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PRACTICE REFLECTIONS

Guiding Clients Towards Self-Kindness and Acceptance: Wrestling With the Inner Critic

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Research and methodology on the treatment of self-criticism in counselling is limited in the recent literature. This article describes how harsh automatic self-criticism became viewed within several theoretical frameworks as a sub-personality with a purpose rather than a simple psychological mechanism. The article reviews a number of approaches to therapeutic work with clients experiencing habitual self-criticism. It outlines eight therapeutic steps to gaining freedom from the inner critic, including getting to know self-critical "voices", understanding their origins, recognising what activates escalation of self-criticism, and making efforts that create distance from the corrosive effect of self-criticism. Ways to become grounded and self-compassionate, and to develop an individualised wellbeing plan are discussed as components of gaining freedom from self-critical dominance.

An underlying theme in almost all counselling practice is the issue of self-care. The flip side to self-care is its absence, which can emerge as self-criticism (McLeod & McLeod, 2011). Normative acceptance of rejection, social exclusion, and interpersonal criticism as part of everyday life is widespread. A central component in the problems that are brought to counselling is the individual's internalisation and assimilation into their core beliefs of harsh self-evaluation, condemnatory attitudes, negative messages, and family mandates on how one should be (e.g., Blatt, 1974; Gilbert, 1997; McLeod & McLeod, 2011). Research on the impact of harsh self-criticism has been growing; however, Shahar et al. (2012) found that practical therapeutic methods for treating self-criticism have been limited. Because self-criticism is considered a transdiagnostic factor that contributes to therapy outcomes

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(Löw et al., 2020), in the spirit of pluralistic practice (Cooper & Dryden, 2015) this article reviews concepts from several theoretical and treatment models aimed at reducing the impact of harsh self-criticism. Furthermore, the use of the term *inner critic* will be discussed, as it indicates an externalising mechanism, used in several approaches. A succinct eight-step pathway or action plan towards freedom and self-acceptance is offered, developed by the authors from a combined 60 years of counselling practice.

For a child, finding a focus for self-criticism may help explain (make meaning of) why they did not receive the recognition, safety or love needed in their earlier years. A self-critical voice evolves in the hope that one can change, and therefore achieve, what has been needed from significant others (Blatt & Lerner, 1983). A self-critical voice can often be experienced as tyrannical (Stone & Stone, 1993). An individual's effort to be different keeps alive the hope of having needs met through their attempts to change, to fit in, to avoid judgement. However, this effort can result in a confused or weakened sense of self. Confusion or uncertainty about one's own needs and life direction may set in place a foundation for later relational disappointments. Throughout life, even with great effort, it remains a significant challenge to please or quieten an inner critic that may reside in the background of a client's awareness (Greenberg et al., 1990). Both authors' clinical observations and efforts in relation to personal growth indicate that this internal voice can be pervasive and persistent, and also seem normal.

Pervasive self-criticism can be likened to a script, a self, or perhaps even a "voice", scolding from the inside—imposing prohibitions on what individuals do, need, and feel, and who they can be. Developed earlier in life, the inner critic absorbs expectations of family and society, then mimics judgements from significant others. Motivated by a need to create self-protection (Dunkley et al., 2006), the critical self works to maintain some sense of emotional equilibrium by adjusting what a person may consider is not accepted, approved, or loveable (Pearson & Wilson, 2009). It has been suggested that adoption of a self-critical stance can be an attempt to prevent further emotional suffering, or even abuse (Gilbert & Irons, 2005).

The literature indicates that harsh self-criticism is often encountered in clients who are working through psychological difficulties such as depression, anxiety, eating disorders, substance abuse, personality disorders, and suicidal ideation, as well as interpersonal problems (Gilbert & Irons, 2005; Kannan & Levitt, 2013; Tangney & Dearing, 2002; Zuroff et al., 2005). Research has also observed that clinically depressed populations exhibit higher levels of self-criticism than normal control populations (Kannan & Levitt, 2013). Dunkley and Kyparissis (2008) found that individuals with higher levels of self-critical perfectionism described themselves as having feelings of guilt, sadness, hopelessness, loneliness, and low positivity. Such individuals also reported being sensitive to ridicule and feeling cynical and sceptical.

