

*Walking regularly
is turning out to be
your best medicine
for bad moods and
bad days.*

*Why? The answer
is all in your head.*

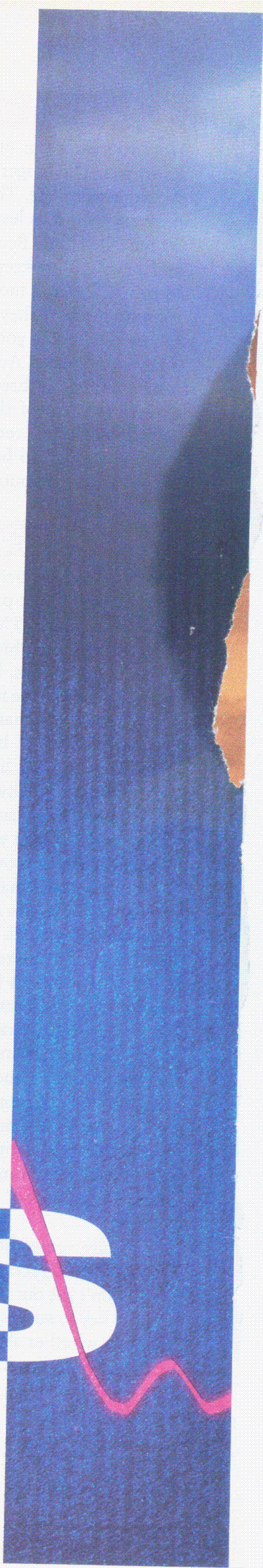
Laura G. had been feeling depressed, lonely, and blah, so a psychiatrist suggested she try the antidepressant Prozac. After months of sessions and no luck with the wonder drug, she turned to another psychotherapist, Austin "Ozzie" Gontang. Therapy sessions were scheduled for sunrise. Almost miraculously, Laura's moods brightened; her lethargy went away.

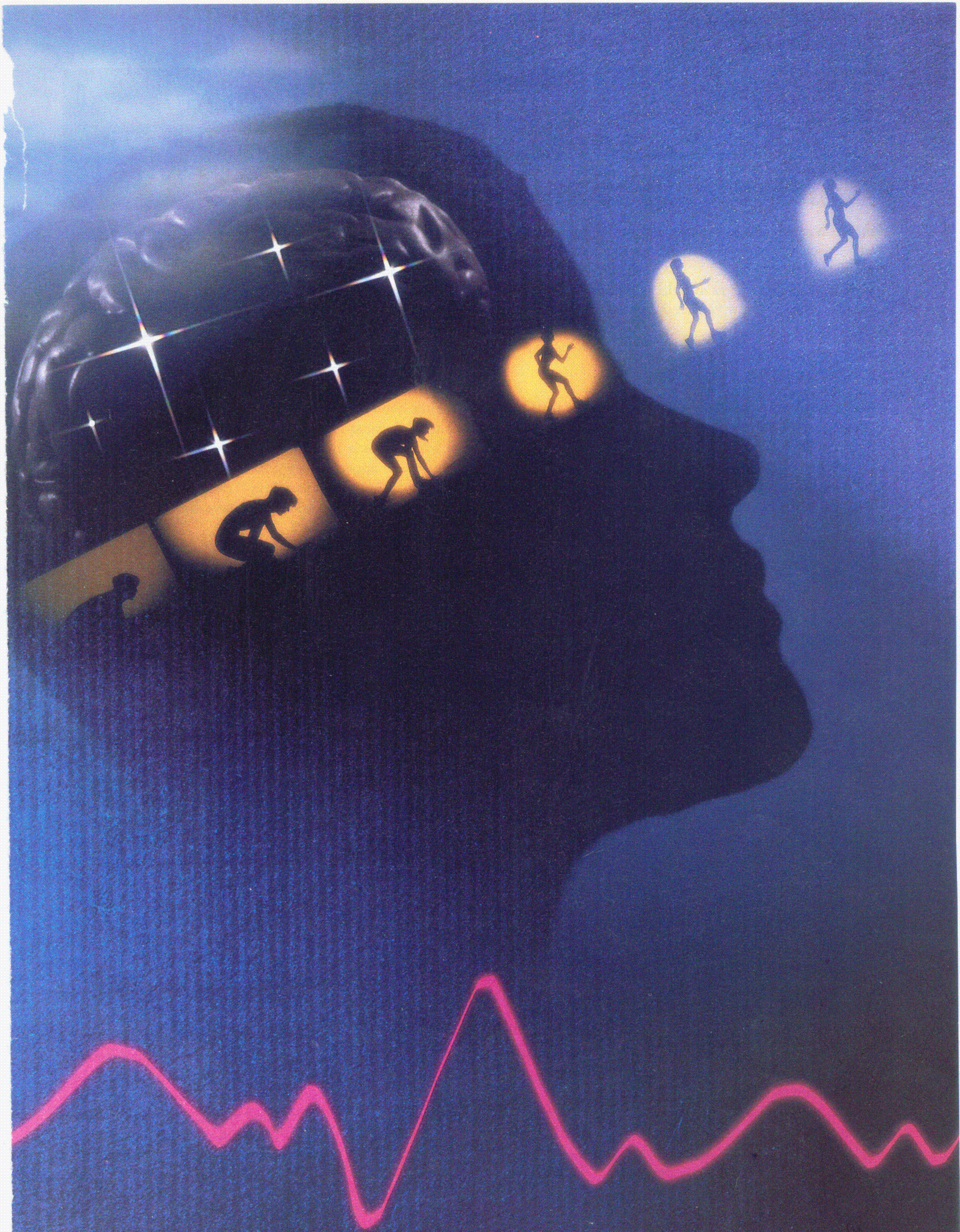
What caused Laura to feel so much better? The catalyst wasn't a drug or talking about her childhood. Hardly. The cure was walking.

