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### Examination of Exercise Addictions in Sedentary Individuals

Baha Engin ÇELİKEL<sup>1</sup>

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<sup>1</sup> Baha Engin Çelikel, Fırat University/Faculty of Sports Science, [becelikel@firat.edu.tr](mailto:becelikel@firat.edu.tr),  
<https://orcid.org/0000-0002-8429-969X>

**Examination of Exercise Addictions in Sedentary Individuals****Baha Engin Çelikel<sup>1</sup>****ARTICLE INFORMATION**

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In order to ensure that individuals can maintain a healthy lifestyle, it is essential to establish a regular exercise routine. This research aims to investigate a sedentary exercise programme and contribute to a healthy life in the years to come. The population of the research consists of sedentary individuals living in Elazığ province. The sample consists of 283 sedentary individuals, of which 168 are female and 115 are male. Our study consists of two parts. In the first part, a personal information form is used for the participants, while in the second part, a 21-item exercise scale (EDS-21) is used. The results show significant symptomatic indications in individuals ( $p<0.05$ ). Asymptomatic individuals were found among those involved in active sports, while symptomatic cases were identified in both individual and team sports. For the EDS-21 sub-dimensions, there was a statistically significant difference in gender, with males scoring higher than females, and active sports participants scoring higher than non-active individuals ( $p<0.05$ ). Although no statistically significant differences were found between the groups in terms of body weight, a statistically significant difference was found based on weekly exercise status ( $p<0.05$ ).

In conclusion, the EDS-21 symptoms of sedentary individuals indicated that females were asymptomatic while males were symptomatic, and that active exercisers were symptomatic while non-exercisers were asymptomatic. In terms of the sub-dimensions of the EDS-21, males were found to be more exercise dependent than females, and active sports participants had higher scores than non-exercisers. In light of this research, informing individuals about exercise dependence could contribute to the healthy upbringing of future generations.

**Keywords:** Dependent, Exercise, Sedentary, Sport

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## INTRODUCTION

When we think of a sedentary life, we think of individuals who do not do sports, spend their time eating at home, and constantly spend their time on television and the internet. The inactivity of individuals staying at home makes weight gain inevitable, followed by low energy. Sports science faculties of some universities in Turkey have developed exercise programs through various online or video lessons, considering supporting the physical and mental health of the society. Additionally, individuals who are not motivated to exercise at home may experience physical changes by becoming more inactive during the day (Akyol, Başkan, & Başkan, 2020). As the course of history progresses, individuals develop interest and excitement towards substances, objects, behaviors, and phenomena in their lives. With the intensification of these feelings, leading to individuals' attachment, dependency emerges (Babaoğlu, 1997). Despite the harm caused by this attachment and excitement, the dependent individual cannot relinquish their dependency (Tamar, Ögel & Çakmak, 1997). In cases of physical dependency, when an individual interacts with the substance they are dependent on, they excessively focus on the substance and consequently exhibit abnormal symptoms. In instances of psychological dependency, the individual expresses emotional satisfaction (Tamar, Ögel & Çakmak, 1997, Cited in: Cicioglu, Demir, Bulğay, & Çetin, 2019). Examining the literature, various types of addiction come to the forefront, including food and beverage addiction, alcohol addiction, internet addiction, tobacco addiction, gambling addiction, and exercise addiction (Öyekçin & Deveci, 2012; Karataşoğlu, 2013; Arısoy, 2009; Argüder et al., 2013; Yeltepe, 2007; Hausenblas & Downs, 2002).

