

Executive coaches' perceptions of the boundary and overlap between coaching and therapy: a study using Q methodology.

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Abstract

Executive coaching of leaders and managers in the workplace is an established practice. Nonetheless, buyers and sellers of coaching still struggle to define the nature of coaching. One of the challenges in defining coaching is for the coach to be able to understand and manage boundaries between coaching and therapy. Most coaches are not therapeutically trained and there is concern that they might have difficulty identifying and managing boundaries. This study therefore set out to explore how executive coaches from a non-psychology background perceive and address what they consider to represent the boundary between coaching and therapy. Using Q methodology, twenty-six coaches were invited to rank order forty-eight statements to identify their viewpoints about how they perceived and expressed how they worked in areas of possible overlap between coaching and therapy. The study identified four viewpoints, which in turn led to the formulation of a proposed typology of how practitioners perceive and work at the boundary between coaching and therapy. Four types of practitioners were identified: Conscious, Confused, Conscientious and Confident. The study suggested that coaches held the view that they work within their competence but that a minority of coaches may not have a clear view of where the boundary is in their practice. The typology offers all stakeholders in the executive coaching market (coaches, coachees, sponsors, educators, supervisors and professional associations) a framework for discussion to further consider the boundary and overlap between coaching and therapy in practice.

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Chapter One - Introduction

This thesis explores executive coaches' perceptions of the boundary and overlap in their practice between coaching and therapy. This chapter explores this in more detail, addressing my personal and professional curiosity, positioning the study in the context of coaching in a changing and challenging world and workplace, introducing the methodological approach and explaining the structure of the thesis.

1.1 Personal and professional curiosity

I have coached throughout my 30-year Human Resource career and have focused on executive coaching as my primary practice since 2013. My journey towards the point where I first referred to myself as a coach is typical of growth in the coaching community of senior business people choosing to specialise in coaching. I do not hold a qualification in psychology or counselling, although I am a Master Practitioner in Neuro Linguistic Programming (NLP). I have become aware that in my practice coachees are bringing different issues into the coaching space than they did earlier in my career. Previously the main content of a coaching session would have been working logically through a problem or choosing between pathways by exploring the pros and cons of each. Now coachees are more likely to bring emotion, non-work issues and concerns about their mental health and want to discuss the impact of increasing pressure and stress levels. Symptoms I associate with a response to elevated stress levels such as poor sleep, irritability, lack of concentration, forgetfulness, self-neglect, palpitations, alcohol dependency, bowel problems, heightened anxiety and sometimes a real sense of helplessness are now regular contributors to the coaching conversation. In response to this shift I have become more aware of the boundary of my practice related to therapy. I have trained as a Mental Health First Aider and signpost to other resources where I cannot offer support, noting to myself to share my experience in supervision.

I strongly believe that coachees will and should bring whatever they want to a coaching space because if it is prominent for them it is likely to influence their ability to make a positive impact and improve performance in the workplace. While the coach is not entirely in control of the content, they are responsible for their response to it, although just because an issue is raised in the coaching space does not mean it needs to be solved there by the coach. For me, dealing with boundary issues is a matter of judgement and my moral compass, influenced by having to make judgement calls about various interventions in the field of human resources and through my training and development to specialise as a coach. Recalling my coach training, I remember that the boundary with therapy was referenced in passing as a) existing and b) not appropriate to go beyond. In hindsight I would have valued more exploratory discussions to hear how other, particularly more experienced, coaches feel about the issue to help to define my position. Instead I developed my position through trial and error and the use of supervision.

However, this is just my experience and may not reflect the approach taken by other coaches. As a practitioner, I have assumed that even coaches working confidently in the overlap would recognise a hard stop at some point beyond which the intervention is clearly and recognisably therapy. As a researcher, I wonder if assuming this boundary exists for every coach is reasonable and in what circumstances it might be a different experience to mine. I am interested to hear from coaches who see the issue differently. I am curious about how other coaches respond to working with these issues and if they have reached a level of confidence in their position too. My research will remind stakeholders within the coaching community that all coaches, new or experienced, need to think about their view of working within or beyond the boundary with therapy and continue to assess it throughout their practice.

1.2 Background and context of the problem

It is an issue for coaches and the coaching community that even if there is a tacit agreement that a boundary between coaching and therapy exists, it is not clearly defined. One way to locate the boundary might be to find a definition of coaching and of therapy, yet definitions are elusive, varied, often complicated by nuance and without consensus. This makes it difficult for coaches to work confidently, leading to uncertainty about how to practice. This is a problem because the executive coaching industry is not an altruistic pastime. Coaching is a commercial market in the UK that has expanded steadily for the last forty years (Brock, 2018). Originally an import from the US, coaching is still “*predominantly a Westernized phenomenon*” (Western, 2012, p.3) and has shifted to its own interpretation of coaching. Business or executive coaching has expanded to support leaders in a working environment as new coaches see the commercial value in workplace coaching and organisations invest in their employees in new ways (Maher and Pomerantz, 2003), despite the lack of rigorous research on how and why executive coaching is effective (Grover and Furnham, 2016; Pandolfi, 2020). Executive coaching has evolved from an offering for troubled or underperforming executives to being considered a required benefit for senior leaders by employers and employees (Kets de Vries *et al.*, 2016, p.5; Jacobs, 2020). The Western European coaching market, of which executive coaching represents a large share, is now a significant size with revenues of around \$912 million of a global market estimated at more than \$2.8 billion (ICF, 2020). Research shows that this market rose in revenue value by 21% between 2015 and 2019 (ICF, 2020).

A global study (ICF, 2020) notes that coaches are typically between 38 and 54 years of age in every market except the US where older coaches still dominate between 55 and 73 years old. With the possible exception of a sports coach, a person is unlikely to become a coach straight out of school but instead to have gained experience in a sector, industry or specialism before moving into coaching, bringing with them a set of experiences (ICF, 2016). These coaches come from various backgrounds with a collection of non-coaching

qualifications, some of which may be at a professional or chartered level in another field such as accountancy, law or human resources (Grant and Zackon, 2004; Grant and Cavanagh, 2004; Gray, 2011; ICF, 2016). With age and experience managing boundaries in other disciplines, coaches may feel confident about handling a therapy/coaching boundary.

This expanding cohort of executive coaches has sometimes asked uncomfortable questions about identity and working boundaries perhaps with the intention to define itself, work towards becoming a cohesive profession and separate from other offerings (Hawkins, 2008; Gray, Garvey and Lane, 2016). Seligman (2007, p.266) said “*coaching is a practice in search of a backbone*”. Coaches have engaged in research to seek empirical evidence of what works and why and examples of that commitment are widespread throughout this thesis. Professional bodies, increasing in number and volume in membership, offer accreditation and certification – a mutually commercially valuable commodity – in return for following ethical codes (Gray, Garvey and Lane, 2016, p.252; Salman, 2019). These codes reference working within practitioner competence and an implicit requirement not to stray into therapy (Global Code of Ethics, 2020).

It is increasingly understood that many executive coaches work beyond simplistic formulaic models and instead focus on development and transformation (Bono *et al.*, 2009; Grant, 2016). Coaching the whole person is now considered mainstream, particularly in this VUCA (Volatile, Uncertain, Complex and Ambiguous) world (Grover and Furnham, 2016). There is growing evidence that mental health issues are more prevalent in the general population than previously thought and recent data suggests that 1 in 4 people in the UK experience a mental health issue every year such as depression, psychosis, eating disorders, self-harm, anxiety disorders and suicide (MHFA, 2021). The World Health Organisation reports that the Covid-19 pandemic that has impacted the world since 2020 has both sparked and exposed an increased level of poor mental health issues while reducing support mechanisms (WHO, 2022). A deterioration in mental health is responsible for seventy-two million working days lost in the UK each year at the cost of at least £35 billion a year. Someone with a long-term

mental health issue is twice as likely to lose their job and one in six working-age adults are believed to be experiencing symptoms associated with a mental health issue at any given time (MHFA, 2021).

These statistics are staggering and sobering and explain why employers are beginning to see an impact in the workplace. The World Health Organisation calls upon employers as key stakeholders who can contribute to the improvement of mental health by creating roles that people with mental health issues can perform and generally supporting mental wellbeing in the workforce (WHO, 2022). Coaching in the workplace is one such support with authors suggesting it has evolved from a performance improvement model to one that promotes performance and wellbeing (Grant, 2016) and that coaching with positive psychology can promote a flourishing workforce (Grant and Spence, 2010). Research has shown that coaching can reduce workplace stress (Gyllensten and Palmer, 2005) and it was suggested over fifty years ago that coaching may be a socially acceptable alternative to therapy (Filippi, 1967). Employers are seeing beyond the benefit of coaching to improve productivity and raise performance to instead using it to manage the impact of work stress, fatigue and burnout as they look for solutions to support their employees (Grant, 2016). Given the prevalence of mental health issues and the employer's desire to offer support, it is therefore perhaps inevitable that there are times when the executive coaching experience is therapeutic and may overlap with therapy. Recent research has suggested that the future for coaching includes more therapeutic topics (Schermuly *et al.*, 2022), increasing pressure for the coaching community to be clear on its boundary with therapy.

Anyone can call themselves a coach even if they have no training or qualification which leads to concerns by some that coach practice will be poor and may harm coachees (Berglas, 2002). Therapists have moved to coaching from their fully trained and regulated background and been surprised that a coach can practice with so little training and regulation, usually for a higher fee (Channer, 2003). This has led to talk of *charlatans* and *the wild west of executive coaching* (Sherman *et al.*, 2004), sparking what amounts to

hysteria in some quarters (Williams and Irving, 2001). All of which has fuelled the problem that the boundary between coaching and therapy is not universally defined and that coaches have to decide for themselves how to deal with it.

Self-awareness and self-focus have increased in the general population since the 1960s with the growth of the self-help movement and the popularity of psychology well established by the 1990s (Giddens, 1991). The shift at the turn of the last century via the Positive Psychology movement from seeing psychology as a remedial response to poor mental health to a tool for the mentally healthy in the pursuit of happiness has further normalised the general public's relationship with psychology (Seligman and Csikszentmihalyi, 2014). Brock (2018) suggests that coaching fills an unmet need as the world has shifted from an illness model to a wellness model. Once more associated with psychotherapists and psychoanalysts, the field of psychology is no longer a mystery to the general public and it was just a matter of time before this movement would seep into the workplace. The tension between coaching and therapy in the organisational context is not a new one (Bluckert, 2005), although it is more widely recognised in the field of life coaching (Aboujaoude, 2020). Authors have either defended the overlap (Bachkirova and Cox, 2004), made the argument for a clear boundary between the two (Hart, Blattner and Leipsic, 2001) or simply declared it non-existent (Rogers, 2012).

Research into the coaching/therapy boundary reviewed in the next chapter may have begun because the cohort moving into coaching from therapy raised concerns about blurred lines (Berman and Bradt, 2006; Criddle, 2007) or fuelled by the debate about licensing in Colorado State around 2000 (Williams, 2018). Understanding and agreeing on a boundary between coaching and therapy may be driven and informed by a desire for a definition shared by the coaching community and influenced by the debate on professionalisation (Grant and Cavanagh, 2004; Grey, 2011).

Previous research has not attempted to define where the boundary is, only to consider the boundary in practice. It may be where the work is no longer pure coaching, where therapy starts or somewhere in between.

The overlap between coaching and therapy is not well defined either, although the next chapter will review literature that has illuminated it, suggesting that the definition may also be assumed and personal to each individual. I see the overlap as a coaching space beyond basic coaching that relies on formulae such as GROW – Goals, Realities, Options, Wills (Whitmore, 2002) or OSKAR – Outcome, Scale, Know-how, Action, Review (Jackson and McKergow, 2007) or on basic skills such as listening, paraphrasing and reflecting to use skills borrowed from therapy or therapeutic intervention.

The growth of executive coaching research is rapid and ongoing and while the body of evidence about coaching continues to build (Passmore and Fillery-Travis, 2011; Athanasopoulou and Dopson, 2018; Bozer and Jones, 2018; Cotterill and Passmore, 2019; de Haan, 2019; Pandolfi, 2020) there is only a limited amount of research on the boundary issue. Much of the comment comes from psychologists, psychotherapists or counsellors voicing concern about the practices of lesser trained practitioners (Buckley, 2007; Bachkirova, 2008; Baker, 2014; Grant and Green, 2018). Most of the limited previous research has collected the experiences of coaches about the boundary and overlap with therapy rather than viewpoints. Some of the research was conducted more than ten years ago, shining an early light on practices that suggest the boundary is fluid and subject to personal interpretation (Maxwell, 2009; Price, 2009). Some more recent research was limited to new coaches who might be expected to be less sure or confident about how to deal with the boundary (Baker, 2014; Eniola, 2017). Much of the research is published in psychology based journals and may not be seen by many coaches. These studies have concluded that coaches have personal interpretations of where their boundary lies and where it might lie for other practitioners. The area of overlap, I presume some variable distance in front of their actual boundary, may also be the subject of personal construct.

In summary, coaching is an expanding and commercially significant market, with new coaches joining often from a non-psychology background. Mental health issues are better understood and discussed more frequently, and employers offer coaching support in the workplace. However, executive coaches are faced with limited information about the boundary between coaching and therapy with inconclusive definitions of both coaching and therapy. This leads to uncertainty among executive coaches about how to deal with the boundary and overlap. The limited research in this area is out of date and contemporary insights into how coaches experience the boundary and overlap using whatever knowledge and skills they have at their disposal are absent. Missing from the empirical evidence and the wider discussion is the voice of newer practitioners, highly experienced in other fields. Compared to research conducted ten years ago, the current cohort of executive coaches is less likely to come from a psychology background because more have moved from other specialisms such as human resources or organisational development or have held positions within business and bring a multi discipline approach to coaching (Bachkirova, Cox and Clutterbuck, 2018). Now coaches are more likely to be accredited, have more diverse training and education in coaching and operate in significantly different environments according to a global survey of coaches from a range of professional bodies (ICF, 2020).

Bachkirova and Baker (2018) note that although interest seemed to have waned in recent years, the issue was never resolved and would benefit from revisiting. Grant and Zackon commented back in 2004 (p.12) that *"it can be reasonably expected that the relationship between coaching and psychotherapeutic mental health interventions will become increasingly controversial"*. As a practitioner, I am interested in research that reflects the current cohort of executive coaches and looks at their perceptions of working in the overlap and at the boundary in practice. I do not assume that there is one voice on this issue and it was never my intention to identify a single answer to the research question. I want to sample the various voices to hear the different perceptions that might help inform the growing

community of coaches about how to prepare for and tackle practising in this area of coaching.

1.3 Research aim and objectives

The initial exploration of the literature suggests there is a need to gather empirical research from the current community of executive coaches. The aim of this research is to understand executive coaches' perceptions of the boundary between coaching and therapy, and how they deal with it.

The objectives of this thesis are:

- 1) to critically review relevant literature on the perceptions executive coaches have of the boundary and overlap between coaching and therapy, and how they deal with it;
- 2) to investigate coaches' perceptions of the boundary between coaching and therapy and how they deal with it;
- 3) to analyse the findings to develop a greater understanding of how executive coaches perceive and deal with the boundary and overlap in practice;
- 4) to contribute to the coaching community's understanding of how executive coaches perceive and deal with the coaching/therapy boundary.

1.4 Research design and methodology

Much coaching research is purely qualitative and there have been calls to include more quantitative research (de Haan, 2019). Previous research around the boundary between coaching and therapy has been primarily qualitative, typically based on thematically analysing interviews (Hart, Blattner and Leipsic, 2001; Maxwell, 2009; Baker, 2014; Eniola, 2017; Sime and Jacob, 2018). While interpreting phenomena through thematic analysis can yield rich material, it has drawbacks. The volume of material generated even from a one-hour interview means that sample sizes are small so that the solo researcher can work with

rigour. The quality of interpretation, recognised as double hermeneutic, relies on the researcher's skill to retain both independence and neutral curiosity while immersing themselves in the data to make sense of it (Smith, Flower and Larkin, 2009; Pringle *et al.*, 2011; Smith and Shinebourne, 2012). Only one piece of research about boundary issues has been purely quantitative, using a survey, which the researcher noted was a limitation of the study as the findings were so varied that they could not be easily interpreted without interviews to further investigate (Price, 2009). One researcher used mixed methods, although the research was three studies using different methodologies rather than an integrated approach (Baker, 2014). This can be a problematic approach as it is not always easy for the reader to see how the methodologies have joined together to enhance the enquiry (Tashakkori and Cresswell, 2007).

Rather than undertake another purely qualitative study I have chosen to use Q methodology, a survey-based method that mixes qualitative and quantitative approaches. Qualitative data is analysed using quantitative methods resulting in statistically robust data that can be abductively interpreted by the researcher. Participants are invited to rank statements that reflect a range of stances held on the topic. It specifically captures individual perceptions and elicits viewpoints that may be held in the moment or more deeply. It is an ideal way to consider the perceptions of executive coaches of the coaching/therapy boundary and how to deal with it which have been shown through previous research to be personal to the coach (Maxwell, 2009; Price; 2009; Baker; 2014).

It is a lens that has not been used before to examine the coaching/therapy boundary, although is an established methodology in social sciences (Ramlo, 2021) and has been insightful when used in other studies on coaching (Small, 2011; Bachkirova, Sibley and Myers, 2015; Adams, 2015). Using Q methodology I will invite the views of the current cohort of UK- based executive coaches about their experience of working at the boundary and overlap with therapy. Most coaches are not therapists or psychotherapists (ICF, 2020) and I am therefore particularly interested in the viewpoints of executive coaches who do not come

from a background in therapy, either counselling or psychotherapy. I believe this group have been underrepresented in studies and discussions to date, which psychologists, psychotherapists and counsellors have dominated, as I will critically review in the next chapter.

In Q methodology there are clearly defined steps in which statements are first designed, then sorted by participants and then the sort is analysed. Greater detail about these steps is given in chapter three. The work was segmented into three phases, shown in Figure 1.

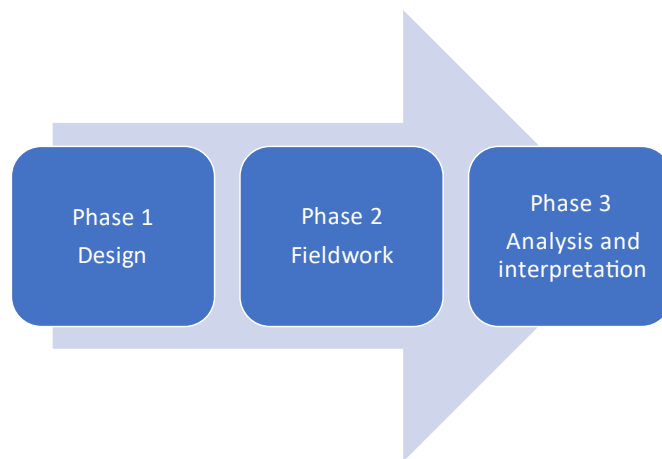


Figure 1: Phases of work in this study

Phase 1: Design

In the design phase a comprehensive range of statements were written using various sources to get a richness of material, including interviews with stakeholders, previous research, relevant literature and the researcher's observations. The statements developed for this study therefore reflect a range of perspectives held within the coaching community about the coaching/therapy boundary and overlap and are a contribution to knowledge.

Phase 2: Fieldwork

The second phase of this research uses a survey based on the statements which is completed by a group of participants who sort the statements into a rank order that reflects what is important to them. The participants for this phase are invited to represent executive coaches and have something to say about the topic.

Phase 3: Analysis and interpretation

The data generated from the survey is analysed to elicit viewpoints who have different perceptions of the coaching/therapy boundary as well as where there is consensus in the community. These viewpoints are further interpreted in relation to the research question. A practitioner typology is proposed as a contribution to knowledge and practice.

1.5 Terms used in this thesis

There are many definitions of *executive coaching* offered throughout practitioner and academic literature and also by professional bodies, without consensus. Discussions about the definition of coaching generally are as likely to focus on what it is not as what it is. As a practitioner, I believe coaching in its simplest form is one human assisting another to achieve something they may not be able to accomplish on their own or as quickly which aligns with person-centred coaching (Gregory and Levy, 2013; Joseph, 2014). As a researcher, a wider discussion on the range of definitions can be found in chapter two, although for this thesis this definition of executive coaching is held:

'a helping relationship formed between a client who has managerial authority and responsibility in an organisation and a consultant who uses a wide variety of behavioural techniques and methods to help the client achieve a mutually identified set of goals to improve his or her professional performance and personal satisfaction and, consequently, to improve the effectiveness of the client's organisation within a formally defined coaching agreement' (Kilburg, 2000; cited in Passmore and Lai, 2019, p.71).

The term *therapy* is used in this thesis as an umbrella reference to psychotherapy, counselling and other forms of recognised therapeutic intervention. However, I recognise that there are many different levels of therapy and a discussion on the range of terms used and their definitions can be found in chapter two.

Where reference is made to *professional bodies* as a collective in this thesis this includes the International Coaching Federation (ICF), the Association for Coaching (AC), the European Mentoring and Coaching Council (EMCC), the Association for Professional Executive Coaching and Supervision (APECS) and the British Psychological Society's Division of Coaching Psychology (BPS) as the dominant membership bodies for coaches within the UK.

1.6 Thesis overview

The thesis is clearly arranged into the following chapters:

Chapter One – Introduction

The first chapter explores my professional curiosity about the topic and sets the research context, the research question, aims and objectives. It outlines the phases for the study, the structure of the submitted thesis and key definitions used throughout the work.

Chapter Two – Literature Review

The second chapter critically reviews the main literature around the coaching/therapy boundary. It begins by examining the search for definitions of coaching and therapy to explore how a boundary can be identified without a consensus on definitions. The chapter examines the literature on how distinctions have been made between coaching and therapy. It also explores why definitions matter for coaches and moves on to explore how coaches deal with the boundary and overlap. This chapter concludes with a critical review of existing research in this area to identify the gap in need of further research.

Chapter Three – Research methodology

Chapter three discusses in detail the approach used throughout the study, including an understanding of the ontological and epistemological position of the researcher. An exploration of Q methodology underpins a detailed explanation of the processes used and decisions made during this research including how the analysis and interpretation were executed.

Chapter Four – Findings

Chapter four reports the findings of the study, including the statements and the survey results and analysis, introducing the resulting viewpoints and exploring how they answer the research question.

Chapter Five – Discussion

Chapter five explores the viewpoints described in chapter four in more detail, relating the findings to previous research and additional literature. The viewpoints are proposed as a typology to support stakeholders in better understanding positions on the boundary between coaching and therapy.

Chapter Six – Conclusion

Chapter six summarises the thesis, offering recommendations for the stakeholders in executive coaching. The contribution to practice and knowledge is clarified and areas for further research are suggested. The limitations of the research are discussed and personal reflections shared.

Chapter Two - Literature Review

To position this study in the existing field of comment and research, it is necessary to discuss and critically review a range of literature relevant to the debate around the coaching and therapy boundary. This chapter explores how this literature has evolved alongside the growth of the commercial executive coaching market, looking at the proliferation of opinion-based pieces and practitioner texts and the shortage of empirical evidence.

2.1 Structure of the literature review

The chapter is divided into three sections, reflecting the problems identified in chapter one and relevant empirical research, as depicted in Figure 2.

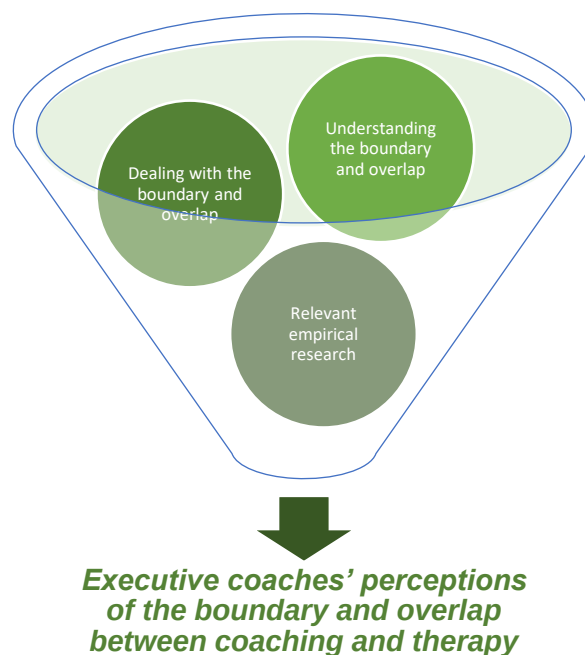


Figure 2: Structure of the literature review

These three sections draw from the literature as a way of making sense of the field and exploring the current position for coaches in relation to the research question. Literature was sourced using the relevant empirical studies which refer to the boundary with coaching and therapy through academic databases and search engines. I then used their reference lists to explore related literature further, mapping the connections.

To address the issue of how executive coaches see the boundary and overlap between coaching and therapy, first what is meant by coaching is considered, discussing the journey that coaching has taken to become the market it is today to demonstrate why the question of the boundary between therapy and coaching is thought to be an issue. The distinctive role of executive coaching is examined to explore how coaching has established itself in the workplace. Literature from therapy is critically reviewed to consider the complex nature of the field. Examining theoretical and practical literature in both coaching and therapy reveals that no clear definition dominates either field and that this makes a boundary difficult to identify and navigate for practitioners in both specialisms. The chapter then evaluates a sample of literature attempting to distinguish coaching from therapy, exposing the inconsistency and apparent overlap between the two fields.

The review then moves into the second area of interest, looking at how executive coaches deal with the boundary and overlap in practice and the argument for not crossing the boundary into therapy, reviewing literature that raises concerns about doing so. Literature supporting overlapping the two specialisms is reviewed and three approaches are considered. The first evaluates the case for psychologically informed coaching and how the field has matured to include more therapeutic methods. The second reviews the growing field of coaching psychology and the third looks at the newer field of personal consultancy.

Finally, relevant empirical research is critically reviewed chronologically to illustrate the ongoing interest in the issue alongside the evolution of the coaching market.

2.2 Understanding the boundary

The first issue for executive coaches is how to understand the boundary between coaching and therapy. Practitioners need to be able to define what is meant by coaching and therapy to locate their interpretation of the boundary between therapy and coaching and without a clarity about what coaching is, or the scope of the practice, it is not easy to identify a transgression (Myers and Bachkirova, 2021).

2.2.1 Understanding coaching

The pursuit of a definition of coaching is inextricably linked to the issue of boundaries, or perhaps the question of boundaries is simply another way of answering the more comprehensive and often asked question *what is coaching?*.

Definitions by practitioners tend more toward the experience of the coach and/or coachee (Hardingham, 2004; Dexter, Dexter and Irving, 2011; Starr, 2011). Definitions by theorists often focus on the process of coaching (Passmore and Fillery-Travis, 2011) or establishing a base from which to evaluate coaching (Jackson, 2005). In recent years, research has concentrated on the process of coaching (Day, 2008; Turner, 2010; Day, 2010; Myers and Bachkirova, 2018; Diermann, Kotte and Muller, 2021), the efficacy of coaching (Perkins, 2009; de Haan *et al.*, 2013; MacKie, 2014; Jones, Woods and Guillaume, 2016; Grover and Furnham, 2016; Albizu *et al.*, 2019) or the relationship between coach and coachee (Gyllentsen and Palmer, 2007; Sonesh *et al.*, 2015). These studies advance a practitioner's understanding of both their own current practice and the possibilities for developing their offering in service to their client. Most crucially they can be seen to move the coaching community towards a shared understanding of what coaching might be and possibly closer to a definition, which in turn assists a coach practitioner in understanding their boundary with therapy.

Brock's (2008) research into the roots and emergence of coaching explores how the coach chooses to define themselves publicly. She found that coaches align with niches or coaching specialisms to self-define and see themselves as part of coaching communities. These specialisms are, she suggests, primarily marketing tools often linked to areas of personal interest or legacy disciplines. Brock (2008) argues this alignment adds to the fragmentation of the community and makes a single definition more elusive. This also adds to the confusion around a boundary with therapy as some of the specialisms, such as work with

people with a neurodiversity, wellbeing or going through divorce may well bring content into the coaching space that might traditionally have been dealt with through therapy.

The ICF, AC and EMCC joined the Global Coaching Mentoring Alliance (GCMA) in 2012 to collaborate and offer clarity to coaches and sponsors while remaining independent professional bodies. The GCMA provides a generic definition of coaching and mentoring which makes no mention of boundaries or limits, although stress it is not designed to be definitive:

“Coaching and mentoring are activities within the area of professional and personal development with a focus on individuals and teams and relying on the client’s own resources to help them to see and test alternative ways for improvement of competence, decision making and enhancement of quality of life. Thus, a professional coach/mentor can be described as an expert in establishing a relationship with people in a series of conversations to serve the clients to improve their performance or enhance their personal development or both, choosing their own goals and ways of doing it.” (AC, 2022)

Bachkirova *et al.* (2018. p.xxix) assert that coaching is a *“human development process that involves structured, focused interaction and the use of appropriate strategies, tools and techniques to promote desirable and sustainable change for the benefit of the client and potentially for other stakeholders”*. This definition seems to incorporate all the elements of coaching I recognise yet does not reference boundaries.

Perhaps pursuing a one-sentence definition is unrealistic, although so many attempt to do just that. An alternative approach is to broaden to an understanding of coaching discourses or dominant conversations. Western (2012) describes four prominent discourses in coaching; Soul Guide, Psy Expert, Managerial and Network and discusses the distinction and overlap between them. The Managerial discourse focuses on productivity and the Network discourse focuses on influence. However, both Soul Guide and Psy Expert

necessitate deeper work which may take the coach closer to the boundary with therapy, working on the inner and outer self respectively. Western (2012, p.210) specifically references that in Psy Expert coaching the coach will “*coachify psychological interventions*”, introducing the possibility of overlap with therapeutic work.

Eniola (2017) asserts that there are two main types of coaching: life and organisational, and distinctions between the two may be based on where the coaching happens or with whom, with life coaching typically not about work or with employees (Grant, 2003). Western (2012) recognises life coaching as separate from leadership, business and executive coaching and operating firmly in the “*therapeutic domain*” (p.57). It is not surprising therefore that the boundary between life coaching and therapy is hard to pin down and a source of concern to some commentators (Bachkirova and Kauffman, 2009; Aboujaoude, 2020).

To understand why this level of complexity exists, authors argue that it is important to look at the roots of modern coaching (Brock, 2018). There is much discussion about the origins of coaching, with most writers acknowledging that it has roots in various fields including social psychology which is shared with therapy (Bachkirova, Cox and Clutterbuck, 2018). It has been positioned as a subdiscipline of psychology (Green, Oades and Grant, 2005). Brock (2018) proposes that philosophy, psychology and business have been the main influencers, while acknowledging the contribution of both adult learning and development and sports. Other authors agree that sports coaching has been influential, referencing the work sports coaches began developing skills and self-belief (Palmer and Whybrow, 2006). Gallwey's Inner Game developed during the 1970s talked about harnessing and focusing the mind into a relaxed and calm state to improve physical behaviours (Gallwey, 1986). The expansion of the field in the 1980s and 1990s owes much to Whitmore's (2002) evolution relating these ideas to an organisational setting and ultimately the development of the GROW model which is widely used by organisational coaches to facilitate change.

It is clear from practitioner and academic literature that coaching has matured far beyond what Clutterbuck and Megginson (2011) identify as a *models-based* mindset where coaches rely on a simplistic model as a one-size-fits-all way of working. The authors identified maturity through a *process-based* and *philosophy-based* approach towards something they recognise as a *systemic-eclectic* mindset in which a coach enables the coachee to grow in whatever way they identify would be helpful to them, using a wide range of knowledge from within and outside coaching. This opens the coaching conversation up wide and increases the likelihood that the coach will have to consider boundary issues.

Authors argue that coaching has the potential to be a social movement and a powerful vehicle for cultural change (Stout-Rostron, 2011; Western, 2012, 2017; Shoukry and Cox, 2018; Shoukry, 2019; Gannon, 2021), although it often appears politically neutral (Chiu, 2022). Acknowledging a role for coaching in social movement theory recognises that different conversations happen in the coaching space, beyond those relating to performance, taking coaching into different territory that raises questions about what coaching is and could raise boundary issues for coaches.

All of this literature therefore suggests that coaching as a general concept is a complex and evolving field without an easy definition and still exploring how it can add value to the changing world.

2.2.2 Understanding executive coaching

Having considered the lack of agreed definitions in general coaching, this review now turns to the practice of executive coaching to consider what is understood to be distinct about this area of coaching and what the unique challenges might be when understanding the coaching/therapy boundary and overlap. The literature reviewed in this section reveals that the label of executive coaching is widely used but also suffers from a variety of definitions just like general coaching (Sperry, 2008).

Executive coaching has been used as an umbrella term to cover various types of coaching that happens in an organisational context and is usually funded by the employer rather than the coachee. Some authors argue that the term *executive* coaching increasingly covers an area of coaching previously referred to more generally as *business* coaching (Fairley and Stout, 2003) which was used to refer to everything recognised as not *personal* coaching (Starr, 2011). However, the term business coach is also still in use, reflecting work that is organisational in setting and maybe with more junior employees as well as managers and aimed at delivering business objectives above personal goals, with more of a consultancy style (Zeus and Skiffington, 2000; Western, 2012) and is preferred as a descriptive term by some authors (Blackman, Moscardo and Gray, 2016). Stern (2004) describes executive coaching as an “*organisational consulting intervention*” (p.154). While executive coaching implies that the coach works with a senior person, it is also used to describe the coaching of junior and middle management (Baron and Morin, 2009; Stokes and Jolly, 2018). It is suggested that managers of people are role models for the organisation, therefore investing in coaching to encourage certain positive behaviours benefits the wider organisation (Starr, 2011).

Authors suggest that executive coaching is typically used to change behaviours, improve performance or invest in a newly employed or promoted employee to support them in settling into a new role (Caldwell and Peters, 2018). The Center for Creative Leadership identified four *classes* of executive coaching: coaching for skills, for performance, for development and for the executive’s personal agenda, highlighting the range of purposes under the banner (Zeus and Skiffington, 2000). Executive coaching is regarded by some authors as a form of leadership development led by a qualified coach and enacted one-to-one (de Haan *et al.*, 2013; Pandolfi, 2020). It may also be called leadership coaching, where the purpose of the engagement is specifically to support a new leader or perhaps a coachee with an aspect of their leadership style. An overlap between leadership and executive coaching is acknowledged as both focus on developing the individual. Other authors see it as distinctive

from performance coaching, considered remedial, with leadership and executive coaching considered to be strategic (Bennett and Bush, 2009). Grant discusses the influence of wellbeing on performance, implying that coaching wellbeing leads to greater performance which encourages a more therapeutic response (Grant, 2016). This brings the potential for executive coaching to work at the boundary or overlap with therapy, where senior leaders bring wellbeing issues to the coaching space in the guise of performance issues.

One distinction is that executive coaches offer a “*sounding board or thinking partner*” (Western, 2012, p.60) so the coachee can use the coaching space to work through a more immediate issue. A review of peer-reviewed executive coaching literature in 2014 found through analysis of keywords that this branch of coaching usually involves establishing a collaborative relationship, mutual goal setting and results in enhanced performance, learning and self-awareness (Bartlett, Boylan and Hale, 2014). Passmore’s (2010, p.48) research into what behaviours a coachee needs from an executive coach added the importance of “*holding emotion*”. The coachee voice is not heard as often in coaching research as the coaches’ voice, so it is interesting to hear the importance to coachees of being able to bring emotion into the coaching space. Cox and Bachkirova’s (2007) research into coaching with difficult emotions noted that coaches have very different ways of dealing with emotions in the coaching space from ignoring, through to self-reflection or taking to supervision, working through the emotion with the client and for some, making a referral to another specialist practitioner. This perhaps offers some insight into how coaches might react to realising they may be at the boundary with therapy.

As with general coaching, definitions specifically of executive coaching are varied and many and so it is no easier for an executive coach to use a simple and agreed definition to help them navigate the boundary with therapy. Although there have been many fresh attempts to define executive coaching in the last 25 years, Kilburg’s conceptual offering identified the unique traits back in 1996:

“.. executive coaching is defined as a helping relationship formed between a client who has managerial authority and responsibility in an organization and a consultant who uses a wide variety of behavioural techniques and methods to help the client achieve a mutually identified set of goals to improve his or her professional performance and personal satisfaction and, consequently, to improve the effectiveness of the client's organization within a formally defined coaching agreement.” (Kilburg, 1996, p.142)

While this definition highlights the role of the coach (here referenced as a consultant) and coachee (here the client), the methods and the purpose, it underplays the influence of a third party in the relationship: the bill-paying employer. As alluded to in Bachkirova's (2018, p.xxix) definition of coaching, sometimes other stakeholders may benefit from the experience and nowhere is this more explicit than in executive coaching. Most coaching relationships are dyadic but executive coaching is usually triadic. For some commentators, this additional player offers the potential for a shift in the dynamic of the coaching purpose, recognising that coaching in an organisational setting also benefits the sponsor (Bachkirova, 2008). It introduces, for example, the idea that the sponsor/employer may set the agenda for the coaching relationship by expecting the time to be used to work towards organisational goals (Stokes and Jolly, 2010), although this aligns more with the definition of business coaching for other commentators which could involve some direction or skills coaching (Western, 2012). Louis and Fatien Diochon (2018) discuss the power dynamic in the executive coaching space arguing that it is more than technically different to dyadic coaching relationships as it navigates the influence of the third party – the employer – which brings a political dimension that must be skilfully navigated. Alternatively, it might suggest that an employer may buy coaching for a leader because they consider there to be an issue in their style that needs addressing (Frisch, 2001) or that a behavioural change is desirable (Dagley, 2010).

Literature suggests that executive coaching began as organisational consultancy (Sperry, 2013) and brings psychotherapeutic models into the organisation's development (Frisch, 2001; Stern, 2004; Bluckert, 2005). Sperry (2008) distinguishes between executive coaching, executive consultation and executive psychotherapy, recognising the potential confusion that the market and coaches have in understanding the difference. Sperry (2008) argues that an executive consultant fulfils the role of a sounding board and an executive coach works collaboratively to facilitate improved performance. The executive psychotherapist, for Sperry, is a licensed professional working with an executive therapeutically on an issue that creates a workplace problem. These distinctions would suggest that this author believes that only the executive psychotherapist is equipped to work in the overlap or at the boundary with therapy.

In his analysis of the four discourses Western (2012, p.217) proposes that executive coaching sits most typically between the Managerial and Network discourses which focus on productivity and influence respectively and align with organisational interests from coaching. However, he also proposes that these discourses are not fixed or a typology and acknowledges that the executive coach working in an organisation setting may well find themselves touching on Soul Guide to deliver leadership coaching and Psy Expert to deliver business coaching, recognising the overlap in practice and the potential for boundary issues.

A further distinction between coaches working in the executive coaching field is between internal (employees of the organisation who coach other employees) and external coaches (non-employees paid by the organisation). As executive coaches are more suited to working with senior clients they are more likely to be external (Frisch, 2001). Research into the use of organisational coaches found that internal coaches are more usually found in larger organisations that have the scale and resources to support an employee-resourced programme and so smaller and medium businesses are more likely to use an external executive coach (Shalk and Landeta, 2017). Research into the effectiveness of internal and external coaches indicated that external coaches are viewed as more likely to keep

confidential information (Jones, Woods and Guillaume, 2016) which may mean that issues of a more sensitive nature that might challenge the boundary with therapy may be more common when working with an external executive coach. Companies report that they prefer to use external coaches because of the belief that executives would share their vulnerability and personal information more freely than with an internal coach (Ridler Report, 2016).

A systematic review of executive coaching outcomes found that although the field is expanding and lucrative, research does not yet conclusively support its efficacy (Athanasopoulou and Dopson, 2018). Executive coaching may therefore be considered eclectic and varied in content with no single agreed definition and used interchangeably as a term with leadership and business coaching. However, it appears to be organisational in context, usually triadic and overall aimed at improving individual performance ultimately to improve organisational performance.

So far this chapter has explored and illustrated the messy discussions and understanding around what is coaching and what is executive coaching using literature from the coaching and therapy communities. In summary, coaching as a discipline is broad and does not have a single definition but is loosely divided into life or executive coaching. The main distinction appears to be contextual with life coaching being personal and always dyadic and executive coaching taking place in the workplace and usually triadic. It is hard for practitioners to identify the boundary between their practice and therapy without a clear and agreed definition of coaching. If considering the boundary between coaching and therapy requires a clear understanding of coaching that proves too complex, perhaps a clear definition of therapy would assist the coach in finding the boundary.

2.2.3 Understanding therapy

In this section, literature from the therapy community is reviewed in search of a definition which might help a coach to identify the boundary from the other side. In my naivety as a coach from a non-psychology background approaching research about the boundary with

coaching, I casually referred to all that is therapeutic but not coaching as *therapy*. I am not alone in using this shorthand and it is important to recognise that therapy comes in many forms with complex specialist fields. Even in 1994 it was claimed that there were already over 400 varieties of therapy and it is reasonable to assume that the proliferation has continued (Garfield and Bergin, 1994 cited in Albeniz and Holmes, 1996, p.563) and that the term therapy is used to cover treatment offered through counselling, psychology, psychotherapy and psychiatry by the general public (Rogers, 2012). Research into coaching and emotions showed that the term *therapy* is widely misunderstood and personally interpreted (Cremona, 2010), a sentiment echoed by Jenny Rogers (2012) in coaching practitioner guidance.

On closer inspection the distinction between psychiatry and the other terms appears clear as psychiatry is a branch of medicine and a psychiatrist is a medical practitioner trained, licensed and regulated by the General Medical Council and supported by the Royal College of Psychiatrists as the main professional body. This hard and public boundary disguises the overlap in practices, tools and techniques used in both areas and shields the general public from debate within both fields about the tensions between them (Gregory, Mintz and Yakely, 2019). The terms are also used interchangeably and in tandem in many papers and practitioner texts, hinting at the reality of crossover in practices, and distinction is sometimes made by referring to psychotherapy as clinical (Gebhardt, 2016).

Understanding the field of therapy is complicated by the role of psychologists and while psychology is widely understood to be the study of the mind, applied psychologists use treatments or interventions that follow from that understanding (Kramer, Bernstein and Phares, 2019), overlapping with the work of psychotherapists and counsellors. Even here there is a disagreement about definitions of psychology and the field is experiencing a theory crisis in which the robustness of its foundations are being questioned as shaky (Oberauer and Lewandowsky, 2019; Eronen and Bringmann, 2021).

