



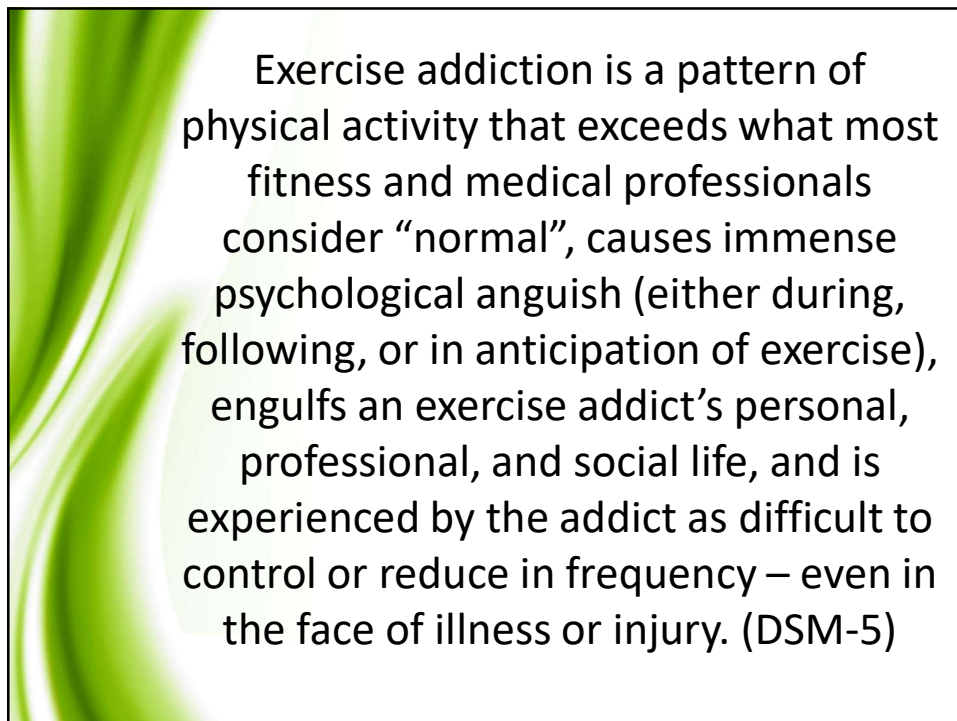
Exercise and Eating Disorders

*Helping Clients Return
to Healthy Engagement
with Exercise*



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Exercise addiction is a pattern of physical activity that exceeds what most fitness and medical professionals consider “normal”, causes immense psychological anguish (either during, following, or in anticipation of exercise), engulfs an exercise addict’s personal, professional, and social life, and is experienced by the addict as difficult to control or reduce in frequency – even in the face of illness or injury. (DSM-5)

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Benefits of Exercise

- Exercise is a powerful tool for healthy living – it improves muscle tone, bone strength, and overall heart function
- Exercise is often designated as an important component of mental health and wellness due to the homeostatic “reset” benefits attributable to physical activity

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Detriments of Exercise

- **Excessive** exercise is not a marker of other mental health disorders; rather, sedentary lifestyle is more indicative of most mental health disorders – hence, encouragement to increase physical exercise is appropriate
- **Excessive** exercise **IS** often a significant marker of eating disorders and may, therefore, have the opposite effects desired
- **Excessive** exercise may be a mental health issue in and of itself

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Why should we be worried?

- Societal norms/laws create “bumper lanes” to understand self-selection limits.
 - Alcohol/tobacco use
 - Sedentary behaviors
 - Nutritional Intake
- Unlike other self-selected activities, we have little identification of “upper limits” for exercise.
 - What is “normal” or “moderate”?
 - What is too much?
 - Who is at risk? (It couldn't be me!)

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The Peanut Butter Effect

Projectpeanutbutter.org
Dr. Mark Manary - 2004

Peanut butter has been identified as a primary nutritional supplement to alleviate starvation in suffering areas of the world. It is truly a life-saver!



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Similarly, exercise may be a life-saver for many individuals – unless you are addicted!

Normative Population:	Addictive Population:
• Good for your mood	• Avoids your mood
• Good for your heart	• Stressful for the heart
• Good for muscles	• Harmful to muscles
• Good for your bones	• Damaging to bones

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Why is it so Difficult to Understand?

