

# Negative self-referential emotions and mental health in youth: The importance of self-criticism

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## Abstract

There are many measures available that survey positive and negative emotional indicators of wellbeing in children and adolescents [1]. In fact, our work identifies 98 measures, designed to measure negative self-emotions in youth populations [2]. However, only eight of these measures incorporated a negative self-referential emotion item or subscale; that is, an item, or items, where the subject and the reference are directed toward the self in the final measure. This is important because negative self-referential emotions, especially self-criticism, are key antecedents of mental health disorders such as anxiety, depression and eating disorders [3]. In this commentary, we discuss why measures relating to self-critical emotions are fundamental for children and adolescents, and much needed to comprehensively evaluate mental health and emotional wellbeing in youth. We believe our considerations here will enable scholars to: (i) develop robust self-criticism measures for children and adolescent populations, and (ii) reliably evaluate social and emotional interventions employed in schools and beyond, that are aimed at improving wellbeing through, in part, addressing self-critical thinking styles (e.g., compassion-based interventions).

**Keywords:** Self-criticism, Mental health, Youth, Wellbeing, Child practitioners

## Commentary

The role of self-criticism has come to be regarded as an important element within psychological theory/therapies within adult populations [4], with a comprehensive range of measures available for such. There is, however, a dearth of literature exploring the importance of self-criticism for emotion, social and mental health problems in childhood and adolescents, including its importance as a factor shaping the experience of emotional development. As young children are at higher risk of developing mental health issues compared with adults [5], the ability to produce effective measures of self-criticism is key. Indeed, it is common for young people with mental health problems to internalise negative emotions about themselves [6]. Stemming from this, vulnerability to mental and emotional health problems can commonly arise due to a child developing a critical self-to-self internal monologue. In childhood, moreover, the development of self-criticism is a significant risk factor for depressive disorders [7] and is associated with a range of adult maladjustments including lower education and occupational status, dissatisfaction in relationships, and social maladjustment [8]. However, research into self-criticism in childhood has primarily focused on *why* self-criticism develops as a result of negative childhood experiences through, for example, childhood attachments, maternal criticism and parent-child interactions [9], as opposed to the effects of a critical self-to-self relating style. That is, there is no research, to date, exploring how a younger person engages and expresses self-critical emotions. This is fundamental to the development of any tools developed to survey self-criticism in non-clinical child and adolescent populations. Indeed, developing appropriate measures of self-criticism is of paramount importance as statistics reveal that one in six children suffer from a mental problem [10], and that since COVID-19, an alarming 80% of young people reported that the pandemic had made their mental health worse [11].

In our recent review [2], we presented the first systematic review of self-referential and self-report measures of negative emotions for use with non-clinical child/adolescent populations. With the rapid growth of emotional-wellbeing measurements designed for use with children and adolescents [12],

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finding suitable self-referential emotional measures, so that regulation of negative affect can be investigated, can be a significant challenge. We identified eight negative self-referential emotional measures suitable for non-clinical children/adolescents. Whilst we originally found 98 measures of negative emotions (for example, measures of shame, guilt, embarrassment, jealousy, envy, self-criticism etc.), under closer inspection of the full text, and aligned to our review criteria, only eight of these measures included a negative self-referential emotion subscale and/or at least one negative self-referential emotion item in the final measure. That is, an item/scenario where the subject and the reference were both directed toward the self. Moreover, of our eight measures that did include at least one negative self-referential item/sub-scale, whilst we found that the Child-Adolescents Perfectionism Scale (CAPS) [13] was evaluated as the most rigorous in psychometric quality, followed by the Children's Automatic Thoughts Scale (CATS) [14], one important finding emerging from the review was the paucity of measures to survey self-criticism. This is despite the importance of this self-referential thinking and emotional style portending vulnerability to future mental health disorders.

