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Determining the Boundary Between Executive Coaching and Psychotherapy

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Submitted to the Program of Organizational Dynamics in the Graduate Division of the School of Arts and Sciences in Partial Fulfillment of the Requirements for the Degree of Master of Science in Organizational Dynamics at the University of Pennsylvania Advisor: William S. Wilkinky

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Abstract

Accurate assessment of the boundary between executive coaching and psychotherapy is essential for a successful coaching experience. The similarities between the fields of executive coaching and psychotherapy present a challenge for coaching students who have yet to master the skills required to make the assessment and create a safe and appropriate environment in which a client may reach his or her goals. This thesis describes the similarities and differences of executive coaching and psychotherapy in order to define the working space shared by the two professions. It recommends skills for coaches that include the use of self, knowledge of the coach's and the client's level of self-awareness, and a basic understanding of psychology. I analyze a case study as an example of a coach's application of the tools in order to determine the boundary within an individual coaching engagement. Because it is impossible to fix an absolute boundary based on predetermined rules, I suggest that the ability to assess unique situations is a critical skill of an executive coach.

Comments

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DETERMINING THE BOUNDARY BETWEEN
EXECUTIVE COACHING AND PSYCHOTHERAPY:
THE IMPORTANCE OF ASSESSMENT

by

Laura E. Strickler

Submitted to the Program of Organizational Dynamics
in the Graduate Division of the School of Arts and Sciences
in Partial Fulfillment of the Requirements for the Degree of
Master of Science in Organizational Dynamics at the
University of Pennsylvania

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2009

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EXECUTIVE COACHING AND PSYCHOTHERAPY:
THE IMPORTANCE OF ASSESSMENT

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ABSTRACT

Accurate assessment of the boundary between executive coaching and psychotherapy is essential for a successful coaching experience. The similarities between the fields of executive coaching and psychotherapy present a challenge for coaching students who have yet to master the skills required to make the assessment and create a safe and appropriate environment in which a client may reach his or her goals. This thesis describes the similarities and differences of executive coaching and psychotherapy in order to define the working space shared by the two professions. It recommends skills for coaches that include the use of self, knowledge of the coach's and the client's level of self-awareness, and a basic understanding of psychology. I analyze a case study as an example of a coach's application of the tools in order to determine the boundary within an individual coaching engagement. Because it is impossible to fix an absolute boundary based on predetermined rules, I suggest that the ability to assess unique situations is a critical skill of an executive coach.

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CHAPTER 1

INTRODUCTION

Students of coaching are trained to help a client experience significant professional change through a process that analyzes the interactions between the client, the client's organization, and the coach. In order to achieve success, a student coach is encouraged to adopt a supporting theory to guide his or her work and to apply it via a method that is internalized through training supervised by an experienced coach. The purpose of a practicum is not only to learn to apply theory and the practical components of a coaching method, but to have the experience of assessing real individuals and organizations. A fundamental part of an assessment in executive coaching is the determination of whether the coach's work with the client is approaching the boundary of psychotherapy. Inevitably, every coach, at any level of experience, will ask him or herself where the line exists in a particular coaching relationship and whether the work underway is approaching that boundary.

For a student who is at the beginning of his or her coaching experience and learning to apply a knowledge of psychology to a coaching practice, determining where the work lies with respect to the boundary is particularly challenging. The question, "How will I know if I am getting into territory or subject matter that is more like psychotherapy, for which I am not qualified to administer, or topics that are not appropriate for executive coaching?" is frequently asked aloud in the classroom and met with a puzzled look or open-ended response from a fellow student.

Purpose of Thesis

The boundary between executive coaching and therapy cannot be predetermined for every coaching engagement. The purpose of this thesis is to describe the work that may be shared between executive coaching and psychotherapy and suggest a toolkit to help the coach make an informed assessment of where to draw the line in a particular coaching relationship. This paper looks at the space between executive coaching and psychotherapy from a coaching perspective due to the author's interest and training in executive coaching. The intended primary audience of this work is the coach or aspiring coach who seeks an understanding of the intellectual space between executive coaching and psychotherapy and how the boundary between the two may be different depending on the goals of the client and the level of self-awareness of both the coach and the client. Other audiences that may find this information useful are organizational dynamics professionals who encourage and support coaching programs, managers who contract coaching engagements for themselves or on behalf of their staff, or individuals who may be considering coaching. Therapists who seek a greater understanding of the field of coaching and their coaching colleagues, who share a goal to cultivate a society of individuals in search of continuous self-improvement, may also find this paper to be informative.

While there are many types of coaching: life coaching, personal coaching, transition coaching, performance coaching, and executive coaching, to name a few, for this paper to be meaningful and objective, it will focus on executive coaching. For the remainder of this paper, psychotherapy will be referred to as therapy and its definition is based on psychodynamic and psychoanalytic perspectives. The decision to focus on a

specific practice or mode within coaching and psychology was made in order to create a more clearly bounded comparison of the two.

This thesis suggests that, despite the similarities between executive coaching and therapy, a coach is able to assess whether a coaching engagement is nearing or crossing the boundary to therapy. It will not make recommendations for how to terminate a coaching engagement that begins to resemble therapy or how to refer a client to a therapist. It also will not recommend specific actions for a coach to take to avoid a crossover to therapy, although it will discuss the tools a coach can use to assess the boundary in a specific coaching relationship. This paper does not address the subject through the lens of the client nor how the client feels and what he or she may believe or interpret to be the difference between coaching and therapy.

Format

The ability to accurately assess the boundary between executive coaching and therapy requires a progressive understanding that begins with the fundamental purpose and methods of the two fields. The format of this thesis follows this progressive approach as well. Chapter 2 offers definitions of executive coaching and therapy. A succinct definition of therapy is challenging as there are many schools of psychology and methods for applying psychological theories in a therapeutic environment. I give a definition of therapy based on a psychodynamic perspective. This allows for a manageable comparison to executive coaching and provides enough detail to inform an assessment of the border between the two. The decision to focus on specific types of coaching and therapy is one of necessity. Clear distinction creates a manageable scope

for the thesis and allows for adequate discussion of the space between the two types of supportive relationships.

Through a focus on a specific type of coaching, I compare therapy and executive coaching as both distinct and overlapping in their purpose, methods, and definitions of success. Chapter 3 presents the components of executive coaching and therapy side by side in order to illustrate the areas of similarity and difference.

