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The Role of Compassion-Focused Therapy in Treating Eating Disorders

Maryam. Hashemi[1], Arash. Nouri[1*], Sheida. Moradi[1]

[1] Department of Health Psychology, Kharazmi University, Tehran, Iran

*** Corresponding author email address**: arash.nouri.health@gmail.com

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A B S T R A C T

This study aims to explore the role of Compassion-Focused Therapy (CFT) in treating eating disorders, focusing on its impact on emotional healing, behavioral changes, cognitive shifts, and social and relational growth. The study employed a qualitative research design, recruiting 19 participants through purposive sampling. Participants were adults diagnosed with an eating disorder who had completed at least six sessions of CFT. Data were collected using semi-structured interviews, which were transcribed verbatim and analyzed using Braun and Clarke's thematic analysis. Thematic saturation was achieved, ensuring comprehensive coverage of the participants' experiences and insights. The analysis revealed four main themes: emotional healing, behavioral changes, cognitive shifts, and social and relational growth. Participants reported significant improvements in self-compassion, emotional regulation, and reduced self-criticism. Behavioral changes included improved eating habits, reduction in harmful behaviors, and development of healthy routines. Cognitive shifts encompassed reductions in negative thoughts and perfectionism, along with enhanced self-efficacy. Social and relational growth were evidenced by better communication skills, improved relationship quality, and increased social confidence. These findings highlight the multifaceted benefits of CFT in addressing the complex dynamics of eating disorders. Compassion-Focused Therapy offers a promising complementary approach to traditional treatments for eating disorders. By enhancing self-compassion and emotional regulation, CFT addresses underlying emotional and cognitive factors, promoting long-term recovery. The study's findings suggest that integrating CFT into standard treatment programs could improve therapeutic outcomes for individuals with eating disorders. Future research should focus on larger, randomized controlled trials to further validate these findings and explore the mechanisms through which CFT exerts its effects.

Keywords: *Compassion-Focused Therapy, eating disorders, self-compassion, emotional regulation, cognitive shifts, behavioral changes, qualitative research, therapeutic outcomes.*

1. Introduction

Eating disorders, including Anorexia Nervosa (AN) and Bulimia Nervosa (BN), represent severe psychiatric conditions characterized by distorted body image and dysfunctional eating behaviors. These disorders often lead to significant physical, psychological, and social impairments. Despite extensive research and various treatment modalities, the management of eating disorders remains a challenge due to their complex and multifaceted nature (Bühren, 2011; Cooper et al., 2008).

Cognitive-Behavioral Therapy (CBT) has been widely recognized as an effective treatment for eating disorders, particularly BN. Studies have demonstrated its efficacy in reducing symptoms and promoting long-term recovery (Fairburn et al., 2009; Linardon et al., 2017). Enhanced Cognitive Behavioral Therapy (CBT-E), an adaptation of traditional CBT, has shown promise in addressing the broader range of eating disorder psychopathology, thereby improving treatment outcomes (Cooper & Fairburn, 2011; Jong et al., 2018). However, despite these advancements, a subset of patients remains unresponsive to CBT-based interventions, highlighting the need for alternative therapeutic approaches (Mitchell et al., 2011).

Compassion-Focused Therapy (CFT), developed by Paul Gilbert, offers a novel approach by integrating principles of compassion and mindfulness into therapeutic practice. CFT aims to enhance self-compassion and emotional regulation, thereby reducing self-criticism and shame, which are often central features of eating disorders (Gale et al., 2012). Preliminary evidence suggests that CFT can be beneficial for individuals with eating disorders, leading to improvements in emotional well-being and reduction in disordered eating behaviors (Williams et al., 2017).

The theoretical underpinnings of CFT are rooted in evolutionary psychology, neurobiology, and attachment theory. CFT posits that the human brain has evolved to respond to threats with fight-or-flight mechanisms, which can become maladaptive when individuals face internal threats, such as self-criticism (Gale et al., 2012; Williams et al., 2017). By fostering a compassionate mindset, CFT seeks to activate the soothing system of the brain, thereby counteracting the effects of the threat system and promoting psychological resilience (Katan & Kelly, 2023).

