Therapeutic Approaches to Exercise and Movement

Presented by: LeAnne Tolley, MSKEP, CIAYT
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.
Benefits cont.

- Excessive exercise is not a marker of other mental disorders; rather, sedentary lifestyle is more indicative of most mental disorders – hence, the encouragement to increase physical exercise is appropriate.

- Excessive exercise **IS** a significant marker of eating disorders and may, therefore, have the opposite effects desired.
Peanut butter has been identified as one of the primary nutritional supplements to alleviate starvation in suffering areas of the world. It is truly a life-saver!
Unless you are Allergic to Peanuts!
Similarly, Exercise may be a life-saver for many individuals – unless you are Addicted!

Normal Populations:
- Good for your heart
- Good for your mood
- Good for muscles
- Good for your bones

ED Populations:
- Hard on your heart
- Avoids your mood
- Hard on muscles
- Hard on your bones

Exercise addiction can be deadly!
Normative Exercise Patterns

Exercise Increases

Nutrition Increases

Exercise Increases

Nutrition increases
Exercise Patterns in ED

- Exercise
- Nutrition

- Anorexia/ Bulimia
- Binge Eating Disorder
What is Exercise Addiction?

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

- Exercise Dependence Scale
- Compulsive Exercise Test
Which comes first – ED or EA?

• Incidence of ED in female athletes has been found to be as high as 60%

• Teachers and coaches are often crucial in the onset of exercise addiction – their approval position replaces parents; this may be due to poor family dynamics

• Adolescents with ED participate more in individual sports than adolescents suffering from any other psychiatric disorder
Exercise and ED

- Exercise is often frenetic in nature:
  - “toxicomaniac” level of physical hyperactivity
- Top 3 activities engaged with ED:
  - Walking/running
  - Cycling
  - Swimming
- 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
Many in the ED treatment community tend to avoid this issue or outsource the issue of healthy exercise to their client’s personal trainers. That approach can be problematic; most trainers know a lot about physical fitness but have little understanding of the cognitive and emotional connection between exercise and physical fitness.
Yoga is a Good Place to Start

- Helps the individual stay mindfully attached to the present
- Encourages individual to stay connected to body sensation
- Improves body responsiveness as well as body awareness
Mindless vs Mindful Activities

- Repetitive action
- Ability to “zone out”
- Habitual routine
- Steady pace
- Continuous activity

- Variety of action
- Requires awareness
- Unique patterns
- Variable pace
- Ebb and Flow
Embrace the Concept of Leisure Activity vs Competitive Perfection

- In the ED population, there is a lack of leisure activity regarding movement and exercise; exercise is considered a “chore”
- Social avoidance is common in AN, and difficulties in social adaptation have been observed particularly in leisure activities
- Help patients explore their attachment/aversion to various types of activities
Encourage Writing Assignments

- Exercise as an addiction
- Exercise as an avoidance behavior
- Obsessive/compulsive exercising
- The relationship between body image and exercise
- The relationship between depression or anxiety and exercise
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...... Hmmmm...
The Mind/Body/Spirit Connection

• Main goal of exercise in therapy is not to get back in shape or “work out”; main goal is to reconnect the mental and physical through body awareness and responsiveness

• Activities that trigger the primary fear responses of “flight or fight” should be limited in favor of other movement activities, due to the effects of anxiety-related hyperactivity on the hippocampus
Where Should the Focus be?

• Focus on psychological benefits of exercise lead to a reduced risk of ED

• Focus on physical benefits of exercise may, in fact, increase risk of ED
Things to Watch for:

- Hyperactivity should be recognized as a core psychopathology of AN
- 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 lead to ED (98% of ED patients primarily engage in solitary exercise)
- Timing of exercise:
  - Exercise before a meal = food as a reward
  - Exercise after a meal = exercise as a punishment
Keys for Success

• Change vocabulary
• Engage in Awareness
• Reconnect to play
• Incorporate Ebb and Flow
• Move to live, don’t live to move!

Change Your Words
• Movement instead of Exercise
• Energy instead of Weight

Psychological Connection
• Exercise to enhance mood
• Exercise for mindful awareness
• Exercise to promote well being

Pace Yourself
• The body needs time to heal physically
• The body needs time to heal mentally
It’s not what we do, but why we do what we do that leads to a vibrant life!
References


References cont.


