



# Self-Criticism: Conceptualization, Assessment, and Interventions

*Öz Eleştiri: Kavramsallaştırması, Ölçülmesi ve Müdahaleleri*

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## ABSTRACT

Self-criticism, considered as a transdiagnostic concept in the emergence of various psychopathologies, is considered as negative evaluations directed towards oneself especially in perceived failure situations. In literature various views regarding self-criticism, suggesting it as a personality trait, a style of relating to oneself, a coping response to various situations, or a safety strategy developed to restrain negative experiences, exist. In this regard, various researchers have conceptualized self-criticism with different dimensions and structures, leading to the development of various measurement tools. Findings obtained from these scales indicate that self-criticism is a risk factor for psychopathology and a factor that affects individuals to experience difficult emotions and their engagement in various challenging behaviors such as perfectionism and emotional eating. For this reason, several interventions aimed at reducing individuals' levels of self-criticism have been conducted in the literature. In this study the scales developed based on different conceptualizations of self-criticism were introduced, the effects of self-criticism on individuals were presented by compiling results of studies in which the relationships between self-criticism and various variables were examined and finally the results of intervention studies based on Cognitive Therapy, Emotion-Focused Therapy, and Compassion-Focused Therapy were summarized. It is believed that providing comprehensive theoretical and empirical knowledge related to self-criticism will contribute to future studies in the field.

**Keywords:** Self-criticism, self-criticism interventions, compassion focused therapy, cognitive therapy, emotion focused therapy

## ÖZ

Çeşitli psikopatolojilerin ortaya çıkmasında tanılarüstü bir kavram olarak kabul edilen öz eleştiri, alan yazında kişinin kendisini başarısız olarak algıladığı durumlarda kendisine yönelttiği olumsuz değerlendirmeler olarak ele alınmaktadır. Bu kapsamda öz eleştirin, bir kişilik özelliği, kişinin kendisiyle kurduğu bir ilişki tarzı, çeşitli durumlara verdiği bir tepki stili ya da olumsuz deneyimleri engellemek için geliştirilmiş bir güvenlik stratejisi olduğuna dair çeşitli görüşler yer almaktadır. Bu doğrultuda farklı araştırmacılar tarafından farklı boyutlar ve yapılarla kavramsallaştırılması yapılarak çeşitli ölçme araçları geliştirilmiştir. İlgili ölçeklerden elde edilen bulgular, öz eleştirin psikopatoloji için bir risk faktörü olduğunu, bireylerin baş etmesi güç duygular deneyimlemelerinde ve mükemmeliyetçilik, duygusal yeme gibi çeşitli baş etmesi zor davranışlar sergilemelerinde etkili olan bir faktör olduğunu göstermektedir. Bu nedenle literatürde bireylerin öz eleştiri düzeylerini azaltmaya yönelik çeşitli müdahale çalışmalarının gerçekleştirildiği görülmektedir. Bu çalışmada öz eleştiri kavramının farklı kavramsallaştırmaları ele alınarak geliştirilen ölçekler tanıtılmış, öz eleştirin çeşitli değişkenlerle ilişkilerinin incelendiği çalışmalar derlenerek birey üzerindeki etkileri sunulmuş ve son olarak Bilişsel Terapi, Duygu Odaklı Terapi ve Şefkat Odaklı Terapi temelinde yürütülen müdahale çalışmalarının sonuçları özetlenmiştir. Böylece gelecekte yürütülecek öz eleştiri çalışmaları için kapsamlı teorik ve ampirik bilgi sunularak alan yazına katkı sağlanacağı düşünülmektedir.

**Anahtar sözcükler:** Öz eleştiri, öz eleştiri müdahaleleri, şefkat odaklı terapi, bilişsel terapi, duygu odaklı terapi

## Introduction

Self-criticism, considered as a transdiagnostic concept in the emergence of various psychopathologies (Kannan and Levitt 2013, Schanche 2013, McIntyre et al. 2018, Rose and Rimes 2018, Wakelin et al. 2022), is defined as "a person's judgment on his/her own behaviors, self-critique" in the dictionary of Turkish Language Association (TDK 2023). Many definitions of self-criticism take place in the literature, such as consistent and negative judgments directed against oneself (Kolubinski et al. 2017), constant and strict self-scrutiny in which the individual intensely criticizes their own behaviors and reacts in a hostile way towards themselves in moments

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of failure (Loew et al. 2020), and harsh self-judgments made when the person fails to meet their own standards (Carver and Ganellen 1983).

Wakelin et al. (2022) described it as the process of negative self-evaluation. In addition, self-criticism was considered as a way of establishing a disharmonious relationship with oneself (Sommers-Spijkerman et al. 2018), a type of response to failures (Ehret et al. 2015), a safety strategy developed to cover up flaws and prevent shame (Shahar et al. 2015a), a reflexive psychological behavior (Whelton and Greenberg 2005), and also a personality trait closely associated with perfectionism (Flett and Hewitt 2002). Likewise, Shahar (2015) highlighted its relationship with perfectionism and defined self-criticism as the hostile, intense, and persistent dialogue that individuals engage in with themselves when they fail to meet the high standards they have set for themselves.

In the literature reviewed, the concept of self-criticism has been conceptualized by researchers via different dimensions and measured with different measurement tools developed accordingly. The results obtained from these measurement tools indicate that self-criticism is a factor that negatively affects the daily functionality of individuals, makes them vulnerable to psychological disorders such as depression and anxiety, and has negative emotional and behavioral consequences for them. Therefore, there are various intervention studies in the literature aimed at reducing individuals' self-criticism levels. In this study, it is aimed to contribute to the literature by compiling different conceptualizations of self-criticism, the measurement tools used, its relationships between different variables and the results of intervention studies conducted based on different approaches.

