

Negative Self-Talk in School-Aged Children

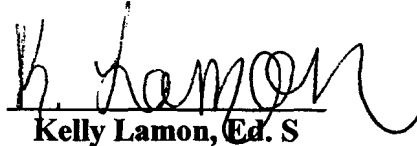
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**A Research Paper
Submitted in Partial Fulfillment of the
Requirements for the
Master of Science Degree
in**

School Psychology

Approved: 2 Semester Credits


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January, 2008**

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Title: *Negative Self-Talk in School Aged Children*
Graduate Degree/Major: M.S. Ed. in School Psychology
Research Adviser: Kelly Lamon, Ed. S.
Month/Year: December 2007
Number of Pages: 33
Style Manual Used: American Psychological Association, 5th edition

ABSTRACT

Negative self-talk is a self-referenced speech that appraises self worth and ability and is associated with depression, anxiety, and a child's performance in the classroom. Because negative self-talk is a behavior that manifests in childhood and poses educational and psychological barriers, a theoretical and practical understanding is necessary to help children overcome this obstacle. This critical analysis of the field's knowledge reviews several independent conceptualizations for self-talk and discusses symptomology associated with self-talk. It also reviews interventions developed from this framework, specifically school interventions and interventions for athletics are summarized. Directions for future research are proposed, and implications for practice in schools are discussed.

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Acknowledgments

This composition is for those who can empathize with the experience of hearing the unsaid words “I cannot” and understand the impact such internal speech has on individuals. I would like to recognize my brother Michael Van Sistine for giving me direction and purpose for my research, Kelly Lamon for providing incredible guidance and feedback and helping me reduce what is lost between my head and the paper, and Angelique Van Sistine, my lovely wife; without you this wouldn’t have been possible. Thank you for everything.

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Chapter I: Introduction

I know I have all the potential, but I don't know why I can't even try to talk to her, who's moping around and looking depressed about something. I just want to help her, maybe even fall on my knees and tell everything, but I am chicken, therefore stupid and aimless.

These are words that often go unspoken to the world, but were revealed in a typical self report of a school-aged child who struggled with self-efficacy and self concept. Negative self-talk remains elusive to those around, but all too present for those who are demoralized or affected by the interruptions.

Negative self-talk is a concept that is familiar to many individuals who suffer from anxiety and depression, as well as others who consider themselves to be quite positive in nature (Greenspon, 2000). Self-talk is the internal dialogue we use to explain situations and communicate to ourselves. It is quite normal and healthy, though the appraisal we assign ourselves in these statements is often negative and self-defeating—posing as a barrier to the maintenance of a positive self concept and production of satisfactory schoolwork. The existence of such statements is not exclusive to children who are suffering from depression or anxiety; it is also prevalent among children who are self proclaimed perfectionists. From a cognitive behavioral perspective, perfectionistic individuals will engage in negative self-talk (Greenspon, 2000) and cause harm to the self with statements resembling “If I cannot please everyone, I am a failure.” The statements these particular students say to themselves set requirements or benchmarks that are not always attainable. This leads to a reduction in self appraisal and builds stress, which reduces performance on a variety of tasks, including those which are integrated in the school curriculum. Given the scope of this problematic unseen behavior, the clarification and understanding of negative self-talk is both necessary and immediate.

Self-talk, as explained by Vygotsky (1962), is initially overt and used by children as an adaptive function to complete tasks, but becomes automatic and internal as children develop. This internalization was agreed upon by theorists as a fundamental developmental determinant in monitoring behavior and developing self-control. Winsler and Naglieri (2003) have shown evidence of children's normal and predictable use of self-statements to guide children through tasks, though in accordance with Vygotsky's early postulate, the speech becomes internal and unobservable to listeners. Evidence shows it may even become an automatic, or unwillful phenomenon as development occurs even when this talk was purposefully employed previously.

While we have the opportunity to observe and interpret the thoughts of toddlers which are stated aloud, and can intervene and praise children for their production in-process, it is much more difficult to predict the content and remediate the consequences of that which is unheard. The field has yet to agree on an appropriate definition which may be used universally. Often times, negative self-talk is defined based on the intervention technique that utilized self-talk or used to describe feelings on mental health evaluations, regardless of whether the person is actually talking to his or her self.

Within the classroom, attempts are being made to grant children healthy self concepts. According to Craven, Marsh, and Debus (1991), children will internalize positive feedback heard from teachers, such as "You did well on that spelling test, congratulations." As a result from positive feedback at school, the children will theoretically internalize these thoughts and say "I am good at reading from books" and be confident in the completion of such a task. From these self-statements, children create self concepts that describe their skills and impact their interests. The child will then form the concept of "I am good at reading and I like to read books."

