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## Cognitive-behavioral, solution-focused life coaching: Enhancing goal striving, well-being, and hope

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### Abstract

Research is in its infancy in the newly emerging field of coaching psychology. This study examined the effects of a 10-week cognitive-behavioral, solution-focused life coaching group programme. Participants were randomly allocated to a life coaching group programme ( $n = 28$ ) or a waitlist control group ( $n = 28$ ). Participation in the life coaching group programme was associated with significant increases in goal striving, well-being and hope, with gains maintained up to 30 weeks later on some variables. Hope theory may explain such positive outcomes. Life coaching programmes that utilize evidence-based techniques may provide a framework for further research on psychological processes that occur in non-clinical populations who wish to make purposeful change and enhance their positive psychological functioning.

**Keywords:** *Evidence-based life coaching; goal-striving; subjective well-being; psychological well-being; hope theory*

### Introduction

Coaching psychology is a newly emerging and applied sub-discipline of psychology that draws upon and develops established psychological approaches. It is defined as “the systematic application of behavioral science to the enhancement of life experience, work performance and well-being for individuals, groups and organizations who do not have clinically significant mental health issues or abnormal levels of distress (Australian Psychological Society, 2003).

Life coaching is a systematized, structured approach to helping people make changes in their lives, and has become a popular means of helping non-clinical populations set and reach goals and enhance their well-being. Unfortunately, currently it is extravagant claims rather than substance that highlight this emerging field, and many life coaches do not ground their practice in behavioral science. Such coaches tend to rely on popularized and often unvalidated motivational approaches (Elliott, 2003).

However, life coaching may have the potential to be a useful change methodology. Indeed, recently there has been growing interest within the profession of psychology in regard to the practice of life coaching (Williams & Davis, 2002), and both the Australian Psychological Society and the British Psychological Society have recognized this interest

by establishing formal specialized special interest groups in coaching psychology.

Until recently there were no empirical investigations of life coaching. A study by Grant (2003) that utilized a cognitive behavioral, solution-focused model of coaching provided preliminary evidence that evidence-based life coaching can enhance mental health, quality of life, and goal attainment. The current study is the first controlled study examining the effectiveness of a cognitive-behavioral, solution-focused, life coaching group program and focuses on its impact on goal striving, well-being, and hope. Thus the present study's overall aim is to broaden a limited empirical base on the psychology of life coaching.

### The impact of goals on well-being

Goal-setting and goal-striving is central to life coaching and is the foundation of successful self-regulation. Individuals select personal goals from a variety of life domains and work towards their attainment. Research on goal constructs has a longstanding history in psychological literature, particularly in regard to goal-commitment, goal-difficulty, and goal-expectancy (see Austin & Vancouver, 1996, for an extensive review). The inclusion of such research findings in a coaching

framework ensures effective goal-setting and greater goal-striving.

Within the field of well-being, characteristics of idiographic personal goals have been examined for more than 20 years. It has been recognized that the possession of and progression towards important life goals are associated with increased well-being (Klinger, 1977; Sheldon, Kasser, Smith & Share, 2002). Goals also represent an individual's strivings to achieve personal self-change, enhanced meaning, and purpose in life (Sheldon et al., 2002). Thus evidence-based goal-setting within an evidence-based life-coaching framework should enhance both goal-striving and well-being.

### The construct of well-being

Well-being generally refers to "optimal psychological functioning and experience" (Ryan & Deci, 2001, p. 142). Historically, research on well-being has highlighted two broad traditions: one relating to happiness or hedonic well-being often referred to as subjective well-being (SWB); and the other relating to human potential or eudaemonic well-being often referred to as psychological well-being (PWB; Keyes, Shmotkin, & Ryff, 2002).

More recently, increasing evidence has drawn connections between these two traditions, whereby it has been suggested that PWB and SWB are "related but distinct aspects of positive psychological functioning" (Keyes et al., 2002, p. 1009). It has also been suggested that the understanding of well-being may be enhanced by measuring it in differentiated ways (i.e., utilizing measures of both SWB and PWB; Ryan & Deci, 2001, p. 148).

