CHAPTER 5
TOWARD A THEORY OF GROUP PSYCHODYNAMIC COACHING: A REVIEW OF THE LITERATURE

5.1 Introduction

For several years I have been studying the effects of a brief psychodynamic coaching intervention on senior executives at a leading business school. It became evident that people undergoing this intervention often made profound changes in either their professional or personal lives, sometimes both. Change is not something we do easily or willingly, yet the striking rate of positive change within these groups seemed inordinately high. I therefore set out to find out how this intervention worked. A full description and breakdown of the intervention is already published, but I have included a brief description below (Kets de Vries, 2005; Ward, 2008, 2009). This literature review aims to look at the empirical material surrounding the three key components of the intervention in isolation: Psychodynamic interventions, group psychotherapeutic interventions, and executive coaching interventions. The purpose of reviewing the literature on each of these disciplines is to use them as the key building blocks in the development of a theory of psychodynamic group-coaching with executives. By testing the efficacy of each component in turn, I hope in future research to develop a theory whereby practitioners in the field can apply a balanced combination of these techniques (psychodynamics, group facilitation, and coaching) to deliver reliable and consistent outcomes. I have adopted this approach principally because, to date, psychodynamic group-coaching as an intervention has not been empirically studied.

5.1.1 Psychodynamic executive group coaching: A brief description

Executives at the business school in question participate in a leadership development process as part of broader open enrollment programs. They are generally senior executives from multi-national concerns, are diverse with respect to gender and nationality and are usually aged between 35 and 50 years old. Before they arrive on campus, a 360-degree feedback report called the Global Executive Leadership Inventory has been used to collect data on each individual. To date the instrument has been used with over 8,000 senior executives. The instrument covers 12 leadership dimensions and combines qualitative and quantitative feedback. On the day of the group-coaching, participants are split into groups of four and five people, to each of which is assigned a coach with psychodynamic training and experience facilitating groups. The groups are composed with a view to diverse industries, geographies, and gender with the aim of gaining a good mix of perspectives. As we have seen in Chapter 3, they undergo a creative “icebreaker” exercise involving drawing a multi-dimensional self-portrait that references different aspects of their lives. This has the effect of helping them to speak freely. Each person spends around one and a half hours in focus during the overall session that lasts the whole day. During this session, different aspects of participants’ lives come to the fore, both professional and personal. The feedback instrument is investigated and debriefed by the coach and the whole group is brought into the process to provide advice and suggestions for the

---

2 The complete text of this chapter also appeared as an article: Ward, G., Ten Have, S., van de Loo, E.,(2014) International Journal of Evidence Based Coaching and Mentoring, Vol 12, 1, Feb 2014.
future, to reflect experiences, and provide their own perspectives. The outcome of this day is a draft action plan that is crystallized and finalized the following day, in a one-to-one session with the coach alone. It is anticipated that this action plan is operationalized over the two months pursuant to the program whereupon a group conference call takes place to re-engage and check progress, and provide more perspective, support, and coaching.

5.1.2 Critical components

The critical components of the intervention are straightforward and these critical components interact with each other dynamically in a barely identifiable “grey zone,” combining to create a singular holistic intervention. The coaches use a psychodynamic approach, highlighting some of the irrational behavior and patterns that may play out in organizational life. The psychodynamic approach is rarely used with executives but has played a major role in psychotherapeutic treatment. One offshoot of psychodynamic interventions is of particular interest: short-term dynamic psychotherapy, because, like coaching, it is of limited duration. I accept that coaching clients using a psychodynamic approach is not psychotherapy. I see, however, that various techniques deployed in psychotherapy come into play: exploration of defenses, reflection on early and parental influences, and the linkages between these and irrational behavior are examples. The intervention is done in a group session. This facilitates the elicitation of multiple perspectives, group pressure, and group support. While group-coaching studies are in their infancy, group therapy has been widely studied and moreover there is a wealth of literature on T-groups (or training groups). I thought it would be useful to investigate the effects on patients of a group intervention. Finally, the intervention is a coaching intervention, insofar as the agenda belongs to the client not the facilitator, and the task of the group is to help the client to make the changes that he or she wants to make in a way that suits him or herself, and that implicitly they know the answer to the question they want to solve or the changes they need to make. Hence, the research became focused on psychodynamic interventions, the efficacy of different group interventions and the efficacy of coaching itself, since group-coaching is an under-researched subject in the overall scope of social sciences. There is one caveat to the whole enterprise: Each of these ingredients may work individually, but that in no way suggests that when packaged together they work equally well or better. To prove that requires a different type of investigation that I posit in the conclusion.

