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BA (HONS) Degree in Integrative Counselling and Psychotherapy

DISSERTATION

Exploring Trainee Therapists' Knowledge and use of Exercise as an Evidence Based Adjunct to Psychotherapy.

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Abstract

Exercise is increasingly recognised as an evidence-based intervention for supporting mental health and wellbeing. While a substantial body of research has demonstrated positive associations between exercise and outcomes such as reduced symptoms of depression and anxiety, less is known about how psychotherapists understand and engage with exercise within therapeutic practice. This study explored trainee therapists' knowledge, experiences, and use of exercise as an evidence-based adjunct to psychotherapy.

Adopting a qualitative, interpretivist approach, semi-structured interviews were conducted with four trainee therapists currently undertaking psychotherapy training in Ireland. Data were analysed using Reflexive Thematic Analysis (Braun & Clarke, 2006; 2019).

Analysis generated three interconnected themes: **Exercise as a Legitimate Resource for Mental Health, Negotiating Professional Identity and Boundaries**, and **Exercise within Relationship and Context**.

Participants consistently recognised exercise and physical activity as valuable resources for supporting mental health and wellbeing. However, despite acknowledging the benefits of exercise, participants reported uncertainty regarding its integration within psychotherapeutic practice. Concerns relating to competence, professional boundaries, training, and ethical responsibility emerged across interviews. Participants also emphasised the importance of considering exercise within the context of individual client needs, readiness, and the therapeutic relationship rather than adopting a prescriptive approach.

The findings suggest that trainee therapists do not reject exercise as a mental health intervention; rather, they experience uncertainty regarding its place within their developing professional role. This study contributes to emerging discussions regarding exercise within psychotherapy and highlights the potential importance of training, professional guidance, and multidisciplinary collaboration in supporting its ethical and appropriate integration into practice.

Keywords: *exercise, physical activity, psychotherapy, trainee therapists, mental health, professional identity, therapeutic relationship, reflexive thematic analysis.*

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Chapter 1: Introduction

1.0 Introduction

Mental health is increasingly understood as being influenced by a range of biological, psychological, and social factors. Within this context, growing attention has been given to the role of exercise in supporting psychological wellbeing. This chapter introduces the research topic, outlines the rationale for the study, presents the research aim, objectives, and question, and provides an overview of the dissertation structure.

1.1 Background & Rationale

Health is increasingly understood as a multidimensional construct encompassing physical, mental, and social wellbeing. The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity” (WHO, 1948). This definition reflects a growing recognition that physical and psychological health are interconnected rather than separate domains of human functioning. Mental health difficulties such as depression and anxiety frequently co-occur with physical health concerns, highlighting the importance of adopting holistic approaches to wellbeing.

Within this context, increasing attention has been given to the role of physical activity and exercise in supporting mental health. While the terms are often used interchangeably, physical activity refers to any bodily movement resulting in energy expenditure, whereas exercise is a planned, structured, and repetitive form of physical activity undertaken with the intention of improving or maintaining physical fitness (Caspersen et al., 1985; Dasso, 2019). Exercise has become an important area of interest within healthcare and mental health research due to growing recognition of its potential contribution to psychological wellbeing.

A substantial body of research has explored the relationship between exercise and mental health, with evidence suggesting positive associations between exercise and outcomes such as improved mood, reduced symptoms of depression and anxiety, enhanced emotional

regulation, and increased quality of life (Rosenbaum et al., 2014; Heissel et al., 2023; Noetel et al., 2024). Consequently, exercise is increasingly recognised as an evidence-based intervention within contemporary mental healthcare. However, while awareness of the benefits of exercise appears to be growing, less is known about how this knowledge is understood and applied within psychotherapy practice.

Psychotherapy has traditionally focused on cognitive, emotional, behavioural, and relational aspects of psychological distress. Although contemporary approaches increasingly acknowledge the importance of holistic wellbeing, uncertainty remains regarding the place of exercise within therapeutic practice. Existing research suggests that mental health professionals generally recognise the value of exercise yet often report barriers relating to confidence, competence, training, and professional boundaries when considering its implementation (Kleemann et al., 2020; Garvey et al., 2022; Killeen et al., 2026). These findings raise important questions regarding how psychotherapists, and particularly trainee therapists, understand the role of exercise within their developing professional practice.

The rationale for this study is informed by both the existing literature and the researcher's professional experiences across pharmacy, strength and conditioning, and psychotherapy training. Exposure to differing approaches to mental health care highlighted the growing evidence supporting exercise while simultaneously raising questions regarding how this knowledge is translated into psychotherapeutic practice. Consequently, this study seeks to explore trainee therapists' knowledge, experiences, and use of exercise as an evidence-based adjunct to psychotherapy.

1.2 Research Aim

The aim of this study is to explore trainee therapists' knowledge, experiences, and use of exercise as an evidence-based adjunct to psychotherapy.

1.3 Research Objectives

The objectives of this study are:

1. To explore trainee therapists' understanding of exercise and its relationship to mental health.
2. To examine trainee therapists' experiences and perceptions of exercise as an evidence-based adjunct to psychotherapy.

3. To explore the factors that influence whether exercise is considered or discussed within therapeutic practice.
4. To examine perceived barriers and ethical considerations relating to discussions of exercise within psychotherapy.
5. To explore the perceived role of training, supervision, and professional development in supporting the integration of exercise within therapeutic practice.

1.4 Research Question

How do trainee therapists understand and utilise exercise as an evidence-based adjunct to psychotherapy?

Chapter 2: Literature Review

2.1 Introduction

The relationship between exercise and mental health has received increasing attention within contemporary healthcare and psychological research. A growing body of evidence demonstrates that exercise can reduce symptoms of depression and anxiety, improve psychological wellbeing, and enhance overall quality of life (Rosenbaum et al., 2014; Heissel et al., 2023; Noetel et al., 2024). As a result, exercise is increasingly recognised as an evidence-based intervention and has been incorporated into clinical recommendations for common mental health difficulties (NICE, 2022).

Alongside this growing evidence base, contemporary psychotherapy has increasingly adopted holistic perspectives that recognise the interconnected nature of physical and psychological wellbeing. Approaches such as the biopsychosocial model, integrative psychotherapy, pluralistic therapy, and somatic perspectives challenge traditional mind-body dualism by acknowledging that mental health is influenced by biological, psychological, social, and embodied factors (Engel, 1977; Cooper & McLeod, 2011; Ogden et al., 2006). These perspectives provide a theoretical foundation for considering the relevance of exercise within psychotherapeutic practice.