## Conceptualizations of Self-Criticism

The concept of self-criticism dates back to ancient Greek philosophers (Chang 2008). However, its conceptualization in psychopathology and psychotherapy literature, supported by empirical studies, started in the 1970s. Blatt (1974), one of the pioneers in the conceptualization of self-criticism, developed a model of depression by integrating Psychoanalytic Theory and Cognitive-Developmental Theories. In this model, two types of depression were mentioned: anaclitic depression and introjective depression (Holle and Ingram 2008, Shahar 2015, Werner et al. 2019). Anaclitic depression is associated with feelings of helplessness and weakness based on fear of abandonment whereas introjective depression is associated with feelings of failure and guilt related to not meeting the expectations of others (Blatt 1974, Blatt et al. 1976). Therefore, individuals with anaclitic depression become overly dependent on others in order to experience satisfaction and support in their relationships, while those with introjective depression exhibit perfectionistic behaviors to gain approval from others and criticize themselves harshly in the times of failing to meet high expectations (Blatt and Homann 1992). For this reason, anaclitic depression is referred to as dependent depression and introjective depression as self-critical depression in the literature (Holle and Ingram 2008). The dual model developed by Blatt (1974) was later expanded as anaclitic (dependent) and introjective (self-critical) personality organizations (Blatt 2008, Werner et al. 2019). Self-criticism, as a descriptor of introjective personality organization, is expressed as negative self-evaluations related to feelings of guilt (Blatt 2008).

Beck (1979) is one of the contributors to the conceptualization of self-criticism by discussing the concept of cognitive triad in his depression model. Cognitive triad refers to negative automatic thoughts of a depressed person towards the world, the future and the self. Depressed individuals have a negative view of the world due to their beliefs that their lives are full of obstacles and traumatic situations, and a negative view of the future owing to their beliefs that the difficulties they experience will continue. Similarly, they feel worthless and criticize themselves due to their negative view of themselves (Arkari 1992, Beck and Alford 2009). Therefore, the last component of the cognitive triad emphasizes self-critical thoughts and beliefs (Shahar 2015, Loew et al. 2020). Such negative thoughts about oneself (self-criticisms) are activated in certain situations in line with the underlying schemas (Beck and Alford 2009). Understanding and changing these self-critical thoughts or schemas constitute a central focus of the Cognitive Therapy process as a change mechanism (Kannan and Levitt 2013).

While cognitive models traditionally addressed depression-related self-criticism within the framework of maladaptive, negative thoughts and schemas, Gilbert (2000) discussed self-criticism from an evolutionary perspective within the scope of social mentalities (Shahar 2015, Gu et al. 2022). Social mentalities refer to developed brain systems that enable individuals to adopt various social roles in order to survive in the evolutionary process (Gilbert 1995, 2000, 2005). In other words, these mental systems allow us to adopt various social roles such as caregiver-care seeker, competitive-cooperation seeker in line with our biosocial motives, to interpret these roles through mutual signals, and to react accordingly (Pekin 2023a). In this regard, self-criticism is closely related to caregiving mentality and competitive mentality (Shahar 2015). The caregiving mentality is

associated with feelings of empathy, sympathy and compassion that enable relationships based on sharing time, labor and resources with others (Gilbert 1995, 2009b). However, this mentality is not only relevant to interpersonal relationships but also to intrapersonal relationships. For example, showing compassion towards self is associated with caring mentality (Gilbert 2000). The competitive mentality is associated with high motivation to gain status and win conflicts. The way of thinking of individuals with this mentality is shaped by comparisons such as loser-winner, dominant-submissive (Gilbert 1995). These individuals may relate to themselves by engaging in self-critical dialogues similar to the way they relate to a subordinate or a competitor (Gilbert 2000). In conclusion, self-critical individuals overdevelop a competitive mentality in intrapersonal relationships, acting as if they were in a subordinate-superior relationship, and they underdevelop a caregiving mentality by not showing enough compassion for themselves (Pekin 2023b).

Gilbert (2009a, 2010, 2014) developed Compassion Focused Therapy (CFT) by integrating the evolutionary-based perspective with Attachment Theory (Bowlby 1969, 1973, 1980) and Buddhist Philosophy. CFT aims to reduce the self-criticism levels of individuals and to develop their compassion skills. This approach utilizes the model emotion regulation systems (Depue and Morrone-Strupinsky 2005) which includes drive and excitement system, threat and protection system, and finally the contentment and soothing system (Gilbert 2009a, 2009b, 2010, 2014). The threat and protection system enables individuals to notice threats and to give various responses such as flight, fight or freeze in order to protect themselves. Drive and excitement system motivates people to achieve various goals and causes excitement when desired outcomes are obtained (Gilbert 2009a). In capitalist societies with highly competitive environments, the overemphasis on acquisition and achieving may cause this system to be overactive resulting in experiences such as despair. The contentment and soothing system, closely associated with a sense of calmness, peacefulness and trust, helps individuals to balance threat and drive systems by soothing them (Gilbert 2014). Within the framework of this model, self-criticism is closely related to threat and drive systems (Pekin 2023b). In situations where the threat system is activated, individuals may pursue success and status in order to feel safe. In such cases, the intense feelings of proving oneself may cause the drive system to be overactive (Gilbert 2009a). When individuals fail to achieve the desired goal, they may engage in self-criticisms by attacking themselves.

## Measures of Self-Criticism

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In the literature on self-criticism, there are researchers who do not directly measure self-criticism but name one of the sub-dimensions of the measured construct as self-criticism (e.g., Blatt et al. 1976, Carver and Ganellen 1983), as well as researchers who contribute to the conceptualization of self-criticism by measuring self-criticism with different sub-dimensions (e.g., Gilbert et al. 2004, Thompson and Zuroff 2004, Yilmaztürk and Ekşi 2022). There are also researchers who measure self-criticism through self-critical cognitions (e.g., Ishiyama and Munson 1993) and negative thought patterns (rumination) associated with self-criticism (e.g., Smart et al. 2016). Related research and scales are as follows:

### Depressive Experiences Questionnaire

The scale, developed by Blatt et al. (1976), consists of three sub-dimensions: dependency, self-criticism and efficacy. The scale does not directly measure self-criticism, but rather evaluates depressive experiences based on Blatt's (1974) depression model. The dependency sub-dimension coincides with anaclitic depression, which is associated with feelings of helplessness and burnout that individuals experience because of their fears of abandonment, and the self-criticism sub-dimension corresponds to introjective depression, which is associated with feelings of failure and guilt that individuals experience due to their fears of not meeting high standards (Blatt et al. 1976, Blatt and Zuroff 1992). In other words, self-criticism has been evaluated as a unidimensional construct as a personality vulnerability related to introjective depression (Blatt et al. 1976, Loew et al. 2020).