Once the topics of executive coaching and therapy are defined and contrasted, I draw on an understanding of the two fields in order to discuss the space that exists between the two practices. Through the use of a case study and other examples, Chapter 4 describes the imprecise nature of the working space between executive coaching and therapy. It goes further to describe that the boundary with therapy is defined individually due to the intellectual and interpersonal nature of the individual's goals and level of self-awareness. While the differences between executive coaching and therapy create an initial categorization, it is impossible to draw a firm line between executive coaching and therapy for any type of person, goal, or topic. Determining where the boundary resides is the responsibility of the coach and is based on an assessment of the psychological-mindedness of the individuals in the coaching dyad and the subject of the client's goals. I suggest that a coach's training, self-confidence, and support structure must be adequate to determine the boundary in any particular coaching situation.

Chapter 5 provides a summary of the thesis, a description of my motivation to approach the topic, an assessment of the limitations of the research, and suggestions for additional research opportunities. I take the opportunity for self-reflection in Chapter 6.

CHAPTER 2

DEFINITIONS OF EXECUTIVE COACHING AND PSYCHOTHERAPY

Definition of Executive Coaching

While there are no barriers of competency or qualification that prevent calling oneself a coach including in sport, education, and interpersonal relationships, the developing profession of executive coaching proposes preparation and breadth of knowledge beyond instruction in a specific subject. Executive coaching is a process of repeatable steps that enables a business executiveⁱ to change his or her behavior with positive impact on the organization. A successful coaching engagement results in a measurable success for both the individual and the organization.

While executive coaching can be incorporated spontaneously into the daily routines of a manager and his or her colleagues, this thesis examines executive coaching as a formal engagement between a professional coach and an executive, frequently at the request and/or expense of the executive's organization. Executive coaching is based on a formal contract that makes explicit the steps required to achieve targeted results related to the organization's or the executive's objectives. Stern (2004) states that the coach and client agree in advance on the ground rules of the relationship including time frames, goals, and metrics of success. The engagement may include "changing attitudes and habits; developing skills; preparing and developing for future assignments; and defining and implementing one's leadership charter, business goals, and strategies" (p. 155).

Executive coaching uses a defined process that typically includes steps for introduction, data gathering, feedback, goal setting, action planning, implementation, and closure with the intention to help the client change behaviors or create success as

measured by the individual and the organization. Thus, the client's goal is dependent upon or impacted by the organization's mission and goals, boundaries, and psychodynamics and requires the organization's participation in the engagement in order to achieve success. Definitions that help determine a common understanding of executive coaching include:

- 1) A development process that builds a leader's capabilities to achieve professional and organizational goals. A leader is an individual who has the potential of making a significant contribution to the mission and purpose of the organization. This coaching is conducted through one-on-one and group interactions, driven by evidence/data from multiple perspectives, and is based on mutual trust and respect. The coach, individuals being coached, and their organizations work in partnership to help achieve the agreed upon goals of the coaching. (GSAEC, homepage information)
- 2) Executive coaching is a short-term interactive process between a coach and a manager to improve leadership effectiveness by enhancing self-awareness and the practice of new behaviors. The coaching process facilitates the acquisition of new skills, perspectives, tools and knowledge through support, encouragement, and feedback in the organizational context. (Kombarakaran et al., 2008, p. 79)
- 3) 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 behavioral 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)

In addition to these definitions, Sperry (1993) writes that senior executives often find it helpful "to bounce their ideas and concerns off someone in order to clarify their impressions and validate the reasonableness of their conclusion" (p. 262). At times, executive coaching includes giving practical advice or direction to the client based on the coach's relative professional experience. While there is no required standard of education or certification that a coach must meet, the growing academic and professional

coaching community is beginning to rely upon a consistent assumption that an executive coaching professional has been, at a minimum, a student of group dynamics in theory and in experience. This assumption is based on a belief that there is value found at the intersection of theory and experience that can be applied to help a client reach his or her goal. The coach's portfolio of experiences should include an understanding of group dynamics, management and leadership principles, and in most cases, having experience that is relevant to the field or goals of the client.

Orenstein (2007) goes further to say that because executive coaching is “a consultation to an individual regarding performance within an organizational role; it therefore must simultaneously consider the individual, the organization, and their continuous interaction” (p. 25). Therefore, understanding the goals, pressures, and boundaries of the organization in which the client is a member is imperative to creating a successful coaching opportunity. In addition, a coach with a personality that fosters and allows him or herself to maintain a collegial, respectful, and supportive relationship is paramount. Ultimately, coaching is a helping profession that guides a client through a process to create positive change in his or her life.

Definition of Psychotherapy

Like coaching, therapy is a helping profession. In this paper, the definition of therapy is based on psychodynamic and psychoanalytic perspectives and defined as individual therapy, not group or couples' therapy, conducted by a licensed mental health professional who holds a terminal degree in his or her discipline. These professionals may be psychologists, social workers, or other individuals trained in psychology, but this

thesis will consider the definition of therapist to be a psychologist. The American Psychological Association (2009) defines psychotherapy as “[a]ny of a group of therapies, used to treat psychological disorders, that focus on changing faulty behaviors, thoughts, perceptions, and emotions that may be associated with specific disorders” (Glossary section).

The type of individual therapy considered in this paper is a verbal and nonverbal interchange between a patient and a therapist frequently referred to as talk therapy. It does not refer to other types of psychologically based interventions, such as art therapy or play therapy, or to treatments such as hypnosis. Frank (1982) describes generally the method and purpose of psychotherapy. He states:

All psychotherapeutic methods are elaborations and variations of age-old procedures of psychological healing. These include confession, atonement and absolution, encouragement, positive and negative reinforcements, modeling, and promulgation of a particular set of values. These methods become embedded in theories as to the causes and cure of various conditions which often become highly elaborated. (p. 9)

A basic assumption of all psychotherapies is that humans react to their interpretation of events, which may not correspond to events as they are in reality. All psychotherapies, therefore, try to alter favorably patients’ views of themselves, their relations with others, and their system of values. (pp. 11-12)

This modality of individual, one-to-one therapy is based on psychological theories of behavior, mental processes, and human interaction and how an individual is affected by his or her environment, physical state, and mental state. The therapist gathers information from the perspective of the patient and guides the individual through a process of sifting and replaying experiences for the sake of understanding the impact of experience on his or her reality. Mourning is a consideration and the therapist’s goal is to heal the patient’s pain, alter the way he or she relates to the external environment or the

way he or she feels about him or herself, and ultimately to improve his or her quality of life. Frank (1982) offers:

