The relationship between participation in a Coaching Circle and Empathy, Self-Awareness and Locus of Control

A. Carmel

Student number: 2634301
Supervisor: dr. R. Van Someren
Second assessor: dr. K. Mortier

Master Thesis Work and Organizational Psychology
June 2019

Vrije Universiteit, Amsterdam
Abstract
Coaching Circles, an intervention in which groups of peers gather on a regular basis to share and resolve personal dilemmas, is being widely used in organizations and communities as an intervention addressing personal and team development. The work form has been assumed to influence the development of personal capacities including empathy, self-awareness and a sense leading one’s life. Since these assumptions lack empirical support this study explored the relationship between participation in Coaching Circles and individuals’ self-awareness, empathy and internal locus of control. A Coaching Circles pilot of three sessions was introduce in two samples; The first of co-workers of a northern European bank and the second of military recruits in the South African National Defense Forces. In both samples a control group from the same organization was recruited and pre and post-intervention measurements were collected. Due to small sample sizes the study could not reach conclusive findings. In an exploratory analysis a relationship has been found between sharing one’s dilemma and an increase in empathy levels. Limitations of the study design and execution are discussed. Future studies using larger samples, longer time frames or additional data collection methods may reach more conclusive findings.

Keywords: Coaching-circles, Empathy, Locus-of-Control, Self-awareness, Group-based intervention
The relationship between participation in a Coaching Circle and Empathy, Self-Awareness and Locus of Control

Coaching Circles (CC) is an intervention in which individuals who are equal in experience and status come together on a regular basis and collectively share their personal dilemmas, reflect on them and find ways to resolve them (Mcfarland, 2018). This work form is being widely used within organizations, across organizations and in communities as a tool for self-development and team development (Stout-Rostron, 2014). Despite its growing use (Schwellnus & Carnahan, 2014), evidence about the specific skills and capacities that can be developed when participating in CC are inconclusive. Qualitative reports suggest that participation in CC increases individuals’ capacity to experience empathy, improve self-awareness and lead to a greater sense of control over one’s life, amongst others (Mastenbroek, et al., 2015; Mcfarland, 2018; Parker, Kram, & Hall, 2014). However, if, and to what extent those capacities develop when participating in CC is still uncertain. Therefore, this study’s main research question is: What is the relationship between CC and participants’ self-awareness, Empathy and Internal Locus of Control?

Coaching Circles

Coaching Circles (also known as Intervision, Peer to Peer groups and Case Clinics), is a work-form in which groups of three to six individuals come together on a regular basis for the purpose of resolving personal dilemmas and developing their personal capacities (Mcfarland, 2018; Thornton, 2010). CC sessions follow a clear protocol (see appendix A.): In each meeting, one member of the circle is the “case giver”. He or she chooses a personal real-life dilemma and shares it with the other group members. The group asks clarifying questions, reflects on the dilemma and through an exchange of perspectives helps the “case giver” to gain insights into his or her situation, set goals and decide about a course of action.
COACHING CIRCLES AND INDIVIDUAL CAPACITIES

(Schaub-de Jong, Cohen-Schotanus, Dekker, & Verkerk, 2009). Core success factors of CC are voluntary participation, perceived psychological safety (D’abate, 2003; Ladyshefsky 2006; Grant et al., 2010), direct and non-evaluative feedback (Paker, 2008) and the use of reflection for one’s own questions as well as for others (Mcfarland, 2018). CC practices were reported first at the end of the 1990s, mostly in school settings, as an intervention aimed to support class teachers in gaining new skills, implementing organizational changes and promoting collegial support (Joyce & Showers, 2002). Showing promising results on teachers and class performance, the work-form was extended to health care professionals (Stout-Rostron, 2014), university students (Schaub-de Jong et al., 2009) and mostly as a part of leadership development programs in organizations (Mcfarland, 2018).

Empathy

Empathy is defined as the capacity of individuals to identify the internal state of another individual and to do so accurately (Spreng, McKinnon, Mar, & Levine, 2009). The term empathy was coined first by Titchener in 1909 and is a translation of the German word *Einfühlung*, which means: “feeling into” (Spreng et al., 2009). Empathy is seen as an integration of separate affective and cognitive processes (Teding van Berkhout & Malouff, 2016). The cognitive component relates to the ability to see the world from another’s perspective and to realize how someone else thinks, feels and chooses to behave. Psychological constructs such as *theory of mind* and *perspective taking* refer to this aspect (Gerdes, Lietz & Segal, 2011). The affective component of empathy is the capacity to experience another’s emotions, or corresponding emotions and feelings, by the self regardless of the ability to identify and name the other’s inner state (Spreng et al., 2009). Thus, the definition used here refers to two distinct, but interrelated processes of emotional identification and cognitive reasoning about other’s emotional perspective (Decety & Moriguchi, 2007). Furthermore, Gerdes, Lietz and Segal (2011) suggested that empathy has
also a behavioural component, namely the tendency to help others in need. However, this claim has not received wide scientific support and will not be included in this study.

Empathy has been found to positively associate with healthy interpersonal relationships and pro-social behaviours and to be negatively associated with prejudice, anti-social behaviours and general aggression towards others (Teding van Berkhout & Malouff, 2016). In the clinical population, an extreme lack of empathy is associated with psychopathy (Teding van Berkhout & Malouff, 2016). The experience of empathy is associated with distinct brain activity, specifically of the mirror neurons, that “echo” the experience observed in others in one’s brain (Decety & Jackson, 2006). These brain regions have been found to function from an early age, but to reach full functioning capacity, thus allowing individuals to fully develop their empathy skills, only at late adolescents (Choudhury, Blakemore & Charman, 2006). A meta-analysis by Teding van Berhout and Malouff (2016) found that brief behavioural empathy training leads to a significant increase of empathy among individuals. As mentioned before, core parts of CC are very similar to behavioural empathy training and include listening while suspending judgment, identifying with the other’s difficulties and reflect back one’s own observations. Since similar, short term empathy trainings have been found to increase individuals’ empathy (Teding van Berhout et al., 2016) it was assumed that participation in CC will increase individuals’ capacity for empathy.

