The Mediating Role of Self-Criticism in the Correlation Between Well-Being and Mental and Physical Vulnerability

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ABSTRACT

Self-criticism is often associated with major depression disorder and some psychological problems. Whether patient or normal, everybody knows the evaluation sense and does criticism in a routine basis, however the rate of this habit is different in each individual. This study examines the impact of self-criticism on well-being and vulnerability's levels. 255 samples (115 male, 140 female) from convenient sampling were included and responded to the scale of Self-criticism, SCL-25 and Ryff scale of Psychological well-being. A central point emerging from the literature review are mediated by the self-criticism role between well-being and mental and physical vulnerability. Both forms of Self-criticism negatively affected mental and physical vulnerability while just internal form of self-criticism lowered the well-being levels. Moreover our data shed light on the roles of Self-efficacy and human agency on the self-criticism levels and support the importance of human agency on well-being, life satisfaction and vulnerability.

This findings have implication for future research to considering cultural and marital status of the participants in front of these variables and also examine the interventions of self-efficacy on vulnerability, well-being and the level of psychological problems.

Keywords: Self-criticism, Well-being, Vulnerability, Self-efficacy, Human agency

1.INTRODUCTION

Health is a quality of life, which is not easy to define and its real-time measurement may be impossible, mental health is in fact something more than just lack of mental diseases (Ghobadi, Ghorbani, & Pourhossein, 2018). According to WHO1 mental health is the state of well-being which every individuals realize his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community. Mental health is an important component of individual adaptation and development. New insights into this construct have emerged as research in the field of mental illness has advanced and with the advent of research on positive psychology (Greenspoon & Saklofske, 2001).

Well-being or well-being is a general term for the condition of individual or groups, it means the state of being comfortable, happy and healthy. Broadly speaking, every aspects of your life influences to your well-being state. It is also a dynamic concept that includes subjective, social, and psychological dimensions as well as health-related behaviors. Researchers investigate that individual's well-being is mainly enhancing by this factors: positive relationships, autonomy, environmental mastery, purpose in life and a sense of personal growth (Henriques, 2014), however the lion's proportion of this sense is belonging to self-acceptance.

The association between physical and psychological disorders has been demonstrated repeatedly. There are a number of explanations for this association, each of them pointing to specific diseases and operationalization's of mental distress, actually the relationship between mental distress and somatic disease like gastric ulcers, diabetes and cancer is diagnosed (Verhaak, 1997).

Vulnerability refers to the inability (of a system or a unit) to withstand the effects of a hostile environment. It is also regarded as an aberration, a contemptible anomaly to be expunged from our experiential world.

Vulnerability is encompassing biological, emotional, social and cognitive components. One of the models can defines this phenomena is diathesis-stress model which is defined as psychological theory that attempts to explain a disorder as the result of an interaction

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[1] World Health Organization

between a predispositional vulnerability and a stress caused by life experiences. The term diathesis derives from the Greek term[2] for a predisposition, or vulnerability. A diathesis can take the form of genetic, psychological, biological, or situational factors (Ingram & Luxton, 2005). The diathesis, or predisposition, interacts with the individual's subsequent stress response. Stress is a life event or series of events that disrupts a person's psychological equilibrium and may catalyze the development of a disorder (Keltner, Jenkins, & Oatley, 2006b). Ergo the diathesis–stress model serves to explore how biological or genetic traits (diatheses) interact with environmental influences (stressors) to produce disorders such as depression, anxiety, or schizophrenia (Fig. 1).
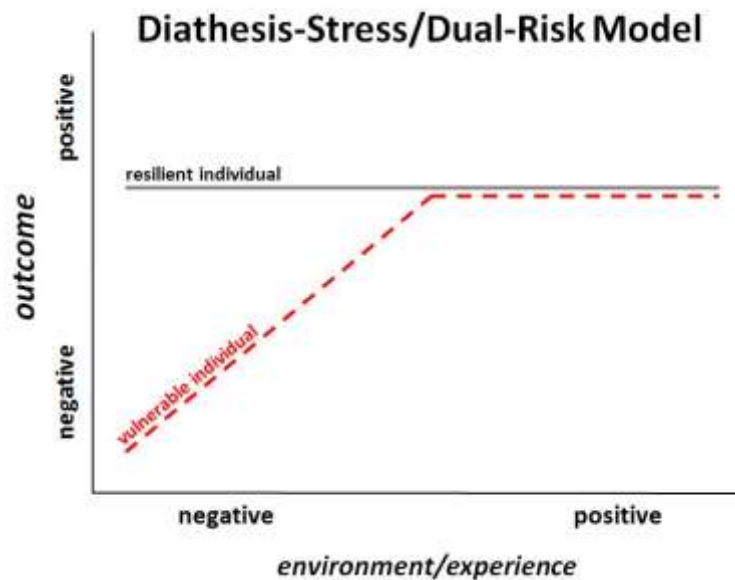