### Attitudes Toward Self Scale

The scale was developed by Carver and Ganellen (1983) to conceptualize self-punitiveness of depressive individuals. It consists of three sub-dimensions: high standards, self-criticism and overgeneralization. Therefore, the scale does not directly measure self-criticism, but rather evaluates self-criticism within the framework of factors that contribute to depressive tendencies of depressed individuals. According to Carver and Ganellen (1983), of the two people who miss their goal by one point, the one who is more self-critical is more prone to depression.

## **Levels of Self-Criticism Scale**

The scale developed by Thompson and Zuroff (2004) was adapted into Turkish by Öngen (2006). The scale, which was developed to measure two dysfunctional forms of negative self-evaluation, consists of two sub-dimensions called comparative self-criticism and internalized self-criticism. While the comparative self-criticism refers to the negative view of oneself compared to others, the internalized self-criticism refers to the negative view of oneself arising from the high standards the individual sets for oneself. In other words, the first sub-dimension focuses on the comparisons made by individuals with those they perceive as hostile, critical, or superior, whereas in the second sub-dimension centers on the evaluations of themselves as inadequate regardless of other people (Öngen 2006, Thompson and Zuroff 2004).

## **Forms of Self-Criticizing and Self-Reassuring Scale**

The scale developed by Gilbert et al. (2004) was adapted into Turkish by Bellur et al. The scale consists of three sub-dimensions: inadequate-self, hated-self, and self-reassurance. Within this scope, self-criticism was evaluated through two dimensions: self-criticism based on individuals' dissappointments and feelings of inadequacy (inadequate-self) and self-criticism based on individuals' disgust and hatred of themselves (hated-self) (Gilbert et al. 2004, Bellur et al. 2021). Moreover, in the scale development study Gilbert et al. (2004) investigated the functions of being self-critical and obtained two dimensions according to the results of factor analysis: self-correction and self-persecution. Accordingly, self-criticism has different functions such as helping individuals to reach better versions of themselves by reminding them of their responsibilities (self-correction), and self-hurting or taking revenge (self-persecution).

## **Self-Criticism Scale**

The scale was developed by Yılmaztürk and Ekşi (2022) to measure self-criticism with a multidimensional perspective including the functional aspects of self-criticism since the scales in the literature measure self-criticism mostly through negative self-evaluations. It includes three sub-dimensions: destructive self-criticism, constructive self-criticism and insufficient self-criticism. Accordingly, the negative aspects of self-criticism are measured by destructive self-criticism, positive aspects such as increasing the individual's awareness level are measured by constructive self-criticism, and finally, situations in which self-criticism is absent or minimal which desensitizes the individual to mistakes are measured by insufficient self-criticism dimensions.

## **State Self-Criticism Scale-Athlete Version**

The scale was finalized by Mosewich et al. (2013) by adapting the daily monitoring form used by Gilbert and Procter (2006) in their study to self-critical thoughts in the sports environment. The adaptation study of the scale into Turkish was conducted by Tingaz (2021). The unidimensional scale evaluates the self-critical thoughts of athletes within the scope of situational characteristics.

## **Self-Critical Cognition Scale**

The scale, developed by Ishiyama and Munson (1993), evaluates self-criticism in the context of cognitive processes. Two processes are mentioned in the process of self-criticism: negative self-processing and failure in positive self-processing. Accordingly, individuals criticize themselves due to negative self-processing, such as focusing on the negative, exaggerating, or generalizing negative results. They also criticize themselves when they fail in positive self-processing, such as focusing on the positive and making objective evaluations.

## **Self-Critical Rumination Scale**

The scale was developed by Smart et al. (2016) to distinguish negative repetitive thought patterns (rumination) which includes self-critical thoughts from other types of rumination (e.g., depressive rumination, general rumination). The Turkish adaptation study of the scale was carried out by İngeç et al. (2021). As a result of the validity and reliability analyses, a unidimensional structure was obtained, similar to the original study. The scale conceptualizes self-criticism as a form of negative thinking that diminishes one's value rather than a general personality trait.

## Effects of Self-Criticism on Individuals

Even though the concept of self-criticism has been measured with different scales and conceptualized through various dimensions in the literature, there is a consensus that self-criticism is closely related to psychopathology. Accordingly, as individuals' self-criticism levels increase, they become more vulnerable to psychological disorders. For instance, self-criticism has been proven to be a significant predictor of depression in various studies (Joeng and Turner 2015, Costa et al. 2016, Dagnino et al. 2017). Moreover, the results of studies conducted with both clinical samples (e.g., Gilbert et al. 2010, Hutton et al. 2013, Dinger et al. 2015, Dagnino et al. 2017, Straccamore et al. 2017) and non-clinical samples (e.g. Gilbert et al. 2006, Öngen 2006, Joeng and Turner 2015, Shahar et al. 2015a, Feinson and Hornik-Lurie 2016, Hermanto et al. 2016) indicated a positive relationship between self-criticism and depression. Ehret et al. (2015) conducted a study comparing individuals with and without a diagnosis of depression and found that self-criticism levels were higher in those diagnosed with depression. Similarly, Iancu et al. (2015) attained that the self-criticism levels of individuals diagnosed with anxiety disorder were higher than those without a diagnosis. Various studies highlighted that social anxiety symptoms increase as the level of self-criticism increases (Cox et al. 2004a, Shahar et al. 2015a). In addition, increased self-criticism was found to be positively associated with paranoia (Hutton et al. 2013, Pinto-Gouveia et al. 2013), post-traumatic stress disorder (Cox et al. 2004b, Sharhabani-Arzy and Swisa 2005), eating disorder (Kelly and Carter 2013) and hypomania symptoms (Francis-Raniere et al. 2006).

