QUALITATIVE ANALYSIS OF SELF-COMPASSION, SELF-PROTECTION, AND SELF-CRITICISM IN EMOTION-FOCUSED THERAPY VIDEO SESSIONS

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ABSTRACT

One of the goals of Emotion Focused Therapy (EFT) is to develop a more resilient self by increasing self-compassion and self-protection and simultaneously decreasing self-criticism. Although self-compassion and self-protection tasks are one of the essential interventions in EFT, there is still little research about how they are articulated productively within a therapeutic session. Therefore, the goal of our study was to examine how self-criticism, self-protection, and self-compassion are expressed by a client within a therapeutic session. This is a single case study examining one session with the therapist Les Greenberg, who is the founder of EFT. The data were analyzed using consensual qualitative research (CQR). The team consisted of two core team members and one auditor. The video was transcribed and sentences that revealed aspects of the client's experience of being self-critical, self-compassionate, and self-protective were extracted. Three similar domains were considered for all three concepts: behavioral, emotional, and cognitive aspects. Consequently, the findings showed the following subdomains for self-criticism: What you did wrong, What you should do instead, Expectations, Blaming from the critic, and Negative emotions towards the self, for self-compassion: Empathy towards the self, Positive emotions towards the self, Confirmation, Self-compassionate Advice, Self-acceptance, Motivation to alleviate suffering, Self-forgiveness, and for self-protection: Expressing needs, Protecting the self, Expressing emotions towards the self-critic, Understanding for the self, and Criticizing the critic. More studies of categorizing a broader number of cases of various therapeutic approaches are necessary to develop more detailed understanding of clients' expression of self-compassion, self-protection, and self-criticism within therapy.

KEY WORDS

emotion-focused therapy; self-compassion; self-criticism; self-protection; qualitative analysis

COMPLIANCE WITH ETHICAL STANDARDS

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The authors declare that they have no potential conflicts of interests.

ETHICAL APPROVAL

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

INFORMED CONSENT

Written informed consent was obtained from all individual participants included in the study.

AVAILABILITY OF DATA AND MATERIALS

In order to comply with the ethics approvals of the study protocols, data cannot be made accessible through a public repository. However, data are available upon request for researchers who consent to adhering to the ethical regulations for confidential data.

AUTHOR CONTRIBUTIONS

GB and JH designed research project. GB and MB were the members of the core team and JH was the auditor. GB wrote the first draft of the article. All authors GB, JH and MB interpreted the results, revised the manuscript and read and approved the final manuscript.

TO LINK TO THIS ARTICLE:

INTRODUCTION

Emotion Focused Therapy (EFT) is a humanistic therapeutic approach incorporating aspects of gestalt therapy and person-centered therapy (Leslie S. Greenberg et al., 1993). An ample number of studies shows the effectiveness of EFT particularly in the treatment of depression (Goldman et al., 2006; Leslie S. Greenberg & Watson, 2006; Salgado et al., 2019; Watson et al., 2003). On the basis of a strong therapeutic relationship, EFT therapists help clients make sense of their emotions and to regulate, explore, transform, and flexibly manage their emotions by guiding them through the five principles of emotional change: awareness, expression, regulation, reflection, and transformation (Leslie S. Greenberg, 2015; Pascual-Leone & Greenberg, 2007). Through marker-guided experiential tasks, primary maladaptive emotions are transformed into more adaptive emotions (Goldman, 2017; Pascual-Leone & Greenberg, 2007). In EFT, emotion is seen as foundational in the construction of the self and is a key determinant of self-organization. Through EFT, clients learn to process their emotions instead of letting their emotions rule them. EFT principles and interventions are based on the notion that adaptive emotions can change maladaptive ones (Greenberg, 2004; McNally et al., 2014). For instance, fear of abandonment and negative self-evaluation can be changed by adaptive emotions such as protective anger and self-compassion. A fundamental goal of any EFT-intervention is development of a stronger, more resilient sense of self in clients through the expression of protective anger and compassion towards their painful emotional experiences (Pascual-Leone & Greenberg, 2007; Timulak & Pascual-Leone, 2015).

