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Redaktørens ord

Af Ole Michael Spaten

I foråret 2016 indsendtes mit forslag til den Britiske Psykolog Forening om at præsentere på december konferencen et antal oplæg hvor forskelle og ligheder mellem centrale interventionsformer som psykoterapi, coaching psykologi og coaching skulle fremstilles. Tidsskriftet rummer nu "kronen på værket" efter mange spændende arbejdstimer i næsten to år.

Vi ved fra undersøgelser i Danmark, Europa og andre steder at mennesker i stigende grad søger hjælp fra en af disse tre interventionsformer, når deres egne ressourcer virker utilstrækkelige til at løse dagligdagens problemer. Stigningen skønnes at være i overensstemmelse med den globaliserede verden, hvor det virker som om problemer forøges i deres kompleksitet og afledt heraf en voksende efterspørgsel efter hjælpeprofessionerne, som f.eks. psykoterapi, coaching psykologi og coaching nævnt ovenfor. Dialogen med en forstående nabo og ven synes at være utilstrækkelig og eksperter fra disse interventionsformer mødes i klinisk praksis og konsultation med klienter: Der synes at være tale om en vækst, der er steget de sidste mange år (Schmidt-Lellek, 2017 i Spaten, 2019). Imidlertid er de tre psykologiske interventionsformer ikke kun anderledes når det kommer til teoretiske grundantagelser, men også når det kommer til udmøntningen af de forskellige praksisformer. Dette nummer af tidsskriftet er helliget et forsøg på at blive klogere på disse demarkationslinjer og grænseflader.

Efter at den Britiske Psykolog Forening havde accepteret forslagene til konference præsentation blev der skrevet på forskelle og ligheder mellem de fire store klassiske retninger: Psykodynamisk, Kognitiv-Adfærd, Humanistisk og Systemisk-Narrativ. Mine studerende på 7. semester samarbejdede med undertegnede om at frembringe forskningsbaserede præsentationer, som skulle være klar til konferencen i december 2016, og som endte med flotte tilbagemeldinger fra ledelsen i BPS. Den mellemliggende tid har været anvendt til at skrive egentlige forskningsartikler på basis af de oprindelige konferencenotater. Da disse omsider – ved fælles hjælp – havde opnået en tilstrækkelig kvalitet blev artikelforslag sendt til tidskriftets reviewere og efter tilbagekomst fra review gennemskrevet flere gange. Dette nummer af tidsskriftet bringer 4 artikler, dels en artikel der præsenterer det generelle overblik samt tre artikler der rummer en fremstilling af de enkelte skolers bidrag samt en vurdering af 13 klassiske spørgsmål der anvendes til at skelne især imellem coachingpsykologisk og psykoterapeutisk intervention. Sluttelig rummer tidskriftet et bidrag der omhandler anvendelsen af coachingpsykologi i forhold til unge universitetsstuderende. God læselyst

Visiting the psychotherapy versus coaching psychology conundrum

By Ole Michael Spaten

Abstract
This article presents similarities and differences between psychotherapy, coaching psychology and coaching, and hence discusses boundaries between these diverse fields of practice. The article will cover prevailing arguments and descriptions in the scientific community, and major differences in relation to the application in daily practice. Similarities and differences are discussed in the light of scientific research and different theoretical perspectives, including both classic and recent scholars. Main differences are; the clinical/non-clinical perspective and educational differences. Finally, some central concepts from the fields are presented in a table for a proposal of distinctions and interfaces. A comprehensive education in combination with an understanding of the differences and similarities between the three intervention forms is of significant importance for the professional working in either of the fields.

Keywords: *psychotherapy, coaching psychology, coaching, boundaries, interface*

People are seeking interventions from the helping profession

Psychotherapy, coaching psychology and coaching could be described as three different form of intervention. On a general level, and overall on the rise, people seek help from any of these three forms, when their own resources seem inadequate for solving the problem. This is in concordance with a globalised world, where it seems that encountered problems grow in complexity, and hence a growing demand for helping professions (Hill, 2014) like psychotherapy, coaching psychology and coaching, mentioned above. It seems that a dialogue with an understanding friend is no longer enough and experts from these fields are called into consultation; a growth which has expanded over the last many years (Renton, 2009; ICF, 2012; Schmidt-Lellek, 2017). The three psychological fields are not only different when it comes to the theoretical aspects but also when it comes to the application of the diverse fields of practice. This article will further dwell into the theoretical foundation, and

focus on differences as well as similarities between the three forms of intervention including the scientific research, the academic discrepancies, and definitions by classic and more recent scholars in the literature.

First, it will take a closer look at the interface between the fields, and present how the various fields are underpinned by scientific research. The field of therapy has a more than 100-year long tradition from Sigmund Freud (1920, 1950), when he around 1900 published his research, notable his five profound client case-stories, and further onwards until research on the therapeutic alliance with emphasis on tasks, bonds and goals (Bordin, 1979). Then also worth the mention a fair amount of research on relationship issues (e.g. O'Broin & Palmer, 2010; O'Broin & Palmer, 2012; O'Broin, 2016), and psychotherapy research in between. There exists a huge amount of systematic, scientific research, which with rigor demonstrates the state of the art of psychotherapy.

Psychotherapy

The concept of psychotherapy is derived from Ancient Greek psyche (ψυχή meaning "breath; spirit; soul") and therapeia (θεραπεία "healing; medical treatment") (Vinay & Math, 2016). When psychologists do therapy deriving from these conceptual roots – we can understand it as a healing treatment of the mind (soul). More specific, psychotherapy is assumed as a treatment method for mental illness, such as psychoses, phobias, personality disorders, eating disorders, as well as anxiety, depression and stress (Spaten et al., 2017). Psychotherapy typically takes the form of a conversational treatment, in which the psychotherapist through conversations tries to "cure" the client's psychological problem. The common rationale for therapeutically interventions is considered to be, that the client – through the treatments (and often through this "talking cure") – is able to explore, and gain insight into patterns of emotions, thoughts and behaviour, and then – possibly – be able to change these problematic and unhealthy ways of feeling, thinking and acting (Hill, 2014).

According to APA (American Psychological Association), the focus in psychotherapy is 1) considered to focus on: "(…) the psychologist and the client–patient bond and an agreement related to the treatment, goals and tasks" (APA, 2017). The focus mentioned above is one of the most agreed

upon active ingredients in the three intervention forms; namely the relationship, whether it be the therapist-client bond or the coach-coachee bond (O'Broin & Palmer, 2012; O'Broin, 2016). Another important aspect emphasized by APA in this first paragraph, is the goal and task oriented focus in psychotherapy, which is also a central element in coaching and coaching psychology: Namely the much-researched notion of the therapeutic alliance, e.g. the bond, goals and tasks (Bordin, 1979; Palmer & McDowall, 2010). These two central aspects; the relationship and the goal and task oriented focus can be extracted as similarities between the three forms of intervention.

Another important part of psychotherapy, is 2) that the content of "psychotherapy may also include symptom relief, personality change and reduction of future symptomatic episodes", (APA, 2017). This second paragraph emphasizes these aspects, which requires deep knowledge and experience within clinical psychology and the ability to make informed choices regarding e.g. differential diagnoses.

Additional psychotherapy may include 3) "enhancement related to quality of life, the promotion of adaptive functioning in work/school and relationships, and increase in the likelihood of making healthy life choices, as well as other agreed upon benefits" (APA, 2017).

The third paragraph concerns something related to a broader picture as quality of life, adaptive functioning, making healthy life choices etc. We assume that all of these tasks and goals (from the third paragraph) could be on the active agenda, whether you are working as a clinical psychologist, a coach or a coaching psychologist. Therefore, we will conclude, that the boundaries between these forms of intervention are blurred, not distinct and sharp.

APA, BPS and DPA

Both the American Psychological Association (APA), the British Psychological Society (BPS) and the Danish Psychological Association (DPA) have carried out work in special knowledge groups to further enhance the scientific base of coaching psychology and strengthen the application of this rather young discipline (Grant et al., 2009). Through this work, it has become more apparent that coaching psychology and coaching – on a number of areas – share both similarities and differences.

Coaching

Coaching is aimed to help the well-functioning person (coachee), who wants to improve life-style, performance and well-being. Timothy Gallway did one of the now classic attempts to define coaching in this vein: Coaching "…is the art of creating an environment through conversation and a way of being that facilitates the process by which a person can move toward desired goals in a fulfilling manner" (Gallway, 1974).

It is recognised, and easy agreeable, that one major task of the coach is to create a fruitful environment where conversations can take place. The coach should be understanding, accepting and facilitate the process for the coachee (making bonds) which might lead the coachee's in a direction towards their goals. Gallway points in his "Inner game" book to both tasks, bonds and goals and this characterisation is certainly at the core of coaching, but coaching psychology advances the scientific endeavour.

Coaching psychology

Coaching-psychology was joint defined by scholars from UK and Australia at the turn of the century: "Coaching Psychology is for enhancing performance in work and personal life domains with normal, non-clinical populations, underpinned by models of coaching grounded in established therapeutic approaches" (Grant & Palmer, 2002). The goal is defined to enhance performance in work and personal life AND importantly, that coaching psychology is based upon and underpinned by coaching models grounded in established therapeutic approaches.

In this coaching psychology approach, it stands clear that a boundary is to be found about both the population that coaching psychology applies to and the circumstance, that coaching psychology is grounded in scientific established therapeutic approaches. This is an important difference between coaching and coaching psychology. Only qualified and accredited psychologist offers coaching psychology services, and this might be important in some client cases, where diagnostic competencies could be necessary to determine where the limits of a coaching intervention is to be drawn.

This above mentioned and first coaching psychology definition (Grant and Palmer (2002) reaches, back to the scientific and therapeutic roots; the next one below points to both performance and well-being, and furthermore broadens the psychological roots. It derives from the British Psychological Society where its Special Group of Coaching Psychology (SGCP) agreed upon this definition: Coaching psychology is for "(…) enhancing [of] well-being and performance in personal life and work domains underpinned by models of coaching grounded in established learning theory or psychological approaches…" (Palmer & Whybrow, 2007). Later it has been extended a bit in its foundation; coaching psychology is "(…) underpinned by models of coaching grounded in established adult and child learning or psychological theories and approaches" (Palmer, 2017).

These coaching psychology definitions are rather similar to one another and broadens the scientific base on different roots, and in this respect appears different from the current knowledge base in coaching. Anyhow, they seem similar to coaching when the subject of both coaching psychology and coaching is the client's performance, and that the population is "non-clinical".

A closer look reveals furthermore that the specific coaching psychology definitions distinctly mentions the scientific base from the well-established theories on adult learning, psychological and therapeutic approaches in general (Grant, 2014; Palmer & McDowall, 2010; Spaten, 2013). Whereas this is not the case regarding the general definition about coaching from Gallway – and this seems to be both the problem and the solution – could this be where the Master Coaching Psychologists comes in?

In the following section the different definitions of the three disciplines will be summarized and concluded upon and a further elaboration will be made to clarify how these definitions are relevant for the purpose of this paper. To lead off chronologically we will begin with the reviewed definitions of psychotherapy. An important aspect which can be drawn from these, are the clinical oriented focus in psychotherapy as opposed to coaching and coaching psychology. Psychotherapy is as earlier mentioned assumed as a treatment for mental illness, including therapy intended to "cure" some of the "heavier" clinical psychological diagnoses. It can be summarized that psychotherapy partly operates on an intervention level, which is more treatment-oriented towards the client with a mental illness on a more severe level, than for instance mild symptoms of anxiety, stress and depression, which is sometimes also found in

the coaching and coaching psychology practice (Spaten, 2018 in press). It can be said, that the healthy individual is the goal in psychotherapy - not the baseline, as opposed to coaching and coaching psychology where the starting point is the well-functioning person and healthy individual (the non-clinical population). The discussion of the clinical/non-clinical focus will be further elaborated upon in the following sections and the term "grey zone" will in continuation of this be introduced and defined.

Turning to coaching and coaching psychology – by first glance they might appear similar, but as earlier mentioned coaching psychology is conducted by psychologists and can be understood as a method to quality assure coaching by bringing the psychology element into the field. Psychology contributes with scientific established therapeutic approaches and psychological models (Grant 2008). To conclude; in concordance with the globalised world and a growing demand for helping professions, it is of significant importance for the professional working with a client/coachee to be able to differentiate between different forms of intervention in order to help the client/coach in the best way possible. The definitions above lead to an increased focus on the differences and similarities between the three disciplines, which leads to a broader understanding of the different intervention levels and how these relate to the application in practice. Therefore, the definitions of the three intervention forms is a central element in this paper, which has the purpose of increasing the understanding of differences and similarities between the three intervention forms.

Psychological treatments

It could be the case that the future might include a call for science, research and evidence-based practice (Cuzzolaro, 2015). Already some years ago Zachariae stated: (…) in the future, there is no reason to believe, that psychological treatments will avoid demands of being subjected to quality assessment" (Zachariae, 2007). Practitioners and researchers in coaching as well as coaching psychology will seek knowledge about what works for whom, and why, and the search for 'evidence' can be seen as an attempt to systematically evaluate, which treatments are: a) actually working, b) working better than other treatments, and c) is cost-effective (Bettinger & Baker, 2014; Cuzzolaro, 2015).

This and other statements during the last 20 years has led to some guidelines for the base of quality judgments integrating research, clinical expertise and client variables. Hence, evidence-based coaching practice incorporates best current knowledge drawn from coaching-specific research, the coach's own expertise, and incorporates preferences of the coachee (Stober & Grant, 2006). It is a practice that integrates the best research with psychological expertise; seen in the context of the client's individual features, culture and preferences (APA, 2017).

Differences
Clinical or non-clinical population
Folklore tells that therapy deals with the dysfunctional, whereas coaching is aimed at the functional in order for (well) functioning people to become even more functional or perhaps even exceptional well doing.

This distinction also reflects itself in coaching definitions as formerly outlined by the British and Australian psychology Societies: "(…)with normal, non-clinical populations" (e g., Grant, 2001). The two founding father and "grand old men", Anthony Grant (Sydney, Australia) and Stephen Palmer (London, England) underscores the distinct population and the performance related to goals in work and private life, plus the systematic, scientific and therapeutically foundation. But as we will discuss later the boundaries become more blurred.

Scientific foundation and margins
The field of coaching psychology is based on psychology's centennial knowledge base within learning as well as psychotherapy, and this is also the starting point when coaching-psychology is defined as an applied psychological discipline (Grant, 2011). The foundation is thus the same for several of the psychological disciplines. As an example taken from US, then "Counseling" psychologists and coaching psychologists often do work in the same field and perform many of the same things as clinical psychologists do (APA, 2017). Nevertheless, what often differs between these applied disciplines is that the above distinction is drawn between "non-clinical" and "clinical" populations.

By looking wider across the fields, it can become more clear, and thus differences and similarities between counseling, coaching and clinical psychologists will appear. In addition the American Psychologist Association writes that: "…counseling

psychologists tend to focus more on persons with adjustment problems, rather than on persons suffering from severe psychological disorders. Counseling psychologists are employed in academic settings, community mental health centers, and private practice (…)". However, remarkable the basic training and education in these fields are very similar: "(…) recent research tends to indicate that training in counselling and clinical psychology are very similar" cited from the American Psychologist Association Division17.org homepage (APA, 2017). There exists no sharp demarcation, and we can sum up that "clinical / non-clinical population and problem" often will be the basis of judgment about the involvement: Will the intervention be coaching / counseling on one side or should it be clinical psychology / psychotherapy instead?

Clinical or non-clinical problem

Coachee's, who enter the coaching "room", are often "clients well to do", and these well-functioning people wants something to become better in their life and / or work-life. The coaching psychologists can make an assessment, which indicates that there is a need to shake up some too habitual responses and daily routines – that life has gone into "old-school" comfortable patterns of thought and behavior. By 'looking' into the stability and routines in the daily life the coaching dialogue tries to create new understandings and recreate flow, energy and maybe even different and new-created actions and thoughts in daily life. When the client is well functioning the task of the coach is to "…afflict the comfortable…", Cavanagh (2006).

Conversely, the clients we refer to the clinical psychology practice or to psychotherapy will be clients typically in the dysfunctional field disturbed by e.g. destructive thoughts, or unstable relationships: It could be depression or maybe the level of anxiety is so high that it's hard to work and function well in their daily life? The client may have been doing just hardly OK, but is on the brink of chaos. When the client appears at the doctor or psychologists office slipping into chaotic, destructive thoughts, emotions or patterns of action; the goal of psychotherapy is to reduce the sense of chaos and establish a new stability, with supportive and constructive thoughts, emotions and patterns of action. In this latter case the psychologist should be able "… to comfort the afflicted…" While testifying coaching as opposed

to psychotherapy Cavanagh (2006) contrasts the practice of "comfort the afflicted" in psychotherapy versus "afflict the comfortable" in coaching.

