

RESISTANCE, MOTIVATIONAL INTERVIEWING, AND EXECUTIVE COACHING

Peter Harakas
Boston University

In the sphere of executive coaching, there is great need for the development of mature, refined, and nuanced theoretical conceptualizations. This review attempts to bridge the insights gained from specific areas of social, clinical, and counseling psychology with the executive coaching literature. The article reviews and discusses theoretical approaches to executive coaching, the phenomena of resistance and ambivalence, the psychological theories of reactance and self-determination, and the therapeutic approach of motivational interviewing. The author adopts a relational perspective to resistance to change, describes the conditions under which motivational interviewing might be useful as an executive coaching approach, and notes that the approach is currently underutilized and in need of further research to support its effectiveness.

Keywords: motivational interviewing, executive coaching, reactance, self-determination, transtheoretical model of intentional change

Coaching is a key strategy for the development of professionals because it addresses developmental issues and helps increase performance (Collins & Palmer, 2011). One definition of executive coaching is given by Kilburg (1996; page 142) who defined executive coaching as “a helping relationship between a client who has managerial authority and responsibility in an organization and a consultant who uses a wide variety of behavioral techniques and methods to help the client achieve a mutually identified set of goals to improve his or her professional performance and personal satisfaction and, consequently, to improve the effectiveness of the client’s organization within a formally defined coaching agreement.” Since one of the areas of practice of consulting psychology, executive coaching has also been described as the process of leveraging a leader’s development toward change that needs to occur at the different levels of an organization (Peltier, 2010). The process maximizes employee strengths and improves performance through increased awareness (Hill, 2004; Whitmore, 1997). This analysis reviews knowledge from the fields of organizational change and clinical, social, and organizational psychology, covers affective, cognitive, and behavioral aspects of the individual change process, and focuses on individual coaching interventions in the workplace.

Executive coaches use various theoretical approaches and coaching models in their practice. Executive coaching’s conceptual basis has roots in and draws from multiple areas of discourse, including organizational psychology and behavior, management, leadership, adult education, and

Peter Harakas, School of Management, Boston University.

Correspondence concerning this article should be addressed to Peter Harakas, Executive Development Roundtable (EDRT), Boston University School of Management, 595 Commonwealth Avenue, Boston, MA 02215. E-mail: harakas@bu.edu

the fields of psychotherapy, and counseling. These fields have studied change at the individual, organizational, and contextual levels of analysis. In this tradition, one of the most influential frameworks for the study of change is [Lewin's \(1951\)](#) classic three-stage analysis of the change process, which has been extensively used as a template for change at the organizational and individual level. According to the theory, change unfolds through the sequence of unfreezing, changing, and refreezing behaviors. Other influential theorists, such as [Schein \(2002\)](#), emphasized the role of emotions in the process and elaborated on the importance of “learning” and “survival anxiety” as obstacles to positive organizational change. In a similar fashion, [Kotter and Schlesinger \(2008\)](#) have presented an influential step-model, which acknowledges people’s low tolerance for change, their need for independence, and the fear they will not be able to develop new skills as sources of resistance, even when they realize change is a good or rational choice.

On the other hand, [Peltier \(2010\)](#) and [Feldman and Lankau \(2005\)](#) identified five major approaches to executive coaching that have been influenced by the psychotherapy, counseling, and generic coaching tradition, namely psychodynamic, behaviorist, person-centered, cognitive, and systems approaches. To briefly summarize, the psychodynamic approach focuses on the client’s unconscious thoughts and internal states, behaviorist approaches primarily focus on observable behaviors, person-centered approaches emphasize self-understanding and an empathic therapeutic relationship, cognitive interventions mainly target conscious thoughts, while system-oriented approaches explore group, organizational, and contextual influences on client behavior. Similarly, [Whybrow and Palmer \(2006\)](#), in their review of studies examining executive coaching practices, concluded that the most popular traditional theoretical approaches include solution-focused, cognitive-behavioral, and goal-focused coaching ([Palmer & Whybrow, 2007](#); [Whybrow & Palmer, 2006](#)). In contrast, the social constructionist, narrative, and positive psychology movements have heavily influenced recent conceptualizations of organizational change. The rise of positive psychology, in particular, and the increasing popularity of positively oriented approaches to change have fueled the influence of alternative or complementary coaching approaches that emphasize “asset-based” perspectives. A few examples of such approaches include positive psychology coaching ([Biswas-Diener & Dean, 2007](#)), intentional development coaching or intentional change theory ([Boyatzis & McKee, 2006](#)), and appreciative inquiry ([Cooperrider & Whitney, 2005](#); [Whitney & Schau, 1998](#)).

Resistance in Organizational Change

Studies of organizational change have traditionally viewed the process of change as a unidirectional influence attempt in which change agents are presumed to be progressive and rational, while recipients of change are viewed as unreasonable employees who resist and undermine change ([Dent & Goldberg, 1999](#)). In fact, the term resistance to change has been used to describe the phenomenon of delaying, slowing down, obstructing, or hindering the implementation of the change process ([Ansoff, 1990](#)). More broadly, resistance has been defined as “employee behavior that seeks to challenge, disrupt, or invert prevailing assumptions, discourses, and power relations” ([Folger & Skarlicki, 1999](#), p. 36). Although a lengthy list of sources of resistance has been identified, most emphasize individual level explanations such as professionals’ denial to accept any information that is not desired, the tendency to perpetuate old ideas and behaviors, the perceived costs of change, a reactive mind-set, feelings of resignation, and the belief that obstacles are inevitable ([Rumelt, 1995](#)).

To explain the apparent absence of systemic perspectives on resistance, [Piderit \(2000\)](#) noted that these interpretations may be seen as another manifestation of the fundamental attribution error (FAE; [Jones & Harris, 1967](#)), i.e., the tendency to overemphasize personality-based explanations for observed behaviors while underestimating the role of contributing situational factors. From the typical perspective of managers or change agents, the FAE would predict a tendency to deny their own role in the change process and ascribe causation of failure or blame to all others, typically the change recipients, who most often are employees at the lower levels of the organizational hierarchy.