- May be referred to as:
 - Exercise Addiction (EA)
 - Exercise Bulimia (EB)
 - Exercise Dependence (ExD)
 - Compulsive Exercise (CE)
 - Obligatory Exercise (ObE)
 - Anorexia Athletica (AnA)
 - Activity-Based Anorexia (ABA)
 - Obsessive Exercise (OsE)



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“Sickness Behavior” is often Present

- Exercise withdrawal may present with symptoms similar to onset illness such as the Flu, etc.
 - Irritability
 - Stress
 - Fatigue
 - Body Aches
 - Poor Concentration
 - Sleep Disturbances

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Emotional Dysmorphia is often Present

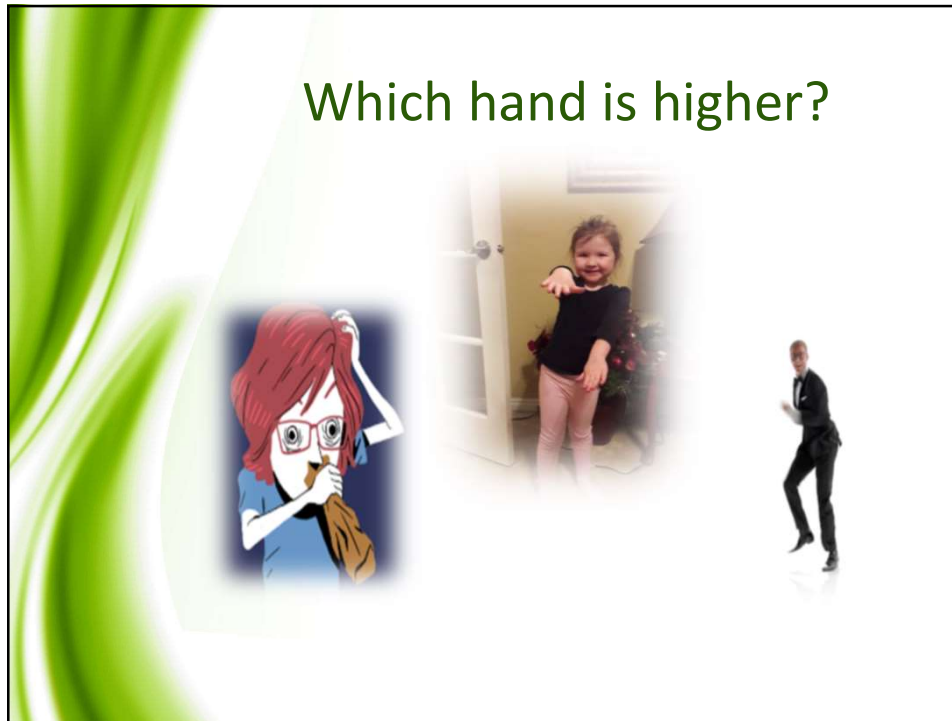
- Physical sensation from exercise takes the place of emotional sensation
 - I “feel” when I am exercising
 - I am normal because I feel
 - Exercise blocks emotional sensation
 - Exercise deprives the brain of energy
 - I need increasing amounts of exercise to continue to “feel”