Working on the borders

How do coaching psychologists handle clients, which can be defined as being in the grey zone between a clinical and a non-clinical issue? Sometimes we meet clients with a specific wish to do coaching or who seeks coaching instead of therapy. Szymanska says that it is "…clients who do not want to seek psychotherapy or have low grade symptoms embedded within coaching specific contexts…" (2007). At some point we are not always able to – or want to – make a distinct diagnosis during coaching. A range of grey zone areas has been discovered, (Spaten et al., 2017), and the client may very well fall in between distinct categories (see table 1).

Table 1. Mild and moderate forms of Depression, Anxiety and Stress

Mild and moderate cases of **depression** can be: low mood, discouragement, sadness, gloom, absence of motivation, lack of desire for involvement and commitment, powerlessness, vulnerability and appetite changes.
Mild and moderate cases of **anxiety** can be: anxious, nervousness, rapid breathing, myriads of thoughts and rumination, difficulty sleeping, restlessness, and various degrees of worry.
Mild and moderate cases of **stress** can be: difficulty in concentrating, memory problems, irritability, not being able to settle down and relax, possibly altered sleep patterns, experience of pressure and (possibly) unrealistic expectations for themselves / or others.
There is a high degree of overlap (co-morbidity) between these three problem areas.

According to Szymanska, 2006, 2007 the coaching psychologist will encounter these grey zone problems around depression, anxiety and stress in the coaching practice, and an important discussion is launched: "How to recognise the signs and what to do next" (ibid.). It is pinpointed that an important competence is to state a clear contract and be able to make differential-diagnostic assessments.

Coaching is concerned and defined to work with non-clinical populations and non-clinical problems and when the coach and coachee in unison determines that it *is* a coaching relation. Anyhow, bearing these last distinctions in mind, it is particularly important to state that coaching will reach it's limits, if the coachee is no longer adequately able to do stable self-management. In this case, the coachee must be referred to psychotherapy and the contract must be redefined.

As mentioned earlier there is another major dividing line between therapy and coaching which will be presented below.

Goal focus as a marker of difference

There is a further demarcation line to be drawn between therapy and coaching and it stems from a differentiation concerning content-associated parts of the intervention: What is the goal; and this question could be connected to the difference between "personality development" and "personnel development" (Schmidt-Lellek, 2017).

Personality development is linked to psychotherapy and deals more broadly with the person's complete life-world, including conscious and unconscious experiences and aims to achieve a supreme level of healing and maturity of personality.

Personnel development is linked to coaching, and deals more broadly with work-related aspects of a person, e.g. roles and functions in a workplace, and aims to reach a supreme level of effectiveness in the person's performance at the job (Schmidt-Lellek & Buer 2011). Anyhow, this distinction might also be challenged because both internal and external conflicts can happen in the same person's life. Life-coaching has been proposed as a response to this double-sided aspect of the intervention (ibid; Spaten, 2018 in press).

Following the demarcation on goal related aspects of the intervention Grant (2014), states that almost every definition of coaching and coaching psychology explicitly contains references to a specific client outcome; which means that the client must reach personal, professional or career oriented goals. Thus, according to Grant, we can identify a complementary understanding of the distinction between psychotherapy and coaching through the degree and nature of goal focus.

In a literature study, Grant (ibid.) clarifies the degree of goal focus by accumulating a number of organizations and researchers' suggestions on what the meaning of coaching is. Coaching should, for example, help coaches to"…maximize their personal and professional potential" (ICF, 2012), or to help clients to "…improve their performance or enhance their personal development" (EMCC, 2011), or coaching should build a managers "…capability to achieve short and long-term organizational goals" (Stern, 2004, p. 154). Grant claims that the strong goal-focused orientation in coaching is in contrast to the goal of psychotherapeutic modalities, which has mostly focused on "research into the working alliance" (Grant, 2014, p 23).

We also find goal focus in a previously definition of coaching, where coaching was defined as improving and increasing "…life experience, work performance and well-being for individuals, groups and organisations…". Other studies have also shown that a strong goal focus goes across the major coaching psychology schoolars (Spaten, 2013). Psychotherapy and psychotherapy research has been much more focused on the working alliance and the quality of the relationship between the therapist and the client (Hougaard, 2004). The field is often discussed as the so-called "non-specific factors" in psychotherapy outcome (ibid.). These factors are considered to be of greater significance for the psychotherapeutic outcome than the applied theory and main psychotherapeutic traditions.

Hougaard (2004) has presented psychotherapeutic research, which compiles descriptions of a number of nonspecific factors; important among others are a) Therapist-Client Relationship, b) Expectation Factors, c) Common Clinical Strategies. A supportive therapist-client relationship is estimated to account for 30 pct. of the variance in the psychotherapy-outcome; whereas theory and technology accounts for only 15 per cent. We can conclude that a supportive relationship in psychotherapy is of greater importance than the specific theory and technique used by the psychotherapist (Lambert & Barley, 2001).

Recent research in the field of coaching, has nevertheless, showed that theory and technology (e.g. goal-theory) accounts for 18 pct. of the variance in outcome, whereas a supportive relationship accounts for only 8 pct. of the variance in outcome (Grant, 2014). These empirical findings documented by Grant (ibid.) support the arguments presented by Segers & Vloeberghs already in 2009; that when it comes to coaching, theory and tech-

Figure 1. Psychotherapy and coaching psychology and coaching

	Psychologist		Coach
Intervention	Psychotherapy	Coaching Psychology	Coaching
Education and training	BA., BSc., MA, MSc., Ph.D, DPsych., Licensed, Chartered		Present coach training varies from few days to full year. Education & training for coaches are not transparent regarding e.g. entry level requirements. What are the common requirements to receive a certificate as a coach (by ICF or EMCC)?
Certification and credentials	Chartered and licensed psychologist have met very specific, rigorous, transparent minimum criteria which includes formal education and supervised hours overseen by government and or APA, BPS, DPA		The ICF and EMCC process for certification are self-governing, self-monitoring and non-transparent

nology have more importance than in psychotherapy (Grant, 2014).

Ending and covering

The first possible, and major, dividing line between psychotherapy and coaching was about clinical and non-clinical population / problems. The second, major dividing line between psychotherapy and coaching is then settled about the degree and nature of goal focus. A supportive relationship and a fruitful work alliance are of course still important in coaching. But, at the same time, the latest research indicates that the differences that exist between psychotherapy and coaching are significant in relation to the extent to which we can extrapolate findings from psychotherapeutic research (Grant, 2014; Schmidt-Lellek, 2017). There is no research which supports an uncritical transfer of findings, knowledge and insight from the psychotherapy field to the coaching field on a one-to-one basis – although there is a lot of common goods in the luggage. In the end, further research has to be done to make us more aware of similarities and differences.

Finishing remarks on similarities and differences

We find major differences concerning e.g. education, certification, governing bodies and ethical issues between psychotherapy / coaching psychology and coaching, and some of them are shown

in figure 1 below. Coaches lacking psychotherapeutic knowledge should need to co-operate with psychologists or psychotherapists, thus giving a smooth link to referral if required. Further education and courses containing e.g. main psychological disorders and current diagnostic manuals like ICD-10 are furthermore highly suggested. It is important to know that coaching never can substitute psychotherapeutic treatment when severe psychological dysfunctions or problems affect a person's capacity to work (Schmidt-Lellek, 2017).

Figure 1 contributes to a general overview over the different forms of education directed towards psychotherapy/coaching psychology and coaching and hence adds an increased focus on the differences between them. The first column in the table above is centred around which form of education that qualifies a person, to work in the field of psychotherapy and coaching psychology (which education wise can be placed in the same category). In order to work in these professions a bachelor degree, master degree, Ph.D. or doctorate is acquired. In addition to this supervision is also a requirement for the psychotherapist/coaching phycologist in order to obtain their licence/certification. To summarize; in order to work in the field of psychotherapy/coaching psychology specific criteria must be met, which includes a high amount of training, education and supervision. The second column is centred on the coaching education.

In order to work in the coaching profession an education which varies from a few days to a full year is required. A significant difference between the two education forms is the duration which differentiates with several years. The education which is aimed towards the practice of psychotherapy/coaching psychology requires a university degree and further supplementary training, whereas the coaching education stretches over a shorter period of time and does not require further education. Another difference between the two, are the self-oriented focus in the coaching education including self-governing and self-monitoring, whereas a second perspective (supervision) is an important tool in both psychotherapy and coaching psychology. Supervision contributes to the learning aspect and adds further scientific endeavour to the education and the field in general (Palmer & Whybrow, 2007).

These differences mentioned suppressed in the table above will be further discussed and expanded upon in an upcoming second part of this article.

Conclusion and outlooks

The article has drawn on available material in the international research community, and has thus attempted to identify boundaries between psychotherapy, coaching psychology and coaching. During this process, it has become clear that both differences and similarities exists between the three intervention forms. Some of the main differences are as earlier addressed the non-clinical/clinical perspective, how the three disciplines operate on different intervention levels, the educational differences and the scientific research which underpins them. Some of the similarities between psychotherapy, coaching psychology and coaching is primarily the relationship, which is of great importance whether it be the therapeutic alliance/the therapist-client bond or coach-coachee bond. Another similarity is the goal and task oriented focus, which is to be found to some extend in all three intervention forms. The similarities and differences, which have been elaborated upon during this paper, has contributed to a broader understanding of the both theoretical and practical aspects related to the three disciplines. As earlier mentioned there is a growing demand for helping professions in the globalized world and it is therefore of greater importance than ever for the professional working with a client/coachee to be able to differentiate

between these professions. The professional should know how the professions are alike and how they differ - and it what way. Hence, it becomes easier to help the client/coach in the best way possible. Future research will seek to reveal further similarities, differences and boundaries in relation to these related activities. Furthermore, knowledge about quality and continuing education in relation to both psychotherapy and coaching and how choices should be made between the best intervention forms should be produced.

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Psychodynamic
Therapy, Coaching and Coaching Psychology interface

By Laura Holm Dalsgaard, Nadja Lagoni Holst, Tanja Ryberg Jensen & Ole Michael Spaten*

Abstract
This article will provide an overview and discussion of the psychodynamic school of coaching psychology and psychodynamic therapy. Furthermore, we will consider some of the main similarities and differences in the application of psychodynamic coaching with a special focus on distinctions between therapy and coaching. These distinctions will be presented as thirteen bullet-points.

Keywords: *psychodynamic coaching, psychodynamic therapy, similarities and distinctions, coaching versus therapy*

Psychodynamic psychotherapy, psychoanalysis and psychodynamic coaching

First, an important distinction is made between psychoanalysis and psychodynamic psychotherapy, where psychodynamic therapy is theoretically and methodologically inspired by psychoanalysis, but without complying with the special rules that apply to a classical psychoanalysis. Psychoanalysis was conceived by Sigmund Freud and can shortly be defined as a set of psychological theories and techniques rooted in the notions of the conscious, preconscious and unconscious, and a wide range of other concepts (Freud, 1920, 1950). Psychodynamic coaching is a particular way of working with people in their personal and professional development and the aim is to help or support change, either in the person's personal life or at work. Psychodynamic coaching offers development and improvements of individuals and other arrangements, which will be expanded upon below.

Introducing psychodynamic coaching

This first part of the article is structured to briefly label a few general descriptions of what characterise the intervention form established with the term psychodynamic coaching.

In Denmark, the work and title "psychologist" is a protected title whereas anybody can call him-

self or herself a coach, which also indicates that coaching calls for a theoretical standpoint. In recent years, there has been an increase in the demand for coaching services in Denmark, and there is an increasing demand for coaching in people's work-life (Spaten, 2013). Still there is not a common understanding of what characterises professional coaching. An evidence-based approach is fundamental and necessary for us if we are about to achieve consensus in this diverse field (Spaten, 2013). Psychodynamic coaching occurs as a concept by combining coaching with psychodynamic theory. Psychodynamic coaching, which balances between coaching and therapy, raises the question who can properly and meaningfully practice this type of intervention.

Psychodynamic coaching - as an intervention form can be conducted in many ways - there may be individual psychodynamic coaching, and there may be psychodynamic coaching of couples – which is addressed as "Psychology of the meeting". Psychodynamic coaching is furthermore used in relation to groups and finally psychodynamic coaching may be conducted in organisations. As an applied psychology, there exists a wide range of forms of practice.

A crucial determinant of psychodynamic coaching is to perceive the conversation as a process that links the coachee's past and present as a basis for creating a desirable and realistic future.

Psychodynamic coaching operates with the concept of an "implicit context" in coaching. The idea behind the concept is that the coaching process can give the coachee an opportunity to exceed an exclusively individual understanding of the problem and propose a broader understanding and framework for explanation. The term "implicit context" also relates to the issue of transference.

According to Beck (2009; 2014) psychodynamic coaching works with a particular structure for the progress and content of coaching processes with four distinct and different steps. The steps are termed: 1) the coachee's request for consultation; 2) first coaching session: goals and framework; 3) the course of coaching sessions and as the final step 4) conclusion: evaluation and goodbye.

Following Beck (2009) psychodynamic coaching can be compared with a conversation, but it is not *therapy*, although paradoxically it has recently been called "therapy for normal functioning people". Psychodynamic coaching is a hybrid that combines psychodynamic theory with the practice found in psychoanalysis, group analysis, therapy, supervision, role analysis, personal development, and groups and coaching. Psychodynamic coaching, focusing on in-depth understanding of human nature and how the coachee's subconscious affects the interaction with the outside world (Allcorn, 2006). Psychodynamic coaching deals with a current problem in the light of the past and aims to investigate the coachee's unconscious. Psychodynamic theory differs from other theories by emphasising the notion of the unconscious. In psychodynamic coaching, the present has an important impact, which can be seen as a limitation in the psychodynamic coaching. There will be problems that can't be fixed and there are goals that only some can reach (Beck, 2009).

In the following presentation, we will touch upon and seek to clarify what specifically characterises psychodynamic coaching and psychodynamic therapy on thirteen selected points. A short introduction of a range of differences and similarities between these two forms of intervention will be offered alongside the following thirteen bullet-points, according to existing literature within psychodynamic psychotherapy and psychodynamic coaching. However, the practical structure of the coaching sessions are built upon Beck's (2009; 2014) understanding of psychodynamic coaching. Ulla Charlotte Beck have graduated after education in social studies and psychology. She is the author of the book "*Psychodynamic Coaching – focus and depth*" (2009), several chapters and articles regarding psychodynamic coaching and has been practicing psychodynamic coaching in private practice and in companies since 1988.

1   The coaching relationship builds on trust and confidentiality

Yes, across all psychological approaches to coaching and therapy there exists a consensus that the relationship between the client/coachee and the coach is built on trust and confidentiality. The psychodynamic approach is no different. Trust is perhaps especially important in the psychodynamic professional relationship because of the necessity of the client/coachee opening up to the coach about early childhood experiences. Furthermore, a psychodynamic agenda means that the client will have to work with both conscious and unconscious feelings, emotions, wishes, motivations and pat-

terns before development can occur (Beck, 2009; Allcorn, 2006). This process depends on the joint effort of the client/coachee and the coach. Additionally, the success of this process also depends on the professional relationship.

There is no distinction between psychodynamic coaching and psychodynamic therapy regarding the importance of trust and confidentiality in the professional relationship. The coach needs to be psychologically present and pay attention to the emotions that arise in relation to the coaching work including jealousy, envy, powerlessness and disclosure (Visholm, 2011).

2   Requests to understand 'unconscious motivation'

Yes, both psychodynamic therapy and psychodynamic coaching work with conscious, preconscious and unconscious processes. The unconscious processes and patterns are therefore essential when working with coachee's in psychodynamic coaching.

According to Nancy McWilliams, (2004) the overarching theme amongst psychodynamic approaches is to help people focus on honesty among themselves, and on better chances for living a satisfying and useful life. Although there are many different psychodynamic approaches, McWilliams mentions, that there is not one true technique in psychoanalytic therapy. Anyhow, according to Mitchell and Black (1995), three things are mentioned with widespread consensus: Respect for the mind's complexity, the importance of unconscious processes and the value of subjective experiences (McWilliams, 2004).

Psychodynamic coaching is an effective tool to work "deep", concentrated and targeted with the coachee. There are universal beliefs and attitudes underpinning the effort to apply psychodynamic principles to the understanding and growth of another person. The coach's work is active and focus indirectly on the coach's work with him- or herself as an instrument receiving both the conscious and unconscious processes that are present in the relationship and in the parallel processes generated through what is told during coaching conversations. It is mainly through the understanding of the parallel processes and the process of the coach-coachee relation that the movement and the enduring change development are created (Beck, 2009). When unconscious patterns and dynamics be-

come conscious, it becomes possible to work with them. When unconscious relations are brought to consciousness, it is not only because of a cognitive insight or understanding established, but a simultaneous deeper emotional inner connectedness (Beck, 2009; Allcorn, 2006).

Personal development consists of making the preconscious conscious. When there are no actual dysfunctions – (human pathologies) – but frustrating, unwanted or unsatisfactory conditions within the normal range, it can be developmental stimulating to uncover the preconscious relations. It allows you to make conscious choices of change in life.

There is no distinction between psychodynamic coaching and psychodynamic therapy regarding the attempt to understand unconscious motivation.

