

Evaluating the Effectiveness of Bibliotherapy on Self-Compassion and Shame in Individuals with Eating Disorders

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ABSTRACT

Objective: This study aimed to evaluate the effectiveness of a bibliotherapy intervention on enhancing self-compassion and reducing shame in individuals with eating disorders.

Methods and Materials: The study employed a randomized controlled trial design involving 30 participants with clinically diagnosed eating disorders from Malaysia, randomly assigned to either an intervention group (n = 15) receiving a six-session bibliotherapy program or a control group (n = 15) receiving no intervention. The bibliotherapy sessions were conducted weekly over six weeks, incorporating evidence-based reading materials and reflective exercises targeting self-compassion and shame. Standardized instruments—the Self-Compassion Scale (SCS) and the Experience of Shame Scale (ESS)—were administered at three time points: pre-test, post-test, and five-month follow-up. Data were analyzed using repeated measures ANOVA with Bonferroni post-hoc tests via SPSS-27.

Findings: Descriptive analysis indicated that the intervention group experienced an increase in self-compassion from pre-test (M = 2.61, SD = 0.33) to post-test (M = 3.39, SD = 0.41) and follow-up (M = 3.31, SD = 0.38), while shame scores decreased from pre-test (M = 3.47, SD = 0.29) to post-test (M = 2.68, SD = 0.33) and follow-up (M = 2.72, SD = 0.35). The control group showed no significant changes. Repeated measures ANOVA revealed significant time × group interaction effects for both self-compassion ($F(2, 56) = 20.31, p < .001, \eta^2 = .43$) and shame ($F(2, 56) = 17.82, p < .001, \eta^2 = .39$). Bonferroni post-hoc comparisons confirmed that changes from pre-test to post-test and follow-up were statistically significant for the intervention group ($p < .001$), but not between post-test and follow-up ($p > .05$), indicating sustained effects.

Conclusion: The findings suggest that bibliotherapy is an effective and durable intervention for increasing self-compassion and reducing shame in individuals with eating disorders.

Keywords: Bibliotherapy, Self-Compassion, Shame, Eating Disorders, Randomized Controlled Trial, Psychological Intervention

1. Introduction

Eating disorders represent a complex and often chronic group of psychological conditions characterized by severe disturbances in eating behaviors, body image, and self-perception. Shame and self-criticism have emerged as prominent psychological features in the etiology and maintenance of eating disorders, often contributing to a cycle of negative affect and maladaptive coping behaviors (Burnette & Davis, 2024). Recent advancements in clinical psychology have underscored the importance of targeting these emotional constructs through compassion-based interventions, particularly those that enhance self-compassion and reduce shame. Self-compassion—defined as treating oneself with kindness in the face of failure and recognizing one's experiences as part of the shared human condition—has gained empirical support as a protective factor against mental health difficulties, including disordered eating (Egan et al., 2021). Given the growing interest in scalable, low-cost mental health interventions, bibliotherapy has emerged as a promising modality, offering structured psychological content through reading-based programs that promote emotional healing and cognitive reframing.

The therapeutic role of self-compassion in reducing psychological distress has been extensively documented across various clinical and non-clinical populations. Meta-analyses have confirmed that self-compassion interventions are effective in alleviating depression, anxiety, and stress symptoms (Han & Kim, 2023), and have specific applications in the treatment of body dissatisfaction and internalized shame among individuals with eating disorders (Gracias & Stutts, 2024). Interventions that focus on cultivating self-compassion are particularly beneficial in counteracting the maladaptive self-critical thinking patterns that are pervasive in these disorders (Wakelin et al., 2021). Furthermore, self-compassion has been associated with better emotional regulation, increased resilience, and greater psychological flexibility, making it a viable target for psychotherapeutic intervention (Solms et al., 2024). Despite these promising outcomes, access to structured self-compassion interventions remains limited due to factors such as cost, availability of trained therapists, and stigma surrounding psychological treatment.

