Breaking the vicious cycles of self-criticism: a qualitative study on the best practices of overcoming one's inner critic

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Abstract

Despite continuous efforts to understand self-critical inner dialogues, little is known about the best practices people use to overcome their self-critics. In this study, we aimed to analyse the self-critical cycles of participants who scored high on coping to understand the most adaptive strategies and responses to the self-critic. The consensual qualitative analysis was performed by a team of three researchers and one auditor. The high scorers were identified from a convenience sample of 1,683 participants. Twenty participants, 14 women and 6 men, were randomly chosen from the sample of individuals who scored high in self-reporting inventory of coping. In-depth repeat interviews were conducted with 15 participants for the main analysis, and 5 were added to check the data saturation. The results revealed three core themes – *I am okay but I need improving; I am okay but improving would help; and I am not okay and it is hard to be different*. Furthermore, six main types of self-critic emerged from the data: Teamster, Non-feeler, Worrier, Not good enough for self, Not good enough for others, and Hated self. Self-critic sequences included the trigger or specific situation evoking that self-critic; accompanying emotions and/or self-awareness; a particular kind of self-criticism and self-compassionate and/or self-protective responses to the self-critic that form part of coping. The results supported the Emotion Focused Theory of change, with self-compassionate and self-protective responses being aimed at various types of self-critic. Self-critic specific nuances were also identified. The study provided the possibilities of working with different types of inner critics and could alleviate the suffering caused by them.

Keywords Self-critic, Self-compassion, Self-protection, Sequences, Consensual qualitative research

Introduction

Having a negative relationship with oneself in the form of excessive self-criticism is one of the most important psychological processes that influences the predisposition to psychopathology and its persistence [1]. The inner self-critical voice can have a negative effect on the individual's functioning, so self-criticism research plays an important role in the cultivation of well-being. Self-criticism is related to predisposition to depression [2], anxiety [3], perfectionism [4], eating, and other disorders [5], as well as all sorts of psychopathologies. Conversely, self-protection and self-compassion are generally associated with

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better psychological health [6–8] and are useful in treating self-criticism [9].

Internal dialogue is part of everyday experience. It can become self-critical but can be overcome through self-compassionate and self-protective responses [9, 10]. According to previous work [11], this self-critical part is associated with constant, powerful self-judgment and a chronic fear of criticism, disagreement, and rejection by others. Similarly, self-criticism could be defined [12] as the feeling of being criticized, pushed down, imprisoned in the feeling of not being good enough and not having energy for new things and challenges in life over the long-term. In addition, some authors [13] describe the "inner critic" as a strong inner normative voice that sometimes acts as a block. It is considered to be a processual disturbance that interferes with the individual's organism experiencing. Researchers [13, 14] created a model of the "inner critic" structured around five main process clusters: a past history of rejection, restriction and neglect; negative self-schemes; information processing deficits; self-protective behaviours; and interpersonal problems.

Furthermore, previous work [11] emphasize the consistency of self-critical part as a form of self-concept. Its functioning is described in evolutionary model of motivational systems [15]. According to this model, there are three related but distinct motivational systems or emotional regulation systems. The "drive system" is linked to self-esteem and motivates us to search for resources, mates, skills, or status. The "threat-protection system" helps us decide whether to fight, flee, or submit in the face of a threat and stimulate self-criticism. The third system "mammalian care-giving" has evolved with our need to affiliate and care. It fosters our ability to be compassionate and soothing rather than striving for the aims or status linked to the drive system. The mammalian care-giving system can mitigate the other two systems if they become over-active [15]. As self-criticism is activated by the threat-protection system, it is important to find active or relieving behaviours (self-protective or self-compassionate). The mammalian care-giving system can soothe the other two systems, including the threat system [15]. Indeed, research [6] showed that self-hatred is negatively correlated with the ability to self-soothe, give self-reassurance, or be self-compassionate and focus on the positive aspects of the situation.

Conceptualization of self-critics

The self-critical voice can take on different forms and manifestations that have both general and specific components. Therapeutic observations have produced a small number of categorisations of self-criticism. Synthesis of findings about self-critics, taxonomy of the manifestations of the inner critic was produced [13]: (1) degrading/undermining critic; (2) punitive/accusatory critic;

(3) over-demanding/controlling critic; (4) subservient/neglectful critic; (5) distant/avoidant critic; and (6) domineering/compensating critic. Some authors [13] argued that therapists can easily identify the first three types when clients express their critical inner voice, but the inner critic can also be manifest in a more indirect or covert way (subservient/neglectful critic, distant/avoidant critic, and domineering/compensating critic).

