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Visiting the psychotherapy versus coaching psychology conundrum

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Published in:
Coaching Psykologi

DOI (link to publication from Publisher):
[10.5278/ojs.cp.v7i1.2618](https://doi.org/10.5278/ojs.cp.v7i1.2618)

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Publication date:
2018

Document Version
Publisher's PDF, also known as Version of record

[Link to publication from Aalborg University](#)

Citation for published version (APA):
Spaten, O. M. (2018). Visiting the psychotherapy versus coaching psychology conundrum. *Coaching Psykologi*, 7(1), 7-16. Article 1. <https://doi.org/10.5278/ojs.cp.v7i1.2618>

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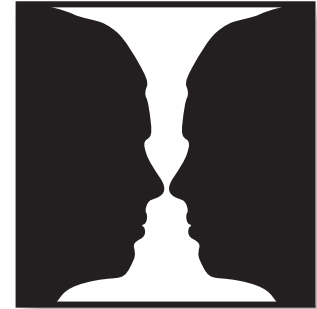
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Coaching psykologi

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<https://doi.org/10.5278/ojs.cp.v7i1.2618>



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

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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 perfor-

mance 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 fathers 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 Division 17.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

Coachees, who enter the coaching "room", are often "clients well to do", and these well-functioning people want 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 its 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 scholars (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 psychologist 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 extent 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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