Exercise is defined as planned and systematic activities performed regularly and continuously to maintain or improve desired aspects of individuals' physical fitness characteristics. Recently, sports experts have highlighted that exercise, alongside its benefits, could also have harmful aspects, leading to extensive research in this area. Exceeding the level of exercise recommended by experts is said to create physical, physiological, and psychological dependency in the body. Building on this perspective, sports scientists have indicated that excessive exercise can lead to dependency in individuals (Hausenblas & Downs, 2002). Exercise Addiction is defined as the uncontrollable escalation of regular exercise, characterized by factors such as increasing duration, intensity, and frequency of the exercise, affecting social interactions with the environment, and centering one's life around exercise (Adams & Kirkby, 2002; Hausenblas & Downs, 2002). According to researchers, exercise addiction encompasses both positive and negative definitions. Positive addiction elicits pleasure, positive psychological effects, and relaxation for the individual (Glasser, 2012; Biddle, 1995). Negative addiction, on the other hand, involves two key features. These are;

The belief of the exercising individual that exercise is the only way to cope with life problems and the conviction that life cannot continue without exercise.

Experiencing a sense of withdrawal when not engaging in exercise. As symptoms of this withdrawal, the individual may feel irritability, laziness, guilt, tension, indifference, restlessness, and anxiety. This situation can lead to symptoms such as muscle aches, often referred to as "exercise dependence syndrome" (Biddle, 1995). Exercise is a practice that enhances physical health and psychological well-being (Bouchard & Shephard, 1994; Shephard, 1997). While exercise is universally defined as a healthy habit, it is acknowledged that exercise behavior has the potential to become a harmful obsession for a small minority. The most prevalent viewpoint is that excessive or compulsive exercise constitutes a form of addiction (Garman et al., 2004; Griffiths, 1997). Based on a review of various studies on exercise addiction, it is estimated that the prevalence in the general population is close to 3% (Sussman et al., 2014).

Sedentary individuals shape their lives according to their exercise routines and often engage in irregular exercise practices. It is believed that individuals who exercise in such a manner might experience health problems and lead to certain negative outcomes. This study aims to investigate the levels of exercise addiction among individuals based on certain demographic characteristics.

## METHOD

### Research Model

In this study, a descriptive survey model, one of the quantitative research models, was used. Survey models are suitable for research that aims to describe a past or present situation as it exists (Büyüköztürk et al., 2014).

### Population and Sample of the Study

The population of the research consists of sedentary individuals living in Elâzığ province. The sample consists of 283 individuals, with 168 females and 115 males, selected from among sedentary individuals.

### Data Collection Instrument

In this study is divided into two parts. In the first part, participants completed a "personal information form," and in the second part, the Exercise Dependency Scale (EDS-21) consisting of 21 questions was used.

**Personal Information Form:** In the first part of our study, demographic information of individuals is included: gender, weight, active sports activity, your sports branch, how many days a week do you exercise? A personal information form containing questions was used.

**Table 1.** Demographic Characteristics of Individuals

	Frequency	%	
<b>Gender</b>	Female	168	59,4
	Male	115	40,6
<b>Body Weight</b>	50 and below	48	17,0
	51-60	72	25,4
	61-70	70	24,7
	71-80	53	18,7
	81 and above	40	14,1
<b>Active Sports Participation Status</b>	Yes	127	44,9
	No	156	55,1
<b>Your Sport Discipline</b>	Individual	180	63,6
	Team	103	36,4
<b>How Many Days a Week Do You Exercise</b>	1-2	163	57,6
	3-4	87	30,7
	5-6	33	11,7

Upon examining Table 1, it is evident that the research group consisted of 59.4% females and 40.6% males. In terms of weight distribution, 17% had weights below 50, 25.4% fell within the 51-60 range, 24.7% within 61-70, and 18.7% had weights above 81. Among the participants, 55.1% did not engage in active sports, 63.6% were involved in individual sports, and 57.6% exercised 1-2 days a week.