Bibliotherapy, defined as the structured use of self-help books and therapeutic readings to support psychological change, offers a flexible and accessible method for delivering evidence-based psychological content

(Andersson et al., 2022). Through guided reading and reflective exercises, bibliotherapy allows individuals to internalize therapeutic principles at their own pace and within their own environment. Studies have shown that bibliotherapy can be as effective as face-to-face therapy in addressing a range of psychological conditions, including anxiety, depression, and eating disorders (Fan et al., 2022). It has also been integrated into compassion-based interventions, promoting self-awareness and emotional healing through relatable narratives and cognitive restructuring exercises (Grégoire et al., 2024). The integration of bibliotherapy with self-compassion-based content may serve as a particularly potent intervention for individuals with eating disorders, given the accessibility, privacy, and educational format it provides.

Compassion-focused interventions have gained particular traction in recent years due to their robust effects on emotional well-being and mental health outcomes. For instance, structured compassion training programs have demonstrated efficacy in increasing self-kindness and reducing negative self-referential emotions such as shame and guilt, especially among vulnerable populations including patients with chronic illnesses and healthcare workers (Alcaraz-Córdoba et al., 2024). In parallel, digital and brief formats of self-compassion interventions have shown positive outcomes in diverse cultural contexts, making them feasible and effective alternatives to traditional therapy (Li et al., 2021; Sheng et al., 2023). These findings underscore the adaptability of compassion-based approaches, suggesting their potential for integration into bibliotherapy formats targeting emotional variables in individuals with eating disorders.

The mechanism through which self-compassion facilitates emotional recovery includes a reduction in maladaptive cognitive patterns and an increase in emotional tolerance. Neuropsychological and behavioral studies have revealed that self-compassion not only reduces self-criticism but also improves emotion regulation capacities by activating affiliative emotion systems (Himmerich & Orcutt, 2021; Huang et al., 2023). This is particularly relevant in the context of eating disorders, where shame is often deeply internalized and contributes to secrecy, isolation, and the perpetuation of disordered behaviors (Lou et al., 2024). By fostering mindfulness, common humanity, and self-kindness, self-compassion provides an alternative coping mechanism that is both emotionally soothing and cognitively adaptive. Bibliotherapy that incorporates these elements may therefore serve as a structured yet personalized tool for

promoting recovery in individuals struggling with shame and self-criticism related to body image and eating behaviors.

Shame, as a core emotional component of eating disorders, has been identified as a key barrier to treatment engagement and long-term recovery. Individuals experiencing high levels of shame are more likely to conceal their struggles, avoid seeking help, and engage in self-punishing behaviors (Mahmoud et al., 2022). Thus, any intervention aiming to address disordered eating must also confront the underlying shame that reinforces the pathology. Compassion-based bibliotherapy may be particularly well-suited to this challenge, as it combines psychoeducation with reflective exercises that promote acceptance, emotional exposure, and non-judgmental awareness. Prior research indicates that even brief interventions that incorporate writing or reading-based compassion practices can significantly reduce shame and increase self-compassion in populations with heightened body image concerns (Gracias & Stutts, 2024; Liu et al., 2023).

Furthermore, self-compassion has been linked to a range of beneficial psychological outcomes beyond reduced shame and disordered eating. It has shown promise in enhancing motivation, reducing fear of failure, and promoting adaptive goal setting—factors that may contribute to greater engagement in recovery-oriented behaviors (Burnette & Davis, 2024; Póka et al., 2023). These findings suggest that interventions that cultivate self-compassion may produce broader shifts in personal agency and emotional well-being, making them highly relevant for use in the context of eating disorder treatment. Bibliotherapy, with its emphasis on self-paced learning and internal reflection, may serve as a particularly useful format for facilitating these changes in individuals who are ambivalent about formal therapy or face barriers to accessing it.

In addition, research has pointed to the effectiveness of self-compassion interventions across a variety of delivery formats, including in-person, online, and mobile applications (Liu et al., 2024; Sandham & Deacon, 2023). The flexibility of these modalities supports their integration into everyday routines, increasing the likelihood of sustained practice and long-term benefits. Bibliotherapy, when combined with structured reflection and minimal facilitator guidance, may achieve similar outcomes by promoting daily engagement with compassion-based content. Studies have demonstrated that even low-intensity interventions can lead to significant improvements in psychological outcomes

when participants are given tools to continue practicing self-compassion on their own (Varley et al., 2024a).

