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Journal of Applied Behavioral Science 2013 49: 153 originally published online 1

November 2012

DOI: 10.1177/0021886312462236

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The Journal of Applied Behavioral Science
49(2) 153–178
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DOI: 10.1177/0021886312462236
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Abstract

Compassion involves noticing another's need, empathizing, and acting to enhance their well-being. In response to another's pain, the motivation is to increase hedonic well-being or the absence of pain. In response to another's desire to grow, the motivation is to increase eudaimonic well-being or helping them develop. We argue that compassion includes both. Our expanded view suggests that coaching with compassion will lead to desired change, enhanced health, and well-being. We propose a model saying coaching with compassion invokes a psychophysiological state that enables a person to be open to new possibilities and learning. In contrast, coaching for compliance (i.e., toward how the coach or the organization believe the person should act) and deficiency-based coaching invoke the opposite state—resulting in a person being defensive, reducing cognitive functioning. We theorize how coaching with compassion can enhance adaptability of the organization through creating norms and relationships of caring and development.

Keywords

coaching, compassion, well-being, complexity

Coaching as a practice has gained in popularity as evident by the growth of the coaching industry during the past decade¹ (Feldman & Lankau, 2005; Segers, Vloeberghs, Henderickx, & Inceoglu, 2011; Smith, Van Oosten, & Boyatzis, 2009). Despite this

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growth, few empirical studies have examined the coaching process and its impact on the coach and the person being coached and little theory has been developed around it (Feldman & Lankau, 2005; Kampa-Kokesch & Anderson, 2001). Even fewer studies have investigated the impact of coaching on organizations that adopt this practice. In this theoretical article, we extend the work of Boyatzis, Smith, and Blaize (2006) by adopting their distinction between two broad approaches to coaching and articulating the impact of each on both the coach and the person being coached, whom we call the coachee. We also propose how one approach, coaching with compassion, affects the organization and its openness to organizational change. Furthermore, we offer an expanded view of compassion that does not require the presence of pain and suffering.

Our experiences at work affect psychological and emotional states and the health of our bodies. We therefore explain how the psychological, emotional, and physiological consequences of experiencing coaching with compassion have an enduring impact on individual health and development. In this way, we both expand current understanding of the experience and effects of compassion and explore how our bodies are affected by social interactions at work (Heaphy & Dutton, 2008). Finally, we discuss how coaching with compassion affects the organization through its effect on the individual's appraisal of the organization, his or her behavior at work, and his or her relationships with colleagues.

Coaching With Compassion

Various definitions of coaching have been offered. Most converge on its being a "facilitative or helping relationship with the purpose of achieving some type of change, learning, or new level of individual or organizational performance" (Smith et al., 2009, p. 150). Because this definition could also describe mentoring, we distinguish the two by clarifying that coaching involves a shorter term duration and a more specific focus (Smith et al., 2009). Unlike other scholars (e.g., Sue-Chan, Wood, & Latham, 2012), we refer to an explicit dyadic coaching process. This means that both coach and coachee are aware of participating in such a process. Although the coaching often takes place during determined coaching sessions, it sometimes occurs walking to or from meetings, at lunch, or in other less formal sessions. With this in mind, the coach might be a formal internal or external coach, a boss, or, as recent research has suggested (Parker, Hall, & Kram, 2008), a peer.

Several recent studies suggest that it is the general orientation or approach to coaching, rather than specific techniques or behaviors, that predicts important outcomes, such as increased learning and performance (de Haan, Culpin, & Curd, 2011; Sue-Chan et al., 2012). Consistent with these studies, we focus on general types or approaches to coaching. Specifically, we primarily theorize about an approach known as *coaching with compassion* (Boyatzis et al., 2006). We define compassion as an interpersonal process that involves noticing another person as being in need, empathizing with him or her, and acting to enhance his or her well-being in response to that

need. We will elaborate on this simple definition in a subsequent section. Compassion, we claim, is a key component of coaching with compassion.

The hallmark of coaching with compassion is the focus on invoking the Ideal Self to initiate and guide the change process. The Ideal Self is the individual's vision of who he or she wants to be and includes his or her goals, values, and deepest aspirations for the individual's future (Boyatzis, 2008; Boyatzis & Akrivou, 2006; Higgins, 1987). The starting point of coaching with compassion is helping the coachee develop or articulate a compelling personal vision. Research on visioning has shown that it helps guide future behavior (Roffe, Schmidt, & Ernst, 2005), arouses hope, and increases athletic and academic performance (Curry, Snyder, Cook, Ruby, & Rehm, 1997; Snyder, Rand, & Sigmon, 2002). Following the articulation of the Ideal Self, the coach may help the coachee take stock of their current situation, identify required changes, and make a realistic and exciting plan to implement these changes.

A second important characteristic of coaching with compassion is the focus on identifying current strengths before considering weaknesses. Thus, it incorporates strength-based development (Roberts, Dutton, Spreitzer, Heaphy, & Quinn, 2005). However, coaching with compassion is more than a simple sequence of steps. To be successful, the coach must establish a trusting relationship with the coachee, so they discuss their hopes and dreams openly, and develop in them a sense of safety to explore new thinking and behavior (Brotman, Liberi, & Wasylshyn, 1998).

Coaching with compassion can be distinguished from three other basic types of coaching. First, because of its primary objective to further the coachee's growth and development it stands in contrast to instrumental coaching. The objective of instrumental coaching is to influence the coachee to change to better fit the goals of the organization, their manager, or perhaps the coach, rather than their own. Providing advice to someone to help improve his or her performance, trying to convince that individual to accept a particular assignment, or putting pressure on him or her to act more consistently with organizational norms are all focused on influencing the coachee to do something desired by others. To be clear, coaching with compassion may involve both focusing on furthering the coachee's development and serving an organizational need. The critical factor is whether or not the coachee's own goals and view of his or her development is taken into account.

Second, coaching with compassion is distinct from coaching that aims to help the coachee develop but omits the focus on the coachee's Ideal Self. When a coach points to something that the coachee should change or improve, even if the intention is to further the coachee's good, the coach is prescribing what the coachee should do. According to self-discrepancy theory, in such situations, the coachee focuses on the *Ought Self*, which often comes into conflict with the Ideal Self (Brockner & Higgins, 2001; Higgins, 1987; Higgins, Roney, Crowe, & Hymes, 1994). The theory predicts that when people to whom one turns for help, or those with more organizational power suggest an Ought Self, one feels pressure to comply. This can ensue even from well-intentioned, ostensibly helpful behavior, such as helping a person network or calling someone to ask for an interview on behalf of the coachee. Such

helping behavior can have unintended negative consequences if the aims are not “self-concordant” (i.e., not in alignment with the coachee’s own goals and aspirations, Ryan & Deci, 2001). A focus on the coachee’s Ideal Self is therefore a *sine qua non* of coaching with compassion.

