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Different domains or grey areas? Setting Boundaries Between Coaching and Therapy: A Thematic Analysis

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The author declares that this paper is not under consideration elsewhere

Ethical approval for the study was granted by the Research Ethics Committee at the Robert Gordon University, UK. The study adhered to the ethical protocols in the British Psychological Society's Code of Human Research Ethics (2014, pp. 8–26) and Code of Ethics and Conduct (2018).

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Abstract

Coaching and different forms of therapy —including counselling, counselling psychology, psychotherapy and psychoanalysis— are mostly one to one talking interventions. Despite some differences in their processes and aims, these interventions share commonalities, and the borders between them are not always clear. Even though previous research has explored these boundaries, many questions remain unanswered and there is still a gap in our understanding of the dividing line between coaching and therapy. Data for this study was gathered through a series of semi-structured interviews aimed to explore the perceptions of ten coaches and therapists with more than five years of practice regarding the similarities, differences and overlaps between their professions. Data was analysed using inductive Thematic Analysis (TA). The study identified two overarching themes and seven subthemes that captured the participants perspectives: (1) Different domains or grey areas? –looking at the past or looking at the future; support change; a long journey or a quick fix; relationship; through the pink at the client and (2) becoming a coach/therapist – training and supervision. Findings from the study supported the difficulty to set clear boundaries between coaching and therapy and the need to including a framework of therapeutic theories and counselling in coaching training programmes.

Keywords: *Coaching. Therapy. Boundaries. Coaching Psychology. Counselling.*

Psychotherapy.

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Introduction

Therapy and coaching are specific types of helping interventions that use conversations as their main method (Bluckert, 2005a; Maxwell, 2009). It is broadly recognised that coaching shares theories, practices and intricate borders with other helping professions such as counselling, counselling psychology and psychotherapy (Grant et al., 2018; Popovic et al., 2014). However, both coaching and therapy have their own aims, theories and methodologies (Grant et al., 2018; Hayden et al., 1995; Spinelli, 2008; Vicki et al., 2001). Despite the differences, coaching and therapy are sometimes confused, especially by the uninformed public (Hullinger et al., 2018; Williams, 2003). It is common to hear practitioners alluding to the similarities and differences between coaching and therapy in an attempt to explicate the nature of their profession (Bachkirova, 2008).

The boundaries between coaching and therapy have received significant attention in the last two decades (Bachkirova, 2008; Bluckert, 2005a; Garvey, 2004; Hart et al., 2001; Hayden et al., 1995; Maxwell, 2009; Price, 2009; Williams, 2003). However, as highlighted by Bachkirova et al. (2019) interest in this topic seems to have decreased, although many questions remain unanswered.

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Despite the efforts to set clear boundaries, several authors (Bachkirova, 2008; Price, 2009; Summerfield, 2006) recognise the problems in differentiating between coaching and therapy and accept that the boundaries are often fuzzy and unclear (Bachkirova and Baker, 2019). Price (2009) conducted a study with the aim of understanding coaches' perceived boundaries and found that although coaches used clear arguments to differentiate coaching from therapy, a considerable part of their practice seemed to be therapeutic. Therefore, he concluded that instead of trying to define the boundaries between coaching and therapy, professionals should acknowledge the evidence from research that suggests that coaching and therapy have a significant overlap, and that coaches could be more effective by undertaking some therapeutic training.

Despite the number of research papers that have looked at the boundaries between these professions and approaches (Aboujaoude, 2020; Bluckert, 2005a; Grant et al., 2018), few empirical research studies (Baker, 2014; Hart et al., 2001; Price, 2009) have tried to understand how coaches and therapist perceive, explain, and apply those boundaries. Therefore, there is a gap in the literature that the present study intends to fill by exploring therapists' and coaches' perceptions of the similarities, differences, overlaps and boundaries between their areas of expertise and professional practice. Taking that into account, two research questions were developed: (1) What are coaches' and therapists' views of the similarities, differences and overlaps between coaching and therapy? and (2) how do coaches and therapists perceive and set boundaries in their practice?

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Method

As the rationale behind undertaking further research on the boundaries between coaching and therapy was the need to better understand practitioners' perceptions, insights and practices, a qualitative paradigm was adopted. Given the features of the research, and to address the research questions, the main method was inductive thematic analysis, as the analysis was not linked to an existing theory but generated using a bottom-up approach. (Braun et al., 2013).