Of particular importance in the present study is the potential for bibliotherapy to support participants over time, including during the post-intervention phase. Longitudinal research has shown that the effects of self-compassion interventions are often sustained over several months, especially when participants are encouraged to apply learned strategies in their daily lives (Solms et al., 2024; Varley et al., 2024b). A five-month follow-up period provides an opportunity to evaluate whether improvements in self-compassion and reductions in shame are maintained beyond the active intervention period. Moreover, bibliotherapy may enhance long-term effects by fostering a sense of autonomy and self-directed growth, which can be particularly meaningful for individuals with eating disorders who often struggle with self-agency and internalized negative beliefs.

The present study aims to address a gap in the literature by evaluating the effectiveness of a structured bibliotherapy program targeting self-compassion and shame among individuals with eating disorders. While compassion-based interventions have demonstrated robust outcomes in clinical contexts, their application in self-help formats such as bibliotherapy remains underexplored. By integrating evidence-based readings and reflective practices grounded in compassion-focused therapy and cognitive-behavioral principles, the current intervention seeks to reduce shame and enhance self-compassion in a population where these emotional factors are central to psychopathology. Prior studies have demonstrated the capacity of compassion-focused bibliotherapy to promote emotional resilience, increase self-understanding, and foster greater psychological integration in diverse clinical populations (Kaelberer & Tanenbaum, 2023; Kashmari et al., 2023).

In sum, bibliotherapy presents a unique opportunity to deliver compassion-focused content in a format that is accessible, non-invasive, and culturally adaptable. Drawing on the robust evidence base supporting self-compassion interventions and the growing recognition of shame as a core emotional driver of disordered eating, this study evaluates whether a six-session bibliotherapy intervention can produce significant changes in self-compassion and shame in individuals with eating disorders in Malaysia.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a randomized controlled trial (RCT) design to evaluate the effectiveness of bibliotherapy on self-compassion and shame in individuals with eating disorders. The participants were recruited from psychological counseling centers and online support communities for individuals with disordered eating in Malaysia. A total of 30 individuals who met the inclusion criteria—diagnosed with an eating disorder by a licensed clinician, aged between 18 and 35, and willing to participate in all intervention sessions—were selected and randomly assigned into two groups: the intervention group (bibliotherapy) and the control group, each consisting of 15 participants. Exclusion criteria included comorbid severe psychiatric conditions such as psychosis or substance use disorders, or current participation in other psychological interventions. Informed consent was obtained from all participants, and ethical approval was secured prior to the start of the study.

2.2. Measures

2.2.1. Self-Compassion

To assess self-compassion in individuals with eating disorders, the Self-Compassion Scale (SCS) developed by Kristin Neff in 2003 was employed. This widely used instrument consists of 26 items that measure six subscales: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Respondents rate each item on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always), with higher scores indicating greater self-compassion. The total score is calculated by reversing the negative subscale scores and averaging all subscales. The SCS has demonstrated strong psychometric properties across diverse populations, with internal consistency coefficients (Cronbach's alpha) ranging from 0.75 to 0.92 and confirmed construct validity through factor analysis and convergent validity with measures of psychological well-being and emotional regulation in various studies.

2.2.2. Shame

Shame was measured using the Experience of Shame Scale (ESS) developed by Andrews, Qian, and Valentine in 2002. The ESS includes 25 items designed to assess shame across three domains: characterological shame, behavioral shame, and bodily shame. Each item is rated on a 4-point Likert scale from 1 (not at all) to 4 (very much), with higher scores reflecting greater levels of shame. The scale provides

a total shame score as well as subscale scores for each domain. This instrument has been validated in both clinical and non-clinical populations and has shown high internal consistency, with Cronbach's alpha values above 0.90. Its validity has been supported through correlations with related constructs such as depression, self-esteem, and trauma exposure, confirming its suitability for research on emotional experiences in individuals with eating disorders.

