

## Break Free from ED

*An Active Guide to Recovering from Your Eating Disorder*

### Module 10

## **Driven Exercise**

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*If you are restricting your food intake, using self-induced vomiting, over-exercising, laxatives or diuretics for weight-control, or have lost weight recently, it is important that you talk to your medical practitioner and get a full medical check-up, as there are many physical complications that can arise as a result.*

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## Introduction

Participating in moderate amounts of exercise is good for our physical and mental health. Exercise can encourage social interactions, provide connection with nature, improve mood, and promote cardiovascular fitness. Given all the positive aspects of exercise you might even believe that it is impossible to exercise too much. However, for people with eating disorders, exercise can become driven by a desire to control weight and/or shape. It can become so rigid or extreme that it becomes dangerous and interferes with other important aspects of life. Many people who have an eating disorder struggle to establish a healthy relationship with exercise. Driven exercise is often one of the first symptoms of an eating disorder to emerge and one of the last to be tackled as part of recovery from an eating disorder.

**NOTE:** Interventions that promote safe return to exercise are associated with greater reduction in eating disorder symptoms and better long-term treatment outcomes.



## Guidelines for Exercise

We are all encouraged to move our bodies to keep ourselves fit, strong, and flexible, and many people find they feel good after exercising. Current Australian guidelines recommend 2.5 to 5 hours of moderately vigorous physical activity each week, or 1 to 2.5 hours of vigorous activity each week, or some combination of the two. It's also a good idea to move your body in ways that strengthen muscles and bones. If you are eating enough, then it's a helpful guideline to be active on most days of the week, by doing things like walking the dog, going to a dance class, playing a game of soccer, lifting weights, or doing the gardening.

Your local health authority will have guidelines for daily physical activity and exercise for health. These should be flexible to allow for differences in health and capabilities. There's no 'one size fits all' approach when it comes to exercise.

If you are recovering from an eating disorder, the general guidelines around exercise may not be appropriate for you until your health is stabilised. Sometimes you will be asked to participate in gentler forms of movement during recovery, as you rebuild your physical strength and learn to develop a balanced relationship with exercise.

Guidelines have been developed for health professionals to guide their clients around engagement in exercise at various stages of recovery from an eating disorder. Your healthcare professional can freely access the **Safe Exercise at Every Stage (SEES) guidelines** online. If you have been malnourished, recently in hospital, or have other physical risks associated with your eating disorder it is important to consult with a medical practitioner, physiotherapist, or exercise physiologist to guide you through the process of returning to exercise safely.

It is a common misconception that all exercise is healthy. Exercise is unhealthy if it is:

- compromising rather than supporting well-being
- rigid, inflexible, punitive, or associated with feelings of guilt
- primarily motivated by the goal of weight loss, rather than health

Engaging in this sort of exercise is particularly harmful for people with eating disorders, and contributes to poorer sporting performance, and increased risk of eating disorder relapse

## Is Driven Exercise a Problem for Me?

For people with eating disorders, exercise is often driven primarily by attempts to control weight or shape rather than being focused on enjoyment, socialising, cardiovascular health, and release of endorphins. We can think of this exercise intention combined with rigid, inflexible, punitive or otherwise harmful exercise behaviours as **'driven exercise'**. Driven exercise keeps you stuck in the eating disorder cycle.

Look at the examples below and tick the box that is right for you:

	Never	Sometimes	Often	Very Often
I use exercise to 'earn' food				
I exercise primarily to change my weight or shape				
I need to be slim to be fit				
I feel guilty or anxious if I don't exercise				
I constantly think about exercise				
I make up for an exercise session I miss by doing more next time				
I exercise to compensate for what I've eaten				
I follow a very strict exercise routine				
I continue to exercise even when I am tired, sick, or injured				
I exercise to avoid feeling bad (e.g., guilty, anxious)				
I feel driven to exercise				
I cancel plans/avoid activities I enjoy if they interfere with my exercise				
I find it difficult to cut down or control my exercise				
I spend a great deal of time engaged in exercise activities				
I often exercise for longer than I intended				
I need to exercise more and more to achieve the same desired effect				

If you answered *Often* or *Very Often* to many of the items in this table, then driven exercise may be a problem for you. Let's explore this further.

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## Health Risks Associated with Driven Exercise

People with eating disorders who engage in driven exercise can end up with serious physical health consequences. It isn't healthy to continuously push our bodies to do more movement than is good for us.