3   The coaching relation is "non-directive"

Psychodynamic coaching focuses on a joint effort of the coachee and the coach. In the first coaching session, the coachee and the coach will agree on the overall focus and goal for the sessions and additionally discuss the roles of respectively the coachee and the coach (Beck, 2014).

The success of the sessions relies on the compliance of both the coachee and the coach. It is important that the coachee is willing to be open-minded and speak honestly to the coach. If these conditions are not met, the coachee will not encounter insight or development. Therefore the coachee must work and do 'free-associations' and acknowledge feelings that emerge in the sessions as opposed to trying to hide, lie or embellish the truth. Furthermore, the coach must engage in the coaching sessions to the best of his or her abilities. The psychodynamic coach must offer possible hypotheses and will obtain knowledge through questions, structure and tasks. The hypotheses must be based on knowledge, experience and what is said and felt in the sessions. If problems emerge regarding these processual requirements, they must be included and discussed during the sessions (Beck, 2014).

It is essential that the process and atmosphere of the psychodynamic coaching sessions is kept open because the coach cannot know and tell what will be discovered. The coach can achieve this by constantly being curious and open to all unconscious material (McWilliams, 2004). The coach will by asking the "right" questions help the coachee's dis-

cover their true selves and find their true wishes for the future.

Essentially the coach is not directing or giving the coachee's "the answers" but helping them discovers it themselves. "*The goal of psychodynamic coaching is that the client – through insight – can combine the past, the present and wishes for the future to make realistic action plans.*" (Beck, 2009, p. 14).

Psychodynamic coaching is more action based than psychodynamic therapy. As previously stated, psychodynamic coaching revolves around a defined topic or problem, where the success of the coaching sessions depends on the joint effort of respectively the coachee and the coach. In that sense, psychodynamic coaching is slightly more directive than psychodynamic therapy. There is no distinction between psychodynamic coaching and psychodynamic therapy in the sense that the coach/psychologist will not provide the coachee with the "right" answer (Roberts & Jarrett, 2006).

4   The work is focused on here-and-now problems

In psychodynamic coaching the coach and coachee work with a defined problem and a specific goal for the coaching agenda. The aim is a structured personal development, which creates increased courage to act and focus. Coaching is both oriented towards individuals and work relations in organisations, and aims to understand and process what is happening around them. Psychodynamic coaching works actively and focuses directly towards the coachee's problem. The focus deals with what the coachee wants to work on or improve right now, and if something else appears along the way it will be taken up after the current coaching sessions (Beck, 2009). The coachee will finish one problem at a time, which is mainly because coaching is time-limited. The purpose of psychodynamic coaching is to make the coachee's discover and achieve insight in their own history, personal patterns, internal structure and the current context.

Furthermore coaching can help the coachee connect past, present and hopes for the future with realistic possible actions. This requires that the coachee goes through the demanding process where preconscious and unconscious processes are made conscious (Beck, 2014).

There is a distinction between psychodynamic coaching and psychodynamic therapy. Psychodynamic coaching is more intense, stretches over a shorter period, works with a limited subject and focus on what is relevant right now in the coachee's life. Psychodynamic therapy is more open to deal with problems occurring during the sessions, and might have more focus on the impact of the past than on the here and now.

5   Transference plays a major and significant role in the coaching sessions

Yes, a key factor in the psychodynamic approach is the relationship between the coachee/client and the coach/psychologist. Essentially, the concept of transference and countertransference makes it possible to understand and work with the relationship between the client and the coach.

The concept of transference refers to the redirection of the client's unconscious feelings, fantasies, attitudes etc. for a significant other transferred to the coach (Busch & Milrod, 2009; Diamond, 2013). The psychodynamic reasoning is that these unconscious feelings repeat themselves in the relationship with the coach because the coachee is unconsciously trying to recreate an original relation. Transference can be played out in many forms, such as dependence, lust, hatred, mistrust, attraction towards the coach etc.

The concept of countertransference on the other hand refers to the unconscious anchored feelings that arise in the coach during the sessions with the client (Betan & Westen, 2009). These unconscious feelings and emotions disrupt the coach from working with free-floating attention - a concept by which the coach listens to the client in a completely aware manner with no preconceived ideas. This, however, is an ideal situation that most likely cannot happen completely. Countertransference is almost as important to understand as transference because the coach's examinations of their countertransference provide valuable insight into the client's transference. The coach must be open and curious to countertransference, because once these unconscious processes have been identified; the coach can use this knowledge to work with the feelings and emotions of the client.

The relationship between the coachee and the coach, including transference and countertransference, provide extremely important data which in turn helps the coach to form and test hypotheses (Busch & Milrod, 2009).

There is no distinction between psychodynamic coaching and psychodynamic therapy regarding the concepts of transference and countertransference.

6   The main emphasis is on direct problem solving

As previously, stated, psychodynamic coaching is a particular way of working with people's personal and professional development and the aim is to help or support change. The goal of psychodynamic coaching is to facilitate (more) insight; thus the coachee can make (more) realistic action plans. This is achieved by combining the past, present and wishes for the future.

The psychodynamic coaching agenda will have a defined and delimited focus that will define the structure and overall purpose of the sessions, thus making the emphasis of solving the problem that the coachee sought coaching for quite important. However, solving the coachee's problem is done by facilitating development or change in the coachee (Beck, 2014).

There is a distinction between psychodynamic coaching and psychodynamic therapy regarding the emphasis on direct problem solving. Psychodynamic coaching revolves around a specific and defined subject that in a specific number of sessions is supposed to be resolved, whereas psychodynamic therapy revolves around what is important for the client right now in the moment in the therapy session. In psychodynamic therapy, the main goal is not to solve the client's problems, but to facilitate development in the client, thus making the psychodynamic therapy agenda stretch over a longer period compared to psychodynamic coaching.

7   The psychodynamic coaching agenda is time-limited

As mentioned earlier in this paper, psychodynamic coaching works with a defined problem and a specific goal within a certain period. The aim is a structured personal development, which creates increased courage to act and focus. The following section will be about the time aspect in psychodynamic coaching. As briefly mentioned, the coaching sessions can be divided into four following steps:

The first step involves the first contact between the coach and the coachee. The coachee will be presented for an assessment that can indicate whether or not the coachee can be offered coaching and when the coach has created a good rapport the coach can move on to the next step. The second step is during the first coaching session where all formal things become clear, such as which goals the coachee would like to achieve, how is the time frame, what is the salary and the overall framework for the session(s). The third step is the actual series of coaching session and the final step is the ending, the evaluation of the coaching sessions and saying a proper goodbye (Beck, 2014).

As mentioned, coaching works towards a specific goal with a desire for internal or external change in the coachee's life. This requires the coach to be able to work focused on a problem in a limited amount of time. It is a development that can only be done in a specialised collaboration between the coach and the coachee. In psychodynamic coaching, the focus is on the coachee's past and personal history and the coach needs to be aware about transference.

Psychodynamic therapy differs from other non-psychoanalytic treatments because the client is having therapy sessions more frequently. Based on this knowledge there is a distinction between psychotherapy and coaching in the time horizon, where psychodynamic coaching is time limited where psychotherapy is not (Beck, 2014).

8   The coaching session has a specific and typical agenda every time

Psychodynamic coaching has a specific session structure and the physical environment is precise established, but there is not a specific agenda every time (Cilliers & Terblanche, 2010). Psychodynamic coaching is investigative, exploratory and constantly open to discover new contexts. Psychodynamic coaching works with structured exercises because the focus in psychodynamic coaching is more narrow and specific than in psychoanalysis.

Psychodynamic coaching has many therapeutic benefits, but there is a distinction between psychotherapy and coaching: Psychodynamic coaching is time-limited, which means structure is important if you are to achieve the goal of coaching (Beck, 2014).

9   The coaching relation is a significant "change agent"

Coaching can help coachee's become aware of unconscious processes and patterns in their lives, which can be seen as an agent of change (Safran, Muran, & Proskurov, 2009). Before this change can

happen, it requires that the coach can contain the coachee's feelings (Beck, 2009). Containing means that you should be able to contain the other, especially when the other cannot bear to contain her/himself. Containing is a term for the mental function to hold, carry and manipulate mental material in a relationship. The process of containing can transform anxiety and confusion to understanding and peace. Change can only occur when the coachee achieves insight into the unconscious processes and patterns and the coaching relationship is an important element in this change process (Safran, Muran & Proskurov, 2009).

The coaching relationship is very important because it is through this relationship that the unconscious or preconscious can become conscious. You cannot do it yourself, but through containment, transference, and countertransference the unconscious or preconscious can become conscious (Diamond, 2013; Sandler, 2011). It is important that the coach learns to contain feelings of anxiety and uncertainty because it might help their coachee's to find meaning and deal with fearful thoughts and ideas as well (Allcorn, 2006).

As a coach, you should not try to block the coachee's feelings by repeating the rational messages about the background and necessity of change. Instead, you must create space and endure the coachee's feelings, frustration; you must listen to the coachee, hold it and then send it back in a form that is easier to carry for the coachee (Cilliers & Terblanche, 2010; Sandler, 2011).

There is no distinction between psychodynamic coaching and psychodynamic therapy regarding the concepts of the relation as a significant "agent of change".

10 Deals with the problem's aetiology

As previously, stated, psychodynamic coaching is theoretically and methodologically inspired by psychoanalysis, without complying to the special rules concerning classical psychoanalysis: The focus in psychodynamic coaching is on helping the coachee make realistic action plans by combining the past with the present and wishes for the future (Robert & Jarrett, 2006).

Hence, psychodynamic coaching might deal with the problem's aetiology, but also following the psychodynamic assumption that life events and choices are connected. The psychodynamic approach seeks to view current events in the lights of the past, typically early childhood, and because the problems aetiology is an essential part of psychodynamic coaching (Beck, 2014; Sandler, 2011).

There is no distinction between psychodynamic coaching and psychodynamic therapy regarding the necessity and importance of dealing with the problem's aetiology.

11 The psychodynamic coaching sessions are very structured

Yes, a psychodynamic coaching session is very structured. Psychodynamic coaching is divided into different stages in which the coach has to be aware of many different verbal as well as non-verbal elements. A typical coaching session following a psychodynamic approach looks as follows:

The first contact is very important and there is much information to be aware of. For this reason, it is a good investment of time to stay alert from the very beginning. As a coach, you need to be aware of transference and countertransference from the very beginning including the mood, feelings, perceptions and fantasies it produces to be in contact with the coachee (Sandler, 2011). The coach can write all notions and fantasies down no matter how biased, subjective and unfounded they are. This systematised way of writing down can help coaches to get in touch with what is activated in them (Beck, 2014).

The coach ought to emphasise on creating the frame and setting goals during the first coaching session. The coach and coachee's common goal is to find out what the coaching sessions should attend to. It is up to the coach to clarify what different roles the coach and coachee have, and it is the coach's responsibility to clarify the overall frame of how to work. Coaching is a joint process in which both efforts are crucial. The coachee must be prepared to be open-minded and speak honestly. The coach must engage in the work and present hypothesis and let the coachee know what is happening in terms of relevant ideas and possible explanations in the coach's mind. The sharing of experience and honesty is very important and if there are disturbances in the coach-coachee relation, this should be articulated. The coach can be perceived a bit like a "detective" and should always be curious. The coach seeks to understand the events in the coachee's life as coherent. It is a common task for the coach and coachee to figure out how the current situation is linked to the past (Beck, 2014).

There are various points that are important to be aware of in the coaching process. The structure in the session should always be observed and deviations noted. The introduction will be about 5-10 minutes, the actual situation will be around 15-20 minutes, the "detective work" approximately 1 hour and reflections will be 20-30 minutes.

The final and last coaching session has two tasks; it must be dedicated to completion and will cover an evaluation and farewell: The first will be to evaluate, reflect on and conclude the process. The second task will be to end the relation in a professional and good way, saying a proper goodbye (Beck, 2009).

12 Homework is a significant ingredient during sessions

Yes, homework is a significant part of psychodynamic coaching sessions. Susan Long presents a model she calls Role-Biography (Long, 2006), and the model is based upon doing drawings. The well-known psychodynamic notion is that nothing is random, whether it comes to a person choosing jobs or an organisation choosing employees for a position. Freud's famous dictum is that there exists no mistakes. As persons, we think that these choices of jobs are something we do consciously, but the psychodynamic school says that we should think of current events in the light of previously ones. In these tasks, the coachee is asked to draw their role biography. This means the client's role in their family, throughout childhood, youth, adult life and where the person is now. By studying these drawings afterwards, patterns and unconscious material can be seen, interpreted, and understood. This process might help the client to get insight (Long, 2006). This work will be done partly during sessions and partly as homework, e.g. as dream exercises, and gives an example of psychodynamic coaching homework.

13 Coaching settings will typically include work with experiments and "data" collection from the coachee's environment

No, it is not typical for psychodynamic coaching settings to work with experiments or "data" collection from the client's environment, but that does not necessarily mean that settings cannot use these kinds of information. Some of the more well-known kinds of data collections used in psychody-namic settings are –as just mentioned – interpretation of dreams and drawings (Long, 2006). These kinds of data collections might be given in the form of homework assignment or might be executed during sessions. However, the focus of psychodynamic programmes will always be on the personal development of the coachee; thus making the focus of the coachee's environment less important.

There is no distinction between psychodynamic coaching and psychodynamic therapy regarding working with experiments and data collection from the client's environment.

Conclusion

Psychodynamic coaching occurs as a concept by combining coaching with psychodynamic theory. Psychodynamic theory differs from other theories by emphasising the notion of e.g. the unconscious. In psychodynamic coaching the present has an important impact and this might be understood as a limitation concerning psychodynamic coaching. As earlier mentioned, there will be problems that cannot be fixed and there are goals that only some people can reach (Beck, 2009).

Psychodynamic coaching is a hybrid that combines psychodynamic theory with the practice found in psychoanalysis, group analysis, therapy, supervision, role analysis, personal development and group-work. A crucial determinant of psychodynamic coaching is to perceive the conversation as a process that links the coachee's past and present as a basis for creating a desirable and realistic future. In psychodynamic coaching, it is important for the coach to pay attention to the coachee's unconscious feelings and be aware of her own reactions to the coachee. The thirteen points above presents some of the most distinct characteristics of psychodynamic coaching, and lengthwise compared to psychodynamic therapy. Similarities and differences between the two are presented and shortly described.

Just like any other approach, the psychodynamic coaching relationship is built upon trust and confidentiality. Although trust and confidentiality might be especially important because of the profound work in psychodynamic coaching and psychodynamic therapy. Both psychodynamic coaching and psychodynamic therapy work with conscious, preconscious and unconscious processes. When unconscious patterns and dynamics become conscious, it becomes possible to work with them,

and therefore there is a request to understand "unconscious motivation". A key factor here is the relationship between the coachee/client and the coach/psychologist. Especially with the concepts of transference and countertransference, which are the same regarding psychodynamic coaching and psychodynamic therapy.

Psychodynamic coaching is slightly more directive than psychodynamic therapy. There is no distinction between psychodynamic coaching and psychodynamic therapy, in the sense, that the coach/psychologist will not provide the client with the "right" answer (Robert & Jarrett, 2006). In psychodynamic coaching, there is an emphasis on solving the coachee's problem by facilitating development or change within the coachee (Beck, 2014). Additionally, psychodynamic coaching deals with the problem's aetiology, because of the psychodynamic assumption that life events and choices are connected. The psychodynamic approach seeks to view current events in the lights of the past, typically early childhood, which deals with the problems aetiology as an essential part of psychodynamic coaching (Beck, 2014).

The psychodynamic coaching agenda is time-limited, whereas psychodynamic therapy is not. This means that the structure in psychodynamic coaching session is important in achieving the goals set out for the coaching programme. The sessions are very structured and follow the same setup each time. Therefore, psychodynamic coaching is more intense, stretches over a shorter period of time, works with limited tasks, and focus on what is relevant right now in the coachee's life. Psychodynamic therapy is more open to deal with problems coming up during the sessions.

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Narrative Therapy and Narrative Coaching
Distinctions and similarities

By Tanja Ryberg Jensen, Therese Rauff Høyer and Ole Michael Spaten*

Abstract

The aim of this article is to provide a link between narrative therapy and coaching and furthermore highlight distinctions and similarities between the two. The theory behind narrative therapy and narrative coaching will be further detailed with a focus on Michael Whites contributions. Next we will describe how externalizing conversations can be practised within narrative therapy and coaching and commonly used tools and techniques will be introduced, in an attempt to outline distinctions and similarities between the two helping relations. Finally, we will discuss narrative therapy in a coaching context, built around 13 statements, thereby trying to distinguish boundaries, distinctions and similarities between narrative therapy and coaching.

***Keywords:** Narrative therapy, Coaching, Externalising Conversations, Narratives*

Introduction

This article will present a review of narrative therapy and coaching, and it seeks to give an understanding of narrative therapy in a coaching context. The purpose is to support coaching psychology as a field and to contribute to more knowledge about boundaries and distinctions between coaching and therapy.

