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ADDICTED TO EXERCISE—WHO'S RESPONSIBLE? THROUGH THE LENS OF BEHAVIOURAL SCIENCE AND LEGAL RESPONSIBILITY

Abstract: Exercise is universally praised for its physical and mental health benefits, however, when pursued compulsively, obsessively, and uncontrollably, it can spiral into Exercise Addiction (EA), resulting in self-harm and negative consequences. This review explores EA through behavioral and legal lens, noting its increasing relevance in sport psychology and public health. However, its absence from major diagnostic manuals like the DSM-5-TR and ICD-11 reflects ongoing significant scientific and measurement limitations. The review critically examines the legal complexities surrounding personal responsibility and institutional accountability, particularly within high-performance sports environments where authority figures may knowingly or unknowingly exploit compulsive training behaviors. Drawing from legal doctrines such as mens rea, duty of care, and respondeat superior, the paper expands on the regulatory clarity, public education, and early interventions for uncontrolled compulsive training behaviors. By integrating insights from addictionology, clinical understanding, academic research, law, and sports science, it calls for a more wholistic awareness and legal protection (wherever required). Finally, this review argues for a paradigm shift—where the pursuit of performance does not eclipse the imperative for balanced well-being, autonomy, and justice.

Keywords: exercise, exercise addiction, legal responsibility, institutional accountability, interdisciplinary approach.

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1. BACKGROUND AND CONTEXT: EXERCISE ADDICTION

Exercise is universally acknowledged for its significant benefits to both physical and mental health, including enhanced emotional wellbeing, improved cardiovascular health, reduced risk of mental health disorders,^{1, 2} disease prevention,³ improved sleep quality,⁴ overall health promotion,⁵ and stress regulation.⁶ However, in rare cases, the very behaviors that promote health can transform into patterns of compulsion. When exercise is used excessively as a coping mechanism or a pursuit of mastery, it can lead to a loss of behavioral control—Exercise Addiction (EA).⁷ EA is defined by persistent, unregulated engagement in physical activity despite self-harm, with constant urges.⁸ The negative consequences of EA can impact physical health, psychological wellbeing, and social functioning.⁹ Individuals often experience escalating anxiety and restlessness before exercising, followed by temporary relief afterward—a cyclical pattern that reinforces the compulsion.¹⁰ As this cycle continues, these individuals undergo a profound sense of powerlessness and a growing inability to regulate their behavior, despite awareness of the negative repercussions.^{11, 12} For example, a runner

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- 1 C. Mayolas-Pi, *et al.*, “Exercise addiction and psychosocial health risks among adolescent athletes: Focus on sport type and performance level”, *Journal of Behavioral Addictions*, 3/2025.
 - 2 D. E. Warburton, S. S. Bredin, “Health benefits of physical activity: A strengths-based approach”, *Journal of Clinical Medicine*, 12/2019, 2044.
 - 3 B. Chhabra, M. D. Nazlıgül, A. Szabo, “Exercise addiction in team sports: A systematic literature review”, *Scandinavian Journal of Psychology*, 5/2024, 846–857.
 - 4 L. Olave *et al.*, “Exploring exercise addiction, self-esteem, and early maladaptive schemas: A cross-sectional study among female university students”, *Healthcare*, 4/2025, 422.
 - 5 W. Y. Huang, H. Huang, C. E. Wu, “Physical activity and social support to promote a health-promoting lifestyle in older adults: An intervention study”, *International Journal of Environmental Research and Public Health*, 21/2022, 14382.
 - 6 J. Ábrahám, A. Velenczei, A. Szabo, “Perceived determinants of well-being and enjoyment level of leisure activities”, *Leisure Sciences*, 1/2012, 199–216.
 - 7 A. Y. Egorov, and A. Szabo, “The exercise paradox: An interactional model for a clearer conceptualization of exercise addiction”, *Journal of Behavioral Addictions*, 4/2013, 199–208.
 - 8 A. Szabo, Z. Demetrovics, *Passion and Addiction in Sports and Exercise*, Routledge, London, 2022.
 - 9 I. D. Juwono, A. Szabo, “100 cases of exercise addiction: More evidence for a widely researched but rarely identified dysfunction”, *International Journal of Mental Health and Addiction*, 2021, 1799–1811.
 - 10 K. Berczik *et al.* “Exercise addiction: Symptoms, diagnosis, epidemiology, and etiology”, *Substance Use & Misuse*, 4/2012, 403–417.
 - 11 *Ibid.*, 404.
 - 12 Szabo, A., “Chasing a phantom dysfunction: A position paper on current methods in exercise addiction research”, *International Journal of Mental Health and Addiction*, Advance online publication/2024.