Figure1: Diathesis-stress Model

Self-criticism involves how an individual evaluates oneself, the opposite of self-criticism would be someone who has a coherent, comprehensive, and generally positive self-identity. Self-criticism in psychology is typically studied and discussed as a negative personality trait in which a person has a disrupted self-identity (Blatt, 2008).

It is largely accepted that there are two types of criticism, internal and comparison one. However, since the human mind can be very complicated and diverse, it is nearly impossible that any one individual would engage in just one type of negative self-assessment. Instead, most self-critical people engage in both, but in different quantities.

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[2] διάθεσις

This Refers to comparing oneself to others and finding oneself to be lacking in comparison. Those who engage in this type of self-criticism base their self-esteem on perceptions of how others feel about them and tend to view others.as either superior, critical and/or hostile. Feeling that others view them in a negative way effects their perception of themselves. Self-criticism is known as autonomy in Beck's personality model, and there has been research looking at his conception of sociotropy and autonomy. Sociotropy characterizes people who are socially dependent, and their main source of distress is interpersonal relationships. Autonomy, however refers to self-critical individuals who are more concerned with independence and achievement. In a study examining treatment differences between these groups, found that autonomous, self-critical individuals had better results in individual therapy than in group therapy. Regarding Zettle, Haflich and Reynolds research, self-criticism is a warning sign for the development of depression and affects how it is treated. It is an important facet of depression research, as it is important for how we might prevent and treat this debilitating disorder (Zettle, Haflich, & Reynolds, 1992).

López et al., 2015; know Self- criticism as the negative self-compassion factors. This measure could be based on a three first-order factor structure, or even on a two-order structure making possible the use of an individual index of lack of self-compassion, which could be named "self-criticism." This term may be useful when referring to all the negative components of the SCS[3] simultaneously, as a general negative attitude toward the self. It has been previously used to refer the negative items of the SCS, it has been described as a state-trait in terms of personality, and it has been related to cognitions, affect, interpersonal goals and behavior (Zuroff et al., 2016). Nonetheless, self-criticism, would not be an alternative with the same scope as that referred to under the original term of self-compassion, given that it would not include its positive aspects as it is confined to the negative ones (Montero-Marín, et al., 2016).

Student therapists who are self-critical, often feel inferior, experience inadequacy, and exhibit self-antipathy. Under pinning these negative perceptions may be a desire to correct

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[3] Self-compassion scale

and prevent mistakes and sustain set standards, which if disappointed can lead to self-punishment (Gilbert, 2014).

To be more precise and accurate about Self-criticism we should take a glance on Self-efficacy's concept. Self-efficacy is defined as a personal judgment of "how well one can execute courses of action required to deal with prospective situations" (Bandura, 1982). Expectations of self-efficacy determine whether an individual will be able to exhibit coping behavior and how long effort will be sustained in the face of obstacles, Individuals who have high self-efficacy will exert sufficient effort that, if well executed, leads to successful outcomes, whereas those with low self-efficacy are likely to cease effort early and fail (Stajkovic & Luthans, 1998).

Blatt theorized that people who were more self-critical and focused on achievement concerns were more likely to develop a specific type of depression, which he called introjective depression (Blatt, 1995), Both Blatt and Beck have developed measures to assess self-criticism and the experience of depression. In addition to the fact that many personality theorists classified self-criticism as marking a certain "type" of depression, it has been shown to be a risk factor for the development of depression (Beck, 1983).

