

**An Exploration of ACT and Self-compassion Theories for Young Women Experiencing  
High Levels of Self-Criticism**

by

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### **Abstract**

Self-criticism is a transdiagnostic process found across a wide range of mental health disorders. Research has demonstrated its association with conditions such as depression, anxiety, eating disorders, personality disorders, and more, often hindering and influencing treatment outcomes of individuals undergoing therapy. Young women have been identified as a group that frequently exhibits high levels of self-criticism, often influenced by societal and developmental pressures. For the purpose of this capstone project, self-compassion and compassionate theories and Acceptance and Commitment Therapy (ACT) will be explored as a combined therapeutic approach for young women experiencing high levels of self-criticism. This paper reviews existing literature, investigating each framework individually and combined, presenting findings that highlight the efficaciousness of both therapies for individuals contending with high levels of self-criticism. The final chapter will outline an educational and experiential workshop designed to highlight the connection between mental health and self-criticism for young women. A variety of tools, techniques, and exercises derived from each therapeutic framework at assisting attendees in coping with self-criticism will be presented, with resources and books recommended for additional readings after the workshop. This review may be helpful for mental health professionals and practitioners working with young women contending with high levels of self-criticism, as utilizing a combined approach of self-compassion and compassionate theories and ACT works with cognitions, thoughts, feelings, and self-relating processes, relating to self-criticism.

*Keywords:* acceptance and commitment therapy, compassion, self-compassion, self-criticism, women, young and emerging adulthood

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## Chapter 1: Introduction

Thoughts are like lenses through which we look at our world.

--Steven Hayes, *Get Out of Your Mind and into Your Life*

Women reportedly experience and encounter self-criticism from an early age, spanning into their later years of adulthood, exemplified by earlier research conducted by Blatt et al. (1976), measuring self-criticism across different stages of life. Further research has indicated a significant co-occurrence between women's experiences of self-criticism and various mental health conditions, including eating disorders, depression, anxiety, and borderline personality disorder (Kelly & Tasca; Fennig et al., 2008; Killham et al., 2018; Munroe et al., 2021; Piumatti, 2016). As per a committee report conducted by the Canadian House of Commons, which offers a comprehensive summary, overview, and recommendations regarding the mental health of young Canadian women, it was found that several mental health disorders, including anxiety, depression, and eating disorders, were reported at higher rates among young women compared to their male and older age counterparts (Vecchio, 2023). Moreover, the severity of these conditions and the gender disparity in mental health have shown an increasing trend over time. Additionally, the report also highlighted that the use of gendered and societal language often diminishes the concerns of young women, with labels such as 'overdramatic' or 'emotional' being employed in a dismissive manner.

### Overview of the Topic

Self-criticism is described as a self-evaluative process entailing harsh scrutiny, negative self-judgements, and overly critical evaluations of one's own behaviour (Löv et al., 2020; Sahar et al., 2015a). Individuals who display self-critical tendencies frequently experience concerns

surrounding disapproval, criticism from others, and a general need for acceptance (Warren et al., 2016).

Studies indicate that over time, increased levels of self-criticism have been associated with non-suicidal self-injurious behaviors, suicidal tendencies, and a range of mental health disorders including depression, social anxiety, eating disorders, borderline personality disorder, post-traumatic stress disorder, and more (Amănalăchioaie & Diaconu-Gherasim, 2021; Blatt et al., 1982; Fennig et al., 2008; Kelly & Tasca, 2016; Sahar et al., 2004; Zhang et al., 2019). The diverse range of these findings implies that self-criticism acts as a transdiagnostic factor contributing to notable psychological distress across a multitude of mental health disorders (Kannan & Levitt, 2013).

While self-criticism can be encountered universally, transcending cultural, age, gender, and socioeconomic boundaries, the severity and consequences of self-criticism vary for each person (Kannan & Levitt, 2013). Therefore, it is crucial to adopt a contextual approach and gain a nuanced understanding of self-criticism that considers the specific circumstances and characteristics of each individual.

Low et al. (2019) suggests that reductions in self-criticism during therapy positively affect subsequent outcomes. The extent to which therapy effectively reduces self-criticism has been discovered to be a more reliable indicator of treatment progress compared to initial levels of self-criticism prior to therapy (Rector et al., 2000). Hence, addressing self-criticism is a crucial objective for interventions aimed at preventing or treating mental health challenges, considering its link to psychological distress and its potential impact on therapeutic results (Wakelin et al., 2021). Considering the influence self-criticism can exert on the process of recovery, treatment, and overall mental health and well-being, it becomes crucial for practitioners to possess the

necessary skills and knowledge when working with young women who grapple with self-criticism.

This paper will delve deeper into two well-established therapeutic approaches, namely self-compassion, and compassionate theories, as well as acceptance and commitment therapy (ACT), to address heightened levels of self-criticism in young women. Throughout the research, self-compassion and compassionate theories have been highlighted as effective strategies to counteract self-criticism, as there is a direct relationship and correlation between low levels of self-criticism and personal self-compassion (Munroe et al., 2021; Wakelin et al., 2021). Acceptance and commitment therapy, on the other hand, focuses on working with cognitions, thoughts, and private experiences such as emotions, feelings, and physical sensations, and incorporates interventions that promote mindfulness, acceptance, and emotional awareness (Harris, 2019; Hayes & Hofmann, 2021). While parallels between these approaches have been identified in previous research, limited investigations have been conducted on their combined application specifically targeting self-criticism in young women (Luoma & Platt, 2015).

### **Purpose Statement**

The overall purpose of this capstone project is to provide readers, and more importantly mental health practitioners, an expanded understanding of self-criticism experienced by young women and how two combined psychotherapeutic frameworks are shown to be promising approaches for clinical practice. More specifically, the purpose is intended to:

- Provide an expanded understanding of self-criticism, including how it can present in young women and its' root causes, as indicated throughout the research;

- Provide an understanding of self-criticism through a developmental, feminist and gendered lens, leading to a nuanced and conceptualized understanding of young women's experiences with self-criticism;
- Review the role of self-compassion and compassionate theories within a psychotherapeutic context when working with individuals who experience self-criticism, while presenting difficulties, challenges, and limitations noted thus far within the research;
- Review the role of acceptance and commitment therapy when working with individuals with high levels of self-criticism;
- And lastly to provide readers with a review of current literature supporting the implementation of both self-compassion and compassionate theories and Acceptance and Commitment therapy as a viable combined approach when working with individuals with high levels of self-criticism, while also discussing the limitations, gaps, and overall need for continued research with respect to this combined approach.

### **Theoretical and Conceptual Frameworks**

This capstone project aims to provide an exploration of research and literature thus far exploring the use of acceptance and commitment therapy and self-compassion and compassionate theories both separately and combined as an approach for young women experiencing high levels of self-criticism. Developmental and feminist frameworks will serve as underlying theories when analyzing and reviewing literature relating to young women. Thus, literature and research relating to young adults and women regarding self-criticism will be used through the lens of the above-mentioned frameworks. This aims to provide a contextual

understanding of the confluence between age and gender, as both aspects of identities interrelate and influence experiences of self-criticism, with hopes of providing a nuanced understanding.

### *Developmental Theories*

Extensive research within developmental theories explores how individuals acquire knowledge and navigate the world throughout their lifespan, encompassing developmental milestones from infancy to late adulthood (Shulman et al., 2009). Within the context of self-criticism, developmental stages and theories will provide the basis to investigate the distinctive characteristics encountered by young and emerging adults.

### *Feminist Theories*

Feminist therapy and theory encompass a wide array of theoretical and therapeutic elements, incorporating practices such as consciousness raising, analysis of social and gender roles, as well as resocialization and engagement in social activism (Israeli & Santor, 2000). In the context of this capstone project, conducting research through a feminist lens involves conducting a comprehensive analysis of the societal influences and underlying beliefs and norms that contribute to the experiences of self-criticism among young women.

### **Contribution to the Field**

The objective of this capstone project is to provide a case for an integrative approach that combines self-compassion, compassionate theories, and acceptance and commitment therapy to address high levels of self-criticism in young women. Furthermore, the project aims to emphasize contributions related to different manifestations of self-criticism considering age, development, and gender perspectives.

### **Reflectivity and Positionality**

In presenting this paper, it is imperative to name and locate myself, to offer readers contextual information about who I am and how that influences my perspective. Additionally, my personal interest and investment in this topic will be expanded on, weaving closely with my individual identity.

I arrive at this research by identifying as a young, white, cisgender, educated female. As far back as I can remember, I have experienced self-critical thoughts, related to self-worth, and feeling “not good enough”. Not surprisingly, writing this very paper has provoked an abundance of these very thoughts. Cumulating experiences from internship, within a therapeutic capacity from working with clients, and based on personal lived experiences, I have witnessed the benefits of both self-compassion and ACT for self-criticism.

Before I formally learned about ACT, I integrated and incorporated many of its teachings through mindful awareness of my own negative inner self-talk and self-evaluations. Over time I recognized the inevitability of automatic thoughts, and how overwhelming, and even sometimes debilitating they can be, especially when we resist, wrestle, and attempt to change them. ACT proved helpful in gaining distance from these thoughts, through acceptance and openness. From ACT’s teachings, I have learned to continually shift my focus and highlight thoughts from a workability standpoint, incorporating and leaning into thoughts that align with personal goals and values.