The boundary between psychotherapy and counselling is less clear and subject to similar debates to those between coaching and therapy and no single definition of counselling or psychotherapy exists (Feltham and Hanley, 2017). Pomerantz and Eiting (2004) observe that therapy has evolved in the last few decades away from traditional practices and is now likely to include less analytical and more behavioural foci, including practices that would be familiar to coaches such as setting homework. Like coaching, counselling and psychotherapy are unlicensed and unregulated by the state (Counselling Directory, 2022). They are self-regulated through a handful of professional bodies just as coaching is, with accredited training courses, member credentialing and a register accessible to the public. There are currently around twenty active professional bodies for counselling in the UK (Counselling Directory, 2022) and among the most prominent are the British Association for Counselling and Psychotherapy, which lists coaching as a type of therapy (BACP, 2022) and the National Counselling Society, which resemble the main coaching professional bodies in many ways, in that they offer accreditation, a member register, an ethical code of conduct and a complaints process (BACP, 2022a; NCS, 2022). All of these professional bodies offer a variation of a definition without consensus.

Without a clear and agreed definition of therapy or therapeutic, it cannot be claimed that a coaching practice including either is unethical. It would seem that with this level of ambiguity and confusion within the therapeutic world, there is little assistance for a coach in finding a definition that would help to understand the boundary. So far the literature shows that a single definition of either coaching or therapy is elusive, which Bachkirova (2008) suggests is because neither coaches or therapists are equipped to define both.

2.2.4 Understanding similarities and differences between coaching and therapy

Perhaps a way of defining the boundary between coaching and therapy might be better understood by looking at the similarities and differences between them. Given the changes in both coaching and therapy during the last forty years (Brock, 2018) it is perhaps

understandable that many authors have been interested in comparing and differentiating between them. While coaching was in its infancy in the 1960s, Carl Rogers referenced “*the increasing number of so-called ‘normal’ individuals who enter therapy to improve their own functioning or accelerate their personal growth*” (Rogers, 1961, p.40). Psychologists have long opined that coaching is therapy for people who do not seek help (Filippi, 1967; Tobias, 1996) and authors claim that clients may prefer to access coaching rather than counselling, seeing it as more socially acceptable (Bachkirova and Baker, 2018). Research has found that between 25% and 50% of coachees experiencing life coaching met the criteria to be recognised as having a mental health issue, further supporting the idea that coaching is seen as a more acceptable mechanism for support than therapy and that mental health issues are rife (Grant, 2014, p.47).

Many authors have offered ways to distinguish between coaching and therapy and locate the boundary. Hay (2007) offers a matrix for locating where a coach practices which relates therapy and counselling to working in the past and transformational and development coaching working in the present. This past/present divide is often referred to as a distinction, although Bachkirova (2008) disputes its value as a distinction as it is variable in both specialisms. Coaches may well visit and unpack the past to achieve future success; this is not always a differentiator, although is perhaps about the degree to which the past is accessed (Bluckert, 2005a). Grant and Greene (2004) also note that coaching works with the future with the authors adding that coaching is for functioning clients and finds solutions rather than unpacks problems. Where coaching has clients, therapy has patients whom it is assumed are broken and need fixing and is therefore remedial (Hayden and Whitworth, 1995). This echoes the core distinctions offered by many practitioners and theorists, although Bluckert (2005a) points out that even these few criteria can be disputed, suggesting that some well people enter therapy for self-exploration and it cannot be said that all managers come to coaching without “*psychological problems*” (Bluckert, 2005a, p.93). Carl Rogers (1961, p.187) proposes that post-therapy a “*fully functioning person*” will be more

open to experiences, more mindful and more trusting in themselves which may be familiar to coaches too, recognising that many coachees come to coaching without these in place and achieve them through coaching. Indeed, Joseph (2014) reminds us that the person-centred approach now used in coaching was originally developed by Carl Rogers for use in therapy.

Peltier (2011) also references that therapy focuses on the past and coaching on the present and future, noting a range of other distinctions very much from the view of a therapist becoming an organisational coach. He includes, for example, that therapy sessions are a fixed fifty minutes and coaching sessions vary in length and that coaches work around personality issues whereas a therapist resolves them. Many of the distinctions Peltier (2011) offers are linked to the triadic nature of workplace coaching, noting that confidentiality is not absolute in coaching, that it is not clear who is the client, that the sponsor pays and influences the agenda and that the organisation needs to benefit too. Lee (2007) too suggests that in executive coaching the only real difference between coaching and therapy is the triadic nature of the relationship and the focus on organisational goals.

Bachkirova (2008) reviews many of the distinctions discussed by other authors and offers a different approach, recognising similarities and differences and highlighting the complexities of both practices. She notes, for example, likenesses in the process, skills and relationships that make clear boundaries a challenge for a coach to locate and understand. Spaten (2018) in contrast simplifies the process of locating the boundary by asking a) is the population clinical or non-clinical and b) does it have a coaching goal or is it therapy.

While coaching may be about solutions, therapists may well take the view that solutions are also important. The *therapeutic alliance* relates to the bond between therapist, patient and the goal they set for improvement (Martin, Garske and Davis, 2000) which is significant as goal setting is often referenced as a differentiator between coaching and therapy because goals are considered future focused. Bluckert (2005a, p.94) asserts “*There is no doubt that coaching is more results and action-focused than therapy*”, therefore suggesting that there is room for this approach in both fields perhaps to a different degree.

Authors have explored the challenges for therapists moving into coaching to make a distinction between their practices often recognising more similarities than differences. Criddle (2007) suggests that part of the attraction for therapists to add coaching to their portfolio is fewer restrictions to practice. Among the few differences recognised is that it is more acceptable to socialise with a coachee than a patient (Peltier, 2011) and that collaboration with the sponsor or line manager can be productive (Berman and Bradt, 2006; Kets de Vries *et al.*, 2016).

Practitioner literature in the therapeutic field echoes the discussion about the differences and similarities between coaching and therapy in pursuit of a definition noting that coaching is aimed at a non-clinical population and is less stigmatised than therapy and that it may be helpful in some situations (Utry and Palmer, 2010). However, authors and commentators from the therapeutic field do not appear to be as concerned about the boundary with coaching for themselves as they do about how coaches navigate it (Berglas, 2002). Authors explain that coaching and therapy are aimed at different customers, offering scales showing those with deep psychological issues who would benefit from counselling to those who are fully functioning and who are better suited to coaching (Grant, 2001; Fairley and Stout, 2003; Cavanagh, 2005).

Several organisations involved in supporting mental health, including Mental Health First Aid England, use the Mental Health Continuum to help identify where a person may be. The Continuum, shown in Figure 3, expresses the relationship between mental wellbeing and diagnosis as a matrix. It is suggested that coaches should work in the top right quadrant with a well person who has no diagnosis (Grant, 2001; Fairley and Stout, 2003; Cavanagh, 2005). Other authors have highlighted that given the prevalence of poor mental health in the general population, it is highly possible that a coach may find themselves working with someone in the top left quadrant, who has a diagnosis but copes well through treatment and therefore presents to a coach without a mental health issue (Palmer and Whybrow, 2018).



Figure 3: MHFA England Mental Health Continuum (2022)

The Global Code of Ethics would encourage a coach to signpost someone in the bottom left quadrant somewhere other than coaching, appreciating that someone with poor mental health and a diagnosis would be better served by a therapist and probably is already in that system (Global Code of Ethics, 2020, 4.1). However, people in the lower right quadrant present the greatest challenge for coaches, who would need to identify (without diagnosing which only a medical practitioner can do) a coachee who may not be aware of their poor mental health or are in denial about it. Research has suggested that as many as half of people enrolling on life coaching may have a mental health issue (Green, Oades and Grant, 2005; Spence and Grant, 2005) leaving it unlikely that everyone enrolled in executive coaching is without issue. However, it has also been suggested that *“identification of mental health issues is not particularly connected with boundaries between coaching and therapy”* because challenging as it is for a coach to identify someone with mental health issues, it can be just as challenging for therapists (Bachkirova and Baker, 2018, p.494).

Therapy can be found in the workplace too. Zeus and Skiffington (2000) refer to workplace counselling, describing it as a process for dealing with underperformance for a specific reason. The growth in the Employee Assistance Programme (EAP) market and the

increased prevalence of occupational health departments have seen access to therapists offered more widely by employers to employees and workplace counselling becoming more common (McLeod and Henderson 2003; McLeod, 2010). A recent report on workplace wellbeing noted that 74% of responding employers offer an EAP and 76% offer access to counselling (CIPD, 2022). In addition, an employer may offer access to a life coach as an employee benefit just as it might offer access to a chiropractor or discounts in local stores, which blurs the line between executive and life coaching (Louis and Fautier-Diochon, 2018). While more traditionally associated with reduction of absence and stress, increased productivity and performance are sometimes used as a success metric for workplace counselling too (Lazar, Paul and Alphonse, 2018), although there are few efficacy studies (Joseph, Walker and Fuller-Tyszkiewicz, 2018).

Kauffman and Coutu's Harvard Business Review (2009) survey into the differences between coaching and therapy repeats many differences already noted. However, new additions through their survey reference that the therapy relationship is based on medical ethics rather than coaching ethical codes. Although the authors do not elaborate on the differences between the two approaches, this may be an alternative way to denote a licenced versus an unlicensed field. They also note an equal relationship between coach and coachee compared to the dependent power differential in therapy which was also noted by Hart, Blattner and Leipsic (2001) whose distinctions are discussed in relevant research later in this chapter. However, other authors argue that coaching relationships are complex and about more than can simply be measured through equality (de Haan and Gannon, 2017). What is particularly of note in the HBR research, summarised in Table 1, is more overlap than distinction between coaching and therapy. Here again, the past/present divide is dominant, but also the influence of the triadic nature of the relationship as Peltier (2011) highlighted.

Table 1: An example of differences between coaching and therapy

Coaching	Overlap	Therapy
- Focuses on the future - Works with healthy individuals - Helps executives to discover their own path - Fosters individual performance in a business context - Advises individual leaders on business matters - Assumes an equal relationship between the executive and coach	- Paid to ask the right questions - Tackles difficult issues at work and home - Focuses on individual behavioural change - Explores the subjective experience - Tolerates failure - Builds individual capabilities - Relies heavily on trust-based relationships - Honours the confidentiality needs of the client - Keeps their personal agenda at a minimum - Builds on other disciplines	- Focuses on the past - Diagnoses and treats dysfunctionality - Sets cure as the primary goal - Paid for by the individual - Based on medical ethics - Confidentiality is protected

Source: Kauffman and Coutu (2009)

This section illustrates that although authors have attempted to find unique distinctions between coaching and therapy, those few which have emerged have often been debated and found to be similarities too, further muddying the waters for a coach trying to navigate the boundary with therapy in practice.

2.2.5 Understanding why definitions matter to coaches

So far I have focused on literature about defining coaching, executive coaching, therapy and the boundary itself to illustrate the complexity for coaches in defining a boundary for themselves. Literature around this topic also throws some light on to the value of pursuing *any* definitions. Put simply, what does the literature say about why this matters to the coaching community?

Within coaching there is a discussion about boundaries other than the one with therapy. Coaches are warned to be aware of being overly friendly with a coachee (Brennan and Wildflower, 2018) and overusing personal disclosure (Lancer, Clutterbuck and Megginson, 2016). Coaches are aware of the boundary of confidentiality particularly in a triadic

relationship where they may be under pressure from the sponsor to share content (Brennan and Wildflower, 2018) or breach absolute confidentiality (Peltier, 2011). There is also a recognition of the boundary of the brief and staying within the contract made both with the sponsor and the coachee (Bachkirova and Baker, 2018).

Practitioner literature also refers to boundaries with other working practices such as mentoring and consulting, both of which are considered to be more directive than coaching (Garvey, Stokes and Megginson, 2010; Dexter, Dexter and Irving, 2011). Mentoring is considered to have an educational element to it (Clutterbuck and Megginson, 2011) and often the mentor is more senior and experienced than the mentee (Dexter, Dexter and Irving, 2011) creating a different power dynamic to coaching. However, more modern mentoring relationships may be more of a collaborative meeting of equals (Zeus and Skiffington, 2000).

There can also be confusion about the boundary between management consulting and coaching, with consultants offering one-to-one support that may be interpreted as coaching (Zeus and Skiffington, 2000). One distinction offered here is that the consultant may use a coaching style to pursue change for the organisation's benefit, whereas a coach is focused on individual change implicitly aligned with the organisation's goals (Dexter, Dexter and Irving, 2011).

There is perhaps something here worth acknowledging about the wider function of boundaries and the discussion in social sciences about their importance. Lamont and Molnar (2002) distinguish between symbolic boundaries, which are conceptual and artificially created, and social boundaries which are more objective. They propose that symbolic boundaries, such as those between professions, are "*an essential medium through which people acquire and monopolize resources*" (Lamont and Molnar, 2002, p.168) and are important because they help people reach an agreement and separate people into groups which generate shared feelings of belonging. In contrast, social boundaries, such as those between races, genders and classes, have unequal access to resources and social

opportunities. They argue that although the two should be viewed as equally real, when symbolic boundaries are generally accepted they can become social boundaries that implicitly exclude some people's participation.

Boundaries help define groups which in turn help people consider where they belong. More than that, Social Identity Theory (Tajfel and Turner, 2004) proposes that people need to feel part of a group and understand where they belong to establish their own identity and sense of self, leading to higher self-confidence and self-esteem. The process of reaching this point involves categorisation, social identification and social comparison, all of which require acknowledging boundaries (Lamont and Molnar, 2002). Lamont and Molnar (2002) recognise that in the context of professions, science and knowledge boundaries have long been used to explain how professions differ from one another and such classification brings “*order to our lives*” (p.177).

Boundaries between coaching and other practices also link to another prevalent theme that appears in coaching literature; the professionalisation of coaching. Authors often refer to coaching seeking to differentiate itself from other specialisms in its pursuit of the label of *profession* (Grant and Cavanagh, 2004; Bachkirova and Cox, 2004; Hawkins, 2008; Garvey, Stokes and Megginson, 2010; Gray, 2011; Fietze, 2017; Salman, 2019) and research looking at the boundary with therapy have recognised the connection between the two issues (Maxwell, 2009; Price, 2009). To be recognised as a profession, a community is expected to be populated with members with a higher level of education and skill and follow ethical standards (Kultgen, 2010). In accordance with the parameters of self-regulation, individual professions define the level of education and skill and what those ethical standards would look like (Margariti, 2018).

One driver for coaching becoming a profession is parity with other well-regarded professions such as law, medicine and accountancy which could raise credibility and is seen as the natural progression for coaching (Garvey, Stokes and Megginson, 2010). Literature on

professionalism identifies three notions of professions: collegiate (typically solo practitioners in traditional roles such as a doctor, vet or lawyer), organisational (where legitimacy comes from co-created work, such as consultancy) and corporate (in which firms define the professional role) (Cross and Swart, 2021). Coaching does not seem to sit comfortably into any of these established notions as many coaches are self-employed independent practitioners (Fietze, 2017; Salman, 2019). Cross and Swart's (2021) research with fifty independent consultants propose an alternative of *professional fluidity* which is "a co-constructed and agentic approach where validity and legitimacy are achieved primarily through relations with clients and collaborators rather than institutions or employing organisations" (p.1) which recognises the previously neglected needs of the self-employed neo-professions.

Salman's (2019) study of the professionalisation of coaching in France between 1990 and the mid-2010s further explored the notion that traditional professional models do not suit coaching. She proposes instead a *client professionalisation* model which recognises the influence of the institutional client, or buyer of coaching, in driving professional bodies to pursue professional status. Salman (2019) also references resistance from competing occupations that have interfered with the development of coaching as a profession, particularly management consultancy.

A version of professionalism that gives practitioners power over access to the group, training, accreditation and the evaluation of the performance of fellow practitioners necessarily creates boundaries with other groups. Larson (2017) argues that this functions as a form of ideological control, protecting the labour market. Critics of professionalism argue that the protectionist behaviour in the latter half of the 20th century by the main professions of law, medicine and the clergy meant reforms that were desperately needed to improve service were overlooked and that they do not represent good role models for the modern world (Perkin, 2003). This would therefore suggest that if coaching were to achieve

professional status, it may cease to evolve and be the progressive function it has been in the last twenty years.

The pursuit of professionalisation also links with Social Identity Theory (Tajfel and Turner, 2004) and the desire to belong somewhere and also to aspire to be socially mobile (Lamont and Molnar, 2002). Professionalising a group creates collective identity and boundaries play a part in finding the edges that create groups. According to Social Identity Theory, belonging to a group improves personal identity and “*Collective identity is not simply the drawing of a cognitive boundary; it simultaneously involves a positive affect toward other group members*” (Polleta and Jasper, 2001, p.299). Professionalisation would give coaching a collective identity and coaches a place to belong, which may be desirable to some in the coaching community.

It has been argued since 2004 that the coaching community has reached a level of maturity from which self-regulated professionalisation may be pursued (Grant and Cavanagh, 2004; Hawkins, 2008). Bennett’s (2006) review of sociology literature commenting on practices in law, medicine, accounting, nursing, counselling and psychology identified eleven criteria that need to be fulfilled before coaching can be recognised as a profession. The requirements are listed in Table 2 with an assessment on current progress, showing that although the coaching community has begun the journey, few criteria have been met even in part and some may be very hard to meet.

At the time of writing evidence suggests that only one of these criteria has been met: the formation of communities of practitioners (#8). While many coaches may operate as solo practitioners, the rise of the internet, the development of social media and the evolution of professional bodies as membership hubs means that coaches have many options to join a stimulating and thriving community of fellow practitioners. A simple search on LinkedIn for coaching now brings a multitude of options of people and groups to follow, many with

thousands of followers already signed up, suggesting the appetite to join together as a group is strong.

Table 2: Assessment of progress against criteria to become a profession

	Identified in 2006	Evidence of progress 2022	Achieved yet?
1.	Identifiable and distinct skills — for example, skills that are widely accepted as required for the performance of skilled coaching.	<i>Skills are not distinct. Crossover with mentoring, therapy, and consultancy.</i>	No
2.	Education and training required to acquire proficiency—for example, minimum initial and ongoing training required to coach; generally accepted competencies required for coaches; means of assessing competence.	<i>No training or education is required to practice. Competencies are defined and assessed by professional bodies but differ between and are not required to practice.</i>	No In part
3.	Recognition outside the community as a profession—for example, recognition by established professions as a profession; federal government identification/classification of coaching as a profession.	<i>Not recognised as a profession outside the community.</i>	No
4.	Developed, monitored, and enforced code of ethics by a governing body making the profession a self-disciplined group—for example, establish a code of ethical conduct; widely understood and accepted code; systems for monitoring ethical conducted by coaches; systems for enforcing ethical conduct that could result in a requirement to stop coaching.	<i>Codes are developed, monitored and enforced by professional bodies. Shared Global Code of Ethics. Complaints procedures are in place. No requirement to be a member of a professional bodies to practice.</i>	In part
5.	Public service that is motivated by altruistic service rather than financial gain—for example, provision of service for altruistic motives.	<i>ICF Foundation was established for the wider impact of coaching in society.</i>	In part
6.	Formalized organization—for example, a widely accepted established professional organization that represents the profession and those practising coaching.	<i>Several lead organisations: ICF, EMCC, AC, APECS. Evidence of working together but no one body.</i>	In part
7.	Evaluation of merit (credentialing) and self-regulating, encouraging diversity of thought, evaluation, and practice - for example, accepted requirements for coaches; systems for accessing competence; systems for monitoring and regulating service delivery by coaches; means of encouraging a wide array of thought and discussion about the practice of the profession.	<i>All professional bodies embrace credentialing although take-up is not high. Not required to practice.</i>	In part
8.	Established community of practitioners—for example, forums for practitioners to develop relationships and exchange ideas related to the practice of coaching; publications that support the establishment of the community of practice.	<i>The community has grown significantly since 2006. Discussion and debate forums and publications are established (LinkedIn, Coaching at Work, professional bodies' networks).</i>	Yes
9.	Status or state of recognition associated with membership in the profession—for example, recognition by those served and the general public as a profession.	<i>Recognised as professional, growth of commercial demand, increasingly referred to colloquially as a profession.</i>	In part
10.	Public recognition from outside the practising community that the profession is distinct and actually in existence—for example, recognition as a distinct profession.	<i>No agreed definition of coaching or skills required means distinction is hard to prove to the public.</i>	No
11.	Practice founded in theoretical and factual research and knowledge—for example, defined body of knowledge; defined theoretical foundation; ongoing evidence-based theoretical and practical research.	<i>A significant increase in empirical research leads to the establishment of a body of knowledge. Researching does not necessarily change practice.</i>	In part

Source: adapted from Bennett, 2006

A number of the remaining criteria in Bennett's list may have been met in part, although few measurements exist to quantify the progress. For example, although competencies have been established for individual professional bodies for some time (#2) there is no universal agreement between them. They are only relevant for the process of individual accreditation to achieve credentials or to accredit a certified training programme which appears to be relevant only to some practising coaches (#7) (ICF, 2020). The criteria around ethics may be argued to be more successful thanks to the issue of the Global Code of Ethics (GCE, 2020), although there is no universal data around enforcement such as complaints received and upheld or penalties for poor practice (#4). There is little evidence of an altruistic attitude across the community of practitioners (#5), although the ICF's Foundation aspires to fill this role and there are pockets of practitioners who give their time and skills freely as a matter of course, such as supporting charities and offering free coaching in the recent pandemic (Gannon, 2021). Although professional bodies are now established (#6) they compete for members and are commercial entities, not meeting Bennett's criteria of a single umbrella organisation such as, for example, the General Medical Council for doctors.

Criteria #9 is recognised as part met because there is evidence that the term profession is, however casually applied, often used in the context of referring to the coaching community (Hawkins, 2008; Hamlin, Ellinger and Beattie, 2009; Gebhardt, 2016), indicating an increased acceptance that coaching is more professional in behaviours and is perhaps heading in that direction. Research into coaching has increased exponentially this century (de Haan, 2019; Passmore and Fillery-Travis, 2011) and the range and depth of findings are exciting and insightful for a practitioner (#11). However, there is little evidence that research outcomes are embraced by the majority of coaches, reach the wider community of practitioners or change practice. Contrast this with empirical evidence in, for example, medicine which can lead to policy changes in how illnesses are treated.

Some criteria, however, are simply not met. The single greatest hurdle to coaching becoming a profession is the challenge of identifying distinct skills or even a distinct

combination of skills (#1). It has been argued that there is much crossover between human resource development and organisational development (Hamlin, Ellinger and Beattie, 2009) and that because of this crossover, coaching is a semi-profession (Gray, 2011). The crossover with mentoring and therapy make it hard to argue that this criterion can ever be met. However, the Global Coaching Community (quoted in Lane, Stelter and Stout-Rostron, 2014) believes that the coaching community is a unique synthesis of a range of disciplines and could therefore pursue professional status.

Even though competencies are in place, overall education and training to acquire proficiency are desirable but not required (#2), as coaches practice without credentialing or certification (ICF, 2020). Coaching is not yet recognised as a profession by other professions, the state (#3), or the general public (#10). However, Gray (2011) points out that all established professions fall short of meeting all criteria. Another barrier to be aware of in the pursuit of professionalisation against Bennett's criteria is that coaching is a truly international market with coaches operating differently within each country and also practising across borders. This assessment against Bennett's criteria is based on the UK but coaching is an increasingly global market (ICF, 2020) with every country potentially at a different stage and possibly travelling in a different direction, as evidenced in Salman's (2019) study.

For those who see executive coaching as predominantly a leadership and development tool, there are discussions around value for money and return on investment, like those in the human resource development realm about return on training investment, as the cost of buying coaching rises (McGovern *et al.*, 2001; Hawkins, 2008; Ridler Report, 2016) and becoming a profession would potentially secure and justify the commercial value of the offering.

Another approach discussed is to see the framework for accessing professional status from another angle, recognising that traditional professions are dominated by corporate firms and values, while coaching is more often a solo practitioner/self-employed activity (Salman, 2019). By recognising this distinction, emphasis can be shifted from defining unique

qualifications and behaviours to pursuing agreement on core competencies, which is how the professional bodies have been influencing the development of the discipline in recent years (Fietze, 2017) .

In summary, the coaching community may be driven to observe boundaries as part of the journey to becoming a profession and achieving self-regulation to avoid state regulation. Evidence from the literature suggests that it is not yet near this goal as measured against recognised criteria. Authors suggest that it may not be able to achieve it and that becoming a profession may not be that desirable after all with the potential to limit the reach of coaching. Western (2012, p.245) references the growing trend towards professionalisation and comments that this is bringing coaching even closer to psychotherapeutic models, observing that coaching has already borrowed practices from therapy and is now also importing the “*organisational forms and protocols*” of therapy.

There is of course a difference between being a legally recognised and regulated profession and acting professionally, displaying professional values. Some would simply encourage the coaching community to act more professionally (Lane, Stelter and Stout-Rostron, 2014) and discuss if *occupation* would be a more useful term than *profession*. Authors suggest there have been some moves to secure professional behaviours and that coaching has “*undergone visible professionalization*” (Fietze, 2017, p.8). Margariti (2018) references the Professional Charter for Coaching and Mentoring prepared and signed by several professional bodies in 2011, designed to collect agreement on professional behaviours alongside codes of ethics.

The role of professional bodies in the issue of the coaching/therapy boundary is an important one. Over twenty professional bodies now exist (Brock, 2018), of whom many are international. The professional bodies fulfil many functions including to provide community hubs, issue codes of ethics and define competencies to guide members. Many coaching codes of ethics were originally modelled on the Ethical Principles of Psychologists from the

American Psychological Association (Adams, 2015) and use similar language to the APA's in boundary management clauses (APA, 2022, 20.1).

Some authors argue that crossing the boundary from coaching into therapy without sufficient competence would be considered unethical by the coach, even for a therapist turned coach (Gooding, 2003; Liljenstrand and Nebecker, 2008). While not all coaches are members of a professional body officially bound by a code of ethics that does not preclude them from being guided by one or simply wishing to be personally ethical. Carroll and Shaw (2013) discuss ethical maturity in the helping professions, highlighting several personal, situational and organisational factors influencing an individual to behave unethically. At the top of the list of personal factors is a *lack of self-awareness*, underlining the importance of self-work in coach education. A *lack of awareness of others* is also listed, although one would hope this is less of a risk for those in the helping professions. Carroll and Shaw (2013) also mention *impulsive behaviour* without space made for reflection as a factor that influences unethical behaviour, which is an argument for deliberate self-reflection and the role of supervision in managing boundaries and other ethical issues. They also list “*a lack of attention to the strength of the shadow side within our lives*” (p.53) – another risk that can be mitigated with deeper self-work. The authors also suggest “*sensitising our ethical antennae will make us aware of ethical issues, problems and boundaries, and when our actions are ethically immature. We need ways to regularly stop and review*” (p.151).

Iordanou, Hawley and Iordanou (2016) explore the intertwined relationship between professional values and ethics, recognised by Bennett as a necessary criterion, asserting that “*ethics can be seen as the practical application of values*” (2016, p.16). Brennan and Wildflower identify the following common themes in codes of ethics across disciplines:

1. *Do no harm: do not cause needless harm or injury to others*
2. *Duty of care: act in ways that promote the welfare of other people*
3. *Know your limits: practise within the scope of your competence*
4. *Respect the interests of the client*

5. *Respect the law*

(Brennan and Wildflower, 2018, p.501)

It is interesting to consider these themes in the context of why the boundary with therapy matters to the coaching community. The first theme, to do no harm, is an interesting addition to coaching due perhaps to the migration of clinical practitioners into executive coaching has brought with it the implicit adherence to the Hippocratic Oath (Gebhardt, 2016). The second theme of duty of care appears in various practitioner texts often without definition. Research on coaching as an unregulated industry in Australia discussed a legal duty of care in coaching (Spence, Cavanagh and Grant, 2006). In the context of codes of ethics, Brennan and Wildflower (2018) define it as to “*act in ways that promote the welfare of other people*” (p.501). Theme three about competence is particularly relevant for coaches who are members of a professional body and accredited, although practitioners in all fields would arguably be aware of their limits. Theme four is interesting given the triadic nature of most executive coaching. Peltier (2011) raised the tension about who the client is whose interests take priority. Theme five one would hope is a given in a civilised society. In the context of the boundary between coaching and therapy, only the third theme would currently prohibit a coach from straying into therapeutic waters.

Berglas (2002) describes crossing the boundary between coaching and therapy as irresponsible and dangerous to the coachee without offering evidence of the consequences of doing so. The author is an often quoted voice of concern about the dangers of coaches working beyond their competence level, encouraging executive coaches to learn to distinguish “*between a ‘problem executive’ who can be trained to function effectively and an ‘executive with a problem’ who can best be helped by psychotherapy*” (p.87). Berglas (2002) expresses concern about the normalisation of counselling delivered in the workplace under the banner of coaching and calls for coaches to have psychological training. However, Roberts and Jarrett (2006) interpret his evidence of poor coaching practice less as a call for

better training and more as an illustration of the need for stronger ethical codes and competency frameworks.

A search for evidence of damage to coachees of coaches overstepping the boundary between coaching and therapy anywhere in the world has yielded no results, which concurs with Grant's findings (2014). However, Henderson points out that all interventions, psychotherapeutic or pharmaceutical, have the potential to fail but studies only describe successes (McLeod and Henderson, 2003). Grant (2014) says that with no central licensing or regulatory body (nationally or globally) it may be unclear to whom a coachee or sponsor should complain. However, all the professional bodies have a formal complaints procedure that can be used to pursue a coach who is believed to have breached the code of ethics, although it is not clear how a coachee would know that a boundary breach has definitely occurred, as even coaches appear to be unclear. Detailed data from these procedures is not freely available but the ICF publishes annual headline data which gives an insight into the type of complaints raised globally and whether or not the Independent Review Board upholds them. In 2020 there were no complaints explicitly about a coach overstepping the boundary between coaching and therapy (ICF Complaints, 2022).

Fairley and Stout (2003) feared lawsuits would be filed against coaches openly targeting work with diagnosable mental disorders who were not trained to do so. This may be linked to the expansion of coaching as a commercial offering in the United States in the last thirty years (ICF, 2016) where litigation for malpractice is better established. In the US, mental health practitioners are required to be licensed by the state where they practice and some states have considered whether coaching can be described as a mental health practice. Colorado State is the only state that has pursued this further (Williams, 2018). In 1996, Amos Martinez, an administrator of the Mental Health Board in the state, studied the regulation of mental health occupations for his PhD (Martinez, 1996). Although his original work focused on identifying practitioners who he argued should be licensed such as counsellors and family therapists, by 2001 Dr Martinez opined that coaches could also be

considered to be unlicensed psychotherapists. Eminent coaches sought to persuade him otherwise (Williams, 2018) and the situation reached boiling point in 2003 when a federal case was brought against an ICF Master Certified Coach in Colorado State. Although the charge was dropped, it sent shock waves through the global coaching community and supported the need to differentiate the offering of coaching by respecting the boundary with therapy. The importance of this episode and its influence on the debate about the coaching/therapy boundary is significant looking at the timing of the events against the debate and empirical research.

In understanding the importance of the boundary between coaching and therapy to coaches and why it matters, I have looked at boundaries with specialisms other than therapy which are also not always clear. I have also explored the literature around boundaries as a general concept and the role they play in society, offering inclusion and exclusion for humans. I have looked at the significance of boundaries for coaches in the context of pursuing the label of profession and the relevance this holds for professional bodies. I have considered the role of professional bodies in setting implicit boundaries for members through competences and codes of ethics and the risks of not following the *rules*, both to coach and coachee but wider, the risk to the community of reputational damage.

2.3 Dealing with the boundary and overlap

So far this review has concentrated on literature that relates to the issue of how coaches define the coaching/therapy boundary and why it matters. Now I will turn to literature that relates to the second issue: if the boundary between coaching and therapy is not clearly defined, how do coaches deal with it in practice? Most coaching and therapy literature appears to make the assumption that a boundary exists, even if its location is unclear. For coaches who subscribe to this, what do they use to manage their response to it?

One way for a coach to find or deal with a boundary is by using their intuition (Hart, Blattner and Leipsic, 2001), the importance of which has been widely discussed in practitioner

literature (Zeus and Skiffington, 2000; Starr, 2011; Cox, 2013). A direct link between experience and strength of intuition is generally acknowledged (Bluckert, 2006; Mavor, Sadler-Smith and Gray, 2010; Starr, 2011). Cox (2013) discusses intuition, exploring a wide range of definitions before supporting it as “*automated expertise*” (p.17) and positioning it with a low level of professional expertise and a high level of environmental uncertainty.

Research into critical moments in coaching revealed that intuition played a consistent role, although these moments were unforeseen, requiring an *in the moment* decision about how to respond which changed the coaching relationship (Day *et al.*, 2008). Sheldon’s (2018) research into how coaches use their intuition during coaching sessions showed that level of maturity plays a significant role when using intuition to decide whether to enter the territory or stay put. Research has found that novice coaches may not use intuition well, specifically in decisions about the coaching/therapy boundary (Eniola, 2017). Sadler-Smith and Shefy (2014) note that intuition “*can now be understood as a composite phenomenon involving interplay between ‘knowing’ (intuition-as-expertise) and ‘sensing’ (intuition-as-feeling)*” (p.76) which raises the question of whether intuition can be taught to coaches as well as developing over time. Intuition appears as a sub-theme in the research by Sime and Jacob (2018) where they highlight the parallels with “*psychological formulation*” (p.57) used by therapists to identify a patient’s difficulties. It is therefore clear from the literature that coaches use intuition to respond to the coaching and therapy boundary and unclear from research how successful this is.

Bachkirova and Baker (2018) reference the risk of a coach inflating their confidence in their abilities, commenting that although research suggests coaches believe they have self-awareness, it is not always clear from qualifications or knowledge how that confidence is justified. Bachkirova’s (2015) research into coach self-deception as seen by coaching supervisors revealed that self-deception in coaches leads to coaches “*overstepping the boundaries of coaching when clients wished to work on issues more appropriate for therapy*” and “*ignoring ethical dilemmas*” (p.11), primarily driven by fear of loss of the client or

rejection by the coachee and implicitly justified because the coachee has initiated the topic. This suggests that to some coaches the boundary is not where they think it is, which would mean they may also be deceiving themselves about working with their intuition to stay within their level of competence. This resonates with Carroll and Shaw's (2013) observations about the risk of low self-awareness for coaches and Bachkirova's (2015) study noted the implication that self-deception should be minimised.

One way to minimise self-deception and better deal with the coaching/therapy boundary is through reflection, a technique borrowed from counselling (Giddens *et al.*, 1991; Bond, 2015), that is encouraged for coaches (Hay, 2007; Bluckert, 2005; Cushion, 2018; Brennan and Wildflower, 2018). Previous studies have underlined the importance of it for building self-awareness and managing the response to difficult situations (Cox and Bachkirova, 2007) and for building good judgement (Berry, 2020). However, Cushion (2018) argues that reflection is a poorly used tool by coaches, encouraging superficial acknowledgement of a subjective moment, creating objectivity about a practice that may not be conscious enough to be reflected upon. Cushion (2018) also criticises the superficial use of the term by coaches without proper understanding of its process or value.

The participants in Channer's (2003) study of therapists working as coaches appeared to lack awareness about their practice, so without calibration by a third party such as a peer or supervisor, it is unclear how realistic the reflection may be. It may be that self-reflection for coaches is simply being interpreted as the deliberate space in which a coach considers their own practice and reflexively asks if they could have done it better for a better outcome. In the context of boundary management, this could invite a process in which a coach asks themselves the closed question *did I work within my competence level today?*. There are limited frameworks available for the purpose of self-reflection. For example, Stein (2009) offered an evidence based tool based on identifying the role the coach is playing in the session. There is an assumptive link between reflection, self-awareness and self-regulation. If coaches are going to rely on self-regulation as a way of monitoring their practical

relationship with the therapy boundary, they may wish to do this via pre-designed exercises or activities such as those offered by Hay (2007) or develop it through supervision (Bachkirova, 2015).

Although there is much variation within the field of supervision, it is essentially reflection facilitated by someone other than the coach to develop their practice (Kitchin, 2014). Practitioners and academics have discussed the positive role and importance of supervision for coaches (Hay, 2007; Hawkins, 2008; Brockbank and McGill, 2012; de Haan, 2012; de Haan *et al.*, 2013; Clutterbuck, Whitaker and Lucas, 2016; Hawkins, 2018; Hawkins, Turner and Passmore, 2019; Bachkirova *et al.*, 2020). While standard practice in the helping professions, supervision was introduced to coaching around 2000 (Hawkins and Shohet, 2012) and has gained traction in the coaching community since. Research undertaken by the Chartered Institute of Personnel and Development in 2006 and repeated in 2014 shows an increase in the acceptance and use of supervision among coaches (CIPD, 2006; Hawkins and Turner, 2014; Kitchin, 2014), alongside the evolution of coaching as a commercial offering. Research into coach self-deception identified supervision as a development tool where self-deception can be challenged as long as a safe environment is created (Bachkirova, 2015).

Not being in supervision is not necessarily a rejection of what supervision offers. Research has shown that the most common reason for not accessing supervision is that it is not required by sponsor organisations, as well as not being able to find a suitable supervisor and cost and time constraints (CIPD, 2006; Jepson, 2013; Hawkins and Turner, 2014; Kitchin, 2014). Coaches also report a belief that the volume of coaching work they do does not justify regular supervision (Kitchin, 2014) and some coaches report that they see it as a tool from counselling (Bachkirova, 2011). Other authors have suggested combining coaching and mentoring to better suit the development needs of the coach (Gray, 2010) and previous research has proposed that a coach mentoring model may be more useful to the coaching community than a supervision model borrowed from therapy (Kitchin, 2014).

In addition to intuition, reflection and supervision discussed so far in this section and moving beyond them as established ways of growing coach maturity about boundary management brings us to the role of the internal supervisor. Although Clutterbuck (2016) contributed a chapter on developing an internal supervisor to a practitioner handbook on coaching supervision, it focused more on self-supervision than the model used in the helping professions. The idea of an internal supervisor was suggested and developed by Casement in the 1980s to support practitioners in the field of psychoanalysis who used the term to refer to what happens when a supervisee processes and internalises supervision so they can use it to support and review themselves outside the supervision conversation (Casement, 1985). He makes the critical distinction between *internalised* (when the supervisee is aware of the supervisor's voice in their head) and *internal* (where the supervisee has developed their independent voice in their head), the second being a progression from the first. Gilbert and Evans (2000) further suggested that growing and nurturing the internal supervisor should be the primary objective of supervision in the helping professions and Bell, Dixon and Kolts (2017) urged an emphasis on developing a compassionate internal supervisor in a bid to shift from inner critic to recognising successes and areas for growth. Professional bodies reference the requirement to engage with supervision with appropriate frequency (GCE, 2022, 4.3). However, there is limited evidence that the coaching community has similarly embraced the concept of an internal supervisor.

One of the ways coaches deal with the boundaries between coaching and other specialisms is through the use of a robust contract (Dexter, Dexter and Irving, 2011). Contracting may be verbal or written (Hay, 2007; Lee, 2013) and helps the coach to manage expectations, so it would seem to be the perfect place to articulate what the coach intends to do if the session content veers toward the boundary with therapy. There is no research into what coaches say in their contracts (Lee, 2013), let alone how consistently they deliver what they have agreed to at the start. Eniola's (2017) study reported that novice coaches reference the boundary in contracting but did not delve into the assumptions behind the language used. Templates are

available to coaches to adapt for their own practice and the ICF offers a template to its members for adaptation which specifically references therapy:

“1B) Client understands coaching is not therapy and does not substitute for therapy if needed, and does not prevent, cure, or treat any mental disorder or medical disease.” (ICF Contract, 2022)

However, the wording of this clause would not actually prohibit a coach from straying beyond the boundary if the coach feared losing the coachee if they signpost to another professional, as previous research has suggested (Bachkirova, 2015). Hay (2007) suggests that a contract should cover procedural, professional and psychological issues, paving the way for explicit reference to the boundary with therapy and what will happen at that point and advocates clarity around dual relationships. There is no evidence to suggest that contracts currently include a reference to the boundary with therapy and practitioner texts do not appear to recommend this (Hernez-Broome and Boyce, 2010; Starr, 2011). However, the role of the contract can be seen as no more than an indication of what to expect and although the name might suggest a legal agreement, there is no evidence to suggest a breach would be legally pursued. Despite this, it is typical for research about the boundary with therapy to reference the need for better contracting and recognise the value of re-contracting as the coaching relationship develops (Griffiths and Campbell, 2008; Maxwell, 2009). Research has anecdotally indicated that coach education does raise the purpose and value of contracting (Baker, 2014).

Another approach discussed in literature about how to deal with the boundary is to embrace the overlap between coaching and therapy. Dagley's (2010) research into what purchasers of executive coaching value in an executive coach recognised that executive coaches go deeper and work on behavioural issues. Going deeper in this context meant the coach having an intuitive understanding of the human condition and being willing to take the coachee to uncomfortable places in order to hold them to account for their behaviour and behavioural change. The research found that this is central to a purchaser identifying and

employing an exceptional coach and implies that working in the overlap between coaching and therapy is necessary to achieve it.

It has been suggested that the intentional overlap between coaching and therapy could be called *psychologically informed coaching* (Lai and Palmer, 2021; Wang *et al.*, 2022). Within this overlap sits deliberate approaches such as developmental, transformational, psychodynamic, gestalt, solution-focused, Neuro-Linguistic Programming and therapeutic techniques adapted to coaching such as Cognitive Behavioural Therapy and Acceptance Commitment Therapy, none of which require a license to practice (Palmer and Whybrow, 2007; Cox, Bachkirova and Clutterbuck, 2018).

For example, both developmental and transformational coaching use the Socratic approach of asking questions that encourages inner reflection and self-work to reach goals around self-improvement (Clutterbuck, 2020), a model borrowed from psychotherapy and a cornerstone of Cognitive Behavioural Theory (Clark and Egan, 2015). Cognitive Behavioural Coaching uses the same theory as Cognitive Behavioural Therapy that less desirable behaviours can be ceased and more desirable behaviours enforced using behavioural conditioning techniques (O'Connell, Palmer and Williams, 2013; Palmer and Szymanska, 2018).

Solution Focused Coaching identifies a problem, analysing the root cause, methodically brainstorms options and agrees on an action plan (Grant, 2016a; Grant and Cavanagh, 2018; Skews and Palmer, 2021). Solution Focused Brief Therapy has long been established in the therapeutic world as a successful structure used by therapists to encourage self-development (O'Connell, 1998).

