

# A Therapeutic Approach to Destructive Self-Criticism

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## ABSTRACT

Countless psychotherapy clients engage in highly destructive forms of self-criticism. The consequences of such practices for their self-esteem, emotional state, vulnerability to others' criticisms, ability to change problematic behaviors, and more, are both numerous and dire. In part one of this chapter, three empirically common patterns of such destructive self-criticism, as well as their typical consequences, are described. In part two, some therapeutic concepts and procedures for helping persons to alter debilitating self-critical practices are presented.

"Criticism is for the benefit of the actor."  
—Peter G. Ossorio (1976)

In general, criticism is a social practice whose point is to benefit the person criticized. When the English teacher criticizes the student's essay, the parent appraises the child's action, or the coach evaluates the athlete's technique, it is widely understood that such criticism should be beneficial to those receiving it. It

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*Advances in Descriptive Psychology*, Volume 7, pages 249-273.  
Editors: H. Joel Jeffrey and Raymond M. Bergner.  
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ISBN: 1-891700-01-4

might, for example, inform them that something is wrong, what precisely about it is wrong, and/or how it might be remedied in the future. When criticism fails this understood requirement, it is typically regarded as failing its task. We say that it was "unconstructive," "unhelpful," "failed to provide its recipient with any information about how to change," and the like.

When it comes to criticizing *themselves*, countless individuals fail repeatedly to do so in ways that are beneficial. Instead, they resort to self-critical practices that are not merely unhelpful, but actually quite injurious. In many cases, the extent of this injury is so great that the practices may be considered pathogenic; i.e., they engender very significant restrictions in the ability of these persons to participate in the social practices of their communities (Ossorio, 1985). To borrow a phrase from Freud, these practices severely damage the ability of individuals "to love and to work."

Such destructive, even pathogenic, self-criticism is the subject of this report. In it, I shall (a) describe the most commonly observed patterns of such criticism; (b) note their consequences; (c) provide a set of therapeutic concepts and strategies for helping persons to abandon debilitating self-critical patterns in favor of more effective and constructive ones; and (d) relate some helpful responses to common resistances and obstacles that clients present.

## Destructive Self-critical Patterns

### *1. Private Self-degradation Ceremonies.*

Shannon (like all names in this chapter, a pseudonym), a 20 year old college senior, reported at her intake session that she continued to suffer repercussions from an event that had occurred many years earlier. While in eighth grade at a parochial school, her class had held a graduation party at a state park. During this party, a boy to whom she was strongly attracted asked her to walk with him alone in the forest. In the course of this walk, the boy suddenly thrust his hand into her pants and touched her vaginal area. Shocked, confused, and in some measure not wanting to displease the boy, Shannon froze. Before she could recover and say or do anything (a period she estimated at perhaps 5 seconds), the boy removed his hand. Nothing further transpired between the two. As a result of this single, brief incident, Shannon branded herself a "slut." She continued to characterize herself with this label throughout her adolescence, despite the fact that she scrupulously avoided all further sexual contacts during this period. Finally, she believed that everyone else in her social circle knew of the incident, regarded her as a slut, and wished not to be associated with her. The result of all of this was an extremely lonely and painful adolescence.

In this example, Shannon criticizes herself in a manner that is shared by many others. In reaction to perceived transgressions, mistakes, and failures, these

individuals brand themselves with highly invidious, disqualifying labels such as "slut," "stupid," "selfish," "incapable of loving," "insignificant," "screwed up," and the like. Where others might level similar self-accusations in a moment of pique, but not really mean them, these individuals stand deeply and fully behind their indictments. The effects of such critic acts, particularly when persons stamp in the same destructive labels time after time and year after year, can be extremely devastating to individuals.

A helpful concept for articulating the precise nature and implications of such critic acts is one formulated many years ago by Harold Garfinkel (1957), that of a "degradation ceremony" (see also Ossorio, 1976; 1978). This concept is perhaps best explicated by the use of an interpersonal example. Consider the hypothetical case of a lieutenant in the military who has been found guilty of a grave breach of his military duties. One morning, his company is assembled on the parade grounds, and he is brought before them. The company commander steps forward, faces the lieutenant, and before everyone makes a formal announcement to the effect that the lieutenant has engaged in conduct unbecoming an officer. Further, the commander proclaims, this conduct is deemed a reflection of the lieutenant's character and reveals him to have been all along unfit to be an officer. In light of these things, the commander strips the lieutenant of his rank and demotes him to the rank of private (from Ossorio, 1976).

The basic force of this ceremony is that the lieutenant is literally "de-graded." That is, he is removed from one grade or status in his community and relocated to another, diminished one. The essential difference that this relocation makes is that the new status conveys drastic reductions in his eligibilities to participate in his community. Where once he could give orders to most of the men and women on the base, reside in special quarters, and in general enjoy a wide range of officers' privileges, he now can do none of these. His community status, and with it his behavioral eligibilities, have been radically diminished.

In this paradigm case, one person formally degrades another before witnesses. In the derivative case known as a "private self-degradation ceremony" (Ossorio, 1976, 1978), one person informally enacts all three roles: he or she serves as denouncer, as denounced, and as witness. This individual privately declares himself or herself to be a certain sort of degraded person (a "slut," a "selfish, loveless narcissist," etc.). By virtue of assigning themselves such disqualifying labels, these persons are responding to things going wrong by declaring in effect that, not only were they deficient on this occasion, but they are kinds of persons who, by dint of their defective character, incompetence, or moral blemish, (a) merit diminished standing in the human community, and (b) are disqualified from doing any better (cf. Goffman, 1963, on stigmatizing labels).

Compounding the damage just recounted is the fact that degrading statuses or labels that persons assign to themselves tend to become impervious to being altered by contradictory empirical evidence (Ossorio, 1976, 1978). By way of analogy,

consider a politician who has been branded by the public as “motivated solely by political expediency.” Once such a label is fixed, no action by this politician, regardless of how selfless or nobly motivated it might be, need disconfirm the label. Anything positive he does may be assimilated to the label: “There he goes again, trying to create a positive image with the electorate.” In the same manner, once individuals brand themselves with degrading labels, they tend in the face of contradictory evidence not to alter the label, but to assimilate new facts to it (cf. Beck & Weishaar, 1995, on prejudicial self-schemas; Abramson, Seligman, and Teasdale, 1978, on the “insidious attributional style”). Thus, these labels, as in Shannon’s case, tend to be quite enduring and resistant to change.

## 2. *Employing Perfection as a Standard, Not an Ideal*

Jack, a rather articulate tax accountant in his early thirties, related the following self-critical scenario: “On those rare occasions when a finished return looks good to me, I focus on how it wasn’t done on time. If it was done on time, I focus on how inefficient I was in preparing it and how I’ve wasted money for my client and for my firm. If all that is okay, I focus on how I should have found a better way to do it. I always find something wrong.....The standard is perfection, and if I achieve it, I get a ‘10.’ If I fail to achieve it, I get a ‘0.’ There are no 9.8’s here like there are in Olympic figure skating.”