Despite growing recognition of the mental health benefits of exercise, uncertainty remains regarding how this knowledge translates into psychotherapy. Existing research suggests that mental health professionals generally acknowledge the value of exercise but often report concerns relating to competence, professional boundaries, and implementation within clinical settings (Kleemann et al., 2020; Garvey et al., 2022; Killeen et al., 2026). Furthermore, limited research has explored how trainee therapists understand and engage with exercise within their developing professional roles.

This chapter critically examines the theoretical and empirical literature relevant to the current study. It begins by exploring theoretical perspectives that support a holistic understanding of mental health before reviewing evidence relating to exercise, mental health outcomes, and the knowledge-practice gap that informs the rationale for the present research.

2.2 Theoretical Framework

The relationship between exercise and mental health can be understood through a number of contemporary theoretical perspectives that emphasise holistic and multidimensional understandings of human wellbeing. While exercise is not traditionally considered a psychotherapeutic intervention, several theoretical frameworks provide a rationale for considering its relevance within mental health care. The following section examines the biopsychosocial model, integrative and pluralistic perspectives, and somatic approaches, each of which offers a different lens through which the potential role of exercise within psychotherapy can be understood.

2.2.1 Beyond Mind - Body Dualism: Biopsychosocial

The biopsychosocial model provides a useful framework for understanding the relationship between exercise and mental health. Developed by Engel (1977), the model challenged the traditional biomedical approach, which conceptualised illness primarily in terms of biological dysfunction. Engel argued that health and wellbeing cannot be fully understood through biological factors alone and that psychological and social influences also play a significant role in human functioning.

Building on Engel's work, Borrell-Carrió et al. (2004) emphasised that effective healthcare requires consideration of the individual's subjective experiences, relationships, and social context alongside biological symptoms. This perspective has become highly influential within contemporary healthcare and psychotherapy, where understanding the complexity of human experience is central to effective practice.

The biopsychosocial model offers a particularly relevant framework for considering exercise within mental health care. Exercise has the potential to influence biological processes through improvements in physical health and physiological functioning, psychological processes through enhanced mood, self-efficacy, and emotional regulation, and social processes through participation, connection, and support (Budde et al., 2016). From this perspective, exercise may be understood as more than a physical activity; it represents a multidimensional factor capable of influencing psychological wellbeing.

Despite its widespread influence, the biopsychosocial model has been criticised for its broad and sometimes vague application within practice. Critics argue that the model provides limited guidance regarding how biological, psychological, and social factors should be prioritised or integrated within clinical decision-making (Borrell-Carrió et al., 2004).

Nevertheless, its holistic understanding of health remains highly relevant to the current study. By recognising the interconnected nature of physical and psychological wellbeing, the model provides a theoretical foundation for exploring how trainee therapists understand the role of exercise within psychotherapy and whether such perspectives are reflected in clinical practice.

2.2.2 Integrative and Pluralistic Perspective

Integrative psychotherapy emerged from the recognition that no single therapeutic approach can adequately explain the complexity of human experience or meet the needs of every client. Rather than adhering exclusively to one theoretical orientation, integrative practitioners draw upon multiple theoretical approaches to support therapeutic change (Norcross & Goldfried, 2005). This flexibility reflects an understanding that psychological distress is influenced by a range of emotional, cognitive, behavioural, relational, physical, and social factors.

A central principle of integrative psychotherapy is responsiveness to the individual needs of the client. Zarbo et al. (2016) suggest that integrative practice prioritises the person rather than the model. From this perspective, exercise may be viewed as one of many factors that can influence wellbeing. Although exercise is not traditionally considered a psychotherapeutic intervention, evidence suggesting its positive effects on mood, self-esteem, emotional regulation, and overall mental health raises questions regarding its potential relevance within therapeutic conversations.

Similar ideas are reflected within pluralistic therapy. Developed by Cooper and McLeod (2011), pluralism rejects the assumption that one therapeutic approach is effective for all clients and instead proposes that different individuals may benefit from different pathways to change. Central to pluralistic practice is collaboration, with therapists and clients working together to identify goals, preferences, and interventions that are likely to be most helpful. This approach emphasises ongoing dialogue regarding what works for whom, under what circumstances, and at what stage of the therapeutic process.

From a pluralistic perspective, exercise is unlikely to represent a universal solution to psychological distress. Rather, its relevance depends upon the client's preferences, needs, capabilities, and presenting concerns. For some individuals, exercise may support emotional regulation, confidence, social connection, or recovery from depression and anxiety. For others, discussions relating to exercise may be inappropriate, unwelcome, or potentially

harmful, particularly where difficulties such as body image concerns, compulsive exercise, or eating disorders are present.

A potential limitation of both integrative and pluralistic approaches is that their flexibility can make clear boundaries regarding intervention selection difficult to define. While these frameworks encourage openness to evidence-based practices, they provide limited guidance regarding when lifestyle interventions such as exercise fall within the therapist's role or competence. Nevertheless, both perspectives support a holistic and client-centred understanding of wellbeing and provide a useful framework for exploring how trainee therapists conceptualise the place of exercise within psychotherapy.

2.2.3 Somatic Perspective and Embodied Experience

Somatic approaches to psychotherapy challenge the traditional separation of mind and body by emphasising the interconnected nature of physical sensations, emotions, cognition, and behaviour. Rather than viewing psychological distress solely as a cognitive or emotional phenomenon, somatic theorists propose that experiences are embodied and expressed through physiological processes (Ogden et al., 2006). Consequently, the body is understood not merely as a recipient of psychological distress but as an active participant in emotional regulation, self-awareness, and therapeutic change.

Contemporary somatic perspectives highlight the role of the nervous system in psychological functioning. Van der Kolk (2014) argues that experiences of stress and trauma are reflected in physiological states and bodily responses, while Levine (2010) suggests that increased awareness of bodily sensations can facilitate emotional processing and recovery. Similarly, Ogden and Minton (2000) emphasise the importance of sensorimotor experiences in understanding and addressing psychological difficulties. Collectively, these perspectives challenge mind–body dualism and support a more integrated understanding of mental health.

The concept of interoception, defined as the ability to perceive and interpret internal bodily sensations, has become increasingly important within contemporary somatic literature. Improved interoceptive awareness has been associated with enhanced emotional regulation, self-awareness, and psychological wellbeing (Price & Hooven, 2018). Such findings suggest that bodily awareness may play a significant role in mental health and therapeutic processes.