In contrast, the field of psychotherapy, which has often provided templates for models used in executive coaching, has traditionally viewed resistance from a different vantage point. Freud and the

psychoanalytic school of thinking originally viewed resistance as the client's innate protection against emotional pain but also as a signal that the client had come very close to the work that needed to be done (Schultz & Schultz, 1996). Other schools of psychotherapy offered distinct perspectives. For example, the cognitive school of psychotherapy viewed resistance as a way of protecting one's construction of reality against therapy's threats to the client's ways of organizing and interpreting the world (Cowan & Presbury, 2000; Mahoney, 1991). Alternatively, the existential approach considered resistance as an obstacle to becoming fully aware and to being open. In contrast to traditional approaches to psychotherapy, Beitman (1992) described resistance as a relational phenomenon that included the client's perception of and reaction to the actions of the therapist. In a relational approach, resistance is seen as something that happens not within the client as a response to inner workings, but as a phenomenon that emerges between client and therapist in the interaction between their different subjective worlds (Cowan & Presbury, 2000). This is an interpersonal and systems perspective to the phenomenon of resistance and recognizes the contribution of therapists in the creation of the therapeutic dialogue.

Reminiscent of Beitman's relational approach to therapeutic change, Ford, Ford, and D'Amelio (2008) offered a more expansive view of resistance to organizational change by arguing that change agents actually contribute to resistance by labeling recipients, violating their trust, and by fueling communication breakdowns. Ford et al. argued agent-centric views minimize the extent to which change agents actually contribute to resistance through their behaviors, mismanagement, or tactless communication. The researchers suggested abandoning traditional, agent-centric views on resistance to change and proposed an alternative perspective, one that incorporates the "agent-recipient relationship," which on the one hand influences, and on the other hand is shaped by, all agent-recipient interactions. Paramount to this conceptualization is the suggestion to practitioners to form a constructive relationship between change agent and recipient.

Reactance and Ambivalence

Within the field of social psychology, psychological reactance theory (Brehm, 1966; Brehm & Brehm, 1981) provided a broad and useful framework for understanding specific aspects of resistance to change, including employees' reactions to organizational change efforts. Psychological reactance is an aversive affective state in response to regulations that threaten to limit a person's freedom (Brehm, 1966). It is just one, out of many, types of resistance in which individuals, in an effort to restore threatened freedoms, may enact the restricted behaviors, or avoid the behaviors encouraged, leading to boomerang effects or behaviors that are opposite to the behaviors encouraged or prescribed (Buller, Borland, & Burgoon, 1998). Reactance may also strengthen unfavorable attitudes toward the proposed course of action and may encourage individuals to hold an opinion contrary to the belief they were pressured to adopt (Rains & Turner, 2007). In therapeutic interventions, reactance can decrease the effectiveness of behavior change, a fact well known among psychotherapists who deal with clients in the areas of addictions and health behavior change. Outside the field of psychotherapy, reactance is relevant to theories of change because it can explain how some well-intentioned attempts to solve a problem ironically maintain the problem under exploration (Shoham, Trost, & Rohrbaugh, 2004). For example, reactance may be unintentionally induced by caring helpers who try to restrict others' freedom to engage in deleterious health behaviors such as smoking or excessive alcohol consumption (Shoham, Trost, & Rohrbaugh, 2004). It offers insights into why some change interventions don't work, why people get stuck, and why change is often so difficult (Brehm, 1976). A related line of research suggests that linguistic style and certain characteristics of persuasive messages affect individuals' perceptions of potential loss of behavioral freedoms, and thus affect the reactance process. For example, dogmatic and explicit language has been found to evoke reactance in communicating messages (Rains & Turner, 2007; Quick & Stephenson, 2008).

In addition to the phenomenon of resistance, individual change efforts in the workplace are often marked by ambivalence as professionals struggle with desirable yet contradictory goals (Larson & Tompkins, 2005). Ambivalence has been defined as the positive or negative valences of similar

strength that result in equally desirable end states (Lewin, 1951; Thompson, Zanna, & Griffin, 1995) and has been viewed as an expression of an approach-avoidance type of internal conflict (Lewin, 1951; Miller, 1944). Seen from this perspective, ambivalence is often a key issue that must be resolved for change to occur, and successful change is often hindered when people remain “stuck” in a state of ambivalence (Miller & Rollnick, 2002).

Motivational Interviewing and the Transtheoretical Model of Intentional Change

With roots in clinical psychology, motivational interviewing (MI) directly targets clients’ resistance and ambivalence. MI is an effective evidence-based clinical approach to overcoming the ambivalence that keeps people from making desired changes in their life (Miller & Rollnick, 2002). As an efficacious treatment, it is best known for its use in the fields of substance use disorders, especially alcohol-related problems and health behavior change, and is a popular approach in the field of behavioral health (Lundahl & Burke, 2009). MI generally shows small to medium effects in improving health outcomes with overall effect sizes (d) for the two most-studied behavioral domains, alcohol and drug abuse, ranging from 0.41 and 0.51, respectively, for short-term follow-up (defined as less than or equal to 3 months), to 0.26 and 0.29, respectively, for longer-term follow-up (Hettema, Steele, & Miller, 2005). The most recent meta-analysis to date (Lundahl, Kunz, Brownwell, Tollefsen, & Burke, 2010) also reported durable and significant small effect sizes for MI compared with no treatment or treatment as usual (average Hedge’s $g = 0.28$) and found MI to be as effective as other specific treatment programs such as 12-step or cognitive-behavioral programs (average $g = 0.09$). Strictly speaking, Miller and Rollnick, the founders of MI, reserve the term “motivational interviewing” for the clinical method and refer to other MI influenced interventions as “adaptations of motivational interviewing” (so the applications of MI suggested in this review refer to adaptations of the original clinical method to the field of executive coaching). In general, MI normalizes the concept of ambivalence, which it considers a normal and common human experience in the early stages of individual change. MI emphasizes the context of change by focusing less on “why” the person is not motivated and more on the exploration of what the person actually wants.

According to Miller and Rose (2009), MI has its conceptual roots in person-centered therapy (Rogers, 1957), which emphasizes a supportive atmosphere and a nonjudgmental and genuine therapeutic style. MI’s focus on the positive effects of change talk was influenced by Festinger’s (1957) cognitive dissonance theory and Bem’s (1967) self-perception theory. Miller and Rollnick (2002) described the spirit of MI as consisting of three key components: collaboration, evocation, and autonomy. First, the counseling relationship involves a partnership (collaboration) that honors the client’s experience and involves exploration and support rather than persuasion or argument. Second, motivation for change is presumed to reside within the client and increased by drawing on the client’s own perceptions, goals, and values (evocation). Third, there is respect for the person’s autonomy and a firm belief in the client’s right and capacity for self-direction: the client, rather than the counselor or coach, makes the case for change.