Many years ago, Reinhold Niebuhr the theologian raised the question of the intent of the biblical injunction, “Be ye perfect!” (Niebuhr, 1956). Was perfection intended, he inquired, to be something that people could actually achieve, and were expected to achieve? If so, the standard was quite impossible and therefore foolish. However, he suggested, perfection was being posed, not as a standard of adequacy, but as an *ideal*—as a destination or guide star persons should strive toward even while knowing that they could never reach it. Failures to achieve this ideal would be inevitable, and the proper reaction in the face of such failures would be, not self-laceration, but humility and a renewed commitment to strive toward the ideal.

The contrast between this perspective and the one contained in my client’s quote is stark. For Jack, perfection is a standard of adequacy. Failure to achieve it is not occasion for humble acknowledgment and renewed efforts. It is occasion to “give oneself a zero” and declare oneself a failure. One *should* achieve perfection (the note of grandiosity is unmistakable here), and failure to do so is grounds for recriminations against oneself (including, quite possibly, the sorts of self-degradations discussed above). In the author’s clinical experience, it is not the pursuit of perfection per se, but its employment as a standard of adequacy (sometimes in every sphere of the person’s life) that proves so destructive to individuals.

There are three other common clinical scenarios that may be seen as variations on the above theme. All of them entail employment of some standard of adequacy that, like perfection, dooms them to failure. All conform to the identical formula

that, "If I do not meet standard X, then I am a failure (defective, inadequate, unworthy, etc.)." The first of these is "being number one." Here, the critic's stance becomes: "If you are not the very best (the most achieving, the smartest, the most beautiful, etc.), you are nothing." The employment of this standard results in the clinically ubiquitous comparison scenario in which one person, in the presence of an impressive other, feels utterly inferior and miserable. The second variation is, in effect, being a deity; the critic declares, implicitly, that "If you have failed to be omnipotent and omniscient, you are a failure." No one, of course, ever states the standard in this form. What is observable are self-denunciations that are intelligible as denunciations only if the implicit standard upheld is omniscience or omnipotence. For example, an individual might condemn himself for making an error in a situation where, given the information available to him, such a mistake was unavoidable. The implicit claim in such a case is an omniscient one: "No matter that I could not have known; I should have known." The third variation on this theme of unattainable standard setting might be termed "carrot dangling." The critic's formula here is "Because you did not do it a little better, you have failed." Like the apocryphal carriage driver of yore who dangled an unattainable carrot always a bit ahead of his mule, the critic here always upholds a standard of adequacy beyond what he or she in fact achieved. The operating premise of this critic typically seems to be, "If I let myself be satisfied with anything I do, I will lapse into complacency; I must always dangle the standard of success higher to keep myself motivated."

"It's the measuring stick that destroys" (Ossorio, personal communication, 1993). All of these standard-setting critic patterns doom the individual employing them to failure and misery. Success is impossible, and so the person is forever "getting a zero." Demoralization and even behavioral paralysis set in when virtually nothing he or she does ever results in senses of pride, appreciation, or accomplishment. Finally, the individual by the nature of the scenario develops a negative focus. What draws his or her attention are deficits from the standard upheld, not any positive actions or accomplishments that might be appreciated and celebrated (cf. Bergner, 1981).

### 3. *The "Hanging Judge"*

Randy, a 22 year old journalism student, missed his highway turnoff one day. The mistake was not a costly one, since the next turnoff, an alternative route to his destination, was only a mile down the road and he was under no time pressures. However, upon recognizing his mistake, he had what he described as a "fit" in which he screamed a long stream of obscenities at himself. So extreme was his anger that he shook his steering wheel violently and pounded his fist repeatedly on his dashboard.

By way of one further example, Jack, the tax accountant mentioned above, disliked his work but remained in it since it provided him with a good living. All

external indications such as yearly evaluations, raises, and promotions indicated that, despite his disaffection, he did very good, conscientious work. In the context of an empty chair exercise during one session, Jack was asked to be his critic and verbalize his evaluations of himself. In the role of critic, he angrily and contemptuously offered the following appraisal of himself as a worker: "He has no ambition—never puts in the extra effort. He never studies or reads a damned thing to improve himself. He doesn't concentrate at work. There's nothing he's really good at. His work is never any good. He's not worth the effort to waste my contempt on. He's lazy—like a welfare cheat after a free handout. I have no interest in helping him until he shows me something."

The image of the "hanging judge" (Ossorio, 1976; Driscoll, 1981, 1989) is the image from the old Western frontier of the judge who, for any offense no matter how minor, would sentence the defendant to death by hanging. It is the image of someone bent, not on seeking justice and seeing to it that the punishment fits the crime, but on accomplishing the angry and vindictive destruction of the accused.

Thus, what distinguishes this form of self-criticism (which may occur empirically in isolation or in conjunction with other patterns) is its overly harsh, scathing, vindictive quality. What is observed here is not the quiet, sinking-sensation quality that may characterize some persons as, for example, they draw negative comparisons between themselves and others. Rather, what is evident are qualities of anger, hatred, and assaultiveness towards oneself, qualities which have led previous authors to describe these persons as "abusive" critics and even as "killer" critics (Stone & Stone, 1993). Further, these attacks on self seem to the dispassionate observer to be seriously out of proportion to the alleged offense: a highway turnoff is missed and the individual launches a hateful diatribe against himself. Finally, as Jack again so aptly relates, there is little interest in this scenario in helping oneself, only interest in punishing and reviling oneself.

In concluding this section on self-critical scenarios, it should be noted that the listing of the above three patterns is not intended to be exhaustive. Other, less frequently observed, patterns exist. Unfortunately, considerations of space do not permit their delimitation here (but see Bergner, 1995).

### General Consequences of Destructive Self-criticism

In most cases, there are some benefits that derive from habitually treating oneself in the self-critical ways described above. For example, the sort of "reading oneself the riot act" entailed in the hanging judge scenario might for a time prove an effective goad to make oneself pursue an important goal. However, the self-critical patterns related are all *on balance* damaging to the individual's ability to function well. Their costs outweigh their benefits. Above, a few consequences unique to each self-critical scenario were noted. In this section, important and pervasive consequences which tend to result from all three destructive patterns will be related.

*Damaged self-esteem.* A person's self-esteem is that person's summary appraisal of his or her own worth or goodness. As such, it is clearly and directly a product of the individual's functioning as a critic of self. If persons repeatedly appraise themselves as "unlovable," "selfish," "screwed-up," and the like; repeatedly declare themselves failures for not living up to impossible standards; repeatedly attack themselves in hateful, abusive ways; and/or engage in other injurious self-critical practices, their self-esteem will be abysmal.