Towards the end of my internship experience, I noticed the lack of self-compassion that many of my clients had for themselves, when opening up about their personal hardships. Engaging in discussions with peers, colleagues, and close friends, I gradually recognized the significance of self-compassion in the journey towards enhancing mental health and well-being.

Moreover, I became increasingly aware of the scarcity of self-compassion being integrated into the broader societal context. Increasing patience and compassion for myself and others, improved my empathy and common understanding for what it means to be human.

Therefore, investigating and evaluating these personal favourable approaches will be the basis of what I want to explore for my capstone, in hopes of expanding my knowledge of the subject and providing readers with the awareness of this combined therapeutic approach when working with young women experiencing high levels of self-criticism.

## **Definition of Terms**

### ***Acceptance and Commitment Therapy***

Acceptance and commitment therapy (ACT), developed by Steven Hayes in the 1980's, is established as a third-wave cognitive behavioural therapy, focusing on the acceptance of private events, rather than attempts to change them (A-Tjak et al., 2015). At its core ACT promotes the acceptance of what is out of ones' control, while committing to action that enriches life and adds value. ACTs aims are to create a rich, full, and meaningful life, while accepting the pain that life unavoidably brings (Harris, 2019). ACT aids individuals with healing and recovery by cultivating acceptance and mindfulness, through increasing psychological flexibility and decreasing experiential avoidance (Fung, 2015).

### ***Attachment***

Attachment is one specific aspect of the relationship between a child and a parent and/or caregiver with its purpose being to make a child feel safe, secure, and protected (Benoit, 2004)

### ***Cognitive Defusion***

Cognitive defusion is presented as a therapeutic intervention, addressing problems caused by human language, such as internal cognitions and private experiences held tightly by individuals as literality and truth, especially when in relation to oneself (Assaz et al., 2018).

### ***Cognitive Fusion***

Cognitive fusion describes excessive regulation of behaviour by cognition, whereby thoughts are viewed as literal truth that dominate emotional and behavioural regulation to the exclusion of other contextual variables (Cookson et al., 2020).

### ***Mindfulness***

“...involves being aware of one’s painful experiences in a balanced way that neither ignores and avoids nor exaggerates painful thoughts and emotions” (Warren et al., 2016, p. 20).

### ***Psychological Flexibility***

“Psychological flexibility refers to the process of contacting the present moment fully as a conscious human and persisting or changing behavior when in the service of chosen values” (Fang et al., 2022, p. 2).

### ***Self-Criticism***

“Self-criticism is a self-evaluative process in which people scrutinize and negatively judge different aspects of themselves, such as their personality traits, appearance, and performance” (Sahar et al., 2015a, p. 346).

### ***Self-Compassion***

“Self-compassion refers to being supportive toward oneself when experiencing suffering or pain—be it caused by personal mistakes and inadequacies or external life challenges” (Neff, 2023, p. 193).

### *Young/Emerging Adulthood*

Emerging and young adulthood is a new concept of development which ranges from the late teens through the twenties and differs demographically, subjectively, and in terms of identity explorations from adolescence and late adulthood. Within this period of development, researchers further describe young and emerging adulthood as the age of identity exploration, instability, self-focus, feeling in-between, and experiential possibilities (Arnett, 2000; Biolcati et al., 2022).

### **Summary**

The primary goal of this capstone project is to thoroughly explore and provide an overview of self-compassion, compassionate theories, and Acceptance and Commitment Therapy (ACT) as viable therapeutic approaches for young women who grapple with high levels of self-criticism. In Chapter two, the research will delve into the conceptualization of self-criticism and examine the contextual and societal influences experienced by young women in relation to elevated levels of self-criticism. Through the lens of self-compassion and ACT, therapeutic interventions, approaches, and tools that target self-criticism will be reviewed. The literature review aims not only to emphasize the effectiveness and benefits of these approaches through promising research findings but also to identify any gaps and limitations, thereby highlighting the need for further research in this area. Moving forward, Chapter three will outline a workshop designed for young women seeking support and education on self-criticism. Drawing from established research and studies, the workshop will focus on teaching techniques and strategies derived from ACT and self-compassion, which have demonstrated efficacy in managing self-criticism. Furthermore, the workshop will provide resources and learning

materials from both self-compassion and ACT, encouraging ongoing learning and integration to facilitate effective self-criticism management and maintenance.

## **Chapter 2: Literature Review**

This section of the paper will incorporate a literature review addressing various larger and more defined topics relating to the original research question. Broadly speaking, research surrounding young women and their unique experiences with self-criticism will be reviewed with an exploration of applying both principles of acceptance and commitment therapy (ACT) and self-compassion theories as a viable therapeutic approach. Both feminist and developmental psychological theories will serve as underlying theoretical frameworks to address root causes and systemic forces that influence a young woman's view of themselves, contributing to high levels of self-criticism.

Broader research applying both ACT and self-compassion separately and combined as a therapy will be reviewed to highlight its efficaciousness for self-criticism, while incorporating those focusing on young women when possible. Literature pertaining to ACT and self-compassion for self-criticism are still emerging, therefore studies outlining the effectiveness of this approach for young women experiencing high levels of self-criticism are limited. Thus, broader research including studies utilizing ACT and self-compassion theories, both together and separately, for eating disorders, body image, and other conditions directly relating to self-criticism, stigma, and shame will be included.

### **Self-Criticism**

Self-criticism is widely considered a transdiagnostic process, exhibiting itself across various mental health disorders (Roses & Rimes, 2018). Sahar et al. (2015a) posit that self-criticism relates to an internal self-evaluation, including negative harsh judgements leading to low self-worth. Self-criticism can often present as explicit self-critical cognitions, as well as accompanied feelings of guilt, shame, or anger (Lueke & Skeel, 2017). Behaviours related to

self-criticism are self-oriented, entailing harsh self-scrutiny, negative self-evaluations, and excessive concerns with personal failure. Research in counselling and experimental psychology have shown an increased interest in researching how self-relating processes impact mental health (Petrocchi, et al., 2019). Although self-evaluative processes are inherent to human existence, individuals exhibiting high levels of self-criticism experience a hostile and self-berating internal monologue, accompanied with feelings of unworthiness, failure, shame, and attachment and interpersonal difficulties (Blatt & Zuroff, 1992).

Literature thus far has been based on identifying root causes, factors, and implications, with findings overwhelmingly leading to a poorer prognoses of mental health outcomes (Amănălăchioaie & Dianconu-Gherasim, 2021; Castilho et al., 2017; Ehret et al., 2015; Rose & Rimes, 2018; Wakelin et al., 2021), concluding that considerable evidence suggests self-criticism plays a major role within the vulnerability of the development and recovery from psychopathology (Halamová et al., 2018; Wakelin et al., 2021). Given the relation between mental health and self-criticism, it is crucial to gain deeper and holistic understandings of this construct to better equip mental health professionals when working with young women experiencing high levels of self-criticism.

### ***Understanding and Conceptualizing Self-Criticism***

Identifying self-criticism has been understood through various scales and self-report measures, with respect to a collection of working definitions. As no one ‘metric’ has been identified, a multitude of scales and subscales are found within research. Outlined below are prominent theorist’s conceptualizations of self-criticism.

One earlier theorist and prominent personality researcher, Sydney Blatt, based his theory of self-criticism on his two-configurations model of personality describing two distinct ways in

which individuals relate to themselves and others (Blatt et al., 2010). Blatt (1982) attempted to understand and establish differentiations among types of depression, through the subjective experiences from individual participants in their study. Consistent with earlier psychoanalytic and behavioural research, identifying two types of depression resulted in a *dependency* subtype (also known as an anaclitic style) and *self-criticism* subtype (also known as an introjective style). More specifically, Blatt and colleagues identified that self-critical individuals, also known as introjective subtypes possessed negative self-cognitive structures, higher expectations around ones' capabilities, feelings of guilt, and worries surrounding disappointing self and others.

Similarly, Beck (1976) conceptualized self-criticism from the lens of depression and the rate in which individuals experienced inner negative cognitions. Negative self-cognitions were said to increase an individual's tendency to focus on shortcomings, leading to instances of low-self-esteem, depression, and anxiety (Gittins & Hunt, 2020). Further, Beck (1976) theorized an association between attributing negative life events to personal failures and shortcomings, thus strengthening an individuals' schema and understanding of themselves through a negative worldview.

Other theorists, such as Thompson and Zuroff (1999), proposed a theoretical model of self-criticism through the lens of personality theory and childhood development. Thompson and Zuroff (1999) described self-criticism as a destructive personality tendency, with wide ranging negative ramifications. Their study focused on understanding the origins of self-criticism, resulting in findings that indicated childhood experiences such as being rejected and/or neglected by caregivers proved to be a major proponent to developing self-critical behaviours. Like Beck (1976), their theory on self-criticism highlighted an increased tendency for individuals to engage in self-blaming behaviours. Thompson and Zuroff (1999) proposed that self-criticism is

maintained by two different mechanisms developed in childhood: socialization (to which individuals learn to be self-critical from social interactions with others) and feedback-seeking (tendency for individuals to seek out negative feedback, reinforcing self-identified negative self-beliefs about themselves).

