Self-criticism and self-compassion:

Risk and resilience
Once thought to only be associated with depression, self-criticism is a transdiagnostic risk factor for diverse forms of psychopathology. However, research has shown that self-compassion is a robust resilience factor when faced with feelings of personal inadequacy. Self-critical individuals experience feelings of unworthiness, inferiority, failure, and guilt. They engage in constant and harsh self-scrutiny and evaluation, and fear being disapproved and criticized and losing the approval and acceptance of others. Self-compassion involves treating oneself with care and concern when confronted with personal inadequacies, mistakes, failures, and painful life situations. Although self-criticism is the aspect of perfectionism most associated with maladjustment, one can be harshly self-critical without being a perfectionist. Most studies of self-criticism have not measured shame; however, this self-conscious emotion has been implicated in diverse forms of psychopathology. In contrast to guilt, which results from acknowledging bad behavior, shame results from seeing oneself as a bad or inadequate person.

Although self-criticism is destructive across clinical disorders and interpersonal relationships, self-compassion is associated with healthy relationships, emotional well-being, and better treatment outcomes. Recent research shows how clinicians can teach their patients how to be less self-critical and more self-compassionate. Neff proposes that self-compassion involves treating yourself with care and concern when being confronted with personal inadequacies, mistakes, failures, and painful life situations. It consists of 3 interacting components, each of which has a positive and negative pole:

- self-kindness vs self-judgment
- a sense of common humanity vs isolation
- mindfulness vs over-identification.
Self-kindness refers to being caring and understanding with oneself rather than harshly judgmental. Instead of attacking and berating oneself for personal shortcomings, the self is offered warmth and unconditional acceptance.

Humanity involves recognizing that humans are imperfect, that all people fail, make mistakes, and have serious life challenges. By remembering that imperfection is part of life, we feel less isolated when we are in pain.

Mindfulness in the context of self-compassion involves being aware of one’s painful experiences in a balanced way that neither ignores and avoids nor exaggerates painful thoughts and emotions.

Self-compassion is more than the absence of self-judgment; rather, it provides several access points for reducing self-criticism. For example, being kind and understanding when confronting personal inadequacies (eg, “it’s okay not to be perfect”) can counter harsh self-talk (eg, “I’m not defective”). Mindfulness of emotional pain (eg, “this is hard”) can facilitate a kind and warm response (eg, “what can I do to take care of myself right now?”) and therefore lessen self-blame (eg, “blaming myself is just causing me more suffering”). Similarly, remembering that failure is part of the human experience (eg, “it’s normal to mess up sometimes”) can lessen egocentric feelings of isolation (eg, “it’s not just me”) and over-identification (eg, “it’s not the end of the world”), resulting in lessened self-criticism (eg, “maybe it’s not just because I’m a bad person”).

Depression
Several studies have found that self-criticism predicts depression. In 3 epidemiological studies, “feeling worthless” was among the top 2 symptoms predicting a depression diagnosis and later depressive episodes. Self-criticism in fourth-year medical students predicted depression 2 years later, and—in males—10 years later in their medical careers better than a history of depression. Self-critical perfectionism also is associated with suicidal ideation and lethality of suicide attempts.

Self-criticism has been shown to predict depressive relapse and residual self-devaluative symptoms in recovered depressed patients. In one study, currently depressed and remitted depressed patients had higher self-criticism and lower self-compassion compared with healthy controls. Both factors were more strongly associated with depression status than higher perfectionistic beliefs and cognitions, rumination, and maladaptive emotional regulation.

Self-criticism and response to treatment.
In the National Institute of Mental Health Treatment of Depression Collaborative Research Program, self-critical perfectionism predicted a poorer outcome across all 4 treatments (cognitive-behavioral therapy [CBT], interpersonal psychotherapy [IPT], pharmacotherapy plus clinical management, and placebo plus clinical management). Subsequent studies found that self-criticism predicted poorer response to CBT and IPT. The authors suggest that self-criticism could interfere with treatment because self-critical patients might have difficulty developing a strong therapeutic alliance.

Anxiety disorders
Self-criticism is common across psychiatric disorders. In a study of 5,877 respondents in the National Comorbidity Survey (NCS), self-criticism was associated with social phobia, findings that were significant after controlling for current emotional distress, neuroticism, and lifetime history of mood, anxiety, and substance use disorders. Further, in a CBT treatment study, baseline self-criticism was associated with severity of social phobia and changes in self-criticism predicted treatment outcome. Self-criticism might be an important core psychological process in the development, maintenance, and course of social phobia. Patients with social anxiety disorder have...
less self-compassion than healthy controls and greater fear of negative evaluation.