A definition of psychotherapy that is sufficiently broad [and] include[s] everything that goes by that term but excludes informal help from relatives, friends, and bartenders. Psychotherapy is a planned, emotionally charged, confiding interaction between a trained, socially sanctioned healer and a sufferer. During this interaction the healer seeks to relieve the sufferer's distress and disability through symbolic communications, primarily words but also sometimes bodily activities. The healer may or may not involve the patient's relatives and others in the healing rituals. Psychotherapy also often includes helping the patient to accept and endure suffering as an inevitable aspect of life that can be used as an opportunity for personal growth. (p. 10)

Within the psychotherapeutic session, the therapist's primary goal is to access emotion and apply it to a process of change. This occurs in conjunction with the phenomenon of bringing unconscious material into consciousness in both the patient and the therapist. McWilliams (2004) notes that psychodynamic theories "share the aim of cultivating an increased capacity to acknowledge what is not conscious" (p. 1) such as feelings of weakness, lust, greed, competition, and aggression. The belief is that "becoming aware of disavowed aspects of our psychologies will relieve us of the time and effort required to keep them unconscious," freeing us in some fundamental way "for the complex task of living realistically, productively, and joyfully" (p. 2).

Psychodynamic theories hold that change occurs in the context of the unique, evolving connection between patient and therapist. The dyad joins its expertise, which is the patient's knowledge of him or herself and the therapist's knowledge of him or herself and psychology, to contribute to the healing process.

A therapist is a practitioner whose goal is to understand and improve the patient's overall well-being which may impact the patient's physical health as well. Frank (1982) suggests "psychotherapy reflects not only a society's conceptualization of illness and

health but also its values” (p. 11). Currently, federal laws in the United States aim to improve the parity in mental health insurance benefits. This action indicates that American society views mental healthcare as an integral part of physical health and healing. Another way society has indicated the value of mental healthcare is by requiring therapists to undergo specialized training and seek licensure before they can practice in their field. Frank (1982) attributes accreditation as one of the features that distinguishes therapy from other helping relationships. He states:

The psychotherapist has credentials as a healer. These are provided by society at large in the form of licensure or other official recognition. The therapist has earned this recognition by having undergone special training, usually prolonged, which entitles him or her to the status symbol of an academic degree. (p. 10)

CHAPTER 3

A COMPARISON OF EXECUTIVE COACHING AND PSYCHOTHERAPY

Executive coaching and therapy are helping professions that rely upon experience and process as core components of a guided activity between a practitioner and an individual. The practitioner will enter either engagement in order to assist the individual to achieve a significant change in his or her life. The individual's motivation for seeking help, the coach's or therapist's decision to pursue or not to pursue specific intervention techniques, and the manner in which the practitioner guides the individual through a change process informs us of the fundamental differences between the two fields. Yet, there are also shared features which have the potential to create confusion and may inhibit the student coach's ability to determine easily a border between the two.

Understanding the shared space between executive coaching and therapy lays the groundwork for a student who is considering where the boundary between executive coaching and therapy exists. The student must first examine the elements that define the process of each. After identifying and describing the transactions, tasks, and procedures that a coach and client or a therapist and patient often participate in, the student must also consider why the specific work approached by the dyad is chosen, how information is interpreted, and what forces created the individual's original need or desire for change.

Table 1 lists the core characteristics of executive coaching and therapy and identifies similarities and distinctions between the two activities. Identifying the distinct areas demonstrates how the two fields are unique and provides obvious demarcation for a student assessing the two fields of work. The shared components of coaching and therapy create an opportunity for intellectual inspection. These shared characteristics

often create a conundrum for students when considering whether and where one may form a boundary between executive coaching and therapy.

Table 1. Characteristics of Executive Coaching and Psychotherapy

Executive Coaching	Component	Psychotherapy
The client would like to change his or her professional life.	Motivation	The client would like to change his or her life.
Meetings are held at the client's office or in a public location; usually not at the coach's office.	Location	The sessions take place in the therapist's private office.
Individual meetings may have different time limits and they are set at the discretion of the coach and the client. It is a timebound engagement.	Schedule and Timing	Sessions have a set time limit and are on a regularized schedule at a consistent time. The engagement usually does not begin as timebound.
A legal contract that formally describes the fee structure, time commitment, and deliverables is expected. The organization likely pays which implies the work is of a professional nature.	Contract and Payment	Obtaining informed consent is required, although a formal contract similar to that of executive coaching is atypical. The patient pays and the billing format includes a diagnosis code. The diagnosis and availability of healthcare coverage implies pathology and wellness as the nature of the work.
Formal education and training is not required. Typically, the coach will have similar experiences that are relatable to the client's goal.	Practitioner's Credentials and Experience	Education in psychology, experiential training, and licensure are required.
A primary purpose is for the client to experience change. Goals and topics come from the individual or the organization and are based on the individual in relation to the organization. The goal typically involves increasing effective and efficient job performance.	Purpose and Focus of Work	A primary purpose is for the patient to experience change. The original topic or goal comes from the individual and is enhanced by the mutual work between the therapist and the patient. The goal assumes pathology exists and is to decrease symptoms and help the client feel better.
The process is grounded in an alliance between two people. The method is predetermined and described to the client.	Use of Process	The process is grounded in an alliance between two people. A method underlies the therapist's work but is not necessarily explained to the patient.

Executive Coaching	Component	Psychotherapy
The client may apply filters to the topics he or she is willing to discuss with the coach. The coach may observe the client in situ and gather data from peers. The coach's use of self may be a data source.	Data and Information Gathering	The therapist discourages the patient from applying filters to conversations. Data is only gathered from external sources with the patient's consent. The therapist's use of self is an essential data source.
The coach helps to sift information and guide the work towards change. The coach becomes involved in the client's organization.	Role of the Practitioner	The therapist helps to sift information and guide the work towards change. The therapist is not involved in the patient's day-to-day life.
The work uses the organization's psychodynamics as part of the assessment and consultation and may include acknowledgement of the individual's psychodynamics. The coach may be aware of transference and countertransference but may choose not to use them as a tool.	Use of Psychology	The work uses the patient's psychodynamics as the basis for assessment and consultation. Transference and countertransference are actively assessed and used by the therapist as tools for intervention.
Feedback is ongoing. Written reports are submitted at agreed upon milestones and may be shared with the organization.	Feedback	Feedback is ongoing and part of the healing process. Progress is not documented formally.
The engagement ends upon completion of the contract or when the predetermined goals are met.	Definition of Success	Success can be measured when DSM ⁱⁱ symptoms cease or are reduced significantly; it is a mutual determination.
Typically, sessions are scheduled at less frequent intervals in order to allow the client to begin to self-coach based on his or her learning.	Termination and Closure	The closure process is individualized and determined mutually by the therapist and patient.