*Personal ineligibility.* When persons criticize themselves destructively, they are making evaluations that affect profoundly their sense of eligibility to behave in the world. For example, if they appraise themselves as "unlovable," this is just another way of saying that they are ineligible to be loved; if "stupid," that they are ineligible for the myriad things in life that call for intelligence; if "insignificant nothings," that they are ineligible to have relationships with the worthy "somethings" of the world. Appraising themselves so, they will find it enormously difficult to pursue desired relationships, jobs, and other life opportunities.

*Negative emotional states.* When individuals engage repeatedly in such actions as branding themselves with disqualifying labels, declaring themselves ineligible, and judging themselves failures vis-a-vis impossible standards, they are likely to be *depressed*. When they appraise themselves in such a way that the situations they must confront seem too much for them (e.g., they will surely meet with humiliating failure in their upcoming performance, or prove unable to converse in an interesting and comfortable manner on an important date), they will be *anxious*. When they judge themselves the bearers of highly stigmatizing, socially discrediting characteristics, they will experience *shame*. When they repeatedly evaluate themselves as morally deficient and blameworthy, they will feel *guilty* (see Ossorio, 1976; Bergner, 1983, on emotional formulas). In these and other ways, destructive self-criticism will culminate in negative emotional states.

*Vulnerability to the criticisms of others.* When, as critics of themselves, individuals believe the worst, they will be all too ready to concur with the negative criticisms of others. When others criticize them, they cannot defend themselves, and their experience will be that they are highly vulnerable to being devastated and defined by the other: "They must be right; if they find me lacking, I must be lacking." Further, since the bad opinion of others brings with it such helplessness and devastation, these individuals must live their lives saddled with an inordinate concern about what other people think. They will say with some frequency that they cannot be "self-contained," that they are too desperate for external validation from others, and that in the face of all of this they find it very hard to "be themselves."

*Dismissal of positives.* When persons are always prepared to pounce critically upon mistakes and faults, but never to recognize strengths, efforts, and accomplishments, they rob themselves of crucial knowledges and satisfactions in life. Such individuals might, for example, get a positive evaluation at work, be

pursued romantically by an attractive other, or complete a difficult project in a quality fashion. When unacknowledged or discounted by the person, however, such events will have little or no positive impact on their senses of personal competency, desirability, or moral decency. Further, they will result at best in meager feelings of joy, accomplishment, or satisfaction. Overall, in these self-critical scenarios, there is a great deal of punishment, but very little reward, in evidence.

For many destructive self-critics, a triumph or an accomplishment is at best a break-even affair: the avoidance of painful failure (cf. Ossorio, 1976, on the "poor no more" image). As such, it may bring relief but no real satisfaction. Perhaps the philosopher who once decreed that "pleasure is the absence of pain" was a self-critic such as this.

*Inability to change.* Finally, one hallmark of destructive self-criticism is that, even when it represents a response to truly problematic actions or characteristics, it contains little that the person rendering it might use to change his or her behavior in the future. If one examines the quotations above, denunciatory labels, impositions of impossible standards, and harsh prosecutorial attacks abound. But there is little in the way of useful problem diagnoses or of implementable prescriptions for change. The situation is entirely analogous to one where a teacher might respond to a student's mistake by saying, "You are so stupid," rather than by saying, "Terry, I think the absence of good topic sentences and headings is what's hurting the organization in your essays. Next time, why don't you..."

### **Psychotherapy to Alter Critic Function**

The basic goal of psychotherapy for critic problems, as conceived here, is to enable persons to abandon destructive modes of self-criticism in favor of more constructive and humane ones. In this section, a large number of therapeutic procedures and ideas that have proven highly effective in bringing about these ends will be described. While these must of necessity be presented in a linear fashion, this should not obscure the fact that in any actual case several of these ideas might be implemented simultaneously, or that their ordering might be different.

#### *Helping Individuals to Recognize Their Self-Directed Critic Acts*

Many clients are substantially unable to observe themselves as critics. Their reports about themselves assume forms such as the following: "Sometimes, for reasons I can't put my finger on, I just get this horrible sinking feeling that I am so unimportant to others." "When I am around her, I don't know why, but I always come away feeling so inferior." "My father made what seemed like a minor critical remark, but somehow it just sent me spiralling down into depression." The general picture in these cases is that individuals are able to report the consequences of their self-critical acts, but not the acts themselves. The sense created in them is that their pain emanates from unknown sources, or that it "comes from out of nowhere."



Such individuals are in a very poor position from which to change. They have a serious problem but they are unacquainted with what might be termed its "business end." They know the effects, but not the cause of these effects. Are these causes medical? marital? something deep-seated from their childhoods? Unlike the cartoon character Pogo, who once stated that "We have met the enemy and he is us" (Kelly, 1984), they do not know their "enemies" and thus have no conception regarding where they might best "launch their counterattack." Thus the therapist must help them to recognize both the fact that they are the perpetrators of their own misery, and the precise details regarding the nature of their self-critical acts.

There are a number of factors to consider when attempting to help persons recognize their destructive self-critical practices. Let us look at each of them in turn.

### *Instantaneous appraisals.*

Human beings are capable of instantaneous appraisals, and indeed make them constantly. For example, when uttering a statement, a person might appraise that it calls for the word "well," rather than the word "good." Typically, this person will just say "well" and be unaware of having made the discrimination, much less of any "self-statements" to the effect that "This sentence calls for an adverb, not an adjective." It is the same for countless human appraisals (e.g., for virtually every word in every spoken sentence; for most of our minute-to-minute decisions as automobile drivers to stop or shift or accelerate). They are made instantaneously, automatically, and with little or no awareness.

Very often, critic acts take the form of such instantaneous appraisals. Their authors quickly, automatically, and with negligible awareness make critical evaluations of themselves. Here, there will be no self-statements to be found along the lines of "My quietness at this party is clear evidence that I am a deficient interactant with nothing of interest to say to others." Rather, the only clues to be found that such a verdict has been rendered may be the feelings of depression, inferiority, and personal insufficiency experienced by the person during and after the party. Thus, when instantaneous destructive appraisals have been made, it will be very difficult for their authors to observe and recognize their precise nature and, consequently, to report this in psychotherapy. Aaron Beck and his associates (Beck, Rush, Shaw, & Emery, 1979; Beck & Weishaar, 1995) have noted, in a similar vein, that many dysfunctional cognitions constitute what they term "automatic thoughts."

Where destructive critic acts consist of such instantaneous appraisals, the job of the therapist becomes one of logical reconstruction. Just as one might reason that, "From what you said, you must have judged that an adverb was called for"; so a therapist might reason that, "From the withdrawal, depression, and despair you are describing, it sounds like you judged that you were inferior to her and that there could be no possibility of her being interested in you." Such critical appraisals may be hypothesized and discussed with the client, and in this way their likely content

and nature may be discerned. The work here is analogous to that of a detective who must start with the facts of the accomplished crime and then work backwards to reconstruct what must have happened. When such collaborative work with clients bears fruit, they become aware of the nature of their self-critical acts, see how they are their perpetrators, and take an essential first step toward removing them from their instantaneous, "automatic pilot" mode of perpetration.