Studies have shown that increased self-compassion is associated with reduced self-criticism and improved emotional well-being in individuals with eating disorders (Berner et al., 2023; Katan & Kelly, 2023). By cultivating a compassionate self-attitude, individuals may be better equipped to manage distressing emotions without resorting to disordered eating behaviors. This study will explore how participants perceive the impact of CFT on their emotional healing, including increased self-compassion, improved emotional regulation, and reduced shame and self-criticism. Research indicates that individuals who develop self-compassion are more likely to engage in health-promoting behaviors and maintain treatment adherence (Folke et al., 2017; Gale et al., 2012). This study will examine the extent to which CFT facilitates behavioral changes in eating disorder patients, including improved eating habits, reduction in harmful behaviors, and development of healthy routines and positive activities. Empirical evidence suggests that compassion-focused interventions can lead to significant reductions in cognitive distortions and increases in cognitive flexibility (Katan & Kelly, 2023; Williams et al., 2017).

In sum, eating disorders often have profound impacts on social relationships, contributing to social isolation and impaired interpersonal functioning (Bowers, 2000; Johnson et al., 1998). Traditional treatments like CBT have incorporated interpersonal elements to address these issues, but CFT offers a unique focus on developing compassionate relationships both with oneself and others (Gale et al., 2012). Research highlights that CFT can improve communication skills, enhance relationship quality, and build supportive social networks, which are crucial for sustained recovery (Dodge et al., 1995; Thompson-Brenner, 2016). This study will investigate the role of CFT in fostering social and relational growth, including improved communication, building support networks, and enhancing social confidence.

Despite advancements in the treatment of eating disorders, many individuals continue to struggle with long-term recovery, necessitating the exploration of alternative therapeutic approaches. Compassion-Focused Therapy offers a promising avenue by addressing the emotional, cognitive, and relational aspects of eating disorders. By fostering self-compassion and emotional regulation, CFT may complement traditional treatments and provide additional benefits for individuals with eating disorders. The present study aims to explore the role of CFT in treating eating disorders, particularly focusing on its impact on emotional healing, behavioral changes, cognitive shifts, and social and relational growth. This qualitative study will provide in-depth insights into the experiences of individuals who have undergone CFT for eating disorders, contributing

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to the existing literature and informing future clinical practice.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a qualitative research design to explore the role of Compassion-Focused Therapy (CFT) in treating eating disorders. The qualitative approach was chosen to gain an in-depth understanding of participants' experiences and perceptions. Participants were selected through purposive sampling, aiming to include a diverse group of individuals who had undergone CFT for eating disorders. Inclusion criteria required participants to be adults (18 years and older) diagnosed with an eating disorder and who had completed at least six sessions of CFT. The sample size was determined based on the principle of theoretical saturation, where data collection continued until no new themes or insights emerged from the interviews.

2.2. Measure

2.2.1. Semi-Structured Interview

Data were collected using semi-structured interviews, which provided a flexible yet focused approach to gather rich, detailed information from participants. The interview guide included open-ended questions designed to elicit participants' experiences with CFT, its perceived impact on their eating disorder, and any challenges or benefits they encountered during therapy.

Interviews were conducted in a comfortable and private setting, either in person or via secure video conferencing platforms, depending on participants' preferences and accessibility. Each interview lasted approximately 60 to 90 minutes and was audio-recorded with participants' consent to ensure accurate data capture.

2.3. Data Analysis

Data analysis followed a thematic approach, guided by Braun and Clarke's (2006) six-phase framework. This method was chosen for its systematic process in identifying, analyzing, and reporting patterns (themes) within the data. The phases included:

Familiarization with the Data: All interviews were transcribed verbatim. Researchers immersed themselves in the data by reading and re-reading transcripts, noting initial ideas and observations.

Generating Initial Codes: Transcripts were systematically coded to identify meaningful data segments related to participants' experiences with CFT and its impact on their eating disorder. Coding was performed using qualitative data analysis software (e.g., NVivo).

Searching for Themes: Codes were organized into potential themes, collating all relevant coded data extracts within each theme.

Reviewing Themes: Themes were reviewed and refined to ensure they accurately represented the data. This involved checking for coherence within themes and across the dataset.

Defining and Naming Themes: Each theme was clearly defined and named, providing a concise and meaningful representation of the data.

Producing the Report: The final analysis was compiled into a coherent narrative, supported by direct quotes from participants to illustrate key themes and insights.

Throughout the analysis, the research team engaged in regular discussions to enhance reflexivity and ensure the credibility and trustworthiness of the findings. Any discrepancies in coding or theme identification were resolved through consensus.

