GP NEWSLETTER

In Practice

ISSUE 10 · NOVEMBER 2026 · SELF-CRITICISM AND SELF-COMPASSION

Harsh self-talk is linked with depression, anxiety and eating difficulties. How a patient speaks to themselves is worth one question in the consult.

THE CLINICAL REALITY

One pattern, many presentations

Self-criticism is rarely the reason for the visit. Reviews link it to depression, social anxiety, eating difficulties, obsessive-compulsive symptoms and stress (Zaccari et al., 2024).

A 2026 meta-analysis of 256 studies (N = 107,304) found the harsh side of how people relate to themselves (self-judgment, isolation, over-identification) was more strongly associated with symptoms (r = .49) than the kind side (r = −.31). The link was strongest for depression, then anxiety and eating disorders. The data are cross-sectional and mostly non-clinical (Buric et al., 2026).

It matters for treatment too. Across 49 studies (N = 3,277), higher self-criticism at the start of therapy was associated with poorer outcomes, most clearly in eating and mood disorders (Löw et al., 2020).

THIS MONTH'S RESOURCE

What to listen for

Patients rarely name it. It surfaces in how they describe themselves.

TWO FORMS OF THE INNER CRITIC

Not good enough: falling short of their own standards, constant comparison, "I should be doing better".

Self-disgust or self-attack: contempt for themselves, or a wish to punish. Researchers describe this form mainly in clinical samples (Šoková et al., 2025).

In practice: self-attack warrants a risk assessment as usual.

Across 19 RCTs, self-compassion-related interventions were associated with a medium reduction in self-criticism, smaller against active controls, mostly in non-clinical women (Wakelin et al., 2022). In clinical samples, pooled effects on self-criticism were not significant (Millard et al., 2023).

FROM MATTHEW

Start with the voice that arrives first

> *What I notice in the room is that most people can list the kind things they are supposed to say to themselves. The harder conversation is about the voice that arrives first: fast, familiar and harsh. Invited to be kinder to themselves, some people brace. So I often start smaller, by noticing the harshness and turning the volume down a little. Less harsh is a more reachable first step than kind.*
>
> Matthew Hallam · Registered Psychologist, Equal Psychology

TO SHARE WITH YOUR PATIENT

These questions separate the harsh voice from the capacity for kindness.

THREE QUESTIONS FOR THE CONSULT

1. *When something goes wrong, what is the first thing you say to yourself?*
2. *How would you react if a friend spoke to you in that same tone?*
3. *What happens for you when someone is kind to you?*

Goal: notice the harsh voice first. Easing it is separate from adding kindness.

CONSIDER A REFERRAL WHEN

- Harsh self-criticism alongside low mood, anxiety or eating concerns
- Self-disgust, contempt or a wish to punish oneself (assess risk as usual)
- Kindness from others, or towards self, feels unsafe
- Shame is a prominent part of the presentation
- Self-care suggestions are dismissed as undeserved

If self-criticism is prominent, noting it in the referral helps us plan early. Refer via **admin@equalpsychology.com.au**, fax **(03) 8692 6501** or HealthLink EDI **equalpsy**.

Patient resource available

A one-page patient resource on being less harsh with yourself accompanies this issue. Scan to download and share.

References: Buric et al. (2026) · Löw et al. (2020) · Millard et al. (2023) · Šoková et al. (2025) · Wakelin et al. (2022) · Zaccari et al. (2024). Full APA 7 citations with DOIs at equalpsychology.com.au