*Deficient observer function.*

Many persons are simply not good observers of themselves. They are not particularly able to take an observational stance in relation to their own thinking and to see clearly what they are doing. While this need not be a problem when things are going right in a person's life, it does become one when things go wrong. At such times, they are left with important questions they cannot answer: "Why do I sometimes get depressed when nothing bad seems to have happened?" "Why does criticism seem to devastate me so much?" For many persons, the answers would be there to be found were they able to do a better job of observing themselves as self-critics.

An excellent technique for helping persons to become better observers of themselves is one widely used by cognitive behavioral therapists, that of self-monitoring (Ciminero, Nelson, & Lipinski, 1977; Haaga & Beck, 1992). For example, it might be suggested to clients that they carry around a small index card. At those times when they realize that they are feeling emotionally upset, or perhaps that they are engaging in some problematic behavior (withdrawing, lashing out angrily, etc.), they are to try to track what they were thinking immediately preceding the troublesome emotion or behavior. If they can identify it, they are to make themselves a brief note on the index card regarding the nature of their thoughts. Such notes may serve three functions. First, persons who meet with some success in this activity become better observers of their own self-critical behaviors, and thus more cognizant and appreciative of the fact that their problems do not come from "out of the blue." Second, these notes should be brought to therapy for discussion with the therapist regarding their contents. Here, important themes regarding both the form and the content of self-criticism may be discerned. Third, at a point where clients have attained some competence at more constructive self-critical practices, they might be directed to "catch themselves in the act" of destructive self-criticism and attempt immediately to counteract this by implementing more beneficial means of criticizing themselves (Beck et al., 1979).

A second technique is helpful both in cases where persons are not good observers and in those where appraisals are so instantaneous as to be difficult to detect. The procedure entails asking the individual to adopt the role of self-critic, and to speak from this position during the therapy hour. For example, in a recent session, I made the following suggestion to a young woman: "When I ask you to tell me what you were thinking at those times when you became so upset, you are drawing a blank. You're saying, 'I just don't know what I'm thinking—I don't

seem to be thinking anything at all.' Well, let's see if we can come at this thing in a little different way. This may seem a little strange but let me ask you to give it a try, and if it's too uncomfortable we can stop. I'd like you to kind of split yourself in two. The two parts are basically Beth and Beth's critic. Now over in this chair, let's put one of you—okay, that's where Beth sits. Now over here you are Beth's critic. Okay, from this critic chair, I want to know what you think of Beth. And let's go back to the other night, when around eight o'clock or so Beth started watching television even though all of her chores weren't done. Right now, think of her sitting there watching TV. What do you think of her?"

The basic technique here to assess the individual's critic acts is not to try to reconstruct, remember, or monitor anything. It is to request that the person speak from the critic role or position and appraise himself or herself. The client is interviewed, not as himself or herself ("I felt depressed..."), but as his or her critic ("Beth infuriates me when she sits around watching TV when there are still important things to be done..."). Very often, the person's critic functioning can be ascertained in this way when other methods fail.

### *Getting the Person to "Own" the Critic*

Frequently, individuals will get to a point where they recognize that self-criticism is at the root of their problems but, when conveying their understanding of this, they will use expressions such as "my critic" or "my critical parent part," as if the behavior in question issued from some dissociated entity within them, but not really from *them*. In the same vein, they may say things like, "She (the critic) has been quiet lately and given me a reprieve, but I'm always afraid she'll come back." Not only do such statements convey that the critic is "not me," but they convey a complete sense of lack of control—a sense that "This isn't my behavior that I can elect to do or not do; it issues from some part of me that I do not control."

Such persons must be helped to "own" their critic acts. That is, they must come to a full recognition that they are their authors or perpetrators. Individuals who perceive these criticisms as somehow inflicted upon them by agencies beyond their control remain in low power positions from which change is very difficult. Those who appreciate fully that they are active, responsible perpetrators of critic acts occupy positions of far greater control from which change is more possible. Essentially, from the latter position, desisting from destructive criticism and initiating some other, more constructive sort becomes an active possibility.

The task of therapy, then, is that of establishing very clearly for the client: "This is exactly what you are doing to yourself as a critic. Your pain, your low esteem, your extreme vulnerability to criticism, and your other problems do not just happen to you. They are caused by actions that you, and not some dissociated entity within you, initiate." The following two strategies are both very helpful in achieving this end, as well as a number of other very vital ones.

*Establishing What the Client is Trying to Accomplish*

When clients are reluctant to own their critical actions, they have important reasons not to recognize fully that it is they who are behaving this way. These reasons or resistances generally have to do with not wanting to recognize modes of behavior that would seem to them hostile, destructive, foolish and/or irrational. The most helpful therapeutic attitude to counter this resistance is one that says, "I assume that you must have some very good reasons for behaving as you do. You wouldn't do the things you are doing to yourself unless you thought that it would accomplish some important purposes." The self-critical behavior is reframed as a good faith attempt to accomplish worthwhile ends (cf. Driscoll, 1981, 1989; McKay & Fanning, 1992), and the therapist may proceed to inquire about these ends. Once clients appreciate their positive reasons, they are generally far readier to recognize that they are the authors of their self-critical behaviors. Among the more common reasons that clients engage in problematic self-criticism are the following.

*Self-improvement*

Many clients believe that their favored modes of self-criticism will result in self-improvement, and failure to implement them will result in complacency and stagnation. If they do not hold themselves to the highest standards, or denounce themselves roundly for failures, or bring home to themselves the "truth" about what degraded creatures they are, they believe they will never become any better (Driscoll, 1981, 1989; Ossorio, 1976).

*To avoid egotism*

Many persons believe that it is wrong to think well of themselves. To do so amounts to an unacceptable egotism, boastfulness, or self-aggrandizement. Thus, to maintain the virtue of humility, they are required to think ill of themselves.

*To protect themselves from dangers*

Often, clients sense that there are certain dangers that would ensue should they think more positively of themselves (Driscoll, 1981, 1989; McKay & Fanning, 1992). Some persons believe that, if they raise themselves up, they run the risk of being "shot down" and humiliated; on the other hand, if they deprecate themselves to others, they run no such risk. Other clients believe that, if they think well of themselves, they are raising their expectations and may expose themselves to the pain of disappointment; far better to think little of oneself, expect little, and thus both avoid the pain of disappointment and even create the possibility of pleasant surprises. Still other individuals believe that a good opinion of themselves would create the danger that they would embark upon some dangerous course of action—if they believed themselves desirable, they might pursue a relationship and be painfully rejected; if they believed themselves competent, they might be tempted to leave the safety of their disliked yet secure jobs.