Miller and Rollnick also identified four broad guiding principles that underlie MI: express empathy, develop discrepancy, support self-efficacy, and roll with resistance. First, MI views an attitude of acceptance and the use of skillful reflective listening as vital for establishing an empathic relationship. Second, developing discrepancy is important because perceived discrepancy between present behavior and personal values or desired goals promotes change. For example, one technique that helps build discrepancy, and often facilitates the articulation of self-motivating statements, is the decisional balance technique. The decisional balance metaphor allows coachees to express their competing motivations by specifying the costs and benefits of both their present and their desired behaviors. The arguments for change come from the coachee, not the coach or consultant. Third, supporting self-efficacy, the person’s belief that change and outcomes are possible and achievable, increases the probability of positive change. Finally, rolling with resistance stresses the importance of avoiding arguing with the client, not directly opposing resistance, and inviting but not imposing new perspectives. Passmore and Whybrow (2007) and Passmore (2007), who were among the early proponents of using MI in executive coaching as another tool in dealing with poor executive

performance, provide a thorough review of MI with numerous case illustrations for each of the four guiding principles described above. In brief, MI views resistance as an interpersonal phenomenon that reflects the counselor-client relationship, and serves as a signal for the counselor to interact differently with the client because the way in which the counselor responds influences whether resistance increases or decreases. Consistent with Beitman and Ford et al.'s conceptualizations of resistance, MI questions the traditional view that resistance resides within the client and posits that it is the "how" the counselor responds to client resistance that distinguishes MI from other approaches. In fact, MI generally suggests that change agents "decrease client resistance because this pattern is associated with long-term change" (Miller & Rollnick, 2002, p. 99).

Distinct from MI but conceptually related, the transtheoretical model of intentional change (TTM; DiClemente & Prochaska, 1985; Prochaska & DiClemente, 1983) is often coupled with MI in health behavior change interventions. At the core of the TTM is the idea that behavior change involves a process that occurs incrementally. The model offers a framework for conceptualizing the process of behavior change, for example smoking cessation, as a progression through the stages of precontemplation, when the person is not considering change, to contemplation, when the individual seriously evaluates the pros and cons of change, to preparation, the stage when planning and commitment are present. If the individual succeeds in these initial stages, then the action and maintenance stages may follow (Prochaska, DiClemente, & Norcross, 1992). TTM has played a key role in the development and rise of MI because the two approaches are a "natural fit" conceptually and because their integration offers potential synergies for practitioners in the behavior change field (DiClemente & Velasquez, 2002). Because motivation is the driving force of progression through the stages of change, MI can be used throughout a person's progression, especially in the initial two stages of change where resistance and ambivalence are stronger. In effect, MI can assist individuals in accomplishing the work and tasks required to move from the precontemplation to the maintenance stage.

Self-Determination Theory

Self-determination theory (SDT; Deci & Ryan, 1985; Ryan & Deci, 2000b) is another social psychological theory with implications for work motivation and the executive coaching relationship. SDT is an approach to human motivation that relies on empirical methods. It is based on an elaborate theory that emphasizes the importance of people's growth tendencies and their innate psychological needs in determining self-motivation and personality integration (Ryan & Deci, 2000a). Most relevant to the coaching process, SDT provides "empirically informed guidelines and principles for motivating people to explore experiences and events and . . . to make adaptive changes in goals, behaviors, and relationships" (Ryan & Deci, 2008). A central tenet of the theory is that human motives vary along a continuum of relative autonomy, the self-determination continuum, which orders motives according to the degree to which the motivations emanate from the self (Deci & Ryan, 1985). Deci and Ryan use the terms intrinsic and extrinsic motivation in a more nuanced fashion compared with that of traditional motivation or change theories. According to SDT, intrinsic motivation is the prototypic case of self-determination and leads one to engage in behaviors for their inherent satisfaction but it is not the only type of self-determined motivation. Extrinsic motivation refers to the performance of an activity in order to attain a separate outcome but can vary in regard to its relative autonomy (Ryan & Connell, 1989).

In general, people's motivations for a certain behavior can range from amotivation or unwillingness, to passive compliance, to active personal commitment. Excluding the two polar extremes of amotivation and intrinsic motivation, the self-determination continuum consists of four forms of extrinsic motivation: external, introjected, identified, and integrated regulation of behavior (Ryan & Deci, 2000a). The different motivations reflect differing degrees to which values and regulation of behaviors have been internalized and integrated. When individuals internalize a behavior regulation they accept the behavior as having some personal importance and value, whereas when individuals integrate a value or regulation they transform and assimilate it to their self-concept. First, extrinsically motivated behaviors that are the least autonomous are referred to as externally regulated

behaviors, such as the type of regulation used to induce compliance through rewards and punishments/sanctions. A second type of extrinsic motivation is introjected regulation, in which the individual partially accepts a regulation to avoid guilt or anxiety or to attain ego strengthening states such as pride or self-esteem (Ryan & Deci, 2000b). In introjected regulation, compliance is primarily associated with a feeling of pressure to perform and with another agent's approval. For example, a boy who sees minimal value in memorizing spelling lists but does so to gain his parents' approval has introjected the regulation of memorizing spelling lists. Third, identified regulation reflects a conscious acceptance and valuing of the behavior as personally important. For example, "a boy who memorizes spelling lists because he sees it as relevant to writing, which he values as a life goal, has identified with the value of this learning activity" (Ryan & Deci, 2000b). Finally, integrated regulation refers to behaviors fully assimilated to the self and in congruence with a person's value system and other needs. Integrated regulation is the most autonomous type of extrinsic motivation and shares many of the characteristics of intrinsic forms of regulation. To continue with Ryan and Deci's example, the boy who displays integrated regulation generally pays attention to spelling and memorizes the spelling of new words automatically, as this behavior is consistent with his self-concept as a student who values learning and writing skills.

SDT contributes to our knowledge of the causes of human behavior but also informs the design of social environments that optimize people's development, performance, and well-being (Ryan & Deci, 2000b). According to Ryan and Deci, three human needs appear to be essential for personal growth and integration: relatedness, competence, and autonomy. Integrating the concepts of autonomous regulation of extrinsically motivated behaviors with the three basic human needs, SDT describes the social context that supports internalization and integration of behaviors. Internalization is more likely to happen when there is support for the three essential needs. As an example, employee internalization would most likely be strengthened in a work environment in which employees feel attached to and valued by their coworkers (relatedness). Internalization is also supported by perceived competence so that social events such as feedback and rewards that strengthen individuals' feelings of competence during action can enhance motivation for that action. Finally, feeling autonomy, that is having a sense of volition, choice, and willingness, makes it more likely for individuals to internalize the responsibility for the change process and to integrate new behaviors. My review proposes that SDT's suggestions for creating a facilitative social context are applicable to the executive coaching process.