### The construct of hope

Hope theory consists of three cognitive components: goals, agency, and pathways thoughts. Hope theory is based on the assumption that human actions are goal directed (Snyder, Michael, & Cheavens, 1999). To pursue goals, a person must perceive himself or herself as being able to generate one or several alternative routes to such goals (pathways) and also have the perceived capacity to utilize these routes to reach the desired goal (agency).

It has been found that thinking about goals immediately triggers agentic and pathways thoughts that are both necessary for goal-directed behavior. Thus helping individuals to articulate their goals may stimulate hope (Snyder et al., 1999).

Snyder claims that hope enhancement is best achieved by integration of solution-focused, narrative, and cognitive-behavioral interventions with hope therapy designed to "help clients in conceptualizing clearer goals, producing numerous pathways to attainment, summoning the mental energy to maintain the goal pursuit and reframing insurmountable obstacles as challenges to be overcome" (Snyder, 2000, p. 123). Coaching participants may utilize the cognitive-behavioral and solution-focused techniques, to increase both agentic and pathways thoughts during goal striving which will promote self-regulation and enhance generalization of such skills over time, i.e., when overcoming future obstacles.

Thus it is hypothesized that the current evidence-based life coaching programme will lead to greater goal-striving, well-being and hope (Hypothesis 1). It is further hypothesized that gains attained as a result of the intervention will be maintained over time (Hypothesis 2).

## Method

### Participants

Participants were 56 adults (18–60 years, 42 females and 14 males, mean age = 42.68) from a normal (non-clinical) population, i.e., scores on the Depression, Anxiety and Stress Scale (DASS-21; Lovibond & Lovibond, 1995) all fell within the normal range of psychopathology.

The 56 participants were randomly assigned to Group 1 (Coaching Group,  $n = 28$ ) or the Waitlist Control Group (Control Group,  $n = 28$ ).

All participants completed the relevant self-report measures at Time 1 (pre-Group 1) and Time 2 (post-Group 1). Only participants in the Coaching Group completed measures at Time 3, Time 4, and Time 5 (see Table I).

Of the 56 participants assigned to take part in the study, six participants (three control, three experimental) withdrew from the study prior to completion of the initial intervention (before Time 2). By

Table I. Experimental design of study.

	Time 1 Baseline	Time 2 10 weeks	Time 3 20 weeks	Time 4 30 weeks	Time 5 40 weeks
Group 1	Begin coaching	Complete coaching	10 weeks post	20 weeks post	30 weeks post
GROUP REVIEWS					
Group 2	Begin waitlist	Complete waitlist			

Time 5, seven experimental participants withdrew from the study leaving 18 participants in Group 1 for the final analysis examining changes over time.

### **Experimental design, procedure, and the coaching programme**

#### *Experimental design*

Table I outlines the research design of the current study. Initially a between-subjects design was utilized whereby two groups were utilized: the Coaching Group (Group 1) and a Waitlist Control Group (Group 2). Goal striving, well-being, and hope of both groups were assessed at Time 1 and Time 2.

The Coaching Group underwent a one-hour Group Review Session at Time 3, Time 4, and Time 5. A within-participants design was utilized from Time 1 to Time 5 for the Coaching Group in order to examine changes over time.

#### *Procedure*

Advertisements for the “Coach Yourself” life coaching group programme (LCGP) were run via the local media in the Illawarra region, NSW, Australia. Participants were assigned to enter the Coaching Group or the Control Group utilizing a waitlist control, matched, randomization procedure with 28 participants in each group. Participants were firstly matched on sex (male/female) and then on age range (18–25, 26–30, 31–40, 41–50, 51–60). Participants assigned to the Coaching Group completed the 10-week LCGP while those participants randomly assigned to the Control Group completed a 10-week waiting period concurrently.

#### *Coaching programme*

The LCGP was run for 10 weeks and consisted of a full-day workshop followed by nine weekly one hourly group meetings. The LCGP was developed from a structured programme based on a solution-focused cognitive-behavioral model, “Coach Yourself” (Grant & Greene, 2001). The programme guides participants in establishing a system by which they can systematically work through the self-regulation cycle of monitoring and evaluating progression towards their goals. The research coaching groups were manual-driven. Participants were given an adapted group-based version of the “Coach Yourself” life coaching programme (Green, Oades, & Grant, 2002).