This model, in addition to others that have been formulated, utilizes the positive power of thought and its impact on self perceptions; however, there are disagreements to the usefulness of self-statements. According to Prins and Hanewald (1999), coping self-statements, or the cognitive attempts to control anxiety and mind-wandering, have shown a negative correlation with performance in stressful situations. In other words, even statements like “I don’t have to get upset” do not only fail to increase performance quality, but may have a performance reducing effect by appraising the upcoming situation as being one that is unpleasant. This may be due to sensitization to anxiety-provoking situations from the use of these self-statements.

Kendall and Treadwell (1996) stated the existence of negative self-statements is a predictor of anxiety, lending support to the theory that these statements predict maladjustment. As children reported less anxiety, a reduction in the frequency of negative self-statements decreased. This suggests that anxiety may be prevented by a reduction of such statements. Furthermore, individuals who were not determined to be anxious provided no data indicating an increased number of positive self-statements, but rather a lack of self-statements altogether.

Statement of the Problem

Given there is confusion in the field regarding a common definition of negative self-talk, it is important to delineate true self-talk behaviors from interventions using self-talk and feelings of depression and anxiety. In addition, given the lack of agreement in the field of therapy regarding remediation of those who engage in negative self-talk, it is necessary to find effective research-based interventions.

Purpose of the Study

The purpose of this literature review is to define negative self-talk and examine current, evidenced-based strategies to predict, prevent, identify, and remediate the harmful effects of negative self-talk.

Research Questions

1. How is negative self-talk defined in the field of psycho-therapy?
2. How can the *behavior* of negative self-talk be separated from *feelings* of anxiety/depression, and also be separated from *interventions* using self-talk.
3. What are the research-based methods to treat children who suffer from negative self-talk?

Definition of Terms

Coping self-talk. Cognitive attempts to control anxiety and mind wandering (Prins & Hanewald, 1999)

Negative self-talk. Self-talk with a negative connotation associated. Negative self-talk will be discussed in the contexts of anxious and depressive forms.

Self Concept. The mental image or perception that one has of oneself

Self-Statement. Used synonymously with self-talk as it is referred to by the cited reference.

Self-Talk. Mental talking: the things that an individual says to himself or herself mentally

Chapter II: Literature Review

This chapter will contain an overview of published research regarding negative self-talk and will provide background information that will describe the problem addressed. Discussed in this chapter will be a brief overview of self-statements in children who display and suffer from anxious and depressive symptoms individually, followed by an outline of research published on coping self-talk. To conclude this chapter, the researcher will highlight treatment options in self-statement modification and classroom remedies for children and delineate the efficacy of those available.

The nature of self-talk was first conceptualized in the literature by the early child developmental theory produced by Vygotsky (1963). Overt self-talk is easily examined in the task completion process of young children, and is used naturally to enhance a child's adaptive skills and as a guide in the task completion process. Witnessed in play, children track their own behavior and use words in conjunction with their actions. However, as children develop, this mechanism becomes internalized, and the words are only heard to the children who say them. This internalization is seen as an inevitable process that symbolizes the emergence of self control.

This concept was recognized by the founding father of cognitive therapy, Aaron Beck (1979) who has similar views regarding internal speech. Through his extensive work with depressed clientele, Beck discovered cognitions that referenced the self may contain material that is harmful or self diminishing, facilitating negative affect in the individual. Therapeutic concepts and therapeutic interventions created by Beck remain prevalent in the field, including the roots of rational emotive behavior therapy (REBT), established by clinical psychologist Albert Ellis in

1955, that continues to have a significant impact on therapy. Cognitive behavioral therapy remains a mainstream treatment for several affective conditions (Ellis, 2003).

Self-Statements in Children with Anxiety

Research on negative self-talk presents many contrasting ideations and confounding variables; however, a well documented fact overarches the field's literature: Negative self-talk is seen invariably in children with anxiety problems. Clinical trials have shown that negative self-talk is meaningfully related to anxiety disorders diagnosed during childhood and can identify the attainment of treatment goals for these children, suggesting negative self-talk can serve as a predictor for anxious behavior (Kendall & Treadwell, 1996). As anxiety disorders are found in about ten percent of children, it is important to attempt to identify how symptoms can ruminate in a child (Bernstein & Borchardt, 1991).