Self-efficacy is an important concept which is actually related to self-criticism scale, as Bandura says: the higher the level of induced self-efficacy the higher the performance accomplishments and the lower the emotional arousal. It means that Perceived self-efficacy helps to account for such diverse phenomena as changes in coping behavior produced by different modes of influence, level of physiological stress reactions, self-regulation of refractory behavior, resignation and despondency to failure experiences, self-debilitating effects of proxy control and illusory inefficaciousness, achievement strivings, growth of intrinsic interest, and career pursuits (Bandura A. , 1982).

Self-efficacy affects every area of human endeavor. By determining the beliefs a person holds regarding his or her power to affect situations, it strongly influences both the power a person actually has to face challenges competently and the choices a person is most likely to make. These effects are particularly apparent, and compelling, with regard to behaviors affecting health (Luszczynska & Schwarzer, 2005).

Self-efficacy theory asserts that personal mastery expectations are the primary determinants of behavioral change. Further, it is suggested that individual differences in

past experiences and attribution of success to skill or chance result in different levels of generalized self-efficacy expectations.

According to Albert Bandura, "the construct of self-efficacy differs from the colloquial term 'confidence.' Confidence is a nonspecific term that refers to strength of belief but does not necessarily specify what the certainty is about. I can be supremely confident that I will fail at an endeavor. Perceived self-efficacy refers to belief in one's agentive capabilities that one can produce given levels of attainment. A self-efficacy belief, therefore, includes both an affirmation of a capability level and the strength of that belief. Confidence is a catchword rather than a construct embedded in a theoretical system.

Self-efficacy has been included as one of the four factors of core self-evaluation, one's fundamental appraisal of oneself, along with locus of control, neuroticism, and self-esteem. Core self-evaluation has shown to predict job satisfaction, job performance (Judge, Locke, & Durham, 1997). Agency refers to the human capability to influence one's functioning and the course of events by one's actions. There are four functions through which human agency is exercised. One such function is intentionality. People form intentions that include action plans and strategies for realizing them. The second function involves temporal extension of agency through forethought. People set themselves goals and foresee likely outcomes of prospective actions to guide and motivate their efforts anticipatorily. The third agentic function is self-reactiveness. Agents are not only planners and fore thinkers. They are also self-regulators. The fourth agentic function is self-reflectiveness. People are not only agents, they are self-examiners of their own functioning. Through functional self-awareness, they reflect on their personal efficacy, the soundness of their thoughts and actions, the meaning of their pursuits, and make corrective adjustments if necessary (Bandura, 2006).

Self-criticism, comprising only the negative SCS factors, might be a measure of uncompassionate behaviors toward the self, with good psychometric properties and practical implications from a clinical point of view, reaching a stable structure and overcoming possible methodological artifacts (Montero-Marín, et al., 2016).

2. METHOD

2.1 Ethical approval

Ethical approval for this study was obtained through Tehran University research governance committee, all participants were able to provide signed consent. Participant names were transcribed as pseudonyms and identifying details, such as day service names or local recreational clubs, were removed.

2.2 Participants and procedure

(Table 1) 255 participants took part in this study, Female (n = 140) and Male (n=115). Age range varied from 18 to 60 (mean= 39 years). Participants were recruited in variety of through day at residential services, hospitals and renowned gyms via convenience sampling. Representatives from these organizations including random patients, hospital staffs and people who exercise at the gym at least 3 times in a week regularly.

The majority of people were married (60.8%), single (30.6%), divorced (5.9%) and widowed (2%) respectively (Table2).

Following this, easy-read information sheets and consent forms were given to participants. All participants were asked to complete SCL-25 scale, Self-criticism Scale and mental and Ryff well-being questionnaire. Participants general question were about: age, sex, marital status, number of children, educational level (graduate, PhD), occupation situation (Employed or Un-employed), years of service.

Self-Criticism Scale (LOSC)

The Levels of Self-Criticism (LOSC) Scale was designed to measure two dysfunctional forms of negative self-evaluation: Comparative Self-Criticism (CSC) and Internalized Self-Criticism (ISC). Responses to 22 items were measured on a 7-point scale, ranging from 1 (strongly disagree) to 7 (strongly agree). Higher scores indicated a higher level of self-criticism. Each scale was uniquely and predictably related to other measures of personality, attachment, and conflict resolution, and these relationships did not appear to be primarily due to general relationships with Neuroticism (Thompson & Zoruff, 2004). Cronbach's alpha in this study has obtained 0.78.