Although exercise is distinct from formal somatic psychotherapy, both approaches share an emphasis on the importance of bodily experience. Exercise involves direct engagement with physical sensations, movement, and physiological states, all of which may

influence psychological functioning. Research demonstrating the positive effects of exercise on mood, emotional regulation, and wellbeing provides further support for this view.

However, somatic perspectives do not necessarily imply that exercise should be incorporated into psychotherapy. Rather, they offer a theoretical foundation for understanding why physical activity may be relevant to mental health. By highlighting the interconnected nature of body and mind, somatic theory provides an additional lens through which trainee therapists may conceptualise the role of exercise within psychotherapeutic practice.

2.3 Empirical Research

The preceding theoretical perspectives provide a rationale for considering exercise within contemporary understandings of mental health and psychotherapy. However, theoretical relevance alone does not establish clinical value. Consequently, it is necessary to examine the empirical evidence relating to exercise and mental health outcomes. This section reviews research exploring the effectiveness of exercise as a mental health intervention, before examining the extent to which this evidence is reflected in clinical practice and psychotherapeutic settings.

2.3.1 Evidence for Exercise in Mental Health Treatment

Over the past two decades, a substantial body of research has emerged supporting the role of exercise in promoting mental health and reducing symptoms associated with common psychological difficulties. Exercise is now recognised as an evidence-based intervention for depression and anxiety, with findings from systematic reviews and meta-analyses consistently demonstrating positive effects across a range of populations and settings (Rosenbaum et al., 2014; Budde et al., 2016; Noetel et al., 2024).

One of the most consistent findings within the literature is the relationship between exercise and reduced symptoms of depression. In a review of 37 meta-analyses, Budde et al. (2016) reported significant reductions in both depressive and anxiety symptoms following exercise interventions, with particularly strong effects observed for depression. Importantly, the authors found that exercise appeared especially beneficial for individuals experiencing clinically significant mental health difficulties, suggesting that its value extends beyond general health promotion. Similarly, Rosenbaum et al. (2014) concluded that physical activity interventions can improve both mental and physical health outcomes among individuals experiencing mental illness.

More recently, Heissel et al. (2023) reported that supervised and structured exercise programmes produced greater reductions in depressive symptoms than unsupervised activity. This finding suggests that therapeutic benefits may be influenced not only by physical activity itself but also by factors such as accountability, social support, and programme structure. Consequently, questions remain regarding the specific mechanisms through which exercise exerts its psychological effects.

Research has also highlighted the potential psychological risks associated with sedentary behaviour. Huang et al. (2020), in a meta-analysis involving more than 128,000 participants, found that prolonged sedentary behaviour was associated with an increased risk of depression, particularly during passive activities such as television viewing. These findings further support the broader relationship between movement behaviours and psychological wellbeing.

The growing strength of the evidence base has influenced contemporary clinical guidelines. The National Institute for Health and Care Excellence (NICE, 2022) recommends structured group physical activity as a treatment option for adults experiencing less severe depression, reflecting increasing recognition of exercise within mainstream mental healthcare. This position is further reinforced by Noetel et al. (2024), whose network meta-analysis of 218 studies involving over 14,000 participants identified walking, jogging, yoga, and strength training as effective interventions for reducing depressive symptoms.

Collectively, the literature provides compelling evidence that exercise can contribute positively to mental health and wellbeing. However, while the effectiveness of exercise is increasingly established, less attention has been given to how this evidence is understood and applied by psychotherapists and other mental health professionals. Consequently, the focus of research has begun to shift from establishing whether exercise is effective to understanding how such evidence can be translated into routine clinical practice.

2.3.2 The Knowledge – Practice Gap

Despite growing evidence supporting the benefits of exercise for mental health, research suggests that this knowledge is not consistently translated into clinical practice. While mental health professionals generally recognise exercise as a valuable intervention, they often report limited confidence, training, and engagement in discussing physical activity with clients. This disparity between evidence and implementation has been described as a knowledge-practice gap (Graham et al., 2006).

To investigate mental health professionals' attitudes towards exercise, Stanton et al. (2014) developed the Exercise in Mental Illness Questionnaire–Health Professionals Version (EMIQ-HP), a measure designed to assess clinicians' knowledge, beliefs, behaviours, and perceived barriers regarding exercise promotion within mental healthcare. Findings from subsequent research suggest that positive attitudes towards exercise do not necessarily translate into clinical implementation.

Using the EMIQ-HP, Kleemann et al. (2020) examined the perspectives of mental health professionals working within community services. Although participants broadly acknowledged the positive impact of exercise on mental health outcomes, exercise was consistently ranked below traditional interventions such as psychotherapy and medication. Furthermore, most participants reported only occasionally recommending exercise to service users despite recognising its potential benefits. A significant finding was the lack of formal education and training relating to exercise and mental health, with many clinicians reporting uncertainty regarding their competence to discuss physical activity and whether such discussions fell within their professional role.

Similar findings have emerged within an Irish context. Killeen et al. (2026) found that although most clinicians working within Child and Adolescent Mental Health Services supported the inclusion of physical activity within mental healthcare, exercise interventions remained largely absent from routine practice. Interestingly, the authors reported that clinicians' confidence in the evidence supporting exercise appeared to influence behaviour more strongly than factual knowledge alone. This suggests that awareness of the research may be insufficient unless accompanied by confidence in its practical application.

Qualitative research has provided further insight into this issue. Garvey et al. (2022) found that clinicians recognised the benefits of exercise while simultaneously expressing uncertainty regarding implementation, professional competence, and ethical responsibility. Participants described concerns about introducing exercise safely, managing physical health considerations, and avoiding interventions that might inadvertently increase feelings of failure or inadequacy among vulnerable clients. These findings suggest that reluctance to discuss exercise may stem less from scepticism regarding its effectiveness and more from uncertainty regarding professional boundaries and responsibility.

Collectively, the literature highlights a persistent gap between evidence and practice. Although mental health professionals generally acknowledge the value of exercise, barriers relating to training, confidence, competence, and professional identity continue to limit its integration into routine care. However, much of the existing research has focused on

multidisciplinary mental health professionals, with comparatively little attention given to psychotherapists and trainee therapists specifically.

2.3.3 Exercise within Psychotherapy: An Emerging Area

While a growing body of research has explored mental health professionals' attitudes towards exercise, comparatively little attention has been given to psychotherapists specifically. Existing studies have largely focused on multidisciplinary teams, including psychiatrists, psychologists, nurses, social workers, and allied health professionals (Kleemann et al., 2020; Killeen et al., 2026). Although these findings provide valuable insight into the broader mental health landscape, they may not fully capture the unique considerations associated with psychotherapeutic practice.