In the workshop, participants developed a specific and measurable goal that could be attained or significant progress made towards, within a 10-week period. Two psychologists facilitated the sessions. The facilitators presented the major

theories and techniques of the “Coach Yourself” programme and facilitated small group discussions and individual self-reflective writing exercises. In the nine 1-hour weekly sessions, major theories and techniques of the “Coach Yourself” programme were briefly reviewed and participants paired off to peer-coach each other i.e., each participant spent approximately 15–20 minutes as “coach” and 15–20 minutes as “coachee.” Within the peer-coaching sessions, participants, with the assistance of the facilitator, had the opportunity to discuss progress during the preceding week and to develop action plans for the forthcoming week. Participants were encouraged to self-coach or to establish a peer-coaching relationship during the week to monitor their goal progress.

### **Measures**

Participants of both groups completed all of the following questionnaires at Time 1 and Time 2 whilst participants of the Coaching Group only completed questionnaires at Time 3, Time 4, and Time 5.

#### *Personal goals questionnaire*

This incorporates questions regarding Personal Strivings (Emmons, 1986) and Goal Striving Progression. Participants were instructed to think of their personal strivings as the “objectives (goals) that you are typically or characteristically trying to attain in your daily life.” The participants were instructed not to make their strivings too specific and were given the following examples: “trying to be physically attractive to others” and “trying to seek new and exciting experiences.” Each participant was instructed to generate eight personal strivings. Participants also rated goal striving: “In the last 10 weeks, how successful have you been in attaining your strivings?” This was rated on a Likert scale of 1 to 5 (1 = 0% successful and 5 = 100% successful).

#### *Subjective well-being*

Measures incorporate the Satisfaction with Life Scale (SWLS) and the Positive and Negative Affect Scale (PANAS). The SWLS (Diener, Emmons, Larsen, & Griffin, 1985) describes a person’s global life satisfaction. The PANAS (Watson, Clark, & Tellegen, 1988) measures both positive and negative affect.

The SWLS is a well-validated 5-item instrument that contains statements such as “In most ways, my life is close to my ideal.” Participants responded on a 7-point scale (1 = strongly disagree, 7 = strongly agree). Cronbach alpha coefficients (0.80 to 0.89) and test-retest reliability values (0.54 to 0.83) have

been in the acceptable range (Pavot, Diener, Colvin, & Sandvik, 1991). A similar alpha coefficient of 0.85 was achieved in the present study.

The PANAS is a 20-item measure that asks participants to rate how much they had felt 10 positive moods (e.g., happy) and 10 negative moods (e.g., upset), during the past month or so. The Positive Affect Scale (PA) reflects the extent to which a person feels enthusiastic and alert, including "interested," "strong," and "inspired." The Negative Affect Scale (NA) reflects aversive mood states, including "guilty," "afraid," "hostile," and "nervous." Participants responded on a 5-point scale (1 = very slightly, 5 = extremely) scale. Internal consistency reliability coefficients for the PA and NA subscales are excellent, with coefficient alpha coefficients ranging from 0.84 to 0.90 (Watson et al., 1988). Test-retest reliabilities for an 8-week retest interval ranged from 0.45 to 0.71. The alpha coefficients in the present study were 0.83 for PA and 0.80 for NA.

#### *Scales of psychological well-being*

The 14-item form was used in the current study (Ryff, 1989). This measure has six subscales: autonomy, environmental mastery, positive relationships with others, purpose in life, personal growth, and self-acceptance. Self-reports were gathered using a 1 (strongly disagree) to 6 (strongly agree) response format. These scales are theoretically grounded (Ryff, 1989) and have been validated in numerous studies employing community and nationally representative samples (Ryff & Keyes, 1995). Ryff (1989) found that the co-efficient alphas for the 14-item form ranged from 0.87 to 0.93. The alpha coefficients in the present study ranged from 0.68 to 0.89.

