your body is telling us today.”</i>

Toxic Positivity

These phrases dismiss legitimate grief, fear, and anger by demanding a positive attitude. They add guilt to suffering.

Avoid	Why It Harms	Instead
<i>“Stay positive, mindset is everything.”</i>	<i>Places responsibility for the disease course on the client's attitude. When symptoms persist, the client concludes they are not thinking correctly.</i>	<i>“It makes sense that this is hard. What's it been like for you this week?”</i>
<i>“Everything happens for a reason.”</i>	<i>Imposes meaning on suffering the client did not choose. It can feel like being told their illness serves a purpose.</i>	<i>Simply witness. No reframe is required.</i>
<i>“At least you're not getting worse.”</i>	<i>Dismisses legitimate grief by reframing it as fortunate. Grief and stability can coexist.</i>	<i>“It sounds like you're holding a lot right now.”</i>
<i>“You're so strong, I don't know how you do it.”</i>	<i>Positions the client as inspirational rather than human. Creates pressure to perform resilience.</i>	<i>“This sounds really difficult. How are you actually doing?”</i>
<i>“Focus on gratitude; it changes everything.”</i>	<i>Implies that negative feelings are a choice and that the right attitude resolves suffering.</i>	<i>“There's room for both the hard parts and what's still meaningful. You don't have to choose.”</i>

Comparative Minimizing

These phrases compare the client's experience to someone else's, implying that their suffering doesn't warrant the response they're receiving.

Avoid	Why It Harms	Instead
"At least it's not cancer."	<i>Comparative suffering invalidates. Pain doesn't diminish because someone else's pain is greater.</i>	<i>"What you're dealing with is real and significant. You don't need to justify how hard this is."</i>
"I know people with the same diagnosis who are doing really well."	<i>Implies the client's struggle reflects personal inadequacy rather than individual variation.</i>	<i>"Everyone's presentation is different. Let's focus on what's true for your body."</i>
"Some people with fibromyalgia work full time."	<i>Sets up a comparison the client can't win, implying they are not trying hard enough.</i>	<i>"What does work capacity actually look like for you right now?"</i>
"Others have it so much harder."	<i>Teaches the client to suppress legitimate distress. What surfaces later is shame.</i>	<i>"Your experience is valid on its own terms."</i>

Unsolicited Advice

These phrases position the coach as an expert on the client's body and imply the client hasn't tried hard enough to find solutions. Most chronically ill clients have already done extensive research.

Avoid	Why It Harms	Instead
"Have you tried eliminating gluten?"	<i>Most chronically ill clients have already done extensive research on dietary interventions. This implies they haven't.</i>	<i>"What have you already explored around nutrition? What have you noticed?"</i>
"What about meditation? It's supposed to be really helpful for fatigue."	<i>Positions the coach as an expert on the client's symptoms and implies a simple solution exists that the client has overlooked.</i>	<i>"What, if anything, has helped you manage your energy?"</i>
"I read that cold exposure can help with nervous system regulation."	<i>The coach's reading is not a substitute for the client's years of lived research. Unsolicited recommendations undermine trust.</i>	<i>"Have you come across anything in your own research that seemed promising?"</i>
"You should really look into low-dose naltrexone."	<i>Recommending specific treatments crosses into the medicine lane regardless of how gently it is framed.</i>	<i>"That's a question worth bringing to your provider. Would it help to prepare how to raise it?"</i>
"Have you considered that stress might be a factor?"	<i>Implies the client has not considered this and risks echoing the psychosomatic dismissal many clients have already received from providers.</i>	<i>"What has your sense been about what affects your symptoms?"</i>

C.37 Ableist Assumptions

These phrases assume the client's limitations reflect character rather than physiology. They replicate the messaging that equates worth with productivity.

Note: Some of these phrases are appropriate in conventional wellness coaching with healthy clients. The issue is not that they are inherently wrong but that they assume a body that responds predictably to effort. When the body doesn't, these phrases become instruments of harm.

Avoid	Why It Harms	Instead
<i>"You just need to push yourself a little more."</i>	<i>Assumes the barrier is willpower. In physiological incapacity, this adds shame to an already depleted system.</i>	<i>"What is your body actually capable of today, without any pressure to do more?"</i>
<i>"If you set your mind to it, you can do anything."</i>	<i>Equates capacity with determination. The body's limits are not a mindset problem.</i>	<i>"Let's work with what's actually available to you right now."</i>
<i>"You seemed fine last week. What happened?"</i>	<i>Implies inconsistency reflects character rather than fluctuating symptoms.</i>	<i>"It sounds like this week has been different. What has your body been doing?"</i>
<i>"Don't let it beat you."</i>	<i>Frames illness as a contest of will. Reinforces the belief that not recovering is a personal defeat.</i>	<i>"How are you relating to your body right now?"</i>
<i>"You can't let the illness define you."</i>	<i>Well-intentioned, but dismisses the real ways illness has changed the client's life and identity. Grief requires acknowledgment before redefinition.</i>	<i>"How has your sense of yourself shifted since your diagnosis? What feels most important to hold onto?"</i>