A person's general tendency is to maintain positive self-concepts by demonstrating positive self-directed cognitions (Bromgard, Bromgard, and Trafimow, 2006). This tendency is not seen in children and adults exclusively with self-esteem, anxiety, and depressive symptoms. The field has generally assumed from existing theoretical frameworks that increased levels of negative self-statements are associated with higher levels of anxiety and fear. Kendall and Treadwell (1996) have shown negative self-statements also act as a predictor of therapy outcome, as higher levels were associated with a less favorable therapy outcome in self-statement modification. In a controlled experiment, children who had been diagnosed with anxiety had reported less occurrences of negative self-talk upon successfully responding to treatment of their anxiety disorder in addition to serving as outcome moderators while receiving therapy. In a further investigation, Kendall and Treadwell (2006) examined the content specificity of self-talk in children with anxiety disorder. They had discovered that specifically

anxious self talk (not depressed self-talk or positive self-statements) showed a positive correlation with positive therapeutic outcomes. Therefore content of self-talk closely mirrored events experienced by the individual, and as improvement of anxious symptoms occurred, the self-talk reduced. Positive self-statements showed no effects or trends in this study, suggesting positive thinking may not be as important as “non-negative thinking (Kendall and Treadwell, 2006).”

Beck’s (1963) theory of cognition and content specificity help examine concepts that recur within individuals suffering from anxiety, and more specifically social anxiety. Anticipated rejection, disapproval, embarrassment, themes of inadequate social appraisal, and lack of social desirability and acceptance are among these cognitive concepts that are felt and said by those diagnosed with anxiety. Current research has presented social anxiety can alter behavior during social interaction as well as increasing awareness of one’s own awareness of a person’s anxious arousal, such as searching for physical signs of their discomfort, such as sweating or shaking. This trend causes children, as well as adults, to seek more self-assurance, and engage in self-talk to a greater degree as this anxiety manifests (Heerey & Kring, 2007). Furthermore, as the culmination of the aforementioned distractions, the individual will create a poor social performance and receive feedback that will help assert the anxious individual of their perceived social incompetence. This may lead to excessive “checking” or evaluating for his or her own behaviors and predicting if a feared outcome will occur (Mennin, Heimburg, Turk & Fresco, 2002).

The cognitive content specificity hypothesis suggests anticipated frequency of negative consequences, poor social evaluations, and perceived inadequacy to others are cognitions that underlie social anxiety. Cho & Telch (2005) tested the content and amount of positive and

negative self-statements and automatic thoughts in individuals who were diagnosed with social anxiety. It was determined that the amount of negative self-statements, as gathered by self-report, contributes similarly to social anxiety to absence of positive thoughts. These positive thoughts relate to anticipation, self-efficacy, self-evaluation, and appraisal of interpersonal ability.

Muris et. Al (1998) tested the strength of the relationship between anxious symptomology and negative self-statements by comparing diagnosed individuals with a sample of individuals who experience generalized anxiety symptoms, but did not qualify for a diagnosis based on the lesser felt impact of those symptoms. This examination suggests "it is plausible to assume this type of self talk is also present in normal children who exhibit high levels of anxiety disorder symptoms." Therefore, it may be predicted that the severity of symptoms in undiagnosed children will positively correlate with the number of self-talk statements as measured by the Screen for Child Anxiety Related Emotion Disorders (SCARED; Birmaher, Kheterpal, Brent et Al., 1997). Children answered 66 questions in this self-report that load on various categories of anxiety based on experiential recollections such as "I worry about things working out for me" and "I am afraid to go to the dentist", which are associated with thoughts of anxious children. Negative self-statements were measured by the Negative Affect Self-Statement Questionnaire, or NASSQ (Ronan et. Al, 1994) which asks how often certain distinct phrases come into a child's mind in the past week such as "I thought I would fail." or "Life is terrible." The first result determined, with no sex differences overall, that children show less indicators of both anxious symptoms and negative self-statements as they age. In general, the more frequently children reported anxiety symptoms the more they reported engaging in negative self-talk. Furthermore, SCARED scales of anxiety and anxiety specific self-statements on the

NASSQ were found to have a positive and significant correlation. Another significant finding was the SCARED generalized anxiety disorder scale and obsessive-compulsive disorder scale were highly linked to depression-specific self-statements. Therefore, the more reported symptoms of generalized anxiety and obsessive-compulsive disorders, the higher frequency of depressive self-statements.