Third, coaching with compassion differs from approaches that attempt to stimulate the coachee’s development by focusing on deficiencies. Coaching and mentoring programs and performance reviews often adopt this focus on deficits. Coaching with compassion, in contrast, puts a greater emphasis on the coachee’s strengths than his or her weaknesses.

To summarize, we define coaching with compassion as a process that aims to further the coachee’s development by focusing on their Ideal Self and on their strengths more than their weaknesses. Instrumental coaching and coaching toward the Ought Self can be called *coaching for compliance*, defined as coaching another to comply with an authority’s or an organization’s view of how they should act, often inducing a defensiveness or sense of guilt (Boyatzis et al., 2006). We argue that coaching with compassion leads to more positive outcomes than coaching for compliance and deficit-based coaching.

To support our claim that coaching with compassion is an instance of compassion, we next present a theoretical discussion of our expanded view of compassion.

An Expanded View of Compassion

Our concept of compassion builds on Boyatzis et al.’s (2006) proposition that compassion consists of (a) empathizing with the other, (b) caring for the other, and (c) acting in response to the other’s feelings. In this section, we examine these three components and argue for the adoption of a more encompassing view of each.

In the management literature, the most widely accepted definition of compassion consists of three components: (a) noticing or attending to another’s suffering; (b) other-regarding feelings such as empathic concern; and (c) acting to ease the suffering (Dutton, Worline, Frost, & Lilius, 2006; Frost, Dutton, Worline, & Wilson, 2000; Kanov et al., 2004). There is no apparent relationship between this definition and coaching unless one were to conceive of coaching as a remedial intervention. Yet, coaching, like other developmental relationships, is not always focused on helping the beneficiary overcome a problem; nor is the coachee necessarily in distress at the outset. Coaches are often asked to help someone attain an important goal or more fully realize their potential, even when there is no “problem” to be resolved.

Social scientists do not fully agree on the definition of compassion. In a recent review, Goetz, Keltner, and Simon-Thomas (2010) contend that compassion is a unique, discrete emotional state that, along with sympathy, pity, and empathic concern, can be placed in a family of emotions that center “upon a concern for ameliorating the suffering of another individual” (p. 352). As mentioned above, the most common definition in the management literature holds that compassion is a dynamic, relational process of noticing, feeling, and responding to the pain or suffering of

another (e.g., Dutton et al., 2006). While the two definitions differ, they have in common the assumption that compassion is always a response to the distress, pain, or suffering of another.

We argue, however, that the first component of compassion should be viewed as noticing another's *need or desire*, which is more general than pain or distress. The use of the term *compassion*, both in everyday language and in scholarly writing, implies that it need not be exclusively linked to distress, pain, or suffering. Studies of lay conceptions of compassion have shown that English speakers most often group the word *compassion* with terms, such as *love, tenderness, and caring* (Shaver, Schwartz, Kirson, & O'Connor, 1987), none of which imply a response to pain or distress. Within the academic literature, the term *compassion* often appears together with other terms, such as *care, caregiving, caretaking, tenderness, warmth, cooperating, and helping* (e.g., Batson & Shaw, 1991; Goetz et al., 2010; Kanov et al., 2004; Lilius et al., 2008). None of these are exclusively triggered by distress and pain. While caregiving is performed toward someone who is unable to fully care for himself or herself, most recipients of caregiving are not in a constant state of distress, pain, or suffering.

We find that Buddhist philosophy of mind also supports our view. Compassion within the Buddhist tradition is a response to *dukkha*, a Pali word that has often been translated as *suffering*. However, many scholars of Buddhism have pointed out that the translation is inaccurate. The original term encompasses a range of experience, from pain and suffering to unease and disquietude (Coseru, 2011; Olson, 2009). Consequently, some modern translations use the term *unsatisfactoriness* instead. Disquietude and *unsatisfactoriness* include both negative experience, such as existential unease, and positive ones, such as the desire to self-actualize. This inner experience of disquietude may be noticed by another even if it does not result in an arousal of negative emotion.

We concede that it is likely that in our evolutionary history, compassion was once an emotional response that could only be triggered by others' pain and distress (Goetz et al., 2010). However, over time, the functions of many emotions have expanded. For example, Haidt, Rozin, McCauley, and Imada (1997) propose that the function of disgust has expanded from only protecting us from physically harmful substances to also protecting us from what is socially deemed as harmful. They argue that early in human evolutionary history, disgust exclusively served to prevent the swallowing or inhaling of substances that could be poisonous or otherwise dangerous, and induce vomiting if a harmful substance had been swallowed. Modern humans, however, also react with disgust to things that are considered morally reprehensible to them.

We contend that the function of compassion has similarly expanded. Goetz et al. (2010) for example, claim that one of compassion's functions is the "maintenance of cooperative relationships" (p. 365). Cooperative relationships would be ineffective if the parties involved only helped each other when the other was in pain. If compassion were only triggered by distress and pain, it would not be sufficient to maintain a cooperative relationship. Our contemporary societies require that we invest heavily in cooperation and in helping and developing each other, even when there are no

kinship ties and no promise of reward or reciprocation. The function of compassion has conceivably expanded, such that now, sensing another's strong desire to achieve some goal or aspiration may trigger it just as readily as sensing another's pain or distress may.

The second component of compassion, in our view, must be empathic concern. Batson, Early, and Salvarani (1997) have shown that there are two basic responses to observing another's distress. Imagining what it would feel like to be "in the shoes" of the other produces distress. In contrast, imagining what the other must be feeling leads to empathic concern (Batson et al., 1997). Importantly, in the first situation, if the observer lends a hand, it is to reduce his or her own distress while empathic concern leads to helping behavior motivated by reducing the other's distress (Batson & Shaw, 1991). Current theorizing on compassion fails to distinguish between these two motivations behind helping behavior. We contend that the first case is not compassion while the second is. In fact, we contend that being motivated by a desire to alleviate one's own distress is similar to coaching for compliance: coaching guided by the organization's or the coach's needs, rather than a response to the coachee's desires or aspirations.