5.2 Methodology

In the case of each of these different disciplines, I have taken a similar approach: A search for the relevant empirical literature, a conclusion derived from the literature, and a comment as regards the intervention for which I am developing a theory. Where possible, I have based my search on meta-analysis studies and outcome studies and in particular randomized control trials rather than qualitative analysis. The rationale behind the approach was to confirm the efficacy of each discipline quantitatively, in the knowledge that myriad theories lay behind each one, many of which have been hotly debated for decades. I sought not to enter the debate on the theoretical efficacy of each discipline, merely to assess what worked as it related to the intervention that I am researching.

The advantages of meta-analytic comparison are well documented. The method applies only to empirical data, and it is a technique for encoding and analyzing
statistics that summarize research findings. Moreover, the studies must be conceptually comparable and utilize similar research designs (Lipsey & Wilson, 2001). In short, apples are compared with apples. There are two well-known weaknesses related to meta-analysis: the so-called file drawer problem and Simpson’s paradox. File drawer problem is a study that shows no statistically significant results and therefore remains unpublished. In the case of our own review the scope of studies is so broad and longitudinal that I deem this to be irrelevant. Simpson’s paradox connotes two studies with different outcomes that, when combined, give a third outcome. Again, with the psychotherapeutic methodology so broadly examined, I deem this irrelevant. Finally, any suspicion that there is an agenda-driven bias for the literature reviewed is open to challenge. I have undertaken to look at the three critical components of psychodynamic group-coaching separately. As a researcher I am unconcerned as to the extent (or non-extent) that each discipline worked. Ultimately I seek to understand how they interlock to create a positive outcome.

In the first instance I have looked at the literature on psychotherapy and examined its effectiveness both from the use of different approaches to the effectiveness given a variable timeframe.

5.2.1 Psychodynamic psychotherapy and relationship with psychodynamic coaching

Literature around psychotherapy is vast. There have been recent discussions around the efficacy of empirically-based psychotherapy, for example from Silverman, and going back nearly 50 years to Eysenck (Eysenck, 1952; Silverman, 2005). However, given the nature of the field and its size it is reasonable to concentrate on the meta-analytic studies available. Even by scrutinizing these studies one is subjected to increasingly large tracts of competing data. Nevertheless, the studies tend to point consistently in a similar direction. Using the database Psychinfo, Psycharticles, and the Psychology and Behavioral Sciences Collection, the search terms “Meta-Analysis Psychotherapy” were employed in the subject terms. PubMed was used at this stage as a more generalist and holistic approach was needed to determine an overview of the subject matter. In PubMed the search terms “Psychodynamic Psychotherapy” were used, and the filter “clinical queries,” and then the filter for “systematic reviews.” The search resulted in 258 meta-analytic studies in the first three databases and 84 systematic reviews in PubMed. These were then sorted by date ascending in order to assemble a history of the field and the developing theory. Given the quantity of results it was necessary at this point to apply subjective limitations to the studies I utilized. For example, a meta-analysis of psychotherapy outcome studies was deemed relevant since it involved a review of clinical trials, whereas the effects of drug therapy on clinical disorders was not deemed useful in the narrower context of group-coaching.

5.2.2 Outcome studies of talking cures

Broad analyses of psychotherapy show efficacy irrespective of which treatment is used. In fact the low correlation between differences confirms Rosenzweig’s expectation that because of the large overlap of “ingredients” of different therapies, comparative studies show little difference (Rosenzweig, 1936). For example, when making an analysis of the differences between long-term and short-term psychotherapy, research shows that:

1. Each of the different types of psychological treatments shows benefits.
2. The amount of benefits from each type of therapy shows mainly non-significant differences.

3. These non-significant differences are especially evident when the researcher’s therapeutic allegiance is taken into account.

4. Both short-term and long-term treatments show some positive benefits for some patients, and

5. There is a tendency for longer treatments to show more lasting benefits.

(Luborsky et al., 2003)

I will look at the possible correlation of these results with group-coaching later. In short though, what is clear from the literature is that psychotherapeutic interventions work, in that patients report improved symptoms.