Self-criticism, which is found to be closely related to psychopathology, has negative behavioral consequences for individuals. For instance, individuals with high levels of self-criticism exhibit emotional eating behaviors (Duarte et al. 2014, Feinson and Hornik-Lurie 2016, Palmeira et al. 2017, Akgöz-Aktaş et al. 2023). In a meta-analysis conducted to examine the relationship between self-criticism and negative eating behaviors, study results indicated that high levels of self-criticism lead individuals to negative eating behaviors, whereas increased levels of self-compassion serve as a protective factor against such behaviors by reducing self-criticism. (Paranjothy and Wade 2024). The negative relationship between self-compassion and self-criticism is also supported by other research findings (e.g., Joeng and Turner 2015, Zhang et al. 2019). Individuals who harbor a strong critical inner voice may struggle to cultivate a compassionate inner dialogue and consequently find it challenging to exhibit self-compassionate behaviors. In this respect, they exhibit perfectionistic behaviors as a defense mechanism (Gilbert et al. 2006). In other words, individuals with high levels of self-criticism set high standards for themselves and exhibit perfectionistic behaviors to reach those standards (Thompson and Zuroff 2004, Dunkley et al. 2006, Trumpeter et al. 2006, Powers et al. 2012, Kiaei and Kachooei 2022).

Self-criticism, which leads to behaviors that complicate life such as perfectionist behaviors and emotional eating behaviors, also causes individuals to experience hard-to-manage emotions more frequently and intensely. For instance, individuals with increased self-criticism experience shame quite intensely (Gilbert et al. 2010, Kelly and Carter 2013, Castilho et al. 2017, Kotera et al. 2021). They struggle feel safe and peaceful in their social relationships (Gilbert 2009a) and experience a high level of fear of compassion (Joeng and Turner 2015, Hart et al. 2020, Cavalcanti et al. 2021). They worry about not being able to achieve their goals (Blatt & Zuroff, 1992) which leads to a lack of motivation to take action (Kotera et al. 2022). Due to their harsh self-criticism, their positive affect is low and negative affect is high (Kelly and Carter 2013). In other words, self-critical individuals have low levels of mental well-being (Kotera et al. 2022) and happiness (Doğan et al. 2013).

## Self-Criticism Interventions

Numerous intervention studies have been conducted to reduce self-criticism by the reason of its detrimental impact on individuals. These studies demonstrate that the most frequently used approaches in the development of intervention plans are Cognitive Therapy, Emotion-Focused Therapy, and Compassion-Focused Therapy.

**Table 1: Examples of cognitive triad-related thoughts**

Self	World	Future
I am worthless and inadequate.	The world is unfair.	Nothing will ever get better.
No one loves me.	No matter what I do, people make it hard for me to get what I need.	I will always fail.
I can't do anything right.	People always ignore me.	I have no expectations for the future.

## Cognitive Therapy

Beck (1979), who contributed conceptualization of self-criticism by discussing the cognitive triad, suggests that depression arises from negative cognitions in three domains: the self, the world, and the future. Cognitive

Therapy highlights the significance of these maladaptive cognitions, as illustrated in Table 1, and provides various strategies to combat these thoughts.

Cognitive restructuring, an important component of cognitive therapy, aims to reduce psychological distress by altering our understanding and interpretation of our experiences, thoughts, and circumstances (Beck et al. 1979). This technique uses various strategies, such as Socratic questioning, to help individuals challenge their thoughts, identify cognitive errors, and refute irrational beliefs (de Oliveira et al. 2012). Through the method of reattribution, clients are encouraged to assign appropriate responsibility not only to themselves but also to external factors that may have contributed to the situation. In other words, clients are guided to reassess situations by considering all contributing factors (Beck et al. 1979). Table 2 shows the four steps of cognitive restructuring. Another method used in Cognitive Therapy is the trial-based thought record. In this method, a trial simulation is used to diminish individuals' negative core beliefs and associated feelings that lead to self-criticism. Evidences for and against the core beliefs are presented and discussed by representatives playing the roles of prosecutor, defense attorney, and jury (de Oliveira et al. 2012).

<b>Table 2. Cognitive restructuring example</b>
<p><b>Step 1: Identifying Automatic Thoughts</b>            Task: Thought record            Thoughts: "I am not good enough." "I am a failure."</p>
<p><b>Step 2: Searching for Evidence Supporting or Refuting the Automatic Thought</b>            Task: Socratic questioning and guided discovery            What are concrete examples that support these thoughts? (I made mistakes in work reports.)            Do you have any evidence that refutes these thoughts? (I was promoted because I performed well at work.)</p>
<p><b>Step 3: Formulating Alternative Thoughts</b>            Task: Socratic questioning and guided discovery            What would be a more suitable thought for you instead of this thought?            "It's good to do things well, but I am human, and I can make mistakes sometimes."            What would you say to a close friend in this situation?            "Everyone can make mistakes; this does not mean you are not good or that you are a failure."</p>
<p><b>Step 4: Implementing and Monitoring Alternative Thoughts</b>            Task: Positive self-talk, writing and reading alternative thoughts            "I am competent." "I can handle this." "I am successful."            What are the effects of new thoughts on your life?            Reduced anxiety, increased positive affect, fewer mistakes</p>

Studies have shown that Cognitive Therapy is one of the effective approaches in reducing self-criticism. Berlin (1980) investigated the effects of a six-session cognitive-behavioral group therapy on self-criticism and related issues such as self-esteem, anxiety, mood, and performance problems in women with high levels of self-criticism. Cognitive-behavioral group therapy was created to teach participants how to change unrealistic expectations, improve performance, and correct faulty self-assessments. The intervention resulted in statistically significant improvements in self-esteem and reductions in depression, evaluation anxiety, and self-criticism. Another study by Berlin (1985) investigated the impact of a relapse-prevention intervention versus a traditional cognitive-behavioral intervention for addressing women's self-criticism. The results indicated that both the standard cognitive-behavioral therapy and the relapse-prevention version reduced self-criticism and associated problems in self-critical women, and these were maintained in both circumstances over a six-month follow-up period. Cox et al. (2002) examined the impact of CBT on individuals with social phobia. The study found that higher levels of self-criticism at the beginning of treatment were linked to more severe social phobia symptoms. Additionally, changes in self-criticism during treatment were associated with positive treatment results. These results imply that CBT is effective in lowering social phobia symptoms and that self-criticism may be important in the treatment process.