In the first section, there will be an overview of narrative therapy and narrative therapy with a focus on Michael Whites externalising conversations. This will be followed by an in-depth explanation of how to practice externalizing conversations, and some of the commonly used tools and techniques will be listed. In the final section, we will discuss narrative therapy in a coaching context, built around 13 statements, thereby trying to distinguish boundaries, distinctions and similarities between narrative therapy and coaching. The 13 statements have been formulated by the authors, as an attempt to differentiate therapy and coaching, with a focus on narrative therapy.

Narrative therapy and externalizing conversations

Michael White and David Epston is considered as the founders of narrative therapy, and found a major inspiration in the works by Gregory Bateson and Michel Foucault. In White's work with children experiencing encopresis, he found a way to talk about the faeces that distanced the faeces from the child; he called the faeces 'Sneaky Pooh', and realised that the externalising language distanced the problem from the child in a helpful way (Karpatschof & Katzenelson, 2011). Considering this, White and Epston argued that dominant narratives can be deconstructed by helping people externalizing their problems and finding 'unique outcomes' as a contradiction to internalized dominant narratives (Drake, 2010). Narrative therapists often work with client groups struggling with severe psychological dilemmas, traumas and issues as considered being among the most difficult to treat, such as childhood conduct problems, anorexia nervosa, child abuse, schizophrenia, grief reactions among others (Carr, 1998). Narrative therapy, and externalizing conversations in special, was developed as a resistance against and in opposition to often applied pathologizing language and conversations: most often used when labelling and treating severe psychological challenged patients. The belief is, that pathologizing labels and conversations invite those struggling to blame themselves and feel ashamed for having problems which in turn makes them feel helpless to act against their problems (Roth & Epston, 1996). Externalizing conversations in contrast, help clients in placing the problem as something external rather than internal, or inside the individual, thereby making it possible for the individual to explore alternative possibilities in and for their own lives (Roth & Epston, 1996; Drake, 2010). Considering this, narrative therapy and externalizing conversations serves as a safe space for people to tell their stories and experiment with new ones, without the need for normative, clinical labels (Drake & Stelter, 2014).

When talking about narrative therapy, it is therefore inevitable to mention externalising conversations. When people seek help, they often think that their problems are something internal, about their identity or maybe a problem about others identity. Narrative therapy points out that this misinterpretation of the problem makes it even harder for people to deal with their problems. This misinterpretation only contributes to an even greater collapse of the person's problems. Externalising conversations is a method to achieve the aim in narrative therapy: The problem exists as something external to the person, not as a problem within the person (White, 2008; Roth & Epston, 1996). Externalising conversations separates the problem from the person and objectifies the problem. The goal is that the person gradually realises that the problem does not represent the truth about the person's identity (Vassilieva, 2016).

When White grounded the theory about externalising conversations, he was as previously mentioned heavily inspired by Michel Foucault (White, 2008). Foucault advocates that people often see their problems as internal, because of a normalizing evaluation, which is a mechanism to gain social control. Normalizing evaluation is a mechanism that makes people compare their own and others thoughts and actions to greater cultural norms about life. Because of this, some stories suddenly become the 'preferred ones', while other stories in turn become 'suppressed' (McMahon, 2000). According to Foucault, the dominant stories emerge out of a dominant discourse, and are often presented as taken-for-granted knowledge between individuals or even as the objective truth (McMahon, 2000). These cultural terms that objectify humans are exactly what externalising conversations try to turn around. Externalising conversations objectifies the problem and not the person. If you see the person as the problem, there is very little to do about it other than acting out with destructive behaviours (Roth & Epston, 1996). These stories provide powerful openings in therapy, because they reflect how people construct themselves and navigate in their world, what and how dominant cultural and contextual narratives affects them and what else might be possible for them (Drake & Stelter, 2014).

Externalising conversations is thereby a method that makes it possible for patients and clients to see themselves in a different light. The negative conclusion people make about themselves is transformed through externalising conversations which makes it possible for people to explore themselves again (White, 2008).

Narrative coaching as a field

Narrative coaching as a field has evolved from narrative therapy and Michael White in particular,

but is now considered as a distinct field in its own right (Drake & Stelter, 2014). It is an approach that allows and suggests the coach to apply techniques, that foster personal and social meaning-making contained by the coachee through a collaborative process (Stelter 2013). As in narrative therapy, the focal point of narrative coaching is the stories people tell to and about themselves (Bruner, 2004). The purpose is not to 'resolve' conflicts but to help the client in creating alternative stories that are of great value and seeing the world from new angles, thereby encouraging other forms of behavior (Drake, 2010; Stelter, 2013). Considering this, narrative coaching is quite different from other coaching methodologies, such as cognitive-behavioral coaching where the aim is to use problem-solving techniques to reach the individual's goal (Stelter, 2013; Palmer & Szymanska, 2007). The coaching process is therefore less focused on goals, because the assumption is, that the coachee needs room for self-reflection in order to act against their dominant narratives (Stelter, 2012).

Because of the non-labelling approach and the focus on generating alternative stories, narrative therapy cannot be said to be fundamentally different from narrative coaching when talking about the theoretical basis (Vassilieva, 2016; Stelter, 2013). However, there are two main differences which should be taken into account when differentiating between therapy and coaching in general: 1) The clientele, and 2) Coaching as being a shorter intervention than therapy. As mentioned earlier in this paper, narrative therapists work with a wide range of client groups that can be considered being among the most difficult to treat, including patients suffering from anorexia nervosa, child abuse, childhood conduct problems etc. (Carr, 1998). In contrast, narrative coaching as well as coaching in general works with non-clinical groups (Law, 2007; Gregory & Levy, 2012). Another important aspect to bear in mind is that coaching is a shorter-term intervention than therapy. In narrative coaching, there will be a greater emphasis on self-efficacy and outcome than in narrative therapy (Drake & Stelter, 2014).

The therapeutic position in narrative therapy and coaching

When practicing externalizing conversations, the therapist assumes that social realities are consti-tuted through language in cultural terms. The aim of the therapeutic conversation is therefore to explore different constructions of reality, rather than tracking down objective facts that constitute a single truth (Carr, 1998). The fundamental basis of the therapeutic conversation in narrative therapy is therefore the client's language, rather than the therapist's ideas and assumptions concerning the client's problems and social reality. Bearing in mind that narrative therapy is considered as a collaborative practice where the client contributes to the therapeutic conversation as well as the therapist (Stelter, 2013). A crucial part of being a practitioner of narrative therapy is therefore asking the right questions in order to help the client in exploring their story, see it from different perspectives, understand how the story is constructed, see the possibilities and limitations and realise that there are other possible narratives (Drake, 2007). In this area, narrative therapy and narrative coaching are very similar. The narrative therapist or narrative coach is therefore not a facilitator, but a self-reflective human being, who reflects upon the coachees' challenges, and bring in his or her own life perspective. This makes the relationship between the coach and coachee almost symmetrical at times, whereas the relation is considered a significant agent of change in both approaches (Stelter, 2012). The focal point here is that stories are not considered as objects that exists within the client, but emerge in a co-creative process between the client and the therapist or coach.

Michael White compares the therapeutic position to a journalist of investigations. A journalist of investigation's way of handling things is with a 'cool' engagement. He points out that when clients answer his clarifying questions they adopt "a way of doing" very much like the way a journalist of investigation works. The therapist or coach thereby contributes in a way that help the client uncover the character of the problem without the therapist or coach 'solving' the problem. Furthermore, White points out that the cool engagement, which characterise the early states in externalising conversation, is an opportunity for the client to separate him or herself from the problem and respond to the problem (White, 2008). This practise often gives people a sense of being less vulnerable to, and less stressed by the problem (Roth & Epston, 1996).

How to practice externalising conversations

Practicing externalizing conversations involves three steps: 1) Externalizing the problem, 2) Finding and generating unique outcomes and 3) Generate alternative stories (Vassilieva, 2016). This procedure can be used in coaching as well as in therapy. For convenience sake, we will therefore only present the person seeking either therapy or coaching as 'the client' in the following, rather than 'coachee' or 'patient'.

Externalizing the problem

In the above section, externalization was described as a collaborative therapeutic process between the client and therapist or coach, that placed the problem as something external, rather than something existing within the individual. In order to do this in practice, White has developed a map called Statement of Position Map 1, which gives an overview over externalising conversations and is consisting of four categories of questions (White, 2008). This practice involves a particular style of questioning that – first – maps out how the problem has influenced the client's life and relationships (Carr, 1998). The map is an easy tool to use in both therapy and coaching but it does not consist all aspects of externalising conversations and is not crucial for the progress of therapeutic conversations in a narrative perspective (White, 2008). The four categories are as follows:

1. *Find a concrete definition of the problem, a definition close to the experience*
   For instance White worked with a boy who had ADHD, but the boy called it AHD and missed a D. White started calling it AHD as well to meet with the boy's understanding of his problem.
2. *Outline the effect of the problem*
   At this step, it is important to look at the impact the problem has on different life areas. For instance at school, at home, the person's identity and future opportunities.
3. *Evaluate the effect of the problem activities*
   At this step, the therapist or coach helps the client evaluate the problems mechanisms and activity and the most crucial effects the problem has on the client. A question could sound like; "How do you feel about what the problem does to you? How does the development work for

you? Are the development positive, negative, both or neither?"
4. *Give grounds for the evaluation*
   At this step, the therapist or coach ask why-questions: "Why do you have this perception of the development?" Why-questions plays an important role in giving people an opportunity to put on words and further develop important philosophies of life.

After the externalization of the problem, the therapist or coach and client begin finding and generating unique outcomes. Depending on the problem bought in by the client, this either happens as a process parallel to each other or as more or less separate steps.

Finding and generating unique outcomes

After the externalization of the problem, the therapist or coach and client begins finding so-called 'unique outcomes'. Unique outcomes are experiences, occurrences or events that would not be predicted by the discourse or narrative dominating the client's life because they are forgotten, repressed or neglected (Vassilieva, 2016; Stelter, 2012). This happens by helping the client point out times in their lives where they were not oppressed by their problems, and include exceptions to the usual and internalized pattern within which the problem ordinarily occurs (Carr, 1998). As in the first step, externalizing the problem, White has developed a map called Statement of Position Map 2, which provides four categories of questions to extravagate unique outcomes (White, 2005). They are quite similar to the four categories in Statement of Position Map 1, and will therefore only be examined shortly. The four categories are as follows:

1. *Negotiation of an experience-near and particular definition of the unique outcom*
   This step involves finding a name or common language for the initiative (Lundby, 2014)
2. *Mapping out the effects or potential effects of the unique outcome in the relevant domains of living*
   Questions to be raised could be: Is it at home? Workplace? In familial relationships? The relationship with oneself? Friendships? Consequences for dreams, hopes, future?
3. *Evaluation of the effects or potential effects of the unique outcome in the specific domains of living*

Questions could involve: Is this okay with you? Is this a positive or negative development? Alternatively, would you say an in-between-development? How do you feel about this? What is your position on this? Etc.

4. *Justification of these evaluations*

Why is/isn't this okay for you? Why do you feel this way about this development? Would you tell me a story about your life that would help me understand why you would take this position about this development? Etc.

The unique outcomes help the client and the therapist or coach in generating alternative tracks to the client's stories (Stelter, 2012). The unique outcomes belong to the lived experience by the client, and are not registered or given any meaning because they aren't part of the dominant stories or narratives in the client's life before they are bought into consciousness (Vassilieva, 2016). Considering this, unique outcomes can reveal alternative behaviors and mindsets' that makes it possible for people to cope differently, unexpectedly or even better (Vassilieva, 2016).

Generating alternative stories

After finding and generating unique outcomes, the client and the therapist or coach begins to generate alternative stories that represents the third phase of the therapeutic intervention (Vassilieva, 2016). In this case, White drew on Bruner's idea, that narratives are constructed within a dual landscape called 1) The landscape of action, and 2) The landscape of consciousness. The landscape of action focuses on events, experiences and plots, whereas the landscape of consciousness focuses on effect, evaluation, justifications and the meaning people ascribe to experiences (Carr, 1998; Vassilieva, 2016). To map out the landscape of action, the therapist or coach asks questions that seeks to plot the sequence of events, as the client and others (Carr, 1998) perceived them. Landscape of action questions could be as follows:

- What was happening before this event?
- What happened after the event?
- Was there a turning point where you knew things were turning out for the best?

In contrast, the landscape of consciousness reveals a person's values, beliefs intentions and enlightens what motives are implicated in that person's production of meaning (Vassilieva, 2016). When the therapist or coach start asking questions that map out the landscape of consciousness, the aim is therefore to develop meaning of the story described when mapping out the landscape of action (Carr, 1998). Landscape of consciousness questions could be as follows:

- What sense did you make of that?
- What does this story say about you as a person?
- How did this affect you/your relations with others?

The therapist or coach continues to help the client thicken their story, by looking for gaps in that can be filled with new life, events or can generate unique outcomes in order to strengthen the sense of identity or a building a stronger narrative (Drake, 2010; Stelter, 2012). The third step help clients internalise their new story, and help them in developing a narrative in which they view themselves as powerful, rather than helpless to act against their problems (Vassilieva, 2016; Carr, 1998).

Tools and techniques used in narrative therapy and coaching

Another area where narrative therapy and narrative coaching are very similar, are in the use of different tools and techniques. One of the techniques deeply rooted in narrative psychology, and an inevitable part of being a narrative practitioner is the use of metaphors. Other commonly used techniques are written documents in form of letters, certificates or poems for an example, and outsider witnessing (Vassilieva, 2016). These three techniques will be presented in the following.

The use of metaphors

As mentioned in the above introduction, narrative therapy or coaching and externalizing conversations in particular, is very much formed by the metaphors the client use to describe their problem (White, 2008). A metaphor is defined as a figure of speech in which the client use words in a figurative sense to describe their situation or specific elements brought up in the sessions such as other people or events (Stelter, 2012). This technique is considered as being the best way to describe a felt sense into words, and invites the client to unfold and expand the dimensions of actions and thoughts

through language (Stelter, 2012; 2013). This is a quite useful tool in narrative coaching as well as in narrative therapy, because it has the potential to help the client in seeing new perspectives, images and narratives (Drake & Stelter, 2014; Stelter, 2012). Clients seeking either narrative therapy or narrative coaching therefore needs to be willing to work at both an emotional and metaphorical level (Drake, 2010).

According to White (2008), people often use metaphors in order to 'fight the problem', 'conquer the problem' or 'overcome the problem'. Enemy-focused metaphors like these are something the therapist needs to be careful about. When success in therapy or coaching is equal to metaphors like "beat" or "overcome the problem" it can be a big defeat if the problem returns later to the person's life. Afterwards it can be difficult to find motivation to overcome the problem once again and curb the initiative to look at the problem in a different light (White, 2008). If the client is sticking to a single enemy-focused metaphor, the therapist or coach need to look after other metaphors having the potential to describe the client's relation to the problem during the externalizing conversation (White, 2008).

Narrative documents

Another commonly used technique in both narrative therapy and narrative coaching is the use of narrative documents (Vassilieva, 2016; Stelter, 2012). This technique provides a powerful tool for facilitating the new, alternative story, which in turn makes it less likely for the individual to undertake the problematic story again (Bjorøy, Madigan & Nylund, 2015). The use of narrative documents is a technique that includes the writing of letters, poems, short essays, concrete reflections, the retelling of a story, new interpretations (related to certain events, persons', experiences etc.) and self-stories; but it can also involve so-called 'counter documents' which functions as visual reminders of the successful completion of a goal in therapy or coaching, and includes certificates, declarations or self-certification (Stelter, 2013; Vassilieva, 2016; Carr, 1998; Stelter, 2012; Bjorøy, Madigan & Nylund, 2015). The main aim of narrative documents is to illustrate the linear nature of the client's story, thus documenting the development of new, alternative stories positioning the client as the final editor of their own story (Bjorøy, Madigan & Nylund, 2015).

Introducing documents in either therapy or coaching is quite a complex process and on the one hand depends on the client seeking help and on the other hand the issues being disclosed. Areas being considered could be as follows (Carr, 1998):

- The issues that such documents might address
- The form that the documents might take
- Deciding with clients to whom the documents should be sent
- Discussing the possible consequences of the documents (Positive? Negative? Both? Why?)
- Reflecting on missing information in such documents when/if the predictions/consequences are inaccurate
- Reviewing with clients the effects of preparing and presenting such documents

The primary purpose for the therapist or coach is to acknowledge the complexity of the story being told, and open up for contradictions that have the opportunity to generate and facilitate new, alternative stories (Bjorøy, Madigan & Nylund, 2015). The use of written documents is therefore a powerful tool in helping the client facilitate their new story and positions them as the final editor of the new narrative.

Outsider-witnessing

The last narrative technique we would like to present in this paper is outsider-witnessing. This is, like the above mentioned, a quite powerful technique, that help the client in seeing certain challenges or events from a new perspective, or in thickening the plot of their new, alternative story (Stelter, 2012; Carr, 1998; Carey & Russell, 2003).