The description of constructively self-criticism through a self-regulation process includes the following stages [16]: assessing ongoing behaviour, awareness of behaviour that is problematic or could be improved, finding specific, concrete elements to improve and selecting the most appropriate alternative in a given situation to achieve the best result. Similarly, other findings [17] report that constructive self-criticism results in a change in the above-mentioned self-regulation process and form the decision to change behaviour to improve. However, in this work we are dealing with the concept of self-criticism, characterized by devastating ideas, feelings of hopelessness, with negative impacts on human behaviour as it involves an unhealthy relationship to self with components of hate and inadequate self [6]. In this case, self-critical individuals are not able to perceive the elements of their behaviour worth developing and motivating to fulfil the individual´s potential. Research [6] report that self-critical individuals either have the need to constantly improve, correct their behaviour, or need to punish themselves, to wound their own self for errors and shortcomings. According to this, self-criticism has just two components [6]: "being self-critical", the first component of which is overestimating errors and feelings of inadequacy – Inadequate Self, and the second component involves the need to hurt oneself and the feeling of contempt/self-hate – hated self. High levels of feeling inadequate are characterised by the belief that the person deserves the self-criticism because they remember and compare their setbacks, holding themselves to a higher standard than other people and feeling disappointed. Hated self is focused on self-critical anger and disgust with oneself and is a more destructive, disgust-based response to setbacks with the desire to hurt the self. Research [18] also distinguish between two types of self-criticism. The first is comparative self-criticism, which entails external comparison to others along with the belief that other people are dominant, superior, and critical, which creates a strong sense of inferiority [17]. Individuals with internalised self-criticism (the second variation) have a negative view of themselves.

based on their own, internal standards. People with this kind of self-criticism have a strong sense of inadequacy stemming from their own impossibly high standards.

Self-critics in psychotherapeutic approaches

The *psychoanalytic* literature on self-criticism focuses mainly on the concepts of low self-esteem, shame, guilt, and masochism referring to a "sense of badness" [4]. Furthermore, there is an attribution [19] of the inner critic to "bad" parents who were abusive or neglected the needs of their children. The "bad parent" is then internalized as a bad object, the inner critic. Treatment involves having to confront or destroy the bad object and sever the relationship with the bad parent(s) [20]. In modern psychoanalytic approaches, the self-psychological and integrative relational paradigm is used to address the patient's difficulties with their inner critic and there is no deliberate attempt to destroy either internalised parental introjects or the relationship with the parents [21]. The treatment depends on the patient's ability to identify, seek out, and be sustained by self-objects that can fulfil their mirroring and idealization needs. Working with the inner critic should enable the individual to understand that the internal bad object is often worse than the real person and to create positive images of the parent to avoid feeling objectless [21].

In *humanistic (experiential/person-centred)* approaches the central mechanism of change in work with the inner critic transforms the disruptive process into a more adaptive self-aspect that forms part of the flexible and dynamic self-process [22]. The inner critic can be transformed through the change processes. Researchers [22] conclude that in the *client-centred/experiential literature* there are three well-known ways of achieving a fluid and complex self-organization [22–24]: removing the experiential block, restoring interactions between various self-aspects and developing an active and integral "I". Each of these draws on the belief that the "inner critic needs to be approached in an active way, as it will not change or disappear of its own accord" [21].

Traditional humanistic approach represented by Rogers [25] argues that the client's critical and negative self-attitude must be fully acknowledged and accepted. In later theory-driven approaches, self-criticism and judgment are replaced with self-compassion [7] and self-protection through assertive anger [26–28]. Self-protection involves a feeling of entitlement to identify and express unmet needs [28]. Self-compassion could be described through three components, each with a positive pole and a negative pole: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus overidentification [27]. Self-compassion entails feeling caring and kind towards oneself, adopting an understanding, non-judgmental attitude towards one's inadequacies and setbacks and recognizing that one's own experiences are part of the common human experience [27].

There is a produced model of the productive emotional processing of painful emotions in experiential therapy [9], in which a particular path is followed when working with one's inner critic known as a sequential model. This sequential model of emotional processing aims to help clients to transform maladaptive emotions with adaptive emotions such as self-compassion and protective anger [10]: The path consists of several stages [28]: global distress (characterized by undifferentiated emotional pain); fear/shame (characterized by enduring pain and experiences of inadequacy); negative self-evaluation (e.g., self-critic, "I am inadequate") and the expression of need (e.g., "I need to be loved"); expression of assertive anger ("I deserve to be appreciated") and/or self-compassion ("I feel appreciated"); grief/hurt stage ("It was painful not to get the appreciation" – bringing relief); a sense of acceptance and agency.

The emotional-focused therapy sequential model emphasizes the need to engage in self-protection and self-compassion [28] as a means of achieving self-integrity. Thus, the enactment of self-compassion and self-protection in response to unmet needs in core emotional pain leads not only to grieving but a sense of emotional resilience, self-acceptance, and empowerment in a complex experience. The sequential model specifically with the inner critic(s) could contribute to the integrity of past and current experiences, thereby building a person's internal resources and their response to experienced needs. The transformation of the inner critic could therefore be an important condition for the proper functioning of the self- processes. In link with the healthy functioning, positive psychology, as a distinctive paradigm, focuses on the promotion of positive experiences and conditions in life instead of pathologies [29]. It may provide evidence and insightful understanding into the proactivity of human agency [30]. Based on the paradigm of positive psychology, we decided to explore psychological experiences and coping behaviours that could protect mental health and well-being [31] among best copers.

Aim of the study

There is a small number of studies on self-criticism. The qualitative research on the inner self-critical voice offers limited findings on the types of self-critic [5, 13, 14, 22]. Moreover, many of the findings come from therapy. More studies are needed involving the general population to confirm that these critics appear in people's narratives. Furthermore, a sequential model of self-critics has not been elaborated yet. Therefore, this study examines different types of self-critic and how these can be worked with through successive processes. In addition, this study is based on inner dialogues of individuals who scored high in at least one type of coping mechanism in the COPE inventory [32]. Therefore, best practices in responding to different kinds of self-critic are examined to find a functional response to the self-critic in sequence.

