Consensual Qualitative Analysis of Self-Criticizing Using the Two-Chair Technique

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Abstract

Level of self-criticism has a significant impact on people's psychopathology because severe self-criticism activates the sympathetic nervous system, and that further stimulates the physiological and psychological stress response which lead to impairment of mental health and wellbeing (Singer & Klimecki, 2014). Therefore, self-criticism is widely studied, but authors use mainly quantitative approaches which allow generalisation of knowledge but do not allow in-depth insights into the phenomenon. Hence our research aim was to identify the kinds of statements individuals utter when self-criticizing using the two-chair dialogue technique which enable to expose inward dialogues people lead with their self-critical parts. Out of 80 participants, the 20 most expressive participants were selected for the analysis: 15 women and 5 men (M = 27.7; SD 7.60). The data were analysed using Consensual Qualitative Research (CQR; Hill et al., 1997) with three members of a core team and one auditor. We identified three domains of self-criticism – Emotional (mainly inadequacy, fear, contempt, and disgust), Behavioural (mainly hurting and neglecting others, stating one's shortcomings and motivating oneself), and Cognitive (primarily generalized judgements about one's negative traits and reactions, perceived judgements by others or based on comparisons with others, and judgements relating to criticized situations and the effects of these). Expanding on the qualitative knowledge in the area of self-criticism would make for better planning and the provision of better treatment for highly self-critical people by mental health professionals.

Keywords

consensual qualitative research, psychopathology, self-compassion, self-criticism, self-protection

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Level of self-criticism has a significant impact on people's psychopathology because severe self-criticism activates the sympathetic nervous system, and that further stimulates the physiological and psychological stress response which lead to impairment of mental health and wellbeing (Singer & Klimecki, 2014). Therefore, self-criticism is widely studied, but authors use mainly quantitative approaches which allow generalisation of knowledge but do not allow in-depth insights into the phenomenon. Hence our research aim was to identify the kinds of statements individuals utter when self-criticizing using the two-chair dialogue technique which enable to expose inward dialogues people lead with their self-critical parts. Out of 80 participants, the 20 most expressive participants were selected for the analysis: 15 women and 5 men (M = 27.7; SD 7.60). The data were analysed using Consensual Qualitative Research (CQR; Hill et al., 1997) with three members of a core team and one auditor. We identified three domains of self-criticism – Emotional (mainly inadequacy, fear, contempt, and disgust), Behavioural (mainly hurting and neglecting others, stating one's shortcomings and motivating oneself), and Cognitive (primarily generalized judgements about one's negative traits and reactions, perceived judgements by others or based on comparisons with others, and judgements relating to criticized situations and the effects of these). Expanding on the qualitative knowledge in the area of self-criticism would make for better planning and the provision of better treatment for highly self-critical people by mental health professionals.

Keywords: consensual qualitative research, psychopathology, self-compassion, self-criticism, self-protection

Introduction

To some extent, everyone has an inner critical voice that speaks to them in situations in which they have failed. According to Shahar (2015), self-criticism is an intense and lasting relationship with the self, characterized by (a) an uncompromising insistence on a high standard of performance, (b) hostility and contempt for oneself on failing to achieve these unachievable high standards. Self-critical individuals have negative beliefs about themselves that either manifest only at certain times or certain life situations or remain a consistent part of their life over the long term (Whelton et al., 2007). Adopting a negative attitude towards oneself, manifested in excessive self-criticism, is one of the most important psychological processes affecting susceptibility to psychopathology, its persistence, and treatment response (Falconer et al., 2015). According to Singer and Klimecki (2014) severe self-criticism activates the sympathetic nervous system and further stimulates the physiological and psychological stress response which lead to impairment of mental health and wellbeing. As the higher self-reported

adaptability to the pandemic is linked with lower self-criticism (Besser et al., 2003), the need to study this phenomenon even increases in COVID-19 pandemic (Besser et al., 2020) because of widely used lockdowns to prevent the new virus from spreading. Previous quantitative studies of self-criticism (e.g., Halamová, Kanovský et al., 2019; Kanovský et al., 2020) suggest that self-criticism is widely and cross-culturally recognised phenomenon. In this paper, we chose to study self-criticism using the two-chair dialogue technique which enable to expose inward dialogues people lead with their self-critical parts. According to Shahar et al. (2012), the two-chair technique is a promising intervention to treat self-critical individuals. Collaboration of multiple authors was needed in order to do the research. The use of the Consensual Qualitative Analysis (CQR; Hill et al., 1997) was to make sure, that the analysis is done as much bias free as possible.

Literature Review

Qualitative Research on Self-Criticism

Although self-criticism is a clinically relevant construct and there is a wealth of quantitative research on self-criticism (e.g., Blatt & Zuroff, 1992; Kramer & Pascual-Leone, 2016; Whelton & Greenberg, 2005), there are only a few qualitative research studies in this area (e.g., Gilbert & Irons, 2004). We will briefly summarize the results of the existing qualitative research on self-criticism. A study of self-critical rumination (Kolubinski et al., 2016) that used metacognitive profiling and a semi-structured interview, showed that all 10 participants were able to identify the advantages and disadvantages of self-critical rumination. Their research involved individuals who reported a tendency to be self-critical and had low self-esteem. Positive metacognitive beliefs were related to the usefulness of self-critical rumination as a means of improving cognitive performance and increasing motivation. Negative metacognitive beliefs were linked to individuals' inability to control their self-critical rumination and its negative impact on their mood, motivation, and self-perception. In conclusion, all participants stated that they were either unable to disengage from their self-critical thoughts or were able to do so only occasionally and with varying degrees of success. However, self-critical thoughts were often seen as factual, and rarely as distorted or biased, and it took the participants hours or days to distract themselves from them (Kolubinski et al., 2016). Similarly, in a study by Gilbert and Irons (2004), self-critical participants who were diagnosed with depression kept diaries in which they reported that their self-criticism was automatic, strong, intrusive, disturbing, and difficult to disengage from, and that they felt harassed by their self-criticism. Self-criticism was most often associated with anger, frustration, inadequacy, and depression in participants. Whelton and Henkelman (2002) analysed video-recorded verbal statements of people criticizing themselves for five minutes. They created eight categories: "demands and orders; exhorting and preaching; explanations and excuses; inducing fear and anxiety; concern, protection, and support; description; explore/puzzle/existential; and self-attack and condemnation" (Whelton & Henkelman, 2002, p. 89). These categories represent many common negative behaviours, supporting the idea that self-criticism is learnt from interpersonal relationships and negative statements as well as behaviours people have experienced in the past, such as "cajoling, prodding, exhorting, preaching, and giving orders and putdowns" (Whelton & Henkelman, 2002, p. 89). Self-criticism can even express a concern for the self and a desire to be protective. Halamová et al. (2019) support this statement. They identified differences in the way highly self-critical and low self-critical participants imagined the three parts of the self. Authors used consensual qualitative research (CQR; Hill et al., 1997) to categorize descriptions of the self-critical, self-compassionate, and self-protective parts of the self during guided imagination. Six main domains emerged from the data which were valid

