

Changing the Way We Think and Talk About Our Bodies: The Multifaceted Nature of Body Image and Its Role in Eating Disorder Recovery



RACHELLE PULLMER, PH.D., R.PSYCH.

FEBRUARY 9TH, 2024



Agenda



PART 1

- Defining Body Image
- Contributing Factors
- Prevention
- CBT-E and CBT-BI



PART 2

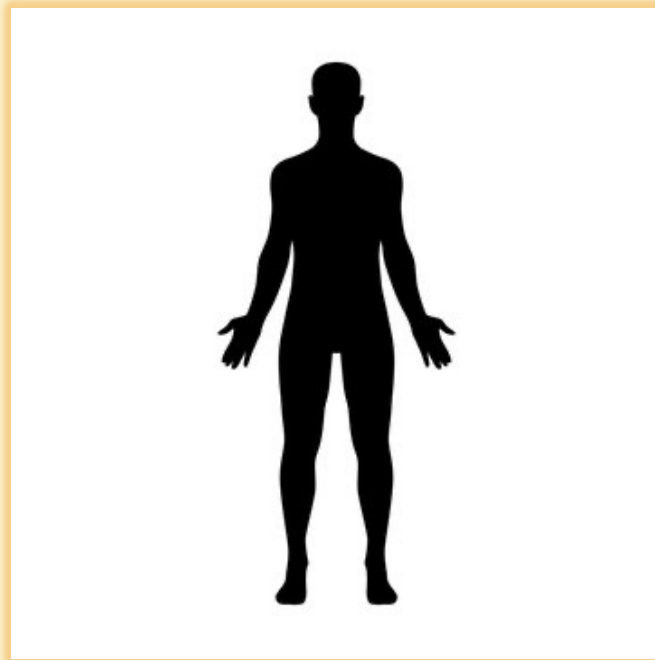
- Self-compassion
- Clinical Barriers



Reflection



What comes to mind when you think of
body image?



Defining Body Image



Body Image

- A **multidimensional** construct encompassing the thoughts, feelings, and behaviours of an individual related to their own appearance (Cash, 2004)



Body
Dissatisfaction

- “**Negative subjective evaluations** of one’s physical body, such as figure, weight, stomach, and hips” (Stice & Shaw, 2002)



What Would You Change About Your Body?



COMFORTABLE
50 PEOPLE 1 QUESTION

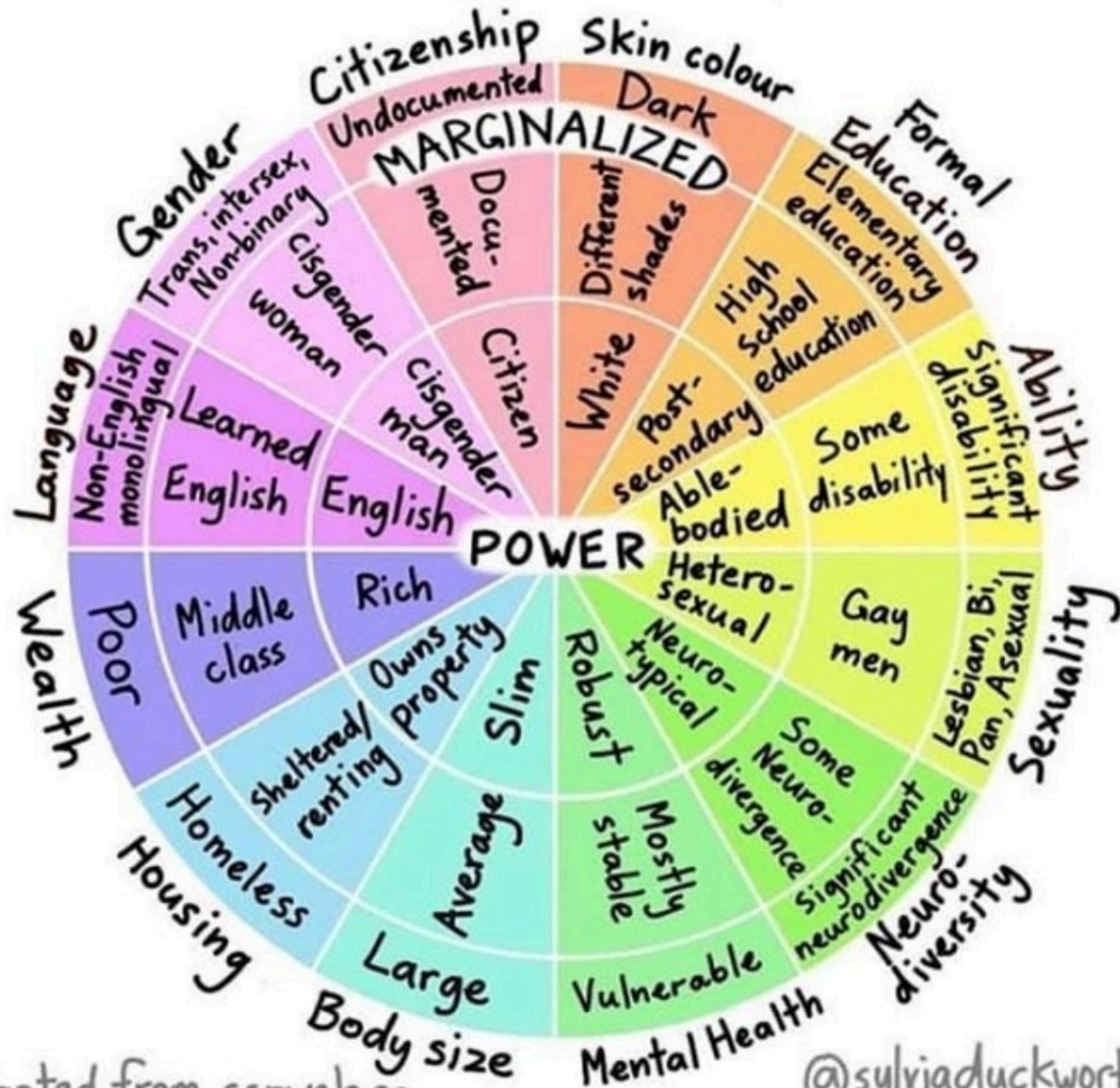
Reflection



What impressions do you have after watching this video? What factors might contribute to changes in body image over time?



WHEEL OF POWER/PRIVILEGE



Adapted from ccrweb.ca

@sylvriaduckworth

WHEEL OF POWER/PRIVILEGE



DISCLAIMER: MAJORITY OF EARLY WORK CONDUCTED IN CAUCASIAN WOMEN



Adapted from ccrweb.ca

@sylvriaduckworth

Body Image as a Global Concern



Individuals with **multiple marginalized identities** may be especially vulnerable to eating pathology (including body dissatisfaction) and less likely to access treatment and research (Burke et al., 2020)



Body Image as a Global Concern



Review > [Glob Ment Health \(Camb\)](#). 2023 Feb 27:10:e9. doi: 10.1017/gmh.2023.2.
eCollection 2023.

Body image as a global mental health concern

Rachel F Rodgers^{1 2}, Katherine Laveway¹, Priscila Campos³,
Pedro Henrique Berbert de Carvalho^{3 4}

Affiliations + expand

PMID: 36861019 PMCID: [PMC9970735](#) DOI: [10.1017/gmh.2023.2](#)

Free PMC article

Some Contributing Factors



Individual Factors

- Stress
- Depression
- Dieting
- Thin ideal AND weight bias internalization
- Weight control beliefs
- Puberty
- Life transitions (e.g., discontinuing sport, pregnancy and postpartum, weddings)
- Proposed personality factors (e.g., neuroticism, perfectionism)



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Social/Familial Factors

- Bullying/teasing (weight-related comments)
- Perceived pressure to be thin (e.g., others emphasizing the importance of dieting)
- Sports (particularly those with a body focus)
- Social support deficits
- Weight bias
- Media

Allen et al., 2020; Bearman et al., 2006; 2020; Gmeiner et al., 2022; Hughes et al., 2018; Kong et al., 2015; Macho et al., 2023; Murray et al., 2013; Presnell et al., 2004; Pullmer et al., 2018; Pullmer et al., 2023; Quick et al., 2013; Stice et al., 2002; Wade et al., 2013

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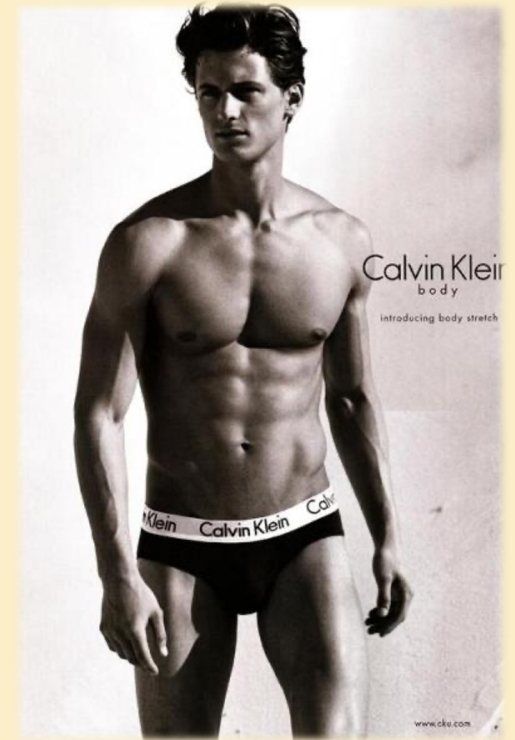


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The Influence of Media



The Influence of Media



The Influence of Media



- **Seminal Fiji Study** (Becker et al., 2002)
- Eight meta-analyses examining media-body image dyad
 - Small to moderate effect size of media's influence on body image (Huang & Ahn, 2020)



#Fitspo or #LoveYourself?



