Egypt. J. Psychiat., 1990, **13**: 113- 120

Running as a Group Activity Therapy: A Preliminary Report

Yousreya Amin, R. Mahfouz, E. Hamdi,
M. H. El- Defrawi and M. Arafa

ABSTRACT

The preliminary experience of the administration of running as a treatment modality for psychiatric patients is reported. The setting and the procedure of the administration of running are briefly described. Speculations concerning the therapeutic potentials- (transpersonal, interpersonal and intrapersonal)-that are thought to be inherent in running as a group activity are discussed. The use of running as adjunctive to chemotherapy and psychotherapy is outlined

INTRODUCTION

The therapeutic effects of physical activity has been recognized for centuries. Therapy by movement can be traced back to the XVIIth and XVIIIth centuries. when madness was conceived as a disordered movement that was described with different terms such as "irregular agitation", "engorgement of mind", "stagnation of humours", "fixity of ideas", "immobilization of rigid fibres", (Hatem, 1985). Then, the aim of therapy would be the restitution of movement and evoking in the sick a movement that would be both regular and real, obeying the rules of the world's movement. The aim of therapy by movement would be harmonizing one's self with the general order of the universe. Alienation from one's nature is an important theme in psychosis so much so that psychiatrists have been called alienists.

Recently, there has been a growing interest in the use of exercise-particularly running-in psychotherapy over the last two decades. Running therapy differs from simple forms of running, it includes supervision by a professional with specific therapeutic goals in mind (Sachs and Buffone, 1985). According to the same authors, running therapy is defined as the use of running as mode of psychotherapy, alone or more frequently as an adjunct to other modes of therapy. The aim of such activity is "to promote physical or psychological adjustment (or both)" whereas psychotherapy as talk therapy emphasizes the verbal exchanges, running therapy depends mostly on non-verbal language. It is a group situation in which interaction is stimulated.

This article presents an anecdotal report of the administration of a modified form of running therapy to psychiatric patients. Thus running is practiced as a group activity therapy. According to Enlow *et al.* (1976), a group activity is defined as a unit of activity utilizing one's motor skills, sensory awareness and communication via social interaction.

Subjects

Running therapy as a group activity was administered to selected patients from the consecutive admissions to Dar El-Mokattam Hospital for Mental Health in Cairo along one year (from 13 Feb, 1985 to 12 feb, 1986). The number of cases was calculated to be 120. However, eight subjects were excluded for lack of information.

The indication of the use of running as a group activity therapy was determined for each subject individually. Running therapy was used as an integral part of a therapeutic plan that would include sometimes running in addition to chemotherapy, physical therapy, group psychotherapy and other activity therapies. The timing of the administration of running therapy was an important variable in reaching a specific goal for a particular patient. Presence of resistance, post-psychotic states and post detoxification states were favourable moments for the administration of running therapy. The establishment of a therapeutic relation with a therapist (within the hospital therapeutic milieu) was an important prerequisite for the assignment of running therapy.

The subjects were diagnosed by a junior (<5years of experience) psychiatrist and reviewed by a senior psychiatrist (>10years of experience). The sample consisted of a heterogeneous population of patients. The distribution of diagnoses is represented in Table 1. Psychotic conditions- including schizophrenia 51 (45.54%), affective 20 (16. 96%), schizo-affective 8 (7.14%) and paranoid 5 (4. 46%) psychoses were highly represented in patients assigned to running therapy. It is noteworthy that here running therapy was after control of the acute symptoms. However, the presence of delusional thinking particularly fixed and well systematized delusions was not a contradiction to running therapy. On the contrary, it was found to be sometimes a good target for the administration of running therapy. Addicts {polydrug (7), heroin (9), cocaine (1)

TABLE I

Distribution of Diagnoses

Diagnosis	N	%
Schizophrenia	51	45.54
Major Affective Dis.	20	16.96
Substance Use Dis.	18	16.08
Schizo-Affective Dis.	8	7.14
Neurotic Disorders	5	4.46
Paranoid Disorders	5	4.46
Personality Dis.	2	1.79
Homosexuality	1	0.89
Behaviour Dis.	1	0.89
Schizophreniform Psychosis	1	0.89
Total	112	100.00

and morphine derivatives (1) were fairly represented in the population of patients assigned for running therapy (n=18;16. 03%).

Subjects were mostly Egyptian (n=101) and few were of different Arab nationalities (n=11). The mean age of the subjects was 26. 73, S. D±-5. 45 (with a range of 15y to 38y). The duration of the illness varied from 10 days to 16 years (mean duration of illness 4. 71SD± 3. 73) Most of the subjects were single 76. 79% (86), 16.96% (19) were married and 6. 25% (7) were divorced. Most of them have had high school education 59 (52. 68%). A fair proportion were college graduate 29 (25. 89%) Candidates with poor education were less14 (12. 5%) below high school, 9 (8. 04%) could read and write and one (0. 89%) illiterate.