Gestalt Coaching is based on Fritz Perls' Gestalt Therapy and Max Wertheimer's Gestalt Theory, in which a coachee is encouraged to see themselves wholly and connect with the present moment to improve self-awareness and responsibility to solve problems which was originally conceived as a personal development approach (Wertheimer, 1938; Rutkowski,

2014). Gestalt therapy transferred to coaching and organisational consultancy last century and is visible in executive, developmental and team coaching (Bluckert, 2006).

Similarly, Acceptance Commitment Therapy was developed in the 1980s as a model to alleviate human suffering through an intervention that proposed that a person's response to a circumstance is more important than the circumstance itself (Hayes, Strosahl and Wilson, 2011). The theory is used in Acceptance Commitment Coaching which resembles the GROW model in that it is goal-focused, looks at obstacles and encourages ownership of the situation before solutions can be found (Skews and Palmer, 2021) and is actively offered as a bridge between coaching and therapy (Humphreys, 2016).

Psychodynamic Psychology is used as a therapeutic model in psychology and counselling, believing that the unconscious mind is a driver for behaviour. It is also used in Psychodynamic Coaching to acknowledge the influence of experiences in earlier life on current behavioural choices (Bunning, 2006; Sandler, 2011; Diamond, 2013; Beck, 2018).

Neuro Linguistic Programming (NLP) was established by Grinder and Bandler in the 1970s who developed it not as a theory or therapy but as a model for practice (Grimley, 2018). Critics of NLP struggle to see its theoretical foundations, which Grimley sees as linked to constructivist and behaviourist psychology and decry the limited research proving its efficacy (Passmore and Rowson, 2019). However, NLP is widely used by practitioners (Hayes; 2006; Potter, 2018; de Rijk, 2019) who see the benefits for their clients of using the core techniques and applications in the model to support deeper changes (Steinhouse, 2011) and is increasingly more evidence based (Linder-Pelz, 2010).

Most coaches are familiar, if only in name, with the Positive Psychology movement. Evolving since the 1980s to something formally recognisable from 2000, Positive Psychology shifted psychology from remedial work with broken clients to a positive intervention in the pursuit of happiness (Boniwell, 2012). By encouraging positive emotions and a forward-thinking mindset open to possibilities, Seligman's theory shifted focus away from negativity and

pathologizing (Seligman, 2002; Seligman and Csikszentmihalyi, 2014). Although criticised as toxic positivity (Goodman, 2022) and a beautiful idea that could make us ill (Bachkirova and Borrington, 2020), it has nevertheless become embedded in coaching (Panchal, Palmer and Green, 2018) and takes coaching into the domain of emotion management more usually associated with therapy.

There are other approaches not discussed here that follow a similar pattern of borrowing from therapy. All can be self-taught and require no formal training, certification, or licensing before a coach can use them in practice. In practitioner guides for the coaching version of each model there is no reference to boundaries or the danger of using the therapeutic version of the theory.

Bachkirova (2008) positions coaching psychology as a way to find the boundary between coaching and counselling and a bridge to connect the two. Although no single agreed definition of coaching psychology exists, it is more complex than just coaching informed by psychology. Coaching psychology, as it is variously described in practitioner and theoretical literature, appears to align with Western's (2012) Psy Expert Discourse which recognises coaching underpinned by psychology but not restricted to one specialism. Passmore and Lai (2019) looked at the relationship between coaching and psychology to assist in the definition of coaching psychology. Grant and Palmer (2002) refer to coaching psychology as a relationship that uses coaching methods grounded in therapeutic approaches. In this theoretical definition, the coaching client presents in a non-clinical way and the interventions are limited to approaches recognised as therapeutic in origin, potentially excluding interventions gleaned from other sources such as management development theory.

One key difference between coaching psychology and psychologically informed coaching appears to be that coaching psychology requires a recognised psychology qualification, and two prominent professional bodies have already claimed coaching psychology as a self-regulated community requiring a recognised psychology qualification to become a member.

The International Society for Coaching Psychologists defines coaching psychology as:

“... practised by qualified coaching psychologists who have relevant qualifications, and have undertaken suitable continuing professional development and supervised practice.” (ISCP, 2022)

At the British Psychological Society, the Division of Coaching Psychology where membership is open to qualified psychologists defines coaching psychology as:

“the scientific study and application of behaviour, cognition and emotion to deepen our understanding of individuals’ and groups’ performance, achievement and wellbeing, and to enhance practice within coaching”. (BPS, 2022)

The boundary issue is still relevant in coaching psychology as practitioners may still not be trained in counselling or therapy, despite having greater confidence. Authors warn that *“There is the possibility that coaching psychologists might unknowingly stray into therapeutic practices in their attempts to transpose their learning into coaching”* (Myers and Bachkirova, 2021, p.147) and practitioners must still be mindful of the edge of their competence and training and be aware of how they have been contracted to work, avoiding *“pathologizing and clinical world views”* (Western, 2012, p.173).

In addition to psychologically informed coaching and coaching psychology, another approach to working in the overlap between coaching and therapy is *personal consultancy*. Personal consultancy is a hybrid offering of therapy and coaching proposed by therapists who want to explicitly contract to use their therapeutic skills, training and experience in coaching sessions (Popovic and Jinks, 2013).

The difference between personal consultancy and coaching psychology is that personal consultancy openly mixes therapy with coaching while coaching psychology is coaching practised by psychologists. Personal consultancy recognises the frustration for both practitioner and client of restrictive practice and style, noting that counsellors can sometimes

be perceived as too passive due to the requirement to be reactive and coaches, although more proactive, can be more superficial using a light version of a therapeutic intervention (Popovic and Boniwell, 2007). Unsurprisingly, the issue of managing boundaries is well explored in the literature on this subject, discussing the importance of contracting and re-contracting as the content of the sessions change (Popovic and Jinks, 2013) and recognising the potentially different positions of the boundary with different clients (Popovic and Boniwell, 2007).

In this section I have looked at literature that supports approaches to working in the overlap between coaching and therapy. Psychologically informed coaching, coaching psychology and personal consultancy have been shown to offer a practical alternative to the stark separation of therapy and coaching sometimes expected by authors. However, each of these approaches still recognises a boundary with therapy at some point. It is still not clear from the literature how an individual coach practitioner could or should identify and deal with the boundary between coaching and therapy. In the next section I will look at empirical research around boundary issues that offers some insight into how this translates into live practice.

2.4 Key research about the boundary and overlap

Given the importance of the boundary issue for all stakeholders discussed in this chapter so far and its significance in the future of coaching, there are surprisingly few empirical studies that relate to the boundary between coaching and therapy. Table 3 summarises the key research in the field and shows that studies are more likely to be qualitative (4/6) than quantitative (1/6) or mixed methods (1/6). The chronology of empirical evidence is crucial as it runs alongside the commercial evolution and maturity of the coaching community as it has grown in the last twenty years.

Table 3: Empirical research relating to the boundary between coaching and therapy

Author	Study Title and Publication	Methodology	Key findings
Hart, Blattner and Leipsic 2001	Coaching versus Therapy: a perspective Published in <i>Consulting Psychology Journal</i>	US based study interviewing 30 therapists who coach. 12 in executive coaching. <i>Qualitative</i> .	Overlap in practice. Negative towards non-clinical coaches who could miss red flags. Key distinctions.
Maxwell 2009	How do business coaches experience the boundary between coaching and therapy/counselling? <i>Masters research</i> Published in <i>Coaching: An International Journal of Theory, Research and Practice</i>	8 executive coaches (4 therapeutic, 4 non-therapeutic) were interviewed. Used Conceptual Encounter and IPA. <i>Qualitative</i>	Opening Pandora's box. Co-created boundary. Four ways of working. Use of supportive working practices.
Price 2009	The coaching/therapy boundary in organizational coaching <i>Masters research</i> Published in <i>Coaching: An International Journal of Theory, Research and Practice</i>	Literature review and survey of 192 organisational coaches. Even split psychology and non-psychology. <i>Quantitative</i> .	Poor definition of boundaries in literature. Coaches would continue to coach through therapeutic issues. Makes a case for acceptance of overlap.
Baker 2014	Practitioners' Perceptions of the Boundaries between Coaching and Counselling <i>Doctoral research by psychologist</i> Unpublished	Three studies looked at perceptions among novice and experienced coaches and counsellors. All types of coaches. Most participants trained in counselling or therapy. Survey and interview/IPA. <i>Mixed methods</i> .	Novice coaches working beyond competency. Experienced coaches are willing to overlap if in client's interests.
Eniola 2017	How do Novice Business Coaches Identify the boundary between coaching and counselling? <i>Masters research</i> Published in <i>International Journal of Evidence Based Coaching and Mentoring</i>	7 novice business coaches and 4 supervisors. Interview. Grounded theory. <i>Qualitative</i> .	Boundary vague. Experienced strong emotions. Personal construct.
Sime and Jacob 2018	Crossing the Line? A qualitative exploration of ICF master certified coaches' perception of roles, borders and boundaries. Published in <i>International Coaching Psychology Review</i>	7 ICF Master Coaches. Semi-structured interviews. Grounded theory. <i>Qualitative</i> .	Confident working in crossover space. Call for consideration of personal consultancy model.

The earliest directly relevant empirical study is by Hart, Blattner and Leipsic (2001) who interviewed thirty US-based coaches who held a clinical master's or doctoral degree and practised both therapy and coaching to "examine the perceptions of practising professionals in order to delineate the distinctions and overlaps" (p.229) between coaching and therapy. Most participants practised as personal (life) rather than executive coaches although many

worked in an organisational setting. The interviews appear semi-structured, using seven questions and allowing participants to speak freely to those questions. It is not clear from the published article what method of analysis was used. The study is significant in understanding the problems I am considering through my own research because it offers key differences between coaching and therapy (summarised in Table 4) as perceived by the therapist participants through discussion with the interviewers.

Table 4: Differences between coaching and therapy, based on Hart, Blattner & Leipsic (2001)

<i>Area</i>	Therapy	Coaching
<i>Content focus</i>	Achieving wellness Interpersonal health Specific issue i.e., acute depression Pathology Unconscious issues Repair of damage	Achieving potential in life and work Goals
<i>Timeframe</i>	Retrospective – the past	Prospective – now and future
<i>Treatment/intervention</i>	Diagnosis and treatment plan Medication Cognitive Behavioural Analytic	Discussion Ideas and suggestions Self-disclosure Active and informal
<i>In control</i>	Therapist	Collaborative
<i>Style of session</i>	Face-to-face Wandering Exploring feelings and emotions	Face-to-face or remote Structured and focused on goals and action
<i>Exploring deeper issues</i>	Standard Address transference	Not appropriate for non-clinically trained coaches Transference not addressed
<i>Nature of relationship</i>	Formal Protected Distant Client is dependant Separation from a central issue Tighter/rigid boundaries Single relationship Carries stigma	Informal Uses humour Develop friendship Client is independent Engaged with a central issue Looser boundaries Dual relationship possible Openly acknowledged
<i>View of client</i>	Damaged Lower functioning In crisis	Whole
<i>Ethics and confidentiality</i>	Legally required	Important

While much of Hart, Blattner and Leipsic's (2001) study is focused on delineating the distinctions, it is also interesting to note the almost casual acceptance of areas of overlap from the researching psychologists. Specifically, interviewees commented on the potential for giving advice and power differentials. This is an important study as the authors and participants, all clinically trained, appear to consider coaching a looser version of their clinical practice. Although the potential for harm is referenced, no evidence is offered that this has been seen first-hand. The authors are quite negative towards non-therapeutically trained coaches and assert that coaches may miss *red flags* that they are not trained to see which implicitly may lead to harm. They express concern that ethics and confidentiality would not be considered and observed as well by a non-clinically trained coach largely because coaching is unregulated and unlicensed. The authors raise concerns about the ambiguity of licensing for therapists practising as coaches and report that Washington state had begun to require coaches to register as counsellors to practice in the state. It also called for supervision, modelling it on the clinical need, which echoed calls at the same time from Hawkins and Shohet (2000) encouraging the coaching community to adopt a model of supervision based on the helping professions. It is important to see this research in the context of the unfolding drama in Colorado state around the same time about coaches as unlicensed psychotherapists and the nervousness this stirred in both the coaching and therapy communities (Williams, 2018). This ringing of alarm bells set the tone for comment and study for the next decade, with a reprint and redistribution of this text in 2007. Building on the differences and delineation presented in this study, the next generation of studies tended to look qualitatively at coaches' experience of the boundary issue.

It is Maxwell's (2009; 2009a) research that adds empirical data to the discussion, looking at how business coaches experience the boundary between coaching and therapy in a qualitative study. The participants were four therapist coaches whose work was underpinned by substantial training or experience in a therapeutic area and four business coaches who came from a business background, with an average of eleven years of practice in large

organisations. In-depth semi-structured interviews were conducted and the data was analysed using Interpretative Phenomenological Analysis (IPA). Maxwell's research identifies four major themes: opening Pandora's box, the co-created boundary, working at the boundary and differentiation between coaching and therapy.

The first theme, opening Pandora's box, describes the range of issues coaches identified as boundary issues, most of which are potentially highly emotional life events, experiences or beliefs. For some coachees these boundary issues appeared to be influencing their work performance and this seemed to legitimise them for the coach. Coaches talked about coaching the whole human with all that they show up with. Coaches acknowledged that at times their response might not be coaching and that the boundary is fuzzy or blurred.

For the second theme, data showed that the boundary is co-created by the coach and coachee although its position was inconsistent between the partnerships. Sometimes the configuration of the boundary was influenced by limitations the coach had placed on their own practice guided by ethical principles, including their view of what coaching should and should not be. Some therapist coaches believed they might have been selected because the sponsor organisation knew the leader had issues that needed deeper attention, echoing Dagley's (2010) research which found that sponsors supported deep work. Some coaches were prepared to work near the boundary because they judged that the coachee was resourceful enough to be able to do so, implying that some coachees are not and that the boundary might be somewhere else for them. Maxwell also noted that the business coaches avoided territory they thought they or their coachee would find uncomfortable and were concerned about invading their coachee's privacy. In contrast, the therapist coaches were worried about collusion or transference, ethical red flags that would have been learnt through the therapist coaches' therapeutic training and may not be part of the mainstream coach education syllabus, reinforcing Berglas' (2002) concern that executive coaches are underequipped.

For theme three, Maxwell identified four distinct ways of working with this co-created boundary; *separation* (complete avoidance of any personal issue), *rational working* (an invitation to explore the issue intellectually rather than emotionally), *dipping in* (using selective therapeutic approaches in the coaching context to address an issue) and *straddling* (knowingly crossing the boundary between coaching and therapy). There was a clear overlap of working styles between business and therapist coaches and the flexibility of style between coaches was observed, although some coaches had a dominant style. It is worth noting that therapist coaches did not opt for separation and business coaches did not consciously and deliberately work beyond the boundary (straddling). However, half of the therapist coaches admitted to straddling between coaching and therapy and referenced the value of work done in this space.

The participants in Maxwell's study also discussed the importance of supportive working practices in helping them to work at the boundary. These include supervision as a space to explore boundary issues, using robust contracting and re-contracting and referral to, or working in parallel with, another professional such as a therapist, Human Resources or General Practitioner.

The fourth and final theme to emerge was the therapist coaches' views about the differentiation between coaching and therapy. Very different views were held within the therapist coach group, which the author suggests reflected their core training. One of the key differences highlighted the strength or fragility of the coachee, with some seeing the coachee as strong and others seeing them as just as fragile as a patient but better at hiding it. This offers insight into when and how a coach might choose to work near the boundary.

Participants also believed that pace was a differentiator, with coaching expected to yield quicker results than therapy. Maxwell suggests that separating out personal and professional issues in the coaching space is unrealistic and participants recognised that they are working with the whole human with all the complexities that brings for a coach, including the

possibility of historical patterns being played out in the present to introduce barriers or obstacles to work success.

Maxwell notes that *“whilst clinical issues are clearly out of scope, a more grey area exists for those sorts of psychological issues which disrupt or impede performance in an otherwise functioning client”* (p.160) and makes a case for more robust psychological underpinnings in coach education than previously found. She supports the tri-partite model used in therapy of supervision, personal development and theoretical knowledge to better prepare and support a coach. The author suggests that current coaching definitions are inadequate and do not represent reality. She concludes with a discussion about the value to an emerging profession of defining the boundary, the likelihood of coaches needing to register to practice and guarding against the American model of restricted practice and regulation. The study is inevitably niche in that it uses a small sample typical for qualitative research which means that generalisation is less possible and the highly experienced group of participants may not be typical of all coaches. It shines an interesting light on the realities of practice both for those with and without a therapeutic background, showing how coaches both understand the boundary and deal with it. However, the research was conducted over a decade ago and the coaching market has continued to evolve and grow and it may not represent current perceptions.

Price’s (2009) extensive literature review of the coaching/therapy boundary in organisational coaching found a lack of clear and useful definitions of either coaching or therapy that could be used to identify the boundary. The literature review was followed by an emailed questionnaire completed by 192 organisational coaches which invited views about the boundary and what might lead a coach to consider declining or ending coaching. The participant group was split almost equally between therapeutically and non-therapeutically trained coaches and around half had formal coach training. This data alone is interesting if it is illustrative of the cohort working as executive coaches in organisations at the time, as later data from the ICF found most coaches working in organisations have a qualification

accredited by a professional body (ICF, 2020), supporting the view that the cohort of coaches has changed greatly since 2009.

Significantly, respondents in this research did not see qualifications, training or personal competence as a differentiating factor in distinguishing between coaching and therapy and the author comments that *“there did seem to be a majority view that the coaching/therapy boundary exists outside the personal qualities of the coach/therapist.”* (Price, 2009, p.140). This suggests that a coach might not use knowledge of their own level of competence to identify the boundary with therapy in their practice. Findings also suggested that only just over half of the respondents would consider changing or ending the relationship if they felt the work became more therapeutic, even though the majority said that they would not start coaching if the client’s goals were more about addressing psychological problems. Overall, the vast majority did see a difference between coaching and therapy, with only three in denial. Notably, Price asserts that the results show that coaches have *“a variety of views on the boundary between coaching and therapy, reflective of the diversity in the literature”* (p.142). He observed that coaches appeared to practise differently from their theoretical viewpoint, using more therapeutic interventions. It is unclear if this is because coaches say what they think they should say about how they work or if they have a blind spot about their level of competence. Coaches appeared to feel that coaching is *“a sort of therapy-lite (sic)”* (p.144) and as the study was a survey with no qualitative follow-up, we cannot be sure whether this is because of their experience in practice or is influenced by established positions in the coaching community created by strong rhetoric. Rogers (2012) refers to coaches belief that coaching is therapy-light, adding that she believes it is more *therapy-plus*. Overall, Price finds that coaches are delivering therapy, clear there is a boundary, not clear where it is or what it looks like but may be motivated by the desire not to enter the territory inhabited by another professional. In conclusion, Price explores two options, favouring the latter: either develop coaching as a profession with clear differences from therapy or accept the overlap and an increase in the therapeutic element of coach training

rather than limits on working therapeutically in organisational settings. This study is important in establishing the gap for my own research partly because it is quantitative in a field that is usually qualitative and therefore samples the views of a larger number of coaches than usual. It also supports the assumption found in literature that a boundary exists for most coaches and it highlights the inconsistency between what coaches say they do and what they actually do.

Baker (2014) conducted three studies for her mixed-methods PhD which explored 1) perceptions of boundary issues with novice and newly trained coaches, 2) perceptions of boundary issues with experienced practitioners and 3) experience of working with the boundary between coaching and therapy using a mixture of surveys and semi-structured interviews. The first study using a survey of novice coaches (n=99) found that they were more willing than the more experienced coaches in Price's (2009) study about starting to work with someone who appeared to have a mental illness or seemed uncommitted to change. Some of these new coaches, mostly social work or coaching psychology students, appeared willing to work beyond their competence.

The second study using a survey of experienced coaches and counsellors (n=174) revealed that *"whilst many practitioners felt that there are clear boundaries between counselling and coaching (61%), which are easy to recognise (57%), many also reported finding the boundary hard to identify (44%)"* (p.153). Almost half of the more experienced practitioners reported that they negotiated the boundary with their clients, echoing Maxwell's (2009) study. A third of respondents said they would use both coaching and counselling techniques with a client, thereby essentially offering personal consultancy (Popovic and Jinks, 2013). Only a third of coaches reported accessing supervision to reflect on their practice, even though many had come from a background that embraces supervision, such as counselling, nursing, teaching or social work. Results indicated inconsistencies in the interpretation of where the boundary is, suggesting that the individual practitioner makes an intuitive decision about whether to coach or not and underlining the importance of developing intuition if it is to

be relied upon by the coach in practice. The researcher notes with concern that practitioners may “*demonstrate overconfidence in their self-assessment of their capabilities*” (p.246), relying on the confidence gained from a previous career specialism that is not supported by coaching or counselling qualifications.

Using interviews for the third study with experienced practitioners (n=20) further supported the findings of the second study that “*rather than theoretical boundaries, practitioners self-identified personal boundaries, boundaries of capabilities*” (p.248). However, this third study heavily sampled the views of counsellors or therapy trained practitioners also offering coaching (n=16/20) and so the findings reflect the participants’ experience of seeing the boundary between coaching and therapy from both angles. Overall, the research exposes the inconsistency between coach training experiences and challenges the model of postgraduate training as too intensive for coaches to absorb and internalise the theoretical learning and translate it into meaningful practice. This has implications for relying on a shift in the content of coach education to prepare coaches for managing the boundary safely.

The author expresses concern about unethical practice and refers to the danger of working beyond the boundary, although does not discuss specifically why this would be considered dangerous or give any examples from the study to support it. Baker feels her work supports the idea of coaching as *therapy-lite* (sic) as referenced in Price’s (2009) research. Given the number of contradictions in the findings, one might hypothesise that the participants were saying what they thought they ought to say and reporting what they actually did, with inconsistencies echoing Price’s (2009) earlier findings. The researcher and most of the participants are psychologically trained with half having experienced counselling personally. Many of the newly qualified and novice coaches claimed to already be practising as coaches and a significant number of participants across the studies had a background in social work, psychology, education or counselling. In this respect, the findings are reminiscent of Hart, Blattner and Leipsic’s (2001) study, where US therapists now coaching expressed concern about coaches missing red flags. Participants in Baker’s research were working across a

variety of coaching markets and none of the studies focused on executive or business practitioners, although some participants in study three reported working in an organisational setting. It is therefore not easy to identify the relevance to non-psychologically trained coaches representing the range of those practising as executive coaches. However, the study remains of interest to my research in that it looks at both perceptions and management of the boundary and highlights again the lack of clarity through definitions.

Eniola (2017) asked novice business coaches *how* they identify the boundary between coaching and counselling in a qualitative grounded theory study. Interviewing seven novice coaches and four supervisors she found that coaches felt uncertain working between coaching and therapy which led to them being cautious rather than cavalier, contradicting Baker's (2014) research. Findings about the participants' view of where the boundary is and the differences between coaching and therapy appear to reflect their educators' views rather than their own and the role of self-awareness and intuition is also highlighted. The term novice is not defined although one assumes it refers to recently qualified coaches and may include those who have already practised without qualifications.

Findings indicated that in practice, coach/client boundary setting is inconsistent and that it is a personal construct, echoing previous research (Maxwell, 2009; Price, 2009; Baker, 2014). Participants had a pre-coaching career, reflecting previous comment that coaches come from other specialisms (Bachkirova, Cox and Clutterbuck, 2018), and were recruited via post-graduate level coach training programmes. However, no mention is made of the content of that training which might have prepared a coach, or not, for finding themselves in the overlap or at the boundary, although the author refers to self-development through training as a differentiator for those showing more confidence with the boundary. As the findings echo previous studies with more experienced participants (Maxwell, 2009; Price, 2009; Baker, 2014), results cannot be assumed exclusive to novice coaches.

Sime and Jacob (2018) research into coaches' perception of roles, borders and boundaries interviewed seven ICF Master Certified Coaches, highly experienced and working as

executive coaches. Much of the findings concur with previous studies and practitioner literature about the distinctions between coaching and therapy and when it is acceptable to offer a more therapeutically informed approach. Participants reference the role of intuition and working with the whole person. The coaches in this study talk about working at depth and transformationally and appear to have been focused on their client's needs and able to rationalise any approach they take as safe and within their skills and expertise. The key appears to be how they perceive their role. The authors identify twenty distinct roles that a coach may switch between in a session, always in service to their client. Although none is labelled as a therapist, many would be familiar to counsellors. Interestingly, the roles are within the coaching boundary for these highly experienced coaches. Rather than thinking of one boundary between coaching and therapy, this research offers a different view, identifying issues that would cause a coach to consider if it was appropriate to continue to work. Some of these issues could be ones that would encourage a coach to refer to a therapist, such as the coachee's emotional stability, a diagnosable mental illness and when a coachee regresses in response to questioning. The authors recognise the crossover space and make a case for models such as personal consultancy (Popovic and Jinks, 2013). This is a qualitative grounded theory study deliberately worked with a narrow group of participants to "*encourage a robust methodology*" (Sime and Jacob, 2018, p.50), potentially leading to a reduced voice in the discussion. However, it is a different way of looking at how coaches perceive and manage the boundary with therapy.

Overall this review of empirical evidence over the last twenty years shows an ongoing interest in how coaches define and manage the boundary with therapy which has continued alongside the evolution of coaching as a specialism. Much of the earlier work appears to have been undertaken by psychologists or psychotherapists through qualitative studies and none of the work identifies any harm done to coachees by crossing the boundary into therapy. Research appears to support the idea that while most coaches acknowledge a boundary between coaching and therapy, there is no agreement on where that boundary is.

2.5 Summary

It is clear from the literature that coaching and therapy are not well defined and therefore neither is the boundary between them. The literature has shown that it is hard to know if a coach has overstepped the boundary if there is no agreement about where that boundary is (Myers and Bachkirova, 2021).

In this chapter I have looked at the literature relating to defining the boundary and overlap between coaching and therapy and how coaches deal with it. I have explored what the literature tells us about what coaching is, looking at the range available to a coach practitioner to help them understand their field. This has shown what a complex field coaching is, even when focusing on executive coaching as it relates to general coaching. It is also clear that the field of therapy practice is equally complex and suffers its own confusion about definitions and boundaries, despite being further down the path of self-regulation.

Turning to literature about how to distinguish between coaching and therapy I found more similarities than differences and disagreements on the proposed differences. It is clear from more recent literature that there is an increased prevalence of mental health awareness and acceptance of the role of the employer in providing workplace support.

I have also explored why recognising the boundary matters to coaches and the coaching community, including the purpose and value of boundaries generally and with other specialisms such as mentoring and management consultancy. I have reviewed literature about self-regulation in preference to state regulation, considering how not being able to easily identify the boundary with therapy has been driven by the pursuit of a label of coaching as a profession. I have assessed how close coaching is to becoming a profession, showing that not having a clearly defined boundary with therapy is one of many criteria not yet met and exploring the desirability and alternatives to becoming a profession in the traditional model. I have also reviewed the interest professional bodies have in defining the

boundary, finding that their role as membership hubs issuing accreditation and codes of ethics has influenced the importance of recognising boundaries for many coaches. The literature appears to show that although there is a loud voice suggesting that crossing the boundary should not happen and highlighting the potential risks of doing so, there is no evidence of actual harm done by coaches to coachees.

Even with a respect for the boundary with therapy, coaching and therapy literature shows many examples of practitioners deliberately working in the overlap between coaching and therapy, using specific approaches borrowed from therapy or coaching psychology or personal consultancy. These three approaches appear to offer acceptable models for coaching with deliberately therapeutic interventions with sufficient and appropriate psychological training.

Finally, relevant research over the last twenty years was reviewed to identify the gap that new research could fill. Previous research has shown that coaches are aware of a boundary between coaching and therapy but that it is not well or universally defined. It appears that coaches interpret a boundary based on their own evaluation of their competence. I have shown that the empirical field has been dominated by qualitative research and the voice of psychologists and counsellors who are less representative of the current cohort of practitioners working as executive coaches in the current organisational climate.

It is therefore not yet clear how an executive coach practising now would define the boundary with therapy and decide how to deal with it.

Chapter Three – Research Methodology

In the previous chapter, which explored literature and empirical evidence around the boundary between coaching and therapy, it was clear that research with the current cohort of executive coaches is missing. This chapter begins with an exploration of the researcher's philosophy in approaching this research in the context of the research question, exploring the research and how the research was designed. The main part of this chapter is dedicated to an exploration of the processes used within this study, including a detailed discussion about Q methodology (known as Q) and why and how it was used for this research. The chapter concludes by evaluating the process used in the context of ethics and quality.

3.1 Research philosophy

Before I could design the research I first needed to consider how my worldview influences the way I approach the study and interpret my findings to understand my bias and mitigate its impact on the quality of my research. It can be argued that our worldview is the result of our upbringing, education and experiences, influenced by philosophy, religion and ideologies, and acts as a lens through which we view and make sense of the world (Naugle, 2002). I benefitted from good school education, was raised by non-practising Christians in the Western world and was exposed to many different cultures in my home city of London. I know myself to have a strong sense of right and wrong and of fairness to myself and to others. I recognise myself to be very self-reliant and am committed to lifelong learning and improvement. I discovered philosophy in my late teens and was attracted in particular to the work of Jean-Paul Sartre and his writing on Existentialism and Humanism. I am drawn to the notion that *"man is nothing else but that which he makes of himself"* (Sartre, 1990, p.28) which describes for me the responsibility of the individual to contribute to the development of self and species.

In research, the notion of worldview translates to epistemology or how we know what we know (Crotty, 1998) and where our assumptions come from. Although there are many epistemologies and this is a complex area for researchers, Crotty discusses three main positions for a researcher to consider: objectivism, constructionism and subjectivism, recognising there are variants of each (Crotty, 1998). Objectivism, Crotty explains, is the belief that the objective truth is waiting for us to discover. He uses the example of a tree in a forest which is still a tree while it is waiting to be discovered. Constructionism, he suggests in contrast, requires human interaction with the tree to construct its meaning. Subjectivism, he explains, goes further and proposes that the tree itself defines its meaning. However, even when offering these distinctions Crotty is keen to point out that they are not watertight and are open to further interpretation. It is therefore the responsibility of the researcher to alight on a defensible definition and explain how it influences their research.

Most of my working life has been spent as an HR generalist responsible for the employment experience of many employees and I learnt to listen to and respect multiple voices and the opinions of many people to inform the actions for which I took responsibility and was held accountable. I have extended this respect through previous research I have done during my two Master's degrees and throughout my professional people development career. I hold a belief that while some things appear to be knowable, most of what we know is because we have made sense of it in the best way we can, either as individuals or as a collective, by constructing a reality. This view aligns with Constructionism, defined as the belief that all knowledge is socially constructed through intersubjectivity (Guba and Lincoln, 1989) and is not discovered (Crotty, 1998). Constructionism incorporates elements of both Objectivism and Subjectivism to offer a different explanation of how we know what we know and how we arrive at our reality. Recognising that the views of others will contribute to the final decision is Constructionism in action or collective sense-making. I believe it is also important to consider the individual's contribution to sense-making, defined as Constructivism or "*the meaning-making of the individual mind*" (Crotty, 1998, p.58) and more typical in the Western

world (Burr, 2015). The individual ability to make sense is also discussed in Personal Construct Theory (Kelly, 1963) in which a person constructs their reality based on experiences and interprets the immediate situation using memories of those experiences, which contributed to the understanding of Constructivism (Young and Collin, 2004), recognising multiple participant meanings (Creswell, 2014). Further work by Bruner (1990, cited in Young and Collin, 2004, p.376) and Vygotsky (1978, cited in Young and Collin, 2004, p.376) explored how social relationships influence how an individual constructs reality and how they then influence a social group, which is understood as Social Constructivism (Kukla, 2000) and is also Interpretative (Boyland, 2019). Social Constructivism, therefore, recognises the dyadic relationship between individual and group in constructing reality, conceptualised in Figure 4.

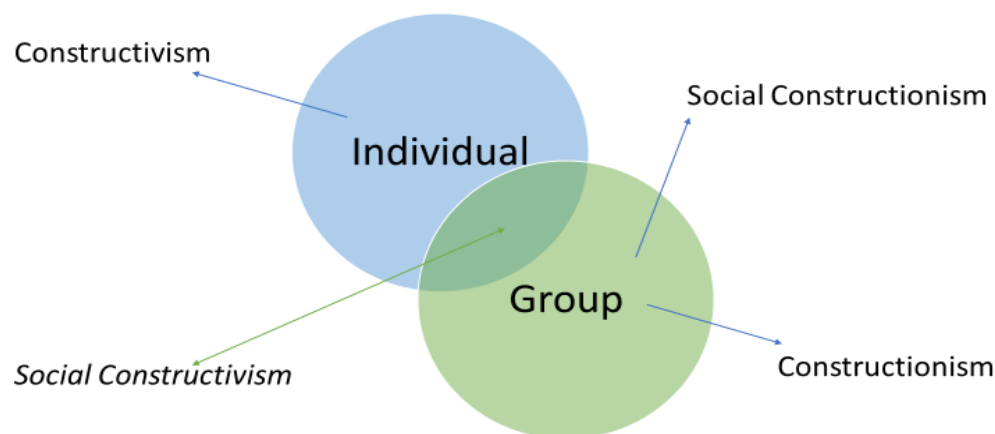


Figure 4: Conceptualising the relationship between individual and group in constructing meaning

Source: authors own

Social Constructivism seems like the most elegant position from which to research this topic given that previous research about the boundary between coaching and therapy has found that the boundary is a matter of personal interpretation (Maxwell, 2009; Price, 2009; Baker, 2014; Eniola, 2017; Sime and Jacob, 2018). This research aims to build on previous research to uncover the views of the current cohort of executive coaches about how they

define the coaching/therapy boundary and deal with it in practice. Boyland (2018) asserts that *“from a platform of constructivism, a universal and absolute truth is unattainable”* (p.31) and it is not the intention of this study to offer a definition of the boundary or expect to locate it indisputably. The research intention is therefore consistent with the epistemology and ontology of Social Constructivism where coaches are making individual sense of their boundaries and where there is a shared sense in the coaching community about the existence of that boundary.

Crotty (1998, p.2) uses a simple model of four elements to explain the relationship between epistemology, theoretical perspective, methodology and methods in research design. The theoretical perspective for this research is Interpretivism, defined as an approach that *“... looks for culturally derived and historically situated interpretations of the social life world”* (Crotty, 1998, p.67), which fits with previous research findings and my observation of the coaching community as a social world. The Interpretive perspective invites the researcher to find meaning in data that respects the lived experience (Schwandt, 1994) which will allow for a fluid and conceptual exploration of the research material in this study. The overall research philosophy is conceptualised in Figure 5.



Figure 5: The research philosophy

Source: author's own

It is important to discuss what is meant by subjectivity, in general and also in the context of this study and this methodology. Subjectivity is a philosophical idea which at a simplistic level it is the reliance on feelings and beliefs above factual evidence (or objectivity). At a deeper level, it is grounded in notions of truth, reality and personal construct. Sartre offers that,

“Subjectivism means, on the one hand, the freedom of the individual subject and, on the other, that man cannot pass beyond human subjectivity. It is the latter that is the deeper meaning of existentialism. When we say that man chooses himself, we do mean that every one of us must choose himself, but by that we also mean that in choosing for himself he chooses for all men.” (Sartre, 1990, p.29)

It is in this understanding of subjectivity that the link with Social Constructivism is clear. Accepting that the individual's boundary between coaching and therapy is subjective in its inception and interpretative in its perspective, and that subjectivity runs consistently through

my research philosophy, it was important to select a methodology that respected this subjectivity.

3.2 Research methodology

Where the research topic is rich in subjective material and the researcher is aware of the need to interpret the data in a structured way to reduce bias, a qualitative interpretative methodology is often chosen (Creswell, 2014).

Q methodology is a qualiquantological approach, mixing the characteristics and strengths of qualitative and quantitative theory to measure subjective viewpoints in a structured and logical way (Stenner, Cooper and Skevington, 2003; Stenner and Stainton Rogers, 2004; Watts and Stenner, 2012; Irie, 2014). Carefully prepared statements (qualitative data) are sorted by participants and are analysed using a statistical process (quantitative data). In Q, the statements are the variables rather than the participant group, who are invited to sort the statements to reflect their subjective view of the lived experience against a pre-determined scale (Brown, 1993). Recognising that one of the criticisms of interview-based studies is that they are smaller in sample size (Smith and Shinebourne, 2012), using the Q methodology approach can bring a larger volume of data because of the process of assembling the statements which are the sample not the number of participants (Watts and Stenner, 2012). Also, the data analysis is quantitative, reducing the impact of double hermeneutic found in Interpretative Phenomenological Analysis and offering a different perspective which could allow the issue to be considered differently.

Although Q methodology is used less often than purely qualitative methods, it appears in a wide range of social science research with subjective content which might otherwise have been considered using other qualitative methods. It is growing in popularity across research areas where the subject matter might lend itself to a mixed-methods approach. In many

studies it is clear that the researcher has chosen to access an existing group, such as registered patients or students, for strategic or purposive sampling.

For example, in the area of health research it has been used to consider how patients with irritable bowel syndrome understand their illness (Stenner, Dancey and Watts, 2000), how people living with cancer experience sex and intimacy (Perz, 2013) and to explore the experience of vaping as an alternative to smoking (Farrimond, 2017). In wider behavioural studies Q methodology has been used to look at industry-driven marketing influences on young people's drinking behaviour (Scott, Baker, Shucksmith and Kaner, 2014). The methodology is particularly well integrated into the field of education research where it has been used to map student perceptions of the aims of education in an independent school (Burke, 2018), explore the interplay of teacher and learner motivations (Jodeai *et al.*, 2018), as a needs assessment tool for biology graduate teaching assistants participating in an instructional training program (Hollingsworth, 2013), exploring Singaporean teachers' views of classroom assessment (Leong, 2014) and for student evaluation of teaching (Ramlo, 2017). It has also already been used in the field of coaching research in a study considering how sports coaches perceive how coaching behaviour affects athletes (Moen, Giske and Hoigaard, 2015), to develop a tool to analyse the coaching process (Bachkirova, Sibley, Myers, 2015; Myers and Bachkirova, 2018) and to look at ethical decisions made during executive coaching sessions (Adams, 2015).

Although there is flexibility for the researcher to use the methodology in a way that suits the research question, there are two key characteristics that are consistent: firstly, data is collected through a survey in which participants sort data into rankings and secondly that the resulting data is subject to by-person factor analysis and intercorrelation (Watts and Stenner, 2012, p.178). Given the research philosophy underpinning this research and my interest in Personal Construct Theory, I find the similarities between Q methodology and Kelly's Repertory Grid Method (RGM) striking. Kelly (1963) developed RGM to help elicit the

personal construct system of his clients and the process in Kelly's method has similarities to Q methodology, in that constructs (in Q, statements) are rated by a participant (in Q, ranked) into a grid and then analysed using statistical analysis. Both are qualiquantological in that they combine qualitative content with quantitative analysis. However, RGM was developed to be used by individuals or small groups and has not been proven to be as statistically robust as Q methodology, which is more established within social science research and has been well used and peer reviewed as a phenomenological research tool (Shinebourne and Adams, 2007).

I also considered using Interpretative Phenomenological Analysis, in which participants are interviewed and data analysis identifies codes and themes for further interpretation (Pringle *et al.*, 2011; Smith and Shinebourne, 2012). However, this approach generates a great deal of data from a small number of participants which needs to be sorted and coded while managing researcher bias, which means that a solo researcher would need to keep the sample size small to be manageable. Critics of IPA express concerns about ambiguities in the methodology, that it ignores the richness of language and that it that it captures opinions rather than experiences (Tuffour, 2017). As this research is about establishing viewpoints which exist in the coaching community, I was concerned that IPA would find themes and consensus but not offer insight into how views differed or the breadth of views.

To work with subjective matter, keep consistency with Social Constructivism and address the issue of the potential researcher bias, Heuristic Inquiry might have been used to acknowledge and harness the role of the researcher as a participant through their interactive and interpretative role (Moustakas, 1990; Sultan, 2018). This methodology has limitations in that it is immersive, highly creative and requires a purposive sample of co-researchers, which is kept small for the solo researcher to manage, plus the inherent tensions of managing the ethical issues around being both researcher and participant (Sela-Smith, 2002).

Q methodology is a mixed-methods approach designed to analyse qualitative data which allows for a large amount of data to be managed by a solo researcher than IPA and Heuristic Enquiry and reduces the influence of researcher bias by using a statistical analysis step (Brown, 1980). Overall, Q methodology appeared to be the best approach to elicit viewpoints and answer the research question and an illuminating lens through which to view the research question with a cohort of current executive coaches.

3.2.1 Q methodology terminology

As with many methodologies, there are terms unique to Q or with particular meaning in the context of its use. The terms used in this thesis are shown in Table 5 (assembled with reference to Watts and Stenner, 2012; Stainton Rogers, 1995; Stephenson, 1953):

Table 5: Q methodology terminology

Term	Explanation
Array or grid	Quasi-normal forced distribution. The array is filled and the grid is the empty array
Concourse	Process of assembling material to consider in the study
Consensus statements	Statements in common between factors
Correlation or intercorrelation	Relationship between factors
Distinguishing statements	Statements that are positioned very differently between factors
Factor analysis	Data reduction through grouping items with something in common into factors
Factor array	Factors arranged into an array according to participant loading
Factor rotation	Viewing the factors from different perspectives to consider how they relate
Kurtosis	The shape of the array, steep or shallow
Operant	An item or statement being considered in the Q-set
P-set	Group of participants who complete the Q-sort
Q-set	A collection of statements or other materials used in the Q-sort. Also known as Q-Sample
Q-sort	Stage in which the Q-set is sorted and ranked by the P-set. Name for a respondent's array
Scale	Used during Q-sort. Often a Likert scale expressing a range from a negative interpretation through a neutral point to a positive interpretation
Variance	Range of different viewpoints represented in the factor

3.2.2 The essentials of Q methodology

Based on the work of British physicist and psychologist William Stephenson, dating from 1935, Q methodology was designed to address the question of how to use quantitative methods to research issues, particularly in psychology, that appeared to lend themselves more to qualitative analysis. This was innovative as much of the research community at this time was influenced by Objectivism and Positivistic research methods (Burt and Stephenson, 1939; Stephenson, 1968). Often when data is considered the researcher needs to reduce it by grouping together variables which appear to have something in common to begin to make sense of what the data is indicating. This is the process of factor analysis and the smaller groups are the factors (Kline, 1994; Diamantopoulos and Schlegelmich, 2000). Most statistical analysis in research is done using R methodology in which the participants have traditionally been used as the variable, requiring a large sample size to make credible groupings (Block, 1955; Durning, 2006). Stephenson proposed correlating the participants instead of the variables in factor analysis (Zabala, 2014), developing Q methodology as an alternative to R methodology which he found unsatisfactory as a measure of subjectivity, particularly in psychology (Stephenson, 1935).

