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Self-Criticism and Low Self-Esteem

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Synonyms

Negative self-evaluations; Negative self-judgments; Global low self-worth; Overall low self-regard

Definitions

Self-criticism is the tendency to frequently engage in negative self-evaluations regarding standards and expectations, including harsh, chronic self-disapproval, in conjunction with a fear of disapproval from others (Blatt 2004). Low self-esteem is defined as a global negative appraisal and attitude of the self (Rosenberg et al. 1995). Self-criticism and low self-esteem are viewed as relatively stable personality traits that are posited to constitute vulnerability factors to depression. Vulnerability factors are factors that

increase the likelihood of the occurrence and/or maintenance of psychopathology, including depression.

Concepts and Their Interrelations

Negative self-evaluations are widely accepted as a prominent feature of eating disorders. A considerable body of research has accumulated over the past few decades indicating a relationship between self-criticism and psychological distress. This robust relationship has been shown across multiple ages in children, adolescents, and adults, and across disorders, including depression and anxiety. Blatt's (2004) self-criticism construct posits that individuals who are high in self-criticism engage in frequent, global, harsh self-scrutiny, including chronic self-disapproval, in conjunction with recurrent fears about being criticized by others. Thus, self-criticism focuses on evaluations of self-worth and striving to attain perfectionistic standards and when these excessive standards are not met, feelings of inadequacy and failure lead to a heightened depressive affect.

Researchers have suggested that high self-criticism would be present in disorders that include a pathological fixation on the body and self-image such as anorexia, bulimia, and binge eating disorder. Furthermore, it has been suggested that self-criticism would contribute to eating disorder (ED) pathology through

overevaluation of shape and weight and promote dysfunctional behaviors such as restriction or purging. Studies have supported this hypothesis. For example, Steiger et al. (1990) found elevated levels of self-criticism in both anorexic and bulimic patients compared to psychiatric and healthy samples, after controlling for depressive symptoms. Their finding supports the transdiagnostic nature of elevated negative self-evaluations in ED, in addition to confirming the existence of a link between self-criticism and ED that is unrelated to mood, suggesting that self-criticism makes a unique contribution to ED symptomatology.

Fairburn et al. (2003) observed that there is often an interaction between perfectionism and ED with unattainable standards being applied to attempts to control eating, shape, and weight. Dunkley et al. (2006) suggested that, as the most pathological component of perfectionism, self-criticism might drive the determined pursuit of high standards even in the face of adverse mental and physical consequences and thus may underlie ED behaviors such as overevaluation of shape and weight and disordered eating. In line with this, Steiger et al. (1999) found higher levels of self-criticism in bulimic patients following negative social interactions and episodes of bingeing but also preceding binge eating, suggesting that elevated levels of self-criticism may be a significant antecedent of disordered eating. Similarly, Dunkley et al. (2006) found self-criticism to be related to the body dissatisfaction and overevaluation of shape and weight in a sample of binge eating disorder patients. Furthermore, after controlling for self-criticism, the other components of perfectionism were not uniquely related to overevaluation of shape and weight, suggesting that these cognitive distortions may be driven by self-critical schema.

One of the most prominent psychological predisposing factors to be examined to date in ED is low self-esteem. Studies have linked low self-esteem to the development of ED pathology, to the maintenance of dysfunctional eating and poor treatment outcome, and self-esteem has been shown to be persistently low even after recovery from an ED. Although self-criticism

and low self-esteem are strongly related, they can be conceptually differentiated in that self-criticism involves negative self-evaluations about meeting expectations set by the self or others. By contrast, low self-esteem reflects a more global negative view of self-worth that is less directly related to performance per se. Recent findings have demonstrated that these constructs can be further distinguished through their relation with experiential avoidance. It has been shown that experiential avoidance uniquely mediates the relationship between self-critical perfectionism and depressive symptoms when controlling for low self-esteem, indicating that experiential avoidance is used to deal or cope with the negative feelings associated with self-criticism. These results can be understood in relation to Heatherton and Baumeister's (1991) escape theory, whereby individuals with higher self-criticism may binge eat in order to escape from aversive self-awareness and avoid self-critical thoughts and concerns about negative perceptions by others.