#fitspo or #loveyourself? The impact of fitspiration and self-compassion Instagram images on women's body image, self-compassion, and mood

Amy Slater*, Neesha Varsani, Phillippa C. Diedrichs

Centre for Appearance Research, University of the West of England, United Kingdom

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Control



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Control

Self-Compassion



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Fitspiration



How Does Body Dissatisfaction Develop into an Eating Disorder?



- A combination of many factors....
 - Dieting and negative affect (Stice & Shaw, 2002)
 - Temperament
 - ✦ e.g., perfectionism (Boone et al., 2014)
 - Stress (Dang et al., 2021)
 - Acculturative stress (Perez et al., 2002)
 - Weight bias and weight bias internalization (McEntee et al., 2023)
 - And more!!!



Reflection



What factors might *help* with developing a positive body image?

WE ALL GROW IN DIFFERENT WAYS

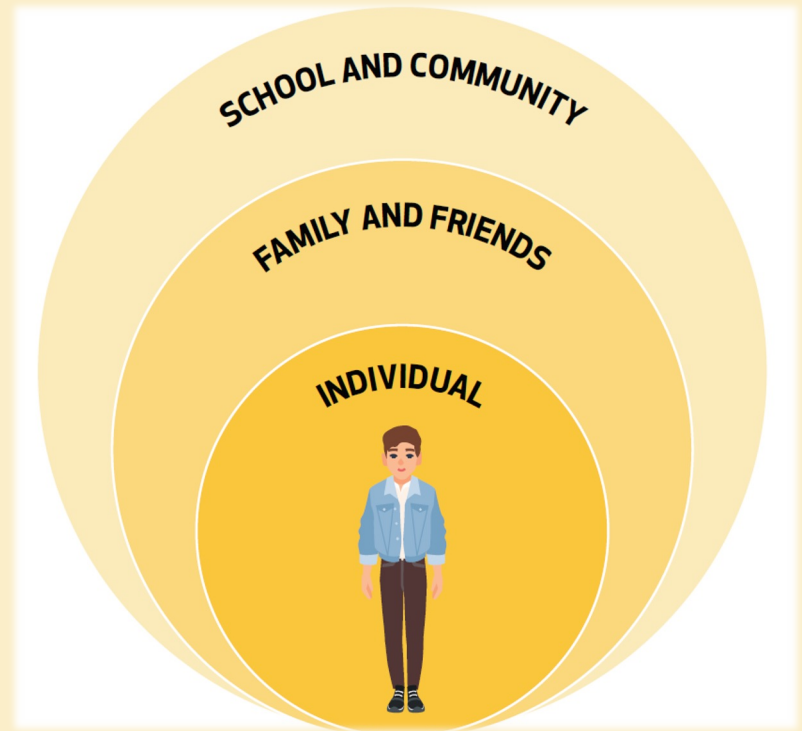


AND THAT'S OKAY

Malleable Protective Factors

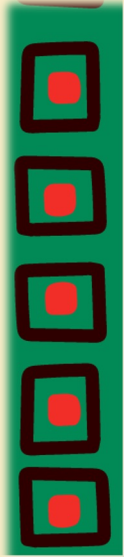
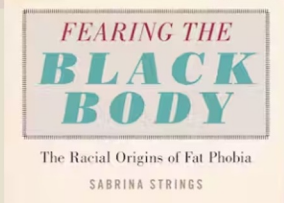


- Media literacy
- Mindfulness
- Self-compassion
- Critical social perspective



Turk & Waller, 2020; Levine & Smolak, 2016; Paxton et al., 2022

Evolution of the Critical Perspective



Evolution of the Critical Perspective



FEARING THE
BLACK
BODY

The Racial Origins of Fat Phobia
SABRINA STRINGS

Why Obsessing Over What You Eat
Is Bad for Your Health

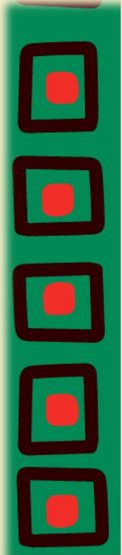
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⌚ Reclaim Your Time, Money, 💰
Well-Being, and Happiness Through

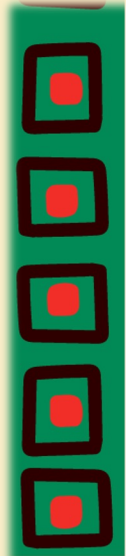
❤️ INTUITIVE EATING 😊

DIET

CHRISTY HARRISON, MPH, RD



Evolution of the Critical Perspective



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DIET

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"TIMELY, ELEGANT, SEARING... REQUIRED READING FOR ABSOLUTELY EVERYONE."
—ROXANE GAY, AUTHOR OF BAD FEMINIST AND HUNGER

WHAT WE DON'T TALK ABOUT WHEN WE TALK ABOUT FAT

AUBREY GORDON
CREATOR OF YOUR FAT FRIEND

Dismantling Weight Bias in Health Care



- Battling weight centric care and promoting a **weight-inclusive environment**
 - E.g., intuitive eating and movement, stress reduction
- Direct impact on body image and eating pathology
- Ongoing work at St. Paul's Hospital



● Preventing Weight-Based Harm in Primary Care

Date/Time:

February 14, 2024, 12:00-1:30 pm ET

[REGISTER HERE >>](#)

Dismantling Weight Bias in Healthcare



Episode 45: The one about ob*sity ft. Dr. Asher Larmie

LET US EAT CAKE

A podcast dedicated to ditching diet culture, one episode at a time.



LET US EAT CAKE
episode 6: the one about weight

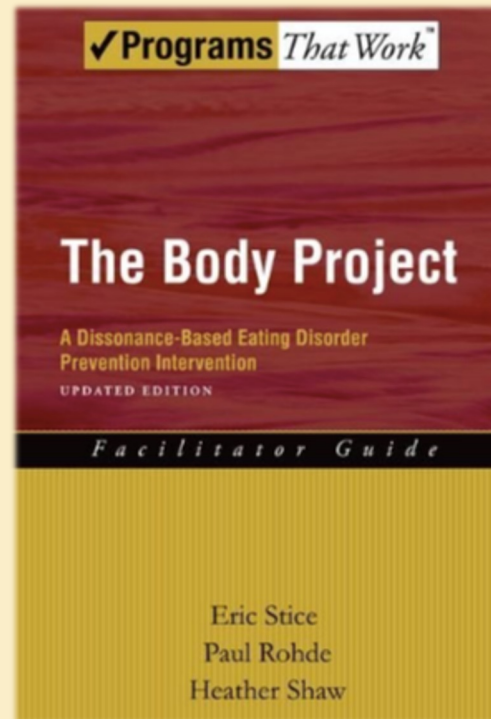
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The Body Project: An Established Eating Disorder Prevention Program



- Meta-analytic review of 56 trials (~8000 participants)
 - Small to moderate effect on body dissatisfaction (Stice et al., 2019)



Targeting Body Image: Clinical Interventions



- **Overview of evidence-based interventions:**
 - 1) CBT for Eating Disorders and Body Image
 - 2) Mindful Self-Compassion



Fairburn's Unified Protocol (CBT-E)