Psychotherapy has traditionally prioritised cognitive, emotional, relational, and behavioural processes, with comparatively less emphasis placed on lifestyle interventions such as exercise. Consequently, psychotherapists may encounter distinct challenges when considering whether exercise falls within their professional role. Concerns relating to competence, scope of practice, ethical responsibility, and the potential tension between therapeutic exploration and health promotion may influence how exercise is understood and discussed within therapy (Garvey et al., 2022; Pollock, 2001).

Furthermore, trainee therapists occupy a particularly important position within this discussion. As developing practitioners, trainees are actively constructing their professional identities while integrating theoretical knowledge, clinical experience, supervision, and ethical frameworks. Their perspectives may therefore provide valuable insight into how future psychotherapists understand the place of exercise within therapeutic practice. However, despite increasing recognition of exercise as an evidence-based intervention for mental health, little research has explored trainee therapists' knowledge, experiences, and use of exercise within psychotherapy.

This gap in the literature is significant given the growing emphasis on holistic and integrative approaches to mental health care. Exploring how trainee therapists conceptualise exercise may contribute to a deeper understanding of the factors that facilitate or hinder its discussion within psychotherapy and may help inform future training, supervision, and professional development.

2.4 Chapter Conclusion

This chapter has examined the theoretical and empirical literature relating to exercise and mental health. Theoretical perspectives including the biopsychosocial model, integrative and pluralistic psychotherapy, and somatic approaches collectively support a holistic understanding of wellbeing and provide a rationale for considering the potential relevance of exercise within psychotherapeutic practice. These frameworks challenge traditional mind–body dualism and highlight the interconnected nature of physical, psychological, and social factors in mental health.

The empirical literature demonstrates a substantial and growing evidence base supporting exercise as an effective intervention for improving mental health outcomes, particularly in relation to depression and anxiety (Rosenbaum et al., 2014; Heissel et al., 2023; Noetel et al., 2024). However, despite widespread recognition of these benefits, research consistently identifies a gap between evidence and implementation. Mental health professionals generally acknowledge the value of exercise yet often report barriers relating to competence, confidence, training, and professional boundaries (Garvey et al., 2022; Kleemann et al., 2020; Killeen et al., 2026).

While these issues have been explored among multidisciplinary mental health professionals, limited research has examined how trainee therapists understand and engage with exercise within psychotherapy. Consequently, there remains a need to explore how exercise is conceptualised and whether it is perceived as relevant to clinical practice. The following chapter outlines the methodology employed to investigate these questions.

Chapter 3: Methodology

Chapter 3 outlines the methodological approach adopted in this study. It describes the research paradigm, participant recruitment, data collection and analysis procedures, and the ethical and reflexive considerations that informed the research process.

3.1 Research Design & Methodological Approach

This study was conducted within an interpretivist research paradigm. Interpretivism assumes that reality is subjective and socially constructed, with meaning emerging through individuals' experiences, perceptions, and interactions (Willig, 2013). Rather than seeking a single objective truth, interpretivist research aims to understand how individuals make sense of their lived experiences within particular social and cultural contexts. This paradigm was considered appropriate for the present study as it sought to explore trainee therapists' understandings, experiences, and use of exercise within psychotherapeutic practice.

A qualitative research design was employed to facilitate an in-depth exploration of participants' perspectives. Qualitative approaches are particularly suited to investigating complex and nuanced phenomena where individual meanings, interpretations, and experiences are central to the research question (Braun & Clarke, 2013). Given the exploratory nature of the study and the limited research examining trainee therapists' perspectives on exercise within psychotherapy, a qualitative methodology provided the flexibility necessary to capture rich and detailed accounts.

Data were analysed using Reflexive Thematic Analysis (RTA) as developed by Braun and Clarke (2006; 2019). RTA is a flexible method for identifying, analysing, and interpreting patterns of meaning across qualitative data. Unlike approaches that seek objective consensus or coding reliability, reflexive thematic analysis acknowledges the active role of the researcher in the construction and interpretation of themes (Braun & Clarke, 2019).

The combination of an interpretivist paradigm, qualitative methodology, and reflexive thematic analysis provided a coherent framework through which to explore how trainee therapists understand and engage with exercise as an evidence-based adjunct to psychotherapy.

3.2 Participants

Participants were recruited using purposive sampling, a non-probability sampling strategy commonly employed in qualitative research to identify individuals who can provide rich and relevant insights into the phenomenon under investigation (Patton, 2015). As the study sought to explore trainee therapists' knowledge, experiences, and use of exercise within psychotherapy, participants were selected based on their direct experience of psychotherapy training and clinical practice.

The sample consisted of four trainee therapists currently undertaking psychotherapy training in Ireland. Participants were recruited through professional and educational networks and were required to meet the inclusion criteria of being enrolled in a recognised psychotherapy training programme and having experience of working with clients in a therapeutic capacity. Individuals who did not meet these criteria were excluded from participation.

While the sample size was relatively small, this is consistent with qualitative research that prioritises depth of understanding over statistical generalisability (Braun & Clarke, 2013). The participants provided rich and nuanced accounts that were considered sufficient to address the research question and support meaningful thematic analysis.

To protect confidentiality, all participants were assigned pseudonyms and identifying information was removed from interview transcripts and subsequent reporting of findings.

3.3 Data Collection

Data were collected through semi-structured interviews. This method was considered appropriate as it allowed participants to discuss their knowledge, experiences, and perceptions of exercise as an evidence-based adjunct to psychotherapy while providing sufficient flexibility to explore issues that emerged during the interviews (Smith & Osborn, 2015).

An interview schedule was developed based on the research question and relevant literature. Open-ended questions and prompts encouraged participants to reflect on their understanding of exercise, its perceived role within psychotherapy, and their experiences of discussing exercise within therapeutic contexts. The semi-structured format ensured consistency across interviews while allowing participants to introduce issues they considered important.

Interviews were conducted individually via Zoom and lasted approximately 30–45 minutes. With participants' consent, interviews were audio-recorded and subsequently transcribed verbatim. The use of online interviews facilitated participant access and provided a practical means of data collection while maintaining confidentiality and participant comfort. The interview transcripts formed the dataset for subsequent thematic analysis.

3.4 Data Analysis

The interview data were analysed using Reflexive Thematic Analysis (RTA) as developed by Braun and Clarke (2006; 2019). RTA is a qualitative method used to identify, analyse, and interpret patterns of meaning across a dataset.