Much like Thompson and Zuroff (1999), Gilbert et al. (2004) identified that self-criticism likely originates from early negative experiences from childhood. Further, Gilbert et al. (2004) consolidate that insecure attachment experienced by the hands of caregivers in childhood, from ongoing experiences of rejection, neglect, and abuse leads to developing an internalized critic. Gilbert et al. (2004) posits that negative self-talk often results in ruminations and can undermine an individual's self-esteem and self-worth.

Lastly Kristen Neff's (2003) work on self-compassion, forms her basis and understanding of self-criticism. The Self-Compassion Scale (SCS) contains a self-judgment subscale, which is synonymous to self-criticism for the purpose of her research (Neff, 2003). Furthermore, Neff's understanding of self-criticism is regarded as the antithesis to self-compassion. Thus, the scale obtains data from a reverse-score card. More specifically focusing on intolerance and judgement of self.

While there are alternative and additional understandings of self-criticism within the literature, studies presented throughout this capstone will relate to the various working models and definitions of self-criticism outlined above. The focus of the studies, with respect to compassion, attachment and childhood impacts, and negative self-cognitions and beliefs will correlate to the working model respectively.

### *Influence of Caregivers and Childhood Experiences*

Developmental research suggests that a caregivers' behaviour greatly influence a child's self-perception (Gittins & Hunt, 2019). Attachment theory, developed through the work of Mary Ainsworth and John Bowlby (1991), highlights the importance of parents' interactions with their children in early development. The belief is that these early childhood experiences shape a child's internal working model of self and others, with often long-lasting effects seen in adulthood.

Early research conducted by Koestner et al. (1991) studied adolescent self-criticism, documenting notable findings observed late into adulthood. The researchers utilized a prospective longitudinal design, originally recruiting subjects from 1951 and 1952, who were at the time 5 years of age. Alongside this, mothers of these children were interviewed, and their responses transcribed, documenting their attitudes, feelings, and behaviours relating to childrearing. By the age of 12 and 31, two separate points of data were collected, measuring levels of self-criticism and self-satisfaction. Findings concluded that mothers' parenting styles that included restrictiveness was heavily correlated with self-criticism seen in their children. This was reportedly observed in their children from early adolescence up until young adulthood. A positive correlation for female participants between maternal restrictiveness and self-criticism indicated a medium to strong correlation. Additionally, utilizing regression analysis, researchers noted that maternal restrictiveness and maternal rejection were important predictors of self-criticism at age 12. The researchers postulated that maternal restrictiveness and coldness included promoting socialization guidelines that permitted the expression of depressed feelings and experiences of anger, showed amplified feelings of internal shame, guilt, and critical views of oneself in their children. Additionally, Brewin et al. (1996) confirmed the relationship

between self-critical attitudes and parental criticism during childhood for young women in first-year university. Interestingly, strong data confirmed that critical ideas around appearance increased the likelihood of these ideals to continue into adulthood, especially apparent with mother-daughter relationships. Thompson and Zuroff (1999) also found that maternal coldness often led to insecure attachment and was associated with higher levels of self-criticism in adolescent girls, when collecting data from 76 mother-daughter pairs. Within their research, they focused on the importance of ‘warmth’ in parenting, citing that as the degree to which parents cared about their children, and openly expressed this caring. The researchers noted that lack of ‘warmth’ was understood as ‘coldness’, further conceptualizing and specifying the impacts of maternal coldness relating to the development of self-criticism.

In additional research highlighting gender differences between early adolescent girls and boys, Sahar et al. (2004) found that there was a significant and positive correlation between depressive symptoms and self-criticism, finding that self-criticism predicted subsequent depressive symptoms among girls, but not among the boys. The researchers further hypothesized and posited this outcome by noting the reported tendency for some girls to set unrealistic high standards and adopt punitive stances towards themselves when standards were not met. Further outlining that self-criticism poses a risk factor for the development of depression in early adolescence and onwards for specifically young women and girls.

Current and updated research based on earlier findings indicate similar results. Sahar et al. (2015b) found that childhood maltreatment was positively associated with self-criticism and shame-proneness, increasing the likelihood for the development of social anxiety disorders. Gittins and Hunt (2019) noted similar findings when measuring the rates of parental behavioural control and associated outcomes with self-esteem and self-criticism when obtaining data from

243 surveyed participants between the ages of 13-18. Gittins and Hunt (2019) found that higher levels of parental behavioural control were correlated with higher levels of self-criticism seen in adolescents. When factoring in gender, correlated relationships between parental behavioural control and self-esteem and self-criticism appeared to be stronger for girl participants compared their male counterparts. The researchers further postulated that lack of perceived autonomy at this age experienced by participants led to lower self-esteem and increased self-criticism. In an additional study by Gittins and Hunt (2020), self-criticism was measured through the lens of cognitions and schemas, relating to Beck's (1976) interpretations of self-criticism, as rates of depression were measured additionally. Findings indicated that higher levels of self-criticism were associated with depression, proving the importance of interventions based on targeting negative self-cognitive processes.

Links between parental behaviour and self-criticism, including research that showed maternal restrictiveness and rejections were cited as important predictors of self-criticism, especially documented in young girls and women into adulthood. Gender differences accounted for correlations between self-criticism and depressive symptoms, posing a greater risk for the development of depression later in life. Additionally, restrictiveness, especially placed on young girls and later documented into adulthood, showed increased internal self-relating processes through self-blame and anger, resulting in the development of self-critical attitudes as the expression of these emotions were suppressed.

### **Young Women and Self-Criticism**

Young women face structural societal and age-related developmental impacts, greatly contributing to high levels of self-criticism leading to pervasive problems such as depression and anxiety. The intersectional space between age and gender give rise to nuanced experiences of

self-criticism. Germer and Neff (2013) outline that young women often become trapped in negative self-talk and are unable to break free from patterns of self-criticism and blame. The space between external and societal gendered expectations and developmental impacts from emerging adulthood, reference distinct experiences with self-criticism documented throughout the literature. Thompson and Zuroff (1999) conceptualize that although self-criticism has pervasive negative affective and interpersonal consequences for both men and women, these consequences have been seen to be especially documented and pronounced in women.

In this next section, research findings will be presented separately to highlight contextual pressures influencing self-criticism, as seen through the conceptual frameworks of developmental stages and gender and societal impacts facing young women.

### *Developmental Stage*

Young and emerging adults face challenging age-specific tasks and life decisions, which are arguably more exemplified than any other stage of development (Dickson & Shulman, 2016). Mishra (2021) notes that young adulthood is an important period of cognitive and personality development. Individuals going through this period of their life are especially vulnerable to mental health problems. For many young adults, there is an increased pressure to find oneself by creating life goals through a boundless pursuit of understanding their personal existence. Statistics and studies from industrialized nations have shown an increased trend to which adulthood has shifted to a later phase of life, often spanning longer periods of time, with oscillating transitional periods, including periods of work and unemployment, and times returning to live with parents (Shulman & Jari-Erik Nurmi, 2010).

Shulman and Jari-Erik Nurmi (2010) note that goal pursuit and adjusting during this transitional period are important factors in young and emerging adulthood. Goals related to work

and love are especially pertinent. Furthermore, notable life changes take place in young adulthood, which can undermine an individuals' confidence. For many young adults, this period may mean moving away from ones' family, entering college or university, building their career, and planning for the overall future ahead (Mishra 2021). These circumstances that contribute to the development of the self, often coincide with pressures and anxieties, leading to self-critical attitudes, especially when personal ideals and expectations are not consistent with each other.

Michaeli et al. (2022) conducted a longitudinal study of young adults across the ages of 23-29 examining notable findings and changes of self-critical attitudes exhibited across the span of these age ranges. Participants consisted of 168 emerging adults, who were followed for 12 years, as the sample were assessed a total of 5 times at ages 23, 24, 26.5, 29, and 35 years old. Measures of personality (including self-criticism subscales), self-acceptance, satisfying relationships, and depressive symptoms were obtained through self-report measures. Findings indicated that high levels of self-criticism were associated with negative work experiences and depressive symptoms, seen at age 35. However, notably within the study, participants that displayed a decreased trend in their self-critical attitudes from the ages of 23 and 29 reported better coping with age-related tasks, seen in the later at 35. Meaning that earlier interventions mediated increases in self-critical attitudes seen later in adulthood.

Another crucial aspect of young and emerging adulthood is feelings surrounding perceived support from familial relationships. Dickson and Shulman (2016) found that individuals that reported low levels of perceived parental support, coincidentally reported high levels of self-criticism. As rates of parental support appear to change through a young adult's lifetime, the authors highlighted the emphasis and importance of parental support for adaptive goal pursuit, as its contribution ensures smoother transitions into later adulthood. Shulman et al.

(2009) reported similar results when measuring social supports for young adults in relation to levels of self-criticism.

### ***Gender and Societal Impacts***

Contextual pressures from societal influences give rise to self-critical and negative self-relating behaviours in women. Research outlining this phenomenon, cite pressures and expectations surrounding body image and appearance when highlighting prominent causes of self-critical behaviours noted in young women.

