

00:00

[Gretchen Snethen] Hi my name is Gretchen and I ride a bicycle

[Brandon Snead] and I'm Brandon and I too ride a bicycle

00:11

[Music]

00:34

[Brandon Snead] Hi this is Brandon Snead and I recently sat down with my colleague and friend Gretchen Snethen to discuss the biking projects that we've been working on at the Collaborative. We discussed some of the benefits of biking and our experience leading bike groups for people with mental illnesses. We also invited a few of the people who joined us for bike classes and rides to share their experiences. You'll hear from them as well. Thank you for joining us.

So, Gretchen, can you tell me why you bike?

01:06

[Gretchen] I bike because it's fun. I've always loved biking. When we were younger, or we were kids, we'd go on vacation and bikes were almost always a part of that that family time together. We would pack our bikes up into the car, we would drive to Colorado or wherever and we would unload all of our bikes and you know we would go ride in the mountains. I remember going on bike rides with my girlfriends where we would ride to a restaurant or we would ride to the park and that was sort of what we did in the summer because, you know, we didn't want to just sit inside and watch TV, it was nice outside so riding a bike was sort of the way that we could kind of get out and do things. So you know, biking has always been a thing that's been a part of who I am.

When I moved, or I guess when I grew up, I sort of stopped biking quite a bit, it just wasn't as convenient or I didn't put the effort into it. And then when I moved to Philadelphia, I really started biking again because, even though it's a big city, there's so many people that bike here that it just seemed like the right time for me to try biking. And I was I was living closer to Temple so I could bike to work and bike share popped up so that was cool because I could, you know, not always have to worry about where my bike was. I could use this this great resource that was in the community.

02:27

[Brandon] So like you, I started out biking as a kid just for fun, never even considered it anything but something I would do for fun, so when I got a little older I also put the bike away, started doing cool teenage things instead. And then eventually, as an adult in my early 20s I went back to biking when I realized how much easier it made getting around the city. And once I started biking as an adult I realized oh it's still fun so this is still an enjoyable thing I can do.

02:56

[Gretchen] I remember in the first bike share group that we had people ringing bells to each other and singing. It was just singing on bikes, which to me is just joy on wheels. And I think anyone walking by us or seeing us on the street, there was no mistake that this was a group of people that were having fun.

03:21

[Brandon] The general population, when they think about biking, they probably think about it being beneficial to one specific area before anything else, and what might that be?

03:35

[Gretchen] Physical activity, physical health.

03:37

[Brandon] Physical health, exercise! And we heard that from, I would say, probably everybody who we worked with. It wasn't that people didn't see other benefits that they could have their biking, but I think most people, when they signed up for our study, the initial thing they wanted to do was get more physical activity in their day.

03:57

[Gretchen] Well, and we know that this is important for everybody.

04:00

[Brandon] Me!

04:03

[Gretchen] Me too! The World Health Organization recommends that everyone, or adults, get a minimum of 150 minutes of moderate physical activity a week. And we know this, we know that there's benefits to it, and yet the general population struggles to get that amount of physical activity.

04:19

[Brandon] It's hard, we've got other things going on!

04:21

[Gretchen] We've got other things going on. And if you can build it into your day, it becomes a little bit easier. The other thing that we know is that, you know, the general population isn't meeting these physical activity guidelines, but individuals who experience mental illnesses are less likely than the general population to meet the physical activity guidelines and have greater amounts of sedentary behavior, sedentary time, than their non-diagnosed peers.

So people with mental illnesses, the research it kind of varies, but generally the thought is that people with mental illnesses die 20 to 30 years earlier than their non-diagnosed peers. And it's not because they have a mental health condition, it's because they experience greater rates of obesity, they have heart disease, they have diabetes, they have a metabolic syndrome, which is kind of a cluster of those things. And one of the things that, the lifestyle factors, that greatly contributes to that is sedentary activity.

05:27

[Brandon] And there is research that shows that people, despite medications that people may be taking which have weight gain as one of the side effects, there is research that tells us that despite that, people with mental health conditions are able to be more physically active and take charge of their health outcomes.

05:46

[Gretchen] And they want to, and they endorse that physical activity or exercise should be integrated into mental health treatment as well.