By developing a sequential self-critic model, we hope to obtain greater insight into individuals' behaviour, cognition, and emotional experiencing to help produce tailored-made interventions for tackling inner critics.

Methods

Research design

The study utilized a mixed-methods approach to examine coping behaviors and inner dialogues related to self-criticism among adults. Quantitative data were collected using the COPE Inventory, a 60-item instrument measuring 15 subscales of coping strategies [29]. The sample included 1,683 participants, recruited via social media using a snowball sampling method. For qualitative analysis, 20 participants with the highest adaptive coping scores were selected for in-depth interviews. These interviews explored participants' inner dialogues during difficult situations. Data were analyzed using Consensual Qualitative Research (CQR) to identify themes and patterns in responses to inner self-critical dialogue.

The COPE inventory

To determine the extent of coping behaviour among respondents, we used the COPE Inventory [32]. The COPE is based on theories of functional coping and is frequently used to measure coping strategies [33]. It consists of 60 items and 15 subscales: (1) Acceptance, (2) Active coping, (3) Behavioural disengagement, (4) Denial, (5) Seeking emotional support, (6) Seeking instrumental support, (7) Mental disengagement/Self-distraction, (8) Planning, (9) Positive reinterpretation, (10) Religion, 11. Restraint, 12. Substance use, 13. Suppression of competing activities, 14. Venting, and 15. Humour [32]. For example, the subscale Acceptance is by the item *"I learn to live with it"*, the Positive reinterpretation by *"I try to grow as a person as a result of the experience"* or Venting by *"I get upset and let my emotions out"* [32]. The inventory showed good psychometric properties and an adequate factor structure in the Slovak population [34]. Coefficient of reliability Cronbach's alpha ranged from 0.55 to 0.95 and a confirmatory factor analysis showed that factor loadings supported the fifteen-dimensional model of the COPE Inventory [34].

Participants and recruitment

The convenience sample, gathered online using the snowball method through social media, comprised 1,683 participants (67,00% women, 32.35% men, 0.65% did not report their gender) with mean age of 31.02 years (SD = 11.99). The inclusion criterion was age over 18 years and participants' ages ranged from 18 to 77 years. From the maritatul status information, eleven respondents were single, three in relationship and six in marriage. Regarding the highest level of education achieved,

one respondent achieved primary education level, five participants finished the second level of education, six of them had bachelor´s degree, five had master´s degree and three respondents achieved doctoral degree.

All respondents were Slovak nationals and signed an informed consent form.After consenting the informed consent form, participants completed an online questionnaire consisting of sociodemographic questions and the COPE Inventory [32] questions. Since we were interested in those who had the highest coping strategy scores, we randomly chose 15 participants and an additional 5 participants from the sample of individuals with the highest scores for the adaptive subscales of the COPE Inventory [32]. We used a cut-off score as the inclusion criterion of 10 points because the maximum score for each COPE subscale was 14 points. Of the selected participants, 15 scored higher than 10 points on at least one of the adaptive COPE subscales [32] to examine best practices in responding to different kinds of self-critics. The additional five participants were used for the purposes of data saturation after completion of the first round of consensual qualitative analysis.

In total, there were 20 participants in the qualitative analysis, 14 women and 6 men, with a mean age of 29.1 years (SD = 8.8). The ages of the selected participants ranged from 19 to 46 years. For motivation purposes, participants received a €50 voucher as a reward for completing the interview. Data were collected in accordance with the ethical standards of the institutional and/or national research committee and in accordance with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. The study protocol was approved by the Ethical Committee of the Faculty of Social and Economic Sciences at Comenius University in Bratislava.

In-depth interviews

We conducted two in-depth interviews with each participant over a two-week period. The open-ended questions focused on their inner dialogue. We asked participants about recent unpleasant and difficult situations where things did not go well in their life and the way they coped with them. Then, we explored their inner dialogue in the situations. We asked them: "*What were you saying to yourself at the time? Every one of us has a part of ourselves that watches us, monitors, and evaluates what we do. People criticize themselves for various reasons, but we all have some version of that critical inner voice with which we have an internal dialogue. Tell us how you criticized yourself in this situation. We would also be interested in how you faced this criticism and how you soothe, support, or protect yourself against it.*" The interviews were transcribed verbatim. We used MS Excel for the coding and analysis. In the second repeated interview,

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the respondents were asked to add anything they remembered in connection with the situation, to feel free to explicate the content. If nothing came up, the researcher paraphrased and summarized the previous answers and let the respondents respond if it is really at the end.

Data analysis
Consensual qualitative research
Our research team consisted of three postdoctoral psychology researchers who formed the core coding team and one full psychology professor who was the auditor. The auditor and two of the core team members have substantial experience of conducting research into self-criticism and self-compassion and one core team member has experience in coping research.

Before the coding, the researchers wrote down their expectations about the participants' inner dialogue to minimize bias. Then the transcribed interviews were analysed using Consensual Qualitative Research (CQR) [35]. This method was primarily developed to investigate inner experiences of complex and rare phenomena that are difficult to capture using a quantitative approach. The CQR is specific in several keyways [35]: specific phenomena are described verbally, rather than numerically; data are collected through open-ended questions; researchers explore a small number of cases; the context of the whole case is used to understand specific parts of the experience; the conclusions are drawn from the data collected; the process does not involve testing a previous theory. A consensual team approach is needed to ensure a wide range of perspectives and thus greater convergence with the "truth" and minimization of researcher bias. The CQR approach [35] reflects the fact that the respondents are experts on their own experiences and that researchers can learn about the phenomenon from the participants.