Outsider-witnessing is therapy or coaching with an invited audience, who listens to and acknowledge the presented stories and identity claims of the client (Carey & Russell, 2003). This audience may contain members of the client's social network or existing community such as family, friends, professionals and likewise (Carr, 1998). Alternatively, the audience can consist of people who have previously sought help for similar difficulties (Carey & Russell, 2003). In outsider-witnessing the participants are asked to reflect upon *their* thoughts about the client's story and thereby sharing how the story affects them and their relation to life, work, relations etc. (Stelter, 2012; Stelter, 2013). This technique makes it more likely for the client to act upon the

progress they make in the sessions in real life, because it enables a link to be made between what happens in therapy or coaching and the rest of the person's life (Carey & Russell, 2003). In a one-on-one coaching session though, the coach can also function as a witness, and share how he or she is affected by the story in relation to life, work or relations (Stelter, 2012).

Distinctions and similarities between narrative therapy and coaching

In the first section of this paper, we have outlined how to practice the three steps in externalizing conversations in both narrative therapy and narrative coaching, presented commonly used tools in both of the helping relations and tried to outline some of the distinctions and similarities between the two. We would like to finish off this paper by outlining boundaries, distinctions and similarities further. The following will therefore build around 13 statements made by the authors, and will be answered with either a 'yes', 'no' or a 'yes and no' followed by a longer and more detailed answer.

1 The coaching relationship builds on trust and confidentiality
Yes

- Trust and confidentiality is always seen as necessary ingredients for the coaching relationship, as in any other therapeutic relation. The role of the coach in this relationship is primarily to help the coachee explore different perspectives of their dominant narrative, and support him or her in generating alternative outcomes (Vassilieva, 2016; Drake, 2010).

2 This approach wishes to understand 'unconscious motivation'
No

- The narrative approach to coaching and coaching psychology does not operate with the term 'unconscious motivation' as in psychodynamic approaches. The assumption in narrative psychology is, that we tell stories when we need to solve inconsistencies between what is expected and what is actually happening (Bruner, 2004). In this approach, the reminiscence of the past as well as hopes and fears for the future forms the ground for the construction and reconstruction of the self (Bruner, 2004; Stelter, 2013).

3 The coaching relation is "non-directive"
Yes

- The coaching relation in the narrative approach to coaching and coaching psychology is non-directive. The main aim for the coach is to help clients in their work with construction and reconstruction of narratives, and a better understanding of the link between narratives, actions and goals, as defined by Drake (2007, p. 285): "The goal with clients is to help them attain greater alignment between their identities, stories and actions in the direction of the goal". One of the main challenges when talking about narratives in coaching sessions is that dominating narratives can make it difficult for people to take alternative narratives into mind (Drake, 2007). When people seek coaching or therapy, they often believe that their problems are due to inner circumstances about themselves, but these internalized thoughts and actions are often a part of the development of the problems to begin with (White, 2008). As mentioned in the first section of this paper, Michael White developed externalizing conversations as a method to break down these internalized thoughts and actions. A crucial part of being a practitioner is therefore asking the right questions in order to help the client in the externalisation-process and in helping them realise, that there are other possible narratives (Drake, 2007; Drake, 2010)

4 The work is focused on problems "here-and-now"
Yes

- The narrative approach to coaching and coaching psychology is based upon the belief that the stories clients tell about themselves reflect who they are and who they want to be (Drake, 2007). The pivot of the coaching session is often to help clients make new or different choices, or to help them revise certain aspects of their behaviour (Drake, 2007). In coaching, there is commonly fewer sessions than in therapy, which automatically puts a focus on problems, which plays a significant role for the individual now. When talking about the narrative approach, there is a belief that profound changes are most likely to happen, when broader narratives and strategies are uncovered, which should be a central focus in the coaching session (Drake, 2010).

5   Transference plays a major, significant role in coaching sessions

No

- As when talking about the term 'unconscious motivation', the narrative approach to coaching and coaching psychology doesn't operate with the term 'transference' as in psychodynamic approaches. The role of the coach is, as pointed out earlier, to be supportive and ask the right questions, so that the client becomes able to see alternative narratives and outcomes (White, 2008). The coach has to see the identity in a narrative context and should be able to recognise the different plots clients use to tell about diverse experiences (Drake, 2007). Considering this, the coach should help the client build new narratives and figure out alternative ways to perform in different circumstances, so that the desired behaviour becomes a natural response to a certain event (ibid.). Instead of talking about 'transference', the narrative approach hence has a focus on narratives.

6   The main emphasis is on direct problem solving

No

- In this case, narrative coaching is fundamentally different from other methodologies. The purpose is not to resolve conflicts, but to help coachees' in creating alternative stories from their dominant narrative, thereby encouraging other forms of behavior (Drake, 2010; Stelter, 2013). The assumption is that coachees' are seeking help because different patterns in thoughts and behaviours causes problems in the everyday life. Because the stories people tell about themselves are the central focus in the narrative approach to coaching and coaching psychology, there is a greater emphasis on avoiding destructive patterns of behaviour and creating positive patterns of thoughts and actions, rather on direct problem solving. This is due to the belief that people will be better able to cope with future problems if they learn how to open their minds to alternative narratives, rather than to just eliminate a specific problem (White, 2008).

7   The coaching sessions are time-limited

Yes and no

- When using the narrative approach to coaching and coaching psychology, this is still a bit of a grey area caused by the fact that there is not a direct time-limitation to the coaching sessions, but in general, the sessions are time-limited. One of the main differences between coaching and therapy in general though, is that therapy usually expands over a longer period than coaching does. In narrative coaching, there will therefore be a greater emphasis on self-efficacy and outcome than in narrative therapy (Drake & Stelter, 2014).

8   The coaching session has a specific and typical agenda every time

No

- The focus in the narrative approach to coaching and coaching psychology is, as outlined above, the stories people tell about themselves. In the coaching session, the coach and coachee will typically work with the different stories of the coachee, and the contexts in which these stories unfold. Hence, the agenda will shift from session to session. A key role for the coach is to provide a structure in the coaching conversation in which the client can engage and explore his or her stories. It is important to notice that these structures should remain in the background as possible questions, rather than as expectations to which the client must conform (Drake, 2007). When the coachee begins to have an open mind to alternative stories, other previously neglected aspects of different experiences can be expressed (ibid.). The belief is, that critical themes of stories bought into the coaching session will be told regardless where the coachee begins, which makes it of less importance what stories are shared first (Drake & Stelter, 2014). This means, that the stories people tell about themselves are always the central focus in the coaching session, but these stories may have a shift in focus, context or characters from session to session, depending on the coachee and the problem being processed.

9   The coaching relation is a significant "agent of change"

Yes

- The coaching relation is a significant agent of change itself, not because of the relation two individuals between, but because of the work done within the conversational space itself (Stelter, 2013). A story is often developed in the interac-

tions between two people, in this case the coach and coachee. This is why one of the key roles of the coach is to invite the coachee to try to see his or her stories from different points of view. This is done to help the coachee see how different stories are constructed, see their limitations and realize that there are other possible narratives (Drake, 2007). The coach reflects upon the coachees' challenges and bring in his or her own life perspective, which makes the relation almost symmetrical at times (Stelter, 2012). The narrative approach to coaching and coaching psychology is thus about a shift from thinking about stories as fixed entities, to thinking about stories as something that is co-created within a narrative space two or more people in between, which in turn makes the coaching relation a significant agent of change (Drake, 2007).

10 This approach deals with the aetiology of the problem

Yes and no

- The narrative approach to coaching and coaching psychology does not work with the aetiology of the problem per se, but with the idea that people have a tendency to form unfavourable conclusions about their identity under the influence of the problem (White, 2008). Externalizing conversations can be used to uncover the underlying "strategies and policies" causing the problem (ibid.). When these policies uncovers, it becomes more and more evident that the unfavourable conclusions about the self is not necessarily true (ibid.). By breaking down these unfavourable conclusions, it becomes possible for the coachee to explore other areas of his or her life, making it easier to draw other, more positive conclusions about the self (ibid.).

11 The coaching sessions are very structured

Yes and no

- The structure of the session is negotiated between the coach and coachee, but does not exist as fixed expectations to how the sessions should process. As mentioned earlier, a key role for the coach is to provide a structure in the coaching conversation in which the client can engage and explore his or her stories. It is important to notice that these structures should remain in the background as possible questions, rather than as expectations to which the client must

conform (Drake, 2007). When the coachee begins to have an open mind to alternative stories, other previously neglected aspects of different experiences can be expressed (ibid.).

12 Homework is an important ingredient during and between sessions

Yes

- The close link between narratives and actions and the strong emphasis on patterns of thoughts and actions, makes homework a part of sessions when working with the narrative approach to coaching and coaching psychology. One of the contributions from narrative psychology is the recognition that the past, present and future are closely linked in stories, which makes "the present" the only time frame for action (Drake & Stelter, 2014). This makes the conversational space between the coach and coachee a safe place to experiment with new thoughts and behaviours before trying them out in the world (ibid.). When using externalizing conversations in coaching sessions, the client often at some point, takes initiative to action or to pursue what they find valuable and desirable regarding their goals (White, 2008). One of the main aims for the coach is therefore to help the client construct or reconstruct his or her narratives, so that he or she will be capable of changing undesirable or inappropriate behaviors in a constructive manner (Drake, 2007). Homework is therefore an important part of the sessions when using a narrative approach in coaching.

13 The coaching sessions will typically work with experiments and data collection from the coachees' environment

No

- The narrative approach to coaching and coaching psychology does not typically work with experiments and data collection from the coachees' environment. One of the methods used in this approach though, is when identity implications are met indirectly through the reflections of other people (Drake, 2007). This method can be useful because we largely define ourselves by the narratives of which we are a part (ibid.). This includes the use of outsider-witnessing, where other people from the coachees' environment are invited into the coaching room. In this technique, the wit-

nesses are invited to share their thoughts about the coachees' story and how it affects them and their relation to life, work etc.

Conclusion

This article has introduced narrative therapy and narrative coaching, and provided an in-depth explanation of how to practice externalizing conversations with a focus on three steps: 1) The externalization of the problem, 2) Finding and generating unique outcomes, and 3) Generating alternative stories. Commonly used tools and techniques has been introduced, with a focus on metaphors, narrative documents and outsider-witnessing.

In the 13 points above, we have pointed to some of the main considerations to take into account when you choose to initiate a narrative approach to coaching. The focal point is, that narrative coaching is considered as being a collaborative practice in which coaches help coachees' in exploring alternative stories to their dominant narratives, which makes it very different from other more solution-focused and goal-focused approaches.

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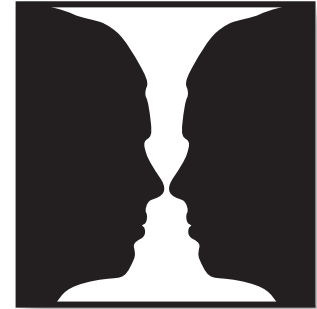
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Cognitive behavioural coaching
And notes on its foundation in cognitive behavioural therapy

By Maja Lautsten, Ulrik Daniel Frederiksen, Tanja Ryberg Jensen & Ole Michael Spaten*

Abstract
Even though Cognitive Behavioural Therapy is one of the most evident therapeutic approaches, there are a lack of studies outlining the differences between cognitive behavioural therapy and cognitive behavioural coaching, differences that are fundamental to understand the different levels of involvement in the process. The aim of this paper is therefore to outline the distinction between cognitive behavioural therapy and cognitive behavioural coaching. The theory behind cognitive behavioural coaching will be further detailed and an in depth explanation of the theory will follow. Next, we will describe how cognitive behavioural coaching is practiced and commonly used models is presented. Finally, we will discuss the cognitive behavioural approach in a coaching context, built around 13 statements, thereby trying to distinguish boundaries, distinctions and similarities between a cognitive behavioural approach and coaching.

Keywords: *Cognitive behavioural coaching, cognitive behavioural therapy, similarities, differences*

Introduction
The aim of this paper is to outline similarities and differences between cognitive behavioural therapy and cognitive behavioural coaching. We will provide an explanation of cognitive behavioural therapy and cognitive behavioural coachings' roots in cognitive theory. There will be a focus on the underlying assumptions of human functioning according to cognitive behavioural theory, with a focus on Negative Automatic Thoughts (NAT's), thinking errors, intermediate beliefs and core be-

liefs. This will be followed by a section describing differences and similarities between cognitive behavioural therapy and coaching. Next, we will provide a short practitioners guide on how two apply cognitive behavioural theory in a coaching context. Commonly used techniques and models will be presented with a focus on how to apply these when practicing cognitive behavioural coaching.

Even though Cognitive Behavioural Therapy is one of the most evident forms of therapies, there are only few studies outlining the differences be-

tween cognitive behavioural therapy and cognitive behavioural coaching, even though these are fundamental to the understanding of both (David, Christea & Hofmann, 2018; Carvalho, Gaspar de Matos & Anjos, 2018). This paper therefore seeks to give an understanding of cognitive behavioural therapy in a coaching context and outline similarities and differences between the two approaches. The purpose is to support coaching psychology as a field and to contribute to more knowledge about boundaries and distinctions between coaching and therapy.

Cognitive behavioural therapy as an approach

Cognitive Behavioural Therapy (CBT) is a therapeutic approach that combines cognitive and behavioural techniques. Behaviourism as an approach can be traced back to John Watson, who is known as the scholar who coined the term "behaviourism", but was later influenced by other practitioners such as Hans Eysenck and Arnold Lazarus who, amongst others, began using the theory in a therapeutic context (Palmer & Williams, 2013). In the 1950's, psychologist Alfred Adler emphasized the importance of cognitions while psychologist Albert Ellis at the same time developed Rational Emotive Behavior Therapy (REBT). During the 1980's and 1990's Cognitive Therapy and Behavioural Therapy became integrated, and thus Cognitive Behavioural Therapy was born (Szymanska & Palmer, 2015). Cognitive behavioural therapy thus combines both cognitive and behavioural techniques to assist the client in modify their moods and behaviour.

Basic assumptions in CBT

Cognitive behavioural therapy has three fundamental assumptions. First, cognitive appraisals of situations can affect how the individual's behaviour is toward the event (Ducharme, 2004). This means that the individual's interpretation of a situation, determines how they react towards it. Secondly, it is believed to be possible to access and monitor cognitions. It thereby becomes possible to alter the cognitions if they are blocking or confines the individual (Ducharme, 2004). This means that a person can become aware of a cognition, in a specific situation, and aid the individual in altering the cognitions if it is negative (Dobson & Dozois, 2001, in Ducharme, 2004). Lastly, it is believed

that if you change the cognitions of a person, it will also change their behaviour towards a situation (Ducharme, 2004).

The first mentioned assumption is deeply rooted in cognitive theory, and states, that the individual's perception of any given situation determines how they emotionally feel and react to it (Neenan & Palmer, 2001). It is the cognitions of the individual which is essential and the most important part, and consist of thoughts, rules, attitudes, beliefs, images or perceptions of the individual. An example of how cognitions can block for an individual, is when being afraid of the dark. You have no idea who is there and you therefore find the situation dangerous. You begin to have images of people in the dark or of you being attacked. This is also known as a "negative automatic thought" (Kingdon & Mander, 2015). They often occur without the individual being aware of having them and are therefore a very important factor which can be linked back to the part about cognitive behavioural therapy.

According to cognitive theory, human cognitions or thought patterns can be categorized in three levels. First, Negative automatic thoughts are categorized as a surface thought and are linked to the deeper levels of the human cognition (Szymanska & Palmer, 2015). Secondly, intermediate beliefs consist of rules and assumptions. These assumptions could be something like "if I make one mistake, I'll fail at everything else". An example of a rule could be "I must not make mistakes" (Szymanska & Palmer, 2015). Thirdly, we find the core-beliefs. The core-beliefs are normally established during the childhood of the individual and are often deep-seated and rigid. Examples of core-beliefs could be beliefs such as "I'm worthless" (Williams, Edgerton & Palmer, 2010). These core-beliefs are linked to the theory of schema which controls the individual behaviour. The definition of a schema was created by Beck, who defined it as: *"a structure for screening, coding, and evaluating the stimuli that impinge on the organism"* (Beck in Harvey (1961), in Padesky, 1994). David & Szentagotai (2006) have noted that there is a controversy regarding what the level of the cognition that are best to approach first. Ellis (1994, in Visla, Cristea, Tátar & David, 2013) argues that it is best to address the core-belief first and through this work alter the automatic thought pattern at the same time. Beck (1995, in

Visla et al., 2013) argues that you should address the automatic thought pattern first because it is much easier to change fast in the situation-specific conflict. Therefore, the core-beliefs are essential to identify for the therapist if the individual has a maladaptive core-belief.