Depressive Self-Talk

Self-talk is experienced by individuals suffering from both anxious and depressive symptoms. Although both groups are able to experience positive experiences, or pleasure in their lives, depressed individuals are less able to maintain interest in the positive (Ronan, 1994). To delineate specific content within a child's negative "self-referent cognitive experiences," or the connection between affect and cognition that is self-talk, Ronan began empirical research to create a measure. Determining content specificity of self-statements is heavily weighted on age factors and care must be taken when measuring self-speech in children. Younger children (of ages 7-10) do not report more abstract cognitive symptoms of depression as they may not have a developmental or cognitive capacity to process information related to multiple feelings regarding a person or situation that are above a concrete level. It is also noted in Ronan's work that younger anxious and depressed children endorsed similar statements, but there was a greater discrepancy between anxious and depressed older children (ages 11-15).

Negative self-schemata, or the negative perceptions of one's capabilities and failures in future actions, according to Beck (1967), are created by experiencing loss or adversity during childhood. Content within these schemata may include dysfunctional attitudes regarding failure or abandonment. When these thoughts are activated by a stressful life event or simply a negative mood, these will negatively bias the individual in the areas of information processing and can

produce negative affect within an individual. This early notion has been coined “automatic thoughts,” and can be positive or negative in nature (Beck, 1979). The frequency or strength these thoughts vary between individuals. Those who think negatively during an initial depressive episode or event may be more likely to think negatively during future negative events and continue a depressive knowledge pattern (Ingram, Miranda & Segal, 1998).

Given this information, combined with the knowledge that depression affects effortful processing, we would expect to find automatic processing, and automatic thoughts, to be prevalent in times of depression. This would be in combination with a decreased occurrence of effortful processing of positive stimuli.

Wang, Brennan, & Holt (2006) tested free recall and compared accuracy of a task to the degree to which the participant was depressed. Participants were individuals who were pre-screened for significant symptomology of depression and were categorized into three groups according to initial responses to the Beck Depression Inventory (BDI; Beck, Rush, Shaw, & Emery, 1979): Those who were clinically depressed, those who were previously depressed, and those who were never depressed. Participants were given a choice to listen to one of two tapes initially; one tape contained recordings of positive self-statements and the other contained statements of a negative nature and were told they could switch tapes by switching a toggle switch as many times as they preferred within a 20 minute total listening period. Immediately after the listening period, subjects were given a blank page and were told to recall all sentences and phrases they remember from the tapes. This process took inventory of the subject’s accurate free recall of items as well as fabrication, or incorrect statements. To conclude this phase of testing, and to measure recognition, the participants completed a questionnaire which included some statements heard in both of the tapes and 60 items were constructed that had not been

presented in the audio tapes. Results showed individuals who were previously depressed (PD) and never depressed (ND) had listened more to the positive statements than the clinically depressed (CD). Supporting the hypothesis, the ND and PD group recalled more positive statements than the CD group, and conversely the CD had recalled more negative statements than the ND and PD group. According to the authors of this study, this testing situation mirrors the real world in the sense that people are constantly being exposed to stimuli which are both positive and negative in nature and must choose, automatically and effortfully, which to focus on and code into memory. The recall patterns of the non-depressed and previously depressed individuals may be caused by more engagement in the recall of positive self-statements which offers support to the hypothesis that depressed individuals display decreased effortful processing of positive stimuli.

Coping Self-Talk

Coping self talk has been operationally defined by Prins & Hanewald as an individual's cognitive attempts to control anxiety and mind wandering (1999). Peale (1956) stated positive self-talk has an effect on psychological health. In the literature, several hypotheses have been indicated there is either a negative relationship (coping self-talk actually reduces performance) or no relationship to performance when practiced by anxious children. Some say the weaknesses that coping self-talk highlights ("I don't have to give up") give children increased awareness of the difficulty of the upcoming task or remembering to use self-instructions may make the situation appear more aversive than previously viewed. This is also delineated in the field's findings that positive self-statements are not necessarily correlated with an improvement in wellbeing, as individuals who are considered psychologically healthy do not display higher levels of self-talk naturally (Kendall & Treadwell, 2007). Others highlight a possibility that even

positive self-statements create a distraction and divert cognitive resources from the task the children are attempting to make easier, reducing performance (Zatz & Chassin, 1985). A child may become affected by the "negative nature of coping self-talk" (e.g., "I don't have to get upset") and may actually become further sensitized to the problematic situation. A third ideation states anxious situations bring about both coping cognition and debilitated performance, though the two are not causally interrelated. The latter is supported by the following research.

To address the usefulness of self-talk, Prins and Hanewald (1999) conducted research to examine the idea that positive self-statements can affect the performance of individuals in a stressful testing situation and accurately reflect the difficulties involved in rooting self-talk.

The relationships between anxiety, negative cognition, coping cognition, and task performance are complex. Anxiety can be seen as a trigger of coping thoughts and also as a result of them. The effects of coping cognition on performance may not be confounded only with negative cognition, but also with the level of anxiety, because frequency of coping cognition appears to vary as a function of level of anxiety (p.435).