05:55

[Brandon] Yeah I mean we've done studies where people tell us that they want to be more physically active, that they want to be out in their communities doing things and engaging in activities more often.

06:08

[Gretchen] And, but the assumption is, and this is broadly, is that exercise looks like one thing. Exercise is going to the gym, exercise is being on a machine, exercise is sweating a lot in specific clothing. And biking doesn't have to be that.

06:29

[Participant 1] Um, I really didn't bike before this program, but once this program started and stuff like that I mean I liked it for the exercise. Because I mean that's for me, it was the exercise. I liked it because I got the exercise. I mean it's not hard, it's not strenuous work, the bike has three gears, so I mean you could actually pick your pace. Instead of sitting in group all day we got to be out in the sun. Some sun and fun, pretty much, that's what we had, some sun and fun. You need to go out, get some exercise, get on the bike, explore the city and see what's fun and new that you don't really know about.

Outside of bike group I did individual riding myself, I'd go over and get a bike, just to take a bike out, just to ride. And I liked that, because I could just go grab a bike anytime I wanted and just ride around the city, just to explore the city to see. What I didn't realize in the city, I got to realize, because after riding around on a bike, I got to see more instead of riding in the car or riding on the bus, you can't really see much. Some different little places that I really didn't know was there, I really got to find out. I got to see some places that I never even know was in Philadelphia.

07:45

[Brandon] They saw this fun activity as something that they could do for exercise versus getting to the gym and getting sweaty and not enjoying what they do, which is generally what we see in the general population. We fall off doing something because we're not motivated to keep doing it. Whereas here, people wanted to do something that was actually fun that they could use to improve their physical wellness.

08:07

[Gretchen] Yeah and the barriers to joining a gym are great, you've got to deal with transportation, you've got to deal with getting the clothes and the equipment to go. You have to deal with the financial resources to pay for a membership, you have to deal with the time commitment to actually get there and participate. But when you're talking about something like bike share and it's available in your community, you walk out your door, you walk out of the mental health center, you can hop on a bike and go somewhere, so it really makes it accessible.

08:38

[Participant 2] My best experience is, because for me I was by myself, I was going to see my mom. I got off the train at 46th Street and there's a bike station right there. I would get on the bike, ride to her house, say hi to her, get me a bottle of water. I would ride over to 43rd and Lancaster. I basically went from station to station taking out a bike. I had the most best time when I was by myself riding a bike though, because I didn't listen to the music, I was paying attention, I was looking at my surroundings. And people kept saying that how you keep taking out these bikes and this that and the other, but I went from station to station all the way downtown. I had car fare and I had transfers and everything, but I

chose to ride the bike, because the bus was getting too crowded and I don't do crowds on the bus. Jump off the bus and jump on a bike. And I just loved it, it was fun.

09:45

[Gretchen] There's actually a study from Fishmen and colleagues that that looked at bike share and its ability to replace sedentary modes of transportation. And it was in four different cities, two of them in the United States, so DC and I think Minneapolis were the two United States cities, and on average across all of the cities, 60% of the bike share trips were replacing sedentary modes of transportation. So that could be public transportation, that could be a taxi or an Uber, or riding or driving your own personal vehicle, or it was a new trip that you wouldn't have taken otherwise.

10:22

[Brandon] And this is good news for our population because they want to be more active, they want to get out in the community and do more things independently. But one of the things that we heard when people were coming into the study was that they were afraid they couldn't bike, they were not going to be physically able to go the few miles that we were going out on group rides.

10:41

[Gretchen] Well and I think what we found was that everybody had the basic skills to ride a bike, so we weren't teaching anyone from scratch and once they sort of got back on a bike, it was like riding a bicycle. And so they were able to get on and ride and as we went further and further, you know we introduced a small trip and then we increase those distances to help people gain that confidence and recognize that they could go further distances successfully.

So, and the cool thing about that is that sometimes there's this assumption that you have to bike, you know, 200 minutes a day in order to get any sort of health benefit. And the research actually counters that. There was a study that looked at commuter cyclists, so people who are riding bikes not for, I mean its fitness, but they're riding because they're riding to get places. And throughout the day if they biked from one to a hundred minutes probably more like ten to a hundred, because I don't know where you would go in one minute, but those shorter trip cyclists who went from non-cyclists to cyclists saw a greater peak in their benefit, so the increase of the benefits started immediately. And then once you got to about a hundred minutes a day it sort of stabilized. It didn't go away, it's still good for you, and if you got further along it started to go up again. But what that tells us is that if you're working with individuals who are starting from no cycling and probably limited physical activity, they can start to experience benefits immediately just by getting on a bike and just by going places, and it doesn't have to be far.

