



# Compassion Focused Therapy for Eating Disorders (CFT-E)

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## CFT-E Theory



# Overview

Compassion Focused Therapy (CFT)

Compassion Focused Therapy for Eating Disorders (CFT-E)

CFT-E research from St Patrick's Mental Health Services





# Definition of Compassion

*"a sensitivity to suffering in self and others with a deep commitment to try to alleviate and prevent it". Professor Paul Gilbert*

## **Two Psychologies of Compassion**

Motivated sensitivity and engagement with suffering

Motivated action to try to alleviate and prevent it



# It's not our fault!

## Tricky Brain

Our brains are the result of millions of years of evolutionary history.

They are set up to be 'better safe than sorry' – so they tend to be very threat sensitive and we find it easier to learn to be fearful, angry or upset, than happy and content.

## Tricky Body

We have evolved with a “see food and eat it” brain and body.

A body that has evolved to maintain a healthy weight and will drive us to eat

We also have a body which is physically soothed by food.

We can learn to make positive and negative associations with food  
i.e. as a comfort.

Our bodies are not always the size and shape we want them to be or feel they “should be”.

Lizard Brain	Mammal Brain	Human Brain
Brain stem & cerebellum	Limbic System	Neocortex
Fight or flight	Emotions, memories, habits	Language, abstract thought, imagination, consciousness
Autopilot	Decisions	Reasons, rationalizes



# Affect Regulator Systems





Stage of treatment	Session number (each session= 3hrs)	Content covered
<b>Pre-intervention: Psycho-education</b>	1 full day	Education on Eating Disorders, Compassion Focused Therapy, Developing a compassionate understanding of Eating Disorders. What will recovery involve? How can CFT-E help me through the recovery process?
<b>Pre-intervention: Skills</b>	Sessions 1-10 Weekly over 5 full days	Establishing group safety, distress tolerance & emotion regulation skills, compassionate imagery techniques (e.g. soothing rhythm breathing, safe place, compassionate companion, compassionate self) flow of compassion, compassionate formulation, compassionate letter writing, planning to manage weight targets and weighing and meal planning.
<b>Intervention: Therapy</b>	Sessions 11-20 weekly over 10 ½ days	Individual goal setting, fear of weighing, fear of compassion, self-criticism, food planning in action, coping with emotions without using ED behaviours, social comparisons, body image difficulties, using compassion to experience/manage emotions and self-attack, intimacy, exposure to feared foods, letting go of the “dieting mind-set”, threat beliefs.
<b>Intervention: Therapy</b>	Sessions 21-23 over 3 ½ days staggered over 2, 3 & 4 weeks.	Relapse prevention, intuitive eating, coping with weight gain, body acceptance, building a new identity and looking forward

