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

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## 1. Round 1

# 1.1. Reviewer 1

### Reviewer:

In paragraph 2 of the Introduction, the phrase "Meta-analyses have confirmed that self-compassion interventions are effective..." should be followed by clearer specification of the populations included in those meta-analyses. Were they predominantly clinical, subclinical, or general populations?

In the sentence "Bibliotherapy... offers a flexible and accessible method..." (paragraph 3), it would be beneficial to briefly contrast bibliotherapy with other low-cost interventions like digital CBT or mindfulness apps, to establish its relative advantages.

The statement in paragraph 4, "structured compassion training programs have demonstrated efficacy..." could benefit from identifying the typical duration, delivery format, and effect sizes in those programs for better contextualization.

In the Methods section, under "Study Design and Participants," the phrase "diagnosed with an eating disorder by a licensed clinician" would benefit from clarification on the specific diagnostic criteria used (e.g., DSM-5) and whether structured clinical interviews were administered.

The exclusion criteria state "comorbid severe psychiatric conditions," but there is no mention of how these conditions were assessed or ruled out. Please clarify the assessment process for exclusion.



In the "Self-Compassion" subsection, while the use of the Self-Compassion Scale (SCS) is appropriate, the scoring process—particularly reverse scoring for negative subscales—should be briefly explained for transparency.

In the third session description, the phrase "drawing from Kristin Neff's work" should be accompanied by a citation and a brief explanation of the exercises adapted (e.g., loving-kindness meditation, letter writing, etc.).

In the Data Analysis section, assumptions of normality and sphericity are checked, but there is no mention of how missing data (if any) were handled across the three time points. Please clarify if there was any attrition and how it was managed.

The paragraph preceding Table 2 reports the results of Mauchly's test, but this test is known to be underpowered with small samples. Please address whether Greenhouse-Geisser correction was considered or applied as a robustness check.

The description of Table 3 states that "the difference between post-test and follow-up was not statistically significant," yet a clinical interpretation of the slight reduction in self-compassion and increase in shame (although non-significant) would enhance the discussion. Please include a brief analysis of potential reasons for this trend.

Authors revised and uploaded the document.

#### 1.2. Reviewer 2

#### Reviewer:

In the paragraph beginning "The mechanism through which self-compassion facilitates emotional recovery...", the authors mention "neuropsychological and behavioral studies" but do not cite any neuroscience-specific findings. Please include at least one neuroimaging or physiological study to support this claim.

In the final paragraph of the Introduction, the phrase "bibliotherapy presents a unique opportunity..." is broad. The uniqueness should be more critically evaluated—what specifically distinguishes bibliotherapy from other self-help modalities in the context of eating disorders?

In the "Shame" subsection, the Experience of Shame Scale (ESS) is introduced, but there is no mention of its cultural adaptation or validation for use in the Malaysian population. Please clarify whether a validated Malay version was used or whether linguistic adaptation was conducted.

The description of the intervention in the "Expressive Writing" section blends bibliotherapy with group discussion. This raises questions about whether the intervention is purely bibliotherapy or a hybrid model. Please clarify and consider modifying the article title or intervention description accordingly.

In the first session description, the term "emotional cycle of shame" is used. Please specify the source or theoretical model this cycle is based on, such as Gilbert's compassion-focused therapy framework.

In Table 1 and its accompanying paragraph, the control group's slight variation in scores is described as "minimal," but it would be helpful to report whether these small differences were tested for significance, even if non-significant.

Authors revised and uploaded the document.

#### 2. Revised

Editor's decision after revisions: Accepted. Editor in Chief's decision: Accepted.