Evidence for the Effectiveness of SDT in Behavior Change Interventions

The research evidence for the positive effects of supporting autonomy, competence, and relatedness in behavior change spans a number of domains of study. A brief review of only a few of these studies demonstrates the breadth and range of the investigations. First, in one psychotherapy research study, patients who perceived their therapists as supportive of their autonomy reported higher autonomous motivation, defined as the extent to which patients experienced participation in treatment as a freely made choice emanating from themselves. Autonomous motivation was found to predict lower remission rates and lower severity of depression (Zuroff et al., 2007). In the area of education, the parenting dimensions of autonomy support and involvement (which satisfies the need for relatedness) have been associated with greater internalization of school values among children (Grolnick & Ryan, 1989). In a longitudinal study examining medical training approaches and outcomes, Williams and Deci (1996) showed that second year medical students who perceived their instructors as more autonomy-supportive became more autonomous in their learning in an interviewing course, which in turn predicted increases in their perceived competence over the period of the course and stronger psychosocial beliefs two years after their course. In the field of health behavior change, diabetes patients' perceptions of their health care providers as autonomy supportive predicted increased autonomous motivation, increased perceived competence, and improvements in their glucose control over a 12-month period (Williams, Freedman, & Deci, 1998). Similarly, in a 6-month longitudinal randomized trial in smoking cessation, patients who received an intervention based on SDT principles perceived greater autonomy support and had higher

cessation rates compared with smokers receiving community care (Williams et al., 2006). Finally, in a longitudinal study of weight loss in women, need supportive treatment (promoting autonomy, structure, and involvement) was a significant predictor of 1- and 2-year autonomous, 2-year physical activity, and 3-year weight loss (Silva et al., 2011). The researchers noted that their clinicians encouraged participants to explore their own motivations and suggest their own personal treatment goals (within recommended targets), while limiting external contingencies such as rewards or praise.

The Link Between SDT and MI

The MI and SDT approaches differ in their origins, evolution, and tradition. MI originally evolved as a therapeutic approach to treat alcohol-related problems (Miller, 1983) and proved efficacious despite the lack of a comprehensive theoretical base to explain its success (Foote et al., 1999; Ginsberg, Mann, Rotgers, & Weekes, 2002). In contrast, SDT is a broad motivational theory built on experimentally tested constructs with extensive research supporting the processes and structures of change-related factors (Deci & Ryan, 2008). I also note that MI and SDT use the terms extrinsic and intrinsic motivation quite differently. As noted, Miller (1994) associated internally derived motivation with intrinsic motivation, while SDT considers intrinsic motivation as one form of autonomous motivation and differentiates between autonomous extrinsic motivations such as identified or integrated regulations (Ryan & Deci, 2000b).

Despite these differences in terminology and theoretical nuance, it is apparent that MI and SDT share common ground in their theoretical formulations. As noted by Britton, Williams, and Conner (2008), several theorists have recognized this affinity by pointing to the congruency between assumptions, principles, and techniques (Markland, Ryan, Tobin, & Rollnick, 2005; Sheldon, Joiner, Pettit, & Williams, 2003; Vansteenkiste & Sheldon, 2006). In fact, Markland et al. have even proposed that SDT may explain why MI works and provided a theoretical framework for understanding its processes and efficacy. Both SDT and MI assume that people are innately motivated to engage in behaviors that promote health and growth and act in ways that are consistent with their core beliefs. Both approaches suggest that practitioners should help clients access their intrinsic levels of motivation and identify their own reasons for changing (Markland et al., 2005; Vansteenkiste & Sheldon, 2006) an approach that circumvents and disarms clients' reactance. Vansteenkiste et al. and Markland et al. have thoroughly reviewed the parallels between the two theories' principles and have identified the areas in which they are most closely aligned. In short, SDT's autonomy is related to the MI principles of rolling with resistance and exploring discrepancy, SDT's need for competence is similar to MI's principle of self-efficacy, while SDT's principle of relatedness is congruent with MI's principles of expressing empathy, rolling with resistance, and supporting self-efficacy. The MI techniques that are most closely associated with implementing these common-ground principles are the use of open-ended questions, decisional balance exercises, reflective listening, and affirmations.

The Influence of Psychotherapy Approaches

With the notion of autonomy support in mind, an examination of how a few of the most popular psychotherapy approaches address client motivation, autonomy, and resistance might be informative, as many coaching approaches have been influenced by the psychotherapy tradition. Ryan, Lynch, Vansteenkiste, and Deci (2011), reviewed the literature and noted that various psychotherapy approaches agree that clients' autonomy should be respected and collaborative engagement sought. Nevertheless, theories vary in how explicitly they address motivation and autonomy, while there is also considerable variability between therapies within specific schools of thoughts (such as cognitive-behavioral and psychodynamic schools of thought). According to these reviewers, many variants of behavioral, cognitive, cognitive-behavioral (CBT) and dialectical behavior therapy (DBT) tend to consider motivation as a prerequisite to treatment. For example, motivation for change in CBT approaches is often seen as arising from self-efficacy, the belief in one's ability to

succeed in specific situations, which can promote motivation but does “not necessarily point to a particular type of motivation” such as identified or integrated motivation (Ryan et al., 2011). Beyond efficacy, consideration of motivation and resistance in CBT is rather limited, possibly because motivation and “readiness” for treatment is considered either a prerequisite to treatment or a predictor of treatment outcomes. According to Arkowitz (2008), some behavior therapies attributed resistance to the therapist’s inadequate conceptualization of the conditions that control behaviors, while cognitive therapies treated resistance as providing information about the client’s distorted thinking and beliefs.

In contrast, Ryan et al. (2011) have suggested that more process-oriented treatment approaches, such as psychodynamic and humanistic therapies, tend to consider motivation a treatment aspect or part of what is to be processed. In psychoanalytic and psychodynamic theories ambivalence is often thought of as unconscious conflict between different parts of the personality or provides information about repressed conflicts and threats to a stable self-image (Arkowitz, 2008). Humanistic approaches often assume clients are inherently motivated as long as obstacles are lifted and a psychologically safe environment provided. Person-centered approaches to treatment, including the original formulations of MI, follow this tradition and tend to focus on the here and now (not the past). In a similar vein, strengths-based and positive psychology approaches generally emphasize humans’ strengths and potential (rather than pathology and their weaknesses), emphasize relational capacities, focus on prevention and creating the circumstances for a positive future, and generally assume there is potential for positive change (Seligman, 1998). Although positive psychology approaches emphasize the role of positive affect in human growth, they also acknowledge the role negative emotions play in defining present reality, shortfalls, and improvement goals (Boyatzis, 2008; Fredrickson & Losada, 2005). As long as the typical pattern of ambivalence, which may include negative emotions such as fear, defensiveness, and avoidance, is accompanied by an abundance of positive resources, a full processing of events and experiences would potentially enable effective self-regulation and personal growth (Diamond & Aspinwall, 2003). Positive resources would be present, for example, in a trusting and collaborative coaching relationship that strengthens feelings of optimism, curiosity, and enthusiasm.