Self-awareness

Self-awareness is the ability to be aware of the inner state of oneself. It refers both to the ability to be aware of one’s inner state in the present while going through an experience and to the ability to reflect on past thoughts, feelings and behaviours of the self and understand those (Ghorbani, Watson & Hargis, 2008). To become self-aware, individuals need to maintain a coherent narrative of themselves over time (Akin, Demirci, Yildiz, Turan, & Ozcan, 2013), feel that their actions are self-determined, that they are able to monitor their
internal state and that they are separated from their environment (Morin, 2006). Being highly self-aware helps individuals to obtain desired outcomes through understanding experiences across time and adjustment of cognition, affect and behaviours according to one’s inner goals (Goharbani et al., 2008). Furthermore, self-awareness has been found to positively correlate with career success among high performing managers (Church, 1995), with self-regulation and self-control (Ghorbani et al., 2014) and to be negatively associated with stress, anxiety and poor physical health (Ghasemipour, Robinson & Ghorbani, 2013). Self-awareness develops during one’s life span and is seen as having a basic level that consists of a phenomenal experience only (e.g. being able to process external stimuli) and an advanced level of metacognition (e.g. being aware that one is reflecting on one’s thoughts) (Morin, 2006). Interventions that aim to increase self-awareness such as feedback in the workplace that informs one about one’s patterns of behaviour and thinking, personality self-diagnostic tools (McCarthy & Garavan, 1999) and behavioural training, show promising results. Within a period of six weeks, it has been found to increase individuals’ reported self-awareness (Kim, 2006). Since during CC, participants receive direct feedback from each other and are actively and explicitly focusing on their internal state while engaging in the group conversation it was assumed that participation in CC will increase individuals’ self-awareness.

**Locus of Control**

Locus of control (LoC) refers to the “subjective appraisal of factors that account for the occurrence of events and outcomes” (Cheng, Cheung, Chio, & Chan, 2013, p.152). This construct has two loci: internal and external with further division of external loci into two subcategories: powerful others and chance (Maroufizadeh, Omani Samani, Amini & Navid, 2018). Individuals with Internal locus of Control (ILoC) assume that the events in their lives are results of their own actions, while those with powerful others Locus of control assume
that the events in their lives are determined by powerful individuals and institutions. Finally, those with locus of control that focuses on chance, assume that there is no order in the events in their lives and that most events are a matter of pure coincidence. ILoC is associated with psychological well-being and with coping behaviour while external locus of control is associated with learned helplessness (Miller & Seligman, 1975) and depressive symptoms (Tobin & Raymundo, 2010). In the workplace ILoC has been found to positively correlate with entrepreneurial behaviour (Kroeck, Bullough, & Reynolds, 2010), better learning achievements (Severino, Aiello, Cascio, Ficarra & Messina, 2011) and positive management of aggressions in stressful situations (Dunn, Elsom & Cross, 2007). Social learning theories suggest that individuals’ LoC is not predetermined but rather a consequence of ongoing learning reinforced by one’s environment (Suizzo & Soon, 2006). On the one hand, individuals who learn over time that their actions lead to favourable outcomes develop an Internal locus of control and on the other hand, individuals who constantly act without obtaining any outcome, learn to attribute the control in their life to chance, powerful others or both (Cheng et al., 2013). Brief interventions that aim to change individuals’ LoC into more internal loci showed significant results. Using group discussions, feedback from peers and role play, individuals have been found to increase their ILoC even after four sessions of one hour each, spread over four weeks (Gwandure, 2010; Larsson, Setterlind & Starrin, 1990).

Some factors within CC, including identifying one’s own contribution to the situation and receiving support to act and resolve one’s dilemmas are similar to those used in the interventions mentioned above. Therefore, it was assumed that participation in CC will increase ILoC among individuals.

Furthermore, individuals with higher ILoC have been found to be more active during training and development activities, steer the session in a way that serves them best and overall gain more from each training program (Crome Farrar & O’Connor, 2009; Severino,
Aiello, Cascio, Ficarra & Messina, 2011). Since coaching circles are self-managed groups without an external facilitator, one success factor is the active participation of its members. Therefore, it was assumed that participants’ ILoC will positively influence the relationship between participation in CC and an increase in empathy and self-awareness.

This study tried to contribute to the limited theoretical literature about CC (Schwellnus & Carnahan, 2014). Specifically, by measuring if and to what extent participation in CC is associated with the development of empathy, self-awareness and ILoC. Apparently, no study has yet measured the relationship between CC and development of these capacities using quantitative data and comparing participants results to a control condition. Despite the complexity of the intervention, CC was treated as a single factor in this research.

Additionally, following the call of D’Abate and colleagues (2003), the results of this study were aimed to shed more light on personal developmental interaction, in this case, the three dependant variables and CC in organizations. Lastly, exploring the potential mediating effect of ILoC on the influence of CC on empathy and self-awareness was aimed at gaining a better understanding of the processes that promote self-awareness and increase Empathy in individuals.

**Research question and hypothesis**

This study addressed the question: *What is the effect of participation in Coaching Circles on individuals’ Self-awareness, Empathy and Internal Locus of Control?*

It was expected to find a positive relationship between participation in CC and the three dependent variables. Additionally, this study examined whether the assumed positive relationship between CC and empathy on the one hand, and CC and self-awareness on the other hand, is partially mediated by ILoC. Figure 1. Visualises the study’s conceptual model.
The hypotheses of this study were:

H1: Participation in CC correlates positively with individuals’ self-awareness
H2: Participation in CC correlates positively with individuals’ Empathy
H3: Participation in CC correlates positively with individuals’ ILoC
H4: ILoC partially mediates the relationship between CC and Self-Awareness
H5: ILoc partially mediates the relationship between CC and Empathy

Figure 1. Conceptual model, research question and hypothesis 1-5

**Methods**

This study used a within-subject comparison through pre and post-intervention measurement and a between-subject comparison through an experimental and a control-groups. However, since participation in the study was based on participants’ own motivation there was no random allocation of participants to conditions. Participants who volunteered to join the coaching circle pilot were allocated to the intervention group, while other participants from the same organizations were asked to serve as the control group. This study
intended to recruit a sample of 160 participants divided into an intervention and a control condition to reach findings with an alpha of .05 power of 1.00 and an expected effect size of 0.5. Participants from two organizations were recruited for this study forming two sub samples, all hypotheses were tested in each sample separately. Later all five hypotheses were tested again using combined data from both samples.