While the studies cited above focused on situations involving distress, in other studies, Batson has shown empathic concern to be a response to another's need as well. Moreover, in other scholars' work, empathic concern is associated with behaviors that are not necessarily responses to others' suffering, such as generosity and kindness (e.g., Koestner, Franz, & Weinberger, 1990).

Finally, we propose an alternative view of the third component of compassion. In a recent review, Ryan and Deci (2001) distinguished between two conceptions of well-being: hedonic, which is centered on pleasure or the absence of pain, and eudaimonic, which is centered on self-actualization. In current theorizing, which sees compassion as a response to another's pain and suffering, the focus of the third component is only on increasing hedonic well-being. In our view, compassion can be directed toward both forms of well-being. When compassion begins with noticing another's desire to grow, then the motivation may focus on furthering that person's eudaimonic well-being, in other words, supporting his or her development and growth.

In Figure 1, we provide an illustration of our expanded conceptualization of compassion and its relation to the concepts of sympathy and empathy. Sympathy, we argue, is a passive response to the negative emotion of another. We suggest that empathy, on the other hand, is more encompassing in that it represents an ability to accurately perceive and relate to the emotions of another, be they positive or negative (Levenson & Ruef, 1992). The traditional view of compassion may be seen as an extension of sympathy. It is an active response to one's understanding and caring about the negative emotion experienced by another. Our expanded view of compassion, however, is more appropriately viewed as an extension of empathy. As we have argued, we see compassion as an active response to the needs of another, whether that be represented by a positive or a negative emotional state. Under the traditional view of compassion, a manager might notice that an employee is down due to the loss of a loved one and

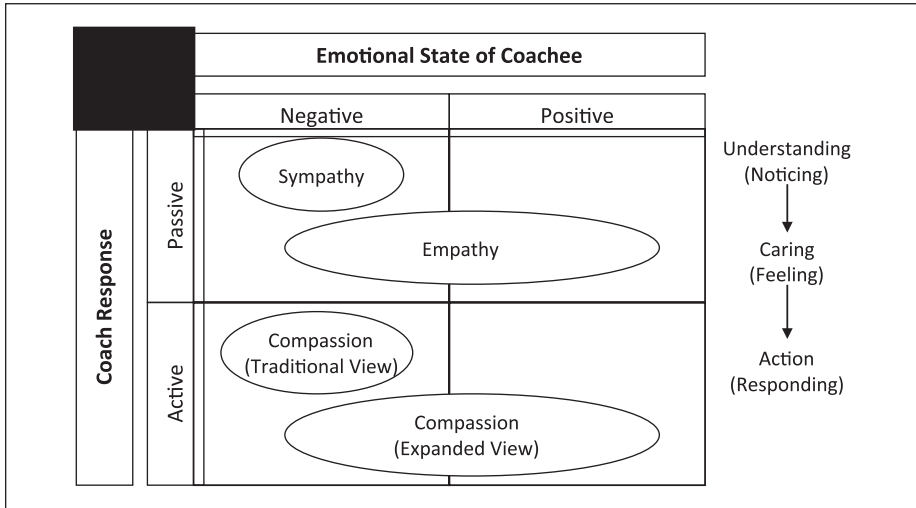


Figure 1. An expanded view of compassion.

attempt to comfort him or her in the time of grief. Under our expanded view, we suggest that a manager might also demonstrate compassion by, for example, noticing that employees are excited about the possibility of moving to a new role in the organization, and then helping them understand what they need to do to effectively prepare and position themselves for that new role. To summarize, we posit that compassion is an interpersonal process composed of (a) *noticing another’s need*, (b) *feeling empathic concern* for the other person, and (c) *actively responding to enhance his or her well-being*.

What we offer is a more generalized view of compassion that encompasses existing definitions while allowing for a broader understanding of human need and responses to need. In the context of coaching, the need of the other may be born from pain or may reflect a desire to be consistent with certain values, a personal dream or a vision. The response to that need may aim to enhance the other’s hedonic or eudaimonic well-being, or both. What connects the trigger and the response in a way that demonstrates compassion is genuine empathic concern or care for the other. Therefore, we offer two definitions:

1. *Compassion is present in coaching when the coach empathically responds to a coachee’s (a) need for the alleviation of pain or suffering; or (b) desire to develop or grow; and*
2. *Compassion is experienced by a coachee when he or she perceives that the coach is expressing empathic concern in responding to his or her (a) pain or suffering; or (b) desire to develop or grow.*

Psychophysiological Aspects of Coaching

The different outcomes of the approaches to coaching we discuss are rooted in distinct psychological and physiological processes. We build our arguments regarding these processes on two theoretical psychophysiological states: the positive and negative emotional attractors (Boyatzis, 2008). They are called “attractors” in reference to strange or chaotic attractors in Lorenz’s terms (Érdi, 2008). Strange attractors are generated by the complex, dynamic and recursive interactions among tightly coupled components. They are sensitive to specific changes that, though small, can cause disproportionate shifts. These changes are commonly called tipping points.

Based on complexity theory, we theorize that the positive emotional attractor (PEA) and negative emotional attractor (NEA) are self-regulating and stabilizing states that self-propagate until a tipping point produces a shift from one to the other. That is, a person is pulled into the sphere of influence of one attractor by a tipping point and remains there until another tipping point is reached (Boyatzis, 2008). The effects of a tipping point being reached may be visible in a person’s nonverbal behavior. We have often watched a person we are coaching start the session with their arms crossed or slightly leaning back in their chair. Once we ask them about their ideal life or core values, they lean forward, open their arms, and begin talking with animation, energy, and often a smile on their face. The question about their dreams was a tipping point in moving them from the NEA into the PEA.

The three components making up these attractors are (a) the degree of positive versus negative emotions aroused; (b) the intensity of emotional arousal; and (c) the degree of parasympathetic nervous system versus sympathetic nervous system arousal. We deliberately employ the PEA and NEA constructs rather than positive and negative emotions because the PEA/NEA model encompasses both affective experience and physiological activation.

Russell and Carroll (1999), using meta-analysis and mathematical critique, argued that positive and negative affect are not merely bipolar. Following their recommendation, in the PEA/NEA model, the experience of emotion is captured with a dimension for the intensity of arousal in addition to a dimension representing positive versus negative emotional arousal.