Surprisingly, perhaps, Laura's psychological experience isn't that far out. There's convincing

Out of the Blues

By Kathleen McAuliffe





In a recent survey, 98% of *Walking* readers said that a primary reason for walking was to feel good afterward.

clinical—and anecdotal—evidence that regular exercise improves self-esteem, reduces anxiety and hostility, and can even lift clinical depression.

How can something as simple as walking have such a profound effect on how you feel? Here's what researchers have to say.

Take two walks and call me

Scientists are finding out that walking affects your brain chemistry—and ultimately your moods—in two ways: by making you feel good and by keeping you from feeling bad.

An expert on this phenomenon is Keith Johnsgard, a clinical psychologist and professor at San Jose State University and the author of *The Exercise Prescription for Depression and Anxiety* (Plenum Press). According to Johnsgard, exercise is a mind-altering technique that brings about changes—sometimes for days at a time—in numerous chemical systems in the brain. There is ample evidence, for instance, that physical activity unleashes beta-endorphin, the natural opiate widely credited as the secret to “runner's high.” But endorphin is only part of the story behind the psychological benefits of exercise—and perhaps only a small part at that.

Despite all the media hoopla surrounding endorphin, physical activity triggers a cascade of neurochemical events. Specifically, Johnsgard reports, researchers have found laboratory rats that exercise on a treadmill produce significantly higher levels of dopamine, norepinephrine, and serotonin. These, he notes, are the very brain compounds that antidepressant drugs are known to impact.

While most people report an immediate boost of spirit after working out, it usually takes three to five weeks of regular physical activity to lift a clinical depression. This is roughly the same amount of time it takes an antidepressant drug to begin to lift a clinical depression. Johnsgard believes this is more than a coincidence: He suspects that exercise mimics the neurochemical action of antidepressants.

In addition to juicing up our systems with all these “feel good” chemicals, regular exercise helps the body burn off stress hormones such as cortisol, which is found in abnormally high levels in stressed individuals.

