SPACE TO BREATHE THERAPY • SUPPORT HUB

When Exercise Stops Feeling Like a Choice

Understanding compulsive movement in eating disorders

Movement can support wellbeing, but it can also become driven, rigid or frightening to pause. Compulsive exercise is not defined only by how many hours someone moves. The more important questions are what is driving it, how flexible it feels, and what happens emotionally when rest is needed.

UNDERSTAND	NOTICE	SUPPORT

INSIDE THIS GUIDE

- What compulsive movement can look like
- Why it can feel so powerful
- What healthier movement means

Use this guide to understand, begin a conversation, or help someone feel less alone.

You do not need to read it all at once. Pause whenever you need to and return when you feel ready.

A compassionate information guide

This resource offers general information and does not replace individual medical or specialist eating-disorder care.

Understanding what may be happening

What compulsive movement can look like

- Exercising despite illness, injury, exhaustion or medical advice to rest.
- Feeling intense guilt, panic or irritability when a routine is interrupted.
- Using movement to compensate for food, change weight or earn permission to eat.
- Adding hidden movement: pacing, standing, taking longer routes or repeatedly completing chores.
- Prioritising exercise over relationships, work, sleep or recovery appointments.

Why it can feel so powerful

- Movement may briefly reduce anxiety or numb difficult feelings.
- Rules and numbers can create a sense of certainty when life feels unpredictable.
- The eating disorder may link rest with laziness, danger or loss of control.
- Under-fuelling can increase rigid thinking, making flexibility harder rather than easier.

What healthier movement means

- Rest is allowed without compensation.
- Food is not earned or cancelled out by activity.
- Plans can change according to health, energy, enjoyment and medical advice.
- Movement supports life; it does not shrink life.

Gentle, practical ways forward

Support should always be adapted to the person, their diagnosis, physical health, culture, neurotype and treatment plan.

WHAT MAY HELP

- Tell your treatment team honestly about planned and hidden movement.
- Use neutral language: “I am noticing an urge to move” rather than judging yourself.
- Ask whether movement is medically safe right now; appearance or fitness does not show internal risk.
- Create a supported rest plan with comforting activities and someone you can contact.
- Remove trackers or step goals if numbers feed rules or comparison.

A gentle reminder

Stopping or changing exercise can initially increase anxiety. That discomfort does not mean rest is wrong; it may mean the eating-disorder rule is being challenged.

Please seek urgent help for fainting, chest pain, confusion, severe weakness, uncontrolled vomiting, blood, serious dehydration, or immediate risk of harm. In the UK call 999/A&E; for an emergency, NHS 111 for urgent advice, or contact your GP/eating-disorder team.

Trusted information

NHS: Eating disorders overview
https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview/

NICE: Eating disorders: recognition and treatment (NG69)
https://www.nice.org.uk/guidance/ng69

Royal College of Psychiatrists: Medical Emergencies in Eating Disorders (MEED)
https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2022-college-reports/cr233

Beat: Eating-disorder information and support
https://www.beateatingdisorders.org.uk/

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