The hope trait scale (Snyder et al., 1991) is a 12-item measure of the two dimensions of hope ranging from 1 (definitely false) to 4 (definitely true). It consists of four agency items (i.e., items that tap the belief in one's ability to initiate and maintain movement towards goals); four pathways items (i.e., items that tap the ability to conceptualize routes to a goal); and four filler items. A total score is used as a measurement of the global concept of hope and is calculated as the sum of the eight agency and pathways items (range 8–32). Test-retest reliabilities for the Hope Scale suggest temporal stability (0.83 over a 3-week interval, 0.73 over an 8-week period; Snyder et al., 1991). Alpha coefficients for the two subscales are acceptable (agency = 0.71–0.77; pathway = 0.63–0.80; Snyder et al., 1991). The alpha coefficients in this study were 0.79 for agency and 0.80 for pathways. This instrument demonstrates both internal and temporal reliability,

with two separate and yet related factors, as well as an overarching hope factor (Babyak, Snyder, & Yoshinobu, 1993). Several studies have confirmed its convergent and discriminant validity with many other related measures (Snyder et al., 2000).

## **Results**

### *Hypothesis 1*

Hypothesis 1 was that the evidence-based life coaching group programme would lead to greater goal-striving, well-being, and hope. Means for the Coaching Group and the Control Group on the major variables for Time 1 and Time 2 for are shown in Table II.

### *Goal striving*

A repeated measures ANOVA revealed a significant treatment by time interaction effect for Goal Striving,  $F(1, 38) = 22.00$ ,  $p < 0.001$ . Follow-up tests revealed significant increases in Goal Striving progression, mean difference, mean difference (MD) =  $-1.201$ , standard error (se) =  $0.167$ ,  $p < 0.001$ , for the Coaching Group whereas participants in the Control Group showed no such changes ( $p > 0.10$ ). These results support Hypothesis 1.

### *Subjective well-being*

A repeated measures ANCOVA using Time 1 Satisfaction with Life scores as the covariate was conducted. These analyses showed a significant difference at Time 2 between the Coaching Group and the Control Group,  $F(1, 48) = 3.97$ ,  $p < 0.05$ . This result indicating that the Coaching Group reported significantly higher Satisfaction with Life at completion of the intervention, compared to the Control Group, whose scores did not differ significantly from Time 1 to Time 2.

A repeated measures ANOVA revealed a significant treatment by time interaction effect for Positive Affect,  $F(1, 48) = 12.46$ ,  $p < 0.001$ . In the Coaching Group, follow-up tests revealed a significant increase in Positive Affect, MD =  $-5.240$ , se =  $0.986$ ,  $p < 0.001$ , whereas participants in the Control Group showed no such changes ( $p > 0.10$ ).

The Wilcoxon Signed-Rank Test revealed significant decreases from Time 1 to Time 2 on the variable Negative Affect for the Coaching Group ( $T = -2.423$ ,  $p < 0.015$ ), whereas the Control Group showed no significant change in these scores over the same period.

Collectively these results support Hypothesis 1 indicating there were significant increases in



Table II. Means and standard deviations for major study variables for times 1 and 2.

Variable	Coaching Group		Control Group	
	Time 1	Time 2	Time 1	Time 2
Goal Striving	<i>n</i> = 18		<i>n</i> = 22	
M	2.27	3.47	2.47	2.63
SD	0.77	0.78	0.71	0.84
Satisfaction with Life	<i>n</i> = 23		<i>n</i> = 25	
M	22.60	25.09	17.88	18.68
SD	6.13	5.73	5.75	6.87
Positive Affect	<i>n</i> = 25		<i>n</i> = 25	
M	32.08	37.32	31.68	32.00
SD	5.17	6.06	6.21	6.53
Negative Affect	<i>n</i> = 25		<i>n</i> = 25	
M	17.52	15.00	17.24	18.76
SD	5.92	5.11	4.31	6.60
Agency	<i>n</i> = 25		<i>n</i> = 25	
M	21.36	25.32	22.72	22.76
SD	5.60	3.72	3.88	4.99
Pathways	<i>n</i> = 25		<i>n</i> = 24	
M	23.12	25.92	25.08	25.67
SD	4.89	4.05	3.16	2.60
Total Hope	<i>n</i> = 25		<i>n</i> = 24	
M	44.48	51.24	47.96	48.71
SD	9.51	7.10	6.31	6.71
PG (PWB)	<i>n</i> = 25		<i>n</i> = 25	
M	67.76	73.36	70.98	71.54
SD	6.58	7.00	7.42	7.00
EM (PWB)	<i>n</i> = 25		<i>n</i> = 25	
M	57.54	64.12	56.84	56.84
SD	10.64	9.80	8.26	10.36
AUT (PWB)	<i>n</i> = 25		<i>n</i> = 25	
M	59.92	61.88	61.04	61.18
SD	13.86	11.48	9.38	10.78
PRWO (PWB)	<i>n</i> = 25		<i>n</i> = 25	
M	62.44	68.18	59.50	61.04
SD	10.78	10.08	7.84	8.82
PIL (PWB)	<i>n</i> = 25		<i>n</i> = 25	
M	60.06	70.28	60.06	60.20
SD	9.80	7.28	8.26	9.94
SA (PWB)	<i>n</i> = 25		<i>n</i> = 25	
M	56.98	65.94	56.42	56.98
SD	12.32	9.80	10.08	11.90