Freud (1917) described self-criticism as a form of moralistic superego attacks on the ego. The concept is also described in other therapy orientations, for example, the *critical parent* in transactional analysis, the *top dog* in Gestalt therapy, and *negative beliefs* in cognitive behavioural therapy (Stinckens et al., 2013). Self-criticism is regarded as a significant characteristic of various psychological disorders, including depressive disorder, eating disorder, and obsessive-compulsive personality disorder (Stinckens et al., 2013). Cognitive behavioural therapy (CBT) describes automatic self-critical thoughts as the kind of negative self-talk that appears without one even being aware of forming a thought, usually in response to certain stimuli (Westbrook et al., 2016). These automatic self-critical thoughts are detrimental to an individual's mental wellbeing (Sachs-Ericsson et al., 2006) and while initially accepted may appear irrational if reviewed later in life.

While work to understand and relieve self-criticism has always been central in counselling, personification of the process by naming it the *inner critic*, recognising it as part of the personality, was introduced by Gendlin (1981/2007) in relation to client-centred, humanistic approaches. The authors' clinical observations suggest that relating to the self-critical process as if it were a semi-autonomous personality can enhance an ability to externalise the process, to step aside from it for a moment, and wrestle with it. The inner critic is often considered one side of an internal split, whereby the aim is to develop a dialogue between the critical, judgemental, and evaluating aspect of self and the more submissive part of self that repeatedly experiences the judgement (Shahar et al., 2012).

CBT theory posits that automatic negative thoughts emerge from core beliefs (Westbrook et al., 2016). Early experiences can lead to the formation of core beliefs about self, others, the world, and life in general, resulting in the formation of schemas, scripts, patterns, and basic assumptions. A critical incident in the present can activate or trigger core beliefs. The authors' clients reported that at times, when automatic negative thoughts were activated, they felt overwhelmed. This can lead to a more insistent—louder and perhaps harsher—recrimination from the critic. Rumination that destabilises one's sense of self can arise and lead to feeling depressed.

Children may begin to believe early negative feedback that occurs when they are creating a sense of identity; they may internalise others' perceptions of them (Sachs-Ericsson et al., 2006). Criticisms, judgements, or admonishments on how to be then cloud the lens through which their self is viewed. Unconsciously, an internal feedback loop can continue throughout life, sabotaging their adult confidence. Out of this process evolves a pattern in the personality, a cognitive schema, collectively named the inner critic, which endlessly corrects and scolds from the inside. The essence of a psychodynamically focused therapy approach is to work through these ways in which the past has affected a client's present.

A self-critical stance can be related to efforts at self-protection (Blatt & Luyten, 2009). The original function of such a stance was to shield an individual from feelings of rejection, disappointment, shame, and emotional pain. This critical voice can be experienced as a normal part of oneself; it becomes like wallpaper, or white noise. The logic of internalisation of criticism is to avoid rejection, ridicule, or abandonment; however, it can lead to endless striving for perfection (Dunkley & Blankstein, 2000), or a complete abandonment of making efforts, a state of "depressive helplessness" (Whelton & Greenberg, 2005, p. 1585). Behind self-criticism persists the hope that one will be okay, approved of, succeed, have a good job, and be loved and accepted. The paradox is that individuals' early patterns used for defence are later used by them against themselves.

Elliott and Elliott (1999) described the inner critic as a source of self-blame and identified it as the origin of three negative messages to the self: imperative "shoulds"; disparaging statements about thoughts, feelings, and behaviour; and negative predictions about selves and lives. An overactive and corrosive inner critic can hinder therapeutic success, sabotage personal growth, and diminish the potential for self-compassion, empathy, and connection. Moreover, the inner critic destroys creativity, is a source of low self-esteem and shame, and can generate depression (Stone & Stone, 1993).

The creators of the Voice Dialogue process, Hal Stone and Sidra Stone (1993), described the inner critic as a self (or sub-personality) that develops to protect one from being shamed or hurt. Many clients are not aware that the inner critic is a voice, or self, constantly commenting, because its ever-present judgements have been there since childhood, believed to be a natural part of the self. The inner critic has radar-like mechanisms that maintain vigilance to detect, and react to, perceived slights against one (Pearson & Wilson, 2009). These radars are alert for proof that individuals' past experiences are the norm and are also evident in their present reality.