### **Body Image**

Frederickson and Roberts (1997) posit that objectification theory asserts that women are repeatedly exposed to body objectification and that their appearance is used by others as a way of estimating their personal value. Frederickson and Roberts (1997) further note that this drive for thinness, is epically apparent and is often highlighted as the ideal body image in Western cultures (Duarte & Pinto-gouveia, 2017; Young et al., 2022). Women then internalize the notion that self-worth is highly based on external beliefs from other people (Biolcati et al., 2020). Fennig et al. (2008) relays that pressures to conform to societal norms increase young women's body dissatisfaction, thus causing increases in negative personal relationship with themselves. Throughout the literature, body dissatisfaction associated with eating disorders, strongly correlate with high levels of internal self-criticism. In a study conducted by Duarte and Pinto-Gouveia (2017), shame and levels of self-criticism were measured with experiences of body image shame and binge eating. Results indicated that women in the study with a more severe form of self-criticism had shown increases in the likelihood of body image shame and maladaptive binge eating symptoms.

Pertinent to the current social climate, the rise of social media has increased body dissatisfaction for young women, with overwhelming negative impacts on personal well-being and mental health. In a study conducted by Young et al. (2022), body representation through social media was identified by semi-structured interviews with 10 female participants (aged 19-24). The researchers identified that participants often felt intensive pressures to represent their “best selves,” (Young et al., 2022, p. 229) while also feeling negative associations about their own body image through social comparisons from their peers. Additionally, the researchers noted that social media platforms such as Instagram created a catalytic climate, increasing the volume of “seemingly authentic pictures” (Young et al., 2022, p. 231). Interestingly, the researchers also noted discrepancies between participants’ views of self versus views of perceived self, to which negative self-associations and self-critical attitudes often emerged. Similar findings in Franzoi et al. (2012) also documented that women were more likely than men to compare their face and bodies to other same-sex persons, whom they perceived as having superior physical qualities, increasing upward social comparison tendencies.

Literature presented within this section highlighted contextual factors relating to experiences surrounding gender and developmental periods leading to high levels of self-criticism experienced by young women.

The next sections of this paper will review two psychological theories and frameworks addressing self-criticism and self-critical behaviours. Presenting research focused on women and young adults when possible.

### **Self-Compassion**

Earliest understandings of self-compassion have existed for centuries in Eastern philosophies. Buddhists have emphasised the benefits of practicing and developing compassion

for self and others for thousands of years (Neff, 2003). More recently, psychological theories have incorporated self-compassion, gaining traction and interest as both existing and complimentary approaches when utilizing established psychotherapeutic and theoretical frameworks.

### ***Prominent Self-Compassion Frameworks***

Various researchers have explored the topic of compassion and self-compassionate practices within psychotherapy. For example, Paul Gilbert located in the United Kingdom has developed compassion-focused therapy (CFT), a prominent psychotherapeutic framework, informed by attachment theory, evolutionary psychology, and Buddhist philosophy (Gilbert, 2014). CFT utilizes techniques such as imagery, meditation, letter writing, and role play. The aim is for individuals to develop self-soothing abilities to increase self-compassion by treating themselves with similar kindness and understanding, often reserved for friends or others.

Another prominent researcher of self-compassion is Kristen Neff (2003) who conceptualizes her understanding of self-compassion as "...being supportive toward oneself when experiencing suffering or pain—be it caused by personal mistakes and inadequacies or external life challenges" (p. 193). Like Gilbert, Neff's (2003) understandings of self-compassion are rooted in Buddhism and Eastern philosophies through incorporating mindfulness and acceptance.

Additionally, Neff (2003) proposed three separate and interconnected elements of self-compassion: (1) self-kindness – being kind towards oneself when facing pain or failure rather than personal judgement and self-criticism; (2) common humanity – recognising the broader human experience around suffering, while understanding how ones' own individual experiences fit within this; and (3) mindfulness – noticing and being aware of painful thoughts and feelings, while not over or under exaggerating them.

Differences between the two emerge as CFT's primary aim is for clinical populations with complex mental health problems, often linked to shame and difficulties in abilities to self-soothe in conjunction to past traumas and adverse childhood experiences (Gilbert, 2010).

Whereas Neff's (2003) conceptualization of self-compassion focuses on non-clinical samples, with a greater focus on improving overall wellbeing.

For this literature review, Neff's (2003) understanding, and conceptualization of self-compassion will be outlined, unless otherwise stated when highlighting studies on self-compassion and self-criticism.

### ***Self-Compassion and Self-Criticism***

Widely represented in research, self-compassion has been established as the antidote to self-criticism (Naismith et al., 2019). This is because cultivating self-compassion has been shown to enable individuals to develop a compassionate internal voice, thus counteracting self-critical dialogues through internal processing (Gilbert, 2010).

In a large-scale meta-analysis conducted by Wakelin et al., (2022) a systematic review outlined the effectiveness of self-compassion-related interventions for reducing self-criticism. Nineteen papers, involving 1350 participants from both clinical and non-clinical populations were included. Interventions pertaining to CFT, Neff's (2003) understanding of self-compassion, and self-compassionate mindfulness and meditative practices, met the inclusion criteria. Overall, findings indicated that self-compassion related interventions produced a significant and medium reduction in self-criticism in comparison with control group counterparts and treatment as usual. Research in this area of psychology have outlined promising evidence for the effectiveness of self-compassion-related interventions for reducing self-criticism.

Outlined above, self-compassion is inversely associated with self-criticism (Zhang et al., 2019). In a study by Killham et al., 2018, self-compassion was negatively correlated with self-criticism when measuring the relationship between the two constructs in young female athletes between the ages of 16-24. Zhang et al., 2019 outlined correlations between self-compassion, self-criticism, and depressive symptoms in young African American adults with a recent suicide attempt, as researchers found correlations between each measured construct. Self-reported scores were obtained relating to self-criticism and self-compassion, and self-criticism and depressive symptoms, which concluded significant correlations. Moreover, the researchers identified self-compassion as a mechanism of change through mediation analysis. Additionally, Shavandi and Veshki (2021) found that CFT interventions greatly reduced self-criticism in women during the process of applying for divorce, highlighting a significant reduction in self-critical behaviours when compared to the control group who did not receive therapeutic interventions. In an additional study, Kreemers et al., (2020), tested a self-compassion intervention for young mostly women adults currently seeking employment while experiencing high levels of self-criticism. The intervention included a writing exercise based on Neff's conceptualization of self-compassion, where they were instructed to write and expand and reflect on the three elements of self-compassion, whereas the control group were instructed to freely reflect on their job seeking experience. Results indicated that the experimental group (participants guided to utilize the self-compassion intervention), showed an improvement in managing emotions, and showed less self-critical attitudes and appraisal towards oneself, when compared to the participants within the control group. Furthermore, Warren et al. (2016) document and outline the overall benefits of self-compassion for coping with negative emotions and increasing resilience towards ruminative

behaviours by mindfully being in the presence of negative self-cognitions, as greater self-kindness is present.

### *Barriers to Self-Compassion*

While self-compassion has been highly recognized as beneficial, especially for individuals experiencing high levels of criticism, many people face significant barriers in treating themselves self-compassionately (Chwyl et al., 2020). For example, Robinson et al. (2016) found that participants who reported low levels of self-compassion for themselves, were more likely to associate self-compassion with negative attributes, such as laziness and self-indulgence. Similar findings were noted in Killham et al. (2018) for young female athletes. The researchers found that participants associated self-criticism as a precursor for motivation while simultaneously experiencing increased hesitancy in integrating self-compassion, to which notable beliefs indicated negative impacts about their performance. Other research suggests that some individuals may exhibit a ‘fear of compassion,’ also represented in the literature as a “backdraft.” Warren et al. (2016) explains this metaphor further:

Backdraft occurs when a firefighter opens a door with a hot fire behind it. Oxygen rushes in, causing a burst of flame. Similarly, when the door of the heart is opened with compassion, intense pain could be released. Unconditional love reveals the conditions under which we were unloved in the past. (p. 26)

This intense and often overwhelming feeling for some may particularly be present for individuals with a history of abuse, neglect, and adverse childhood experiences. Fear of self-compassion involves active resistance in thinking and behaving more compassionately towards oneself, with fears associated with feeling undeserving, viewing compassion as a weakness, lack of familiarity and consideration for the importance of compassion, and/or concerns regarding being too

compassionate towards oneself with associated outcomes including (e.g., lowering personal standards and exposing flaws) (Gilbert et al., 2011). Naismith et al. (2018) investigated the relationship between fear of self-compassion (FSC), self-criticism, and shame with 53 participants with a diagnosis of a personality disorder, with included experiences of childhood abuse, neglect, and invalidation. The researchers found that FSC, shame, and all self-criticism measures through self-reported data were significantly and positively correlated with one another. The researchers also noted that although FSC and self-compassion may not always correlate, they do certainly interact, suggesting that self-compassionate practices can reduce fear of compassion. Munroe et al. (2022) also reported similar findings when measuring the role of self-compassion for individuals with prior experiences of trauma, as a way for positive reframing and problem-focused coping strategies. Self-compassion was found to reduce the tendency for the participants to overidentify with negative emotions through positive reframing.