Data collected suggested the effect of coping self-talk on performance in highly-anxious children was confounded by negative self evaluation. Additionally, anxious children appeared to naturally apply coping self-talk when under stressful situations, though these behaviors were simply a result of the anxiety and not a predictor of the performance. The reports provided reason to believe that coping self-talk would be unproductive in improving performance, but the self-talk addressed in this study were of natural coping statements. These were statements children may have said to themselves, such as "just relax," without having formulated a method of execution of the thought's content. These statements were different from those used as part of

treatment, and were less functional. The coping self-talk used in interventions were used to teach children positive thoughts and alert them to when they could be applied. This monitoring and self remediation resembles the process and goals of cognitive therapy interventions. Abbatiello (2006) posits positive change occurs when a patient becomes aware of his or her automatic thoughts and is able to apply strategies to change thinking in that moment, theoretically suggesting this type of coping self-talk may be effective, and suggesting the usefulness of coping self-talk.

Treatment Using Self-Statement Modification

As self-talk is viewed as a covert behavior, the behaviors are able to be modified in treatment following cognitive behavioral principles initiated by Meichenbaum (1977). Behavior modification is a technique that was founded in behaviorism and is generally applied to children who display problematic overt behaviors in attempt to replace or extinguish a behavior. Such treatments are widely used within school and clinical settings as the child's or subject's actions are visually calculable and can therefore progress can be scientifically measured. Though this process is generally focused on behavior itself, rather than the subject's cognitions or feelings, self-statement modification has been created to address the cognition as the behavior itself. This sequence has been applied to children who show need to create and apply healthy self-statements into their routine.

Meichenbaum set up several training centers on self-statement modification, or SSM. Drawing on the aforementioned theory of Vygotsky (1962) and Luria (1961), the internalization of self-statements was part of a child's healthy development toward grasping control over his or her own behaviors. Therefore, the inability to control behavior may be seen as a problem with that internalization. SSM was made available to children as a part of a multifaceted behavioral

treatment, usually in combination with interventions such as modeling, role playing, behavioral rehearsal, and verbal or token reinforcements (Dush & Schroeder, 1989), though the efficacy of the intervention remained elusive. In a meta-analysis, Dush and Schroeder (1989) compared 48 existing clinical studies and compared treatment effects with outcomes of subjects who received no therapeutic services within the respective clinics. For purposes of the study and a summation of general principles of self-statement modification, the basic training format was as follows:

1. Experimenter performed a task talking aloud while Subject observed.
2. Subject performed the same task while experimenter instructed aloud.
3. Subject performed the task again while instructing himself aloud.
4. Subject performed the task while whispering to himself.
5. Subject performed the task covertly.

Results from this study provided light to the benefits of self-statement modifications, but it also provided more confounding variables in the search for the treatment's appraisal. Regarding treatment outcomes, a positive correlation was observed between treatment effect size and age. The groups most successfully treated were those categorized as delinquent children, impulsive/hyperactive children, and anxious children. These results need further testing to validate, as effect sizes varied largely with experimenter training (up to 7x greater effect with doctoral experimenters vs. undergraduates), length of follow up, and age. Despite the confounds, the study determined a half standard deviation difference in effect when compared against those treated with SSM, suggesting a moderate improvement.

Classroom Remediation and Prevention

For the purposes of reducing negative self-talk and creating a positive self image in children within our schools, researchers have looked into the classrooms and created methods of

aiding children through the use of self-statement formation. Burnett applied theory into the classroom in a 1999 publication delineating two models. The results were measured by self reports.

The first model was created to help children form positive self concepts in relation to their class performance (Craven, Marsh, & Debus, 1991). The internal mediating process was initiated by teachers and was internalized by a chain of events:

- A. Teacher gave student specific positive feedback regarding performance on a task ("Good job on that reading test").
- B. The student internalized the statement ("I am good at reading tests").
- C. The student generalized the self-talk to create a mirroring self concept, with an evaluative/competency/cognitive component (I am a good reader and I do well on reading tests) and a descriptive/affective component (I like reading) (Burnett, 1999).