Enns et al. (2002) investigated how a 12-week cognitive-behavioral group therapy program affected depression, self-criticism, socially prescribed perfectionism, and self-oriented perfectionism, in depression patients on medication. The results showed that patients' self-criticism and perfectionism scores decreased, but the effect was smaller than the effect on depression. Rector et al. (2000) examined how self-criticism and dependency influence the effectiveness of cognitive therapy and pharmacotherapy in treating major depression. The findings revealed that self-criticism and dependency didn't predict the response to pharmacotherapy. However, the response to cognitive therapy was associated with pre-treatment self-criticism scores and changes in those scores. Importantly, the decrease in self-criticism levels during treatment emerged as a crucial factor in determining the effectiveness of cognitive therapy. de Oliveira et al. (2012) examined the effectiveness of a trial-based thought record using an empty chair format. They found no significant difference between the empty

chair and traditional formats of the trial-based thought record. Both methods were effective in reducing self-criticism by diminishing the significance of negative core beliefs.

In the literature, there are also studies in which CBT and self-compassion practices are used together. These studies examined whether individuals' self-criticism levels changed as a result of showing compassion to themselves and others using virtual reality. Falconer et al. (2014, 2016) developed a virtual reality paradigm in which participants sat in a chair facing a crying child in a virtual world. Participants were encouraged to console the child by speaking compassionately from the perspective of their virtual bodies. This role-playing scenario was recorded using virtual reality. Subsequently, the participant's perspective was shifted to that of the crying child. The role-play was conducted again to allow participants to experience receiving their own compassionate words from the viewpoint of the crying child. These studies, conducted by Falconer et al. with depression patients (2016) and with students (2014), demonstrated an immediate positive impact on participants' self-compassion and self-criticism levels. Hidding et al. (2024) examined the impact of a VR intervention, based on the double standard technique of CBT, on self-compassion and self-criticism in a sample of psychology students. The students were prompted to consider what they would tell a friend who was self-critical and were instructed to respond compassionately to a virtual character. Some participants also experienced a perspective shift. Results showed that immediately following the intervention, there was a decrease in self-criticism and an increase in self-compassion across all situations.

### Emotion-Focused Therapy (EFT)

Emotion-focused therapy (EFT) has been developed based on Carl Rogers' Person-Centered Therapy, Gestalt Therapy, and Modern Emotion Theory (Greenberg 2010). During the EFT process, maladaptive and negative emotions are triggered, and new emotional experiences are created, (Greenberg and Watson 2006). EFT involves emotion modification by accessing and transforming maladaptive emotional schemas, such as shame and fear, that underlie current symptoms. Therapeutic tasks help to move towards unprocessed painful and avoided emotions, to stay with the painful experience, and thus evoke new and more adaptive experiences with oneself and others. Painful reactions to past emotional experiences are altered through re-coding, and new responses to triggers of maladaptive emotion schemes are generated when maladaptive and painful emotions are evoked, and adaptive emotion schemes are subsequently activated (Thompson and Girz 2020). In the context of depression, EFT, which targets the critical inner voice, is recognized as a reliable method of treating self-criticism (Watson et al. 2007). An example of case formulation and intervention process related to depression is shown in Table 3.

A key component of EFT is to reduce self-criticism, which is seen as a secondary and maladaptive emotion, while also increasing self-compassion and self-protection, which are considered primary and adaptive emotions. This is often done through two-chair interventions (Bailey et al. 2022). In these interventions, individuals have conversations between two parts of themselves or with another person. In the two-chair technique, the client is encouraged to express his anger, hatred, or disdain towards the criticized self by the critical inner voice. Then, the client switches chairs and responds to this critical inner voice. In the empty chair technique, individuals engage in dialogues with their important ones about emotional pain they have experienced in those relationships (Greenberg 2015).

**Tablo 3. An example of case formulation and intervention in emotion-focused therapy (Goldman and Greenberg 2015)**

**Stage 1: Opening the Narrative and Observing the Client's Emotional Processing Style**

Step 1: Listening to current issues (relational and behavioral hardships): The client, a 42-year-old single mother, is experiencing her second depressive episode. "I am depressed. My son has gotten involved in drugs, and I don't know what to do. I feel like I have failed."

Step 2: Listening and identifying the painful emotional experience:

"I have suffered from depression for most of my life."

"I am an angry person."

"I don't trust people."

"When people disappoint me, I shut myself off."

Step 3: Observing the client's emotional processing style:

A. Tone: Primarily external but becomes focused when empathy is shown.

B. Emotional arousal: Moderate to high when discussing emotional topics.

C. Client's experience: Mostly external but can internalize when prompted.

D. Emotional productivity

i. Attending: Occasional.

ii. Symbolization: Capable and responsive to therapist's focus on internal experiences.

iii. Congruence: Some inconsistencies, like laughing while discussing sensitive emotions.