# Qualitative Research of CFT-E Programme

*Mullen, G., Dowling, C., Doyle, J., O'Reilly G.*

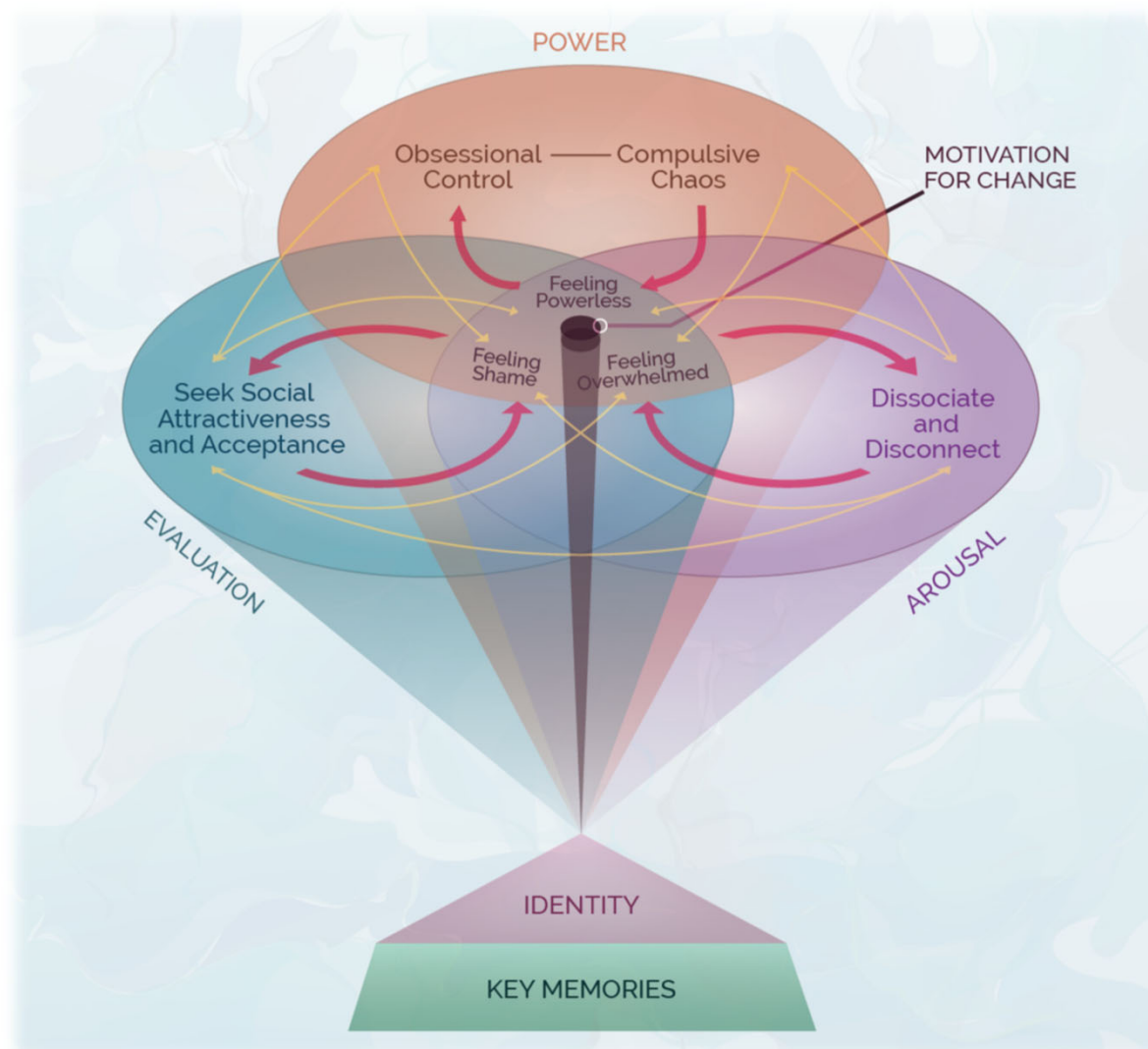
**Why:** to develop an evidence based qualitative description of the process of change from attending a CFT-E group intervention.

## **Aims**

1. To assess and track people's functioning with reference to their relationship with themselves, others and their eating disorder from a compassion focused therapy for eating disorders perspective/framework before and after intervention.
2. Understand participants' experiences of attending this group?







**Participants' functioning with reference to their relationship with themselves, others & their ED before attending CFT-E. (Mullen et al., 2018).**