might persist with rigorous training despite a known injury, consciously risking further harm. In doing so, they not only jeopardize their physical recovery but also risk alienating themselves from social relationships, experience increased conflicts, and neglect personal and professional responsibilities.

EA is now a growing concern in both sport psychology and public health. Owing to the absence of a clear consensus on the terminology, numerous terms have been used in the research literature to describe this behavior, such as, 'exercise dependence',¹³ 'exercise abuse',¹⁴ 'compulsive exercise',¹⁵ 'excessive exercise',¹⁶ 'morbid exercise',¹⁷ and more.¹⁸ Having said this, the term *exercise addiction* is by far the most appropriate, as it effectively encompasses both the compulsive and dependent dimensions of the condition.¹⁹ This is further bolstered by Griffiths²⁰ components model of addiction, which asserts that all addictive behaviors share six fundamental elements: salience, mood modification, tolerance, withdrawal, conflict, and relapse.

Despite growing awareness of its potential health risks, it is still not formally recognized within established clinical diagnostic systems.²¹ Neither the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)²² nor the International Classification of Diseases, 11th Revision (ICD-11),²³ currently includes EA as a mental health disorder.²⁴ This exclusion stems precisely from the lack of standardized clinical diagnostic criteria and the scarcity of robust, conclusive

- 13 B. E. O. M. R. Pires, M. M. Boniatti, "Prevalence of Exercise Dependence Among High-Intensity Functional Training Practitioners: A Cross-Sectional Analysis", *International Journal of Exercise Science*, 4/2025, 206.
- 14 R. M. Calogero, K. N. Pedrotty, "The practice and process of healthy exercise: an investigation of the treatment of exercise abuse in women with eating disorders", *Eating Disorders*, 4/2004, 273–291.
- 15 E. Bills, *et al.* "Perfectionism and compulsive exercise: a systematic review and preliminary meta-analysis", *Eating and Weight Disorders – Studies on Anorexia, Bulimia and Obesity*, 1/2025, 5.
- 16 S. M. Cosh *et al.*, "Classifying excessive exercise: Examining the relationship between compulsive exercise with obsessive-compulsive disorder symptoms and disordered eating symptoms", *European Eating Disorders Review*, 6/2023, 769–780.
- 17 M. Alcaraz-Ibáñez, *et al.*, "A systematic review and meta-analysis on the relationship between body dissatisfaction and morbid exercise behaviour", *International Journal of Environmental Research and Public Health*, 2/2021, 585.
- 18 K. Berczik, *op. cit.*, 404
- 19 A. Szabo, Z. Demetrovics, *op. cit.* 70
- 20 Griffiths, M. D., "A 'components' model of addiction within a biopsychosocial framework", *Journal of Substance Use*, 4/2005, 191–197.
- 21 M. Alcaraz-Ibáñez *et al.*, "Morbid exercise behaviour and eating disorders: A meta-analysis", *Journal of Behavioral Addictions*, 2/2020, 206–224.
- 22 American Psychiatric Association, "Diagnostic and statistical manual of mental disorders, 5th edition, text revision", *American Psychiatric Publishing*, 2022.
- 23 World Health Organization, "International statistical classification of diseases and related health problems", *World Health Organization*, 2019.
- 24 B. Chhabra, *op. cit.*, 1.