In an additional study, Chwyl et al. (2020) conducted three separate studies to examine some key barriers people face in treating themselves compassionately, highlighting common negative beliefs surrounding self-compassion. In the first study, the researchers identified and investigated whether participants' self-compassionate beliefs related to how they responded to themselves self-compassionately in three imaginative scenarios, designed to illicit negative emotions. Researchers found that participants who endorsed more negative self-compassionate beliefs, reported lower intentions to respond to themselves more compassionately. Additionally, the second study, yielded similar results, finding that data obtained by participants being presented with a negative real-world event, interacted similarly in the first study. Interestingly in the last study, the researchers employed a two-wave design, by experimentally manipulating beliefs around self-compassion (both positively and negatively). Participants were presented with

the same scenarios within the first study, with self-reported data obtained, two, five, and seven days later. Researchers found that promoting positive self-compassionate beliefs increased self-compassionate responding, and that self-compassion predicted coping and self-improvement intentions for participants. Overall, the researchers concluded that this study provided empirical evidence that (a) it is possible to change peoples' beliefs about self-compassion, with effects lasting over a significant time; and (b) changing peoples' beliefs about self-compassion can improve how they respond to emotional challenges.

Other prominent research highlighting the role of self-compassion, focuses on recovery of eating disorders (ED), identifying significant barriers when introducing self-compassionate practices. Geller et al. (2020), found that there were two types of barriers identified for this clinical population: (a) fears that self-compassion will result in a failure to meet personal and interpersonal standards (meeting standards); and (b) fears that self-compassion gives rise to difficult emotions such as grief and unworthiness (emotional vulnerability). Additionally, Kelly and Tasca (2016), noted that increased levels of shame reported by participants also indicated increased severe pathological eating behaviours, whereas levels of self-compassion often reduced and mitigated this outcome. Consistent with Geller et al. (2020), depending on where individuals were in their recovery, self-compassion was associated with additional feelings of failure when self-identified ideals relating to body image and recovery are in conflict.

Self-compassion presented thus far has outlined the overall benefits and expansive research when working with individuals experiencing high levels of self-criticism. Additionally, barriers to self-compassion exacerbated by various mental health conditions such as eating disorders and experiences of past personal traumas have been cited as considerations for practitioners to understand.

Within the next section, Acceptance and Commitment Therapy will be reviewed as a viable therapeutic framework for individuals experiencing self-relating and critical behaviours, outlining research thus far.

### **Acceptance and Commitment Therapy**

Acceptance and commitment therapy (ACT) is an established third-wave cognitive behavioural therapy developed by Steven Hayes in the 1980's (Hayes & Wilson, 1994; Witlox et al., 2022). ACT's theoretical and philosophical underpinnings derive from functional contextualism and relational frame theory, associated with function of language, meaning, and theory of cognition (Hayes & Wilson, 1994; Hayes et al., 2006). ACT shares core tenets of Eastern philosophies through mindfulness and acceptance, encouraging individuals to observe their own emotional and physical experiences, without judgements or efforts to make changes to their experiences (Fung, 2015). ACT does this by promoting psychological flexibility (Dixon et al., 2020). Psychological flexibility, defined by Hayes et al., 2006 is "the ability to contact the present moment more fully as a conscious human being, and to change or persist in behaviour when doing so serves valued ends" (p. 1). Through psychological flexibility, our own thoughts and emotions are held more lightly, and long-term values and goals are acted on, rather than present thoughts, impulses, and feelings, resulting in more flexible reactions (Pyszkowska & Rönnlund, 2021)

ACT has been promoted as a treatment for a wide of variety mental health and somatic conditions including but not limited to anxiety, depression, somatic disorders, obsessive compulsive disorders, and chronic pain in both clinical and non-clinical populations (A-Tjak et al., 2015; Bramwell & Richardson, 2018). In a meta-analysis conducted by A-Tjak et al., 2015, ACT was found to be more effective than treatment as usual or placebo conditions for anxiety

disorders, depression, addiction, and somatization disorders. In an additional meta-analysis conducted by Gloster et al., (2020), the efficaciousness of ACT was reviewed through 100 controlled studies. Findings indicated that ACT was generally superior to inactive controls (e.g. waitlist, placebo) and treatment as usual. Studies included conditions useful for anxiety, depression, substance use, pain, and transdiagnostic symptoms and issues.

### ***The Six Core Therapeutic Processes of ACT & Psychological Flexibility***

ACT emphasizes psychological flexibility as an important process to increase the ability for individuals to adapt and face different situations and respond to them effectively. ACT's six-core therapeutic processes described by Hayes et al., (2006) are understood as both overlapping and interrelated. Each supports the other and all promote psychological flexibility. The six-core therapeutic processes are as follows: (1) *Contact with the present moment* (flexibly paying attention to our experiences happening in the here and now), (2) *defusion* (learning to “step back” and separate and detach from thoughts, images and memories), (3) *acceptance* (opening up and making room for unwanted private experiences, such as thoughts, feelings, emotions, memories, urges, images, impulses, and sensations), (4) *self-as-context* (defined as the “observing” or “noticing self”), (5) *values* (defined as desired qualities of how we want to behave on an ongoing basis), (6) *committed action* (taking effective action, often in accordance to values) (Harris, 2019, p. 6-7).

Literature on self-criticism has drawn findings and correlations between low levels of psychological flexibility and high levels of self-criticism. Fang et al. (2022) demonstrated this when conducting research on 86 Chinese University students with negative self-body image. Metaphors for defusion were administered to the experimental group to increase psychological flexibility, with findings resulting in an increase in psychological flexibility and a decrease in

cognitive fusion and negative body image ideals, reported at post-treatment when compared to the control group. Similar findings resulted from Ruiz et al. (2016) implementing ACT principles through a one-session workshop to disrupt repetitive negative thinking patterns with symptoms of pathological worry and high frequency of negative thoughts, through increased psychological flexibility. Through the process of mindfulness and perspective taking, significant decreases in repetitive negative thoughts were seen in 8 out of the 11 participants within the study, while increases of psychological flexibility were documented.

### *ACT Interventions for Self-Criticism*

ACT presented as a therapy has been reported to be beneficial when working with individuals with high levels of self-criticism and other constructs in relation to negative self-evaluations, such as stigma and shame. For example, Luoma et al. (2008) found that eighty-eight participants with substance-use issues exhibiting high levels self-stigma, benefited when attending a 6-hour group workshop focused on mindfulness, acceptance, and values. Preliminary outcomes from the study indicated medium to large effect sizes, in accordance with interventions and variables, such as self-report measurements of shame, internalized stigma, experiential avoidance and psychological flexibility, stigmatizing attitudes, overall mental health, and quality of life.

When identifying interventions from core-components of ACT's psychological flexibility model, cognitive defusion has been significantly cited to actively work on defusing negative self-cognitions contributing to self-criticism. Studies actively presenting this core process will be reviewed, while presenting another approach often prescribed within psychotherapy to compare findings.

### **Cognitive Defusion for Self-Criticism**

Cognitive defusion, one of the six-core processes and core components of ACT, is described by Harris (2019) as “responding flexibly to your cognitions so they can influence but not dominate your behaviour” (p. 120). More specifically, defusion involves learning to unhook and separate from the content of cognitions by “stepping back” from thoughts, without fighting or trying to outright avoid them. Moran & Ming (2022) indicates that ACT promotes defusion skills to assist individuals to observe their own private verbal behaviours without being governed. In contrast, fusion can be described as private verbal behaviour rigidly directing an individual’s actions and referring to a state in which thoughts and feelings become so closely identified with self, they become accurate reflections of reality. When cognitive fusion is high, cognitions tend to dominate behaviour over other sources of regulating behaviours, and individuals tend to behave in line with cognitions as if they are literally true (Penacoba et al., 2021). Cookson et al. (2020), found that individuals with high levels of cognitive fusion, were more likely to experience psychological distress, anxiety, and depression, when obtaining data from self-report measures. Additionally, Krafft et al. (2019) found that fusion predicted distress, depression social anxiety, and academic stress, when studying mental health concerns for university students.

ACT identifies that individuals with high levels of self-criticism would exhibit high levels of fusion. Several studies within the ACT literature have noted a positive relationship between the two constructs. In a study by Farshad and Samvi (2020), 293 married Iranian women completed various scales and self-report measures, indicating positive correlations between cognitive fusion, self-criticism, as well as external feelings of shame. Additionally, Noureen and Malik (2019) observed the ‘conceptualized self’, which referred to an individual’s

perception of their own identity and self-narratives people use to describe themselves, in accordance with levels of fusion for 200 university students from Pakistan. Results from the study showed that there was a significant relationship between the conceptualized self, depressive symptoms, in accordance with self-critical attitudes and levels of fusion. Findings highlighted the need for approaches that increase practices of defusion and overall psychological flexibility.

Decreasing levels of fusion and promoting overall psychological flexibility are the primary goals for ACT research on individuals experiencing high levels of self-criticism. Tyndall et al. (2017) utilized a cognitive defusion technique, known as ‘word repetition’, which involved excessive repetition of a ‘problem word’ that carried significant psychological distress for participants who were university students. The aim was to decrease the literality of the word over time for participants, thus decreasing levels of fusion. Levels of believability and discomfort for participant’s target word were measured through self-report scales. Findings indicated an overall reduction in both believability and discomfort, both for post-test findings and follow-up measures. Additionally, Bramwell and Richardson (2018), measured levels of cognitive fusion in accordance with feelings of distress and depression, when administering ACT for thirty-three participants through a community mental health team. Findings concluded that a reduction in fusion correlated with a reduction distress, and additional comorbid mental health conditions such as depression.