One of the main interventions for establishing self-compassion and protective anger in EFT is the self-critical two-chair dialogue, which is a conversation between two aspects of the self: the critical voice and the criticized self or the so-called experiential self (Leslie S. Greenberg & Higgins, 1980; Shahar et al., 2012; Whelton & Greenberg, 2005). The key marker of a two-chair dialogue is a self-critical voice (Elliott & Greenberg 2016; Greenberg & Watson, 2006; Shahar et al., 2012) and the task is specifically designed to decrease self-criticism, shame, helplessness, and self-hate and increase self-compassion and self-protection in order to develop a stronger, more resilient sense of self (Leslie S. Greenberg, 2015; Shahar et al., 2012; Whelton & Greenberg, 2005). After identifying the marker, the EFT therapist asks the client to change seats and encourages the client to express the anger, hate, contempt, or disgust of the critical voice towards the criticized self. Afterwards, the client is asked to change sides and respond as the criticized part of the self to the critic. The therapist guides the client empathically through this emotional process, encouraging the client to be aware of, feel, and express their needs and feelings between the two parts (Leslie S. Greenberg et al., 1993; Shahar et al., 2012;

Whelton & Greenberg, 2005). The client shuttles back and forth between the two chairs until the criticized self is able to stand up for and assert its needs towards the critic, while the critical-self softens into a more compassionate, understanding voice (Leslie S. Greenberg & Webster, 1982; Pascual-Leone & Greenberg, 2007; Shahar et al., 2012). By articulating protective anger and self-compassion, the client transforms problematic emotional reactions and develops more primary adaptive emotions, (Dillon et al., 2018; Pascual-Leone & Greenberg, 2007; Timulak, 2015).

Despite the fact that self-critical two chair dialogue is one of the essential interventions in EFT, there is little research about the specifics of how clients articulate their self-criticism, self-compassion, and protective anger during the intervention. To date, there is only one study (Sutherland et al., 2014) examining the client-therapists interaction during a two chair self-soothing dialogue by observing the self-soothing structure. The authors observed the compassionate voice as being very caring and positive, giving helpful advice, expressing sympathy, and highlighting resources and positive qualities. There is also another study investigating the effectiveness of self-critical two chair dialogue in EFT (Shahar et al., 2012). Although the results of this study demonstrate that this kind of two chair dialogue task decreases self-criticism and increases self-compassion, it was not shown how clients

articulate them. Besides EFT, there is an ample number of studies focusing on how self-criticism (e.g. Falconer, King, & Brewin, 2015) and self-compassion (e.g. Gu, Baer, Cavanagh, Kuyken, & Strauss, 2020) can be measured and how they correlate with each other (Gilbert et al., 2004; Gilbert et al., 2006; Kelly et al., 2009; Longe et al., 2010). While in recent years research has concentrated on facial expressions in self-criticism (McEwan et al., 2014; Strnádelová et al., 2019b, 2019a) and self-compassion (Baránková et al., 2019; Kanovský et al., 2020; McEwan et al., 2014), there are only a few studies using qualitative analysis to study them. In one of the qualitative studies, the authors developed categories of different types of self-criticism: demands and orders; exhorting and preaching; explanations and excuses; inducing fear and anxiety; concern, protection, and support; description; explore/puzzle/existential; and self-attack and condemnation (Whelton & Henkelman, 2002, p. 90). Furthermore, a number of recent qualitative studies by Halamová and her team analyzed free associations of self-criticism (Halamová et al., 2020) and self-compassion (Halamová, Baránková, et al., 2018) and differences between high and low self-criticism (Halamova et al., 2019). However, in recent years more studies have been shedding light on the effectiveness of EFT on self-compassion, self-criticism, and self-protection. There is one study (Halamová et al., 2018) investigating the effect of an Emotion focused training on self-compassion and self-protection

(Halamová et al., 2018) and the psychological and physiological effects of the training (Halamová et al., 2019). Another one (Halamová & Kanovský, 2019) examined effectiveness of an intervention of emotion-focused training for emotion coaching on reducing self-criticism.

Although the effectiveness of how people talk to themselves is well-known (Longe et al., 2010; MacBeth & Gumley, 2012; Zessin et al., 2015), self-talk within psychotherapy sessions is an under-investigated area. While self-criticism is associated with a number of psychological disorders such as depression (Leslie S. Greenberg & Watson, 2006; Kannan & Levitt, 2013; Werner et al., 2019), self-compassion has been linked to emotional balance, less anxiety, and reduced shame and depression (Gilbert & Irons, 2005; Leslie S. Greenberg, 2015; Neff, 2003a; Shahar et al., 2015). In EFT self-protective self-talk is as inevitable as self-compassion to cope with self-criticism (Pascual-Leone & Greenberg, 2007; Timulak, 2015).