**Exercise Dependency Scale (EDS-21):** The Exercise Dependency Scale (EDS-21), consisting of 21 items, was developed by Hausenblas and Downs and adapted into Turkish by Yeltepe & İvizler (2013). EDS-21 was administered to athletes to assess exercise addiction. It

is a Likert-type scale (ranging from never-1 to always-6) comprising 21 questions, designed to determine exercise addiction. EDS-21 consists of seven sub-dimensions: (1) Withdrawal (I exercise to avoid tension), (2) Continuance (I exercise even if injured), (3) Tolerance (I continuously increase exercise intensity to achieve desired effects), (4) Loss of Control (I do not reduce exercise frequency), (5) Reduction in Other Activities (I consider exercising even if I need to focus on work or studies), (6) Time (I spend a lot of time on exercise), and (7) Intention Effect (I exercise longer than planned). Higher scores on EDS-21's total average indicate a higher degree of exercise addiction symptoms. Individuals falling within the range of 3 or more are classified as exercise dependent. The dependency range is operationalized to score 5 or 6 for that item. Those scoring within the range of 3 to 4 are classified as symptomatic, suggesting a potential risk for exercise addiction. Finally, those scoring within the range of 1 to 2 are classified as asymptomatic. The total score on EDS-21 ranges from a minimum of 26 to a maximum of 126 points. Individuals scoring between 0 and 42 are classified as asymptomatic, those scoring between 43 and 84 are symptomatic, and those scoring between 85 and 126 are classified as exercise dependent. A cutoff score of 85 or higher identifies individuals at risk for exercise addiction. The internal consistency coefficient (Cronbach's Alpha) of the scale was found to be 0.95 by Hausenblas and Downs and 0.97 by Yeltepe and İkizler. The internal consistency coefficient of this study was found to be 0.97.

**Data Analysis**

The analysis of data was conducted using the SPSS 22 statistical software package. During the analysis, a normality test was initially performed, and it was observed that the data followed a normal distribution. To examine the relationship between age, weight, education level, and exercise addiction, a one-way ANOVA test was employed. For determining the specific groups in which the differences exist, a post-hoc analysis using the Tukey test was conducted. The significance level was set at  $p < 0.05$  for all analyses.

**FINDINGS**

The data collected on the questions to be addressed in accordance with the overall goal of the research, the findings gained, and the conclusions drawn based on these findings are reported in this section.

**Table 2.** Mean Score of Exercise Addiction Scale for Sedentary Individuals

	<b>N</b>	<b>Min.</b>	<b>Max.</b>	<b>Mean</b>	<b>Sd.</b>
<b>Average Exercise Addiction Score</b>	283	21,00	126,00	51,87	21,96

When examining table 2, the average score of the exercise addiction scale for the research group was determined to be  $51.87 \pm 21.96$ .

**Table 3.** Comparison of Exercise Addiction Symptoms of Sedentary Individuals with Variables (Chi-Square)

		<b>Asymptomatic (105)</b>	<b>Symptomatic (159)</b>	<b>Dependant (19)</b>	<b>df</b>	<b>p</b>
<b>Gender</b>	Female	81	80	7	2	0,000
	Male	24	79	12		
<b>Active Sports Participation Status</b>	Yes	9	100	18	2	0,000
	No	96	59	1		
<b>Your Sport Disciplin</b>	Individual	77	87	16	2	0,001
	Team	28	72	3		

When table 3 was examined, it was determined that 81 of the women were asymptomatic, 80 were symptomatic and 7 were exercise addicts, while 24 of the men were asymptomatic, 79 were symptomatic and 12 were exercise addicts. Of the individuals doing active sports, 9 were asymptomatic, 100 were symptomatic and 18 were exercise addicts. Of the individuals doing individual sports, 77 were asymptomatic, 87 were symptomatic and 16 were exercise addicts. Of those participating in team sports, 28 were asymptomatic, 72 were symptomatic, and 3 were exercise addicts. Statistically significant differences were determined by chi-square test analysis ( $p < 0.05$ ).