The sympathetic and parasympathetic nervous systems are two distinct branches of the autonomic nervous systems, the system that controls most of the functions of the body that are not under conscious control, such as heart rate, breathing rate, digestion, and perspiration (Janig & Habler, 1999). The sympathetic nervous system (SNS) is activated when the body goes into a response to stress. The parasympathetic nervous system (PNS) is activated when the body is calm and in renewal. While arousal of the SNS and the PNS are not mutually exclusive, researchers have argued that they have a suppressing effect on each other (McEwen, 1998; Sapolsky, 2004). Thus, one of the two types of arousal will generally dominate the body’s functioning at any point.

The PEA/NEA model is related to, yet distinct from, other scholars' depictions of emotions as dynamic, complex systems. Losada and Heaphy (2004) used nonlinear equations to model the relationship between team performance and three characteristics of intra-team interactions, one of which was the ratio of positive to negative utterances. While there are similarities between the PEA/NEA and the strange attractor they discovered in high performing teams, which they linked to a positivity to negativity (P/N) ratio of 2.9 or higher, there are also important differences. Their work focused only on teams and they made no claim that this dynamic system also applies to the intra-individual or dyadic levels. Furthermore, they did not incorporate physiological data into their system.

Gottman, Murray, Swanson, Tyson, and Swanson (2002) used an attractor concept to capture the impact of the emotions aroused in stable, loving marriages. Their model has two components similar to the PEA/NEA model, which are the ratio of positive to negative emotions aroused and degree of emotional intensity in the spouses' attempts at influencing each other. They found that healthy marriages, as opposed to those that ended in divorce or separate lives, were distinguished by a ratio of positive to negative emotions of 5:1 or higher. Their model differs from the PEA/NEA in two ways: it was constructed to be applied at the dyadic level only and it does not incorporate physiological factors as a component.

Fredrickson's (1998, 2001) broaden-and-build theory posits that positive emotions create an upward spiral that continuously increases well-being and builds psychological resources. This is similar to the self-perpetuating nature of the PEA/NEA and the psychophysiological processes that play a central role in the theory. A difference between broaden-and-build and PEA/NEA is that the former makes claims about within-individual, across-occasions processes (Nickerson, 2006) while the latter describes within-individual, within- and across-occasion processes.

In contrast to these three models, the PEA/NEA highlights the important role played by our bodies in our experiences and interactions with others. Moreover, because our physiology, emotions and cognition are intertwined (LeDoux, 2002), the PEA/NEA can be applied to emotional dynamics at the individual, dyadic, and higher levels of analysis.

Arousing the Positive Emotional Attractor

Synthesizing research on positive emotions from many fields, we theorize that the PEA is a state of positive affect that involves the physiological arousal of the PNS and corresponding neuroendocrine systems.² Arousal of the PNS slows down the heart rate and triggers the release of several hormones into the blood, including oxytocin, primarily in women, and vasopressin, primarily in men. These two hormones are associated with many physiological, psychological, and social benefits (Insel, 1997; Schulkin, 1999). Oxytocin, for instance, reduces anxiety and heightens feelings of tenderness, attachment, and closeness to others.

Arousal of positive emotions and therefore the PEA will be conducive to cognitive openness and improved cognitive performance (Ashby, Isen, & Turken, 1999; Estrada, Isen, & Young, 1994; Isen, Daubman, & Nowicki, 1987), greater perceptual and emotional openness and accuracy (Fredrickson & Branigan, 2003; Talarico, Berntsen, & Rubin, 2009), and openness to behavior change (Janig & Habler, 1999). In this state, an individual could experience greater physical wellness and find themselves in a calmer, possibly elated state (Boyatzis et al., 2006; Heaphy & Dutton, 2008). They may experience neurogenesis (the generation of new neural tissue) and the new degrees of learning that become possible with new neurons (Eriksson et al., 1998).

The PEA acts as a self-reinforcing, self-perpetuating cycle. Positive emotions create a positive bias in cognitions: one thinks more positive thoughts, is more optimistic about the future, recalls positive valence memories, and attends more to positive attributes in others (Bower & Forgas, 2001). In terms of behavior, positive emotions lead one to be more altruistic, helpful, cooperative, and conciliatory (Barsade & Gibson, 2007; Insel, 1997). These cognitions and behaviors in turn trigger positive emotions (Fredrickson & Joiner, 2002), creating a positive feedback loop. This cycle perpetuates itself, we contend, until a tipping point, such as a negative salient affective event—for instance, receiving discouraging feedback or bad news—causes a shift into the NEA.

Coaching with compassion achieves the activation of the PEA in the coachee in two ways. First, the PEA is triggered by the individual describing his or her ideals, dreams, aspirations, or passions in response to the coach's probing. Focusing on the Ideal Self is a powerful, positive emotional event and creates the tipping point necessary for arousing the PEA. One consequence, as discussed above, is the activation of neural circuits that allow the coachee to consider possibilities that they might otherwise have ignored. For instance, one executive realized that he did not have to wait until retirement to move to Kenya and help his village. He identified a way to get transferred to the international division of his current company. In addition, his company funded the extra work for his village while he was doing his main job. Similarly, an IT executive realized that she did not have to quit her VP position to help inner city children learn to love computers. She took one Friday morning off per month to deliver workshops in the local high school. Neither of these executives had considered these possibilities prior to their coaching session; they only saw obstacles and had surrendered their dreams. This suggests that the focus on the Ideal Self can lead to an intense arousal of the PEA.

Second, coaching with compassion would arouse the PEA because sharing their Ideal Self with someone who listens with interest and strives to help them achieve their aspirations is likely to invoke in the coachee a perception that the coach cares as well as create a feeling of safety. Prior research has shown that feeling cared for is associated with lower blood pressure, enhanced immunity, overall better health (Insel, 1997; Sapolsky, 2004), which are indicators of PNS arousal. Feeling safe is likewise associated with PNS arousal.