NAT's and thinking errors

If negative automatic thoughts (NAT's) spins out of control the individual will most likely experience some kind of anxiety if they are not controlled (Szymanska & Palmer, 2015). The higher levels of distress the person experiences, the more their thoughts become rigid, inflexible and absolute (Szymanska & Palmer, 2015). As a coping method, or safety behaviour, the individual will try to stay away from the stimuli, which causes an experience of discomfort (Szymanska & Palmer, 2015). Therefore, the person who is afraid of the dark will try to avoid the situation, which will (unwittingly) undermine their confidence, even more (Szymanska & Palmer, 2015).

One of the objectives of cognitive behavioural therapy is to identify the negative automatic thoughts. Clients normally do not focus on their thoughts, so trying to identify them will require help from a therapist. . Negative automatic thoughts can also be categorized as cognitive distortions or thinking errors (Yurica & DiTomasso, 2005). Examples of these thinking errors are listed below:

- *All-or-nothing thinking*, the person is very black and white in how they evaluate a situation. It is either super good or super bad, nothing in between. The thoughts becomes rigid in this process and makes it difficult for the person to see the nuances of the situation.
- *Jumping to conclusions*, the person will read something into peoples' attitudes without having the necessary and sufficient kind of information. E.g. thinking that people do not like someone if they do not greet these persons every morning when they are waved at. Another quick conclusion is that a person thinks that other people dislike him or her, because they e.g. do not get an answer on a question.
- *Personalization* is a person's way of causal explaining everything to itself. This means that you blame everything onto yourself even though it might not be your fault.

- *Over-generalization*, the person will make negative conclusions – out of proportion –on an event.
- *Fortune telling*, the person will have a negative view on the future and tell; that since something has happened once it will happen again and again in the future.
- *Emotional reasoning*, the person will start to reason from its emotional state. Therefore, if a person is anxious about the dark they might jump to the conclusion that walking in the dark is dangerous.
- *Labelling*, to use unhelpful labels to describe yourself, "I'm bad", or "I'm a loser".
- *Magnification* – blowing things bigger and out of proportion.
- *Demands,* the person can be too demanding with itself and others. It can often be found from a linguistic perspective where the person uses terms such as "I must" or "I should be able to do this" even though it might not be possible from an observers perspective (Yurica & DiTomasso, 2005; Palmer & Williams, 2013).

Overall, some of these "cognitive distortions" can be traced back to the safety behaviour, which will be activated if they are not addressed by the therapist. It is therefore important to identify which of the above thinking errors the client has before addressing how you want to handle them.

Cognitive behavioural therapy and cognitive behavioural coaching

Before elaborating theoretical and practical aspects of cognitive behavioural therapy and cognitive behavioural coaching any further, we would like to outline some differences and similarities between the two. Cognitive behavioural coaching as a field has evolved from cognitive behavioural therapy, and are therefore based on the same understanding of human functioning. Hence, cognitive behavioural coaching cannot be said to be fundamentally different from cognitive behavioural therapy when talking about the theoretical and methodological basis.

Despite the many similarities, there are two main differences you have to take into account when differentiating between therapy and coaching in general: 1) The clientele, and 2) Coaching as being a time-limited intervention. Ducharme (2004) points out the first main difference: He argues that

cognitive behavioural therapy and cognitive behavioural coaching is used in different situations. Cognitive behavioural coaching is best applied for stress management, skill development and goal achievement whereas sessions that require more in-depth analysis of unconscious motives and conflicts, cognitive behavioural therapy should be applied (Ducharme, 2004). Like Ducharme (2004), Neenan and Palmer (2001) argues that the basic understandings of the two approaches are so much alike, that cognitive behavioural therapy is called cognitive behavioural coaching, when used with non-clinical groups. This is supported by other researchers emphasizing cognitive behavioural coaching as an approach suited for personal development, whereas cognitive behavioural therapy is more fitted for clinical disorders og subclinical problems (Carvalho, Gaspar de Matos & Anjos, 2018). The other main difference is coaching as being a shorter-term intervention than therapy. Cognitive behavioural therapy generally involves 5-20 sessions, on a weekly basis, lasting between 30 and 60 minutes, whereas cognitive behavioural coaching typically will consist of 6-8 coaching sessions, lasting between 45-60 minutes, and expands over a time period of 4-6 months (Kingdon & Mander, 2015; Williams, Edgerton & Palmer, 2010).

Similarities between cognitive behavioural coaching and cognitive behavioural therapy include goal-oriented tasks and homework, setting an agenda in each session, seeing the relationship as a collaborative process and the experimental and curious approach (Freeman & Rosenfield, 2005; Neenan, 2009). As its' the case with cognitive behavioural therapy, cognitive behavioural coaching is an approach that uses cognitive, behavioural, imaginal and problem–solving techniques to reach the individual's goal (Palmer & Szymanska, 2007). This means that all the mentioned approaches work together to improve the health of the person who is undergoing coaching. The use of cognitive behavioural coaching has been linked to improvement in overall performance, psychological resilience, increased well-being, lowering stress and removing cognitive blocks to obtain a positive change for the individual (Palmer & Szymanska, 2007; Grant, 2017).

Cognitive behavioural coaching

In the section above, we have made a brief presentation of the theoretical background of cognitive behavioural coaching, and outlined similarities and differences between cognitive behavioural therapy and cognitive behavioural coaching. The following will be a presentation of how cognitive behavioural coaching is practiced. This will be done by a further outline of the basic assumptions in cognitive behavioural coaching, with a focus on the roots in cognitive behavioural therapy. Because CBC is a very structured approach, we will then describe the structure of a series of typical coaching sessions, including the amount of sessions and the content of these. Afterwards we will present some of the commonly used models, and describe how the coach and coachee can use these through the collaborative practice that makes up cognitive behavioural coaching. Finally, we will briefly mention some of the characteristic techniques used in cognitive behavioural coaching.

Basic assumptions in cognitive behavioural coaching

The focus in cognitive behavioural coaching is on helping clients overcome practical problems, and to deal with psychological or emotional blocks that are preventing the coachee to reach their goals (Palmer & Szymanska, 2007). This is the same as in cognitive behavioural therapy. Hence, this is a very goal-directed coaching approach and is for that reason time-limited, since the focus is on here-and-now problems and not on the past or in depth childhood dilemmas (Neenan & Palmer, 2001; Grant, 2005).

The focal point in this coaching approach is the problems that are preventing the coachee in reaching his or her goal: The coach will throughout the coaching sessions be focused on the coachees' skills and abilities to solve these problems. Therefore, a basic premise of cognitive behavioural coaching is that the coachee has underdeveloped problem-solving skills or is not using their skills adequately, and therefore the coaching sessions will work to improve and aims to further develop these skills (Palmer & Williams, 2013). In cognitive behavioural coaching the coachees' get help with their problem-solving skills, but at the same time they are also helped to become aware of which of their thoughts and beliefs that are interfering with their performance and are getting in the way of them achieving their goals (Palmer & Szymanska, 2007). In this way, cognitive behavioural therapy and cognitive behavioural coaching are very similar:

The assumption is, that these negative automatic thoughts and the underlying core beliefs will determine the coachees' reaction to a given situation. The belief is, that these NAT's and underlying core beliefs occurs and functions as psychological and emotional blocks, that are interfering with performance and preventing the coachees from reaching goals.

This is important because the coachee becomes aware of the mechanisms blocking him or her. It is intended to make the coachee able to solve problems on their own when future problems arise, and in a way become their own coach (Neenan & Palmer, 2001). This is the future perspective of cognitive behavioural coaching, where the aim is that coachees' will use the awareness of blockage and improved problem-solving skills to handle new upcoming problems, and overcome these and reach their goals without help from a coach (Palmer & Williams, 2013; Neenan & Palmer, 2001). Therefore, it is also important that the coach do not give the coachee the answers to the problems, because in that way the coachee will never be able to learn for him- or herself. Instead, the coach's role is to help the coachee reach their own solutions and answers to their problems through guided discovery (Padesky, 1994). It is a collaborative process, where the coach guides but at the same time let the coachee do the work (Carvalho, Gaspar de Matos & Anjos, 2018). A basic premise for this collaborative process to be successful is that the coachee is committed and willing to work hard. The coachee needs to understand and accept this before the coaching sessions start, otherwise it will be a waste of time, since the coach cannot make the changes happen on his own (Palmer & Szymanska, 2007; Neenan & Palmer, 2001).

To sum up, the overall goals of cognitive behavioural coaching, is to help the coachee deal with his or her problems, achieve goals and adjust thinking errors such as the negative automatic thoughts. Furthermore, it has a future perspective, where the goal for the coachee is to learn strategies and then be able to coach themselves when future problems will arise (Williams, Edgerton & Palmer, 2010).

How to structure sessions in cognitive behavioural coaching

A typical agreement on coaching will consist of 6-8 coaching sessions with the duration per session of approximately 45-60 minutes but sometimes up to 120 minutes, over a period of 4-6 months (Williams, Edgerton & Palmer, 2010).

In the first two sessions, the work will be about case conceptualisation, where it is clarified why the coachee is seeking help and what they hope to accomplish (Williams, Edgerton & Palmer, 2010). In this way, it is clear early on in the process, which goal coach and coachee are headed for. It also contributes to the establishment of the collaborative relationship between the coach and the coachee, which is essential in this type of coaching (Cavalhar, Gaspar de Matos & Anjos, 2018).

In the next sessions (2-6), the focus will essentially be about achieving the goal, and there will be in-between session tasks (homework) that will contribute to this achievement. A new session will always begin with a follow up on how the coachee has accomplished the in-between session task, and the session will always end with negotiating a new in-between session task for next time. If an emotional or psychological block emerges and hinders the goal reaching process it will be dealt with, so that the coachee can return to focus on achieving the goal (Freeman & Rosenfield, 2005; Palmer & Szymanska, 2007).

The coaching endeavour typically ends after 6-8 sessions with an evaluation of all the coaching sessions and the coachees' progress (Williams, Edgerton & Palmer, 2010).

Models and techniques used in cognitive behavioural coaching

Coaching psychology in general is favour of using models (Spaten, Imer & Palmer, 2012). One of the explanations of this could be that coaching, as mentioned earlier in this paper, is a shorter and more goal-directed form of intervention than therapy. Models therefore functions as a handy hands-on tool to structure the short and goal-focused sessions. These models are not only used as a tool to maintain structure in the coaching sessions, but are worked through and filled out by the coach and coachee in a collaborative process. This further supports the collaborative relationship, which as previously emphasized is an essential part of cognitive behavioural coaching (Palmer & Szymanska, 2007). In this way, the coachee is an active part in planning and structuring their own series of coaching sessions, and the coachee will throughout the process be able to glance at the models and see where in the process he or she is in achieving

the goal. The models work as tools for the coachee to reach the best possible and most realistic solutions to their problems in a systematic and structured way (Neenan & Palmer, 2001).

Below, we will rather short present three of the main models used in cognitive behavioural coaching, respectively the SPACE model, the PRACTICE model and the ABCDEF model. All the names of these models form an acronym, which makes it easier for the practitioner to remember each step (Spaten et al., 2012).

The SPACE model

The SPACE model was developed by Nick Edgerton and is often used as an educational tool to show the coachee how five different modalities interact with each other, interfere with the coachees' performance, and therefore might get in the way of them achieving their goals (Edgerton & Palmer, 2005; Williams, Edgerton & Palmer, 2010, p. 42). The five reciprocal and interacting modalities that constitute the SPACE model is:

- **S**ocial context
- **P**hysiology
- **A**ction
- **C**ognitions
- **E**motions

By showing the coachee a graph of how these five modalities interact with each other, the coachee will come to understand how these are reciprocal and connected and how they might trigger each other. This is easier explained with an example, so let us consider a coachee that suffers from exam anxiety. To start from a random end, the Social context will be the exam and the Cognition will be the coachees' perception of the exam as something unpleasant and frightening. Because of this negative evaluation of the situation, the person's anxiety will be triggered, which will be the Emotional modality in the model. This will then again trigger the Physiological modality where the person will start sweating and the heart will start beating faster because of the emotional reaction of anxiety. This might lead the person to be unrestful and start pacing around the place, which further enhance the state and model wise it is the last connected modality, Action.

The above example makes it possible to show the client how the modalities are reciprocally connected and how e.g. the thoughts about the situation might trigger the anxiety reaction. This model is often used in the early stages of coaching, because it gives the coachee an understanding of how thoughts and perception of the situation might be blocking him or her from achieving the goals. This understanding is important for the further coaching sessions, because it makes it easier to work with the goal, when the coachee now understands how the modalities functions.

The PRACTICE model

The second model we would like to present, is the PRACTICE model. The PRACTICE model is developed by Stephen Palmer and consists of seven steps with the purpose of generating concrete, possible solutions to a given problem (Palmer, 2008). The solution-focused purpose makes it a good tool to use when a coachee arrives to coaching with a very specific problem they need to solve. The seven steps of the PRACTICE-model makes it possible to identify the most feasible solution to a particular problem (Spaten et al., 2012). As mentioned above these models functions as tools for the coachee and the coach and creates an overview for both, thereby providing a very structured and systematic way of generating possible solutions in collaboration (Neenan & Palmer, 2001).

The PRACTICE model must be understood as a practical problem-solving and solution-focused model (Williams, Edgerton & Palmer, 2010; Spaten et al., 2012) and contains the following seven steps:

1 **P**roblem identification - where you specify the problem the client would like to solve,
2 **R**ealistic – development of relevant goals - where you figure out what the client would like to achieve,
3 **A**lternative solutions generated - where you reflect on the possible solutions to the problem,
4 **C**onsideration of consequences - where you rate how feasible you find the different solutions,
5 **T**arget the most feasible solution(s) - where you chose the solution that is most achievable,
6 **I**mplementation of **C**hosen solution(s) - where you discuss how you will implement the chosen solution,
7 **E**valuation, where you evaluate on the process and how successful you think the chosen solution will be (Palmer, 2007).

The process of going through all the seven steps is done with only one problem at a time. So let us say that the coachee has more problems that he or she would like to solve, then step 1-6 concerning one problem is completed before the move to the next ones. When step 1-6 are worked through regarding all the coachees' problems then the whole process is evaluated. This might seem a little rigorous, but it is simply to keep focus on one problem at a time and find a solution to this particular problem (Palmer & Szymanska, 2007). It could be argued that the process is rigid without any room for creativity in the generating of solutions. This claim has been rejected by Neenan & Palmer (2001), who says that it in fact will promote creativity but in a structured and systematic way.

Since the model consists of seven steps, there are other similar models available, which also seeks solutions to a problem, but with fewer steps. These are especially used when more rapid processing of a problem is needed, and can be used if you are short on time, and for that reason cannot complete the seven steps of the PRACTICE model (Neenan & Palmer, 2001).

If the coachee is stuck on one of the steps in the PRACTICE model because of e.g. an emotional reaction or other psychological block, then you can use the ABCDEF model to overcome this blockage (Palmer & Szymanska, 2007). After having used the ABCDEF model and overcome the blockage, you return to the step the coachee originally was stuck on in the PRACTICE-model and continue from there (Palmer & Szymanska, 2007). This exact scenario shows how different models supplement each other and can be used at the same time and in combination with each other.

THE ABCDEF model

As mentioned above the ABCDEF model is most commonly used to deal with emotional blockage (Williams, Edgerton & Palmer, 2010). It is often used alongside the PRACTICE model, because it does not make sense to keep working with the problem-solving model when the client is upset, because the process will not move forward (Neenan & Palmer, 2001). Instead, the problem-solving process is paused for a moment, and it is tried to resolve the emotional blockage by use of the ABCDEF model. When the emotional blockage is reduced, then it is possible to return to the problem and implement the solution (Neenan & Palmer, 2001).

Dr. Albert Ellis (1991) developed the original ABC model. Additional letters have later on been added to the model, and it is now known as the ABCDEF model (Williams, Edgerton & Palmer, 2010). The model is used to discover and deal with a person's blockage to entail chance and consists of the following six steps:

- **A**ctivating event - which means the event that activates this emotional block the client is experiencing.
- **B**eliefs about A - the way the client perceives the event: These beliefs will often be illogical and irrational.
- **C**onsequences of these illogical and irrational beliefs about the specific event (Ellis, 1991).

Above is the original model developed by Albert Ellis, which was then extended with DEF, which represents the more practical way of dealing with the described emotional blockage:

- **D**isputation and modification of the unhelpful beliefs - where you directly work with modifying these irrational and illogical beliefs that was identified in B.
- **E**ffective new approach to deal with the activating event: The client works on an application of a new approach; with the intention to deal with the event that triggered the emotional blockage to begin with.
- **F**uture focus on personal or work goals – which is an evaluation of what the coachee has learned from the ABCDE, and how this can be used in a future perspective (Williams, Edgerton & Palmer, 2010).

To sum up, this model is useful to make the coachee aware of the fact that it is their own thoughts and beliefs about the situation that triggers the emotional reaction and serves as a blockage, and therefore gives them a chance to modify these beliefs and by the end of it overcome their blockage (Palmer & Szymanska, 2007).

As shown above these three models have different foci and can therefore supplement each other (depending on the problem) during the coaching sessions. The models have two separate functions; they work as an educational tool for the coachee but they also help the coach to maintain structure in the sessions. This presentation of the models shows

how the sessions are structured on a general level, but it does not show any of the specific techniques used in the sessions and within the models. This we would like to present in the following section.