Participants

Purposive sampling was used to recruit ten participants. They were coaches accredited by one of the main coaching professional bodies (EMCC, AC or ICF) and/or members of the BPS' Special Group in Coaching Psychology and therapists accredited by different professional bodies (APA –Argentinian Psychoanalytical Association, BACP, UKCP or BPS). There was an uneven gender balance, as only one participant was male and nine were female. These numbers, although not optimal, reflect the gender composition of the helping professions (Brown, 2017; ICF, 2016).

Procedure

A semi-structured interview schedule was developed to conduct the interviews. It included a number of open-ended questions designed to explore participant's experiences in three

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different areas: (1) training and professional experience, (2) understanding the professions and (3) professional practice and boundaries.

Thematic analysis

Once the interview process was completed, the researcher followed the six steps for thematic analysis suggested by Braun and Clarke (2006): (1) Transcription, reading and familiarisation. (2) Coding. (3) Searching for themes. (4) Reviewing the themes. (5) Defining and naming the themes. (6) Producing the report. As this was an inductive analysis, the researcher used a line-by-line coding and did not have pre-set codes. When appropriated, different codes were assigned to the same excerpt. Afterwards, data extracts that shared the same codes were compared and an initial map of codes was created using a “cut and paste” method (Maguire et al., 2017). The “cut and paste” method was also used to move the analysis from the exploration of codes to the identification of broader themes. The different codes were grouped under the main themes. After considering if the themes were appropriate for the code extracts, a map of provisional themes and subthemes was produced and the relationships between them were identified. Some quotes from the interviews were used to check for coherence within the individual themes. Afterwards, the researcher created a rich description of each theme, explaining what was interesting about it and why. That helped to crystallise the story each theme told, and how it related both to other themes and to the overall research question. A descriptive name was assigned to each theme and subtheme.

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Finally, this paper was produced by selecting appropriate extracts to illustrate the themes and subthemes, relating them to the research question and relevant literature.

Results

There were four themes (see table 1) that hold the patterns identified in the data. In addition, the related subthemes offer a deeper and more detailed description of the participants' insights and reflections. Each theme, and their subthemes, will be described using relevant quotes from the interviews and trying to capture the essence of them.

Question	Themes	Subthemes
What are coaches' and therapists' views of the similarities, differences and overlaps between coaching and therapy?	Different domains or grey areas?	Looking at the past or looking at the future Support change A long journey or a quick fix? Relationship Through the pink at the client
	Becoming a coach/therapist	Training Supervision
How do coaches and therapists perceive and set the boundaries in their practice?	Can you change your hat? Working with the boundaries	Something else emerges Clear and blurred boundaries Mixing coaching and therapy
	Know thyself	

Table 1. Themes and subthemes

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Research question 1: What are coaches' and therapists' views of the similarities, differences and overlaps between coaching and therapy?

Two interconnected themes were constructed from the data gathered in the semi-structured qualitative interviews. The first one brings together the participants' perceived similarities, differences and overlaps between coaching and therapy, and the second one the tensions resulting from the differences in their training and the role of supervision. A series of subthemes were identified in order to capture the particular features of each theme (Braun et al., 2013) (See Table 1).

Different domains or grey areas?

The first theme captured the similarities, differences and overlaps that coaches and therapists perceive in their practice. There were some agreements in the way coaches and therapist described their own professions and some differences became apparent.

Looking at the past or looking at the future

When practitioners, especially coaches, need to explain the main differences between therapy and coaching, the most frequent argument is that therapy looks at the past and coaching looks at the future. Directly or indirectly, the past-future perspective in coaching and therapy was mentioned by all participants and challenged in different ways and degrees. Coaches commented that the past-future perspective was part of their training.

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Ruth: Because [...] when I started my training, people would say, oh, coaching looks at the future and therapy looks at the past.

However, most participants agreed on the idea that such an affirmation is a simplification of a more complex issue. Compared to coaching, during the therapeutic process it is common to spend more time looking at the past, but the ultimate goal is to support the client to function and feel better in the present and the future. The ultimate goal of coaching is usually, but not always, achieving goals and closing the gap between the intention of doing something and the action of doing it. Therefore, as Kate said, “we can talk about the past, as in ‘when did it work really well in the past?’, but our focus is the future.”

