

Is there such thing as too much exercise?
Breathe explores the fine line between a
healthy habit and a deadly obsession.

Too Much of a Good Thing

by JAYME OTTO

Kristin Seifried hit the gym after dinner. The young man at the front desk greeted her by name, gave her a big grin, and commented that she was their “best client.” Seifried was there every day, for at least two hours. The Hendersonville, NC resident planned to do the usual that night—about an hour of lifting, followed by another one to two hours on the elliptical, depending on how she felt. Having recently given birth to her second child, 35-year-old Seifried knew she might not have the energy to do a full two hours of cardio. But the college athlete in her reminded her how she’d feel if she didn’t. And when another member stopped to marvel at how lean she looked, and to congratulate her on how quickly her baby weight had come off, Seifried was certain she’d find the strength to get in those two hours. Heck, maybe she would even do a little extra.

Meanwhile, 1,500 miles away, in Boulder, CO, 21-year-old Peach Friedman, a college senior from Charlottesville, VA, had returned from yoga class, completed her homework, and prepared a big salad topped with vinegar. Normally, she shared meals with her boyfriend, but after four years, they’d broken up. She ate alone. Afterward, instead of dwelling on that fact, Friedman shifted her thoughts to her morning workout. She set out her running shoes in front of the door, laces untied and ready. She methodically laid out her shorts, sports bra, tank top, socks and even a ponytail holder on the chair. Ten miles should do the trick, she thought, as she climbed into bed. Ten miles and I won’t have an ounce of energy left to think about him.

Three years later, Seifried would be hospitalized for pericarditis, a

viral infection that attacks the pericardial sac surrounding the heart and can be lethal. While her weight hadn’t changed drastically from all her gym time, Seifried’s body fat percentage was so low that her immune system wasn’t able to handle the virus, landing her in intensive care. For Friedman, it only took three months of excessive running for her to drop 46 pounds, triggering an intervention by her family. At 100 pounds, the 5-foot 9-inch student was at high risk for cardiac arrest.

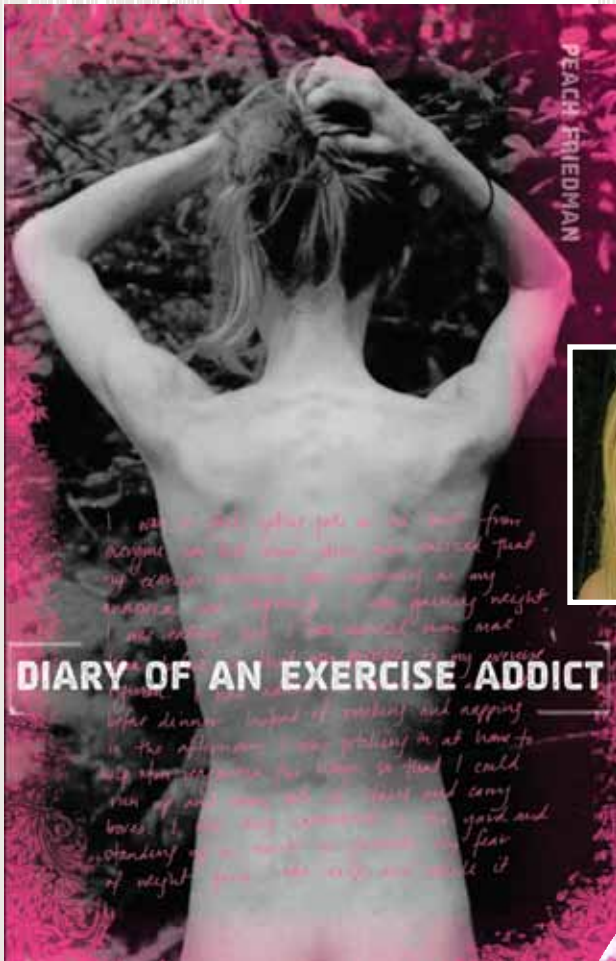
Both women would enter into treatment programs, eventually leading to the discovery that they suffered from exercise bulimia—a newly diagnosed eating disorder that affects 400,000 American women. People with the disorder can’t stop themselves from compulsively working out, no matter what the cost. Instead of using vomiting and laxatives, exercise bulimics purge by burning calories.