**Sample 1, co-workers at Triodos Bank:**

The first sample was recruited from co-workers at Triodos bank. Triodos Bank is a sustainable and socially responsible bank that was founded in 1980 in Zeist, the Netherlands. Nowadays the bank consists of eight business units in six north European countries, employing about 1400 co-workers (Triodos Bank, 2019). For this study, 25 members of this organization volunteered to join a coaching circle pilot of three sessions within an eight week period. The study was communicated as a “coaching circle pilot” proposing that CC can help to build “self-leadership capacities” and “strengthen the fabric of Triodos co-worker’s community”. Additionally, it was mentioned that the results will be used for a university Master thesis study. To reach a maximum number of participants, HR advisors of the bank were contacted and asked to recommend to co-workers to take a part in the pilot. In line with Mastenbroek and colleagues (2015), each of the participants was asked to provide the name of another colleague who is not taking part in the sample to serve as a control subject and fill in identical questionnaires before and after the pilot. Fifty Co-workers from six different business units (Belgium, Germany, UK and three business units located in The Netherlands) and from different departments and levels of seniority joined the study. Participants’ mean tenure was 5.6 years with SD of 5.7 years (not normally distributed). Ten participants reported having had experience with similar work forms. No further demographics were collected from this sample. To ensure ethical research conduct, before participating in the study, all participants were asked to sign an informed consent emphasizing that participation
is voluntary and that they are not suffering from any mental illness at the moment. No participants under 18 took part in the study. Furthermore, all data was collected anonymously through online questionnaires using usernames created by participants. Finally, no demographic information that might disclose a specific participant was collected (e.g. which department he or she works at within the bank). After completing the post-intervention survey, participants were debriefed about the study aims and assumptions and were offered to contact the researcher to learn about their own response.

Procedure. After they signed up for the study, participants were organized in groups of 4-5 individuals and connected to each other via email. The criterion used to form the circles was diverse groups in terms of departments, business units and gender and matching groups in terms of seniority. Overall six circles participated in the study, three met each other face to face and three met each other online using a video conference platform. Participants were advised to watch a video clip explaining the methodology first (Presencing Institute, 2019a). Before the first session, participants signed an online informed consent as described above. Next, participants created a user name in order to connect their pre and post-intervention responses while keeping them anonymous. Then, participants filled in an online questionnaire based on three measurements: The Toronto Empathy Questionnaire (TEQ) measuring empathy (Spreng et al., 2009), The Levenson Internal Powerful Others and Chance Scale (LIPC) to measure Locus of Control (Lao, 1978) and the Integrative Self Knowledge Scale (ISK) measuring self-awareness (Ghorbani et al, 2008). These made up 37 items in total. All participants were instructed to meet for three CC sessions within a period of eight weeks. Each participant was provided with a PDF file of the protocol for a session (see appendix A.) and a link to an interactive stopwatch that guides the different steps of the session (Presencing Institute, 2019b). Before the first session started, to ensure psychological safety and confidentiality of the sessions, participants agreed to follow the Chatham House
Rules (Petticrew, Whitehead, Macintyre, Graham & Egan 2004) stating that information cannot be shared outside of the circle in a way that could disclose the identity or affiliation of any individual participating in the CC. In each of the three sessions, the group chose a different case-giver and a different time-keeper and followed the steps of the protocol. To ensure that circles follow the procedure, the researcher was present at each session, actively guiding the first session of each group and passively monitoring the second and third sessions. After the groups had met for three sessions, each participant in the intervention and the control condition was contacted again via email and was asked to fill the same online questionnaire using their username. At the end of the survey, participants in the experimental condition were asked to reflect in open-ended questions about their learning points from the pilot and their intentions to continue to meet with their circle. Finally, participants were debriefed about the study’s goals and assumptions and were thanked for their time and participation. Three weeks after the pilot had ended an email reminder was sent to all participants in both conditions to fill in the post intervention survey.

Sample 2, Recruits at the South African National Defence Forces

The second sample was recruited from military recruits following Military Skills Development Systems (MSDS) in a training facility in the South African National Defence Force (SANDF). South African citizens can join the SANDF for a two years contract if they are between 18-26 years old, physically fit, with no criminal record and have completed twelve years of school education. During their first year, they undergo basic military training and specific functional training and participate in military and combat-ready exercises. Junior leaders are identified during that time and may receive additional leadership training. Later, potential leaders can be selected and sent to the officer’s military academy. In the second year of their service, recruits are deployed to different military assignments in South Africa and the African continent. At the end of the two years period, soldiers can join either the
South African Reserve Forces or are offered to sign an additional contract as part of the regular force.

For this study, the intervention group consisted of 27 recruits from the same cohort: Four months into their basic training, who volunteered to join a coaching circle pilot of three sessions. The pilot was communicated as leadership development for high potential recruits as an extracurricular activity, mentioning that the results will be used for a university Master thesis study. A group of 26 recruits from the same cohort who did not follow the study served as a control group, filling in the surveys at the two time points.

The mean age of the recruits was 22.4 years old (SD 2.6). 56% of the participants were males and five participants reported having had experience with similar work forms. No further demographics were collected from this sample. To ensure ethical research conduct before participating in the study, the same steps as described in sample 1 were taken. Additionally, the pilot was led and facilitated by a military psychotherapist, that was available for individual consultation in cases that personal difficulties might have arisen as a result of the CC sessions.

Procedure. all sessions were held on Sundays while the regular schedule of the recruits was mostly free and took place on a different location than the recruits’ daily environment and were held by a military psychotherapist that was familiar with CC. First, participants were invited to an exposure meeting about the pilot’s intentions and possible outcomes, those who were interested joined the subsequent meetings. Next, participants gathered for an introductory session, watched the video explaining about the four levels of listening (Scharmer, 2019) and had a short exercise practicing listening and dialogue in duos. Two weeks later, the recruits gathered again, before holding their first sessions they signed the informed consent filled in the pre-intervention survey using printed versions of the same informed consent and survey as that were used in the first sample. Finally, they formed six
groups of four to five individuals, received a printed version of the session protocol (see appendix A.) and had their first session. Unlike participants in the first sample, participants at sample 2 held the six circles simultaneously and in the same room. The military psychotherapist guided the group through the protocol but was not part of any circle. Instead, he used the timer for session protocol (Presencing Institute, 2019) and read out loud the instruction for each phase. Before having their second session, participants watched together a video explaining about the protocol methodology (Presencing Institute, 2019a). The total time of each session including introduction, videos and time to fill in questionnaires was about two hours. The control group for this sample was contacted directly by the military psychotherapist and was asked to fill in the same pre and post-intervention survey at the same time points.

