

# You think you are an empathic coach? Maybe you should think again. The difference between perceptions of empathy vs. empathic behaviour after a person-centred coaching training

COACHING: AN INTERNATIONAL JOURNAL OF THEORY, RESEARCH AND PRACTICE, 2016 VOL. 9, NO. 1, 53–68 Theresa Will, Sina Gessnitzer & Simone Kauffeld,  
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## Aim of Study

Aim of the study is to examine cognitive empathy and expression by the coach, and its perception and reaction by the client. For the purpose of the study cognitive empathy is defined as *an ability through which a coach is able to imagine the internal state of the client and tries to understand the client's mind*. This ability strongly impacts behaviour in the course of interaction and quality of the relationship between the coach and the client. However, neither the coaches' own perception of their empathic skills nor their actual empathic behaviour on the client have been assessed in the coaching context. The perception of coaches' expressed (cognitive) empathy by questionnaires, observed and analysed the communication (interaction analysis) of coaches' empathic statements (paraphrasing and addressing counterpart's feelings) and the clients' reaction to these kinds of empathic behavior were assessed by examining the processes using a multi-method research design with 19 coaching partnerships.

The study helped to further understand how to build a strong professional relationship and examine the role of coach's and client's distinct perceptions of the coach's empathic skills in coaching, analyse empathic behaviour during coaching sessions, and identify which of the coach's behaviour patterns influence the client's behaviour.

## Background

There is consensus that empathy can be measured and can have an influence on behaviour patterns. However, there is still a controversy what empathy is and how it is to be defined. However, although the definition of empathy is not yet clear, most of the researchers call for a two-factor structure of empathy in cognitive and affective empathy. While affective empathy is often specified as an emotional reaction to someone else's emotional responses, (e.g. feeling sad when someone else cries), cognitive empathy on the other hand is characterised as mental perspective-taking (e.g. understanding why someone else is sad when they cry).

Some existing research pays more attention to cognitive empathy than to affective empathy. For example, in dealing with donors helping natural disaster victims, cognitive empathy correlates significantly positively with helping behaviour patterns. In this case affective empathy had little influence on the individual's helping behaviour. Cognitive empathy enables people to understand and facilitates conversations as well as social expertise. It is of huge concern for coaching. For example, a client might report being sad because the client's work life balance is not satisfactory. The coach needs to understand the incongruence within the client's actual life situation in order to be able to demonstrate his/her understanding through according behaviour.

As a consequence, because of the importance of cognitive empathy in coaching, the focus of this study is on cognitive empathy.

## Methodology

Study consisted of 19 coach–client dyads, all held a Bachelor degree in psychology and took part in the same career coaching training, consisting of 200 hours embedded in their Masters Degree curriculum. After, learning theoretical basic coaching knowledge, they held coaching sessions with clients, who were recruited via advertisement on university websites or via flyers posted on campus, whilst two experienced coaches accompanied and supervised all the coaches. Coaches and clients were randomly assigned to each other and gave their written permission to be videotaped and for the scientific use of video and questionnaire data filled in at the end of the session.

This research is based around the following hypothesis:

Hypothesis 1: Coaches' and client's perception of the coaches' expressed (cognitive) empathy do not show any significant correlation.

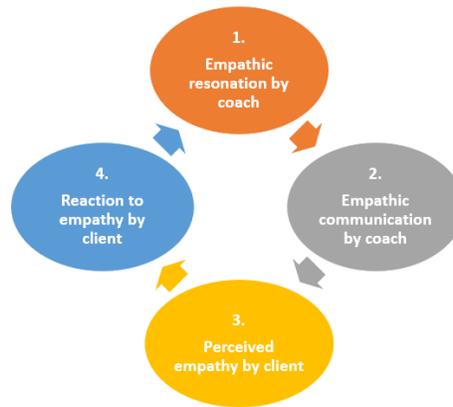
Hypothesis 2a: Paraphrasing from the coach correlates significantly positively with the empathy the client ascribes to the coach.

