



# Therapeutic Approaches to Exercise and Movement

Presented by:

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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

## 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

# The Peanut Butter Effect

**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:

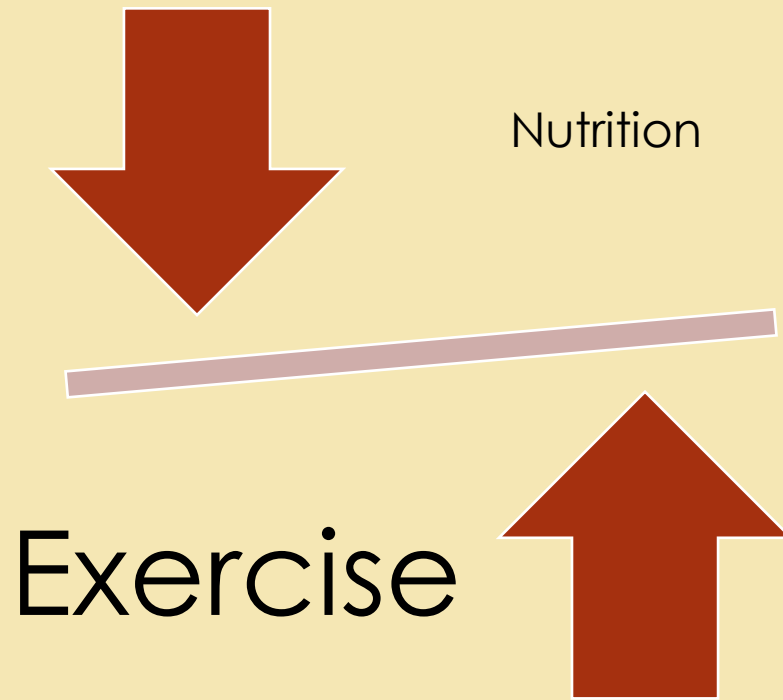
- Hard on your heart
- Avoids your mood
- Hard on muscles
- Hard on your bones

Exercise addiction can be deadly!

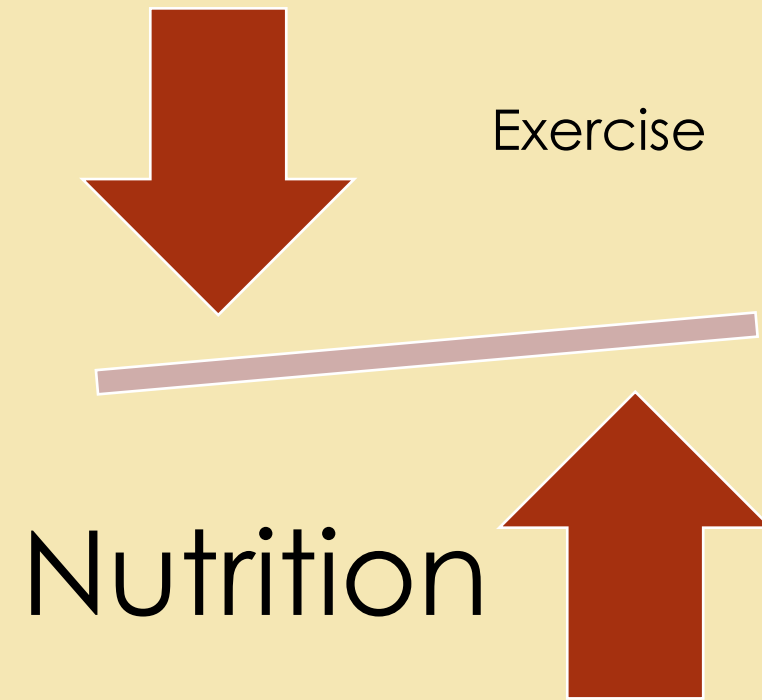
# Normative Exercise Patterns



# Exercise Patterns in ED



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

# Therapeutic Approaches

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.....  
Hmmm...

# 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!

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