**Table 4.** Comparison of Exercise Addiction Symptoms of Sedentary Individuals with Certain Variables (Chi-Square)

		Asymptomatic (105)	Symptomatic (159)	Dependant (19)	df	p
<b>Body Weight</b>	50 and below	22	23	3	8	0,663
	51-60	31	38	3		
	61-70	24	41	5		
	71-80	17	32	4		
	81 and above	11	25	4		
<b>How Many Days a Week Do You Exercise</b>	1-2	96	65	2	4	0,000
	3-4	5	75	7		
	5-6	4	19	10		

When examining table 4, while in the variable of body weight, individuals were found to be symptomatic, yet no statistically significant difference was identified. Looking at the weekly training frequency, a statistically significant difference was found in individuals being asymptomatic ( $p = 0,000$ ) ( $p < 0.05$ ).

**Table 5.** t-Test Analysis of Exercise Addiction Scale Sub-Dimensions in Sedentary Individuals by Gender

	Gender	N	$\bar{x}$	Sd	t	p
<b>Loss of Control</b>	Female	168	2,24	1,17	-2,443	0,015
	Male	115	2,58	1,13		
<b>Back off</b>	Female	168	2,68	1,30	-4,401	0,000
	Male	115	3,36	1,25		
<b>Tolerance</b>	Female	168	2,48	1,23	-4,113	0,000
	Male	115	3,09	1,23		
<b>Continuity</b>	Female	168	2,01	1,06	-4,379	0,000
	Male	115	2,58	1,11		
<b>Time</b>	Female	168	2,15	1,13	-4,653	0,000
	Male	115	2,80	1,16		
<b>Decreased Other Activities</b>	Female	168	1,88	1,04	-3,840	0,000
	Male	115	2,37	1,08		
<b>Intention Effect</b>	Female	168	2,20	1,23	-4,353	0,000
	Male	115	2,84	1,2		

When examining Table 5, it has been determined that there is a statistically significant difference in the analysis of exercise addiction scale sub-dimensions according to the gender variable, in terms of loss of control (female  $\bar{x} = 2,24$ , male  $\bar{x} = 2,58$ ,  $p = 0,015$ ), back off (female  $\bar{x} = 2,68$ , male  $\bar{x} = 3,36$ ,  $p = 0,000$ ), tolerance (female  $\bar{x} = 2,48$ , male  $\bar{x} = 3,09$ ,  $p = 0,000$ ), continuity (female  $\bar{x} = 2,01$ , male  $\bar{x} = 2,58$ ,  $p = 0,000$ ), time (female  $\bar{x} = 2,15$ , male  $\bar{x} = 2,80$ ,  $p = 0,000$ ), decreased (female  $\bar{x} = 1,88$ , male  $\bar{x} = 2,37$ ,  $p = 0,000$ ) other activities, and intention effect (female

$\bar{x}$ = 2,20, male  $\bar{x}$ = 2,84, p=0,000).

**Table 6.** t-Test Analysis of Exercise Addiction Scale Sub-Dimensions in Sedentary Individuals According to Engagement in Active Sports Status

Active Sports Participation Status		N	$\bar{x}$	Sd.	t	p
Loss of Control	Yes	127	3,00	1,10	9,218	0,000
	No	156	1,87	,95		
Back off	Yes	127	3,80	1,17	11,819	0,000
	No	156	2,27	,99		
Tolerance	Yes	127	3,55	1,07	12,148	0,000
	No	156	2,06	,98		
Continuity	Yes	127	2,80	1,18	8,364	0,000
	No	156	1,79	,83		
Time	Yes	127	3,15	1,04	11,274	0,000
	No	156	1,82	,93		
Decreased Other Activities	Yes	127	2,52	1,08	6,569	0,000
	No	156	1,72	,94		
Intention Effect	Yes	127	3,25	1,14	11,589	0,000
	No	156	1,81	,94		

When examining Table 6, it has been determined that there is a statistically significant difference in the analysis of exercise addiction scale sub-dimensions according to the variable of engagement in active sports, in terms of loss of control (Yes  $\bar{x}$  =3,00, No  $\bar{x}$  = 1,87, p=0,000) , back off (Yes  $\bar{x}$  =3,80, No  $\bar{x}$  = 2,27, p=0,000), tolerance (Yes  $\bar{x}$  = 3,55, No  $\bar{x}$  = 2,06, p=0,000), continuity (Yes  $\bar{x}$  = 2,80, No  $\bar{x}$  = 1,79, p=0,000), time (Yes  $\bar{x}$  = 3,15, No  $\bar{x}$  = 1,82, p=0,000), decreased (Yes  $\bar{x}$  = 2,52, No  $\bar{x}$  = 1,72, p=0,000) other activities, and intention effect (Yes  $\bar{x}$  = 3,25, No  $\bar{x}$  = 1,81, p=0,000).