Traditional factor analysts favoured R methodology partly because the early subject matter was considered more objective and the positivist movement was dominant (Brown, 1980). As the field of scientific research extended and received greater interest, content for research progressively became recognised as being more subjective which invited a new approach. Stephenson intended to invite an alternative perspective while retaining rigour (Stephenson, 1935). During the later 20th century, mixed methods have become more popular in social science research (Creswell, 2014), although there is a challenge for a researcher to mesh together a quantitative and a qualitative method coherently. By developing a method that deliberately incorporates elements of both quantitative and qualitative approaches, a new and unique qualiquantological method was proposed (Sell and Brown, 1984; Ramlo and Newman, 2011; Ramlo, 2016). Reports suggest that

Stephenson felt he and his ideas were marginalised by the research community (Good, 2010) and it was not until after his death in 1989 that Q methodology became more widely accepted as a credible methodology (Brown, 1993).

Stephenson's work has been expanded significantly to the point where it can and has been embraced widely by researchers. There is a significant body of researchers (for eg. Brown, 1993; Stenner and Stainton Rogers, 2004; Good, 2010; McKeown and Thomas, 2013; Rhoads, Thomas, and Ramlo, 2022) worldwide who champion the methodology, encouraging its use, understanding and evolution. The International Society for the Scientific Study of Subjectivity (ISSSS) was formed as a repository for best practice and space for discussion and has an active community of enthusiastic and passionate advocates, particularly about the statistical element of the methodology. However, my interest as a researcher focuses less on the statistical complexities of the methodology. I was attracted to the opportunity for a positive participant experience and to interpret the factors statistically in a way that adds value to the coaching community and reduces researcher bias.

One of the clearest methodological rationales for using Q is that it produces holistic data, meaning that rather than focusing on understanding one person or one viewpoint at a time it considers the data as a whole and finds the relationship between themes using statistical analysis (Watts and Stenner, 2012, p.177). In this way, Q uncovers multiple viewpoints, including identifying alternative or less dominant viewpoints (Farrimond, Joffe and Stenner, 2010). Q recognises the role of subjectivity for the participant and its impact on the factor analysis (Watts and Stenner, 2012) and it is a central premise of Q that subjectivity can be communicated to allow it to be measured (Stephenson, 1968). Q exposes the why and how people think the way they do (Brown, 1993) and Nicolas (2011) says that *"one important notion behind Q methodology is that only a limited number of distinct viewpoints exist on any subject"* (p.9).

In Q, the items that are sorted are the variables rather than the people who sort them, a direct inverse of traditional R methodology (Block, 1955). The sorted data is then reduced

using Principal Component Analysis (PCA) and the participant's views are correlated to elicit the relationships between their views (Zabala, 2014). What is identified are the patterns in the viewpoints and their construction. For this reason, Q requires a smaller number of participants than a qualitative study, which relies on a large sample for credibility. Therefore the quality of the participants involved becomes more important to the credibility of the outcome. This means that the recruitment of informed participants who are confident in their views at each stage is crucial (Watts and Stenner, 2012, p.71). Q is also recognised to reduce the risk of researcher bias because the statistical analysis step allows patterns to emerge that cannot be influenced by the researcher's interpretive frame of reference (Brown, 1980; McKeown and Thomas, 2013).

3.3 Q methodology process

There are distinct steps in Q methodology, often with unique terminology as demonstrated in Table 5. The five main steps, shown in Figure 6, are drawn from various guidance (Brown, 1980, 1993; Durning, 2006).

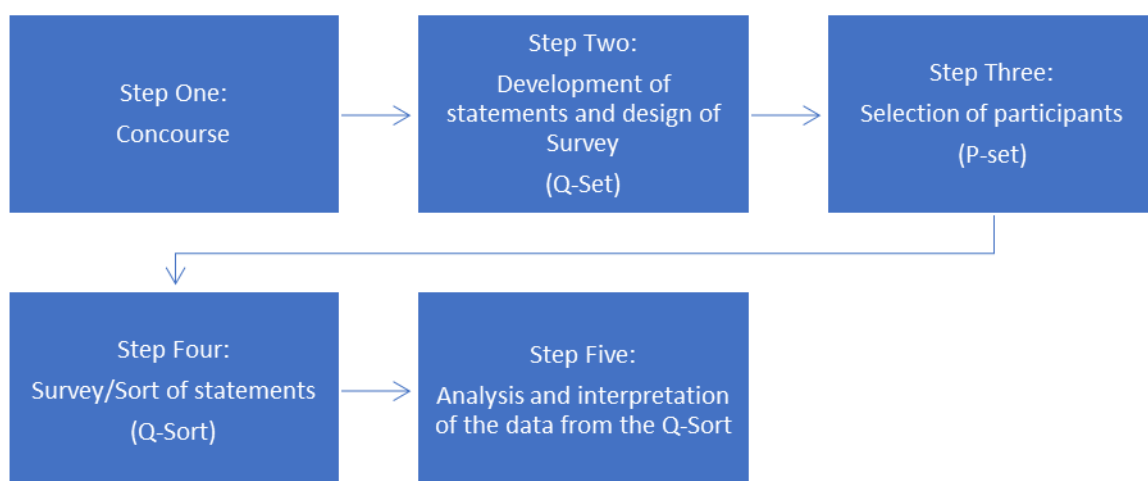


Figure 6: Steps in Q methodology

A full description and exploration of each step follows, both as a theoretical explanation and in the context of this study.

3.3.1 Step One: Concourse

Concourse is the term used in Q to describe the assembly of a wide range of information that can be used to write statements (Watts and Stenner, 2012). As concourse should represent the whole field of the topic or research question, it is theoretically considered infinite (Fontein-Kluiers, 2016) but in reality is limited by the judgement and resources of the researcher (Watts and Stenner, 2012). Although reviewing relevant literature is a significant part of many Q studies (Watts and Stenner, 2012), it is important that a wide range of sources including interviews are considered to reflect different perspectives on a topic (Rhoades and Brown, 2019). Interviews are often used to elicit language and ideas to feed into the formulation of the statements (Brown, 1993, p.95; van Exel and Graaf, 2005; Gallagher and Porock, 2010; Fontein-Kuipers, 2016).

For this study, concourse incorporates a review of relevant literature, empirical research and semi-structured interviews. A variety of stakeholder voices were sourced and included people who have an interest in or opinion about the overlap and boundary through their connection with executive coaching. These stakeholders were considered representative of others in the community, remembering that the purpose of this phase is to elicit diverse language and viewpoints that could be used to formulate statements for the Q-set and expand on the input from literature and previous research. The profiles for this stakeholder group are shown in Table 6.

The primary voice for this study is that of a practising **executive coach**. As discussed in chapter two, the term executive coach is broadly understood but not defined. It is interpreted here as a coach working with senior employees in an organisational setting with at least a few years of experience.

Table 6: Concourse stakeholder profiles

Stakeholder #	Primary Voice	Gender	Profile	Executive Coach	Supervisor	Coachee	Coach Educator	Sponsor
S1	Executive Coach	F	Experienced executive coach coaching senior leaders, juniors and teams. Director in coaching professional body. Delivers coach training. Non-psychology background in private sector management.	Yes	Yes		Yes	
S2	Executive Coach	M	Executive coach since 1989 coaching senior leaders. Training as supervisor. Delivers coach training. Non-psychology background.	Yes	Yes		Yes	
S3	Supervisor	F	Qualified as a coach in 2012. Qualified as a supervisor in 2015. Non-psychology background in public sector management.	Yes	Yes			
S4	Sponsor	F	HR Director. Sponsor for 20 years in several private and public sector organisations. Experienced coaching personally.			Yes		Yes
S5	Coachee	F	Coachee. 4 sessions with one coach via an employer. Also experienced counselling sessions before coaching.			Yes		
S6	Coach Educator	F	Executive coach since 2001 coaching senior leaders. Supervisor. Designs and delivers coach training. Psychology background.	Yes	Yes		Yes	

Note: 'yes' in bold denotes primary voice represented

While S1 and S2 were the primary voice for this stakeholder group, S3 and S6 also had significant experience in this category. External coaches, rather than internal coaches, were chosen as they are not employed exclusively by one organisation and therefore not subject to an employment relationship/contract. The differences between internal and external coaches are explored in chapter two, including the perception of greater confidentiality leading to the potential for more disclosure and emotions, which research has linked to boundary issues for coaches (Cox and Bachkirova, 2007; Cremona, 2010). Although it is assumed all coaches recognise the importance of confidentiality and protect the content of the conversations they hold in a session, a coachee may be more inclined to share deeper

and more personal thoughts with a coach they know to be independent of the organisation, which may encourage a therapeutic response, which was researched and found to be the case in a study of outcomes in executive coaching (Wasylyshyn, 2003).

The role of the **supervisor** in overseeing the health of an executive coach's practice is well embedded in the coaching community (Bachkirova *et al.*, 2020). In deciding who to speak to for concourse it was assumed that all supervisors will have at some point tackled a coach's exploration of their interpretation of the coaching/therapy boundary and the philosophical discussion that naturally takes place around real or anticipated dilemmas. This may be raised by the coach or the supervisor if they are concerned about something the coach shares. All the supervisors with whom I spoke while gathering data for this study confirmed that this assumption is correct. While S3 was the primary voice for this stakeholder group, S1, S2 and S6 also had recent experience as supervisors and shared valuable insight into the frequency of the topic being raised.

The voice of the **coachee** is heard less in coaching research but as previous studies have found that the boundary between coaching and therapy is co-created between coach and coachee (Maxwell, 2009) it is important to include. Work on understanding agency in the coaching relationship would suggest that coachees are active participants in their own coaching conversation (Hannafey and Vitulano, 2013). S5 was the primary representative of this voice, bringing an interesting additional insight due to her experience as a client of counselling previously and S4 also shared her positive experiences as a coachee and thoughts on the boundary.

It is also important to hear the voice of the **coach educator** as research shows that most executive coaches hold a qualification of some kind (ICF, 2016). Commercial coaching training and development has evolved in the last two decades with a greater number of courses being more widely available, cheaper and shorter, in different formats (Cox and Bachkirova, 2007; Gannon and Myers, 2018). These courses are now more likely to address broader content, more psychological in origin, which likely includes information about the

boundary and overlap with therapy. S6 was the primary voice of this stakeholder group as she brought significant experience in the design and delivery of a highly commercially successful coaching programme. However, S1 and S2 also deliver coach training on smaller coach development programmes and offered valuable insight into alternative content.

Another key stakeholder in the coaching relationship in an organisational setting is the **sponsor** or whoever commissions the coaching or authorises payment. Research on the content of coaching agreements at this level is scarce and so it is valuable to explore if sponsors have a clear understanding of the overlap and boundary with therapy and how they would expect an executive coach to respond to a potential breach. S4 shared her experience as a buyer of coaching programmes and external coaches' expertise in the private and public sectors.

Participants for interviews were sourced using an advert on LinkedIn and via personal networks. Even recruiting through smaller networks, some of those interested in assisting with the research were invited instead to become part of the later survey because they met the criteria as practitioners with views to share. Potential participants made initial contact through email to my university email account, volunteering their time and expertise to the study. A short phone call was then arranged to explain the intentions of the study in more detail, answer any initial questions and assess their suitability to fulfil the role of stakeholder. After these calls, participants were sent a Participant Information Sheet, GDPR Privacy Notice and Consent Form via email (Appendix A) with a clear message that there was no obligation to proceed and to feel free to ask questions. The documents had been prepared using Oxford Brookes University guidelines, in line with good research practice on preparing participants to join a research project (Saunders, Lewis and Thornhill, 2003) and had been approved by the Oxford Brookes University Ethics Committee. A signed consent form was required before an interview date could be arranged. Once the consent form had been returned, a mutually convenient hour was arranged and a link was sent to a Oxford Brookes University Zoom account along with a guide to the question areas we would be covering.

Remote interviewing via Zoom was used for consistency between interviews anticipating government restrictions on face-to-face meetings due to the Covid-19 pandemic.

Interviews are an accepted source when gathering information for discourse in Q methodology (van Exel and Graf, 2005; Watts and Stenner, 2012; Fontein-Kuipers, 2016). Much is written about the use of interviews generally in qualitative research with Creswell (2014; 2007) in particular advocating careful preparation, construction of effective research questions and conducting of the interview. Typically the style of interview falls into one of three discussed in Table 7.

Table 7: Three types of interviews based on Creswell (2014)

Style	Description	Strengths	Weaknesses
Informal Conversational Interview	No predetermined questions, only subject to discuss	Open Spontaneous Curious Interactive Flexible questions and answers	Purpose can be lost Inconsistent Hard to code
General Interview Guide Approach	Semi planned questions which may be asked differently with each interviewee	Flexible questions and answers Natural probing or follow-up Covers general areas Adaptable to interviewee	Question composition can change
Standardized Open-Ended Interviews	Highly structured questions	Comparable results Question design is open-ended Probing possible Flexible answers Rich and thick data	Hard to code

The interviews in this study were closest to the third style: standardised, open-ended interviews. Questions were deliberately simple and open in style, allowing for individual interpretation by each stakeholder while maintaining enough structure to be consistent. As the purpose of these interviews was to identify the diversity of thought rather than consensus, extensive coding was not required so the potential weakness identified was not

of concern. Each session was recorded to enable a transcript to be prepared and the questions used in the interview were:

1. What is your experience with executive coaching?
2. What is your view about the coaching/therapy boundary?
3. What do you think an executive coach thinks about when they approach the boundary?

The first question, *what is your experience with executive coaching?*, was designed to position the comments that the participant would go on to make as well as allow participants to relax. As most interviewees represented more than one stakeholder group this was essential to capture so that I could ask the participant to consider a question from a particular position (for example, just supervisor or just coach) to elicit a range of viewpoints. This overlap of expertise led to a richer range of views from the interviews.

The second question, *what is your view about the coaching/therapy boundary?*, was deliberately open to allow the participant to share their own experiences and opinions. I noticed that during the responses to this question participants became less guarded about how their answers might sound to me and more inclined to reflexive observation. For all participants this was the longest section of the interview, with most speaking for twenty to thirty minutes with brief pauses in which I invited them to say a little more about a particular comment or simply reflected a summary of what I had heard to allow them to respond by expanding further. As all participants were familiar with coaching conversations this was well received and understood.

The third question, *what do you think an executive coach thinks about when they approach the boundary?*, was intended to encourage very specific scenario-based language expressed from the point of view of the executive coach, which could feed more directly into

the formation of the statements by inviting participants to recall their own experiences or imagine themselves at that point.

The feedback from participants at the end of each interview was overwhelmingly positive, all shared that they had enjoyed the conversation and noticed the richness of their reflections. Several noted that they felt energised by the process and one asked for a copy of the transcript as they had been intrigued by the responses they had heard themselves give and wanted to reflect further.

After the interviews, a transcript was downloaded from Zoom and cleansed to remove identifying information (such as names, workplace and colleagues), tidied to remove paragraph and sentence breaks where the participant had paused and Zoom interpreted this as a new speaker and the date and time stamps were removed. I then listened to the audio recording while reading the transcript to correct misunderstandings and misinterpretations by the transcript software. This left me with a free-flowing text which I could read and reread, immersing myself in the data to hear the voices more clearly and begin to identify the language for the statements which emerged. Interestingly, the views expressed by the stakeholders largely reflected the literature and previous studies, supporting the role of interviews as a way to elicit language rather than content.

3.3.2 Step Two: Developing the statements and designing the survey

In Q the preparation of a set of statements which will later be ranked in a survey is a vital process to the success of the methodology as a research tool. It is a criticism levelled at Q that the steps for creating statements are not more prescriptive or structured and that best practice is not widely available (McKeown and Thomas, 2013; Kampen and Tamas, 2014). However, the guidance available through Brown (1980) and Watts and Stenner (2012) is sufficient for a researcher to interpret the requirements.

In Step Two a comprehensive list of statements known as the Q-set is assembled from the concourse and may also use the opinion and expertise of the researcher if they are

operational in the subject field (Brown, 1980). Recognising the role of the researcher as a contributor means the assembly of the Q-set is considered to be naturalistic rather than ready-made (Millitello, 2010), acknowledging a risk that the field may be under or oversampled (McKeown and Thomas, 2013). This Q-set was developed using unstructured sampling (Watts and Stenner, 2012), which is a fluid process favoured by researchers from a qualitative background that allows for a creative sampling of the concourse rather than one which is rigid and regimented, such as one, for example, based on a systematic literature review. However, an unstructured approach is still required to be rigorous and defensible (Watts and Stenner, 2012) and the process used in this research is described below.

Using data from the interviews, I examined the transcripts and listened to the recordings, highlighting keywords and phrases that stood out as representative of the stakeholders' voices. As concourse is supposed to be reflective of a wide range within the topic it would not be helpful to use the sort of coding found in thematic analysis to identify patterns and repeats and reduce the data. With reference to the literature relevant to the topic and previous empirical research, I drafted statements on post-it notes. I was interested in divergence to ensure the wide spread of opinions required for Q. Building on findings from previous research which identified that some coaches are not comfortable with working near or beyond the boundary and some are comfortable and confident in doing so (Maxwell, 2009; Price, 2009; Baker, 2014; Eniola, 2017; Sime and Jacob; 2018), I selected statements which reflected this range. It is preferable to have statements representing all aspects of the concourse as these assist participants in considering the opposite ends of their views and creating their own scale within the ranking step. I triangulated the draft statements, identifying and tracking their source as theoretical literature, practitioner literature, research and interviews. A spreadsheet detailing this triangulation which shows the source of each statement from interview and literature can be found in Appendix B. I phrased the statements as if they were a perspective, perception or opinion of an executive coach, as if something they may say and recognise as a view. For example, instead of '*coaches think*

the boundary is fuzzy' I phrased the statement as '*I think the boundary is fuzzy*'. I used the same process as I read key literature and previous studies, noting potential statements on post-it notes. The literature I chose as my reference points represented research and influential commentary from psychologists, non-psychologists, academics and practitioners, as discussed in chapter two.

Inevitably many more statements were crafted than were required, as is typical in Q when moving from concourse to Q-set (Brown, 1980; Watts and Stenner, 2012). The researcher must then decide how to reduce the number of statements down to the ideal number for the survey while retaining a full sense of concourse. Although this is largely a matter of researcher judgement, there are several important criteria for a researcher to remember when writing statements which I worked through and are listed below, based on guidance in Brown (1980), Stainton Rogers (1995), Watts and Stenner (2012), McKeown and Thomas (2013), Lee (2017) and Ramlo (2021).

1. *Duplicated statements are removed where there is a clear repeat of a point.*

Sometimes this meant rephrasing a statement to capture the essence of two or more points.

2. *Statements must be written in clear language.*

All statements must be written clearly with simple language so that the participant can confidently interpret the statement according to their own understanding of the issue.

3. *Each statement must refer to one point only and not an either/or option.*

For example, a statement such as 'I feel helpless and vulnerable' is unhelpful because the researcher does not know if the participant was drawn to the word helpless or vulnerable. This would therefore need to be two separate statements.

4. *Statements should not contain any technical language that might require a level of expertise to interpret beyond that which may be reasonably expected of the participants.*

5. *Acronyms are avoided unless they are in common use by the participant group.*
6. *Statements should be phrased positively.*

For example 'I enjoy eating fruit' can be agreed or disagreed with more successfully than 'I don't enjoy eating fruit'.

7. *Factual statements are removed because they leave no room for personal interpretation.*

Q recognises that the participant will assign their own meaning to the statement as they rank it, further respecting subjectivity in the process (Watts and Stenner, 2012; Damio, 2016).

Reducing the initial list following these steps left fifty-seven statements. Typically in Q between forty and eighty statements are used (Watts and Stenner, 2012). Too few are less likely to represent concourse and too many risks the sort becoming harder to administer practically and less appealing to participants (Brown, 1980; Watts and Stenner, 2012). The final decision on the number of statements rests with the researcher and may also be influenced by the complexity both of the research question and concourse. The list was reduced to forty-eight statements for the sort as a number that offered a breadth of statements but also remained manageable for participants and the software.

The statements were shared with fellow doctoral researchers (all coaches) for comment and observations inviting them to do a rough sort to reflect if they agreed, disagreed or felt neutral about a statement and to see if they felt uneasy about responding to any statements, checking that there was sufficient range to express extremes of viewpoint. This was also a check of face validity (Saunders, Lewis and Thornhill, 2003), a sense check that the statements represented a reasonable range of views and if omissions were obvious.

Feedback from this exercise suggested that too many of the statements were structured to invite the participant to sort as agreed. Four statements were therefore rephrased to reverse the language so that a participant could move them to the other end of their scale. For example, '*I'm not encouraged to work therapeutically by the sponsor client*' became '*The sponsor client has encouraged me to work therapeutically*'.

Having finalised the statements, the next task was to design the survey format in which they would be sorted. In Q, statements are sorted by participants into a pre-determined grid using a scale that reaches from negative to positive, giving the forced distribution shape of an inverted bell curve common to most Q studies. Thought is given to how the statements will sit in the grid and what the scale will be, in terms both of the number of points and instructions that will guide participants. The grid is typically an inverted pyramid whose kurtosis (steep or shallow shape) is influenced by the researcher's knowledge about how controversial the topic might be and how confident the participants may be in their viewpoints (Watts and Stenner, 2012). If participants are unfamiliar with the topic, a steeper kurtosis is used to elicit strong views and if the participant group is more experienced, a flatter array is typically used (Brown, 1980). van Exel and de Graaf (2005) reference Brown's observation that the more typical experience for Q studies in recent years is 40 to 50 statements, a flatter grid and a scale of -5 to +5, suggesting that Q is more often used with an experienced participant group.

The shape of the grid is up to the researcher (Zabala, 2014) and is related to the number of points on the scale. There is guidance for the researcher on this (Watts and Stenner, 2102), shown in Table 8.

Table 8: Relationship of the number of statements to points on a scale

Number of statements	Number of points on a scale	Range
Less than 40	9	-4 to +4
40 to 60	11	-5 to +5
More than 60	13	-6 to +6

Source: Watts and Stenner, 2012, p.80

I experimented with several layouts and scales before choosing the grid shown in Figure 7, laying cut pieces of paper out on the floor and considering whether I wanted to elicit 1, 2 or 3 statements at each extreme and the impact that would have on the kurtosis, including the number of statements that would need to appear in the central (neutral) section. As the

statements. It is generally accepted that the number of participants should be around half of the number of statements used (Brown, 1980; Kerliner, 1986; Stainton Rogers, 1995; Watts and Stenner, 2012) because the P-set is not randomly selected but is deliberately chosen to have something to say on the subject. The need for a smaller group of participants is often misunderstood in the research community by those not familiar with Q (Shinebourne and Adams, 2007). This confusion often seems to stem from familiarity with quantitative terminology in which the sample refers to people, although in Q sample refers to statements.

Participants for this study were sourced during the summer of 2021 using an advert on LinkedIn pages for the Association for Coaching (AC) and the Association for Professional Executive Coaching and Supervision (APECS), subject to gatekeeper permissions from each professional body in line with Ethics Committee requirements, as the members of these professional bodies represent the desirable participant base for this study. An advert was also placed on my LinkedIn page and personal networks were alerted. The target participant group for the sort was active executive coaches, working as external coaches in an organisation setting and not from a psychological background and all participants met these criteria. Previous studies have included therapists (Hart, Blattner and Leipsic, 2001; Channer, 2003; Maxwell, 2009; Baker, 2014) and literature on the boundary has been dominated by psychologists (eg. Berglas, 2002; Grant and Greene, 2018). This study set out to sample the less heard voice of an executive coach from a non-therapy, non-psychology background to explore how their coach training and experience have prepared them for dealing with the overlap and boundary with therapy.

Participants approached the researcher via email and were sent a full copy of participation paperwork before deciding whether or not to proceed (Appendix A) and were free to withdraw at any point. Everyone who volunteered to complete the survey was permitted to do so. All participants who ranked the statements were asked to record their years of experience as a coach, their highest coaching qualification, whether they are a member of a coaching professional body and if they receive regular supervision. This limited demographic

information was requested to help with interpretation of the results, sensitive to GDPR guidelines that only necessary data should be requested. Table 9 shows that the participant group is two-thirds female with almost three-quarters members of a professional body receiving regular supervision. The whole group is also broadly representative of multiple levels of coaching experience measured in years and a high level of qualification, reflective of the coaching community (ICF, 2020).

Table 9: Q-sort participant demographics

Gender (n=26)	Female	18 (69%)
	Male	8 (31%)
Coaching experience in years	<3	4 (15.5%)
	3-6	5 (19%)
	7-10	7 (27%)
	10+	10 (38.5%)
Member of a professional body	Yes	19 (73%)
	No	7 (27%)
Highest coaching qualification	Doctorate	1 (4%)
	Masters	10 (38.5%)
	ILM7	5 (19%)
	Diploma	4 (15.5%)
	Other	6 (23%)
In regular supervision	Yes	24 (92%)
	No	2 (8%)

3.3.4 Step Four: Survey

The next stage of fieldwork was to invite the participant group (P-set) to sort the statements via a survey (Q-sort). Originally Q-sort would have been done only with physical cards, much like a pack of playing cards, onto each one of which a statement is written. However, several software packages have been developed in the last few decades to enable data collection online (Shinebourne and Adams, 2007). Several online programmes were reviewed to assess the one that offered the best functionality, particularly participant user interface, and QSortTouch (QSortTouch, 2021) was selected. The decision to use an online package was

mostly influenced by the desire to make the participant experience as smooth and simple as possible and the need to minimise the potential risk of Covid-19 restrictions impacting the ability to conduct research face-to-face. Using an online programme allowed the survey to be accessed remotely by participants at a time that was convenient to them rather than having to present at a group sorting session physically, which may have been interrupted by government restrictions. It ensured that all participants had the same instructions from which to work. It also meant that I would not be present at the sorts which required the instructions to be written accurately and completely anticipating any technical issues or gaps in understanding that participants might have, although I provided my email to all participants in case they encountered issues while completing.

During the design stage in the software an option was selected to randomise the order in which statements appear for all participants, thereby reducing the impact of order bias if the statements were introduced in the same order for participants. Participants were instructed to begin the process of ranking by sorting into three groups of statements (the online alternative to three piles of cards): statements with which they agreed, those with which they disagreed and those about which they were not sure. The purpose of this, particularly for studies with a large number of statements, is to invite the participant to become familiar with all the statements before they commit to a ranking order, becoming more confident in their final ranking leading to a more robust outcome for the researcher (Watts and Stenner, 2012). Clear instructions with hints to help participants were written (Appendix C), including guidance about the number of items that needed to be sorted in each column because of the forced distribution and a visual of the grid so that participants could see what they were contributing to through the software, as is good practice (Watts and Stenner, 2012).

Participants could move statements freely around between columns until they were satisfied that the array reflected their views as much as it could before submitting their data. Once the sort was complete, participants were then asked to comment on why they had selected the outlying statements in their grid, or the ones they had agreed and disagreed with most, with

a free-text question *What drew you to the two items in this column?*. This yielded interesting and informative additional comments that shed further light on the view of the individual. Gathering additional qualitative data is encouraged in Q to add breadth and depth to the interpretation of the factor analysis and is often overlooked in studies (Watts and Stenner, 2012). However, it is important that the clear purpose is not to discuss the issue itself (as the Q-sort is designed for this) but to explore why a participant responded in a certain way to support the interpretation of the viewpoints at a later stage (Gallagher and Porock, 2010).

Before going live with the survey, a pilot was held with four executive coaches selected through a personal network to run the software. Piloting is best practice in research projects (Bell, 1991; Saunders, Lewis and Thornhill, 2003) allowing the researcher to fine-tune instructions and elicit general feedback about the user experience. Piloting also tests face validity, or how much the task seems congruent with the outcome to the participant (Saunders, Lewis and Thornhill, 2003). Pilot participants were asked to consider:

- A. How long did the survey take you to complete?
- B. How could the instructions be any clearer?

As a result of this pilot, only minor grammatical changes were made to the instructions given and the guide time was increased in the instructions. The survey was then released for completion to the P-set and a deadline set for completion. In total, 28 participants completed the Q-sort.

3.3.5 Step Five: Quantitative analysis and qualitative interpretation

Once all the participants had completed the survey, data was exported from QsorTouch in CSV format and visually checked for obvious signs of corruption. Data was cleansed by removing two participants who had responded positively to the question in the survey *Do you have a therapeutic background through formal training?*, one of whom declared themselves to be a practising psychotherapist and one training as a counsellor and therefore did not

meet the requirements of the study, leaving 26 participants. Data was de-identified and, in readiness for the factor analysis stage, a file was prepared to contain only the sort data. The data was then transposed in Excel by reversing the rows and columns. This is an important step that distinguishes Q from R (McKeown and Thomas, 2013) as it is the first step in seeing the statements as the variable rather than the participant. Data was then imported into a software package known as R (R Core Team, 2022). Q analysis is sometimes done manually but usually through a statistical computing programme (Watts and Stenner, 2005). Q researchers have previously favoured packages such as PQMethod (free to use), PCQ (pay to use) and Q-Assessor (pay to use), although these require many convoluted statistical steps and are not easy for a novice Q researcher (Zabala, 2014). R is a statistical computing programme collaboratively developed since 1997 by many statisticians worldwide and widely used for analysis of quantitative data. Data for this study was analysed in R using the package *qmethod* v.1.8 and the related library; coding specially written for Q within R. This software is simpler to use than PQMethod and requires fewer stages of manual input, reducing the risk of human error. Validation tests comparing results from R and PQMethod have proven to be very similar but with more flexibility and options and simpler, tabulated reporting which is easier to interpret (Zabala, 2014).

The first step in the process of analysis in the R software uses Principal Component Analysis (PCA) rather than Centroid Factor Analysis more traditionally used in Q methodology as PCA is freely available in the R software and comparison has shown the results to be largely similar (Watts and Stenner, 2012; McKeown and Thomas, 2013). The software builds a correlation matrix using the individual Q-sorts and reduces it into components using PCA. The components are then ordered by the total variability they explain and mathematically rotated (Kline, 1994, p.56) using *varimax* to identify factors (Durning, 2006; Stenner and Watts, 2012; Zabala, 2014). The factors are intercorrelated, exploring the relationship between them and how much they agreed and disagreed with one another. It is suggested that this way of generating quantitative data reduces researcher bias (Cordingley, Webb and

Hillier, 1997, p.41). Automatic *flagging* is used to find something in common between Q-sorts and these are clustered to become *factors*. In this way, some Q-sorts are excluded from the final results because they are not flagged and do not correlate with another Q-sort to form a cluster (Zabala, 2014). *Factor loading* data, generated by the R software, can be used to see how much an individual participant agrees with a factor. The closer to 1 the loading is, the higher the agreement with the factor (Valenta and Wigger, 1997) and in this research this indicates a loading of 0.4 or more. Q-sorts which load significantly on only one factor are known as *exemplars* (Farrimond, Joffe and Stenner, 2010).

Z-scores, the weighted average of scores given by the flagged Q-sorts, are used to explain the relationship between statements and factors (Zabala, 2014). Using the z-scores, Watts and Stenner (2012) recommend creating a crib sheet and array for each factor to display in one place the relationship of the statements to one another in a factor and between factors. Some additional data is generated by the R software to consider the characteristics of each factor, including composite reliability, eigenvalues and standard error (SE) scores, all used to check how statistically robust each factor is. Correlation using Pearson's coefficient and standard error of differences (SED) are also generated to consider the similarity or difference between z-scores in each factor. A comparison of each factor's z-scores reveals which statements are statistically different between factors (distinguishing statements) or if not distinct are deemed to be in consensus (Zabala, 2014).

A necessary step in Q data analysis is to explore different solutions to determine which number of factors is statistically more robust and best supports the research question. This step is experimental and interpretative and includes some compromises for the researcher (Zabala, 2014). Some proponents of Q reference *magic 7* as an optimum number of factors to start with (Brown, 1980), although others prefer to run multiple options and consider the statistical position of each (Watts and Stenner, 2012). I ran the coding for 2, 3, 4, 5, 6 and 7-factor solutions (Appendix D & F), comparing the correlation matrix, eigenvalues and nload to arrive at the most suitable number of factors to interpret further. The eigenvalues were

satisfactory (greater than 1) for all factor solutions but the correlation differed. A correlation closer to 0 than 1 is desirable as it denotes difference and distinction between the factors (Brown, 1980). I concluded that a four factor solution was the most appropriate because it had the lowest correlations between the factors and included 18 out of 26 sorts.

Using the crib sheet, factor arrays and additional characteristics a researcher can begin to interpret each factor in the light of the research question (Watts and Stenner, 2012). Q methodology uses abduction for factor interpretation, rather than the more logical approaches of induction or deduction (Stephenson, 1961; Watts and Stenner, 2012; Askhtar-Danesh and Mirza, 2017). This allows room for exploration rather than proving a hypothesis and leads the researcher to use signs and clues to interpret the factors. Thomas talks about *hanging up a list of the factors and waiting until it speaks to me* (McKeown and Thomas, 2013) and other researchers refer to the value of immersion and asking *what does it say to me?*. This interpretive stage, therefore, is just as it would be in a purely qualitative study. Most Q researchers begin by looking at three key areas: a) concentrating on the outer statements -5/-4 and +5/+4 as the statements that reflect the strongest feelings of the viewpoint; b) where the statement sits in a factor array compared to another factor array; c) the distinguishing and consensus statements (Brown, 1993; Stenner and Watts, 2012; Zabala, 2014).

The results from this analysis are reported and interpreted in chapter four, introducing the factors. The factors are further expanded in chapter five and discussed to propose a typology.

3.4 Criteria of quality

Throughout this research it has been important to me personally to deliver a piece of quality work and I hold myself to high standards. I have taken great lengths to ensure that the steps I have followed and the decisions I have made as a researcher follow the guidance available from Q experts and have been successfully used on other Q studies.

As Q is a methodology that embraces elements of both qualitative and quantitative work, emphasis is often given to discussing the robustness and rigour of the quantitative element of the work (Dennis, 1988, 1992; Nicholas, 2011). Issues of validity, reliability and generalisations are sometimes criticised in Q because of the mixed-methods approach that does not naturally lend itself to the usual scrutiny associated with pure qualitative or quantitative research. Validity in Q is not tested in the same way it would be for a quantitative study because of the qualitative element. Researchers accept that all viewpoints are valid as they are a matter of perspective (Valenta and Wigger, 1997). Replicability is considered the most important type of reliability in Q (van Exel and Graaf, 2005; Nicholas, 2011) and has been thoroughly examined through test/re-test models showing consistently high correlation coefficients (Brown, 1980; Dennis, 1988). These findings have been found to be consistent even when different statements from the discourse are used or a different P-set is deployed (Dennis, 1992; Thomas and Baas, 1992).

I have chosen to evaluate the quality of this work using Tracy's (2010) Big Tent quality criteria which suggests a framework for considering important elements of qualitative research and Table 10 offers a summary of the evaluation.

Tracy (2010) begins by inviting the researcher to consider if the topic is *worthy* of research. Through chapters one and two I have discussed the context for this research, identified the problems that the research is interested in and demonstrated the lack of current empirical research in the field. As a practitioner I recognise the value of continuing to revisit the topic of boundaries between coaching and therapy to uncover new thinking in the coaching community.

In terms of *rich rigour*, this research uses a methodology that is well established in the field of social science research and has also been used in coaching research. The methodology is grounded in the research philosophy for this study, offering clear connections within the research paradigm. The fieldwork conducted used participants who were consistent with the identified desirable groups, ensuring high quality representatives of the stakeholder groups

and executive coaches working in an organisational setting with qualifications and experience that reflected the typical cohort of executive coaches as identified by other research (ICF, 2016, 2020). The software packages chosen to conduct the sort (QSortTouch) and the analysis (R Core Team) are established and credible. The processes used throughout the fieldwork and analysis are described in detail in this chapter with additional information made available through appendices for transparency.

Table 10: Evaluating this research using Tracy's quality criteria

Tracy's quality criteria		How this research meets Tracy's quality criteria
a	Worthy topic	• Boundaries are a topic of interest to the coaching community • Building on previous research • Increase in mental health awareness • Ongoing discussion about the role of coaching in workplaces
b	Rich rigour	• Uses established methodology • Uses software to conduct surveys professionally and consistently • Uses established software to analyse data
c	Sincerity	• Researcher visible and available to participants • Self-reflective research • Limitations explored
d	Credibility	• Findings credible against previous research • Includes participant quotes for richness
e	Resonance	• Presented visually • Recognisable viewpoints
f	Significant contribution	• Informs community discussion about boundaries with therapy • Propose typology • Propose reflective questions for practitioners • Supports methodology as valuable in the coaching field
g	Ethics	• Ethical approval • Designed as an ethical process • Participant information and consent forms used • Researcher available throughout data collection • Advised of 3rd party help sources • Data stored securely • Data anonymised
h	Meaningful coherence	• Methodology is chosen as a good fit for the research question • Offers viewpoints on coaching/therapy boundary • Findings grounded in literature

Source: Adapted from Tracy (2010)

Tracy (2010) also values transparency and self-reflexivity as measures of *sincerity*. I have been visible and/or accessible directly to all participants in data collection, owning the research process and demonstrating consistency and integrity. I have reflected and journalled throughout the process of studying for this doctorate and recognised the impact of the research on me and of me on the research and I have disclosed information about me in this thesis to assist the reader to put my voice into context. I explore methodological limitations later in this chapter and overall limitations in the final chapter.

The findings for this research are *credible* in relation to previous research, building on and adding nuance, reflecting the current cohort. Even though Q is qualiquantological, care was taken to collect additional qualitative data to bring the quantitative data to life and show the complexity behind the statistics. Here also it is important to mention again the credibility of Q as a methodology and the reliability and validity testing that has been done by other researchers (Nicholas, 2011).

As another quality criteria in the *big tent*, Tracy (2010) values *resonance*, which encompasses how the work affects the reader. Tracy talks about transferability or generalizability, which is measured differently for qualitative and quantitative studies. Q is not concerned with this like pure quantitative approaches because it is measuring the subjectivity of the participant group (Nicholas, 2011) but looking from a qualitative perspective, Tracy suggests the study should resonate with the reader. I have written this thesis hoping to engage and inspire further thoughts from the reader. The typology, for example, was designed to resonate with key stakeholders and encourage identification with themselves, supervisees or customers.

Tracy (2010) suggests that to measure *significant contribution* the research should “*bring clarity to confusion, make visible what is hidden or inappropriately ignored, and generate a sense of insight and deepened understanding*” (p.846) and outlines a variety of ways a study might make a significant contribution. Through chapter two I have demonstrated that this

topic is full of complexity and it is my hope that the contribution responds to this. The contribution I believe this study makes is detailed in the final chapter.

Ethics are considered in more detail in the next section and evaluated in more depth that Tracy (2010) offers using Bell and Bryman's (2007) model.

Finally Tracy (2010) discusses the importance of *meaningful coherence* as a measure of quality, looking at the consistency of the approach taken with the research aims, objectives and paradigms. Aim and objectives were stated in chapter one, the literature gap was explored in chapter two and earlier in this chapter I explored the case for the research paradigm used. It has been my intention to show this coherence throughout the study.

Overall, using Tracy's (2010) *Big Tent* as a criteria of quality has been an interesting process to consider the strength of this study.

3.5 Ethical considerations

Full approval for this research was given by the University Research Ethics Committee (UREC) at Oxford Brookes University and the terms set were strictly adhered to at every stage. Tracy (2010) included *ethical* as a criteria of quality in the *big tent*, offering ways in which this could be considered including relational and procedural ethics. Ethics are very important to me personally and so I wanted to address ethics in the context of this study in more detail than Tracy suggests. Bell and Bryman (2007) examined the codes of ethics for nine UK and US based academic social research associations and found eleven common themes. I have used their findings as a basis to review the ethics of this study with reference also to Easterby-Smith, Thorpe and Jackson's (2008) discussion of their work. Table 11 reviews the steps taken to address key principles of research ethics.

Table 11: Key principles in research ethics

Principle		How addressed in this study
1	Ensuring that <i>no harm</i> comes to participants	- No physical danger to participants - Psychological harm considered unlikely but alerted to sources of help if required via Participant Information Sheet (PIS) - Risk of danger to researcher removed by choosing remote fieldwork
2	Respecting the <i>dignity</i> of research participants	Care taken to phrase statements in a way that was unlikely to lead a participant to feel that in responding they were compromising their professional ethics
3	Ensuring a fully <i>informed consent</i> of research participants	- PIS, GDPR and consent forms circulated before fieldwork - Participants opted in - No fieldwork commenced without signed consent form - Voluntary participation - Free to withdraw until data pooled
4	Protecting the <i>privacy</i> of research subjects	- Stakeholders interviewed privately - Questioning not intrusive or personal
5	Ensuring the <i>confidentiality</i> of research data	- Transcripts and recordings only seen by researcher - Data stored according to UREC
6	Protecting the <i>anonymity</i> of individuals or organisations	- Identifying data removed from transcripts and Q-sort data - Using Q software anonymised data at analysis stage
7	<i>Avoiding deception</i> about the nature or aims of the research	PIS stated aims of research and doctoral context
8	Declarations of affiliations, funding sources and <i>conflicts of interest</i>	- No 3rd party funding - Statements of no conflict or funding shared via PIS
9	<i>Honesty and transparency</i> in communicating about the research	PIS approved by UREC
10	<i>Reciprocity</i> ensuring that there is mutual benefit in the research for participants and researcher	- Consideration given to participant experience - Interviews structured to be reflective and enjoyable - Research summary available to participants - Contribution to knowledge and practice
11	Avoidance of any <i>misleading</i> or false reporting of research findings	Data output embedded in thesis or appendix

Source: Adapted from Bell and Bryman (2007) and Easterby-Smith, Thorpe and Jackson (2008)

Harm to participants refers to the importance of keeping both participants and researcher physically and psychologically safe during the research. By choosing remote fieldwork, the physical risks of participating, such as travel to and from a venue, were removed, as were the risk to a lone female researcher. The participants were not asked to do anything dangerous as part of the research. Although psychological harm was considered minimal, participants were directed to sources of help (their General Practitioner, Samaritans or MIND) if they experienced distress via the Participant Information Sheet. To respect the **dignity** of participants, statements were carefully phrased so as not to cause professional embarrassment to the participant in answering. For example the participants were not asked if they had crossed the boundary into therapy or if they had harmed a coachee.