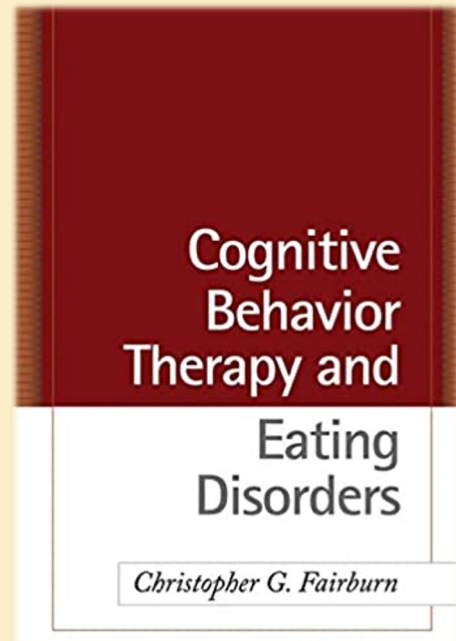
- Designed to work across many eating disorders
- Focus on **behaviours** (restricting, bingeing/purging) and **cognitions** (overvaluation of shape and weight)



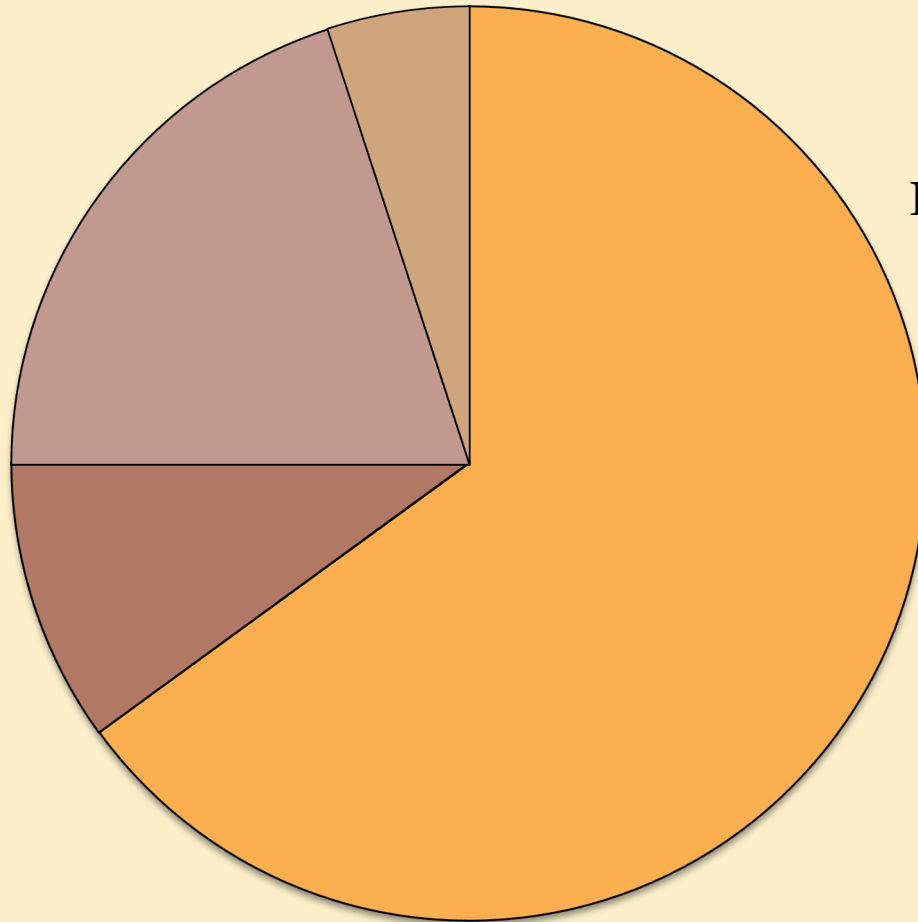
Fairburn's Unified Protocol (CBT-E)



- CBT-E encourages patients with eating disorders to accept the weight/shape that result from treatment (Fairburn, 2013)
 - “To make a full and lasting recovery, you will need to eat at regular intervals through the day, you will need to eat adequate amounts of food through the day, and you will need to make sure you are not avoiding any foods”
 - Recommendation for patients to “accept the weight and shape that result once they have established an active lifestyle, a healthy diet, and regular eating habits”



The Transdiagnostic Perspective: Overvaluation of Shape and Weight



Domains Contributing to Self-Worth

- Shape/weight
- Family
- School
- Other

Eating Disorder Cycle



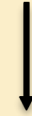
Overvaluation of weight & shape



Efforts to control weight and shape
(e.g., restriction, exercise, purging)



Guilt, fear, shame

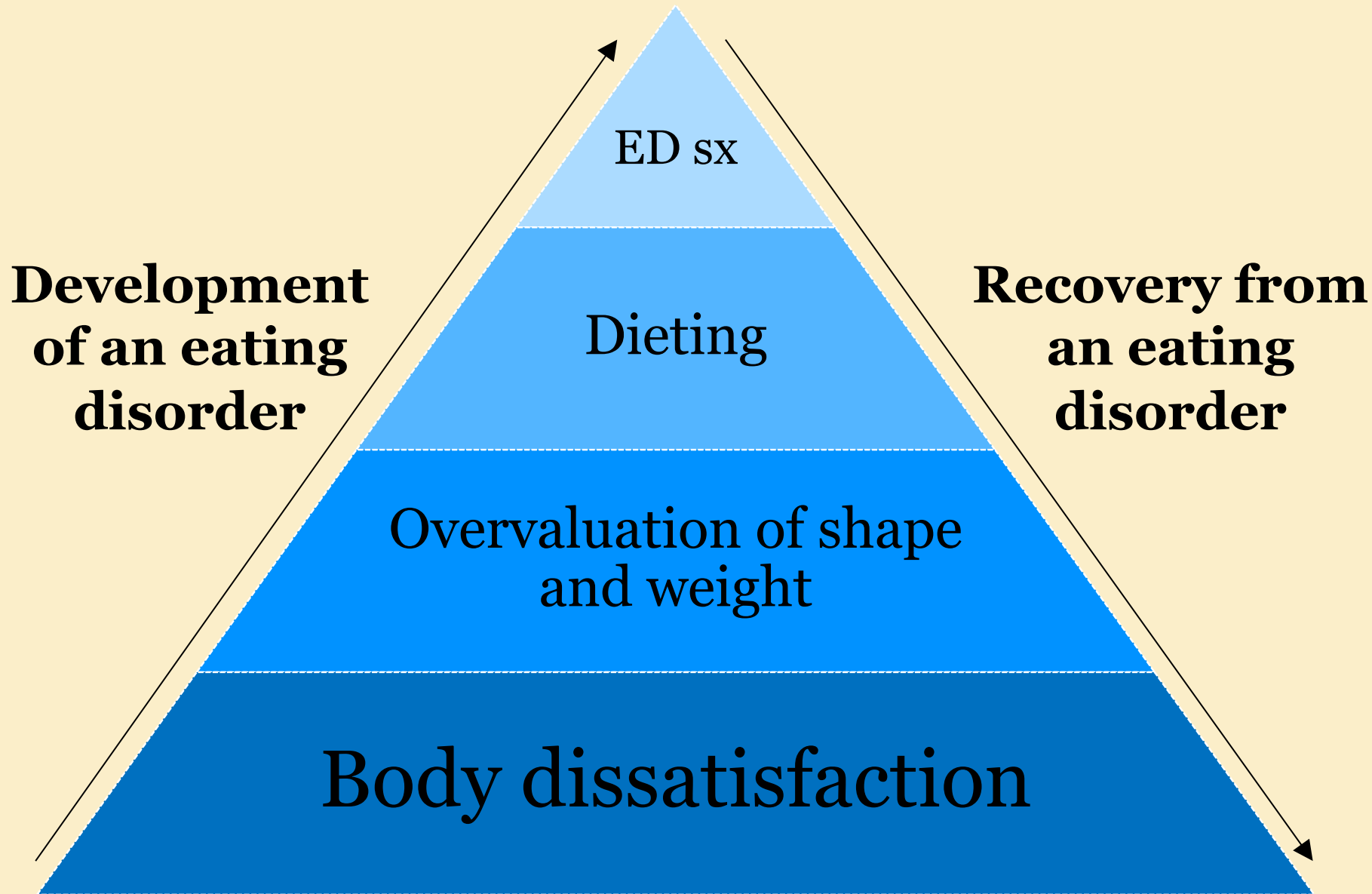


Hunger/craving



Eating disorder behaviours
(e.g., binge eating)





CBT-E MAP

Preparing for CBT-E
(2 or 3 sessions)

Stage One: Starting Well
(Sessions 1 to 7)

Stage Two: Taking Stock
(Session 8 and 9)

Stage Three: Body Image
(Sessions 10 to 17)

Stage Three: Dietary Restraint
(Sessions 10 to 17)

Stage Three: Events, Moods and Eating
(Sessions 10 to 17)

Stage Three: Setbacks and Mindsets
(Sessions 15 to 17)

Stage Four: Ending Well
(Sessions 18 to 20)



CBT for Eating Disorders



- **What do individuals need to recover?**
 - What to expect regarding weight (biggest fear!)
 - What is healthy, normalized eating and activity
 - How to manage anxiety
 - How to stop eating disorder symptoms (e.g., bingeing, purging, restricting)
 - How to deal with body dissatisfaction

CBT for Eating Disorders



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Reflection



Susan decides to lose weight because she knows she'll feel better about herself, look better in her clothing, and have more energy. She decides she wants to lose weight in a healthy way, so she follows an individualized weight-loss plan developed by a dietitian aimed at lowering her calories to achieve a modest weight-loss goal (10-15% of her original body weight). Susan succeeds in losing about 10-15% of her original body weight and proceeds with a weight maintenance plan recommended by her dietitian.