Firstly, all team members coded the data independently with the theoretical background on the previous types of self-critics [6, 13, 15]. Following the CQR method [35], each member identified the domains in each of the inner monologues of the participants. When considering the domains, we noted consecutive sequences in the inner monologues and subdomains were identified and discussed. Then, team members discussed the final categorization of the data and present it to the auditor. The auditor reviewed the analysed domains and subdomains in sequences of cross-cases, suggested revisions, and discussed them with the team. The analysis was performed for 15 cases and an additional three cases served to saturate the data analysis. Finally, two more cases were added to check the data stability. The additional cases indicated the analysis was stable so we created a general sequential story of an inner self-critical and self-compassionate/self-protective monologue based on all cases. In the final step of our analysis, the research participants provided feedback on the results.

Results
In this part, as the first step, we present a taxonomy of inner critics which has showed 6 types of the self-critics incorporated in 3 core themes (Fig. 1). Then, we continue with typical statements (examples) representing the respondents' self-criticism relating to particular self-critic. The sequences of individual internal self-criticism are reported in Table 1, with specific elements for expressing and processing the self-critical dialogue highlighted in grey.
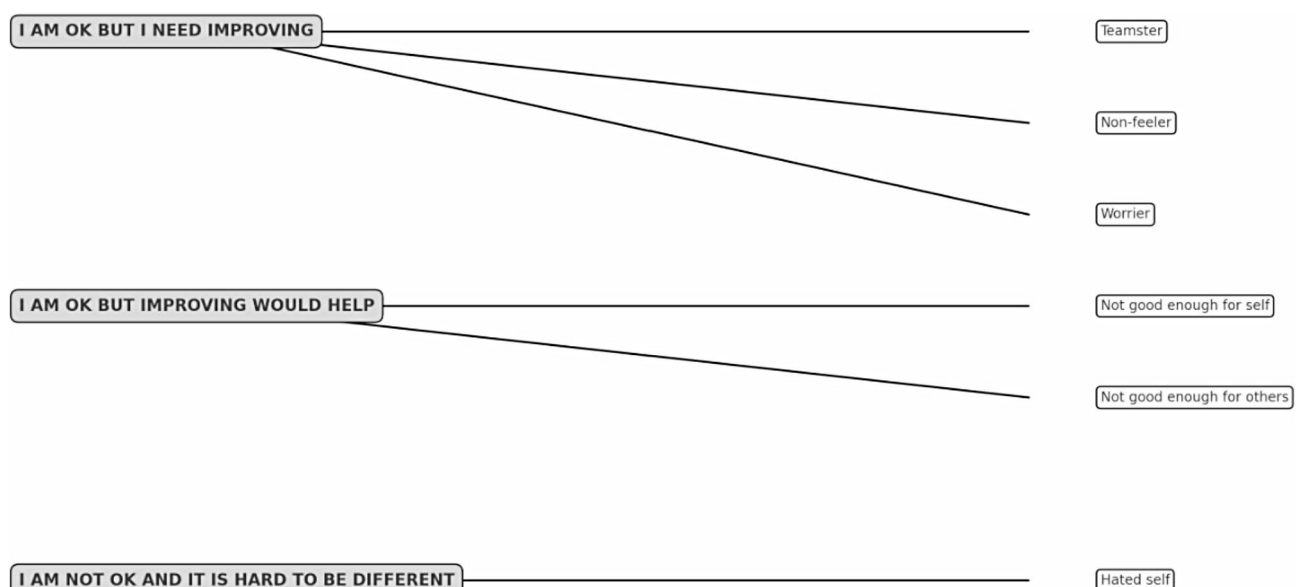

Fig. 1 Taxonomy of inner critics

Table 1 Self-critic sequences

Core theme	Self-critic	Trigger	(Self)-awareness	Self-criticism	Self-compassion	Self-protection
I AM OKAY BUT I NEED IMPROVING	**Teamster**	insufficient opportunities/too many opportunities	self-awareness of fear of missing out self-awareness of fear of negative emotions	self-criticism for being inadequate	self-acceptance	self-understanding the right to feel any emotion
	Non-feeler	emotional situation	self-awareness of emotions	self-criticism of emotions	self-acceptance common human suffering self-expression of emotions	self-understanding the right to feel any emotion
	Worrier	risky situation	awareness of unpredictability/ uncontrollability self-awareness of worrying	self-criticism for inability to control something	self-compassion	finding relieving behaviour stop worrying finding something to control
I AM OKAY BUT IMPROVING WOULD HELP	**Not good enough for self**	personal failure	self-awareness of own failure	self-criticism for unfavourable comparison with self	self-acceptance self-compassion	self-reassurance finding behaviour that bring relief stop making comparisons right to feel emotions standing up for myself self-acknowledgement I am good enough for myself
	Not enough for others	social failure	awareness of own inadequacy compared to others awareness of others' superiority	self-criticism for social comparison	self-acceptance self-compassion common humanity in suffering	self-reassurance finding behaviour that brings relief stop making comparisons right to feel any emotion standing up for myself self-acknowledgement I am good enough for others
I AM NOT OKAY AND IT IS HARD TO BE DIFFERENT	**Hated self**	self–disgust or loathing self-attacking	self-awareness of self-hate self-awareness of self-reproach	self-criticism for being disgusting	self-compassion/ self-compassion through an authority self-expression of emotions	finding relieving behaviour right to feel any emotion