The following symptoms can be associated with driven exercise:

- Amenorrhoea (losing your period)
- Osteoporosis (low bone density)
- Heart problems (including dizziness, fainting, irregular heartbeat)
- Dehydration
- Damage to joints and tendons
- Leg cramps
- Chest pain
- Oedema (fluid retention in the limbs)
- Injuries (such as fractures or broken bones)
- Overall poorer sporting performance



Some of these health consequences might be immediate (like spraining a tendon or fracturing a bone), but others may take a long time to become apparent. Just because you feel okay right now, doesn't mean that you aren't potentially doing something that might damage your body in the long run.

## Why People Engage in Driven Exercise

By now we hope you have made many changes to your weighing, eating and purging behaviours. But you might have noticed yourself feeling quite anxious and holding on to exercise as a means of managing these changes. For example, maybe you added in a feared food this past week but then stayed a little longer at the gym or went a little further on your run.

Exercise can function as a **safety behaviour**. Safety behaviours are a subtle form of avoidance, or an attempt to prevent fears from coming true and to feel less uncomfortable in situations we are anxious about. It is not the behaviour itself, but the *function* of the behaviour that is important. If you are uncertain whether exercise is a safety behaviour or not, ask yourself: **how anxious would I feel if I was told I could not exercise?** If you would feel very anxious without exercise, it is probably a safety behaviour!



Safety behaviours seem helpful, because they reduce anxiety in the short-term. Unfortunately, they keep anxiety going in the longer term because they stop us from directly testing out our fears. You might even believe that the safety behaviours are 'preventing' your fears. For example, you might believe that the only reason you haven't gained weight uncontrollably when you started eating regularly is because you have been exercising intensely every day. As a result, you can become increasingly dependent on exercise and feel very anxious when you're unable to exercise as you planned.

As you know, the best way to test out our fears is to experiment with them! Read the example of how to experiment with driven exercise.

## Experimenting with Exercise - Example

**Step 1: Decide on a change to your exercise.** This could involve any of the following:

- Reducing the amount of time I'm exercising in a day (e.g., from 60 to 30 minutes)
- Reducing the number of days I'm exercising each week (e.g., from 6 to 2 days a week)
- Changing the type of exercise I'm doing (e.g., going for a walk instead of working out at the gym)
- Pausing exercise completely for a period of time (no formal exercise for 4 weeks)

**Step 2: Prediction.** Make sure your prediction is very specific so you can test it out. What are you afraid will happen if you make this change to your exercise?

**My prediction:** *If I reduce my driven exercise then I will gain 2kg over the next week.*

**How much do I believe this (0-100%):** 85%

**Step 3: Behavioural experiment.** What will I do to test out my prediction?

*My current exercise is 60 min gym workouts 7 x days per week.*

*I will reduce this to 3 x gym workouts, and 4 exercise-free days this week.*

*I will record this on my self-monitoring. I will also weigh myself and record the number.*

Time frame: 4 weeks

**Step 4: Evaluate the results.** What actually happened?

*Overall, my weight stayed pretty stable.*

**Step 5: Reflect on the experiment.** What did I learn about my original prediction?

*My prediction did not come true as I didn't gain weight. At first it was hard not going to the gym every day but I noticed I felt less tired and had more time to hang out with my friends and family.*

**Step 6:** Re-rate the strength of your original prediction (0-100%): 70%

**Step 7: Double-down for improved learning.** If you still believe the prediction to some degree, which is normal, then you can double-down on your exercise experiment. What experiment could you conduct to 'prove' that your feared prediction is true?

*I need to repeat this experiment for 3 more weeks. Another really scary experiment would be to try a whole week without any exercise and see what impact it has on my weight.*

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## My Exercise Experiment

**Step 1: Decide on a change to your exercise.** Tick one or more to work on.

- Reducing the amount of time I'm exercising in a day
- Reducing the number of days I'm exercising each week
- Changing the type of exercise I'm doing
- Pausing exercise completely for a period of time (no formal exercise for 4 weeks)

**Step 2: Prediction.** Make sure your prediction is very specific so you can test it out. What are you afraid will happen if you make this change to your exercise?

**My prediction:** \_\_\_\_\_

\_\_\_\_\_

**How much do I believe this (0-100%):** \_\_\_\_\_

**Step 3: Behavioural experiment.** What will I do to test out my prediction?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Time frame:* \_\_\_\_\_

**Step 4: Evaluate the results.** What actually happened?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Step 5: Reflect on the experiment.** What did I learn about my original prediction?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Step 6:** Re-rate the strength of your original prediction (0-100%): \_\_\_\_\_

**Step 7: Double-down for improved learning.** If you still believe the prediction to some degree, then you can double-down on your exercise experiment. What experiment could you conduct to 'prove' that your feared prediction is true?