What do you think will happen to Susan's weight over time?

CBT: Psychoeducation



- The body's regulation of weight
 - We each have a biologically preferred weight range that our bodies will actively defend: kicks in strongly at 10-15% weight loss
 - Multiple systems to protect weight - key to our survival:
 - ✦ Body fat and related hormones
 - ✦ Brain (hypothalamus) and many neurochemicals that control appetite
 - ✦ Stomach: senses presence of food and sends messages to brain about when to stop eating

CBT: Psychoeducation



“Having an exact desired weight does not make much sense since it is impossible for the reading on the scale to remain exactly the same. It would be like having an exact desired pulse. We are living organisms and just as one’s pulse naturally fluctuates according to circumstances (e.g., walking up a flight of stairs), so does one’s weight. The parallel with one’s pulse extends further. People who repeatedly check their pulse tend to become concerned about changes that are of no significance. The same is true of frequent weighing. It brings to one’s attention changes in weight that are trivial and of no importance. Also, wanting your weight to be absolutely stable inevitably creates feelings of failure. It is impossible to have a perfectly stable weight.”

– Dr. Christopher Fairburn

The Problem With Poodle Science



CBT: Psychoeducation



- What might happen if Susan tried to live below her natural weight?
 - Tired, irritable, depressed, anxious
 - Preoccupied with food, lack of interest in other things, difficulty concentrating
 - Withdrawal and self-isolation
 - Difficulty sleeping, feeling cold, gastrointestinal problems
 - Drop in metabolism
 - Increased risk of body image concerns and eating pathology, including binge-eating

The Minnesota Starvation Study (Keys et al., 1950)

CBT: Psychoeducation



- The point is...
 - Recovering from an eating disorder and successfully targeting body image involves **letting go of the idea** that weight can and should be controlled
 - INSTEAD, aim to live within healthy eating and activity guidelines and allow biology to assert itself
 - ✦ Let your body take you to its **natural weight**, and learn to **trust your body**

Clinical Research Site: SJHH Eating Disorders Program



- Outpatient Eating Disorders Program
- Individual and group CBT-E throughout the diagnostic spectrum
- Follow-up and body image groups following CBT-E
 - Primarily stratified according to diagnostic classification



St. Joseph's
Healthcare  Hamilton

Preliminary Work



- Belief in controlling weight associated with:
 - Disordered eating
 - Self-esteem
 - **Body dissatisfaction**
- Belief in striving for a healthy lifestyle and accepting natural weight associated with:
 - Protection from disordered eating
 - Self-esteem
 - **Body satisfaction**

Clinical Research Objectives



- 1) Does group CBT for body image, offered to individuals recovering from an eating disorder, result in improved body image and weight control beliefs?
- 2) Do changes in weight control beliefs predict changes in body dissatisfaction from pre- to post-treatment?

Method



- **Participants and procedure:**
 - Adults referred for specialized outpatient treatment (N = 50; 47 women, 3 men, $M_{age} = 36$)
 - Assessment → CBT-E/symptom interruption group → body image for those reaching partial or full remission
 - Diagnostic breakdown at assessment:
 - ✦ N = 19 binge-eating disorder with overvaluation of shape/weight; n = 12 BN, n = 11 OSFED, n = 7 AN, 1 missing diagnosis
 - 80% of eligible patients opted to participate in CBT-BI

Method



- **Measures**

- Eating Disorder Inventory (EDI-2; Garner, 1991)
 - ✦ Body Dissatisfaction subscale
- Weight Control Beliefs Questionnaire (Laliberte et al., 2007)
 - ✦ Belief in Controlling Weight subscale
 - ✦ Belief in Controlling Lifestyle subscale

CBT-BI Group Overview



Session 1 :
Laying the
Foundations for a
Healthy Body Image

CBT-BI Group Overview



Session 1 :
Laying the
Foundations for a
Healthy Body Image

Session 2:
Evaluation and
Challenging Body
Dissatisfaction

Session 2: Three Steps to Shifting Toxic Self-Talk



- **1) Notice**

- Be mindful of speaking negatively to yourself
- What is the impact when these thoughts are allowed to continue?

- **2) Challenge**

- Generate new language (e.g., “I am healthy”, “I am what is natural for me”, “I am letting my appearance matter more than I want to”)

- **3) Refocus**

- Where would your mind be if you did not have body image concerns?



CBT-BI Group Overview



Session 1 :
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Session 2:
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Challenging Body
Dissatisfaction

Session 3:
De-objectifying and
Thinking Realistically

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Session 4:
Body Checking and
Avoidance

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Session 5:
Hierarchies to
Overcome Avoidance

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Session 6:
“Feeling Fat”

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Session 6:
“Feeling Fat”

Session 7:
Dealing with
Other People

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Session 5:
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Session 6:
“Feeling Fat”

Session 7:
Dealing with
Other People

Session 8:
Media, Pictures,
and Clothing

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Session 8:
Media, Pictures,
and Clothing

Session 9:
Spirituality
and Values

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Session 6:
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Session 8:
Media, Pictures,
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Session 9:
Spirituality
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Session 10:
Closing

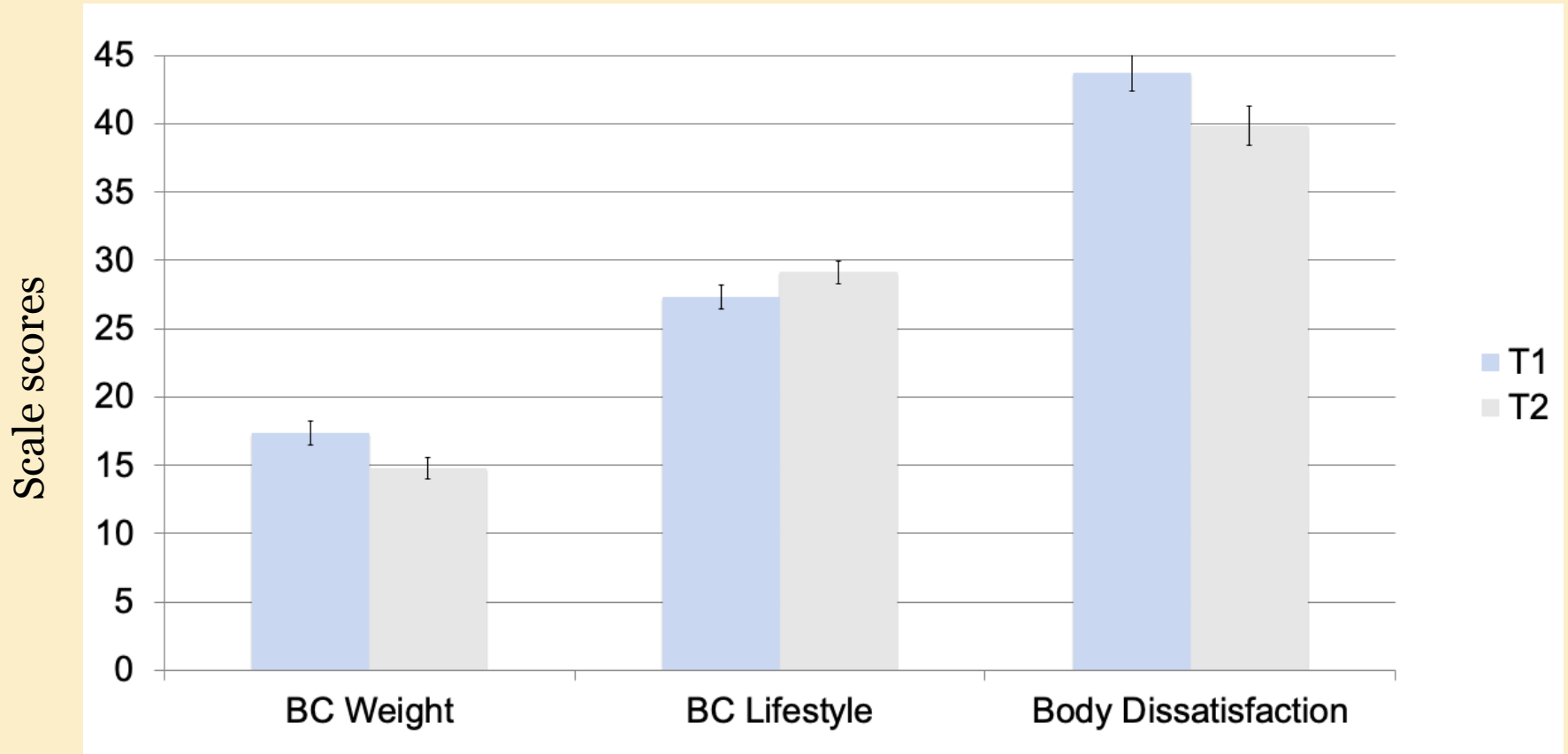
Relationships Between Main Study Variables



