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Coaching Versus Psychotherapy: A Comparison

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Foreword

Submitted in partial fulfillment of the requirements of the BSc Psychology degree, Reykjavik University, this thesis is presented in the style of an article for submission to a peer-reviewed journal.

This thesis was completed in the Spring of 2020 and may therefore have been significantly impacted by the COVID-19 pandemic. The thesis and its findings should be viewed in light of that.

Abstract

The aim of this study was to examine, compare and contrast the practices of coaching and psychotherapy as they are practiced today, in order to reveal possible overlapping and differentiating factors. To the author's best knowledge, this is the first study of its kind and the first study to compare coaching and therapy in Iceland. The participants consisted of 37 International Coach Federation (ICF) certified coaches and 92 therapists in Iceland. Two preparation interviews were conducted with one coach and one therapist in order to develop the questionnaire that served as the tool of measure. Prior research demonstrates inconsistent views on the differences and similarities between coaching and therapy. The main findings of this study reveal that goal setting may relate as much to therapy as it does to coaching, that therapists may not focus on the past as much as previously believed, and that coaching may go more in-depth than to simply focus on success and set goals with the clients.
Keywords: Coaching, psychotherapy, therapy, treatment.

Útdráttur

Markmið þesssarar rannsóknar var að skoða og draga saman líka og ólíka þætti markþjálfunar og sálfræðimeðferðar eins og þær eru stundaðar í dag. Eftir bestu vitund höfundar er þetta fyrsta rannsókn sinnar tegundar og fyrsta rannsóknin til að bera saman markþjálfun og sálfræðimeðferð á Íslandi. Þátttakendur rannsóknarinnar voru 37 ICF vottaðir markþjálfar og 92 sálfræðingar á Íslandi. Tvenn undirbúningsviðtöl voru tekin við einn markþjálfa og einn sálfræðing til þess að þróa spurningalistann sem notaður var sem mælitæki rannsóknarinnar. Misræmi er meðal fyrri rannsókna á líkum og ólíkum þáttum markþjálfunar og sálfræðimeðferðar. Helstu niðurstöður þessarar rannsóknar sýna að markmiðasetning tengist jafnvel sálfræðimeðferð jafn mikið og markþjálfun, að sálfræðingar einbeiti sér jafnvel ekki jafn mikið að fortíðinni og áður var talið, og að markþjálfun kafi jafnvel dýpra heldur en að einblína einfaldlega á árangur og markmiðasetningu með skjólstæðingum sínum.
Lykilorð: Markþjálfun, sálfræðimeðferð, meðferð.

Coaching Versus Psychotherapy: A Comparison

The practice of coaching dates back more than 80 years. First developed in the 1940's, the practice did not begin to flourish until the 1980's (Hudson, 1999; Tobias, 1996). Hart, Blattner and Leipsic (2001) argue that coaching has developed as an approach that aims to meet the need for personal growth and continuity in people's lives. Since coaching is a relatively recent field of study, definitions and frameworks seem to be loosely structured. Studies have mainly focused on the executive branch of coaching which is mostly business-oriented. However, the branches of coaching are numerous.

Cox, Bachkirova and Clutterbuck (2014) outline, in their handbook of coaching, 13 theoretical approaches to coaching, namely the psychodynamic, cognitive-behavioral, solution-focused, person-centered, gestalt, existential, ontological, narrative, psychological development in adulthood, transpersonal, positive psychology, transactional, and the neuro-linguistic programming approaches. Additionally, they list eleven contexts and genres: skills and performance coaching, developmental coaching, transformational coaching, executive and leadership coaching, the 'manager as coach', team coaching, peer coaching, life coaching, career coaching, cross cultural coaching, and mentoring in a coaching world. Furthermore, Castiello D'Antonio (2018) enumerated 25 coaching labels ranging from executive coaching, relationship coaching and life coaching, through cyber coaching, ethical coaching, etc., reaffirming many of Cox et al.'s (2014) outlining.

Clinical psychology, however, can be dated back to the 1890's when Lightner Witmer founded the world's first psychology clinic and journal on clinical psychology (McReynolds, 1987; Baker, 1988; Benjamin, 1996; Routh, 1996), close to a hundred years prior to the practice of coaching. The American Psychological Association (APA; 2012) signed Norcross's (1990) definition of psychotherapy, and noted it to be "the informed and intentional application of clinical methods and interpersonal stances derived from established

psychological principles for the purpose of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable". According to the APA, the different approaches to psychotherapy can be divided into five categories: psychoanalysis and psychodynamic therapies, behavior therapy, cognitive therapy, humanistic therapy, and integrative or holistic therapy (APA, n.d.). Although the APA outlines these approaches, there seems to be a lack of a universal agreement on therapy approaches.

Upon researching the field of psychotherapy for this particular study, it was discovered that the terms "clinical therapy", "psychotherapy", "therapy" and "counseling", although slightly different definitions, were often used to describe close to the same phenomenon. In this study, the words psychotherapy and therapy have been chosen and will be used interchangeably, based on the APA's (2012) definition of therapy.