Another model is a less direct method for creating a self concept from resulting self-talk, though implied the child would gain this without specific verbal prompts. This model, described by Blöte (1995), highlighted concepts gathered from previous research: The teacher's expectations (A) influences his or her behavior which is reflected in how feedback is presented to students (B). The teacher's behavior and accompanying feedback is then perceived, interpreted and integrated by the student [self-talk] (C), who as a result of this internalization confirms or changes his or her self-expectations [self concepts] (D) in line with the directions of the teacher's expectations. (cited in Burnett, 1999, p.195). It has been previously determined that the amount of positive statements a person perceives within their environment increases the individual's positive self-statement frequency. These statements can include those which are globally directed, or stated to an audience of an entire classroom (e.g. "Good work in group,

class"). These are preferred even when compared to statements made by peers, parents, and siblings, though gender differences were found. In males, positive and negative statements made by parents and positive statements made by peers had a greater impact than anything said by a teacher, versus a girl's self-statements were predicted more accurately by the number of positive teacher statements. This provided evidence that environmental efforts can be made to increase self concept and reduce negative self-talk.

In order to examine self-talk as a response to a teacher's statements within a class, Burnett utilized his Self-Talk Inventory (1996), which included Negative Self-Talk and Positive Self-Talk indices. It was concluded that positive self-talk was related to the number of positive statements uttered by the teachers; however, negative self-statements were related to the self concept held in areas of mathematics, and unrelated to statements by the teacher. Once again, gender differences did exist, as boys in the sample had developed negative self-talk due to the teacher's negative statements rather than simply self-concept in specific class performances. Girls did not have increased levels of self-talk but, like the boys, had a lower self-concept in the class, such as math. Aside from the confounding data regarding gender, the study provided evidence that teachers may be able to improve the school environment, increasing the number of positive self-statements in the classroom and creating a healthier learning environment by applying the "power of positive" (Burnett, 1999).

Ostad & Sorenson (2007) have conducted a study to examine the use of self-talk, or private speech, in the completion of mathematics problems in children with mathematics difficulties. It was determined task based speech was positively correlated with success in the trials. This study also assumes silence in older children represents the internalization of the private speech.

Use of Self-Talk in Athletics

A study (Kress & Statler, 2007) describes self-talk as a method of self mediation and coping while competing in endurance sports, in this case Olympic cycling and athletes' resistance to the pain associated. Self-talk is also used as a psychological strategy to enhance sports performance.

Malouff & Murphy (2006) tested this concept in a study measuring the effects of self-instructions on putting skills with participants from various golf courses. In the study, they designated participants randomly into an intervention group, or a group that was instructed to give verbal self instructions such as "shoulders square" or "body still" to themselves prior to every putt. They had concluded self-statements increase fine motor actions by the higher performance of the intervention group, also suggesting the speech may have a stress relieving or calming effect.

Self-Statement Assessment and Collection of Baseline

In order to measure the occurrences of negative self talk in children and formally assess the content and significance of self speech, certain inventories have been formulated. Existence of these limited resources enables the beginning of a systematic approach to working with individuals who present needs related to negative self talk. These measures offer pre-constructed self-statements or thoughts and inquire the self-reporter to rate whether a certain type of statement or emotion is commonly held. This, in turn, allows practitioners to determine whether the existence of these thoughts is affecting an individual.

Ronan (1994) conducted a study to give children a route of self-report for their specific symptoms and self-statements through an empirical self-report. Gathering information from previous reviewers of self-statement measurement (Arnkhoft & Glass, 1989), it was advised such

instrumentation be compiled in a form which enables a child to endorse prescribed thoughts rather than having a child list certain thoughts. This determination was based on factors such as ease of administration and monitoring for memory or attention deficits within the participant. This Affect Self-Statement Questionnaire, or NASSQ (Ronan, et. Al, 1994), may be the most contextually specific inventory for use with negative self-talk. Derived from existing inventories of anxious and depressive self-statements, this tool was compiled to assess content of self-statements said by children from ages seven to fifteen years of age. Pathologies highlighted within the scale's indices are depression and anxiety, as content provides the reporter explicit statements from depressive/nondepressive and anxious/nonanxious criterion groups. The author states the measure has sufficient reliability and two week stability coefficients. Correlations between the NASSQ and measures used in its development were highly significant (Ronan, 1994).

The Automatic Thoughts Questionnaire is a widely used inventory which asks the child to identify which of the pre-constructed thoughts were present within the last two weeks. Other tools that offer insight to internalizing thoughts are the Beck Hopelessness Scale (Beck, Weissman, Lester & Trexler, 1974), and the Dysfunctional Attitude Scale (DAS; Weissman & Beck, 1978), which asks about the test taker's agreement with depressive statements. This may aid deciphering content specificity, rather than simply presence of self-talk. The DAS specializes in obtaining information related to perfectionistic standards of performance and self approval, which is an area of concern addressing both anxious and depressive children.