	T1 BCWeight	T2 BCWeight	T1 BCLifestyle	T2 BCLifestyle
T1 Body Dissatisfaction	.33*	.25	-.48**	-.38**
T2 Body Dissatisfaction	-.01	.25	-.38**	-.58**

* $p < .05$ ** $p < .01$

Descriptive Findings and Changes in Weight Control Beliefs and Body Dissatisfaction



Measures

Pullmer et al., 2023

Predicting Changes in Body Dissatisfaction Over Time



~~Changes in Belief in
Controlling Weight~~

Changes in Body
Dissatisfaction

Changes in Belief in
Controlling Lifestyle



Clinical Implications

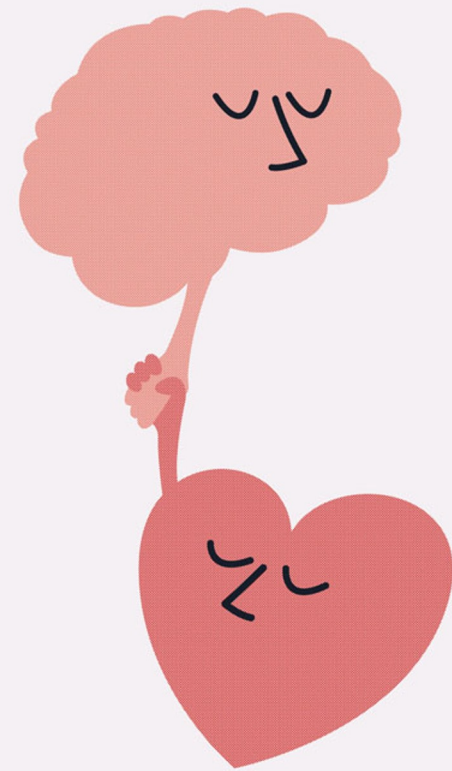


- Findings point to potential importance of a non-dieting, “lifestyle” belief in individuals recovering from an eating disorder
 - Consistent with research on patients with binge-eating disorder (Laliberte et al., 2022)
- Psychoeducation, behavioural experiments, and cognitive restructuring that promotes “lifestyle” beliefs → improved outcomes

BREAK TIME!



STRETCH IT OUT



Targeting Body Image: Self-Compassion



IMAGINE
IF WE OBSESSED
ABOUT THE
THINGS WE
LOVED ABOUT
OURSELVES

Self-Compassion



In its most basic sense, self-compassion is compassion for others directed inward

Self-Compassion



BE KIND to YOURSELF
by KRISTIN NEFF

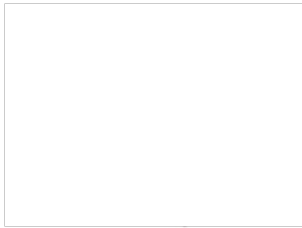
self-compassion

A HAPPY LIFE

1 SELF KINDNESS

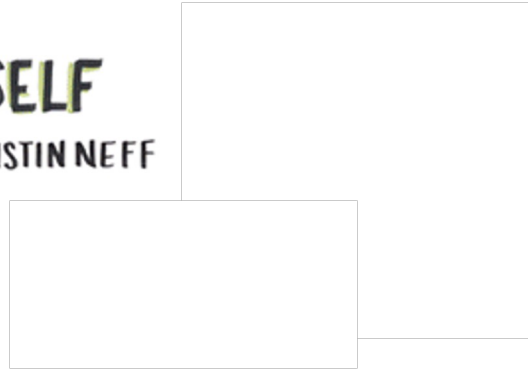
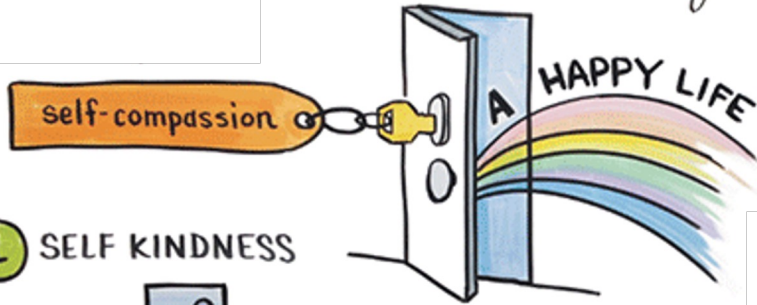
WE ARE AS CARING
TOWARD OURSELVES
AS WE ARE TOWARD
OTHERS

Self-Compassion



BE KIND to YOURSELF

by KRISTIN NEFF



1 SELF KINDNESS



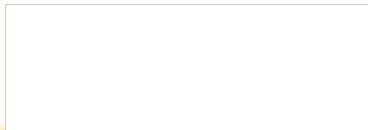
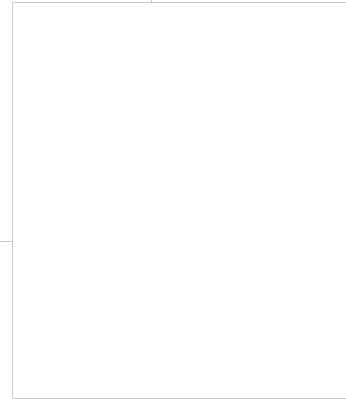
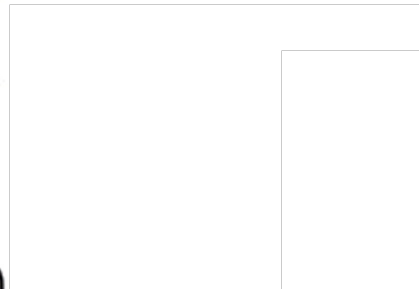
WE ARE AS CARING
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AS WE ARE TOWARD
OTHERS

2 RECOGNIZING OUR COMMON HUMANITY



SHARED HUMAN
EXPERIENCE

MOMENT
of CONNECTION
WITH OTHERS



Self-Compassion



Self-Compassion in Action



Scenario

Arsalan has been under a lot of pressure at his job over the last few weeks with a looming deadline. As the deadline approaches, he realizes that he is quite behind and rushes to finish. In a follow-up meeting with his manager, he is given tough feedback.

Self-Compassion in Action



Self-Judgment

“I can never do anything right. Mistake after mistake... I’m a failure.

It’s only a matter of time before I’m let go. What’s the point in even trying?

I suck at this job.”

Self-Compassion in Action



Self-Judgment

“I can never do anything right. Mistake after mistake... I’m a failure.

It’s only a matter of time before I’m let go. What’s the point in even trying?

I suck at this job.”

vs

Self-Kindness

“This task does not fully define me and is not a measure of my self-worth.

Making mistakes is part of learning.

I have made it this far in my career by being competent and resilient. I will get through this too.”

Self-Compassion in Action



Over-Identification

*“I’m such an anxious person.
My heart won’t stop racing.
It feels like my brain is on
auto-pilot and I just can’t
stop thinking about what this
means for my job and my
future.”*

Self-Compassion in Action



Over-Identification

“I’m such an anxious person. My heart won’t stop racing. It feels like my brain is on auto-pilot and I just can’t stop thinking about what this means for my job and my future.”

vs

Mindfulness

“I feel tightness and heaviness in my chest. I can feel my head throbbing as my mind is racing. This is a natural response to a stressful event. I will try not resist this feeling, but rather lean into the experience, knowing that this too shall pass.”

Self-Compassion in Action



Isolation

“I’m the only one in the company who struggles this much.