for all three parts of the self: emotions, appearance, voice, cognition, needs, and behaviours. The results of the research showed that the low self-critical individuals used more constructive and positive strategies to manage their self-criticism, while high self-critical individuals displayed more pathological tendencies, such as incompetence, worthlessness, helplessness, or shame. The authors also found that low-self-critical participants did not actually differ greatly from high-self-critical participants in the way the criticized themselves. The main difference lay in how they dealt with that self-criticism (Halamová et al., 2019), drawing on their ability to elicit assertive (also called protective) anger in response to their harsh critical inner voice. While participants with low self-criticism felt angry and irritated by their self-critic, participants with high self-criticism were overwhelmed by worthlessness, helplessness, inferiority, fear, and shame. Using the same analysis CQR (Hill et al., 1997), Halamová, et al. (2020) conducted research examining the first three free associations elicited by the stimulus words criticism and self-criticism. The following four domains were specified: emotional aspects (this domain included all associations relating to feelings and emotions or images of emotions), cognitive aspects (thoughts related to the associations), behavioural aspects (content related to the behaviour of individuals), and assumptions (everything leading to criticism and self-criticism and considered to have caused it). For both concepts, the most saturated domain was the behavioural aspect. We agree with authors suggesting that this topic needs further research. To sum up, it seems that self-criticism is learnt from interpersonal relationships and is experienced as unpleasant with all sorts of negative emotions especially disgust, hatred, and contempt over self. In addition, it is hard to overcome if related to an any kind of psychopathology because it is automatic and without ability to control it. On the other hand, people with lower self-criticism are able to overcome it more constructively.

We believe the qualitative research brings us closer to understanding the in-depth meaning of self-criticism and its extreme forms in order to better treat and diagnose people with higher level of self-criticism.

Quantitative Research on Self-Criticism Using the Two-Chair Technique

There is a fair amount of quantitative research on self-criticism so we were mainly interested in previous research studies in which real self-criticism was stimulated using the two-chair technique, which is the method used in the present research. Shahar et al. (2012) conducted research to examine the effectiveness of two-chair dialogue, looking specifically at self-criticism, self-compassion, the ability to be self-assuring in stressful situations, and depression and anxiety. The results showed that the intervention was associated with a significant increase in self-compassion and self-reassurance and with a significant reduction in self-criticism, depressive symptoms, and anxiety symptoms. These findings suggest the two-chair technique may be a promising self-criticism intervention (Shahar et al., 2012) and using this method might be beneficial for participants in the research. Whelton and Greenberg's (2005) two-chair technique involved observing the self-criticizing process and its immediate effect on the self. The participants were students, who were video-recorded as they self-criticized and then responded to it. This was preceded by the elicitation of an imagination to evoke situations of failure in the participants' minds. The results showed that highly critical participants expressed more contempt and disgust at the self than the control group did. Similarly to what was mentioned in previous section, the researchers' coding also revealed that the self-critics were less self-sufficient than the participants in the control group when responding to self-criticism: they were less assertive, more submissive, sadder, and more ashamed. Self-critical individuals were unable to separate themselves from their internal critics and experienced significantly more insults than the control group. Negative reactions associated with self-criticism were also manifested non-verbally (Whelton & Greenberg,

2005). This support previously mentioned theory, that assertive (protective) anger can be helpful in treatment of self-critical participants. Kramer and Pascual-Leone (2016) investigated the role of emotions in the self-critical process of individuals with anger management problems. In their study, they compared a group that was highly prone to becoming angry and a control group using the indicators of contempt, fear, shame, anger, and general distress, and investigated their approach to basic needs. The results showed that working on participants' self-criticism reduced fear and shame, as well as increased assertive anger in both groups. Participants who reported having anger management problems tended to express more contempt towards themselves and had considerable difficulty accessing or expressing their basic personal needs, which had a significant impact on their ability to handle the self-criticism compared to the control group (Kramer & Pascual-Leone, 2016).

Previous studies (e.g., Kramer & Pascual-Leone, 2016; Whelton & Greenberg, 2005) using the two chair technique show, that this technique is an effective way not only to expose self-criticism and treat high self-critical individuals, but it is also a good method to distinguish individuals who tend to criticize themselves more.

Aim of Research Study

Level of self-criticism has a significant impact on people's psychopathology because severe self-criticism activates the sympathetic nervous system and further stimulates the physiological and psychological stress response which lead to impairment of mental health and wellbeing (Singer & Klimecki, 2014). Most recently, authors Besser et al. (2020) found higher levels of self-criticism are associated with worse adaptability in COVID-19 pandemic. That is why studying self-criticism in more detail is necessary these days. Even though self-criticism is widely studied, authors use mainly quantitative approaches, which allow generalisation of knowledge but do not allow in-depth insights into the phenomenon. Considering the above, the aim of this research was to analyse and categorize participants' subjective statements when self-criticizing using the two-chair technique.

