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Beauty or The Beast?

Self-Compassion vs Self-Criticism in Eating Disorders Treatment

Camels and Botox

- A dozen camels have been disqualified from this year's "camel beauty contest" because their handlers used Botox to make them more handsome.
- News Report in Arabian Business - Jan 22, 2018: Approx 300,000 people attend Saudi Arabia's annual month-long camel festival
- Source - <http://www.arabianbusiness.com/culture-society/388145-camels-disqualified-from-saudi-beauty-contest-over-botox>

Today's talk – compassion focused therapy (CFT)

- The context for compassion and why we all need it in our lives
- What is compassion?
- What is self-compassion?
- The role of self-criticism and shame in the onset and maintenance of eating disorders?
- Practical exercises in Compassion Focused Therapy (CFT) for eating disorders.

Compassion websites

- www.self-compassion.org
- www.compassioninstitute.com
- www.compassionateliving.info

Compassion

- Complex, and sometimes controversial construct
- “... growing global movement that recognizes the potential role of compassion in many fields” - www.charterforcompassion.org/ (Montero-Marín et al, 2016)
- Defined as “the feeling that arises in witnessing another's suffering and that motivates a subsequent desire to help” (Goetz et al., 2010:351).
- “ ...openness to the suffering of ourselves and others, linked to a commitment and motivation to try to reduce and alleviate that suffering.” (Goss, 2011:69)

Compassion

- “... involves cognitive, affective and behavioral experiences, whose primary function is to facilitate cooperation and protection of the weak and those who suffer” (Goetz et al., 2010:351).

3 types of compassion

1. Compassion flowing out from you to others
2. Compassion flowing into you from others – responding to the kindness of others
3. Compassion toward the self – through feelings, thoughts and experiences

Why do we need compassion? (Kolts, 2016)

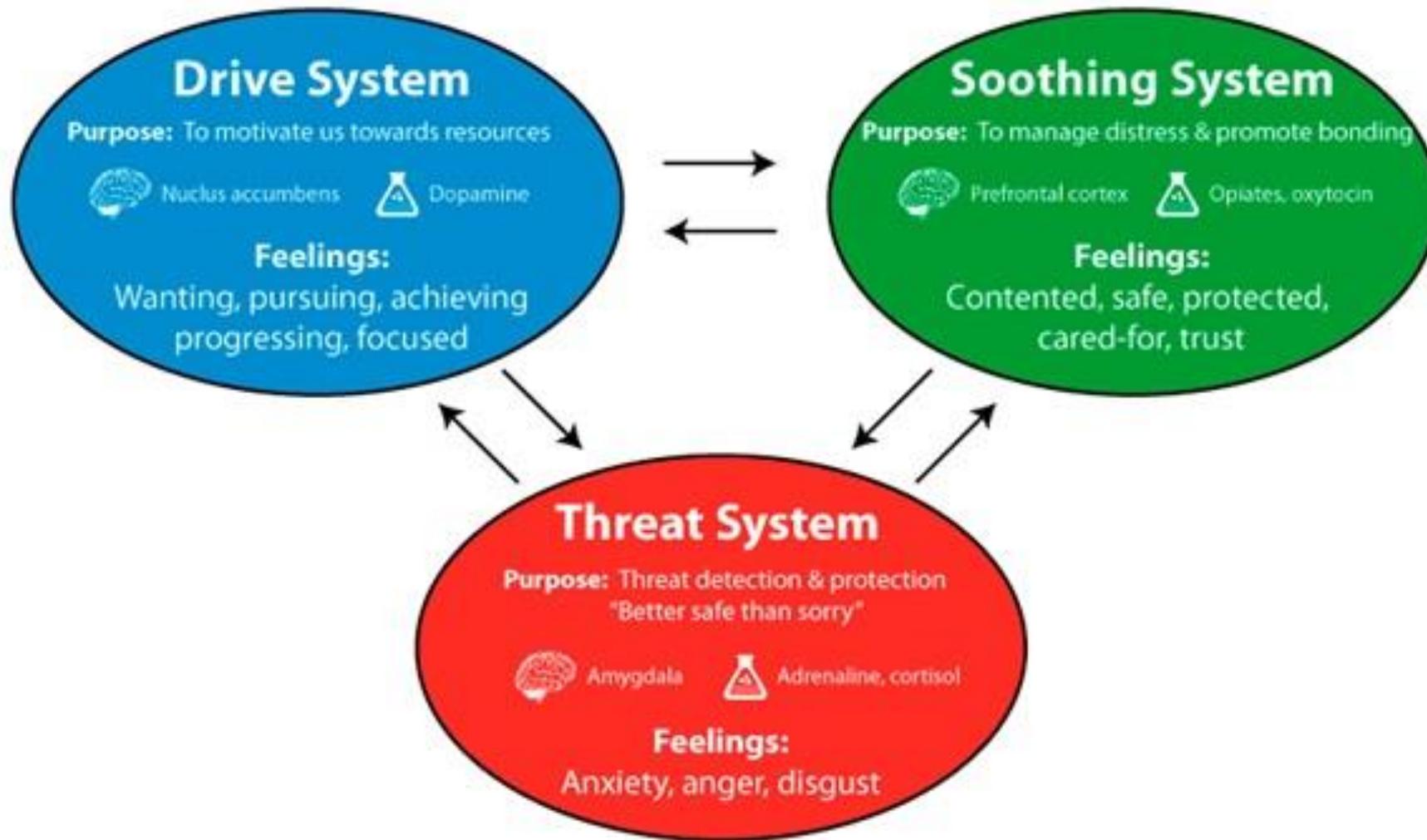
- Life is hard!
- Even if our hierarchy of needs are met – access to food, shelter, warmth, people to love us, education, opportunities to pursue goals, etc.
- We ALL have to face pain and difficulties in our lives
- We ALL get sick, grow old, and die
- We ALL lose people we love
- We ALL fail
- We ALL have our hearts broken, sometimes several times
- The price of admission to life is that it's hard, for ALL of us