Notes: PWB = Scales of Psychological Well-being, PG = Personal Growth, EM = Environmental Mastery, AUT = Autonomy, PRWO = Positive Relations with Others, PIL = Purpose in Life, SA = Self-Acceptance.

subjective well-being for those assigned to the Coaching Group.

### Psychological well-being

Repeated measures ANOVAs conducted on all scales of Psychological Well-being (except Autonomy) revealed significant treatment by time interaction effects (Personal Growth,  $F(1, 48) = 14.03$ ,  $p < 0.001$ ; Environmental Mastery,  $F(1, 48) = 10.84$ ,  $p < 0.01$ ; Positive Relations with Others,  $F(1, 48) = 5.96$ ,  $p < 0.05$ ; Purpose in Life,

$F(1, 48) = 14.84$ ,  $p < 0.001$ ; Self-acceptance,  $F(1, 48) = 14.54$ ,  $p < 0.001$ ).

In the Coaching Group, follow-up tests revealed significant increases in the subscales of Personal Growth ( $MD = -.405$ ,  $se = 0.068$ ,  $p < 0.001$ ), Environmental Mastery ( $MD = -0.472$ ,  $se = 0.101$ ,  $p < 0.001$ ), Positive Relations with Others ( $MD = -0.407$ ,  $se = 0.087$ ,  $p < 0.001$ ), Purpose in Life ( $MD = -0.728$ ,  $se = 0.132$ ,  $p < 0.001$ ) and Self-acceptance ( $MD = -0.640$ ,  $se = 0.110$ ,  $p < 0.001$ ) whereas participants in the Control Group showed no such changes ( $p > 0.10$ ).

The Wilcoxon Signed-Rank test revealed significant increases from Time 1 to Time 2 on the variable Autonomy for the Coaching Group, whereas the Control Group showed no significant change in these scores over the same period ( $T = -2.261$ ,  $p < 0.05$ ). These results support Hypothesis 1.

### Hope

The Wilcoxon Signed-Rank Test, was performed to examine changes within each group over time for the variables Agency (Hope), Pathways (Hope), and Total Hope. Results revealed significant increases from Time 1 to Time 2 on the variables Pathways ( $T = -2.625$ ,  $p < 0.01$ ), Agency ( $T = -3.826$ ,  $p < 0.001$ ), and Total Hope ( $T = -3.461$ ,  $p < 0.001$ ) for the Coaching Group, whereas the Control Group showed no significant change in these scores over the same period. These results support Hypothesis 1.

### Hypothesis 2

Hypothesis 2 was that any gains attained as a result of the intervention would be maintained over time. Stability of gains was examined for the Coaching Group only, i.e., examination of data from Time 1 (pre-coaching intervention) to Time 5 (30 weeks post coaching intervention). Only those participants who completed questionnaire assessments at all data collection points (i.e., Time 1 through to Time 5) were included (18 participants). Attrition analyses were conducted to determine if the seven participants who withdrew from the study by Time 5 differed from the remaining participants on any of the initial variables. Results revealed there were no significant differences in their scores on the Time 1 variables.

Means for the dependent variables over time for the Coaching Group are shown in Table III.

One-way repeated measures ANOVAs indicated significant differences over time on the variables Goal Striving,  $F(4, 48) = 24.86$ ,  $p < 0.001$ ; Positive Affect,  $F(4, 64) = 3.35$ ,  $p < 0.05$ ; Environmental Mastery

Table III. Means and standard deviations for major study variables over time.