Credentials

There is no single professional organization in the United States that informs, advocates for, and provides centralized resources for the field of coaching as the American Psychological Association (APA) does for psychology.ⁱⁱⁱ To support its constituents and the practice of the application of psychology through therapy, the APA

(2002) publishes *Ethical Principles of Psychologists and Code of Conduct* that apply to the research and counseling activities of its membership. While APA membership is not required of a therapist, therapy is a regulated profession within the field of psychology and requirements for licensure are monitored at the state level.

While these guidelines and requirements have been defined for therapists, the field of executive coaching is only beginning to sort out the need for standardization. As coaching is not a subset of healthcare, it is likely that it will never achieve the level of oversight that exists for therapy. Because a growing number of professional coaches agree that standards and ethics are mutually beneficial for clients and coaches, private entities such as the Graduate School Alliance for Executive Coaching (GSAEC), i-coach academy, and the International Coaching Federation are making attempts to formalize accreditation. At this time, coaching certificate programs exist in U.S. graduate schools but there is no central or accepted organization like the APA that considers graduate education as a requirement for coaching. In the meantime, it is important for a coach, as a practitioner in a profession that assumes partial responsibility for another person's well-being, to consider aligning with socially, theoretically, and scientifically informed guidelines.

Motivation, Purpose, and Focus of Work

Criddle (2007) discusses the difference between an individual's motivation to enter therapy or coaching. He writes:

The decision to enter therapy is most often very personal, although friends and family may suggest it. Executives usually enter coaching upon the suggestion of their boss.... As opposed to therapy clients who most often set their own specific goals, the goals of coaching clients usually are partially dictated by their

manager.... Coaching goals are very functional and practical, while therapy goals tend to be more emotional and subjective. (pp. 122-123)

Executive coaching typically focuses on a client's current professional role and improving his or her performance within the organization, although the resulting change within the client's professional relationships may also impact his or her personal relationships or goals. This is due to the fact that it is difficult for any individual to completely compartmentalize his or her life. Generally, the purpose of executive coaching is in relation to the executive's current role in an organization. It focuses on the client making changes that will impact the managerial and professional reality within the context of the organizational environment. Sperry (1993) acknowledges the demands in top management as considerable and executives often look for a coach "to provide objectivity, support, and counsel" (p. 257). A therapist may provide the same type of support during an individual session, but if the client seeks out a coach with "training and experience in leadership and management, the combination is even more fruitful" (p. 257).

Therapy incorporates the memories of past events with their impact on present and future choices and lifestyle. Arnaud (2003) argues that while therapy focuses on changing the individual's relationship with reality, it makes no changes to the reality. Both client and patient may share issues of the day with a coach or a therapist, and the format of the interaction led by the practitioner may be similar, but the practitioner's or the client's decision to relate the current issue to past events and the manner in which they do so will likely be different. For example, a coach who hears the story of an altercation in the workplace typically would ask the client to consider his or her role in the organization and in relation to the other individual involved. Then, the practitioner

would ask the client to suggest how he or she thinks it would be best to respond to the event based on those references. Finally, the coach and client would consider the impact of more than one scenario on the organizational dynamic. The coach may even give advice based on his or her external vantage or past experiences. A therapist, on the other hand, might respond by probing the patient to talk about how the patient felt during the altercation and what past experiences it brings to mind. The therapist would then guide the patient to relive and analyze the memories in order to impress upon the patient their relevance to the current situation. The therapist may provide counsel on how to manage the relationship going forward, but generally the guidance is in relation to the evocation of the past experiences and their relationship to the current mindset of the patient.

The author does not wish to imply that a coach and client would never engage in a conversation about emotions or relate current events to past experiences. In fact, this type of natural conversation elicited by a trusting relationship may provide precisely the type of information that creates a successful coaching experience. The very nature of an interpersonal, helping, and trusting relationship is central to executive coaching as well as therapy and Chapter 4 is devoted to describing how this shared concept may be managed in executive coaching.

Use of Process

In a coaching relationship, there is an assumption that the coach will help the client increase his or her managerial or leadership effectiveness by guiding the client through a process that involves data gathering, assessment, goal setting, and action. The coach also may relate his or her own experiences and perspective to the client's goals or

issues. The work is aimed at specific, measurable goals that are supported by the organization and optimize the client's role or the organization's activities. This intergroup requirement requires the coach to understand and work within or with a respect for the boundaries of the organization.

Criddle (2007) asserts that clients expect their coaches to have certain skills and a knowledge base that relates to their professions. They look to coaches for advice and answers to questions, efficient ways to solve problems, action plans and homework, and tools and systems that are repeatable in other scenarios and in the future. In therapy, the work typically focuses on the individual only rather than the individual's relationship to an entire organization with the ultimate goal to understand the nature of the patient's intrapersonal and interpersonal feelings and interactions. The therapist's process is grounded in the scientific study of human behavior and the application of psychology to the patient's malady.

The coaching relationship assumes that information imparted from the session can be applied by the executive to make the desired change. In therapy, information sharing is often useful but many times the patient cannot simply and immediately apply the intellectual knowledge to the situation. For instance, telling a patient to stop abusing his or her child because it is harmful usually does not solve the problem. Therapists often help patients relate more directly to their feelings and, once acknowledged, help them consider why they continue to behave in certain ways. Therapy facilitates the development of psychological capacities that make it possible for people to use information.

While both therapist and coach use a formulated process to achieve results, there are elements that mark a recognizable difference between the two professions. An executive coach is expected to make use of data gathered from, by, or about both the individual and the organization. Conversely, in therapy, the therapist focuses on information retrieved directly from the patient and considers how it is translated, conveyed, or experienced by the patient. The therapist will not seek data from external sources without the consent of the patient and will place the patient's health, wellbeing, and development as paramount, protecting against the distraction of the interests of other stakeholders.

With regard to confidentiality, it is implied that a coach may share some of the information retrieved or discussed during the data gathering and coaching sessions with the organization, particularly if a systemic issue is unearthed or a colleague must be involved to achieve change on behalf of the client. Personal information is kept confidential between the coach and the client. For therapy, the APA (2002) produces guidelines to protect the patient and information obtained from or about a therapeutic session. The therapist must obtain consent of the patient to disclose information except in specific situations, such as if it is mandated by law or there is risk to a person's safety.