*To atone for past sins*

Some persons criticize themselves unconstructively to make amends for past wrongdoings (Driscoll, 1981, 1989; Bergner, 1995). They continually resurrect past misdeeds, criticize themselves anew for them, and experience again the guilt, shame, humiliation, or other painful emotions that have accompanied these recollections in the past. In effect, these persons become eternal penitents who continually seek atonement for their past sins.

*To achieve subtle satisfactions*

When one examines the self-critical acts of some clients, one discovers that these clients are achieving subtle satisfactions by criticizing themselves as they do. For example, there are satisfactions inherent in making grandiose claims about oneself, and many self-criticisms may be found upon inspection to contain such implicit claims. Consider the apocryphal story of an ordinary citizen who, upon hearing that war has broken out in the Middle East, castigates himself in the following way: "I'm so mad at myself. If I had called the secretary of state today, this wouldn't have happened" (Ossorio, 1976). On the surface, we see a man very angry and critical of himself; upon closer inspection, we recognize the grandiosity of the claim this man is making to us. It is often the same with our clients. By way of a second example, there are satisfactions inherent in being a critic whose standards are so exalted and refined that all is found wanting (Ossorio, 1976). The art critic sniffs and says, "Well, perhaps you found the play satisfactory; for myself I found it rather flawed." This delicious one-up move has its subtle parallels in the way some persons uphold their perfectionistic standards. Superior standards are after all the mark of superior persons, and to abjure such standards would render one commonplace, like everyone else. In this connection, countless clients will exhibit a clear double standard: "When others do X, it's okay; but when I do it, it's not okay." To cite a third and final example in this regard, many persons achieve satisfactions simply from the act of self-criticism itself (Ossorio, 1976; Roberts, personal communication, 1995). Just as it can be highly satisfying to criticize other persons (e.g., to "really tell them off" or to vent our accumulated displeasure), so, somewhat more subtly, it can be satisfying for persons to criticize themselves.

*To achieve interpersonal ends*

Self-criticism may be employed as a tactic to secure various ends in relationships (Ossorio, 1976; Driscoll, 1981, 1989). Some persons may use it to secure reassurance and sympathy; they find that when they criticize themselves, others (at least for a while) tend to pay attention, to console them, and to say positive things about them. Other persons, perhaps limited in their ability to do so more directly, may use self-criticism to express hostility. Driscoll (1981) cites the example of a woman who, upon being criticized by her husband for her cooking, attacked herself overtly and severely about what a bad wife she was. In doing so, she was implicitly saying to her husband, "Look how upset you've made me with

myself," but in a way that was likely to disarm him and thus avoid a feared counterattack. Finally, yet other persons may criticize themselves because they fear that others will hold them responsible or expect too much of them. If they run themselves down, this may cause others not to expect too much from them, or to be too harsh on them should they fail.

*Further benefits of recognizing purposes*

In addition to helping clients to own their self-critical actions, knowing what they are trying to accomplish by them creates several additional therapeutic benefits. First, clients realize that they are not crazy or arbitrarily malicious for behaving as they do; rather they see that their behavior constitutes an effort to secure understandable and sometimes even laudable human ends. Second, being clear about their purposes, clients are now in a better position to evaluate their operating premise that "criticizing myself this way will get me these benefits." Were they correct, or is it the case that treating themselves this way has not been very successful in getting them what they sought? Third, the therapist may utilize clients' existing motivations (e.g., for self-improvement) in the service of positive change by showing them how alternative critic behaviors might do a more effective, less costly, and less painful job of getting them what they have been seeking all along. As Buckminster Fuller (1985) once advocated, "Use existing forces, don't oppose them."

*Prescribe the Problematic Critical Behaviors*

The following therapeutic procedure, also directed at creating a sense of full control and ownership, is one of the most powerful mentioned in this report. When the groundwork procedures discussed above have been executed carefully and thoroughly, it often achieves sudden and radical changes that extend far beyond this one goal. The procedure entails *recommending to clients that they engage consciously and deliberately in their maladaptive self-critical behaviors*. An example of such a prescription might serve best to convey the nature of this strategy. "Right now," it might be suggested to a client, "you have told me that you have always imposed very perfectionistic standards upon yourself, and you have detailed exactly how you do this. Despite all of the pain, frustration, and constant sense of failure that this has produced, you have felt that you must treat yourself this way for fear that, if you did not, you would wind up a complacent mediocrity, despised and disrespected by others. To date, you have done all of this almost reflexively; you have become so good at it that you can carry it out on automatic pilot largely outside of your own awareness. In the coming week, I would like to suggest something that may surprise you: that you continue to do precisely what you have been doing—that you continue to impose those perfectionistic standards exactly as you have been—but that you take this behavior off of automatic pilot and engage in it consciously and deliberately."

This recommendation that clients perpetuate their destructive self-critical actions, since it will seem to most of them ill-advised, should be supported with some discussion of its rationales. The best policy here, rather than engage in the deception advocated in many symptom-prescription approaches, is simply to share with the client the actual therapeutic rationales for the directive. For the author, these are the following: (a) “Engaging in your problematic critic behaviors consciously and deliberately is a way to take control of them.” The client is informed that removing them from their reflex, automatic mode of perpetration, which has resulted in the client having insufficient awareness and control over them, will greatly enhance his or her control. (b) “It will help you to gather vital information.” Clients may be informed that enacting old critic behaviors deliberately provides an opportunity to monitor carefully a number of matters that will later be essential for making a full and considered decision to continue or discontinue them. What are the ends being sought by the behavior? Is the behavior in fact securing these desired ends? Does the client detect any dangers that might attend stopping the behavior? What negative consequences does the client notice? (c) “Never trust overnight changes.” It is generally not possible or desirable to make radical overnight changes. Doing so usually amounts to an insufficiently considered, impulsive act. In contrast, the conservative approach of continuing to enact the old critic behaviors deliberately, while giving careful consideration to the sorts of matters mentioned above, is a way to proceed slowly and responsibly towards a decision about their continuance that will rest on a much firmer foundation.

#### *Responding to noncompliance*

When the groundwork for the directive to continue the enactment of destructive self-critical behaviors has been done carefully, and when the directive itself has been effectively delivered, clients will typically react to it in one of two ways. The first (and less therapeutically desirable) response is that they will decline to implement it. Since this response usually entails a cessation of their problematic self-critical behaviors, the client will typically report feeling much better. However, this response may also entail a fearful avoidance of the behaviors, and so less of a sense of ultimate ownership and control. For this reason, the suggested therapeutic response to such refusal is to attempt one additional time to secure compliance with the directive. In the author’s experience, even when the client again does not comply, this additional refusal seems to solidify the therapeutic gain.