As one might expect, there are similarities in the conceptualizations of motivation and resistance in therapy/counseling and executive coaching. Ducharme (2004), for example, found that cognitive-behavioral techniques have been used in executive coaching practices for some time (Kilburg, 2000). Studies investigating short-term coaching utilizing a cognitive-behavioral and solution-focused framework (Grant, Curtayne & Burton, 2009; Grant, 2003), have found positive results for goal attainment. Consistent with the literature in cognitive-behavioral therapy, motivation enhancement was achieved by “identifying personal strengths and building self-efficacy” (Grant, Curtayne & Burton, 2009). On the other hand, psychodynamic approaches to executive coaching, a process-oriented approach according to Ryan et al., recognize the role of unconscious motivation in human behavior and seek to understand motives, in addition to history, goals, and behaviors, in more detail (Kilburg, 2004). Awareness of the basic internal components of the psychodynamic model, namely conflicts, defenses, emotions, and cognitions, is important for coaches because it “is the internal interaction of these elements of the model that the origins of most forms of resistance to change can be found” (Kilburg, 1995). Client resistance may be interpreted by careful examination of the transference process and the client’s feelings, for example, “what are the feelings, what are they directed toward, arising from?” (Kilburg, 2004).

Overall, psychodynamic, humanistic, MI, strengths-based and positive psychology approaches tend to view ambivalence and resistance as providing meaningful information that can be used in coaching. In the area of strengths-based coaching, Appreciative Inquiry (Stowell & West, 1991) and Appreciative Leadership (AL; Whitney, Trosten-Bloom, & Rader, 2010) have provided a set of strategies that support self-empowerment through value-based affirmations, rapport-building, and empowering probes/questions. AL, the coaching philosophy that uses the appreciative inquiry method, converges with MI on the ineffectiveness of prescribing or advice-giving: “Telling adults what to do does not motivate them . . . In fact, . . . it [often] has the opposite effect” (Whitney et al., 2010). Although the proposed methodology between MI and AL differs, AL may be successful in

reducing resistance to change by lessening the uncertainty and ambiguity that accompanies change (Head, 2000). Of interest, there are several similarities between the two approaches including the use of questions, affirmations, rapport-building, and a nonjudgmental spirit. In summary, although ambivalence and resistance are also directly or indirectly addressed by other coaching approaches, especially process-oriented approaches, MI evolved with the objective to deal with such issues in treatment. As a result, MI has developed a relatively nuanced conceptual framework and specific and sophisticated techniques designed to explicitly address resistance and ambivalence.

Common Reactions to Organizational Change and MI in Executive Coaching

The social psychological theories of reactance and self-determination and the therapeutic approaches of MI and TTM can inform the field of executive coaching. MI and SDT argue that positive change assumes respect and trust for employees' perspectives and the creation of a safe, noncontrolling atmosphere, assumptions which appear to be in direct contrast to common traditional, top-down practices of hierarchical organizations. As Ryan and Deci (2008) note, SDT can be particularly useful when ambivalence is present. Their approach is distinct but theoretically consistent with suggestions for increasing acceptance of organizational change through participative decision-making and effective communication (Lawler, 1986) or through increasing the three factors of participation, communication, and empathy (Kirkpatrick, 1985). Moreover, TTM's incorporation into MI safeguards that coaching interventions are tailored to the coachee's readiness levels because clients differ as to where they are in the change process and distinct styles and tailored techniques are appropriate for each stage. In other words, MI appears to be well-suited to align coaching techniques and style with the individual's readiness levels and stage of change and can be valuable in the initial phases of the change process (precontemplation and contemplation) when resistance and ambivalence are prevalent. For example, in the precontemplation stage, a distinct subset of behavioral health clients called "rebellious precontemplators" often argue with the counselor and appear unreceptive or even hostile to the idea of change (DiClemente & Velasquez, 2002). These individuals often have a heavy investment in and knowledge of the targeted behavior, yet also value and are accustomed to making their own decisions. MI provides a conduit for rebellious precontemplators to express their beliefs and feelings about change and diffuses their arguments by directing their energy toward thinking about options, goals, and the idea of contemplating change and what that would look like.

Organizational change and leadership development professionals often encounter a similar paradox in the workplace, where professionals exhibiting a higher level of psychological involvement and commitment to the job may display higher levels of resistance to organizational change (Ford, Ford, & D'Amelio, 2008). Because psychological ownership has been linked to higher levels of organizational involvement, commitment, and longer tenure in an organization, change recipients who are highly committed to organizational success may counter intuitively disagree with and resist change because it threatens something of value to them (Pierce, Kostova, & Dirks, 2001; Dirks, Cummings, & Pierce, 1996). Indeed, Dirks et al. explain that resistance to change is likely when the change is perceived as externally imposed, threatening to one's self-continuity, and redefining or diminishing the core of that to which the individual has attached himself/herself (Pierce et al., 2001). Successful professionals often show ambivalence to personal change, especially when the suggested changes pertain to leadership, emotional, communication, interpersonal skills, or emotion regulation skills. Middle- and upper-level executives, in particular, may be skeptical about change that involves "soft skills" because throughout their careers they have been conditioned to value technical skills and problem-solving as the primary ingredients of success.

From a broader perspective, MI addresses all three dimensions of individual resistance to change, namely, the behavioral, cognitive, and emotional aspects. While early models of individual organizational change focused heavily on the behavioral dimension, MI emphasizes allowing the change recipient to verbalize the discrepancy between actual and desired behaviors and the thoughts and feelings associated with them. In effect, it views reactance as a cognitive-affective process influencing behavior. Through its relational and autonomy supportive framework it also allows for

the discussion of two common obstacles to individual change in the workplace: professionals' difficulty to learn from feedback and failures, and the associated feelings of embarrassment, anxiety, and frustration they feel in response to suggestions for improvement.

Regarding employees' cognitive ability to learn, Argyris (1991) provided a detailed account of how successful professionals, paradoxically, avoided learning how to improve their own managerial performance. Simply put, because middle-level successful professionals are usually excellent problem solvers, they rarely have experienced failure and, as a result, often become defensive, deflect criticism, and blame others when their leadership fails to deliver positive results. Argyris noted that successful professionals often find it hard to maintain continuous self-improvement because they react with disproportionately high levels of embarrassment, guilt, vulnerability, fear of failure, and threat when confronted with the idea that their performance might not have been the best. These feelings often cause these executives to react defensively to protect their image and divert their focus away from their own behavior toward counterproductive reasoning. In effect, many successful professionals have "brittle" personalities and the best example of how such brittleness disrupts an organization is seen in performance evaluations. Despite the power of defensive reasoning, Argyris argued that "learning how to learn" could be taught and improved upon because people generally value competence and self-esteem and can be taught to identify the inconsistencies between their espoused and actual theories of action.