Critical Voice Versus Direct Grounded Experience

How can an individual determine whether they are influenced by a maladaptive automatic negative commentary about themselves or are experiencing genuine self-critique? Some argue (e.g., Chang, 2008; Gilbert et al., 2004) that people require a certain amount of healthy self-criticism; they need an ability to assess their own behaviour in order to grow, develop, and self-enhance. Gilbert et al. (2004) found forms of self-criticism emerged in two components: one focused on self-improvement (what might be labelled a helpful critique) and the other form of self-criticism seemed to take revenge on, harm or hurt the self for failures. Hinterkopf (2015) clarified some ways to recognise whether internal messages emerge from authentic inner experience with an interest in self-improvement or from the harsh, self-harming inner critic. Hinterkopf described authentic inner experience as representing what is true, and the inner critical voice as representing negative learned perspectives, noting that the critic is usually experienced as coming

"at me" rather than coming "from me". When the critic is activated, it leads to more tension, constriction, heaviness, and dullness, whereas direct internal experience can bring physiological release and more life energy (2015).

Hinterkopf's (2015) distinctions between experiences of the critic and somatic and emotional self-experience are extremely useful. While the critic "speaks against one", according to Hinterkopf, direct internal experience "speaks on one's behalf", a distinction highly relevant for clients reclaiming trust in themselves. An inner critic interferes with the individual's somatic experiencing process (Stinckens et al., 2013). Removing the experiential block that results from critical voice domination can lead to restoration of the free flow of experiential information, the richness of a client's internal experiential world.

A self-critical voice tends to be loud and harsh, whereas direct grounded experience, accessed through focusing techniques, reveals a quiet, calm voice. The inner critic attempts to dominate with a repetitive droning of musts and shoulds. However, internal experience—some might say "guidance"—seems to emerge in whispers. Hinterkopf (2015) also catalogued somatic experiences related to states when the inner critic is dominant, for example, facial tension, crossed arms and legs, heavy breathing, and tense body posture. When people attain some grounded, internal attention, Hinterkopf has observed, they may find emerging a smile, relaxed muscles, fuller and deeper breathing, and a relaxed body posture.

Approaches for Softening Self-Criticism

Stone and Stone (1993) created a useful informal self-assessment tool to gauge how impactful an inner critical voice can be, providing a checklist of 20 questions (see www.voicedialogue.tv/how-strong-is-your-inner-critic). The checklist can help a client recognise more clearly their internal commentary and gauge whether harsh self-criticism might need to be addressed in therapy. Simply reading the questions in this tool can bring to light an internal dialogue that may have remained on the edge of awareness. This set of reflection questions offers statements the reader can rate according to frequency, such as, "I wake up at night worried about the mistakes that I made the day before"; "I replay conversations after I've had them to see what I've done wrong"; and "I don't like the way my clothes look on me". In clinical practice, this tool can be used as the first step of the therapeutic plan outlined in this article, as a resource to support clients to gain a picture of the process and gather motivation to deal with it.

According to Firestone (1988), the creator of voice therapy, change occurs when the manner in which one processes self-critical thoughts shifts from an inwardly directed process of negative rumination, to an external, free, and unrepressed voice. Voice therapy is a cognitive/affective and behavioural therapy that brings internalised negative thought processes to the surface with accompanying emotions, allowing clients to confront maladaptive components of personality.

Compassion-focused therapy (Gilbert et al., 2004) was developed to help people who experience self-criticism and shame. Compassionate mind training, a component of compassion-focused therapy, utilises mindfulness practice, compassion-focused imagery, compassionate writing, and psychoeducation, and has now been used and evaluated in relation to a wide range of clinical problems. It is generally offered as an 8-week course of 2.5 hours a week, which begins in session 1 by defining compassion, how and why people suffer, and the role of old brain–new brain loops in which individuals' thinking and feeling become caught. Compassionate mind training has been shown to foster self-forgiveness (Maynard et al., 2023).

The work of Gilbert et al. (2006) assumed that self-criticism and self-reassurance are learned interpersonal scripts. Thus, "one relates to the self in ways others have related to the self" (p. 170). The authors suggested that generating compassionate imagery can provide a bridge between cognitive and emotional processes in therapy, especially after a perceived failure.