Data analysis followed Braun and Clarke's (2006) six-phase framework. The first phase involved familiarisation with the data through repeated reading of interview transcripts and active engagement with participants' accounts. Initial ideas and observations were documented throughout this process. The second phase involved the generation of initial codes, whereby meaningful features of the data relevant to the research question were identified and labelled. In the third phase, codes were examined and organised into potential themes, allowing patterns of meaning to emerge across the dataset.

The fourth phase involved reviewing and refining themes to ensure they accurately reflected both the coded data and the dataset as a whole. During the fifth phase, themes were further developed, defined, and named to capture the essence of participants' experiences. The final phase involved the production of the written analysis, integrating thematic interpretations with supporting extracts from participant interviews.

Consistent with a reflexive approach, themes were not viewed as passively emerging from the data but as actively developed through the researcher's engagement with participants' accounts (Braun & Clarke, 2019). The analytic process therefore involved ongoing reflection regarding interpretation, meaning, and researcher influence. This approach enabled the development of a rich and nuanced understanding of how trainee therapists conceptualise and utilise exercise as an evidence-based adjunct to psychotherapy.

3.5 Ethical Considerations

Ethical approval for this study was obtained through the appropriate institutional ethics review process prior to data collection. The study was conducted in accordance with the ethical principles of respect for autonomy, confidentiality, beneficence, and non-maleficence (BPS, 2021).

Participants were provided with an information sheet outlining the purpose of the study, the nature of their involvement, and their right to withdraw from the research at any stage without penalty. Written informed consent was obtained prior to participation, ensuring that individuals understood the aims of the study and how their data would be used.

Given the potentially sensitive nature of discussions relating to professional experiences and clinical practice, particular attention was paid to confidentiality and anonymity. Participants

were assigned pseudonyms, and all identifying information was removed from interview transcripts and subsequent reporting of findings. Audio recordings, transcripts, and consent forms were stored securely on password-protected devices and handled in accordance with General Data Protection Regulation (GDPR) requirements.

Participants were informed that they could decline to answer any question or withdraw from the study at any stage without consequence.

By adhering to established ethical guidelines and maintaining participant confidentiality throughout the research process, the study sought to protect participants' rights and wellbeing while ensuring the integrity of the research.

3.6 Reflexivity

Reflexivity is an important component of qualitative research, requiring researchers to critically consider how their personal experiences, beliefs, values, and assumptions may influence the research process and interpretation of findings (Willig, 2013). Consistent with the interpretivist paradigm and Reflexive Thematic Analysis, knowledge is understood as co-constructed through interactions between researcher and participant, and complete objectivity is considered neither possible nor desirable.

The researcher's interest in this topic was informed by a professional background as a pharmacy technician, strength and conditioning coach, and trainee psychotherapist. Through working with women and men within her strength and conditioning business, the researcher repeatedly observed the positive impact of exercise and behaviour change on mental health and wellbeing. These experiences prompted an interest in how exercise is understood and perceived as an adjunct to psychotherapy.

The researcher recognised that these experiences may have influenced assumptions entering the study. In particular, there was a pre-existing belief that exercise may play a beneficial role in supporting mental health. Awareness of this potential bias encouraged ongoing reflection throughout data collection and analysis. Efforts were made to approach interviews with openness and curiosity, allowing participants to articulate both supportive and critical perspectives regarding the role of exercise within psychotherapy.

Reflexive engagement was maintained throughout the research process through note-taking, reflective consideration of emerging interpretations, and ongoing examination of

how personal experiences may have shaped interactions with participants and the development of themes. Rather than attempting to eliminate researcher influence, reflexivity was used to enhance transparency and support a thoughtful and critically informed interpretation of the data.

3.7 Trustworthiness and Rigour

Trustworthiness was established through several strategies consistent with qualitative research. Transparency was supported through the clear documentation of methodological decisions throughout the research process, including participant recruitment, data collection, and data analysis procedures. Reflexive Thematic Analysis was conducted in accordance with Braun and Clarke's (2006; 2019) guidelines, providing a systematic framework for theme development.

In line with Yardley's (2000) principles of quality in qualitative research, attention was given to sensitivity to context, methodological coherence, transparency, and reflexivity. The use of semi-structured interviews enabled participants to provide rich and detailed accounts of their experiences, while the inclusion of participant quotations within the findings chapter enhances transparency by demonstrating the connection between the data and the interpretations presented.

Rather than seeking objectivity, rigour was understood as the production of a credible, coherent, and theoretically informed analysis that remained grounded in participants' accounts (Braun & Clarke, 2021).

Chapter 4: Findings

This chapter presents the findings generated from the semi-structured interviews with four trainee therapists. Data were analysed using Reflexive Thematic Analysis (Braun & Clarke, 2006; 2019), resulting in the development of three themes that capture participants' understandings, experiences, and use of exercise within psychotherapeutic practice. The themes presented reflect participants' recognition of the relationship between exercise and mental health, the challenges associated with integrating exercise into psychotherapeutic practice, and the importance of considering exercise within the context of individual client needs and the therapeutic relationship. Participant quotations are included throughout to illustrate and support the themes identified.

4.1 Theme One: Exercise as a Legitimate Resource for Mental Health

Participants consistently described exercise and physical activity as important contributors to mental health and wellbeing. Across all interviews, there was a shared recognition that physical and psychological health were closely interconnected, with exercise frequently viewed as a valuable resource for supporting emotional wellbeing. While participants differed in how they approached exercise within therapeutic practice, there was little disagreement regarding its potential benefits.

4.1.1 Personal and Professional Recognition of Benefits

Participants frequently drew upon both personal and professional experiences when discussing the relationship between exercise and mental health.

One participant described exercise as “*one of the pillars of health*”, explaining that when physical health is neglected “*the other parts are all wobbly*.” They viewed physical wellbeing as an integral component of mental health and suggested that exercise formed part of a broader picture of psychological wellbeing. Reflecting on their own experiences of walking and yoga, they stated:

“I'm much more relaxed and I just feel better in myself... it's good for my head. I go out for a walk, I leave it on the walk.”

This participant also indicated that exercise was routinely discussed within therapeutic work, describing it as an important aspect of understanding a client's overall wellbeing.

Similarly, another participant highlighted the importance of physical activity within their own life, describing walking their dog as both a physical and psychological resource:

"It's actually become a space for my head as well as my body."

They suggested that movement provided opportunities for reflection, regulation, and self-care, while also noting that the term "*exercise*" could sometimes create pressure or unrealistic expectations.