Methods

We chose Consensual Qualitative Research (CQR; Hill, et al., 1997) as the method for analysing the qualitative data because it is systematic and entails the collaboration of several researchers in order to minimize biases and emphasize consensual decision-making.

Research Team

The research team consisted of four female researchers, three of whom were students taking a Master's degree in psychology (AD, SZ, VV). The fourth member of the team was an auditor (JH), a professor working at the same university with extensive experience of qualitative research and working as a psychotherapist in her private practice. JH designed research project. VV, AD and SZ were doing their master thesis research under the consultation of JH. AD, SZ, and VV collected data always two of the three researchers being present in the university lab. AD and JH wrote the first draft of the article. All authors interpreted the results, revised the manuscript and read and approved the final manuscript.

Before the data collection and subsequent data analysis, the core team members wrote down their expectations so biases could be resolved and research objectivity maintained. Personally identifiable information were protected by separating video data from online sociodemographic info about the participants and all stored in a password protected external

hard drive in a locked cabinet. Only coauthors were present during the data collection and only coauthors had access to the collected data in order to analyse them.

Research Sample

We reached out to participants through social networks (Facebook, Instagram) with a poster in which we gave them brief information about our research, and we also included a link to google sheet where they could sign up for available dates and times. Our available sample consisted of 80 participants, of whom 20 were men and 60 were women. The data was collected in January and February 2020. The age of the participants ranged from 19 years to 57 years (M = 23.86; SD = 5.98). From this sample we carefully selected 20 participants in total for analysis, of whom 15 were women and 5 men. The age of the participants ranged from 21 years to 57 (M = 27.7; SD = 7.60). We created online protected document to share research ideas and suggestions for the categorisation with ongoing comments from all researchers. The data was collected in accordance with the ethical standards of the related institutional research committee and the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all participants electronically, while they were filling out their demographic information in online questionnaire form.

Research Procedure

A research script was created to standardize the data collection. Like the participants in the research conducted by Whelton and Greenberg (2005) and Kramer and Pascual-Leone (2016), our participants gave a short self-critical dialogue using the two-chair technique, which was recorded on a video camera. In Emotion Focused Therapy (EFT; Greenberg, 2004) each chair in two-chair technique represents one aspect of self either self-critic or self-experiencer. The thoughts, feelings and needs of each self are explored and communicated in order to achieve integration between the two parties (Halamová, 2015). This method enable to expose the self-critical dialogue which would normally undergo inside and also helps selecting individuals who tend to criticize themselves more because their expressions contain more disgust and contempt toward self (Whelton & Greenberg, 2005). Halimaa (2001) points out, video-recordings can help the researcher obtain more detailed and accurate information from the subjects. The main advantage of this method is the density and stability of the data collected.

Upon arrival at the research lab, participants were seated in front of a laptop and asked to give online consent to the research. They were then asked to sit on one of two chairs located 0.6 m apart. Two tripods and camcorders were placed 1.5 m away from each chair. The cameras were positioned so participants were in shot from the shoulders upwards. The two researchers proceeded to read the instructions during which participants were asked to remember a specific experience of failure and to recall it for 2.5 minutes. The participants were then directed to talk to themselves out loud for 5 minutes in exactly the way their self-critical voice does when they fail at something:

> Everyone has a part of themselves that watches them, monitors them, and evaluates what they do. What we criticise ourselves for varies from person to person, but we all have our own version of this critical inner voice. Now I would like to ask you to be this critical voice of yours. Imagine you are sitting in the chair opposite you (the researcher points to the opposite chair) and say aloud to yourself what your inner self-critical voice usually says to you in a situation where you have failed. Be your critical inner voice now and talk to yourself,

saying whatever, to criticise yourself. Speak to yourself in the 2nd person singular. Speak in this voice for 5 minutes. I'll tell you when the time is up.

Once one of the researchers had read the instructions, the other researcher turned on the video camera and the participant delivered a 5-minute self-critical dialogue. Only 2 core members were present in the research room to secure privacy and efficiency. If a participant was unable to continue the dialogue for the whole 5 minutes, the researcher who was in charge of reading the instruction prompted the individual by asking questions such as: "What else do you usually say to yourself when something goes wrong?"

Data Analysis

Consensual Qualitative Research

In the analysis, we chose to follow instructions by Hill et al. (1997) who has described several key aspects of CQR: specific phenomena are described verbally, not numerically; data are collected using open-ended questions; researchers study a small number of cases; the context of the whole case is used to understand specific parts of experience; the conclusions flow from the data collected; and it does not involve testing a previous theory.

From the whole research sample we selected participants who were most verbally expressive and whose statements were most self-critical. We selected them based on the consensus of 3 coauthors by watching all the videos while focusing on the frequency of the pauses, frequency of the times the researcher needed to help to keep the process going by asking questions and those having the most disgustful and contemptuous reactions to self (Whelton & Greenberg, 2005). After full transcription (by the 3 members of the core team) of the selected 5-minutes videos we started creating domains, subdomains, and categories. The first stage of the analysis involved 16 participants to see how many different domains, subdomains and categories each member of the core team finds and to see if the researchers can reach consensus, because as we already mentioned, we use CQR (Hill et al., 1997) which is designed for studying only small number of cases. By including the second stage of the data analysis, we wanted to check the saturation of the qualitative analysis, so we selected an additional four self-critical participants based on the same criteria as the first selection of 16 participants. Their statements were categorized in the same way as the ones in the first stage had been using the existing categories from the first categorization. The data were saturated and there was no need to add more participants to the qualitative analysis. The auditor then checked the first version of the categorization, arrived at via a consensus of the three research-team members. The auditor provided feedback, and the research-team members implemented the proposed changes and adjustments to produce the final version of the categorization.