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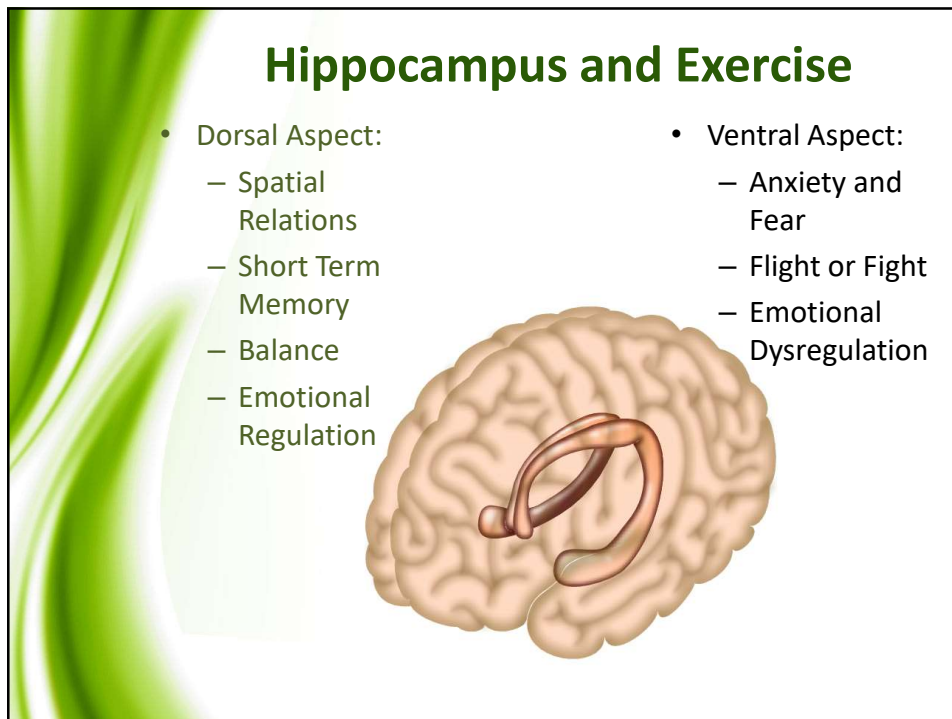
Chemical Changes and Exercise

- “Feel Good” Endorphins
 - Reduce pain, stress, hunger cues
 - Normative mindset – extends benefits of euphoria
 - Ruminative mindset – curbs benefits of euphoria
- Adrenaline Rush
 - Shuts down higher functioning to increase energy to extremities for “flight or fight”

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Reaction of Hippocampus

- Frenetic Foraging
 - Individual chooses to limit nutrition (higher function)
 - Primal brain recognizes this as famine conditions
 - Hippocampus says “move or die”
- Frenetic Flight
 - Individual chooses to move excessively (higher function)
 - Primal brain recognizes this as “danger”
 - Hippocampus says “move or die”

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**EXERCISE ADDICTION IS NOT
A LINEAR PROGRESSION,
IT IS A SCATTER PATTERN**

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Exercise Addiction Criteria

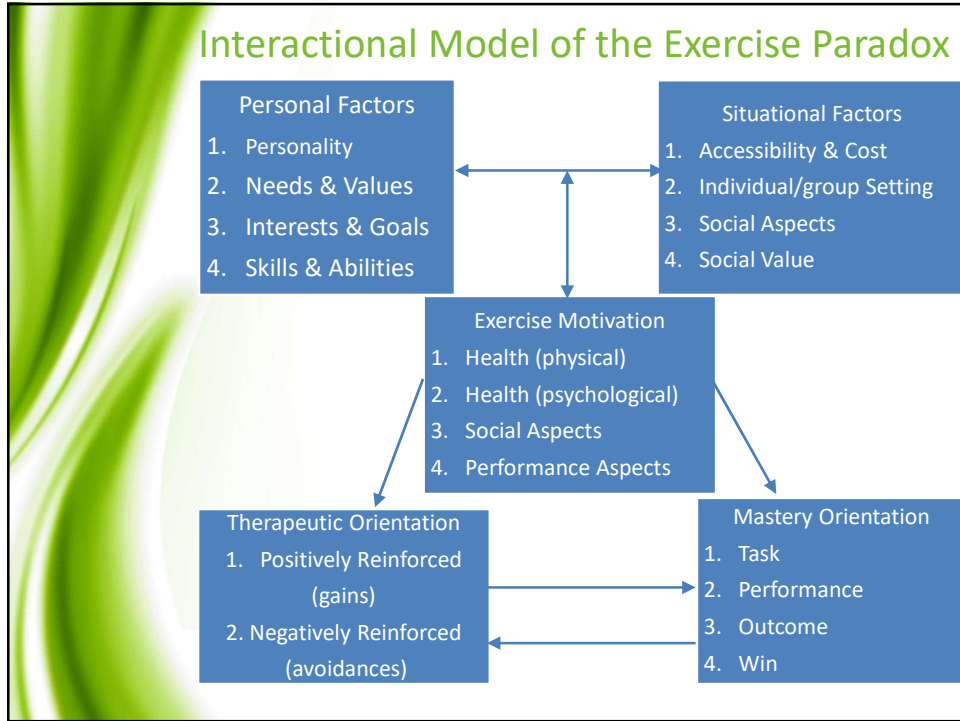
- **Tolerance:** need increased amounts
- **Withdrawal:** Anxiety, Guilt, Sleep Issues
- **Lack of Control:** unable to reduce or quit
- **Intention effects:** unable to control time, routine
- **Time:** preparing for, engaging in, recovery from Exercise
- **Reduction in Activities:** loss of social, familial, occupational activities
- **Continuance:** engage in Exercise regardless of consequences