**Tablo 3. An example of case formulation and intervention in emotion-focused therapy (Goldman and Greenberg 2015)**

<p>iv. Acceptance: Difficulty with sensitive emotions such as sadness and hopelessness rather than anger.</p> <p>v. Differentiation: Capable.</p> <p>vi. Agency: Feels centered in her own experience.</p> <p>vii. Regulation: Both low and high; tends to over-regulate emotions like sadness and hopelessness to avoid feeling overwhelmed.</p> <p>Step 4: Unfolding the emotion-based narrative/life story (related to attachment and identity): The client lives five hours away from her family, feeling content with the distance. She sees them once every five years but feels devastated after each visit. Her mother has always been critical, now extending that criticism to her son. Her father is generally unsupportive. Growing up with five brothers, she felt excluded and lonely, eager to leave home by eighteen. She has never married, and her son, previously a source of hope, is now involved in drugs, making her feel like a failure. This sense of failure feels familiar to her.</p>
<p><b>Stage 2: Co-create a Focus and Identify the Core Emotion</b></p> <p>Step 5: Identifying markers for task work: Negative self-evaluation ("You're not smart enough.") Task: Two-chair dialog for self-criticism.</p> <p>Step 6: Identifying adaptive or maladaptive underlying core emotional schemas: The core emotion is maladaptive shame ("I am a failure"), often masked by fear, sadness, and loneliness, which both the therapist and client strive to access.</p> <p>Step 7: Identifying needs: The primary need is self-validation and feeling proud of oneself.</p> <p>Step 8: Identifying secondary emotions: The client often starts sessions with secondary anger, which she perceives as empowering.</p>
<p>Step 9: Identifying barriers to accessing core emotional schemas: The client fears that accessing core pain will lead to severe depression and dysfunction, making it impossible to get out of bed.</p> <p>Step 10: Identifying themes:</p> <p>a. Self-Self Relationships: I am not valuable. I am a failure.</p> <p>b. Self-Other Relationships: Others are not trustworthy; they will always invalidate me. It's better not to let anyone get too close.</p>
<p>Step 11: Co-create the case formulation narrative by linking the underlying emotional patterns and triggering events to the behavioral and relational issues being presented: As various emotions and issues were deconstructed, the therapist helps clarify the relationships between emotions and issues by explaining: "When you consider yourself fundamentally a failure, it's understandable to feel depressed. Feeling proud of your son was a source of strength for you, and now you feel that's been shattered. This situation triggers a core sense of failure and worthlessness that extends back to feeling criticized by your mother. These kinds of negative experiences make you fearful of invalidation and criticism, so you don't allow people to get close to you. However, you feel lonely and unsupported in your life."</p>
<p><b>Stage 3: Attend to Process Markers and New Meaning</b></p> <p>Step 12: Identifying Emerging Task Markers:</p> <p>a. Marker: It is revealed that the "critical voice" is a reflection of her mother and, eventually, her boss through two-chair work for self-criticism. "Seeing her devastates me every time."</p> <p>b. Task: The therapist and client engage in several rounds of empty chair work with the client's mother to address unresolved issues related to feelings of neglect and invalidation.</p> <p>c. In two-chair work, the resistant critic struggled to soften (emerging marker). Decision to attempt formulation change and self-soothing task.</p> <p>Step 13: Identifying Micromarkers:</p> <p>a. Micro Marker: In the empty chair work, she reenacts her mother's dismissive behavior; then moves to her own chair, feeling hopeless and helpless.</p> <p>b. Microformulation: After confirming and showing empathy, find out what she needs.</p> <p>Step 14: Assessing how newly discovered meaning affects the creation of new narratives and relates to existing issues: In the chair work, she accesses a sense of self-pride and stronger self-worth, which improves her relationship with her son. Later in therapy, although she still worries about her son's associations, she no longer feels responsible or at fault. She sets boundaries and demands more from him. In the empty chair task, she expresses anger towards her mother and articulates her need for support and validation, which boosts her confidence at work, improving her interactions with her boss. Consequently, she feels better about going to work.</p>

Several studies have demonstrated the effectiveness of EFT in reducing self-criticism. For instance, Brennan et al. (2014) conducted a study on six women with eating disorders who participated in a 12-week EFT group. The primary focus of the group was to help the women address and transform their self-criticism through two-chair dialogues. Qualitative analysis of the participants' letters to their critical inner voices revealed progress in developing a distinct sense of self apart from the critical self, confronting and separating from criticism, listening to their emotions, and acting in accordance with their needs. Another study examined the impact of a 12-week Emotion-Focused Training for Emotion Coaching Program on emotional intelligence, self-criticism, and self-compassion of psychology undergraduate students. The program was effective in reducing self-criticism, particularly in the sub-dimensions of inadequate self and hated self (Halamová and Kanovský, 2019). The



effectiveness of the smartphone app version of the same program was evaluated on 84 individuals, and the results showed that a 14-day use of the mobile application increased self-reassurance and self-compassion while reducing self-criticism (Halamová et al. 2023).

Shahar et al. (2012) investigated how people with high levels of self-criticism responded to an emotion-focused two-chair dialogue intervention. In this brief intervention, individuals were taught to identify their self-criticizing part as well as their vulnerable and compliant part. They were asked to emotionally experience both aspects of the self. This dialogue contributed to resolving conflicts and led to a more integrated, less critical, and more compassionate self. The intervention was found to significantly reduce self-criticism, depressive symptoms and anxiety while increasing self-compassion and self-reassurance.

The Emotion-Focused Training for Self-Compassion and Self-Protection was developed by Halamová et al. (2021), to reduce self-criticism, enhance protective anger skills, and nurture self-compassion. This program was created by compiling findings from Emotion-Focused Therapy, Compassionate Mind Training, and Mindful Self-Compassion Program. The effectiveness of this 14-day online program was evaluated in 123 non-clinical participants. The findings revealed that the program led to a significant increase in self-compassion and self-reassurance scores during a two-month follow-up period. Furthermore, the intervention was also successful in reducing uncompassionate responses and self-criticism. The effectiveness of the same program was also examined in another study involving 73 university students. The results of the 12-week group program were assessed using heart rate variability during the imagery tasks and self-reported measures. 19 students were assigned to this program, 34 students to the control group, and 20 students to the active control group. For twelve weeks, the intervention group met for 1.5 hours each week and integrated the program's tasks into their everyday routine. The active control group completed an expressive writing task once a week, while the control group received no assignment. After the program, the intervention group showed a significant decrease in self-criticism and self-uncompassionate responding. Additionally, there was a notable increase in heart rate variability compared to both control groups (Halamová et al. 2019).

Another study examined the effects of a smartphone application that included Emotion-Focused Training for Self-Compassion and Self-Protection on self-compassion and self-criticism. The findings showed that participants who used the app for 14 days experienced a significant decrease in self-criticism and an increase in self-protection and self-compassion (Halamová et al. 2022). Additionally, a review aimed at understanding the relationship between different conceptualizations of self-criticism and psychopathology found that treatment approaches for self-criticism mainly involve compassion-focused or emotion-focused therapy interventions. Both approaches have demonstrated effectiveness in decreasing levels of self-criticism across clinical and non-clinical samples. However, extreme kinds of self-criticism, such as the hated self, have been more challenging to change (Werner et al. 2019).