**Measuring instruments**

To measure empathy, the Toronto Empathy Questionnaire (TEQ) that integrates the affective and cognitive aspects of empathy into a single factor (Spreng et al. 2009) was used. Its original version consists of 16 statements on a 5-points Likert scale ranging from 0 = never to 4 = always. This questionnaire has been found by Spreng and Colleagues (2009) to have an internal consistency of .87, test-retest reliability of r=.87 p <.001 and to be consistent across cultures. For this study, 12 items were chosen (see appendix B.). Items such as: “When I see someone being taken advantage of, I feel kind of protective towards him/her” that refers to the tendency to help or protect others were omitted since they seem to be less generalizable to empathy as was defined for this study. Additionally, some items were rephrased, for example: “When a friend starts to talk about his/her problems, I try to steer the conversation towards something else” was rephrased to “I find it difficult to relate to the personal issues of my friends”. The reason is that the earlier phrasing seems to measure behavioural pattern, that might not be related to empathy while the new phrasing focuses on
the ability of the subject to relate to others’ issues. To avoid confusing participants all questionnaires in this study were converted into a 5-point Likert scale.

To measure self-awareness, the Integrative Self Knowledge scale (ISK) was used. The ISK measures the capacity to be aware of one’s internal state at the moment as well as to reflect on one’s past (Ghorbani et al., 2008), and measures past and present self-knowledge as a single construct. The original form of the questionnaire consists of 12 statements on a 5-point Likert scale. Participants should fill in the applicability of the statement to them ranging from 0 = largely untrue to 4 = largely true. The ISK internal consistency range between .74 to .84 as reported by Akin and colleagues (2013). In this study a version of 10 items was used. 2 items with major overlaps were omitted for example: “Most of the time, I get so involved in what is going on that I really can’t see how I am responding to a situation” and: “often I am unaware of my thoughts and feelings as they are happening and only later get some idea about what I may really have been experiencing” are both referring to similar constructs, therefore the first example was omitted. Additionally, out of the remaining 10 items, some items were rephrased into a positive way to maintain a balance between reversed and non-reversed items. Finally, lengthy items were shortened, for example: “In some situations I almost never can understand why I have behaved in a particular way, so I usually don’t even try” was rephrased into: “I usually don’t try to understand why I behaved in a particular way”. Answers were measured on a 5-point Likert scale from 1 = strongly disagree to 5 = strongly agree.

To measure Locus of Control, the Levenson IPC was used. (Maroufizadeh et al., 2018). The Levenson IPC is a 24-item questionnaire measuring the attribution of events in one’s life to two loci: Internal locus of control and external locus of control being divided into powerful others and chance and refer to the way individuals attribute events in their life to different causes. Each item on the original version of the questionnaire is a statement that
should be answered on a 6-point Likert scale ranging from 1= strongly disagree to 6 = strongly agree. An example statement of the Internal subscale is: “My life is determined by my own actions”. An example statement on the Chance subscale is “It’s not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune”. Finally, an example statement of the Powerful others subscale is: “Getting what I want requires pleasing those people above me”. For the current study, items that refer to obtaining leadership and having a large number of friends were omitted from the three subcategories, since not all participants are assumed to aspire to achieve leadership positions or to have a large circle of friends. Furthermore, items that refer to driving were omitted from all three sub-categories under the assumption that not all participants drive a car. Therefore, a version of 15 items was used, with five items for each subscale. Finally, like with the other two scales, a 5-point Likert scale was used.

**Data analysis**

After data collection in two data files (pre and post-test for each sample), the data files were cleaned from irrelevant information. The two files were merged, based on participants’ user name. A new variable was created for the control and intervention condition. Questionnaires that missed more than 10% of the responses were marked and omitted from further analysis. For those missing less than 10% of the items, a default of 3 was marked for any missing item and they were included in the analysis, regarding them as neutral responses. Reversed items were re-coded and a new variable with a Mean score was calculated for each subscale. Cronbach’s alpha was calculated for each questionnaire checking the internal consistency of the versions used for this study, all yielding a corrected alpha of .65 or higher.

The only exception was the Powerful others LoC subscale with Cronbach’s alpha of .526. However, by deleting item 1: “I feel like what happens in my life is mostly determined by
external forces” the sub scale’s alpha raised to .654, therefore the item was deleted from further analysis.

**Results**

Tables 1 and 2 summarize the base rate of all subscales for each sample: Triodos Bank and SANDF respectively. All subscales are normally distributed apart from Powerful others LoC on both samples and ISK on sample 2.

Correlations between all key variables were assessed at base rates for both samples (see Tables 3 and 4). In both samples, all LoC variables showed significant and positive correlation with each other. Additionally, Self-awareness and Chance LoC showed significant and negative correlation \( r = -.322 \ p < 0.05 \) two-tailed) in Sample 1.

Table 1. base rates subscales Sample 1

<table>
<thead>
<tr>
<th></th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEQ</td>
<td>2.92</td>
<td>4.58</td>
<td>3.86</td>
<td>.36</td>
</tr>
<tr>
<td>LOC I</td>
<td>2.27</td>
<td>3.53</td>
<td>2.86</td>
<td>.32</td>
</tr>
<tr>
<td>LOC P</td>
<td>2.08</td>
<td>3.58</td>
<td>2.72</td>
<td>.38</td>
</tr>
<tr>
<td>LOC C</td>
<td>1.00</td>
<td>3.33</td>
<td>2.27</td>
<td>.56</td>
</tr>
<tr>
<td>ISK</td>
<td>2.60</td>
<td>5.00</td>
<td>3.84</td>
<td>.54</td>
</tr>
<tr>
<td>Valid N (listwise)</td>
<td>38</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: TEQ= Toronto Empathy Questionnaire; LoC I=Internal Locus of Control; LoC P= Powerful others Locus of Control; LoC C= Chance Locus of Control; ISK= Integrated Self-Knowledge.
# Table 2. Base rates subscales sample 2

<table>
<thead>
<tr>
<th></th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEQ</td>
<td>3.00</td>
<td>4.83</td>
<td>4.02</td>
<td>.38</td>
</tr>
<tr>
<td>LOC I</td>
<td>2.27</td>
<td>3.73</td>
<td>2.94</td>
<td>.35</td>
</tr>
<tr>
<td>LOC P</td>
<td>2.08</td>
<td>3.67</td>
<td>2.77</td>
<td>.38</td>
</tr>
<tr>
<td>LOC C</td>
<td>1.00</td>
<td>3.33</td>
<td>2.21</td>
<td>.57</td>
</tr>
<tr>
<td>ISK</td>
<td>300</td>
<td>4.80</td>
<td>3.92</td>
<td>.56</td>
</tr>
<tr>
<td>Valid N (listwise)</td>
<td></td>
<td></td>
<td>34</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** TEQ = Toronto Empathy Questionnaire; LoC I=Internal Locus of Control; LoC P= Powerful others Locus of Control; LoC C= Chance Locus of Control; ISK= Integrated Self-Knowledge.