scientific evidence supporting EA as a distinct psychopathological condition.²⁵ Having said this, elevated scores on EA, denoting the risk on the screening tools may not reliably indicate clinical dysfunction, as they can be influenced by non-pathological factors such as passion, commitment, and personality traits like perfectionism.²⁶ Speaking from a clinical perspective, a disconnect continues to exist between academic research and clinical practice. Individuals who screen high for risk of exercise addiction (REA) using these tools should be further assessed through clinical interviews.²⁷ To bridge this gap, Szabo²⁸ introduced the *pyramid approach*, highlighting the importance of collaboration between researchers and clinicians in the assessment, further interviews, and the following treatment of EA.

Given the significant health risks associated with EA, one might ask: are there any legal frameworks addressing such behavioral addictions? Despite its growing recognition, EA research is hindered by substantial conceptual and measurement limitations²⁹. Consequently, the development of comprehensive legal structures and policies is still underway.

2. FROM THE PERSPECTIVE OF LEGAL RESPONSIBILITY

Traditional criminal law proclaims the existence of *mens rea*, or the intent to commit a wrongful act.³⁰ However, when behaviors driven by compulsive addiction result in harm, either self-inflicted, or affecting others—attributing intent becomes complex. For example, incidents in which cases with EA involve themselves in self-harming actions or neglect familial responsibilities due to compulsive exercise routines pose significant challenges to conventional knowings of personal agency and culpability. Furthermore, behavioral neuroscience research further perplexes this legal analysis by demonstrating that addictive disorders can impair some amount of critical cognitive functions required for legal culpability. These include the potential to form purpose, decision-making, understand the consequences of one's actions, and value the harm caused to oneself or others.³¹ This remains an evolving area where further statutory guidance and regulatory clarity could enhance protections for vulnerable individuals.

25 I. D. Juwono, and A. Szabo, *op. cit.*, 1799.

26 A. Szabo, *op. cit.* 8

27 B. Chhabra, *et al.* "Prevalence of the risk of exercise addiction based on a new classification: A cross-sectional study in 15 countries", *International Journal of Mental Health and Addiction*, Advance online publication, 2024.

28 A., Szabo, "The dark side of sports and exercise: Research dilemmas", *Paper presented at the 10th World Congress of Sport Psychology*, Skiathos, Greece, 5/2001.

29 I. D. Juwono, and A. Szabo, *op. cit.*, 1799.

30 F. B. Sayre, "Mens rea", *Harvard Law Review*, 45/1932, 974–1026.

31 C. H. De Kogel and E. J. M. C. Westgeest, "Neuroscientific and behavioral genetic information in criminal cases in the Netherlands", *Journal of Law and the Biosciences*, 3/2015, 580–605.

A critical yet often overlooked dimension of EA lies in its institutional context, particularly within high-performance sport environments where authority figures such as coaches, trainers, and sports administrators may intentionally or inadvertently exploit compulsive training behaviors. These individuals are bound by both legal and ethical obligations to safeguard the physical and psychological wellbeing of athletes under their supervision, in accordance with the legal doctrine of *duty of care*³². However, this duty is often challenged by systemic pressures. The manipulation of addictive tendencies, whether for performance enhancement or financial gain, raises ethical and legal concerns. Intriguingly, research indicates that excessively prolonged training periods without adequate rest are correlated with an increased risk of developing exercise addiction.³³ Research has shown that unrelenting pressure to meet expectations and the psychological demands of competition often intensify the drive to overtrain can result in developing the overtraining syndrome³⁴.