The Context – Emotion Regulation

- Emotions are a normal part of our everyday lives

emotions





Emotion Regulation

- Emotions can sometimes seem overwhelming
- Guilt, sadness, frustration, anger, self-blame, and low self-worth.
- Urge - Do 'something' that will lower the intensity

'old' Brain is threat-focused

- Evolutionary perspective
- Threats are everywhere.
- In many species, at birth individuals must be able to 'go it alone'.
- Survival, in earlier times, depended on efficiently detecting and responding to threats.

What if I can't regulate my emotions?

- When we are unable to effectively regulate our emotions, especially threat-based emotions including shame, through a well-developed soothing system we often resort to an over-reliance on the drive system, where we develop an inflated need to strive, achieve, succeed, and accomplish things (Steindhl et al, 2017)

Self-esteem vs Self-Compassion

- “Self-esteem is an evaluation of our worthiness as individuals, a judgment that we are good, valuable people.” (Neff, 2011:1)
- Self-esteem - compare myself to others: believe that I’m "better" than others
- Self-esteem drives us to achieve, often at a very high personal cost
- What if things don't go well, or we fail?

Self-esteem vs Self-Compassion

- Cultural norm that in order to be happy and healthy, I've got to have high self-esteem.
- Bullies can have high self-esteem
- Picking on people deemed weaker than yourself is an easy way to boost self-image.

“I’m an excellent driver !!”

- 90% of drivers think they’re more skilled than other road users – even people who’ve recently caused a car accident think they’re superior drivers! (Neff, 2011)

HEALTHY RESPONSES

Talking with
friends

Exercise – sweat it
out

Writing in a
journal

Notice you need a
break – and take
it!

Meditation

Get some sleep

Do something
soothing, take a
bath, listen to
some music, etc.

Healthy responses

- Pay closer attention to negative thoughts and emotions that occur at these times
- Self-compassion - a positive and caring attitude toward the self, even when experiencing some sense of personal failure
- What does self-compassion look like?
- Why is it so important?

What is Self-Compassion?

- “Being touched by and open to one’s own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one’s suffering and to heal oneself with kindness. Self-compassion also involves offering non-judgmental understanding to one’s pain, inadequacies and failures, so that one’s experience is seen as part of the larger human experience.” (Neff, 2003:87).

Three Components of Self-Compassion

1. self-kindness – extending kindness and understanding to oneself in instances of perceived inadequacy or suffering rather than harsh judgment and self-criticism
2. common humanity – seeing one's experiences as part of the larger human experience rather than seeing them as separating and isolating
3. mindfulness – holding one's painful thoughts and feelings in balanced awareness rather than over-identifying with them in an exaggerated manner (Neff and Lamb, 2009:864)

What's so important about self-compassion? (Cleare et al, 2018)

- Greater self-compassion associated with mental well-being and a reduction in emotional distress.
- Evidence for a positive link between self-compassion and mental well-being is increasing
- Physical health benefits
- More accurate predictor of overall well-being than self-esteem

What's so important about self-compassion? (Cleare et al, 2018)

- Accounts for additional variance in anxiety and depression beyond that explained by self-esteem
- Protect against emotional distress
- Reduces risk of burnout
- Association between self-compassion and lower levels of depression, anxiety and stress.