Moreover, a coachee generally recognizes that coaching may have an impact on his or her career and development. This makes it likely that the coachee will appraise his or her coaching sessions as important events, which will make him or her attach more

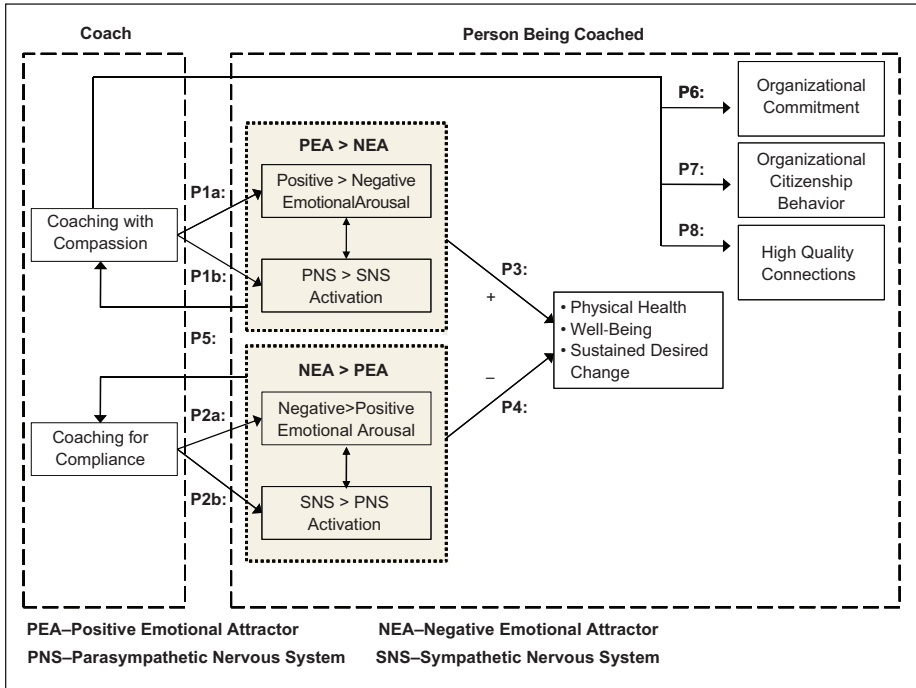


Figure 2. Coaching with compassion versus coaching for compliance.

significance to what occurs in them. Consequently, the focus on the Ideal Self and the sense of being cared for will lead to an even more intense arousal of the PEA than they normally would (Figure 2)

Proposition 1: Coaching with compassion will be significantly related to (a) greater positive than negative emotional arousal and (b) greater PNS than SNS activation in the person being coached over the course of the coaching session.

Arousing the Negative Emotional Attractor

We contend that the NEA is a state of negative emotional arousal in which the neuro-endocrine system is dominated by the SNS. Physiologically and psychologically, it can be best understood as a state of stress and defensiveness (Sapolsky, 2004). Arousal of the SNS releases several endocrines, such as epinephrine and norepinephrine, into the blood stream (Sapolsky, 2004). This leads to an increase in pulse rate and blood pressure while blood flow is reallocated to neural circuits considered necessary for survival and decreased in other neural circuits (DeQuattro & Feng, 2002). Cortisol is released to help with inflammation, but it also overexcites neurons and inhibits normal

neurogenesis (Eriksson et al., 1998; Sapolsky, 2004). The arousal of the SNS has been shown to be associated with negative emotions, such as fear, disgust, and anxiety (Dickerson & Kemeny, 2004).

Like the PEA, the NEA is self-perpetuating. Negative affect causes a focus on problems, threats, or obligations (Fredrickson, 2001). In this state, one tends to perceive neutral stimuli as dangerous. For instance, others' neutral facial expressions are more likely to be interpreted as hostile or aggressive (Porges, 2001). These cognitions, in turn, arouse negative emotions, such as fear, resulting in a self-reinforcing feedback loop that persists until a tipping point is achieved.

We contend that coaching for compliance, on the whole, arouses the NEA more than the PEA in the coachee by encouraging or pressuring the coachee to make changes desired by the organization or the coach, but not necessarily by the coachee. This arouses the Ought Self and invokes obligation and guilt, which in turn, invoke stress and negative emotions (Higgins, 1987). Take, for example, the scenario where a top performing salesperson is coached by her manager to move into a sales management role because it is the next logical step in her career progression and because the company needs people like her in management. If she in fact loves being an individual contributor and has no desire to manage people, then being coached to take on that new role because it is what she *ought* to do is likely to create NEA arousal and lead to an unsatisfying and ultimately unsuccessful experience.

Coaching for compliance does not necessarily begin with the coach wanting to obligate the coachee to make certain changes. It may start with good intentions. But the process or prior relational context may result in the coachee reacting with guilt, defensiveness, or powerless compliance, all aspects of NEA arousal. This often occurs when physicians advise patients to make lifestyle changes to avoid serious health problems: even though the doctor has the patient's health and wellness in mind, the patient often experiences the advice as an imperative that tends to activate the NEA. This is probably one reason why following physicians' instructions for treatment, or treatment adherence, for most serious diseases is surprisingly low (Khawaja, 2011).

Deficiency-based coaching, we contend, also arouses the NEA by focusing the coachee on his or her weaknesses and deficiencies. If, for instance, an employee is doing nearly everything well but is coached by his manager or another coach exclusively on how to work on that area in which he is deficient, then that coaching will likely put him into a state of NEA arousal. And, because negative emotions can easily overwhelm positive ones (Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001), even drawing equal attention to strengths and weaknesses might arouse the individual's NEA more than PEA. Finally, as we argued above, coaching sessions generally are appraised as important events by coachees, and thus the arousal of the NEA will likely be more intense in coaching situations than under other conditions.

Proposition 2: Coaching for compliance and deficiency-based coaching will be significantly related to (a) greater negative than positive emotional arousal and (b) greater SNS than PNS activation in the person being coached over the course of the coaching session.

Enduring Outcomes of Coaching

While the PEA and NEA are ephemeral states, coaching can have enduring impacts on the individual being coached. Like Fredrickson (Fredrickson, 1998; Fredrickson & Joiner, 2002), we believe that the positive effects of positive emotions accrue over time within individuals, in dyads and organizations. We consider the same to be true of the effects of negative emotions. We contend that some PEA or NEA experiences have a far greater impact on lasting outcomes than others. We support our argument with affective events theory.

Affective events theory (AET) asserts that events are the proximal causes of affective experiences (Weiss & Beal, 2005; Weiss & Cropanzano, 1996). Furthermore, it claims that the more salient the event the greater its impact on affect (Weiss & Beal, 2005). The individual's affective reaction to an event depends on the degree that the event is "perceived to promote or impinge upon personal well-being" or goals (Ashton-James & Ashkanasy, 2005, p. 24). Both salient positive organizational events (e.g., promotions) and salient negative events (e.g., downsizing) leave a lasting emotional impression and influence one's future experiences within the organization (Weiss & Beal, 2005).