Kate’s reasons match the ones provided by most participants in the sense that coaches can move backwards and forwards depending on the client needs at different points of the conversation. However, coaches do not invite clients to look at the past to analyse it, among other reasons because that is not the purpose of coaching, and they are not prepared for it.

Ruth: We, coaches, we're not there to unpack the past and traumas and events and in all the rest of it, we're definitely not trained for it.

Some therapists did not explicitly mention the past-future orientation in therapy and coaching. However, from the content of the interviews it was clear that their focus was not

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only taking the client to the past, but also working with their present and future. Even the psychoanalyst, whose approach could be easily considered as one focused in the patient's exploration and analysis of internal conflicts originated in the past, made clear that the ultimate goal is for the client was to understand the past to understand and change the present and the future.

Sarah: As psychoanalysts we have learnt a lot throughout years of listening people [... and] we have realised that the story can be a step, that sometimes the same individual needs to talk about what happened to come off of what happened. But there is a point after the blah blah that makes possible to the person to find himself with the real.

Finally, a coach-counsellor suggested that the professional and the client can decide if they spend more time revisiting the past or contemplating the present and planning for the future.

Support change

Facilitating effective change was a clear and prevalent theme identified in all interviews. Despite subtle differences, all participants agreed on the idea that the main purpose of coaching and therapy was for the client to achieve continuous cognitive, behavioural and emotional changes either in their personal lives or in their work. Even if change is not named explicitly, at the end of most coaching or therapy conversations the results entail some kind of change.

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Maria: They all say they want to see some change. [...] But sometimes it's not so much they want to change as it is that they want somebody they can really trust, but that in itself is a change because it means that they haven't got anybody else in their life that they're doing that with in the same way.

A long journey or a quick fix?

Whilst change seemed to be one of the main purposes of both coaching and therapy, in general, but now always, the expected pace of change gave the impression of being slowest in therapy and fastest in coaching. Psychoanalysis is clearly perceived as the longest process.

Sarah: Yes, it is a long journey [...] because it is the time the individual needs to listen to himself and get rid of his burden. I am not sure if they will be able to save time. It is a long therapy.

However, the difference in length cannot be directly associated to coaching and therapy. There are long and short process in both interventions and, as Maria explained, there can be some flexibility in terms of the number of sessions.

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Maria: And I'm also listening to whether they want to work short term which would be "I'd like to work for no less than six sessions" or if they want to go deeper, which means we carry on for longer.

Relationship

The practitioner-client relationship was also mentioned as an essential condition both in therapy and coaching. The connection developed between the coach/therapist and the client over the time was mentioned as a condition for the success of coaching or therapy and the most important ingredient for the client to achieving positive change. Hence, a strong working alliance was considered as one of the keys for the client's success.

Peter: The relationship becomes incredibly important. [...] And you see them at their best and worse.

Both therapists and coaches suggested that the value of their interventions could be the worth for the clients of safely meeting someone they can trust. Someone who listens and holds the space, that is who witness and validates the client's emotional state, while being present for them.

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Through the pink at the client

Many coaches do not have a psychological background, and therefore it is reasonable to think they cannot notice what therapists, coaching psychologist or coaches with training in counselling and psychotherapy can notice. As observed during the interviews, one of the consequences can be that practitioners “push” the clients to do something they are not really prepared or ready to do. As Peter said, the “illusion that the client can achieve whatever he wishes for as a result promised in coaching is very common but that is ignoring the client’s needs.” It was recognised that some coaches and therapists, particularly unexperienced ones, are constantly trying to offer practical solutions to get the client out of the situation when they get stuck, even if the clients are shouting louder and louder that they are distressed.

Maria: I've watched a lot of junior therapists, and I don't know if that's true for coaches, but what they do, they throw the pink paint at the problem.

Becoming a coach / therapist

When talking about the similarities, differences and overlaps between coaching and therapy, the requirements to become a practitioner and supervision as part of the continuous professional development were two topics mentioned repeatedly by all participants. A new theme, “Becoming a coach/therapist” with two subthemes, training and supervision, were created.