Exploring self-compassion 1

- What types of things do you typically judge and criticize yourself for (appearance, career, relationships, parenting, etc.)?
- What type of language do you use with yourself when you notice some flaw or make a mistake (do you insult yourself, or do you take a more kind and understanding tone)?
- When you are being highly self-critical, how does this make you feel inside?

Exploring self-compassion 2

- When you notice something about yourself you don't like, do you tend to feel cut off from others, or do you feel connected with your fellow humans who are also imperfect?
- What are the consequences of being so hard on yourself? Does it make you more motivated and happy, or discouraged and depressed?
- How do you think you would feel if you could truly love and accept yourself exactly as you are? Does this possibility scare you, give you hope, or both?

Exploring self-compassion 3

- How do you treat yourself when you run into challenges in your life? Do you tend to ignore the fact that you're suffering and focus exclusively on fixing the problem, or do you stop to give yourself care and comfort?
- Do you tend to get carried away by the drama of the situation, so that you make a bigger deal out of it than you need to, or do you tend to keep things in balanced perspective?
- Do you tend to feel cut off from others when things go wrong, with the irrational feeling that everyone else is having a better time of it than you, or do you get in touch with the fact that all humans experience hardship in their lives?

Compassion Focused therapy (CFT)

- Founded by Paul Gilbert (2000)
- Observation that many people, in particular those high in shame and self-criticism, were experiencing difficulties generating kind and self-supporting inner voices when engaging in traditional therapy

What is CFT? (Gilbert, 2016)

- Integrative Therapy – uses evidence-based strategies
- Socratic dialogue; journey of guided discovery
- Identification of safety behaviours
- Focus on avoidance and exposure
- Inference chaining
- Reappraisal
- Behavioural experiments
- Mindfulness
- Body/emotion awareness and breath training
- Imagery practice

CFT – Unique Features (Gilbert, 2016)

- Psychoeducation – ‘tricky’ brain
- Affect/emotion regulation
- Focus on forms of self-criticism, shame, guilt
- Builds compassion-focused motives, competencies and identity
- Works with fears, blocks and resistances to compassion, positive feelings, affiliative emotions

CFT Perspective on ED development

- Eating disorders may evolve as an attempt to regulate affect in a social context in which eating, weight, and shape have become involved in threat system activation.
- Eating, or food-related mindsets and safety behaviours may develop as a way to provide relief or distraction from difficult emotions (Steindhl et al, 2017; Wonderlich et al, 2014).

Drive for success

- In Eating Disorders – the drive system may be utilised to regulate the threat (eg, of weight gain) system through the quest for pride associated with the need for control of weight/shape (Goss & Allan, 2009)
- Drive for weight loss in AN is NOT a fear or avoidance of fat, but rather the pleasure obtained through losing weight (Clarke, Fladung, & Gorwood, 2016).

Self-criticism and eating disorders (Thew et al, 2017)

- Habitual self-criticism - highly correlated with lower self-esteem, lower self-compassion, greater rumination, and greater negative perfectionism.
- In eating disorders - harsher self-criticism
- Experience it as part of their personality, and view it as more beneficial.

Food and soothing

- Early childhood experiences are key to development of a well-regulated soothing system in adult life.
- Goss (2011) - Soothing system is closely related to eating. Eating, being fed, eating together, sharing food - experienced as comforting by humans.
- In the absence of a well-developed self-soothing system, overeating may become problematic for those who have learned only to seek food for comfort (BN, BED).

culture

- Culture – being thin/slim is a desirable state; a central self-evaluative dimension
- Risk of feeling ‘flawed’ leads to maladaptive behaviours to cope with the unpleasant feelings – dieting
- People with an eating disorder (including those in remission) experience higher levels of shame than other clinical groups (Steindhl et al, 2017)

Carmen Electra

- "When anything bad happens, my insecurities come flooding out. I look in the mirror and pick at my flaws. I hate my stomach. It's impossible to get it flat, and the area around my belly button drives me crazy."

[www.femalefirst.co.uk/celebrity/Carmen+Electra-3494.html]

Role of shame in eating disorders

- Those with eating disorders typically experience a high degree of self-shame (Steindhl et al, 2017)
- Internal shame - self experienced as flawed, inadequate, inferior, powerless, and/or personally unattractive - intense self-criticism, self-hatred
- External shame also relates to the negative beliefs one has about oneself. In this case however, it is from the perspective of others; believing that others see the self as being flawed, inadequate, worthless, and/or unattractive.