Concomitantly, institutional behaviors, whether resulting from negligence or gross negligence (reckless misconduct; ignoring foreseeable risks)³⁵ may exacerbate EA. In doing so, they raise complex legal questions concerning abuse of authority, and breach of duty of care. Moreover, a legal vacuum exists regarding the duty of care owed by institutions, coaches, or sports administrators when compulsive exercise is unintentionally or intentionally normalized or exploited. These patterns suggest that the issue may not solely rest with the individual, but also point to broader systemic oversights or lesser-addressed forms of institutional neglect, often leaving those affected with limited legal recourse. This points to a growing need for institutional accountability and the development of protective regulations within high-performance sports environments. Having said this, it is also important to note that all fitness programs are subject to legal liability exposures in areas such as pre-activity health screening, employment issues, supervision, fitness assessment, exercise equipment, facility management, and emergency action plans.³⁶ Trainers and managers are responsible for ensuring proper care in each of these domains, and failure to do so can lead to liability and negligence claims. Furthermore, it is critical that athletes undergo medical clearance, and that early signs of overtraining are identified promptly coupled with

32 Queensland Law Handbook, <https://queenslandlawhandbook.org.au/the-queensland-law-handbook/health-and-wellbeing/sport/sport-and-duty-of-care/>, 7 May 2025.

33 D. S. Rocha, A. R. Neto, R. R. G. Alves *et al.* "Relationship between training time and exercise addiction, flexibility, and performance in extreme conditioning program practitioners", *Sport Sciences for Health*, 2025

34 R. Meeusen, *et al.* "Prevention, diagnosis and treatment of the overtraining syndrome: Joint consensus statement of the European College of Sport Science (ECSS) and the American College of Sports Medicine (ACSM)", *European Journal of Sport Science*, 1/2013, 1–24.

35 M. Eickhoff-Shemek and M. C. Keiper, "High-intensity exercise and the legal liability risks", *ACSM's Health & Fitness Journal*, 5/2014, 30–37.

36 M. Eickhoff-Shemek and M. C. Keiper, *op. cit.*

quick informed action. It is the responsibility of a well-qualified fitness manager to ensure athletes are not pushed beyond their limits, as neglecting these duties can result in severe consequences. Additionally, under the legal doctrine of *respondeat superior*, employers may be liable for staff negligence, therefore, hiring qualified trainers is essential.³⁷

This issue is not only novel in academic discourse but also highly relevant in modern sporting contexts, where mental health and the safeguarding of vulnerable individuals are increasingly prioritized.³⁸ The topic sits at the intersection of law, psychological research, and sports science, it calls for robust interdisciplinary engagement to adequately address its complex implications. Against this backdrop, within the realm of criminal jurisprudence, an important question emerges: can individuals with high levels of risk for exercise addiction (REA) be held fully accountable for behaviors driven by their compulsions, or does their condition mitigate legal responsibility? Are athletes sufficiently empowered to assert their legal rights, or are they silently spiraling into addiction under the guise of discipline and performance?

Gaining a deeper understanding of EA from the behavioral, clinical, and legal perspective is therefore crucial. In the true essence, who, then, bears the responsibility of EA? Is it the pervasive glorification of fitness ideals in modern culture, or does the burden lie with the relentless performance expectations imposed by coaches and competitive environments?

3. THE WAY FORWARD

While the transformative potential of exercise is widely celebrated, its unregulated extremes can quietly erode the very health it seeks to enhance.³⁹ True wellbeing is not defined by relentless exertion, but by balance—where recovery is valued alongside effort, and mental health is safeguarded alongside physical performance.⁴⁰ Recognizing this equilibrium is essential, particularly in high-performance environments where overtraining is often normalized.

To address EA meaningfully, public education and awareness is therefore crucial, especially within athletic communities.⁴¹ It is also very critical to distinguish

37 M. Eickhoff-Shemek, M. C. Keiper, *op. cit.*

38 G. Breslin, *et al.* "International consensus statement on the psychosocial and policy-related approaches to mental health awareness programmes in sport", *BMJ Open Sport & Exercise Medicine*, 1/2019, 585.