Definitions of self-criticism within the adult literature vary but, typically, this emotional thinking style involves negative self-labelling and harsh judgement of oneself [15] including pathogenic qualities derived from self-directed negative emotions related to it, including shame, anger, disgust, and contempt. There is an extensive research base demonstrating that self-criticism is associated with consistent negative outcomes across various domains, including vulnerabilities to various forms of psychopathology, emotional well-being, psychosocial outcomes, academic success and responses to therapy [16]. Additionally, a frequent self-critical emotional style has been linked to suicide-related responses within adult populations [see 17 for review]. Most research has focused on adult populations [3], university students [17] and adolescent populations [18]. Of the few studies that have focused on youth, similar findings have emerged. That is, adolescents who are highly self-critical are prone to a wide variety of emotional, social and mental health disorders; for example, low self-worth, a lack of confidence in abilities, problems with interpersonal relationships, the development of a negative self-concept and poorer academic achievement [19].

Scant attention, however, has been given to the measurement of self-criticism in younger children. This literature caveat potentially reflects the lack of suitable specific measures of self-criticism for non-clinical child and adolescent populations. In fact, measures of self-criticism for children are limited to one clinical measure, specifically the Depressive Experiences Questionnaire (DEQ) [20], which as well as an adolescent version [21] also includes a children's version [22] often used within non-clinical settings [e.g., 23]. However, as noted by McIntyre et al. [17], the DEQ was not developed as a measure of self-criticism, but rather as a measure of interjective and analityc depression and thus, includes items about depression. Therefore McIntyre et al., argue findings of studies using the DEQ need to be interpreted with caution and recommended that further research is carried out using alternative or additional measures of self-criticism, such as the Forms of Self-criticism/Attacking & Self-reassuring Scale [24] or the Self-Critical Rumination Scale [25], both of which are adult measures and simply not appropriate for younger populations.

To expand, children view emotions in different ways to adults as a consequence of their developing cognitive abilities. This influences their ability to experience and express different emotions, as well as

their capacity to cope with and manage a variety of feelings [26]. Complex emotions, such as self-criticism, emerge later in childhood because they require advanced cognitive abilities, most notably abstract thinking [27]. Indeed, it is only during middle childhood (e.g., 6 to 8 years) that children begin to develop the capacity to refer to the self, as a distinct physical entity, developing self-emotions and cognitions [28] as opposed to more concrete emotions (e.g., explicitly linking particular emotions to particular situations). These cognitive developments, combined with vast brain developments, as well as new social and environmental pressures, make children developing into adolescents, particularly vulnerable to a critical self-to-self relation; especially during primary school years (i.e., child populations aged 7 to 11). This heightened emotional vulnerability during the primary school years has prompted many grass roots movements to ensure appropriate social and emotional curriculums are delivered in school. These include classroom-based Social and Emotional Learning programmes (SEL) in the U.S. [for review see 29] or locally developed CBT programmes (e.g., FRIENDS or the Mindfulness in Schools Initiative) [for review see 30 & 31] commonly adopted in the UK. However, one specific social and emotional curriculum that may be beneficial for addressing self-critical style emotional thinking is that based upon compassion [32].

Bringing compassion-based initiatives (CBI's) into schools and the education sector has been advocated by many [e.g., 33]. CBI's provide young people with emotional coping skills, address bullying, increase resilience, and increase promotion of pro-sociality; all which culminate in encouraging positive and supportive learning environments [34]. Related to a self-critical emotional thinking style, CBI's encourage not only compassion for others, but also compassion for the self, by decreasing self-attacking and self-critical ways of relating to oneself. Early benefits of employing compassion-based practices with school pupils resulted in gaining familiarity with affiliative states and emotion-regulation strategies [35]. Most recently, Maratos and colleagues [reviewed in 32] have developed a 6-module compassion based Personal, Social, Health and Economic (PSHE) curriculum for pupils transitioning from primary to secondary school in the U.K. They included measures of perfectionism (using the CAPS [13]), trait anxiety (using the STAI-C [36] and self-compassion (using the SCS-C [37]). Preliminary analyses of this curriculum, using a robust randomised control trial design, revealed the specific compassion-based PSHE, as compared to standard PSHE, resulted in reductions in socially prescribed perfectionism, negative self-compassion, and the maintenance of stable trait anxiety (whilst this increased in the control group). Here, Sutton et al., define negative self-compassion as simply negatively worded items (e.g., 'When I am feeling sad, I feel like most kids are happier than I am'). In addition, thematic analysis revealed children found the lessons positively impacted management of their own wellbeing, emotions and behaviour, as well as class behaviour. However, an important caveat of this research was the limitation to measure self-criticism. To expand, self-criticism could not be measured in this research because no appropriate child measure currently exists for its measurement (as identified in our systematic review [2]).