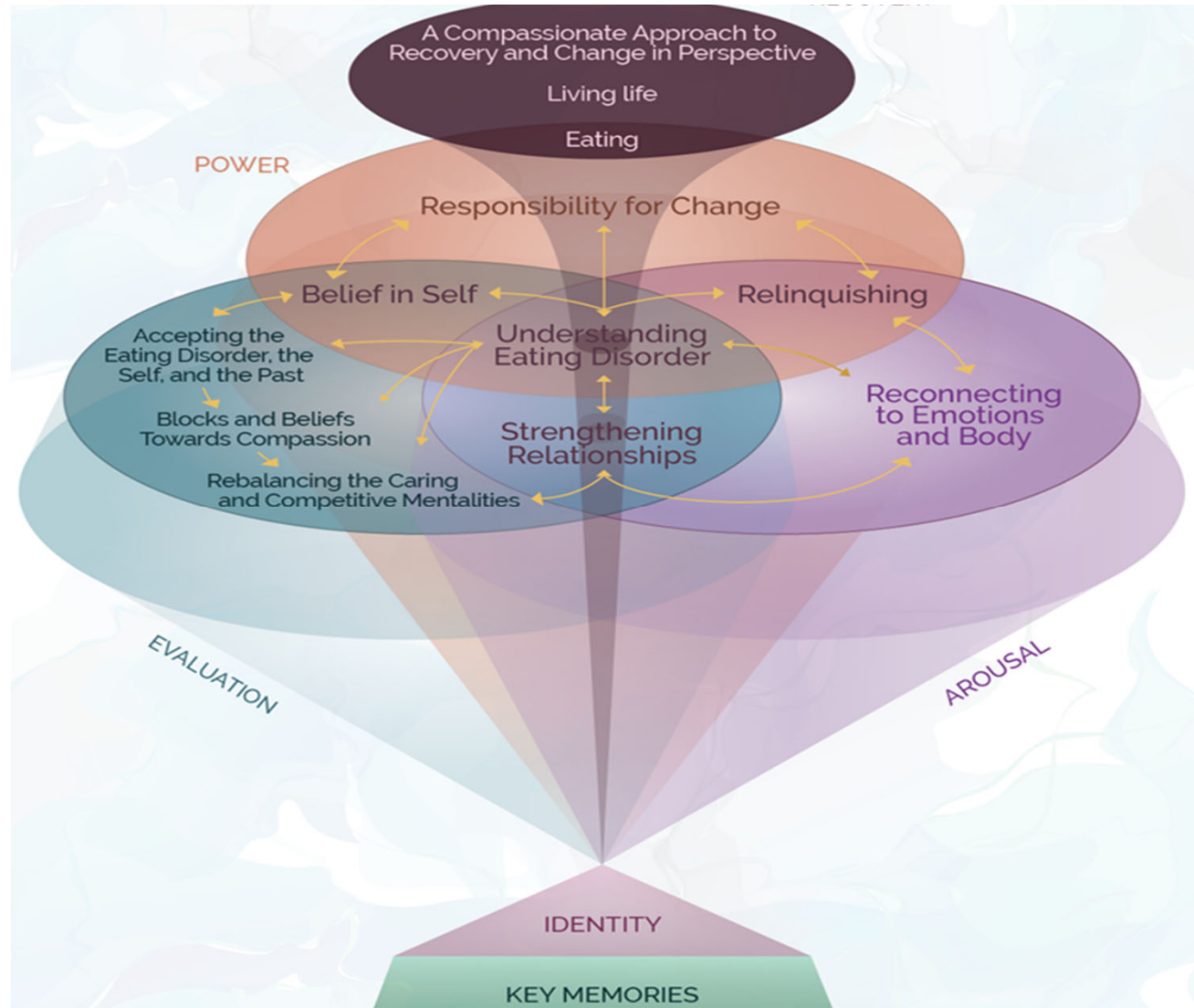
Themes and their definition		Emotion Regulatory Systems		
		Threat	Drive	Soothe
<b>Arousal:</b> Struggling to regulate the level of emotions experienced leading to (a) feeling overwhelmed and at times (b) dissociation and disconnection from aspects of themselves and others.		+	+	+
	<b>Feeling overwhelmed:</b> Fear of or experience of being emotionally overwhelmed.	+		
	<b>Dissociation and Disconnection:</b> Engaging in eating disordered behaviours because of disconnection to themselves in some way (e.g., not being able to identify when full or hungry, or low awareness of ED thoughts or behaviours); or engaging in ED behaviours to become more dissociated from negative experiences and to gain some form of pleasure. Disconnection from others associated with loneliness and not belonging.	+	+	+