Attempts to understand current trends in psychotherapy generate supporting data. While psychotherapy is considered effective compared with absence of treatment, some authors struggle to find differences between different approaches. Indeed, suspicions abound that many of the studies—especially narrative studies—are criticized for being compromised by subjective bias (Joyce, Wolfaardt, Sribney, & Aylwin, 2006).

In 1977 Smith reviewed 375 studies comparing various therapies, including the two major streams, cognitive-behavioral (CBT) and psychodynamic with control conditions. Their conclusion was that the average therapy patient exhibited greater symptom reduction than 75% of untreated patients (Smith & Glass, 1977). In turn, this meta-analysis itself was studied and subject to reduction to 292 studies on the basis of the removal of non-clinical diagnosis. Notwithstanding the reduction, the percentage of patients exhibiting symptom reduction was broadly similar (Smith & Glass, 1977).

Robinson and others hypothesized that the allegiance of the researcher to a particular type of therapy biased the results of the study (Robinson, Berman, & Neimeyer, 1990). Indeed, after conducting the analysis and controlling for allegiance Robinson found that allegiance was highly correlated with outcome. When assessed independently Robinson went on to find all treatments equivalent in outcome (Robinson et al., 1990).

Eventually Wampold, in 1997, used meta-analysis in a review that directly compared two or more bona fide therapies. Confirmation of the earlier hypothesis was confirmed as a random distribution of therapeutic effect was discovered, suggesting that various approaches to bona fide therapy are uniformly effective. (Wampold et al., 1997; Joyce et al., 2006).

Joyce concluded after analyzing meta-analytic literature that:

1. Patients treated with psychotherapy exhibit greater improvement than untreated patients.

2. When differences occur they tend to favor cognitive behavioral approaches over psychodynamic.

3. It has been invariably demonstrated that these differences are attributable to variables such as investigator allegiance. With
statistical adjustment the effectiveness of different therapy approaches disappears.

In Table 10, I have synthesized and shown the results of six major meta-analytic studies as described in a piece of work by Staines and Cleland (2007). As can be seen, this overview comprises nearly a thousand individual studies. When averaged, the effect size is just over 0.8, a significant positive outcome in social scientific terms (Cohen, 1992).

<table>
<thead>
<tr>
<th>Study</th>
<th>Effect size</th>
<th>Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glass Miller</td>
<td>0.85</td>
<td>475</td>
</tr>
<tr>
<td>Andrews Harvey</td>
<td>0.72</td>
<td>81</td>
</tr>
<tr>
<td>Landman Dawes</td>
<td>0.90</td>
<td>42</td>
</tr>
<tr>
<td>Lipsey Wilson</td>
<td>0.81</td>
<td>302</td>
</tr>
<tr>
<td>Lambert Bergin</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>Grissom</td>
<td>0.75</td>
<td>68</td>
</tr>
</tbody>
</table>

Table 10 Effect size in psychotherapy from reviews of meta-analyses

While it may be pleasing to report the findings of the various meta-analytic studies around efficacy of psychotherapy as positive, other factors must be taken into account. Some debate exists around bias within meta-analytic studies themselves. Staines and Cleland (2007) investigated meta-analyses and concluded that there were around 20 possible biases in meta-analytic studies and suggested that because psychotherapy is the dominant intervention in the psychological field, it has an atypically reported effect size, calling for meta-analytic studies that systematically account for and control for these biases.

Later, one of the more active researchers in the field of evaluating therapies, Luborsky, concluded the following (Luborsky et al., 2003):

1. Comparisons of outcomes of active therapies with each other tended to have small non-significant differences.
2. Comparisons of the above needed to be corrected for researchers’ allegiance to each type of therapy.
3. Research comparison of active treatments was more relevant for what practitioners wish to know than comparison with control.
4. Only a few psychotherapeutic comparisons with each other tended to have large differences and these occasional differences are likely to be attributable to chance.