A DISORDER HIDING ‘IN PLAIN SIGHT’

The fact that our culture is both weight obsessed and very pro-exercise makes this particular eating disorder a little trickier than anorexia or bulimia, according to Sadie Carlson, who holds a master’s degree in counseling psychology and serves as the clinical director of Tapestry, an eating disorder treatment center for women in North Carolina.

“There is so much positive emphasis on diet and exercise as the answer to everything, that exercise bulimia not only goes undetected, but happens in plain sight,” says Carlson.

For Seifried, it happened in plain sight at her gym. She’d cut her hours as a nurse back to just a couple shifts a month in order to be a



Peach Friedman found ways to de-stress other than running.

full-time mom. The changes to her body from the pregnancy, as well as the identity crisis she felt giving up a full-time career as an emergency room nurse, led her to the local gym.

“Having played sports practically my whole life, the gym was a place I felt comfortable, a place where I felt I could find myself again,” she says.

What she found was an old eating disorder, a bout with anorexia she’d suffered as a collegiate athlete, repackaged into not only something socially acceptable, but something positively reinforced.

Her 120-pound physique was within the healthy range for her height, but it wasn’t an ideal weight for her frame. “I’ve always had a heavier, muscular build,” she explains. “I was about 20 pounds too light for my frame, but far from too light by society’s standards.”

Seifried’s issue wasn’t as much about weight as it was about body composition—she’d become too lean, with not enough fat to sustain basic body functions. But body composition isn’t something that screams disorder across the room the way the emaciation of anorexia does.

“People reward you for being lean and for being in the gym reli-



Symptoms of Exercise Bulimia

How do you know when you’re crossing the line? Carlson reminds us that exercise bulimics are often at a healthy weight, and offers these early warning signs:

- **Exercise becomes a compensatory behavior.** In other words, you are exercising to compensate for overeating, or just regular eating. The “earn your food” mentality can be a red flag.
- **You’re overtraining.** Say you are following a half-marathon training program that requires you to run a certain amount of mileage per day. If you continually run over the prescribed amount, something else might be going on besides just having a goal of completing a half marathon.
- **You don’t allow yourself off days, or days for recovery, even if they are part of your training program.**
- **You miss work, family functions or social gatherings in order to get your workout in.**
- **You’re plagued with feelings of guilt, shame, worthlessness or depression if you miss a workout.**
- **You refuse to take in extra calories, even though your body needs more caloric energy when exercise or physical activity increases.**
- **The amount of time you spend working out is disproportionate with the other activities of your life.**
- **The amount of time you spend working out is disproportionate to your goals.** If your goal is to lose weight, for example, and you hit your target, you should switch to a maintenance mode, not keep increasing your exercise volume or intensity.

What to Do

If you or someone you know displays one or more of these symptoms, Carlson says the best thing you can do is get perspective. Ask a trusted friend how your exercise routine appears to her. Or as a trusted friend, gently open up a dialog with the person you suspect has gone overboard with her program.

“This is nothing to be ashamed of,” Carlson says. “Talking to friends and loved ones can provide enormous support.”

Next, contact a medical professional or someone trained in counseling to get a professional opinion and a treatment recommendation. Exercise bulimia is highly treatable, just difficult to detect.



Kristin Seifried hopes to pass on her improved, healthier outlook to her daughter.

giously and for being meticulous about your food choices,” Seifried says. “But no one sees it as a disease. They see it as you’re living a healthy lifestyle.”

Seifried didn’t have to hide her disorder from others; they actually encouraged her. And all the positive feedback made it easy for her to believe that she was doing the right thing for her body. But in her mind, she started to have doubts. “I literally became chained,” she says. “I wouldn’t want to take family vacations because I didn’t want to get off my workout schedule. Your whole life becomes getting to the gym. And if you can’t get a workout in, it becomes a panic attack.”

FROM EXERCISE TO EMERGENCY

Her wake-up call came during the days she spent in intensive care where she realized her workout schedule had taken over her life, created significant mental duress, and was weakening her body. Others aren’t so lucky. Eating disorders have the highest premature fatality rate of any mental illness. And while exercise bulimia is still too new to have fatality data, other eating disorders are well documented: one in every 10 cases of anorexia leads to death from starvation, cardiac arrest, other medical complications or suicide.