Results

The consensual qualitative analysis of the subjective self-critical statements of the twenty participants resulted in the categorization of 3 domains, 6 subdomains, and 13 categories (see Table 1). The Emotional Aspects of the Self-Critic domain consisted of a general description of the processing of emotional experiences and the identification of the emotions participants had felt either during failure, following it, or when recalling the failure. Cognitive Aspects of Self-Critic was the most comprehensive of the three domains and was related to the participants' thoughts, their evaluation of themselves and of other people, and other peoples' evaluations of them. It also included an evaluation of the situations for which they had criticized themselves. The last domain, Behavioural Aspects of Self-Criticism,

represented behaviour towards oneself and behaviour towards other people, including a statement about their own shortcomings, motivating the self, and descriptions of specific behaviours the participants had exhibited towards other people when neglecting or hurting them.

Table 1
Overall Categorization of Self-Criticizing Statements

		EMOTIONAL ASPECTS OF SELF-CRITIC		
		Emotions		
Specific emotions		*Description of emotion processing*		
		COGNITIVE ASPECTS OF SELF-CRITIC		
		Evaluation of self		
Negative reactions to self		Attributing negative qualities to self		
		Evaluation of others and by others		
Negative perceptions of other people		*Comparisons with other people*		
		Evaluation of situation		
Analysis of situation		*Analysis of situation impact*		
		BEHAVIOURAL ASPECTS OF SELF-CRITIC		
		Behaviours towards other people		
Hurting other people		*Neglecting other people*		
		Behaviours towards self		
Motivating self		*Stating one's shortcomings*		*How to handle self-criticism*

Emotional Aspects of Self-Critic

The Emotional Aspects of Self-Critic domain contained only one subdomain, called Emotions (see Table 2; the numbers inserted next to the domain, subdomains, categories, subcategories in the following tables are the frequencies of the statements). This subdomain consisted of two categories: Specific emotions and General Description of emotion processing. In the first category we included any data naming specific emotion such as "disgust." In the second category, we included statements the participants used to describe their general emotional experience and to indicate how they dealt with it without naming any particular emotion ("It's just difficult for you, often you can't handle it ... the emotions build up in you ..."). The most common specific emotion the participants referred to in their statements was Inadequacy ("I'm not good enough"). Feelings of inadequacy were evoked by situations where the participants felt they had not lived up to a certain standard, were unable to achieve their goals, could not start or finish something they intended to, or thought that they did not belong

somewhere. Participants talked about feeling incompetent, not trusting themselves enough, and feeling they lacked knowledge or skills. Also, they frequently experienced Fear of Themselves, others, or situations ("You're afraid people won't like you then."). Participants also talked of Disgust when self-criticizing ("I'm disgusted by you.") and Contempt ("... it was massive contempt for myself"). As part of their self-critical dialogue, the participants mentioned Feeling unloved by others ("...nobody at all likes you."), meaning that they felt that no one liked them or that they did not deserve other people's love. They felt Disappointment ("Look at yourself ... disappointment, right?"), or Pity towards the self ("I really do feel sorry for you."). Self-critical statements also included Anger turned inwards ("Now you're angry with yourself for being totally stupid."), Helplessness ("I felt that no one could help me and that this was my life from now on.") and even Hate ("I also hate myself for not being interested and for not caring about my family."). Statements of participants included either specific unpleasant emotions evoked by the self-criticizing (inadequacy, fear, disgust, contempt, pity, dissapointement, unloved by others, anger, helplessness, and self-hatred), or comments on processing these unpleasant emotions meaning that self-criticizing is unpleasant experience for all participants.

Table 2
Emotional Aspects of Self-Critic

EMOTIONAL ASPECTS OF SELF-CRITIC 38		
Emotions 38		
Specific emotions 36		*Description of emotion processing* 2
inadequacy	14	
fear	6	
disgust	4	
contempt	3	
pity	2	
disappointment	2	
unloved by others	2	
anger	1	
helplessness	1	
self-hatred	1	

Cognitive Aspects of Self-Critic

Of all the three domains, Cognitive Aspects of Self-Criticism was the most saturated (see Table 3; the numbers inserted next to the domain, subdomains, categories, subcategories in the following tables are the frequencies of the statements). It consisted of three subdomains: Evaluation of self, Evaluation of others and by others, and Evaluation of situation. The names of the subdomains indicate this domain was mainly the outcome of participants analysing themselves and others, as well as the situation of failure. Participants often talked about negative evaluations made by loved ones or about imagining evaluations they might receive in response to their behaviour.

The Evaluation of Self subdomain consisted of all statements judging self and yielded in three categories: Negative Reactions to self included all statements related to negative complex judgements about self and Attributing negative qualities to self contained all statements of single negative characteristics of self. In Negative reactions to self, participants most often responded to their failures using Intimidating statements, pointing out how they would never be good enough, and frightening they would experience the same failure again and again in the future ("You'll ruin everything anyway."). Inadequate Performance meaning

low quality of work provided by self ("I didn't work as well as I could have.") appeared relatively frequently in the same category. The Investigating subcategory included reproachful questions with intention to examine insufficient self ("Why didn't you go to any classes? Why can't you say no? Why, for example, did you stop doing a work placement through the school?"). Other subcategories included statements relating to Inadequate Skills meaning their skills are low quality ("... I lack a lot of skills.") and Accusing meaning that self did something morally wrong ("Now, you've thrown the whole year away"). Invalidating themselves was another type of statement meaning to prove that self is wrong ("Everything you do is bad and stupid and terrible and you can practice as much as you like but you'll make zero improvement.") along with Casting doubt by questioning their decisions and making them look uncertain ("I always think marriage won't work out because there is no such thing as a good marriage"). The last subcategory in this category was Moralizing, which contained statements implying the person had certain values and expressing judgement about them being not morally right ("You're going against your credo, you burned a lot of money for it.").