A therapist asks the patient to free associate in order to find connections, meaning, and even clues to the unconscious from the patient's choice of words and topics. This exemplifies the mutual nature of the work of a dyad engaged in therapy with a main objective to access emotion in order to achieve a goal. Smith (2007) contends that coaching, on the other hand, is a more directive process where the client states what he or she wants to work on and the coach aligns a working agenda to meet the goal. This is not

to imply that a patient would not approach a therapist with a specific goal, but the work to reach that goal is based on different methods.

As the coach guides the client through a progressive and repeatable method, the coach is directive and clear about the process at the outset and prepares for specific milestones to be marked and measured throughout. Together, the coach and client determine appropriate goals and the timing to reach them. While therapeutic work is also process based, the therapist typically does not describe to the patient the specific stages involved and will take on a role that does not mandate a predetermined pace. Rather, the therapist manages the speed of the progress and may deliberately slow the pace in order to protect the patient, to allow him or her to discover and internalize information, and to meet unplanned milestones naturally.

Role of the Practitioner

As defined earlier, therapy assumes that pathology exists and is evidenced by the patient's current behavior or feelings and that the therapist will help the patient to heal the condition. Smith (2007) notes "coaching doesn't use a metaphor of healing and the client isn't seen as wounded, damaged, in pain or as needing a restorative process" (p. 45). Therefore, while a coach should have a sense of caring and compassion for the client, he or she should not feel the role is to take care of the client. The client should have the tools and resources necessary to move themselves forward and seeks the coach's help as a partner to make that process more efficient.

An executive coach frequently has expertise in a profession similar or near to the client's and, in addition to providing an objective outlook, may step in and give specific

advice on a subject or situation based on that experience. The coach makes frequent use of self in order to empathize and relate to the client's situation, but a key skill for a coach is to be able to step into the client's shoes and give guidance either directly or through a question-based approach. Conversely, a therapist likely is not an expert in the patient's profession. What is crucial in therapy is the capacity for empathetic attunement to the patient's emotional experiences. Kets de Vries (2006) purports:

Leadership coaches have a broader perspective than do psychotherapists. Most psychotherapists have not supplemented their clinical experience with the training necessary to diagnose problems of executive leadership, dysfunctional team behavior, social defenses, corporate culture, neurotic organizations, and faulty organizational decision-making. (pp. 259-260)

Patients in therapy and clients in coaching look to practitioners to help understand their actions, what causes them to make certain decisions, or why they exhibit certain behaviors. The individual seeks guidance on a journey of self-discovery in order to better understand him or herself. In therapy, the practitioner assesses transference and countertransference and the unconscious conditions that generate them. This is a core competency of a therapist and is part of the method used to analyze the situation and provide guidance through the process. Coaches may be aware of these conditions but may choose not to apply them in the coaching environment.

Further Considerations

The use of the word coaching in the vernacular is partially responsible for the confusion about how the fields of executive coaching and therapy guide people to success. Webster (1975) defines *to coach* as the act of instructing or preparing someone for a specific test or event and *a coach* as a person employed or hired to coach. The label

implies an expertise that helps prepare the person for a specific goal or task. Hart et al. (2001) state “the coach’s orientation is prospective, focusing on goals, untapped potential, and critical success factors in a whole person who seeks to maximize his or her fulfillment in life and work” (p. 230). Essentially, executive coaching is an assisted process that helps an executive change ineffective behavior to effective or enhance already effective behavior within an organization. Therapy aims to help the patient recover from a diagnosed condition by acknowledging past experiences that cause the patient to feel or act the way he or she does. The therapist takes the individual through a process to relive the past experience in order to understand and overcome any negative impact. While there may be specific events, tasks, or ways of living that the therapist helps the patient prepare for, as a coach does, Hart et al. (2001) note:

In therapy, the focus is often on interpersonal health and an identifiable issue, such as acute depression or relational discord, that interferes with the client’s level of functioning and current psychodynamic or psychosocial adjustment. The focus is typically retrospective, dealing with unconscious issues and repair of damage from earlier experiences. ... It may even involve medication, adjunct therapies, and coordination of services. Discerning and treating pathology and relieving symptoms through behavioral, cognitive, or analytic intervention is the domain of the psychotherapist. (p. 230)

Hart et al. continue “therapy encourages awareness of past injuries in order to promote insight and healing, whereas coaching focuses on untapped present possibilities in order to link awareness to action” (p. 230).

Some therapists describe their work as coaching an individual towards change in a problem area. For instance, a therapist with expertise in attention deficit disorder may focus on converting ineffective performance to effective and measurable performance rather than the pathology of the disorder. This type of work by the therapist is similar to

executive coaching and in Hart et al.'s (2001) interviews of psychologists, one practitioner states:

Coaching can be used by a therapist as a situational application when the circumstance requires him to act as a coach, as an adjunct approach. A coach, on the other hand, is not equipped to act as a therapist. (p. 232)

Comparing executive coaching and therapy creates a clear understanding that the similarities are fundamental to both practitioners' roles as helping professionals. When discerning where the boundary exists between the two, it is important to assess the shared components on a case-by-case basis. Chapter 4 offers an example of how this can be done successfully.

CHAPTER 4

ASSESSMENT WITHIN THE SPACE BETWEEN

Chapter 3 argues that when comparing the characteristics of executive coaching and therapy side-by-side, one can see that the components fundamental to the focus of the work can be as similar as they are different. The distinct differences are found mainly in the mechanics of the relationships, such as timing, location of meetings, use of contracts, data gathering, and feedback mechanisms. These distinctions allow for obvious demarcation. The shared space between executive coaching and therapy is often anxiety provoking for the coaching student who wishes to categorize the two professions as wholly distinct. This is due to the fact that the similarities are found within the subject matter and the choices made by the client and coach or patient and therapist. These components become the intellectual or interpersonal pursuits of the engagement. Because these pursuits are individually motivated, assessed, and carried out, categorization as coaching or therapeutic requires individualized interpretation.

The goal of this chapter is to explore the space between executive coaching and therapy by examining a case study that could easily and appropriately been labeled as crossing into therapy if the individuals involved had been less capable of engaging in the topic in the style of executive coaching. The case exemplifies how the boundary between executive coaching and therapy is imprecise and assessment is the responsibility of the practitioner. The decision of whether the subject matter is appropriate to remain in play within a coaching engagement or should be referred to a therapist is determined by the coach based on a theoretical framework applied with the toolkit he or she brings to the engagement. The case study provides an example of a coach who applies the techniques

in her toolkit to an individual engagement in a manner that supports the needs of the individual client. The tools available to the coach include the use of self, knowledge of the coach's and the client's level of self-awareness, basic understanding of psychology and common warning signs, and access to a supervisor for consultation and advice.