Evidence for use of cft in Eating Disorders

- Braun et al (2016) reviewed 28 studies of use of CFT in eating disorders
- Consistently linked self-compassion to lower levels of eating pathology, and a protective factor against poor body image and eating pathology.
- Kelly et al (2017) reported greater improvements in: self-compassion, fears of self-compassion, fears of receiving compassion, shame and eating disorder pathology using group compassion-focused therapy in out-patients.

Barriers to Self-Compassion

- Feeling undeserving of compassion
- Belief that self-compassion = weakness
- MESSAGE - It won't make you lazy, selfish, or turn you into an unbearable egomaniac!

Eating Disorders - Responses to compassion

- Usually - feeling cared for by others prompts feelings of safety and closeness in difficult situations, reducing the experience of threat.
- BUT, in those with eating and weight concerns (particularly AN) respond by disconnecting from others and turning inward in an attempt to conceal their negative experience, adding to feelings of shame (Steindhl et al, 2017)

ED behaviours and self-soothing (Goss & Allan, 2010; 2011)

- Eating disordered behaviours may serve a functional purpose in that they are designed to regulate affect (especially negative affect associated with the threat system) –
- Dominance of the threat and drive systems in eating disorders - prevent the development and activation of the soothing system

Primary Goal of CFT

- Recognising that eating disordered behaviours likely serve a functional purpose, i.e. designed to regulate affect; CFT works within the soothing system to develop and activate a compassionate self. (Steindl et al, 2017)

USING CFT in eating disorders

- Psychoeducation – Set-point theory; complex bodies (i.e. difficult to control) evolved for energy conservation and weight gain in the context of food scarcity.
- Develop compassionate understanding and acceptance of the body and its need for nutrition, activity, and rest.

Using CFT in eating disorders

- Understanding the impacts of biological starvation and the need to avoid such consequences
- Guided towards normalised eating (eating regularly and adequately)
- Normalised eating is practiced through presentations with real food, creating meal plans, and building motivation for positive changes to eating behaviour.