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Training

Participants referred to different aspects of training in their interviews. They made clear that the routes to become a therapist or a coach are quite different, and the length and depth of their training varies enormously. That creates some disagreement, rivalry and critiques among professionals.

Most participants considered that a quality coaching training was necessary to become a competent coach. Psychological theories and counselling skills were considered as essential elements missing in most trainings.

Kate: Someone trained only in coaching may not have that understanding and then they may just be so focused on a process, that they're not really seeing the human being they're dealing with.

Supervision

Although supervision has been a requirement for therapists for a long time and only in the last few years became part of the coaches' development, it was mentioned by all participants as an essential part of their learning, reflective practice and growth.

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Being a therapist and a coach can be draining, and supervision plays an important restorative role in supporting the supervisees' wellbeing. It was mentioned that supervision creates a safe space when practitioners can feel valued and openly explore their work.

Emma (coach-psychologist): *And I personally had to get some help from my coaching supervisor [...] because I was kind of torn.*

Research question 2: How do coaches and therapists perceive and set boundaries in their practice?

Two interconnected themes and three subthemes were created during the analysis of the data gathered in the interviews.

Can you change your hat? Working with boundaries

It is common, especially for coaches and coach-therapists to say “when necessary, I tell the client I will change my hat” to suggest they will move from one area (i.e., coaching) to another one (i.e., therapy). The idea of “changing hats” was present in all interviews but, not surprisingly, with some nuances linked to the client considered as a whole person, the criteria to set the boundaries and the occasions when the boundaries become so blurred that coaching and therapy seem to overlap.

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Something else emerges

Many participants agreed that, despite the differences in their approaches, a practitioner cannot split the client and, therefore, there is a need to work, within some limits, with whatever the client brings to therapy and coaching.

Although there was a general consensus that for clients with mental or specific emotional challenges the natural option is therapy, when the aim of the clients was to increase their wellbeing, both therapy and coaching seemed appropriate. However, when the goal was strategic planning or to enhance performance, most participants considered that coaching was the best option. Nevertheless, as observed by some participants, clients can come for a reason and something else may emerge in the conversation. It was noticed that each case is different, and a “difficult” topic or a challenging emotional state do not necessarily mean that the professional needs to refer the client to a therapist or avoid the conversation.

Mia: So obviously, if [a coaching client] starts talking about a real traumatic event or something recognisable [...] I could quite clearly understand that this wasn't something to coaching. But [...] when I think about my own coaching work, I have a real desire to coach the full person and not to avoid certain topics.

Other participants mentioned that some kind of counselling or psychotherapy training was useful to hold the clients' space when something difficult emerged in the conversation.

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Clear and blurred boundaries

The boundaries between coaching and therapy are not always clear. In the majority of the interviews, it was mentioned that there were significant overlaps and that the boundaries were often blurred. For practitioners working with specific approaches, like person-centred or solution-focused, the difference between therapy and coaching was even more diffused. Some participants also commented that when working with some clients it was difficult to say if a coaching or a therapy conversation was taking place because the material is quite similar.

Emma: But it is very grey, sometimes very grey, the line between the two.

Both in therapy and coaching some conversations can move around similar topics and have the same depth. This contradicts some baseless beliefs of coaching being a “light” therapy, as observed in the majority of the interviews analysed.

Ruth: I don't think coaching is superficial, it can be quite in depth. [...] I think if you start asking questions about people's beliefs, about their values [...] about who they are, I think it's totally within the domain of coaching. And again, those conversations may also be heard in psychotherapy.

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Mixing coaching and therapy

There is not an agreement on whether “changing hats” is good practice or something beneficial for the coaching process, even when the practitioner is trained in both, coaching and therapy. Some participants thought that was not a good idea.

Ruth: I personally think it would be really, really hard to transition from one role to another within a session, you are either a therapist or you are a coach, and you say to a client, “I'm now going to take my coaching hat off, and I'm going to put my therapist hat on”. It's incredibly confusing.

However, other participants considered that using both coaching and therapeutic techniques with the same client was an option. It was even mentioned that some mental health programmes can use coaching approaches, especially when the client is recovering. Besides, in the opinion of some coach-participants', there is a sense of the client having agency and an empowering factor that coaching has more than counselling.