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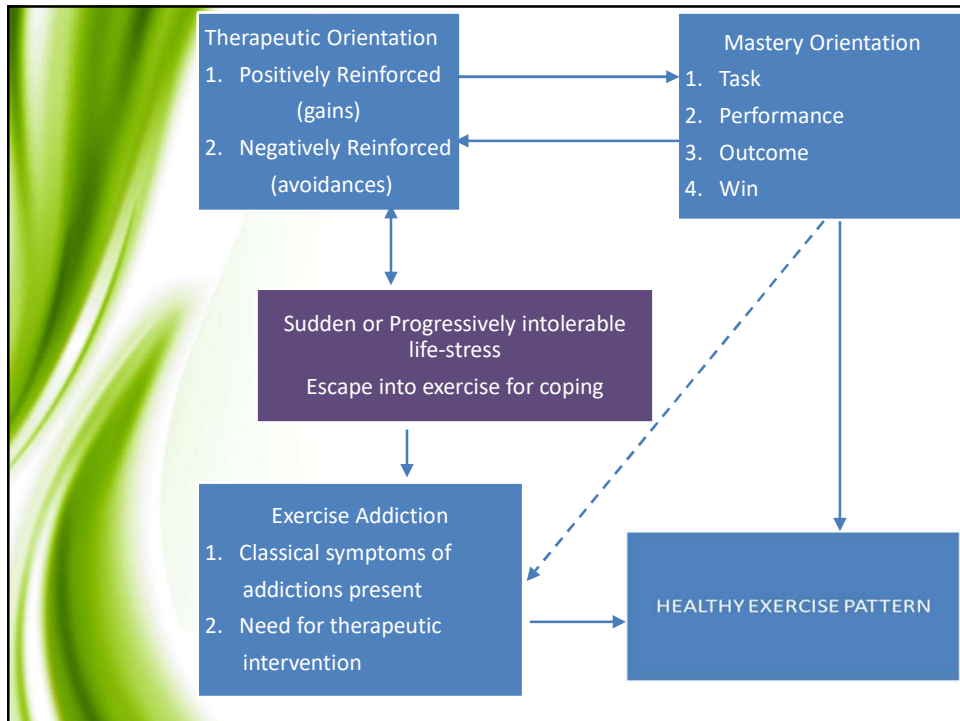
Exercise Addiction Measurements

- Exercise Dependence Scale
- Obligatory Exercise Questionnaire
- Compulsive Exercise Test
- Exercise Addiction Inventory


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The goal of constant activity may be, in large part, distraction from the sense that one is inferior, defective, weak, or otherwise “unacceptable”. [The] average exercise addict oscillates between the dangers of hunger, exhaustion, or external circumstance; the struggle to maintain a separate state; and the fantasy or triumph over the body. The oscillation generates excitement, and the excitement defends against the anxiety of being overwhelmed by neediness.” (Yates, 1991)

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EXERCISE ADDICTION AND EATING DISORDERS

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Which comes first – EA or ED?

- Incidence of ED in female athletes has been found to be as high as 60%. In dancers, even higher.
- Teachers and coaches are often crucial in the onset of exercise addiction – their approach to training may be the tipping point for EA
- Adolescents with ED participate more in individual sports and activities than adolescents suffering from any other psychiatric disorder
 - This is often due to the desire to avoid exercising in a group

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Exercise and ED

- Exercise is often frenetic in nature:
 - “toxicomanic” level of physical hyperactivity
 - Top 3 activities engaged with ED:
 - Running
 - Cycling
 - Swimming
- } Notice, these activities = Triathlon
- Peripheral neuropathy that accompanies malnutrition raises the perceived pain threshold
 - Patients may state that they use exercise for mood improvement; in reality, exercise is more accurately identified as an avoidance technique