39 I. De Luca, A. Negri, G. Bersani, "How to treat exercise addiction: Psychological interventions and new pharmacological perspectives", *The Body in the Mind: Exercise Addiction, Body Image and the Use of Enhancement Drugs* (eds. O. Corazza, A. Rocha Soares), Cambridge University Press, Cambridge 2023, 145–161.

40 M. Kellmann, "Preventing overtraining in athletes in high-intensity sports and stress/recovery monitoring", *Scandinavian Journal of Medicine & Science in Sports*, 2010, 95–102.

41 E. Landolfi, "Exercise addiction", *Sports Medicine*, /2013, 111–119.

between healthy passion and harmful addiction.⁴² Additionally, from the institutional responsibility perspective, it is the duty of the fitness managers to ensure fitness programs are both safe and effective for athletes, especially for high-intensity exercises. In the United States, this aligns with broader national health and safety objectives. Furthermore, it is imperative to educate the public on appropriate daily exercise limits, measured in minutes, and to promote adherence to evidence-based standards, such as always being up to date with the latest World Health Organization (WHO) Guidelines on Physical Activity and the U.S. Physical Activity Guidelines.⁴³

Targeted interventions, quick action, and promptness are equally essential. Though there are already existing safeguarding frameworks within the sports context⁴⁴, there is pressing need for lawmakers, sports organizations, and health professionals to collaborate specifically to develop evidence-based frameworks that support early detection, comprehensive care, and prevention strategies aimed at mitigating EA, especially professional athletes.⁴⁵ Yet, despite enormous growing recognition of mental health in sport, legal infrastructures are still in their nascent phase. Most existing protections rely on broad duty-of-care principles, leaving compulsive exercise behaviors in a gray zone. Meanwhile, many federations prioritize physical injury and abuse, while behavioral addictions, like EA, remain the secondary concern or even excluded due to their absence from formal diagnostic manuals.

Progress is being made through slowly evolving policies and heightened awareness.⁴⁶ Though, this situation rather requires a unified response. Through the meaningful collaboration between legal experts, clinicians, academic researchers, and sports scientists, can we build frameworks that not only recognize the depth of the issue, but also deliver real protection and accountability. Finally, bridging behavioral science with legal reform is not just a scholarly pursuit—it is a moral imperative. Only through such alignment can we ensure that the pursuit of fitness does not come at the cost of health, autonomy, or justice.

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42 A. Szabo, *op. cit.*, 8.

43 M. Eickhoff-Shemek and M. C. Keiper, *op. cit.*

44 National Plan for Sport and Recreation, <https://publications.parliament.uk/pa/ld5802/ldselect/ldsportrec/113/11309.htm>

45 C. Mayolas-Pi, *op cit.*, 9–10

46 G. Breslin, *op cit.*, 1.

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Summary

Although exercise is known for promoting mental and physical health, uncontrolled, compulsive, and obsessive engagement can lead to Exercise Addiction (EA), causing self-harm and resulting in serious negative consequences. This commentary critically examines EA through behavioral and legal frameworks, highlighting its rising visibility in sport psychology and public health discourse. Despite this, EA remains absent from major diagnostic classifications such as the DSM-5-TR and ICD-11, reflecting serious scientific errors.

The present paper probes legal complexities around individual responsibility and institutional accountability, particularly in high-performance athletic environments. Invoking legal doctrines like mens rea, duty of care, and respondent superior, it argues for more robust safeguards, in the context of knowing or unknowing exploitation of uncontrolled compulsive exercise behavior. By bridging insights from law, psychology, addiction studies, and sports science, the review urges a new performance culture that prioritizes wellbeing, autonomy, and fairness over constant achievement. Having said that, it also calls for public education, early intervention, and informed actions.

Keywords: exercise, exercise addiction, institutional accountability, legal framework, multidisciplinary approach.

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