Conclusion

It is generally assumed by the highlighted studies that self-statements are seen by the field as an indicator of a child's psychological well-being. Self-Statements are highly correlated

with the indices of anxious and depressive symptomology. Therefore, in order to study and “observe” these indicators, we must be trained in the methodology of self-statement modification and identify the concept we are attempting to interpret.

Chapter III: Summary and Analysis of Findings

The purpose of this literature review is to determine the multiple operational definitions and applications assigned to the concept of negative self-talk and separate the behavior of negative self talk from the feelings of depression and anxiety and also from the interventions which use self-talk. The researcher also finally aims to identify research based methods that are used to treat children who suffer from their own negative self-talk and the anxiety and depression that is associated with the behavior.

Research Question 1: How is negative self-talk defined in the field of psycho-therapy?

Research acknowledges the existence of a self directed speech, or “self-talk,” as the act of making “self-statements.” However, the purpose of the definition and the implications differ by author and their conceptualization of self-talk (Beck, 1963; Burnett, 1999; Dush & Schroeder, 1989; Greenspon, 2000; Muris, 1998; Ronan, 1994; Kendall & Treadwell, 2007). The definition is also dependent upon the developmental stage of the child experiencing it. Vygotsky (1962) recognized a child’s adaptive use of overt self-speech in the completion of tasks, while Beck (1979) related these observations to internal self-references as a child reaches maturity, though these references which may be harmful in nature may have stemmed from childhood (1963). A static ideology held by most is that self-talk is an internal phenomena that summarizes content an individual experiences (Kendall & Treadwell, 2006; Muris, 1998; Ronan, 1994). This content however, ranges in researchers’ discussions to self appraisal, predictions of events to come, rehearsal of strategies, destructive maladaptive thoughts, or specifically designed coping mechanisms that are taught in modification. According to Vygotsky’s explanation, self-referent speech was initially an audible dialogue that helped children complete tasks and understand their surroundings. This was an audible behavior that may be easily observed by watching children

play with toys, or tying their shoes. As a child ages, this dialogue becomes internalized and maintains its existence as part of a human's experience, though it becomes a behavior that cannot be observed by an onlooker. Many researchers, however, frame self-talk as a process that has gone one-step beyond internalization to automaticity, suggesting that it is not only the content of the self-talk which cannot be controlled, but the existence of the behavior as well (Beck, 1963). Burnett (1999) uses this assumption, as he feels children automatically form self-statements ("I did well on that") that mirror praises from teachers to eventually cause the child to form a positive self concept within an academic subject area such as math. This definition places a self-statement in a position to change a child's appraisal of a situation, similarly to positive experiences as they are added to a schema. Burnett contrasts with Kendall & Treadwell in the usefulness of self-statements. Kendall & Treadwell (1996) suggests the existence of negative self-statements can be a predictor of poor treatment outcomes in instances of children with existing anxiety, suggesting if these thoughts that are implanted by teachers cause anxiety in children, the underlying concern may be more difficult to control. However, when this anxiety is successfully treated, the self-talk should diminish accordingly (Kendall & Treadwell, 2007).

Given the broad range of possible definitions that can be applied to self-talk, it is difficult to speak to the subject without assigning an operational definition. Current ideologies range from automatic internal speech, to words spoken to the self, to taught strategies which may increase fine motor and reduce stress when in athletic competition (Kress & Statler, 2007; Malouff & Murphy, 2006). Agreement is held however, that negative self-talk and self-statements are internal and, whether they are automatic or explicit actions, they suggest negative affectivity and symptoms of depression, anxiety and even fear within an individual.

Research Question 2: How can the *behavior* of negative self-talk be separated from *feelings* of anxiety/depression, and also be separated from *interventions* using self-talk?

Research presents many confounds to the determination of what a negative self-statement is when this internalized *behavior* does not expose itself to an observer. The confound is caused by researchers seeking self-talk out explicitly within populations of anxious, depressive, or children with markedly low-self concepts as a baseline. Muris et Al (1998) produced a study that attempted to test the relationship between the existence of negative self-talk and symptoms that relate to anxiety that compared populations of clinically anxious individuals and those who experience other symptoms but do not qualify for diagnosis. Results showed a positive correlation between the self-talk and the symptoms, which does not necessarily differentiate the symptom from the behavior, but does explain them as conceptually different; self-talk is related to an anxiety symptom, not anxiety includes self-talk.