Themes and Quotation		Emotion Regulatory Systems		
		Threat	Drive	Soothe
<b>Arousal:</b> “I remember eating sometimes I would be so mad I would be upset just eating, just kind of to make myself stop being upset.”		+	+	+
	<b>Feeling overwhelmed:</b> “...It was safer to, to be in the world I was in, kinda my little cocoon... Everything was a struggle, but I liked being in that state because I didn’t have to live with my reality”.	+		+
	<b>Dissociation and Disconnection:</b> “I think my eating disorder always kept me little bit at distance because with the eating disorder you’re constantly in a form of dissociation... So you’re constantly not with it.”	+		





**Participants' experiences of attending CFT-E**



**Participants' functioning with reference to their relationship with themselves, others & their ED after attending CFT-E. (Mullen et al., 2018).**

Themes and their definition		Emotion Regulatory Systems		
		Threat	Drive	Soothe
Evaluation				
	<b>Accepting the ED, the Self &amp; the Past:</b> Becoming more accepting of the ED and of aspects of themselves and their past. This acceptance was described for most as an effortful and intentional change.	*	*	*
	<b>Blocks and New Beliefs towards Compassion:</b> A description of both previous and current fears towards compassion with new beliefs that continuing to develop compassion is something that can be supportive in how to live the life that they wish to live.	*	*	*
	<b>Rebalancing the Caring and Competitive Mentalities:</b> Changes made or trying to make in relation to caring for themselves and others. Experimenting with learning how to care for themselves and to be more assertive in relationships by; (a) expressing their needs in relationships (b) recognizing how these changes allow more self -compassion and compassion for	*	*	*



Themes and their Quotations		Emotion Regulatory Systems		
		Threat	Drive	Soothe
Evaluation				
	<b>Accepting the ED, the Self &amp; the Past:</b> “I suppose it made me feel strong and it makes me feel erm – kind of a positive, powerful... – I am in charge of it, and it’s not in charge of me. I was restricting or binging I had no control but for now I think that I am in charge of it and I no longer meet the requirements that’s the way I am going to stay... it’s kind of given me permission to, “Ok whatever happened, happened, whatever is”.		*	
	<b>Blocks and New Beliefs towards Compassion:</b> “Learning the value of what you need and not being afraid to – because before like I just associated self-compassion with being sort of like, “Oh if I am being self-compassionate to myself I will become self-indulgent and cocky and lazy and erm become a bad person cause I will just – I will let myself go and I will lose sense of what’s right” but now that I remember that it’s something that I actually need and it’s not necessarily something that is earned when you have like a great achievement”.	*	*	*
	<b>Rebalancing the Caring and Competitive Mentalities:</b> “I think I have really realized... that I am actually quite a compassionate person [Identity] and so I have the ability to be quite compassionate to myself as well... [Rebalancing the caring and competitive mentalities”			*