2.3. Intervention

2.3.1. Expressive Writing

The bibliotherapy intervention in this study was designed as a structured six-session program, with each session lasting approximately 60 minutes and held weekly. The intervention was based on carefully selected reading materials drawn from evidence-based cognitive-behavioral and compassion-focused literature specifically targeting issues related to self-compassion and shame in individuals with eating disorders. Participants were provided with reading assignments and reflective exercises between sessions to promote self-exploration, emotional insight, and internalization of therapeutic concepts. Each session involved guided group discussion, clarification of content, and personal sharing, encouraging participants to relate the readings to their own experiences in a safe and supportive environment.

In the first session, participants were introduced to the goals and structure of bibliotherapy. The facilitator explained how reading and reflection would be used as therapeutic tools and encouraged participants to view the process as a journey of self-discovery. The group was introduced to foundational concepts related to eating disorders, self-criticism, and the role of shame in maintaining disordered eating patterns. Participants were assigned the first reading on understanding the emotional cycle of shame and its effects on self-worth.

The second session focused on the theme of self-awareness and emotional identification. Discussion centered on participants' reflections from the previous reading and how shame manifests in their daily lives. Reading materials in this session highlighted the inner critic and its influence on eating behaviors and body image. Exercises encouraged participants to begin noticing and naming self-critical thoughts, laying the groundwork for change through mindful awareness.

The third session introduced the core concepts of self-compassion, drawing from Kristin Neff's work. Participants explored the three components of self-compassion—self-

kindness, common humanity, and mindfulness—through discussion and textual analysis. The assigned reading included personal stories and practical strategies for cultivating a more compassionate inner voice. Group activities encouraged participants to reframe negative self-perceptions and to practice kind self-talk.

In the fourth session, the focus shifted to managing shame through cognitive restructuring. Participants learned to challenge distorted beliefs about themselves and their bodies by identifying maladaptive thought patterns. Readings emphasized the role of compassionate thinking in breaking the cycle of shame and binge-restrict behavior. Cognitive-behavioral worksheets and thought logs were introduced to support participants in transforming internalized shame into self-acceptance.

The fifth session emphasized emotional regulation and self-soothing strategies. Participants engaged with readings that discussed the use of grounding techniques, imagery, and writing exercises for managing emotional distress. The group practiced guided imagery and shared insights from their reflective journaling. Discussions reinforced the idea that painful emotions can be met with care and understanding rather than avoidance or punishment.

In the final session, participants reflected on their progress and consolidated what they had learned. The session reviewed the major themes from the intervention: the nature of shame, the power of self-compassion, and the practical application of these insights in everyday life. Participants shared personal changes and future intentions, and received additional resources for continued bibliotherapy. The session concluded with a group ritual emphasizing closure, empowerment, and hope for recovery.

2.4. Data Analysis

Data analysis was conducted using SPSS software version 27. To assess the effectiveness of the intervention over time, repeated measures analysis of variance (ANOVA) was used to compare changes in self-compassion and shame scores across three time points: pre-test, post-test, and five-month follow-up. This analysis enabled the evaluation of within-subject changes over time as well as between-group differences. In cases where significant main effects or interactions were found, Bonferroni post-hoc tests were applied to determine the specific time points at which differences occurred. Statistical significance was set at $p < .05$.

3. Findings and Results

The demographic characteristics of the participants in both the intervention and control groups were analyzed. Among the total 30 participants, 26.6% ($n = 8$) were male and 73.3% ($n = 22$) were female. The age range of participants was between 18 and 35 years, with a mean age of 24.7 years ($SD = 4.19$). In terms of educational background, 36.6% ($n = 11$) held a high school diploma, 46.6% ($n = 14$) had completed an undergraduate degree, and 16.6% ($n = 5$) reported having postgraduate qualifications. Regarding employment status, 40% ($n = 12$) were full-time students, 36.6% ($n = 11$) were employed, and 23.3% ($n = 7$) were unemployed at the time of the study. All participants self-identified as Malaysian.