Given that high self-criticism, low self-esteem, and depressive symptoms are also found in other psychiatric disorders, the critical question is how they specifically relate to ED pathology. From a developmental perspective, it is thought that self-criticism develops in environments of chronic disapproval and criticism and/or conditional approval, where approval is restricted to certain high standards being met and children internalize a schema where self-worth is contingent on performance. Dunkley et al. (2010) findings support this developmental perspective, with emotional abuse in childhood being significantly related to higher self-criticism and lower self-esteem in binge eating disorder patients. Past clinical accounts suggest that low self-esteem arises from recurrent negative self-evaluations associated with high self-criticism. Specifically, chronic negative self-evaluations give rise to a gap between the perceived self and the ideal self, which results in a more global negative view of the self. This enduring low self-esteem leads to the determined pursuit of achievements in an attempt to bolster chronic feelings of low self-worth, and failing to meet self-imposed

expectations may lead to higher levels of depressive affect. In ED, individuals with higher self-criticism and lower self-esteem may become more specifically focused on controlling their eating, shape, and weight as a means to narrow the gap between the ideal and the actual self and therefore to strengthen their self-worth. See [Annex 1](#) for a path diagram of this hypothesized mediational model relating self-criticism, self-esteem, depressive symptoms, and ED cognitions and behaviors.

There have been a growing number of studies examining the different components of this model. For example, previous research has supported the mediational role of lower self-esteem in the relation between self-critical perfectionism, of which self-criticism is a primary component, and depressive symptoms. Dunkley and colleagues (2010) showed that emotional and/or sexual abuse in childhood was associated with higher self-criticism in binge eating disorder, which, in turn, predicted higher levels of body dissatisfaction both directly and through higher depressive symptoms. Another recent study found overall lower self-esteem in currently anorexic and recovered anorexic patients than healthy controls suggesting that generally self-esteem is lower in ED patients than in non-ED populations, even after recovery from acute pathology. In addition, in support of the proposition that ED behaviors are undertaken as attempts to regulate chronic low self-esteem, it was also found that self-esteem was higher in a subgroup of patients with the lowest weight. This finding suggests that, when rigid and restrictive eating is successful at meeting ED goals, ED patients experience a boost in their usually low self-esteem. In a study that examined the model depicted in [Annex 1](#), Dunkley and Grilo (2007) examined self-criticism, low self-esteem, depressive symptoms, and overevaluation of shape and weight in binge eating disorder patients. They found that the relationship between self-criticism and overevaluation of shape and weight was partially mediated by lower self-esteem and depressive symptoms. Self-criticism maintained a unique relationship with overevaluation of shape and weight, controlling for the effects of

lower self-esteem. In addition, lower self-esteem was indirectly related to overevaluation of shape and weight through depressive symptoms.

Methodologies

Self-reporting on thoughts and behaviors is a core element of the assessment and treatment of ED. Typically, patients are asked to report on their current eating patterns, their pathological behaviors such as bingeing and purging and their thought content and affect. Research examining the reliability and validity of self-reported data in populations with disordered eating however has raised some concerns. Certain general trends have been noted in different populations. For example, patients with bulimia nervosa (BN) have been found to view as excessive their consumption of even relatively small amounts of food that transgress their restrictive dietary rules, resulting in overreporting of “binge” episodes. Obese patients have been shown to significantly underreport their actual food intake. Anorexia nervosa (AN) patients have been shown to err towards overestimating caloric content of ambiguous food items. Regarding self-reporting of psychological variables such as thought and affect content, distortions in self-evaluation regarding control, guilt, and shame are prominent features of ED and as such fluctuations in emotions and thoughts following engagement in disordered behaviors like bingeing, purging, or body checking may be particularly difficult to report “objectively.”

In response to such confounds, researchers have sought to develop more sophisticated methods of assessment. Experience sampling methods (ESM) involve asking participants to complete different types of measures a specified repeated number of times in a given period. Daily diary methods, a specific form of ESM, are a significant recent methodological improvement in assessment. Daily diaries involve completing multiple daily reports of variables of interest (e.g., self-criticism, low self-esteem) over a specific follow-up period. This repeated assessment method allows for the direct evaluation of both

trait influences and those that are more state dependent as they occur.

The use of aggregated situational reports can be seen as a more ecologically valid method for assessing characteristics that are less susceptible to memory biases and cognitive distortions, as aggregating responses across multiple days allows for an empirically derived trait-like variable. In a 7-day daily diary study of female undergraduates, Sherry and Hall (2009) found that the socially prescribed component of self-critical perfectionism was indirectly related to binge eating aggregated across 7 days through the maintenance of daily interpersonal discrepancies, lower interpersonal esteem, dietary restraint, and depressive affect. On the other hand, although studies have tended to assume that cognitive and personality variables are highly stable entities, recent research suggests that there are also changes in these constructs across situational contexts. Both situational and dispositional influences on daily fluctuations in self-esteem have been found using a daily diary method. It was found that individuals with higher self-critical perfectionism, relative to those with lower self-criticism, reported greater increases in negative affect on days when self-esteem was lower than usual. Research has also found significant day-to-day fluctuations in perfectionism and more specifically covariation of self-critical perfectionism and fluctuations in ED symptoms in females.