# Table 3. Pearson correlation (N=38) between base rates of Empathy, LoC and Self-Awareness sample 1

<table>
<thead>
<tr>
<th></th>
<th>Empathy</th>
<th>Internal</th>
<th>Chance</th>
<th>Powerful Others</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Empathy</strong></td>
<td>Pearson</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sig. (2-tailed)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Internal LoC</strong></td>
<td>Pearson</td>
<td>.114</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Sig. (2-tailed)</strong></td>
<td></td>
<td>.495</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chance LoC</strong></td>
<td>Pearson</td>
<td>-.068</td>
<td>.737**</td>
<td>1</td>
</tr>
<tr>
<td><strong>Sig. (2-tailed)</strong></td>
<td></td>
<td>.686</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td><strong>Powerful others</strong></td>
<td>Pearson</td>
<td>.084</td>
<td>.976**</td>
<td>.771**</td>
</tr>
<tr>
<td><strong>Sig. (2-tailed)</strong></td>
<td></td>
<td>.615</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td><strong>LoC</strong></td>
<td>Pearson</td>
<td>.298</td>
<td>-.077</td>
<td>-.322*</td>
</tr>
<tr>
<td><strong>Sig. (2-tailed)</strong></td>
<td></td>
<td>.298</td>
<td>.000</td>
<td>-.109</td>
</tr>
</tbody>
</table>
Table 3. Pearson correlation (N=32) between base rates of Empathy, LoC and Self-Awareness sample 2

<table>
<thead>
<tr>
<th></th>
<th>Empathy</th>
<th>Internal</th>
<th>Chance</th>
<th>Powerful others</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Empathy</strong></td>
<td>Pearson</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.069</td>
<td>.644</td>
<td>.049</td>
<td>.514</td>
</tr>
<tr>
<td><strong>Internal LoC</strong></td>
<td>Pearson</td>
<td>.148</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.402</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chance LoC</strong></td>
<td>Pearson</td>
<td>-.116</td>
<td>.822**</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.512</td>
<td>.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Powerful others</strong></td>
<td>Pearson</td>
<td>.035</td>
<td>.920**</td>
<td>.771**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.846</td>
<td>.000</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td><strong>LoC</strong></td>
<td>Pearson</td>
<td>.614**</td>
<td>-.105</td>
<td>-.234</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td>.553</td>
<td>.182</td>
<td>.212</td>
</tr>
</tbody>
</table>

Note: LoC = Locus of Control

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Normality for each mean score of each scale as assessed by inspecting QQ plot was good, all
Leaven’s tests were not significant with $p > .1$ indicating no violation of the assumption of
homogeneous variance. Mauchly’s tests for all variables indicated that sphericity assumptions
for were not met. Despite the small sample size, the results will be further discussed below.
Hypothesis checking Sample 1. Due to participants’ dropout and inability to pair responses from the pre and post-intervention surveys to each other only 19 responses from sample 1 could be used for further analysis out of which 4 were from of the control group and 15 from the intervention group.

To assess hypothesis 1-3 regarding positive correlations between participation in CC and self-awareness, empathy and ILoC respectively five mixed-design ANOVAs were performed with condition (CC and control) as the between-subject factor time (pre and post-intervention) as the within-subject factor and the five subscales’ means as the dependent variable in each ANOVA. Table 4 summarizes the results. Overall, the tests failed to support hypotheses 1-3. Additionally, in all ANOVAs the effects of time and condition separately were found to be not significant either.

Table 4. results ANOVA Triodos Bank

<table>
<thead>
<tr>
<th>Variabel</th>
<th>Time x condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F (1,17)</td>
</tr>
<tr>
<td>Self-awareness</td>
<td>.185</td>
</tr>
<tr>
<td>Empathy</td>
<td>.002</td>
</tr>
<tr>
<td>Internal LoC</td>
<td>.020</td>
</tr>
<tr>
<td>Powerful others LoC</td>
<td>.001</td>
</tr>
<tr>
<td>Chance LoC</td>
<td>.006</td>
</tr>
</tbody>
</table>

To assess the fourth hypothesis that ILoC partially mediates the relationship between CC and self-awareness, a mediation analysis was carried out using the four steps procedure for mediation analysis (Baron & Kenny, 1986). The first regression analysis using condition as the predictor and differences in ISK scores as the dependent variable indicated that
condition explains 1.1% of the change in reported self-awareness (F (1,17) =.185 p = .672, indicating no significant relationship between condition and change in self-awareness.

A regression model with change in ILoC as the predictor and changes in ISK scores as the dependent factor indicated that Change in ILoC explains 0.6% of the variance in change in reported self-awareness (F (1,17) = 1.127 p = .303, indicating no significant relationship between change in ILoC and change in reported self-awareness failing to support the fourth hypothesis. Considering the outcome of these first two steps, the next two steps of the four steps procedure were not carried out.

To assess the fifth hypothesis that ILoC partially mediates the relationship between CC and empathy, a similar mediation analysis as the abovementioned was performed. The first regression used difference in empathy scores as the dependent factor and condition the predictor. The first regression indicated that condition don’t explain any of the variances in empathy scores (F (1,17) = .002 p = .963). Subsequently, the second model indicated that change in ILoC does not explain any of the variances in empathy scores therefore failing to support hypothesis 5. As with the mediation analysis of Hypothesis 4, considering the outcome of these first two steps, the next two steps of the four steps procedure were not carried out.

Hypothesis checking sample 2. Due to difficulties collecting the responses from participants of this sample only 20 surveys were available for the hypothesis checking out of which 13 were paired surveys (pre and post-intervention) of participants from the intervention group, and six were only pre-intervention surveys of the control group. Because there were no available post-intervention questionnaires of the control group a paired sample T-test was performed to check differences between base rates and post-intervention among the intervention-group. Table 5. summarizes the results:
Table 5. Paired sample T-test Sample 2 intervention group (N=13)

<table>
<thead>
<tr>
<th>Variable</th>
<th>T (11)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-awareness</td>
<td>-2.036</td>
<td>.067</td>
</tr>
<tr>
<td>Empathy</td>
<td>1.443</td>
<td>.177</td>
</tr>
<tr>
<td>Internal LoC</td>
<td>.861</td>
<td>.408</td>
</tr>
<tr>
<td>Powerful others LoC</td>
<td>.767</td>
<td>.459</td>
</tr>
<tr>
<td>Chance LoC</td>
<td>.000</td>
<td>1.000</td>
</tr>
</tbody>
</table>

Note: LoC = Locus of Control

Since there were no available post-intervention reposes of the control group it was not possible to check hypothesis 4 and 5 using only the data from sample 2.

