
The Relationship Between Self-Talk, Anxiety, and Counselling Skill

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Abstract

Ninety-five participants from two graduate counsellor training programs were assessed on anxiety level, self-talk, and counselling skill. High anxiety reflected high negative self-talk, low positive self-talk, and poor video-tape performance.

Résumé

Quatre-vingt-quinze participants inscrits à deux programmes de formation de counseling de 2e et 3e cycles ont été soumis à une évaluation de leur niveau d'anxiété, de leur dialogue intérieur et de leur compétence en counseling. Un niveau élevé d'anxiété correspondait à un niveau élevé de dialogue intérieur négatif, à un niveau faible de dialogue intérieur positif et à une mauvaise performance sur vidéo.

Research has demonstrated that counsellors are cognitively active during counselling and that the nature of their cognitive activity influences their behavior (Martin, Martin, Meyer, & Slemon, 1986; Martin, Slemon, Hiebert, Hallberg, & Cummings, 1989; Morran 1986). Studies also have shown that the nature of cognitive activity (self-talk) influences anxiety and that excessive anxiety interferes with both current behaviour and the ability to learn new behaviour (e.g., Friedlander, Keller, Peca-Baker, & Olk, 1986; Kurpius, Benjamin, & Morran, 1985; Meichenbaum & Turk, 1976). Counsellor educators have observed that beginning counsellors frequently experience anxiety regarding their initial encounters with clients (Ronnestad & Skovholt, 1993; Sipps, Sugden, & Faiver, 1988) and that this anxiety interferes with counsellor-trainee learning (Ho, Hosford, & Johnson, 1985) and performance (Friedlander et al., 1986; Kelly, Hall, & Miller, 1989). Kelly et al. (1989) pointed out that high anxiety is associated with less clear counsellor intentions, that anxiety negatively affects counsellor empathy, and that anxious counsellors tend to rate their sessions less favourably than their less anxious peers. Thus counsellor cognitive activity, and the concomitant affective experiences, seem to be important variables to address in counsellor education.

Some studies that have addressed cognitive factors with counsellor-trainees (e.g., Bowman & Giesen, 1982; Bowman, Roberts, & Giesen,

1978; Sippy et al., 1988), have suggested that counsellor self-dialogue might play a central role in counsellors' anxious experiences. However, as Morran (1986) pointed out, traditional studies have tended to assess relatively stable dimensions of cognition and therefore have revealed little about what actually occurs during counselling sessions. To offset this, Martin (1984) suggested obtaining more direct data about specific, and presumably more changeable, cognitive operations. In the spirit of this suggestion, Morran (1986) found that counsellor thoughts which focus on self and feelings of inadequacy or apprehension fostered anxiety. Further, Morran found that the frequency of facilitative and non-facilitative self-talk was not related to performance. He concluded that "it is not how much one self-talks but the quality of the self-talk that counts" (p. 399).

Studies such as those mentioned above seem to have had little effect on counsellor training practices (Johnson & Heppner, 1989; Sippy et al., 1988). Most counsellor training continues to be focused largely on verbal skills (Rønnestad & Skovholt, 1993; Sippy et al., 1988), utilizing a micro-skill training approach and emphasizing triad and/or videotaped practice to teach students basic counselling behaviours. However, several writers (Johnson & Heppner, 1989; Kurpius et al., 1985; Morran & Kurpius, 1994; Robinson & Kinnier, 1988) have begun to encourage an expansion of the focus in counsellor training to include cognitive variables.

The purpose of this study was to examine the self-talk pattern of counsellor-trainees to determine how self-talk relates to anxiety level and the performance of counselling skills in a prepracticum setting. It provides a different focus from previous research (e.g., Kurpius et al., 1985), by tapping a cross-section of specific counsellor self-statements that could be related to anxiety and which could impact counsellor performance. Whereas Kurpius et al. (1985), focused on task-facilitative and task-nonfacilitative aspects of internal dialogue and the relationship with counsellor hypothesis generation, our study focused on the relationship between self-statements, anxiety, and counsellor performance. We hypothesized that student self-talk and anxiety level would be closely related and that these variables would affect student performance. We reasoned that if such relationships were found, it might be important to broaden the focus in prepracticum training to include a component aimed at promoting positive and encouraging self-talk as an integral part of the counselling skill training process.

Method

Participants

Participants were drawn from three consecutive intakes of counsellor-trainees in the graduate counsellor training programs at two medium-

sized Western Canadian Universities (site #1 and site #2). Altogether there were 95 participants, 44 from site #1 and 51 from site #2. There were 22 men and 65 women (8 participants did not identify gender on their response forms). Because the data were collected as an integral part of class activity, participant age was not collected, however, based on past admission figures, the age range would have been approximately 25-45 years, with a mean age in the early thirties. All participants were Caucasian, registered in a prepracticum course during the first term of their graduate programs.