Consistent with Argyris' analysis of executive learning, Piderit's (2000) thought-provoking review reminded scholars that the emotional aspects of individual change have also been explored, among others, by Coch and French (1948), who focused on employees' feelings of frustration and aggression as a response to change, Argyris and Schön (1974), who viewed resistance as a result of "defensive routines," and by Schein (2002) who elaborated on the role of "learning" and "survival" anxiety in the change process. MI uses specific techniques to address the ambivalence that is expected. For instance, focusing on the pros and cons of a behavior allows a nonjudgmental examination of ambivalence from the client's perspective and increases the dissonance between preferred and current behavior. But it also provides the framework and tools to explore the complexity of within-dimension ambivalence (Piderit, 2000), as for example when conflicting or incongruent feelings are present at the same time. To illustrate, within the affective dimension of ambivalence, employees might be excited about change but fearful about their ability to perform under the new system.

When Is MI Indicated in Executive Coaching?

Despite the theoretical assertion that MI might be relevant to discussions of individual change, there is limited evidence to date for MI's efficacy in executive coaching (Passmore & Whybrow, 2007). Nevertheless, this synthesis of theories suggests that MI lends itself to coaching interventions when both reactance and the broader phenomenon of resistance to change are expected. MI can be particularly relevant to executive coaching under specific circumstances. First, MI's emphasis on the exploration of ambivalence makes it appropriate for cases where the coachee shows signs of resistance to change but the reasons for the lack of progress seem elusive (Passmore, 2007). Consistent with TTM, MI is most appropriate when coachees find themselves in the initial phases of change, that is, the precontemplation and contemplation stages. Moreover, the use of MI is indicated for the exploration of behavioral, cognitive, and affective aspects of ambivalence to change within an autonomy supportive atmosphere, a departure from common change management methods where coaches often provide solutions or counterarguments directly to the coachee. Instead, the coach would work with the coachee to increase "change talk" and deepen the understanding of the consequences of one's choices and actions (Miller & Rollnick, 2002). Furthermore, MI offers the language and tools to facilitate the process of change in cases where superiors, colleagues, and subordinates offer constructive feedback on the coachee's areas for improvement and development. Specifically, MI could be applied to leadership development coaching that incorporates multisource, multirater, or 360-degree feedback (Nowack, 2009), because the issue of overcoming resistance to feedback may be one of the defining features of this

process. In fact, resistance is to be expected in such cases, especially because a common reaction to executive coaching is the belief that change implies “previous behaviors and attitudes were somehow wrong or inadequate” (Schein, 1964/2009).

On the other hand, addressing problematic behaviors is another area where the MI coaching philosophy can be useful. MI uses the concept of psychological reactance to eloquently explain the paradoxical increase in the rate and attractiveness of problematic behaviors when a person perceives that his or her personal freedom is being limited (Brehm & Brehm, 1981). For example, MI predicts that when change is strongly suggested or forced on an unwilling recipient, ambivalence is a predictable and natural outcome, while it is not uncommon for the individual to engage in the old, habitual routines to assert his or her freedom. In such cases, and in line with earlier suggestions (Watzlawick, Weakland, & Fisch, 1974), MI practitioners could intervene to change the problem-maintaining process by allowing professionals who perceive threats to their freedoms to express and commit to their own choices. For instance, in the case of mandated executive coaching, professionals might view a referral for coaching as an imposed process, which signifies failure, threatens to limit their managerial freedom, and diminishes their image and reputation as accomplished executives. Any of these perceived threats to choice may lead to arguments against the proposed course of action, the natural tendency to blame others for any perceived failures, and to feelings of hostility and anger. Indeed, recent conceptualizations of state reactance include both affective and cognitive components (Dillard & Meijnders, 2002; Dillard & Shen, 2005; Quick & Stephenson, 2008; Rains & Turner, 2007), with the first usually referring to feelings of anger or hostility, and the second to negative cognitions or counterarguments to change.

Furthermore, Passmore (2007) has convincingly argued that MI can be used as a coaching tool to help address executive deficit performance. In brief, a prime area of application of MI would be individual mandated coaching assignments as part of a human resources development program, or when the coachee has been referred by others in the organization. In such cases, the client (usually the organization/company) and the coachee may not be the same person and the circumstances favor the emergence of reactance. It is often the case that traditional coaching approaches have had difficulty addressing such referral cases because of the inherent hesitation, suspicion, and skepticism exhibited by the coachee. For example, mergers and acquisitions provide fertile ground for mandated coaching as new roles are assigned to employees/executives, yet such referrals are often greeted with hostility and result in decreases in individual performance. Or, consider the case of an employee who is mandated to coaching as part of disciplinary action or remedial services. In such cases, anecdotal evidence suggests that change recipients frequently reject management’s views and react to the imposed lack of control that the mandated services create (Passmore, 2007).

Evidence for MI as Adjunct Treatment and for Matching Client Characteristics to Therapeutic Style

The proposition that MI inspired coaching techniques can be indicated in certain situations and with clients with specific characteristics assumes that such a matching process potentially leads to better outcomes. The notion that MI and motivation enhancement therapy (MET), a variant of MI that includes assessment feedback, could be useful frameworks for coaches is further supported, albeit indirectly, by two relevant lines of research: clinical treatment outcome research indicating benefits of adding MI to other validated approaches such as CBT and recent research on matching client variables/characteristics to clinical treatments. First, MI can be an additional framework for executive coaches who primarily adhere to other influential coaching schools of thought. Because of MI’s track record as a successful adjunct or precursor to the implementation of other counseling approaches (Burke, Arkowitz, & Menchola, 2003; Hettema, Steele, & Miller, 2005), it can be infused as a complementary perspective to popular approaches such as cognitive-behavioral or goal-directed approaches, especially in the initial phases of the coaching process (Miller & Rollnick, 2002; Passmore, 2007). Arkowitz (2008), among others, has discussed how MI has the potential for enhancing the effectiveness of CBT and other therapies. The MI style can be infused into CBT and

other therapies so that it reduces resistance and encourages internal attributions for change. Indeed, meta-analyses show larger and longer lasting effects for MI as a pretreatment than when used as a stand-alone approach (Burke et al., 2003; Hettema et al., 2005; Lundahl & Burke, 2009). For example, adding MI or MET as pretreatment has been suggested as a time-efficient means to increasing attendance in CBT for social anxiety (Buckner & Schmidt, 2009) and may yield a cost-effectiveness advantage because fewer sessions may be required to achieve similar clinical outcomes (Miller & Rose, 2009).