Orenstein's (2007) case of Margaret is an example of the successful application of the coach's toolkit in order to assess an individual coaching situation. The same topic and unfolding circumstances with a different client or a different coach could have resulted in an alternative assessment, or possibly, if the tools had been inaccurately applied, a regrettable outcome.

The Case of Margaret

Margaret is a well-known and highly regarded researcher at a prominent corporation. She was recently promoted to head the research division and is participating in the coaching engagement at the request of her supervisor, who is the president of the corporation. Margaret, highly intelligent and more than receptive to the idea of coaching, is motivated to achieve positive change and her goals are based on transition due to her recent promotion. She acknowledges feeling overwhelmed by the new position, needs to restructure the unit and improve her leadership skills, and would like to have more time for strategic work. The coach describes Margaret as friendly, warm, and engaging, willing to ask for help, and motivated.

During the first coaching session, Margaret shared with her coach that she was having difficulty confronting an employee who exhibited disrespectful behavior towards her. Margaret explained that the employee's anger made her uncomfortable so she

avoided the problem. A pattern was established as Margaret described past situations where she could not perform her work optimally because someone expressed anger towards her. Ultimately, Margaret shared with her coach that as a child and young adult, her father exhibited sudden bursts of anger directed at her, her mother, and her siblings. She was often blamed for her father's outbursts so she did everything she could to avoid them. By the end of her story, Margaret acknowledged a direct link between her family-of-origin experience and her current relationship with the employee. (Orenstein, 2007)

Coach's Use of Self

A critical tool available to the coach is the use of self. Orenstein (2007) relates:

While Margaret was telling me her story, she appeared impassive, relating the details in a composed, perfunctory fashion. I, on the other hand, was having a strong emotional reaction. I felt outraged and protective. (pp. 6-7)

Something important was taking place at that moment that should not be ignored by the coach. Other reactions to consider may be a strong memory or association. A participant in Hart et al.'s (2001) research agrees "a tight feeling in your gut is a red flag, and don't dance around it" (p. 232). The coach's use of self, including physiological reactions and vivid associations, is an important tool available in an assessment. In the case of Margaret, the coach's powerful reaction alerted her to pause, consider the importance of the information, and not dig deeper into the topic, at least not in that moment.

While the coach uses the self as a tool, he or she must ensure that his or her personal experiences and values do not impact negatively, or in an extreme way, the guidance being provided to the client. Orenstein (2007) advises:

If the work is to be done effectively, it requires that the consultant be both involved enough in the dynamics so as to experience their impact and detached

enough so as to analyze what is transpiring. These demands make imperative the use of oneself as a tool. (p. 31)

Maintaining an external viewpoint, in addition to having empathy, is essential to the success of the relationship.

Coach's Self-Awareness

In addition to understanding the dynamics taking place in the dyad and in the client's organization, an important aspect of being an effective coach is knowing oneself and the lens through which one views the world and the work. Orenstein (2007) advises "the consultant must engage in a continuous progress of self-scrutiny in order to identify what is being evoked in himself/herself so as to appropriately inform his/her choices in the ongoing process" (p. 31). In simple terms, a coach should engage in an ongoing process of self-examination to determine which parts of his or her assessment are based on data gained from the client's translation and which are understood through the coach's interpretation. Only then, with the understanding of the impact of his or her lens, will the coach be able to assess accurately whether the course of action is germane to the client's goal. Orenstein (2007) shares in the case of Margaret "that the consultant's emotions on behalf of the client were so accessible [was] testimony to the strength of the alliance that was forming between the two women" (p. 164).

The coach had a powerful, emotional reaction to the client's disclosure and it was important for her to reflect on that. The ability to pause and consider what is personal versus what may be felt on behalf of the client is important for a coach. In addition, the interchange shows that an interpersonal bond was forming and helped to create a safe environment for Margaret to reveal a very personal and very relevant family-of-origin

experience. This experience might have become a hindrance if the coach had not been aware of the unconscious interaction taking place and instead had allowed her own emotional reaction to completely replace Margaret's experience. If this had occurred, it likely would have caused the coach to choose a certain recommendation or remedy more relevant to the coach's experience and needs rather than the client's. Smith (2007)

advises:

[Coaches] need to be aware of your own responses to clients, those which maybe they have stimulated in you by their projections, and those that come from your own internal material. This awareness is a valuable resource. You might, for example, become aware of being pushed into, or taking up, a parental role and use that insight to bring the relationship back into adult:adult through the nature of your questioning. You would not use it to interpret to the client what you thought was happening. (p. 46)

In Margaret's case, if the coach had allowed her protective reaction to unilaterally inform a recommendation or intervention, such as suggesting that Margaret remove herself from the work environment rather than acknowledge and confront the employee who showed anger towards her, the dyad would have lost an opportunity to enhance Margaret's performance. The coach's awareness of the meaning of her strong reaction informed her that it was imperative to step back and consider the situation objectively.

Client's Self-Awareness

Another question the coach considers is whether the client has a strong awareness of him or herself and a capacity for self-reflection. A client who has been in therapy may be more willing to talk about his or her family-of-origin and be prepared to find connections between past experiences and a problem in the workplace. A client who has not undergone self inspection, may be less inclined to see these connections although, not

everyone needs therapy to be appropriately self-reflective. When Margaret's coach experienced the powerful reaction, she knew she should bring the coaching session to a close through a respectful acknowledgement of the revelation without going deeper into the topic. At this early stage, the coach was not yet familiar enough or bonded to the client to make an assessment of Margaret's ability for introspection or her level of psychological stamina. The coach confirmed that Margaret was comfortable ending the appointment at that time and they scheduled the next meeting. Once the coach left the client's office, she allowed herself to process the event and began an assessment of where the boundaries between coaching and therapy were defined in Margaret's case. During the next session, Orenstein (2007) reports "she informed me that she had been in therapy and had dealt with her family history in relation to her personal life, but that she was astonished that her behavior at work was also affected" (p. 7). Margaret's ability to readily see the link between her family-of-origin and her work situations, her composed manner during the storytelling, and the coach's awareness that the intense feeling was her own, informed the coach's assessment that in Margaret's case, the topic was relevant and not harmful to the coaching process.