**Table 7.** t-Test Analysis of Exercise Addiction Scale Sub-Dimensions in Sedentary Individuals According to Sports Disciplines

	Your Sport Discipline	N	$\bar{x}$	Sd.	t	p
Loss of Control	Individual	180	2,36	1,25	-,387	0,699
	Team	103	2,42	1,01		
Back off	Individual	180	2,84	1,35	-1,888	0,060
	Team	103	3,15	1,24		
Tolerance	Individual	180	2,66	1,29	-1,236	0,217
	Team	103	2,85	1,20		
Continuity	Individual	180	2,24	1,16	-,002	0,998
	Team	103	2,24	1,05		
Time	Individual	180	2,35	1,23	-1,150	0,251
	Team	103	2,52	1,09		
Decreased Other Activities	Individual	180	2,03	1,12	-1,056	0,292
	Team	103	2,17	1,00		
Intention Effect	Individual	180	2,41	1,34	-,931	0,351
	Team	103	2,55	1,09		

When examining Table 7, it has been determined that there is no statistically significant difference in the analysis of exercise addiction scale sub-dimensions according to the sports

discipline's variable, in terms of Loss of Control, Withdrawal, Tolerance, Continuance, Time, Reduction in Other Activities, and Intention Effect ( $p>0.05$ ).

**Table 8.** Analysis of Variance by Body Weight Variable in Sedentary Individuals

	Body Weight	N	$\bar{x}$	Sd.	f	p
<b>Loss of Control</b>	50 and below	48	2,37	1,27	,296	0,880
	51-60	72	2,26	1,15		
	61-70	70	2,47	1,14		
	71-80	53	2,43	1,18		
	81 and above	40	2,39	1,10		
	Total	283	2,38	1,16		
<b>Back off</b>	50 and below	48	2,70	1,54	2,261	0,063
	51-60	72	2,68	1,23		
	61-70	70	3,07	1,16		
	71-80	53	3,23	1,37		
	81 and above	40	3,18	1,28		
	Total	283	2,96	1,32		
<b>Tolerance</b>	50 and below	48	2,54	1,36	,823	0,511
	51-60	72	2,59	1,25		
	61-70	70	2,80	1,16		
	71-80	53	2,85	1,33		
	81 and above	40	2,90	1,25		
	Total	283	2,73	1,26		
<b>Continuity</b>	50 and below	48	2,27	1,22	,411	0,801
	51-60	72	2,10	1,05		
	61-70	70	2,28	1,09		
	71-80	53	2,32	1,15		
	81 and above	40	2,30	1,14		
	Total	283	2,24	1,12		
<b>Time</b>	50 and below	48	2,21	1,24	,882	0,475
	51-60	72	2,31	1,15		
	61-70	70	2,50	1,16		
	71-80	53	2,52	1,27		
	81 and above	40	2,57	1,08		
	Total	283	2,42	1,18		
<b>Decreased Activities</b>	50 and below	48	1,90	1,07	1,188	0,316
	51-60	72	1,94	1,03		
	61-70	70	2,26	1,12		
	71-80	53	2,17	1,14		
	81 and above	40	2,11	,99		
	Total	283	2,08	1,08		
<b>Intention Effect</b>	50 and below	48	2,36	1,39	1,046	0,384
	51-60	72	2,27	1,16		
	61-70	70	2,49	1,20		
	71-80	53	2,55	1,34		
	81 and above	40	2,74	1,23		
	Total	283	2,46	1,26		



When evaluating Table 8, it has been determined that there is no statistically significant difference in the exercise addiction scale sub-dimensions according to the body weight variable ( $p>0.05$ ).