12:30

[Participant 3] I never used to do nothing when I used to come. I used to be quiet and just be mad and all that. And people used to say why you won't smile, and all that stuff like that. They would look at me and say you don't smile and I said I don't smile. You know, I ain't gonna, I say why am I smiling for? You know you're funny. So I laugh more and I joke a lot more, you know what I mean? And that that makes me feel a lot better because I don't have the stress or whatever on me like I did before.

13:04

[Brandon] I cannot believe that Mark, the Mark we knew, was ever somebody who was seen as grumpy.

13:17

[Gretchen] I know, he showed up with a smile on his face, he was engaging, he was volunteering to help us get the helmets out, he was helping other participants, he was leading, you know he was the first one to volunteer to lead the rides.

13:33

[Brandon] He always had a smile on his face, he always had a story to share, he was an absolute delight to work with.

13:41

[Gretchen] And I think that that really speaks to the potential, and we knew him is always engaged. And I think that the biking, and activities that people are inherently interested in and enjoy, has the opportunity to sort of bring people's social character to the forefront and create better and more meaningful social opportunities.

14:01

[Brandon] Yeah what do we look like when we're doing something we enjoy?

14:05

[Gretchen] We look happy. We look approachable.

14:07

[Brandon] Absolutely, it makes people want to talk to us more. So somebody like Mark, we saw with a happy face on, and it made us want to engage with him more.

14:15

[Gretchen] Well and I can only imagine that, you know, the majority of mental health services often focus on the illness, or they focus on the problems, or they focus on... and not to their detriment because it's important to really talk through some of those issues that people are facing. But it's equally important to help people connect to these activities where they can start to identify with something other than only having mental illness.

14:48

[Brandon] And we know that this is a problem in the population. That they are more isolated, they are experiencing greater amounts of loneliness, so they're not just spending more time alone, but they're lonely.

15:00

[Gretchen] Yeah, and you know, you think that those are the same thing, but that isolation, you know really gives you lower access to people, but that loneliness, even if you're around individuals, but you don't feel like you have any true social connections, that loneliness is really harmful. And some of the research, both among individuals with mental illnesses, but also in the general population and actually some among older adults, it's really finding that loneliness is just about as, or just as terrible of a risk factor as sedentary activity, which I know we've talked about.

15:39

[Brandon] Yeah and a lot of the people that we worked with in the bike study, they told us what they were going to do to improve social connections using their bikes. So we know that people can use a bike to get out in their community differently than they might otherwise, they're more likely to stop places

they're more likely to pull over when they see something that strikes their interest, maybe if you're driving down the street or taking a bus you're probably less likely to take a few minutes and sit in the park or chat with somebody who is walking past you on the street.

16:10

[Gretchen] Well, and even my own personal use of bike share. I've been, you know, waiting at a stoplight to go and a car has pulled up to next to me and said "oh how do you like those bike share bikes tell about them are they easy to ride". And so it automatically gives us this common ground to really talk about and it you know it's something that's cool that I can be proud of what I'm doing in that activity, and it gives me an opportunity to connect socially with others. I immediately have something in common with the six other people that are coming up to the stop sign with me, and that's cool.

16:47

[Participant 4] I liked biking when I was younger and now since I was in this accident and have a prosthetic leg, I thought that I could not bike because of this prosthetic leg. But, I've been proven wrong and I can bike with the prosthetic leg with an additional assessment. And I have to adjust my foot to the pedal and I'm on the pedal and I'm out to go. I'm working with children in the neighborhood, nieces and nephews and just kids, I just like to be with the kids and I show them a lot of stuff. I'm an educator, they respect me because I give them a lot of information and I'm a very resourceful person. We do fun things you know, we paint, we do a lot of activities like I just let them be creative and let their minds expand, like my mind, I can think of some wild stuff to do.

17:40

[Brandon] Not only did she feel proud of herself in biking, that she could bike, that she was able to do it.