Note Specific elements for expressing and processing the self-critical dialogue are highlighted in grey

We identified three core themes connecting and differentiating the self-critics – *I am okay but I need improving; I am okay but improving would help* and *I am not okay and it is hard to be different.* From these overarching core themes, we created six main types of inner critic with typical statements representative of the respondents' self-criticism: *Teamster* (Do more, do less, do it differently); *Non-feeler* (Don't let yourself feel things, be even tempered); *Worrier* (Be prepared, something will go wrong); *Not good enough for self* (Be better than you are now); *Not good enough for others* (Be better in the eyes of others); and *Hated self* (You can´t be yourself). Each of these domains contained subdomains broken down into sequences of steps in the internal self-critical monologue and the processing. Each sequence contained three steps: (1) the trigger or specific situation evoking that self-critic; accompanying emotions and/or self-awareness; (2) self-criticism relating to that specific situation/inner state etc.; (3) and self-compassionate and/or self-protective responses to the inner critic that guided the self-critical dialogue.

1. **Trigger or Specific Situation**: This is the initial event or situation that evokes self-criticism. It often involves a perceived failure or shortcoming. For instance, a participant might describe a situation where they made an error at work. The accompanying emotions could include feelings of shame, frustration, or disappointment, and heightened self-awareness about their perceived inadequacies.

2. **Self-Critical Thoughts and Judgments**: In this step, individuals engage in negative self-talk and harsh judgments about themselves in relation to the triggering event. These thoughts are often generalized and overly critical, reflecting an internal dialogue that blames and devalues the self. This internal criticism can amplify the emotional distress experienced and create a cycle of negative self-evaluation.

3. **Self-Compassionate and/or Self-Protective Responses**: The final step involves the individual's efforts to respond to the self-criticism with kindness,

understanding, and protective measures. This could include self-soothing thoughts or actions such as taking a break to calm down and gain perspective. These responses aim to mitigate the impact of self-criticism and promote emotional resilience.

The types of self-critic (each following the three steps sequence) are summarized in Fig. 1, which illustrates three core themes and the associated self-critic.

Types of self-critic and sequences

The sequences of individual self-criticism are shown in Table 1, with specific elements of the self-critic in the process highlighted in grey.

In this section, self-critics are described, and the sequences are listed at the end of each paragraph. We also present the phases to understand how the sequences relate to each other and examples from the interviews are also presented. Self-critical dialogue is described here, along with self-compassionate and self-protective responses. A typical statement representing the self-critic's admonitions is given in brackets.

I am okay but I need improving

The *Teamster* self-critic (*Do more, do less, do it differently*) is always in a hurry and driven by a desire to do more, do less, or do something differently. It is accompanied by a constant fear of missing out on something in life, combined with a fear of negative emotions ("I'm worried about missing something.").

Self-criticism is therefore expressed as a perception of not being able to try, do, or pursue everything and still be perfect. The term "*Teamster*" is used metaphorically to describe a self-critical internal force that drives individuals to continuously strive for improvement and progress, akin to the traditional role of a teamster propelling a team forward with drive and persistence. This self-critic is comparable to perfectionist behaviours or being driven by a constant desire to achieve something in order to become a better or more valuable person.

During the pandemic – I'm not doing enough/I'm missing out on a lot in my life – I'm losing out on potential experience – That's what bothered me... the feeling of loss, that I'm missing out on something – I kept thinking I wasn't doing enough and then I couldn't concentrate properly – I let it go, I worked on it slowly/I was able to find time for everything I needed – I told myself that I wanted to start taking an interest in something and for it to be like this.

Non-Feeler (*Don't feel things, be even tempered)* is characterized by the belief that it is bad to express emotion (too much), especially intense ones. Limiting the experiencing and processing of emotions is more acceptable and pleasant. This self-critic is triggered by emotional situations (e.g., arguing with someone close to us, being separated from friends, or having limited contact) and experiencing emotions is seen as threatening or even inappropriate. Non-Feeler self-critics criticize their own emotions. But they can manage them through self-acceptance/understanding their own needs and the situation that evokes (intense) emotions. The next sequence is about common humanity, which is characterized by the belief that other people have difficulties in life and allow themselves to be emotional. That seems to encourage the person to accept and express their own emotions ("It's okay to feel this way.").

Limited contact with friends – I'm scared that these friendships are completely disappearing now... – I probably shouldn't feel this way when there are people whose lives are much more difficult... I shouldn't feel so sorry for myself... – ...It's just that my friends are very important to me/it's completely understandable because my whole life has been turned upside down... – Other people have also been under permanent stress for a year – It's sad and frustrating... I won't see my friends for a long time – It's okay to feel this way and for it to affect me.

The last self-critic, *Worrier (Be prepared, something will go wrong)*, contained the theme *I am okay but need improving*, where there is a continual need to be prepared for potential threats or problems. When a person is in a situation they perceive to be risky (e.g., the risk of infection, financial problems), unpredictable, and uncontrollable, Worriers start worrying and self-criticize their inability to prevent or control the situation, or at least reduce the risk. In this situation, finding relief is important given that excessive worry fuels the self-critic. There appear to be two main mechanisms – self-compassion and finding a way to make the situation less uncontrollable and thereby silence the inner critic as well.