“Regular exercise produces an antidote against stress even before it occurs,” says University of Nebraska psychologist and exercise physiologist Wes Sime. He bases this claim on an ongoing study that compares how exercisers and non-exercisers react to a series of traumatic stimuli. Sime shows his subjects films of gruesome events such as the Holocaust and then gives them difficult cognitive tasks to perform in a hostile, competitive atmosphere. Early results appear to suggest that among the 50 people tested so far, regular exercisers who took part in the test produced less cortisol and other stress hormones than did their inactive counterparts.

“What this demonstrates is a conditioning effect,” explains Sime. “The body uses the same system to deal with both physical and emotional stress. So, when we get ourselves in physical shape, it has a carryover effect in the mental realm.”

Walk vs. Talk

Brisk walking ranks with the best talk therapies as a treatment for depression. Some studies even suggest that the long-term benefits of exercise may surpass the traditional tell-your-life-story cures.

In a landmark study conducted at the University of Wisconsin by psychiatrist John Greist, now at the Dean Foundation in Madison, exercise was compared to psychotherapy in the treatment of clinically depressed patients.

Although both groups were significantly improved by the end of the three-month study, they differed sharply a year later. A full 80% of the exercisers were symptom-free, whereas half of those who had received psychotherapy had returned for further treatment within the year.

America needs to walk

Tonya C., a 24-year-old student, started walking briskly to help herself quit smoking. She kicked the habit—and much more. An unexpected benefit of her new exercise regimen is that her moods no longer control her life; she controls them. “People used to call me moody and ultra-sensitive. I was on an emotional roller coaster,” she reports. “Now I don't have any more mood swings, and I'm a lot more confident around people.”

Cathy L., a 26-year-old student from San Jose, Calif., experienced the same “mental transformation” when she started outrigger canoeing. “I was in therapy for a year and a half, but once I started paddling, I stopped going to therapy,” she says. “I found the tool I needed to deal with my anxiety and confidence problems.”

Why did three bright women—Laura, Tonya, Cathy—seek profes-



sional help to feel better? Why is the popularity of mood-lifting drugs increasing? Some say it's the curse of the couch potato. In our national effort to make life easy, we're making ourselves depressed and anxious.

According to the government's latest count, 12.6% of Americans are ridden with anxiety, and another 9.5% suffer from debilitating depression. Although we take this epidemic of malaise for granted today, Johnsgard insists that it is a comparatively new phenomenon that arose with the "good life"—arrival of automobiles, dishwashers, TVs, and all those other conveniences that have turned us into a nation of inert couch potatoes. As evidence, he cites several studies that show a gradual ten- to twentyfold increase in depression in the U.S. during this century—a trend that directly parallels the shift away from labor-intensive occupations to an increasingly mechanized, sedentary society.

"Americans," Johnsgard argues, "have become unnaturally depressed and anxious as a result of turning our backs on the active lifestyle which characterized all but our most recent past."

Use it or lose it

To experience the mood-elevating impact of exercise, experts now believe that the frequency—rather than the type—of activity is the most important factor. As little as 40 minutes of exercise three times a week has been demonstrated to lift depression.

But don't expect to maintain the gain for long if you revert back to your sedentary ways. A study by Sime at the University

of Nebraska tracked patients whose depression had been alleviated through exercise almost a year earlier. Only those who remained active were still free of symptoms.

Those who make the effort to fit exercise into their schedule may find it a small price to pay for peace of mind. Indeed, exercise compares favorably with traditional therapy or drugs when you consider cost, convenience, and the exhilarating process of mastering a sport, which leaves little room for the feelings of helplessness and hopelessness that breed depression. As Johnsgard emphasizes, "Strenuous exercise is not something you can purchase and not something an expert does to you, for you, or with you. It is your very own virtually cost-free, self-administered, guaranteed intervention."