Another category belonging to the Evaluation of Self subdomain was "Attributing Negative qualities to self." It consisted of statements listing the participants' negative traits, characteristics, and attributes for which participants dislike themselves or even hate themselves.Participants most often rated themselves as "Stupid" meaning that they have not enough intelligence ("You are stupid, vulgar, unintelligent; you are the dumbest person I've ever known."), "Lazy" meaning they are not willing or not wanting to do something ("You're lazy."), and "Irresponsible" meaning they are not thinking enough prior about the possible results ("You're irresponsible."). Other qualities that the participants attributed to themselves were "Cowardice" meaning they avoid danger or risk ("You were a coward."), "Worthlessness" meaning they have no value, importance or usefulness ("You're an Absolute Nobody."), "Weirdness" meaning they are strange or not fit in a referent group ("there's probably not a single person on this planet who is as weird as you ...."), and "Selfishness" meaning they think only on their advantage ("Again, you were selfish and didn't think about what would be better for those around you, that's why people around you are suffering again."). Statements criticizing appearance were included in the Ugly subcategory meaning they are unattractive or not nice to look at ("... you are fat ... just genitals with small hands."). Self-critical dialogues included Negativity meaning they do not have hope or enthusiasm ("You're negative"), Impatience meaning they are not able to wait ("You're impatient"), Weakness meaning they lack power ("You are weak."), and Perfectionism meaning they wish everything to be correct without a spot ("You are a perfectionist"). Either Negative Reactions or Attributing negative qualities to self both pinpointed that self is inadequate in various possible ways or even worthless.

The second subdomain of Cognitive Aspects of Self-Criticism was called Evaluation of others and by others, which consisted of two categories: Negative Perceptions of Other People and Comparisons with Other People. Many of the statements in the first category referred to how participants imagined other people saw them and their attitudes towards them after the participants had behaved as they did. These statements have been included in the subcategories: They'll Remind You About It ("... you're afraid they'll keep reminding you of it and repeating it ...") and They'll Disapprove of You ("... ..surely all of them think you're a complete idiot for having those opinions and you don't know how to proceed..."). In the third subcategory, They Don't Want You, there were statements relating to what real people thought of the participants, not just ideas about how they might disapprove of them ("... those people somehow felt negative energy coming from me, so they didn't interact with me ..."). The Comparison with Other People category included participants comparing their abilities and performance with those around them. The statements were divided into two subcategories: everyone can do it except you (" ...why can't I, when others can? ... why, for example, can she

instantly lose weight, and I just can't?") and everyone can do what you do ("You're worse than others, either average or worse than everyone else."). Statements included criticizing self compared to other people, suggesting that others are better able to do anything and underestimating their abilities as they are just generally available to everybody else too to do anything.

The third subdomain, Evaluation of Situation, consisted of two categories: Analysis of Situation Criticized involved all comments on the cognitive analysis of the situation which evoked the self-criticism and Analysis of Situation Impact in which we included all comments on the impact of the situation.There were the following subcategories related to Analysis of Situation Criticized: You Should Have Handled the Situation Differently which comprises of self-criticizing for improper handling the situation ("You overreacted unnecessarily ... you didn't think it through properly."), You misjudged the situation which included self-criticizing for the lack of prior judgement ("It was totally the wrong school for you.") and the Situation turned out badly which contains self-criticizing for the bad end of the situation ("So, it turned out badly."). Analysis of situation impact contained only one subcategory, Description of current situation ("So I am doomed to extinction because of myself.") which was related to the impacts of the criticized situation on the present life of the participants.

Table 3
Cognitive Aspects of Self-Critic

COGNITIVE ASPECTS OF SELF-CRITIC 88					
Evaluation of self 57					
Negative reactions to self	29	*Attributing negative qualities to self*		28	
intimidating	8	**Stupid**		7	
inadequate performance	5	**Lazy**		4	
investigating	4	**Irresponsible**		3	
accusing	3	**Coward**		2	
inadequate skills	3	**Weird**		2	
invalidating	2	**Worthless**		2	
doubting	2	**Ugly**		2	
moralizing	2	**Selfish**		2	
		Impatient		1	
		Negative		1	
		Weak		1	
		Perfectionist		1	
Evaluation of others and by others 11					
Negative perceptions of other people 6			*Comparisons with other people 5*		
They'll remind you about it 3			**Everyone can do it except you 4**		
They don't want you 2			**Everyone can do what you do 1**		
They will judge you 1					
Evaluation of situation 20					
Analysis of situation criticized 17			*Analysis of situation impact 3*		
You should have handled the situation differently 11			**Description of the current situation 3**		
You misjudged the situation 3					
The situation turned out badly 3					

Behavioural Aspects of Self-Critic

As we can see in Table 4 (the numbers inserted next to the domain, subdomains, categories, subcategories in the following tables are the frequencies of the statements), the domain called Behavioural Aspects of Self-Criticism consisted of two subdomains: behaviours towards other people and behaviours towards self. This domain includes all statements describing specific behaviours participants directed at other people or themselves. Two categories were created in the first subdomain – behaviours towards others, hurting other people (negative treatment), and neglecting other people (not enough treatment). Hurting other people contained statements describing participants' negative tendencies and behaviours towards those around them especially loved ones. They contained statements in which the participants reprimanded themselves for repeatedly disappointing their loved ones by overreacting, being unfair, too critical, and judging them even when they did not deserve it. In addition, the participants blamed themselves for complicating other people's lives through their behaviour because they cannot solve their own problems and for making their acquaintances expend extra energy because of them, negatively impacting on their loved ones through their actions, and hurting them by overreacting and not considering their feelings sufficiently. The statements were therefore divided into four subcategories based on the content: You let others down ("... you disappointed your mother and sister, completely unnecessarily ..."), You are unfair on others ("... I blame myself for... I actually blamed the other person ..."), You judge others ("You often judge other people for things they have done and you don't even think about why they did it.") and You have a negative impact on other people ("... you can't help yourself so you burden others with your problems.").