**Table 9.** Analysis of Variance for Sedentary Individuals According to Weekly Exercise Status

How Many Days a Week Do You Exercise		N	$\bar{x}$	Sd.	f	p	Tukey
<b>Loss of Control</b>	1-2 day <sup>a</sup>	163	1,84	,88	59,602	0,000	c>a
	3-4 day <sup>b</sup>	87	3,07	,84			
	5-6 day <sup>c</sup>	33	3,26	1,60			
	Total	283	2,38	1,16			
<b>Back off</b>	1-2 day <sup>a</sup>	163	2,40	1,09	45,097	0,000	c>a
	3-4 day <sup>b</sup>	87	3,71	1,02			
	5-6 day <sup>c</sup>	33	3,73	1,65			
	Total	283	2,96	1,32			
<b>Tolerance</b>	1-2 day <sup>a</sup>	163	2,14	,99	61,380	0,000	c>b, a
	3-4 day <sup>b</sup>	87	3,37	,94			
	5-6 day <sup>c</sup>	33	3,90	1,56			
	Total	283	2,73	1,26			
<b>Continuity</b>	1-2 day <sup>a</sup>	163	1,79	,81	42,062	0,000	c>b, a
	3-4 day <sup>b</sup>	87	2,77	1,00			
	5-6 day <sup>c</sup>	33	3,10	1,58			
	Total	283	2,24	1,12			
<b>Time</b>	1-2 day <sup>a</sup>	163	1,79	,84	88,043	0,000	c>b, a
	3-4 day <sup>b</sup>	87	3,14	,85			
	5-6 day <sup>c</sup>	33	3,58	1,41			
	Total	283	2,42	1,18			
<b>Decreased Other Activities</b>	1-2 day <sup>a</sup>	163	1,67	,84	34,248	0,000	c>b, a
	3-4 day <sup>b</sup>	87	2,57	,96			
	5-6 day <sup>c</sup>	33	2,79	1,48			
	Total	283	2,08	1,08			
<b>Intention Effect</b>	1-2 day <sup>a</sup>	163	1,83	,92	73,003	0,000	c>a
	3-4 day <sup>b</sup>	87	3,29	,90			
	5-6 day <sup>c</sup>	33	3,38	1,63			
	Total	283	2,46	1,26			

When Table 9 was examined, it was determined that there was a statistically significant difference in the sub-dimensions of the Exercise addiction scale according to the weekly exercise variable. ( $p<0.05$ ). It was determined that individuals who exercised for 5-6 days had the highest scores in the loss of control, withdrawal, tolerance, continuity, time, reduction of other activities and intention effect subscales of the exercise addiction scale, while individuals who exercised for 1-2 days had the lowest scores.