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Exercise as an Avoidance Technique

- Physical activity places demand on energy stores, leaving less available for cognitive activity
- Solitary physical activities are often chosen to avoid cognitive/emotional interaction with others
- Endorphins temporarily improve mood, but may simply mask issues that must be addressed

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How Exercise Addiction Presents, Especially in Recovery

- Rigid/Habitual Adherence to Routine
- Frenetic Movement of Extremities
- Missing Social Engagements to Exercise
- Avoidance of Group/Social Exercise
 - Self-report excessive exercise to avoid groups
- Hiding Exercise
- Exercise Late at Night
 - Insomnia is a strong marker of Exercise Addiction

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Health or Body Image?

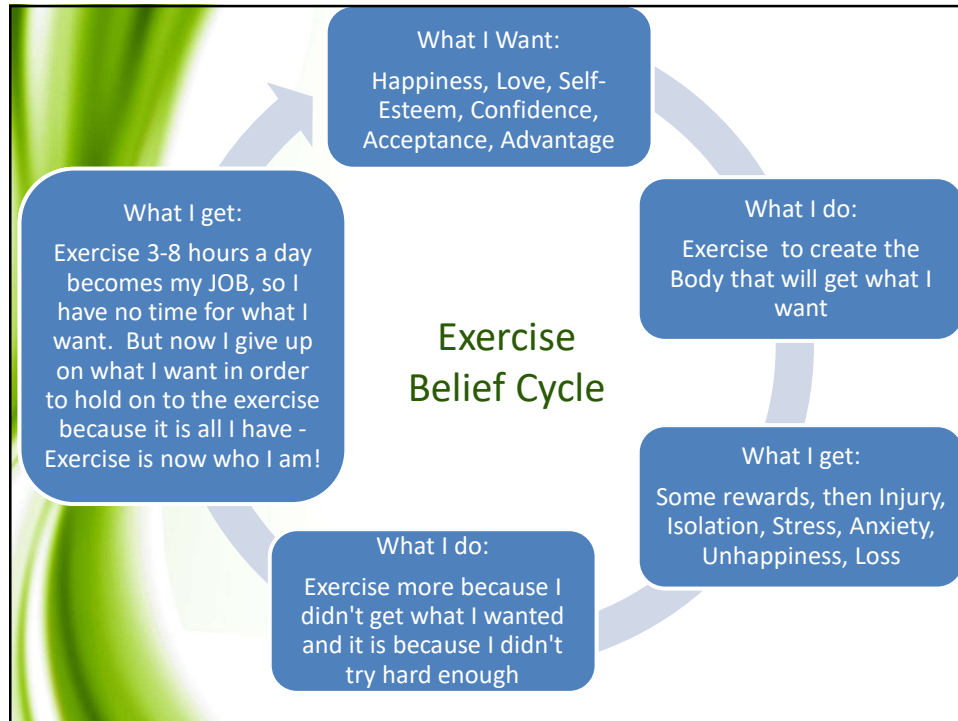
- Why do you exercise the way you do?
 - NOT about how I look!
 - Health Reasons (heart, bone, etc)
 - Emotional Well Being
- Would you still exercise the same way if...
 - You maintained the health benefits
 - You maintained the emotional benefits**BUT...**
 - It didn't change your body

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Perspective

- When describing exercise:
 - We reminisce about our BEST experience, and we anticipate that each occurrence will recreate or exceed that best experience
- When describing rest:
 - We ruminate about our worst experience, and we anticipate that each occurrence will be even worse than the last

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Where do We Begin?

- Refer to an appropriate exercise professional, when available
 - Exercise physiologist
 - Movement Therapist
 - Exercise psychologist
- Discuss exercise issues openly
 - Help clients recognize and track exercise patterns
 - Help clients recognize the difference between mindless and mindful activity
 - Help clients remember that exercise should be joyful

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Importance of Therapeutic Movement Groups

- Main goal of exercise in recovery is **NOT** to get back in shape or “work out”; main goal is to reconnect the mental and physical through body awareness and responsiveness
- Movement Groups should be therapeutic process groups specifically designed to address Exercise Addiction/Aversion – not just a “recess” or extracurricular activity

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Objective vs. Subjective Markers Who are you proving it to?