SELF-TALK IN THE FORM OF SELF-CRITICISM

Self-criticism is often associated with negative self-evaluation (Gilbert, Clarke, Hempel, Miles, & Irons, 2004; Kannan & Levitt, 2013). This type of negative self-talk is characterized by self-judgement, self-blame, perfectionism (Kannan & Levitt, 2013), emphasizing mistakes (Gilbert et al., 2004), and self-attack (Whelton &

Greenberg, 2005; Whelton & Henkelman, 2002) along with a sense of inadequacy, unworthiness, and failure (Blatt et al., 1992). In a recent study (Halamova et al., 2020), a consensual qualitive analysis on free associations for criticism and self-criticism was conducted, and the results showed that both concepts can be codified in the following four domains: Emotional aspects, Cognitive aspects, Behavioral aspects, and Preconditions. The most outstanding domain for self-criticism was the behavioral aspect that included three subdomains (Halamova et al., 2020, p. 372): Motivational function (e.g. improvement, new beginnings), Behavioral expressions (e.g. lecturing), and How to handle criticism (e.g. discipline, understanding). The results of the study indicate that self-criticism is a multidimensional concept defined as a behavioral, cognitive, and emotional process.

SELF-TALK IN THE FORM OF SELF-COMPASSION

There is a growing body of research emphasizing self-compassion as an antidote to self-criticism (Gilbert et al., 2006; Gilbert & Procter, 2006; Leslie S. Greenberg, 2015; Kelly et al., 2009; Shahar et al., 2012, 2015). According to Germer and Neff (2013), self-compassion is compassion for oneself and is identified with positive feelings of warmth and care for oneself. Strauss et al. (2016, p. 19) define self-compassion in more detail as a multidimensional construct consisting of cognitive, affective,

and behavioral aspects involving the following five components: "1) recognizing suffering; 2) understanding the universality of suffering in human experience; 3) feeling empathy for the person suffering and connecting with distress (emotional resonance); 4) tolerating uncomfortable feelings aroused in response to the suffering person (e.g. distress, anger, fear) so remaining open to and accepting of the person suffering; and 5) motivation to act/acting to alleviate suffering". A study from Halamová, Baránková, et al. (2018) examined free associations on compassion and self-compassion using consensual qualitative analysis. The participants categorized compassion and self-compassion into the emotional, behavioral, and cognitive characteristics as well as evaluative aspects, and these results confirm the Strauss et al. (2016) definition of self-compassion as a multidimensional concept including emotional, behavioral, and cognitive elements.

SELF-TALK IN THE FORM OF SELF-PROTECTION

More recently, self-protection has received attention by researchers as an important factor to alleviate self-criticism (Halamová et al., 2018; Kelly et al., 2009; Timulak, 2015). Self-protection is described as the ability to express unmet needs in an assertive manner upon mistreatment (Pascual-Leone & Greenberg, 2007; Timulak, 2015). Furthermore, it is characterized by "a sense of entitlement

to be loved, acknowledged, and secure" (Timulak, 2015, p. 39). Through the expression of protective anger, the clients develop a sense of agency and strength to stand up for and take care of their own needs which is apart from self-compassion a crucial aspect to combat self-criticism (Halamová et al. 2018; Kelly et al., 2009; Timulak, 2015). Thus, self-protection is characterized as energetic, strong, empowered, resilient, and firm (Timulak, 2015). To our best knowledge, there has yet been no study investigating how self-protection is articulated.

THE AIM OF RESEARCH STUDY

To date, there has been no study that empirically identifies the in-session psychotherapy process of communicating self-criticism, self-compassion, and self-protection. Therefore, the current case study explores the following research question: how are self-criticism, self-protection, and self-compassion expressed by a client within an EFT therapy session during a self-critical two-chair dialogue?

METHODS

Design

In the research study, we used a video which is a common single case study of APA (American Psychological Association, 2007) videos on EFT limited to

two sessions and led by Leslie Green-berg, the founder of EFT. The APA has 19 commercially available training videos on Emotion Focused Therapy for edu-cational purposes in English language. In this video, Greenberg shows how to apply EFT in treating depression. During the first session, the self-critical process in the two-chair dialogue task was ad-dressed and feelings of anger and con-tempt by the critical voice transformed into feelings of compassion and love towards the experiencing self while the criticized self expressed its needs assert-ively towards the critical part. The final negotiation of the two parts helped the client to forgive herself, accept herself as an imperfect human being, and stand up for her own needs. At the end of session one, it is clear that Julies' critical voice is the internalized voice of her mother. In session two of this series, Greenberg continues working with Julie by demon-strating the EFT empty chair dialogue with Julies' imaginary mother, which is another task of EFT. We decided to work with this tape as it characterizes the EFT self-critical two-chair dialogue well and is a good illustrative example on how clients generally express self-criticism, self-compassion, and protective anger within EFT sessions. Furthermore, we needed a video in which the client's voice was clear enough for the analysis.