Professional experiences also informed participants' perspectives. One participant believed exercise could have "*quite a larger role*" within psychotherapy and described being open to incorporating discussions of exercise into therapeutic work because of the perceived relationship between physical and mental wellbeing.

Collectively, participants' accounts reflected a strong belief that exercise and movement could support mental health.

4.1.2 Beyond Exercise: Understanding Physical Activity, Movement and Wellbeing

Participants frequently distinguished between structured exercise and broader forms of physical activity. Rather than focusing exclusively on formal exercise, many emphasised movement, walking, yoga, and everyday physical activity as meaningful and accessible ways of supporting wellbeing.

One participant explicitly differentiated between exercise and physical activity, stating:

"Exercise is one thing and physical activity is another."

They further explained that physical activity needed to be understood in relation to an individual's circumstances, abilities, and stage of life.

Similarly, participants commonly referred to walking as a valuable and achievable activity. Walking was described as providing opportunities for relaxation, emotional release, grounding, and a sense of accomplishment. Rather than presenting exercise as a highly structured intervention, participants tended to conceptualise movement as flexible and adaptable to individual needs.

Despite recognising these benefits, participants remained uncertain regarding how exercise should be incorporated into psychotherapeutic practice.

4.2 Theme Two: Negotiating Professional Identity and Boundaries

While participants consistently recognised the value of exercise for mental health, they also expressed considerable uncertainty regarding how exercise could be incorporated into psychotherapeutic practice. This uncertainty was closely linked to concerns relating to professional competence, scope of practice, ethical responsibility, and the perceived boundaries of the psychotherapist role. Participants frequently described a tension between acknowledging the benefits of exercise and feeling insufficiently equipped or authorised to discuss it within therapy.

4.2.1 Confidence, Knowledge and Competence

A recurring concern across interviews related to participants' confidence in discussing exercise with clients. While participants generally believed exercise could support mental health, several questioned whether they possessed sufficient knowledge or expertise to engage with the topic confidently.

One participant explained:

"I would only discuss it to a level at which I was comfortable or knowledgeable."

They further acknowledged that while they were aware of research supporting exercise and mental health, they did not possess any formal training in the area. This created uncertainty regarding how far such discussions should extend within therapeutic work. Similarly, another participant described the need for additional education before feeling confident introducing exercise into therapeutic conversations:

"I would have to have the confidence, and the confidence in my own confidence is to talk about exercise."

They suggested that psychotherapists alone may not possess all the knowledge required and highlighted the value of expertise from professionals working directly within exercise-related fields.

These accounts suggest that participants' hesitancy was not rooted in scepticism regarding exercise itself, but rather in uncertainty regarding their own competence to discuss it responsibly within therapeutic practice.

4.2.2 Is This Psychotherapy? Professional Role and Scope of Practice

Participants also questioned whether discussing exercise fell within the traditional boundaries of psychotherapy. Several described uncertainty regarding where therapeutic exploration ended and advice-giving, coaching, or health promotion began.

One participant articulated this tension clearly:

“My other fear is, is it outside the realms of straight psychotherapy?”

They explained that while they recognised potential benefits associated with exercise, nutrition, mindfulness, and meditation, they were unsure whether such interventions belonged within the psychotherapy process itself.

Ethical and professional boundaries were frequently raised within this context. The same participant reflected:

“Am I sufficiently trained to do this?... Am I insured to give that type of advice?”

These concerns extended beyond knowledge deficits and reflected broader questions regarding professional responsibility and the limits of therapeutic competence.

Rather than positioning themselves as experts in exercise, participants often favoured a multidisciplinary approach. One participant described referring clients to professionals with specialist knowledge while continuing to explore the emotional and psychological aspects of clients’ experiences within therapy. This approach appeared to preserve professional boundaries while acknowledging the potential relevance of exercise to mental health.

4.2.3 Training and Educational Gaps

Perhaps the most consistent finding across the dataset related to participants’ perceptions of inadequate training. All participants indicated that exercise had received little or no attention within their psychotherapy education despite recognising its potential relevance to mental health.

When asked whether their training had prepared them to address exercise within psychotherapy, one participant responded:

“Absolutely not.”

They went on to suggest that colleges should place greater emphasis on topics such as exercise, fitness, and general health given the growing body of evidence linking these factors to mental wellbeing.

A similar view was expressed by another participant who stated:

“I don’t think training has prepared me to address exercise to clients.”

They emphasised the need for additional education and highlighted the importance of drawing upon expertise from both psychotherapy and exercise-related disciplines.

Another participant similarly reflected that exercise had not featured within any module of their psychotherapy training and suggested that additional learning or specialist training might be required to support its integration into practice.

Collectively, participants' accounts reveal that the primary challenge was not a lack of belief in the value of exercise but uncertainty regarding how such knowledge could be translated into psychotherapeutic practice. Questions relating to competence, professional identity, and training emerged repeatedly, suggesting that the integration of exercise within psychotherapy may be constrained less by attitudes towards exercise and more by uncertainty regarding its place within the professional role of the therapist.

4.3 Theme Three: Exercise within Relationship and Context

Participants consistently emphasised that discussions relating to exercise should be guided by individual client needs and the therapeutic relationship. While exercise was generally viewed as beneficial, participants rejected a one-size-fits-all approach and instead described the importance of considering client readiness, presenting difficulties, and personal circumstances..

4.3.1 Client Readiness and Individual Difference

Participants frequently stressed that the appropriateness of discussing exercise depended upon the individual client and their presenting concerns. Exercise was not viewed as a one-size-fits-all intervention, with several participants identifying situations in which discussions of exercise required particular care and sensitivity.

One participant explained:

“It really depends on the client presentation.”

They described considering factors such as anxiety, OCD, safety concerns, and clients' wider life circumstances when thinking about exercise within therapeutic work.

Similarly, another participant highlighted the potential risks associated with introducing exercise inappropriately when working with clients experiencing body image difficulties, eating disorders, or issues relating to self-worth:

“You don't know what you're feeding into.”

They expressed concern that discussions of exercise could inadvertently reinforce shame, self-criticism, or unrealistic expectations if insufficient attention was paid to the client's personal experience and relationship with their body.

Participants identified situations where greater caution might be required, including trauma, eating disorders, OCD, and compulsive relationships with exercise. Conversely, exercise was viewed as potentially beneficial for clients experiencing depression, low mood, isolation, or difficulties with emotional regulation..