In the NCS, self-criticism was associated with posttraumatic stress disorder (PTSD) even after controlling for lifetime history of affective and anxiety disorders. Self-criticism predicted greater severity of combat-related PTSD in hospitalized male veterans, and those with PTSD had higher scores on self-criticism scales than those with major depressive disorder. In a study of Holocaust survivors, those with PTSD scored higher on self-criticism than survivors without PTSD. Self-criticism also distinguished between female victims of domestic violence with and without PTSD.

Self-compassion could be a protective factor for posttraumatic stress. Combat veterans with higher levels of self-compassion showed lower levels of psychopathology, better functioning in daily life, and fewer symptoms of posttraumatic stress. In fact, self-compassion has been found to be a stronger predictor of PTSD than level of combat exposure.

In an early study, self-criticism scores were higher in patients with panic disorder than in healthy controls, but lower than in patients with depression. In a study of a mixed sample of anxiety disorder patients, symptoms of generalized anxiety disorder were associated with shame proneness. Consistent with these results, Hoge et al found that self-compassion was lower in generalized anxiety disorder patients compared with healthy controls with elevated stress. Low self-compassion has been associated with severity of obsessive-compulsive disorder.

### Eating disorders

Self-criticism is correlated with eating disorder severity. In a study of patients with binge eating disorder, Dunkley and Grilo found that self-criticism was associated with the over-evaluation of shape and weight independently of self-esteem and depression. Self-criticism also is associated with body dissatisfaction, independent of self-esteem and depression. Dunkley et al found that self-criticism, but not global self-esteem, in patients with binge eating disorder mediated the relationship between childhood abuse and body dissatisfaction and depression. Numerous studies have shown that shame is associated with more severe eating disorder pathology.

Self-compassion seems to buffer against body image concerns. It is associated with less body dissatisfaction, body preoccupation, and weight worries, greater body appreciation and less disordered eating. Early decreases in shame during eating disorder treatment was associated with more rapid reduction in eating disorder symptoms.

### Interpersonal relationships

Several studies have shown that self-criticism has negative effects on interpersonal relationships throughout life. Self-criticism at age 12 predicted less involvement in high school activities and, at age 31, personal and social maladjustment. High school students with high self-criticism reported more interpersonal problems.

Self-critical mothers with postpartum depression were less satisfied with social support and were more vulnerable to depression. Self-compassionate people give themselves care and support, they seem to have more emotional resources available to give to others.

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Self-criticism also is associated with body dissatisfaction, independent of self-esteem and depression.
See this article at CurrentPsychiatry.com for a box examining the evidence on the role of self-compassion in borderline personality disorder and non-suicidal self-injury.

**Achieving goals**

Powers et al.\(^{50}\) suggest that self-critics approach goals based on motivation to avoid failure and disapproval, rather than on intrinsic interest and personal meaning. In studies of college students pursuing academic, social, or weight loss goals, self-criticism was associated with less progress to that goal. Self-criticism was associated with rumination and procrastination, which the authors suggest might have focused the self-critic on potential failure, negative evaluation from others, and loss of self-esteem. Additional studies showed the deleterious effects of self-criticism on college students’ progress on obtaining academic or music performance goals and on community residents’ weight loss goals.\(^{51}\)

Not surprisingly, self-compassion is associated with successful goal pursuit and resilience when goals are not met\(^{52}\) and less procrastination and academic worry.\(^{53}\) Self-compassion also is associated with intrinsic motivation, goals based on mastery rather than performance, and less fear of academic failure.\(^{54}\)

**How self-criticism and self-compassion develop**

Studies have explored the impact of early relationships with parents and development of self-criticism. Parental overcontrol and restrictiveness and lack of warmth consistently have been identified as parenting styles associated with development of self-criticism in children.\(^{55}\) One study found that self-criticism fully mediated the relationship between childhood verbal abuse from parents and depression and anxiety in adulthood.\(^{56}\) Reports from parents on their current parenting styles are consistent with these studies.\(^{57}\) Amitay et al.\(^{57}\) states that “[s]elf-critics’ negative childhood experiences thus seem to contribute to a pattern of entering, creating, or manipulating subsequent interpersonal environments in ways that perpetuate their negative self-image and increase vulnerability to depression.” Not surprisingly, self-criticism is associated with a fearful avoidant attachment style.\(^{58}\)

Review of the developmental origins of self-criticism confirms these factors and presents findings that peer relationships also are important factors in the development of self-criticism.\(^{59,60}\)

Early positive relationships with caregivers are associated with self-compassion. Recollections of maternal support are correlated with self-compassion and secure attachment styles in adolescents and adults.\(^{61}\) Pepping et al.\(^{62}\) found that retrospective reports of parental rejection, overprotection, and low parental warmth was associated with low self-compassion.

