Exercise and Diet Therapy: Psychotherapists' Beliefs and Practices

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The topics of exercise and nutrition have received considerable attention in recent years, as anecdotal and scientific evidence of benefits mounts. Findings of relations among exercise, diet, and cardiovascular risk reduction have stimulated research on other possible benefits of exercise and diet regimens. Many studies suggesting that exercise and nutrition therapies enhance psychological well-being have appeared.

If psychotherapists were reading the research literature on the effects of exercise and nutrition on mental health, they would be encountering consistent positive findings (e.g., Folsks & Sime, 1981; Simons, Epstein, McGowna, & Kupfer, 1985). In addition, although the effect of nutrition on mental health has been much less intensely studied than has the effect of exercise, a number of writers have enthusiastically claimed that improved nutrition can enhance psychological well-being (e.g., Cheraskin & Ringsdorf, 1976; Pfeiffer, 1976; Sheinkin, Schachter, & Hutton, 1979).

A group of mental health practitioners to whom the literature on exercise, nutrition, and mental health is especially relevant is that of practicing psychotherapists, who daily have the opportunity to prescribe exercise and nutrition therapy to clients seeking help. Actively prescribing such remedies would suggest that practicing therapists are convinced of its utility for treatment in the context of the present scientific and anecdotal evidence, whether justifiably so or not; the absence of such prescribing would suggest the absence of such conviction. In either case, knowledge of the therapists' practices and beliefs about exercise and nutrition therapy has potential implications for the training of clinical psychologists in these areas.

At present, little is known about the extent to which psychotherapists incorporate nutrition and/or exercise therapy into their practices. Royak-Schaler and Feldman (1984) reported results from Royak-Schaler's 1982 dissertation survey, in which she inquired about the frequency with which exercise and diet recommendations were made by therapists. Although respondents reported that they did not frequently make recommendations in the areas of exercise and diet, the majority believed that health education is an appropriate task for psychotherapists. Such a belief was further supported by Barrow, English, and Pinkerton's (1987) recent survey of physical fitness activity of professional psychologists, in which most respondents reported that they would recommend regular exercise both to other therapists and to patients.

Royak-Schaler did not study types of exercise and diet recommendations made by therapists, reasons that therapists give for making or not making such recommendations, or therapists' knowledge or training in the areas of nutrition and exercise. These unanswered questions, in the context of research suggesting that exercise and nutrition therapies may be psychologically beneficial, led to our designing this survey, an investigation of psychotherapists' beliefs about the role of physical fitness and nutrition in mental health.

Method

Questionnaires were sent to 500 randomly selected Division 29 (Psychotherapy) members. Two hundred thirty-two psychotherapists (46.4%) returned the questionnaire, with which we assessed demographic information, client population and problem most often treated, frequency of assessment inquiry into various life-style habits, frequency of recommendations to clients concerning life-style habits, perceived treatment utility of exercise and diet changes for various DSM-III categories (American Psychiatric Association, 1980), therapists' formal graduate training concerning diet and exercise and beliefs about whether such training ought to be required, knowledge of nutrition and exercise literature, and therapists' own nutrition and exercise habits.

Results and Discussion

The percentage distribution by state of surveys returned closely paralleled the distribution by state of surveys mailed.
The mean age of the sample was 46.6 years, and the percentages of men and women were 64.2 and 35.8, respectively, a distribution almost identical to that of the mailing list. Respondents' mean number of years of practicing psychotherapy was 16.3, and 73.4% were employed in private practice. Their most frequently selected theoretical orientations were eclecticism (33.9%) and psychodynamics and/or psychoanalysis (34.8%). Individual psychotherapy with adults was the most frequent psychotherapy situation (85.2%). Depression (21.2%) and anxiety and depression (18.1%) were by far the most frequently indicated type of client problems most often treated.

The first major question of interest was whether psychotherapists assess and make recommendations to clients in the areas of exercise and nutrition. They reported doing so but not with as great a frequency as with other life-style variables. In the responses to a Likert scale ranging from 1 (never) to 5 (always), the mean frequency ratings of assessment for alcohol consumption, drug use, sleeping habits, and family history of physical problems clustered around the very often response (range = 4.14-3.76); in contrast, mean ratings of assessment for diet, level of fitness, tobacco use, and exercise habits approximated the sometimes response (range = 3.23-3.08). Exercise and diet also ranked low in terms of frequency of recommendations. Respondents reported making recommendations to clients about drug use (M = 3.24) more often than making recommendations about exercise habits (3.02), sleeping habits (2.97), diet (2.88), and use of cigarettes/tobacco (2.67). Royak-Schaler and Feldman (1984) reported similar results for assessment and recommendations in the areas of diet and exercise.