A definitive distinction between coaching and psychotherapy has not yet been formed, therefore leaving a void to be filled by studies yet to be conducted. Psychotherapy and coaching both aim to bring about some form of change in people's lives (Hayden & Whitworth, 1995) and are both built on the grounds of a proceeding confidential relationship between two individuals (coach and client, therapist and client; Vandaveer, Lowman, Pearlman, & Brannick, 2016). The fields of coaching and therapy tend to overlap, which is evident by the fact that many practicing coaches are former therapists or practicing both at once (Vandaveer et al., 2016). Rotenberg (2000) even said the similarities of the approaches, structures and processes of coaching and therapy to be too extensive to shut one's eyes to.

To this date, there is a significantly limited research body on the comparison of coaching and psychotherapy. In 2008, Griffiths and Campbell interviewed coaches and their clients separately, and by doing so were able to compare coaching to therapy. In 2016, Vandaveer et al. questioned 30 individuals who all met the criteria of either holding a

master's or doctoral degree in clinical psychology, or actively or formerly practicing both coaching and therapy, sometimes concurrently. The aim of their study was to examine the participants' views on the similarities and differences between the practices of coaching and therapy. However, no such study has been conducted comparing two separate groups of coaches and therapists. It is important to note that the participants of Vandaveer et al.'s (2016) study may hold a different perspective of coaching than the average coach with no psychological background.

Nevertheless, participants of Vandaveer et al.'s (2016) study found the predisposition for guidance, query approaches, imbalance of power and boundary issues to be overlapping factors of coaching and therapy. Furthermore, their study found both approaches to spotlight awareness and assess developmental issues. However, differentiated that the focus of therapy seemed to be on past injuries, resulting in the therapist aiming to heal and provide insight, while coaching emphasized on untapped potentials, thereby connecting awareness and action. Moreover, the emphasis in therapy seemed to lean more towards personal issues and health related topics that interfere with the patient's functioning, such as depression. However, coaching tended to be more focused on how to assist the client in reaching goals and taking action to reach his optimal (Vandaveer et al., 2016).

Another study by Maxwell (2009) explored business coaches' experiences of working near the boundary with therapy. Maxwell (2009) interviewed eight business/executive coaches, therefore, similar to Vandaveer et al. (2016), conducting a qualitative measurement. She found that boundaries depended on the coach-client relationship, that boundaries differed from coach to coach, and client to client, denoting the absence of a set coach-client boundary. Upon this discovery, she introduced the term "co-created boundary" which assumes that boundaries are shaped by the willingness and ability of the coach and client to explore psychological and personal dimensions (Maxwell, 2009).

The question has been raised whether coaching should amalgamate with therapy. Bachkirova and Cox (2005) argue that to work with clients' developmental blocks is integral to coaching, and believe that coaching should build on the already established knowledge of psychotherapy. Maxwell (2009) concluded working with the "whole human" to be inseparable from coaching, relating to Simons (2006) statement that in order to ably coach, coaches cannot limit themselves to the present/future. Garvey (2004) notes that a power struggle has emerged between the psychologically educated and the uneducated, and Berman and Bradt (2006) add that business coaches report a lack of organizational awareness in psychologically educated coaches. Berglas (2002) even suggests that coaching should fall under the role of therapists alone.

Additionally, Kauffman and Hodgetts (2016) found that by holding in mind and appropriately applying various psychological models, coaches would be able to enhance the effectiveness of their practice. They referred to this as model agility. Furthermore, they found that by the use of four different psychological models they could frame the practice of coaching and provide better insight into the client and his situation. The four models they identified were cognitive–behavioral, psychoanalytic, positive psychology, and adult development. Additionally, they emphasized the importance of using an eclectic approach in coaching. These findings support the view of Seligman (2007) and Cox et al. (2014) in relation to positive psychology being an important factor in coaching, as well as Cox et al.'s (2014) outlining of the cognitive-behavioral, psychodynamic and adult development approach. Furthermore, they coincide with Vandaveer et al.'s (2016) findings of important frameworks.

To the author‘s best knowledge, no quantitative studies have been conducted on the comparison of coaching and therapy. Furthermore, in Iceland, no such studies, qualitative or quantitative, have been conducted, and the studies relating to coaching alone have mainly

related to branches such as business coaching and executive coaching (Harðardóttir, 2014; Magnúsdóttir, 2016; Þórsson, 2017; Helgadóttir, 2018).

It is evident that a clear distinction between the fields of coaching and psychotherapy is lacking, leaving a void that the current study aims to help fill by examining whether or not–and if so, then how–the two fields overlap and/or differentiate from each other. The aim and objective of the study is to examine, compare and contrast the practices of coaching and psychotherapy as they are practiced today. To the best of the author's knowledge, this is the first study to examine and measure these differentiating and overlapping factors by the use of quantitative measurements. Additionally, it is the first study to carry out a between groups comparison between coaches and therapists that are independent of each other.