3. Findings and Results

The study included a total of 19 participants, comprising 14 females (73.7%) and 5 males (26.3%). The age of participants ranged from 18 to 45 years, with a mean age of 29.2 years. Regarding the type of eating disorder, 10 participants (52.6%) were diagnosed with Anorexia Nervosa, 6 participants (31.6%) with Bulimia Nervosa, and 3 participants (15.8%) with Binge Eating Disorder. The duration of their eating disorders varied, with an average duration of 7.3 years. Educationally, the participants represented a diverse range, including 5 (26.3%) with a high school diploma, 8 (42.1%) with an undergraduate degree, and 6 (31.6%) with a postgraduate degree. Employment status also varied, with 11 participants (57.9%) employed full-time, 4 (21.1%) part-time, and 4 (21.1%) unemployed. Additionally, 12 participants (63.2%) were single, 5 (26.3%) married, and 2 (10.5%) divorced. This diverse demographic profile provided a comprehensive understanding of the experiences and impacts of Compassion-Focused Therapy across different backgrounds and life situations.

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Table 1

The Results of Qualitative Analysis

Category	Subcategories	Concepts
1. Emotional Healing	1.1. Increased Self-Compassion	Self-acceptance, reduced self-criticism, kindness to self
	1.2. Emotional Regulation	Coping strategies, managing anxiety, reducing emotional outbursts
	1.3. Understanding Emotions	Identifying feelings, emotional awareness, processing emotions
	1.4. Reducing Shame	Overcoming guilt, reducing stigma, self-forgiveness
	1.5. Building Emotional Resilience	Strengthening emotional endurance, handling setbacks, maintaining progress
2. Behavioral Changes	2.1. Improved Eating Habits	Regular meals, balanced diet, mindful eating
	2.2. Reduction in Harmful Behaviors	Decreased binging, stopping purging, reducing food restrictions
	2.3. Development of Healthy Routines	Exercise moderation, sleep hygiene, stress management techniques
	2.4. Increased Positive Activities	Engaging in hobbies, social activities, self-care practices
	2.5. Accountability and Commitment	Adherence to therapy, personal responsibility, tracking progress
	2.6. Goal Setting	Setting achievable targets, long-term planning, incremental improvements
3. Cognitive Shifts	3.1. Changing Negative Thoughts	Challenging distortions, positive self-talk, re-framing beliefs
	3.2. Enhancing Self-Efficacy	Confidence building, mastery experiences, self-belief
	3.3. Developing Compassionate Thinking	Empathy towards self and others, reducing harsh judgments, compassionate mind
	3.4. Understanding Triggers	Identifying stressors, managing responses, avoiding relapse triggers
	3.5. Mindfulness Practices	Present moment awareness, meditation, mindful breathing
	3.6. Enhancing Cognitive Flexibility	Adapting to change, open-mindedness, problem-solving
	3.7. Reduction in Perfectionism	Embracing imperfection, realistic standards, reducing pressure
4. Social and Relational Growth	4.1. Improved Communication Skills	Assertiveness, active listening, expressing needs
	4.2. Building Support Networks	Finding allies, support groups, family involvement
	4.3. Enhancing Relationship Quality	Trust building, resolving conflicts, deepening connections
	4.4. Social Confidence	Reducing social anxiety, participating in social events, initiating interactions
	4.5. Redefining Identity	Self-discovery, personal growth, aligning values

3.1. Emotional Healing

Increased Self-Compassion: Participants reported a notable increase in self-compassion, which helped them mitigate self-criticism and cultivate a kinder attitude towards themselves. One participant expressed, "CFT made me realize that I deserve the same kindness I offer to others." This increase in self-compassion was a crucial step in their recovery journey, enabling them to navigate their emotions more effectively.

Emotional Regulation: The ability to regulate emotions improved significantly among participants. They described developing coping strategies that allowed them to manage anxiety and reduce emotional outbursts. As one participant noted, "I learned to pause and breathe through my anxiety instead of turning to food for comfort."

Understanding Emotions: Participants gained a deeper understanding of their emotions, which included identifying and processing their feelings more accurately. A participant shared, "Before CFT, I couldn't even name what I was feeling. Now, I can identify and work through my emotions."

Reducing Shame: Many participants experienced a reduction in feelings of shame and guilt related to their eating disorders. One remarked, "I stopped seeing myself as a failure and started forgiving myself for my past mistakes."