# **An Evaluation of a Transdiagnostic Compassion Focused Therapy Group Programme for Eating Disorders**

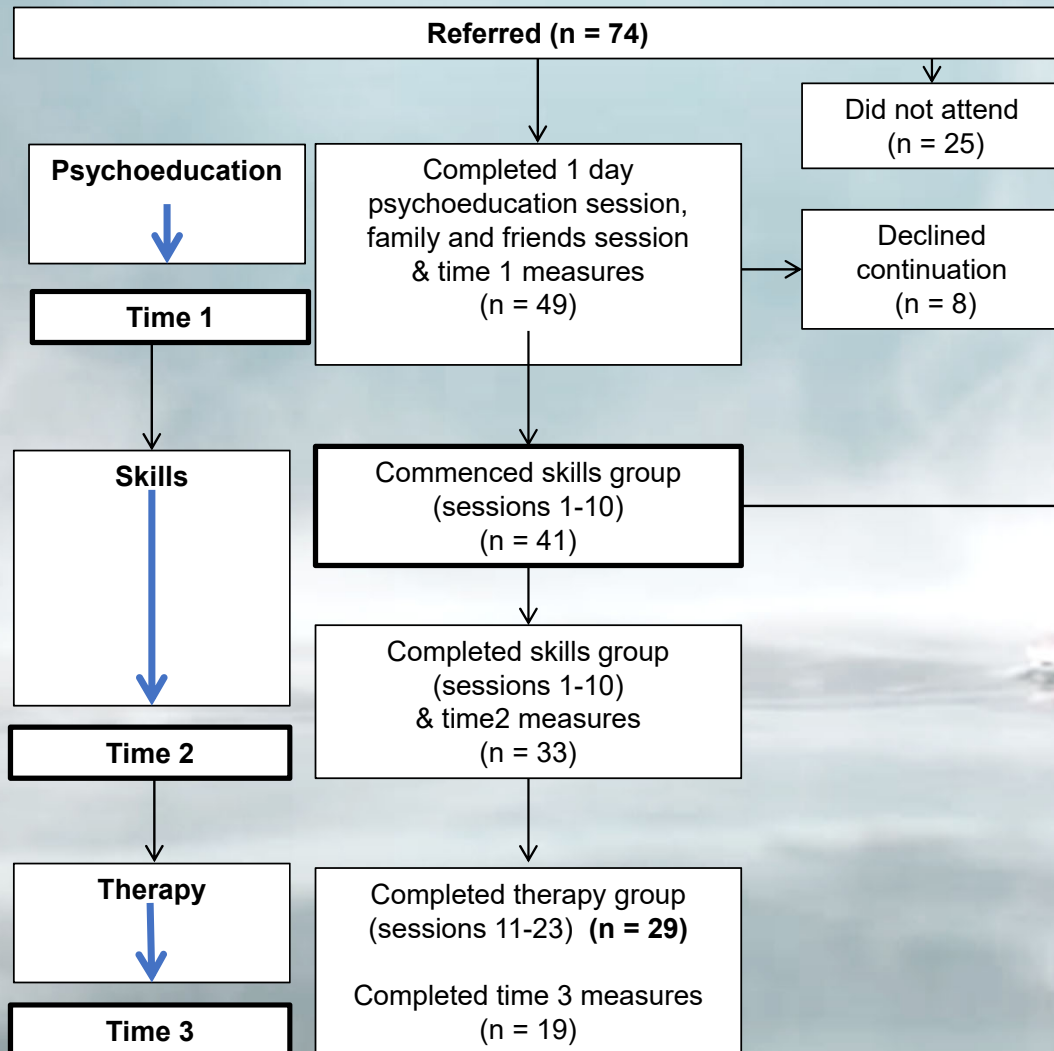
*Deegan, J., Doyle, J., Dowling, C., Hevey D.*

## **Questions?**

1. What aspects of CFT-E do participants find helpful and unhelpful?
2. Will there be significant reductions in the outcomes of ED psychopathology/behaviours & psychological distress time?
3. Will there be significant improvements in self-criticism and self-compassion,



# Attrition & Group Membership over 5 Cycles



Characteristic	N	%
<b>Sex</b>		
Female	37	90.24
Male	4	9.76
<b>Diagnosis</b>		
AN	12	29.3
BN	5	12.20
BED	9	22
EDNOS AN	10	24.4
EDNOS BN	5	12.16





*Felt more connected and less alone  
in my struggles because people  
were sharing difficult experiences;  
made it easier for me to share*