Case description

Julie (pseudonym) was a young woman with a son, currently working two jobs and taking part in a master's program. She was involved in a serious car accident at the age of nineteen in which her friend died. Struggling with that traumatic event, she got married at 24 and ended up in a physically and emotionally abusive marriage. She got divorced and went to college. Julie decided to take part in this training video because she felt unhappy and depressed. Within the therapy she ad-dressed how much she was struggling to keep up and go to work. She felt stressed, tired, and inadequate no matter how much she succeed. She expressed hope-lessness, her difficulty in feeling joy, and her urge for perfectionism. Furthermore, Julie blamed herself for choosing the wrong person to marry, leaving the mar-riage too late, and disrupting her son's life.

Procedures and data analysis

The APA Video was reviewed and con-verted into .wav form. The audio was transcribed, and sentences that revealed aspects of the client's experience of be-ing self-critical, self-compassionate, and self-protective during the two-chair dialogue were extracted by the first au-thor of the study. Consensual qualitative research (Hill, 2012) was used for the analyses because CQR is well-designed for studying a small number of cases ef-fectively and more objectively, and the whole context is used to precisely inves-tigate certain aspects of the experience.

The main CQR team consisted of two researchers and one auditor. All of them

spoke English language as a second language. In the first step, the researchers collected the data and developed the domains, subdomains, and categorizations individually. The results were discussed and the agreement on domains, subdomains, and categorizations sent to the auditor. After the auditor's feedback and a final group discussion, the changes were integrated into the final version of the analysis.

RESULTS

From the total coded statements for *Self-Criticism* (N = 15), consensus between coders and auditor revealed 3 domains, 5 subdomains, 8 categories, and 9 characteristics. The most frequented domain was *Cognitive aspect* (f = 9; 60%).
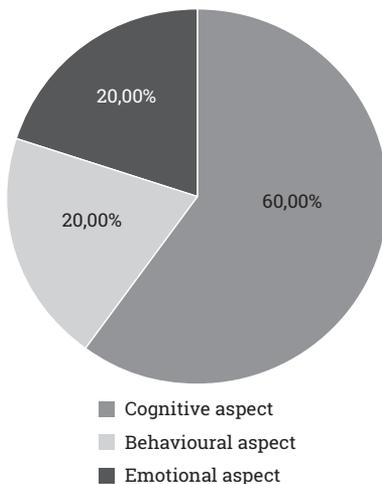
The second and third domain, *Emotional* and *Behavioral aspects,* had 3 coded statements each (20%), see **Figure 1**.

For *Self-Compassion* (N = 13), the most frequented domain was *Cognitive aspect* (f = 6; 46.15%) followed by the *Behavioural aspect* (f = 4; 30.77%). The least frequent domain was the *Emotional aspect* (f = 3; 23,08%); see **Figure 2**. 3 domains, 8 subdomains, 10 categories, and 2 characteristics were coded for the Self-Compassion part.

The *Self-Protection* (N = 23) part of the data resulted in 3 domains, 5 subdomains, 11 categories, and 11 characteristics. The most frequented domain in the data was the *Behavioural aspect* (13; 56.52%). The second was the *Cognitive aspect* (f = 7; 30.43%), and the third was the *Emotional aspect* (f = 3; 13.04%); see **Figure 3**.
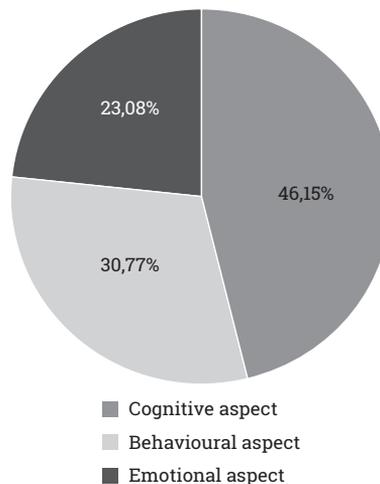

Figure 1. Percentage of each domain in Self-Criticism for the EFT video.

Figure 2. Percentage of each domain in Self-Compassion for the EFT video.
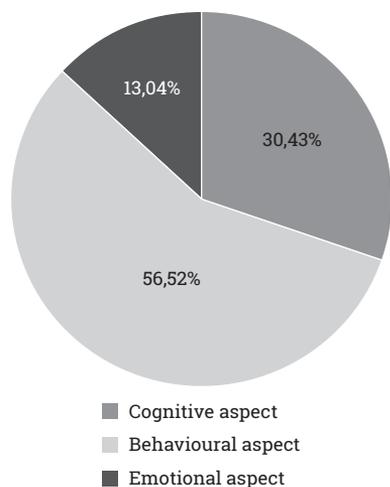
Figure 3. Percentage of each domain in Self-Protection for the EFT video.