Working it out

Even extreme phobic reactions may yield to exercise if it is creatively combined with other behavior-modification techniques. Johnsgard tells the dramatic story of a female patient who was debilitated by panic attacks that first struck when she was in a shopping mall and eventually confined her to her home. Her treatment consisted of running across a huge parking lot toward the entrance of the mall until she was completely breathless. The physical exhaustion she felt upon arrival at the feared target—no doubt coupled with the sedative effects of endorphin—made it impossible for her to experience a panic attack. This strategy also enabled her to reinterpret symptoms normally associated with a panic attack in a more positive light. Her elevated heart rate and strained breathing, for example, could now be attributed to the healthful effects of running. By repeating this routine over a number of days, she ultimately gained the confidence to return to public places unescorted.

Johnsgard credits the British psychologist Arnold Orwin with pioneering this approach, and notes that Orwin has used variations of it to successfully treat more than 100 patients hospitalized with agoraphobia (fear of open spaces) and other disorders.

To be sure, some phobias and depressions are so severe that exercise alone will not be sufficient to bring relief. In such intractable cases, Johnsgard would be the first to admit that all the tools of modern medicine may need to be brought to bear. But for most of us, walking may be enough to ward off the periodic stresses and

Signs of Depression

Depression affects mood, thoughts, body, and behavior. The American Psychiatric Association recommends that you see your physician if you experience four or more of the following symptoms for more than two weeks:

- Significant loss or gain in weight
- Sleeping too much or too little
- Loss of interest in activities you once enjoyed
- Fatigue and loss of memory
- Inability to concentrate
- Recurring thoughts of death or suicide
- Overwhelming feelings of sadness or grief
- Headaches or stomach aches

strains of life. "To be blessed," says Johnsgard, "all we have to do is behave the way we were designed to work the best." **W**

KATHLEEN MCAULIFFE is a freelance writer based in Miami. Her work has appeared in Omni, U.S. News & World Report, and The New York Times Magazine.

Therapy on the Move

"Talking it out" is now being paired with "walking it out" by a handful of energetic psychotherapists such as **Ozzie Gontang and Keith Johnsgard**, who practice therapy during walks or runs with their clients. Stress management and improvement of the self-concept of their clients are common goals cited by these pioneers. Also, they find that exercise is cathartic. "Feelings and creative thoughts come to mind a lot more easily while participating in exercise involving rhythmic flow of the body," reports University of Nebraska psychologist and exercise physiologist **Wes Sime**, who takes clients on a walk for a "good portion of the clinical hour, weather permitting."

Kate Hays, a clinical psychologist in private practice specializing in sports psychology in Concord, N.H., concurs: "Individuals who are extremely agitated or withdrawn will often open up while walking."

Your local hospital or athletic clinic may know of a walking therapist in your area.



NOVA SCOTIA

Sail close enough to almost touch the minke, fin and humpback whales off our shores. Look for rare right whales too, as well as dolphins, seals and sea birds that fly here from Antarctica.

You'll find thousands of exciting things to do in our 1994 Travel Guide. And with an average 30% exchange rate your money goes further here. For your FREE Guide plus our Value-Vacation Catalogue, call:

1-800-341-6096
Operator #33

NOVA SCOTIA
Come to Sea for Yourself
Honourable Ross Bragg, Minister of Tourism and Culture

Bar Harbor
Portland
Boston
Nova Scotia
New York

535 West 500 South, Bountiful, Utah (as in snow) 801-295-1261

© 1993 SportsTech, Inc.

Ahhh.  **SportsTech™**

Walk all spring, summer, fall, and winter long, with the SportsTech BackSport™ low back support. It won't ride up. It won't pinch. It will work.

The BackSport™ back support

- Great lumbar support & comfort
- Side pulls for infinite tension
- Allows full range motion
- 4 colors, 4 sizes, and it is easily cleaned
- High quality 4-way stretch neoprene



money back guarantee

BACKSPORT
Trade Mark

walk faster, longer, stronger, better...better get one 1-800-279-7123



Also: KneeSport™ knee support, ThumbThing™ thumb and wrist wrap, Ankle Support, and more.