Method

Study Design

The study was a mixed method design, combining qualitative and quantitative designs. Interviews were conducted with one therapist and one coach, thereafter a questionnaire was sent out to therapists and coaches. To minimize response bias, two separate surveys were sent out, one relating to therapists, the other relating to coaches. Therefore, the name of the survey was adjusted to *"Emphasis in treatment and therapists' relationship with their clients"* for therapists, and *"Emphasis in sessions and coaches' relationship with their clients"* for coaches. The questionnaires remained the same, with the exception of the replacement of the words "therapy/therapist" with the words "coaching/coach" in the version for the coaches, and a slight alteration of educational levels (*"Diploma in coaching"* was eliminated and *"Diploma in something other than coaching"* was simplified to *"Diploma"*) in the version for the therapists.

Participants

Qualitative. The coach interviewee was sought out and obtained through social media, whereas the therapist interviewee was obtained through a mutual colleague. Both of the interviewees were females. The coach had 13 years of work experience, and the therapist had three years of work experience.

Quantitative. The participants of the surveys were 37 International Coaching Federation (ICF) certified coaches *(70% of total population (n=53), 73% female (n=27), 27% male (n=10))* and 92 clinical practitioners *(17% of total population (n=550), 76% female (n=70), 23% male (n=21), 1% prefer not to answer (n=1))* in Iceland. The latter were obtained through the managing director of the Icelandic Psychological Association, who contacted its members via the organizational email. Since a collaboration with the ICF Iceland was unsuccessful, coaches were contacted via their social media accounts through private messaging. The inclusion criteria was not limited to any other factors and participants did not receive compensation for participation.

Measures

The interviews were conducted to gather information to develop the questionnaire that was used as the tool of measure. The participants answered nine questions, two of which were background questions relating to their education and years of employment as a coach/therapist. These were followed by, in the order given, “Please describe a typical day of work for you”, “What do you consider the main objective of the sessions to be?”, “How would you describe your relationship with your client?”, “Do you follow any protocols? If so, which ones?”, “When, if ever, do you consider that the treatment is complete?”, the precursor for therapists “Are you familiar with coaching?”–if so–“What do you consider the main difference between psychotherapy and coaching?”, and lastly, “Please list the coaching/psychotherapy approaches you use in sessions”. Following these questions,

participants were asked if there was anything else they would like to mention in relation to our discussion.

An original questionnaire was developed based on the aforementioned interviews and prior research on coaching and psychotherapy. The questionnaire consisted of four background questions, 43 statements that participants rated on a five–point Likert scale (*1=Strongly disagree, 2=Disagree, 3=Neither disagree nor agree, 4=Agree, 5=Strongly agree*), an outlining of approaches used in the fields of therapy and coaching where participants were to select every approach they use in their work, and lastly two open-ended questions.

Background questions were asked in order to establish the participants' age, gender, level of education and years of employment. The participants were given eight age categories to choose from (*20 years old or younger*, *21–25 years old*, *26–30 years old*, *31–35 years old*, *36–40 years old*, *41–45 years old*, *46–50 years old*, and *51+ years old)* and four gender options (*1=female, 2=male, 3=other, 4=prefer not to answer*). When asked about their educational level, the participants were given seven options (*1=Upper secondary school degree or similar*, *2=Diploma in coaching*, *3=Diploma in something other than coaching*, *4=Bachelor's degree in psychology*, *5=Bachelor's degree in something other than psychology*, *6=Master's degree in clinical psychology*, and *7=Master's degree in something other than psychology*) and the option to add "other". For years of employment, they chose from six categories (*Less than one year*, *1–5 years*, *6–10 years*, *11–15 years*, *16–20 years*, and *21+ years*).

Statements were divided into three sections. The first section consisted of statements such as "In sessions, we repair damage from earlier experiences" and "In sessions, we focus on spotlighting untapped potential". The second section consisted of statements such as "I aim to resolve past problems in the client's life" and "It is up to the client to determine when

treatment is complete". The last section of statements included "I engage with my client outside of sessions" and "I deeply care about my client". See Tables 4–6 for the full list of statements. Among the approaches, as listed in Table 7, were "Cognitive-behavioral therapy", "Positive psychology", and "Mindfulness". Lastly, the open-ended questions were "What do you consider the main objective of the sessions to be?" and "Do you follow any protocols? If so, which ones?".

Procedure

Qualitative. Due to regulations in regards to the COVID-19 pandemic, the interviews were conducted online through video calls. The participants were initially given thanks for partaking in the study, informed that their answers could not be traced back to them and they would have full anonymity. They were asked to consent to the interview being recorded and were informed that the recording would be deleted upon completion of the study. Thereafter, they were asked the previously stated questions and given room to answer. In a few cases, they were asked further explanatory questions or given further explanation in order to adequately answer the original question.