Possible infection – I will do everything I can, but what about the others? - ...My head was full of all the ways it could turn out ... – What I'm doing wrong, how I'm behaving, if I'm behaving badly... – I was doing the best I could – so I just cried... – It can't go on like this and I just can't work like this – I have to change my behaviour towards my friends and family.

I am okay but improving would help

The main theme is *I am okay but improving would help* and includes the inner critic called *Not good enough for self (Be better than you are now)*. This inner critic is driven by the belief that the person isn't good enough. The critical voice appears in cases of personal failure (e.g., procrastination or conflict) when the person compares their behaviour/worth using internally determined beliefs about adequacy/sufficiency. They compare themselves to their own (unattainable) standards. Self-acceptance and self-compassion ("I do what I can.") are helpful

methods for dealing with this inner critic and may bring relief in the form of the right to feel emotions, be they positive or negative. They may also foster the ability to stand up for, defend, and acknowledge oneself and one's sense of worth or of being okay within the limits of the inner monologue.

Putting of writing my bachelor thesis – …Switch on the computer and start writing…but it just doesn't work… – Can't you see what you should do? – When I can't even achieve my own goals, which are sometimes not justified by anything, then my biggest critic is actually me – I talk about the situation that's annoying me… I mainly try to be honest/just do what you want and what you can/ …I kept repeating it to myself… this is something you can't influence - Having discipline over yourself and trying to do something useful every day – I don't bother with it that much anymore – It could have been different, but it is the way it is / …I will come to some conclusion and tell that person / To have a good feeling in the evening about having done something that day… To do something useful every day … - I did something that day and I went somewhere, I had something, a goal.

I am okay but improving would help

I am okay but improving would help is also projected in the inner critic called *Not good enough for others (Be better in the eyes of others),* which is very similar to the previous one. The main difference is that the individual compares themselves to idealized others (not their own ideal standards). These individuals think other people are more capable, skilled, and better (e.g., at securing jobs) so the self-criticism centres on social comparison to others. In this type of self-criticism, the functioning mechanisms may be the right to feel emotions or standing up for oneself in front of others and self-acknowledgement. Another aspect was explored as well – human suffering/struggling as a component of the self-compassionate mechanism (e.g. "I was in a situation you can't prepare for, no one knew how to prepare for…. ").

Job application – You're not good enough… that's why they didn't choose you – They chose someone else – You're definitely not good enough – okay, … I'm not the best person/ but if I wasn't good enough for the job, they wouldn't have kept me on for four years/ it could just be a coincidence, why not me and why her… – I'll be careful about it – Okay, now you can't solve it right now, because you'll say things you'll regret – I said I was sorry – … I told her that I was just standing there/ you'll be able to look at it from another point of view/ at that time I was in a situation you can't prepare for, nobody knew how to prepare for the reality of the pandemic – I shouldn't criticize myself because at that time I was in a situation you can't prepare for.

I am not okay and it is hard to be different

The last in the self-critics' category is *Hated self (You can´t be yourself),* came under the main theme *I'm not okay and it is hard to be different.* This is the only inner critic with strong self-disgust at their own life situation. The result is self-attacking, self-hate, and self-reproach. After the self-hating stages, people find relief in self-compassion (through an authority of God). Afterwards, these individuals express the emotions felt.

Gaining weight – So there you have it, see what you're capable of – You fat girl… – You are unbearable, you shouldn't have done it – I'm sitting here, I just sit here, I could have studied more… you lazy… – I bought a watch that counts my steps to measure how inactive I am… – God's words guide me every day… they light my path / in peace, really, I'll read it in peace / …I'm relaxed, I was sitting down… – I'm so sorry… after all, I have the right to a little rest.

Discussion

In this study, we examined different types of self-critics and sequential practices for overcoming them among high copers according to the COPE inventory [32]. We identified three overarching themes relating to the of self-critics – *I am okay but I need improving; I am okay but improving would help and I am not okay and it is hard to be different.* We also described six main inner critics along with the typical inner dialogue sequence: Teamsters, Non-Feelers, Worriers, Not good enough for self, Not good enough for others, and Hated self. The sequences include the trigger or specific situation in which the inner critic was evoked; accompanying (self)-awareness; self-criticism of an imperfection; and self-compassionate and/or self-protective responses to the inner critic for coping with the self-critic. The results showed that the self-compassionate and self-protective responses are applied to the self-critics, with slight differences depending on the type of self-criticism. We can also observe in data that noticing the self-critic or self-awareness is an important precondition for the overcoming it. There is an assumption that mindfulness might serve as a precondition of self-compassion [36, 37] as it is a component of self-compassion together with common humanity and self-kindness [27]. Thus, becoming mindful of self-criticism might be a good way to process the self- critics, because there is a possibility that people stop doing something or transform it when they become aware of it fully.