#### *Responding to compliance*

The second response to this directive is that clients implement it. In response to such compliance, recommended follow-up moves include (a) discussing the details of their efforts, (b) exploring the results of their self-monitoring efforts (e.g., “Did it seem like treating yourself this way last week led to self-improvement, or not?”),

(c) underscoring any new sense of control over the critic behaviors that was experienced, (d) expressing appreciation of clients' efforts, and (e) recommending that they repeat the directive for one additional week.

The results of successful compliance with this directive are typically greater senses of ownership and control over the critic behaviors, and thus an enhanced sense of choice in the matter of whether or not to abandon them. Most clients who attempt to comply, and meet with reasonable success in their attempts to take control of destructive critic behaviors, abandon these actions in a period ranging from several days to several weeks. The modal report is that they cannot continue to perpetrate such behaviors consciously and deliberately once they have appreciated fully the exact nature of what they have been doing to themselves (see Bergner, 1993, for a general and more detailed treatment of this sort of directive, as well as the differences between it and standard symptom prescription techniques).

### *Presenting Positive Concepts and Modes of Self-criticism*

Where self-criticism is concerned, doing it right is first a matter of not doing it wrong. When clients simply cease engaging in their old, self-devastating critical acts, they report enormous changes in how they feel and behave.

Criticism, however, is a vital and necessary human function. It is at the heart of self-regulation. We cannot function as human beings if we cannot perform the job of the critic—if we cannot (a) recognize and appreciate when things are going right, and leave them alone, and (b) recognize when they are going wrong, and generate useful diagnoses and prescriptions for change (Ossorio, 1976; Shideler, 1988; Bergner, 1995). (Compare: a furnace cannot operate without a thermostat.) Thus, it is vastly in our interests, not merely to desist from destructive self-criticism, but to become the most competent, constructive critics that we can be.

An essential part of the present psychotherapy thus becomes that of helping clients to acquire concepts and skills pertaining to more effective and humane forms of self-criticism. In this section, many of those that the author has found most useful will be delineated. In presenting all of these to clients, it has proven helpful to heed the advice of Milton Erickson that in psychotherapy one should always utilize and build upon what is already there (O'Hanlon, 1987). In presenting these ideas to clients then, the more that we can build upon their existing understandings, competencies, values, world views, and other strengths, the better they will be able to hear, understand, and use what is said.

#### *Employ social role images*

The therapist may convey virtually anything pertinent to competent critic function by resort to social role images such as those of "parent" or "teacher." The primary reason for employment of such images is that most clients with critic problems lack a concept of constructive self-criticism, but do possess an



understanding of how one person operating in such roles would constructively criticize another. The most useful of such images for the author have been those of "parent," "teacher," "coach," "boss/supervisor," and "dance instructor."

A specific image is selected for use with a given client based on three criteria. First, the client should exhibit a good understanding of the role captured by the image. Second, he or she should value that role and its competent execution. Third, thinking in terms of the image about his or her own problems should be at least interesting, if not intriguing or captivating, for the person. Thus, for example, the image of a "parent" would *not* be selected for use with a client who lacked an adequate understanding of that role and/or exhibited a bitter and cynical attitude toward it.

By way of illustration, a therapist might be interested in conveying the perspective contained in the earlier quote, "Criticism is for the benefit of the actor." This aphorism, originally stated by Ossorio (1976), captures one highly beneficial perspective on self-criticism—that its reason for being should be to enhance the quality of the behavior, and thus the quality of life, of the person criticized. While very few clients will exhibit a command of this perspective in the case of self-criticism, almost all will understand it in the case of one person criticizing another. Thus, the latter becomes an excellent vehicle to communicate the perspective. For example, almost all clients easily recognize that if a dance instructor criticizes by degrading ("You clumsy oaf; you'll never get it right"), this is bad criticism because it disqualifies the dancer and renders him or her less able, not more able, to dance. In contrast, they recognize that a dance instructor who appreciates it when things go right ("Yes! That's it. Well done!") and who corrects with constructive, implementable prescriptions when things go wrong ("Not that way, Terry. Now watch me. Turn your foot this way.") is doing a good job as a critic precisely because such criticism is likely to benefit the performance of the dancer.

*Image: "parent."* Perhaps the most generally useful social role image is that of "parent." The concept of parent is a complex one, but may be thought of for our present purposes as comprising two basic elements. The first of these is a commitment to the best interests of one's child—an enduring commitment to doing those things that will help this child develop into a competent, moral, participating adult capable of leading a meaningful life. The second element is related to the first as means to end: that of competently undertaking certain "jobs" vis-a-vis one's child such as discipline, nurturance, guidance, protection, acceptance, appreciation and support (Hardison, 1991). It may be noted that parents who fail significantly with respect to either of these elements (e.g., fail in general to have a commitment to the child's best interests, or fail more specifically to guide, discipline, or protect the child) are almost universally regarded in this culture as failing in these respects *as parents*.

Employing this image of a parent with destructively self-critical persons who possess it, numerous therapeutic options are possible. Such individuals might be asked if, as a parent, they would criticize their children as they do themselves? Would they always focus on negatives and never appreciate positives? crucify their children for anything less than perfection? brand them with disqualifying labels? never let them succeed in the parent's eyes? What would they do if their children were attacked by hostile critics—would they join the chorus of the critics as they do in their own case? Should their children do something problematic, what sorts of parental criticisms would benefit them in terms of helping them to change the behavior?

The above lines of questioning and discussion are largely concerned with extending parental *competencies* into the domain of self-criticism. As noted earlier, however, the parental role also implies a *commitment* to act in the best interests of one's child, a commitment that transcends and informs the behavioral execution of all of these various skills. Not only specific behaviors, but also this entire relational commitment can be proposed to clients as an alternative to their current, self-abusive ones. Their current agendas (e.g., "My job is to rub your nose in the ugly truth about yourself"; "My job is never to give you any approval until you shape up") can be articulated and contrasted with the parental one. Finally, the merits of making a personal commitment to oneself along the lines of the parental one, and of abandoning one's previous commitment, can be discussed.

In these and other ways, the image of the parent who is acting in the best interests of a child, which the client already possesses, becomes the model for something he or she does not possess: the concept of a competent, constructive self-critic. Since the role of parent is a broader and more complex one than that of self-critic (indeed, the role of critic is but one part of the parental role), there is in principle nothing that a person needs to be a competent and constructive self-critic that has no parallels in the parental role. This role can therefore provide an avenue to everything that the client might need to alter his or her approach to self.