With exercise bulimia, the biggest risk is heart failure. Excessive exercise combined with caloric restriction creates too much strain on the heart. Other complications include bone fractures, weakening of bones and muscles, reproductive failure, fatigue, social isolation, psychological anguish, and general physical deterioration over time.

Unlike Seifried, Friedman couldn’t hide her disorder, having experienced such dramatic weight loss in a short period of time. Besides running eight to 10 miles, she was eating as little as 800 calories per day. She was quickly diagnosed with

anorexia. Treatment helped bring her weight back up, but the exercise bulimia component went unresolved. “I was able to maintain my exercise compulsions for almost two years after I dealt with the anorexia,” Friedman says. “It was just so much more complicated, and so much easier to hide, because people perceive any and all exercise as healthy.”

Part of the complexity for Friedman was that she suffered from anxiety, and exercise helped dissipate that tension, particularly the nervousness surrounding her required weight gain. Exercise raises serotonin levels in the brain, a chemical responsible for mood stability. So Friedman was trapped in a vicious circle, needing to run to soothe and stabilize her mind, but feeding her compulsion at the same time. “I literally couldn’t sit still,” she says. “I’d walk everywhere and always take the stairs.”

The turning point came when her body just gave out. Even though her weight was at a more normal level, she was plagued with knee pain, shoulder pain and a stress fracture in her foot. The woman who couldn’t sit still suddenly had no choice.

“I really couldn’t move without pain and was forced to stop exercising for a few months,” she says. “That physical breakdown made me address things in a more thorough way with my exercise compulsion.”

HEALING HEALTHFULLY

Carlson recommends six months of in-patient treatment to break the cycle of compulsive exercise, with a minimum of three months. This is a bit longer than treatment for other eating disorders as it requires the reintroduction of healthy exercise at a reasonable rate. “We build it up in a way that’s manageable and less extreme, and create a go-forward exercise plan,” Carlson says. “You can’t just remove exercise altogether—that doesn’t help somebody learn how to manage it.”

Besides exercise management, treatment also includes weight management, healthy and nutritious meal planning, and supportive activities like yoga, massage, culinary classes and nights out on the town. Perhaps the biggest component of the healing process is therapy—individual, group and family therapy. Counseling for exercise compulsion centers around body acceptance. Women suffering from exercise bulimia have a disproportional

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Tapestry Clinical Director Sadie Carlson (left) monitors a client's meal to make sure she meets her nutrition exchanges.

tionate emphasis on body or weight as determining their self worth, according to Carlson. "We help clients begin to acknowledge all the other ways they can begin to approve of themselves and to focus less on seeking external approval," she says. "When you start to peel back the layers, most exercise bulimia can be strongly tied to needing external approval in order to approve of oneself, or at the very least, an external acknowledgement of one's body in order to feel good about it."

Carlson teaches women to recognize other parts of themselves that have been neglected due to their fixation on exercise, and coaches them to give these areas more light.

Today, Seifried still exercises, but with limits. In addition to the gym, she's taken up yoga, a physical activity that is not as draining or calorie burning. She also pays attention to the hobbies, interests and socialization she neglected during her compulsive stage. It's been two years for Seifried, and some days she still struggles. On those days, she reminds herself of her strength, how she can curl 25-pound dumbbells and make the guys in the gym look twice.

"That strength is the reason for my muscular build. And it's a good thing. My recovery has been about finding and accepting the unique beauty within myself," she says. "I hope to pass that onto my daughter, my firstborn who is 14 now, and has my frame."

Friedman doesn't belong to a gym anymore, and hasn't run since before her pregnancy, but she does take walks with her daughter, who is one year old. She continues her yoga practice, and teaches in California where she now lives. She also teaches movement and body awareness groups for Summit Eating Disorders Program, and is a spokesperson for the National Eating Disorders Association. Her story, *Diary of an Exercise Addict*, was published in 2008.

A big part of her recovery was letting go of the "no pain, no gain" philosophy and discovering joy and pleasure in movement, establishing a balanced relationship with fitness that is void of guilt, fear and punishment, a topic she lectures on nationally. Friedman also learned to have an entire toolbox of sources in times of stress. "I have things other than running now," she says. "I can take a bath, or talk to a friend. I found other means of de-stressing that are more balanced—and balance is really what it's all about." •

Jayme Otto lives and writes in the playground known as Boulder, CO. More at JaymeOtto.com.