**Benefits of self-compassion**

A growing body of research suggests that self-compassion is strongly linked to mental health. Greater self-compassion consistently has been associated with lower levels of depression and anxiety,\(^{3}\) with a large effect size.\(^{4}\) Of course, central to self-compassion is the lack of self-criticism, but self-compassion still protects against anxiety and depression when controlling for self-criticism and negative affect.\(^{5,63}\) Self-compassion is a strong predictor of symptom severity and quality of life among individuals with anxious distress.\(^{64}\)

The benefits of self-compassion stem partly from a greater ability to cope with negative emotions.\(^{5,63,65}\) Self-compassionate people are less likely to ruminate on their negative thoughts and emotions or suppress them,\(^{5,66}\) which helps to explain why self-compassion is a negative predictor of depression.\(^{57}\)

Self-compassion also enhances positive mind states. A number of studies have found links between self-compassion and positive psychological qualities, such as happiness, optimism, wisdom, curiosity, and exploration, and personal initiative.\(^{63,65,66,69}\) By embracing one’s suffering with compassion, negative states are ameliorated when positive emotions of kindness, connectedness, and mindful presence are generated.
Misconceptions about self-compassion

A common misconception is that abandoning self-criticism in favor of self-compassion will undermine motivation; however, research indicates the opposite. Although self-compassion is negatively associated with maladaptive perfectionism, it is not correlated with self-adopted performance standards. Self-compassionate people have less fear of failure and, when they do fail, they are more likely to try again. Breines and Chen found in a series of experimental studies that engendering feelings of self-compassion for personal weaknesses, failures, and past transgressions resulted in more motivation to change, to try harder to learn, and to avoid repeating past mistakes.

Another common misunderstanding is that self-compassion is a weakness. In fact, research suggests that self-compassion is a powerful way to cope with life challenges. Although some fear that self-compassion leads to self-indulgence, there is evidence that self-compassion promotes health-related behaviors. Self-compassionate individuals are more likely to seek medical treatment when needed, exercise for intrinsic reasons, and drink less alcohol. Inducing self-compassion has been found to help people stick to their diets and quit smoking.

Self-compassion interventions

Individuals can develop self-compassion. Individuals can develop self-compassion. Shapira and Mongrain found that adults who wrote a compassionate letter to themselves once a day for a week about the distressing events they were experiencing showed significant reductions in depression up to 3 months and significant increases in happiness up to 6 months compared with a control group who wrote about early memories. Albertson et al found that, compared with a wait-list control group, 3 weeks of self-compassion meditation training improved body dissatisfaction, body shame, and body appreciation among women with body image concerns. Similarly, Smeets et al found that 3 weeks of self-compassion training for female college students led to significantly greater increases in mindfulness, optimism, and self-efficacy, as well as greater decreases in rumination compared with a time management control group.

The Box describes rating scales that can measure self-compassion and self-criticism.

Mindful self-compassion (MSC), developed by Neff and Germer, is an 8-week group intervention designed to teach people how to be more self-compassionate through meditation and informal practices in daily life. Results of a randomized controlled trial found that, compared with a wait-list control group, participants using MSC reported significantly greater increases in self-compassion, compassion for others, mindfulness, and life satisfaction, and greater decreases in depression, anxiety, stress, and emotional avoidance, with large effect sizes indicated. These results were maintained up to 1 year.

Compassion-focused therapy (CFT) is designed to enhance self-compassion in clinical populations. The approach uses a number of imagery and experiential exercises to enhance patients’ abilities to extend feelings of reassurance, safeness, and understanding toward themselves. CFT has shown promise in treating a diverse group of clinical disorders such as depression and shame, social anxiety and shame, eating disorders, psychosis, and patients with acquired brain injury. A group-based CFT intervention with a heterogeneous group of community mental health patients led to significant reductions in depression, anxiety, stress, and self-criticism. See Leaviss and Utley for a review of the benefits of CFT.