Sophia: I used to think that coaching and therapy on a continuum would be at opposite ends of the scale. But the more I've seen, I've seen them get closer [...] I think more therapists are using coaching approaches.

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Other participants considered that being a coach and a therapist was beneficial, and most coaches without additional training mentioned they would like to undertake some training in counselling skills. It was observed, especially among coaches, that there is a sense of missing something important that was not given in their training.

Know thyself

Knowing yourself as a coach or therapist, going through a personal development journey, shaping your way of being and working with integrity were recurrent topics identified during the analysis of the interviews. Therefore, the researcher decided to create a last theme with no subthemes to capture the essence of these discussions. The name of the theme originated in one participant's reflection.

Jane: And I think know thyself as a coach, and also know thyself as a therapist.

During the analysis of the interviews, the researcher observed the value attributed to the own therapist' or coach' personal development. Knowing themselves and having gone through significant change was considered as a prerequisite for practice.

Maria: I wouldn't want to go to a coach if I didn't feel that that coach was able to make change, meaningful change in their own life. And I wouldn't go to a therapist

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that didn't walk the talk and make me feel safe. [...] You've actually got to believe that you know how to make change in your own life.

Some participants regretted the fact that coaching was not a requisite for coaches. From the very beginning of their practice, therapists need work with their own therapist and have supervision. That is a requirement from their professional bodies. However, there is no such regulation for coaching.

Discussion

The aim of this study was to explore therapists' and coaches' perceptions of the boundaries between their areas of expertise and professional practice. Overall, the findings suggest that despite similarities and differences between therapy and coaching, there are clearly difficulties in identifying and setting boundaries. One reason might be that there is a large "grey" area where therapy and coaching overlap. Some common arguments —such as therapy being past-focused and coaching future-focused, or therapy being a process to heal "broken" clients and coaching a quick fix for goal-oriented people were challenged by the participants.

Therapists and coaches play different roles, and their disciplines and interventions have distinct purposes, although they can also work with similar clients and topics. The findings indicate that to go through "the grey area", some coaches may need additional training in

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psychological theories and counselling skills, as well as regular supervision. However, the results also suggest that therapy and coaching are distinct fields, and both therapists and coaches need to make an effort to delineate clear boundaries and decide when it is inappropriate to start or continue working with a client.

The second theme, “support change”, revealed one of the main overlaps between therapy and coaching. The findings of this research show that, despite subtle differences, both therapist and coaches believe that their main role is to support clients’ cognitive, behavioural, and emotional changes, either in their personal lives or in their work, as suggested by Dale (2017) in the counselling arena and by (Bachkirova et al., 2010) in relation to coaching. Change is, therefore, a shared topic, and the main purpose of both coaching and therapy. Likewise, similar theories of change (Boyatzis, 2006; Grimley et al., 1994; Prochaska et al., 1982) have been used in both coaching (Boyatzis et al., 2009; Grant, 2010; Moore et al., 2012) and therapy research (Boyatzis et al., 2006).

The findings of this study also suggest that the clients’ motivations for therapy and coaching are similar. Clients come to coaching and therapy because they wish for something in their lives to be different, they want some change, as observed by Yallom (1980) and Hayden et al. (1985). The speed of change, and more specifically the promise of quick results, could be considered as one of the main differences between most therapeutic approaches and coaching (Stober et al., 2006). However, as this study’s data analysis showed, both in therapy and in coaching, achieving the desired change may take as little as one session or a very long-term engagement. These findings concur with the results of other studies (Lambert, 2013;

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Sonesh et al., 2015) and with Stelter's (2009) idea that "coaching cannot function as the *quick fix*" (p. 209).

The practitioner-client relationship, mentioned by both therapists and coaches as an essential condition when working with their clients aligns with De Haan (2008) idea that therapists' working alliance as a necessity for coaching and therapy, and that the quality of the practitioner and client relationship seems to be closely linked to the success of the process, being one of the aspects most frequently named and valued by the client, as observed in other research studies (Alanna et al., 2010; Crosse, 2019; Gyllensten et al., 2007).