**Hypothesis Checking both samples combined.** Finally, the hypotheses were assessed using data from both samples together which consisted of 27 participants from the intervention group and 4 participants from the control group of samples 1. To check whether any of the variable rates differs between the two samples an independent sample T-tests was performed with sample as a group variable and all variables’ means as the test variables. Differences between the two samples have been found to be not significant, apart from self-awareness on the post-intervention survey that was found to be significantly higher in sample 2 than in sample 1 (T (29) = -2.54 p = .017).

To assess hypothesis 1-3 assuming a positive correlation between participation in caching circles and self-awareness, empathy and ILoC respectively five-mixed design ANOVAs were performed with condition (CC and control) as the between-subject factor time (pre and post-intervention) as the within-subject factor and the five subscales as dependant variable in each ANOVA. Table 6 Summarizes the results.
Table 6. results ANOVA sample 1 and 2 combined (N=31)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Time x condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F (1,29)</td>
</tr>
<tr>
<td>Self awareness</td>
<td>.217</td>
</tr>
<tr>
<td>Empathy</td>
<td>.020</td>
</tr>
<tr>
<td>Internal LoC</td>
<td>.001</td>
</tr>
<tr>
<td>Powerful others LoC</td>
<td>.026</td>
</tr>
<tr>
<td>Chance LoC</td>
<td>.019</td>
</tr>
</tbody>
</table>

Note: LoC = Locus of Control

The interaction effect of time and condition showed no significant results therefore failing to support hypotheses 1-3. Additionally, in all ANOVAs the effect of time and condition separately on the five dependent variables was found to be not significant either.

To assess the fourth hypothesis that ILoC partially mediates the relationship between CC and self-awareness, a mediation analysis was carried out using the four steps procedure (Baron & Kenny, 1986). The first regression analysis using condition as the predictor and differences in ISK scores as the dependent variable indicated that condition explains 0.7% of the change in reported self-awareness $F (1,29) = .555 \ p = .462$, showing no significant relationship between condition and changes in self-awareness.

A regression model with change in ILoC as the predictor and changes in ISK scores as the dependent factor indicated that Change in ILoC explains 1.9% of the variance in change in reported self-awareness ($F (1,29) = .555 \ p = .462$), failing to support the fourth hypothesis. Considering the outcome of these first two steps, the next two steps of the four steps procedure were not carried out.

To assess the fifth hypothesis that ILoC partially mediates the effect of CC on empathy, a similar mediation analysis as the abovementioned was performed. For the first
regression difference in empathy scores were the dependent factor and condition the predictor. The first regression indicated that condition explains 0.01% of the variance in empathy scores ($F (1,29) = .020 \ p=.889$). showing no significant relationship between condition and changes in empathy.

Subsequently, the second model indicated that change in ILoC explains 0.09% of the variance in empathy ($F (1,29) = .268 \ p=.608$) therefore, failing to support hypothesis 5. The next two steps of the four steps procedure were not carried out.

**Exploratory analysis.** an additional analysis was performed to check whether being a “case giver” is associated with any of the dependent variables within the group who participated in CC. For that, five mixed-design ANOVAs were performed with “case giver” (yes or no) as the between-subject factor time (pre and post-intervention) as the within-subject factor and the five subscales as dependant factor in each ANOVA ($N= 27$). The interaction effect of time and condition showed significant results only when checking for reported empathy ($F (1,25) = 5.86 \ p=.023$), indicating that sharing a personal question in CC has a positive relationship with self-reported empathy levels.

Finally, 70.4 % of the participants in the intervention condition indicated that they would like to continue meetings for CC sessions with their circles and 85% of the participants in the intervention group indicated that they will recommend the pilot for a colleague.

**Discussion**

This study investigated whether participation in Coaching Circles is positively associated with levels of reported Self-Awareness, Empathy and Internal Locus of Control. And if ILoC partly mediate the relationship between CC and self-Awareness and CC and empathy. The statistical analysis did not support any of the studies’ hypotheses. However, given the small sample size and specifically the small size of the control group, the fact that no statistically significant findings have been found is inconclusive as well.
Apart from the small sample size, an additional possible reason for the lack of statistically significant findings is the relatively short duration of the intervention. Changes in one’s levels of empathy, self-awareness and locus of control may be more clearly manifested following a longer intervention, and when the intervals between pre and post-intervention measurement are longer (Naidoo, 2016, Gwandure, 2010). It is possible that by measuring the dependent variables after more than three CC sessions more conclusive findings could have been reached (Speroff, & O’Connor, 2004).

Changes in self-awareness in the intervention group of sample 2 have been found to be statistically significant. However, unlike expected self-awareness levels seemed to decrease between the pre and post-intervention surveys. A possible explanation is that participants were influenced by self-assessment bias known as the Dunning Kruger effect (Kruger & Dunning, 1999). According to this bias, individuals often hold an overly positive view of their abilities in various domains. Furthermore, the less skilled one is in a given domain, the larger the gap between one’s actual level and one’s held belief regarding one’s level. It is possible that prior to the intervention, participants in sample 2 held an overly favorable view of their self-awareness. As a result of the intervention, participants might have developed meta cognition and realized that their level of self-awareness was lower than previously reported. Then, they might adjust their reports when filling in the post-intervention survey.

The exploratory analysis suggests that individuals who shared their dilemmas during one of the three sessions reported larger increase in levels of empathy on the post-intervention survey than individuals who did not. These findings are somewhat counter-intuitive. It has been found that behavioral training in active listening and perspective taking develops one’s capacity for empathy through practice (Teding van Berkhout & Malouff, 2016). It is can be assumed that this relationship will be stronger when one practices listening
than when one shares a personal matter with a group. (e.g.: Romosiou, Brouzos & Vassilopoulos, 2018).

Two alternative speculation may explain these findings: first, it is possible that after sharing a personal dilemma, individuals experience a relieve from the burden of dealing with it (Abu Al Rub, 2004). As a result, those who shared a case might have had more cognitive resources to engage in empathetic listening and perspective-taking and advanced their capacity for empathy (Huang & Tettegah, 2014).

Second, following social exchange theory (Ladd & Henry, 2000) is possible that individuals who experienced social support from their peers felt a need to reciprocate in the same way became more engaged as listeners to others, and through that developed their empathy levels too (Ladd & Henry, 2000). These two explanations are speculation and should be tested in future studies.