Given the fact that self-compassion, self-criticism, and self-protection seem to be multidimensional (Strauss et al., 2016; Halamová et al., 2018, 2019, 2020), the researchers agreed on the following three domains for all three states: emotional, behavioral, and cognitive aspects.

The cognitive aspect for self-criticism (**Table 1**) was the most represented domain and included statement and beliefs about being and thinking in a certain way. Therefore, the subdomains expectations divided into categories of not meeting expectations and perfectionism and blame from the critic, and the category you should have known emerged. The behavioral aspect was next and covered action-oriented sentences such as pointing out wrong behavior and telling one how to behave. Consequently, the subdomains: what you did wrong and what

you should do instead and the categories put-downs and giving instructions arose. As the least frequent domain, the emotional aspect contained all statements that related to expressing negative feelings towards the self and describing negative feelings of the self. This is why only one subdomain became apparent: negative emotions towards the self through self-contempt, self-inadequacy, and helplessness as categories.

Similar to self-criticism for self-compassion (**Table 2**), the most dominant domain was the cognitive aspect and related to all content that was reasonable, approving, or advisory by expressing understanding, recognizing bad circumstances, giving helpful advice, and accepting imperfection. As a result, three subdomains arose: confirmation, self-compassionate advice, and self-acceptance. Furthermore, the categories acknowledgement of bad circumstances, understanding of human needs, more self-esteem, more attention, and acceptance of being imperfect emerged. The emotional aspect was next and included all statements related to feelings by acknowledging bad feelings, expressing positive feelings, and being sorry for creating bad feelings. Therefore, two subdomains were created: empathy towards the self through expressing warmth towards suffering and positive emotions towards the self by articulating self-love and regret. In opposition to the disapproving, judgmental statements of the critical voice, the behavioral aspect of the self-compassionate part consisted

Table 1. Self-Criticism of the case study Julie

Domain	Subdomain	Category	Characteristic	Example
Behavioral aspect	<u>What you did wrong</u>	Put-downs	Always	*"You don't get up at time to go to work, you're always rushing in the morning."*
			Sometimes	*"sometimes you forget.., you're running late... you stay up too late"*
	<u>What you should do instead</u>	Giving instructions	To do	*"Make your son lunch, go to all football games, be at home and take care of your work." "Keep on going, keep on pushing yourself"*
			Not to do	*"You don't need to take time..."*
Cognitive aspect	<u>Expectations</u>	Not meeting expectations		*"You're not living up to what I expect you"*
		Perfectionism		*"I expect you to be perfect"*
	<u>Blaming from the critic</u>	You should have known	Not enough knowledge and skills	*"You should have known better...*
			Not enough attention	*"You should have paid attention"*
			Not enough decisiveness	*"And the first time he left you, you should have..."*
			Not enough reactions	*"You should have just left him and walked away, you should and have more self-esteem and*
			Bad decisions/ Making responsible	*"Why you were going out with him at the first place?" "Suck it up. This is your decision"*
Emotional aspect	<u>Negative emotions towards the self</u>	Self-contempt		*"You're stupid"*
		Self-inadequacy		*"you were feeling bad about yourself"*
		Helplessness		*"You made a decision and got yourself into this situation and here is the situation and you're not going to get out of it."*

Table 2. Self-Compassion of the case study Julie

Domain	Subdomain	Category	Characteristic	Example
Behavioral aspect	Motivation to alleviate suffering	Stopping negative feelings		*"I don't want to make you feel bad like this"* *"I'm going to stop making you feel bad like this."*
		Stopping harming behavior		*"Stop putting so much pressure on you"*
	Self-forgiveness			*"If you feel like you need me to forgive you than I can do that"*
Cognitive aspect	Confirmation	Acknowledgement of bad circumstances	Being victim	*"She was a victim of the circumstances and that"*
		Understanding of human needs	It is normal to want to be loved	*"I understand that you were trying to find somebody that loved you. That you felt at the time."*
	Self-compassionate Advice	More self-esteem		*"If you find that self-esteem about yourself that I think you need"*
		More attention		*"I can forgive her if she doesn't do it again. If you don't give yourself into the same situation again"* *"That you look at things"*
	Self-acceptance	Acceptance of being imperfect		*"I know that you can't be perfect..."*
Emotional aspect	Empathy towards the self	Expressing warmth towards suffering		*"It feels really bad to you. I know you are under a lot of pressure as it is."*
	Positive emotions towards self	Self-love		*"I love her..."*
		Regret		*"I don't want to make you feel that terrible. And I don't make you feel like you have to crawl up in a bowl and hide"*

of action tendencies with the desire to decrease distress. This domain included phrases wanting to stop specific negative behavior that would make the self feel bad or cause pressure and developing new positive behaviors towards the self. Consequently, the subdomain motivation to alleviate suffering was divided into the categories stopping negative feelings and harmful behaviors and the second subdomain of self-forgiveness.