The second category in the Behaviours Towards other People subdomain – neglecting other people – consisted of several subcategories, including references to participants having little interest in the people around them, lacking in sympathy, and failing to support their loved ones: You don't like others ("Even though I knew my grandmother had fallen and broke her arm, and because of all I had done before, I realized I wasn't giving that love to my family."), You are not interested in others ("I am not interested in my family, and I don't want to talk to them."), and You don't support others ("... but when you're well, you forget about others, you only think of yourself and they can't rely on you. ").

The second subdomain in Behavioural Aspects of Self-Critic was Behaviours towards self and contained three categories: stating one's shortcomings contained statements describing and indicating the participants' shortcomings, mistakes, disappointing behaviours, and inadequate actions. Like the previous categories, this category consisted of several subcategories: You don't plan ("You basically just stay in now"), You don't finish things ("You were struggling in the Netherlands with a 40-kilo suitcase…, just so you could finish that horrible school, which you didn't enjoy anyway, and you didn't even finish it and you had already spent 2 years at.") You don't think about the consequences ("In the you always get different psychosomatic illnesses") and You do it wrong ("You don't do anything to get there ..."). Participants expressed dissatisfaction at their actions in the situation. They were often criticized for not handling the situation and for behaving differently. Motivating Self category contained motivational statements encouraging a change in behaviour and greater confidence. They were divided into the following subcategories: Do it better ("Do it better next time."), Change ("I need to change something in my life."), You can do it ("you have the equipment to do it, you just have to get on with it."), Value Prompting ("Your life motto is that whatever you do in life, do it the best you can."), and Being Hopeful ("I guess it's not lost yet, maybe we still can win.").

Even though our participants' self-critical dialogues contained primarily negative expressions and statements, some had already tried to control their self-critic as part of their

self-critizising. Such statements were included in the category How to handle self-criticism, which consisted of the three subcategories. The first subcategory Dealing with one's critic contained participants' statements about how they used various strategies to control their self-critic, for example, Calming critic ("I'm trying to calm down so I can agree with my critical thoughts, which is not a completely good way, but it's my defence mechanism."), Criticizing through humour ("I tend to criticize through humour to show I don't mean it, a bit yeah, but not really .... I can go along with it and I don't take it too seriously.") and they tried to defend themselves by cutting criticism short ("Of course there was a bit when I cursed, but I always try to keep it as short as possible."). The second subcategory Self-Protection, participants' stood up for themselves and for their rights by pointing out other peoples' mistakes and responsibilities, there were two characteristics, were influenced by others ("... I come from a divorced family and I let my parents' thinking influence me to such an unbelievable extent...") and you did it but others were to blame ("... because other people didn't handle it properly then ..."). In the third subcategory Self-Compassion, statements were focusing on soothing and compassion towards self, in which participants tended to themselves by being kind to their suffering self, for example, by remembering good qualities ("When something happens to others, you always know how to come, listen ..."), Recognizing their achievements in various situations ("you cook something, you work ... well, now you've been exercising for months, it's good."), understanding their failure by being aware of one's limits ("It was probably quite difficult while self-criticizing or very difficult."), and by being able to say words of Encouragement ("it's not that hard, go for it, you've been there already").

Table 4
Behavioural Aspects of Self-Critic

		BEHAVIOURAL ASPECTS OF SELF-CRITIC 65		
		Behaviours towards other people 25		
Hurting other people 17			*Neglecting other people 8*	
You have a negative impact on other people 11			**You're not interested in others 5**	
You are unfair to others 2			**You don't support others 3**	
You judge others 2			**You don't like others 1**	
You let others down 2				
		Behaviours towards self 40		
Motivating self 14	*Stating one's shortcomings 8*		*How to handle self-criticism 18*	
Do it better 5	**You do it wrong 5**		*Dealing with own critic 3*	
Change 5	**You don't finish things 1**		**Calming critic 1** **Criticizing through humour 1** **Cutting criticism short 1**	
You can do it 2	**You don't think about the consequences 1**		*Self-Protection 6*	
Value prompting 1	**You don't plan 1**		**You were influenced by others 4**	
Being hopeful 1			**You did it but others are to blame 2**	
			Self-Compassion 9	

		Remembering one's good qualities 3
		Recognizing one's achievements 2
		Being aware of one's limits 2
		Encouragement 2

Discussion

The aim of this research was to analyse and categorize participants' subjective self-critical statements obtained using the two-chair technique. As we mentioned in Literature Review section, the two-chair technique is an effective method to elicit self-critical inned dialogues and based on the content to select more self-critical individuals. More extreme forms of self-criticism help us in better understanding of the phenomenon.

Three domains emerged from the categorization of the self-critical statements: the Emotional, Cognitive, and Behavioural aspects of the self-critic. Each domain was further divided into subdomains, categories, subcategories, and characteristics. The least frequent domain was Emotional Aspects of Self-Criticism, which contained only one subdomain and two categories. By contrast, the most comprehensive domain was Cognitive Aspects of Self-Criticism, which consisted of three subdomains and six categories, followed by Behavioural aspects of the self-critic with two subdomains and seven categories. This means that our participants' inner criticism concentrated on thoughts and evaluations, along with behaviours, but not so much on emotions. For the most part, all our participants' self-critical statements were quite negative.

Emotional Aspects of Self-Criticism

In their self-critical dialogues, the participants mentioned only unpleasant emotions. The most frequently mentioned emotion was the feeling of inadequacy. Participants described feeling inadequate and incompetent in various areas of their lives, owing to a lack of skills, traits, abilities, or knowledge. For a few, the feelings of inadequacy were also associated with self-hatred, or a desire to get rid of the hated parts of the self, which is similar to the concept of "Hated Self" identified by Gilbert et al. (2004). In most cases, however, the participants' statements along with the unpleasant emotion indicated they had the will and motivation to change. It was thus the form of self-criticism that Gilbert et al. (2004) call Inadequate Self, which is related to feelings of inadequacy, failure, or disappointment.