In emotion-focused therapy (EFT), opposing parts of the self are brought into contact with each other, and change occurs by developing an awareness of the differences between these parts (Kannan & Levitt, 2013). EFT considers the negative affect (such as contempt or disgust for self) that accompanies an individual's self-criticism to be the main factor in maintaining self-critical beliefs. The resolution of self-criticism is understood to occur in three main stages (Greenberg et al., 1993). The first stage is opposition: once the self-critical split has been identified (for example between a self-criticising part and a submissive part that accepts the criticism), the therapist and client clarify the two opposing sides of the conflict. Here, the therapist's role is to heighten each side of the conflict by encouraging the critic to verbalise specific criticisms. The second stage involves engaging the client's felt experience of both sides of the split. The client is encouraged to stay with and elaborate on difficult feelings rather than avoid them. The third stage of integration occurs when the critic and the self have expressed their feelings and associated needs, and the critic begins to soften or become more self-soothing and less evaluative, harsh or blaming. Shahar et al. (2012) showed that an EFT two-chair dialogue achieved increased self-compassion and reduced self-criticism, depressive symptoms, and anxiety symptoms.

While the literature on wellbeing outcomes from positive psychology approaches is strong (Seligman, 1991, 2002, 2011), some interpretations of these approaches have been viewed as creating a "cult of optimism" that can glamorise relentless positivity (Oettingen, 2015, p. 2). This toxic positivity (Shipp & Hall, 2024) ultimately provides no effective solution for processing negative emotions or experiences (Oettingen, 2015). The authors' clinical observations, along with anecdotal reporting from supervisees and clients, indicate this approach may offer short-term support (Pearson & Wilson, 2009). However, the positive feelings generated by remembering happy experiences and times of strength may be unsustainable in the face of recurring stressors or reactivated, unaddressed early scripting. Curiously,

following a positive thinking style may, in fact, provide more material for the inner critic, so that the client may come to experience themselves as having yet another failure—failure to be a "successful" client in therapy.

Expressive therapies (ETs), with their creative arts and emotion-focused foundations (Pearson & Wilson, 2009), utilise emotion processing techniques to incorporate creative arts modalities in order to enhance the ability of externalisation. These processes provide a safe, supportive context for underlying attitudes to be expressed, re-directed, and released. The first essential step in this change process is that the client becomes aware of their inner critic. The client is then supported to learn to place the inner critic at a workable distance. Supporting clients to create imaginary encounters with, for example, family of origin judgements, assists release, resolution, and renewal. Renewal often involves a refreshed view of the relationship that caused the original hurt or insult. That refreshed sense of self reduces feelings of shame and eases self-critical self-dialogue.

Identification and externalisation of the self-critical voice via ET modalities supports clients to begin to separate from the automatic nature that characterises self-criticism. For example, by giving the self-critical part a character through the selection of miniature objects, or creating an image through art, or using therapeutic writing sentence starters, the self-critical voice has an opportunity to share its fears or concerns. The relative distance this process creates enables more choice in what aspects are given attention.

In cognitive therapy, the change mechanisms focus on understanding and changing self-critical thoughts or schemas. Cognitive restructuring may be practised through a variety of techniques, such as role playing, the use of imagery, and reality testing to promote a more adaptive and realistic self-view (Beck et al., 1979). The process of recognising thoughts as thoughts in CBT is a demonstration of metacognition (Moritz et al., 2018) which is the process by which individuals develop awareness and understanding of their internal cognitive processes. Mindfulness can help metacognition by achieving a wider view from which to observe thoughts (Jankowski & Holas, 2014), and becoming aware of the thought process helps clients distance themselves from it—the fact that they have believed something to be true does not necessarily mean that it is. Third-wave CBT involves less wrestling directly with thoughts (Kishita et al., 2017); here, mindful focus is recommended, which in itself starts to create distance from belief in the inner critic.

Self-Compassion as an Antidote

Until recently, self-compassion has not been a feature of many Western cultural concepts. In fact, fear of being judged lazy or self-indulgent has been found to lead to the tendency for people to criticise themselves harshly (Germer & Neff, 2013)—the feeling is that no matter how hard one tries, one's best is just not good enough. Self-compassion is recommended here in the plan towards acceptance; however, for some clients fear of self-compassion presents a barrier to both a softening of self-criticism and a shift towards self-forgiveness (Maynard et al., 2023).