Clinical Implications

Recent findings mapping the relationships between self-criticism, low self-esteem, depressive symptoms, and ED pathology suggest multiple targets for clinical intervention. In particular, this body of research points to the possibility of reducing ED behaviors by targeting self-criticism and/or low self-esteem which may be somewhat less threatening to patients than interventions that directly focus on eating pathology. Findings suggest that interventions that enhance self-esteem should reduce depressive symptoms and lead to decreases in overevaluation of shape and weight. In addition,

results highlight the direct contribution of self-criticism on ED pathology, suggesting that interventions that focus on lowering self-critical thoughts and behaviors should directly reduce symptoms.

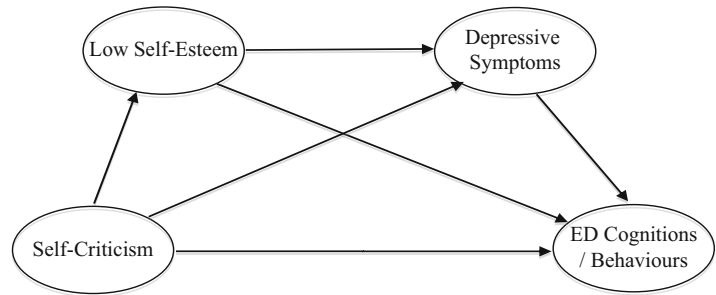
Future Directions

Current research examining predisposing and aggravating factors to mental illness and eating disorders in particular is making good headway, with a current focus on mediating and moderating models, however, there is much that remains to be explored. It is important to acknowledge the existence of other plausible alternative models that could fit the data equally well. For example, ED thoughts and behaviors could lead to low self-esteem and depressive symptoms, which in turn promote feelings of failure and high self-criticism. Support for alternative models would suggest the likelihood that bidirectional relations might exist between the variables. In order to test the directionality of these models, future research should prioritize longitudinal multiwave studies. For instance, in a short-term, three-wave longitudinal study of undergraduate women, Mackinnon and colleagues (2011) found that the concern over mistakes, a central component of self-critical perfectionism, at Wave 1 was indirectly related to binge eating at Wave 3 through interpersonal discrepancies, lower interpersonal esteem, dietary restraint, and depressive affect at Wave 2.

Although diary studies represent a significant improvement in assessment methods, they still rely on participant self-report. Future studies using multiple methods of data collection would be beneficial. Several of the more recent studies using structural equation modeling have focused on samples of overweight BED patients or nonclinical community samples given that more sophisticated models require larger samples, however, this limits the generalizability of these findings and future studies need to replicate these models across ED populations. Recent studies suggesting daily fluctuations in self-criticism and self-esteem suggest that future research

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Fig. 1 Hypothesized Mediation Model



should seek to identify the factors that affect these daily variations such as negative life events, particularly those in the interpersonal domain that may directly involve negative feedback. Finally, future research should also consider other potential mediators/moderators of the relationship between self-criticism and ED, including for example coping, stress, attachment, and response styles like rumination, which have all been previously shown to be related to higher levels of self-criticism.

Conclusions

Overall, study findings suggest that self-criticism is not just limited to depression-related phenomena but that it has a broader relevance that extends across mood, anxiety, and eating disorders, such that it may reflect an important component of a cognitive-personality vulnerability that could shed light on the nature of the frequent co-occurrence of these different clinical disorders. Regarding low self-esteem, findings do support a relationship with disordered eating through the presence of depressive symptoms. This suggests that feelings of low self-worth and low self-efficacy significantly increase distress and compound the use of ED behaviors such as restriction and purging in order to bolster low self-esteem.

Cross-References

- ▶ [Common Factors Across the ED Models](#)
- ▶ [Coping: Escape Avoidance](#)
- ▶ [Depressive Disorders](#)

- ▶ [Diagnosis Specific vs. Transdiagnostic Approaches](#)
- ▶ [Future Directions in ED Prevention](#)
- ▶ [Moderators and Mediators](#)
- ▶ [Perfectionism](#)
- ▶ [Prevention Programs in High-Risk Populations](#)
- ▶ [Risk Assessment](#)
- ▶ [Transdiagnostic Prevention](#)

Annex 1

Hypothesized mediational model relating self-criticism, self-esteem, depressive symptoms, and eating disorder (ED) cognitions/behaviors (Fig. 1).

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