Variable	Time 1	Time 2	Time 3	Time 4	Time 5
Goal Striving					
M	2.38	3.62	3.47	3.50	3.83
SD	0.79	0.75	0.66	0.66	0.63
Satisfaction with Life					
M	24.53	26.47	26.82	27.18	28.35
SD	5.50	5.46	5.15	5.63	4.55
Positive Affect					
M	31.53	36.24	35.00	35.29	36.88
SD	5.54	6.69	7.66	5.27	4.79
Negative Affect					
M	17.18	14.88	15.71	14.24	13.88
SD	6.60	5.33	5.43	4.09	2.37
Agency					
M	22.44	25.50	25.06	26.11	26.72
SD	5.36	4.22	4.11	3.19	3.12
Pathways					
M	23.39	25.83	25.06	25.50	27.11
SD	4.97	4.50	3.49	2.81	3.12
Total Hope					
M	45.83	51.33	50.11	51.61	53.83
SD	9.37	7.99	6.95	5.38	5.64
PG (PWB)					
M	67.06	72.66	70.04	74.06	72.66
SD	7.56	8.12	7.28	14.00	7.42
EM (PWB)					
M	59.36	65.10	65.24	66.22	69.30
SD	11.76	10.22	11.62	9.10	9.24
AUT (PWB)					
M	59.08	60.48	60.76	59.92	63.28
SD	16.24	12.88	10.36	9.24	11.20
PRWO (PWB)					
M	62.44	67.62	67.06	67.34	69.44
SD	11.20	11.20	11.90	11.06	10.78
PIL (PWB)					
M	60.76	71.40	68.88	70.00	70.42
SD	10.36	7.70	8.54	8.12	8.68
SA (PWB)					
M	57.68	67.90	65.10	66.50	68.88
SD	14.14	10.78	13.16	12.60	12.18

Notes: PWB = Scales of Psychological Well-being, PG = Personal Growth, EM = Environmental Mastery, AUT = Autonomy, PRWO = Positive Relations with Others, PIL = Purpose in Life, SA = Self-Acceptance.

(PWB),  $F(4, 68) = 7.25$ ,  $p < 0.001$ ; Positive Relations with Other (PWB),  $F(4, 68) = 7.04$ ,  $p < 0.001$ ; Purpose in Life (PWB),  $F(4, 68) = 10.23$ ,  $p < 0.001$ ; and Self-Acceptance (PWB),  $F = 11.31$ ,  $p < 0.001$ . There was no significant difference over time for Satisfaction with Life or Personal Growth (PWB).

Using the Bonferroni procedure to control for multiple comparisons, pairwise comparisons were conducted to examine the variables for which significant differences of time occurred. Table IV reports significant pairwise comparisons for each primary study variable.

Friedman Tests revealed a significant increase in Autonomy (PWB) and Agency (Hope), Pathways (Hope), and Total Hope. Results revealed no significant change in Negative Affect over time. Significant results are summarized in Table V.

These results suggest there were significant increases in Goal Striving, Positive Affect, Psychological Well-being (except Personal Growth), and Hope as a result of the coaching intervention that were maintained by Time 5, being 30 weeks later.

## Discussion

### *Evaluation of the evidence-based life coaching group programme*

Results of the initial analysis of the waitlist control study indicated that a cognitive-behavioral, solution-focused life coaching group-based programme led to increased Goal Striving, Subjective Well-being, Psychological Well-being, and Hope.

In regard to increased Goal Striving, it was found that participants who had completed the life coaching

Table IV. Significant pairwise comparisons of sample means for primary study variables—time 1 to time 5.

Variable	Time	Mean	SE	<i>p</i>
Goal Striving	1 and 2	−1.231	0.167	<0.001
	1 and 5	−1.442	0.178	<0.001
PA (PANAS)	1 and 2	−4.706	1.277	<0.05
	1 and 5	−5.353	1.541	<0.05
EM (PWB)	1 and 2	−0.417	0.116	<0.05
	1 and 5	−0.703	0.180	<0.05
PRWO (PWB)	1 and 2	−0.363	0.081	<0.05
	1 and 5	−0.498	0.136	<0.05
PIL (PWB)	1 and 2	−0.753	0.159	<0.05
	1 and 5	−0.689	0.194	<0.05
SA (PWB)	1 and 2	−0.731	0.141	<0.01
	1 and 5	−0.800	0.205	<0.05

Table V. Significant Friedman test results. Time 1 to time 5.