Understanding of Psychology

In addition to the use of self and recognition of the coach's and client's level of self-awareness, the coach's understanding of psychological principals is a crucial tool in the coach's toolkit. Like a therapist, the coach has the client's best interest foremost in his or her mind. The interventions, including the dialogue between the coach and client, must respect the foundations of intrapersonal and interpersonal dynamics as well as the

potential impact on the organization's dynamics. The founder of i-coach academy, Michael van Oudtshoorn, uses a metaphor of a brick wall as a way to describe the impact of psychology within the work between a practitioner and an individual. Consider the wall as the wall of life for the individual engaged in coaching or therapy. As the practitioner helps the individual loosen, exchange, or remove a brick (as a metaphor for a behavior, belief, or skill) from the wall, it is important to determine whether the brick is located closer to the base or to the top of the wall. A brick removed from the base of the wall will likely disturb the entire structure and require extensive work to reset or repair the foundation. That is the work of therapy. The work of the coaching dyad is to remove bricks nearer to the top which gives the wall an opportunity to shift and settle in a new way without impacting the stability of the wall (van Oudtshoorn, 2007, personal communication).

Warning Signs/Red Flags

One of the benefits of the shared pedagogy of executive coaching and therapy is that a coach can learn the known factors that undermine the chance for successful exploratory therapy and apply them to coaching. An awareness of these factors is another tool a coach can use to determine whether a client is a viable candidate for executive coaching or if certain interventions may evoke emotions or behaviors that would require a therapist's expertise. Because coaching is a relationship between two people, even though it focuses on the goals of the client, either participant may exhibit characteristics that could undermine the process. The factors that may interfere with a successful coaching relationship may include severe psychopathology, lack of motivation

or interest in the issues, severe interpersonal problems, unrealistic expectations, lack of follow-through, insufficient empathy, and significant negative transference or countertransference. (Kilburg, 1996)

Extreme emotions, such as anger or depression, substance abuse, or anxiety, experienced by the client will likely interfere with the coaching work. Rogers (2004) suggests other signs that a client may benefit from psychotherapy include frequent, intense, and uncontrollable crying; returning again and again to a relationship as a topic of conversation, particularly with a parent or parent-figure; a major fear dominating the client's life; retelling the experience of a major trauma that has not been reworked through therapy; severe self-esteem issues that are recurring; or victim-thinking that has become a way of life. Each of these as a single, infrequent occurrence may not be a cause of concern, but witnessing a greater number at a greater intensity is likely a sign that the client would benefit from therapy. In addition, exhibiting outward behaviors such as hostility, belittling or humiliating coworkers, or showing evidence of actions that could be labeled as "hot tempered" can also serve as warning signs. These scenarios would also apply to the coach's mental health. Therefore not only is the coach's level of training and education important, so is his or her level of self-awareness and self-scrutiny.

Use of Supervision

When in doubt about whether the work with the client is approaching the boundary to therapy, a coach can seek the expertise of an external professional resource. A fellow practitioner who has experienced a similar or relatable situation may be able to

advise the coach on whether the work is nearing the boundary. Therefore, an important resource for the coach is a list of colleagues and experts to share advice with and seek advice from. The list should include at least one psychologist to consult and help determine whether a client should be referred to therapy or whether the coach and client are sufficiently prepared to engage in a topic. It is important to remember that acknowledgement of psychologically based issues is often appropriate in coaching and that the decision to pursue a discussion further will be different for different clients and coaches and for different topics.

Another essential component in a coach's toolkit is a supervisor to work in partnership. Even an experienced coach will seek consultation from a colleague who serves in this role in an ad hoc nature. In addition to advising on process and technique, a supervisor may perform a crucial role if the coach experiences a life event that impacts the nature of a current coaching relationship. Smith (2007) notes:

[A coach] might become aware that clients are provoking some reaction within you; you are then able to prevent yourself acting on that stimulus inappropriately. For example, without this awareness you might push them in one direction or another unconsciously, or fail to encourage them in some way. It is for this reason that coaches need supervision just the same as therapists and counsellors, to protect the client and the coach. (p. 46)

For example, if a coach's romantic partner has cheated recently and the client admits to having an affair with a member of his or her staff, the coach may not be able to maintain a viewpoint detached enough to remain helpful to the client. The supervisor will have the external perspective and training to point this out to the coach and suggest ways to overcome the challenge.

Summary

The coach has a responsibility to the client to simultaneously play the role of outside observer and to participate in the experience with the client. From this dual perspective, the coach has a greater ability to see or foresee when the client is moving toward a therapy-like topic. If necessary, the coach can steer the conversation into safer territory and may know if the coach or the client is not equipped to participate in the subject matter. The coach is responsible for managing the coaching space and caring for the client's well-being in addition to the progress toward the agreed upon goal. The coach uses a toolkit of techniques to accurately assess and guide the client within the space between executive coaching and therapy. The case of Margaret is an example of the risks and opportunities present in the space and a successful application of some of the tools of an experienced coach.

It is important to acknowledge that the boundary between executive coaching and therapy will be different for every client depending on his or her level of self awareness, the goal or topic he or she has chosen, and the equivalent factors for the coach. Each client relationship must be assessed independently from others but with information gathered and applied from other experiences. Unlike Margaret, a client who had not been through therapy or could not acknowledge the family-of-origin impact on a relationship, may have reacted differently or been harmed by a similar revelation. In that case, the coach would have taken a different tactic and may have considered referring the client to therapy.

CHAPTER 5

CONCLUSIONS

In this thesis, I have provided definitions of executive coaching and therapy and compared the methods and purpose of each field. This basic foundation was provided to help a student coach feel confident in his or her assessment of where the boundary between coaching and therapy exists in an individual coaching engagement. As a practical example, I have described the essential parts of a coach's toolkit and analyzed a case of a coach who managed successfully the space between the two fields.

Because it is impossible to use predetermined rules to fix an absolute boundary between coaching and therapy, even within the sub-category of executive coaching, I believe that a coach's ability to assess the boundaries within unique situations is a critical skill. This thesis provided an example of how a coach assessed the boundary within a specific engagement in order to demonstrate the applicability of the assessment tools to other situations. This thesis was not meant to be a "how to" based on exact predictors at the onset of the engagement because that level of certainty typically does not exist until the coaching process is underway.

The definitions of executive coaching and therapy presented in this thesis were based on academic research, feedback from practicing professionals, and classroom learning in addition to the author's personal experiences within each field. Because the fields of coaching and psychology have many areas of concentration, it was important to choose a specific type of coaching and a specific type of therapy in order to establish parameters for a discussion of whether and where a boundary exists between the two. Both definitions continue to be imprecise and individualized by nature and it is possible

that no individual will have experienced coaching or therapy exactly as described in this thesis.