5.2.3 Comment on clinical trials studies as relates to psychodynamic group-coaching

What is striking about Luborsky’s research is the suggestion that psychodynamic and cognitive behavioral approaches yield similar outcomes. Moreover, apart from Luborsky’s hypothesis that longer-term treatment has longer lasting outcomes, it is demonstrable that to have undergone any intervention is better than not to have been seen. Any intervention tends to have a positive effect. This may be the case for the
intervention I am studying. Is it possible that having executives simply sitting in a room with an executive coach practicing either behavioral or psychodynamic coaching puts them in a position to begin the process of contemplating positive change? Moreover, since I am studying a psychodynamic intervention, is it likely that to practice group-coaching using a psychodynamic approach as opposed to, for example, a cognitive or cognitive-behavioral approach will result in a similar outcome? Nothing in the meta-analyses of psychotherapeutic literature points to one methodology being better than another. Most meta-analyses do, however, point to the fact that psychotherapy outcomes do yield different results than comparisons with no treatment or placebos, and generally improved symptoms (Luborsky et al., 2003). It is possible though that the major difference in the intervention I am looking at is that the psychodynamic approach possibly gives the executive an opportunity to explore unconscious aspects of the self, and allows the coach to better understand resistances and defense mechanisms.

I now turn to an examination of a briefer intervention, short-term dynamic psychotherapy, aspects of which temporarily at least, are a reasonable proxy for psychodynamic executive coaching in this intervention given the brevity.

5.3 Short-term dynamic psychotherapy and the relationship with psychodynamic group-coaching

5.3.1 Definition

Intensive short-term dynamic psychotherapy (ISTDP) is a form of short-term psychotherapy developed through empirical research by Davanloo, a psychiatrist and psychoanalyst from Montreal who grew frustrated with the length and limited efficacy of psychoanalysis (Davanloo, 1978). The primary goal of ISTDP is to help the patient overcome internal resistance to experiencing true feelings about the present and past, which have been warded off because they are either too frightening or too painful. The technique is intensive in that it aims to help the patient experience these warded-off feelings to the maximum degree possible; it is short-term in that it tries to achieve this experience as quickly as possible; it is dynamic because it involves working with unconscious forces and transference feelings (Davanloo, 1995). It is particularly relevant as a comparison to the form of group-coaching I am studying, due to the intense and brief nature of the intervention.

5.3.2 Comparative reviews and meta-analysis of STDP

As discussed in the previous section, meta-analysis studies of psychotherapy generally demonstrate that some form of psychotherapeutic intervention is better than a placebo or no intervention. It is easy, but not proper, to impute from that, that any short-term psychotherapeutic intervention is likely to be more successful than no treatment. I wanted to find out how effective short-term dynamic therapy is, and whether it delivered a sustainable result, since our short-term coaching intervention seemed to have good results albeit from a self-reported perspective.

One major study conducted research of 19 studies covering the period 1978 to 1988 (Svartberg & Stiles, 1991). The study found that effectiveness at post-treatment (i.e. as soon as treatment finished) showed significant superiority to no treatment, but compared with alternative therapies showed a “large sized inferiority after a year.” Moreover, it was noted that outcome effectiveness increased with treatment duration, a new finding in the light of a lack of conclusive evidence either way in previous
studies. This is relevant to the coaching practitioner looking for permanent behavioral change. It does raise the question as to whether coachees experience a short-term high, and then a subsequent relapse into old behaviors after a period of time. I intend to investigate this separately.

Vaillant, however, built on this and went further, drawing attention to the limitations of the analysis, namely that the studies contained therein utilized only different short-term psychotherapy interventions, leading to poor comparisons (Vaillant, 1994). Because of historical tension between adherents of the psychodynamic versus the cognitive approach, further investigation was needed. This came from Lewis, who subsequently conducted a meta-analysis of short-term psychotherapy efficacy studies between 1996 and 2006, covering 18 studies (Lewis, Dennerstein, & Gibbs, 2008). The conclusions were that short-term psychotherapy can be equal to other psychological treatments and has more efficacy than non-treatment, in the short term. Broadly speaking, short-term psychodynamic psychotherapy was found to be most effective in the alleviation of depression, anxiety, panic, and some personality disorders. However, it was seen to be of limited effect for those patients with anxiety disorders linked to stress.

Confirming the above findings, Bortolotti posited from a meta-analytic study of ten different types of psychological intervention that all are significantly linked to clinical improvement over usual GP care in depressive symptomatology, with short-term showing slightly better results than long-term interventions (Bortolotti, Menchetti, Bellini, Montaguti, & Berardi, 2008).