Socratic questioning

Coaching is a shorter-term intervention than therapy; and it makes the questions asked of critical importance (Neenan, 2009). This makes Socratic questioning one of the most commonly used techniques in cognitive behavioural coaching. Socratic questioning involves a series of open-ended questions and invites the coachee to examine their difficult issues, with the aim of increasing awareness (Neenan, 2009; Williams, Edgerton & Palmer, 2010). Socratic questioning can also be used as a technique to examine the coachees' thinking and the validity of the coachees' performance interfering thoughts (PIT's) (Palmer & Williams, 2013). The questions can be about e.g. the evidence of the specific belief or to probe deeper into the logic of the coachees' thoughts, and is encouraging the coachee to take a wider view of their own situation so that other possibilities might emerge (Neenan, 2009).

Socratic questioning is especially used alongside the PRATICE model, where there is an emphasis on guided discovery (Padesky, 1994), and helping the client to figure out the solutions on their own (Spaten et al., 2012). By using Socratic questioning in this context, you guide the coachee to see more perspectives, which will help them seek out more solutions (Neenan & Palmer, 2001).

Imagery techniques

Another group of techniques that are very characteristic for cognitive behavioural coaching is imagery techniques. Common for this group of techniques is that they require the coachee to visualise themselves in different, but specific situations (Palmer & Szymanska, 2007). There are several dissimilar types of imagery techniques and in each one it is something altered that the coachee has to visualise; for instance if the coachee is anxious about presentations, then they would be asked to visualise themselves doing a presentation and experience how this is practised both at a physical and emotional level. It is also possible to work on motivational issues by letting the coachees' visualise what would happen if they never did anything to achieve their goals (Palmer & Szymanska, 2007).

There is a whole range of possible things to achieve working with these imagery techniques. Common to them, is the procedure of the coachee imagining or visualising themselves in a specific problematic situation, and then to experience how it is and how it feels for the coachee: it aims to help the coachee to perceive the world in a new way.

The cognitive behavioural approach in a coaching context

This article will be finalized by discussing cognitive behavioural coaching in relation to 13 core statements, made by the authors. The attempt is to further distinguish boundaries, distinctions and similarities between the cognitive behavioural approach and cognitive behavioural coaching. Each question will be answered with either a 'yes', 'no' or a 'yes and no' followed by a slightly longer explanatory answer.

1 The coaching relationship builds on trust and confidentiality

Yes and no

- The yes and no answer relies on the notion that in cognitive behavioural coaching the collaborative relationship is very important, which requires a certain amount of trust. Nevertheless, the aim in the cognitive behavioural coaching is not to go in depth with the problems in the coaching sessions, so the trust aspect is not as important as it is in other approaches. Instead, the relationship in cognitive behavioural coaching builds more on mutual respect to create a good collaborative environment. Confidentiality on the other hand is important in any coach/coachee relationship no matter which approach is used.

2 Wishes to understand 'unconscious motivation'

No

- In cognitive behavioural coaching, the wish is not to understand unconscious motivation in a literary sense. As shown above it does seek to understand the underlying beliefs or thoughts that interferes with the coachees' goal achievement.

3   The coaching relation is "non-directive"
No
- The coaching relation in cognitive behavioural coaching is directive. An example of this is the technique of using Socratic questioning; where the coach guides the coachee in the discovery process and in that way helps the coachee to reach own solutions to the problem. It is not directive in a way that the coach tells the coachee what to do, but the coach is constantly guiding the coachee towards a fruitful and useful direction.

4   The work is focused on here-and-now problems
Yes
- As mentioned previously cognitive behavioural coaching does not go in depth with the problem or look for the answer in the childhood. Instead, it has a here-and-now focus on the problems but also with a futuristic element regarding how the coachee is going to handle upcoming problems in the future.

5   Transference plays a significant role in the coaching sessions
No
- Transference is not a phenomenon of interest in cognitive behavioural coaching where the focus is on cognition and behaviour instead.

6   The main emphasis is on direct problem solving
Yes
- The direct problem solving is a characteristic of cognitive behavioural coaching. An example of this is the use of the PRACTICE model, where problems are dealt with in a systematic and structured way one at a time, at that point finds a solution to the problem and then moves on to the next one.

7   The coaching sessions are time-limited
Yes
- As shown in the section "The structure of the sessions", cognitive behavioural coaching does not normally last for longer than 6-8 sessions. The reason for that is that this sort of coaching does not seek the depth of the problems but stays at a practical level and works on the solution of the problems instead.

8   The coaching session has a specific and typical agenda every time
Yes
- As shown earlier the sessions are very structured and systematic, and each session therefore has a specific and typical agenda: In cognitive behavioural coaching the most efficient way for the coachee is to solve the problems and reach its goal.

9   The coaching relation is a significant "agent of change"
No
- The relationship between the coach and the coachee in cognitive behavioural coaching is important, but not necessarily of great significance for the outcome. Of course, there has to be mutual respect and chemistry for the coaching sessions to work in a fruitful way and for the coachee to want to put time and energy into it – but the relationship is not a key point in cognitive behavioural coaching as it is in other schools of coaching.

10 Deals with the problem's aetiology
Yes and no
- As mentioned above cognitive behavioural coaching has a here-and-now focus on the problem, and for that reason it does not seek the origins to why the problem occurred. Cognitive behavioural coaching is more practical and solution oriented to what can be done to solve the problem. On the other hand, a part of the coaching is to make the coachee aware of the dissimilar beliefs and thoughts that are interfering with goal achievement, which could thereby be the origin of the problem. So the yes and no answer is because cognitive behavioural coaching has a here-and-now focus, but at the same time works on making the coachee aware of why the problem continues to interfere and maybe to know more about how it has arisen.

11 The coaching sessions are very structured
Yes
- The structured way of working is another characteristic of cognitive behavioural coaching: Examples are the typical agenda for each session, the use of models to structure the sessions, and homework assignments.

12 The homework is a significant part in the course of all coaching sessions

Yes

- As in cognitive behavioural therapy, homework or in-between session tasks is one of the fundamental pillars of cognitive behavioural coaching. This is where the coachee gets to use the strategies learned in the sessions, which will help to overcome the problems and achieve the goal. It is required, that the coachee works hard and fulfil these in-between-session tasks for the coaching to be successful.

13 The coaching sessions will typically work with experiments and data collection from the coachees' environment

Yes

- Behavioural experiments and "data collection from the coachees' environment" is some of the standard techniques used in cognitive behavioural coaching (Palmer & Szymanska, 2007, pp. 102, 105). These are used to make the coachee aware of the beliefs and thoughts that are interfering with their performance and therefore getting in the way of them achieving their goals.

Rounding up

In this paper both, some of the methods and considerations needed to take into account when practicing cognitive-behavioural coaching has been presented. The main aim of cognitive-behavioural coaching is to work with the unhelpful thinking and behaviours of the client.

The importance for the coach to help the client/coachee develop new strategies and methods, are as well presented and highlighted in the paper. Some of the main coaching models used for working with the client like SPACE, ABCDEF and the PRACTICE model are furthermore put forward in this paper. These models involve some specific techniques that could be helpful in working with clients. Finally, the reader has been led through 13 points to highlight some of the similarities and differences between the cognitive behavioural approach and coaching.

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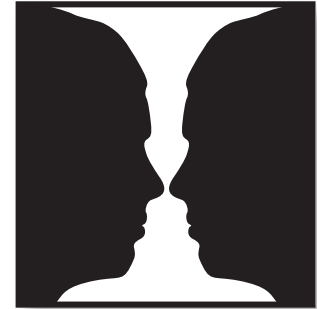Kroghstraede 3
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Samtaler med unge universitetsstuderende

Af Ole Michael Spaten* og Nadja Lagoni Holst

Abstract

Completely other conditions apply to young people today than they did just 20-30 years ago – today the state of change is one of the most significant and present life conditions. In this paper, the challenges that are particularly relevant when young people start their university education in the light of emerging adulthood are described. How we intervene by conversations with emerging adults are pronounced. Limitations of this research is finally presented at the end alongside some important learning points such as the importance of a thorough present state examination.

Keywords: *University students, conversations, counselling, coaching psychology*

Unge og ungdom som forandring

Ungdom er den periode, hvor et menneske ikke længere er et barn, men heller ikke endnu er voksen. Det er dog en noget forenklet måde at forklare det på: Selvom vi alle forstår at afgrænsningen mellem barn og voksen holder, så er ungdomsbegrebet ikke så simpelt som man umiddelbart skulle tro. Ungdom – og ungdomsbegrebet – forandres i takt med samfundsudviklingen; vi må se nærmere på hvad ungdom betyder *i dag.* Psykologisk forskningslitteratur vedrørende unges identitetsudvikling (Dencik, 2005; Kroger, 2002; Rattansi & Phoenix, 1997) peger på, at det grundlæggende *ikke* er de unge i-sig-selv, som har ændret sig. De

væsentligste forandringer de sidste 30-40 år drejer sig netop i højere grad om forandringer i de samfundsmæssige betingelser (Dencik, Schultz, Jørgensen & Sommer, 2008; Trzesniewski & Donnellan, 2010), samt det forhold at fasen mellem barndom, ungdom og voksen på arbejdsmarkedet er blevet stærkt udstrakt (Arnett, 2004). Komplekse, samvirkende faktorer som betyder, at et nyt ungdomsbegreb er begyndt at spire frem, nemlig begrebet "emerging adulthood" (gryende voksne), som beskriver perioden fra ca. 18-25 år (Arnett, 2007). Begrebet om unge og ungdom er i forandring og Arnett forklarer at den gryende voksne, i kraft af det individualiserende samfund i dag,

selv har ansvaret for at komme igennem denne livsperiode. Det betyder blandt andet, at det står den unge frit for at bestemme over de mange valg der præsenteres i perioden (uddannelse, livsstil, arbejde, partner, relationer, religiøs overbevisning, seksualitet osv.) (Arnett, 2006; Graugaard, 2010). Samtidig eksproprierer f.eks. medier, tøjmode og design m.v. mange såkaldte frie valg (Ziehe, 2006). I takt med samfundsudviklingen er der nye karakteristika der beskriver de unge, og skildringen fremtræder relativt forskelligt fra tidligere generationer. Skreddet fra at være en tid hvor emner såsom ægteskab, arbejde og børn prægede ungdomsfasen, til at fasen i dag i højere grad er en tid der er præget af ustabilitet, valg, udforskning, afprøvning og multiple muligheder (Arnett, 2006). De livsvalg og livsemner der engang hørte ungdommen til, er nu blevet udskudt til 30 års alderen. En ny forståelse af ungdom peger på nye udfordringer – og en ny opmærksomhed – for den fagperson der skal forstå og f.eks. gennemføre samtaler eller coache et ungt menneske.

Counselling og coaching som mulighed i samtaler med universitetsstuderende

Counseling og coaching rummer elementer fra både terapi og konsultation, men er discipliner for sig selv. Lad os her fokusere på coaching som i bredeste forstand kan beskrives som en hjælpende samtale, der retter sig mod personlig udvikling, øget præstationsniveau og forbedret livskvalitet (Passmore & Whybrow, 2008; Spaten, 2013). Coaching er en disciplin med kolossal bredde, hvilket betyder at der findes en lang række af definitioner, der forsøger at beskrive hvad coaching er (Coutu & Kauffman, 2009). Gallweys bud, som nok den mest klassiske, er at coaching; *"... er kunsten at skabe nogle omstændigheder, en frugtbar atmosfære gennem samtale og en måde at være tilstede på, der fremmer den proces, hvorved en person kan bevæge sig mod ønskede mål på en tilfredsstillende måde"* (Gallway, 1974). Der har siden været mange bud på hvad coaching er – vi møder betydelige forskelle og uenigheder i forhold til definitioner – men der findes nogen enighed om, at coaching er forbeholdt det velfungerende og raske menneske (Palmer, 2007; Grant, 2008). Det vil sige at unge der netop er startet en universitetsuddannelse og synes det er fordringsfuldt, bliver de lidt modløse, opgivende eller nervøse for hvordan man skal klare

sig på det krævende studium kan have gavn af en samtale som tager form af coaching. Coaching kan forstås som en ligeværdig samtale der rummer hjælp til selvhjælp for det i øvrigt velfungerende (unge) menneske. Arbejdet med forandring forankres i samtalerne, men finder i hovedsagen sted imellem sessionerne i det levede liv i hverdagen (Dreier, 2011).

Når psykologer går ind og anvender coaching kalder vi det ofte coachingpsykologi, som defineres som; "... en *systematisk anvendelse af valideret psykologisk metode og teori, funderet i etablerede terapeutiske tilgange, hvor coachen behandler, ansporer eller udvikler klienter eller grupper til at udnytte sine ressourcer optimalt i forhold til såvel privat- som arbejdsliv eller coacher i forhold til at ændre problematiske og usunde tanke-, følelses- eller adfærdsmønstre."* (Spaten, Imer & Palmer, 2012). Psykologien bidrager til coaching med evidensbaseret viden, teori samt psykologiske modeller og praksisredskaber. Psykologer i Danmark arbejder typisk under de etiske principper for nordiske psykologer. Etiske fordringer, som foreskriver, at psykologer skal arbejde rodfæstet i følgende principper: 1) respekt for klientens rettigheder og værdighed, 2) kompetence, 3) ansvar og 4) integritet (Etiske principper for nordiske psykologer).

Der findes flere forskellige former for coaching i forbindelse med unge under uddannelse. Der kan naturligvis være en ekstern coach som uddannelsesmæssigt er færdiguddannet og som ikke umiddelbart vil have en tilknytning til den studerendes uddannelse (van Nieuwerburgh & Barr, 2017). Coachingen kan også ske gennem en underviser/lærer på den unges uddannelse. Ud over dette kan coaching også foregå som peer-coaching hvor coachen og coachee aldersmæssigt og uddannelsesmæssigt et tættere på hinandens niveau. Inden for peer-coaching er der både muligheden for gensidig (reciprok) peer-coaching hvor coach og coachee er på samme uddannelsestrin f.eks. studiekammerater og non-reciprok coaching hvor coachen er en ældre studerende som coacher en yngre (ibid.). I Aalborg Universitets Coaching Center (AUCC) arbejder man med non-reciprok coaching.

Flere forskere peger på at relationen mellem coach og coachee er centralt for arbejdet med coaching (Robson-Kelly & Nieuwerburgh, 2016; Kemp, 2008; O'Broin, 2016; Spaten, 2016) og det uanset den uddannelsesmæssige og aldersmæssige baggrund. At udvikle et positivt forhold mel-

lem coach og coachee er en vigtig faktor i forhold til at coaching bliver frugtbar og særligt tillid, accept, forståelse og anerkendelse (Rogers, 1998) er centralt for et positivt resultat (Robson-Kelly & Nieuwerburgh, 2016). For at denne tillid kan opbygges er det vigtigt at coachen kender sig selv, og formår at vise oprigtigt interesse og empati over for coachee. Coaching hvor coachen er en ældre studerende, også kaldet non-reciprok coaching, som i AUCC's program, har vist sig at være givtigt i coaching af universitetsstuderende, men også for coachens personlige udvikling (Nieuwerburgh & Barr, 2017). Lige meget hvilken form for coaching der vælges er det dog vigtigt at coachen er bevidst om sin egen rolle i coaching og er tillidsvækkende, empatisk, anerkendelse og støttende, men også at kunne holde en afstand til problemstillingen. Hvis ikke det kan lykkes risikerer coachen at "overtage" eller evt. "fortabe" sig i at finde en løsning på problemstillingen (som coachee måske er (alt for) fokuseret på) (Robson-Kelly & Nieuwerburgh, 2016).

Baggrund og forgrund for arbejdet med universitetsstuderende

Coaching af universitetsstuderende må tage sit afsæt i de ovenfor nævnte forandrede samfundsmæssige betingelser som baggrund for forståelsen af ungdom og coaching. De unge står, på baggrund af det individualiserede samfund – i det store hele – nu selv for deres dannelsesproces, præstationer og deres identitetsprojekt. Med øget autonomi, ansvar og kontrol følger også pres og krav om at kunne lykkes og at kunne klare sig alene. Forventninger fra andre, til sig selv og det øgede pres kan munde ud i mistrivselsproblemer eller tilfælde af angst, stress og depression. Afhængig af alvoren i den unges tilstand, kan en coachingpsykologisk intervention være et redskab til at hjælpe de unge igennem en – på sin vis – meget sårbar livsperiode.