Building Emotional Resilience: CFT helped participants build emotional resilience, allowing them to handle setbacks without reverting to disordered eating behaviors. A participant stated, "I feel stronger and more capable of facing challenges without falling back into old habits."

3.2. Behavioral Changes

Improved Eating Habits: Participants reported establishing more regular and balanced eating patterns. One participant mentioned, "I started having regular meals, which was a big change from my chaotic eating habits before CFT."

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Reduction in Harmful Behaviors: There was a significant reduction in harmful behaviors such as binging and purging. A participant shared, "I no longer feel the urge to purge after meals. CFT taught me to accept and be kind to my body."

Development of Healthy Routines: Participants developed healthier routines, including exercise and sleep hygiene. One participant noted, "I started exercising moderately and improved my sleep patterns, which positively impacted my overall well-being."

Increased Positive Activities: Engaging in hobbies and social activities became more common among participants. A participant remarked, "I began painting again and joined a book club, which gave me joy and a sense of community."

Accountability and Commitment: Participants felt more accountable and committed to their recovery process. As one mentioned, "Keeping a journal and tracking my progress helped me stay committed to my goals."

Goal Setting: Setting achievable targets and planning for long-term improvements became integral to participants' recovery. One participant said, "CFT helped me set realistic goals and celebrate small victories along the way."

3.3. Cognitive Shifts

Changing Negative Thoughts: Participants experienced a shift in their cognitive patterns, challenging negative thoughts and developing positive self-talk. A participant stated, "I learned to catch my negative thoughts and replace them with more compassionate ones."

Enhancing Self-Efficacy: There was an increase in participants' self-efficacy, as they felt more confident in their ability to manage their eating disorder. One participant shared, "I feel more capable and confident in handling my eating habits."

Developing Compassionate Thinking: Compassionate thinking towards oneself and others was a significant cognitive shift. A participant noted, "CFT taught me to view myself with the same compassion I offer to others, which changed my mindset completely."

Understanding Triggers: Participants gained a better understanding of their triggers and how to manage them. One mentioned, "I can now identify what triggers my disordered eating and take steps to avoid or cope with those triggers."

Mindfulness Practices: Incorporating mindfulness practices into their daily lives helped participants stay present and reduce stress. A participant shared, "Mindfulness exercises helped me stay grounded and calm, reducing my urge to binge."

Enhancing Cognitive Flexibility: Participants reported increased cognitive flexibility, allowing them to adapt to changes more easily. One participant stated, "I became more open-minded and willing to try new approaches in my recovery."

Reduction in Perfectionism: There was a notable reduction in perfectionistic tendencies among participants. One remarked, "I stopped striving for unrealistic standards and started accepting my imperfections."

3.4. Social and Relational Growth

Improved Communication Skills: Participants developed better communication skills, including assertiveness and expressing their needs. A participant shared, "I learned to speak up for myself and communicate my needs more effectively."

Building Support Networks: Building and utilizing support networks became a key aspect of participants' recovery. One mentioned, "Finding allies and joining support groups provided me with much-needed encouragement and understanding."

Enhancing Relationship Quality: Relationships with family and friends improved, with participants noting increased trust and reduced conflicts. A participant said, "My relationships have become stronger and more supportive since starting CFT."

Social Confidence: Participants reported increased social confidence, participating more actively in social events. One participant noted, "I started attending social gatherings without the anxiety I used to feel about my eating habits."

Redefining Identity: Many participants experienced a redefinition of their identity, focusing on self-discovery and personal growth. One shared, "CFT helped me rediscover who I am beyond my eating disorder and align my actions with my values."

4. Discussion and Conclusion

The findings of this study provide a comprehensive understanding of the role of Compassion-Focused Therapy (CFT) in treating eating disorders. Participants reported significant improvements in emotional healing, behavioral changes, cognitive shifts, and social and relational growth. These outcomes align with the primary objectives of CFT, which focuses on enhancing self-compassion, emotional regulation, and social connectedness. This discussion

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section will interpret these results, comparing them with existing literature and highlighting their implications for future research and practice.

Participants consistently highlighted the enhancement of self-compassion and emotional regulation as key benefits of CFT. These findings are in line with previous studies that have shown the efficacy of CFT in reducing self-criticism and promoting emotional well-being (Gale et al., 2012; Williams et al., 2017). Increased self-compassion enabled participants to better manage distressing emotions without resorting to disordered eating behaviors. This emotional resilience is crucial, as emotional dysregulation and self-criticism are significant risk factors for the development and maintenance of eating disorders (Berner et al., 2023; Katan & Kelly, 2023).

