**Article Summary: Are Improvements in Shame and Self-Compassion Early in Eating Disorders Treatment Associated with Better Patient Outcomes?**

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**Study Summary**

Compassion Focused Therapy (CFT) is a form of treatment that develops self-compassion and decreases shame in patients suffering from a range of diagnoses (Kelly et al., 2013). CFT is based on the theory that our emotions respond to both internal and external cues, and our actions respond protectively to our emotions. Within eating disorders (ED), shame is suggested to be mitigated in the short term by disordered eating. Therefore, researchers applied self-compassion building techniques to ED treatment and measured the impact on feelings of shame and ED symptoms. Results indicated that the self-compassion intervention was successful. As a survivor of an ED, this CFT study resonated with me and gave me inspiration and hope as a future clinician to be a more effective therapist.

Both inpatient and day treatment participants were included in the study between 2010 and 2012 throughout their 12-week treatment plan. Participants were given questionnaires at intake, and 3, 6, 9, and 12 weeks to track their responses related to ED symptoms, shame, and self-compassion. Self-compassion and time of intervention were added as variables to their existing treatment via group therapy and individual activities. Results indicated the most significant improvements reflected earlier and bigger improvements in self-compassion, which correlated with a reduction in shame and consequent ED symptoms. Improvements remained consistent when accounting for demographics, living conditions, and treatment programs (i.e., inpatient vs. outpatient).

Limitations within the study include a relatively small sample size, no insight into comorbid disorders, and a short treatment and measurement timeline. Additionally, patients unwilling to change their views on self-compassion did not see an improvement in ED symptoms. This suggests an opportunity to test the length of the intervention as well as comorbid factors, including childhood trauma or personality types (such as attachment styles), which may affect cognitive schemas and receptivity to self-compassion intervention.

**Reflection**

Overall, this study was promising to me as a future clinician because it suggests the importance of building underlying skills for emotional regulation (e.g., self-compassion) alongside early intervention. From a personal lens, I was highly encouraged by these results, especially because these participants were considered more severe. One of the most ubiquitous focus points of my own therapy since overcoming bulimia has been self-compassion and shame management; therefore, the study felt relevant and applicable to me. I find self-compassion can be utilized across all areas of life to sustain long-term mental health as it supports flexibility and adaptability by making failure manageable.

As a future practitioner interested in CBT training, I would like to leverage CFT insights to support treatment plans for various diagnoses including depression, anxiety, and stress management. For me, self-compassion seems to operate as a filter, and shame is exceptionally responsive to any thoughts which are not positive. In my own experience, making strides towards a more compassionate self-view mitigates feelings of shame. Additionally, when I do not have to spend time managing feelings of shame, I observe and engage with cognitive opportunities for myself. I notice that at times I am not willing to be self-compassionate, perhaps because other mental schemas such as perfectionism rise to the top. Therefore, I would like to understand more about the methodology of building self-compassion from a practitioner lens while also diving further into the population resistant to self-compassion. With this in mind, I am confident about the importance of reducing shame to allow for more cognitive growth and healthier mental states for myself and future clients.

**References**

Kelly, A. C., Carter, J. C., & Borairi, S. (2013). Are improvements in shame and self-compassion

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