Second, although earlier reviews of studies examining the role of individual differences as predictors of therapeutic outcomes had found inconsistent results (Garfield, 1994), contemporary research is revisiting the topic by examining aptitude by treatment interactions (ATIs). ATI research looks at how specific treatment methods (not broader treatments) interact with specifically defined client characteristics (unique attributes of particular subgroups of clients; Beutler, Harwood, Michelson, Song, & Holman, 2011). In a meta-analysis of 12 studies, Beutler et al. found that patients exhibiting high levels of trait-like resistance responded better to nondirective treatments, while patients exhibiting low levels of trait-like resistance responded better to directive types of treatment (weighted $d = .82$). Directiveness was defined as the extent to which the therapist is the primary agent of therapeutic process/change through the selection of specific techniques and/or the adoption of a specific interpersonal demeanor. Similarly, in a randomized controlled study of comorbid depressed and stimulant-dependent patients, not included in the above meta-analysis, patient-therapy matching variables such as matching patients to cognitive or insight-oriented, narrative treatment based on client characteristics such as coping style and resistance traits (as measured by trait reactance through the Dowd Therapeutic Reactance scale; Dowd, Milne, & Wise, 1991), added independent predictive power to the prediction of treatment outcome, especially at follow-up (Beutler et al., 2003). In this vein, one might speculate that therapists who adhere to CBT treatments tend to present as more directive than MI inspired therapists, who in turn may present as more directive than therapists adhering to insight-oriented, narrative approaches. As a result, one could argue that MI's effectiveness in reducing maladaptive and promoting adaptive health behavior changes can be explained by clients' differential responsiveness to coaching styles, as in directive versus reflective or nondirective coaching styles.

The Relational Perspective in MI Applications

The relational perspective on resistance to change adopted in this article is based on two basic assumptions. First, positive intentions may motivate negative responses to change (Piderit, 2000). In other words, resistance to change can be negative, insofar as fears, anxieties, defensive routines and so forth impede a professional's growth, or can be positive in the sense that "resistance" may reflect valid concerns about the choice and direction of the proposed changes, or may indicate other systemic or cultural organizational issues. Consider for example the professional who feels pressured by 360 feedback to develop his teamwork skills in an organization that provides incentives and rewards individual accomplishment. In this case, "resistance to change" would alert a perceptive coach to a mismatch in organizational goals and a misalignment in expressed values and actual systems and policies. Or, consider the case of coaching professionals whose organization was recently acquired by another company and who have been assigned new roles. Frequent questioning, voicing objections about operational decisions, and expressing uncertainty could easily be labeled as resistance instead of behaviors associated with normal adaptation. Responses to change and ambivalence are two ways of describing the phenomenon without the negative connotations associated with "resistance to change" (Ford, Ford, & D'Amelio, 2008; Piderit, 2000).

The second basic assumption behind the relational perspective on resistance acknowledges that the relationship between coach and coachee, especially the way the dyad interacts and communicates, influences the emergence of behavioral patterns traditionally described as "resistance." MI acknowledges the role the consultant plays in bringing about positive and negative responses to change. In fact, MI uses the term resistance to refer to an observable pattern of behavior (denial, putting up objections, arguing, showing reluctance to engage in conversation), which "is not just the

result of what patients bring into consultation, but also something that is influenced by the way in which practitioners speak to them” (Miller & Rollnick, 2002). As a result, resistance may increase when a coach’s style is confrontational, when the coach assumes greater readiness to change than is the case, or by talking about action when the coachee is not ready for the action phase (Rollnick, Mason, & Butler, 1999). Whatever the origins of resistance, the practitioner has the potential to lower or raise its levels. In this article I use this perspective of resistance when discussing applications to the executive coaching field. Regarding terminology, the proposed model keeps with tradition in using the term “resistance to change” but refers to the phenomenon by adopting the neutral relational perspective described above.

Proposed Model of MI Applications to Executive Coaching

After reviewing relevant literature, I employ a relational perspective to resistance to change (Beitman, 1992; Cowan & Presbury, 2000) in executive coaching and suggests that resistance emerges between coach and coachee and is influenced by the context and circumstances of change. It acknowledges that what has traditionally been interpreted as resistance might also include normal or positive responses to change. Based on the premise that resistance to change is influenced by coaching approach and style, this article has reviewed theories of resistance, reactance, and ambivalence, and discussed how these constructs have been conceptualized in the psychotherapy, executive coaching, and organizational change fields. MI was presented as a person-centered approach that directly addresses the ambivalence that keeps people from making desired changes. The concepts of readiness for change, advocated by TTM, and the role of autonomy-support in successful change, advocated by SDT, provide useful theoretical formulations that seem to partially explain MI’s clinical effectiveness. A comparison of MI’s approach to resistance to change, ambivalence, and autonomous motivation with other influential treatment and coaching approaches revealed some similarities in assumptions and style, especially with process-oriented approaches, including humanistic or strengths-based approaches. MI is not unique in adopting a relational framework or a nonjudgmental and collaborative attitude in coaching but uses a distinct empirically supported approach with well-defined techniques to specifically address resistance, reactance, and ambivalence, and to strengthen autonomous motivation.

This review has also identified potential applications for MI approaches and techniques in executive coaching. These suggestions are made with the assumption that matching coaching style/techniques to client and/or contextual variables may produce positive coaching outcomes. The suggested framework qualifies traditional individual level explanations regarding resistance and adds interpersonal level and contextual (systemic) levels of analysis. According to this model, MI techniques could be infused or eclectically added to a certain coaching approach, or incorporated as a preliminary coaching component. MI variants could be added, for example, to a cognitive-behavioral coaching practice. Such adoption, addition, or infusion might be indicated when the likelihood of resistance to change is increased by the presence of the following (Figure 1):

(1) Contextual variables, including: times of organizational uncertainty, such as when coaching is offered as a response to new role assignments after mergers and acquisitions; or when coaching incorporates feedback, such as in 360-degree feedback; when coaching is perceived as addressing performance deficits, such as in mandated coaching assignments; seen as a result of disciplinary action or remedial services; or, offered in organizations that do not have a strong culture of professional development.

(2) Variables related to the interpersonal and interactional nature of the relationship between coach and coachee as viewed by the MI perspective. For example, resistance may increase when a coach’s style is perceived as too confrontational, expert-driven, directive, or as not strengthening motivational autonomy. Or, when the coach assumes greater readiness to change than is the case, or talks about action when the coachee is not ready for the action phase.