Setting and Procedure

Patients were assigned either to a short (4 km) or long tour (10 km). Running activity is performed three times a week.) The current study reports observations concerning patients participating in long tours. It is assumed that the 4 km which usually takes twenty minutes is the minimum that would decrease feelings of anxiety and depression (Berger, 1985)

The idea of making the long tour 10 km is to bring into light more the effects of running. According to Brown *et al.* (1978) Buffone (1980) and Morgan (1979), it seems likely that strenuous aerobic exercise is more likely to have therapeutic effects than is light exercise. The number of tours would vary for each patient according to therapeutic goals. The therapist would decide whether or not it would be effective for a specific problem. He would suggest a prescription for exercise in terms of what intensity, duration and frequency can produce a therapeutic effect. The number of tours has varied from one to 142 (mean=11.09. S.D±19.83) with a median of 5 tours.

Medication was significantly reduced for most of the patients Review of records has shown that drugs were reduced (to 1/4, 1/3 or 1/2) concomitantly to the administration of running therapy. The reduction was not only justified by the timing of administration (mostly post-psychotic states). At the beginning the idea came when two subjects developed significant hypotension while running. Such minor accidents were attributed to the effect of drugs which are known to interfere with the regulatory mechanisms of blood pressure in addition to their stimulation of beta-adrenergic receptors and to their depressant effect on chemoreceptors and baroreceptors. Gradually, it was noticed that symptoms after the administration of running therapy could be controlled with much lesser doses and it became the rule to lower medication before the administration of running therapy and still patients did not relapse. Shipman (1985) has noted significant changes in the children in his running program, including reduction in their need for medication and in their aggressive behaviour.

The number of patients assigned to the long tour is usually small 4 to 12. Running therapy is practiced as an outdoor activity that started usually at dawn. It is performed in the form of slow trot. The duration varied from 90 to 120 minutes. The run was followed by friendly meeting where the runners would a light breakfast. It is noteworthy that smoothness and rhythm were the main objective, not distance or speed. Candidates for running are at least accompanied by two therapists who ran side by side to the patients. The runners form a group and one of the therapists takes the role of the leader. He endeavours he main task of enhancing social interactions. Patients are to be observed individually for their posture readiness for coping with the task of running and emotional reactions. When the idea of

using running therapy started in the hospital the running activity was done with no interruption. However, gradually it was discovered that running per se could have little effect and new activities developed almost spontaneously out of the running sessions such as singing and playing. The aim was to make it a playful running rather than a compulsive one. Running was gradually used as a medium to enhance spontaneity, social interactions and the sense of competence. The tour was almost regularly interrupted by two halts. The first after the first third and the second after the second third of the tour. There the patients are individually engaged in some group activity depending on the spontaneity of the therapist and the group situation. Each run was different and with inputs from the immediate situation of running, the task of the therapist was to create useful games or activities. From a therapeutic point of view, the concomitants of running were as important as the running itself.

Comments and Observations

Running therapy being in its infancy, it is difficult to indicate the specific therapeutic factors pertaining to it. It would also be premature to give clear evaluation of the results. This can be the goal of an independent study. However, the current study will limit itself to being a descriptive report of the preliminary administration of running therapy to a group of inpatients. Moreover, it would include brief references to the indications and potential therapeutic use running as a group activity therapy in particular diagnostic groupings.

The practice of running therapy over one year has revealed that certain phenomena would recur in the different settings in different subjects irrespective of the diagnoses, they would even occur with the therapists. It seems that they belong to running activity. These phenomena can be grouped into three domains;these are namely interpersonal, intrapersonal and transpersonal ones.

Interpersonal Effects

These effects may manifest in both fields of interaction between patient-client on one side and between client-client on the other hand. It is assumed that running tends to lessen the client defenses and thus promotes communication. Certain features are peculiar to running as a therapeutic technique but the fundamental principles of psychotherapy are there. Kostrubala (1978) advocates that the therapist runs with the patients either individually or in groups in order to promote closer relationships between therapist and client, to enable the therapist to shed the expert role, to promote changes in the unconscious of both patient and therapist.

It was noticed that the setting of running in a group activity creates by itself a sense of togetherness. The patients are forming a group doing the same task, aiming at common goal and most of all submitted to the same kind of exhaustive activity. An atmosphere of non verbal communication was reported. According to kostrubala (1985), the patient's non-verbal communication is one of the most active tools of the running therapist. Occasionally the interactions would be expressed verbally ; clients would sometimes encourage each others spontaneously during the running session or would report in the post running meeting observations pointing that.

they were thoughtful and even feeling for each others. It was noticed particularly with schizophrenic patients that they frequently would disengage themselves from the unity of the running group by different ways; they may separate physically from the group (taking a distance) or may take strange or eccentric postures during running. Such behaviours were considered as a declaration of their alienation from the current activity and it was dealt with accordingly.