#### *Encouraging active practice*

Clients should be urged to practice actively the new, more constructive and competent modes of self-criticism that are discussed in therapy. When clinical judgment indicates that the individual is able to do something new, and when he or she exhibits a willingness to do so, various assignments may be made for the client to carry out both inside and outside the therapy hour. For example, during a session, a client might report that she made what she considers to be a serious error the previous week, and that she has been attacking herself viciously for it. If the image of "parent" has been introduced, and the client has exhibited some appreciation and value for behaving that way, the therapist might suggest: "I'd like you to come over here to this chair and try to picture if you can that it's your teen-age daughter, not you, who has made that mistake and is sitting in that chair. Now, you believe it really is a mistake and you want to help her to correct it. Why

don't you speak to her as a mother. What would you say to her to deal with this matter?" If the therapist has been correct in his or her initial assessment that the client knew how to function as a good parental critic, the client will typically correct the child without resorting to degradation, viciousness, or the imposition of impossible standards. Corrective feedback and suggestions may be supplied if the client struggles with this task. This mode of critical reaction then can be discussed as a possible approach to herself, any reservations or resistances can be addressed, and the client might be instructed to respond to two or three mistakes in the following week in this more constructive manner. Such homework should always be reviewed in the following session in order to assess its effectiveness, provide feedback, and acknowledge and appreciate the client's efforts.

#### *Employing other social role images*

Although they are more limited roles, the logic and tactics of employing the images of "teacher," "coach," "boss," "supervisor," "pastor," or "dance instructor" are substantially identical to the above, and will not be discussed separately.

#### *Some Common Resistances and Other Obstacles*

##### *"It's too weak to be effective"*

When the constructive approaches to self-criticism described above are related to some clients, their reaction is that they find them weak, insufficient responses to their own mistakes and failings. If they are to change their shortcomings, they believe, they must bring serious negative consequences to bear upon themselves, and the present approaches seem to them mere "slaps on the wrist" that will not get the job done.

A recommended first therapeutic response to this objection (and, while it will not be repeated, to all of the subsequent ones) is to reflect it and to demonstrate an understanding of its intuitive, common sense logic. The individual's objection is heard and appreciated as a sensible, indeed quite plausible one.

Subsequent to this, various approaches are possible. One of these is to note how this objection embodies precisely the logic behind clients' current approaches to themselves—that they must be extremely harsh and punitive with themselves to get results. They may be asked if this approach has worked to date. If it has not, should it be abandoned? Or, might it perhaps be that they need to become even more harsh and punitive to see if this could work if practiced more assiduously (Driscoll, 1984)? A homework assignment along these lines might then be devised, and clients urged to perform an "experiment" on their "hypothesis."

Another approach is to pose counterarguments with the client. One of the most useful and compelling of these is a thought experiment that once again draws upon the client's understanding of two-person systems: "Think of two people who want you to correct a mistake that you've made. The first of them is someone who in general treats you well, is supportive of you, and appreciates your good points and

your achievements; when you make a mistake, he points it out to you clearly, makes no bones about the fact that it was a mistake, relates the reasons why, and urges a change. The second person is someone who in general treats you poorly, never supports you, never seems to notice anything positive about you, and reads you the riot act whenever you make a mistake (details here should be custom tailored to the client's self-critical modus operandi). With which of these two critics are you going to be more inclined to cooperate?" The link between self-criticism and change indeed seems to follow the logic of this example: treating oneself well (which does not preclude strong criticism at times) increases the likelihood that constructive action for change will follow upon self-criticism (Ossorio, 1976). Treating oneself in excessively harsh, unjust, coercive ways decreases the likelihood of change, while increasing the likelihood of rebellion, depressive inertia, and feelings of helplessness.

*"That's okay for others, but not for me"*

It is the rule, rather than the exception, that clients employ double standards as critics. That is, while they believe that it is important to treat others such as their children and friends in constructive ways, they do not believe that they should treat themselves in such ways. Or, while they find some behavior or personal characteristic acceptable in others, they find it abhorrent in themselves. Such double standards, it goes without saying, present a therapeutic obstacle when one is trying to employ the sorts of social role images just cited. "Oh, yes," many clients will relate, "I would never think of regarding or treating my child in such a fashion, but in my case it's different."

One therapeutic approach in such cases involves making explicit something that is generally implicit in the dual standard. This approach may be used in cases where (a) the therapist has achieved a good therapeutic relationship with the client, and (b) it is clear that the client places a value on human equality (vs. bigotry or self-aggrandizement). Such clients may be informed tactfully that there is an element of grandiosity and even bigotry inherent in their double standards. That is, what they are declaring in effect is that "ordinary standards may suffice for ordinary people, but they are not good enough for me." (Compare: "Those standards are good enough for those outgroup members—you can't expect too much from the likes of them—but they are not good enough for us ingroup members.") If presented carefully to clients who are assured that the therapist is fundamentally on their side, such a move is an effective "well-poisoning" one (Ossorio, 1976; Driscoll, 1984). That is, clients' actions are redescribed or reframed for them in such a way that their incompatibility with existing personal values is made clear, thus providing them with reason to desist from the behavior in the future.

*"But it's the truth!"*

Repeatedly, clients lock themselves into destructive self-critical scenarios by mistakenly regarding the whole matter as a truth issue. They do not see themselves as active critics with choices in such matters as what standards to uphold or how to respond to personal failings. Rather, they see themselves as victims—as persons compelled by the evidence to recognize factually grounded, inescapable truths about themselves. This viewpoint is epitomized by one client who, when more charitable treatment of himself was suggested, responded that, "You don't seem to understand; the bedrock truth about me is that deep down I am a complete and utter—hole."

While the facts may *constrain* what appraisals a person can make realistically, they do not *dictate* specific appraisals. For example, consider an object far simpler than a person: a rock. While the facts about a rock might constrain what appraisals we can make realistically (e.g., we cannot carry off behaviorally an assertion that it is a pocket calculator), it is open to us to regard and to treat it as a paper weight, a weapon, a container of a geologic record, an object which obeys the law of gravity, and much more. Further, the facts about the rock could not constrain us, should we care to, from passing what amount to personal "laws" about rocks—for example, that we will count them "good rocks" if and only if they possess certain characteristics or meet certain standards of perfection of our choosing. Persons are quintessentially status assigners—beings who can and routinely do pass personal laws, set personal standards, *assign* things to various places or positions in their worlds, and thus give those things more or less value. When they are appraising rocks and when they are appraising persons, including themselves, the facts do not lock them into any one uniquely correct appraisal or any one uniquely correct mode of response.

Thus, even in those cases where there are admittedly negative facts about themselves for clients to contend with, they are not stuck with any one way to look at them or any one way to treat themselves in response to them. The facts do not dictate that they be cruel to themselves (cf., the fact that a man is unattractive does not compel us to tell him repeatedly that he is "ugly"). The facts do not dictate that they systematically choose the least charitable characterization possible (cf., the fact that a woman is very concerned about her appearance does not dictate that we regard her as "vain" rather than "insecure about her attractiveness"). The facts do not dictate that they systematically choose the least functional or adaptive appraisal possible (cf., the fact that a child is performing beneath his ability in school does not compel us to regard him as a "lazy bum" rather than as "resisting what he sees as parental coercion"). The facts do not dictate that we select any given quality (e.g., beauty, brilliance, achievement, or popularity) and declare it an absolute requirement for personal worth. The facts do not dictate that one should never forgive oneself.