In terms of self-protection (**Table 3**) the most frequent domain was the behavioral aspect. This domain involved all statements of the client representing wants, needs, longings, and limitations but also giving the critic instructions in order to protect herself. The majority of the content was linked to needs, and for this reason the subdomain expressing needs, whether towards the self-critic or towards the self as categories, came to light. The second subdomain that emerged was the protective-self subdomain through threatening and setting boundaries towards the critic. The cognitive aspect as the second most represented domain contained, similarly to self-compassion, reasonable, justifiable statements by accepting common humanity, one's own limitations, and acknowledging strengths. Furthermore, the subject communicated criticism towards the critic. Therefore, the first subdomain that arose was understanding the self and the two categories of giving positive feedback to the self and explaining the self were created. The second subdomain

that emerged was criticizing the critic, and the categories giving negative feedback to the critic and complaining about the critic were established. The emotional aspect was the least represented domain. It coded all phrases that contained feelings towards the critic, in particular anger and articulating one's own feelings such as tiredness as well as unpleasant feelings that we could not specify. All statements related to the subdomain expressing emotions towards the critic. As a result, the emotions were categorized into anger, tiredness, and unspecified unpleasant feelings.

DISCUSSION

The present case study explored how self-criticism, self-protection, and self-compassion were expressed by a client within an EFT therapy session during a two-chair dialogue. Using consensual qualitative research, this study examined Julie's in-session verbal expressions of self-criticism, self-protection, and self-compassion within an EFT two-chair dialogue. In view of the fact that self-criticism is associated with psychopathology (Kannan & Levitt, 2013) and self-compassion and self-protection are acknowledged as effective ways to face up to the critical voice (Pascual-Leone & Greenberg, 2007; Timulak, 2015), we wanted to enhance the understanding of these constructs. The three domains – emotional aspect, cognitive aspect and behavioral aspect – were represented for

Table 3. Self-Protection of the case study Julie

Domain	Subdomain	Category	Characteristic	Example
Behavioral aspect	<u>Expressing needs</u>	Needs towards the self-critic	I have limits	*"I can't do it. I need you to understand that I can't do anything*
			I can't be perfect	*.."and can't be perfect".* *"I'm not going to be perfect and I'm going to make mistakes"* *"I'm going to forget…"* *"I can't do it."* *"I'm not perfect. I can't do it."*
			Stop behaving like this to me	*"Quit trying to make me be perfect"* *"Stop making you these demands"*
			Understand me	*"I need you to understand that I'm not perfect"* *"I really, really need you to understand that"*
		Needs towards self	Need for time for myself	*"I need time for myself"* *"I need to have some time for myself."*
			Need for a break from the critic	*"I need you to give me a break"*
	<u>Protecting the self</u>	Threatening		*"Get of my back"*
		Setting boundaries		*"If you don't give me a break, than…"* *"I'm a human being and I'm trying as hard as I can…"* *"The more I try (the worse I feel.)"*
Cognitive aspect	<u>Understanding for the self</u>	Explaining self	Reminding limitations	*"I just tried to tell you a few minutes ago. I cannot be perfect"*
			It just happened	*"I feel like she wasn't doing anything intentional."*
		Giving positive feedback to self	Acknowledging effort	*"You're doing a really good job"*
	<u>Criticizing the critic</u>	Giving negative feedback to critic	It is easy from outside to tell me	*"It's easy to tell me what "I've should have done, because it's after the fact"*
		Complaining about critic	You do not support me	*"And I don't feel like you were with me when I was going through all of this stuff"*
Emotional aspect	Expressing emotions towards self-critic	Anger		*"I'm angry at you…"*
		Tiredness		*"I'm tired and …*
		Unspecified unpleasant feelings		*… the worse I feel."*

all three concepts. However, the orders of the domain differentiated, and discrepancies were shown within the subdomains, categories, and characteristics. Overall, the findings showed that in the two-chair dialogue the self-critic transformed from a negative self-treatment to a positive one in form of more self-compassionate and more self-protective voices. Julie stopped blaming herself for not leaving her ex-husband earlier and expressed understanding for her desire to be loved. She acknowledged herself for being an imperfect human being and stood up for her need to have time for herself. By the end of the session Julie comes across as happier and calmer (she is smiling and making jokes and expresses her love towards herself) and stronger by emphasizing her need for a break.