One of the important tasks of the leader in the running group was to enhance both verbal and non verbal communication between the individuals in the group watching each other appearances and movements over long period may enhance feeling at least as a start the physical presence of each other. The tendency to ignore others presence is a common denominator for psychiatric patients. Verbal activities such as singing would help to break the barrier of subjective loneliness.

Intrapersonal Effects

Running is mainly a body oriented activity (Kostrubala, 1976). It was noticed that the repetitive movement of jogging may lead to a variation in the body ego of some patients. According to the french literature "le vecu corporel" (Ey *et al* 1978) is not limited to the physical manifestation of the individual but it connotes the corresponding conceptual system animating such body. Shedding away of the body ego may carry with it alteration in the experience of the individual. It was noticed that running could be an experience that can alter the being of the individual. . Running therapy was found to be particularly useful for patients with fixed delusion. Alteration of body ego may bring with it alteration in the corresponding ideo-affective sets generating delusional experiences.

Increased awareness was reported by some patients as well as by therapists. Brief episodes of volubility or spontaneous activity was noticed in certain subjects who were known for being reserved and conservative. These release phenomena were noticed to start mostly by the middle of the running distance. Other unwarranted release phenomena were also associated with running activity such as aggressiveness, depression and insomnia. Such manifestations were usually noticed in the patients on the same days of running and could easily be temporarily related.

Transpersonal Effects

Different feelings for the universe were reported, however rarely. Things were described as having new meanings. These changes again reflect alteration in the experience that extend beyond the personal and interpersonal domains to contain transcendental feelings for the universe.

Running as a Therapy

In the recent era where the hazards of psychotropic medication are more highlighted, adjunctive modes of treatment deserve special considerations. Running therapy has proved in our experience to be one. Many patients have responded favourably to running therapy. Subjects when asked about the effects of running they mostly invoke the feeling of increased self mastery and self-esteem. One of the advantages of running therapy is that it approaches both mind and body at the same time, and it would be a great error to think that it deals with each alternatively or consequently. It deals with the individual in its being.

It has been noticed in our experience and documented in different studies that running may lead to alterations in the state of consciousness. (Lilliefors, 1978. Sachs, 1980) According to the first study 78% of a group of runners reported experiencing a sense of euphoria during their runs. Furthermore 49% said the euphoria was occasionally spiritual in nature. In the second study 77% of sixty runners had experienced what is termed "the runner's high" The same author (1985) defines the term as" an euphoric sensation experienced during running, . . . in which the runner feels a heightened sense of well being, enhanced appreciation of nature, and transcendence of time and space"

The alterations of the states of the mind have been verified by electrophysi-

ological studies as well biochemical analysis. Wagemaker and Goldstein (1980) have compared EEG readings before and after exercise. The EEG readings of the runners before exercise were similar to those subjects with emotional fatigue but running reversed fatigue. The runner's high has been explained in terms of differences in laterality. It is assumed that the state of mind during a run might be term" right-brain consciousness (Johnson, 1978). The experience the runner is compared to a classic meditation state in which the left side of the brain may turn off permitting the right brain to take over. It has been suggested that running increases right-brain dominance (Black, 1979). There are researches indicating that running can increase levels of certain biochemical neurotransmitters such as catecholamines whose increased output at synaptic junctions within the brain is associated with a lift in mood (Harper, 1985). Moreover, endorphins have been implicated in the genesis of altered state of consciousness in runners.

In the current report the idea was administer running as a structured activity. The released energy and phenomena as described above (affects, cognitions and behaviours in interpersonal, intrapersonal and transpersonal domains) by analogy are considered variants of the runner's high. In the current experience, therapists managed to create therapeutic activities that would contain and develop such altered states of consciousness. The released energy (affects, cognitions and biochemical changes) are actualized or channelled into beneficial activities. Such released energy is not only channelled in the immediate situation of running (play and group activities during the halts) but it is also actualized in the daily reality oriented activities.

It was noticed that running treatment may exacerbate certain clinical problems e. g. mania, particularly when the active symptoms are poorly controlled. The administration of running therapy to early and chronic schizophrenia has been useful to mobilize individual to work towards self-actualization. However, it was noticed particularly in chronic schizophrenic subjects that running may become some sort of stereotyped behaviour devoid of any positive aspect. Though the performance of addicts was remarkable and their participation was fair, the positive effects were noticed to die rapidly. Moreover, the degree of genuinity and emotional involvement was shallow.