Much of the literature that compares executive coaching and therapy focuses on the differences between the two fields and why it is important for a coach to avoid therapy-like topics and interventions. I believe that the lack of attention to how executive coaching and therapy are similar is a disservice to both professions. Acknowledging the similarities between the motivation, purpose, and methods of the two fields, along with understanding the expertise and training that each practitioner brings to his or her work, may help remove some of the concerns that exist for both fields. In addition, describing executive coaching experiences as related to, rather than definitively different from, therapeutic experiences may help reduce the anxiety that students feel about working in a field that can resemble therapy.

I believe that successful coaches are trained under a rigorous curriculum of both organization dynamics and coaching and are students of psychology in addition to being professionals with experience that is relatable to the client's goal. In my opinion, the coach's responsibilities include the client's professional and personal well-being, a commitment to ethical standards, self-confidence and self-awareness, qualified training, and a respect for the fields of coaching and psychotherapy. These responsibilities create the foundation for excellence in executive coaching.

Limits of the Paper

The limits of this paper include an assumption that the reader has a basic understanding of coaching and therapeutic processes. It also assumes that any coach or

budding coach would read this paper through the lens of his or her own style of coaching. For example, a coach who uses existentialist theory to inform his or her methodology would likely think about the choices of the client as completely separate from organizational or family-of-origin influences, unlike a coach with a psychoanalytic approach who would consider these experiences as pertinent. Therefore, the lens of the coach will affect where the coach considers the boundary to be between the coaching work and the work of a therapist.

Areas for Additional Research

A next step for a coaching scholar who is motivated to take on additional research in this area would be to continue the evaluation of executive coaching compared to other types of therapy. For example, a contrast of executive coaching and cognitive-behavioral therapy (CBT) would reveal a different description of the space between the original categorizations of the two fields. The space between CBT and executive coaching may require a different coach's toolkit to assess successfully where the individualized boundary resides. Similar opportunities exist when comparing psychotherapy to other types of coaching frameworks, such as life coaching or addictions coaching. Other questions to consider may include: (1) Would the boundary between coaching and therapy be defined differently if it was considered through the lens of a therapist? (2) When examining cases where a coach referred a client to therapy, how did the coach make that assessment, did he or she continue coaching simultaneously, and what was the outcome of the client's original goal?

A next step for a coach who reads this thesis and feels unprepared to assess the boundary between executive coaching and therapy is to continue supplementing his or her education and training. If his or her use of self is uncomfortable or self-awareness is underdeveloped, he or she can consider entering therapy in order to become familiar with the process and increase the opportunities for use of self as a tool. He or she can create an advisory board of trusted and trained colleagues, including psychologists, to discuss situations generally and consider what if scenarios. Finally, he or she should practice coaching: in everyday life, with friends, and under supervision in order to increase his or her awareness of the boundaries that exist between executive coaching and therapy.

CHAPTER 6

PERSONAL REFLECTION

As I approached the middle of my tenure as a student in the organizational dynamics program, I began to think seriously about a topic for my capstone thesis. I knew I wanted to investigate and analyze something personally interesting and relevant. As a university administrator by career design, writing about the challenges and opportunities in the administrative dynamics of higher education was an obvious choice. But as I began taking courses about the art and science of coaching, and came to understand the benefit of the application of psychology to the field, a new idea struck a chord for me. The boundary between executive coaching and therapy as a thesis topic proved even more personal than one involving my career choice.

I consider myself to be a psychologically minded individual and I value this trait in others. As described in the introductory chapter of this paper, I was intrigued in my classroom experiences at how often a fellow student would ask about the boundary between therapy and coaching. The border often seemed obvious to me and I wondered why others had a difficult time assessing situations and determining the right or wrong of the engagement. Like many people, I am attracted to right and wrong, yes and no, good and bad, and other socially ingrained delineators that help determine a socially acceptable course correction. As I realized the importance of the question and the anxiety that it evoked, I found myself wishing I could draw a thick, dark line between executive coaching and therapy and describe it for myself and my fellow students. Wouldn't it be nice to say either/or definitively?

As I considered the subject matter, collected my thoughts, and made lists of potential references, I continued to think about how the two fields are different and how I would describe them succinctly. As I began writing, I attempted to compartmentalize the two fields through the use of distinct examples until I realized that what I was writing just didn't make sense – in fact, it couldn't make sense. It became clear to me that the similarities between executive coaching and therapy were where I should focus my attention. Because the space shared between executive coaching and therapy is real, feeling comfortable working within that space is the best preparation a coach can have. As I sat in a class taught by Ruth Orenstein, she shared a metaphor that made this even clearer:

It's like having an elephant in the room...If we don't know it's there, we'll keep tripping over it. The difference between our work and therapy is that we'll figure out ways to walk around the elephant; therapy is the process to use if you want it out of the room – or at least want to reduce its size. (Orenstein, 2007, p. 7)

As I considered my own desires for either/or and the elephant metaphor, I was able to acknowledge that the elephant is there, no matter how much I would like to move it to one side or the other. Therefore, it can be shared by therapy and executive coaching. But how one considers or acknowledges the elephant is the difference between the two fields. Because the elephant is different for everyone, the boundary between coaching and therapy is different for everyone, and the best a coach can do is to be prepared to meet a different elephant every time.

As an individual who has experienced psychotherapy as a patient, self-awareness and self-scrutiny are important to me. I have learned to value the use of self as a tool throughout my own life, and, as explained in this thesis (not coincidentally a psychoanalyst would say), I understand why it is a critical skill for a coach. As I made

the journey through this thesis process, the self-awareness that I value as fundamental in my life helped me to understand it as a tool to assess the space between executive coaching and therapy. Because life is made up of more gray areas than black and white, learning to live within the shared space comfortably can only be a benefit. I hope my fellow students of coaching are able to feel comfortable in the shared spaced between executive coaching and therapy as well.

ENDNOTES

- ⁱ A business executive holds a high level position in an organization and has management, leadership, or strategic responsibilities that impact the entire organization or core areas within the organization.
- ⁱⁱ The DSM-IV-TR “is the current diagnostic and statistical manual of the American Psychiatric Association that classifies, defines, and describes mental disorders” (American Psychological Association, 2009, Glossary section).
- ⁱⁱⁱ The American Psychological Association grants membership to qualified individuals who have participated in graduate level work in the field of psychology. (American Psychological Association, 2009, Membership section)

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