More specifically, in a meta-analysis conducted in 2003 by Leichsenring, a comparative study of both long-term and short-term psychodynamic psychotherapy, revealed substantial positive effects for the treatment of generalized personality disorders (Leichsenring & Leibing, 2003). In this study, short-term psychodynamic therapy showed a higher efficacy both for self-reports and observers. Leichsenring also conducted an earlier, inconclusive comparison between behavioral therapies and short-term dynamic psychotherapy (Leichsenring, 2002). He did, however, conclude that there was no evidence of “highly significant” superiority of behavior therapies over short-term psychodynamic therapies. This had been previously hypothesized by Christoph-Crits (1993).

5.3.3 Comment

STDP works as an intervention with some limitations. For example, from what I have learned, it may well be that the short-term nature of the intervention when applied to psychodynamic group-coaching may not have long lasting results. The goal being some form of sustainable transformation, practitioners may borrow from the short-term psychodynamic psychotherapeutic methodology but it is questionable if it will be effective in the long term. More longitudinal studies of psychodynamic group executive coaching will be needed to assess this, which to date have not occurred. What I conclude is that both short-term and longer-term psychotherapeutic interventions improve symptoms, irrespective of approach. To be listened to seems to have a palliative effect.

5.4 Group therapy and its relationship with group-coaching

5.4.1 Definition
Group psychotherapy or group therapy is a form of psychotherapy in which one or more therapists treat a small group of clients together as a group. The term can legitimately refer to any form of psychotherapy when delivered in a group format, including cognitive behavioral or interpersonal therapy, but it is usually applied to psychodynamic group therapy.

5.4.2 Group therapy reviews and meta-analysis

Group therapy meta-analysis investigation broadly demonstrates efficacy in the intervention and with different types of case ranging from deep psychological disorder to mild addictions like tobacco (Stead & Lancaster, 2005). Moreover, it seems to have efficacy across age groups and is not gender specific. Payne reviewed the effect of group therapy on older (55+) adults, useful for our research as many of the senior executives I am researching are approaching that threshold (Payne & Marcus, 2008). Finding that those in cognitive behavioral therapy improved more than those in reminiscence therapy, the study also revealed that the older the client, the smaller the benefit. Overall she found that group intervention outcomes with older people were similar to those for younger adults, although younger adults seem to benefit more.

Previously Tillitski had conducted a longitudinal study of group versus individual control treatments (Tillitski, 1990). Combining nine studies with 75 outcome measures, they found that both group and individual treatments had a measurable positive effect that was consistently greater than controls. Meta analysis of traumatized patients also showed efficacy. A meta-analytic review of nine studies of women survivors of sexual abuse showed 75% improvement in terms of affect and self-esteem (de Jong & Gorey, 1996.) Similarly, group therapy clients with disease also benefitted. Naaman et al., in a systematic review of women in group therapy with breast cancer, showed moderately positive effects in improving quality of life, a moderate to strong effect in improving depression and a moderate effect for improving anxiety. (Naaman, Raddwan, Fergusson, & Johnson, 2009).

In another offshoot, short-term group therapy was found to be more effective than long-term unless the participant has advanced disease symptoms. Furthermore, Fettes and Peters (1992) reviewed 40 outcome studies of patients with the eating disorder bulimia. Not only was moderate efficacy noted at treatment end, but it also appeared to have sustainability when revisited after a year. Moreover, positive effect size was better still when the group treatment was interspersed with one-to-one therapy and more hours per week. This may be noteworthy for the intervention I am researching since it combines group and one-to-one coaching.

Finally, a Cochrane review of group therapy intervention results for smoking cessation (six months being the qualifying period) demonstrated that group programs were more effective than no intervention but not dissimilar in outcome to intensive one-to-one counseling (Stead & Lancaster, 2005). Hence at this point we do not know whether a group context is optimal for coaching executives given that the practice is mainly done in dyads. It is for that reason that I turn our attention to T-groups, more closely aligned to the group aspects of the coaching intervention in methodology.