4.3.2 Collaborative Exploration Rather Than Prescription

Participants favoured collaborative exploration rather than direct recommendation or prescription. Discussions of exercise were typically framed through curiosity, dialogue, and shared exploration.

One participant reflected on a personal experience of therapy in which exercise had been suggested at a time when they felt overwhelmed and unsupported. Recalling this experience, they stated:

“I felt really that she wasn't in it with me, she didn't understand the depth of where I was.”

They suggested that introducing exercise without sufficient understanding of the client's experience risked damaging the therapeutic relationship.

Similarly, participants frequently emphasised the importance of timing, rapport, and understanding the client's perspective before discussing exercise. One participant described exploring questions such as:

“What does exercise mean to you?”

rather than assuming that exercise held the same meaning or value for every client.

Exercise was rarely framed as a directive intervention. Instead, participants approached the topic through curiosity, psychoeducation, and collaborative conversation, allowing exercise to be explored in relation to clients' experiences, values, and therapeutic goals.

Overall, participants viewed exercise as potentially beneficial but emphasised that its relevance should be understood within the context of the individual client and the therapeutic relationship.

Chapter 5: Discussion

5.1 Introduction

This chapter discusses the findings presented in Chapter Four in relation to the theoretical and empirical literature reviewed in Chapter Two.

5.2 Exercise as a Legitimate Resource

The first theme identified that trainee therapists viewed exercise and physical activity as legitimate resources for supporting mental health. Participants consistently described a relationship between physical and psychological wellbeing and frequently drew upon both personal and professional experiences when discussing the benefits of movement. This finding aligns closely with the substantial body of literature demonstrating positive associations between exercise and mental health outcomes.

Within the empirical literature, exercise has been associated with reductions in symptoms of depression and anxiety, improvements in mood, enhanced emotional regulation, and increased quality of life (Rosenbaum et al., 2014; Heissel et al., 2023; Noetel et al., 2024). Participants similarly described exercise as beneficial for mental health and wellbeing.

The findings also resonate with the biopsychosocial model discussed in Chapter Two. From a biopsychosocial perspective, mental health is understood as the product of interacting biological, psychological, and social factors (Engel, 1977). Participants frequently described exercise as contributing not only to physical wellbeing but also to emotional regulation, psychological resilience, social connection, and overall functioning. Such accounts align with holistic conceptualisations of wellbeing.

An interesting finding emerging from the interviews was participants' tendency to distinguish between exercise and broader forms of physical activity. Several participants appeared more comfortable discussing walking, movement, yoga, and everyday physical activity than structured exercise programmes. This distinction may reflect recognition that movement can support wellbeing in ways that are accessible and meaningful to different individuals. Such findings echo contemporary discussions within health psychology that advocate for flexible and inclusive understandings of physical activity rather than narrowly defined exercise prescriptions.

The findings also demonstrate some alignment with somatic perspectives explored within the theoretical literature. Participants described movement as facilitating grounding, nervous system regulation, present-moment awareness, and reconnection with bodily experience. These observations are consistent with somatic approaches that emphasise the importance of bodily processes in emotional regulation and psychological wellbeing (Levine, 2010; Payne et al., 2015).

While participants clearly recognised the value of exercise for mental health, the findings suggest that acceptance of the evidence base does not necessarily translate into confidence regarding its application within psychotherapy. Consequently, although participants largely endorsed exercise as a beneficial mental health resource, uncertainty remained regarding how such knowledge could be integrated into psychotherapeutic practice. This tension emerged as a central finding of the study and is explored further in the following section.

5.3 Negotiating Professional Identity & Boundaries

The second theme revealed that participants experienced considerable uncertainty regarding how exercise could be integrated into psychotherapeutic practice. While all participants recognised exercise as beneficial for mental health, they frequently questioned their competence, confidence, and professional authority to discuss exercise within therapeutic work. These findings suggest that the primary barrier to integration may not be scepticism regarding the effectiveness of exercise, but rather uncertainty regarding its place within the professional identity and role of the psychotherapist.

This finding closely aligns with the knowledge-practice gap identified within the literature. Research has consistently demonstrated that mental health professionals generally acknowledge the value of exercise for mental health while simultaneously reporting low levels of confidence, limited knowledge, and uncertainty regarding implementation (Kleemann et al., 2020; Garvey et al., 2022; Killeen et al., 2026). Participants in the present study expressed similar concerns, frequently describing a lack of formal training and uncertainty regarding how exercise-related discussions could be incorporated into psychotherapy. This suggests the challenge is not awareness but practical and professional integration.

Importantly, participants' concerns extended beyond knowledge deficits alone. Questions regarding competence were often intertwined with broader issues relating to

professional identity and scope of practice. Several participants questioned whether discussing exercise constituted psychotherapy, psychoeducation, coaching, or health promotion. This finding highlights a tension largely absent from the literature. While empirical research has increasingly established the effectiveness of exercise as a mental health intervention, considerably less attention has been paid to how psychotherapists conceptualise their role in relation to such interventions.

The findings may also be understood within the context of professional identity development. As trainee therapists continue to develop their therapeutic orientation and professional confidence, uncertainty regarding professional boundaries may be particularly salient. Participants frequently expressed concerns regarding advice-giving, ethical responsibility, insurance, and competence. Such concerns may contribute to hesitancy when considering interventions perceived to lie outside traditional psychotherapeutic approaches. From this perspective, reluctance to engage with exercise-related discussions may represent professional caution rather than resistance.

The findings also resonate with the integrative and pluralistic perspectives discussed in Chapter Two. Integrative approaches increasingly acknowledge that psychological wellbeing is influenced by multiple interacting factors and that effective therapeutic practice may involve drawing upon a range of evidence-informed resources. Similarly, pluralistic perspectives emphasise flexibility, collaboration, and responsiveness to client needs (Cooper & McLeod, 2011). Participants appeared broadly supportive of these principles, yet uncertainty remained regarding how exercise could be incorporated without compromising professional boundaries. This suggests that while contemporary psychotherapy may be moving towards more holistic understandings of wellbeing, training and professional frameworks may not have evolved at the same pace.

A particularly striking finding was the consistency with which participants identified gaps within their psychotherapy training. Across interviews, participants reported receiving little or no education relating to exercise and mental health despite recognising its potential relevance to clinical practice. This finding supports calls within the wider literature for greater integration of lifestyle factors, including exercise, within mental health education and professional training (Garvey et al., 2022). However, the present findings suggest that such training should extend beyond simply presenting evidence regarding the benefits of exercise. Participants appeared to require support in understanding how exercise can be discussed ethically, collaboratively, and appropriately within psychotherapeutic practice.