Emotional aspects

The emotional aspect was represented as the least frequent domain for self-criticism and self-protection. For self-criticism, this is supported by the recent CQR study by Halamová et al. (2020) in which the authors identified the emotional aspect as well as the last domain participants associated with self-criticism. In terms of emotions from the critic, the statements included feelings of inadequacy, contempt, and helplessness (e.g. "You're stupid.") which is in line with findings by Whelton and Henkelman (2002) and Whelton and Greenberg (2005) demonstrating negative emotions such as condemnation, contempt, or helpless-

ness as a significant factor of the critical voice.

In terms of self-protection, Julie articulated anger towards the critic, expressing tiredness and unspecified negative feelings (e.g. "I'm angry at you.", "I'm tired."). This reflects the EFT model of emotional transformation (Pascual-Leone & Greenberg, 2007; Timulak & Daragh, 2020). As Timulak (2015) points out, expressing assertive anger towards the critic allows clients to feel a sense of agency and strength and is a similar and important factor for a stronger sense of self, a decrease of self-criticism, and acknowledging unmet needs (Pascual-Leone & Greenberg, 2007; Timulak, 2015). Likewise, Halamová et al. (2019) showed that people with a low level of self-criticism felt angry towards their inner critics as well. Tiredness and unspecified negative feelings might reflect the EFT term of global distress in which clients feel miserable but cannot specify why (Elliott & Greenberg, 2013).

As for self-compassion, the frequency of this emotional aspect was second, after the cognitive aspect domain. In our case, Julie communicated warmth and self-love towards herself ("It feels really bad to you, I know you are under a lot of pressure.", "I love her.", "I don't want to make you feel that terrible."). This reflects the general agreement among authors that compassion is a feeling that arises when a person is confronted with another person's suffering and has a desire to alleviate the suffering (Goetz et al., 2010; Lazarus, 1991). There is a broad consensus

that compassion is an emotion (Lazarus, 1991; Simon-Thomas et al., 2009) characterized by warm and caring feelings (Goetz et al., 2010; Neff, 2003b; Strauss et al., 2016). In line with this, participants in Pauly and Mcpherson's study (2010) perceived self-compassion as a concept that involves kindness.

A difference between to whom the emotions were addressed to was observed as well. While the emotional phrases of self-criticism and self-compassion were directed to the experiential self, Julie expressed self-protection by addressing her emotions towards the critical voice.

Behavioral aspect

The behavioral aspect was the most frequent domain for self-protection. Predominately, this domain focused on expressing needs towards the critic, validating one's own needs, and setting boundaries (e.g. "I can't do it and I need you to understand that.", "I'm not perfect, I can't do it."). This agrees with a qualitative study by Koróniová et al. (2020) in which low self-critical participants also indicated the need to stand up to and stop the critic. A defining feature of EFT is accessing and transforming the clients' core painful experience by bringing it into awareness and expressing the underlying unmet needs (Greenberg et al., 1993; Pascual-Leone & Greenberg, 2007; Timulak & Daragh, 2020). Consequently, the ability to assert and support one's own needs is an essential quality of

self-protection (Pascual-Leone & Greenberg, 2007; Timulak, 2015) and a healthy way to combat self-criticism. Likewise, Pascual Leone and Greenberg (2007) described setting boundaries as a significant goal of self-protection.

The second predominant domain for self-criticism was the behavioral aspect. The self-critical behavior verbalized by Julie was very much action-oriented, such as put-downs and giving instructions by counting mistakes and telling her what to do and not to do (e.g. "You don't get up at time to go to work.", "You don't need to take time."). This is in agreement with Whelton and Henkelmans' (2002) study on verbal analysis of self-criticism. The authors demonstrated similar categories such as demands and orders. Furthermore, this is supported by Halamová et al. (2020), as the authors determined the behavioral aspect as the most frequent domain associated with self-criticism.

Unlike negative self-critical behavior, the behavioral aspect of self-compassion is forgiving and motivated by wanting to alleviate suffering (e.g. "I don't want to make you feel bad like this.", "Stop putting you under pressure."). Correspondingly, Pauley and McPherson (2010) indicated that people generally understand and experience compassion through compassionate behaviors. This goes along with Strauss' et al. (2016) fifth aspect of self-compassion, which is the desire to decrease suffering. As mentioned above, this is also supported by Goetz' et

al. (Goetz et al., 2010) definition of compassion who describe it as a feeling that emerges with the desire to help when seeing other's suffering.