Why was I even hired?

My co-workers have no idea what I’m going through.

Self-Compassion in Action



Isolation

“I’m the only one in the company who struggles this much.

Why was I even hired?

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vs

Common Humanity

“I am not the first person, nor will I be the last, to make such a mistake.

Nobody is perfect.

My co-workers have likely had similar experiences; Perhaps I will reach out to them for support.”

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

**Almost
never**

**Almost
always**

1

2

3

4

5

- ____ 1. When I fail at something important to me I become consumed by feelings of inadequacy.
- ____ 2. I try to be understanding and patient towards those aspects of my personality I don't like.
- ____ 3. When something painful happens I try to take a balanced view of the situation.
- ____ 4. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
- ____ 5. I try to see my failings as part of the human condition.
- ____ 6. When I'm going through a very hard time, I give myself the caring and tenderness I need.
- ____ 7. When something upsets me I try to keep my emotions in balance.
- ____ 8. When I fail at something that's important to me, I tend to feel alone in my failure
- ____ 9. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
- ____ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
- ____ 11. I'm disapproving and judgmental about my own flaws and inadequacies.
- ____ 12. I'm intolerant and impatient towards those aspects of my personality I don't like.

Activity & Reflection

- What do you notice while completing the scale?
- Do you find yourself naturally drawn to certain components of self-compassion?
- Do you find yourself resistant to certain components of self-compassion?
- What barriers do you foresee in clinical populations?

(Neff, 2003)

A Brief Review of the Literature



- Eating pathology typically develops in adolescence $\leftarrow \rightarrow$ psychiatric disorders



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- Early prevention is crucial \rightarrow uncover common factors to foster resilience



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- Early prevention is crucial \rightarrow uncover common factors to foster resilience
- Self-compassion predicts mental and physical well-being (Lee et al., 2021; Phillips et al., 2020)



A Brief Review of the Literature



- Eating pathology typically develops in adolescence $\leftarrow \rightarrow$ psychiatric disorders
- Early prevention is crucial \rightarrow uncover common factors to foster resilience
- Self-compassion predicts mental and physical well-being (Lee et al., 2021; Phillips et al., 2020)
- **Self-compassion interventions WORK!** (Ferrari et al., 2019; Turk et al., 2020)



Key Findings From Earlier Work on Self-Compassion



- First longitudinal and clinical studies on self-compassion and body satisfaction/eating pathology in adolescents
- Self-compassion linked with increased body satisfaction and decreased psychological distress and eating pathology

Key Findings From Earlier Work on Self-Compassion



- First longitudinal and clinical studies on self-compassion and body satisfaction/eating pathology in adolescents
- Self-compassion linked with increased body satisfaction and decreased psychological distress and eating pathology
- Psychological distress revealed as a potential mechanism of action in females with and without eating disorders
- Self-compassion lowest in patients with eating disorders and highest in male adolescents

Pullmer et al., 2019a; Pullmer et al., 2019b; Pullmer et al., 2020

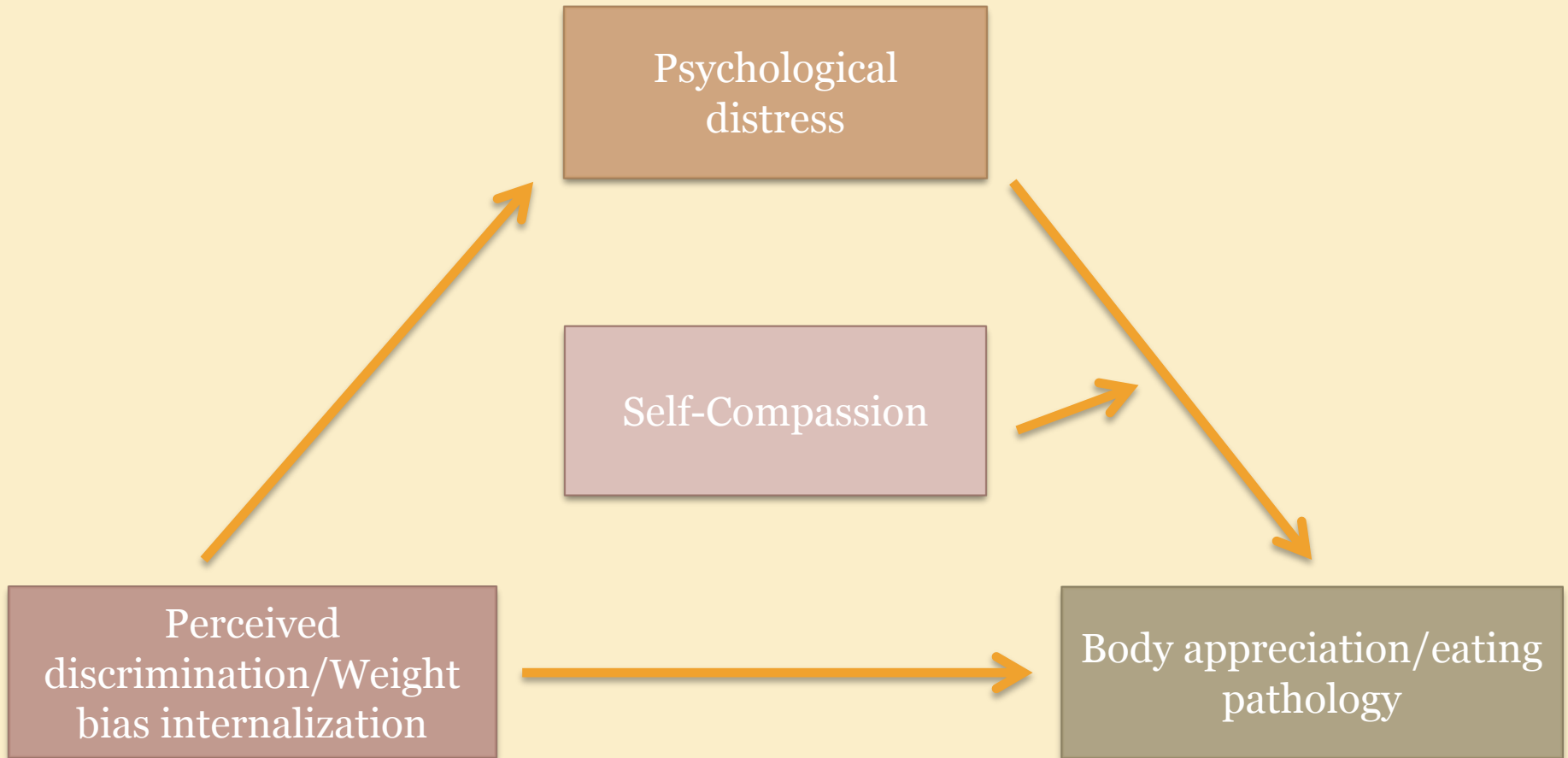
MTURK Study at Yale School of Medicine



- Recruited 750 adults nationwide via MTURK
- Investigating the relationships between perceived discrimination, weight bias internalization, self-compassion, psychological distress, body appreciation and eating pathology



Results



Pullmer et al., 2021

Clinical Implications of the Self-Compassion Literature



> [Behav Res Ther.](#) 2024 Jan 18;174:104480. doi: 10.1016/j.brat.2024.104480.

Online ahead of print.

Cognitive behavioral therapy versus compassion focused therapy for adult patients with eating disorders with and without childhood trauma: A randomized controlled trial in an intensive treatment setting

[KariAnne R Vrabel](#)¹, [Glenn Waller](#)², [Ken Goss](#)³, [Bruce Wampold](#)⁴, [Maren Kopland](#)⁵,
[Asle Hoffart](#)⁵

Affiliations + expand

PMID: 38310672 DOI: [10.1016/j.brat.2024.104480](#)

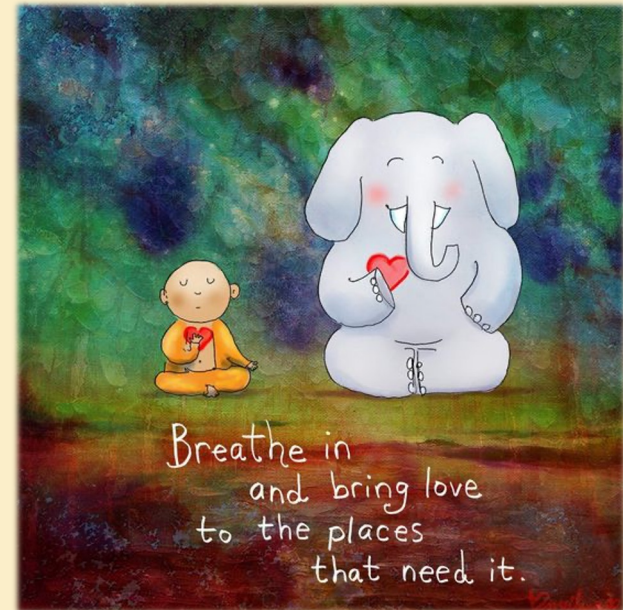
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**HOT OFF
THE
PRESS**