Most Helpful (self and others): 51 Incidences  
- Linked to Soothe and Drive

## Sharing in group

*.....people's words gave me  
hope and inspiration to try.*

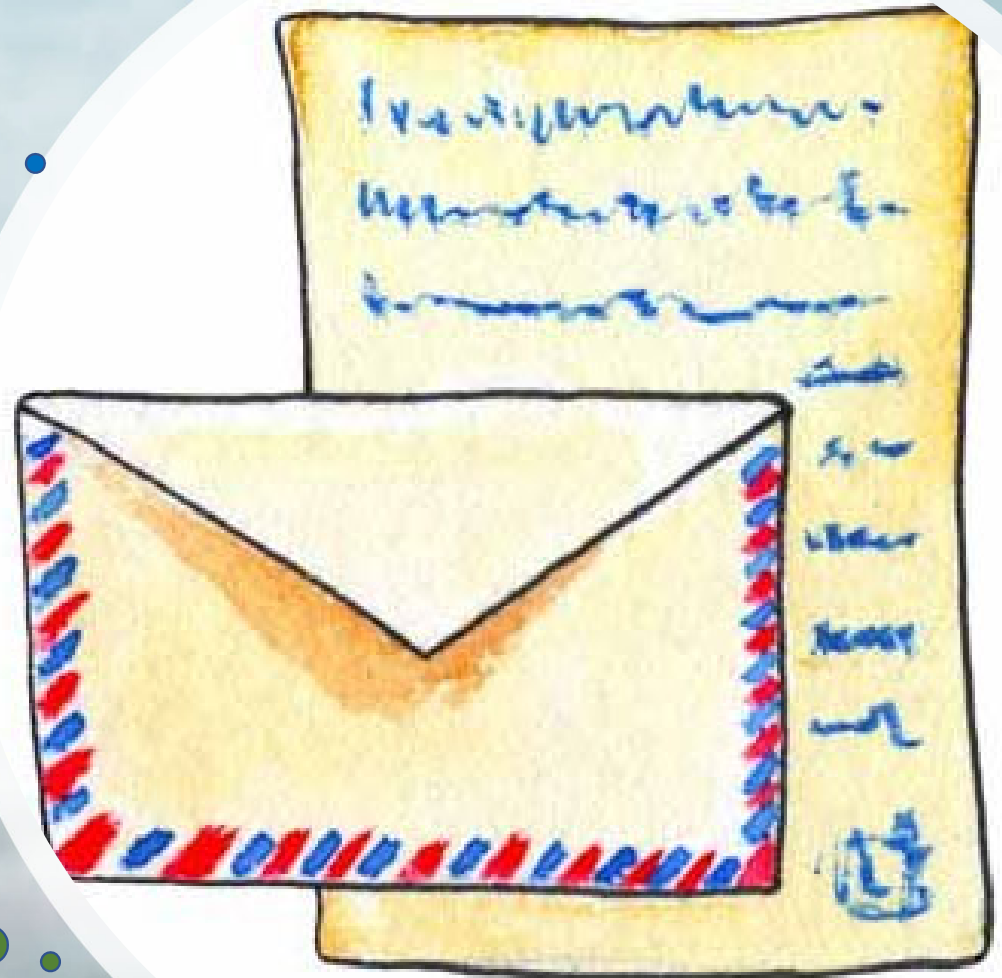
*Good to hear another person's letter.  
Feedback on what was good about my  
letter and how to improve it was useful -  
inspired and motivated to write a letter*

Helpful: 22 incidences

- Linked to Drive and Soothe

## Compassionate Letter Writing

*'I felt a bit of a deeper connection to  
other people in the group about how  
they feel and felt like I understand them  
more'.*





*Will help solidify the goals and  
can have a visible sheet to use*

Helpful: 10 Incidences  
Linked to Drive and Soothe

## Goal Setting and Reviewing

*Make me feel a little proud  
and hopeful for the future*



*I had not thought of this place in ages. I would of felt very safe with her when I was younger so I felt like it was significant when she appeared.*

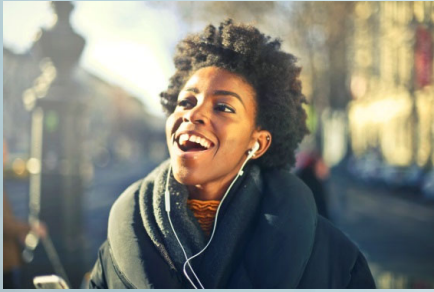
Helpful: 12 incidences

Linked to Soothe

# Safe Place Imagery



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Developing Distraction Techniques (#11)

# Other Helpful Aspects of Therapy



Multiple Selves (# 8)



Threat Beliefs (# 9)

**Coping with Christmas (# 6)**

**Meal planning (#6)**

**Compassionate Companion (#6)**

**Relapse planning (#6)**





Most Hindering (others): 10 incidences  
- Linked to Threat

## Sharing in group

*Hearing how much other people can eat and still lose weight. Either they aren't being honest or else there's something wrong with my body. In any case, strong desire to restrict*