Informed consent was collected from the participants before any fieldwork commenced. Comprehensive Participant Information Sheets, GDPR Privacy Notice and Consent Forms were sent to the email address of every participant and a signed consent form was returned to signal voluntary involvement. Each participant had the opportunity to ask clarifying questions before, during and after the research phase and it was made clear that they could withdraw at any time. To protect **privacy**, all participants were dealt with individually and would not have been aware of who else was participating. Stakeholders were interviewed one-to-one and questions were designed to be open and not intrusive. Care was given to ensure follow up questions were not intrusive.

Confidentiality was considered throughout the study. Transcripts and session recordings were seen only by the researcher and data was stored according to UREC's requirements, using University licensed software (Google and Zoom) and password protecting data stored away from these programmes. **Anonymity** of participants was respected as data was anonymised as an early step, removing any reference to name, organisation or anything that could identify the individual and this was clearly explained to participants in the Participant Information Sheet. Using Q methodology helps with participant confidentiality as the analysis process, done either manually or via software, does not require any identifying data.

Avoiding deception was addressed through the use of a clearly written Participant Information Sheet, Consent Form and GDPR Privacy Notice and the opportunity to question the researcher. Email correspondence was sent and received only through a University email address.

Conflicts of interest were declared through the Participant Information Sheet and it was made clear to all participants that they were participating in doctoral research by a student registered at Oxford Brookes University and that no funding had been received. The Participant Information Sheet, Consent Form and GDPR Privacy Notice were approved by UREC and used as the base of all communication with participants, supporting **honesty and transparency**. **Reciprocity** refers to the ethical responsibility to ensure that the research is mutually beneficial to both participant and researcher. In this study this was addressed through care taken to ensure that the experience was enjoyable for participants at each stage. Stakeholder interviews were conducted in a relaxed manner encouraging reflection and Q-sort software was chosen primarily to support a pleasant and smooth user experience. Further, participants were offered a summary of the findings and their participation will contribute to practice and knowledge in the field of coaching. Finally, Bell and Bryman (2007) identified the importance of avoiding any **misleading** or false reporting of findings, which is addressed in this thesis through transparent descriptions of the steps used at each stage and submission of raw data embedded in the thesis or attached as an appendix to allow for further scrutiny.

The key principles of research ethics as identified by Bell and Bryman (2007) as they relate to this study have been reviewed to demonstrate that overall care has been given to ensure that this research was conducting ethically and in accordance with the UREC approval given.

3.6 Limitations of the research methodology

There are reflections for every researcher about whether the best methodology and process were selected. It is very possible that if starting again I might approach this quite differently and use another approach. However, all have their limitations. In this study, each phase had research vulnerabilities that have to be accepted to proceed in the required timescale.

One of the criticisms of Q is that it requires forced distribution – participants must record a positive and negative response to an item where they might prefer to give equal weighting to several statements. Conducting a study to address this criticism Brown (1971) found that there is little statistical difference between forced and free distribution. At the heart of the defence for forced distribution is the argument that the Q model adopts the Law of Error or the acceptance that random chance influences much of our experience in life.

It is generally accepted that the Q-sort happens in a moment in time and that a participant might well rank the items in a different order if they found themselves invited to complete the sort again. This again acknowledges the influence of subjectivity on the findings. However, in repeat tests, researchers found that participants did tend to sort similarly because they had not used a completely random system the first time but had thought through the order of the statements using the filters of their own beliefs and expertise leading to a high level of reliability (Brown, 1980).

3.7 Summary

In this chapter I have explored the methodological approach used during this study and described and explained the decisions I made as a researcher at each point given the understanding I had of best practices for each step. I have explored my research philosophy and its influence on the research design choices I made. I have also explained the structure of the research design, describing the points of data collection from participants and how the data was managed with ethical considerations. I have unpacked each step in the section of

my research that was based on Q methodology and explored the limitations of the methodology. I have also discussed quality and ethics in depth using established frameworks. In the next chapter the findings of the Q-sort are discussed and explored within the interpretive framework of Q methodology, leading to the four factors as viewpoints about perceptions of the boundary and overlap between coaching and therapy.

Chapter Four – Findings

In this chapter I begin by revealing the full set of statements used as the Q-set in the survey. I then move on to report the findings from the Q-sort using analysis of the data through the R 4.2.0 software, introducing the four viewpoints that emerge from the survey, illuminating the quantitative data with comments elicited through the sorting process on reasons for choosing extreme positions. I offer an interpretation of the four viewpoints and their distinctive characteristics. I then briefly discuss consensus statements for which there has been either general agreement or disagreement.

4.1 Q-set

The statements form the Q-set, which are the result of concourse and aim to broadly represent the field about the coaching and therapy boundary. These statements, presented in Table 12, were formed from a review of relevant literature, explored in chapter two, and augmented with interviews with key stakeholders as reviewed in chapter three. The process for forming the statements was reviewed in chapter three and a summary of sources can be found in Appendix B.

These statements were sorted by participants (the P-set) who ranked them against a scale of disagreement to agreement as described in chapter three. Full data for all 26 participants which shows where each individual ranked each statement is available in Appendix E.

Table 12: Q-set statements

1	If we might be near the boundary my coachee would ask "can I talk about this?"
2	My coachee says they would rather explore deeper issues in coaching than counselling
3	I'd be going into a risky area
4	We have a shared understanding about what we should be discussing
5	My coachee appreciates being able to delve into personal stuff in a work context
6	It's my responsibility to know when it's OK
7	It's about duty of care
8	Coaching can heal people
9	I say "coaching is not therapy" when I contract
10	I like to open up people's possibilities through coaching
11	I like to coach people who have complex problems
12	I think the boundary is fuzzy
13	I self regulate using my moral compass
14	I believe behaviours and emotions can be separated
15	When you go deep you hit on areas that are outside coaching territory
16	I'm not equipped to deal with all that emotion like a therapist
17	I deal with my coachee's past to facilitate their future
18	I just want to fix people
19	Coaching has its roots in therapy - of course they overlap
20	It's a difficult tightrope to walk
21	I'm just one human being with another human
22	I'm a coach - I do only what I'm trained to do
23	I'll stop coaching if there's a risk of damage
24	Executive coaching has become more therapeutic
25	What I do is pure coaching
26	I come unstuck if the contracting is not clear
27	Surface change doesn't stick so you have to go deeper and work on the substructure
28	I'm not always sure how to signpost
29	I am always fit to practice
30	I think coaching is about raising awareness of what is really happening
31	It's a hop, skip and a jump and you're into murky territory
32	It's an art and a science of a good coach to walk that tightrope
33	If they need to offload, I just listen
34	I step outside coaching to offer something else
35	I create a non-judgemental safe space where someone can just be
36	I wear other hats with confidence: mentor, trainer, consultant, but not counsellor or therapist
37	I work with the whole person
38	I trust my intuition
39	I am not confident with a therapeutic response
40	I am led by the coachee
41	I have contracted to include a therapeutic response
42	I may cause harm by ignoring the boundary
43	I am fully trained to deal with anything in the coaching space
44	I need to keep reminding myself not to work beyond the boundary
45	I discuss boundary issues in supervision
46	Coaching beyond the boundary changes my relationship with the coachee
47	The sponsor client has encouraged me to work therapeutically
48	Coaching is always future focused - therapy focuses on the past

4.2 Factor analysis and interpretation

As described in chapter three, data from the Q-sort was analysed through the R 4.2.0 software, a process that reduces the total data by clustering results that have similarities to find viewpoints. Individual Q-sorts *load onto* (are assigned to) a *factor* (collective viewpoint) because they have significant data in common. Through this process, which is mathematical using the software, four factors emerged that represent viewpoints from the executive coaching community about the perceptions of executive coaches of the boundary and overlap between coaching and therapy. It is important to remember that all participants ranked all the statements, so they all appear in each viewpoint with different levels of agreement. It is then the role of the researcher to further interpret these factors with reference to the research question. The statistical characteristics of the four factors are shown in Appendix F.

This four factor solution has an *nload* of 18, meaning that data from 18 out of the 26 Q-sorts are included. Eight participants are not included in any factor because their Q-sorts are *confounded* (Stenner and Watts, 2012, p.129), meaning they had a significant loading against more than one factor and therefore did not represent one viewpoint. A table showing how participants loaded against each factor is available in Appendix G. As explained in chapter three, the four factor solution was selected because the combined four factors have an explained variance of 67%, considered high (Brown, 1980), the eigenvalues are above 1 and reliability is near 1, indicating the data can be regarded as of value (Watts and Stenner, 2012). The correlation between factor z-scores is presented in Appendix F, showing the statistical differences between the factors. The lower the number, the more distinctions between the factors. For example, the data shows that factors 2 and 4 have the lowest correlation (0.37), suggesting these viewpoints differ the most and have the highest distinguishing features, closely followed by factors 2 and 3 (0.42). These correlation statistics

therefore show that there is much agreement between the factors and suggest that the differences are nuanced. Consensus statements (where there is agreement between the factors) are discussed later in this chapter. However, Q is a holistic methodology which requires interpretation beyond the primary quantitative data. As described in chapter three, it is recommended that the researcher looks holistically at the data from multiple angles to interpret it. Through a crib sheet (Appendix H) this is achieved by looking at distinguishing statements (those that are statistically positioned differently in this factor compared with other factors), statements that appear at the extremes of the array and statements that have been uniquely positioned lower or higher than in other factors to build a picture of the distinctions between the viewpoints. Appendix I summarises the position of each statement in the sort against each factor. Colours have been added to the table to denote agreement (towards red), disagreement (towards blue) and neutral items (white). The four factors in the chosen solution will now be presented in turn.

4.2.1 Factor One – Conscious Practitioners

A total of seven participants loaded onto Factor One which accounts for a 20% explained variance. The array for this cohort is shown in Table 13, which visualises the analysis of individual responses through the Q process to create one factor or viewpoint. The numbers represent each statement found in Table 12. A version with the full wording of the statements can be found in Appendix J.

Table 13: Factor One array

-5	-4	-3	-2	-1	0	1	2	3	4	5
18	14	16	1	3	2	21	4	9	5	7
44	22	29	15	8	6	32	13	12	10	35
	28	41	25	20	11	36	23	19	30	
		48	31	34	17	38	24	45		
			39	43	26	42	37			
				47	27	47				
					33					
					40					

(nload 7) (green cell denotes distinguishing statement)

Profiles for the participants who loaded against this factor are detailed in Table 14 showing that they are predominantly female and mostly have coaching experience greater than ten years. The group includes one Doctor in coaching and mentoring, one Master's and one comparable with a Master's qualification, suggesting this group marginally values experience over qualification. Less than half have membership in a professional body and all participate in supervision, where they regularly reflect on and discuss their practice with a more experienced coach to develop their practice.

Table 14: Factor One participant data

Participant #	Gender	Highest qualification	Years experience	Professional body membership	In supervision
P3	M	Tavistock Consulting Service, Moller Institute and numerous other short programs	10+	No	Yes
P6	F	Accredited Executive Coach with the Association for Coaching	10+	Yes	Yes
P7	F	PG Cert in Coaching and Mentoring Practice	7-10	No	Yes
P12	F	Advanced Diploma in Executive Coaching	10+	Yes	Yes
P19	F	Doctorate in Coaching and Mentoring	10+	Yes	Yes
P23	F	MSc Coaching	7-10	No	Yes
P26	F	ILM L7 Executive Coaching	<3	No	Yes

(P= participant, M=male, F=female)

This viewpoint appears to represent practitioners who are conscious about their practice choices. Focusing first on what makes this viewpoint distinctive, there are two distinguishing statements for Factor One. The first is 'I'm a coach – I do only what I'm trained to do', which this viewpoint disagreed strongly with (S22:-4), suggesting that this group have moved on from their initial training through considerable experience to a practice that is extended beyond basic coaching. This statement distinguishes Factor One (-4) from Factor Three (+3), who placed this statement at opposite ends of the grid, suggesting a clear difference between these viewpoints. The second distinguishing statement is 'I am always fit to practice' which Factor One also disagreed with (S29:-3), suggesting that this viewpoint is aware of the boundaries of their practice, including the boundary with therapy. This

statement distinguishes Factor One who are the only cluster to position this statement in the negative side of the grid, suggesting a unique approach.

Statements with the highest agreement for this factor are shown in Table 15, showing that this group strongly agree with the concept of duty of care (S7:+5) and that they believe that coaching is a non-judgemental safe space (S35:+5), suggesting both mindfully safe practice and recognising the importance of holding the coaching space for the coachee. It is worth noting that both statements ranked highly in all factors, so these statements alone do not represent the viewpoint of the factor.

Table 15: Factor One highest agreement statements

#	Statement	Rank score
7	It's about duty of care	+5
35	I create a non-judgemental safe space where someone can just be	+5
5	My coachee appreciates being able to delve into personal stuff in a work context	+4
10	I like to open up people's possibilities through coaching	+4
30	I think coaching is about raising awareness of what is really happening	+4

However, this factor also ranked statements 5 (+4), 10 (+4) and 30 (+4) highly, suggesting that they deal with personal as well as work content in the coaching space, further evidence that they work beyond basic coaching and monitor their boundary management. This viewpoint also holds the idea that the boundary is fuzzy (S12:+3) and that because of coaching's therapy roots, the overlap is inevitable (S19:+3). All participants in this cohort said they are in supervision and discussing boundary issues with their supervisors ranked highly (S45:+3). They also agreed that they say coaching is not therapy when they contract (S9:+3), further suggesting their respect for rules.

Looking at statements with the highest disagreement, shown in Table 16, this cohort do not believe that coaching is about fixing people (S18:-5), suggesting they understand their role is not to be a therapist. Coaches in this cohort are mindful of their responsibility to work within their boundaries without being constantly aware of it (S44:-5). Voices in this viewpoint are confident about how to signpost coachees to another more appropriate practitioner (S28:-4)

and share a belief that behaviours and emotions cannot be separated (S14:-4), suggesting a level of acceptance that they will be responding to emotion in the coaching space.

Table 16: Factor One highest disagreement statements

#	Statement	Rank score
18	I just want to fix people	-5
44	I need to keep reminding myself not to work beyond the boundary	-5
14	I believe behaviours and emotions can be separated	-4
22	I'm a coach – I do only what I'm trained to do	-4
28	I'm not always sure how to signpost	-4

I have called this group Conscious Practitioners because they appear from their responses to be clear about what they are doing and respectful of their limitations, making conscious and careful decisions about the overlap and boundary. They appear to predominantly report following the rules recognisable as those set out by professional bodies and ethical guidelines, guided by their training and the wider coaching community about acceptable practice regarding the boundary between coaching and therapy. 'I am always fit to practice' was placed at -3 on the grid, suggesting self-doubt and recognition of the human and unpredictable nature of the coaching relationship. However, 100% of this viewpoint claim to be accessing supervision and 'I discuss boundary issues in supervision' ranked at +3, indicating the responsibility these coaches feel towards facilitated reflection about their practice, regarded as best practice according to the 'rules'. From this viewpoint, the boundary does exist but does not cause them constant concern or alarm and is simply a respectful awareness in their peripheral vision as their focus is primarily on the needs of their coachee or client. It is interesting to note that this is the most experienced group of executive coaches in the study with around or over ten years of experience, suggesting they may have come to coaching from another background as is typical of executive coaches who are valued for the life experience they bring to the business-focused organisational setting in which they work.

4.2.2 Factor Two - Confused Practitioners

Five participants loaded onto the second factor to emerge from the ranking process, the array for which is shown in Table 17, with an explained variance of 18%. While this viewpoint shares some of the +5/+4 statements with Factor One, its participants disagreed with different statements. This group rejected statements that described their work as therapeutic while agreeing with statements that imply they hold a space for their coachees that covers deeper issues, suggesting that they do not recognise what they do as being close to therapy.

Table 17: Factor Two array

-5	-4	-3	-2	-1	0	1	2	3	4	5
41	2	12	1	15	3	11	9	4	6	5
47	18	14	21	16	8	20	26	23	7	10
	24	17	31	25	13	22	32	35	30	
		28	34	40	19	27	36	42		
			39	44	29	37	48			
				46	33	45				
					38					
					43					

(nload 5) (green cell denotes distinguishing statements)

The executive coaches whose voices make up this second viewpoint are an eclectic group, mixed gender and most qualified with a Master's degree or equivalent with varying levels of experience from less than three years to more than ten years. All but one are a member of a professional body and most participate in supervision. The profiles for Factor Two are shown in Table 18.

There are seven distinguishing statements for Factor Two that this group ranked significantly differently to other factors and it is the combination of these that give this group their distinctive voice. There is some tension between the statement positions on use of therapy which support the interpretation that Factor Two is the voice of coaches who may be using a more therapeutic approach to coaching but are not overtly aware of this.

Table 18: Factor Two participant data

Participant #	Gender	Highest qualification	Years experience	Professional body membership	In supervision
P4	F	Academy of Executive Coaching Practitioner Diploma	<3	Yes	Yes
P13	F	Doctorate in coaching	10+	Yes	Yes
P16	M	MA Personal, Business and Executive Coaching	3-6	Yes	No
P21	M	ILM Level 7 Certificate and Diploma in Executive Coaching and Leadership Mentoring	7-10	No	Yes
P22	F	MA Business Coaching	10+	Yes	Yes

(P=participant, M=male, F=female)

For example, this viewpoint say they do not experience coachees who would rather explore deeper issues in coaching than counselling (S2:-4), a clear difference with Factor One who felt neutral about this statement. Nor do they hold a belief that executive coaching has become more therapeutic (S24:-4) or have sponsor clients who have encouraged them to work therapeutically (S47:-5), both of which were placed further towards strongly disagree by this group than any other. Statement 47 (-5) ('the sponsor client has encouraged me to work therapeutically') in particular distinguishes Factor Two from Factor One (-1) and Factor Four (-1).

They also feel more neutral than other groups towards the statement that they coach the whole person (S37:+1), suggesting that they have a belief that their practice is mostly focused on work related issues. However, they do not think the boundary is as fuzzy as other factors do (S12:-3), which may be because for them it is a clear line or it does not exist. This viewpoint also disagree less than other groups that they are equipped to deal with emotion (S16:-1) and are more inclined to agree that coaching is future focused while therapy is focused on the past (S48:+2) than other viewpoints, suggesting either a lack of confidence or overconfidence in their skills.

Looking next at statements sorted with the highest level of agreement, shown in Table 19, this viewpoint share four statements of high agreement with Factor One (S5, S7, S10 & S30). The addition of statement 6 suggests that these executive coaches take responsibility for the session which is a statement Factor One felt neutral about. Of particular interest are the +5 statements which indicate that this cohort feels comfortable with exploratory conversations beyond traditional goal-setting sessions.

Table 19: Factor Two highest agreement statements

#	Statement	Rank score
5	My coachee appreciates being able to delve into personal stuff in a work context	+5
10	I like to open up people's possibilities through coaching	+5
6	It's my responsibility to know when it's OK	+4
7	It's about duty of care	+4
30	I think coaching is about raising awareness of what is really happening	+4

One participant explained: *"The one about opening up possibilities goes hand in hand with raising the client's awareness of what's going on. When people feel stuck, my aim is to increase the number or quality of their choices."* (P7:S10:+5)

And also:

"The one about delving into personal stuff in a work context is because I don't believe we can separate out who we are at home from who we are at work and because I've never yet had a client who didn't need to blur the lines in order to work through their issue. I've had a few who were uncomfortable doing so, but they still did it and so I believe that they appreciate being able to. It's one of the things that separates external coaches from line managers who use a coaching style - clients tell us more of the personal stuff than they would line managers, in many cases." (P7:S5:+5)

This highlights the role the external executive coach plays and the different content experienced as a result, with the potential for sharing confidences, vulnerability and possibly mental health issues.

Although there is overlap with Factor One in statements with a high level of agreement, this factor's voice becomes clearer in the disagreed area of the grid, shown in Table 20. Three of these statements (S47, S2 & S24) are distinguishing statements as described earlier, which separate this viewpoint from others in the study and collectively these statements appear to reflect a rejection that the work they do is overtly therapeutic in its nature.

Table 20: Factor Two highest disagreement statements

#	Statement	Rank score
41	I have contracted to include a therapeutic response	-5
47	The sponsor client has encouraged me to work therapeutically	-5
2	My coachee says they would rather explore deeper issues in coaching than counselling	-4
18	I just want to fix people	-4
24	Executive coaching has become more therapeutic	-4

Comments for statement 41 suggest that this item divided participants, some of whom mention the boundary in contracting and some who do not, both by choice. This participant explained that,

“I am not trained in a therapeutic model and therefore don't contract for it. Instead I explain what distinguishes coaching and therapy and where they might be similar and different.” (P24:S41:-4)

Among those who deliberately do not mention the boundary at the contracting stage, one participant explained,

“I am unlikely to raise the issue of the boundary between therapy and coaching in my contract negotiation. I will focus upon 'what coaching is' and based upon what the coachee wants to discuss relate this directly to the boundaries of coaching and the potential focus of our discussion.” (P13:S41:-5)

Another participant commented resolutely that, *“Coaching is not therapy so there would be no reason to contract for a therapeutic response.” (P20:S41:-5)*

This group appear to take a unique approach to contracting. Although they firmly reject the notion of contracting to include a therapeutic response (S41:-5), they agreed that they say coaching is not therapy when they contract (S9:+2), that unclear contracting causes an issue (S26:+2) and that they have a shared understanding of what they should be discussing (S4:+3), suggesting that they do contract and use that process to mark the boundary with therapy with their clients.

Statement 24 (-4) clearly rejects the idea that this cohort believes that executive coaching has become more therapeutic and looking at the data overall for Factor Two, although this viewpoint is drawn to statements that appear to indicate they may be working more therapeutically, they seem to be either unaware or in denial, which is why I have called them Confused Practitioners. While the statement 'it's about duty of care' (S7:+4) resonated with them, no research exists yet to unpack what people actually mean by this, so it is vulnerable to personal interpretation. Notably, 'I trust my intuition' (S38:0) and 'I self regulate using my moral compass' (S13:0) sit in the neutral column of the grid, suggesting that they are not mechanisms they use to manage their relationship with the coaching/therapy boundary and this group also feels neutral about the statement 'I'd be going into a risky area' (S3:0). Conversely, the statement 'I may cause harm by ignoring the boundary' (S42:+3) ranks reasonably high in the grid suggesting the message from clinical psychologists has reached them, even though they may not feel it applies to their practice.

It cannot be claimed that this viewpoint represents an identifiable demographic of executive coaches as the make-up of the cohort is the most eclectic in the study, with mixed gender, mostly but not all with Master's level qualifications and varying levels of experience. All but one is a professional body member, with the expectation to adhere to a code of conduct, and all but one is experiencing regular supervision. However, the statement 'I discuss boundary issues in supervision' (S45:+1) ranked much lower for this viewpoint than for Factor One, suggesting a lack of awareness or concern about working around the boundary between coaching and therapy.

4.2.3 Factor Three – Conscientious Practitioners

Three participants loaded onto Factor Three which has an explained variance of 15% and the array for this factor is shown in Table 21. This viewpoint appears to recognise the value of the human relationship, respects that their coaching may take them into more therapeutic territories and are developing their skills and experience to reflect that.

Table 21: Factor Three array

	-5	-4	-3	-2	-1	0	1	2	3	4	5
16		41	3	9	2	1	4	6	5	14	21
18		47	17	15	20	11	8	30	7	32	37
		48	19	25	27	12	10	40	22	35	
			31	28	34	13	24	42	23		
				43	39	26	33	45			
					44	29	46				
						36					
						38					

(load 3) (green cell denotes distinguishing statements)

This all-male cohort are all members of a professional body and receive supervision. Two have a Master's or equivalent level qualification and 7 to 10 years of experience and their profiles are shown in Table 22.

Table 22: Factor Three participant data

Participant #	Gender	Highest qualification	Years experience	Professional body membership	In supervision
P2	M	Masters in Coaching, Level 7 Certificate in Coaching Supervision	7-10	Yes	Yes
P15	M	ILM level 7 Coaching and Mentoring, NLP Master Practitioner	7-10	Yes	Yes
P24	M	MOE Certified Coach Narrative Coach Enhanced Practitioner ORSC Fundamentals	3-6	Yes	Yes

There are six distinguishing statements that give Factor Three their unique viewpoint on the coaching and therapy boundary. This cohort positioned statement 12 in a neutral column while the other factors placed the statement in the positive or negative grid, suggesting that whether the boundary is fuzzy or not is not as important to Factor Three.

Several statements were positioned more positively by this viewpoint than other viewpoints. For example, the positioning of statement 14 (+4) shows that this group believe behaviours and emotions can be separated. This might suggest a confidence in dealing with emotions in the coaching space or alternatively that their focus is on behavioural change separate from managing emotions. It is not clear, because it was outside the scope of the data collected, whether it is important that this is an all male cohort. No data was collected about whom they coach but if their client base is also predominantly male, they may not experience an emotionally charged coaching space. Statement 21 particularly distinguishes Factor Three (+5) from Factor Two (-2), choosing a higher level of agreement that they are just one human with another human, suggesting a comfortable rapport with their coachees. Statement 32 distinguishes Factor Three (+4) from all the other factors as this group more strongly agreed that 'it's an art and a science of a good coach to walk that tightrope' than other groups which may indicate a deliberately less structured approach to managing the boundary for this group. Statement 22 distinguishes Factor Four (-1) from Factor Three (+3) because it is placed higher in the rankings than for other cohorts. Statement 19 distinguishes Factor Three (-3) from Factors One (+3) and Factor Four (+3) because this viewpoint placed the statement in the opposite side of the grid, clearly indicating that this statement did not resonate with this participant group. The placement of these three statements (S32, S22 & S19) suggests a relaxed and experimental approach to this group's coaching and their attitude to the boundary with therapy.

The statements with which this viewpoint agreed most strongly are shown in Table 23.

Statement 21 epitomises this viewpoint which recognises the centrality of the human relationship in the coaching experience, with one participant commenting that

“Fundamentally, we know that the most transformative part of coaching is the relationship - so relating being to being is where the real magic of coaching happens.” (P2:S21:+4)

Table 23: Factor Three highest agreement statements

#	Statement	Rank score
21	I'm just one human being with another human	+5
37	I work with the whole person	+5
14	I believe behaviours and emotions can be separated	+4
32	It's an art and a science of a good coach to walk that tightrope	+4
37	I create a non-judgemental safe space where someone can just be	+4

There is a recognition too in this viewpoint of the changing nature of coaching and the content of the coaching space with one participant commenting that,

“Coaching, therapy, boundaries - these ultimately are all artificial concepts. None of this is the 'truth' of our human experience. They are maps to guide us. So clinging rigidly to the maps will mean we get lost. So 'art and a science' feels like an apt description. And whole person coaching is, in my mind, vital. Otherwise we end up coaching the symptom or even the dysfunction. Being cut off from parts of our humanity is a major contributing factor to why we are in the existential crisis we now face as a species.” (P2:S32:+5, S37:+5)

As Table 24 shows, Factor Three's statements of high disagreement do not distinguish them from other viewpoints. They are sufficiently equipped to deal with emotion (S16:-5), know that they do not want to fix people (S18:-5) and that they do not contract for a therapeutic response (S41:-4).

Table 24: Factor Three highest disagreement statements

#	Statement	Rank score
16	I'm not equipped to deal with all that emotion like a therapist	-5
18	I just want to fix people	-5
41	I have contracted to include a therapeutic response	-4
47	The sponsor client has encouraged me to work therapeutically	-4
48	Coaching is always future focused – therapy focuses on the past	-4

As with the statements with which this viewpoint agreed, the statements with which they disagreed appear to suggest that they see the changing nature of the coaching relationship

as a human-to-human exchange without a therapy agenda but in need of a good underpinning of skills to deal with this. In comments, this cohort said that they felt comfortable with emotions in the coaching space which was linked to their assertion that they do not want to fix people, with one participant commenting that,

“It is part of the responsibility all of us in the helping professions share that we constantly examine our own needs and motivations - are we playing out our own unmet needs via our clients? Working on our own need to 'fix' is a fundamental responsibility of any coach.” (P2:S18:-4)

I have called the third viewpoint which emerges from the data Conscientious Practitioners because they appear to be primarily aware of working with all their coachee brings into coaching and are responsible for holding the space for them while working comfortably within their own competence. This viewpoint also agreed that they would stop coaching if there was a risk of damage (S23:+3) and believe in duty of care (S7:+3) suggesting a strong sense of ethical code similar to other factors. This group seems very clear that it does not do therapy and sees it as quite distinct (S22:+3), which may explain why it holds a neutral position about the statement ‘I think the boundary is fuzzy’ and self-regulation through a moral compass is positioned more neutrally (S13:0). This group are quite relaxed, just being in service to their coachee, and appear to know the limits of their practice.

4.2.4 Factor Four – Confident Practitioners

Three participants loaded onto Factor Four with an explained variance of 14%, shown in Table 25. In short, this viewpoint appears to be confident working in the overlap between coaching and therapy.

Table 25: Factor Four array

-5	-4	-3	-2	-1	0	1	2	3	4	5
14	16	9	2	8	1	5	4	19	6	7
39	18	36	3	15	11	10	12	23	37	30
	28	42	26	22	20	13	17	35	40	
		44	31	25	33	21	24	38		
			46	47	34	27	29			
				48	41	32				
					43					
					45					

(green cell denotes distinguishing statements)

Members of this viewpoint, whose profiles can be found in Table 26, hold a Master's or equivalent qualification with mixed levels of experience. The most experienced member is neither in a professional body nor receiving supervision.

Table 26: Factor Four participant data

Participant #	Gender	Highest qualification	Years experience	Professional body membership	In supervision
P8	M	ILM L7 Cert	10+	No	No
P10	F	Masters in Coaching and Behaviour Change	3-6	Yes	Yes
P14	F	MSc in Executive Coaching	7-10	Yes	Yes

(P=participant, M=male, F=female)

Factor Four places both statement 36 (-3) and 42 (-3) in the disagreement side of the grid while other factors agreed with them. It can therefore be said that this group do not think they may cause harm by ignoring the boundary compared to other viewpoints, suggesting that either that they do not agree that harm can be done or they feel comfortable working with a therapeutic response in the coaching space and within their personal competence. Their disagreement with statement 42 (-3) could be interpreted as an indication that they do feel confident wearing a counsellor or therapist hat.

Statement 5 distinguishes Factor Four (+1) from other viewpoints, as this statement was placed with higher agreement by other factors, suggesting that there may be less distinction for this group between personal and work related content on coaching. Statement 39 distinguishes Factor Four (-5) particularly from Factor Three (-1), indicating that this group is more confident with a therapeutic response than other cohorts. Statement 41 distinguishes Factor Four (0) as all other factors disagreed with this statement. Appearing in the neutral column while other factors disagreed with the statement may suggest that therapeutic contracting is implicit given their level of competence.

Looking at the statements with which this viewpoint agreed most strongly, shown in Table 27, while statements 7, 30, 6 and 37 appear as highly agreed in other factors, statement 40 stands out in Factor Four, indicating that this viewpoint is highly focused on and flexible to the needs of the coachee. When invited to comment on positioning statement 40 so highly one participant simply said that it is one of the “*foundations of coaching*” (P8:S40:+5).

Another participant commented that,

“They choose you for a reason and we should trust them too that they know what they are willing to divulge or not....and if they think you can help them. I work a lot with burnt out and emotionally exhausted leaders. That requires going deep sometimes with an almost therapeutic approach or providing a therapeutic space for them to reflect.” (P10:S40:+4)

Table 27: Factor Four highest agreement statements

#	Statement	Rank score
7	It's about duty of care	+5
30	I think coaching is about raising awareness of what is really happening	+5
6	It's my responsibility to know when it's OK	+4
37	I work with the whole person	+4
40	I am led by the coachee	+4

As shown in Table 28, this group know how to signpost a coachee to another helper (S28:-4) and feel equipped to deal with emotion in the coaching space (S16:-4), suggesting confidence. Like other viewpoints they have no wish to fix people (S18:-4) and this cohort do not believe behaviours and emotions can be separated (S14:-5), suggesting they deal with whatever the coachee brings to the session.

Table 28: Factor Four highest disagreement statements

#	Statement	Rank Score
14	I believe behaviours and emotions can be separated	-5
39	I am not confident with a therapeutic response	-5
16	I am not equipped to deal with all that emotion like a therapist	-4
18	I just want to fix people	-4
28	I'm not always sure how to signpost	-4

The stand-out statement that differentiates this factor from the other viewpoints, however, is Statement 39 (-5), suggesting that this viewpoint is very confident about working therapeutically if they believe it is of value to the coachee. In comments collected at the end of the survey, members of this cohort reference additional psychology-based learning and development they have acquired which has given them the confidence to work at a deeper level in the coaching space. It is worth noting that they were drawn to disagree with two statements about emotions, suggesting they manage emotions in the coaching space with ease.

As reported previously, all participants in the study were asked if they had a background in psychology, psychotherapy or counselling and/or had practised in a therapeutic field as a deselection criterion. None of the participants in this viewpoint come from such a background. However, the combined responses for this viewpoint suggest this group is working with a therapeutic coaching style with confidence and in their view within their competence. I have therefore named them Confident Practitioners. One of the key statements with which this viewpoint disagrees is 'I may cause harm by ignoring the boundary', a distinguishing statement placed lower in the rankings for this factor than any

other. The cohort is well qualified to Master's level and reported that they had experienced a greater level of psychological underpinning in their coach training or self-development that has led them to this position.

4.3 Consensus statements

Analysis shows that seven of the forty-eight statements were recorded as consensus items by all factors, meaning that all factors positioned the statement in a similar place in the sort within 2 points, indicating that they broadly agreed or disagreed with the statement or shared a neutral view. Consensus statements are of interest in Q studies because they are thought to be considered obvious or common place by participants (Adams, 2015).

4.3.1 Shared agreement

Four statements appeared consistently on the positive side of the grid, indicating that most participants agreed with them. These are shown in Table 29 indicating the ranking for each of the four factors.

Table 29: Consensus statements agreement

#	Statement	Rank Score			
		F1	F2	F3	F4
7	It's about duty of care	5	4	3	5
4	We have a shared understanding about what we should be discussing	2	3	1	2
23	I'll stop coaching if there's a risk of damage	2	3	3	3
35	I create a non-judgemental safe space where someone can just be	5	3	4	3

Statement 7 about *duty of care* attracted almost universal consensus from all viewpoints, suggesting that it resonated with most respondents as an experience by executive coaches of working in the overlap and at the boundary between coaching and therapy. One participant explained that they agreed strongly with this statement because of the context in which their coachees operated, saying:

“Duty of care is important to me because I’m often working on behalf of an employer who has that duty in law. They are trusting me to carry out part of their responsibilities. Also, I care about my clients, can’t help it!” (P7: S7:+4)

Another commented that they felt strongly in agreement with this statement because:

“As a professional coach I believe my first duty of care is to my client. If they are struggling and I can help and support them and they feel the coaching relationship and interventions we are using help them I would continue with their full consent and agreement. The coaching conversation only goes where the client is willing and comfortable going to help them with their coaching issue.” (P10:S7:+5)

Another participant echoed the importance of focusing on the care of the client, commenting that *“Coaching is about the client and we all have a duty of care. We are all responsible to self-regulate and need a good awareness.” (P9:S7:+4)*

The general agreement around statement 4, having a *shared understanding*, supports the role of contracting in the coaching relationship. However, only three participants placed it in most agree (P21:+5, P4:+4, P10:+4), suggesting it did not elicit a strong feeling in the survey compared to other statements.

Statement 23, about a *risk of damage*, elicited a largely positive response from all participants, with almost half (n12) placing it in a position demonstrating the highest level of agreement (+5 or +4) and only two placing it beyond a neutral position towards disagreement. A participant with a high level of agreement with the statement shared the concern that *“I think coaching done badly can cause damage - I am not a trained therapist”.* (P4:S23:+5)

Another participant observed that they agreed with the statement because *“I always work with the whole person as who we are is how we present ourselves whether at work or in our personal lives. If I sense I'm going into risky territory I would stop”* (P5:S23:+5)

Statement 35 about a *non-judgemental space* was positioned by every participant in 0 or above, indicating agreement. A typical follow-up observation is *“Creating an environment of psychological safety is crucial for me and allowing coachees to feel safe is vital for me.”* (P24:S35:+5)

4.3.2 Shared disagreement

Three statements, shown in Table 30, stand out in the results as having been placed in the negative half of the grid, indicating universal disagreement among the participants.

Table 30: Consensus statements disagreement

#	Statement	Rank Score			
		F1	F2	F3	F4
18	I just want to fix people	-5	-4	-5	-4
28	I'm not always sure how to signpost	-4	-3	-2	-4
31	It's a hop, skip and a jump and you're into murky territory	-2	-2	-3	-2

More than any other item, statement 18 about coaching *fixing people* was placed in a low position on the grid indicating strong disagreement by many participants who placed it at -5 or -4 (n18). This suggests a universal agreement that coaching is not about fixing the coachee, supporting the belief that coaches work on whole clients who are well and not broken or that it is not the role of a coach to fix even if the coachee appears broken.

One participant commented that *“I just want to fix people’ is focused on meeting the needs of the coach and that people can and need to be ‘fixed’ whatever that means.”* (P25:S18:-5)

Another observed that *“It would be narcissistic to think that I can ‘fix’ people and it would place me in the Rescuer position on the Drama Triangle.”* (P14:S18:-4), referencing Karpman’s (1968) model from Transactional Analysis much used by coaches.

Statement 28 about *signposting* was also placed in the negative half of the grid by all but one participant, suggesting general agreement that coaches are confident about signposting to another resource if they feel their coachee needs support they cannot provide. One participant highlighted the importance to them of being able to signpost saying, *“I am clear how to signpost and I think that it is really important that I am clear”* (P21:S28:-5)

A few commented on why they felt comfortable with signposting with this participant saying, *“I’ve researched where to signpost coachees to so that I am ready if I need to. That’s just part of being a good coach.”* (P23:S28:-4)

Most (n23) placed statement 31 about *murky territory* on the negative side of the grid with the rest choosing the neutral position (n3), suggesting that it did not resonate with most participants. One commented that the statement seemed vague so it may have been the phrasing of the statement that caused rejection. However, that participant chose to place it at -5 rather than neutral, indicating that they felt more inclined to reject it as an idea (P9:S31:-5).

4.4 Summary

This chapter began by introducing the statements or Q-set which were the result of a Q-sort based on literature around the topic of the coaching and therapy boundary and overlap and interviews with stakeholders. I reported the results from the survey or Q-sort, using factor analysis that is unique to Q methodology which clusters data together to find factors with views in common. I have described the four emerging factors through the

statements which statistically distinguish them from other factors and give them their voice, looking at statements that have high and low agreement from the cohorts and bringing in additional statements whose positioning assists in a holistic interpretation of each viewpoint. I have interpreted these factors, noticing the characteristics of each to identify the differences and find the distinctive views in each, offering a descriptive title for each viewpoint. I have also acknowledged the statements in this study that attracted a high level of consensus, both in agreement and disagreement, which offer an additional insight in to the executive coaching community's perceptions of the coaching and therapy boundary.

In summary, this research finds four viewpoints about the experience of executive coaches of the boundary and overlap between coaching and therapy, which are summarised in Table 31 and have been described in this chapter with reference to how their characteristics have been identified.

Table 31: Summary of viewpoints

Practitioner viewpoint	Possible key characteristics
Factor One <i>Conscious Practitioner</i>	○ Appear to follow the rules and ethical guidelines ○ Seem to stay well within the therapy boundary ○ Working within own competence
Factor Two <i>Confused Practitioner</i>	○ Say they do not do therapy ○ May be less aware of the boundary than they think they are ○ Appear to be working in the overlap ○ Possible self-deception
Factor Three <i>Conscientious Practitioner</i>	○ Appear respectful of the boundary ○ Seem experimental in service to their client
Factor Four <i>Confident Practitioner</i>	○ Appear to be working in the overlap ○ Working within their competence ○ Seem to be confident using therapeutic approaches ○ Appear to be using psychological underpinnings intentionally

The research shows that Confident Practitioners appear to be working within the boundary and following the guidance of ethical codes while Confused Practitioners believe they are working within the boundary but appear to be working in an overlap without realising.

Conscientious Practitioners appear to be working with the whole human within the boundary yet experimentally and Confident Practitioners are working in an overlap with therapy using psychological underpinnings. In the next chapter, the findings will be discussed further with reference to existing literature to further consider the research question.

Chapter Five – Discussion

The purpose of this study has been to explore the perceptions of executive coaches about the boundary and overlap between coaching and therapy. In chapter one I introduced two problems: firstly that executive coaches are not clear on how to define the boundary and secondly, that it is not clear how they deal with the boundary in practice. In chapter four, I presented the findings of this study which identified four viewpoints that executive coaches hold of working with the boundary and overlap between coaching and therapy.

In this chapter, I will use the *What? Model of Structured Reflection* as a framework to discuss the findings. Driscoll (2006) first proposed the model for clinical supervision and its headlines of *What? So What? Now what?* help to focus reflection on the valued learning of a situation. Here I will use the model to further explore the four viewpoints with reference to the literature reviewed in chapter two and propose them as a typology representing executive coaches' perceptions of the boundary and overlap between coaching and therapy (*What?*). I will then return to the problems identified in chapter one and consider them in the light of the findings (*So what?*) and then consider implications for the research for key stakeholder groups (*Now what?*).

5.1 What? - Further exploring the findings

The four viewpoints that were identified as a result of the Q-sort are different rankings of the same statements with particular statements more or less prominent for each viewpoint. Q has enabled these four viewpoints to emerge from a sea of apparent similarities and consensus to show nuanced differences. The names chosen for each type do intentionally imply that other types do not have that behaviour and consideration was given to labels which might have a positive or negative connotation for coaches and therefore risk being accepted or rejected on the strength of the title alone. The four viewpoints are now presented as a typology, expanding on the findings with reference to literature.

Overall, it can be said that all practitioners who responded to this study appear to recognise a boundary between coaching and therapy of some kind and in some place. Where the types differ appears to be on the importance of that boundary and how they deal with it in practice.