REFERENCES

Berger, B. G (1985) Running strategies for women and men. In *Running as an Integrated Approach.* (eds). M. L Sachs& G. W. London. Buffone. University of Nebraska Press:Lincoln.

Black, J (1979) The brain according to Mandell. *Runner,* **1:** 78-87.

Brown, R. S, Ramitez, D. E, & TaubJ. M. (1978) The prescription of exercise for depression. *Physician & Sports Medecine,* **6:** 34-41.

Buffone, G. W. (1980) Exercise as therapy: A closer look. *Journal of Counseling & Psychotherapy.* **3**:101-115.

Ey, H. , Bernard, P. & Brisset, Ch. (1978) *Manuel de Psychiatrie.* Masson:Paris, New York.

Harper, F. D. (1985) Jogotherapy: jogging as psychotherapy. In *Running as Therapy, An Integrated Approach.*, (Eds) M. L. Sachs & G. , W. Buffone. London. University of Nebraska press: Lincoln .

Hatem, R. (1985) *History of Psychiatry.* M. SC. Thesis. Cairo University.

Johnson, G. (1978) Researching the running mind. On *The Run.* , **10**:11-17.

Kostrubala, T (1976) *The Joy of Running.* Philadelphia: J, B. Li-ppincott

Kostrubala, T (1978) (The training of a running therapist. *Medecine & Sport,* **12**:111-115

Kostrubala, T (1985) Running & therapy. In *Running as Therapy, An Integrated Approach.* (eds)M. L. Sachs& G. W. Buffone. London. University of Nebraska

press: Lincoln &.

Lilliefors, J (1978) *The Running Mind. Mountain View*. World publications:California.

Morgan, W. P. (1979) Anxiety reduction following acute physical activity *Psychiatric Annals,* **9**:36-45.

Sachs, M. L (1980) *On The Trail of The Runner's High:* A descriptive and experimental Investigation of Characteristics of an Elusive Phenomenon. ph. D. Diss: Florida state university.

Sachs, M. L. (1985) The runner's high. In *Running as Therapy: An Integrated Approach*. (eds) M. L. Sachs & G. W. Buffone.London.NebraskaUniversity press: Lincoln .

Sachs, M. L. & Buffone, G. W. (1985) *Running as Theray an Integrated Approach.* London. University of Nebraska press:Lincoln.

Shipman, M. W. (1985) Emotional and behavioural effects of long-distance running on children. In *Running as Therapy: An Integrated Approac*h. (eds) M. L. Sachs & G. W. Buffone. London Nebraska University press: Lincoln .

Wagemaker, H. J. & Goldstein, L. (1980) The runner's high, *Journal of Sports, Medicine & Physical Fit*ness, **20**:227--- 229

AUTHORS

Yousreya Amin, M.D. (Psychiat.), M. Sc. (P. M. & N.), Lecturer in Psychiatry, Suez Canal University.

R. Mahfouz, M. D. (Psychiat.), M. Sc. (P. M. & N.), Director, Dar El-Mokattam Hospital for Mental Health.

E. Hamdi,M. D. (Psychiat.), M. Sc. (P. M. & N.), Assistant Professor of Psychiatry, Cairo University.

M. H. El-Defrawi, M.D. (Psychiat.), M.Sc. (P. M. & N.), Lecturer in Psychiatry, Suez Canal University.

M. Arafa, M. D. (Psychiat.), M. Sc. (P. M. & N.), Assistant Professor of Psychiatry, Cairo University.

ABSTRAIT

La Course Comme une Activité de Thérapie de Groupe: un Report Préliminaire

L'experience préliminaire pour administrer la course comme une modalité de traitement pour les malades psychiatriques a été reporteé.

Le contexte et la methode pour l'introduire ont été décris.

Les spéculations concernants les propabilités de traitement (transpersonelle,interpersonelle et intra personelle)que l'on pense, concernants la course comme activité de groupe ont été discutés.

Aussi le recours à la course comme un adjuvant à la chemotherapie et à la psychotherapie, a été mentionné.

الموجز

العدو كنشاط علاجى جمعى

تمت تسجيل الخبرة الأولية لاستخدام العدو كأسلوب علاجى للمرضى النفسيين . وقد وصفنا باختصار الموقف وخطوات استخدام العدو. وناقشنا التكهنات الخاصة بالقيمة العلاجية الممكنة والتى نعتقد أن العدو يولدها كنشاط جمعى علاجى (فى التفاعل الشخصى فيما بين الأفراد وداخلهم) ووضحنا استخدام العدو كعامل مساعد مع العلاج الكيميائى والنفسى .