Quantitative. The questionnaire was sent to participants in the form of an online survey. On the first page of the survey a short description of the study was provided. The participants were informed that their answers could not be traced back to them, they would have full anonymity and the data would be deleted upon completion of the study. Additionally, they were informed that they could discontinue their participation at any time and were not obliged to answering any of the questions. Upon completion they were given thanks and provided with information on how to access the study once published.

Data analysis

A One-Way ANOVA was performed to examine whether or not there was a significant difference between groups in which approaches they used and how strongly they

agreed or disagreed with the statements, as well as comparing mean scores by occupation. A contingency table was performed for gender, age, education and years of employment by occupation. The Statistical Package for Social Sciences (SPSS) 26th ed. was used to analyze the results of the study.

Results

Qualitative

The coach interviewee worked with metaphorical boxes in which people had been placed throughout their lives. She reported opening these boxes with clients and tidying up in them. She thought the main objective of the sessions to be individually bound, yet added that in general it was to provide a confidential space for the client to say things aloud. She emphasized deeply caring about all of her clients, feeling incredibly proud and often experiencing herself as their shadow through life. She added that her clients had access to her between sessions, and that it was up to the client to determine when treatment was complete. For protocols, she broadly followed the ICF protocols. She thought the main difference between coaching and therapy to be that coaches work with the current situation and the future of the client, whereas therapists work with understanding past situations and thereby gaining insight into themselves. However, she noted that in coaching sessions, situations from the past often surface. Even so, she believed that a therapist would be better equipped to deal with such situations and stated that she often referred clients to a therapist when situations from the past repeatedly surfaced and seemed unresolved. She added that coaching clients were typically mentally healthy individuals, whereas therapists often deal with individuals with some form of mental disorders.

The therapist reported working with clients' well-being and feelings. In addition to her regular clinical work, she worked with child services and vocational rehabilitation services. She denoted that clients come to her with problems they aim to resolve in

cooperation with her. She stated that her clients were not her friends and that their relationship was professional. It was up to her to determine when the treatment was complete, which she based on whether the client had reached their goals and by repeatedly measuring their progress with applicable scales. Once treatment is complete, clients often come to her every few months for some time for checkups. She was conscious and respectful of the code of ethics of the psychological society. When asked about the difference between coaching and therapy, she expressed lack of knowledge about coaching as a practice. Nevertheless, she considered coaching to be completely different from therapy, with not much in common. She mentioned that therapy is a clinical treatment and assessment on the well-being of the client. She noted that therapists submit to a psychological evaluation and analyze the client's problem, such as depression, anxiety and suicidal thought. On the other hand, she thought coaching leaned more towards lifestyle changes, and noted that coaching clients consisted more of mentally healthy individuals.

Quantitative

Table 1
Descriptive statistics for age by occupation

	Coaches	Therapists	Total
Age	*% (n)*	*% (n)*	*% (n)*
26–30 years old		10.9% (10)	7.8% (10)
31–35 years old	2.7% (1)	12.0% (11)	9.3% (12)
36–40 years old	2.7% (1)	17.4% (16)	13.2% (17)
41–45 years old	18.9% (7)	17.4% (16)	17.8% (23)
46–50 years old	37.8% (14)	12.0% (11)	19.4% (25)
51+ years old	37.8% (14)	30.4% (28)	32.6% (42)
Total	37	92	129

Note. % = percentage of participants, n = count of participants.

As Table 1 shows, most participants were 51 years old or older. No coach was younger than 31 years old and no therapist younger than 26 years old. The majority of coaches were 46 years old or older.

Table 2
Descriptive statistics for education by occupation

Education	Coaches *% (n)*	Therapists *% (n)*	Total *% (n)*
Diploma in coaching	27.0% (10)		7.8% (10)
Diploma in something other than coaching	8.1% (3)		2.3% (3)
Bachelor's degree in psychology	2.7% (1)	2.2% (2)	2.3% (3)
Bachelor's degree in something other than psychology	27.0% (10)		7.8% (10)
Master's degree in clinical psychology	2.7% (1)	90.1% (82)	64.8% (83)
Master's degree in something other than psychology	16.2% (6)	2.2% (2)	6.3% (8)
Higher education (doctoral/specialist)		5.5% (5)	3.9% (5)
Bachelor's degree and coaching education	5.4% (2)		1.6% (2)
Master's degree and coaching education	5.4% (2)		1.6% (2)
Other	5.4% (2)		1.6% (2)
Total	100% (37)	100% (91)	100% (128)

Note. % = percentage of participants, n = count of participants.

As Table 2 shows, therapists most commonly held a master's degree in clinical psychology, whereas coaches mostly held either a bachelor's degree in something other than psychology or a diploma in coaching. Other educational background reported by coaches was a mix of coaching related trainings and a kindergarten teacher education. No participant reported having an upper secondary school degree or similar, and one therapist did not disclose their education.