Hypothesis 2b: Addressing the client's feelings from the coach correlates significantly positively with the empathy the client ascribes to the coach.

Hypothesis 3: The client shows direct agreement with the coaches' sequences of paraphrasing and of addressing the client's feelings.

It uses the following 4 step empathy cycle adapted from an original 3 step version to add the fourth step, client reactions as shown in Diagram 1 below.

## Diagram 1



Since the researchers found no instrument which combines questionnaire data and an interactional observation analysis to assess the coaches' and clients' perception of empathy, they generated a short scale composed of three items on cognitive empathy in identical versions adapted for (1) coach and (2) client using a six-point scale, ranging from 1= totally agree to 6= totally disagree.

To code the interaction the study applied an interaction analysis and code for the 19 coaching sessions by use of the coding scheme Advanced Interaction Analysis for Consulting. They used the codes for paraphrasing and addressing counterpart's feelings (PARA), addressing counterpart's feelings (ACF) of the coach, and client's agreement with the coach (AGR). A working example is shown in table 2 below.

**Table 2.** Example of a typical coaching session.

Speaker	Transcript	Code
Coach	OK, so here I've understood one main aspect which is that you want to have a job. So, you said you have much options and you would like to ascertain which one is the best for you	PARA
Client	Yes, right	AGR
Coach	This means, were do you want to work in the future?	PARA
Client	Right	AGR
Coach	So, do you feel joyful in this situation?	ACF
Client	Yes, a lot	AGR

Note: PARA, Paraphrasing: repetition of an interactional partners' previous statement; AGR, Agreement: in accordance with partner's previous statement; ACF, Addressing counterpart's feelings: Verbalising partner's (positive/negative) emotional frame of mind.

## Limitations

The study mainly focused on younger unexperienced coaches after a special coaching training. These findings cannot be applied to every coaching setting. The coaching approach is one based on a person-centred approach implemented in a university setting. Future studies should consider the impact of the coach's presence on the client's behaviour because it might have an influence on the coaching process. Thus, a coach that is aware of his/her presence could treat the client more empathically compared to a coach who has not developed his/herself in this direction. Despite these limitations, our study is the first attempt to investigate coaches' expressed (cognitive) empathy not only empirically, but with questionnaire as well as behavioural data.

## Conclusion

The main goal of this study was the examination of expressed (cognitive) empathy during the coaching process. The study underscores the importance of young trained coaches expressing (cognitive) empathy during the coaching process and is thus not only useful for experienced coaches but should in influencing coaching training as well.

There is a need for observational data of coaches' actual empathic behavior as its necessary to distinguish between perceptions of behaviour and actual behaviour. If coaches cannot rely on their self-perception regarding their empathic abilities, it is important to analyse which specific behaviour really influences the clients' perception of an empathic coach. The more often a coach paraphrased statements of the client, the higher the clients' rated their coaches' empathy after the coaching process. Studies show that empathy develops more over time.

The empathic behaviour in the study, paraphrasing and addressing counterpart's feelings, can be easily learned and applied as a basic technique to show empathy. Beyond that, the results highlight the importance of basic listening skills.

Further investigation should extend research to other stages of the coaching process and understand which behaviour is most beneficial to the clients' empathy.

# The Coaching/Therapy Boundary in Organisations Coaching

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## ABSTRACT

A literature search revealed a number of differing descriptions of the coaching/therapy boundary. Organisational coaches were surveyed to explore and discover how they made decisions about the boundary in their practice to gain a better definition. Coaches regard coaching as differing from therapy in the sense they feel it's future-orientated, short-term, less deep, goal-orientated, appropriate for clients who are mentally healthy, and organisationally focused. The study showed a high proportion of their practice seemed to be therapeutic. As such, it was difficult to determine theoretical justification for the process and client elements of this definition. Instead of trying to define a boundary, it might be better to accept the indications from the research that coaching has a significant overlap with therapy, and therefore advantageous if coaches were to engage in therapeutic training. With that, coaching could be differentiated from therapy through clear competences and some contextual parameters. For the purposes of this study, it was limited to organisational coaching and omitted life coaching. These types of coaching are regularly treated separately, and some writers alleged that coaching has an organisation focus mitigating any intra-coaching disparities that might confuse the coaching/therapy relationship and therefore highlighting the advantage of facilitating the research question of whether it is coaching's primary focus is on effectiveness at work, rather than personal development, and therefore differentiating it from therapy, this being the only dimension Bluckert (2005) viewed as providing clarity between coaching and therapy.