Despite the relatively low ranking of exercise and diet in frequency of assessment and recommendations, 83.3% of the sample reported having prescribed exercise to one or more clients, and nearly 68% indicated that they had suggested that a client follow a specific diet or had referred a client to someone to suggest a specific diet. The exercises most frequently recommended were walking (by 25% of those recommending an exercise) and running/jogging (by 19%). Referrals to physicians were the most popular diet recommendation (by 17.2% of total).

Reasons given for recommending exercise and diet therapy differed. Combating depression (26.3%) and reducing anxiety or tension (20.1%) were the most commonly stated reasons for prescribing exercise, a finding consistent with the literature suggesting that exercise is particularly effective for treating anxiety and depression. Nutrition recommendations were highly variable; 39% reported that their usual course of action was to refer.

Reasons given for not making recommendations about diet are consistent with the hypothesis that psychotherapists lack knowledge of nutrition; about two thirds of those giving a reason cited lack of expertise. Lack of qualification (23.9%) and the inconsistency of making such recommendations with a psychodynamic or psychoanalytic orientation (28.6%) were two other frequent responses given.

Psychotherapists' perceptions of the efficacy of diet and exercise therapies were consistent with their recommendation reports. Although 78% of respondents indicated that there are some circumstances in which aerobic exercise can improve the psychological well-being of therapy patients, efficacy judgments varied as a function of psychological disorders, and for a number of disorders, many therapists lacked beliefs about efficacy. Mean rated helpfulness of exercise therapy for each category ranged from 0.84 (for organic mental disorders) to 1.71 (for major depressive disorders) on a scale ranging from 0 (not at all helpful) to 2 (very helpful). Respondents were most willing to judge the perceived efficacy of exercise in treating four disorders: major depression (mean rated efficacy = 1.71), anxiety (1.68), psychological factors affecting physical conditions (1.64), and adjustment disorders (1.50). These four disorders received four of the five highest ratings of mean helpfulness of exercise therapy, which suggests that psychotherapists' beliefs about the efficacy of exercise therapy are consistent with what research suggests they ought to be; that is, respondents viewed exercise therapy as very helpful and were more confident in their judgment for those disorders that have been reported in research to respond positively to exercise therapy. In contrast, respondents in general viewed diet therapy as somewhat helpful and were less confident in their responses, which perhaps reflects the relatively fewer consistent positive findings in the research on diet therapy than in research on exercise therapy. More than half (57.9%) of the respondents agreed that maintaining a specific diet can improve the psychological well-being of psychotherapy patients under some circumstances. The mean rated helpfulness of nutrition therapy for each diagnostic category ranged from 1.03 (for paranoid disorders) to 1.51 (for psychological factors affecting physical conditions). The rate of don't know responses was much higher for diet therapy than for exercise therapy. Diet therapy was given a modal response of very helpful for five categories: psychological factors affecting physical conditions, anxiety disorders, substance use disorders, and major depressive disorders.

Other evidence indicates a lack of knowledge regarding the relation among exercise, nutrition, and mental health and a perceived need for correcting that knowledge deficit. Only 16% and 12.6% of respondents received any formal education in nutrition or exercise/physical fitness, respectively, and respondents performed poorly on questions testing knowledge of exercise and nutrition literature. On 7 of 14 true/false questions concerning familiarity with diet and exercise literature, fewer than 75% responded correctly. Many of those who had not received formal training in nutrition or exercise/physical fitness indicated that clinical psychology graduate students ought to be required to take a formal course that includes a section on nutrition (52.1% of respondents) and/or a formal course that includes a section on exercise/physical fitness (58%) as an important mental health variable. Respondents were thus quite willing to endorse an item that indicates a gap in their graduate training.

Psychotherapists' own reported health behavior suggests a favorable attitude toward nutrition and exercise concerns. For 13 of 15 prohealth behaviors investigated, nearly two thirds of the responses were prohealth, findings similar to those of Royak-Schaler and Feldman (1984), though our sample more consistently reported being health conscious. For example, 44.2% of their sample reported getting regular exercise for at least 20 min three times per week, whereas 56% of our sample reported doing the same. Hence results of both studies support the view that many therapists are health conscious.

The theme that emerges from this study is that psychotherapists in general lack knowledge about exercise, nutrition, and
mental health; yet, these same respondents believe such knowledge should be taught to clinical psychologists. Also, the fact that many of the respondents report making exercise and diet recommendations, in the context of demonstrating so little knowledge and training in these areas, suggests that such training in nutrition and exercise may be highly desirable.

Given present psychotherapy practices, it is important for psychotherapists to take a much closer look at how knowledge of nutrition and exercise is presently being disseminated in training centers, whether and how such knowledge should be included in our training models, and on what basis practitioners are making decisions to include exercise and nutrition in their assessment and treatment practices.

References