Table 3
Descriptive statistics for years of employment by occupation

Years of employment	Coaches *% (n)*	Therapists *% (n)*	Total *% (n)*
Less than one year	8.1% (3)	8.7% (8)	8.5% (11)
1–5 years	56.8% (21)	28.3% (26)	36.4% (47)
6–10 years	18.9% (7)	18.5% (17)	18.6% (24)
11–15 years	13.5% (5)	17.4% (16)	16.3% (21)
16–20 years	2.7% (1)	7.6 (7)	6.2% (8)
21+ years		19.6% (18)	14.0% (18)
Total	100% (37)	100% (92)	100% (129)

Note. % = percentage of participants, n = count of participants.

Table 3 reveals that most participants, independent of occupation, had been employed for 1–5 years in their field. No coach had worked for 21 years or longer.

Descriptive and Inferential Statistics for the First Section of Statements

Table 4

Descriptive statistics for the first section of statements by occupation

	Coaches			Therapists		
Statements	*M*	SD	N	*M*	SD	N
[1]During sessions, the client guides the discussion	3.49	1.46	37	2.70	0.89	91
[2]In sessions, we first and foremost work on resolving problems	2.65	1.25	37	3.36	0.86	92
[3]In sessions, we deal with subconscious issues	3.27	1.35	37	2.36	1.22	92
[4]In sessions, we repair damage from earlier experiences	2.03	1.12	37	3.68	0.84	92
[5]In sessions, we focus on spotlighting untapped potential	4.70	0.52	37	4.04	0.91	92
[6]In sessions, the majority of the time is focused on the client's past	1.16	0.44	37	2.20	0.82	92
[7]In sessions, we focus on mental well-being	3.64	1.10	36	4.63	0.51	92
[8]In sessions, I focus on the client‘s strengths	4.78	0.42	37	4.45	0.72	92
[9]In sessions, we examine what may be holding the client back from reaching their goals	3.97	1.09	37	4.51	0.62	92
[10]The sessions are first and foremost a chance for the client to vent	2.54	1.02	37	2.97	1.08	92
[11]In sessions we dig for beliefs the client may have about his life and/or the world	3.54	1.10	37	4.26	0.84	91
[12]First and foremost, I work on changing the client’s mindset	2.89	1.17	37	3.41	0.97	92
[13]In sessions, I focus on analyzing the client	1.81	0.97	37	3.13	1.01	92
[14]During sessions, I guide the discussion	2.35	1.32	37	3.61	0.85	92
[15]In sessions, I focus on the client‘s weaknesses	1.08	0.28	37	1.87	0.80	92
[16]In sessions, the majority of the time is focused on the client‘s future	4.59	0.60	37	3.59	0.92	92
[18]In sessions, we focus on physical well-being	2.81	0.97	37	3.38	0.88	92

Note. M = Mean, SD = Standard Deviation, N = samples size, superscript = number of statement in dataset.

Table 4 shows mean scores for each statement of the first section by occupation. A higher mean score denotes a stronger agreement with the statement. Table 4 reveals that coaches were in stronger agreement with statements 1, 3, 5, 8 and 16, whereas therapists were in stronger agreement with the rest of the statements. To examine whether there was a significant difference between groups in how strongly they agreed or disagreed with the first section of statements, a one-way ANOVA was conducted. The analysis revealed a statistically significant difference between groups for all statements in the first section, 1: $F(1, 126) = 13.715$, $p < .001$; 2: $F(1, 127) = 13.670$, $p < .001$; 3: $F(1, 127) = 13.892$, $p <$

.001; 4: $F(1, 127) = 84.623$, $p < .001$; 5: $F(1, 127) = 17.022$, $p < .001$; 6: $F(1, 127) = 53.025$, $p < .001$; 7: $F(1, 126) = 48.758$, $p < .001$; 8: $F(1, 127) = 7.230$, $p = .008$; 9: $F(1, 127) = 12.437$, $p = .001$; 10: $F(1, 127) = 4.238$, $p = .042$; 11: $F(1, 126) = 16.222$, $p < .001$; 12: $F(1, 127) = 6.699$, $p = .011$; 13: $F(1, 127) = 46.276$, $p < .001$; 14: $F(1, 127) = 41.279$, $p < .001$; 15: $F(1, 127) = 34.049$, $p < .001$; 16: $F(1, 127) = 38.136$, $p < .001$; and 17: $F(1, 127) = 10.520$, $p = .002$.