Mindful eating



*Feel the taste
of food*



Don't hurry



*Cook and eat in
a good mood*



*Drink more
water*



*Soft, relax
music*



Sit at a real table



*Eat your favorite
food last*



Not multitasking

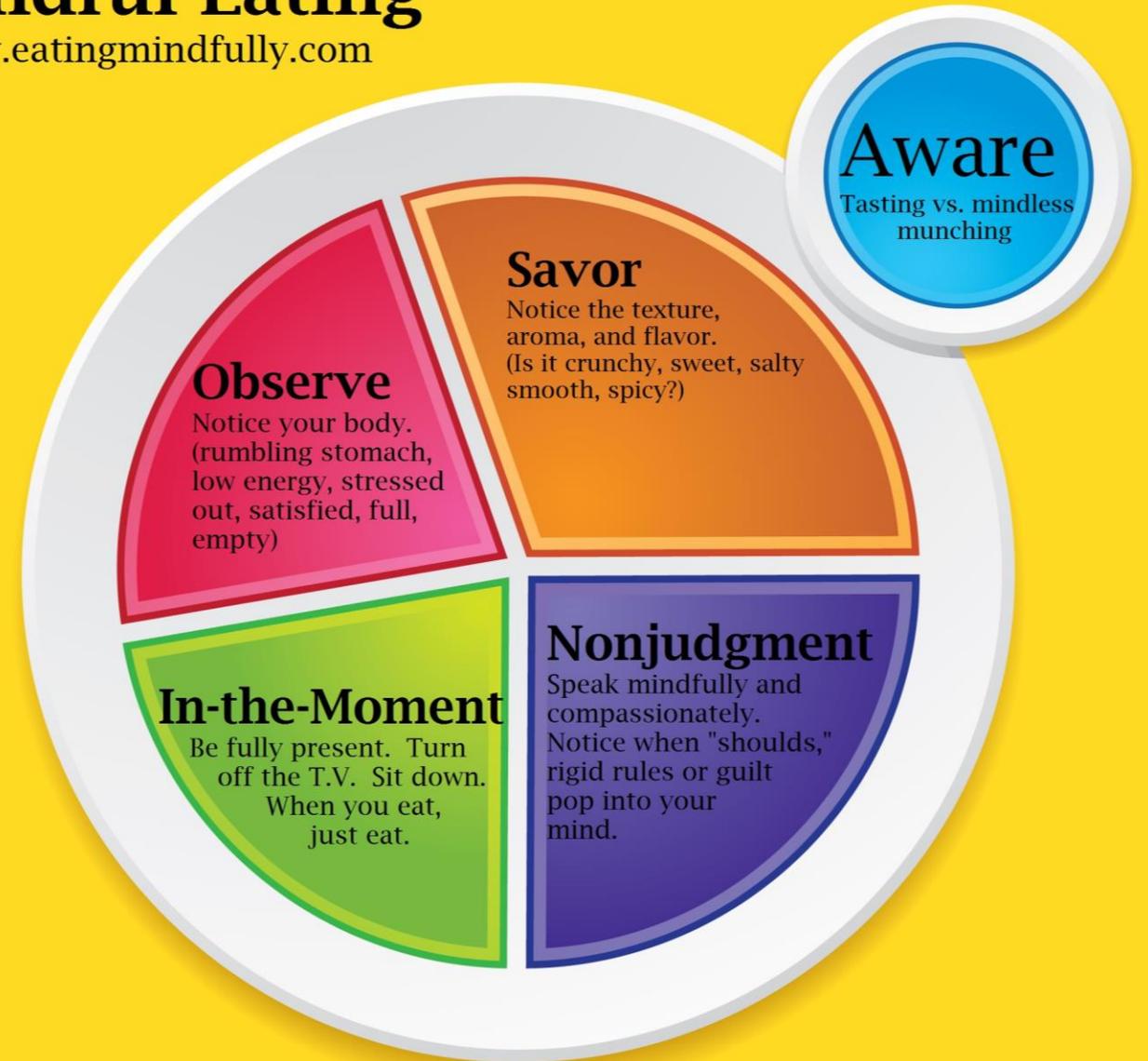


*Respect your body
and health*

Mindful Eating

Mindful Eating

www.eatingmindfully.com



Capacity-building phase of CFT

- Develop CFT skills to manage the challenges of recovery from eating disorder.
- Affect recognition, tolerance, and management skills
- Develop sensitivity, awareness, and understanding regarding the way their eating and emotions have become linked

Capacity-building phase of CFT

- Development of the soothing system (through breathing and imagery skills),
- Develop empathy for themselves and the problems that their eating disorder may have tried to solve, as well as the unintended consequences of these attempts
- Development of a “compassionate self” (through giving and receiving compassion toward others and toward the self as well as using compassionate-self and compassionate-companion imagery).

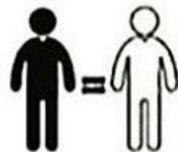
Capacity-building phase of CFT (Goss & Allan, 2010, 2011).

- Develop wisdom around the challenges of recovery;
- Develop motivation to care for the self in a way that is in one's own best interests and therefore commitment to engage in recovery
- Develop the confidence and courage needed to offer understanding, support, advice, and encouragement to the self and others

HOW TO NOT BE HARD ON YOURSELF



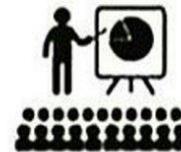
your mistakes are part of your learning



don't compare yourself to others because you are not them



there is no right way to do anything



stand up for what you believe, even if it's unpopular



learn from people who criticize you



accept your weaknesses as your "features"



look at your past as an adventurous biography



don't underestimate your talent until you apply it 100 times



every single problem you have is not unique



intelligence is relative. self-esteem is not



express your anger in a creative way



surround yourself with people who want you to succeed

Self-kindness

- Understanding, not punishment
- Instead of mercilessly judging and criticizing myself for various inadequacies or shortcomings, self-compassion means I will be kind and understanding when confronted with personal failings – after all, who ever said I'm supposed to be perfect?

Common humanity vs isolation

- “Like all humans, I will experience some suffering. I am mortal, vulnerable and imperfect and that’s OK – I am not alone; others go through these kind of experiences too. It’s not easy right now, but I know this current feeling will pass. I also don’t have to be alone with this. I can call a friend and talk about it.”

Tone down the inner threat

- Accept feelings for what they are
- Attitude: “It’s not my fault these feelings have arisen, but I need to take responsibility to learn how to manage them differently.”
- “Others feel this way too – I am not alone.”
- Recognise unhelpful self-criticism and refocus on self-compassion when stressed
- Recognise unhelpful ruminative cycles and replace with a helpful compassion focus

T. S. Elliot, *The Elder Statesman*

What is this self inside us, this silent observer,
Severe and speechless critic, who can terrorise us
And urge us on to futile activity
And in the end, judge us still more severely
For errors into which his own reproaches drove us?

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