Cognitive aspect

The cognitive aspect is the most dominant domain for self-compassion and self-criticism. Julie's compassionate voice expressed understanding towards her own painful experience, negotiated with her on under which circumstances she can forgive her for not leaving the marriage earlier, and gave her advice (e.g. "I understand that you were trying to find somebody that loved you.", "If you find that self-esteem about yourself that I think you need."). Using Strauss' et al. (2016) definition of self-compassion, this aspect goes along with the first component of recognizing suffering and Neff's (2003b) first aspect of being kind and understanding e.g. "She was a victim of her circumstances." or "I understand that you were trying to find somebody that loved you." towards oneself in times of pain and failure. For self-criticism, the cognitive aspect was determined by giving advice in the form of you should know... and you should be perfect (e.g. "You should have paid attention.", "You should have left him and walked away."). Furthermore, Koróniová et al. (2020) showed that people criticize themselves in particular through accusations of what they have and have not done in the past. This is supported by the general understanding of scholars that self-criticism is typically experienced as a negative evaluation of the self, as a result of not meeting personal expectations and trying to give advice in order to avoid past mistakes (Gilbert et al., 2004).

For self-protection, the cognitive aspect came second. Julie expressed understanding towards herself by acknowledging that she is a human being and confronting the critic with negative feedback and complains (e.g. "I feel like she wasn't doing anything intentional.", "You're doing a really good job."). The humanity aspect is acknowledged by Neff (2003b) and Strauss et al. (2016), who emphasize that suffering is universal and a general human experience. Standing up to it by giving negative feedback increases a sense of empowerment and is a crucial factor for self-protection (Timulak, 2015). Consequently, expressing understanding and confronting the critic are fundamental factors for promoting self-compassion and self-protection.

Limitations and future work

We have focused our study on one case and on one session, which are the main limitations of our study. More studies categorizing a broader number of cases, sessions, and various kinds of therapies are necessary to develop more detailed understanding of client expression of self-compassion, self-protection, and self-criticism within therapy. Future research might shed light on the different forms of self-criticism, self-compas-

sion, and self-protection. Furthermore, it would be useful to analyze the clients' transformation over a certain number of therapy sessions in order to have a greater understanding on how the clients' articulation of all three concepts changes over time. Another limitation was the choice of the video segments. The sequences were selected by only one author, which could potentially play a role in the analysis.

Implications

Research studies so far mainly focused on self-compassion and self-criticism (e.g. Gilbert et al., 2004; Strauss et al., 2016), while self-protection has just recently been drawing more attention. In order for self-compassion, self-criticism, and self-protection processes to be useful and efficient for psychotherapy research and practice, it is important to assess instruments to determine whether the client's verbal expression of self-compassion and self-protection are productive and how the self-critical voice changes.

Our study is the first study of an in-session consensual qualitative analysis of clients' verbal expression of self-criticism, self-compassion, and self-protection. With regard to the EFT two-chair dialogue, there is a shortage of empirical research concerning clients' verbal expression of all three states. Future research could develop a guideline for EFT therapists to decode the verbal efficient state of client experience of self-criticism, self-compassion, and self-protection. This could give therapists a more detailed understanding of whether the client is fully experiencing the three states in order to have a long-term effect.

CONCLUSION

This qualitative case study identified verbal categories of Julie's self-criticism, self-compassion, and self-protection within an EFT two-chair dialogue. Our results are in line with the idea that all three constructs are multidimensional, consisting of behavioral, cognitive, and emotional aspects (Halamová et al., 2020, 2018). Julie expressed self-criticism mainly through verbalizing what she did wrong, what she should do instead, expectations, blaming from the critic, and negative emotions towards the self in the form of self-contempt, self-inadequacy, and helplessness. She predominately verbalized self-compassion with empathy towards the self, positive emotions towards the self, confirmation, self-compassionate advice, self-acceptance, and motivation to alleviate suffering and self-forgiveness. Her primary way of articulating self-protection was through the expression of needs towards herself and the critic and protecting herself with threats and setting boundaries, expressing emotions towards the self-critic in the form of anger and tiredness, understanding for the self, and criticizing the critic. The results demonstrate the effectiveness of the EFT two-chair dialogue

through decreasing self-criticism and enhancing self-compassion and self-protection in Julie's case.

Our research is the first step to a deeper understanding of clients verbal expression of self-compassion, self-protection, and self-criticism within a psychotherapy session. More studies categorizing a broader number of cases of various therapeutical approaches are necessary to develop more detailed understanding of clients expression of self-compassion, self-protection, and self-criticism within therapy.

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