### **Cognitive Defusion versus Cognitive Restructuring and Reframing for Self-Criticism**

Over the last 30 years, ACT has constructed an alternative model that minimizes cognitive restructuring and reframing (CR) while emphasizing cognitive defusion (CD) interventions (Assaz et al., 2018). CR interventions are often prescribed for individuals’

experiencing negative cognitions, for various mental health disorders, most commonly anxiety and depression (Lappalainen et al., 2015). This approach was especially apparent after its predecessor behaviourism and the wave of Cognitive Therapy in the 1960s and 70s, which promoted centrality of cognitions as the underlying focus for understanding clinical psychotherapeutic problems (Fung, 2015). Prominent models at the time, such as cognitive behavioural therapy (CBT) posited that dysfunctional cognitions contributed to negative emotions (Deacon et al., 2011). CR relies on collaborative efforts, where both clients and therapist empirically evaluate and dispute thought content, underlying beliefs, and assumptions, aiming for observable behavioural change. This approach greatly differs from ACT. CD aims to minimize the influence of internal experience's such as thoughts, feelings, and other private experiences through interventions and exercises, while decreasing the literality of language and meaning for individuals, when doing so leads to adaptive behaviours and living by ones' values (Hayes et al., 2012).

Various studies have compared the use of both interventions with both clinical and non-clinical populations when outlining the efficaciousness for combatting negative cognitions, shame, and internal judgements, often relating to self-criticism. A study conducted by Barrera et al., 2016 compared both CR and CD, alongside in-vivo exposures of public speaking for individuals experiencing anxiety due to negative cognitions. The researchers found that while all the participants in both conditions experienced similar decreases in distress associated with negative thoughts, effect sizes did indicate that CD decreased perceived importance to negative thoughts. Similarly, Deacon et al., (2011) found that CR and CD improved twenty-six female participants experience around distressing thoughts with body shape and identity. CR did better at improving participants' initial distress when experiencing thoughts around body image.

Whereas CD exercises excelled in improving participants' rated importance on distressing thoughts surrounding body image. Krafft et al. (2022) collected data obtained from self-report measures through a phone app, comparing both CR and CD interventions with a white female college student sample over the age of 18. Results indicated that both CR and CD decreased momentary distress. CD was associated with decreased rumination while both CD and CR were associated with positive affect and increased values. Additionally, Larson et al. (2016) measured the effectiveness of CR and CD, by obtaining data from daily online questionnaires surveying negative thought intrusions and willingness to experience said thought. Findings indicated that CD lowered believability, increasing comfort and willingness to have target thought, increasing positive affect significantly more than CR.

Findings within the literature on CR and CD, indicated decreased distress associated with initial experiences around negative cognitions. However, CD was shown to increase tolerability and decrease personal importance around the experience of negative cognitions, which was additionally shown in post-test follow ups over a significant period. Furthermore, this relates to ACT's philosophies and understandings of building acceptance and capacity around private experiences.

### **ACT Combined with Self-Compassion**

Both principles of ACT and self-compassionate theories share various core concepts and theoretical understandings. Luoma and Platt (2015) relate that self-compassion is an implicit process targeted by ACT. The researchers further correlate ACT's core concepts with self-compassionate principles. For example, acceptance inherently includes self-acceptance, by embracing a person's experience as is. Defusion includes gaining distance and building awareness of self-critical cognitions and thinking. Self-as-context involves contact with a larger

sense of self, rather than holding personal stories of shame and self-stigma so tightly. Additionally, self-as-context interventions highlight flexibly and empathic ways of relating to oneself and encouraging empathic interconnections with others. Contact with the present moment includes awareness of emotional experiences and flexible responding, opposed to self-judgement of ones' emotional experiences. Values work often includes focusing on relational values, including identifying values one may choose for themselves, such as care and warmth. These values can interrelate with self-kindness and self-care, which further encourages self-compassionate practices.

In his book, Russ Harris (2019) further highlights the importance of self-compassionate practice within ACT. Harris relates self-compassionate practices within ACT through the lens of Kristen Neff's conceptualization by further building upon Neff's understanding, with an additional three elements. Harris describes these elements as thus followed: (1) *Acknowledge the wound* (taking time to notice and acknowledge our difficult thoughts and feelings), (2) *be human* (validate pain as a natural normal part of being human), (3) *disarm the critic* (integrating defusion skills for self-critical cognitions, emotions, and internal private experiences), (4) *hold yourself kindly* (integrating self-kindness through gentle support and understanding), (5) *make room for your pain* (practice opening up and making room for pain), and (6) *see yourself in others* (developing a sense of "common humanity", by recognizing pain in others to increase empathy and larger understanding of the human experience).

Additional ACT workbooks, such as *The ACT Practitioner's Guide to the Science of Compassion* by Tirch, Schoendorff, and Silberstein (2014) and *The Mindfulness and Acceptance Workbook for Self-Esteem: Using Acceptance and Commitment Therapy to Move Beyond Negative Self-Talk and Embrace Self-Compassion* by Oliver and Bennett (2020), focus on

incorporating aspects of self-compassionate practices through an ACT framework, with self-help formats aimed to empower readers.

While ACT as a therapy has been framed to be particularly well suited for the integration of self-compassion, as key elements of ACT processes are consistent with Neff's (2003) conceptualization of self-compassion and Gilbert's (2010) CFT, there is limited research pairing these frameworks. Additionally, Barnard and Curry (2011), posit that ACT may raise individuals' mindful awareness skills, thus increasing self-compassionate practices, however additional studies are needed to determine this mediation process more closely.

Reviewed in the following sections are a handful of studies focusing on the combined approach of ACT and self-compassionate theories, specifically relating to concepts surrounding self-stigma, shame, and self-criticism interrelated with various mental health issues and conditions.

### ***ACT and Self-Compassion Studies***

In a study conducted by Yadavaia et al., (2014), a six-hour ACT-based workshop targeting self-compassion was compared with a waitlist control group, from obtaining pre-treatment and post-two-month follow-up scores, measuring depression and anxiety and self-compassion scores. Undergraduate students attended a six-hour workshop based on the manual used by Lillis et al. (2009, as cited in Yadavaia et al., 2014), focusing on weakening fusion with self-criticism and self-conceptualization, building perspective-taking, and strengthening the value of self-kindness through acceptance and self-acceptance. Practitioners facilitated experiential exercises to cultivate self-compassion. Results indicated an improvement for self-compassionate scores for ACT participants, exhibiting large improvements from pre to follow-up of the study. Overall, the researchers found ACT interventions led to large increases in self-

compassion, with moderate-to-large reductions in general psychological distress, anxiety, and depression at two months, in comparison to the waitlist condition.

In an additional study conducted by Linde et al. (2023), ACT and compassion-based therapy were utilized as interventions targeting shame with five adults diagnosed with body dysmorphic disorder (BDD). The treatment, described by the researchers as acceptance and commitment therapy with compassion (ACTwC), was designed to target shame and self-criticism, through increasing self-compassion, psychological flexibility, and quality of life. The study utilized a manual guide and informing each treatment session, spanning across 12 sessions, building skills for present-centered and non-judgemental awareness (through mindfulness training) experiential exercises (aiming to foster self-compassionate self-talk, defusion, acceptance, and perspective taking abilities), and various self-compassionate practices in response to shame and self-critical behaviours. Pre-and post-intervention scores were obtained through self-report measures on general shame, self-compassion and self-criticism, depression, quality of life, psychological flexibility, and cognitive fusion. Results indicated that overall, there appeared to be a significant reduction in self-criticism and shame, when scores were obtained from session 5 and onwards. Additionally, BDD symptoms appeared to improve for all participants, with the exception of one participant. Similarly, Pinto-Gouvveia et al. (2019) utilized ACT principles of mindfulness and self-compassionate theories for individuals with binge-eating disorder through a 12-session group. Results indicated lower pathological eating behaviours through mindfulness and reductions in self-critical behaviours through defusion and acceptance skills.

In an additional study, Carvahlo et al. (2022), utilized ACT and self-compassion as an intervention for women experiencing chronic pain, through an eight-session group. Similar to

Linde et al. (2022) and Pinto-Gouveia et al. (2019) interventions were focused on fostering self-compassionate responses relating to ones' body through promoting valued-guided and committed action. Results indicated clinical improvements in anxiety and depression. Additionally, significant change analysis showed that some participants improved in significantly responding self-compassionately.

Overall, promising results have been demonstrated from these studies, relating to the interrelating core concepts of ACT and self-compassion, such as mindfulness, perspective-taking, acceptance, and various other practices for self-relating processes such as self-criticism.

### **Summary and Conclusion**

From reviewing the findings outlined in chapter two, broader understandings of self-criticism, specifically experienced by young women and in addition psychotherapeutic frameworks for individuals with high levels of self-criticism, summarize notable considerations for practitioners.

Identifying self-criticism has been conceptualized through various self-report measures and scales (Rose & Rimes, 2018). These self-report measures measure both attitudes of self and most importantly negative internal self-cognitions. Root causes within the research have been identified as negative and impactful experiences of childhood through parent to child relations (Biolcati, 2020; Brewin et al., 1996; Gittins & Hunt, 2019; Thompson & Zuroff, 1999). This was especially apparent and notable within various studies highlighting the relationship between these very phenomena between mothers and daughters (Koestner et al., 1991; Naismith et al., 2019). Findings often resulted in young women experiencing high levels of self-criticism throughout their adolescence, with elevated levels continuing later into adulthood (Gittins & Hunt, 2020).