Fear appeared repeatedly in the self-critical statements, in relation to how participants felt in various situations and following people's reactions to their behaviour. They frequently expressed concern about things that had not happened but might happen in the future. This type of fear is described in the work of Timulak and Pascual-Leone (2014) as anticipatory fear of situations that could evoke painful emotions, as well as fear of real painful feelings that lead the individual to engage in emotional and behavioural avoidance. Gilbert and Procter (2006) stated that emotions such as fear or shame are associated with high self-criticism and that self-critical people feel damaged, or even bad. In addition to negative reactions to their behaviour, the participants in our research feared the loss of favour and love from their loved ones. These findings support Halamová's (2015) claim that self-critical people experience a chronic fear of rejection, criticism, and loss of acceptance – including from their loved ones. In addition to the fear of losing the affection of their loved ones, the participants' statements contained feelings related to being disliked by others. Individuals talked about how they did not deserve the love of others, and some even felt that no one liked them, which corresponds to the concept of flawed self (Greenberg, 2011) in which the person feels unlovable.

Other categories were contempt, disgust, pity, and disappointment. Participants expressed disgust at their failures as well as their personality and qualities, at the idea they had to live with their body and despising their own behaviour. Contempt is an emotion often felt when self-criticizing, as confirmed by the results of a study by Whelton and Greenberg (2005). The self-critical thoughts of their research participants were expressed with greater contempt compared to the control group. The authors suggested that the emotions involved in criticism (specifically anger and contempt) are associated with its impact on mood. Contempt can be understood as the main way people express anger towards themselves when self-criticizing (Kramer & Pascual-Leone, 2016).

We mentioned that the feeling of shame is associated with high self-criticism (Gilbert & Procter, 2006). Feelings of shame are emotional experiences that involve an action tendency to hide, shrink, and disappear. They are a response to internal or external situations of rejection or humiliation. They may also be a response to negative treatment (Timulak & Pascual-Leone, 2014). Gilbert (2005) argue that self-criticism and shame can act as internal processes that stimulate defensive emotions and behaviours, as well as a system of threats (and an inability to be self-compassionate or kind), leading to negative emotions that are difficult to regulate and affect psychopathology and self-harm. Research by Whelton and Greenberg (2005) suggests that self-critical individuals succumb to their self-criticism, feel sadness and shame in response to their criticism, and are unable to separate themselves from their inner critics or show anger, pride, or assertiveness toward them. Feelings of shame are associated with feelings of worthlessness and inadequacy (Timulak & Pascual-Leone, 2014), but although the participants in our research felt these, they did not explicitly mention feelings of shame. This may be due to the fact that people rarely refer to feelings of shame by name even when feeling it: "shame is elaborately hidden and disguised, and a close examination of the verbal, gestural, and contextual details may be needed to uncover it" (Scheff, 2014, p. 132).

Helplessness was one of the categories in Emotional Aspects of Self-Criticism. Greenberg (2004) argues that feelings of worthlessness and incompetence are very often present in the lives of highly self-critical people. These feelings do not change under different circumstances and tend to turn into feelings of hopelessness, helplessness, and shame because high self-critics cannot adaptively understand and use these feelings. Timulak and Pascual-Leone (2014) explain that these negative tendencies stem from so-called core pain (i.e., the most painful and worst experiences) relating to specific unresolved needs in the individual's past.

Behavioural Aspects of the Self-Critic

The Behaviours towards others subdomain included statements about individuals harming others, treating them unjustly and judging them, disappointing them, neglecting them, not supporting them, disliking them, not being interested in them, or otherwise having a negative impact on them. Only a small amount of research has been done on individuals' self-critical statements so there is little to compare our results with, but the same domain, albeit with slightly different content, was found in research by Halamová et al. (2020). One of the resulting domains in the research by Halamová et al. (2020) was Behavioural Aspects, which also emerged in ours. Its content related to the behaviour of individuals and included progress, change, constructive and negative expressions, specific actions, and changes in thinking. One of the subdomains of the Behavioural Aspects domain in the statements categorized by Halamová et al. (2020) was Motivational Function. This contained associations concerning participant change and progress and corresponds to the results of our research.

The Behaviours towards the self subdomain contained a category called Motivating Self, consisting of statements urging participants to change, to perform better, and to express

support for themselves. These results suggest that although the participants' self-critical expressions were largely negative, self-criticism may also have a motivating function. This assumption is confirmed by Gilbert et al. (2017), who believe that self-criticism leads to negative feelings, such as inadequacy, and that these motivate a person to improve and stop making past mistakes. However, in addition to motivational statements, the behaviour towards self subdomain also contained a category called Stating one's Shortcomings, which consisted of statements in which the participants blamed themselves for not planning or completing their plans, for not anticipating the consequences of their behaviour, and for generally doing something wrong in their lives. Self-critical individuals tend to set high and unachievable internal standards, leading to a chronic failure to achieve them (Thompson & Zuroff, 2004). This subdomain also included a category called How to Handle Self-Criticism. Compared to the results of Whelton and Greenberg (2005), in which the participants were not able to resist engaging in self-criticism, our research, somewhat surprisingly, showed that participants made several self-compassionate and self-protective statements when delivering their self-critical dialogue. According to Emotion Focused Therapy (Pascual-Leone & Greenberg, 2007), self-criticism should be countered by evoking and expressing protective anger and self-compassion. As part of behaviours towards self, the participants in our research dealt with their inner critic by being self-compassionate and self-protective in various ways or by using their own specific ways of dealing with their self-critic, such as trying to calm it down, deliberately cutting their criticism short, or criticizing themselves in a humorous way. They displayed self-compassion by pointing out their good qualities, recognizing their achievements, encouraging themselves, or recognizing their limits. They were self-protective in that they stood up for themselves and pointed out other peoples' mistakes or negative influence. The ability to speak to oneself in a protective voice is an important factor in coping with self-criticism (Timulak, 2015). It is interesting that some people exhibit self-protection and self-compassion in the moment of self-criticizing and not afterwards when responding to it. This finding is obtained by drawing on the results of our research and that of Whelton and Henkelman (2002). It may serve the important function of helping people balance their negative emotions even while self-criticizing.