Clinical Implications of the Self-Compassion Literature



- **Brief self-compassion interventions linked to improvements across the lifespan** (Bluth & Eisenlohr Moul, 2017; Neff & Germer, 2013)
 - E.g., self-compassion break, compassionate letter writing, affectionate breathing, compassionate body scan



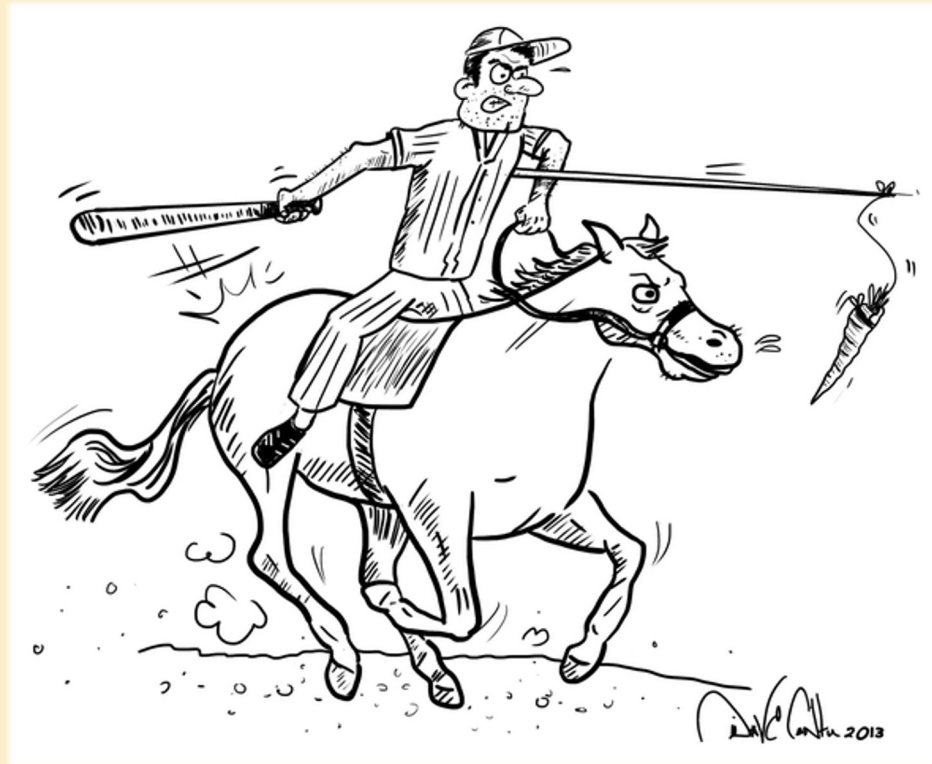
Compassionate Body Scan by Dr. Germer



Myth 1: Self-compassion will just lead me to be lazy and unmotivated



The Carrot **Versus** the Stick



Myth 1: Self-compassion will lead me to be lazy and unmotivated



Self-Criticism <i>“The stick”</i>	Self-Compassion <i>“The carrot”</i>
<ul style="list-style-type: none">- Motivates using fear of failure and shame- In the long-term leads to avoidance behaviours - <i>Increases</i> anxiety, rumination and depression- <i>Increases</i> worthlessness, guilt and shame	<ul style="list-style-type: none">- Motivates using emotional support and innate desire to attain goals- In the long-term leads to resilience and persistence - <i>Decreases</i> anxiety, rumination and depression- <i>Increases</i> self-confidence and self-worth

Myth 2: Self-compassion is too 'fluffy' for me



Alternative phrases

“Inwardly-directed friendliness”

“Inner-strength”

“Taming my inner critic”

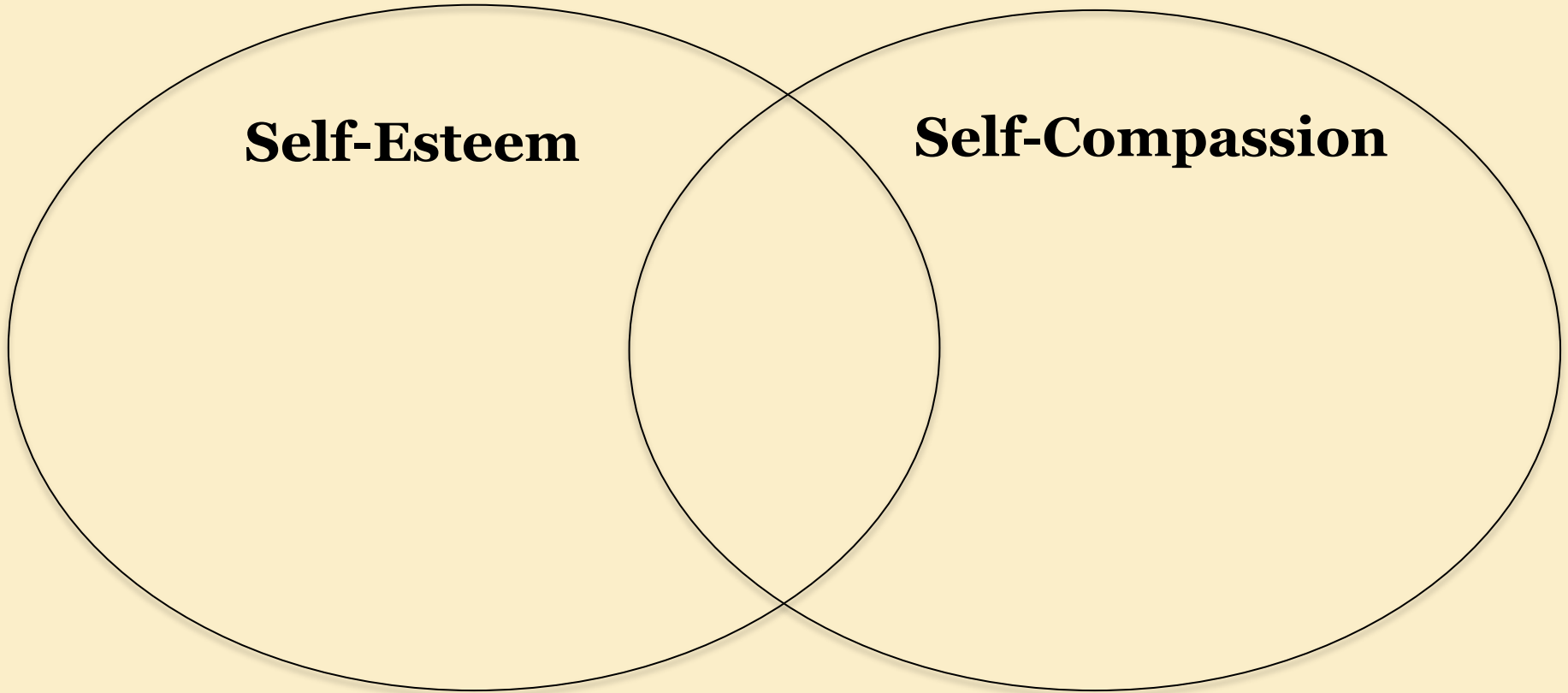
“Taking care of myself”