5.4.3 T-groups

In the context of group interventions with measured outcomes, T-groups are notable. Lewin’s work at the 1946 Connecticut conference was the foundation for T-groups,
and developed through his work at the Research Center for Group Dynamics at MIT. Its intention was to find better methods of changing people’s attitudes and provide them with greater insight into their own attitudes and values (Highhouse, 2002; Lewin, 1951). The first T-groups were offered in 1947, the year of his death. It seems that when measured there were observable changes in behavior after T-group experiences. Nevertheless, the ability to observe and measure these changes was not without limitations (Campbell & Dunnette, 1968). Other changes that were researched and confirmed in T-groups were personality changes. Culbert et al. noted increased self-awareness, and that those participants who engage in a process of mutual therapeutic engagement showed the most progress as tested by a scale on which they were deemed to have congruence, unconditional positive regard, and empathy toward each other (Culbert, Clark, & Bobele, 1968).

There were dissenting voices. House, in a review of literature on T-groups, concluded that while change generally happened, the change might be harmful or detrimental to the organization or individual depending on how well the organization or individual can tolerate the change or anxiety it provokes. He also suggested voluntary participation (House, 1967). Moreover, Glueck (1968) suggested that those who attend such training should have the capacity to be open, know a little about interpersonal relations on the job, and have a job that requires those skills.

In an effort to find out whether change really materialized, Cooper studied the results of an instrument concerned with self-actualization, comprising the results of 16 senior managers after two one-week T-group trainings. The result showed significant change in the direction of becoming more independent and self-supporting, more flexible, more sensitive to their own needs and feelings, more spontaneous, and more accepting of aggression (Cooper, 1971).

Evidence suggested that:

a) Personality variables do not change as a result of T-group participation, but attitudes may change.
b) Some personality traits are related to success in T-group experiences (e.g., openness and independence), although they may not be changed by the experience (Anderson & Slocum, 1973).

Members of T-groups might also be used as a network of internal change agents within organizations who were seeking a cultural or structural change (Winn, 1971).

From a per annum high in 1971 of 25 articles, the amount of research produced on T-groups fell quickly so that by 1979 fewer than five articles a year were written and by the 1990s this had fallen to below one per year. T-groups had been widely seen as a management fad. Yet many of the architects of T-groups were still active and deeply associated with organizational behavior (Highhouse, 2002). Highhouse goes on to hypothesize that the T-group has a “more subtle influence on modern techniques considered to be mainstream management” namely team building, both formal and informal, and 360-degree feedback techniques. He posits that the very notion of how 360-feedback is generally delivered, via one-to-one coaching sessions, and the gap analysis between perception and reality is the principle that guided the T-group at its inception: namely to gain insight into one’s behavior and how it impacts others.

5.4.4 Comment
The wide range of studies on group therapeutic interventions including T-groups points to positive efficacy of outcome. As stated above the patients and participants were wide-ranging in age and had a broad array of dilemmas or symptoms. When applied in an executive setting some of the disciplines of group therapy necessarily need implementation, namely that of a holding environment and dynamic administration (Thornton, 2010; Ward, 2009). In the absence of these preconditions the group-coaching experience becomes something different, more of a facilitated conversation. While group therapy usually takes place over months or even years, the group executive coaching intervention I am studying is intensive and takes place over a day and a half, with follow-up after a few months. While boundaries are quite rigid, members of the group only meet face to face on one or two occasions. And while group therapy is usually conducted for groups of people with specific conditions, e.g. cancer support or addiction, the group coaching intervention is heterogeneous in approach.

Psychodynamic group coaching borrows heavily from group theory and the work of Lewin with his development of strategies for executive groups. A different type of intervention to the usual dyadic forms of talking therapies and cures, group interventions are shown to be effective in producing change albeit in some cases with only short-term effects. It is clear from the outcome studies on T-groups that there were clear and positive benefits. Moreover, the empirical data around group therapy shows positive efficacy for a range of symptoms. It may be that the security of sharing a journey where the other participants experience similar challenges leads to reassurance, openness, and support structures developing within the group. What we learn is that, broadly, group interventions seem to have broadly positive outcomes—whether coupled with the psychodynamic psychotherapeutic approach, or simply in an executive T-group. I now turn my attention to the final component of the interventional and what might be deemed the tool by which the work gets done, executive coaching.