Descriptive and Inferential Statistics for the Second Section of Statements

Table 5

Descriptive statistics for the second section of statements by occupation

	Coaches			Therapists		
Statements	*M*	SD	N	*M*	SD	N
[18]I aim to resolve past problems in the client's life	1.41	0.64	37	2.82	0.94	92
[19]It is up to the client to determine when treatment is complete	4.41	0.83	37	3.01	1.05	92
[20]The length of treatment (the total amount of sessions the client undergoes) is pre-determined	3.49	1.19	37	2.51	1.15	92
[21]I usually give the client homework after each session	4.14	0.75	37	3.89	0.99	92
[22]I provide the client with knowledge and advice	1.81	1.05	37	3.99	0.76	92
[23]I solve specific problems my client has	1.59	1.01	37	3.12	1.05	92
[24]There is a very clear end goal at the beginning of sessions	3.84	1.09	37	3.72	0.95	92
[25]I consider the sessions to be a treatment	1.49	0.73	37	4.46	0.72	92
[26]It is up to me to determine when treatment is complete	1.59	0.83	37	3.20	0.96	92
[27]There is a set timeframe for each session (e.g. 50 minutes) that always holds	4.38	0.72	37	4.02	0.97	92

Note. M = Mean, SD = Standard Deviation, N = samples size, superscript = number of statement in dataset.

Table 5 reveals that coaches were in stronger agreement with statements 19–21, 24 and 27, whereas therapists were in stronger agreement with the rest of the statements. To examine whether there was a significant difference between groups in how strongly they agreed or disagreed with the statements in the second section, a one-way ANOVA was

conducted. There was a significant difference between groups in statements 18 ($F(1, 127) = 70.278$, $p < .001$), 19 ($F(1, 127) = 51.762$, $p < .001$), 20 ($F(1, 127) = 18.520$, $p < .001$), 22 ($F(1, 127) = 171.606$, $p < .001$), 23 ($F(1, 127) = 57.051$, $p < .001$), 25 ($F(1, 127) = 447.432$, $p < .001$), 26 ($F(1, 127) = 78.526$, $p < .001$) and 27 ($F(1, 127) = 4.073$, $p = .046$). However, the difference was insignificant for statements 21 ($F(1, 127) = 1.824$, $p = .179$) and 24 ($F(1, 127) = .387$, $p = .535$).

Descriptive and Inferential Statistics for the Third Section of Statements

Table 6

Descriptive statistics for the third section of statements by occupation

	Coaches			Therapists		
Statements	*M*	SD	N	*M*	SD	N
[28]I make it a point to establish rapport with the client	4.97	0.16	37	4.95	0.23	92
[29]I make it a point to motivate my clients	4.84	0.55	37	4.78	0.47	90
[30]The client has all the answers	4.68	0.78	37	3.42	0.80	92
[31]I consider the client and I to be equals	4.68	0.78	37	4.08	1.00	92
[32]The client shares personal information about him/herself with me	4.35	0.92	37	4.81	0.39	91
[33]I assist my client with setting goals	4.49	0.77	37	4.54	0.50	92
[34]I engage with my client outside of sessions	2.27	1.12	37	2.12	1.04	92
[35]I consider myself a healer	1.62	1.04	37	1.36	0.78	92
[36]My client sees me as an expert	3.08	1.16	36	4.17	0.67	92
[37]I deeply care about my client	4.49	0.73	37	4.40	0.65	92
[38]I see my client as a friend	2.03	0.93	37	1.39	0.66	92
[39]The client comes to me with a problem they want to solve	3.95	0.70	37	4.16	0.72	92
[40]The client comes to me to improve their life	4.65	0.54	37	4.51	0.58	92
[41]I share personal information about myself with my client	1.86	0.92	37	2.20	0.90	92
[42]I know what the client needs	1.86	0.89	37	3.07	0.75	92
[43]I am responsible for my client's progress	1.84	0.96	37	2.87	0.85	91

Note. M = Mean, SD = Standard Deviation, N = samples size, superscript = number of statement in dataset.

Table 6 reveals that coaches were in stronger agreement with statements 28–31, 34, 35, 37, 38 and 40, whereas therapists were in stronger agreement with the rest of the statements. A one-way ANOVA was conducted to examine whether there was a significant difference between groups in how strongly they agreed or disagreed with the statements of the third section, revealing a significant difference between groups in statements 30 ($F(1, 127) = 65.170$, $p < .001$), 31 ($F(1, 127) = 10.702$, $p = .001$), 32 ($F(1, 126) = 15.974$, $p < .001$), 36 ($F(1, 126) = 44.080$, $p < .001$), 38 ($F(1, 127) = 19.106$, $p < .001$), 42 ($F(1, 127) = 60.408$, $p < .001$), and 43 ($F(1, 126) = 36.105$, $p < .001$). However, the difference between groups for statements 28 ($F(1, 127) = .439$, $p = .509$), 29 ($F(1, 125) = .387$, $p = .535$), 33 ($F(1, 127) = .247$, $p = .620$), 34 ($F(1, 127) = .532$, $p = .467$), 35 ($F(1, 127) = 2.468$, $p = .119$), 37 ($F(1, 127) = .415$, $p = .520$), 39 ($F(1, 127) = 2.451$, $p = .120$), 40 ($F(1, 127) = 1.536$, $p = .218$), and 41 ($F(1, 127) = 3.499$, $p = .064$) was insignificant.