## DISCUSSION & CONCLUSION

The research group consisted of a total of 283 individuals, including 168 females and 115 males, residing in Elazığ province. The mean score of the exercise addiction scale was determined to be  $51.87 \pm 21.96$ , indicating a moderate level of exercise addiction. When the symptoms of exercise addiction were examined, it was found that female individuals were asymptomatic, while males were symptomatic. Moreover, active sports participants were symptomatic, whereas inactive individuals were asymptomatic. Individuals engaged in team and individual sports were found to be symptomatic, showing statistically significant differences ( $p < 0.05$ ). In terms of age, those in the 17-21 age range and in terms of body weight, those in the 61-70 weight range were symptomatic, while individuals who exercised 1-2 days a week were asymptomatic. Statistically significant differences were found in terms of age and weekly exercise frequency ( $p < 0.05$ ). However, no statistically significant difference was found in terms of body weight. Berczik et al. (2012) reported that men are more likely to exhibit exercise addiction symptoms compared to women. Orhan et al. (2019) indicated that individuals attending fitness centers are symptomatic in terms of exercise frequency. This might be due to the perception that exercise is necessary for men to achieve a muscular physique, while women may believe that they cannot achieve their desired physique without simultaneous calorie reduction (Hausenblas & Fallon, 2002). Costa et al. (2013) investigated the role of exercise frequency in exercise addiction and found that men are more symptomatic than women. Some studies have found that women exhibit significantly higher levels of exercise addiction compared to men (Masters & Lambert, 1989; Pierce et al., 1997; Summers et al., 1983). Cicioglu et al. (2019) found that male athletes have significantly higher exercise addiction scores compared to other groups. When examining the sub-dimensions of the EDS-21, statistically significant differences were observed based on gender ( $p < 0.05$ ). Male individuals had higher average scores than females in the EDS-21 sub-dimensions. Üstün and Öz (2022) examined the exercise addiction levels of students at a fitness center and found that males have higher exercise addiction levels than females. This is parallel to our study. Similarly, Katra (2021) conducted a study on the relationship between exercise addiction and self-esteem among exercisers, which aligns with our findings. Also, according to Ajibua, Bewaji, & Olatunde (2021), while the pregnancy period is often viewed as a time of inactivity, maintaining an active lifestyle during this phase can offer substantial health advantages for both the mother and the fetus. Statistically significant differences were found in the analysis of the EDS-21 sub-dimensions based on the status of active sports participation ( $p < 0.05$ ). The values of active sports participants were found to be higher than those of inactive individuals. Üstün and Öz (2002) found statistically significant differences in the sub-dimensions of the EDS-21 based on regular exercise participation. Erdoğan et al. (2023) conducted a study on university students' exercise addiction and reported statistical significance in terms of exercise participation status. According to these results, individuals who engage in regular sports tend to exhibit behaviors related to exercise addiction. No statistically significant difference was observed in the analysis of the EDS-21 sub-dimensions based on the sport type variable ( $p > 0.05$ ). The values of team sports participants were found to be higher than those of individual sports participants. In terms of body weight variable, no statistically significant difference was observed ( $p < 0.05$ ). Dervişoğlu et al. (2022) found no statistically significant difference in body weight in their study on exercise addiction among amateur athletes. In a study by Güneş (2020) on the relationship between exercise addiction and quality of life among individuals who regularly exercise, it was found that exercise addiction increases as weight increases. Uzun (2020) conducted a study on 320 students who had been exercising for at least 1 year at Gaziantep University's School of Physical Education and Sports, and found no significant difference between exercise addiction and body weight. Statistically significant differences were found in the analysis of the EDS-21 sub-dimensions based on weekly exercise frequency ( $p < 0.05$ ). Arslanoğlu et al. (2021) reported statistically significant differences in

most sub-dimensions of the exercise addiction scale except for the excessive focus and emotion development sub-dimensions. Temel and Tukul (2021) reported that preliminary results revealed university students scored highest in the "improvement condition" of health outcomes, suggesting a greater likelihood of them participating in physical activities for health reasons. Nassar and Shaheen (2014) found that university students have low levels of physical activity and health-promoting behaviors. Başoğlu (2018) reported that exercise addiction levels increase with increasing weekly exercise frequency.

In conclusion, In the research group, it was determined that male participants had higher exercise addiction than female participants, individuals who do active sports compared to individuals who do not do sports, and individuals with individual sports branches compared to individuals with team sports branches.

### Recommendation

In line with this research, it will contribute to informing individuals about exercise addiction and the healthy upbringing of future generations, and meetings and seminars can be organized by some public institutions and institutions to explain the benefits of exercise to sedentary individuals.

### Limitations

The study is limited to people who are sedentary. This limitation reveals the views of sedentary people on exercise, although it adds to the uniqueness of the study.

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**Ethics statement:** We hereby declare that research/publication ethics and citing principles have been considered in all the stages of the study. We take full responsibility for the content of the paper in case of dispute.

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