How Compassion-Focused Therapy Can Improve our Understanding and Treatment of Eating Disorders

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The University of Waterloo is situated on the Haldimand Tract, the land promised to the Six Nations that includes six miles on each side of the Grand River.

We are on the traditional territory of the Neutral, Anishnaabeg, and Haudenosaunee peoples.
Privilege and biases
How I got into CFT
Why would they care about you?

You're a nobody.

You don't matter at all.
Neocortex:  
Rational or Thinking Brain

Limbic Brain:  
Emotional or Feeling Brain

Reptilian Brain:  
Instinctual or Dinosaur Brain
**AUTOMATIC THOUGHT RECORD**

When you notice your mood getting worse, ask yourself: "What's going through my mind right now?" As soon as possible, fill in the table below.

<table>
<thead>
<tr>
<th>Time</th>
<th>Thought or the Environment around you</th>
<th>Automatic Thought (AT)</th>
<th>Evidence (E)</th>
<th>Automatic Response (AR)</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What is the evidence that the automatic thought is true?</td>
<td>How do you explain the thought in a logical way?</td>
<td>How do you feel about the evidence?</td>
<td>How do you explain the evidence?</td>
<td>How do you feel about the automatic thought?</td>
</tr>
</tbody>
</table>

**Questions to consider on Automatic Response:**
1. What is the evidence that the automatic thought is true? How true? Is there an alternative explanation? How could the event have happened differently? What is the most likely outcome? How often were you in this situation and had this thought, what would I tell others?

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**Neocortex:**
Rational or Thinking Brain

**Limbic Brain:**
Emotional or Feeling Brain

**Reptilian Brain:**
Instinctual or Dinosaur Brain
Review

Is self-compassion relevant to the pathology and treatment of eating and body image concerns? A systematic review and meta-analysis

Fidan Turk*, Glenn Waller

Department of Psychology, University of Sheffield, Sheffield, UK
Findings also show that...

As patients with eating disorders become more self-compassionate, their shame drops, and as a result their eating disorder symptoms decrease

(Kelly, Carter, & Borairi, 2014; Kelly & Tasca, 2016)
Objectives

An expert

Not an expert

Can you spot the difference?

© Bev Webb 2012
Objectives

By the end of this webinar, you will be able to:

1. Integrate theory from compassion-focused therapy into client case formulations
2. More deeply understand what compassion is and isn’t, and facilitate this understanding in clients
3. Help your clients shift to a more compassionate way of relating to themselves through recovery
Outline

1. Theoretical background of CFT as applied to eating disorders
2. What is compassion in CFT?
3. What are we trying to do in CFT?
1. Theoretical Background
Tripartite Model of Affect Regulation or “3 circles”
DRIVE SYSTEM

Proud
Excited

ENERGIZED
Goal-striving
Reward-seeking

SOOTHING SYSTEM

Soothed
Reassured

SAFE
Connection
Trust

Ashamed
Anxious

THREATENED
Self-protection
(Self-) aggression

THREAT SYSTEM

Gilbert (2005)
Ashamed
Anxious
THREATENED
Self-protection
(Self-) aggression
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THREAT SYSTEM

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THREATENED
Self-protection
(Self-) aggression

(SELF-)CRITICISM
- Restrict eating
- Binge/purge

Gilbert (2005)
Proud
Excited
ENERGIZED
Goal-striving
Reward-seeking
Proud
Excited
ENERGIZED
Goal-striving
Reward-seeking

Off limits until 6:00 pm!
DRIVE SYSTEM

Proud
Excited
ENERGIZED
Goal-striving
Reward-seeking
DRIVE SYSTEM

Proud
Excited
ENERGIZED
Goal-striving
Reward-seeking

(SELFF-)ESTEEM
- Pursue ideal body
- Lose weight

SOOTHING SYSTEM

Soothed
Reassured
SAFE
Connection
Trust

Ashamed
Anxious
THREATENED
Self-protection
(Self-) aggression

(SELFF-)CRITICISM
- Restrict eating
- Binge/purge

THREAT SYSTEM

Gilbert (2005)
Shame, Pride and Eating Disorders

Kenneth Goss¹* and Steven Allan²

¹Coventry & Warwickshire Partnership Trust, Coventry Eating Disorder Service, Coventry, UK
²University of Leicester, Leicester, UK
Shame and Pride in Anorexia Nervosa: A Qualitative Descriptive Study