The study revealed substantial behavioral changes among participants, including improved eating habits, reduction in harmful behaviors, and the development of healthy routines. These outcomes are consistent with findings from other studies that have integrated compassion-focused interventions with traditional cognitive-behavioral approaches (Cooper et al., 2008; Fairburn et al., 2009). Participants noted that CFT helped them establish regular eating patterns and reduce behaviors such as binging and purging. This behavioral improvement can be attributed to the compassionate approach of CFT, which fosters a non-judgmental attitude towards oneself and encourages adherence to healthy behaviors (Folke et al., 2017; Gale et al., 2012).

CFT facilitated significant cognitive shifts in participants, including reductions in negative thoughts and perfectionism, and enhanced self-efficacy. These findings corroborate existing research that emphasizes the cognitive benefits of compassion-focused interventions (Gale et al., 2012; Jong et al., 2018). Participants reported that CFT helped them challenge cognitive distortions and develop a more compassionate and realistic self-view. This cognitive restructuring is vital for long-term recovery, as negative self-evaluation and perfectionism are common cognitive distortions in individuals with eating disorders (Cooper et al., 2008; Cooper & Fairburn, 2011; Pike et al., 2001).

The study also highlighted significant improvements in social and relational aspects, such as enhanced communication skills, better relationship quality, and increased social confidence. These results are supported by previous research that underscores the importance of social and relational factors in the treatment of eating disorders (Johnson et al., 1998; Thompson-Brenner, 2016). Participants noted that CFT helped them build supportive social networks and improve their interpersonal relationships, which are crucial for sustained recovery and well-being. The compassionate approach of CFT fosters empathy and understanding, which are essential for healthy social interactions (Dodge et al., 1995; Katan & Kelly, 2023).

Despite the promising findings, this study has several limitations. First, the sample size was relatively small and may not fully represent the diverse population of individuals with eating disorders. Future research should include larger, more diverse samples to enhance the generalizability of the findings. Second, the study relied on self-reported data, which can be subject to bias and inaccuracies. Employing multiple data sources, such as clinician assessments and objective measures, would provide a more comprehensive understanding of the impact of CFT. Lastly, the study was cross-sectional in nature, limiting the ability to infer causality. Longitudinal studies are needed to examine the long-term effects of CFT on eating disorder recovery.

Future research should focus on expanding the evidence base for CFT in treating eating disorders. Larger, randomized controlled trials (RCTs) are needed to rigorously evaluate the efficacy of CFT compared to other therapeutic approaches. Additionally, studies should explore the mechanisms through which CFT exerts its effects, such as changes in neural pathways or biological markers of stress and inflammation (Berner et al., 2023). Investigating the impact of CFT on different subtypes of eating disorders, such as Binge Eating Disorder and atypical anorexia, would also provide valuable insights. Furthermore, research should examine the role of cultural and contextual factors in the effectiveness of CFT, as these may influence the therapeutic process and outcomes.

The findings of this study have several implications for clinical practice. Integrating CFT into standard treatment programs for eating disorders could enhance therapeutic outcomes by addressing the emotional and relational aspects of the disorder. Clinicians should receive training in CFT techniques to effectively implement this approach in their practice. Additionally, incorporating CFT into family therapy sessions could help improve the relational dynamics that often contribute to the maintenance of eating disorders (Folke et al., 2017; Johnson et al., 1998). Developing group-based CFT programs could also provide peer support and foster a sense of community among individuals in recovery. Lastly, utilizing digital platforms to deliver CFT, such as through online therapy sessions or mobile applications,

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could increase accessibility and reach a broader population (Hamatani et al., 2019).

In conclusion, Compassion-Focused Therapy offers a promising complementary approach to traditional treatments for eating disorders. By enhancing self-compassion and emotional regulation, CFT can address the underlying emotional and cognitive factors that contribute to disordered eating behaviors. The findings of this study highlight the potential benefits of CFT in promoting emotional healing, behavioral changes, cognitive shifts, and social and relational growth. Future research should continue to explore the efficacy and mechanisms of CFT to further establish its role in the treatment of eating disorders and inform clinical practice.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

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

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