

Ways to become a Running Therapist – Impulses and Developments in Germany and the USA

by Thaddeus Kostrubala & Wolfgang W. Schüler

This article is a collaborative effort between American psychiatrist Thaddeus Kostrubala, M.D. (Cape Coral, Florida) and German pedagogue Wolfgang W. Schüler, M.A. (Wiesbaden). It is based on correspondence between the two professionals that continues to this day: Kostrubala as the father of running therapy, Schüler as an instructor at the “Deutsches Lauftherapiezentrum (DLZ)” or German Center for Running Therapy. The article was first written in German language to be published on the website of the “Verband der Lauftherapeuten (VDL)” or Association of Running Therapists, Germany.

Introduction: In the United States, with 305 million inhabitants, you look in vain for an institute that trains running therapists. In Germany, with 82 million inhabitants, you find two such institutes, and a third is just entering the market. This is simply a fact. Interestingly, though, it's also a fact that the training of running therapists in Germany started in 1991, while running therapy actually originated in the United States in the 1970s.

The International Association of Running Therapists (IART)

The physician and psychiatrist Thaddeus Kostrubala, M.D. (born in 1930 in Chicago) not only developed running therapy and conducted the first training of running therapists, but, as the first of his profession, began making running an essential part of his therapeutic work with psychiatric patients. His running therapy sessions began with running and continued with therapeutic conversation. This new kind of combination therapy could often dramatically reduce problems like anxiety, depression, schizophrenia, and addiction as well as the amount of medication needed to treat such problems – in a way that Kostrubala, who had practiced conventional group therapy since 1959, could be quite certain that it was the running that made the difference.

In 1976, Kostrubala presented his experiences and explanations for the running effects in his book “The Joy of Running” which had a striking success selling an estimated one million copies, and was in print in the United States for 10 years. It was published in Australia, Italy, Japan, Mexico, New Zealand, and the United States. The longest chapter of the book (p.113-144) is dedicated to the complex of “Running and Therapy.” Here (p.122-123) the reader already finds a minor reference to the theme of “The Running Therapist”. A self-reliant article followed with “The Training of a Running Therapist” in 1978, published in the journal “Medicine and Sport”. It was connected with a speech that Kostrubala gave to the “American Medical Jogger’s Association (AMJA)”. Finally, in 1980 he founded, with like-minded persons, the “International Association of Running Therapists (IART)”, an organization that among other things planned for the training of running therapists.

In Germany there is less known about this association, and even in the US-standard work for running therapy, the book "Running as Therapy", edited by M.L. Sachs and G.W. Buffone in 1984, only a little remark is to be found (p. XI). Therefore, Thaddeus Kostrubala himself has to tell the story of IART:

I began to think about training running therapists very soon after starting my first running group and observing the positive results. Since I was the first person in this field I could only look at myself as a model. I asked myself: Did running therapists necessarily have to assemble the credentials that I had? Was it important for them to have gone to medical school? Did they need a degree in anthropology? Did they have to undergo two analyses – one Freudian and one Jungian? How much training did they need in anatomy, physiology, training patterns, clothing, and many aspects that I was still learning?

As I mulled the questions over in my mind, two people were rather insistent that I begin training them as running therapists: Austin Gontang, a family therapist and Teresa Clitsome, a psychologist. And after starting the San Diego Marathon Clinic and the publication of "The Joy of Running" I had many people contacting me regarding running and their experiences. The general public seemed to think all that was required was the ability to run and talk to people. The public looked at what I did as some sort of easy way to continue their running and perhaps add a credential to their vita. Meanwhile the reaction in the medical community, especially the psychiatric community, was very hostile and negative. At that time in the United States, the principles and practices of Freud and some of Jung were dominant.

Psychiatric patients were seen indoors, in an office often equipped with special doors to ensure extreme privacy. Some had doors that provided an exit from the therapy session so a waiting patient would not see the other patient. The basic model, following what Americans developed in Freudian dicta, had a couch upon which the patient lay supine (the most defenceless position for humans) with the therapist sitting behind the patient fully out of sight of the patient.

What I did was outdoors, not hidden. The patient was upright and, in a sense, on "equal footing" with the therapist. The therapist was not silent but commented on aspects of running such as breathing, footfall, pain, etc. Others could see the patient and therapist. Simply stated, the therapist relinquished "control" of the patient. It also demanded physical effort by the therapist. I was doing something with my patients that no therapist or psychiatrist had ever done before. Looking back, I am able to see how I violated some "sacred" tenets of many psychiatrists.