5.1.1 Conscious Practitioners

As is always the outcome in Q methodology, the first factor contains a clustering of the greatest number of participants' data. It may therefore be interpreted as the loudest or most prevalent voice among the participant group. This typology represents practitioners who reported more than 10 years of experience as coaches and therefore could potentially have been practising before, during and after the events in Colorado state around 2001 when it was suggested that coaches were practising illegally as *unlicensed psychotherapists* (Williams, 2018). This episode in the coaching timeline influenced the coaching landscape and marked the beginning of a decade of commentary and research across different national contexts to attempt to establish coaching's relationship with therapy.

This viewpoint appears to follow a code of conduct and holds itself to high standards. This is notable because more than half of this typology are not members of a professional body, which means they are not obligated through their membership to adhere to strict ethical guidelines and professional codes of conduct. If this group reflects the typical make-up of an executive coach as someone who has made the transition to coaching from another career (Bachkirova, Cox and Clutterbuck, 2018; ICF, 2020), their pre-coaching working experience may guide them and their moral compasses may have been forged through life experiences. This does not necessarily mean that they are unaware of the competency frameworks designed by professional bodies but may feel no need to be judged against them by another entity. They appear instead to have reached their own personal definition of what the boundary means to them in practice which echoes findings from previous research (Maxwell, 2009; Price, 2009; Baker, 2014; Eniola, 2017).

Maxwell (2009) identified the “*conservatively*” (p.155) created boundary where one or both parties effectively defined the boundary by avoiding topics that might be more personal or choosing to focus on a work-based content agenda. However, such is the respect for rules and high standards that Conscious Practitioners may define the boundary unilaterally on behalf of themselves and the coachee. This may mean that the coachee would have been prepared to work at a deeper level and more in the overlap with therapy but the coach would not go there. If the coach is unwilling to go deeper, they may miss areas of work that would make a real difference to the individual and the organisation, which is often of value to the sponsoring client (Dagley, 2010). This group appear to come the closest to the *separation* way of working identified in Maxwell’s (2009) study as a way one of the business coaches chose to consciously avoid going into personal content and it is notable that this was not found in another typology. There also appear to be similarities between this typology and the *rational* way of working identified in Maxwell’s (2009) study, where business coaches reported an intellectual discussion about deeper issues rather than a temptation to offer a therapeutic intervention.

This type appears to share some characteristics with the Managerial Discourse (Western, 2012) in that there is an institutionalised acceptance of norms and behaviours concurrent with the role. This may again be linked to the background of the cohort. If they have come from another career, especially one within a business setting, it is likely they will have brought with them elements of their managerial knowledge, skills and experience. With this comes the criticisms of management theory wherever it is used, in that it limits the scope of work to techniques and processes. It may also be that the focus for Conscious Practitioners is on delivering improved productivity for the organisation and being a “*role coach*” (Western, 2012, p.210) rather than delving into deeper areas that take them closer to the therapy boundary. There is resonance here too with the notion of the *client professionalisation model*, where large client organisations influence the behaviours of a professional group (Salman, 2019). It may be that in these triadic relationships Conscious Practitioners are

delivering against the perceived needs of the sponsoring organisation. This approach appears to play safe and with that comes the potential limitation of not allowing the exploration of personal issues that might unlock obstacles at work.

Interestingly, although a well-qualified and experienced group, this typology contains the fewest academically qualified executive coaches. There is limited research on why coaches choose the development options they do. Still, perhaps we can assume that in the absence of a prescribed route such as that recognised by law, medicine, or veterinary science, for example, the choice of academic versus practical is down to personal preference and availability of options. Neither is there research to support which development route offers the best preparation for dealing with boundary issues in practice. Bachkirova *et al.* (2017) noticed the widening gap between coach education via a short training course, focused on skills, versus an academic route, focused on developing critical thinking. A short course is perhaps more likely to teach the rules around boundary management, as espoused by the professional bodies, rather than encourage discussion and debate using various viewpoints that may be more typical of an academic approach which may lead a coach to arrive at a more personal and nuanced position on the boundary. Bachkirova *et al.* (2017) also note that a review of the content of courses is overdue and so it is unclear how the source of this group's coaching knowledge influences their approach to the boundary with therapy.

Conscious Practitioners appear to align somewhere between process-based and philosophy-based mindsets of coaching maturity as proposed by Clutterbuck and Megginson (2011), sometimes containing and sometimes facilitating to reach a solution with the coachee. Process-based in that the coach may rely on models, tools and techniques to ensure they are not straying into therapeutic waters and philosophy-based in that the practitioner may be careful to align the conversation to their stated personal offering. This would offer a suggestion for how Conscious Practitioners stay within the therapy boundary.

A Conscious Practitioner might say of their practice: *I am careful about what I do in the coaching space in service of my client and my coachee. I am very aware of my skills and expertise and respectful of the commitment I have made to myself, my client, my coachee and my professional body to work comfortably within the boundary with therapy. I use supervision to explore my practice and any brushes with the boundary I see.*

5.1.2 Confused Practitioners

The Confused Practitioners are potentially the most controversial of the four types in that there may be elements of their behaviour which do not sit well with some coaches and lead them to reject alignment with this group altogether. However, before dismissing them as the villains of our piece it should be noted that all the evidence suggests that this group are in service to their coachees with good intentions. They agreed with the statement that coaching is about duty of care and report that they are clear it is their responsibility to stay within the coaching boundary rather than stray into therapy. This group's attitude to contracting suggests they know what they *should* be saying and they believe there is a risk of harm. However, their agreement with statements about opening up possibilities, delving into personal stuff, raising awareness of what's really happening and creating a safe space suggest they may be offering a more therapeutic coaching space than they realise.

The views of this typology resonate with the findings of Price's (2009) research in which respondents identified what they believed to be the differences between coaching and therapy but appeared not to have thought through what these meant in their practice. This could be because they are paying lip service to cliches that are often used in the coaching community. As reported in chapter four, this study also found a number of statements that all four factors agreed with, known in Q as consensus statements, which are typical of oft-repeated mantras learnt from training or practitioner texts. For example, coaching is about duty of care, it's not about fixing people, I offer a non-judgemental space and I'll stop if

there's a risk of harm. This cohort also appeared to disagree with any statement that directly referenced therapy suggesting a deliberate distancing from the practice.

The possible lack of awareness of this group echoes Hart, Blattner and Leipsic's (2001) research into therapists who became coaches, which raised concern that non-clinicians would miss "*red flags*" (p.232) that could result in them doing harm. Clutterbuck and Megginson (2011) highlight the danger of coaches simply not seeing the boundary, citing the unlikelihood of a coach completing 4000 hours of coaching and claiming not to have experienced a boundary issue, which echoes Hart, Blattner and Leipsic's (2001) concern. Lack of self-awareness was also a finding in Channer's (2003) research where therapists now working as coaches appeared unaware of the boundary between their practices. Previous research (Baker, 2014; Eniola, 2017) has highlighted the likelihood that novice coaches unwittingly work beyond their competency which may also be in play with this group which contains members with few years of experience as coaches. This does not, however, explain the findings in relation to more experienced coaches in this viewpoint. If their naivety is not due to inexperience, it may instead be due to self-deception (Bachkirova and Baker, 2018), in which the coach appears to work with more confidence than their education or experience would suggest is warranted (Bachkirova, 2015). This would be especially likely if it is the coachee who raises the issue, which could legitimise it for the coach. Bachkirova (2015) pointed out that this raises a challenge for supervisors in calling out overconfidence and self-deception, which in turn relies on the coach being self-aware enough to take the issue to supervision and brave enough to disclose it. This group of Confused Practitioners are mostly receiving supervision but placed the statement about discussing boundary conditions in supervision lower down the rankings than other groups, further reinforcing the possibility of low self-awareness. Supervision is not yet fully embraced by executive coaches (Hawkins and Turner, 2014; Kitchin, 2014) and so it is not clear how reliable an outlet for reflection about boundary issues it might be for Confused Practitioners.

It seems that there are also similarities between this viewpoint and the *dipping in* way of working identified in Maxwell's (2009) research. Coaches in that study appeared to selectively visit the past to tackle a present blockage. The uncertainty about the Confused Practitioner is how consciously they do that and what psychological underpinnings they use to support that work. For this group then the boundary exists and they may say it is clear, but to an observer it may look more fuzzy.

A Confused Practitioner might say of their practice: *I am a coach responding to my coachee's needs and although I'm not sure where that might take me I'm happy to go with the flow. I don't think I work controversially, and no one has complained about my style. Working at the boundary with therapy does not seem like an issue for me.*

5.1.3 Conscientious Practitioners

The third factor gives rise to the viewpoint of Conscientious Practitioners. There is a sense that these executive coaches work experimentally with their coachee, dealing with whatever they bring to the space, human to human. This resonates with the findings from Maxwell's (2009) research which referred to *opening Pandora's box* as a way of describing the variety of issues that coaches deal with in the coaching space which take them closer to the boundary with therapy. In Maxwell's (2009) research it was the coach-therapists who reported this more often, suggesting that the coach's openness to these sort of issues may well elicit them. Maxwell (2009) further noted that the boundary between coaching and therapy was co-created, which resonates with this group's neutral positioning of the statement about the boundary being fuzzy if it is an unknown quantity until the work begins. These are not practitioners tied to a toolbox of models and techniques. Conscientious Practitioners appear to be holistic practitioners, open to their coachee's needs, confident in dealing with emotions. This echoes the findings from Cox and Bachkirova's (2007) study on coaching with emotions which found that it is likely that coaches will have to deal with emotions but that some coaches are more comfortable with this type of work than others.

However, although it is assumed that Conscientious Practitioners practice in the workplace with senior leaders, it is not known with whom they work and what their clients bring to the sessions.

This group shares characteristics with Western's Soul Guide Discourse in that the focus is on coaching the inner self and the coach is simply a "*mirror to the soul*" (Western, 2012, p.134), creating a space for the coachee to find their authentic self. In Western's map of discourses, this is the work of a life coach, although he recognises that elements of it can be found in leadership coaching which focuses much more on developing the individual than meeting business objectives.

Conscientious Practitioners may operate between a philosophy-based and a systemic eclectic mindset of coaching maturity (Clutterbuck and Megginson, 2011), where the coach is guided by their own philosophy of coaching but also willing to bring skills and experiences from within and outside coaching to assist their coachee, facilitating and enabling the coachee.

A Conscientious Practitioner might say of their practice: *I am just one human being with another, holding the coaching space for whatever they need it to be. I know the limits of my skills and expertise and respect the boundaries of my work and therapy. Having said that, sometimes the coachee just needs someone to listen to their own journey and while I'm primarily there as their coach, I am happy to be of service in any way that is useful to them.*

5.1.4 Confident Practitioners

The final factor resulting from the analysis of the data is the voice of Confident Practitioners. This group distinguishes itself from the others by being confident with a therapeutic response and by its members reporting that although not psychologists or therapists, they acknowledge some psychological underpinnings to their training that give them the confidence to work in the overlap. This viewpoint had a neutral response to 'I have

contracted to include a therapeutic response' which could suggest either that they feel mandated to act within the implicitly agreed terms of the relationship without specifying therapy or that they have a different view of the boundary to other viewpoints. Confident Practitioners ranked 'I trust my intuition' more highly than other viewpoints, indicating a level of trust in self as a practitioner and in a highly developed level of intuition, perhaps more attuned with an 'internal supervisor' (Casement, 1985) in which the practitioner develops an inner voice, eventually distinct from that of their supervisor, which guides them in the moment.

This type has clear similarities with the *dipping in* way of working identified by Maxwell's (2009) research in which the coach visits the past to tackle the present. Confident Practitioners may do this more frequently and deliberately than other viewpoints and there are possibly even elements of *straddling*, which in Maxwell's study was only attempted by therapist-coaches who had formal training beyond coaching. In this approach, the coach chooses to shuttle across the boundary to offer a different approach in service to their client's needs. In Maxwell's study the participants were still of the belief that this was not therapeutic while recognising the value of the work they did in this space which would seem to resonate with what the positioning of statements in this study suggests about the beliefs of Confident Practitioners.

There are also echoes of the more experienced coaches found in previous research who would be willing to work in the overlap if they believed it would be in the interests of their coachee. Baker's (2014) third study reflected this finding, although the participants were mostly trained counsellors or therapists offering coaching and so their view of the boundary between coaching and therapy would be experientially different to an executive coach, even with psychological underpinnings. Also Sime and Jacob's (2018) research of ICF Master Coaches found that coaches were prepared to work in an overlap with therapy if they felt they had the competence to do so and, most crucially, they deemed it to be of value to their coachee.

There are similarities in this viewpoint with Western's Psy Expert Discourse (2012) in which the role of psychology as an underpinning is recognised. This discourse works on the "outward self" (p.159), which focuses on performance in an organisational setting. Western (2012) points out that this coaching approach is a response to the expansion of therapy into everyday life and the normalisation of self-actualisation and self-realisation. This approach recognises a significant overlap in managing the boundary between coaching and therapy.

There may also be some parallels between Confident Practitioners and a systemic eclectic mindset of coach maturity, as proposed by Clutterbuck and Megginson (2011) where a coach enables the coachee to reach a solution using whatever skills and experience they have at their disposal. There are also some reminders with the Confident Practitioner viewpoint of Dagley's (2010) insight into what purchasers value which noted that exceptional coaches have the ability to work at a deeper level and offer flexibility in the range and approach they use.

Perhaps Confident Practitioners represent a new cohort of executive coaches who have emerged since earlier research was conducted who have benefitted from a broader coach education curriculum and consolidation of experience and self-development. This may be the cohort envisaged by previous researchers who advocated working more confidently in the overlap between coaching and therapy in the future (Price, 2009; Griffiths and Campbell, 2008; Sime and Jacob, 2018).

A Confident Practitioner might say of their practice: *The type of work I do in the coaching space is flexible and in response to the needs of the coachee and the client. My coaching toolkit contains a wide range of approaches I can use and I am confident about making the right choice in the moment. I recognise what therapy actually is and my practice is still comfortably within my competence.*

5.2 So what? – What do the findings say about executive coaches' perceptions?

Turning to the question 'So what?', I will consider what the findings mean in relation to existing literature. This research has focused on executive coaches' perceptions of the overlap and boundary between coaching and therapy. It echoes previous research (Maxwell, 2009; Price, 2009; Baker, 2014; Eniola, 2017; Sime and Jacob, 2018) but also shines a new light on the perceptions of the current cohort of executive coaches and explores nuanced differences between viewpoints in the executive coaching community.

5.2.1 What does this research say about how executive coaches define the boundary between coaching and therapy?

The review of literature in chapter two illustrated the lack of an agreed definition of coaching and the complexity of the field. The drive to define coaching may come from several sources, including the desire to protect coaching from accusations of charlatanry and the professionalisation of the field. Overall, there appears to be little appetite to define coaching more than it currently is. Perhaps defining it will make it more of a managerial discourse – what gets measured gets done (Western, 2012. p.183). Instead, coaches self-define their coaching by aligning with niches to position themselves in an increasingly crowded market (Brock, 2008). It is reasonable to assume that the participants in this study do this too, and will have reached their own definition of coaching. This research did not ask coaches to define coaching or locate the boundary and can make no claims about its position. What this research *did* do is ask coaches what their perceptions of working at the boundary and overlap with therapy are and the results do support the notion that a nominal boundary with therapy exists for most executive coaches from a non-psychology background. The boundary appears instead to be defined by the individual coach even within viewpoints and for some it may be fixed, for others it is moveable and for some it is fuzzy. How a coach personally defines the boundary with therapy may be influenced by the coach's worldview

and how they generally view boundaries and previous research into how coaches make decisions has suggested that it would be good if coaches knew their worldview (Berry, 2020).

It may be that the tacit acceptance of the inevitability of a boundary existing is linked to the notion that boundaries are important at some level. Humans need boundaries and thrive on pushing them to see new possibilities and develop and grow (Lamont and Molnar, 2002). Boundaries make people feel safe and they help people understand how they fit in and their contribution to the tribe. However, while the boundary between coaching and therapy is currently symbolic, pursuing definitions and agreement on what it looks like and where it is will turn it into a social boundary which could lead to a sense of exclusion as well as inclusion (Lamont and Molnar, 2002). It may be that rather than worrying about finding a shared definition of the boundary, the viewpoints have accepted and embraced the role boundaries play for all stakeholders in the coaching relationship. This would seem to align with Popovic and Boniwell's (2007) suggestion that attempts to locate a firm boundary between coaching and therapy have been unhelpful to either field because the main distinctions offered between therapy and coaching (past v present, ill v well, remedial v performance improvement) are artificially created and less distinctive in practice.

5.2.2 What does this research say about how executive coaches deal with the boundary and overlap?

The findings offer insight into how executive coaches deal with the boundary and overlap between coaching and therapy. The four viewpoints appear to reflect different ways in which they deal with the boundary and the consensus statements illustrate issues on which there are shared views. As this research uses the epistemological and ontological stance of social constructivism it is important to recognise how both similarities and differences contribute to the shared social discourse about the boundary with therapy.

The responses of the Conscious Practitioners suggest that they stay comfortably within the boundary, respectful of their level of competence and personal interpretation of an ethical code. This view may be related to the ethical codes used by the professional bodies or one forged through previous experience in another field. However, a review of what professional bodies say in their codes and competencies revealed almost no direct reference to the coaching/therapy boundary and only members are bound by them anyway. As practitioner texts typically refer to ethics in the context of dilemmas rather than the boundary with therapy (Starr, 2011; Rogers, 2012), perhaps this refers instead to a coach using their moral compass, which was reported as of value to Conscious Practitioners.

Almost all of the participants in the study reported to be in regular supervision but it is Conscious Practitioners who represent the viewpoint that is most positive about using supervision to discuss boundary issues. Supervision has grown in popularity among coaches (CIPD, 2006; Hawkins and Turner, 2014; Kitchin, 2014) and is actively encouraged by professional bodies (GCE, 2022, 4.3), especially for those who are credentialed. Only Confident Practitioners reported feeling more neutral about using supervision to discuss boundary issues, although this is most likely to be because they feel more comfortable working in the overlap because of their personal competence and therefore do not see issues in the same way as the Conscious Practitioner wanting to stay within the boundary. This research therefore supports the existing view that supervision has gained traction in the executive coaching community and is actively used by those choosing to work within the therapy boundary as a boundary management mechanism. However, the success of supervision as a way to support how coaches deal with the boundary with therapy depends on the strength of the supervision relationship and the willingness of both supervisor and supervisee to tackle misses and near misses, while recognising the filter of self-deception (Bachkirova, 2015).

Participants across all four viewpoints were drawn to the statement 'it's about duty of care', which was identified as a recurring phrase during the concourse and literature review. This

phrase has an uncertain origin and unclear definition in coaching, yet all coaches agreed with it. It often appears in practitioner texts in narrative form and without explanation which might lead us to conclude that its meaning is implicit. The phrase *duty of care* is not in the Global Code of Ethics, although it has appeared in other research (Spence, Cavanagh and Grant, 2006; Baker, 2014) without definition even though Baker's (2014) study identified it as an area of concern for practitioners and it is used in discourse about ethics and professional conduct in coaching (Iordanou, Hawley and Iordanou, 2017; Bachkirova and Baker, 2018).

Agency theory offers a lens through which we might better understand the relationships between the parties involved in coaching, how duty of care differs from the dependent relationship found in nursing (RCN, 2022) and may help with a conceptual understanding of what is meant by duty of care in a coaching setting. Agency theory proposes that one party has a *duty of service* to the other party and that both parties retain an independent role in the relationship. Trust is critical to the success of the relationship. Barnes (2000, p.5) suggests that "*there is clearly a strong link between choice and responsibility*" in agency theory, underlining the relevance in a coaching conversation where the coachee is encouraged to be accountable for their own change. This has clear and valuable implications for dyadic coaching relationships but also for triadic coaching relationships found in executive coaching where there is an additional, potentially conflicted, duty to the organisation as the sponsor (Hannafey and Vitulano, 2013). The coach may interpret their responsibility to the coachee differently from their responsibility to the sponsor, resulting in a dynamic movement of their working definition of duty of care. In the absence of a clear and shared definition of the positioning of the boundary, the universal appeal of this phrase to this research cohort suggests executive coaches are heavily influenced by their personal interpretation of duty of care. Recent research into the meaning of duty of care to executive coaches supports this, finding that coaches rely not on codes of ethics but on life experiences to reach their own definition (Mayhead, 2023).

Reflecting on the coach's responsibilities, as duty of care would invite us to do, brings us to consider what happens if the coach breaches that duty in relation to the coaching/therapy boundary. As previously noted in this thesis, there are no globally agreed standards and no licensing so the threat of being struck off a professional register is not an incentive to limit practice to non-therapeutic interventions. All professional coaching bodies offer accreditation, understood as a formal process of being held to a standard that has been assessed, although there is also some confusion about the difference between accreditation, certification and credentialing, which appear to be used interchangeably by the professional bodies (Margariti, 2018). While no data is published about the percentage of members with accreditation, it is thought to be small in relation to total membership and therefore the threat of accreditation being removed cannot be said to be a disincentive to cross the boundary between coaching and therapy. Even in the more litigious setting of the USA there is no data showing legal claims for malpractice or damage to a coachee because a coach crossed a boundary into therapy. There is no financial penalty of which I am aware anywhere in the world for working in therapeutic territory as a coach. As Grant (2006) opined, it may just be that coachees are resilient and are not harmed by non-psychologists

All the viewpoints ranked the statement 'I'll stop coaching if there is a risk of damage' highly, suggesting a universal intention to do no harm. This echoes the Hippocratic Oath taken by medical doctors and resonates with all participants' affiliation with duty of care as a core belief. Here again we return to the ominous warnings of Hart, Blattner and Leipsic (2001) and Berglas (2002), soon after the Colorado state proposal that coaches were practising illegally as unlicensed psychotherapists to appreciate the impact that those events had on a generation of coaches. It is clear from this group of participants, all highly trained, qualified and experienced executive coaches, that they would not knowingly do anything to damage their coachees. It is worth remembering that there is no data available to support the concern by psychotherapists that harm is done by coaches to coachees (Aboujaoude, 2020).

There is also, however, no data or consensus about what is meant by harm in coaching. The medical profession has a word – iatrogenic – to describe the harm resulting from treatment but struggles with the classification of potential harm (Falconer *et al.*, 2019). Studies in the therapy community have recognised that an average of 10% of people receiving treatment will get worse rather than better (Jarrett, 2023). It may be that no such data exists for coaching because of the assertion that the coaching client is whole and well and the therapy patient is (notionally) broken (Hayden and Whitworth, 1995; Bluckert, 2005a). Another finding of this research is the universal agreement that executive coaching is not about fixing people, which all participants resoundingly rejected. If doing no harm is a genuine concern for coaches, how that could be measured is not clear. It is also unclear whether any of the types have an adequate level of self-awareness to identify if they are doing harm or fixing someone. The concept of self-awareness is poorly defined and poorly understood (Carden, Jones & Passmore, 2022) even though research has found it to be a core competency for coaches (Carden, Passmore and Jones, 2022), reinforcing the call for the development of self in coach education (Bachkirova, 2016; Carden, Passmore and Jones, 2022).

The findings also illuminate the role of intuition or how a coach knows when they are in risky territory and the positioning of the statement ‘I trust my intuition’ is interesting for each viewpoint. While Confident Practitioners placed it reasonably highly, the other viewpoints positioned it neutrally. How much we can rely on our intuition is a much broader subject than its relationship to coaching or even the coaching/therapy boundary and yet is relevant. Both coaching practitioner literature (Zeus and Skiffington, 2000; Whitworth *et al.*, 2007; Starr, 2011; Cox, 2013) and research literature (Day *et al.*, 2008; Sheldon, 2018) acknowledges the importance of intuition for coaches. There is a clear link between intuition and coach maturity, one measure of which is experience, with the risk that novice coaches may trust their intuition too much in relation to the coaching and therapy boundary (Baker, 2014; Eniola, 2017) and that more experienced coaches have better developed intuition (Bluckert, 2006; Mavor, Sadler-Smith and Gray, 2010). Baker (2014) notes that conscious use of

intuition is more typical for novice coaches, recognising that more experienced coaches are not so consciously aware of using their intuition. This echoes Kahneman and Klein (2009) who concluded that *“skilled judges are often unaware of the cues that guide them, and individuals whose intuitions are not skilled are even less likely to know where their judgments come from”* (p.524). They also conclude that the environment in which intuition is being used is an influential factor, suggesting that intuition sits not just with the coach but with the coach’s reading of that setting. This has implications for how a coach chooses to trust their intuition to deal with the boundary with therapy, requiring a good understanding of self in different environments.

Several statements reference contracting, underlining its importance for a coach in the executive coaching setting both with the coachee and the sponsor organisation. One statement in particular about shared understanding of what should be being discussed attracted a high level of agreement among all participants. This statement was deliberately phrased without using the word *contract* so that it could be interpreted as implicit or explicit shared understanding. The findings of this study support previous research about the importance of contracting as a way of dealing with the coaching/therapy boundary in practice (Maxwell, 2009; Price, 2009; Eniola, 2017). Although contracting as a concept is well referenced in practitioner literature (Hay, 2007; Dexter, Dexter & Irving, 2011; Lee, 2013), it is not known if it is included in coach education or even what constitutes usual contract content. Contracts cover a wide range of subjects from logistics to process and it is not therefore known if the boundary between coaching and therapy is referenced as a matter of course for coaches. There was variation between the viewpoints about whether or not they agreed that they explicitly say that coaching is not therapy when they contract. This is consistent with the findings in Maxwell’s (2009) research in which participants said it was difficult to predict what would emerge and therefore how to contract comprehensively upfront. This suggests that coaches must be prepared to recontract as necessary once work is underway, a recommendation made by Maxwell (2009) and Lee (2013).

The statement about signposting to another professional attracted universal disagreement, indicating that executive coaches know how to signpost. This statement does not, however, capture if coaches know when and where to signpost. *How* in this context could be how to manage the conversation with the coachee or how to broker a conversation with another professional or something else entirely. It is, after all, one of the valued features of Q methodology that the participant will interpret the statement in whatever way means something to them. A coach may make a reference in the opening contract to signposting a coachee elsewhere if appropriate and practitioners are advised to refer a coachee to another professional to avoid creating a dependency and risk becoming overwhelmed (Lancer, Clutterbuck and Megginson, 2016). Previous research has noticed the importance of referring a coachee to therapy at the appropriate time (Cox and Bachkirova, 2007). This study supports Maxwell's (2009) research in which practitioners recognised referring a coachee to another specialist as a way of dealing with the coaching/therapy boundary. Practitioner literature often talks about referring a client (Zeus and Skiffington, 2000; Rogers, 2012) and the ICF issues guidance to members about when and how to refer a coachee to therapy, giving detail about warning signs of mental health (Hullinger and DiGirolamo, 2018).

When emotions are talked about in the context of coaching it is with reference to emotions perceived as difficult or displays of extreme emotions which make a coach uncomfortable and are considered out of place in the workplace (Cox and Bachkirova, 2007). Research into coaching with emotion has found that this can be one of the indicators for a coach that they are approaching a boundary with therapy and need to divert the discussion or refer to a therapist (Cox and Bachkirova, 2007). The findings of this study indicate that all viewpoints are comfortable to a point dealing with emotions in the coaching space, some viewpoints more so than others, resonating with previous research (Cox and Bachkirova, 2007; Cremona, 2010). Conscientious, Confident and Conscious coaches all reported feeling as equipped as a therapist to deal with emotions, suggesting that these practitioners may see emotions as a necessary part of the change process rather than a sign of poor mental

health. This suggests a greater resilience in this participant cohort to dealing with emotions and the boundary than found in previous research suggesting a shift in executive coaches as a community.

An unexpected finding of the study is that none of the viewpoints felt that they had sufficient training to deal with everything in the coaching space. This could be because of the unpredictability of coaching or an increase since their training of more complex issues. It might also be a comment of how much their training actually prepared them for coaching and a comment on the role continuing professional development (CPD) could be playing. CPD often concentrates on skills and knowledge this seems less important when so much comment in literature is about the importance of self-work for the coach (Bachkirova, 2016).

This research is not just about the boundary though. It is also about the overlap, although Sime and Jacob (2018) propose that *“accepting the overlap between coaching and therapeutic practices may be a premature and difficult step”* (p.47), arguing that the boundary must first be understood and defined. Executive coaches may not have a shared understanding of what therapy is to know if they are working in the overlap or not. Nevertheless, it seems that for Confused and Confident Practitioners working in the overlap is part of their practice. The difference between these two viewpoints is in their awareness of their practice.

It is interesting to look at the four practitioner types in the context of the Four Stages of Learning Model proposed by Broadwell (1969) in which the journey from Unconscious Incompetence to Unconscious Competence is described. This model was further developed to explain the transition between the stages in the development of counsellor trainers and supervisors as Awareness, Accommodation and Assimilation (Clarkson & Gilbert, 1991). A mapping of the model to the practitioner types is illustrated in Figure 8. Confused Practitioners appear to be displaying behaviours similar to the *Unconsciously Incompetent*

teacher in Broadwell's tale; some behaviours may be below ideal but they are not yet aware of this and, like the teacher, their intention is good.

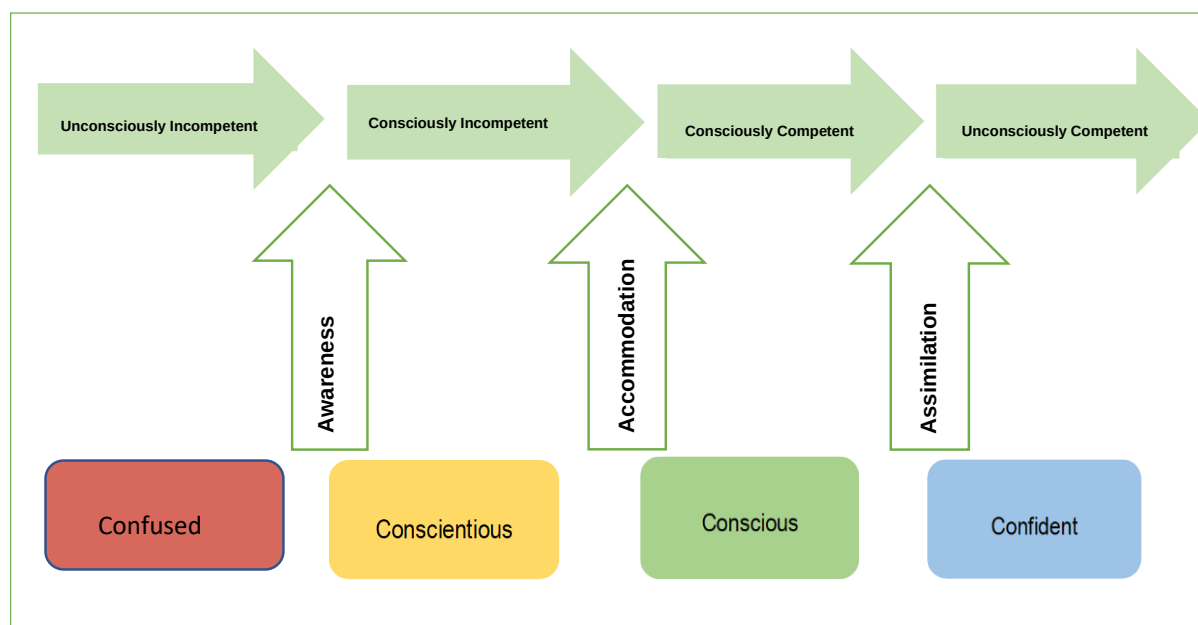


Figure 8: Types mapped to Four Stages of Learning Model

Awareness takes the traveller to the next stage in the journey in which they become *Consciously Incompetent*, here represented by the Conscientious Practitioners who acknowledge the limitations of their own competence and travel experimentally with their coachee. This is the viewpoint who are 'just one human being with another human', responding to the moment. With *accommodation* there is a move to being *Consciously Competent*, which could align with the Conscious Practitioners who are aware of the boundary and ethical guidelines. Accommodation in Clarkson and Gilbert's (1991) model involves sourcing and trying out new ideas and styles, evaluating their success, and this stage brings with it an inevitable self-consciousness which may align with an awareness of the 'rules'. With *assimilation* of knowledge and skills, the traveller moves to *Unconsciously Competent*, in which the behaviours become an integral part of function. This perhaps aligns with the Confident Practitioner who uses psychological underpinnings seamlessly in their work. It would be perhaps unfair to refer to any of the coach practitioners in the typology as

incompetent and it is important to point out that in offering this comparison with Broadwell's model it is not intended to suggest that the four types are a linear journey from one state to another. To do so would be to lose the value of the types as interrelated and holistically sourced from the Q process and also miss the probability that a coach may be in a different place on a different day with a different coachee and different content.

5.4 Now what? – Implications for stakeholders

The findings have implications for key stakeholders in executive coaching, discussed below.

5.4.1 Implications for executive coaches

These findings illuminate the complexity of this issue for executive coaches and offer insight into the current practice of their peer group to support reflection about their own practice. The typology offers an opportunity to identify their own practice and reflect on their offering and how they want to position it in the increasingly crowded coaching market. The findings also suggest that executive coaches have become more sophisticated in their thinking about the boundary than previous research has captured.

On a practical level, the findings highlight the sense in the executive coaching community that contracting and re-contracting is a mechanism to deal with the boundary to ensure that both coach and coachee understand the nature of the offering, recognising that it might change depending on how the relationship unfolds and the content shared. Depending on viewpoint, this may be an agreement either to avoid therapeutic territory altogether, as Maxwell's (2009) separation approach suggested, or to embrace it, as Maxwell's (2009) straddling approach implied, with either option requiring a clear understanding of the time and place for signposting or referral.

This study also highlights the potential for executive coaches of supervision as a place to discuss boundary issues and invites coaches to consider how they decide what to take to supervision, ensuring that near misses as well as actual breaches are explored. It also

supports the importance of self-reflection, including developing an internal supervisor voice (Casement, 1985), to be a deliberate and conscious process of discovery and improvement. There is also scope to adopt new models to support practitioner decision making in boundary decisions. For example, Nemecek's (2022) empirically based Bridge Decision Theory invites practitioners to ask self-assessment questions about their legal scope to practice, contract and skills and experience before deciding whether to continue or refer. It also raises the possibility of CPD including self-work and an understanding of a coach's worldview to increase ethical maturity (Carroll and Shaw, 2013) and build intuition (Mavor, Sadler-Smith and Grey, 2010; Sheldon, 2018).

The overall findings of the study suggest there are some choices on the near horizon for executive coaches about collective identity which "*... describes imagined as well as concrete communities, involves an act of perception and construction as well as the discovery of pre-existing bonds, interests, and boundaries.*" (Polleta and Jasper, 2001, p.298). One of the possible benefits of pursuing professionalisation of coaching is to build a sense of collective identity which would in turn move the community towards a shared understanding of how to define and deal with the boundary with therapy, as well as other specialisms. Viewing this topic through the lens of social constructivism would suggest that that collective identity will be forged through more than the sum of individual coaches. This may in turn develop a collective conscience, a wide network of practitioners, who would set the tone on complex issues like this one.

5.4.2 Implications for supervisors

The value that executive coaches place on supervision as a space to explore working at the boundary is clear in this study. The resulting practitioner typology offers a framework for discussion and for a supervisor to encourage reflection by the coach about where their practice is and as such could become a useful supervision tool. For supervisors this research highlights the importance of exploring mechanisms coaches use to deal with the

boundary with therapy. This may include contracting, signposting, intuition and self-reflection. It also highlights the potential value of building the internal supervisor voice during supervision so that a coach may be a better self-regulator in the field.

5.4.3 Implications for sponsors

For sponsors, this research suggests four main approaches to working with the coaching/therapy boundary. It also demonstrates to sponsors that much executive coaching has evolved beyond simplistic, formulaic approaches and now works on the whole person. It is important that purchasers of executive coaching understand what they are buying and what they are not. The typology offers a framework for the coach and sponsor to reach a shared understanding of what approach for coaching would most suit their employees.

5.4.4 Implications for coach educators

This study has implications for coach educators because it questions the role core coach training plays in preparing coaches for defining and dealing with the boundary with therapy. All the executive coaches who participated in this study have a coaching qualification, typically ranging from being an accredited coach through ILM5 or 7 to a Masters or Doctorate. There is no single overview of the content of coach training courses available, which range from a non-certified short course, through a certified short course, training on using a specific coaching discipline to full academic qualifications lasting two or more years (Gannon and Myers, 2018). Authors have noted a widening gap between academic providers of coach education and private providers accredited by professional bodies (Bachkirova *et al.*, 2017) and a disconnect between qualification and accreditation (Bachkirova and Smith, 2015). It has been suggested that there would need to be a greater consensus about standards before coaching can be called a profession, which will include consistency in coach education to agreed standards (Bennett, 2006; Peltier, 2011). With over 500 coach specific training organisations (Brock, 2018), there is scope to agree on a core syllabus, perhaps through professional bodies.

This study supports previous research (Maxwell, 2009; Price, 2009) that practitioners define the boundary on an individual basis in practice, which may suggest that this was not addressed sufficiently in training. Coach training courses may be focusing on skills and knowledge, the how-to of coaching. The four types that emerge from this study and their approaches suggest that it is self-awareness and ethical maturity that supports a coach making decisions rather than taught skills. Rather than trying to locate a boundary for coaches during education, perhaps the emphasis should be on developing the coach as a person to be able to work it out for themselves with confidence and by invitation. The challenge and complexity of coaching in an organisation requires many skills and this research found that not all coaches feel fully equipped. Coach education is a lucrative commercial market and much of it appears to be focused on initial training, reaching accreditation or initiation into a niche specialism within coaching. Given that more than 65% of participants in this study have at least seven years of experience, it is not clear what is available to them.

In terms of course content, this research underlines the importance of psychological underpinnings during coach education and preparing a coach to work in a psychologically informed environment. It is clear from the findings of this research that contracting plays an important role in managing the boundary between coaching and therapy and therefore detail on the purpose and content of contracting and re-contracting would be a standard part of all basic coach education for the future. Given the role of intuition and personal interpretation of the boundary, work on a coach's moral compass and personal values would also be useful.

5.4.5 Implications for professional bodies

As for coach educators, this research raises the question of whether professional bodies do enough to enable good practice around the coaching/therapy boundary. There is currently no central body to coordinate and oversee the accreditation or certification of courses and

the accreditation processes in the main professional bodies do not appear to specifically cover boundary issues.

It is a commercial reality for the coaching community that someone can use the term *coach* without training or qualification. However, surveys have shown that most executive coaches hold a coaching qualification accredited by a professional body (ICF, 2016), although this is an internal process against core competencies held as valuable by the professional body. Agreement on the Global Code of Ethics may indicate that some professional bodies are on the same page regarding a shared understanding of coach practice in relation to the boundary with therapy and may believe codes are a mechanism for encouraging safe practice. However, previous research has suggested that ethical codes do not always drive good practice in the field and would benefit from an overhaul (Diochon and Nizet, 2015).

This study illuminates the role and value of supervision as a mechanism for dealing with the boundary between coaching and therapy. Membership bodies recommend supervision and may even offer sample sessions for members, but take-up could be higher if it is to be used as a space to explore boundary issues. If professional bodies have doubts about endorsing supervision as it is currently understood, still viewed by many practitioners as a talking therapy tool, then perhaps supervision needs to be reinvented as a model, for example, to be more based on mentoring (Kitchin, 2014). Currently professional bodies expect less supervision for more experienced coaches but these findings suggest it is of equal value regardless of years of coaching experience.

The most significant implications of the findings of this research for professional bodies is in relation to the pursuit of professionalisation. Although the number of participants in this study who declared membership of a professional body is 73% it is worth noting that more than a quarter are not members and while this ratio may be typical for executive coaches, it may not reflect the wider coaching community. As coaching is self-regulated, there is no requirement for a coach to join a professional body for a license or to be placed on a register

of practitioners and there is no evidence that clients require professional membership. If the coaching community continues to be concerned about overseeing safe management of the coaching/therapy boundary and those working in the overlap, it may need to increase professional body membership and demonstrate active self-regulation to the state.

If there appears to be an appetite to pursue the recognition of coaching as a profession it will likely be led by one or more professional bodies, which may lead to some jostling for supremacy amongst those who see themselves as leaders in the community. However, a move to professional status will almost certainly involve a register of practitioners which needs to be formally overseen and may fall to the Professional Standards Agency (PSA) which already oversees professions in healthcare on behalf of the state. While this may be a direct application from a coaching body, the British Psychological Society is already recognised by the PSA and has a coaching psychology division. In this way, coaching may be pulled under the umbrella of state oversight with or without pursuing professional status.

Coaches, executive and otherwise, clearly work in very different ways and use personal interpretations about what is right and what is a duty of care. In short, turning this community into a profession could be like herding cats. The literature review also revealed a varied appetite for professionalisation in fields other than coaching, begging the question of whether or not this would be a desirable pursuit for coaching professional bodies. To succeed it would probably need to be led by a project team of collaborating professional bodies but based on competition between the associations so far and the commercial positions now at stake, there could be jostling for supremacy rather than the pursuit of the greater good. I have avoided referring to coaching as a profession in this thesis and while I believe the coaching community behaves professionally, I do not think it yet behaves like a profession, nor am I convinced that this would be a desirable route to take. However, professional bodies may find this research adds to the discussion around pursuing professionalism.

I do not believe that the findings of this study make the case for restricting or regulating coaching by defining a strict boundary, which risks limiting who can access it and that fewer people will benefit. Perhaps instead the community, via professional bodies, would benefit from formally embracing the relationship between coaching and therapy as a continuum (Bachkirova and Baker, 2018), which would remove the issue of boundaries altogether.

There is value for our wider society in continuing to recognise mental health issues while being careful not to pathologize and create a sense that someone is broken when they are simply struggling with an episode in their life. This research also shines a light on coaching as a service to wider society in providing a space for reflection. This resonates for me with the arguments made for coaching as a social movement, a place where big issues are tackled proactively by coaches working beyond a simple brief, perhaps challenging another boundary (Western, 2012; Shoukry, 2017, Gannon, 2021). It is the role of the professional bodies to balance the needs of a growing commercial market with the desire to democratise coaching.

5.5 Summary

In this chapter I have used the framework of the What? Model of Structured Reflection (Driscoll, 2006) to consider the findings of this study further. I have revisited the viewpoints described in the last chapter and discussed the distinctions between Conscious, Confused, Conscientious and Confident Practitioners with reference to existing literature and previous research. I have considered what the findings say about how executive coaches define the boundary and how they deal with it in practice and I have considered the implications of this research for stakeholders in executive coaching.