*"Fearing people's judgement"*

Internal Challenges  
Hindering: 3 incidences  
Linked to threat system

Unhelpful Aspects of  
Therapy





*I hated the weighing - it induced MUCH anxiety beforehand and I feel even worse about it now when I have lost [weight]... I have so many kilos to gain that it feels like a mountain ahead of me...*

Hindering: 8 incidences

Linked to Threat

# Therapeutic Weighing

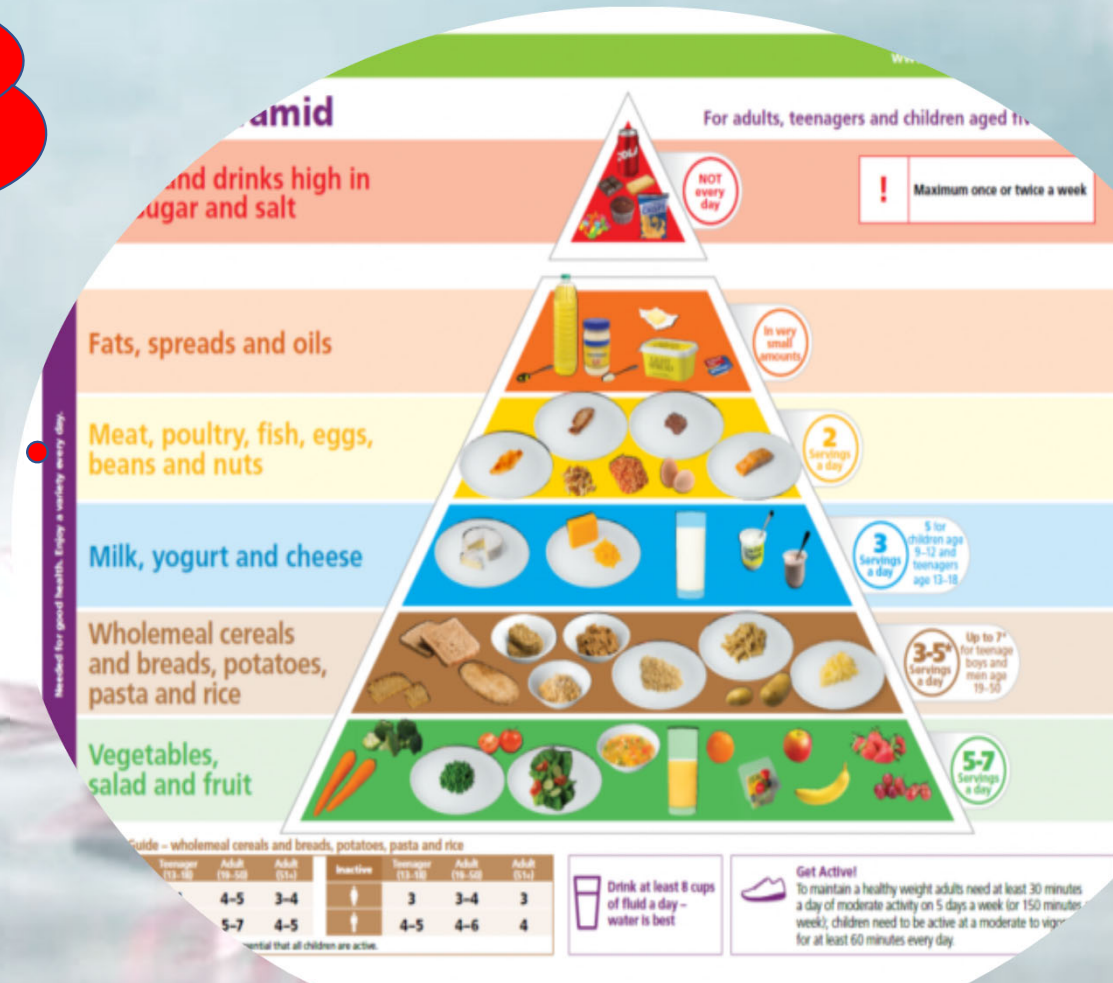


*The introduction to the meal plan;  
fearful and anxious. If anything, this  
aspect to the program would make  
me not want to do it - so see it as a  
huge challenge I have to deal with*