### **Compassion-Focused Therapy**

Compassion-Focused Therapy (CFT), developed by Gilbert (2009a), is based on the observation that clients who struggle with high levels of shame and self-criticism do not feel better even when they can identify alternative thoughts within the framework of cognitive therapies (Gilbert 2009a, 2010). These individuals have been seen to resist standard therapy interventions due to their critical inner voices full of anger and hostility. Accordingly, CFT seeks to identify the obstacles preventing these people from feeling well and to assist them in creating a compassionate inner voice (Gilbert 2014). Compassion is defined as sensitivity to suffering and the action taken to alleviate it. Since compassion is experienced both in interpersonal relationships and in one's relationship with oneself, it has three dimensions: the compassion we show to others, the compassion we receive from others, and the compassion we show to ourselves (Gilbert et al. 2011; Gilbert 2014).

CFT enables individuals to interact with and regulate hard-to-manage emotions like anger, anxiety, and guilt, and to experience soothing emotions through compassion (Gilbert 2014). It focuses on developing genuine interest, being sensitive and understanding towards one's distress, being tolerant of distress, developing empathy and deep understanding of one's emotions and mental state, adopting a non-judgmental attitude towards oneself, and encouraging a sense of warmth and self-acceptance (Gilbert and Irons 2009). Within this context, a range of activities are designed to help people become more skilled in compassion, including compassionate attention, compassionate thinking, compassionate behavior, compassionate emotion, compassionate imagery, and compassionate sensation (Gilbert, 2009a, 2009b, 2010, 2014). Interventions conducted within the framework of CFT enable individuals to develop a nurturing, compassionate inner resource that helps them calm themselves and feel content when facing difficult situations. In other words, CFT therapists assist clients in recognizing the blaming and self-critical types of relationships they have with themselves and

help them replace these with a warm and compassionate relationship with themselves (Gilbert 2009a, 2009b, 2010, 2014). An example practice aimed at reducing self-criticism within the CFT framework is presented in Table 4.

<b>Table 4. From Self-criticism to Self-compassion (Gilbert 2009b)</b>
1. If something is bothering or upsetting you, take note of the sensations occurring in your body.
2. Remember that your body is programmed to react in a certain way. Focus on your breath and slow down. If it helps, you can hold an object that soothes you.
3. Now, focus on the emotions and thoughts associated with your sadness. Identify them as old patterns that hide your fears or perhaps as the voice of someone from your past.
4. Now, focus on your compassionate image and allow yourself to smile compassionately. Understand the pain related to your discomfort and focus on the compassion within you. Even if you cannot feel it directly, the act of focusing can be helpful.
5. Try to remember times when you were compassionate towards yourself and others and allow yourself to focus on that feeling. Sincerely listen to what your compassionate mind is telling you.
6. Notice your thoughts and allow yourself to be compassionate. Remember that you are in the flow of life and that you did not choose those feelings or discomforts. Keep in mind that most people engage in self-criticism and that this is not your fault. Hear the sincere, kind, and wise voice in your mind. There may be things that can upset or disappoint you, but these are not judgments of your entire self or existence.

Several studies in the literature show that self-compassion plays a crucial role in reducing self-criticism. Shavandi et al. (2021) conducted a quasi-experimental study to examine the effects of eight sessions of Compassion-Focused Therapy (CFT) on the self-criticism levels of women going through divorce. The experimental group showed significantly lower levels of self-criticism compared to the control group. Krieger et al. (2019) implemented the online version of the Mindfulness-Based Compassionate Living Program for individuals with high levels of self-criticism. At the end of the study, participants experienced significant reductions in psychological distress, self-criticism, fear of self-compassion, and existential shame scores, while showing significant increases in self-compassion, mindfulness, satisfaction with life, and self-esteem scores. These effects were observed to persist six months after the study. Over a six-week period, women with PCOS were asked to keep a gratitude, listing five things they were thankful for each day. At the end of the study, participants showed significant decreases in stress, depression, anxiety, and self-criticism. Meanwhile, their levels of self-compassion had increased (Jose 2023).

In another study, veterinarians participated in a two-week online compassion-focused imagery intervention. The study found that after the intervention, there were significant decreases in perfectionism and self-criticism, and these effects continued during the two-week follow-up period. Fear of compassion also decreased, although self-confidence remained unchanged (Wakelin et al. 2023). Sajjadi et al. (2023) investigated the effects of an eight-session Mindfulness-Based Self-Compassion Program on reducing shame, psychopathological symptoms, and self-criticism in young adults who experienced childhood neglect and abuse. The results showed significant reductions in anxiety, depression, inner shame, and self-criticism levels. Additionally, there was a significant increase in self-compassion levels. Johnson et al. (2017) concluded that a six-week compassion meditation was effective in reducing self-criticism levels in low-income African American men and women who had recently attempted suicide. Pol et al. (2024) examined whether adding a 12-week compassion-focused group therapy to standard treatment including psychomotor psychotherapy, art therapy and rehabilitation counseling would reduce self-criticism in patients with personality disorders. The findings showed that there was no significant change during the therapy, but there was a significant decrease in self-critical beliefs at the six-week follow-up compared to baseline. While most participants showed reliable improvements in self-criticism and self-compassion, a small percentage showed improvement in the severity of personality disorder.

Gilbert and Procter (2006) demonstrated that a 12-week Compassionate Mind Training resulted in significant decreases in depression, inferiority, self-criticism, anxiety, shame, and submissive behaviors. Moreover, participants demonstrated a significant improvement in their abilities to self-soothe and focus on feelings of warmth and reassurance towards themselves. Gu et al. (2022) examined the response of Chinese international students studying in South Korea who have high levels of self-criticism resulting in psychological distress to a four-session online compassion-focused therapy intervention. They compared the results of this intervention with those of a four-session rational emotive behavioral therapy group and a control group. The outcomes showed that the compassion-focused therapy group significantly improved in terms of compassion, self-criticism, anxiety, depression, and shame, which were higher than those in the rational emotive behavioral therapy and control groups. Participants in the compassion-focused therapy group exhibited reduced levels of anxiety, self-criticism, shame, and depression along with increased levels of compassion. These changes were

maintained during the follow-up period, with significant mean difference changes observed. In a study assessing the effectiveness of a seven-session Loving-Kindness Meditation Programme aimed at enhancing self-compassion among individuals with high levels of self-criticism, the intervention group exhibited significant decreases in depressive symptoms and self-criticism, alongside significant increases in self-compassion and positive emotions compared to the control group. These improvements were sustained three months post-intervention (Shahar et al. 2015b).