Self-compassion involves "being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness" (Neff, 2003, p. 87). Self-compassion also involves offering non-judgemental understanding of discomforts, inadequacies, and apparent failures, so that experience is viewed as part of the larger human experience (Neff, 2003).

Gilbert and Irons' (2005) model explains that the ability to self-soothe is developed during secure attachment to early caregivers. In situations that create insecurity, such as neglect or abuse, "the affect regulation system responsible for self-soothing and safeness does not develop properly" (Shahar et al., 2012, p. 497). Meanwhile, Wollast, et al. (2023) found that groups demonstrating high levels of compassionate self-responding were associated with greater life satisfaction, more happiness, better sleep quality, higher sleep quantity, and fewer negative emotions compared with groups demonstrating low levels of compassionate self-responding. Recommended as a deliberate practice to provide experiences of positive self-relating (Gilbert & Irons, 2005; Neff, 2003), self-compassion has been identified as a likely outcome in process-oriented therapies, such as EFT (Greenberg, 2001), ET (Pearson & Wilson, 2009), and compassion-focused therapy (Gilbert et al., 2004).

Neff (n.d.) explains that people demonstrating self-compassion behave with warmth and understanding towards themselves when they are suffering, failing, or feeling inadequate. That is, they do not ignore their pain or flagellate themselves with self-criticism. Self-compassionate people recognise the inevitability of being imperfect, failing, or experiencing life difficulties, so they tend to be gentle with themselves when confronted with painful experiences.

A number of models exist for working to generate self-compassion. In compassion-focused therapy, cognitive frameworks, emotional awareness, mindfulness practice, use of imagery, and compassion-focused writing are successfully blended in group work (Maynard et al., 2023). An emotion-focused two-chair dialogue intervention has been found to improve self-relating, leading to an increase in self-compassion (Reidar Stiegler et al., 2023). Another approach to developing self-compassion has been developed from the work with self-criticism performed in EFT (Halamová et al., 2019), namely, emotion-focused training for self-compassion and self-protection, which has been shown to decrease self-criticism.

The authors have trained with and applied Neff's approach to self-compassion practice (Neff, n.d.). This approach begins by acknowledging a moment of suffering and staying present with it, then reminding oneself that this discomfort is part of the wider human experience—that suffering is not exclusive to an individual. The next step is to intentionally express kindness to oneself. Expression of self-compassion arises from kind words to self, with some comforting, self-soothing touch.

Self-compassion involves recognising that suffering and personal inadequacy are part of the shared human experience and something that all people go through rather than experience alone. It also stems from a willingness to observe negative thoughts and emotions with openness and clarity, so that they are held in mindful awareness. Mindfulness is a non-judgemental, receptive mind state in which one observes thoughts and feelings as they are, without trying to suppress or deny them. Neff's General Self-Compassion Break can be found at https://self-compassion.org/category/exercises/.

There is growing focus on, and evidence for, the effectiveness of self-compassion practice for wellbeing (e.g., Linehan, 1993; Neff, 2003). Multiple studies have demonstrated that self-compassion is linked to many factors of psychological wellbeing, such as happiness, decreased anxiety, reduced depression, less stress, and better quality of life (Misurya et al., 2020; Petrocchi et al., 2024). A recent systematic review of the outcomes of applying self-compassion in medical settings (Misurya et al., 2020) highlighted the positive effect of self-compassion on psychosocial and clinical outcomes. However, some highly self-critical clients find the idea of self-compassion challenging (Pauley & McPherson, 2010). Some individuals with childhood backgrounds that involved neglect or trauma could find warm and reassuring statements frightening (Gilbert, 2010).

The Plan: Steps on the Path Towards Acceptance

The authors have identified eight distinct steps that can support therapists and clients to create a pathway to gain relative freedom from the impact of self-criticism. While the authors work from an integrative, person-centred, experiential, creative arts–informed perspective, the formulation of these steps draws from a number of therapeutic approaches to form an emotional, somatic, cognitive, and behavioural action plan. However, in practice, it is often the central act of being able to tolerate and work through painful emotions—as in Step 3—that generates the fundamental change that facilitates later cognitive and behavioural components. The eight steps of the plan are as follows:

1. *Identify the critic:* Recognise the frequency and intensity of this internal voice, recognise its tone and the accompanying mood that envelops us when constantly criticised, and recognise the somatic signs that self-criticism is active. Gain therapeutic support to externalise the self-critical process.