## LITERATURE REVIEW

More prescriptive concepts of coaching and therapy have been introduced (Bluckert, 2005; Peltier, 2001; Zeus & Skiffington, 2000), whereby certain qualities could be assigned to each practice in a way that enabled differentiation. That said, this brought about other challenges in terms of describing the scope. For example, Peltier's (2001, p. xxvi) definition of coaching as 'action oriented, data driven, present-moment focused and designed for a high-functioning client' marginalises current coaching practice and as such, hard to determine the boundary line. Is another or inquiry required to standardise the coaching/therapy boundary. It's also important to note the four themes, namely: the client, the coach/therapist, the process and the purpose provided a framework for thinking for the study. Zeus and Skiffington (2000, p. 12) gave several examples: *Traditional counselling focuses on exploring reactive problems and behaviours, whereas coaching is proactive and looks to recognise and avert problems before they arise; therapists tend to focus on the resolution of old pains and old issues.*

## RESEARCH METHODOLOGY

Invitations were sent out to third parties, bolstered by direct approaches to organisational coaches on the internet. The questionnaire was designed to keep responses anonymous unless they volunteered their information, response rates and any specific organisations biases were not known. 192 coaches practising in organisations answered the questionnaire. There was a 49:51 split between respondents from a psychological or therapeutic background and those from management or HR with no psychological or therapeutic experience. 48% of all respondents had received coaching training. Neither of these dimensions, or length of experience of coaching, proved to be significant either way to later questions. Although the results presented below are aggregates, the questionnaire response database permitted analysis of individual responses, and the segmentation of one type of response by the results of others. Therefore, checks could be carried out to confirm patterns suggested by cumulative responses reflected individual answers rather than being chance, guesstimated.

## ANALYSIS OF DATA

### Differences between coaching and therapy

Question 1: 'When you think about how your coaching is different to therapy, the things that come to mind are? Answering in their own words. The responses were grouped into themes, guided by the four dimensions mentioned in the Literature Review. Three other groupings showed up namely: future/present versus past plus organisational and no difference.

Table 2. How is your coaching different to therapy.

When you think about how your coaching is different to therapy, the things that come to mind are: [192 Respondents]	Firstly	Secondly	Thirdly	Fourthly	Other
Future/present vs. past	47	14	8	5	0
Process	44	86	89	56	21
Purpose	42	31	19	13	2
Client	34	25	25	11	2
Organizational	15	18	13	10	1
Coach	7	4	9	8	1
There is no difference	3	1	2	1	2
TOTAL	192	179	165	104	29

### Reasons for deciding not to start coaching

Question 2 addressed the reasons why coaches might decline to coach a potential client. 8% of respondents regarded 'significant performance issues' as a good reason for declining to coach, the word significant is used to try to differentiate from 'any performance issue' which in many cases would be precisely the reason why people engage coaching. The view that significant performance issues often arise from psychological problems was not shared. 52% of coaches who responded that the work being likely to be outside their field of competence was not necessarily a very good reason for deciding not to coach, 86% were at times prepared to coach clients with mental health issues, or where psychological problems needed to be addressed, or where clients seemed uncommitted to change.