5.5 Coaching studies

5.5.1 Definition

Coaching as an exercise in developing people in organizations may have existed as far back as the 1930s, albeit in a different form from today (Zeus & Skiffington, 2002). According to Kilburg, modern coaching and development practices are based on the tenets of general systems theory (Kilburg, 2000). Organizational development theory, however, does not often give rise to the integration of the psychodynamic perspective (Kilburg, 2000). That said, a number of scholars have contributed to the overlapping fields of psychodynamic theory and organizational practice (Baum, 1987; Czander, 1993). Kilburg (2000) cites the Socratic model of questioning, logical inference, metaphor, and stories that help clients build their own models and methods with which to address the problems they face, as one useful way to think about what coaching is in essence.

5.5.2 Coaching comparative studies

Since executive coaching, compared with psychotherapy, is a recent development in the social sciences, and since it takes place generally in a private organizational context, it suffers from not having been subject to the same level of scrutiny as clinical medical interventions to date. Therefore, good accurate data are harder to unearth. Nevertheless, data do exist albeit in a lesser form. Randomized clinical
controlled trials are practically non-existent. Meta analyses are easier to come by. By far the most accessible literature is that of evidence-based coaching.

Evidence-based is a scientific approach whereby professional practice is capable of being justified in terms of sound evidence based upon a process of methodical clinical and industry research, evaluation, and the utilization of up-to-date systematic research findings to support decisions about practice. Evidence-based coaching links theories and research from the behavioral sciences, e.g. psychology with coaching best-practice. Evidence-based coaching may be one way of distinguishing professional practice grounded in proven science versus the simplistic, unproven coaching approach popularized by the many coaching associations (Stober & Grant, 2006). Let us look at some of the relevant studies.

Douglas and McCauley (1999) presented a wide-ranging survey of development in institutions. Using telephone interviews they surveyed 300 random US organizations. From the 2,426 respondents, their findings discovered that organizations with developmental programs (including coaching) in place were more likely to have both more satisfied employees and higher sales.

Later, Smither et al. (2003) conducted an experimental field study in order to ascertain whether executives who worked with an executive coach experienced higher ratings from a multi-source feedback instrument over time. The time element is relevant here, as previous studies had noted an immediate impact. The wide-ranging study incorporated 1,361 senior managers, 404 of whom worked with a coach. After a year, 88% of the original sample received feedback from another survey. Managers who worked with a coach were found to have improved more (as observed by direct reports and supervisor) than other managers, although the effect was small.

By the time this survey occurred, the use of external coaches was beginning to become popular in corporations (Smither & Reilly, 2001). Earlier self-reported surveys had been conducted testifying that executives had found the process useful and had changed behaviors (Edelstein & Armstrong, 1993). A more rigorous outcome study in 2003 explored pros and cons of internal versus external coaches, choice of coach, indications of successful engagements, and sustainability of coached executives’ learning and behavior change (Wasylyshyn, 2003). It elicited the top two credentials and experience criteria for choosing a coach. These were training in psychology (82%) confirmed in a later study of seven CEOs by Stevens, and experience and understanding of business (78%) (Stevens, 2005). The study also created a typology of executives most likely to benefit from coaching. In the eyes of the author those most likely to derive a favorable outcome are high potential employees with no performance issues, who are at the same time interested in their development. Fegetter tested this with high-performance employees at the UK Ministry of Defence in 2007 and found that not only does coaching impact positively on those with commitment to exhibiting and demonstrating leadership behaviors but also there is some contagion, in that these improved behaviors spread through the managers’ departments (Fegetter, 2007). Moreover, there was a supposition that benefits exceeded costs and therefore there existed a positive return on investment. This positive return on investment had an antecedent hypothesized in the earlier work by Dagley (Dagley, 2006). A similar survey of 426 coaches from psychologist/non-psychologist backgrounds, concluded important differences in coach competencies but not necessarily related to outcome or benefits of the coaching (Bono, Purvanova, Towler, & Peterson, 2009).
In order to test efficacy of coaching on one specific behavior, one exploratory study examined 20 coaching clients to test behavioral change around effectiveness in company meetings (Perkins, 2009). Findings demonstrated coaches displaying “significant behavioral changes.” Another earlier exploratory study had also looked at the effect on a specific behavior, in this case managerial flexibility (Jones, Rafferty, & Griffin, 2006). This study also found positive benefits although limited only to the duration of the executive coaching itself.