Successful implementation and evaluation of CBI's (and other grassroots social and emotional wellbeing curriculums) in primary (and secondary) schools requires understanding of how a young person perceives, understands and expresses self-criticism, as has been progressed for self-compassion [e.g., 38]. This has been problematic to date, because conceptualisations and definitions of self-criticism

have focused on adults, as noted above. Additionally, when children have been involved, the assessment of self-criticism in a child has been based upon adult inference and not self-report from the child themselves. This is problematic, as several existing studies indicate that adults' perspectives are not the same as children's considering the unique cognitive and environmental differences young people are faced with as compared to adults [39]. Certainly, involvement of children and/or adolescents during scale development enables a robust measure to be developed and improves the quality of the measurement tool [40]. In Ashra et al. [2], however, we found that only three out of the eight negative self-referential measures reviewed involved children and/or adolescents as experts during scale development, and so their voice was missing in the development of the item set for the measures. Ensuring a child's perspective is explored in respect to self-criticism will benefit researchers to create age-appropriate self-critical measures for non-clinical child and adolescent populations, that can be used to: i) understand the prevalence of this negative emotional thinking style in youth and; ii) reliably evaluate child and adolescent mental health interventions, particularly those within educational settings.

In previous research, some qualitative studies have explored perceptions and conceptualisations of emotions in youth; for example, self-conscious emotions [41], pride [42], sympathy [43] and self-compassion [44]. However, qualitative research on how children perceive and experience self-criticism in the context of their daily lives has not, to our understanding, been investigated. In addressing this, our recent work [45] includes qualitative study of understandings of self-criticism and a self-critical emotional thinking style in child (n=33) and adolescent (n=18) populations. Thematic analysis revealed children as young as seven used a range of alternative lexicons to refer to self-critical emotions (e.g., 'I felt frustrated, annoyed, mean, unkind or angry with myself'). This is consistent with prior research, which has demonstrated that only circa 6% of children aged between seven and eight, and circa 33% of children aged nine to ten comprehend the meaning of the word 'critical' [46]. Indeed, in our research, self-critical thoughts and behaviours were demonstrated via: (i) Comparative self-criticism: whereby children showed a negative view of themselves by comparing themselves to their peers. (ii) Feelings of being a failure: whereby children focused on feelings of failure and inadequacies, including feelings of self-blame and rumination on mistakes and failures. (iii) Negative feelings toward the self: whereby children demonstrated negative thinking and expecting the worse via feelings of anger, frustration, disappointment and shame towards the self and, (iv) Self-oriented perfectionism: whereby children expressed self-critical feelings as a result of high expectations and feeling ashamed if they were not living up to these expectations.

## Conclusions

Research on the importance of self-criticism as an important factor in child mental health is still in its infancy, with no specific child-friendly measure developed, to date, to enable accurate evaluation of this negative self-emotional thinking style in child and adolescent populations. The development of such a measure/measures is particularly important given early findings on implementing social and emotional wellbeing curriculums with children in educational settings reveal these interventions hold promise as ways to enhance emotional wellbeing and mental health. However, to develop appropriate measures to tap this important potender of wellbeing,

fine grained, and in-depth contextual information on children's understanding of self-criticism in their daily lives is necessary. This is important because evaluating the efficacy of wellbeing using intervention programs, largely depends on the appropriateness of measures, and as we demonstrate above, self-criticism is a major antecedent to mental health problems that is a focus of many recent social and emotional wellbeing curriculums (e.g., compassion and mindfulness-based interventions) progressed with child and adolescent populations in schools or the local community.

## Conflict of Interest

The authors have declared that they have no competing or potential conflicts of interest.

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