Ungdomscoaching kan opfattes som sin egen sub-disciplin, på grund af de særlige områder, der specielt gør sig gældende for netop unge. I det følgende skal der derfor fremhæves en række fokuspunkter, som er vigtige at have for øje, når man arbejder med unge. Punkter som både direkte eller indirekte kan have indvirkning på den unges tilstand og problemer, og som har betydning for det coachingpsykologiske arbejde:

A **At blive voksen**. Det, at blive voksen, skal ses som en proces, hvor den unge gradvist øger sin selvstændighed og selvbestemmelse (Arnett, 2016). Den unge har højst sandsynligt et ønske om netop at blive voksen samt få mere selvbestemmelse og ansvar, men det betyder dog imidlertid ikke, at forbindelsen til forældrene forsvinder, men at forholdet skal finde en ny form. Den unge vil i svære og usikre tider stadig søge støtte, hjælp og til en vis grad være afhængig af sine forældre. Netop derfor, vil den unge ikke føle sig voksen endnu (ibid.), men netop *på vej* til at *blive* voksen.

B **At kunne vente**. Det, at tage sig en uddannelse, finde et job, opbygge en karriere, finde en livspartner, starte en familie, er noget der tager tid. På baggrund af forståelsen af begrebet "emergent adulthood" er perioden inden voksenalderen blevet meget længere udstrakt end for forrige generationers unge (Arnett, 2007, 2015). De unge af i dag skal lære at leve med, at en lang række vigtige forhold i livet tager tid, og en række sager ligger længere ude i fremtiden. De unge skal kunne lære at vente. Ligeledes ser vi at gennemsnitsalderen for hvornår unge bliver forældre for første gang er steget til omkring 30 år for både mænd og kvinder, hvor den tilbage i 1960'erne var omkring 23 år (Danmarks Statistik, 2017). Dette betyder også at perioden inden de unge voksne skal tage ansvar for børn ofte er blevet skubbet til nogle år efter de unge voksne har fuldendt deres uddannelse. De unge voksne har derfor nu en længere periode end tidligere hvor de har økonomisk frihed og mulighed for at tilgodese deres egne behov på deres egne præmisser.

C **At blive selvstændig**. Det, at blive selvstændig er et krav og en samfundsmæssig forventning. Især i forhold til uddannelse møder de unge et krav om 'ansvar for egen læring' (Om at læse på universitetet, 2016, afsnit 1). Dette ansvar for egen læring sætter de unge under en ny form for pres, og de unge kan have problemer ved at lægge bøgerne til side (Arnett, 2015; Spaten & Friis, 2014). Skiftet fra at være gymnasieelev til at være (universitets-) studerende er rollemæssigt stort, fordi det netop nu er op til den enkelte selv at skulle vurdere hvad der skal til for at klare sig igennem studiet (ibid.).

D **At styre sin egen tid**. Det, at lære at prioritere den forhåndenværende tid bliver et krav i takt med den øgede selvbestemmelse og ansvar for sig selv og sin dagligdag (Spaten & Friis, 2014).

På den ene side frihed til at råde selvstændigt over sin tid og på den anden side nødvendigheden af at kunne navigere og styre tiden. Forældrene bestemmer ikke længere dagligdagens indhold eller hvornår det f.eks. er studietid, aftensmadstid, fritid osv. Mange uddannelser har i de senere år haft en stigende grad af tid hvor den studerende selv skal strukturere arbejdet og derfor også forholdsvis færre timer hvor der er et krav om fremmøde eller tid der er organiseret for de studerende på forhånd. Den unge bliver derfor nødt til at lære at styre sin egen tid samt at prioritere sin egen tid.

E **At flytte hjemmefra**. Det, at flytte hjemmefra betyder at den unge nu selv kan bestemme hvor han/hun skal bo, hvordan skal boligen se ud, hvilke regler skal der leves efter og hvordan dagligdagen skal se ud. Et stort frirum, hvor det står den unge frit at skabe sig det liv han/hun gerne vil have. Med denne nye "frihed" følger også et nyt ansvar, nemlig ansvaret for at betale regninger, få økonomien til at passe, samt at etableres det nye hjem på en måde, sådan at det både er et rart og trygt sted at være (Spaten & Friis, 2014). En anden faktor der kan komme i spil i forhold til det at de unge flytter hjemmefra og måske fra alt det de kender er at de kan blive ensomme. Ensomhed ser ud til – ud over det følelsesmæssige ubehag over at opleve at være uønsket alene – at kunne have en negativ virkning på det generelle mentale helbred for de gryende voksne, herunder øget risiko for depression og lav livstilfredshed (Due et. al., 2014, p. 90).

Det, at flytte hjemmefra, betyder også at flytte sig væk fra sine forældre. På den måde oplever den unge en personlig frisættelse og en adskillelse fra forældrene, men som nævnt vil den unge fortsat vende sig til forældrene og ønske støtte, råd og vejledning, når den unge møder større udfordringer eller problemer, (Spaten & Friis, 2014). På baggrund af den øgede autonomi og frihed, bliver forholdet til forældrene mere venskabeligt og ligeværdigt, således at den hierarkiske forskel opleves betydeligt mindre (Arnett, 2006). Denne proces fra at bo hos sine forældre til at skabe sig sit eget hjem vil stække sig hen over ungdommen hvor forældrene løbende lader den unge få mere og mere ansvar (Spaten et. al., 2014). Noget forskning peger dog på at de unge tidligere end deres forældre mener at de er klar til at tage ansvaret for forskellige

områder i deres liv (Spaten et. al., 2014). Denne proces vil formentlig stadig være i gang når de unge flytter hjemmefra for første gang.

F At skabe et socialt netværk. Det, at flytte hjemmefra betyder også for mange unge, at de flytter til en anden by. En flytning som får den dobbelte betydning, dels at rejse fra forældrene, men også at rejse væk fra venner og veninder. Med flytningen risikerer den unge at miste den daglige og jævnlige kontakt. Det er derfor vigtigt for den unge, at etablere et socialt netværk der hvor han/hun flytter hen, især fordi det kan være særdeles ensomt at flytte et sted hen uden at kende nogen (Spaten & Friis, 2014). Selvom den unge bruger megen tid og energi på at skabe sig et nyt socialt netværk, er det dog kun de seriøse venskaber – og ikke alle kammeratskaber – den unge er interesseret i (ibid.). For de unge spiller deres venner en vigtig rolle i forhold til identitetsdannelsen og bliver med alderen vigtige personer de unge voksne spejler sig i forhold til deres udvikling (Kroger, 2000).

G **At prøve nye ting**. Det, at prøve nye ting igen og igen, hører nok især ungdomstiden til, hvor unge menes at have stærke drifter og en trang til hyppig eksperimenteren (ungdomsperioden benævnes da også "Sturm und Drang") (Arnett, 2006; Graugaard, 2010). De unge befinder sig i en livsperiode, hvor de endnu ikke er nødt til at 'slå sig ned' og gøre varige valg, og det betyder, at de har tid, lyst og drifter til at prøve forskellige ting af, inden de som voksne skal tage mere direkte – og måske varige – valg i forhold til kærlighed, familie og arbejde (Arnett, 2007). Samtidig med at de unge har mange muligheder for at vælge, følger dog også et ansvar og i høj grad en oplevelse af at have et personligt ansvar hvis projekter ikke lykkes (Jørgensen, 2014). Dette betyder også at de unge i deres eksperimenteren og afprøvning løber en risiko.

H **At skulle tage en uddannelse**. Det, at tage en uddannelse, er i dag en selvfølgelig forventning, som der bliver stillet krav om til de unge. Men det er ikke kun samfundet der stiller krav i forhold til uddannelse, det gør de unge også selv. De unge ønsker at uddanne sig til noget de er interesseret i, og de har store forventninger til det arbejde de engang skal have. Arbejdet er blevet en del af menneskers identitetsprojekt, og det har derfor stor betydning at vælge netop den rigtige uddannelse og at præstere godt, således

at chancen for at opnå "det rigtige arbejde" kan optimeres (Spaten & Friis, 2014). Statens ønske om uddannelse af så mange unge som muligt ses i flere af de politiske tiltag der er lavet gennem de seneste år, f.eks. 95% målsætningen (Undervisningsministeriet, 2017). Uddannelse er også blevet en vigtig identitetsmarkør og for de unge bliver valgt af uddannelse og det at klare sig godt på den uddannelse ikke kun et spørgsmål om at kunne få et arbejde men også muligheden for at påtage sig den identitet der følger med at kunne sige at man arbejder på fundamentet af en bestemt profession (Spaten & Friis, 2014).

Vi har med denne gennemgang af unges livsomstændigheder forsøgt at skitsere hvordan at ungdomscoaching kan opfattes som sin egen coachingdisciplin – på baggrund af faktorer der gør sig særligt og eksklusivt gældende for unge, nemlig det: At blive voksen; at kunne vente; at blive selvstændig; at styre sin egen tid; at flytte hjemmefra; at skabe et socialt netværk; at prøve nye ting; at skulle tage en uddannelse. Disse områder bør således være fokuspunkter for coachen i coachingarbejdet med den unge, fordi disse punkter både kan have direkte og indirekte indvirkning på den unges tilstand, velvære og livstilfredshed.

Samtalen med universitetsstuderende i praksis

Vi har nu beskrevet ungdom, coachingpsykologien og skitseret hvad ungdomscoaching kunne dreje sig om på baggrund af unges vilkår. Vi vil nu kort beskrive lidt generelt om coachingforløbet Vi giver vore erfaringer videre ved allerførst at påpege nogle vigtige praktiske elementer i forbindelse med en serie af coaching sessioner.

I den coachingpsykologiske praksis som finder sted på Aalborg Universitets Coaching Center er det typisk at et coachingforløb strækker sig over 5-6 sessioner á 50 minutters varighed. Sessionerne holdes som regel med 1-2 ugers interval, med mulighed for, at den sidste session kan fungere som en opfølgende session, og derfor kan holdes efter 3-4 uger efter den næstsidste session. I et coachingforløb samarbejder coachen og coachee om en problematik eller et fokusområde efter coachees ønske. Har coachee flere problematikker som han/hun ønsker coaching i forbindelse med, vil det ofte være således at det må vente til efter endt forløb, hvorefter evt. nye problemstillinger kan danne rammen for nye sessioner.

Ved et coachingforløb arbejder coach og coachee ofte hen imod et mål, som sættes/findes i starten af forløbet. Det, at have både en problematik der danner rammen for coachingforløbet, samt et mål der arbejdes hen imod, skal sikre, at coachingforløbet har en arbejdsramme således at arbejdsdagsordenen forbliver klar gennem forløbet. For at sikre, at arbejdet holdes inden for fokusområdet, forholder coach og coachee sig løbende til hvor de befinder sig i forhold til målet. Kollaborativ empiri betyder i praksis, at coach og coachee samarbejder om at indsamle en fuldgyldig forståelse af den problemstilling som coachee har valgt. I et coachingforløb arbejder coach og coachee således i fællesskab med henblik på at nå de besluttede mål for coachingforløbet. Man kan sige at begge parter har en lige arbejdsbyrde – med forskellige opgaver – men det betyder også, at coachee skal være motiveret for at arbejde med sit problem samt være villig til at arbejde med f.eks. hjemmeopgaver mellem sessionerne. Men inden et coachingpsykologisk forløb kan begynde er noget af det allervigtigste at coachen foretager en grundig assessment/vurdering af coachee, med henblik på at forstå coachee's mentale sundhed.

Henvendelse, visitation og opstart

En typisk henvendelse til AUCC kan se således ud: "Hej, Jeg hedder Cathrine og jeg er 20 år. Jeg har gået på universitet i 1½ år, og jeg skal derfor til at starte på 3. semester om lidt. Jeg kan mærke, at jeg har svært ved at tage mig sammen til at komme ud på universitetet, og jeg har svært ved at finde ud af bøgerne og pensum på studiet. Jeg er nervøs, fordi det er vigtigt for mig at jeg klarer mig godt i mine eksaminer. Jeg tænker rigtig meget på mit studie, så meget, at jeg ofte har svært ved at falde i søvn om natten. Kan du hjælpe mig? Bedste hilsner, Cathrine"

Allerførst må coachen – som nævnt – udrede klienten / coachee og denne kliniske / psykologiske udredning skal munde ud i en vurdering om et coaching-forløb vil være noget, der kunne være passende og givende for Cathrine. Udredningen foretages blandt andet på baggrund af kendskabet til klienten / coachee ud fra e-mail korrespondance og den forudgående visitationssamtale. I den aktuelle sag er vurderingen at de problematikker Cathrine beskriver i sin mail er nogle der ligger inden

for rammerne af, hvad coachen kan tilbyde. I forbindelse med udredningen lægger coachen i øvrigt mærke til, at Cathrine i sin mail skriver, at hun er nervøs og at hun har svært ved at sove om natten. Disse ord er hverdagsord, som dog kan sættes i forbindelse med blandt andet angst, depression og stress, og derfor er det tilsvarende vigtigt at coachen udreder disse forhold nærmere. Som fast psykologfaglig praksis i AUCC anvender coachen Depression Anxiety Stress Scale (DASS-42), som er et screeningsinstrument (spørgeskema) med 42 items for depression, angst og stress (Lovibond & Lovibond, 1995). Coachen sender en mail til Cathrine om et tidspunkt for første coachingsession samt et link til spørgeskemaet. Et screeningsinstrument må aldrig stå alene for sig selv, det vil sige, at coachen efterfølgende skal have en samtale med Cathrine om resultaterne af screeningsinstrumentet. Samtalen skal finde sted i opstarten af forløbet for at udrede om coaching er det rette tilbud. DASS-42, klinisk indtryk fra samtale og e-mail danner tilsammen baggrund for den endelige vurdering og udredning af Cathrines tilstandsform. Inden det første møde med Cathrine kondenseres resultater og indtryk fra mail og samtale, hvilket fungerer som et led i forberedelsen af mødet med coachee.

Coachen er nu klar til at starte den første coachingsamtale med Cathrine. I en anden og senere artikel vil vi nærmere beskrive hvordan de enkelte sessioner kan forløbe, hvad de rummer og hvilke opmærksomheds- og læringspunkter vi kan drage af samtaler med unge der tager form af coaching.

Afslutning

Vi har ovenfor beskrevet en række forhold som er vigtige at holde sig for øje i forbindelse med samtaler med unge som tager form af coaching. I det følgende vil vi samle op på vigtige indsigter og f.eks. er det understreget at en grundig udredning er nødvendig inden et coachingforløb kan påbegyndes. Begrundelsen er blandt andet de etiske retningslinjer som psykologen følger, som er fundamentet for klientens sikkerhed. Studerende som eksempelvis befinder sig midt i en alvorlig psykisk krise skal altid viderehenvises. Et coachingtilbud med den afgrænsede tid og fokus på enkeltmål er ikke det rette tilbud. Hvorimod unge med psykosociale problemer, lette og moderate tilfælde af angst, depression og stress og vanskeligheder i studielivet er målgruppen for Coaching Centret. Dernæst er det

– som nævnt - vigtigt at coachen har selvindsigt og er opmærksom på sig selv. Coachen skal være opmærksom på ikke at forholde sig nysgerrigt på den udfrittende måde, men nysgerrigt på den søgende, åbne og spørgende måde. Coachen skal endvidere være klar i sin kommunikation og spørge grundigt og ordenligt ind til problemstillingen og undgå fristelsen til at fremsætte en stribe af 'gode råd' ud fra egne erfaringer. Her er supervision et nyttigt redskab for at coachen arbejder med sin rolle som den professionelle i relationen.

I den ovenstående beskrivelse af coachingpsykologisk praksis med unge har vi hovedsageligt haft et teoretisk perspektiv. Vi vil også afslutningsvist vende tilbage til indsigter fra vores viden om unge. Noget af den væsentligste baggrundsviden – i forhold til coaching af gryende voksne – er at være opmærksom på de forhold der gør sig gældende for netop denne aldersgruppe: Som vi har fremstillet er der tale om en periode af tilværelsen, hvor mange forskellige dele af livet er i forandring og opbrud. Ungdomscoaching er derfor noget helt særligt, fordi de nævnte faktorer på sin egen påtrængende måde gør sig gældende for gryende voksne, nemlig det: At blive voksen; at skulle kunne vente; at blive selvstændig; at styre sin egen tid; at flytte hjemmefra; at skabe et socialt netværk; at prøve nye ting; at skulle tage en uddannelse osv. Coachen skal have disse særlige faktorer for øje i arbejdet med en gryende voksen. Der er tale om faktorer som kan have både direkte og indirekte indvirkning på den gryende voksens sindstilstand (stress, depression, angst) og den unges velvære og livstilfredshed.

En af disse faktorer er det at starte op på et nyt studie, hvilket kræver at den gryende voksne finder en måde at styre sin tid på således, at studiet bliver passet, men at der også bliver tid til venner, familie og evt. fritidsjob. At finde denne balance kan for nogle universitetsstuderende være svært og her kan coaching – som ovenfor nævnt – give redskaber som den unge kan anvende. En grundig udredning efterfulgt af en intervention karakteriseret ved udpræget grad af samarbejde er kernen i coachingarbejdet i Aalborg Universitets Coaching Center. Til sidst benytter vi lejligheden til at takke vores gode samarbejdspartnere i Coaching Centret Maria Louise Pedersen og Maja Lausten samt kolleger Nadia Christiansen og Lillith Olesen Løkken som alle har befrugtet og inspireret os i arbejdet med at skrive denne artikel.

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