Cognitive Aspects of Self-Critic

The most comprehensive domain was Cognitive Aspects of Self-Criticism. For comparison, the research results of Halamová et al. (2020) suggest that criticism and self-criticism are associated more with the way people behave. In their final categorization, the Behavioural domain was the most comprehensive one, but this could be because of differences in the data collection. Unlike in this study, in Halamová et al. (2020) the research participants had to give free associations. When the association is a single word, interpretations may vary depending on how it is understood.

The last domain mainly contained participants' negative self-evaluations, evaluations of others and by others, and evaluations of various situations mentioned by the participants. In the Evaluation of Self subdomain, we included a statement in which participants disparaged, intimidated, moralized, doubted, questioned, or accused themselves and emphasized their lack of skill and poor performance. Similarly to in Whelton and Henkelman (2002) our data support the idea that self-criticism mirrors many negative interpersonal behaviours and various negative verbal statements which people often produce: "cajoling, prodding, exhorting, preaching, and giving orders and putdowns" (Whelton & Henkelman, 2002, p. 90). Evaluation of Self also contained attributing negative qualities to self, which may eventually crystallize into a rigidly critical and negative self-image. This is similar to what Halamová et al. (2020) found, in that negative cognition is considered an essential element of self-criticism (Greenberg

et al., 1998). Kluger and DeNisi (1996) argue that the first thing people do after receiving criticism is to assess themselves in relation to their goals. Cognitive resources are needed to change behaviour. People use these resources only if they assess that there is a difference between their desired goal and their performance. The cognitive process is essential to the person deciding whether to act in accordance with the criticism or not.

The participants in our research most often described themselves as stupid, lazy, and irresponsible followed by coward, selfish, worthless, weird, ugly, impatient, negative, weak, and perfectionist. These results correspond to those obtained by Shahar et al. (2015), who perceive self-criticism as a process of self-assessment in which people negatively assess various aspects of themselves, such as their personality traits, appearance, and performance. Negative self-assessment further contributes to the fact that self-criticism has a negative impact on everyday life, mental health, and various forms of psychopathology (Duarteet al., 2013). Participants' comments often referred to how they were negatively perceived by people around them. They feared being judged, talked about how unwanted they were, and how people around them would forever remind them of their mistakes. Part of their self-critical dialogues were devoted to making comparisons with other people, whether they knew or generally spent time with other people they thought were better at something than they were. They either criticized themselves for not being able to do something everybody else was capable of doing, or underestimated and blamed themselves for not doing things as well as other people. In this way, participants demonstrated their comparative form of self-criticism, which Thompson and Zuroff (2004) describe as a negative view of themselves compared to others. In this type of self-criticism the person unfavourably compares themselves with other people the person considers excellent, hostile, or critical, and as a result the self-critical person feels uncomfortable self-assessing or presenting themselves to others. Low self-critical people have a lower tendency than high self-critical people to make social comparisons and self-ruminate (Neff & Vonk, 2009), and this raises their overall quality of life (Duarte et al., 2015).

The last subdomain of the Cognitive Aspects of Self-Criticism domain was Evaluation of Situation. A significant proportion of the self-critical dialogues was devoted to descriptions, analysis, and re-evaluating situations involving failure and the effects on the person. Participants criticized themselves for not having handled specific situations differently, and for the situation having gone badly or not as they had thought. This supports Halamová's (2016) statement that the inner critic focuses either on the past, evoking feelings of guilt, or on the future, haunting the person about what may happen. Indeed, self-criticism is characterized by an uncompromising insistence on the person performing to a high standard and when that unachievable high standard is not met they direct hostility and contempt at themselves (Shahar, 2015).

Limitations

We recorded participants' self-critical statements on a video camera so it is possible they felt insecure and ashamed, and consequently deliberately or unconsciously modified their statements, making them look more socially desirable and less authentic. They may have felt uncomfortable in front of the camera and this may have affected their self-critical statements. Similarly, the presence of the two research assistants in the research lab might have led the participants to produce socially desirable statements, potentially distorting the results.

Generalization might also be difficult due to small research sample in qualitative research in general, lack of men participants and analysis of only expressive participants in our study.

Future Research

We agree with the statement of Halamová et al. (2019) that a qualitative view of the topic of self-criticism can enrich the current state of the research area with new knowledge in how people overcome self-criticism based on the level of self-criticism. Therefore, resulting categorization of self-critical statements can be used in the creation of interventions in counselling and psychotherapy. Surprisingly, a few participants expressed self-compassion and self-protection while self-criticizing in the two-chair technique. These participants were able to point out their good qualities, acknowledge their achievements, encourage themselves, or admit their limits, and defend themselves by attributing blame to other people or to the negative influence of other people along with criticizing themselves. This could be the way resilient people use to dampen the harshness and cruelty of their self-critics. Self-rating questionnaires might be a useful way to find out about level of self-criticism of participants to find out if people with lower level of self-criticism use these reactions more often. Therefore, we suggest that further research on the content of the self-critical inner voice, researchers could focus on comparing different groups within populations, such as comparing a clinical sample with the general population, comparing women with men, comparing two different generations, or as we briefly mentioned – populations with different levels of self-criticism, self-compassion and self-protection.

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Compliance with Ethical Standards

Ethical Approval: All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent: Informed consent was obtained from all individual participants included in the study.

Availability of Data and Materials: In order to comply with the ethics approvals of the study protocols, data cannot be made accessible through a public repository. However, data are available upon request for researchers who consent to adhering to the ethical regulations for confidential data.

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