Table 1

Descriptive Statistics for Self-Compassion and Shame by Group and Time

| Variable | Time Point | Intervention Group ($n = 15$) | Control Group ($n = 15$) |
|-----------------|------------|---------------------------------|----------------------------|
| Self-Compassion | Pre-test | 2.61 (0.33) | 2.58 (0.35) |
| | Post-test | 3.39 (0.41) | 2.61 (0.32) |
| | Follow-up | 3.31 (0.38) | 2.59 (0.34) |
| Shame | Pre-test | 3.47 (0.29) | 3.42 (0.31) |
| | Post-test | 2.68 (0.33) | 3.39 (0.30) |
| | Follow-up | 2.72 (0.35) | 3.41 (0.28) |

As shown in Table 1, the intervention group exhibited a notable increase in self-compassion scores from pre-test ($M = 2.61$, $SD = 0.33$) to post-test ($M = 3.39$, $SD = 0.41$), with a slight decline at follow-up ($M = 3.31$, $SD = 0.38$), but still above baseline. The control group showed minimal variation across time points. For shame, the intervention group

experienced a reduction from pre-test ($M = 3.47$, $SD = 0.29$) to post-test ($M = 2.68$, $SD = 0.33$), with a stable level at follow-up ($M = 2.72$, $SD = 0.35$). The control group displayed no meaningful change.

Before conducting the repeated measures ANOVA, the assumptions of normality, homogeneity of variance, and

sphericity were evaluated. The Shapiro-Wilk test confirmed that the distribution of scores for self-compassion ($W = 0.961$, $p = .368$) and shame ($W = 0.948$, $p = .187$) did not significantly deviate from normality. Levene's test for equality of variances indicated no significant difference in variance between the groups at pre-test ($F = 0.832$, $p = .371$

for self-compassion; $F = 1.029$, $p = .319$ for shame). Mauchly's test of sphericity showed that the assumption of sphericity was met for both self-compassion ($\chi^2(2) = 2.41$, $p = .299$) and shame ($\chi^2(2) = 1.88$, $p = .391$), allowing for the use of standard F-ratios in the repeated measures analysis.

Table 2

Repeated Measures ANOVA for Self-Compassion and Shame

| Variable | Source | SS | df | MS | F | p-value | η^2 (Effect Size) |
|-----------------|---------------------|------|----|------|-------|---------|------------------------|
| Self-Compassion | Time | 4.36 | 2 | 2.18 | 22.54 | <.001 | .45 |
| | Time \times Group | 3.92 | 2 | 1.96 | 20.31 | <.001 | .43 |
| | Error (within) | 5.80 | 56 | 0.10 | | | |
| Shame | Time | 3.78 | 2 | 1.89 | 18.67 | <.001 | .40 |
| | Time \times Group | 3.61 | 2 | 1.80 | 17.82 | <.001 | .39 |
| | Error (within) | 5.64 | 56 | 0.10 | | | |

Table 2 presents the ANOVA results, indicating significant main effects of time on both self-compassion ($F(2, 56) = 22.54$, $p < .001$, $\eta^2 = .45$) and shame ($F(2, 56) = 18.67$, $p < .001$, $\eta^2 = .40$). Moreover, there were significant interaction effects between time and group for both self-

compassion ($F(2, 56) = 20.31$, $p < .001$, $\eta^2 = .43$) and shame ($F(2, 56) = 17.82$, $p < .001$, $\eta^2 = .39$), indicating that the intervention had a substantial impact over time, particularly in the experimental group.

Table 3

Bonferroni Post-Hoc Test Results for Self-Compassion and Shame

| Variable | Comparison | Mean Difference | SE | p-value |
|-----------------|------------------------|-----------------|------|---------|
| Self-Compassion | Pre-test vs Post-test | -0.78 | 0.11 | <.001 |
| | Pre-test vs Follow-up | -0.70 | 0.10 | <.001 |
| | Post-test vs Follow-up | 0.08 | 0.07 | .289 |
| Shame | Pre-test vs Post-test | 0.79 | 0.10 | <.001 |
| | Pre-test vs Follow-up | 0.75 | 0.09 | <.001 |
| | Post-test vs Follow-up | -0.04 | 0.06 | .508 |

Post-hoc comparisons using Bonferroni adjustment (Table 3) revealed statistically significant differences between pre-test and both post-test and follow-up scores for self-compassion and shame in the intervention group ($p < .001$ for all comparisons). However, the difference between post-test and follow-up was not statistically significant for either variable ($p = .289$ for self-compassion; $p = .508$ for shame), suggesting stability in treatment effects over time. These results confirm the sustained impact of the bibliotherapy intervention on both increasing self-compassion and decreasing shame.