Prior to this study, Ronan (1994) had conducted a study to determine content specificity of negative self-statements, as he had defined "self-referent cognitive experiences," to create what had eventually become the NASSQ. The specific content and explicit self-statements were compiled and decisions were made regarding what diagnosis each statement loads on. After the study, and the completion of the NASSQ, children's self-talk are measured by the validation of thoughts that are provided to the child on the inventory. This usage of a valid and reliable empirically based self report enables quick and easy scoring and is comparable against a sample population. This method distinguishes between the thought and behavior, as it asks respondents which statements they have said to themselves in the last given period of time. However, the data collected in the search for content specificity demonstrates examples revealed by his sample, and agreement between participants, not a particular student within our school. It may be helpful to

collect information regarding a flagged “I feel like I am nothing”, but even more useful and productive for a specific intervention plan to hear “My parent’s argue all the time and tell me I’m just in the way and might as well live with the other parent. Sometimes I want to hide...life isn’t worth living.” This type of information, which may only be collected from an anecdotal self-report or a time-sampled reflection, states content, persons involved, and appraisal of the situation and possibly most notably, describes an explicit self-statement, a *behavior*.

Research explains methods of inducing self-talk or facilitating the internalization of statements to help increase a child’s self-concept or efficacy to a specific task that would have previously produced anxiety. These statements are behaviors that were previously spoken, or intentional thoughts of the rehearsal of appropriate behaviors. Trends show teaching this “self-talk” to individuals may enable children to gain control over their actions, but this works best with older individuals. With the positive correlation between age and effect, successful individuals within this study (Dush & Schroeder, 1989) may be more developmentally able to grasp concepts and gain self-control. Noting the effects of these trainings and comparing the effects of negative self-talk’s weight on a child’s wellbeing, it may be stated the weight of induced self-talk is not as potent as the effects of those that are stated naturally. This may be because those which are naturally stated reflect the true self-concept and are self-directed rather (“I am terrible at this”) than task oriented (“I can do this (task) if I try hard”). Burnett’s direction of praising a child on positive performance and creating self-talk which mirrors the child’s positive self-concept is more connected to the research. Self-talk reflects self-concept.

Research Question 3: What are the research-based methods to treat children who suffer from negative self-talk? Possibly the most notable significant from research on negative self-talk in children related to academics is the correlation of teacher’s positive statements to the

reduction of negative self-statements. As we have learned, negative self-statements not only reduce performance on tasks, but correspond to depression and anxiety, therefore we may enable increased academics and prevent or take steps to alleviating emotional barriers to learning by simply providing an educational environment rich with positive feedback and encouraging remarks and utilizing the “power of positive.” This information may also be forwarded to parents, peers, and siblings, as positive statements made by those groups also had a marked affect on not only the reduction of negative self-statements, but the creation of positive self-statements overall. Therefore, the more positive the self-concept can be kept, the less distraction and negative affect impair a child.

Two explicit methods, explained in the review of literature are explained. The former instructs teachers to give specific feedback to students regarding positive performances, such as “great job on the math test.” The student will listen to this message and apply a new method of their own appraisal of their performance, resembling “I am good at math tests.” Burnett (1999) states the child will integrate the information from these statements into a positive evaluation of their performance and a positive outlook on future related tasks, as the child now feels he is competent at math and predicts good performances to come (Burnett, 1999).

The latter method prompts teachers to challenge students by lending feedback which is taken in by the child and integrated into self-talk. This new “induced” self talk will help the child confirm the statements made by the teacher and will eventually change the child behaviors in line with the teacher’s expectations (Burnett, 1999).

Implications for Practice

This research presents globally applicable information for the purpose of reducing negative self talk which is correlated with anxiety, depression, negative self appraisal and

reduced classroom performance. Burnett's research (1999) describes two researched methods of improving efficacy and decreasing negative self-statements which may be interlaced with instruction. As Burnett presented, positive statements made by significant figures in a child's life are inversely correlated to frequency of negative self-talk. Overarching the field's knowledge base is a theme to combat negative self-talk: The presentation of a supporting environment and utilizing the "power of positive" (Burnett, 1999) to aid a child in employing non-negative thinking (Kendall & Treadwell, 2007).

Implications for Future Research

Research reaches agreement that there are distinct correlations between negative self-talk and anxiety and depression, though there has yet to be a distinct statement of whether it is a part from the above conditions or an altogether separate behavior. Another inconsistency is whether self-talk is an automatic thought or an intentional covert behavior. Behavior modification of self-talk is consistent with the view that treatment may facilitate new self-statements, suggesting this is a distinct behavior that can be learned. Further research should be directed to methodology of gathering specific content from children suffering from adverse affects of their own self-speech; the anxious, depressed, over-rehearsing, socially fearful, and perfectionistic and so many other populations that will benefit from gathering and applying their specific internal concerns that are revealed only through their internal dialogue.

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