We will now discuss these differences in sequences. Depression and perfectionism are thought to be characterized by strong self-critical responses [2, 4, 22]. Although there is some evidence that self-criticism is related to diminished goal progress, some research has revealed a positive association between self-oriented

perfectionism and goal progress [2]. Individuals may therefore think that the constant drive to achieve goals (which are never sufficient) is useful and that could be why *Teamster* is their inner critic. However, it is important to realize that perfectionism is a negative factor for the goal process and self-evaluation when accompanied by harsh, disproportionate treatment towards the self, and is more destructive than it is constructive [2]. Teamster is often part of the "drive system", according to the theory [16] that the brain has three evolutionary interactive systems, which are linked to self-esteem and motivate us to search for resources, mates, skills, or status. The functioning and evoking of the "mammalian caregiving system" seem to be important for self-regulation, as is the ability to be compassionate (through self-compassion or self-understanding, in line with the Teamster's sequences), rather than constantly striving to achieve the aims or status linked to the drive system [15]. Teamster is similar to the "overdemanding, controlling critic" in mentioned inner critic's taxonomy [22] and manifests as the pursuit of unachievable norms and ideals. Another taxonomy [13] also falls into this category the people who are convicted that it is incorrect to feel and express emotions. In our taxonomy, *Non-feelers* constitute a special category. We identified a specific sequence for this critic based on efforts to repress all feelings that trigger the common humanity aspect of self-compassion.

Our findings on the Worrier self-critic are similar to a model of worry transformation for use in emotional focused therapy [38] with the two-chair dialogue. The model consists of marker identification, enactment of the worry, deepening the toll of the worry, articulation of the need towards the worry. Worry softening and the client standing up to the worry are related to the processing of worries in the inner monologue. In our study, we identified two main strategies among respondents for handling the Worrier self-critic. Self-compassion is represented as feeling calmer and softer by being kind to oneself [27] and finding something to control to limit the uncontrollability of the situation. These are comparable to standing up to the worry as a means of protective anger [38].

The inner critics relating to the second theme, *I am okay but improving would help*, exhibit differences as well. In common humanity is the component of self-compassion that enables the individual to accept that failure and pain are part of human experience, and not perceived in isolation from this human experience [27]. However, when we compared the two self-critics *Not good enough for self* and *Not good enough for others* we found that only the second critic was associated with the common humanity self-compassionate strategy. It was absent in the first one, where personal standards are the measure of comparison. When the comparison is with others and on a wider interpersonal level, some individuals seem to be able to engage in self-compassion through perceiving their failure as part of the wider, common humanity. This type of self-critic is similar to comparative self-criticism, characterized by comparison to others and the belief that others are dominant, superior and critical, which gives rise to a sense of inferiority from comparing one's own inadequacies with others' [18].

As this inner critic is a response to having to comply with standards based on others' expectations or perceived expectations, the relief seeking could be related to universal suffering. It may be that because these individuals see suffering as being part of human experience, they are better at coping with an inner critic that criticizes them for not fitting in with other people's ideas. The concept of common humanity could act as a kind of defensive shield – against the frustration of things are not going well for the individual but also for others to act as they want or a sense of isolation – as if "I" were the only person suffering. This pattern may be similar to the Non-Feeler critic, which also featured common humanity. Individuals with this critic can see that other people have to face difficult situations as well and have the right to be sad and worried. In this sense common humanity can bring hope as it shows that others also struggle and fail or feel emotions and are no worse for it [27] and so the individual can experience these things just like other people.

Lastly, *Hated self* was the only inner critic with the component of self-compassion through authority. It is a self-compassionate behaviour that is acquired indirectly, through another person or via the imagination (e.g., God, therapist). Hated self [6] as a form of self-criticism characteristically found in clinical samples and an indicator of extremely high levels of self-criticism and self-hate. It is also indicated by a more destructive, disgust-based response to setbacks and is characterized by self-dislike and an aggressive/sadistic/persecuting desire to hurt oneself, (e.g., "I don't like being me"; "I have become so angry with myself that I want to hurt or injure myself"). Clinical observations suggest [39] that some individuals, particularly those high in self-criticism (specifically hated self), can find both self-compassion and receiving compassion difficult and may even be fearful of it [27, 40]. Despite the benefits of self-compassion, extremely self-critical people may be afraid to engage in self-compassion, which is in line with the manifestations of Hated self. According to previous findings [40] some individuals' first attempts at self-compassion are accompanied by doubt, fear, and resistance. They question whether they deserve compassion and that leads to weakness, unfamiliarity with compassion or unresolved grief. In the sequential Hated self's model respondents sought and expressed self-compassion through an authority (e.g., God) or had to work hard to obtain even a "drop" of compassion by working

continuously with their self-critic. This is probably the most unkind and harsh of the inner critics identified in our data as it entails self-attacking and self-hate.

As we can see, the inner critic is a complex phenomenon that manifests in diverse ways with both similar and distinctive sequences. It can be seen in perfectionist ideas, where the individuals are scared of missing out and are criticized for not being ideal; in self-criticism of the emotions the individual experiences; in self-criticism of the inability to control the perceived risky situation; in self-criticism that involves unfavourable comparison with the self or others; and in self-criticism of disgust at oneself.

Comparing our self-critic classification with another taxonomy [22], we can observe similarities in the following self-critic categories. The Not good enough for self is comparable to the degrading/undermining critic in that both contain a negative, inadequate self-image accompanied by feelings of worthlessness or incompetence. Hated self is similar to the punitive/accusatory critic. These two critics believe the harsh criticism and self-hate is deserved. Lastly, the Teamster critic resembles the over-demanding/controlling critic in that the criticism stems from unattainable ideals of self. We did not observe the other three self-critics in previous taxonomy [22], which may be related to the fact that we interviewed the best copers. Had we analysed more interpersonal criticism or observed behaviour in more natural situations, it is entirely likely that we would have found these critics as well. They are more indirect or covert, which may explain why we did identify them in our sample.