In the early 1970's, people did not have any place to share their running experiences or link with other people like themselves. So I envisioned a Running Therapy Center that included communication, training, and research. The training would be ongoing and have levels of certification. For example, patients with clearly established psychiatric diagnoses would only be treated by those certified to do so. The effects of medications and knowledge of their effects and side effects would be a major part of training in that designated group. These were my initial thoughts. It was clear to me that there would have to be a fully professional and demanding Center.

Along with Teresa, who I married in 1978, and Mark Shipman, a psychiatrist, we decided to form IART, the "International Association of Running Therapists." It was

legally registered in California in 1980 as a non-profit, fraternal organization. IART was to be the overall organization that would establish criteria, monitor progress, and report significant findings of running therapy. I presumed it would go international one day.

I did not have a curriculum. It was far too early in development to decide what courses or other things might be included. But I saw the need for regular, weekly running supervision. I personally ran with the running therapists that I trained - either singly or together - at least once a week. He or she must be actively engaged in one of the traditional mental health fields such as psychiatry, psychology, marriage counselling, or psychiatric nursing. As a basic requirement, I expected my running therapists to be marathoners before beginning treating patients. The best way for them to learn the physiological aspects of running was for them to train for a marathon. During their marathon training, the therapists learned a great deal about themselves and physiology. The psychological aspects were covered by regular seminars, with a focus on Jungian psychology and work with patients who were in the running therapy program.

During those years from 1980 to 1983 I treated patients while walking, jogging, or running with them. Due to the patient volume, sometimes I would take 10 showers a day. IART was in full development, with therapist and patients flocking to the Association. In the Spring of 1983, I was injured - and no longer able to run. I had to resign from running therapy and return to traditional psychiatry. Mark Shipman, who had become a running therapist through the sanction of IART, and Austin Gontang didn't keep the Association activities alive. Although the work stopped, IART was never officially disbanded. Unfortunately, nothing developed beyond that beginning.

www.kostrubala.com

“Deutsches Lauftherapiezentrum (DLZ)” or German Center for Running Therapy

The first person who systematically thought about the “feel-good” effects and the psychotherapeutic possibilities offered by running in Germany was Prof. Alexander Weber, Sc.D. (born in 1937), who has a degree in psychology and had a chair in education at the University of Paderborn (Germany). Driven by his own experiences as a runner, he turned to research on running in the late 1970s, conducted surveys of fun-run participants, and in so-called field experiments, he compared running and non-running test subjects of different backgrounds – students, housewives, working women, working men, senior citizens, psychosomatics and alcoholics.

He found a far-reaching convergence in the results. After treatment involving running, runners felt less despondent and less depressed, more vital and more productive, and healthier overall; they were more resistant to stress, less frequently ill and in a better emotional state. The same could not be said of those who did not actively engage in sports activities; as expected, their initial values remained almost unchanged.

In order to utilize, disseminate and further develop the knowledge thus gained in practice, Prof. Weber founded the “*Deutsches Lauftherapiezentrum (DLZ)*” or

German Center for Running Therapy, together with a couple of running friends (including physicians, psychologists and teachers) in 1988. Its objectives included:

- making the prophylactic and therapeutic opportunities offered by running accessible to the public (implementing running therapy courses that were open to the public);
- systematically reviewing the prophylactic and therapeutic opportunities offered by running (scientific accompaniment of the courses / measurement of the results);
- communicating the prophylactic and therapeutic opportunities offered by running to various medical and social professions (training of running therapists); and
- making the prophylactic and therapeutic opportunities offered by running better known among specialists and the general public (through publications, interviews, lectures, seminars and conferences).

Whereas Weber and co-workers were able to draw upon the tried-and-true models from studies undertaken to date when implementing their courses on running (treatment plan incorporating running, study inventory), they had to do a considerable amount of development work with regards to the training of running therapists: establishing the training guidelines, defining the programs, putting together an (interdisciplinary) team of instructors and making the examination regulations. This was accomplished three years later, in 1991, and so the first training course was able to be launched.

(shortened)

Those wishing to become trained and who decide to attend a program for running therapists at the DLZ, will undergo training that lasts eighteen months; the course is held for one weekend once a month at Bad Lippspringe, Germany, thus allowing participants to work in their regular jobs. The course has both practical and theoretical units of content (observing therapists and attending classes on running training, medicine, physiotherapy, psychology, education, etc.) and ends with a written paper and an oral examination.