### Reasons for terminating coaching

Question 3 asked coaches to give their views on reasons why they might terminate the coaching of an existing client. The data shows that many coaches were confident in their ability to manage substantial client difficulties. 'Mental health problems', 'psychological dysfunctions' or 'needing more than normal levels of psychological support' were strong reasons to end coaching. 139 (73%) coaches who didn't answer 'very well' to all three questions, demonstrating quite a wide view of the coaching remit. Of these, 139 coaches, 94 (68%) did not have therapeutic experience, and of these 42 (30%) did not regard 'moving out of my field of competence' as a very good reason to stop coaching. In other words, 22% (42/190) of the coaches who answered this question were not therapeutically trained, nor particularly concerned about their competence, but were prepared to coach clients seemingly showing therapeutic need. 'Persistent performance issues', 'resistance to change' and 'inability to focus on coaching goals' (6%, 12%, and 13% respectively) were not seen as very good reasons. See Table 4 above.

### Discussion of results

The analysis of results showed one of the main features of the research was the alleged inconsistency between coach's theoretical perspective on the boundary, how they thought about and managed it in their practice. The findings of the analysis of practice are now reviewed within the structure of the overall themes of the coaching/therapy boundary shown in Table 2. There was a sense that the process of coaching was perceived as therapy-lite, without coaches having determined in their own minds what they needed to be light on. Respondents cumulatively input almost 300 statements that have been loosely grouped under 'process'. The only common themes differentiating coaching from therapy were that coaching has less depth and is more short-term than therapy. The concern about depth was supported by most coaches agreeing that 'goal achievement required addressing psychological dysfunctions in some depth' was a good reason to finish coaching. However, there was very little agreement that the client having 'persistent performance issues', being 'resistant to change', or unable to 'maintain focus on agreed goals' were valid reasons. Those capable of assessment would likely be therapeutically competent and could simply provide therapeutic support rather than limiting themselves to coaching the mentally healthy.

### Potential ways forward

There appears to be two alternatives. One is to develop coaching as a profession with clear differentiators that sets it apart from therapy where a clear boundary needs to be established. The other is to accept that the coaching and therapy overlap significantly which then would mitigate the need for the boundary but would require the coaching profession to develop a clear description around its context, purpose and process.

### CONCLUSION

The researcher believes that organisational coaching would maximise its potential by accepting that it includes therapy, and coaches would benefit themselves and their clients by being therapeutically trained. He also believes that coaches being clear about their personal competence, coaching characteristics, making them explicit to clients and working within them is more important than the definition or boundaries of coaching and therapy. What was not clear is determining how 'deep' a coach can delve compared to a therapist over and beyond a belief, an opinion through a set of questions versus observational analysis. In support of this perception, the researcher feel that coaching educators and governing bodies might benefit by considering what could be deemed core therapeutic competences for coaches. In summary, the research has indicated that practising coaches overwhelmingly believed that coaching is different to therapy, but their practice did not seem to be in line with their beliefs and that compared to the definition of coaching, many coaches engaged in variations of therapy in practice.

Table 3. Reasons for deciding not to start coaching someone.

How well would the following reasons for you deciding not to start coaching? [138 Respondents]	Dimension	Very well %	Possibly %	Not at all well %
The client had significant performance issues	Client	8	28	64
The client appeared to have mental health issues	Client	57	32	11
The client's goals were more about addressing psychological problems than improving well-being or performance at work	Purpose	47	39	14
The client seemed uncommitted to change	Client/ Purpose	35	38	27
The work was likely to be outside my field of competence	Coach	48	31	21

Table 4. Reasons for finishing or renegotiating a coaching contract.

How well would the following possibilities describe the reasons you decided or might decide to finish coaching or to negotiate a therapeutic contract? [190 Respondents]	Dimension	Very well %	Possibly %	Not at all well %
The client appeared to have mental health problems	Client	66	27	7
Goal achievement required addressing psychological dysfunctions in some depth	Process	55	36	9
The client needed more psychological support than is normal in coaching	Process/ Client	51	40	9
I felt I was moving out of my field of competence (in the case of finishing coaching)	Coach	56	28	16
The client had persistent performance issues	Client	6	42	51
The client was resistant to change	Client	12	47	42
The client was unable to maintain focus on the agreed coaching goals	Process/ Client	13	47	40
The work became past- rather than future-orientated	Purpose	29	53	19
The work became personal rather than relating to improved satisfaction or performance at work	Purpose	21	38	41