Symptom Check List 25 (SCL 25)

SCL-90-R measures the general psychological distress or general psychopathology. The short form of the SCL-90-R entitled SCL-25 is used in this research, which includes of 25 questions and it is intended on eight different subscales. The 25 items of the questionnaire are scored on a five point Likert scale indicating the rate of occurrence of

the symptoms during the time reference. The SCL-25 normally requires 5-7 minutes to complete. The previous study have reported the reliability of this scale 0.78 in Iran (Najarian & Davoodi, 2001), in this research also it is equal to 0.87.

Ryff Scale of Psychological well-Being- Short form (RSPWB-SF)

The Ryff is a straightforward and relatively short survey that assesses the psychological component of well-being. It comprises 18 items designed to measure individual's well-being at a particular moment. Respondents should determine their agreement with each item using 7-point Likert scale. Validity and reliability of the scale is confirmed by Joshanlou et al (2006). Cronbach's alpha for well-being is 0.80, in this study is equal to 0.74.

3.RESULTS

The descriptive statistics is shown in Table.1. It shows the mean, deviation and Croncach's alpha for each variables, it is noticeable that the alpha for all of the structures is obtained in range of 0.74 to 0.87 which is reveals the high reliability of all variables.

Table1. Num, Mean and other statistics between variables

Variables	Num	Mean	SD	Chronbach's Alpha
Total well-being	255	60.4	12.22	0.74
Internal LSCS	255	28.9	9.88	0.86
Comparison LSCS	255	32	7.74	0.81
Total LSCS	255	60.9	13.12	0.78
SOM SCL	255	17.1	6.21	0.81
PSY SCL	255	42.5	11.88	0.83
TOTAL SCL	255	59.7	16.44	0.87

Table 2 also, depicts the marital status, the dominant percentage of participants are married with more than 60%, the percentage for single and divorced groups are 30% and 5% respectively.

Table2. Marital Status

Marital statuse	Num	Percentage
Single	78	30.59%
Married	155	60.78%
Divorced	15	5.88%
Widow	5	1.96%
Not answered	2	0.78%
Total	255	100.00%

Testing Hypothesis

To test the research main hypothesis, at the outset, two method of Pearson correlation and path analysis were used. The results in Table 3 illustrates the correlation coefficient of Self-criticism and its subscales with well-being and relevant scales of vulnerability (mental and physical).

4.DISCUSSION

The results obtained from this study show that the high levels of Self-criticism brings the higher levels of vulnerability in both mentally and physically states. Regarding the Table 3, the physical vulnerability has the meaningful positive correlation with Internal self-criticism and comparison self-criticism ($P<0.01$, 0.16 and $P<0.05$, 0.13), the pattern for the mental vulnerability is the same ($P<0.01$, 0.20 and 0.28 respectively). It means that individual who are high on attribute the self-criticism are particularly vulnerable for mental and physical disorders and distress like somatization, anxiety, depression and serious mental illness like schizophrenia this data has the consistency with Blatt 2008 and Kopala-Sibley et. al 2012 studies.

Table3. correlations between variables

Row		1	2	3	4	5	6	7
1	Well-being	_						
2	Internal Self-Criticism	0.07	_					

3	Comparison Self-Criticism	-0.39**	0.09	–				
4	Total Self-Criticism	-0.28**	0.80**	0.66**	–			
5	Physical Vulnerability	-0.33**	0.16**	0.13*	0.20**	–		
6	Mental Vulnerability	-0.53**	0.20**	0.28**	0.32**	0.61**	–	
7	Vulnerability	-0.51**	0.20**	0.25**	0.31**	0.82**	0.95**	–

* P< 0.05   ** P<0.01

Bandura explains how self-efficacy can be influenced and developed, and how it positively effects all facets of human experience, feeling and evaluation. Bandura critiques the predominantly negative, pathology-focused views in the discipline of psychology, contrasting it to positive psychology's pro self-efficacy approach. He also addresses the "pathology of optimism" which means the people who always try to see the good in people and in every situation, even if it means they have to make big sacrifices and risks, as compared to realism when effectively approaching life events.

Bandura states that "Without a resilient sense of efficacy, people are easily overwhelmed by adversities in their efforts to improve their lives and that of others" (Bandura, 2008).