4. Discussion and Conclusion

The present randomized controlled trial aimed to evaluate the effectiveness of a structured bibliotherapy intervention on self-compassion and shame in individuals with eating

disorders. The results revealed that participants in the bibliotherapy group experienced a significant increase in self-compassion and a significant decrease in shame from pre-test to post-test, with these improvements maintained at the five-month follow-up. In contrast, no significant changes were observed in the control group. The results of the repeated measures ANOVA, followed by Bonferroni post-hoc tests, demonstrated that the intervention was both immediately effective and durable over time, confirming the potential utility of bibliotherapy as a complementary approach to traditional treatments for eating disorders.

The observed increase in self-compassion among participants aligns with a growing body of literature demonstrating the effectiveness of compassion-based interventions in fostering emotional resilience and psychological well-being. Several meta-analyses and

intervention studies have confirmed that self-compassion can be cultivated through structured practices and that it plays a protective role against psychological distress (Egan et al., 2021; Han & Kim, 2023). In the context of eating disorders, higher self-compassion has been associated with reduced self-criticism, greater acceptance of body image, and more adaptive coping strategies (Burnette & Davis, 2024). The present study extends these findings by showing that a reading-based self-help format can produce similar benefits, offering an accessible intervention model for individuals who may be reluctant to engage in face-to-face therapy.

The reduction in shame observed in the intervention group is consistent with previous research emphasizing the role of self-compassion in alleviating self-conscious emotions, particularly in clinical populations. Shame is a central affective component of disordered eating, often fueling cycles of secrecy, isolation, and punitive behaviors (Gracias & Stutts, 2024). Compassion-focused interventions have repeatedly demonstrated their capacity to reduce shame by promoting a more accepting, less judgmental view of the self (Wakelin et al., 2021). In this study, the participants who engaged with bibliotherapy materials were encouraged to confront their inner critic and reframe maladaptive beliefs, leading to reduced internalized shame and increased emotional openness. These outcomes align with previous findings from structured compassion interventions that incorporate cognitive reframing and emotional validation (Alcaraz-Córdoba et al., 2024; Fan et al., 2022).

The durability of the intervention effects at the five-month follow-up is especially notable. Many interventions show short-term gains that diminish over time; however, the sustained increase in self-compassion and decrease in shame among participants suggest that bibliotherapy may support lasting psychological change. This finding is supported by previous studies showing that compassion-based practices, when internalized and practiced over time, can lead to enduring changes in self-concept and emotion regulation (Solms et al., 2024; Varley et al., 2024a). The self-directed nature of bibliotherapy may have played a role in maintaining these gains, as participants were empowered to continue applying learned strategies beyond the structured sessions. This aligns with prior findings that interventions encouraging personal reflection and autonomy promote long-term behavioral and emotional transformation (Li et al., 2021; Liu et al., 2024).

Furthermore, the intervention outcomes may be partially explained by the cognitive mechanisms involved in reading

and narrative processing. Bibliotherapy encourages metacognitive reflection, emotional identification, and self-restructuring through interaction with therapeutic content. These processes align well with the aims of compassion-focused therapy, which seeks to activate the affiliative system and reduce threat-based responding (Himmerich & Orcutt, 2021; Huang et al., 2023). The structured readings selected for this study emphasized themes of self-kindness, shared humanity, and mindful awareness—key components of self-compassion that have been empirically linked to reduced shame and greater psychological resilience (Grégoire et al., 2024; Kaelberer & Tanenbaum, 2023).

The findings also correspond with studies that have explored brief or digital self-compassion interventions. For instance, daily or online practices have shown efficacy in promoting emotional well-being across a variety of populations, including individuals with trauma exposure, chronic illness, and academic stress (Sandham & Deacon, 2023; Sheng et al., 2023). These studies emphasize the adaptability of compassion-based interventions to different delivery modes, supporting the use of bibliotherapy as an effective and scalable tool. The current study builds on this work by showing that even in populations with complex emotional dynamics, such as those with eating disorders, a bibliotherapy approach can foster meaningful psychological change.