Variable	Group	Result
Autonomy (PWB)	1	$X^2(4, n = 17) = 12.515, p < 0.05$
Agency (Hope)	1	$X^2(4, n = 18) = 18.524, p < 0.001$
Pathways (Hope)	1	$X^2(4, n = 17) = 16.390, p < 0.05$
Total hope	1	$X^2(4, n = 18) = 23.805, p < 0.001$

intervention reported significant progression towards attainment of the eight personal strivings they had listed prior to the intervention. Such attainment of higher order goals suggests generalizability of the intervention beyond the specific goal chosen to pursue within the 10-week coaching period.

The findings in regard to well-being involved increases in Subjective Well-being. Additionally, there were significant increases on all six scales of Psychological Well-being (Ryff, 1989). These results are consistent with Grant's (2003) study, which also found significant increases in goal attainment and quality of life measures.

This study also found significant increases in agency, pathways, and total hope for those participants undertaking the life coaching intervention. These results are consistent with hope theory that suggests the articulation of goals stimulates hope (Snyder et al., 1999). Hope theory may also be useful in explaining enhanced well-being. Hope theory states that the unimpeded pursuit of one's desired goals results in positive emotions and well-being (Snyder, Rand, & Sigmon, 2002). In the life coaching programme herein, a cognitive behavioral component was employed to encourage examination of self-talk that may hinder or help the goal striving process. Participants were encouraged to increase their agentic thoughts using this technique. The use of solution-focused techniques in the current life coaching programme was utilized to help participants determine possible routes to their goal and thereby

increase pathways thinking. It seems therefore a cognitive-behavioral, solution-focused coaching intervention, such as the one utilized in this study may be a hope-enhancing intervention.

### *Examining stability of gains*

For the final analysis, the reduced number of participants in the Coaching Group showed significant increases from baseline to Time 2 on measures of Goal Striving, Positive Affect, Environmental Mastery, Positive Relations with Others, Purpose in Life, and Self-Acceptance which were all maintained until Time 5, 30 weeks later. The Coaching Group also showed significant increases from Time 1 to Time 5 on Autonomy (PWB), Agency, Pathways, and Total Hope, indicating that the significant differences from baseline scores were maintained over time.

Overall, results of the present study suggest that certain gains obtained as a result of the life coaching intervention can be maintained up to 30 weeks later. It should be noted that gains were maintained in the absence of an ongoing weekly coaching intervention. The techniques taught in the life coaching programme were aimed at the participant being able to continue to self-coach or peer-coach. These results suggest that self-coaching techniques may increase self-regulation skills with minimal contact to regulate the process.

### *Limitations*

There are a number of limitations that need to be considered when interpreting these results. Firstly, participants were self-selected members of a specific community, who therefore may not be representative of the general population. As volunteers, participants may have been particularly motivated to achieve their goals.

Though the use of SWB and PWB measures was useful in obtaining a broader picture of positive psychological health, these were self-report inventories. Issues of particular relevance when measuring happiness or well-being may be social desirability, faking good and a general tendency to respond positively to test items. In future, techniques that eliminate self-report recall biases could be utilized.

Future directions may also utilize qualitative analyses to identify what participants believed to be the most useful components of the life coaching programme. The inclusion of vital qualitative data may also provide further information regarding the key processes involved in enhancing goal striving, well-being, hope, and overall change.



Future research may also involve comparing the efficacies of varying types of coaching, for example, whether a group programme is just as effective as an individual programme, or whether tele-coaching is just as effective as face-to-face coaching.

## Summary

This study is the first controlled study completed on an evidence-based group life-coaching intervention. It provided evidence that a cognitive-behavioral, solution-focused life coaching group programme is effective in increasing goal striving, well-being, and hope. The results also suggest that gains can be maintained over time. It is suggested that the role of hope theory may explain increases in goal striving and well-being within a life coaching intervention for a non-clinical population. Life coaching programmes that utilize evidence-based techniques provide a framework for further research on psychological processes that occur in non-clinical populations who wish to make changes in their lives and enhance their positive psychological functioning.

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