Because the coachee is likely to see the coaching process as having important implications for career or life goals, it is likely they will experience each coaching session as a salient affective event (Weiss & Beal, 2005). Therefore, we expect the effects of the arousal of the PEA to be substantial and enduring. A preliminary study using a state-of-the-art brain scanning technology called functional magnetic resonance imaging (fMRI) lends support to this claim. Half an hour of coaching that focused on the participants' long-term dreams, as compared with half an hour of coaching that focused on their problems and deficiencies, activated neural circuits associated with imagining and more cognitive and perceptual openness when participants recalled the session several days later (Boyatzis, Jack, Cesaro, Khawaja, & Passarelli, 2010).

In addition to having a positive effect on health, well-being, and cognitive functions, as discussed above, arousal of the PEA can help an individual make important changes in his or her life and sustain them over time. For example, making lifestyle changes can be a matter of life and death for people who suffer from serious disorders or diseases. Despite this, treatment adherence for such diseases is low. Treatment adherence for type II diabetes is about 50% worldwide (Khawaja, 2011). In one study, however, patients with type II diabetes reporting that their interactions with their physicians had led to PEA arousal was associated with significantly higher treatment adherence (Khawaja, 2011).

A skilled coach can amplify the enduring effects of PEA arousal. If the coach succeeds in creating a safe space and establishing a trusting relationship, the experience will be even more emotionally salient for the coachee. This kind of support, called a "secure base" in attachment theory terms (Bowlby, 1969), is known to have a lasting effect on well-being, willingness to take risks and try new things, and development. If the coach is able to help the coachee articulate a compelling personal vision, this

vision can inspire a powerful “pull” toward sustaining efforts toward a desired future. Moreover, people with whom the coachee has “life-giving” relationships (Dutton & Heaphy, 2003) can remind them of their vision, listen to them when they encounter problems, and inspire them to persist when discouraged by setbacks. In this way, the impact of the coaching with compassion is likely to be moderated, by a number of factors, including the skill of the coach, the strength of the vision articulated, and the coachee’s access to supportive relationships.

Furthermore, the effects of PEA arousal can be amplified by the coachee learning from the coach the attitudes, skills, and behaviors that the latter employs during coaching. Because the PEA is a state in which cognitive openness, flexibility, and learning are enhanced, we expect the coachee to be more open to learning from the coach. The coachee might, for example, develop the cognitive skill of positive reappraisal (Folkman & Moskowitz, 2000) by observing the coach apply it. After the coaching session, the coachee can use this positive reappraisal skill when encountering new problems.

In sum, we expect coaching with compassion to lead to a significant, positive impact on the coachee’s physical health, well-being, and sustained, desired change by arousing the PEA more than the NEA.³

Proposition 3: Coaching with compassion will be positively related to (a) physical health, (b) well-being, and (c) sustained desired change in the person being coached. These relationships will be mediated by greater PEA than NEA arousal in the coachee.

Similarly, coaching for compliance and deficiency-based coaching are also likely to be emotionally salient events for the coachee. Stress tends to be aroused when focusing on goals that are not self-concordant or on deficiencies. Negative events have greater and longer lasting effects on subsequent moods (Baumeister et al., 2001), so these stress effects persist. If the coachee lacks high quality relationships to encourage them and help them recover from the negative experiences, it is possible for them to reexperience arousal of the NEA for some time after the coaching for compliance process. Indeed, Boyatzis et al.’s (2010) fMRI study showed that a coaching session that focused on performance problems and stressful experiences led to activation of regions of the brain that are associated with SNS arousal when participants recalled the session several days later.

This, we propose, would have a significant deleterious effect on the coachee’s physical health, well-being, and any desired change processes.

Proposition 4: Coaching for compliance and deficiency-based coaching will be negatively related to (a) physical health, (b) well-being, and (c) sustained desired change in the person being coached. These relationships will be mediated by greater NEA than PEA arousal in the coachee.

The Effects of Coaching With Compassion

Beyond the effects on the coachee, in this section we will focus on the impact of coaching with compassion at other dyadic and organizational levels. The organizational outcomes we discuss assume that the coachee's organization is sponsoring the coaching. We also consider the consequences of the coach being the coachee's direct superior.

Effects of Coaching Within the Dyad

As a result of emotional contagion within the coaching dyad, we believe the coach will experience the same psychophysiological benefits as the coachee. Emotional contagion is how one person's emotions spread to others. Since Hatfield, Cacioppo, and Rapson (1993) described this phenomenon, numerous studies have established that contagion affects people in teams and organizations (e.g., Barsade, 2002). Emotional contagion is believed to be one aspect of mimicry, the tendency to copy the nonverbal behavior of those with whom one interacts (Barsade & Gibson, 2007). This capability is attributed to specific regions of the brain, including the mirror neuron network (Cattaneo & Rizzolatti, 2009) and the Default Mode Network (Buckner, Andrews-Hanna, & Schacter, 2008). When observing another's actions, these neurons activate in the same way they would if one were performing those actions oneself. Hence, they enable learning from others by observation. Neurological studies have shown that emotional contagion may occur in milliseconds, which means that one person's emotional state can arouse similar emotions in another person with whom they interact before either one becomes aware of the emotion (Iacoboni, 2009; LeDoux, 2002).

In the context of coaching, the coach's focused attention on the coachee makes the coach particularly receptive to the coachee's emotions. Whether the coaching process affects the arousal of the PEA or NEA in the person being coached, it can be expected that the coachee's psychophysiological arousal will, in turn, activate a similar state in the coach via emotional contagion.

Proposition 5: The emotional arousal and activation of the neuroendocrine system of the coach will mirror the emotional arousal and activation of the neuroendocrine system of the person being coached.

The same arguments can be made about the emotions of the coach spreading to the coachee. Because of this emotional feedback loop, coaching with compassion and coaching for compliance each beget more of the same.

The coachee's emotions are also likely to spread to others within the organization with whom he or she interacts frequently (Barsade, 2002). If the coachee is in a leadership position within the organization, the diffusion of emotions will be amplified among his or her subordinates, since people show closer attention to the emotions of their leaders (Barsade & Gibson, 2007).

Organizational Outcomes of Coaching With Compassion

We have argued that in coaching with compassion, the coachee is likely to feel valued and cared about by the coach. Since the coaching is enabled by the organization, the coachee is likely to make the same attributions about the organization as a whole. Whether the coach is external to the organization, a peer (Parker et al., 2008), the coachee's boss, or from a different unit in the organization, the coachee will tend to associate the organization with the coach and transfer his or her attributions about the coach to the organization. Research on perceived organizational support, the construct that best describes feeling valued and cared for by one's organization, indicates that when employees feel that their organization is committed to them, they feel more committed to the organization (Eisenberger, Huntington, Hutchison, & Sowa, 1986). We expect coachees to feel greater commitment to their organization as a result of coaching with compassion.

