

Supporting Someone with Compulsive Exercise in Eating Disorders

A compassionate, practical article for families, partners, friends and carers

Space to Breathe Therapy | A guide to understanding the fear beneath the movement, responding without blame and protecting everyone's wellbeing.

When exercise stops feeling like a choice

Movement can be enjoyable, social, regulating and supportive of health. Compulsive exercise is different: a person may feel driven to move even when exhausted, injured or unwell, and may experience intense guilt, fear or agitation if they cannot. In an eating disorder, exercise can become a way to compensate for eating, pursue rigid rules, manage distress or feel temporarily in control. It can also occur alongside body-image distress, obsessive thinking or difficulties with rest. No single behaviour proves that someone has an eating disorder; it is the pattern, impact and distress that matter.

The person may appear disciplined or highly motivated to others, while privately feeling trapped. Support is most effective when it addresses both the emotional experience and the potential physical risks.

What you may notice

- Exercising despite illness, injury, pain, dizziness or significant fatigue, or becoming distressed if a session is missed.
- Rigid targets for steps, distance, time or calories, or needing to "make up for" rest days or eating.
- Movement taking priority over relationships, sleep, school, work or recovery appointments.
- Secrecy, doing extra exercise in private, or increasing movement even when clinicians recommend restriction.
- Strong guilt, panic or irritability when circumstances prevent exercise.

Important: These are prompts for a conversation, not a checklist for diagnosis. A person may be medically at risk even if they look physically fit or their weight has not visibly changed.

What may be happening beneath the surface

For some people, movement feels like relief from anxiety, intrusive thoughts or guilt after food. For others, a rigid routine may offer predictability or a temporary sense of achievement. Changes in exercise can feel threatening because they disturb coping strategies, identity or perceived safety. Neurodivergent people may also use movement to regulate sensory input, attention or emotional overload; that does not automatically make the movement compulsive. The question is whether the activity is flexible, safe, chosen and supportive, or driven by distress despite harm.

How to begin a conversation

Choose a calm, private moment rather than interrupting exercise to argue. Describe what you have observed without labelling the person as selfish or irrational. You might say:

"I've noticed you seem really distressed when you can't exercise, even when you're exhausted. I'm concerned about how hard this feels for you. Would you tell me what happens in your mind when you try to rest?"

Listen for fears rather than immediately offering reassurance about appearance. Ask what support would be useful, and whether they have discussed exercise with their GP or eating-disorder team. If they are a child, medically unstable or at serious risk, appropriate adults and clinicians may need to act even when the person does not agree.

Responses that help - and those that can hurt

Instead of: "Just stop exercising."

Try: "What feels frightening about not exercising? Let's talk with your care team about a safe plan."

Instead of: "You're obsessed with fitness."

Try: "It seems like movement has become something you feel you have to do."

Instead of: "You look healthy, so it's fine."

Try: "I'm more interested in how your body is coping and how this is affecting you."

Instead of: "You've earned your dinner."

Try: "You deserve nourishment and care regardless of whether you have exercised."

Supporting change without becoming the exercise police

Agree on a consistent approach with the person and, where relevant, their clinical team. Avoid secret surveillance, mocking routines, comparing bodies, or bargaining with exercise as a reward for eating. However, do not mistake “no pressure” for leaving dangerous behaviours unchallenged. A medically compromised person may require exercise cessation, reduced activity, supervised rest and treatment-led boundaries. Families of children and young people may need a more active safeguarding role.

If a clinician has advised against exercise, support that advice and ask the team for concrete guidance on managing anxiety, agitation and distress. Do not create your own return-to-exercise timetable or encourage “just a little” activity when medical clearance is uncertain.

When rest causes panic

Rest can feel emotionally uncomfortable even when physically essential. Helpful responses may include keeping company, making the environment predictable, using agreed calming activities, exploring sensory alternatives that do not add exertion, and practising non-appearance-based reassurance. For some people, gentle conversation, creative activities, grounding or a planned check-in helps. These strategies should support - not replace - clinically necessary nutrition and medical care.

It can help to ask: “Would you like quiet company, a distraction, or help contacting your treatment team?” Acknowledge discomfort without confirming that exercise is needed to compensate for food.

Medical safety: when to seek help

Excessive movement alongside insufficient nourishment can affect the heart, circulation, bones, muscles and other organs. Red flags include fainting, chest pain, palpitations, severe weakness, dehydration, confusion, significant injury or exercising against explicit medical advice. Exercise can be unsafe even when symptoms are not obvious. The treating clinician should assess medical stability and advise when, whether and how activity can resume.

UK: Call 999 for collapse, seizures, chest pain, severe breathing difficulty or immediate danger. For urgent concerns that are not immediately life-threatening, seek prompt advice through a GP, NHS 111 or the person’s specialist team. If there is self-harm or suicide risk, take it seriously and seek urgent professional help.

Looking after yourself as a supporter

It is common to feel frightened, helpless, frustrated or exhausted. You can care deeply without managing every symptom alone. Agree what you can realistically offer; ask other trusted people and professionals to share responsibility; and protect time for rest, work and relationships. Boundaries are about keeping support sustainable, not withdrawing affection or making someone responsible for your distress.

A boundary might sound like: “I want to support you, and I can sit with you after the meal. I cannot safely decide how much exercise is appropriate, so I’d like us to check the plan with your team.”

A short plan you can develop together

- What situations trigger the urge to exercise or fear of resting?
- What words and actions help the person feel understood, and what increases distress?
- What medical or treatment advice currently applies to physical activity?
- Who will be contacted if urges intensify, symptoms worsen or safety becomes uncertain?
- What support does the family member or carer need to stay well?

A final thought

Someone caught in compulsive exercise may not need another reminder to be disciplined: they may need help believing they are allowed to rest, nourish their body and exist without earning their worth through movement. Compassion, consistency and clinical guidance can work together. Recovery is not measured by how quickly someone returns to exercise, but by greater safety, flexibility and freedom from fear.

Further support: Space to Breathe Therapy — spacetobreathetherapy.co.uk. UK eating-disorder charity Beat — beateatingdisorders.org.uk. This article is general information and should not replace individual medical or specialist advice.