- | | |
|-------------|--------------|
| • Time | • Enjoyment |
| • Distance | • Social |
| • Endurance | Engagement |
| • Reps | • Personal |
| • Reward | Satisfaction |
| | • Body |
| | Awareness |

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Mindless vs Mindful Activities

- Repetitive action
- Ability to “zone out”
- Habitual routine
- Sustained pace
- Continuous activity
- Variety of action
- Requires awareness
- Unique patterns
- Variable intensity
- Ebb and Flow

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Why I focus on Yoga

- Helps the individual stay mindfully attached to the present and minimizes hyperactivity
- Encourages the individual to stay connected to body sensation
- Improves body responsiveness as well as body awareness



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Embrace the Concept of Leisure Activity vs Competitive Perfection

- In the EA and ED populations, there is a lack of leisure activity regarding movement and exercise; exercise is often considered an obligation or a necessity
- Social avoidance is common, especially in AN, and difficulties in social adaptation have been observed particularly in leisure activities
- It is important to help patients explore their attachment/aversion to various types of activities

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What to Watch For Physically

- Impaired bone density
 - Joint collapse
 - Increased “friction popping”
- Impaired heart function
 - Extended/prolonged QTC
- Impaired spatial relation
 - Dizziness, coordination issues
- Impaired connective tissue
 - Anomalous flexibility

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Cognitive Approaches

- Encourage Research / Writing Assignments:
 - Exercise as an addiction
 - Exercise as an avoidance behavior
 - Obsessive/compulsive exercise
 - The relationship between body image and exercise
 - The relationship between depression or anxiety and exercise

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Where Should the Focus be?

- Focus on social enjoyment of exercise often leads to a reduced risk of EA and ED
- Focus on physical enhancement or psychological “coping” benefits of exercise may, in fact, increase risk of EA and ED
- Encourage change and accountability through the practice of decision making and variety

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Don't let The Thing become The Thing


- ❖ I love to run
- ❖ Running alleviates my tension and stress
- ❖ If I don't run one day, I feel guilty
- ❖ This creates tension and stress
- ❖ I must run more the next day to alleviate the tension and stress caused by not running.....
- ❖ Hmm...



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Create a GAP

- Exercise addiction requires a GAP
 - You can't just draw a line
 - Decide what you are willing to put in the GAP



fppt.com

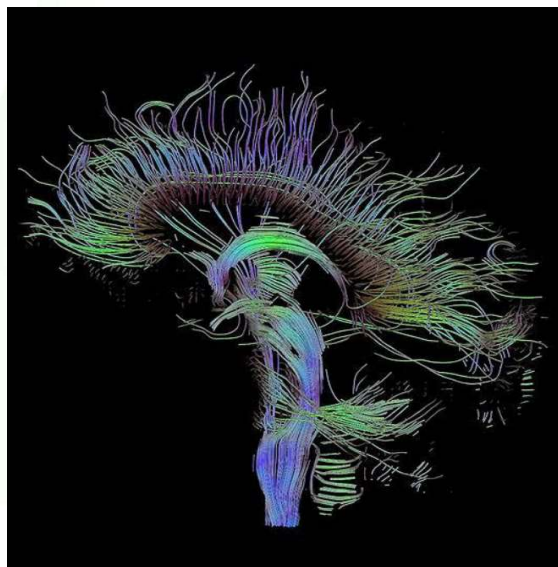
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Things You can Look for:

- Significantly repetitive activities may be a sign of obsessive-compulsive issues
- Significantly repetitive activities lead to mind/body disconnect
- Solitary activities are more likely to facilitate ED (98% of ED patients primarily engage in solitary exercise)

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Light up the Whole Brain!



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So... Let's Create Variety!

- Identify a wide variety of activities
- Select 10 indoor and 10 outdoor item
- Select 10 quick and 10 longer items
- Write one item on each side
- Color one end of the sticks
- Place in a jar with all of the same color facing up
- Choose a stick and complete the item – no double dipping!
- Flip the stick over and place back in the jar
- Keep choosing until all sticks have been flipped



Flip Stick Jar

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The Key to working with Exercise
Addiction is

VARIETY!

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It's not what we do,
but why we do what we do
that leads to a vibrant life!

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