Finn Skårderud¹,²*
¹Faculty of Health and Social Studies, Lillehammer University College, Norway
²Centre for Child and Adolescent Mental Health, Eastern and Southern Norway, Oslo, Norway
The fragility of perceived social rank following exercise in anorexia nervosa: an ecological momentary assessment study of shame and pride

Ruofan Ma¹ · Allison C. Kelly¹

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Gilbert (2005)
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Connection
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Reward-seeking

SOOTHING SYSTEM

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Reassured
SAFE
Connection
Trust

THREAT SYSTEM

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Anxious
THREATENED
Self-protection
(Self-) aggression

(SELF)-ESTEEM
- Pursue ideal body
- Lose weight

(SELF)-COMPASSION
- Eat intuitively
- Accept body

(SELF)-CRITICISM
- Restrict eating
- Binge/purge

Gilbert (2005)
Applications

- DRIVE
- THREAT
- SOOTHING
Absence of warmth, affection, emotional support

Caregiving paired with shaming, abuse

Proud
Excited

ENERGIZED
Goal-striving
Reward-seeking

Soothed
Comforted

SOOTHING SYSTEM

Absence of warmth, affection, emotional support
Caregiving paired with shaming, abuse

Ashamed
Anxious

THREATENED
Self-protection
(Self-) aggression

SELF-JESTEEM
- Pursue ideal body
- Lose weight

SELF-COMPASSION
- Eat intuitively
- Accept body

SELF-CRITICISM
- Restrict eating
- Binge/purge

DRIVE SYSTEM

THREAT SYSTEM
Absence of warmth, affection, emotional support

FEARS OF COMPASSION

DRIVE SYSTEM

Proud
Excited
ENERGIZED
Goal-striving
Reward-seeking

(SELF-)ESTEEM

- Pursue ideal body
- Lose weight

(SELF-)COMPASSION

- Eat intuitively
- Accept body

(SELF-)CRITICISM

- Restrict eating
- Binge/purge

Ashamed
Anxious
THREATENED
Self-protection
(Self-) aggression

THREAT SYSTEM
Absence of warmth, affection, emotional support

FEARS OF COMPASSION

Caregiving paired with shaming, abuse

Clinical anecdote
Fear of self-compassion

In people with eating disorders, there are 2 factors:

**Emotional vulnerability concerns**
e.g., feeling underserving, worry about difficult feelings

**Personal standards concerns**
e.g., revealing flaws, being rejected, less desirable person

(Gilbert et al., 2010; Geller, Iyar, Kelly, & Srikameswaran, 2019)
Fear of self-compassion

- Higher in people with eating disorders
- Predictive of more severe eating disorder symptoms and poorer response to eating disorders treatment
- Decreases in response to compassion-focused therapy interventions

(e.g., Geller et al., 2019; Kelly et al., 2013; Kelly et al., 2014; Kelly & Waring, 2019)
Clinical Take-Homes

1) Integrate 3 circle model into case formulation

2) Recognize and help client recognize what “circle” they are in

3) Build rationale for the need to access more “soothing” via compassion, even momentarily, recognizing it may be very challenging and feel scary
2. What is (self-)compassion?
Origin in Caregiving Motivational System

Slide developed by graduate student Sydney Waring
Origin in Caregiving Motivational System

Slide developed by graduate student Sydney Waring
What is compassion?

We and our clients have an intuitive sense of what it is and isn’t...

**Scenario:** What would be a compassionate way of responding to a child who is feeling anxious to go to school, and is begging to stay home? Why?
What is compassion?
What is compassion?
What is compassion?

A motivation or intention to...