Additionally, practitioners should be aware of contextual and societal pressures experienced by young women when factoring in developmental and feminist frameworks and understandings. For example, young adults can experience high levels of self-criticism and negative self-outlooks relating to goal pursuits, specifically associated with relationships and career, when internal and ideal standards are not consistent with outcomes (Shulman et al., 2009). In addition, women face added societal pressures relating to body image, exacerbated by standards upheld and promoted through social media, seen within the literature (Franzoi et al., 2011; Young et al., 2022).

Self-compassion and self-compassionate frameworks have been highlighted within the literature as the ‘antidote’ for self-criticism (Wakelin et al., 2022). However, research has highlighted barriers to self-compassion, such as past and prior experiences with trauma and attachment issues, and EDs which arguably impact young women at higher rates (Chwyl et al., 2021; Munroe et al., 2012). ACT as an approach presented thus far, has been useful for individuals utilizing skills such as mindfulness, acceptance, and specifically defusion to distance and de-literalize internal negative self-cognitions, often leading to self-criticism (Barrera et al., 2016). Despite studies combining both approaches of self-compassion and ACT have been promising for individuals’ experiencing high levels of self-criticism, research exploring this specific approach is limited, especially when factoring in viable therapeutic approaches for young women (Luoma & Platt, 2015).

### **Chapter 3: Discussion, Application, and Conclusion**

This chapter will present a summary of the main findings derived from the research discussed in the preceding chapters, comprehensively relating to the original purpose and research question of this capstone project. Additionally, this chapter will delve into the limitations and gaps identified in the current literature, highlighting the significance of ongoing future research in this field. Lastly, a proposed workshop integrating teachings on self-compassion and ACT, specifically designed for young women grappling with high levels of self-criticism, will be outlined.

#### **Main Findings**

Overall findings summarized from the research reviewed within this capstone project indicate that self-criticism is a transdiagnostic process found across various mental health disorders, involving intense self-scrutiny and negative self-evaluations (Sahar et al., 2015a). This process encompasses beliefs, thoughts, and emotions focused on one's own shortcomings (Neff, 2023). As it significantly contributes to the worsening of mental health conditions, addressing self-criticism within therapy and identifying promising therapeutic approaches is crucial (Low et al., 2019, Rector et al., 2000).

There is a notable connection between parenting and attachment, from earlier relationships between children and caregivers, which significantly influences the development and persistence of individuals with increased levels of self-criticism (Gittins & Hunt, 2019; Koestner et al., 1991). Critical and cold parenting styles from mother-daughter relationships, in particular, have been observed to carry a heightened risk for self-criticism and the emergence of depressive symptoms in women during later stages of life (Thompson & Zuroff, 1999).

Moreover, young women frequently experience self-criticism and adopt self-critical attitudes, primarily linked to societal and gender-related pressures that impose an ideal body image on women (Germer & Neff, 2013). Additionally, as they navigate through the transitional phases of adulthood also known as ‘young’ or ‘emerging adulthood’, challenges related to career aspirations and relationships increases the prevalence of self-criticism (Dickson & Shulman, 2016; Mishra, 2021). These anticipated challenges specific to young women often give rise to self-critical tendencies and behaviours (Michaeli et al., 2022).

In the field of psychotherapy, there exist multiple frameworks for cultivating self-compassion. More specifically, two prominent theories that have been extensively studied and researched in relation to self-criticism are compassion-focused therapy and Kristen Neff’s conceptualization of self-compassion (Gilbert, 2014; Neff, 2003). These approaches have shown significant evidence for interventions related to reducing self-criticism across a multitude of demographic groups, populations, and for a wide variety of mental health disorders (Wakelin et al., 2022). However, it is additionally important to note that individuals with a history of trauma, as well as those with eating disorders and personality disorders, may exhibit a “fear of self-compassion” or encounter challenges in embracing self-compassion, particularly in the early stages of their therapeutic journey (Chwyl et al., 2020; Killham et al., 2018; Robinson et al., 2016; Warren et al., 2016).

Acceptance and commitment therapy (ACT) has been an additional approach extensively researched in the realm of mental health, addressing stigma, shame, and self-criticism across diverse populations and issues (A-Tjak et al., 2015; Bramwell & Richardson, 2018). Particularly, interventions utilizing cognitive defusion techniques have shown encouraging outcomes by

enhancing individuals' ability to manage and tolerate internal thoughts and cognitions associated with self-criticism (Krafft et al., 2022; Larson et al., 2016; Moran & Ming, 2022).

Both self-compassion and ACT share similar approaches, as acknowledged by researchers who reference and cite each other's work (Harris, 2019; Luoma & Platt, 2015; Tirsch et al., 2014). Initial findings from combined approach studies indicate that utilizing these frameworks hold promise, although further research is necessary to establish conclusive evidence of their effectiveness for young women contending with high levels of self-criticism (Carvalho et al., 2022; Linde et al., 2023; Pinto-Gouveia et al., 2019; Yadavaia et al., 2014).

### **Limitations and Gaps Within Current Literature**

While presenting and examining research for this capstone project, it is pertinent to acknowledge certain gaps and limitations found within the literature, as well as aspects that could not be covered within the scope of this project. Firstly, although recent research has explored the combined approaches of ACT and self-compassion, there are minimal randomized controlled trials, and comparative studies to definitively determine the effectiveness of this combined approach. Secondly, while research has indicated significant levels of self-criticism among women and young adults, there is limited research specifically focusing on young women. Moreover, due to limited perspectives often reflected throughout the literature, studies included within this project predominantly represent dominant cultural perspectives and mostly obtain data from dominant populations. This thereby limits inclusive insights regarding self-criticism, based on factors relating to culture, socio-economic status, and a multitude of others. Given the universality and prevalence of self-criticism in mental health, conducting more inclusive studies, and adopting new approaches would be valuable in establishing best practices.

**Application: Workshop**

This proposal for a workshop aims to teach young women on how to use the concepts and teachings of both self-compassion and compassionate theories and ACT for self-criticism. For this workshop, Neff's conceptualization of self-compassion will be primarily expanded on. It is based on cited research that was discussed earlier throughout the literature review in chapter two, in addition to findings, suggestions, and recommendations from Carvalho et al. (2022), Linde et al. (2022), Luoma and Platt (2015), Pinto-Gouveia et al. (2019), Tirsch et al. (2014), Yadavaia et al. (2014), which outlined studies and approaches incorporating both self-compassion and ACT. Exercises, interventions, and educational techniques from these published studies utilizing both self-compassion and ACT as a therapeutic method for self-criticism will be included in the session. For the benefit of workshop attendees, further research on young women's experiences with self-criticism and vulnerability factors in relation to mental health will be presented. Participants will receive suggested readings and workbooks at the end of the workshop for continued learning, maintenance, and management with contending levels of self-criticism. Upon completion participants should be able to:

- Have an understanding of what self-criticism is and how it presents for young women, with an additional understanding of comorbidities with mental health;
- Have a broader understanding of self-compassion and ACT;
- Increase mindful awareness through the development of skills and tools to notice and become more aware of their self-criticism;
- And have a collection of tools, techniques, and exercises after the workshop for continued management and maintenance.

**The proposed workshop will include the following components:**

- Education surrounding self-criticism and its impacts on mental health for young women
- An introduction to self-compassion, what it is and what it is not
- An introduction to ACT
- Experiential component: self-compassion and ACT exercises for self-criticism
- Additional recommended learning materials: readings and workbooks

***Self-Criticism and Mental Health***

What is self-criticism? Self-criticism is when we evaluate ourselves in a harsh and negative way (Sahar et al., 2015a). When we are criticizing ourselves, we tend to be overly critical of our abilities, behaviors, and achievements. This self-criticism can surface as thoughts, feelings, and beliefs about us, and it often leads to feelings of guilt, shame, sadness, and anger (Warren et al., 2016). It can be tied to how we see ourselves and our sense of self-worth. Self-criticism is something we all go through at some point in our lives, with varying degrees of intensity (Kannan & Levitt, 2013).

As young women, we face a lot of pressures from society because of our gender and age (Young et al., 2022). While each of us may have our own unique experiences that trigger self-criticism, there are some common themes we can relate to. For example, many of us feel this intense pressure to fit a certain standard of beauty, part of which may include striving for a certain body type or shape, such as thinness, as seen in most countries. This can lead to self-critical thoughts and feelings about our bodies. Additionally, there can be some doubts that come with being young adults (Michaeli et al., 2022). We often question ourselves when it comes to our careers and relationships, while transitioning into adulthood. We can be hard on ourselves when it comes to success and meeting expectations, especially when it comes to being competent

and living up to our full potential. With all these different aspects of ourselves, self-criticism tends to show up quite often.

How does self-criticism impact our mental health? While earlier research on self-criticism was focused mostly on depression, we now know that self-criticism can occur in various mental health disorders such as, depression, anxiety, eating disorders, personality disorders, and more (Fennig et al., 2008; Killham et al., 2018). Self-criticism has been shown to impede and impact our progress towards improving our mental health and well-being. Young women are often highly represented with those who have eating disorders, depression, anxiety, and personality disorders.

There is a strong relationship between self-criticism and the severity of our mental health. This often impacts how we feel and relate to ourselves. Therefore, it can be an important part of our mental health and well-being to address this (Low et al., 2019).