Hindering: 5 incidences

Linked to Threat

# Meal Planning



# Quantitative Measures

- Clinical Outcomes in Routine Evaluation - Outcome Measure (CORE-OM; Evans, 2000)
- Eating Disorder Examination Questionnaire (EDE-Q; Fairburn and Beglin, 2008).
- Forms of Self-Criticism/Attacking and Self Reassurance Scale (Gilbert, Clarke, Hempel, Miles & Irons, 2004)
- Functions of Self Criticising/ Attacking Scale (Gilbert et al., 2004)



# Quantitative Measures

Measure	Change	No Change	p
Clinical Outcomes in Routine Evaluation - Outcome Measure (CORE-OM)			
Global Distress	Positive Change		.04
Eating Disorder Examination Questionnaire (EDE-Q)			
Restraint		No change	.17
Shape Concern	Positive change		.00
Global Score	Positive change		.00



# Quantitative Measures

Measure	Change	No change	p
<b>Functions of Self-Criticizing/ Attacking Scale</b>			
Self-persecution	Positive change (T2 – T3)		<.05
Self-correction	Positive change (T2 – T3)		<.05
<b>Forms of Self-Criticising and Self Reassurance Scale</b>			
Inadequate self	Positive change (T2 – T3)		<.001
Self reassurance	Positive change (T1 – T2)		.03
Total self criticism	Positive change (T2 – T3)		.00

# Quantitative Measures

Post treatment 57% of participants were in remission from their eating disorder (using Fairburn's 2009 categorical outcomes)



## What participants have told us

- Content of CFT-E engages them and CFT-E is a framework that helps participants understand their ED
- They understand their regulation using the threat, drive and soothe systems
- CFT-E translates into change in the following areas: global distress, shape concern, global ED concern, binge eating, self- criticism & reassurance
- CFT-E can lead to categorical change in terms of diagnosis for over half of the participants
- Letter and formulation sharing helpful



## Empirical evidence shows:

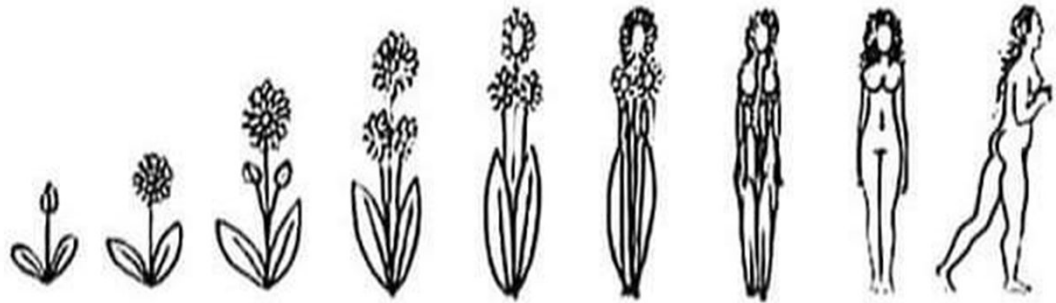
- ✓ **Patients with eating disorders have low self-compassion, high fear of self-compassion** (*Skarderud 2007, Gilbert et al., 2004, Kelly et al 2014*)
- ✓ **Deficits in self-compassion contribute to patients' shame and eating pathology** (*Ferreira et al., 2013; Ferreira et al., 2014; Kelly et al., 2013*)
- ✓ **As patients become more self-compassionate, their shame drops, and their symptoms fade** (*Kelly, Carter, & Borari, 2014*)
- ✓ **CFT-based interventions can increase self-compassion, and lower shame and symptoms** (*Gale et al 2014, Goss & Allan 2012 and the Modum Trial*)





# Thank You

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“and i said to my body. softly. ‘i want to be your friend.’ it took a long breath. and replied, ‘i have been waiting my whole life for this.’”