

WORKING IN THE GREY: COACHING PSYCHOLOGISTS ETHICAL AND INTEGRATIVE RESPONSES TO SUB-THRESHOLD DEPRESSION

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OVERVIEW

This research explores how coaching psychologists recognise and respond to sub-threshold depression (StD), that is emotional distress that falls below diagnostic thresholds but still impacts well-being.

Through interviews with eight trainee coaching psychologists, the study examined how practitioners identify distress, support emotional change, and maintain ethical boundaries when working close to the therapeutic boundary.

PURPOSE

Sub-threshold depression affects around 18% of UK adults, yet many fall through gaps in current healthcare systems that focus on major depressive disorder. The study investigates whether coaching psychology, a discipline grounded in behavioural science and ethical reflection, can provide a non-clinical, psychologically informed route to early emotional support.

METHODS

Approach: Reflexive Thematic Analysis (RTA) within a constructivist paradigm

Participants: Eight emerging coaching psychologists

Focus: Real-world practice with clients showing low mood, anhedonia, or loss of motivation

Analysis: Explored how practitioners make ethical, relational, and theoretical decisions in-session

FINDINGS

Five interconnected themes emerged:

Recognising Distress – Practitioners identified StD through narrative cues, energy shifts, and embodied signs rather than diagnosis.

Relational Change – Emotional improvement was observed through re-engagement, compassionate self-talk, and increased presence.

Responsive Practice – Techniques from ACC, CBC, and SDT were used flexibly, guided by empathy rather than strict models.

Ethical Containment – Supervision and reflective maturity helped coaches “stay with distress” safely without clinical drift.

The Relational Field – The coaching relationship itself acted as a co-regulated space where emotional change could unfold.

DISCUSSION

This study examined how coaching psychologists recognise and respond to sub-threshold depression – emotional distress below diagnostic thresholds. Rather than relying on symptom lists, practitioners identified distress through relational and narrative

cues such as energy shifts, tone, and withdrawal. Meaning was co-constructed within a safe relationship, not inferred clinically.

Emotional change emerged through presence, empathy, and trust more than technique. When safety was established, clients began reconnecting with self-agency and values, often describing renewed motivation or compassion toward themselves.

Frameworks from ACC, CBC, and SDT were used flexibly as guides, not prescriptions. Coaches adapted these tools to client readiness and context, blending structure with human responsiveness. Supervision was central – it helped practitioners tolerate uncertainty, manage boundaries, and reflect ethically when working close to therapeutic edges.

Overall, coaching psychology appears capable of supporting clients with mild or situational depression through relational depth and reflective practice. *It offers a distinct, ethically grounded bridge between wellbeing and therapy – one that honours psychological safety without clinical framing.*

CONCLUSION

When grounded in supervision and ethical awareness, coaching psychology offers a safe, non-clinical pathway for early emotional support, bridging the gap between wellbeing and therapy.