When the “*Deutsches Lauftherapiezentrum*” celebrated its 20th anniversary in April 2008 there could be counted 387 persons from all parts of Germany, as well as from Austria and Switzerland, which have been trained. Lots of them make offers related to running, partly where they work (in businesses, at hospitals, homes for children, etc), and partly on the open market, some even went on to found running schools.

Actually the training has been widened to a three step, modular system, which allows them also to become a “leader of a running group” (five days’ compact seminar) or a “running pedagogue” (training that lasts 10 months). A connection from one to the other is possible and desired.

<p>www.lauftherapiezentrum.de www.lauftherapie.com</p>
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**„Deutsche Gesellschaft für Verhaltenstherapie (DGVT)“ or
German Society for Behavior Therapy**

(shortened)

Since 2003, the “*Deutsche Gesellschaft für Verhaltenstherapie (DGVT)*”, or German Society for Behavior Therapy has been another provider of advanced training in running therapy. Mr. Ulrich Bartmann (born in 1948), PhD and professor at the University of Applied Sciences in Würzburg-Schweinfurt (Germany) is in charge here. He obtained his doctorate under Prof. Weber’s guidance, and until 1999, he was an instructor of psychology as part of the training at the DLZ. The training offered by the German Society for Behavior Therapy lasts nine months and also takes place on the weekends. The therapeutic frame of reference – and thus the so-called “red thread” of this training – comprises a behavioral therapy approach.

www.dgvt.de/programm.html

**“Europäische Akademie für psychosoziale Gesundheit (EAG)” or
European Academy for Psychosocial Health**

(shortened)

The offer of advanced training in “Integrative Running Therapy and Endurance Training“, will be available as of the late summer of 2009, is completely new. This program is aimed at those working with addicted persons. The “*Europäische Akademie für psychosoziale Gesundheit (EAG)*”, or European Academy for Psychosocial Health, based in Germany is offering this course with the support of the “Fritz-Perls-Institut”. This seminar comprises three blocks of three days each and follows the concept of “integrative physical and exercise therapy”, which was developed by Prof. Dr. mult. Hilarion Petzold (most recently: Free University of Amsterdam in the Netherlands).

www.eag-fpi.com/integrative_lauftherapie.html

Conclusion: To compare the trainings of IART, DLZ, DGVT, and EAG, to look for the similarities and differences amongst them, would surely be interesting, but that is a topic for a future article. Here, we simply needed to introduce the initial history of running therapy. This article lays the foundation for continued and future discussion. We have included the website addresses for this specific purpose: on the websites, you can find further literature, as well as a means of communicating with either Kostrubala or Schuler.

In Germany, while the EAG still has to stand the test of time, the DGVT, a second training center in the field of running therapy, has been established with training well underway. How the demand for training will develop within the next years and what this will mean for the future of the courses, remains to be seen. The DLZ has expanded its offer.

The current development speaks for the growing importance of running therapy in Germany as a possibility for physiotherapy and psychotherapeutic treatment that is to be taken seriously and for the increased interest in this therapy. People that are interested to become a running therapist will value the plural number of training institutes as positive. Ones own pre-conditions and wishes can be placed more into the foreground when choosing an offer: personal resp. professional interests, the

preference for a more open or specific orientated training, charismatic orientations, pragmatically the distance to the place of instruction, the duration of training or the matter of expense.

In the United States, where the training of running therapists originated, it is astonishing to see that there have been no more new and successful starts after the legacy of IART. Many Americans do run and there are many quite large sponsored marathons such as the Honolulu Marathon, New York City Marathon, Chicago Marathon, Marine Corps Marathon and many others. Short articles appear in newspapers regularly regarding some aspects of running. Runner's World Magazine publishes articles about running. However, none of these organizations as well as physician and psychology based groups such as: The American Running Association, the American Medical Athletic Association, or the Running Psychologists have not developed programs to train running therapists.

Dr. Kostrubala has noted the intense acceptance of Freudian psychology, which dominated American psychiatry until recent years. Dr. Freud, an Austrian German speaking individual found greater acceptance of his theories in America than in Austria, Germany, or other parts of Europe. In this instance, an American psychiatrist, Dr. Kostrubala, is delighted to find the German-speaking people have developed his original concept.

When Dr. Kostrubala was informed of the work in Germany by pedagogue Wolfgang Schuler, M.A., he discovered to his overwhelming delight that 30 years later, the child he thought had died, was alive, healthy and growing.

Literature

(shortened: only American publications)

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