When checking for correlations of all the studies’ subscales at base rate it has been found in both samples that all three LoC subscales: Powerful others, Chance and Internal are positively correlated with each other. These findings are at odds with the mainstream theory which proposes that LoC subscales have none or negative correlations with each other (Maroufizadeh et al., 2018). In the past few years, this notion is being challenged by alternative theories suggesting that individuals can be “bi-local” or “dual controls” balancing high internal and external Loci (Galvin, Randel, Collins & Johnson 2018). Furthermore, April, Naharani, and Peters, (2012) argues that “bi-local” individuals have a more complexed world view and are able to assume both external and internal causes to the events in their life. Being “bi-local” in this regard is associated with improved emotional well-being, as these individuals avoid the stress resulted from assuming too much responsibly on the one hand, and of feeling unable to influence one’s life on the other hand (April et al., 2012).
Mainstream LoC theories may take these findings into account when revising the conceptualization of Locus of Control.

**Limitations**

First, the study design could not control for participants initial motivation. The fact that participants were not randomly allocated to conditions has made it difficult to control for the influence of participant’s initial motivation their responses. Future studies may use a waiting list condition of individuals who wish to join the pilot to control for this aspect.

Second, the use of self-report instruments is questionable when assessing constructs such as self-awareness: individuals should have a certain level of self-awareness to be able to reflect on their degree of self-awareness in the past month. Furthermore, phenomena like the Dunning & Kruger effect (1999), and other self-serving biases (Mezulis, Abramson, Hyde & Hankin, 2004), might distort responses to a greater extent when reflecting and reporting levels of self-awareness. Future studies aiming to measure self-awareness are advised to use an additional data collection method to reduce possible errors.

Third, the study design in sample 2 did not account for additional factors that might have influenced participants responses. Participants in the intervention group of sample 2 were introduced to settings that were very different from their daily routine regardless of the CC. They were taken away from their daily environment, have been in close interaction with the military psychologist and engaged in small group conversations. These factors which are not related to CC were not shared by the control group. Future studies using similar design may control for these factors by gathering the control group in a similar setting when filling in the surveys or providing them training in a different domain.

These limitation did not occur in sample 1 since sessions settings were not different from the daily settings of the participants: co-workers of the bank join meetings with colleagues on a regular basis, seat around tables in small groups and discuss work matters.
Finally, low survey completion rates and some logistical errors during data collection in both samples resulted in relatively little data available for statistical analysis. For example, in sample 1, half of the collected responses could not be used due to non-matching usernames on the pre and post-intervention surveys. It seems that the instructions for creating an anonymous username in sample 1 were not clear enough and led participants to create different user names on the two time points. A possible way to address this problem in future studies can be through personalized web-links sent separately to each participant. Despite reducing participants’ anonymity, this method can support tracking questionnaires completion and reduce dropouts. Furthermore, in both samples, completion rates in the control groups were low. In sample 2, the control group responses got lost and the group could not be located later. One possible reason for this is a lack of commitment of the control-group participants. While participants in the intervention condition interacted with the researcher or with the military psychotherapist multiple times during the sessions, participants in the control groups of both samples had no meaningful contact with any of them. Additionally, participants in the intervention condition received an indirect reward for their participation in the form of acquiring new skills and resolving their dilemmas in contrast, participants in the control condition received neither direct nor indirect reward for their participation. It can be assumed that the lack of incentives and low commitment to the study goals of participation in the control groups led to the low completion rates. Future studies may consider using rewards of a similar type (e.g. offering training in a skill unrelated to the study) for participants in the control group to ensure maximum completion rates of the survey.

Strengths

The adjusted and shortened versions of the TEQ, ISK, and LoC questionnaires used
for this study seemed to be an effective and time-efficient tool to measure empathy, Self-awareness and Locus of control respectively.

The use of a session protocol in each of the sessions of this study ensured standardization of the procedure, all 52 participants who joined CC sessions followed the same protocol which increased the validity of using CC as a single factor. Future studies aiming to measure specific aspects of CC can use the session protocol as a basis and isolate specific components of the intervention by altering certain steps of the protocol.

The study design, and the use of a control group from the same organizations did control for participants’ natural change over time, for the influence of the measuring instruments themselves (Tourangeau et al., 1989) and for other external factors that could have influenced all members of the organizations such as advancing of the training of the entire recruit’s cohort or having an inspired guest speaker at the bank (Speroff & O'Connor, 2004.)

**Implications**

When inspecting participants’ written reflections after the pilot, common responses have been observed: a high percentage of the participants indicated that they are interested in holding more sessions with their circle and that they will recommend a similar pilot to their colleagues. These responses suggest that CC has some perceived positive impact on participants and that participation in CC is to some extent rewarding.

When participants were asked to reflect on their learnings from the pilot many mentioned the realization that they deal with similar dilemmas as other colleagues do. As two of them wrote: “I learned that I have a lot of great colleagues dealing with similar issues and (that) we can support each other directly on the work floor”, and another “It is liberating to find out that others also share the same dilemmas, and to know that you are not alone”. It seems that becoming aware of other’s dilemmas during CC had made individuals realize that
the challenges they are facing are shared by other colleagues, therefore relieving a sense of loneliness and promoting collegial solidarity. This trend is in line with earlier findings (Joyce & Showers, 2002).

Additionally, in line with Larsson and colleagues (1990) many participants reported feeling emotionally relieved after CC sessions, as one of them wrote: “The sessions are very relaxing and usually improve my mood for the following few days”, These accounts may support the assumed relationship between CC and collegial support and CC and emotional well-being.

**Implications for practice:**

In the past two decades, organizational theories and practices empathizing personal growth of individuals and encouraging vulnerability, openness to change and collective learning gained popularity among practitioners and scholars (Kegan & Lahey, 2016; Senge, 2004). Based on participants reflections it seems that CC can be used as a vehicle to promote such practices in organizations through encouraging openness regarding personal dilemmas surfacing shared dilemmas and forming collegial solidarity.

**Future research**

Future studies aiming to investigate the influence of CC on individual capacities may use similar study design with larger samples and measure the longitudinal effect of intervention as well. Research aiming to explore the assumed positive relationship between sharing one’s dilemma and increased levels of empathy may compare a group of individuals sharing their personal questions with group of individuals who don’t and check for immediate and longitudinal changes in their empathy levels. Such findings will be contributing both to the theoretical understanding regarding the development of empathy and to the design and execution of interventions aiming to increase individuals’ empathy.