Descriptive and Inferential Statistics for Approaches

Table 7

Descriptive statistics for approaches used in sessions by occupation

	Coaches	Therapists	Total
Approaches	*% (n)*	*% (n)*	*% (n)*
Neuro-linguistic programming*	13.5% (5)	1.1% (1)	4.7% (6)
Positive psychology	43.2% (16)	31.5% (29)	34.9% (45)
Cognitive therapy*		53.3% (49)	38.0% (49)
Behavioral therapy*	2.7% (1)	43.5% (40)	31.8% (41)
Cognitive-behavioral therapy*	5.4% (2)	92.4% (85)	67.4% (87)
Psychodynamic approach*		12.0% (11)	8.5% (11)
Mindfulness	45.9% (17)	64.1% (59)	58.9% (76)
GROW model*	27.0% (10)	2.2% (2)	9.3% (12)
Emotion-focused therapy	8.1% (3)	14.1% (13)	12.4% (16)
EMDR[1]*		23.9% (22)	17.1% (22)
Solution-focused therapy	29.7% (11)	16.3% (15)	20.2% (26)
Compassion-focused therapy*	5.4% (2)	40.2% (37)	30.2% (39)
Dialectical behavior therapy*		18.5% (17)	13.2% (17)
Acceptance and commitment therapy	13.5% (5)	25.0% (23)	21.7% (28)
Non-directive approach*	21.6% (8)	3.3% (3)	8.5% (11)
Directive approach		1.1% (1)	0.8% (1)
Values-based approach*	35.1% (13)	7.6% (7)	15.5% (20)
Goal focused approach*	43.2% (16)	7.6% (7)	17.8% (23)
Humanistic approach	8.1% (3)	13.0% (12)	11.6% (15)
Evolutionary approach	2.7% (1)	5.4% (5)	4.7% (6)
Biological approach		6.5% (6)	4.7% (6)
Couples therapy*		14.1% (13)	9.3% (12)
Sex therapy	2.7% (1)	2.2% (2)	2.3% (3)
Family therapy*		15.2% (14)	10.9% (14)
Forgiveness therapy	2.7% (1)	3.3% (3)	3.1% (4)
Gestalt therapy		1.1% (1)	0.8% (1)
Coaching Approach*	24.3% (9)		7.0% (9)
Hypnosis		3.3% (3)	2.3% (3)
Trauma-oriented CBT		2.2% (2)	3.1% (4)
Cognitive Processing Therapy		4.3% (4)	3.1% (4)
Other	13.5% (5)	7.6% (7)	9.3% (12)
Total**	37	92	129

Note. % = percentage of participants that reported using said approach, n = count of participants that reported using said approach, * = statistically significant difference between groups, ** = samples size, [1] = Eye Movement Desensitization and Reprocessing.

As Table 7 shows, 46% of coaches reported using mindfulness, followed by the goal focused approach and positive psychology, which tied with 43%. However, 92% of therapists reported using cognitive-behavioral therapy, and 64% used mindfulness. To test whether there was a significant difference between groups in which approaches they used, a one-way ANOVA was conducted revealing a significant difference between groups for 15 of the approaches. Other approaches reported by coaches included insight and narrative coaching. One coach specified that coaching was not to be categorized as treatment and so did not report using the approaches mentioned. Additional approaches reported by therapists included ego state therapy, motivational interviewing, play therapy and disorder analysis. One therapist who used hypnosis also reported using yoga, breathwork and meditation.

Open-ended questions

When asked about the main objective in sessions three main themes divulged among the therapists, namely improving the client's well-being, improving the client's quality of life, and analyzing and solving the client's problems. Additionally, a few therapists mentioned setting and reaching goals with the client. On the other hand, coaches reported various different objectives where the only common thread was that the objective in sessions was individually bound. The question regarding protocols revealed that the majority of therapists followed the protocols of the psychological society, and the majority of coaches followed the ICF protocols.

Discussion

The aim of the study was to examine, compare and contrast the differences and similarities between coaching and psychotherapy. As predicted, the results revealed both overlapping and differentiating factors. The main findings of this study revealed that goal setting may relate similarly much to therapy as it does to coaching, that therapists may not focus on the past as much as previously believed, and that coaching may go more in-depth

than to simply focus on success and setting goals with the clients. Coaches and therapists both agreed that clients come to them with problems they want to solve and to improve their lives, and both gave the client homework and established rapport. Neither group considered themselves a healer.

Curiously, contrary to Vandaveer et al.'s (2016) findings, the difference between groups in motivating the client and goal setting was insignificant, and therapists even reported a stronger agreement for examining what may be holding the clients back from reaching their goals than the coaches. It is important to note that Vandaveer et al.'s (2016) participants all had some form of background in therapy, which may subject them to response bias in reporting the differences between the two practices, perhaps by exaggerating the differences. It is also worth mentioning that the nature of goals set may differ between groups. A therapy client's goal may be to eliminate anxiety, whereas a coaching client's goal may be to get ahead in their field of work.