Research on leader-member exchange (LMX; Graen & Uhl-Bien, 1995) has shown that having a positive relationship with one's manager and feeling supported by him or her leads to greater engagement, commitment, and willingness to remain in the organization (Dirks & Ferrin, 2002). Hence, we predict that if the coach is the coachee's boss, the positive impact on the coachee's organizational commitment would, therefore, be even stronger.

The experience of compassion within the context of coaching is an experience of being the recipient of another's generosity and care. Fowler and Christakis (2010) have shown that beneficiaries of benevolent or generous behavior become more altruistic and generous toward others, often by replicating the generous behavior they experienced. Research has also shown that positive mood leads employees to engage in more in-role and extra-role prosocial behavior (Barsade & Gibson, 2007). Furthermore, we expect coachees to behave more frequently toward others in the organization in a similar way to how their coaches behaved toward them, that is, with compassion. This would include paying more attention to others' distress as well as excitement or desire to achieve a goal, listening to others more attentively, showing greater empathy and care, and being more willing to help. These types of positive social interactions could be called compassionate interrelating. Many of the behaviors involved are clearly examples of organizational citizenship behaviors (OCB), discretionary, extra-role prosocial behaviors (Organ & Ryan, 1995). In addition to performing OCB toward their colleagues, we expect coachees to perform more OCB toward the organization as a whole, because of their increased organizational commitment (Organ & Ryan, 1995). Finally, we expect the increased positive emotions and prosocial behaviors toward others to lead to coachees building stronger and more trusting, supportive, and meaningful relationships with their colleagues (Dutton & Heaphy, 2003).

Proposition 6: Coaching with compassion will be positively related to higher organizational commitment in the coachee.

Proposition 7: Coaching with compassion will be positively related to more organizational citizenship behavior in the coachee.

Proposition 8: Coaching with compassion will be positively related to more high quality relationships between the coachee and others in the organization.

Discussion and Implications

In this article, we have sought to enrich theorizing on coaching and its outcomes, and to a lesser degree, theorizing on compassion. We argued that coaching with compassion arouses the PEA, a state of positive emotional arousal and activation of the PNS, while coaching for compliance and deficit-based coaching arouse the NEA, a state of negative emotional arousal and activation of the SNS. We then proposed that these ephemeral states can have enduring impacts on individual outcomes, such as physical health, well-being, and sustained desired change. We also argued that emotional contagion causes the coachee's emotional arousal to affect a similar state in the coach creating a positive feedback loop within the coaching dyad. Finally, we proposed that coaching with compassion would lead to greater organizational commitment, more frequent organizational citizenship, and more high quality relationships within the organization for the coachee.

We also presented an expanded view of compassion that challenges and extends the predominant conceptualization in three ways. First, we argued that the assumption that compassion must always be a response to distress, pain, or suffering should be reconsidered. Second, we distinguished responses to others needs driven by concern for the other from those that are driven by concern for the self, which we argued is not compassion. Third, we argued that in addition to elevating the emotional state of another, compassion can have as its purpose helping another grow and develop. We offered that it would be more useful to think of furthering the well-being of another as the purpose of compassion instead of simply the alleviation of pain, since this encompasses both hedonic and eudaimonic well-being. We view this set of theoretical contributions not as a contradiction to, but instead an extension of, prior theorizing on compassion in organizations.

Thus far, we have only focused on the effects of coaching with compassion on the dyad of the coach and coachee. However, several streams of research suggest that the effects can easily "spill over" unto other members of the organization and affect the organization as a whole as well. Recent research has shown that attitudes and behaviors can spread from one person to others much like emotions (Cacioppo, Fowler, & Christakis, 2009; Fowler & Christakis, 2008, 2010), a phenomenon that some have called social contagion. Importantly, social contagion can influence others through direct as well as indirect ties (Fowler & Christakis, 2008, 2010). This suggests that the coachee's increased organizational commitment, OCB, and high-quality relationships could spread to others in the organization who are not themselves being coached. For example, Fowler and Christakis' (2010) study showing that cooperative behavior cascades indicates that people who are treated with compassion by the coachee are more likely to treat others likewise.

Research on organizational justice has shown that individuals' justice perceptions influence others via social contagion and over time will converge, forming an organization-level "justice climate" (Liao & Rupp, 2005). We expect a similar dynamic to unfold in organizations in which a certain proportion of members experience coaching with compassion. If coaching with compassion became an established part of an organization's routines and norms (Dutton et al., 2006), it is possible that the values of care, empathy, and developing others, and what we previously called compassionate interrelating would become legitimate components of its culture. Within such a culture, we would expect individuals to more frequently be in a PEA state and hence to exhibit increased creativity, flexibility, and openness to new ideas and possibilities. At the organizational level, this would translate into greater openness to change, enhanced adaptability to market changes or possibilities for customers or clients.

Future research should examine whether the effects of coaching with compassion do indeed spread to other members of the organization, and whether this could lead to the emergence of what might be called a culture of compassion.

A limitation of this article is that we have not addressed potential cultural and ethnic differences in the socially perceived acceptability of showing compassion at work. Such behavior might be seen as weak or inappropriate behavior on the part of a manager or executive in high power distance or more masculine cultures (Hofstede, 1991). Similarly, there may be gender differences in the acceptability of male coaches showing compassion to female coachees or vice versa.

Implications for Practice

We have suggested that institutionalizing coaching with compassion in an organization's routines could lead to transformative change in its culture and the way its members interrelate. Such an embedding could be achieved by having leaders within the organization be coached and trained on how to effectively coach others with compassion. These leaders could then model the behavior as they coach their direct reports for their personal development and growth and prepare them to, in turn, cascade that coaching behavior to others in the organization. Not only would this enhance the coaching taking place in direct reporting relationships throughout the organization, but it would also likely lead to increased instances of peer coaching, which has been shown to be an effective means of personal and professional development (Parker et al., 2008). In fact, peer coaching due to its relational nature and the lack of a performance accountability element represents an ideal context for coaching with compassion.