The findings suggest that there are various groups of coaches who have a different approach to their coaching and its relationship with therapy, which has implications for stakeholders of executive coaching. This resonates with the range of views expressed in previous research but offer greater nuance and an updated insight into executive coaches'

perceptions of the boundary and overlap with therapy. This research did not set out to define coaching and yet looking at the experiences of executive coaches of working at the boundary and in the overlap between coaching and therapy does at some level contribute to the wider understanding of what coaching is. Looking at what the findings suggest about the executive coaches' experience of the boundary and overlap between coaching gives an insight into the current state of executive coaching and what it might need to focus on in the light of these findings.

Chapter Six - Conclusions

In this final chapter, I will revisit the context for the research and consider how the aims and objectives have been met. I will look at how this research contributes to new knowledge and practice and offer recommendations and ideas for future research to extend this knowledge further. I will reflect both on the limitations of the research and also my considerable journey as researcher and practitioner during this process.

6.1 Research context

Executive coaching as a workplace intervention has increased significantly in the last twenty years and is now widely embraced as an investment in leaders and managers by employers. There has been some concern expressed about where the boundary between coaching and therapy actually is and coaches have been warned not to work beyond a boundary with therapy. Research on the practitioner experience is scarce and comment has often come from psychologists and therapists alarmed that anyone can call themselves a coach and practice coaching without qualification.

Previous research has uncovered that coaching can overlap with therapy, that the boundary is co-created with the coachee, that some practitioners are prepared to work in a therapeutic domain and that some coaches, particularly novices, may not always be aware of where they are practising. However, the cohort of executive coaches has expanded with an influx of coaches from a non-therapeutic background (ICF, 2020) so that previous research may be out of date and not reflective of the current situation.

6.2 Research aim and objectives and how these were met

The aim of this research was to understand executive coaches' perceptions of the boundary between coaching and therapy, and how they deal with it. How the objectives were met is detailed below.

The first objective was to review relevant literature on the perceptions executive coaches have of the boundary and overlap between coaching and therapy and how they deal with it. In chapter two literature was reviewed about understanding coaching and therapy and exploring similarities and differences to find a definition. Why the boundary matters was explored, including the drive for professionalisation and the role of professional bodies. Literature around how coaches deal with the boundary was reviewed, including mechanisms to navigate it, reflect on practice and integrate therapeutic practice in the overlap. Key empirical research was reviewed and a gap in research exposed of the understanding of the perceptions of the coaching/therapy boundary from the perspective of the current cohort of executive coaches from a non-psychology background.

The second objective was to investigate coaches' perceptions of the boundary between coaching and therapy and how they deal with it. In chapter three I discussed the design and delivery of a research project to sample the viewpoints of executive coaches from a non-psychological background working in an organisational setting. Q methodology was chosen as an established mixed methods approach for measuring subjectivity, using quantitative analysis methods to identify differences that may not have been identified by another approach. Through concourse, a thorough review of the field including literature and interviews with representatives of stakeholders in executive coaching, a set of statements was assembled. An online survey style was used in which executive coaches ranked the statements they agreed with from least to most in a forced distribution.

The third objective was to analyse the findings to develop a greater understanding of how executive coaches perceive and deal with the boundary and overlap in practice. In chapter four I described how the results were reduced using mathematically driven by-person factor analysis to reveal four distinct viewpoints of executive coaches' perceptions of dealing with the boundary and overlap with therapy in practice. Further analysis and interpretation revealed the areas of difference and similarity between these viewpoints.

The fourth objective was to contribute to the coaching community's understanding of how executive coaches perceive and deal with the coaching/therapy boundary, which was explored in chapter five. The four viewpoints were further developed to propose a typology and reflective practitioner questions and contributions to knowledge and practice are discussed below.

6.3 Contribution to knowledge

This research contributes to knowledge by identifying four viewpoints and proposing them as a typology that represent perceptions of executive coaches from a non-psychology background of the boundary and overlap between coaching and therapy. These viewpoints have not been isolated before and show the subtle differences across the cohort, giving insight into the positions executive coaches take and the decisions they make. The four viewpoints of Conscious, Confused, Conscientious and Confident Practitioners articulate the differences between approaches in a new way, suggesting that there is no direct alignment between coach experience or qualifications and how competently they deal with the boundary with therapy. The findings recognise the complexity of the issue and offer an insight into how executive coaches deal with the ambiguity.

Using Q methodology, a unique qualiquantological approach, offers a new way to consider this subjective area, which Tracy (2010) identified as a measure of significant contribution.

In addition, the statements prepared through concourse can be reused by other researchers to sample another section of the coaching community or at a later date to again see how the executive coaching field has evolved in their approach to working at the boundary with therapy.

6.4 Contribution to practice

This research contributes to practice through the development of the typology of four practitioner views about coaching in the overlap and at the boundary with therapy. The

typology offers an opportunity for all stakeholders in the executive coaching field to understand the coach's offering and approach. For example, the typology offers a framework for practitioners to consider their own practice and ask "where am I?". Coach educators and professional bodies could use the typology to ask "what is the offering to each viewpoint?". Supervisors could use the typology to consider "what questions can I usefully ask my supervisee when we are discussing boundary issues?" and "what is my own position and how does that influence how I supervise?". Sponsors could use the typology to ask "what type of coach do I want to use?" and "what type of coaching am I commissioning?". Coachees could use the typology to ask "where do I want my coach to be when they work with me?".

Using the findings from the research a Practitioner Reflection Model (Appendix K) has been developed to help practitioners reflect on how they coach using the typology and wider themes raised in the research. The model invites stakeholders to consider where their own practice sits against the four types and asks reflective questions about key areas which arose from the findings.

6.5 Recommendations for stakeholders

As a result of this study stakeholders in executive coaching may want to consider a number of actions.

Executive coaches may wish to prepare to deal with boundary issues by researching who they would refer a client to in advance of a situation occurring. They may, for example, identify a named practitioner, an organisation (for example, Cruise or Relate) or the coachee's GP. Individual practitioners may benefit from asking themselves how ready they are to manage the boundary with therapy in practice given that there is expected to be a greater therapeutic need in coaching in the future (Schermuly *et al.*, 2022), suggesting a value in familiarising themselves with mental health literacy.

As a result of this study, executive coaches may consider the value of contracting in helping them to position their offering by explaining during contracting that although the coaching is not therapy, it might feel therapeutic. For coaches who wish to align their practice with Confident Practitioners, the implication from this study is that a sound psychological underpinning is required. Additionally, coaches might benefit from developing psychological-mindedness (Bluckert, 2005; Lee, 2007) which would help them to coach in a psychologically informed environment.

For **supervisors**, it is clear from this study that while supervision is undoubtedly becoming a more central part of a coach's continuing professional development, the literature suggests that there is still some discussion and disagreement about what it should look like and what value it adds. Until it is established as a standard practice for all coaches, it cannot be relied upon as a space in which the coach reflects upon their experience of the boundary with therapy in their practice.

As a result of this research **professional bodies** might choose to consider the membership offering to the executive coaching community, checking that the support needs of all four viewpoints are met. They may wish to develop more exemplar templates, for example for contracting, that more explicitly cover working at the coaching/therapy boundary. Each association may also wish to be more explicit about how they view the boundary which could be achieved through consultation with coaches and therapists. This would necessarily involve greater clarity and agreement about what constitutes therapy and coaching. One way in which this might be achieved would be to undertake a member-wide consultation on the collective attitude to working in the overlap, which may support the findings of this research that this practice is far more common and prevalent than it used to be.

To better capture data about the risk of harm to coachees of working beyond the boundary, professional bodies could also make the complaints process simpler and more transparent, including a more obvious coachee/sponsor helpline, to help those receiving and buying

coaching better understand how to recognise good and bad coaching and feel empowered to call out bad coaching or coaching that they feel breached the contract with which they agreed.

Coach educators may choose to come together using a central educational body to agree industry standards which would create some uniformity across this commercial market. This would inevitably lead to a minimum standard of core curriculum on how initial coach training is structured to address dealing with boundary issues in relation to therapy. Based on this and previous research, this is likely to include an emphasis on self-work, discussion with fellow practitioners to develop own position, an understanding of the role of intuition, encouraging ongoing reflective practice such as supervision and, most importantly, significant psychological underpinnings. This research also suggests the importance for coach educators of ensuring an offering for more experienced coaches to revisit their position on the boundary between coaching and therapy in their practice using current research, trends and the maturity of their own practice.

Sponsors may use the findings of this research to identify what sort of executive coach they wish to engage and contract clearly for the work that may happen as well as the work that is predictable. It is important that sponsors appreciate the range of coaches available with differing views on the coaching/therapy boundary and ensure they engage one who aligns with their organisational needs.

6.6 Further research

Conducting this research has inevitably highlighted opportunities for further research. Developing the Q-Set of forty-eight statements offers future researchers a ready-made longitudinal study, simply repeating the fieldwork in phase 2 and analysis in phase 3 (as highlighted in Figure 1) with a cohort of executive coaches who meet the same criteria, as the statements are the variable not the participants.

Previous research into this area usually looks at the issue from the perspective of the coach. However, the statements could also be used with different stakeholder groups to consider alternative perspectives. For example, the P-Set could consist of supervisors or coachees, with minor changes to phrasing.

In order to better understand what happens at the boundary between coaching and therapy a 360-degree survey which includes the coach, coachee, supervisor and sponsor would help to get a more holistic view of the approach to the boundary. Alternatively, looking at the boundary between coaching and therapy from any one stakeholder position would also offer further insight.

As this thesis highlights, although there is concern that a coach passing the boundary could do harm there is no available evidence of this. Further research could look at both if harm happens and what is meant by harm, building on the study by Hart, Blattner and Leipsic (2001) and comment by Berglas (2002) who raised early concerns.

This thesis has discussed the role of intuition for coaches although no research exists about whether or not this is a reliable way to navigate the therapy/coaching boundary. Future research could consider the role of intuition for coaches navigating the boundary, building on the work of Mavor, Sadler-Smith and Gray (2010), Sheldon (2018) and Berry (2020).

This research has looked at the experience of executive coaches about working at the boundary with therapy but there is not yet any research on how accurate a coach's view of the boundary is. Research in this area would build on this study and previous research on the boundary (Maxwell, 2009; Price, 2009; Baker, 2014; Eniola, 2017; Sime and Jacob, 2018).

It would also be useful to research what coaches mean when they talk about working at a deeper level. This phrase appeared during this research as if it is generally understood and Sime and Jacob (2018) also commented that research on it is needed.

This thesis has discussed that self-reflection could be a powerful tool for coaches to use to identify boundary issues and when to signpost. However, there is a limited understanding about how or how well coaches self-reflect and future research could further the work of Stein (2009) and Cushion (2018).

There is also little understanding of or research into coach development and how coaches change as they gain more experience and their practice matures. It may be the case that the experience of the coaching/therapy boundary changes for an executive coach over time and research on this could be of value in illuminating levels and type of support required at different stages of coach development.

6.7 Limitations of this study

All research has limitations and a researcher recognises as many of these as possible during the process and corrects them. However, this is not always possible and so inevitably at the final stage one must be aware of what could have been done better to secure a stronger result (Greener, 2018).

This fieldwork for this study was conducted through the Covid-19 pandemic from 2020 to 2021. A 2021 Survey by the UK Research and Innovation Council found that this had directly impacted researchers and their work (UKRI, 2023). During this time social distancing and lockdowns meant that many people felt under enormous pressure just living their day-to-day lives. General levels of anxiety, for example, were noticeably higher, with WHO reporting a 25% increase worldwide (WHO, 2023). This impacted the study in that executive coaches, often self-employed, were anxious about sustaining their practice and were also reporting higher levels of emotional content in coaching sessions, which in turn influenced their own view of the coaching/therapy boundary. Restrictions meant that libraries were not available physically and the literature review for this study was conducted mostly using resources that are available electronically. When I started this doctorate I had hoped to be based mostly in a university library, surrounded by resources and in an environment that would support my

study. Instead, like many, I have conducted this research from my own home using remote resources.

Another possible limitation is that I am a practising coach and have continued to work throughout this study, collecting my own experiences of coaching at the therapy boundary. De Haan (2019) points out that much research about coaching is done by coaches, suggesting that research by non-coaches may be more objective. There is always a challenge to separate practitioner from researcher, which although I have consciously tried to do, I am aware of the potential for conflict. At the heart of this research is the question *am I fit to practice?*. I have recognised during the research that this offers a potential bias and that I may be seeking approval for my working style. It is easier to find what we are looking for than what we are not. However, Willig argues that we should consider these not biases but conditions which frame the research (Willig, 2013).

This study reports perceptions not reality. It is not possible to know from this study what coaches really do, only what they report they do. The fieldwork in this research assumed a level of self-awareness in participants. As a community, good coaches tend to have a developing level of self-awareness gained from self-work in preparation for helping others. Even so, this is not measured and therefore may be lower than ideal.

This study does not measure how realistic a coach's view of the boundary is. As I argued in chapter two, without generally agreed definitions of either coaching or therapy the boundary's position is a matter of personal interpretation.

The limitations of the methodology I chose are discussed in chapter three, both in terms of whether Q was the best approach for this research question and also more generally of Q itself. Ratner (2002) argues that objective subjectivity is critical to success and Q methodology, a way of measuring subjectivity, aligns more with an interpretive epistemology rather than positivistic (Watts and Stenner, 2012), so it does not produce an absolute

viewpoint and therefore some might argue that the viewpoints cannot be interpreted as a typology. The typology is therefore a proposal to be tested as useful in practice.

Another limitation of this study is its UK bias. Coaching is an international community (ICF, 2020) and this issue is relevant across the globe. However, cultural and legal landscapes in different countries may well influence more local interpretations of the boundary and how to deal with it.

6.8 Personal reflections

There is no doubt for me that the journey through this doctorate has changed me as a person as well as a practitioner, becoming more curious, more discerning, less hesitant. By exploring other coaches' approaches to coaching in the overlap and at the boundary with therapy I have been answering the question of whether or not I am fit to practice. Using the typology I can see where I practice and also the small behavioural changes that it would take to move me between types. Because of this research I have become more confident about the validity and acceptability of the coaching I offer and more aware of its value for my clients and coachees, particularly in the past two years of the pandemic. I find myself reinvigorated to pursue the work I do with leaders and senior managers that supports their development and in turn the success of the organisations they are employed by.

I have considered how I use self-reflection and recognised my responsibility to ensure that I take a wide sample of my work to supervision so that I am less likely to miss the examples that might be the most valuable to work through with my highly skilled coaching supervisor.

In truth, I probably chose this area to research because I was wrestling with it as a coaching practitioner. Through this research journey I have moved from curious to confident, reaching my own confident state of permission to self to practice fully and carefully within the boundaries of my competence which includes some therapeutic interventions when the session requires it. I will continue to wrestle with this issue, as all practitioners should, and I

now wrestle with this on behalf of the coaching community, in pursuit of a similar level of confidence for my professional colleagues.

My tendency is to search for simplicity in complexity to explain difficult things in an easy way. However in this thesis I have found that while I have been able to take some opportunities to offer a simpler way of understanding some things, the subject is and remains complicated.

End

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Invitation to a Conversation

Participant Information Sheet

Study title

Executive coaching and the boundary with therapy.

Invitation

You are being invited to take part in a research investigation which will form part of a Doctoral qualification at Oxford Brookes University. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask questions.

What is the purpose of the study?

The purpose of this study is to research how executive coaches working in an organisational setting understand the boundary as they personally experience it between their coaching skill and therapy.

Although there has been discussion in the professional coaching community about this issue for many years, empirical study has been sparse. As developmental and transformational coaching become more mainstream in terms both of training and practice, how do the current cohort of practicing coaches view this issue?

The study will gather data between April and October 2021 from stakeholders in executive coaching.

- Phase 1 of the study will generate statements about the coaching/therapy boundary through one to one interviews with key stakeholders in executive coaching.
- Phase 2 will invite a group of executive coaches to sort those statements according to how much they resonate with their own reflections and experiences.

Why have I been invited to participate?

You are being invited to participate in this study because you have experience and expertise which is relevant to examining the research question. You are being asked to participate in Phase 1: a conversation about the research topic which the researcher will then use to create statements for Phase 2.

Do I have to take part?

It is up to you to decide whether or not to take part in this research study. If you do decide to take part you will be given this information sheet along with a privacy notice that will explain how your data will be collected and used and be asked to give your consent.

What if I want to withdraw from the study?

If you decide to take part, you are still free to withdraw at any time and without giving a reason. You can also withdraw your data until the point where it is combined with other data for analysis. Your data will then be deleted and not used.

What will happen to me if I take part?

If you decide to take part, you will be sent a link to an online meeting from the University's Zoom account with the researcher. The meeting will last up to one hour and the audio only will be recorded. You are not required to use your camera for the meeting. You will be provided with some guidance about the questions to be explored in this meeting beforehand. Your data will then be analysed and form part of the research findings.

What are the possible disadvantages and risks of taking part?

Participating will require an investment of your time and an element of professional reflection. If you do experience any distress as a result of your involvement in this research, you are encouraged to seek the support of your GP, MIND or the Samaritans as appropriate.

www.mind.org.uk, Infoline 0300 123 3393, email: info@mind.org.uk
www.samaritans.org, freephone 116 123, email jo@samaritans.org

What are the possible benefits of taking part?

Your contribution will form part of a study to better understand the reality for coaches of the boundary between coaching and therapy. Your voice will be added to the discussion that may inform coach practice, change coach education and inform professional bodies view of the work executive coaches do.

Will what I say in this study be kept confidential?

All information collected about you will be kept strictly confidential (subject to legal limitations). Confidentiality, privacy and anonymity will be ensured in the collection, storage and publication of research material with no comment or input being attributable to you.

The research data will be kept securely at all times and all files will be either encrypted or password protected. Data will be stored in Google Drive, for which the University has a security agreement.

In accordance with the University's policy on Academic Integrity the data generated in the course of the research will be kept securely in paper or electronic form for a period of ten years after the completion of a research project.

What should I do if I want to take part?

If you are willing to join this study, please contact the researcher (see below) by **17 May 2021**.

What will happen to the results of the research study?

The results of this study will form part of a Doctoral Thesis at Oxford Brookes University. It is likely to be published as an article in professional journals and used as a conference paper and presentation. If you would like a copy of the findings of the study, you can let the researcher know this on the consent form.

Who is organising and funding the research?

The researcher is a Doctoral Student at Oxford Brookes University researching for a Doctorate in Coaching and Mentoring. There is no third party/commercial interest in the research.

Who has reviewed the study?

The research has been approved by the University Research Ethics Committee, Oxford Brookes University.

Contact for Further Information

If you have any questions at any time you can contact the researcher – Leoni Kitchen - at 19044073@brookes.ac.uk or her Supervisor, Adrian Myers: amyers@brookes.ac.uk. If you have any concerns about the way in which the study has been conducted, they should contact the Chair of the University Research Ethics Committee at ethics@brookes.ac.uk.

Thank you for taking the time to read the information sheet.



CONSENT FORM (Interview)

Full title of Project: Executive coaching and the boundary with therapy

Researcher: Leoni Kitchin BA(Hons) Chartered MCIPD MBA MSc ANLP MAC

Contact: [REDACTED] 19044073@brookes.ac.uk

Supervisory Team:

Dr Adrian Myers, International Centre for Coaching and Mentoring Studies, amyers@brookes.ac.uk, 07837 607902

Dr Judie Gannon, International Centre for Coaching and Mentoring Studies, jmgannon@brookes.ac.uk, 07763 242167

Please initial box

- | | |
|--|--------------------------|
| 1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions | ☐ |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason and that my data will be deleted unless it has been processed | ☐ |
| 3. I agree to take part in the above study | ☐ |

Please initial box

- | | Yes | No |
|---|--------------------------|--------------------------|
| 4. I agree to the interview being audio recorded | ☐ | ☐ |
| 5. I agree to the use of quotes attributed to a pseudonym in publications | ☐ | ☐ |
| 6. I would like a copy an executive summary of the findings (expected in November 2022) | ☐ | ☐ |

Name of Participant	Date	Signature
Leoni Kitchen	16 April 2021	
Name of Researcher	Date	Signature



Invitation to Reflect on your Practice

Participant Information Sheet

Study title

Executive coaching and the boundary with therapy.

Invitation

You are being invited to take part in a research investigation which will form part of a Doctoral qualification at Oxford Brookes University. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask questions.

What is the purpose of the study?

The purpose of this study is to research how executive coaches working in an organisational setting understand the boundary as they personally experience it between their coaching skill and therapy.

Although there has been discussion in the professional coaching community about this issue for many years, empirical study has been sparse. As developmental and transformational coaching become more mainstream in terms both of training and practice, how do the current cohort of practicing coaches view this issue?

The study will gather data between April and October 2021 from stakeholders in executive coaching.

- Phase 1 of the study will generate statements about the coaching/therapy boundary through one to one interviews with key stakeholders in executive coaching.
- Phase 2 will invite a group of executive coaches to sort those statements according to how much they resonate with their own reflections and experiences.

Why have I been invited to participate?

You are being invited to participate in this study because you have experience and expertise which is relevant to examining the research question. You are working as an external executive coach in organisational settings and do not come from a psychology background. You are being asked to participate in phase 2: sorting statements to help the researcher to better understand your viewpoint.

Do I have to take part?

It is up to you to decide whether or not to take part in this research study. If you do decide to take part you will be given this information sheet along with a privacy notice that will explain how your data will be collected and used and be asked to give your consent.

What if I want to withdraw from the study?

If you decide to take part, you are still free to withdraw at any time and without giving a reason. You can also withdraw your data until the point where it is combined with other data for analysis. Your data will then be deleted and not used.

What will happen to me if I take part?

If you decide to take part, you will be sent a link to an online platform called QSorTouch where you will read and sort statements relating to the boundary between coaching and therapy according to those that resonate with you and those that do not. Full instructions about how to sort the statements will be given to you at the start of the exercise. Typically this takes between around 40 minutes to do. Your data will then be analysed and form part of the research findings.

What are the possible disadvantages and risks of taking part?

Participating will require an investment of your time and an element of professional reflection. If you do experience any distress as a result of your involvement in this research, you are encouraged to seek the support of your GP, MIND or the Samaritans as appropriate.

www.mind.org.uk, Infoline 0300 123 3393, email: info@mind.org.uk
www.samaritans.org, freephone 116 123, email jo@samaritans.org

What are the possible benefits of taking part?

Your contribution will form part of a study to better understand the reality for coaches of the boundary between coaching and therapy. Your voice will be added to the discussion that may inform coach practice, change coach education and inform professional bodies view of the work executive coaches do.

Will what I say in this study be kept confidential?

All information collected about you will be kept strictly confidential (subject to legal limitations). Confidentiality and privacy will be ensured in the collection, storage and publication of research material with no comment or input being attributable to you.

The research data will be kept securely at all times and all files will be either encrypted or password protected. Data will be stored in Google Drive, for which the University has a security agreement.

In accordance with the University's policy on Academic Integrity the data generated in the course of the research will be kept securely in paper or electronic form for a period of ten years after the completion of a research project.

What should I do if I want to take part?

If you are willing to join this study, please contact the researcher (see below) by return.

What will happen to the results of the research study?

The results of this study will form part of a Doctoral Thesis at Oxford Brookes University. It is likely to be published as an article in professional journals and used as a conference paper and presentation. If you would like a copy of the findings of the study, you can let the researcher know this on the consent form.

Who is organising and funding the research?

The researcher is a Doctoral Student at Oxford Brookes University researching for a Doctorate in Coaching and Mentoring. There is no third party/commercial interest in the research.

Who has reviewed the study?

The research has been approved by the University Research Ethics Committee, Oxford Brookes University.

Contact for Further Information

If you have any questions at any time you can contact the researcher – Leoni Kitchin - at 19044073@brookes.ac.uk or her Supervisor, Adrian Myers: amyers@brookes.ac.uk. If you have any concerns about the way in which the study has been conducted, they should contact the Chair of the University Research Ethics Committee at ethics@brookes.ac.uk.

Thank you for taking the time to read the information sheet.



CONSENT FORM (Statement Sort)

Full title of Project: Executive coaching and the boundary with therapy

Researcher: Leoni Kitchin BA(Hons) Chartered MCIPD MBA MSc ANLP MAC

Contact: [REDACTED] 19044073@brookes.ac.uk

Supervisory Team:

Dr Adrian Myers, International Centre for Coaching and Mentoring Studies, amyers@brookes.ac.uk, 07837 607902

Dr Judie Gannon, International Centre for Coaching and Mentoring Studies, jmgannon@brookes.ac.uk, 07763 242167

Please initial box

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason and that my data will be deleted unless it has been processed.
3. I agree to take part in the above study.

☐☐☐

Please initial box

4. I agree to the use of quotes attributed to a pseudonym in publications
5. I would like a copy an executive summary of the findings (expected in November 2022).

Yes

No

☐☐☐☐

Name of Participant	Date	Signature
Leoni Kitchen	16 April 2021	
Name of Researcher	Date	Signature

Privacy notice for research participants

This privacy notice provides information on how Oxford Brookes University collects and uses your personal information when you take part in one of our research projects. Please refer to the research participant information sheet for further details about the study and what information will be collected about you and how it will be used.

Oxford Brookes University (OBU) will usually be the Data Controller of any data that you supply for this research. This means that we are responsible for looking after your information and using it properly. The exception to this is joint research projects where you would be informed on the participant information sheet as to the other partner institution or institutions. This means that they will make the decisions on how your data is used and for what reasons. You can contact the University's Information Management Team on 01865 485420 or email info.sec@brookes.ac.uk.

Why do we need your data?

The research purpose of the study is to explore the experience of executive coaches when they find themselves working at the boundary between coaching and therapy. The research will form the basis for a Doctorate in Coaching and Mentoring at Oxford Brookes University which the researcher is undertaking. As the International Centre for Coaching and Mentoring Studies, Brookes is a leader in academic research in the field of coaching and mentoring. This research will add to that body of work.

OBUs legal basis for collecting this data is:

- You are consenting to providing it to us; and / or,
- Processing is necessary for the performance of a task in the public interest such as research

If the university asks you for sensitive data such as; racial or ethnic origin, political opinions, religious or philosophical beliefs, trade-union membership, data concerning health or sexual life, genetic/biometric data or criminal records OBU will use these data because:

- You have given OBU explicit consent to do so; and / or
- Processing is necessary for scientific or research in the public interest.

What type of data will Oxford Brookes University use?

- Comments from phase 1 interviews will be used to inform the statements for use in phase 2
- Numerical and demographic data from the online Q-Sort in phase 2 will be used for statistical analysis and interpretation of findings

Who will OBU share your data with?

There are no research partner institutions or collaborators who will have access to the data.

Oxford Brookes University Google shared drive services will be used for data hosting. Zoom audio/video conferencing will be used for interviews.

Will OBU transfer my data outside of the UK?

Data will be stored outside the UK by QSorTouch, Google and Zoom.

What rights do I have regarding my data that OBU holds?

- You have the right to be informed about what data will be collected and how this will be used
- You have the right of access to your data
- You have the right to correct data if it is wrong
- You have the right to ask for your data to be deleted
- You have the right to restrict use of the data we hold about you
- You have the right to data portability
- You have the right to object to the university using your data
- You have rights in relation to using your data in automated decision making and profiling.

Where did OBU source my data from?

Data will be provided by participants who have consented to take part in the research.

Are there any consequences of not providing the requested data?

There are no consequences of not providing data for this research. It is purely voluntary.

Will there be any automated decision making using my data?

There will be no use of automated decision making in scope of UK Data Protection and Privacy legislation.

How long will OBU keep your data?

In line with Oxford Brookes policies data generated in the course of research must be kept securely in paper or electronic form for a period of time in accordance with the research funder or University policy.

Who can I contact if I have concerns?

In the event of any questions about the research study, please contact the researchers in the first instance (**Leoni Kitchen, 19044073@brookes.ac.uk**).

If you have any concerns about the way in which the study has been conducted, contact the Chair of the University Research Ethics Committee at ethics@brookes.ac.uk. For further details about information security contact the Data Protection Officer at: brookesdpo@brookes.ac.uk or the Information Management team on info.sec@brookes.ac.uk.

APPENDIX B

Statement sources

	Statement	Interview Source	Literature Source eg	Notes
S1	If we might be near the boundary my coachee would ask "can I talk about this?"	C, Ex, S	Barnes 2000, Maxwell 2009, Griffiths & Campbell 2008	recontracting, agency, co-created boundary
S2	My coachee says they would rather explore deeper issues in coaching than counselling	C, Ex, S	Filippi 1967, Tobias 1996, Starr, 2011, Bluckert 2010	working with whole human, Gestalt, Psychodynamic coaching
S3	I'd be going into a risky area	C, Ex, Sp, Pb	Global ethics code 2020, Berglas 2002, Hart, Blattner & Leipsic 2001	fear of penalty, red flags
S4	We have a shared understanding about what we should be discussing	C, Ex, Ce, Pb	Maxwell 2009, Hay 2007	contracting, co-created boundary
S5	My coachee appreciates being able to delve into personal stuff in a work context	C, Ex	Western 2012, Zeus & Skiffington 2000	Leader's agenda
S6	It's my responsibility to know when it's OK	C, Sp, Ex, Pb	Barnes 2000, Global ethics code 2020	it - open to interpretation. Against agency theory
S7	It's about duty of care	Ce, Ex, C, Sp, S, Pb	Global ethics code 2020, Spence, Cavanagh & Grant 2008, Brennan & Wildflower 2018	phrase used without explanation
S8	Coaching can heal people	Ex	Ross 2018, Kauffman & Coutu 2009	opposite belief if coachees are not broken. Against practitioner literature
S9	I say "coaching is not therapy" when I contract	Ex, S, Sp, Ce	Price 2009, Zeus & Skiffington 2000	contracting with coachee and sponsor
S10	I like to open up people's possibilities through coaching	Ex, S, Sp, Ce	Ross 2018	transformational coaching language
S11	I like to coach people who have complex problems	Ex	MHFA 2022, Brunning 2006, Beck 2018	mental health continuum
S12	I think the boundary is fuzzy	Ex	Turner 2010, Jopling 2007, Spinelli 2010	fuzzy space

S13	I self regulate using my moral compass	Ex, S, Ce, Pb	Carroll & Shaw 2013, Hannafey & Vitulano 2013, Iordanou, Hawley & Iordanou 2017, Sheldon 2018	coaches taking responsibility instinctively, ethics, intuition
S14	I believe behaviours and emotions can be separated	Ex, Sp	Cremona 2010, Cox & Bachkirova 2007, Passmore 2010	no place for emotions in coaching
S15	When you go deep you hit on areas that are outside coaching territory	Ex	Passmore 2010, Cox & Bachkirova 2007	sponsors value deeper work
S16	I'm not equipped to deal with all that emotion like a therapist	Ex	Cremona 2010, Cox & Bachkirova 2007, Berglas 2002, Passmore 2010	resistance to dealing with emotions in coaching
S17	I deal with my coachee's past to facilitate their future	Ex,	Grant & Greene 2004	against key difference of past v present
S18	I just want to fix people	Ex	Global ethics code 2020, Kauffman & Coutu 2009, Jacob & Sime 2018, Rogers 2012	Therapy deals with broken people who need fixing, Coaching not about fixing people
S19	Coaching has its roots in therapy - of course they overlap	Ex, S, Ce	Brock 2008, 2018, Rogers 2012	remedial or developmental?
S20	It's a difficult tightrope to walk	Ex, S, Sp, Ce, Pb	Popovic & Jinks 2013	argument for personal consultancy
S21	I'm just one human being with another human	Ex, S	Rogers 1961, Joseph 2014, Gregory & Levy 2013	person centred coaching, Jung
S22	I'm a coach - I do only what I'm trained to do	Ex, Ce	Eniola 2017, Baker 2014, Berglas 2001, Hart, Blattner & Leipsic 2001, Diller et al 2020	what am I trained to do?
S23	I'll stop coaching if there's a risk of damage	Ex, Ce	Berglas 2002, Zeus & Skiffington 2000, Rogers 2012, Global ethics code 2020, Hullinger & DiGirolamo 2018	referring
S24	Executive coaching has become more therapeutic	Ex, S, Sp, Ce, Pb	Grant & Zackon 2004, Bachkirova 2008, 1017	coaching psychology
S25	What I do is pure coaching	Ex, C	Whitmore 2002, Starr 2011, Smith 2017, Ross 2018	following models
S26	I come unstuck if the contracting is not clear	Ex, C, Sp, S, Pb	Dexter, Dexter & Irving 2011, Hernez-Broome & Boyce	role of contracting. Is boundary explicit?

			2010, Lee 2013, Hay 2007	
S27	Surface change doesn't stick so you have to go deeper and work on the substructure	Ex, Ce		coaching for behavioural change
S28	I'm not always sure how to signpost	Ex, S, Pb, Ce	MHFA 2022 Global Ethics Codes 2020	Making a referral
S29	I am always fit to practice	Pb, Ex, Ce	Hawkins, Turner & Passmore 2019, Bachkistrova 2015, 2016	role of supervision, self-reflection, self-deception
S30	I think coaching is about raising awareness of what is really happening	Ex	Bachkistrova 2003, Bachkistrova 2011	development coaching, self-awareness as a coaching aim
S31	It's a hop, skip and a jump and you're into murky territory	Sp, C	Sherman and Freas 2004	differences not clear, wild west of coaching
S32	It's an art and a science of a good coach to walk that tightrope	Sp, C, Ce, Pb, S, Ex	Batholomew 2017	efficacy
S33	If they need to offload, I just listen	Ex, S	Rogers 2012, Zeus & Skiffington 2000	overlap with therapy basic skills
S34	I step outside coaching to offer something else	Ex, Ce, Pb	Popovic & Jinks 2013	personal consultancy
S35	I create a non-judgemental safe space where someone can just be	Ex		overlap with therapy model
S36	I wear other hats with confidence: mentor, trainer, consultant, but not counsellor or therapist	Ex, Ce, Sp, Pb		boundaries with other specialisms
S37	I work with the whole person	Ex	Esbjörn-Hargens & Sharma 2018, Smith & Hawkins 2018	transformational coaching, whole person/integral coaching
S38	I trust my intuition	Ex, Ce, S	Mavor, Sadler-Smith & Gray 2010, Sadler-Smith & Shefy 2004, Sheldon 2018, Starr 2011	self-reflection, self-deception
S39	I am not confident with a therapeutic response	Ex, Ce, Pb		coach education
S40	I am led by the coachee	Ex, Ce	Rogers 1961, Joseph 2014	person centred coaching
S41	I have contracted to include a therapeutic response	Ex, Ce	Popovic & Jinks 2013	personal consultancy
S42	I may cause harm by ignoring the boundary		Berglas 2002	belief of risk

S43	I am fully trained to deal with anything in the coaching space	Ce	Diller et al 2020, Global ethics code 2020	competences
S44	I need to keep reminding myself not to work beyond the boundary	S, Ex, Ce		self-reflection
S45	I discuss boundary issues in supervision	Ex, S, Ce	Hawkins 2008, Maxwell 2009, Bachkistrova 2015	role of supervision
S46	Coaching beyond the boundary changes my relationship with the coachee		Day 2008	critical moments change relationship
S47	The sponsor client has encouraged me to work therapeutically	Sp	Price 2009, Rogers 2012	opposite of sponsor's claim, influence of triadic relationship, therapy-lite, stigma
S48	Coaching is always future focussed - therapy focusses on the past		Grant & Greene 2004, Hay 2007, Bluckert 2005	differences
	Interview source codes			
	Executive Coach	Ex	Sponsor	Sp
	Coachee	C	Professional Body	Pb
	Supervisor	S	Coach Educator	Ce

APPENDIX C

QSortouch Online Instructions

Coaching Therapy Live Edition

Step 1 / 4

Thank you for agreeing to be part of this research on the boundary and overlap between coaching and therapy. You have been chosen to be part of this study because you have a valuable viewpoint.

The next few pages will guide you through a process of data gathering.

If at any point you get stuck or need to clarify something, please email me (Leoni) at 19044073@brookes.ac.uk and I will do my best to come back to you as quickly as possible.

Please complete the questions below and click on Next to continue.

If you choose No for either question, you will be able to continue but I will not be able to use your data. If you are unsure if you have seen the consent and participant information sheet, please contact me before proceeding.

Question 1

I confirm I have read and understood the Participant Information Sheet

You may choose at least **1** option(s), and a maximum of **1** option(s).

☐

Yes

☐

No

Question 2

I confirm I have read, understood and completed the consent form

You may choose at least **1** option(s), and a maximum of **1** option(s).

☐

Yes

☐

No

Next

Step 2 / 4

Below are some questions about you:

Question 1

Do you have a therapeutic background through formal training?

You may choose at least **1** option(s), and a maximum of **1** option(s).

☐

Yes

☐

No

Question 2

What coaching training or qualification(s) do you have?

Question 3

How long have you considered yourself to be an executive coach?

You may choose at least **1** option(s), and a maximum of **1** option(s).

☐

Less than 3 years

☐

Between 3 and 6 years

☐

Between 7 and 10 years

☐

More than 10 years

Question 4

Are you accredited by a professional coaching body?

You may choose at least **1** option(s), and a maximum of **1** option(s).

☐

Yes

☐

No

Question 5

Do you participate in formal supervision, either one to one or group?

You may choose at least **1** option(s), and a maximum of **1** option(s).

☐

Yes

☐

No

Next

Step 3 / 4

In this section, you will be asked to consider 48 statements relating to coaching and the overlap and boundary with therapy and asked to rank them according to how much you agree or disagree with them.

First you will be invited to sort the statements into 3 piles: disagree, neutral and agree. This will help you to become familiar with the statements and make it easier for you to do the final sort into more distinctive piles.

The statements can be moved by clicking on the green button describing where you want to move it to, or by drag and drop.

Initial sorting - Item 1/48

If we might be near the boundary my coachee would ask "can I talk about this?"

Disagree

Neither agree or disagree

Agree

Disagree

Neither agree or disagree

Agree

Next

Step 3 / 4

Now you are familiar with the statements it is time to sort them into more distinctive rankings. The method used for this research is based on a forced distribution, so you will be required to put a certain number of items in each column to fill a grid that looks like this:



Most disagree



Most agree

The programme will guide you if you need to add more items to a column or if you have too many.

You can change your mind as you work, moving statements until you are content that they reflect your opinion.

You can move items by dragging and dropping or using the “move” button to bring up a card and assign directly to a column of your choice.

You will not be able to see all the grid on the screen at once, so use the black left and right arrows to move around.

You may tackle this task however you want to. However, this is a useful process to work with:

Start with your pile of “disagree” and identify the ones you most strongly disagree with, placing them in the -5 column, then the -4 column and so on until you have emptied the pile.

Next move to the “agree” pile and identify the ones you most strongly agree with and place them in the 5 column, then the 4 column and so on until you have emptied the pile.

Finally turn your attention to the neutral pile. You may need to reconsider your responses to columns -2, -1, 1 and 2 to ensure you end up with the required number of items in each column. The programme will only allow you to continue when you have done this.

Initial sorting

Disagree

- If we might be near the boundary my coachee would ask "can I talk about this?"

Move

- I believe behaviours and emotions can be separated

Move

- When you go deep you hit on areas that are outside coaching territory

Move

- I'm not equipped to deal with all that emotion like a therapist

Move

- I deal with my coachee's past to facilitate their future

Move

- I just want to fix people

Move

- Coaching has its roots in therapy - of course they overlap

Move

- It's a difficult tightrope to walk

Move

- I'm just one human being with another human

Move

- I'm a coach - I do only what I'm trained to do

Move

- I'll stop coaching if there's a risk of damage

Move

- Executive coaching has become more therapeutic

Move

- Coaching beyond the boundary changes my relationship with the coachee

Move

- The sponsor client has encouraged me to work therapeutically

Move

- Coaching is always future focussed - therapy focusses on the past

Move

Neither agree or disagree

- My coachee says they would rather explore deeper issues in coaching than counselling

Move

- I'd be going into a risky area

Move

- We have a shared understanding about what we should be discussing

Move

- My coachee appreciates being able to delve into personal stuff in a work context

Move

- It's my responsibility to know when it's OK

Move

- What I do is pure coaching

Move

- I come unstuck if the contracting is not clear

Move

- Surface change doesn't stick so you have to go deeper and work on the substructure

Move

- I'm not always sure how to signpost

Move

- I am always fit to practice

Move

- I think coaching is about raising awareness of what is really happening

Move

- I am fully trained to deal with anything in the coaching space

Move

- I need to keep reminding myself not to work beyond the boundary

Move

- I discuss boundary issues in supervision

Move

Agree

- It's about duty of care

Move

- Coaching can heal people

Move

- I say "coaching is not therapy" when I contract

Move

- I like to open up people's possibilities through coaching

Move

- I like to coach people who have complex problems

Move

- I think the boundary is fuzzy

Move

- I self regulate using my moral compass

Move

- It's a hop, skip and a jump and you're into murky territory

Move

- It's an art and a science of a good coach to walk that tightrope

Move

- If they need to offload, I just listen

Move

- I step outside coaching to offer something else

Move

- I create a non-judgemental safe space where someone can just be

Move

- I wear other hats with confidence: mentor, trainer, consultant, but not counsellor or therapist

Move

- I work with the whole person

Move

- I trust my intuition

Move

- I am not confident with a therapeutic response

Move

- I am led by the coachee

Move

- I have contracted to include a therapeutic response

Move

- I may cause harm by ignoring the boundary

Move

Final sorting

Very strongly disagree

2 items required

Strongly disagree

3 items required

Disagree

4 items required

Mostly disagree

5 items required

Slightly disagree

6 items required

Neither agree or disagree

8 items required

Slightly agree

6 items required

Mostly agree

5 items required

Agree

4 items required

Strongly agree

3 items required

Very strongly agree

2 items required

Very strongly disagree

- I believe behaviours and emotions can be separated
- If we might be near the boundary my coachee would ask "can I talk about this?"

What drew you to the 2 items in this column?

Strongly disagree

- I'm not equipped to deal with all that emotion like a therapist
- When you go deep you hit on areas that are outside coaching territory

- My coachee says they would rather explore deeper issues in coaching than counselling

What drew you to the 3 items in this column?

Strongly agree

- I may cause harm by ignoring the boundary
- I have contracted to include a therapeutic response
- I am led by the coachee

What drew you to the 3 items in this column?

Very strongly agree

- I am not confident with a therapeutic response
- I trust my intuition

What drew you to the 2 items in this column?

Next

Step 4 / 4

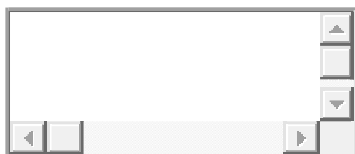
Thank you for time, expertise and for supporting this research.