In accordance with Vandaveer et al. (2016), coaches did report spending the majority of time in sessions on the client's future. However, therapists disagreed with spending the majority of time in sessions on the past and resolving problems, although they did so significantly more than the coaches. Although close to a neutral score, they repaired damage from past experiences significantly more than coaches. This leaves the assumption that therapists do in fact focus more on the past than the coaches do, yet perhaps not as extensively as prior research concluded. This suggests that focusing on the past may not be an identifier for sessions in therapy, contrary to Vandaveer et al.'s (2016) findings. This is particularly interesting considering Maxwell's (2009) statement of working with the human as a whole and Simon's (2006) statement of ably coaching.

As for the differences in boundaries noted by Vandaveer et al. (2016) and Maxwell (2009), coaches and therapists both cared deeply about their clients, and both disagreed with

sharing personal information about themselves with the client and engaging with the client outside of sessions. Although coaches and therapists both disagreed with seeing their client as a friend, coaches did agree significantly more with that than the therapists. Additionally, coaches were in stronger agreement with seeing the client as their equal. However, the interviewees displayed different perceptions of the coach-client/therapist-client relationship, in that the coach was more affectionate towards their client, whereas the therapist seemed unaffectionate and stated that the client was not their friend.

Therapists reported knowing what the client needs, considering the sessions to be treatments, and that clients see them as experts, comparatively more than coaches. Therapists guided the discussion and believed it was up to them to determine when treatment was complete, whereas coaches reported that clients guided the discussion and had all the answers, and that it was up to the clients to determine when treatment was complete. Moreover, therapists reported, significantly more than coaches, that clients shared personal information about themselves in sessions. These findings indicate that therapists are more authoritative than coaches and perhaps more in control of the sessions, whereas coaches give room for the clients to be in control of the sessions.

Interestingly, coaches reported dealing with subconscious issues significantly more than therapists did. However, a possible error may have occurred in that coaches and therapists may place different meanings on the word “subconscious”. Therapists were likely familiar with the terminology due to their educational background in psychology, whereas coaches uncommonly had a background in psychology and may therefore interpret the word differently.

There was a significant difference between coaches and therapists in using half of the approaches. This would indicate that coaches and therapists use 15 of the same approaches approximately as much in their practice. However, those approaches may not have been

selected often enough to qualify as being significantly different between groups (e.g. directive approach, sex therapy and gestalt therapy). A higher percentage of coaches reported using positive psychology, compared to the therapists. These findings add weight to Seligman (2007), Cox et al. (2014) and Kauffman and Hodgetts' (2016) findings. Additionally, coaches and therapists both commonly reported using mindfulness as an approach, which was interesting as prior research did not give much thought to mindfulness as a comparative factor.

It is worth mentioning that although there was a statistically significant difference between groups for most statements, the difference between mean scores by coaches and therapists was usually less than one. The difference between the scores was only more than one for 15 statements out of the 43, and of those 15, only two had a difference of more than two (*I provide the client with knowledge and advice; I consider the sessions to be a treatment*).

Limitations of the current study included that the coaching population and the therapist sample size were smaller than desired. It is also noteworthy that the coaching population was limited to ICF certified coaches, meaning that coaches with different credentials were not invited to partake in the study. This was partly because no database for coaches other than ICF certified coaches was found. The ICF coaches' work ethics may differ from that of other coaches, and this should be taken into consideration when interpreting the results. Likewise, the word "treatment" in the statements troubled some coaches as they did not consider the sessions to be treatment, which may have affected their responses to the statements. The strengths of the study included that missing responses to statements were rare, and although the coaching population was small, the sample size was large. Additionally, the majority of statements were significantly different between groups, which adds weight to the questionnaire that was developed.

As this was to the author‘s best knowledge the first study to quantitatively measure the differences and similarities between coaching and therapy, it would be interesting to see future research replicate the current study with improvements. To gain better insight into the occupational situation of the participants, future research should consider inquiring about whether the participants conducted their sessions in person or through the internet. It may be interesting to examine whether the results show different response patterns by this factor. Additionally, future research may include coaches with different certifications than the ICF one to gather a wider perspective on the branch of coaching as a whole. Moreover, it would be interesting to further examine the participants‘ educational background by inquiring about accredations and allowing participants to select more than one option, as some may have multiple diplomas and/or other trainings related to their work. Furthermore, future research should consider factoring by the genres listed by Cox et al. (2014) and the different focuses of therapists to test for in-group differences.

Since the difference between groups was less than one mean score for the majority of statements, it would be interesting to conduct a similar study with a seven-point Likert scale or some other tool of measure to gain a clearer view on the differences between groups. Additionally, it would be interesting to remove the „*3=Neither disagree or agree*“ option, since the total mean scores tend to lean towards it, providing limited results. Furthermore, these findings question the previously reported difference between groups in the present/future/past focus, which would be interesting to further examine.

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