
DYSFUNCTIONAL MOVEMENT

From household chores to sport activities, movement is an essential part of life. Movement of all types promotes both physical and mental health. Benefits of regular movement which include reduced risk of heart disease and improvements in depression symptoms are well documented. Because being active is understood as an important aspect of “healthy” living, it can be difficult to tell if an individual is exercising *too* much, or engaging in *dysfunctional movement*.

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National Eating Disorder Information Centre

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WHAT IS DYSFUNCTIONAL MOVEMENT?

Dysfunctional movement can be defined as any exercise or activity that is:

- rigid or rule-based,
- compulsive,
- used primarily to regulate one's emotions, or
- driven by a desire to change one's body shape or weight.

These characteristics can be present across movement types, from sport and exercise (e.g., workouts) to incidental activity (e.g., walking to the bus stop with the goal of taking a certain number of steps). Individuals with eating disorders may also experience hyperactivity that, in comparison, is less voluntary – this is a neurobiological reaction to being in a starved state.

While it has been suggested that dysfunctional movement can be defined by a *quantity* of activity, determining a “cut-off” point has proven to be difficult. Therefore, a characterization based on the *consequences* that individuals experience due to their thoughts and feelings related to movement may be more useful.

HOW ARE DYSFUNCTIONAL MOVEMENT AND EATING DISORDERS RELATED?

Up to 80% of individuals with any type of eating disorder will experience difficulties with dysfunctional movement. It is often one of the first symptoms to show up when someone develops an eating disorder, and one of the most persistent. Individuals who engage in dysfunctional movement are more likely to present with depression, anxiety, and perfectionistic and obsessional tendencies compared to those who do not. They also experience more severe eating disorder symptoms and more difficulties recovering.

SO, SOMEONE WITH AN EATING DISORDER SHOULD NOT BE ALLOWED TO ENGAGE IN ACTIVITY, RIGHT?

Despite long-standing concerns about the dangers, addressing exercise and activity in eating disorder treatment is associated with improved treatment outcomes. Activity for individuals can be safe and beneficial with appropriate supervision and nutrition support. Helping someone safely engage in activity requires enabling them to practice movement, then providing psychological support so they can process their experiences and relationship with movement.

HOW CAN I TELL IF SOMEONE IS ENGAGING IN DYSFUNCTIONAL MOVEMENT?

Some of the warning signs that an individual is experiencing difficulties with exercise or activity include:

- feeling distressed if their activity plans are interrupted,
- exercising in secret,
- missing social events due to their exercise plans,
- relying heavily on movement as a way of changing their mood,
- never being satisfied with the amount of activity that they do, and
- requiring their activity to be done according to rigid rules.

HOW CAN I HELP SOMEONE WHO HAS DIFFICULTIES WITH DYSFUNCTIONAL MOVEMENT?

- Learn from credible information sources about dysfunctional movement – the more you know, the more you can help.
- Consider your beliefs about bodies, exercise, and health. Reflect on whether they are biased in any way. Be mindful of how you communicate about these subjects.
- Let them know you are concerned by noting how their activity's place in their life seems to be causing distress or impairing their functioning.
- Find professionals who have completed training in addressing dysfunctional movement and eating disorders. Encourage the individual to seek professional help.
- Support them in practicing harm reduction.
- Understand your limits and take care of your own needs. Role-model healthy attitudes and behaviours around self-care.

HOW CAN I HELP MYSELF IF I HAVE DIFFICULTIES WITH DYSFUNCTIONAL MOVEMENT?

- Talk to someone you trust about your difficulties and be open about the effects on your mental and physical health. Support and understanding can help decrease feelings (e.g., guilt or anxiety) that trigger or perpetuate dysfunctional movement.
- Remind yourself that “exercise” should not be “torture-cise”.
- Tailor your activity to your current mental and physical health status. Do not engage in strenuous activity if you are struggling to eat enough to meet your body’s energy needs.
- Learn to recognize the feelings or situations that trigger dysfunctional movement. Develop coping strategies (e.g., talking with a loved one or expressing yourself through art) that help create space between feelings and habitual responses (e.g., acting on the urge to exercise).
- Find alternative ways to meet your emotional and physical needs. Think about what truly matters to you and choose actions that are in line with your values and long-term goals.

HOW DO I GET PROFESSIONAL HELP?

Primary care providers (family doctors and nurse practitioners) play an important role in addressing dysfunctional movement concerns, which can span diagnosing eating disorders and mental health conditions that underlie compulsive movement, referring to relevant treatment services and specialists, and monitoring your physical health. Consider talking to your primary care provider as one of your first steps.

It is also within the scope of psychiatrists and clinical psychologists to diagnose and treat mental health conditions.



NEDIC maintains a national directory of service providers that have expertise in eating disorders and related concerns, ranging from publicly-funded treatment clinics, to community-based organizations, to professionals in private practice (including counsellors, psychotherapists, psychologists, and dietitians) – you can contact us for referrals.



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