(3) Individual level variables such as coachee characteristics. For example the coachee: is in the precontemplation or contemplation stage of readiness for change and thus not ready for action; prefers a nondirective, nonjudgmental, collaborative coaching process; is a successful, committed

Contextual Level

- Coaching is offered in times of organizational uncertainty, as when new roles are assigned after mergers and acquisitions
- Organization uses coaching to address performance deficits
- Coaching is mandated or incorporates 360 degree feedback
- The organization does not have a strong culture of professional development and is unaccustomed to executive coaching.

Interpersonal Level: The Coaching Relationship

The coaching relationship influences resistance to change:

- Coach's style is perceived as too confrontational, expert-driven, directive, or not strengthening motivational autonomy
- Coach assumes greater readiness to change than is the case
- Coach talks about action when the coachee is not ready for action.

Individual Level: Coachee Characteristics

- Coachee is in the precontemplation or contemplation stage of change
- Expresses ambivalence about change
- Is high on trait or state reactance
- Has fears, defensive routines, anxiety related to progress or feedback
- Has rarely experienced failure

Figure 1. Client, relationship, and contextual variables associated with resistance to change.

professional, used to making his or her own decisions yet appears to be “stuck” in the change process; is high on trait or state reactance; has rarely experienced professional failure; perceives change as externally imposed or as redefining one’s professional identity; is skeptical about the value of interpersonal and other “soft skills”; has excessive feelings of embarrassment, frustration, and anxiety related to feedback.

MI Applications in Executive Coaching: Limits and Possibilities

Regarding MI’s limitations, as [Miller and Rollnick \(2002\)](#) suggested, the approach is not a panacea but just one method that can be used along with others. And while MI has been effective in some areas of health behavior change such as alcohol dependence ([Project MATCH Research Group, 1997, 1998](#)), it has not been as successful in other areas such as eating disorders ([Lundahl et al., 2010; Treasure et al., 1998](#)). An important difference between the clinical treatment field, where the MI techniques and the evidence for its efficacy were developed, and the coaching field is that behavior change in the former involved well-defined behaviors widely accepted as socially maladaptive and/or deleterious to health (e.g., substance abuse, pathological gambling, etc.). In the case of executive coaching for individual change, the goals or the direction for change might not always be as clear-cut, as these depend in large part on the coachee’s personal values and self-concept. As

a result, positive change may be less well-defined or the path toward improvement unclear, as a number of alternative personal action plans might lead to growth and development. In other words, MI's effectiveness might not generalize to the executive coaching field, although the mechanisms of change in MI seem to be related to generalizable processes of human behavior and not limited to specific target problems (Miller & Rose, 2009).

Regarding the question of generalizability, MI was indeed developed to address substance use disorders. However, with time it produced positive outcomes in other clinical areas, such as gambling and HIV risk behaviors, in interventions targeting healthy behavior change, such as exercise, diet, medication adherence (Miller & Rose, 2009), and is currently being used in executive coaching practices (Pantalon, 2011; Passmore, 2007). Although the evidence for its efficacy in coaching is still limited to the anecdotal and case study level (Passmore & Whybrow, 2007), it remains possible that MI and other autonomy supportive techniques, such as those used in SDT applications in areas such as medical training and education, could be applicable to other normal psychological processes. Given the apparent synergistic effect of MI with other treatment methods in the clinical literature, one can hypothesize that similar effects might exist in coaching applications as well. Application would probably be most relevant in contexts where the process of behavior change is often accompanied by concerns regarding individuals' resistance, reactance, ambivalence, and motivation.

Finally, MI coaching is not for all coachees. There are some clients who under most circumstances prefer to be told exactly what to do and who will then go on to succeed with their planned behavior change. One might argue, for example, that in times of uncertainty, stress, and ambiguity, as in mergers and acquisitions, some coaching clients might welcome direction and advice as a way of reducing uncertainty. Others might avoid or resent the MI approach when they are already experiencing willingness, openness, and enthusiasm for change. In other words, depending on the complex interplay of all associated variables (individual, relational, contextual), a less autonomy-supportive and more directive approach could be more effective in coaching, especially with clients low in reactance and ready to enter the action phase of change. Such a process would mirror findings in clinical outcome research that show that MI can be particularly effective with angry, resistant, and less ready for change individuals, whereas MI may not be indicated when professionals are ready and willing to implement change (Project MATCH Research Group, 1997, 1998).

Summary

This article reviewed theories relevant to resistance to change, reactance, ambivalence, and autonomy, and suggested executive coaches consider the use of MI principles and techniques under certain conditions. In an attempt to contribute to the development of nuanced theoretical conceptualizations in executive coaching, the proposed model drew from a broad spectrum of knowledge to describe the influences of individual, interpersonal, and contextual variables in individual resistance to change. The suggestions are in effect empirical questions deserving investigation. Ultimately, empirical evidence is needed to demonstrate the efficacy of MI in the coaching field and to delineate the circumstances that warrant its use.

In summary of the findings, MI views resistance to individual change from a relational perspective and emphasizes the importance of the interaction between coach and coachee. Consistent with TTM, MI is most useful when coachees find themselves in the precontemplation and contemplation stages of change. Furthermore, the extensive research evidence for SDT strengthens the theoretical rationale for, and partially explains, MI's effectiveness. Specifically, most relevant to framing MI's success is SDT's proposition that the social context is conducive to positive change when it supports individuals' needs for competence, relatedness, and autonomy. In effect, MI creates such a positive, noncontrolling social atmosphere by emphasizing the expression of empathy, the development of discrepancy, the support of self-efficacy, and by rolling with the coachee's resistance. A conceptual framework is proposed to aid in the identification of potential applications of MI to executive coaching. The proposed framework qualifies traditional individual level explanations regarding resistance and suggests interpersonal level and contextual (systemic) level

variables that might indicate increased likelihood of resistance to change. MI's techniques for addressing ambivalence and psychological reactance make it potentially applicable as an executive coaching approach when coachees feel either stuck and unsure about change, or feel that their freedoms are being threatened. Furthermore, MI could be applicable to leadership development or performance coaching interventions that incorporate multirater feedback or when coaching has been mandated. This might be especially true when the coachees are successful upper- and middle-level executives because these professionals are most likely to experience reactance, defensiveness, and cognitive and emotional ambivalence to change. Despite the above predictions, there is minimal empirical evidence to date for the effectiveness of MI in the executive coaching arena. Future research is needed to demonstrate the efficacy of MI in the coaching field and to delineate the circumstances that warrant its use.

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