2. *Understand the critic:* Become aware of the origins of the self-critical habit, understand its original purposes, and get to know the resulting core beliefs. How or why did it evolve to protect?

3. *Process emotions:* Work through early and current painful emotional experiences related to external and internal criticism, and create opportunities to explore and process these.

4. *Get to know the triggers:* Can we anticipate what activates the inner critic to raise its voice? Are there situations, or people around us, that awaken self-criticism? Is there a way to prepare for and manage this? (Client reflection on these questions can lead to an individualised plan for this step.)

5. *Create distance:* Disidentify with the habit; recognise it as an unhelpful habit. Use mindfulness techniques to help to actively let go or create distance from self-criticism.

6. *Become grounded:* Consolidate direct experience of self with mindful somatic focusing. Consider whether the moment calls for some self-critique, or whether the same old automatic harsh voice is recurring.

7. *Activate self-compassion practice:* Spend time with the three components of the self-compassion break—acknowledge a moment of suffering the critic causes, remember that this is a normal part of the human experience, then intentionally express kindness to self.

8. *Formulate and follow an action plan:* Establish practical self-care aims and action steps. What helps with relaxation and play? What activities and settings help soothe habitual harshness towards self?

For Counsellors Working With Self-Critical Clients

While we have outlined an eight-step sequence that therapists can apply when self-criticism is rampant and regular, there are other factors to be aware of. Efforts at examining the effects of self-criticism on the therapeutic alliance suggest that self-criticism might act to impair the alliance (Whelton et al., 2007). The greater an individual's level of self-criticism, the more negatively they rate their relationship with the therapist. Blatt (2004) argued that highly self-critical clients are better suited to long-term therapy, so that they can gradually replace their introjected self-hostility with an internalised positive regard and respect from the therapist. What participants in Janzen's (2007) study found most helpful was feeling safe and understood by their therapists, and therapist disclosures about being invested in the therapeutic relationship. Close attention to the therapeutic relationship is particularly important for self-critical clients.

Therapists' abilities and comfort levels in dealing with client self-criticism may be, in part, a function of their own self-critical attitudes, beliefs, and experiences (Greenberg et al., 1993). In addition, accepting and tolerating difficult and intense negative emotions from self-critical clients can provide a useful area of exploration for therapists (Greenberg et al., 1993). Client self-acceptance can be increased through authentic modelling of acceptance. If a

counsellor harbours a significant degree of self-criticism, if their own critic is overly active and unexplored, it may be difficult to achieve congruence in terms of acceptance by clients.

Six useful implications for therapists who are counselling highly self-critical clients emerged from Whelton et al.'s (2007) study involving highly self-critical clients in Canada. Firstly, anticipate that a large number of counselling clients will suffer from shame and fear that result from "chronic self-attacks" (p. 145). Secondly, hold positive expectations for useful outcomes. Thirdly, take time to identify—either formally or informally—which clients are suffering with chronic self-criticism. Fourthly, maintain a warm, supportive relationship; this is crucial and one of the most curative elements. Fifthly, anticipate alliance ruptures and use these to deepen discussions with the client; sensitively elicit feedback on, and finally, monitor, the therapeutic relationship.

Conclusion

Numerous studies have identified negative mental health outcomes for clients who are overwhelmed by corrosive, persistent self-criticism. A counsellor's role is to help clients recognise self-critical tendencies and explore ways to externalise and work through the self-critical process. As part of a plan that integrates emotional, somatic, cognitive, and behavioural approaches, this externalisation can be an effective component of therapy. Here, we are advocating for this to be part of an eight-step pathway in therapy. Helping clients become familiar with the differences between automatic self-criticism and genuine self-critique can lead to choice that enables growth, wellbeing, and genuine connection with self and others. The overall aim is to increase intentional self-kindness and establish new behaviours that flow from a more positively aligned self-relationship.

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