Taken together, these findings suggest that the central challenge facing trainee therapists is not determining whether exercise is beneficial, but rather understanding how it can be integrated into a coherent psychotherapeutic framework. The findings therefore extend existing knowledge by highlighting professional identity and role boundaries as potentially significant factors influencing the translation of exercise evidence into psychotherapy practice.

5.4 Exercise within a Relationship and Context

The third theme highlighted the importance participants placed on individual client context and the therapeutic relationship when considering discussions relating to exercise. Although participants generally recognised the benefits of exercise for mental health, they consistently rejected a prescriptive approach. Instead, they emphasised the need to consider client readiness, presenting difficulties, personal history, and the relational context in which therapeutic work occurs.

This finding aligns closely with pluralistic approaches to psychotherapy, which emphasise collaboration, flexibility, and responsiveness to the unique needs of individual clients (Cooper & McLeod, 2011). Participants described exercise as something to be explored collaboratively through curiosity, dialogue, and psychoeducation rather than directive advice-giving. Such accounts suggest that exercise was viewed not as a standalone intervention but as one potential resource whose relevance depends upon the client's circumstances and therapeutic goals.

The findings also reflect key principles associated with person-centred and integrative approaches. Participants repeatedly emphasised the importance of understanding how clients experience exercise and physical activity rather than assuming it would hold the same meaning for everyone. This was particularly evident in discussions relating to body image difficulties, eating disorders, trauma, and obsessive-compulsive tendencies, where exercise was recognised as having both beneficial and potentially harmful implications. These findings reinforce the importance of understanding interventions in relation to clients' subjective experiences and individual needs.

An important aspect of this theme was participants' awareness of the potential impact of exercise-related discussions on the therapeutic relationship. Several participants expressed concern that introducing exercise prematurely or insensitively could be experienced as judgemental, dismissive, or invalidating. This suggests that discussions relating to exercise

depend as much on timing, trust, and relational attunement as on the content of the discussion itself.

The findings also demonstrate some alignment with somatic perspectives discussed in Chapter Two. Participants referred to grounding, nervous system regulation, bodily awareness, and reconnecting clients with physical experience. These observations are consistent with somatic approaches that view bodily processes as integral to emotional experience and psychological wellbeing (Levine, 2010; Payne et al., 2015). However, participants also recognised that body-focused approaches may not be appropriate for all clients, particularly where trauma histories are present.

Taken together, these findings suggest that participants did not conceptualise exercise as a standardised therapeutic technique but as a context-dependent resource whose relevance emerges through collaborative exploration within the therapeutic relationship. The findings therefore highlight the importance of relational sensitivity, individualisation, and clinical judgement when considering the role of exercise within psychotherapeutic practice.

5.5 Implications for Practice

The findings also highlight the potential importance of multidisciplinary approaches to mental health care. Several participants described feeling more comfortable when exercise-related support could be situated alongside input from appropriately qualified professionals. Greater collaboration between psychotherapists, exercise professionals, and other healthcare practitioners may therefore help support more holistic approaches to client wellbeing while maintaining professional role clarity.

Finally, the findings suggest that exercise may warrant greater consideration within contemporary psychotherapeutic discourse. As mental health care increasingly adopts holistic and biopsychosocial perspectives, psychotherapists may benefit from engaging more explicitly with lifestyle factors that influence wellbeing. However, such engagement should remain sensitive to individual client needs, therapeutic goals, and the relational context within which psychotherapy occurs.

Chapter 6: Conclusion

6.1 Introduction

This chapter concludes the study by summarising the key findings, outlining the limitations of the research, and identifying implications for future research and psychotherapy practice.

6.2 Summary of Findings

The aim of this study was to explore trainee therapists' knowledge, experiences, and use of exercise as an evidence-based adjunct to psychotherapy. The findings revealed that participants consistently recognised exercise and physical activity as valuable resources for supporting mental health and wellbeing. Participants described exercise as beneficial for managing stress, enhancing emotional wellbeing, supporting regulation, and contributing to overall psychological health.

However, despite recognising these benefits, participants expressed considerable uncertainty regarding how exercise could be incorporated into psychotherapeutic practice. Concerns relating to competence, professional boundaries, ethical responsibility, and lack of training emerged consistently across the interviews. The findings suggest that trainee therapists do not reject exercise as a mental health intervention; rather, they experience uncertainty regarding its place within their professional role.

Participants also emphasised the importance of considering exercise within the context of individual client needs, presenting difficulties, and the therapeutic relationship. Exercise was not viewed as a universal intervention but as a potential resource requiring careful, collaborative, and context-sensitive exploration.

6.3 Limitations of the Study

Several limitations should be acknowledged. The study involved a small sample of four trainee therapists, limiting the transferability of the findings. Participants were drawn from similar training contexts and therefore may not reflect the perspectives of qualified psychotherapists or those from more diverse professional backgrounds. Furthermore, the study explored participants' perceptions, knowledge, and attitudes towards exercise as an

adjunct to psychotherapy rather than observed clinical practice. Future research involving larger and more diverse samples would provide a broader understanding of how trainee and qualified psychotherapists perceive the role of exercise within mental health care. Further studies across different clinical settings and with specific client groups, such as individuals in recovery or those presenting with particular mental health difficulties, may offer additional insight into attitudes towards exercise as a complementary therapeutic resource. A national quantitative study may also be beneficial.

6.4 Recommendations for Future Research and Practice

The findings suggest a need for further research exploring how trainee and qualified psychotherapists perceive exercise as an adjunct to psychotherapy. Future studies could examine the perspectives of experienced psychotherapists, psychotherapy educators, and exercise professionals, as well as therapists working with specific client populations, to further understand opportunities for collaboration, training, and best practice. The findings also indicate potential value in incorporating greater discussion of exercise and mental health within psychotherapy training programmes, particularly in relation to professional boundaries, competence, and ethical practice. Furthermore, the development of Continuing Professional Development (CPD) opportunities focusing on exercise and other lifestyle factors may support therapists in expanding their knowledge of this emerging area within mental health and lifestyle medicine.

6.5 Concluding Statement

This study contributes to a growing body of research exploring the relationship between exercise and mental health within psychotherapy. While trainee therapists recognised exercise as a valuable support for wellbeing, uncertainty remained regarding its professional application within therapeutic practice. The findings suggest that the challenge is not establishing the value of exercise, but understanding how it can be integrated into psychotherapy in ways that are ethical, relationally sensitive, and consistent with the professional identity of the therapist.

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