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\_\_\_\_\_

## Establishing a Balanced Relationship with Exercise

In the past you might have thought of exercise as being mostly about burning off calories or fat, losing weight, or changing the way your body looks. In developing a healthy relationship with exercise, moving your body can be about a lot of things!

Here are some examples of healthy reasons to move your body:

- Maintaining good physical health and rejuvenating our bodies. Moving our bodies can help to keep our bones, joints, and muscles strong, keeps our heart and lungs healthy, improve coordination, strength, muscle control and flexibility, and can prevent disease and fractures later in life
- Improving your mood through the release of **'feel-good' hormones** and reducing stress
- An enjoyable social activity, such as playing a team sport, going for a walk, attending a dance class with a friend, or kayaking with your partner
- Learning a new skill – there's a sense of achievement in mastering a new activity, like standing up on a paddle board for the first time
- For fun! Select some ideas to try from the list below or come up with your own ideas ...



<input type="checkbox"/> Kayaking	<input type="checkbox"/> Touch rugby	<input type="checkbox"/> Martial arts	<input type="checkbox"/> Playing golf
<input type="checkbox"/> Yoga class	<input type="checkbox"/> Beach volleyball	<input type="checkbox"/> Going for a swim	<input type="checkbox"/> Throwing a frisbee
<input type="checkbox"/> Rock climbing	<input type="checkbox"/> Stand up paddle boarding	<input type="checkbox"/> Playing tennis	<input type="checkbox"/> Rollerblading
<input type="checkbox"/> Gardening	<input type="checkbox"/> Wind surfing	<input type="checkbox"/> Laser tag	<input type="checkbox"/> Dance class
<input type="checkbox"/> Hiking	<input type="checkbox"/> Shooting hoops	<input type="checkbox"/> Stretching	<input type="checkbox"/> Walking to work
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

### Some tips for healthy exercise:

- Tune into how you are feeling before, during and after exercise. Do you feel tired or energised? Is any part of your body very sore? Are you enjoying yourself? Use these cues to help you decide whether you should proceed with exercise or take some time off
- Fit exercise into your life in a way that doesn't interfere with your ability to see friends, study, work, or live the life you want to be living
- Make sure you continue to eat all your meals and snack after exercise – the goal isn't to burn calories!
- Rest!!! Every person in the world, even competitive athletes, require rest days

## My Weekly Progress Tracker

**First, complete your symptom tracker:**

Eating Disorder Behaviour	Frequency (# days per week)	
Restrict or dieting		
Exercise (including time spent)		
Binge eating	# days	# episodes
Vomiting to control my weight/shape		
Laxative misuse		

**Second, reflect on your self-monitoring:**

What did I learn from my self-monitoring this week? e.g., “when I know I can purge after eating, I tend to eat more in the moment”; “when I don’t have time to exercise, I reduce the overall amount that I eat”

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**Third, review your homework from last week:**

Task	Completed? Y/N
Weekly weighing	
Completing self-monitoring daily, and in real-time	
Eating regularly	
Eating adequately	
Feared food experiments	
Urge surfing to reduce purging	

**Finally, set some goals! What do you want to work on this week?**

(e.g., experiment with more feared foods, urge surfing, reducing binge eating + purging, experiment with my exercise)

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## Module Summary

- Many people with eating disorders struggle to establish a healthy relationship with exercise.
- Exercise can be unhealthy if it is rigid, inflexible, punitive or associated with guilt.
- Driven exercise can put your physical health at risk.
- Medical practitioners, physiotherapists and exercise physiologists can help you determine what's safe for you.
- To overcome your anxiety and test out your predictions, you will need to experiment with changing your exercise behaviours.
- A healthy relationship with exercise involves listening to your body, moving your body for enjoyment, socialising and physical health. It also involves regular rest.

**Coming up...**Body Image I: Body Checking

## About the Modules

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### REFERENCES

These are some of the professional references used to create the modules in this information package.

Dobinson, A., Cooper, M., Quesnel, D. A. (2019), Safe Exercise at Every Stage Guidelines (SEES) ([safeexerciseateverystage.com](http://safeexerciseateverystage.com))

Fairburn, C. G., Cooper, Z., Shafran, R., Murphy, R., & Hawker, D. M. (2008). *Cognitive Behaviour Therapy and Eating Disorders*. Guilford Press.

Waller, G., Cordery, H., Corstorphine, E., Hinrichsen, H., & Lawson, R., (2007). *Cognitive Behavioural Therapy for Eating Disorders*. Cambridge University Press.

Waller, G., Turner, H.M., Tatham, M., Mountford, V.A., & Wade, T.A. (2019). *Brief Cognitive Behavioural Therapy for Non- Underweight Patients: CBT-T for Eating Disorders*. Routledge.

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