Also in 2009, came the first randomized controlled study of coaching outcomes (Grant et al., 2009). Participants received a leadership workshop, 360-degree feedback and four coaching sessions over ten weeks. The methodology was biased toward cognitive behavioral approaches. Compared with controls, coaching enhanced goal attainment, increased reliance, and reduced stress. There were many positive qualitative findings, of which for the purposes of this study, the most important of these is that short-term coaching can be effective and that evidence evidence-based executive coaching “can be valuable as an applied positive psychology in helping people deal with uncertainty and challenges inherent in organizational change.”

A recent field study involving 73 managers and 24 coaches empirically investigated links between coach-coachee relationship and the success of coaching in organizational settings showing positive outcomes on a number of measures (Baron & Morin, 2009). Other studies throw up potentially useful insights, although as the field is so new, many are one-off in nature and require further examination. Again relevant to this study was a 2006 comparative study of psychodynamic and non-psychodynamic approaches to executive coaching (Roberts & Jarrett, 2006). The qualitative research provided that differences in outcome between psychodynamic and other studied stables of coaching were limited in difference, thus correlating with our earlier findings between various psychotherapy practices. A cognitive behavioral coaching study in the same year advocated the use of the CBT approach to coaching, in direct contradiction to the Brunning study (Libri & Kemp, 2006). Similarly, a more wide-ranging study of coaches and their practices was administered in 2008 (Liljenstrand & Nebeker, 2008).

An integrative review of practice and research of executive coaching in 2005 had attempted to develop a conceptual framework for the practice while at the same time admitting that there was still limited empirical evidence as to its impact (Joo, 2005). Styrhe confirmed in his own 2008 study that not only has there been no agreement as to a unified comprehensive theoretical framework for coaching to date that supports the practice of coaching but also that the field is largely devoid of studies of how coaching works in practice (Styrhe, 2008). Concurrent with these studies MacKie attempted to draw a line around coaching practice, when he put forward that by incorporating some of the established key process and outcome variables that predict an effective outcome in psychotherapeutic practice (i.e. controlled trials) that the evidence base of executive coaching should accelerate (MacKie, 2007). In addition, Grant published a complete list coaching studies undertaken between 1990 and 2006 in which only two of the 16 randomized control trials demonstrated neutrality of results, the rest having broadly positive outcomes.

5.5.3 Comment

Coaching interventions seem to be so broadly positive in outcome it is no wonder that organizations have alighted on them in recent years to provide a panacea to many of the ills that they perceive in their senior executives. There is little negative data but
that may reflect the relative paucity of proper comparative trials and evidence-based studies. While it seems that coaching works, it is unclear at this point which type of coaching intervention is more effective than any other. Furthermore, organizations are seen to have a predisposition for a more psychological approach.

5.6 Conclusions

Referring back to the comparative results of clinical trials in CBT/Psychodynamic psychotherapy and group therapy one might hypothesize that simply to sit with a coach, and discuss a known problem might be enough to set the client on the path to change. Wampold concludes from an extensive psychotherapy review:

“Specific ingredients account for less than 1% of the variance of outcomes. Decades of research have failed to find a scintilla of evidence that any specific ingredient is necessary for therapeutic change” p204 (Wampold et al., 1997).

The most widely accepted rationale is that the therapeutic (or working) alliance provides the basis of change namely: the therapeutic bond, the expectancy the patient has of a positive effect, and the shared goals of the patient (Garske & Davis, 2000). Its analog in executive coaching may reflect similar efficacy. Group work is demonstrated to be empirically effective and especially when combined with one-to-one work. T-groups had a greatly beneficial utility in executive development. When these factors are combined into one intervention, a psychodynamic group coaching intervention with one-to-one follow-up, I notice not only a high degree of appreciation with the process at its conclusion but also within a few months a high degree of motivation for, (and actual) change. One could conjecture that at the intersection of short-term dynamic therapy, group therapy, and coaching lies the possibility of positively changed behavior. It should not be considered a given, however. The intervention has been disaggregated and I have looked at the three components in turn, all of which as standalone practices are useful interventions. Participants report great satisfaction with the intervention from a number of perspectives. Coaches testify that many participants have made significant changes when they follow up. It would be useful to understand whether change is long lasting, whether this intervention is more readily acceptable in different cultures and to attempt a qualitative analysis of participant experience in the form of a field study. It would also be of interest to examine the efficacy of other group interventions or even run a study on control groups. While recognizing the limitations of this first exploration, if examined in sufficient depth, this intervention may well prove to be a useful addition to the practice of coaching in organizational life.