Myth 3: Self-compassion is no different than self-esteem



Self-Esteem

Self-Compassion



Myth 3: Self-compassion is no different than self-esteem



Self-Esteem

- Can be contingent on external factors

Self-Compassion

- Not evaluation based

Myth 3: Self-compassion is no different than self-esteem



Self-Esteem

- Can be contingent on external factors
- Linked with maladaptive qualities

Self-Compassion

- Not evaluation based

Myth 3: Self-compassion is no different than self-esteem



Self-Esteem

- Can be contingent on external factors
- Linked with maladaptive qualities

Self-Compassion

- Not evaluation based
- Uniquely linked with wellbeing

Myth 4: Self-compassion is selfish



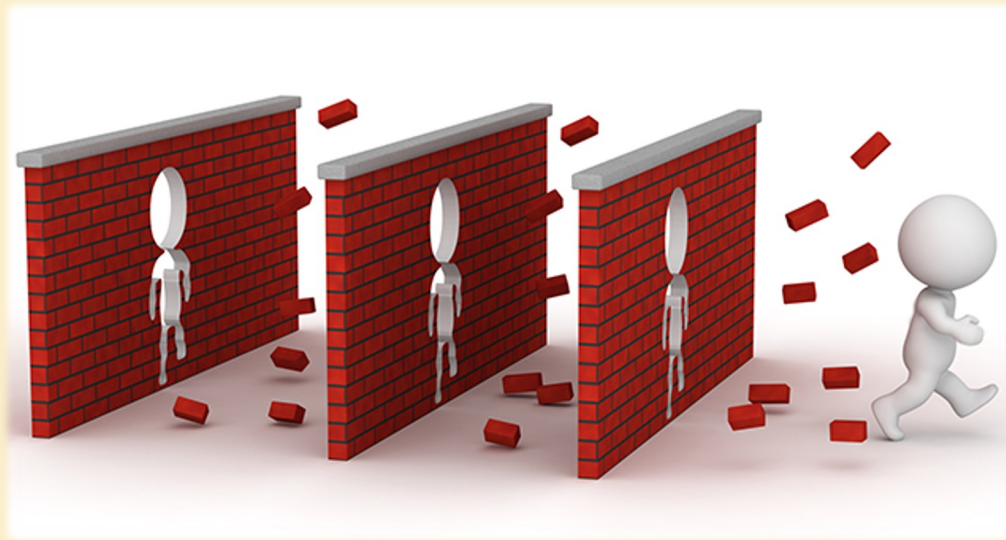
“Think about the times you’ve been lost in the throes of self-criticism. Are you self-focused or other-focused in the moment? Do you have more or fewer resources to give to others?”
– Dr. Kristen Neff



Reflection



What **barriers** might arise when working with patients on body image?



Clinical Barriers in Body Image Work



“I see a fair share of traumatic experiences as encoded in body image (aka the body keeps the score), especially in sexual abuse cases that were repeated and early in life. Part of my gauge for severity of struggle is how much there is a non-differentiated dislike of the body (i.e., “everything about me is gross” - full fusion) versus certain parts that can be accepted or even liked (e.g. “I like my hands but hate my thighs)
– Dr. Theo Elfers, R.Psych.

Clinical Barriers in Body Image Work



- Low motivation to change
- Entrenched in eating disorder behaviours
- Comorbid psychopathology and core beliefs
- High levels of distress
- Strong weight control beliefs
- Systemic weight bias
- Weight bias internalization
- Religious and cultural considerations
- Medical comorbidities (e.g. diabetes, fibromyalgia)
- Shifts in gender identity
- Environment (overtly judgmental surroundings)

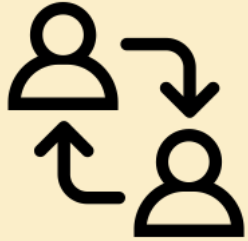
Clinical Barriers in Body Image Work



“Clients who have a parent who was/is highly focused on shape and weight, and who exhibit performance-based self-esteem regarding body image really struggle. When acceptance and love are tied to appearance, it takes so much courage, strength, and clarity to do this work.”

– Dr. Josie Geller, R.Psych.

Patient Centered Approach



Collaborate to name all aspects of identity and address any barriers to change



Practice humility and allow patient to inform you of their story



Explore protective and risk factors, as well as personal narratives from an intersectional lens



View patient as the expert in their experience

What Else Can We Do Moving Forward?



- Consider whether your workplace is inclusive of all bodies
- If you want to learn more about your own biases:
 - <https://implicit.harvard.edu/implicit/takeatest.html>
- If you want to learn more about ditching diet culture and advocating against weight stigma:
 - EatCakePod, Dr. Sabrina Strings, Aubrey Gordon, Christy Harrison (to name a few)

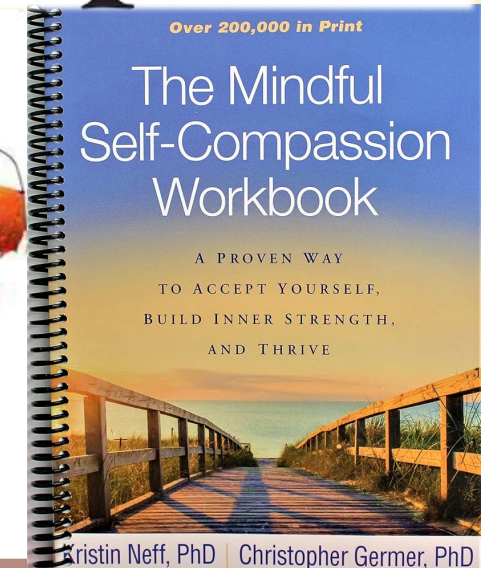
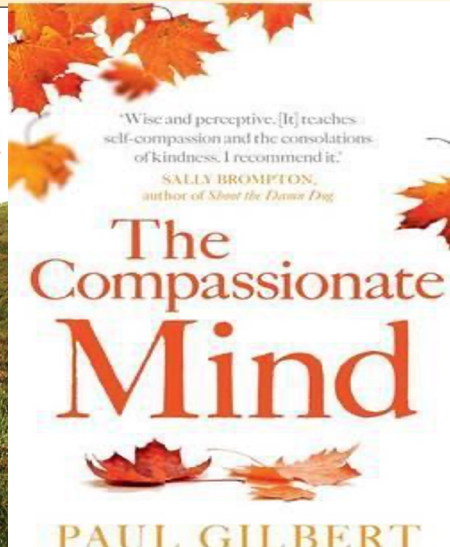
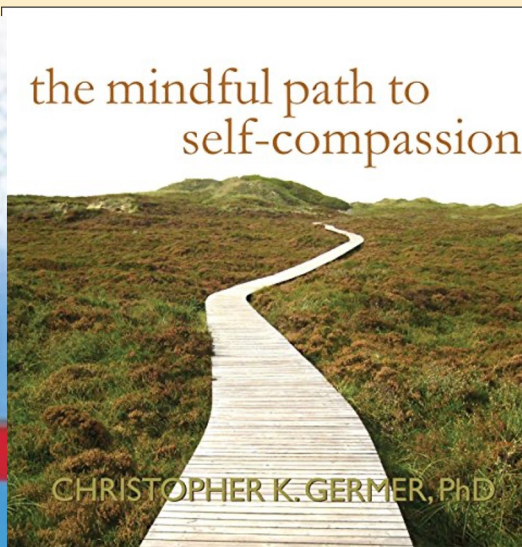
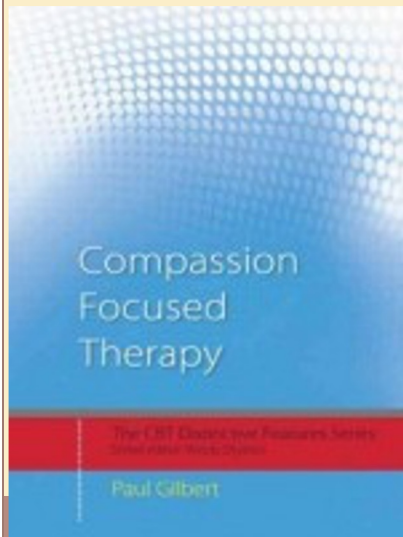
Self-Compassion and Body Image Resources



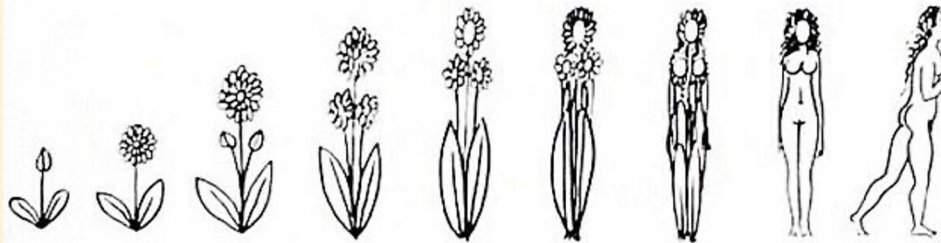
- www.asdah.org
- www.cci.health.wa.gov.au
- www.centerformsc.org
- www.chrisgermer.com
- www.self-compassion.org
- www.compassionatemind.co.uk



Centre for
Clinical
Interventions



Conclusion



“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.’”

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Research teams, participants, mentors, and colleagues!



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WE ARE HIRING A PSYCHOLOGIST!



- St. Paul's Hospital Eating Disorders Program
- Join a large interdisciplinary team and group of four psychologists
- Strengths for this role: some familiarity with eating disorders, ability to lead a variety of groups, experience in a hospital setting
 - Lots of room for supervision and support
- Please contact our psychology practice lead, Dr. Theo Elfers (telfers@providencehealth.bc.ca)

Questions?