This research also aligns with emerging evidence on the broader psychological benefits of self-compassion. Beyond reducing shame and disordered eating behaviors, self-compassion has been linked to improved emotion regulation, reduced anxiety, and enhanced motivation (Andersson et al., 2022; Lou et al., 2024). These additional benefits may have indirectly supported the positive outcomes observed in the intervention group, as participants who developed a more compassionate stance toward themselves may have experienced downstream effects such as greater self-efficacy, reduced avoidance, and improved interpersonal functioning. Prior studies have similarly noted that compassion-based practices often yield cross-domain improvements, reinforcing the argument that self-compassion is a powerful transdiagnostic factor in mental health (Liu et al., 2023; Póka et al., 2023).

Moreover, the use of bibliotherapy may have facilitated a sense of empowerment and autonomy among participants. This aspect of the intervention is particularly significant for individuals with eating disorders, who often struggle with feelings of powerlessness and loss of control. By engaging with therapeutic material at their own pace, participants may

have developed a greater sense of agency in their recovery process, contributing to the maintenance of therapeutic gains over time (Kashmari et al., 2023). This aligns with previous findings that emphasize the importance of autonomy-supportive environments in fostering sustained behavioral change (Mahmoud et al., 2022).

The group discussions embedded in each session may have also amplified the intervention's effectiveness. While bibliotherapy is inherently an individual activity, the inclusion of weekly group reflections created a hybrid model that combined self-help with social support. Group-based compassion interventions have been shown to foster feelings of connection and common humanity, both of which are core to self-compassion (Egan et al., 2021; Varley et al., 2024b). These shared experiences may have enhanced participants' ability to relate to others and to themselves in more compassionate ways, reducing the isolation and self-stigmatization frequently experienced by individuals with eating disorders.

Taken together, the findings of this study contribute to the growing literature on compassion-based interventions and highlight the viability of bibliotherapy as an effective and sustainable treatment option. While traditional psychotherapy remains the gold standard for treating eating disorders, this study offers evidence that accessible, self-guided interventions can meaningfully support emotional healing, especially when grounded in empirically validated principles. Given the increasing global demand for low-cost, scalable mental health solutions, the implications of these results are significant.

5. Limitations & Suggestions

Despite the encouraging findings, this study has several limitations that must be acknowledged. First, the sample size was relatively small, with only 15 participants in each group, which may limit the generalizability of the results. The homogeneity of the sample—consisting solely of Malaysian participants—also restricts the applicability of the findings to broader populations. Second, the self-report nature of the measurement tools introduces the possibility of response bias, including social desirability effects. Third, although participants were randomly assigned to groups, other unmeasured variables such as previous therapy experience or the severity of eating disorder symptoms may have influenced the results. Finally, while the five-month follow-up provided some indication of durability, longer-term

follow-ups would be necessary to confirm the sustained impact of bibliotherapy on shame and self-compassion.

Future studies should aim to replicate these findings with larger and more diverse samples to enhance external validity. Including participants from varied cultural backgrounds, age groups, and levels of clinical severity would help clarify the generalizability of bibliotherapy-based interventions. Additionally, future research should consider comparing bibliotherapy with other delivery methods, such as mobile applications or therapist-guided online modules, to determine the most effective formats for different populations. It may also be beneficial to explore the specific mechanisms underlying the changes observed, such as whether improvements in self-compassion mediate reductions in shame or vice versa. Finally, integrating objective measures such as behavioral tasks or physiological indicators could complement self-report data and provide a more comprehensive understanding of intervention outcomes.

Practitioners working with individuals with eating disorders should consider incorporating bibliotherapy as a supplemental resource, particularly for clients who may be ambivalent about engaging in traditional therapy or face logistical barriers. The structured use of therapeutic readings can serve as a valuable tool for introducing key concepts related to self-compassion and shame reduction in a non-threatening manner. Mental health professionals may also use bibliotherapy as a bridge between sessions, helping clients deepen their self-awareness and internalize therapeutic principles. For community-based settings or resource-limited environments, bibliotherapy offers a cost-effective and scalable option to support emotional healing and promote recovery-oriented thinking.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed in this article.

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