


# Chapter 7


## Exercise Addiction

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### ABSTRACT

*This chapter provides an overview of the history and evolution of exercise addiction (EA), including current prevalence rates. Neurobiological and physiological features of EA are discussed as well as the characteristics of individuals who fit the proposed criteria of EA. The authors introduce screening and assessment instruments and the available psychotherapeutic and pharmacological approaches for treating this addictive behavior. The next section explores the overlap between EA and conditions such as eating disorders, body dysmorphic disorder, shopping addiction, substance use, and other psychiatric issues. The chapter also highlights cultural considerations and concludes with advocacy goals, and proposals for further research.*

### INTRODUCTION

The history and evolution of how researchers and professionals have defined Exercise Addiction (EA) has been documented for decades. Over the past 50 years, there has been a remarkable increase in attention to the identification of, and treatment for, excessive exercise as a behavioral disorder. There was little mention of EA

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in the mental health field until the 1970s (Adams, 2013) when the term “exercise dependence” began to be noted in the literature. During that time, it was mostly viewed as a positive, beneficial phenomenon. In 1987, however, diagnostic criteria were proposed, and advocacy was emerging for the recognition of exercise as a potentially compulsive, harmful behavior (Veale, 1987).

Since 2010, the number of peer-reviewed publications on this topic has skyrocketed and continues to highlight the diversity of ideology and interpretations of exercise as a distinct addictive behavior (Weinstein & Szabo, 2023). For instance, questions continue to arise regarding how to classify whether a person is exhibiting an addiction to exercise with normal, healthy levels of eating behaviors (i.e., primary dependence), or is showing manifestations of behaviors associated with unhealthy, eating disturbances such as anorexia nervosa (i.e., secondary dependence). In addition to inquiries related to eating behaviors, professionals screening for EA may also be required to separate excessive exercise from other pathologies, including Body Dysmorphic Disorder (Lim, 2021).

## **Nomenclature And Classification**

Physical exercise is defined as “planned, structured, repetitive, and purposive activity” (Marques et al., 2019, p. 319) that can be harmful when excessive. Excessive exercise has been classified in a variety of ways. Despite the recent attention of its existence, there are contrasting opinions surrounding exercise as a distinct category which warrants its inclusion in future editions of the American Psychiatric Association’s (APA) *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. If exercise is a behavior to be considered in the *DSM*, there must be agreement on: (1) whether it is a dependence or an addiction, (2) if it falls into the obsessive-compulsive category, and (3) if it is a primary or secondary problem.

Engagement in sports, exercise, and other physical activities can result in symptoms that mirror the criteria employed to screen and assess for substance use disorders. Inquiries remain unanswered about whether to define exercise as a dependence and/or addiction and what criteria should be used in determining such behavior. Some scholars report that “excessive exercise is most usually described as a dependence on exercise rather than as an addiction” (Adams, 2013, p. 829), while others have used these two terms interchangeably. For instance, Marques et al. (2019) describes exercise as a dependency and included words such as “compulsive” and “consequences” in its definition—which are terms used in association with the four Cs of addiction (i.e., compulsion, consequences, control and craving). They go further to indicate that dependency on exercise can cause a person to exhibit signs similar to addiction such as mood disturbance, dedicating too much time to the behavior, and tolerance. Other aspects have been identified that also reflect addiction symptomol-

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