Vidal and Soldevilla's (2023) meta-analysis, which examined 14 research studies, demonstrated that CFT is effective in reducing levels of self-criticism. Another meta-analysis evaluating the overall impact of self-compassion interventions on self-criticism outcomes found that intervention groups showed a significant and moderate decrease in self-criticism compared to control groups. Moderation analysis revealed that interventions related to self-compassion led to greater reductions in self-criticism when they were longer in duration and compared with passive rather than active controls (Wakelin et al. 2022).

Short-term interventions also appear to be effective in reducing self-criticism. Kirby et al. (2023) examined whether a two-hour CFT parenting seminar designed for parents would reduce self-criticism, enhance parenting, and improve the child's social, emotional, and behavioral well-being. Two weeks after the seminar, parents showed a significant reduction in self-criticism levels compared to the control group, as well as decreases in their children's emotional and peer problems. These results were further improved at the three-month follow-up. However, while parents reported significant improvement in self-compassionate action, there were no changes in showing compassion to others and receiving compassion from others. A seven-day self-compassion intervention was found to reduce self-criticism and rumination in female university athletes with high levels of self-criticism. These effects were maintained during a one-month follow-up period (Mosewich et al. 2013).

Ondrejková et al. (2022) investigated the effect of the online version of the 15-day Mindfulness-Based Compassionate Living Program on self-compassion and self-criticism in a non-clinical sample. The results showed a significant decrease in the participants' self-criticism levels and a significant increase in their self-compassion levels after the completion of the program. These effects continued in the two-week follow-up period. Beaumont (2016) conducted research on the effects of a three-day workshop focused on CFT for healthcare providers, including nurses, psychotherapists, and midwives. The study concluded that there was a statistically significant increase in self-compassion and a statistically significant decrease in self-critical judgment among the participants. Another study evaluating the effect of a 15-day internet-based Mindfulness-Based Intervention Program on self-compassion and self-criticism in a non-clinical sample found that self-criticism and self-uncompassionate responding decreased at the end of the program and these changes persisted for two months. However, the initial increase in self-compassionate responding observed immediately after the intervention did not continue at the two-month follow-up. In summary, the 15-day internet-based Mindfulness-Based Intervention for 15 minutes a day effectively reduced self-criticism and self-compassionate responding, with effects lasting for two months, but the short-term increase in self-compassionate responding was not sustained at the two-month follow-up (Halamová et al. 2018).

## Conclusion

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With the changing living conditions, the increased emphasis on acquisition and achievement has led to heightened individuals' expectations from themselves. When these expectations are not met, they tend to harshly criticize themselves, resulting in a pronounced critical inner voice. For this reason, the concept of self-criticism has become increasingly prominent in psychopathology and psychotherapy literature. During this process, self-criticism has been conceptualized by different researchers via different dimensions and structures. For instance, while Blatt et al. (1976) considered self-criticism as a unidimensional construct related to introjective depression, there are also researchers (e.g. Gilbert et al. 2004, Thompson and Zuroff 2004) suggest that it is a multidimensional construct. These different perspectives on the dimensions of self-criticism have led to the development of different instruments for assessing the relevant concept.

When the instruments in the literature are examined, it is seen that there are scales developed to directly measure self-criticism (e.g. Thompson and Zuroff 2004, Gilbert et al. 2004, Yılmaztürk and Ekşi 2022) as well as scales developed to measure a different construct but one of the sub-dimensions of the relevant construct is named as self-criticism (e.g. Blatt et al. 1976, Carver and Ganellen 1983). In addition, there are scales through which measurements are made via concepts closely related to self-criticism. All these measurement tools contribute to the understanding of the concept of self-criticism and allow for the evaluation of individuals' self-criticism levels by addressing it from different perspectives.

Although studies conducted with different measurement tools address self-criticism through different domains, all these studies highlight the negative effects of self-criticism on individuals. Study results show that self-criticism is a significant predictor of depression, anxiety and various psychological disorders. Therefore, self-criticism is considered as a transdiagnostic concept in the emergence of psychopathologies. Moreover, self-criticism has emotional and behavioral consequences for individuals. For instance, high levels of self-criticism, which constantly occupy individuals' minds, hinder them from feeling safe and peaceful in their social relationships, reduce their compassion and happiness levels, and consequently increase their negative affect. Due to their self-criticisms such as "I am not good/beautiful/successful enough", individuals may engage in dysfunctional behaviors such as emotional eating in order to comfort themselves. Similarly, individuals may exhibit perfectionistic behaviors to control their self-criticism levels.

Due to the negative effects of self-criticism on individuals, various intervention programs have been developed by researchers to reduce self-criticism. When the literature was examined, it was seen that these intervention studies were mostly based on Cognitive Therapy, Emotion Focused Therapy and Compassion Focused Therapy. In the intervention studies conducted within the framework of Cognitive Therapy, the aim is to reduce self-criticism by restructuring dysfunctional beliefs. In the intervention studies based on Emotion-Focused Therapy and Compassion-Focused Therapy, the aim is to reduce self-criticism by applying various techniques and practices to mute individuals' critical inner voices. Although the contents of the intervention programs vary with regard to different therapy approaches, the findings of the studies show that intervention studies are effective in reducing individuals' levels of self-criticism in both clinical and non-clinical samples. For future studies, comprehensive meta-analysis studies can be conducted to evaluate the effectiveness of these intervention studies.

When the Turkish literature was examined, a review study on the theoretical and empirical knowledge of self-criticism was not encountered. Thus, this study aims to provide a framework for future researches on self-criticism. Researchers can develop an understanding of different conceptualizations of self-criticism, compare self-criticism instruments developed accordingly, and structure their scientific research by considering the relationships of self-criticism with various variables. Mental health professionals working with self-critical clients can focus on related concepts such as fear of compassion, shame and perfectionism and may incorporate these in the counseling process. In addition, when developing the content of self-criticism intervention programs, they can review the outcomes of intervention studies based on different approaches.

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