He goes on to note that self-efficacy remains static in its definition and benefit across all cultures, regardless of individualistic or collectivistic characteristics.

Bandura feels this challenges the diathesis-stress model, which states that stress is an inevitable reaction when the internal threshold for stress is out of balance. Bandura believes this model disregards the role of an individual's agency in how they manage their own stress.

Although humans are agents of their own actions and destinies, one person alone cannot change the world. People have learned to influence others who have the resources, knowledge, and means to secure the outcomes they desire. They have also learned that

observational learning and modeling tactics can bring about changes in behavior (Bandura A., 2006).

According to the investigation, Table 3, Vulnerability has the remarkable negative correlation with well-being (P<0.01, -0.51), it means that the higher levels of mental and physical vulnerability deflates the amounts of well-being. Well-being and vulnerability are not two words you would so obviously put together. Personal well-being is generally associated with taking care of ourselves, perhaps developing a meditation practice to be less stressed out or taking healthier life style. Any parts of our society are distorted towards being centered on the mind, from schools, to our workplaces, to politics. For example, in schools the emphasis is mainly on mental learning, analysis, evaluation and the ability to retain large amounts of information. However, by comparison, we focus less on nourishing our bodies and not at all on our emotional needs and longings. Enhancing in mental and physical vulnerability brings some mental disorders like anxiety, depression and less life satisfaction.

Dysfunctional personality traits may confer a vulnerability to psychopathology, as an illustration several studies have demonstrated that there is a relationship between a dysfunctional personality trait of self-criticism proposed by Blatt (Blatt, 2008) and depression (Kopala-Sibley, Zuroff, Russell, Moskowitz, & Paris, 2012) or more generally with distress and other forms of psychopathology (Blatt, 2008) of note, self-criticism may be linked not only to depression but also to a wide range of psychopathologies (Blatt, 2008) such as bipolar disorder (Rosenfarb, Becker, Khan, & Mintz, 1994), social anxiety (Kopala-Sibley, Zuroff, Russell, Moskowitz, & Paris, 2012) and borderline personality disorder. Self-criticism labeled by some personality researchers as self-critical perfectionism combines characteristics of having high personal standards with high levels of self-criticism. Self-critical individuals are also prone to feelings of unworthiness, indignity, failure, and guilt and they tend to engage in harsh self-scrutiny (Blatt, 1995).

Statistic documents confirmed the correlation between main values and the mediating role of self-criticism between well-being and vulnerability.

Despite the internal Self-criticism does not have meaningful relationship with well-being, the comparison self-criticism has powerful negative correlation (P<0.01, -0.39). In the

same vein, total Self-criticism has correlation with both variables of well-being and vulnerability (Table 3).

Self-criticism is associated with several negative variables. In one sample, differences in self-criticism as a personality trait were associated with differences in perceived

support,

Negative affect, self-image goals, and overt self-criticism. These are all characteristics that pertain to the experience of depression, revealing that self-criticism affects depression. The persistence of self-criticism as a personality trait can leave some people vulnerable to developing depression (Mongrain, 1998).

This finding is in parallel with Bandura's investigation of self-efficacy: Expectations of self-efficacy determines whether an individual will be able to exhibit coping behavior and how long effort will be sustained in the face of obstacles, Individuals who have high self-efficacy will exert sufficient effort that, it means that the higher levels of self-efficacy brings the levels of human agency which bottoms the self-criticism and vulnerability levels while peaked the amount of well-being.

5.LIMITATION AND SUGGESTION FOR FUTURE STUDIES

The data obtained from convenience sampling within more than 4 different groups (patient, athletes, hospitals staff and ordinary people) to show variety of the society,

However for being more ensure about the results it would be suggested to use random sampling process.

This finding are not vary by genders and marital status. The majority of participants were married and women. The effect of cohabiting and marriage on well-being are significant and to be more specific the impact of marriage has greater than cohabiting on well-being (Hyoun & McKenry, 2002). The suggestion is to take further study on the effect of marital status and gender on vulnerably, well-being and mediating situation of self-criticism.

The cultural trends for main variables have been neglected. Since self-criticism, well-being and vulnerability might have a consistency with cultural context and might alter due to nations, more different results would be obtained. According to the significant mediating role of self-criticism within Iranian society, it would be better to take assessment in other cultures and comparison the result.

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