In addition to spreading the practice of coaching with compassion throughout the organization via modeling and through the effects of emotional and social contagion, organizations could also facilitate the spread of this behavior through specific organizational interventions and HR practices. For example, compelling stories of effective peer coaching and the related outcomes could be highlighted and shared via intraorganizational communication platforms. Alternatively, the organization could help foster the emergence of communities of practice around coaching, where individuals come together for group learning and the sharing of best practices. Organizations could also

embed the competencies and behaviors associated with coaching with compassion into the selection, development, and reward systems of the organization, signaling that coaching others for their personal development and growth is an important and expected practice. These are just a few of the ways in which organizations might go about creating and sustaining a culture of coaching with compassion.

As with most organization development efforts, spread should be organic rather than mechanical or imposed. Organic changes, in which opinion leaders and executives of units ask for a program, are likely to arouse PEA at the collective level, opening people to even more change. When imposed organization-wide, it is almost always experienced as compliance-oriented, arousing the NEA and closing people to future applications.

In summary, the organizational development implication evolves from (a) more frequent coaching with compassion, which results in (b) more people feeling cared for and developing (as Propositions 6 to 8 claim), which results in (c) more OCB, commitment, and engagement, which results in (d) better relationships, more renewal, and openness to new ideas and possibilities. We expected that these norms would spread organically from dyad to dyad, team to team, and organizational unit to organizational unit. The result is a climate of caring and development and adaptation.

Implications for Research

We believe a set of qualitative studies should be conducted to further develop the construct of compassion in organizations. Studies using the critical incident interview method would be particularly informative. Such interviews could be conducted with participants after they have been coached and assessing them on degree of excitement about the future, comprehensiveness of their personal vision, and feeling cared for by the coach. The interview protocol could be one question asked 2 to 3 times: "Tell me about a time in your recent coaching in which you felt the coach significantly helped you." Study 1 could sample 25 subjects who are high on the measure of excitement about their future and 25 low on this measure. Study 2 could sample 25 subjects who are high on the measure of comprehensiveness of their personal vision and 25 low on this measure. Study 3 could sample 25 subjects who are high on feeling cared for from the coach and 25 low on this measure. Thematic analysis could be applied to interview transcripts to determine the facets of the coach's helpful behavior and the coachee's feeling about the coach.

Propositions 1, 2, and 5 could be quantitatively tested using an experimental design. Participants could be randomly assigned to a coaching with compassion or coaching for compliance session. Arousal of the PNS and SNS of participants and coaches could be assessed before, during, and after the sessions using physiological measures, such as heart rate variability and skin conductance. Emotional arousal during the coaching session could be assessed using analysis of facial expressions captured with video.

Testing Propositions 3 and 4 would require a longitudinal field experiment. After random assignment to a coaching with compassion or coaching with compliance,

participants would be followed for several months. The study would include periodic measurements of their sense of well-being and physical health as well as assessments of their progress toward their personal goals and vision. Other factors that are known to be related to these outcomes would also be measured and statistically controlled when the data are analyzed. In terms of the ethics of random assignment, although we believe coaching for compliance is less effective, it appears to be the norm in most organizations. Therefore, we believe that random assignment would not “punish” one group but give them the typical treatment found in most organizations. Another way to address this issue is to provide follow-up coaching for all participants in the form of coaching with compassion after the data for the study have been collected.

Propositions 6, 7, and 8 could be tested with another longitudinal field experiment. Participants’ long-term organizational commitment could be measured by examining voluntary turnover in both groups several months or years after the coaching intervention. High quality connections, resonant relationships, job and organizational engagement and commitment, and OCB in the workplace could be measured using multi-source feedback. A cross-sectional design could be substituted for longitudinal designs in any of these past two sets of studies, but key variables would have to be controlled with stratified sampling, and the hypotheses of the studies limited to that which can be inferred from the cross-sectional sampling.

Implications for Theorizing on Compassion

As we note above, research on emotional contagion indicates that it is possible to “catch” another’s emotions before even noticing them. One may notice the emotion in oneself first, then notice that the source of the emotion is the other, and finally notice the cause of the emotion. We offer that what matters as a component of compassion is not noticing the other’s emotions, but noticing the *other*. Putting it differently, it means noticing the other as a subject, in Buber’s (1971) terms as the *Thou*, rather than an object, the *It*. The other’s emotions facilitate that recognition of the other as a subject. Batson et al.’s (1997) work lends support to our claim. Empathic concern, their studies show, only arises if one recognizes the separation between self and other. Thus, the recognition of the other as a distinct subject, who suffers and who has dreams and aspirations, is a key component.

In addition to emotion, the compassion process must involve cognitive processes, including the appraisals mentioned by Goetz et al. (2010), such as whether or not the suffering is deserved or one’s own responsibility. Compassion, we contend, is rooted in the desire to contribute to another’s well-being. We offer that even outside of the coaching context, compassion can focus on furthering another’s hedonic or eudaimonic well-being, or both.

Finally, the motivation to further another’s well-being must lead to action. Dutton et al. (2006) point out that sometimes the action does not succeed in easing the other’s suffering; though ineffective, they maintain it is still an instance of compassion. Our

discussion of coaching can contribute two insights to theorizing on the effectiveness of compassion. We claimed that coaching is successful in stimulating sustained, desired change when it primarily arouses the PEA by focusing the coachee's attention on a positive desired future, which arouses hope, and by making the coachee feel valued and cared for. We offer that these same two factors distinguish effective compassionate responses in general.

Conclusion

Coaching with compassion will arouse positive emotions and healthy psychophysiological systems, helping a person become more open to new possibilities, grow, and renew themselves. As a result of the effects of emotional contagion, coaching with compassion is likely to have an impact that extends beyond the coaching relationship to others in the organization, leading to favorable outcomes at the individual, dyad, group, and organizational levels.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

Notes

1. A 2006 study commissioned by the International Coach Federation (ICF) and conducted by PricewaterhouseCoopers estimates that at least 30,000 individuals were working as business coaches around the world at the time, generating \$1.5 billion in revenue.
2. The neuroendocrine system comprises the nervous system and the endocrine or hormonal system of the body.
3. We must point out that studies by Fredrickson (1998, 2001), Losada and Heaphy (2004), Gottman et al. (2002), and their colleagues cited earlier suggest that 3 to 6 times more PEA than NEA arousal is necessary to realize these effects. The exact critical ratio remains an empirical question for future research. An fMRI study underway will examine the differential impact of 1:1, 2:1, or 3:1 ratio of PEA-to-NEA arousal during coaching sessions on neural activation linked to openness to learning and new possibilities.

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