If you have any questions you can contact me at 19044073@brookes.ac.uk.

When you click Next you will be asked to add your email address and press Submit. Without this step, the data will not reach me.

Question 1

If you have any general comments about the sort or the study, please add them below:



Next

APPENDIX D

Alternative Factors Discounted

2 Factor statistical characteristics

	Average relative coefficient	Nload (number of participants)	Eigenvalues	Explained variance	Reliability	SE factor scores
Factor 1	0.8	14	8.0	31	0.98	0.13
Factor 2	0.8	12	6.6	26	0.98	0.14

Correlation between factor z-scores

	Factor 1	Factor 2
Factor 1	1.00	0.68
Factor 2	0.68	1.00

3 Factor statistical characteristics

	Average relative coefficient	Nload (number of participants)	Eigenvalues	Explained variance	Reliability	SE factor scores
Factor 1	0.8	10	6.5	25	0.98	0.16
Factor 2	0.8	7	5.4	21	0.97	0.19
Factor 3	0.8	4	4.2	16	0.94	0.24

Correlation between factor z-scores

	Factor 1	Factor 2	Factor 3
Factor 1	1.00	0.57	0.58
Factor 2	0.57	1.00	0.59
Factor 3	0.58	0.59	1.00

5 Factor statistical characteristics

	Average relative coefficient	Nload (number of participants)	Eigenvalues	Explained variance	Reliability	SE factor scores
Factor 1	0.8	5	5.5	21.0	0.95	0.22
Factor 2	0.8	4	3.9	15.0	0.94	0.24
Factor 3	0.8	3	3.7	14.1	0.92	0.28
Factor 4	0.8	3	3.4	13.1	0.92	0.28
Factor 5	0.8	1	2.1	8.1	0.80	0.45

Correlation between factor z-scores

	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
Factor 1	1.00	0.46	0.47	0.59	0.43
Factor 2	0.46	1.00	0.44	0.39	0.24
Factor 3	0.47	0.44	1.00	0.48	0.21
Factor 4	0.59	0.39	0.48	1.00	0.56
Factor 5	0.43	0.24	0.21	0.56	1.00

6 Factor statistical characteristics

	Average relative coefficient	Nload (number of participants)	Eigenvalues	Explained variance	Reliability	SE factor scores
Factor 1	0.8	5	4.8	18.3	0.95	0.22
Factor 2	0.8	3	3.4	13.2	0.92	0.28
Factor 3	0.8	2	3.1	12.1	0.89	0.33
Factor 4	0.8	2	3.0	11.6	0.89	0.33
Factor 5	0.8	2	2.7	10.3	0.89	0.33
Factor 6	0.8	1	2.5	9.8	0.80	0.45

Correlation between factor z-scores

	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6
Factor 1	1.00	0.60	0.40	0.60	0.37	0.45
Factor 2	0.60	1.00	0.44	0.43	0.54	0.19
Factor 3	0.40	0.44	1.00	0.37	0.30	0.16
Factor 4	0.60	0.43	0.37	1.00	0.21	0.56
Factor 5	0.37	0.54	0.30	0.21	1.00	0.17
Factor 6	0.45	0.19	0.16	0.56	0.17	1.00

7 Factor statistical characteristics

	Average relative coefficient	Nload (number of participants)	Eigenvalues	Explained variance	Reliability	SE factor scores
Factor 1	0.8	2	3.4	13.2	0.89	0.33
Factor 2	0.8	2	3.4	12.9	0.89	0.33
Factor 3	0.8	2	3.1	11.8	0.89	0.33
Factor 4	0.8	3	2.9	11.1	0.92	0.28
Factor 5	0.8	1	2.8	10.8	0.80	0.45
Factor 6	0.8	1	2.7	10.2	0.80	0.45
Factor 7	0.8	1	2.2	8.4	0.80	0.45

Correlation between factor z-scores

	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	Factor 7
Factor 1	1.00	0.63	0.41	0.48	0.53	0.28	0.43
Factor 2	0.63	1.00	0.38	0.60	0.52	0.37	0.32
Factor 3	0.41	0.38	1.00	0.44	0.34	0.18	0.27
Factor 4	0.48	0.60	0.44	1.00	0.52	0.55	0.26
Factor 5	0.53	0.52	0.34	0.52	1.00	0.20	0.30
Factor 6	0.28	0.37	0.18	0.55	0.20	1.00	0.13
Factor 7	0.43	0.32	0.27	0.26	0.30	0.13	1.00

Full data heat map

	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15	S16	S17	S18	S19	S20	S21	S22	S23	S24	S25	S26	S27	S28	S29	S30	S31	S32	S33	S34	S35	S36	S37	S38	S39	S40	S41	S42	S43	S44	S45	S46	S47	S48
P1	3	2	0	3	3	3	2	4	0	2	4	2	0	-5	-2	0	1	-5	1	1	0	-3	1	0	-1	-2	1	-4	-1	1	-4	5	4	-1	5	-1	0	-1	-2	-2	-4	-2	-1	0	2	-3	-3	-3
P2	-1	-2	-3	1	2	1	3	-4	1	-2	2	-1	4	-2	-5	-2	-4	-1	-2	-4	1	3	0	-1	1	-1	-3	2	4	0	5	0	-3	3	0	5	1	0	2	-3	0	-1	2	0	-4	-5		
P3	-1	-2	0	3	2	2	1	1	4	3	0	0	-4	-2	-2	-1	-5	1	-2	1	-4	5	3	-2	1	0	-3	-5	2	-3	0	-1	-1	4	2	3	0	-1	2	4	0	-1	-3	5	4	-3	1	
P4	-4	-2	3	4	2	2	4	2	1	3	-1	3	3	-1	-4	-3	0	-3	1	4	-3	-1	5	-1	-3	-2	2	-2	1	0	-2	0	0	0	1	0	-1	-1	0	2	-5	2	-4	1	1	-5	0	
P5	-1	-4	0	-1	1	2	3	4	3	4	0	2	-1	1	-2	-5	1	-5	0	-1	0	5	1	-3	0	-2	4	-2	-2	1	1	-4	3	-3	5	3	-3	2	-3	2	-2	-4	1	0	0			
P6	-1	-2	-3	2	3	0	2	0	4	0	1	1	5	-2	-3	2	-5	0	1	2	-2	-1	1	-2	-1	0	-4	-4	3	-3	0	4	0	5	1	5	4	-1	1	-1	3	2	-3	1	-2	-4		
P7	-1	-1	1	1	5	-3	4	0	3	5	3	2	4	-5	-3	-4	0	-3	3	-2	0	-3	0	-1	-2	-1	-2	-2	-4	-4	3	2	0	2	2	2	1	0	1	-5	1	-1	-4	1	0	-1	-2	
P8	0	-1	-1	2	1	3	4	0	-4	1	0	4	1	-4	0	-5	2	-3	2	1	0	-1	3	1	-2	3	1	-3	2	5	-1	2	0	0	4	-2	3	3	-5	4	-3	-1	-1	-2	-2	0	0	
P9	-2	-2	-4	3	2	1	4	3	4	5	-1	2	4	1	-4	-1	-1	-3	0	-3	0	-2	2	0	-2	1	-3	0	2	-5	1	-1	-3	2	0	3	1	1	0	-5	0	-1	3	5	-1	-4	0	
P10	1	0	-3	4	0	3	5	0	1	2	0	3	3	-5	-4	-5	2	-1	1	-2	1	-3	5	1	0	1	-1	-2	3	2	-4	-1	-2	2	-3	2	4	-2	4	-1	-4	0	-3	0	0	-1	-2	
P11	1	-3	0	1	4	5	3	2	-4	4	-1	-1	0	-4	-2	-1	1	-3	-1	-2	1	-2	5	3	-1	0	1	-2	2	3	-4	-3	0	0	2	-2	4	1	0	3	-5	1	0	-2	0	-3	-5	1
P12	-5	0	1	2	3	0	5	-2	5	4	0	3	2	-5	-1	-3	2	-4	4	-1	0	-3	3	1	-1	2	-2	-2	-3	3	0	1	1	-1	4	0	1	0	-1	-4	-2	-1	-4	1	0	-2	-3	
P13	-5	-1	-1	2	4	5	5	1	-1	4	0	-4	3	-2	-3	-1	-4	1	3	-2	-2	3	-2	2	2	0	-3	0	2	-3	2	1	-2	0	1	1	0	-1	0	-5	4	0	1	0	0	4	3	
P14	-1	-4	-2	2	-1	3	3	-2	3	-1	0	0	-5	1	-1	2	-4	5	0	0	0	0	4	-1	-2	2	-3	2	4	-2	3	0	1	1	-2	4	1	1	-5	0	5	1	2	-4	1	-3	-1	-3
P15	0	-1	-2	5	3	3	0	0	5	2	-3	-1	4	-1	-4	-3	-5	0	-1	3	-2	4	1	-1	-1	1	-4	0	4	-5	2	2	-4	1	1	0	3	-2	0	-3	2	0	-2	-3	-2			
P16	0	-5	-1	3	4	2	2	1	1	5	1	-4	-1	-1	2	-1	-4	-2	-3	0	-2	3	1	-4	3	-2	0	3	1	4	-1	2	1	0	3	4	-2	0	-3	-1	-3	0	0	-2	0	-5	5	
P17	0	-2	2	0	0	1	5	-4	3	1	-2	-2	2	3	-3	-1	-1	-5	0	-2	-3	-1	5	-3	-1	0	1	-3	-1	3	-2	0	1	-4	2	3	-1	1	2	-5	4	0	0	4	2	-4	1	
P18	-2	0	-2	1	3	4	5	-2	1	1	1	-1	3	-1	-4	-4	2	-5	0	4	-3	2	2	-1	0	4	0	-3	0	2	-1	3	2	-1	3	-1	5	0	-2	1	-5	-2	0	-3	1	0	-4	-3
P19	-4	0	-3	2	2	5	5	-3	0	0	1	4	1	-1	-2	-1	1	-5	2	0	3	-4	4	0	-3	-5	1	-2	-2	3	0	0	-2	-1	4	-1	3	2	-2	-1	1	1	-4	3	2	0	-3	
P20	-1	0	-2	3	1	4	3	-3	0	4	3	-2	3	-1	1	-1	0	-5	0	-1	-2	2	5	-1	2	-3	1	-4	-4	1	-3	1	-1	1	4	2	5	0	2	-5	0	-2	4	2	0	-3	-2	
P21	0	-2	0	5	0	3	3	-2	2	3	0	1	3	-4	0	2	-4	-5	1	-4	0	1	4	-3	0	4	-1	-5	-1	2	-2	2	0	-2	4	1	3	1	-1	-3	5	-1	-1	2	1	-3	-2	
P22	0	-4	0	-2	4	2	-3	5	3	4	-1	-1	-5	0	1	-3	-3	2	1	-2	0	3	-2	-3	0	1	-1	-2	5	-1	1	-4	-2	4	1	3	-1	1	-1	-4	3	0	2	2	0	5	0	
P23	1	1	-1	0	3	4	3	-1	4	0	-1	2	3	-3	2	-2	-1	-5	2	-2	-1	-2	-2	5	-5	0	-4	-1	2	-2	0	0	1	1	4	3	-3	0	0	-3	-4	-4	5	1	1	-3		
P24	1	-1	-3	0	2	1	2	0	0	0	0	0	-2	1	3	-2	-3	-5	-5	-1	4	5	2	2	-3	0	-2	1	-1	-1	-4	3	1	2	5	0	4	0	-1	3	-4	-4	-1	3	1	-2	-2	
P25	-3	0	0	0	3	4	5	-5	0	1	-1	-2	-1	1	-1	-3	3	-5	1	-1	0	-2	4	0	-2	1	-1	-4	2	3	-2	0	2	-1	3	1	4	0	-3	2	-2	5	2	-4	2	1	-3	-4
P26	0	4	-1	-1	0	-3	5	-1	-1	3	0	5	0	1	-4	-3	1	-5	4	0	2	-3	4	3	-3	-1	0	-5	-2	3	-2	0	2	-2	3	2	1	0	-2	2	-4	2	-2	1	1	1	-4	

APPENDIX F

Four factor solution statistical characteristics

	Average relative coefficient	Nload (number of participants)	Eigenvalues	Explained variance	Reliability	SE factor scores
f1	0.8	7	5.2	20	0.97	0.19
f2	0.8	5	4.8	18	0.95	0.22
f3	0.8	3	3.8	15	0.92	0.28
f4	0.8	3	3.7	14	0.92	0.28
Totals		18		67%		

Correlation between factor z-scores

	Factor 1	Factor 2	Factor 3	Factor 4
Factor 1	1.00	0.52	0.51	0.64
Factor 2	0.52	1.00	0.47	0.37
Factor 3	0.51	0.47	1.00	0.42
Factor 4	0.64	0.37	0.42	1.00

APPENDIX G

Participant Loading By Factor

	Factor One	Factor Two	Factor Three	Factor Four
P1	0.399533405	0.330827259	0.1138170926	0.453369556
P2	0.128527944	0.121193362	0.7854530584	0.337719782
P3	0.628567743	0.475185392	0.2910569977	0.145303908
P4	0.332246556	0.530228756	0.2743310159	0.196430906
P5	0.482579385	0.301330751	0.4832697016	0.289149807
P6	0.587076210	0.254122667	0.2572289020	0.442773227
P7	0.672867432	0.378518264	0.1290247729	0.268007247
P8	0.222559498	0.138928760	0.2646380012	0.814152941
P9	0.400309690	0.458894281	0.4344652083	0.149626722
P10	0.370988285	0.075689330	0.2365143115	0.669002523
P11	-0.009389546	0.512899717	0.3459319202	0.604227116
P12	0.803782257	0.358967842	-0.0003146096	0.197524857
P13	0.156776121	0.749944014	0.2507428827	0.221798811
P14	0.316311319	0.079698844	-0.0613411577	0.734329160
P15	0.247102792	0.414140907	0.5876263005	0.209740129
P16	-0.213421053	0.822954342	0.0715885796	0.170311248
P17	0.350795073	0.595628668	0.5075797488	-0.136687681
P18	0.457390178	0.250079215	0.4827979424	0.490181127
P19	0.663594595	0.106870786	0.2977672032	0.372041309
P20	0.342751590	0.537727385	0.3473531264	0.291060023
P21	0.368314569	0.634435323	0.2414251139	0.103431655
P22	0.373210289	0.737643238	0.0179458889	0.005148954
P23	0.657952672	0.006302983	0.1367593940	0.350120518
P24	0.092363096	0.194263427	0.7840193984	0.023279350
P25	0.434969650	0.324794989	0.4852821834	0.302614477
P26	0.678627270	-0.034053945	0.4769963703	0.172284296

Highlighted cell indicates that the participant loaded on this factor as an exemplar

APPENDIX H

Crib sheet Factor One

Items ranked at +5 and +4

#	Statement	Rank score
7	It's about duty of care	+5
35	I create a non-judgemental safe space where someone can just be	+5
5	My coachee appreciates being able to delve into personal stuff in a work context	+4
10	I like to open up people's possibilities through coaching	+4
30	I think coaching is about raising awareness of what is really happening	+4

Items ranked higher in Factor One than in other factor arrays

#	Statement	Rank score
2	My coachee says they would rather explore deeper issues in coaching than counselling	0
13	I self regulate using my moral compass	2
35	I create a non-judgemental safe space where someone can just be	5
45	I discuss boundary issues in supervision	3

Items ranked at -5 and -4

#	Statement	Rank score
18	I just want to fix people	-5
44	I need to keep reminding myself not to work beyond the boundary	-5
14	I believe behaviours and emotions can be separated	-4
22	I'm a coach – I do only what I'm trained to do	-4
28	I'm not always sure how to signpost	-4

Items ranked lower in Factor One than in other factor arrays

#	Statement	Rank score
6	It's my responsibility to know when it's OK	0
22	I'm a coach - I do only what I'm trained to do	-4
23	I'll stop coaching if there's a risk of damage	2
29	I am always fit to practice	-3
44	I need to keep reminding myself not to work beyond the boundary	-5

Distinguishing statements: 22 & 29

#	Statement	F1	F2	F3	F4
22	I'm a coach - I do only what I'm trained to do	-4	1	3	-1
29	I am always fit to practice	-3	0	0	2

Crib sheet Factor Two

Items ranked at +5 and +4

#	Statement	Rank score
5	My coachee appreciates being able to delve into personal stuff in a work context	+5
10	I like to open up people's possibilities through coaching	+5
6	It's my responsibility to know when it's OK	+4
7	It's about duty of care	+4
30	I think coaching is about raising awareness of what is really happening	+4

Items ranked higher in Factor Two than in other factor arrays

#	Statement	Rank score
3	I'd be going into a risky area	0
4	We have a shared understanding about what we should be discussing	3
5	My coachee appreciates being able to delve into personal stuff in a work context	5
10	I like to open up people's possibilities through coaching	5
11	I like to coach people who have complex problems	1
16	I'm not equipped to deal with all that emotion like a therapist	-1
20	It's a difficult tightrope to walk	1
26	I come unstuck if the contracting is not clear	2
36	I wear other hats with confidence: mentor, trainer, consultant, but not counsellor or therapist	2
42	I may cause harm by ignoring the boundary	3
48	Coaching is always future focused - therapy focuses on the past	2

Items ranked at -5 and -4

#	Statement	Rank score
41	I have contracted to include a therapeutic response	-5
47	The sponsor client has encouraged me to work therapeutically	-5
2	My coachee says they would rather explore deeper issues in coaching than counselling	-4
18	I just want to fix people	-4
24	Executive coaching has become more therapeutic	-4

Items ranked lower in Factor Two than in other factor arrays

#	Statement	Rank score
2	My coachee says they would rather explore deeper issues in coaching than counselling	-4
12	I think the boundary is fuzzy	-3
21	I'm just one human being with another human	-2
24	Executive coaching has become more therapeutic	-4
34	I step outside coaching to offer something else	-2

41	I have contracted to include a therapeutic response	-5
37	I work with the whole person	1
47	The sponsor client has encouraged me to work therapeutically	-5

Distinguishing statements: 2, 12, 16, 24, 37, 47, 48

	Statement	F1	F2	F3	F4
2	My coachee says they would rather explore deeper issues in coaching than counselling	0	-4	-1	-2
12	I think the boundary is fuzzy	3	-3	0	2
16	I'm not equipped to deal with all that emotion like a therapist	-3	-1	-5	-4
24	Executive coaching has become more therapeutic	2	-4	1	2
37	I work with the whole person	2	1	5	4
47	The sponsor client has encouraged me to work therapeutically	-1	-5	-4	-1
48	Coaching is always future focused - therapy focuses on the past	-3	2	-4	-1

Crib sheet Factor Three

Items ranked at +5 and +4

#	Statement	Rank score
21	I'm just one human being with another human	+5
37	I work with the whole person	+5
14	I believe behaviours and emotions can be separated	+4
32	It's an art and a science of a good coach to walk that tightrope	+4
37	I create a non-judgemental safe space where someone can just be	+4

Items ranked higher in Factor Three than in other factor arrays

#	Statement	Rank score
8	Coaching can heal people	1
14	I believe behaviours and emotions can be separated	4
21	I'm just one human being with another human	5
28	I'm not always sure how to signpost	-2
32	It's an art and a science of a good coach to walk that tightrope	4
33	If they need to offload, I just listen	1
37	I work with the whole person	5

Items ranked at -5 and -4

#	Statement	Rank score
16	I'm not equipped to deal with all that emotion like a therapist	-5
18	I just want to fix people	-5
41	I have contracted to include a therapeutic response	-4
47	The sponsor client has encouraged me to work therapeutically	-4

48	Coaching is always future focused – therapy focuses on the past	-4
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Items ranked lower in Factor Three than in other factor arrays

#	Statement	Rank score
3	I'd be going into a risky area	-3
4	We have a shared understanding about what we should be discussing	1
16	I'm not equipped to deal with all that emotion like a therapist	-5
19	Coaching has its roots in therapy - of course they overlap	-3
27	Surface change doesn't stick so you have to go deeper and work on the substructure	-1
30	I think coaching is about raising awareness of what is really happening	2
31	It's a hop, skip and a jump and you're into murky territory	-3
48	Coaching is always future focused - therapy focuses on the past	-4

Distinguishing statements: 12, 14, 19, 21, 22, 32

	Statement	F1	F2	F3	F4
12	I think the boundary is fuzzy	3	-3	0	2
14	I believe behaviours and emotions can be separated	-4	-3	4	-5
19	Coaching has its roots in therapy - of course they overlap	3	0	-3	3
21	I'm just one human being with another human	1	-2	5	1
22	I'm a coach - I do only what I'm trained to do	-4	1	3	-1
32	It's an art and a science of a good coach to walk that tightrope	1	2	4	1

Crib sheet Factor Four

Items ranked at +5 and +4

#	Statement	Rank score
7	It's about duty of care	+5
30	I think coaching is about raising awareness of what is really happening	+5
6	It's my responsibility to know when it's OK	+4
37	I work with the whole person	+4
40	I am led by the coachee	+4

Items ranked higher in Factor Four than in other factor arrays

#	Statement	Rank score
17	I deal with my coachee's past to facilitate their future	2
29	I am always fit to practice	2
34	I step outside coaching to offer something else	0
38	I trust my intuition	3
40	I am led by the coachee	4
41	I have contracted to include a therapeutic response	0

Items ranked at -5 and -4

#	Statement	Rank Score
14	I believe behaviours and emotions can be separated	-5
39	I am not confident with a therapeutic response	-5
16	I am not equipped to deal with all that emotion like a therapist	-4
18	I just want to fix people	-4
28	I'm not always sure how to signpost	-4

Items ranked lower in Factor Four than in other factor arrays

#	Statement	Rank score
5	My coachee appreciates being able to delve into personal stuff in a work context	1
9	I say "coaching is not therapy" when I contract	-3
14	I believe behaviours and emotions can be separated	-5
26	I come unstuck if the contracting is not clear	-2
36	I wear other hats with confidence: mentor, trainer, consultant, but not counsellor or therapist	-3
39	I am not confident with a therapeutic response	-5
42	I may cause harm by ignoring the boundary	-3
45	I discuss boundary issues in supervision	0
46	Coaching beyond the boundary changes my relationship with the coachee	-2

Distinguishing statements: 5, 36, 39, 41, 42

#	Statement	F1	F2	F3	F4
5	My coachee appreciates being able to delve into personal stuff in a work context	4	5	3	1
36	I wear other hats with confidence: mentor, trainer, consultant, but not counsellor or therapist	1	2	0	-3
39	I am not confident with a therapeutic response	-2	-2	-1	-5
41	I have contracted to include a therapeutic response	-3	-5	-4	0
42	I may cause harm by ignoring the boundary	1	3	2	-3

APPENDIX I

	Statement	F1	F2	F3	F4
1	If we might be near the boundary my coachee would ask "can I talk about this?"	-2	-2	0	0
2	My coachee says they would rather explore deeper issues in coaching than counselling	0	-4	-1	-2
3	I'd be going into a risky area	-1	0	-3	-2
4	We have a shared understanding about what we should be discussing	2	3	1	2
5	My coachee appreciates being able to delve into personal stuff in a work context	4	5	3	1
6	It's my responsibility to know when it's OK	0	4	2	4
7	It's about duty of care	5	4	3	5
8	Coaching can heal people	-1	0	1	-1
9	I say "coaching is not therapy" when I contract	3	2	-2	-3
10	I like to open up people's possibilities through coaching	4	5	1	1
11	I like to coach people who have complex problems	0	1	0	0
12	I think the boundary is fuzzy	3	-3	0	2
13	I self regulate using my moral compass	2	0	0	1
14	I believe behaviours and emotions can be separated	-4	-3	4	-5
15	When you go deep you hit on areas that are outside coaching territory	-2	-1	-2	-1
16	I'm not equipped to deal with all that emotion like a therapist	-3	-1	-5	-4
17	I deal with my coachee's past to facilitate their future	0	-3	-3	2
18	I just want to fix people	-5	-4	-5	-4
19	Coaching has its roots in therapy - of course they overlap	3	0	-3	3
20	It's a difficult tightrope to walk	-1	1	-1	0
21	I'm just one human being with another human	1	-2	5	1
22	I'm a coach - I do only what I'm trained to do	-4	1	3	-1
23	I'll stop coaching if there's a risk of damage	2	3	3	3
24	Executive coaching has become more therapeutic	2	-4	1	2
25	What I do is pure coaching	-2	-1	-2	-1
26	I come unstuck if the contracting is not clear	0	2	0	-2
27	Surface change doesn't stick so you have to go deeper and work on the substructure	0	1	-1	1
28	I'm not always sure how to signpost	-4	-3	-2	-4
29	I am always fit to practice	-3	0	0	2
30	I think coaching is about raising awareness of what is really happening	4	4	2	5
31	It's a hop, skip and a jump and you're into murky territory	-2	-2	-3	-2
32	It's an art and a science of a good coach to walk that tightrope	1	2	4	1
33	If they need to offload, I just listen	0	0	1	0
34	I step outside coaching to offer something else	-1	-2	-1	0
35	I create a non-judgemental safe space where someone can just be	5	3	4	3
36	I wear other hats with confidence: mentor, trainer, consultant, but not counsellor or therapist	1	2	0	-3
37	I work with the whole person	2	1	5	4
38	I trust my intuition	1	0	0	3
39	I am not confident with a therapeutic response	-2	-2	-1	-5
40	I am led by the coachee	0	-1	2	4
41	I have contracted to include a therapeutic response	-3	-5	-4	0
42	I may cause harm by ignoring the boundary	1	3	2	-3
43	I am fully trained to deal with anything in the coaching space	-1	0	-2	0
44	I need to keep reminding myself not to work beyond the boundary	-5	-1	-1	-3
45	I discuss boundary issues in supervision	3	1	2	0
46	Coaching beyond the boundary changes my relationship with the coachee	1	-1	1	-2
47	The sponsor client has encouraged me to work therapeutically	-1	-5	-4	-1
48	Coaching is always future focused - therapy focuses on the past	-3	2	-4	-1

APPENDIX J

Factor 1 nload 7

-5	-4	-3	-2	-1	0	1	2	3	4	5
I just want to fix people	I believe behaviours and emotions can be separated	I'm not equipped to deal with all that emotion like a therapist	If we might be near the boundary my coachee would ask "can I talk about this?"	I'd be going into a risky area	My coachee says they would rather explore deeper issues in coaching than counselling	I'm just one human being with another human	We have a shared understanding about what we should be discussing	I say "coaching is not therapy" when I contract	My coachee appreciates being able to delve into personal stuff in a work context	It's about duty of care
I need to keep reminding myself not to work beyond the boundary	I'm a coach - I do only what I'm trained to do	I am always fit to practice	When you go deep you hit on areas that are outside coaching territory	Coaching can heal people	It's my responsibility to know when it's OK	It's an art and a science of a good coach to walk that tightrope	I self regulate using my moral compass	I think the boundary is fuzzy	I like to open up people's possibilities through coaching	I create a non-judgemental safe space where someone can just be
	I'm not always sure how to signpost	I have contracted to include a therapeutic response	What I do is pure coaching	It's a difficult tightrope to walk	I like to coach people who have complex problems	I wear other hats with confidence: mentor, trainer, consultant, but not counsellor or therapist	I'll stop coaching if there's a risk of damage	Coaching has its roots in therapy - of course they overlap	I think coaching is about raising awareness of what is really happening	
		Coaching is always future focussed - therapy focusses on the past	It's a hop, skip and a jump and you're into murky territory	I step outside coaching to offer something else	I deal with my coachee's past to facilitate their future	I trust my intuition	Executive coaching has become more therapeutic	I discuss boundary issues in supervision		
		I am not confident with a therapeutic response		I am fully trained to deal with anything in the coaching space	I come unstuck if the contracting is not clear	I may cause harm by ignoring the boundary	I work with the whole person			
				The sponsor client has encouraged me to work therapeutically	Surface change doesn't stick so you have to go deeper and work on the substructure	Coaching beyond the boundary changes my relationship with the coachee				
					if they need to offload, I just listen					
					I am led by the coachee					

Factor 2

load 5

-5	-4	-3	-2	-1	0	1	2	3	4	5
I have contracted to include a therapeutic response	My coachee says they would rather explore deeper issues in coaching than counselling	I think the boundary is fuzzy	If we might be near the boundary my coachee would ask "can I talk about this?"	When you go deep you hit on areas that are outside coaching territory	I'd be going into a risky area	I like to coach people who have complex problems	I say "coaching is not therapy" when I contract	We have a shared understanding about what we should be discussing	It's my responsibility to know when it's OK	My coachee appreciates being able to delve into personal stuff in a work context
The sponsor client has encouraged me to work therapeutically	I just want to fix people	I believe behaviours and emotions can be separated	I'm just one human being with another human	I'm not equipped to deal with all that emotion like a therapist	Coaching can heal people	It's a difficult tightrope to walk	I come unstuck if the contracting is not clear	I'll stop coaching if there's a risk of damage	It's about duty of care	I like to open up people's possibilities through coaching
	Executive coaching has become more therapeutic	I deal with my coachee's past to facilitate their future	It's a hop, skip and a jump and you're into murky territory	What I do is pure coaching	I self regulate using my moral compass	I'm a coach - I do only what I'm trained to do	It's an art and a science of a good coach to walk that tightrope	I create a non-judgemental safe space where someone can just be	I think coaching is about raising awareness of what is really happening	
		I'm not always sure how to signpost	I step outside coaching to offer something else	I am led by the coachee	Coaching has its roots in therapy - of course they overlap	Surface change doesn't stick so you have to go deeper and work on the substructure	I wear other hats with confidence: mentor, trainer, consultant, but not counsellor or therapist	I may cause harm by ignoring the boundary		
			I am not confident with a therapeutic response	I need to keep reminding myself not to work beyond the boundary	I am always fit to practice	I work with the whole person	Coaching is always future focussed - therapy focusses on the past			
				Coaching beyond the boundary changes my relationship with the coachee	If they need to offload, I just listen	I discuss boundary issues in supervision				
					I trust my intuition					
					I am fully trained to deal with anything in the coaching space					

Factor 3

load 3

-5	-4	-3	-2	-1	0	1	2	3	4	5
I'm not equipped to deal with all that emotion like a therapist	I have contracted to include a therapeutic response	I'd be going into a risky area	I say "coaching is not therapy" when I contract	My coachee says they would rather explore deeper issues in coaching than counselling	If we might be near the boundary my coachee would ask "can I talk about this?"	We have a shared understanding about what we should be discussing	It's my responsibility to know when it's OK	My coachee appreciates being able to delve into personal stuff in a work context	I believe behaviours and emotions can be separated	I'm just one human being with another human
I just want to fix people	The sponsor client has encouraged me to work therapeutically	I deal with my coachee's past to facilitate their future	When you go deep you hit on areas that are outside coaching territory	It's a difficult tightrope to walk	I like to coach people who have complex problems	Coaching can heal people	I think coaching is about raising awareness of what is really happening	It's about duty of care	It's an art and a science of a good coach to walk that tightrope	I work with the whole person
	Coaching is always future focussed - therapy focusses on the past	Coaching has its roots in therapy - of course they overlap	What I do is pure coaching	Surface change doesn't stick so you have to go deeper and work on the substructure	I think the boundary is fuzzy	I like to open up people's possibilities through coaching	I am led by the coachee	I'm a coach - I do only what I'm trained to do	I create a non-judgemental safe space where someone can just be	
		It's a hop, skip and a jump and you're into murky territory	I'm not always sure how to signpost	I step outside coaching to offer something else	I self regulate using my moral compass	Executive coaching has become more therapeutic	I may cause harm by ignoring the boundary	I'll stop coaching if there's a risk of damage		
			I am fully trained to deal with anything in the coaching space	I am not confident with a therapeutic response	I come unstuck if the contracting is not clear	If they need to offload, I just listen	I discuss boundary issues in supervision			
			I need to keep reminding myself not to work beyond the boundary	I am always fit to practice		Coaching beyond the boundary changes my relationship with the coachee				
					I wear other hats with confidence: mentor, trainer, consultant, but not counsellor or therapist					
					I trust my intuition					

Factor 4

nload 3

-5	-4	-3	-2	-1	0	1	2	3	4	5
I believe behaviours and emotions can be separated	I'm not equipped to deal with all that emotion like a therapist	I say "coaching is not therapy" when I contract	My coachee says they would rather explore deeper issues in coaching than counselling	Coaching can heal people	If we might be near the boundary my coachee would ask "can I talk about this?"	My coachee appreciates being able to delve into personal stuff in a work context	We have a shared understanding about what we should be discussing	Coaching has its roots in therapy - of course they overlap	It's my responsibility to know when it's OK	It's about duty of care
I am not confident with a therapeutic response	I just want to fix people	I wear other hats with confidence: mentor, trainer, consultant, but not counsellor or therapist	I'd be going into a risky area	When you go deep you hit on areas that are outside coaching territory	I like to coach people who have complex problems	I like to open up people's possibilities through coaching	I think the boundary is fuzzy	I'll stop coaching if there's a risk of damage	I work with the whole person	I think coaching is about raising awareness of what is really happening
	I'm not always sure how to signpost	I may cause harm by ignoring the boundary	I come unstuck if the contracting is not clear	I'm a coach - I do only what I'm trained to do	It's a difficult tightrope to walk	I self regulate using my moral compass	I deal with my coachee's past to facilitate their future	I create a non-judgemental safe space where someone can just be	I am led by the coachee	
		I need to keep reminding myself not to work beyond the boundary	It's a hop, skip and a jump and you're into murky territory	What I do is pure coaching	If they need to offload, I just listen	I'm just one human being with another human	Executive coaching has become more therapeutic	I trust my intuition		
			Coaching beyond the boundary changes my relationship with the coachee	The sponsor client has encouraged me to work therapeutically	I step outside coaching to offer something else	Surface change doesn't stick so you have to go deeper and work on the substructure	I am always fit to practice			
				Coaching is always future focussed - therapy focusses on the past	I have contracted to include a therapeutic response	It's an art and a science of a good coach to walk that tightrope				
					I am fully trained to deal with anything in the coaching space					
					I discuss boundary issues in supervision					

Coaching and therapy: How do you coach?

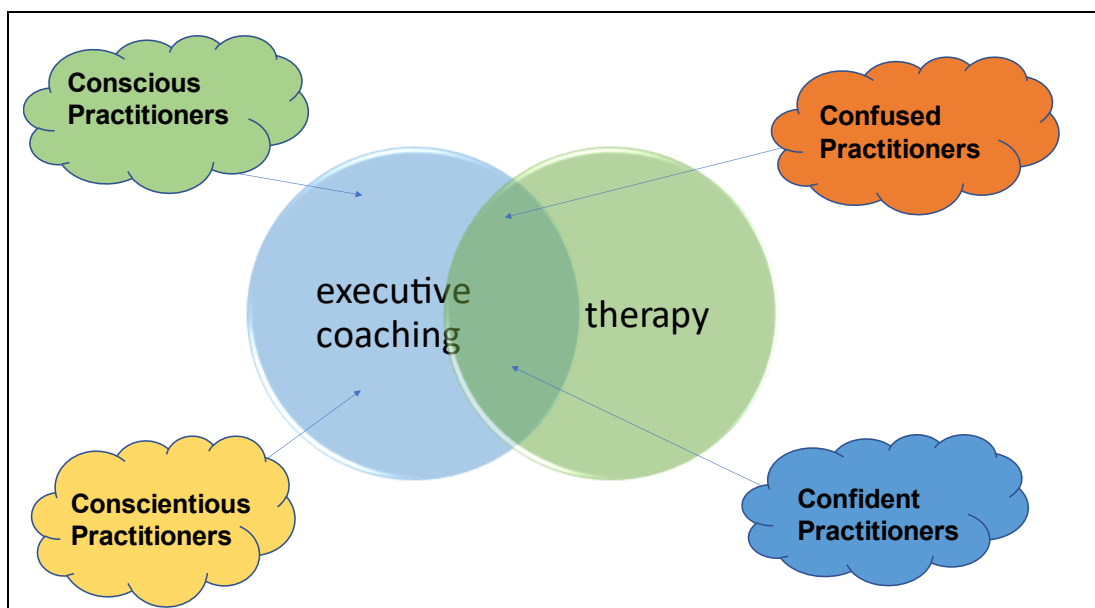
A guide for executive coaches to consider how close to the boundary with therapy they coach.

How to use this guide:

Read through the information and then answer the reflective questions. You may find it helpful to reflect on these questions with a supervisor and to return to them again as your practice matures. As you read you may find yourself naturally aligning with one or more of the types. However, as a coach you may be in a different place on a different day with a different coachee and different content.

The Typology

Four types of coaches have been developed following research into executive coaches' experience of the coaching and therapy boundary. Each represents an approach a coach might take to working near or at the boundary with therapy.



Conscious Practitioners follow the rules and ethical guidelines and stay well within the therapy boundary.

They might say of their practice: I am careful about what I do in the coaching space in service of my client and my coachee. I am very aware of my skills and expertise and respectful of the commitment I have made to myself, my client, my coachee and my professional body to work comfortably within the boundary with therapy. I use supervision to explore my practice and any brushes with the boundary I see.

Confused Practitioners may be less aware of the boundary than they think they are and use some therapeutic coaching style.

They might say of their practice: *I am a coach responding to my coachee's needs and although I'm not sure where that might take me I'm happy to go with the flow. I don't think I work controversially, and no one has complained about my style. Working at the boundary with therapy does not seem like an issue for me.*

Conscientious Practitioners are respectful of the boundary and experimental in service to their client.

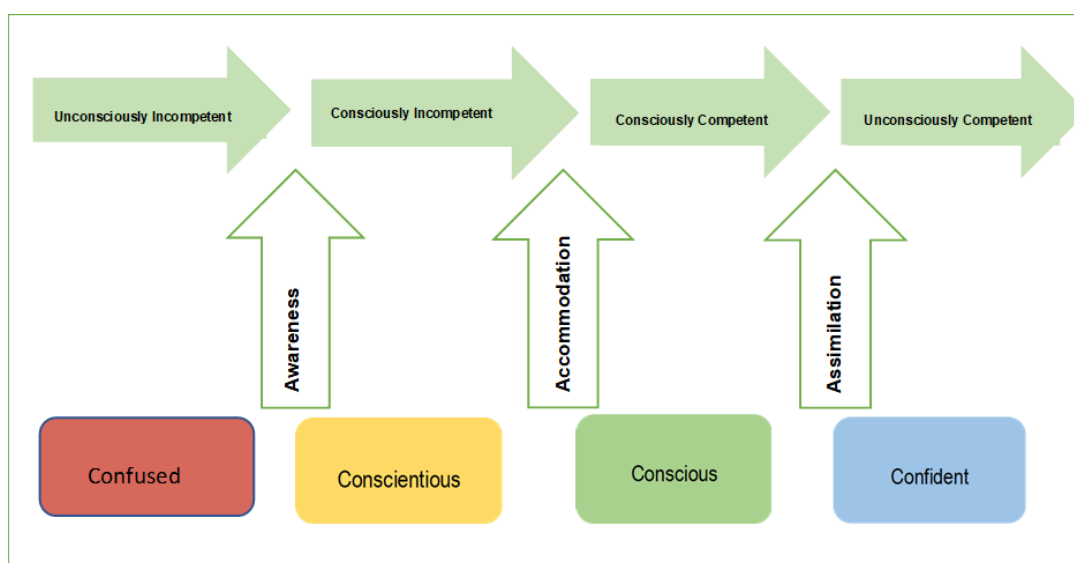
They might say of their practice: *I am just one human being with another, holding the coaching space for whatever they need it to be. I know the limits of my skills and expertise and respect the boundaries of my work and therapy. Having said that, sometimes the coachee just needs someone to listen to their own journey and while I'm primarily there as their coach, I am happy to be of service in any way that is useful to them.*

Confident Practitioners are working intentionally with psychological underpinnings within their competence beyond basic coaching.

They might say of their practice: *The type of work I do in the coaching space is flexible and in response to the needs of the coachee and the client. My coaching toolkit contains a wide range of approaches I can use and I am confident about making the right choice in the moment. I recognise what therapy actually is and my practice is still comfortably within my competence.*

The Journey to Unconscious Competence

It is interesting to look at the four practitioner types in the context of the Four Stages of Learning Model proposed by Broadwell (1969) in which the journey from Unconscious Incompetence to Unconscious Competence is described. This model was further developed to explain the transition between the stages in the development of counsellor trainers and supervisors as Awareness, Accommodation and Assimilation (Clarkson & Gilbert, 1991). A mapping of the model to the practitioner types is illustrated below.



Confused Practitioners appear to be displaying behaviours similar to the *Unconsciously Incompetent* teacher in Broadwell's tale; some behaviours may be below ideal but they are not yet aware of this and, like the teacher, their intention is good.

Awareness takes the traveller to the next stage in the journey in which they become *Consciously Incompetent*, here represented by the **Conscientious Practitioners** who acknowledge the limitations of their own competence and travel experimentally with their coachee. This is the viewpoint who are 'just one human being with another human', responding to the moment.

With *accommodation* there is a move to being *Consciously Competent*, which could align with the **Conscious Practitioners** who are aware of the boundary and ethical guidelines. Accommodation involves sourcing and trying out new ideas and styles, evaluating their success, and this stage brings with it an inevitable self-consciousness which may align with an awareness of the 'rules'.

With *assimilation* of knowledge and skills, the traveller moves to *Unconsciously Competent*, in which the behaviours become an integral part of function. This perhaps aligns with the **Confident Practitioners** who use psychological underpinnings seamlessly in their work.

It would be perhaps unfair to refer to any of the coach practitioners in the typology as incompetent and it is important to point out that in offering this comparison with Broadwell's model it is not intended to suggest that the four types are a linear journey from one state to another.

Questions to consider:

1. Using the typology, where do you think you mostly coach and why?
2. What is your view of how clear the boundary is?
3. If you believe there is a boundary, how do you know where it is for you?
4. What do you understand is your duty of care to your coachee?
5. How do you use your intuition to decide if you are working near the boundary with therapy?
6. What do you say during contracting explicitly about the coaching/therapy boundary?
7. How do you decide whether or not to take an issue to supervision?
8. How do you use self-reflection to think about your coaching style with regard to the boundary with therapy?
9. How ready are you to signpost your coachee to another resource if you can no longer support their issue?

References:

- Broadwell, M. M. (1969) 'Teaching for learning (XVI)'. *The Gospel Guardian*. 20(41). pp.1-3.
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