*"Objection: It's morally wrong"*

Morality is an important matter for many persons who are destructive critics of themselves. Indeed, as mentioned above, one of the reasons some persist in their self-lacerating ways is because they believe it is virtuous to do so, and immorally egotistical to appraise themselves in more positive ways. These beliefs may be called into question profitably with many persons. The following moral questions are beneficial ones to raise with clients. (a) Is it any more virtuous to abuse oneself psychologically than it is to do so physically with alcohol, tobacco, or other substances? (b) Since destructive self-criticism is so damaging to our ability to function, do we have a moral obligation to others such as our children, spouses, and parents not to destroy our ability to care for and relate to them? (c) Do not such practices as self-degradation fail a critical moral test insofar as they damage our ability to change responsibly our behavior? (d) Is it morally acceptable to treat any human being the way the person is treating himself or herself? By exploring such questions, it is often possible to shift the client's existing motive to be moral into the service of treating himself or herself more humanely.

*Objection: "I'm afraid I'll get a big head"*

This is one of the more common reservations that clients have about refraining from their accustomed self-critical practices and adopting new, more humane ones. They fear that they will become unacceptably arrogant and egotistical. Further, they anticipate that others will detect this, will "shoot them down" in a humiliating way, and ultimately will reject them.

Several avenues of response are often helpful here. The first of these is a clarification of what is being advocated in the present approach. Some who fear that they will become arrogant mishear what is being said and believe that the therapist is promoting a completely non-self-critical, "everything-about-me-is-wonderful," approach that would lead to an inflated self-evaluation. Such a misinterpretation should be corrected by the therapist, and the client reminded that what is being advocated is a constructive self-critical approach in which part of the person's job is to identify faults and mistakes, and to correct these.

A second basis for clients' fears of egotism lies in the fact that one of the jobs of the critic consists in recognizing, acknowledging, and affirming one's own successes, competencies, and other positive attributes. Individuals are frightened that this will prove a route to arrogance. Several lines of response are often helpful in dispelling such fears. (a) Clients might be reminded of the notion of an "objective self-assessment" wherein a person concludes something on the following general order: "Well, I believe that my strengths lie in X, Y, and Z; my weaknesses in A, B, and C; and my 'not great but good enough' areas in D, E, and F." Such an example is helpful to pose to clients since in it they can see a person who is acknowledging positives, but who does not strike most observers as egotistical. (b) The notion of "self-efficacy beliefs" as developed by Bandura (1982, 1992) is a helpful one to share with clients in the present context. These are

beliefs that individuals have that, in specific areas of life such as athletics or academics, they have the ability to be successful if they exert the necessary efforts. Clients may be informed that research has shown that such beliefs are virtually indispensable if persons are to feel the personal confidence they need to undertake important things in life, and to persist in them in the face of obstacles (Bandura, 1992). Thus, such beliefs are more like "basic human needs" than they are instances of "unacceptable egotism." (d) Finally, clients may be asked to consider the opposite state of affairs where all positive criticism is withheld. Again, the use of two-person images is extremely helpful for making this point in a perspicuous way. For example, a client who is a dedicated teacher might be asked: "What would happen if you withheld all acknowledgments of your students' successes, strengths, and competencies from them? What would you be doing to them? Is it really any different in your own case?"

*Obstacle: other critics*

Many persons with critic problems report that they are devastated by the negative appraisals of others, and find themselves helplessly defined by these appraisals. One young woman expressed this problem very aptly in the following way: "When my father criticizes me, I am absolutely crushed; to me it's like God is speaking, and I just can't bring myself to believe anything other than what he is telling me." An important obstacle to these individuals regarding and treating themselves in more constructive ways, then, becomes the fact that others are criticizing them, and they find themselves unable to do anything but concur with these criticisms.

Eleanor Roosevelt once stated that "No one can make you feel inferior without your consent" (Bright, 1988, p. 159). The author has found it useful to share this quote with clients, and to discuss at length its basic contention: that criticism can devastate and control a person *only* when that person provides his or her own "consent." When individuals listen to the criticisms of others and conclude, often reflexively and unthinkingly, that the other must be right, and when they further concur that the matter is indeed the "federal case" that the other alleges it is, then they are most deeply affected. When, on the other hand, they refuse to provide such reflexive consent, they are far less vulnerable to others' criticisms. Thus, if clients can find ways to cease their reflex concurrence with the criticisms of others, and can instead assume control of their own final order appraisals, they can mute considerably the power of these criticisms to devastate and control them.

A helpful prescription in such cases is to recommend to clients, at a point when they have made some progress in becoming more constructive critics of themselves, that they "insert their own critic between themselves and others." If others offer a criticism, they are to employ the following procedure in the handling of such criticism. First, as a matter of the strictest policy, they are to suspend judgment regarding its merits. Rather than maintaining their customary, reflexive response, "Oh my gosh, they are absolutely right about me," they are to say to

themselves, "That person may be right, partially right, or wrong: I will consent to nothing until I have personally considered the matter; I will be the final judge." Second, they are to give the criticism the consideration due it and come to an independent, personal decision regarding its worth. Do *they* believe, based on their own best reflection, that the criticism has some merit or no merit at all? Third, if they make the personal judgment that the criticism has merit, they are to handle the matter of what does or does not need to be done in their own way. For the external critic, the matter may be a "hanging offense," but this should in no way bind the individual from handling it in the more constructive and humane ways that he or she has been acquiring.

The central function of this prescription is the absolutely essential one of restoring persons to being their own ultimate critics and self-status assigners. When they are successful, they retain an openness to the opinions of others, but are no longer at their mercy. Although the prescription may be described fairly simply and straightforwardly, its implementation is for most clients quite difficult. Further, it usually requires a great deal of supportive discussion about such matters as the supposed superiority or infallibility of their detractors and the eligibility of clients to criticize themselves competently and authoritatively.

## Summary

This report has detailed a comprehensive approach to the treatment of destructive self-criticism. In it, I have described several empirically common patterns of such self-criticism and their consequences, and delineated a coherent set of therapeutic procedures for helping persons to abandon destructive practices and acquire far more constructive and humane ones. Therapeutic procedures advocated have included (a) showing clients precisely how they are behaving as self-critics, (b) helping them to understand their investment in such an approach to themselves, (c) getting them to take control and make a personal choice regarding continuance of their destructive self-critical behaviors, (d) helping them to acquire alternative methods and concepts pertaining to constructive self-criticism, and (e) aiding them in overcoming resistances and obstacles to doing so.

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