Our study captured the whole process from self-criticism to the more adapted integrated self and the strategies that contributed to this process. It is comparable to the "client process" proposed by previous work [22]. The client process consists of removing the experiential block, restoring interactions between self-aspects, and developing an active and integral self. In this micro theory of working with the inner critic [22], the inner speech evolves into a more adaptive self-aspect, becoming part of the flexible and dynamic self-process and can be performed by the self-compassionate and self-protective mechanism. In all self-critics, the adaptive response to self-criticism consists of both self-compassion as well as self-protective elements, which is similar to previous study [28].

Limitations
This study has several limitations that must be considered. The self-reported COPE inventory [32] did not include a socially desirability scale for excluding respond-ers consciously or unconsciously attempting to present a better image. The level of coping strategy was based on the respondent's subjective evaluation. The research

sample consisted of volunteers recruited online via social media using the snowball method. Such individuals tend to be more sociable and more interested in the research topic [41]. Moreover, despite the random selection, the majority of interviewees were women. It has been shown that psychology research participants tend to be women [42] and this trend was reflected in the current study. Another limitation relates to the characteristics of the researchers conducting the interviews. All the researchers were either young to middle aged women, which means that only one gender and age category were represented. Finally, we did not conduct face-to-face interviews due to the COVID restrictions. Online communication via videoconferencing can slow down or inhibit rapport and authentic contact in interviews.

Future research
Best practices for coping with self-criticism could benefit from research into the sequences high copers use to deal with their inner self-critics. Self-help techniques could also be used in the absence of therapeutic help for those put off by the risk of social stigma and the cost of therapy. According to the findings of this study, therapeutic interventions aimed at processing the inner self-critical dialogue and cultivating self-compassionate/self-protective strategies could benefit the mental and physical health of sufferers.

Comparing best copers with worst copers could reveal potential differences in methods for and barriers to dealing with self-critics, which can be destructive and thwart the individual's attempts to cope.

Implications for practice
The present research lends itself to comparisons of the inner critic concepts in various psychotherapeutic approaches. The focal elements and conceptualizations of the various approaches intertwine and saturate the internal monologue cross-sectionally which brings the novel findings into inner critic topic.

For example, the psychoanalytic literature on self-criticism referring to a "sense of badness" [4], that can be seen in the belief "I am not okay" or "I am okay but…" which precedes various forms of criticism. According to the integrative relational perspective [20], transformation requires the individual to understand that the internal bad object is often worse than the real person and to create positive images (of the parent) to avoid feeling objectless. This can occur in the sequences in the final stage of self-protection relating to self-acknowledgement (I am good enough for myself/others).

Parallels can be drawn with humanistic (experiential/ person centred) approaches involving the transformation of the self-critical process. The sequences copy the process that leads to fluid self-organization [5]. It consists

of three consecutive stages [21, 23, 24]: (1) removing the (self-critical) blocks (e.g., I am inadequate self-attacking, self-disgust), (2) restoring interactions between various self-aspects through self-compassion/self-protection (e.g., self-acceptance, self-expression of emotions, not making comparisons, right to feel emotions standing up for myself) and (3) developing an active and integral "I" (I am good enough for myself/others). This is based on the idea that the inner critic needs to be actively transformed in an active way, as it will actually not disappear [21]. The sequences are also in line with the model of the productive emotional processing of painful emotions [9], which involves working with one's inner critic. This pathway consists of several stages, according to previous work of emotion-focused therapy [28]. Our sequences start the trigger or specific situation of their evoking; accompanying emotions and self-awareness; specific self-criticizing; self-compassionate and/or self-protective responses to the self-critic. It is similar to or representative of previous emotion-focused therapy model of global distress; fear/shame; negative self-evaluation and expression of need; expression of assertive anger and/or self-compassion; grief/hurt and a sense of acceptance and agency [28].

Achieving self-integrity seems to require the elicitation of self-compassionate and self-protective strategies to process the internal monologue relating to the various self-critics, as the present research conducted with a sample of high copers shows. We suppose that thanks to mentioned representations, the critic can be worked on through different types of psychological interventions that could be tailor-made for specific self-critics and their processing.

Conclusion
To sum up, this study sheds further light on self-criticism and its manifestation in the general adult population. It advances our knowledge of self-criticism processes and provides insights into follow-up procedures that could alleviate the suffering caused by the inner critics. The research shows that the high copers use self-compassionate and self-protective strategies to deal with their inner critics. This is in line with the case conceptualization of emotional focused therapy model which emphasizes the need to enact compassionate and protective responses in order to process the self-critical dialogue [28]. Furthermore, it seems likely that it can be applied to various types of self-critics and a broad range of process markers.

Abbreviations
CQR   Consensual Qualitative Research
COPE   Cope Inventory
SD   Standard Deviation
SE   Standard Error
EFT   Emotion-Focused Therapy

Declarations

Ethics approval and consent to participate
All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study. The study's protocol was approved by the Ethical committee of Faculty of Social and Economic Sciences at Comenius University Bratislava.

Consent for publication
Not applicable.

Competing interests
The authors declare no competing interests.

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