The assumed relationships between CC and collegial solidarity has not been established yet. Future research may investigate it using CC as the independent variable and
collegial support as the dependent variable, in a similar study design. The assumed relationship between CC and emotional well-being has not been established too. Researchers interested in investigating this relationship may use a similar study design and apply the instruments measuring positive affect and stress levels in a few time intervals following the intervention.

**Conclusion**

The study could not find evidence for a relationship between participation in Coaching Circles, Empathy, Self-awareness and Internal Locus of Control. A relationship has been found between sharing one’s dilemma in a session and levels of reported empathy and should be further explored in future studies. Participants literal reflections and intentions to continue meeting for sessions point toward rewarding experience and perceived usefulness of CC and suggests a link between CC and perceived collegial solidarity. Future studies that will use a larger sample, focus on longitudinal and general effects of CC on individuals might find empirical support to the assumed outcome of this work form.
References


Presencing institute (2019) [Start now, a timer assisting coaching circle process including 7 steps in different length with a stop watch and guidelines for each phase] Retrieved from https://www.presencing.org/resource/tools/case-clinic-start


Scharmer, O (2019) [Otto Scharmer on the four levels of listening] Retrieved from https://www.youtube.com/watch?v=eLfXpRkVZaI


Triodos Bank (22/1/19) [Meer doen met uw geld] retrieved from

https://www.triodos.nl/?utm_source=google&utm_medium=cpc&utm_campaign=NE

Appendix A: protocol for a session:

Coaching circles protocol

ROLES

Case giver: Share your personal aspiration and leadership challenge that is current, concrete, important and that you happen to be a key player in. You should be able to present the case in 15 min and the case should stand to benefit from the feedback of your peers. Include your personal learning threshold (what you need to let-higher and learn).

Coaches: Listen deeply—do not try to “fix” the problem but listen deeply to the case giver while also attending to the images, metaphors, feelings and gestures that the story evokes in you.

Timekeeper: One of the coaches manages the time.

SEQUENCE

<table>
<thead>
<tr>
<th>Step</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7 min</td>
<td>Select a Case-giver and a time-keeper</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Each person shares his or hers question for the session, in one sentence.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. As a group, deciding which question to focus on listening to urgency and overlaps between questions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. After choosing a case-giver, choose a time-keeper</td>
</tr>
<tr>
<td>2</td>
<td>15 min</td>
<td>Intention statement by case giver</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Then clarify the following questions:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Current situation: What key challenge or question are you up against?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Stakeholders: How might others view this situation?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Intention: What future are you trying to create?</td>
</tr>
</tbody>
</table>
4. Learning threshold: What do you need to let-go of – and what do you need to learn?

5. Help: Where do you need input or help?

   Coaches listen deeply with open heart open mind and open will and may ask clarifying questions (Don’t give advice)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>3 min</td>
<td>Stillness</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Listen to your heart: Connect with your heart to what you’re hearing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Listen to what resonates: What images, metaphors, feelings and gestures come up for that capture the essence of what you heard?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>10 min</td>
<td>Mirroring: Images (Open Mind), Feelings (Open Heart), Gestures (Open Will)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each coach shares the images/metaphors, feelings and gestures that came up in the silence or while listening to the case story.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having listened to all coaches, the case giver reflects back on what s/he heard.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>15 min</td>
<td>Generative dialogue</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All reflect on remarks by the case giver and move into a generative dialogue on how these observations can offer new perspectives on the case giver’s situation and journey.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Go with the flow of the dialogue. Build on each other’s ideas. Stay in service of the case giver without pressure to fix or resolve his/her challenge.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6  8 min  Closing remarks by coaches

   Closing remark by case giver:
   How do I now see my situation and what is your concrete (small) next step?

**Thanks & acknowledgment:** An expression of genuine appreciation to each other.

7  2 min  Individual journaling

   Each person writes down hers/ his learning points from the session
Appendix B. : questionnaire :

**Toronto Empathy Questionnaire:**

Below is a list of statements. Please read each statement carefully and rate how frequently you feel or act in the manner described from 1= never to 5 = always. There are no right or wrong answers or trick questions. Please answer each question as honestly as you can.

1) When someone else is feeling excited, I tend to get excited too

2) Other people’s misfortunes do not disturb me much (R)

3) It upsets me to see someone being treated disrespectfully

4) I remain unaffected when someone close to me is happy (R)

5) I enjoy making others feel better

6) I am concerned for people who are less fortunate than I

7) I find it difficult to relate to the personal issues of my friends (R)

8) I can tell when others are sad even when they do not say anything

9) I find that I am “in tune” with other peoples’ moods

10) I find it difficult to adjust to others’ moods and feelings (R)

11) I am not really affected by others’ feelings (R)

12) I get a strong urge to help when I see someone who is upset
Levenson Locus of Control

Reflecting on the past month, for each of the following statements, indicate the extent to which you agree or disagree

1) Achieving my goals depends mostly on my abilities (I)
2) To a great extent my life is controlled by accidental happenings (C)
3) I feel like what happens in my life is mostly determined by external forces (P)
4) Often there is no chance of protecting my interests from bad luck (C)
5) When I get what I want, it’s usually because I’m lucky (C)
6) Although I might have the capability, I will not achieve my goals without permission from those in power (P)
7) My life is chiefly controlled by powerful institutes (P)
8) I am not planning far ahead because many things turn out to be a matter of luck (C)
9) Getting what I want requires pleasing those above me (P)
10) Whether or not I am able to achieve my goals depends on whether I’m lucky enough to be in the right place at the right time (C)
11) I can determine what will happen in my life (I)
12) I am able to protect my personal interests (I)
13) When I get what I want, it’s usually because I worked hard for it (I)
14) In order to make my plans work, I make sure that they fit in with the plans of people who have power over me (P)
15) My life circumstances are determined by my own actions (I)
The Integrated self-knowledge Scale

Reflecting on the past month, for each of the following statements, indicate the extent to which you agree or disagree

1) By thinking deeply about myself, I can discover what I really want in life
2) If I need to, I can reflect about myself and clearly understand the feelings and attitudes behind my past behaviors
3) Very often, I get so involved in what is going on that I can’t see how I am responding to situations (R)
4) Often, I can understand why I have behaved in a certain way
5) When I get stressed, I react without clear awareness of what I am doing (R)
6) I am able to make sense of my thoughts and feelings during an exciting experience
7) It is difficult for me to find out what is it that I really want (R)
8) I usually don’t try to understand why I have behaved in a particular way (R)
9) Spending time to know and understand my thoughts and feelings has almost never helped me to better know myself (R)
10) Normally I try to understand my contributions to the problems that I am facing