1) Be sensitive to suffering and distress in self and others

+ 

2) Alleviate and prevent suffering in self and others

(Gilbert, 2019)
Self-compassion is the same as compassion... just directed inward
Self-compassion

Vulnerable Self

Compassionate Self
PRACTICE

Vulnerable Self

Compassionate Self
1) Sensitivity to our suffering

E.g., being moved by the reality that I...
- have a chronic, disabling eating disorder
- live with self-hatred and self-disgust
- have so many secrets, and feel so isolated
2) A commitment to try and alleviate and prevent our suffering

E.g., In seeing the nature of my suffering, I am motivated to help myself by...
- Talking to myself kindly, patiently
- Letting myself cry and grieve
- Reaching out to someone supportive
Common misunderstandings re: body image
Clinical Take-Homes

1) Be clear on what compassion is and isn’t, and don’t forget the sensitivity to suffering part!

2) Help client understand experientially what compassion is through practices

3) Facilitate the client’s commitment to “build up” their compassionate self through practice
3. What we are doing in CFT
Eating disorder principles still at play

1) Psychoeducation about eating, weight
2) Developing regular eating patterns
3) Weight-restoration in the case of restrictive disorders
SHARED GOALS:
Build up the client’s *compassionate self*
Have this be the “self” that’s steering the ship
Consider clients and ourselves... we are fragmented.
COMPASSIONATE MOTIVATION

thoughts

feelings

behaviours

attention

physiology
COMPASSIONATE MOTIVATION

**behaviours**

*What is helpful, not harmful*

**thoughts**

*What would help me suffer less? What would support my well-being?*

**feelings**

*Cared for, safe*

**physiology**

*Parasympathetic nervous system activity, slower breathing*

**attention**

*Feelings, needs*
behaviours
thoughts
physiology
feelings
behaviours
attention

Clinical Anecdote
Clinical Anecdote

HARSH COMPETITIVE MOTIVATION

thoughts

How can I suck it up and get the job done?

behaviours

Self-punishing

feelings

Ashamed, anxious, disgusted

attention

Where I’m failing

physiology

Sympathetic nervous system activity; shallow, halted breathing

Where I’m failing

Self-punishing

thoughts

How can I suck it up and get the job done?

behaviours

Self-punishing

physiology

Sympathetic nervous system activity; shallow, halted breathing

WHERE I'M FAILING

Self-punishing
COMPASSIONATE MOTIVATION

**Feelings, needs**
What is helpful, not harmful

**Parasympathetic nervous system activity, slower breathing**

**thoughts**
What would help me suffer less? What would support my well-being?

**behaviours**
What is helpful, not harmful

**Cared for, safe**

**feelings**

**physiology**

**attention**
Feelings, needs
Q. Can I still implement the usual treatment tasks, like food journals, meal planning, weighing etc.?

A. Yes, these can all be done within the overarching framework of shifting to a more compassionate orientation as the primary focus.

- *Key motive to focus on:* to be helpful, not harmful
- Recall that behaviours and thoughts are lower down in the cascade.
Q. What if a client’s self-criticism and fear of self-compassion are so strong that self-compassion feels like an impossibility?

A. We relate to those parts of self compassionately, trying to understand their origins, functions, fears, and wishes for the client.
Self-compassion

SAD Self

Compassionate Self
Self-compassion

ANXIOUS Self

Compassionate Self
Self-compassion

ANGRY Self

Compassionate Self
Clinical Take-Homes

1) Tune into the “motivational system” that is online for the client – caring versus competitive

2) Facilitate a mindful slowing down and a deliberate shift to the compassionate self (caregiving motive)

3) Have the client respond to their experiences from their compassionate self
Clinical Practices

• Compassionate self practices
  • Recall a time you wanted to help someone
  • Build your ideal compassionate self
  • Method acting approach
  • Embody your compassionate self

• Breathing, imagery, letter-writing, chair work
• See https://www.compassionatemind.co.uk/
In building the compassionate self, there’s more balancing across the “3 circles”

- Drive
- Soothing
- Threat
Summary
Recap of objectives

By the end of this webinar, you will be able to:

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3. Help your clients shift to a more compassionate way of relating to themselves through recovery
Acknowledgements

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THANK YOU!

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