Morbid exercise behavior: Addiction or psychological escape?

Attila Szabo, Z. Demetrovics, Mark D. Griffiths

Eötvös Loránd University

Research output: Chapter in Book/Report/Conference proceeding › Chapter

Abstract

This chapter examines exaggerated exercise behavior from the perspective of behavioral addictions. First, the theoretically most appropriate and thorough definition is presented with a perspective on the much needed theoretical and semantic consistency in the field. Subsequently, we differentiate between primary exercise addiction, used as a means of escape from a psychological hardship, from secondary exercise addiction, in which exercise is used as a means for weight loss in addition to dieting. Next, we present and evaluate the most commonly used tools in the assessment of the risk for exercise addiction. Nine theories are forwarded for the explanation of exercise addiction, and are critically reviewed, while it is concluded that the best theory would emerge from knowledge gained from the diagnosed cases of morbid exercise behavior. We stress that morbid exercise behavior may be rather "revolutionary" (suddenly erupting) than evolutionary (slowly building up), because many individuals, including competitive athletes, exhibit an exaggerated amount of exercise without any sign of morbidity. Those using exercise as a means of coping with stress may show signs of addiction. However, it is the task of future research to determine why and who will resort to morbid exercise behavior in dealing with psychological hardship. Lessons from the case studies may be the most productive in such efforts.

Fingerprint

Exercise  Psychology  Semantics  Athletes  Weight Loss  Morbidity

ASJC Scopus subject areas

Medicine(all)  Health Professions(all)  Neuroscience(all)
compulsive/morbid/obligatory exercise, exercise addiction, fitness fanaticism. criteria for exercise dependence. must meet at least 3 -tolerance - withdrawal -intention effects (done "accidentally" too often, intense) -lack of control -time effects (all events related to physical activity) -reduction of other activities -continuance. -excessive exercise produces an increase in fitness level and efficiency of sympathetic nervous system output (less output) -lowered output leads to lethargy, fatigue, and low arousal -exercisers do it to produce same level of arousal -currently untested. primary exercise dependence. psychological reasons for drug use in sport. -low self-esteem -stress and anxiety -superman complex -perfectionism -competitiveness and pressure for success -muscle dysmorphia. in Older Adults Exercise Effects in Cognition and Motor Learning Physical Exercise and Cognitive Enhancement Exercise- Induced Improvement in Motor Learning Exercise Effects in Cognition and Motor Learning Sport vs. Exercise and Their Effects on Emotions and Psychological Diseases Exercise in the Prevention, Treatment, and Management of Addictive Substance Use Morbid Exercise Behavior: Addiction or Psychological Escape? Aerobic Exercise in People with Schizophrenia: From Efficacy to Effectiveness Exercise and Anxiety Disorders Exercise and ADHD: Implications for Treatment Can Physical Activity Since addiction is a harmful, maladaptive behavior, psychological models are very useful for understanding why people engage in this unhealthy behavior. Psychologists propose several possible causes of addiction. First, people may engage in harmful behaviors because of an abnormality, or “psychopathology” that manifests itself as mental illness. The psychopathological model sees mental disorders as the cause of addiction. These disorders might include cognitive difficulties, mood disturbances, and other mental illnesses. In fact, addiction and other mental health disorders commonly occur together (called co-morbidity). Roughly, half of the people seeking addiction treatment will also have another significant mental disorder (Miller, Forchimes & Zweben, 2011).