### ***What Self-Compassion is and is Not***

Self-compassion is widely considered the ‘antidote’ to self-criticism (Naismith et al., 2019). Meaning the more self-compassion we have for ourselves, the less self-critically we relate to ourselves. However, there are general misconceptions about self-compassion, which can sometimes increase our hesitancy towards treating ourselves kindly and integrating self-compassionate practices (Chwyl et al., 2020). First, we will focus on what self-compassion ‘is’, and then discuss what self-compassion is ‘not’.

### ***What is Self-Compassion?***

This conceptualization is based on Kristen Neff's understanding of self-compassion, adapted, and summarized from *Self-Compassion: The Proven Power of Being Kind to Yourself* (Neff, 2011). Self-compassion is offering support, understanding, and kindness for oneself, especially when experiencing suffering, pain, while being met with life's challenges. When we are dealing with self-criticism, self-compassion offers kindness and understanding at perceived personal inadequacies. Further components to self-compassion are outlined:

1. **Self-Kindness versus. Self-Judgement:** Refers to treating oneself with care and understanding, rather than being overly harsh and critical. Instead of attacking and scolding oneself for perceived flaws and shortcomings, unconditional warmth and acceptance are offered.
2. **Common Humanity versus Isolation:** Refers to the acknowledgement that humans are flawed and experience failures, mistakes, significant life challenges, and frequent setbacks. From this understanding, our ideas about imperfection are associated as a natural part of life, as we feel less alone and isolated during times of pain and suffering.
3. **Mindfulness versus Over-identification:** In the context of self-compassion, being mindful of one's painful experiences requires maintaining balanced awareness, that does not disregard or evade painful thoughts and emotions. A balanced perspective to our experiences, neither ignores and avoids, nor exaggerations painful thoughts and emotions.

### ***What Self-Compassion is ‘Not’***

This conceptualization is based on Kristen Neff’s understanding of self-compassion, adapted and summarized from *Self-Compassion: The Proven Power of Being Kind to Yourself* (Neff, 2011). When learning about self-compassion, various misconceptions arise, as self-compassion can often be misconstrued and misunderstood. Listed below are common misconceptions, distinctly summarizing that self-compassion is not...

- **Self-pity or letting yourself off the hook:** when individuals feel self-pity, they are immersed in their own problems, often forgetting others’ experiences. It amplifies personal distress and prevents balanced perspectives.
- **Self-indulgence:** when individuals are self-indulgent, immediate pleasure is prioritized over long-term happiness, whereas self-compassion recognizes that short-term gratifications may harm overall health and happiness. Self-criticism can be ineffective motivators for change, whereas self-compassion fosters growth and self-awareness, without self-condemnation. Thus, creating a safe space for acknowledging areas of growth to facilitate personal development.
- **Self-esteem:** Self-esteem relies on comparisons, relating to how we stand out and differ from others. It is influenced by achievements and failures, resulting in significant fluctuations in our self-perception. On the other hand, self-compassion is not tied to self-evaluation or external factors, allowing for a more holistic and balanced self-conception.

### ***What is ACT?***

In this workshop, I will also delve into acceptance and commitment therapy (ACT), which is rooted in several philosophical similarities with self-compassion (Luoma & Platt, 2015). ACT is a therapy that emphasizes mindfulness and defusion techniques to cultivate self-

awareness regarding self-critical thoughts, beliefs, emotions, and cognitions that manifest as self-criticism. ACT also encourages aligning with our values and beliefs through meaningful actions. In this workshop, we will practice mindfulness and cognitive defusion exercises to shift our relationship with distressing and self-critical thoughts.

### ***Experiential Component***

The following experiential components in this workshop are comprised of techniques, tools, and exercises from self-compassion and compassionate theories and ACT. Many of these exercises are based on previously published studies and research focusing on self-criticism, including exercises from both Steven Hayes and Russ Harris (ACT) and Kristen Neff (Self-compassion). Resources provided at the end of the workshop will contain these exercises.

### **Self-Compassion Exercise**

***Self-Compassion Exercise 1: How Would You Treat a Friend?*** The following exercise is adapted from *Self-Compassion: The Proven Power of Being Kind to Yourself* (Neff, 2011)

1. First, I invite you to think about times when you encounter close friends struggling and feeling bad about themselves, when they confide and express self-critical thoughts, feelings, and beliefs about themselves. Reflect and think about how you would typically respond to your friend in this situation?
2. Now, think about times when you are encountering and struggling with self-criticism. What is your typical response towards yourself in these situations.
3. Did you notice a difference? If so, reflect and ask yourself what factors or fears come into play, when treating yourself and others so differently?

4. Reflect about what it could look like if you responded to yourself the same way you respond to a close friend, especially when experiencing and working through self-criticism.

### **Mindfulness**

Mindfulness encompasses being actively and non-judgementally aware of the present moment, directing our attention to current experiences, including thoughts, sensations, and emotions (Harris, 2019). By cultivating mindful awareness, we become more attuned to our experiences with self-criticism, allowing us to increase self-compassion and create distance from self-critical thoughts. Mindfulness helps us recognize when self-criticism arises, thus enabling choices and responses that serve our well-being (Warren et al., 2016).

***Mindfulness Exercise 1: Dropping Anchor.*** The following exercise is adapted from “*ACT Made Simple: An Easy-to-Read Primer on Acceptance and Commitment Therapy* (Harris, 2019)

Dropping anchor is a mindfulness tool that helps us become more aware of our inner experiences and outer surroundings. By acknowledging and observing our inner experiences without judgement, we gain more self-control, disrupt unhelpful thinking patterns, and stay in the present moment. More specifically, dropping anchor involves using the ACE formula:

- A: Acknowledge any thoughts, feelings, and emotions that are coming up, especially those related to self-criticism
- C: Come back and connect with your body, this can be done by pressing your fingertips together, or becoming more aware of your feet placed on the ground
- E: Engage in what you are doing in the present moment, shift your awareness to the room around you and become observant of what is happening and what you are presently doing

## Defusion

Cognitive defusion involves learning to observe our thoughts without attachments or “fusion” (Hayes et al., 2006). Rather than automatically accepting our thoughts as true or letting them control our behaviour, defusion involves creating distance and space between ourselves and our thoughts. By doing so, we can better respond to our thoughts more flexibly and choose how to engage with them. Defusion is important for increasing self-compassion as it allows for self-criticisms to pass through our minds without having to be believed, proven, wrong, or otherwise engaged (Luoma & Platt, 2015).

***Cognitive Defusion Exercise 1: I’m Having the Thought/Feeling That.*** The following exercise is adapted from *ACT Made Simple: An Easy-to-Read Primer on Acceptance and Commitment therapy* (Harris, 2019).

Observe and become aware of a particular thought or feeling that relates to your experiences with self-criticism. Sit with the thought and/or feeling and observe and become aware of what comes up for you. Now add, the phrase “I’m having the thought/feeling that…” and observe how that feels, and if there are any noticeable changes or differences. Next add the phrase “I notice that I am having the thought/feeling that…” and observe how that feels or if there are any noticeable changes or differences.

***Cognitive Defusion Exercise 2: Leaves on a Stream.*** The following exercise is adapted from *ACT Made Simple: An Easy-to-Read Primer on Acceptance and Commitment therapy* (Harris, 2019).

The following exercise that we will be practicing together is called Leaves on a Stream (Harris, 2019). I invite you to sit in a comfortable position and close your eyes. Start visualizing yourself next to a flowing stream with leaves floating on the water’s surface. Each thought that

you have will be imagined as a leaf placed on the stream, allowing for the leaf to pass by, including pleasurable, painful, or neutral thoughts. The stream will flow naturally, as there is no need to rush or control your thoughts. If any difficult or painful feelings arise, they are acknowledged without judgement and placed on leaves to float along. At any point if the mind becomes distracted, gently bring your attention back to visualizing the stream and leaves floating down the water.

### ***Recommended Readings and Resources***

Provided at the end the workshop are recommended readings and resources focused on self-compassion and compassionate theories with ACT for self-criticism, which includes:

1. *The ACT Practitioner's Guide to the Science of Compassion* by Dennis Tirsch, Benjamin Schoendorff, and Laura R. Silberstein (2014)
2. *The Mindfulness and Acceptance Workbook for Self-Esteem: Using Acceptance and Commitment Therapy to Move Beyond Negative Self-Talk and Embrace Self-Compassion* by Joe Oliver and Richard Bennett (2020)

Additional resource for ACT:

1. *ACT made simple: An easy-to-read primer on acceptance and commitment therapy (2nd ed.)* by Russ Harris (2019)

Additional resource for Self-compassion:

1. *Self-Compassion: The Proven Power of Being Kind to Yourself* by Kristen Neff (2011)

### **Conclusion**

This capstone project explored the experiences of young women who grapple with high levels of self-criticism. Research reviewed indicates self-criticism among women starts early in life, which can persist later into adulthood, with significant correlations found between self-

criticism and later onset of mental health conditions. The prevalence and severity of these conditions, particularly among young women are on the rise, as statistical evidence highlights the prevalence of these patterns. This project emphasizes the importance of addressing self-criticism in therapeutic interventions, as reductions in self-criticism are shown to be positively linked to treatment outcomes.

Self-compassion, compassionate theories, and ACT are proposed as promising approaches to counteract self-criticism in young women. However, further research within this field is needed to explore this combined approach, to specifically address self-criticism for young women.

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