17:44

[Gretchen] But she wanted to share that that expertise with others.

17:46

[Brandon] Yeah, she had seen herself as somebody who could share this with the kids in her neighborhood, she was taking them around to different places that they could bike to. So they were going to the library, they were going to parks, they were visiting the waterfront and she saw herself as an educator.

18:01

[Gretchen] And that's fantastic because, through her confidence in her skills and her identity as a cyclist she saw that as a vehicle to really connect with those kids in her neighborhood that clearly were important to her and it gave her that that sense of pride and being a role model for those individuals.

18:23

[Brandon] This is especially important in this population I think, wouldn't you agree? That a lot of times the people with mental health issues, who are in the system, they take on the role of a learner, of a patient, and somebody else is generally the educator, teaching what needs to be done.

18:41

[Gretchen] Yeah, you know they talk about, oh this program has been great for me, but there's a lot of there's a lot of receiving. There are not a lot of opportunities for truly balanced relationships and for people to feel like they're able to give back socially or to give back to their community. And so when

people can take an activity that's meaningful to them, and that they have pride in, and then they're able to share that with others and also give back to their community that's really important.

06:08

[Brandon] And this wasn't limited to one participant. Throughout working with people, people really wanted to help each other, so if somebody was struggling there were other like club members who just jumped in and wanted to help out. That was pretty consistent throughout working with people that we saw they wanted to help each other, they wanted to contribute, they wanted to give back.

19:34

[Participant 5] At the beginning we didn't know each other that good so we came to know each other and things like that to do things. You know after we got started or whatever, we got closer and closer and that's how we is now. You know that bike club get people together and all that stuff, good friends or whatever.

19:59

Participant 6] We made a bonding friendship.

20:00

[Participant 5] We made a bonding, yeah, yeah.

20:01

[Participant 6] We made a bonding friendship. Because I mean because in the beginning I mean I would see Mark and say "Hey how you doing" and keep walking, but now it's like we on the phone with each other, we constantly talk, we're like two peas in a pod. Pretty much, that's what we are.

20:14

[Gretchen] Fun is often belittled in terms of importance particularly in working in mental health, we want to get rid of the sad but sometimes it's just you know getting rid of depression, but not really focusing on those positive emotions and positive emotions are pretty powerful.

20:39

[Brandon] Yeah let's think about research and let's think about the actual work we do with people who have mental health conditions. If somebody's having active hallucinations that medications can sometimes quiet down, that may be considered a success even if the person is at home and unhappy and not enjoying life to the fullest. They're not flourishing, but they're considered a success.

20:59

[Gretchen] Yeah and so I think that you know part of our role as well one, recreational therapists, but also as mental health professionals is that we should be thinking of ways to help engage people in those activities that are meaningful and not just because it's good on the face value, but because there is science behind the benefits of positive emotions. Barbara Frederickson has a theory called broaden and build that really talks about the power of positive emotions to broaden you and to help you build those cognitive capacities. So we've all heard of fight or flight. What is fight or flight?

21:39

[Brandon] So fight or flight is I'm afraid I'm either going to put up my dukes and fight you off or I'm going to run away. And I'm more likely to run away.

21:44

[Gretchen] Me too.

21:46

[Brandon] I'll probably bike away, I'll get away faster.

21:57

[Gretchen] I'll put up, you know, big talk, but I'll just run away. So fight or flight comes typically in experiences of negative emotions and so the theory states and really talks about how these negative emotions narrow your perspective and your problem-solving skills to where you see fleeing or fighting as your only options. Whereas positive emotions and the collective experience of positive emotions actually builds your cognitive capacities and you're able to problem-solve, you're more creative so you can think about other solutions and you're more creative in your problem-solving. And so positive emotions: joy, contentment, satisfaction, amusement, all of these emotions are helping you to develop some of those cognitive skills.

22:47

[Brandon] You're listening to Collab Chats where we will discuss issues and research related to mental illness and wellness. You'll hear about projects developed to encourage opportunities for people with mental health diagnoses to engage in meaningful roles in their communities. The Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities conducts state-of-the-art research and knowledge translation activities. To learn more about the work we do visit our website tucollaborative.org. If you enjoyed this podcast and would like to discuss it with us, email us at tucollab@temple.edu.

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