It was also mentioned that some inexperienced professionals, and coaches with no psychological background, can be over-optimistic and overlook clients' blockages, pushing them to do something for which they are not prepared. This is in line with Berglas' (2002) observation that executive coaches with no psychological background can do more harm than good, especially when coaches push their clients to achieve their goals at all costs, with the result of clients sustaining considerable psychological damage. Therefore, as described in another theme, "Becoming a coach/therapist", some training in psychology and therapy, as well as supervision, are needed to enable coaches to support clients and identify cases where therapy is needed. The need to include psychological content in coaching training has been observed in a range of studies (Palmer et al., 2006; Spence et al., 2006), and Grant et al. (2018) suggested that whilst coaching and counselling are unique and make their own contribution to supporting people, counsellors and psychotherapists have a set of skills that would enhance coaches' work.

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Finally, it became apparent that all participants were conscious of the difference between therapy and coaching training, and that, in their opinion, this created some tensions between professionals. The need for coaching to be regulated was highlighted, in accordance with Aboujaoude's (2020) paper calling for a review of both training and legislation, as well as additional research to prove the efficacy and safety of coaching.

Closely related to training, the last subtheme was supervision. The research data showed that supervision was an essential part of coaches' and therapists' learning, reflective practice and growth, and played a crucial role in supporting practitioners' wellbeing. This aligns with Carroll's (2008) idea that supervision is an indispensable part of the coaching psychology journey to professionalism.

From the interviews data, it became apparent that all participants agreed that, although therapy and coaching were distinct areas of specialism, there was a significant grey area where the clients' needs could be addressed both by therapists and coaches. However, participants also shared that for clients presenting mental or specific emotional challenges, including severe anxiety, signs of depression, drug addictions or personality disorders, the natural option was therapy. This aligns with the idea that a referral is necessary when the client brings an issue that exceeds the coach's competency level. However, the question still remains: what exactly goes beyond the coach's competency level?

Participants considered that if the client only displayed mild and passing symptoms of stress, anxiety or emotional distress, the coach should be prepared to hold the client's space and continue the coaching process (Jopling, 2007). Although this may seem obvious, the position

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that one of the main differences between therapy and coaching is that the former deals with people in psychological distress and the latter with a non-clinical population has been challenged (Cavanagh, 2005). Research has shown that a considerable proportion of coaching clients present different levels of psychological distress (Cavanagh, 2005). Because of the high probability of coaching clients presenting different levels of emotional or psychological distress (Grant et al., 2007) there was some concern about the ability of novice coaches, or experienced ones without enough training in psychology or psychotherapy, to set and manage clear boundaries (Maxwell, 2009).

The findings of this study also suggest that, for most coaches, working with the client's past emotional issues is necessary to help them move forward (Maxwell, 2009), and, as Campbell (2001) suggests, coaches could use different resources, including some borrowed from therapy, to help the client review and move away from past issues in order to achieve positive outcomes.

In general, this study's findings concur with the idea that the boundaries between coaching and therapy are often fuzzy and unclear (Bachkirova et al., 2019). Both areas have a significant overlap (Hart et al., 2001) and coaches could improve their work by undertaking some psychological and therapeutic training (Price, 2009).

The last subtheme was "know thyself". The findings of this study suggest that practitioners consider their personal development as an inevitable and ethical obligation for professional practice. However, it was observed that whilst most therapists are in therapy or supervision

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(Bike et al., 2009; Wiseman et al., 2001), not all coaches have their own coaches or supervisors (Carroll, 2008; Grant, 2012).

Conclusions

This qualitative study explored therapists' and coaches' perceptions of the boundaries between therapy and coaching. The findings suggest that, although therapy and coaching are recognised as distinct fields, professionals acknowledge a large "grey area" or overlap between their practices.

Therapists and coaches hold in common some theories, techniques and assumptions about human nature and the essence of motivation, development and change. That has led to some difficulties in explaining the nuanced similarities and differences between their practices. These challenges became evident during the interviews and, therefore, this research confirms the complexities mentioned in previous studies (Bachkirova et al., 2019; Griffiths et al., 2008). Further research is therefore needed to define the unique and shared dimensions of therapy and coaching, and better understand each one's potential and limitations. That would not only help professionals to work effectively within boundaries, but also protect their clients and ensure that they receive the most appropriate and effective support to move forward with their lives.

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