Fears of developing self-compassion

It is important to note that some people can access self-compassion more easily than others. Highly self-critical patients could feel anxious when learning to be compassionate to themselves, a phenomenon known as “fear of compassion” or “back-
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Highly self-critical patients could feel anxious when learning to be compassionate to themselves.

 draft. Backdraft occurs when a firefighter opens a door with a hot fire behind it. Oxygen rushes in, causing a burst of flame. Similarly, when the door of the heart is opened with compassion, intense pain could be released. Unconditional love reveals the conditions under which we were unloved in the past. Some individuals, especially those with a history of childhood abuse or neglect, are fearful of compassion because it activates grief associated with feelings of wanting, but not receiving, affection and care from significant others in childhood.

Clinicians should be aware that anxiety could arise and should help patients learn how to go slowly and stabilize themselves if overwhelming emotions occur as a part of self-compassion practice. Both CFT and MSC have processes to deal with fear of compassion in their protocols.\(^{98,99}\) with the focus on explaining to individuals that although such fears may occur, they are a normal and necessary part of the healing process. Individuals also are taught to focus on the breath, feeling the sensations in the soles of their feet, or other mindfulness practices to ground and stabilize attention when overwhelming feelings arise.

Clinical interventions

Self-compassion interventions that I (R.W.) find most helpful, in the order I administer them, are:

- exploring perceived advantages and disadvantages of self-criticism
- presenting self-compassion as a way to get the perceived advantages of self-criticism without the disadvantages
- discussing what it means to be compassionate for someone else who is suffering, and then asking what it would be like if they treated themselves with the same compassion
- exploring patients’ misconceptions and fears of self-compassion
• directing patients to the self-compassion Web site to get an understanding of what self-compassion is and how it differs from self-esteem
• taking an example of a recent situation in which the patient was self-critical and exploring how a self-compassionate response would differ.

Asking what they would say to a friend often is an effective way to get at this. In a later therapy session, self-compassionate imagery is a useful way to get the patient to experience self-compassion on an emotional level. See Neff\(^{10}\) and Gilbert\(^{8}\) for other techniques to enhance self-compassion.

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References


Related Resources
- Self-compassion by Dr. Kristen Neff. www.self-compassion.org.

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Mindful self-compassion teaches people to be more self-compassionate through meditation and informal practices in daily life.

Bottom Line
Self-criticism confers risk for developing and maintaining diverse forms of psychopathology, and it could be an impediment to treating these conditions. Self-compassion, in contrast, is associated with several positive mental health benefits, and evidence for the effectiveness of compassion-focused interventions is accumulating. Assessing and addressing self-criticism and fostering self-compassion may enhance treatments for psychiatric disorders.


Help patients learn how to go slowly and stabilize themselves if overwhelming emotions occur as a part of self-compassion practice.

### Evidence on self-compassion in borderline personality disorder and non-suicidal self-injury

#### Borderline personality disorder (BPD)

Southwick et al\(^a\) reports that self-criticism is higher among patients with BPD than major depression,\(^1\,\(^2\) and self-criticism has been associated with other personality disorders as well.\(^2\,\(^3\) Shame, the emotional component of self-criticism, might be the central emotion in BPD.\(^4\,\(^5\) Shame in BPD has been associated with chronic suicidality, poor self-esteem, and quality of life, and can elicit anger and rage, which could conceal shame in the therapeutic relationship and jeopardize therapeutic success.\(^6\,\(^7\) Rüsch et al\(^8\) found shame to be higher in female BPD patients compared with those with social anxiety and healthy female controls.

#### Non-suicidal self-injury (NSSI)

Self-criticism has been shown to discriminate between healthy controls and people who self-injure. Self-criticism also is higher among people who choose direct forms of self-injury, compared with more indirect forms of self-harm.\(^9\) Studies have shown that the main function of NSSI is to regulate distressing emotions, but the second most common function is self-punishment.\(^10\) Self-criticism in adolescents mediated the relationship between childhood maltreatment and NSSI.\(^11\) Van Vliet and Kalnins' presented a cogent rationale and predicted benefits of compassion-focused therapy for NSSI, and Sutherland et al\(^12\) found evidence suggesting that individuals recovering from NSSI engage in self-compassion.

### References