Procedure

At each site, the course instructor remained the same for the 3 years of data collection. Both instructors had doctoral degrees in counselling psychology and extensive experience in teaching counselling skills to graduate students. Data collection was incorporated into prepracticum courses at both sites. At site #1, the prepracticum course included discussions of basic counselling issues (e.g., counsellor and client roles, purpose of counselling, ethics), however, most of the course consisted of a micro-skill approach to teaching basic interviewing, rapport building, and problem exploration/goal setting skills. At site #2, the approach was somewhat broader, with about a third of the course addressing basic counsellor issues (e.g., values, beliefs, counsellor awareness of their own personal processes, and how critical these are in counselling), with the remainder of the course covering generic counselling skills, and basic processes like force-field analysis, two-chair dialoguing, and overcoming resistance. In both sites, little attention was paid to counsellor cognitive process variables such as self-talk.

Dependent Measures

Four dependent measures were used in this study. Two categories of self-talk (positive and negative) were assessed using the *Counsellor Self-Talk Inventory* (CSTI) (see Uhlemann, Lee, & Hiebert, 1988). The State Scale of the *State-Trait Anxiety Inventory* (Spielberger, 1968) was used to assess anxiety level. Counsellor performance was determined by course instructors' rating of a 20-minute videotape submitted as part of the course requirements.

Self-talk. The CSTI (Uhlemann et al., 1988) contains 50 true-false items designed to identify the nature of counsellor-trainee self-talk in a counselling interview. The CSTI yields two scores, negative and positive self-talk, and is constructed so that scores on the positive and negative subscales are independent of each other. The CSTI has demonstrated reasonable internal consistency ($r = .89$ for the positive and $r = .84$ for the negative subscale) and test-retest reliability ($r = .73$ for the positive and

$r = .80$ for the negative subscale over 4-week retest interval) for measuring the self-talk pattern of counsellor-trainees (Uhlemann et al., 1988).

The CSTI begins with a set induction asking participants to imagine themselves in a situation where they are seeing a client for the first time and where the interview will be video-taped for observation by their instructor and classmates. The set induction is not intended to induce anxiety, but to depict vividly a real situation that students might experience in a practicum. Thus, the set induction provides a context for determining self-talk and degree of anxiety. Following the set induction, participants are asked to complete the 50 true-false items identifying the nature of their self-talk in the preceding situation.

Anxiety level. The State-Trait Anxiety Inventory, State Scale (STAI-S) (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1970), was used to assess anxiety level. The STAI has been used extensively in anxiety research (e.g., Hiebert, Kirby, & Jeknavorian, 1989; LaBoeuf, 1977; Townsend, House, & Addario, 1975), has demonstrated acceptable validity and reliability (Kendall, Finch, Auerbach, Hooke, & Mikulka, 1976; Martuza, 1974; Spielberger, Gorsuch, & Lushene, 1970), and is regarded as a bench mark in the field. The STAI yields separate scores for Trait Anxiety (a relatively stable measure of general anxiety) and State Anxiety (the transitory reaction that varies across time and situations). The State scale was used in this study as we were interested in anxiety associated with a particular situation, namely, an initial client interview.

Counselling skill. Counsellor performance was determined by the course instructor's rating of a 20-minute videotape submitted at the end of the course as part of the course requirements. Tapes were evaluated by the course instructor according to the criteria used to provide feedback to the trainees during the course. These criteria included: appropriate use of micro-skills, nonverbal behaviour, degree of empathy, and ability to stay focused.

Procedure

The paper-and-pencil measures were administered during the first or second class of the course and again during the next-to-last class. The videotapes were completed during the week immediately following the second administration of the measures. The course instructors were blind to the participant responses on the paper-and-pencil measures until after the tape evaluations were completed.

RESULTS

Means and standard deviations for anxiety and self-talk scores are presented in Table 1. A MANOVA on these scores produced a significant main effect for Time, $F(3, 76) = 8.81, p < .01$, and for Site, $F(3, 76) = 4.13$,

TABLE 1
Means and Standard Deviations of Anxiety and Self-Talk Scores

Variable	Site	n	Pretest		Posttest	
			M	SD	M	SD
STAI-S	1	36	37.27	12.21	36.92	12.89
	2	44	37.70	11.08	33.23	8.52
	Total	80	37.51	11.53	34.89	10.79
CSTI-Positive	1	36	10.92	4.91	13.14	5.55
	2	44	11.05	4.04	11.50	4.23
	Total	80	10.99	4.45	12.24	4.90
CSTI-Negative	1	36	4.81	4.25	2.50	3.38
	2	44	6.69	4.85	4.12	3.62
	Total	80	5.68	4.63	3.39	3.58

$p < .01$. Follow-up univariate tests indicated that significant change across time occurred for both positive, $F(1, 78) = 4.69$, $p < .01$ and negative self-talk $F(1, 78) = 21.63$, $p < .01$, and students at Site #2 engaged in significantly more negative self-talk than students at Site #1, $F(1, 78) = 4.24$, $p = .04$.

The ratio of negative-to-positive self-talk showed a similar pattern. Participants at site #2 showed higher proportions of negative self-talk at both pretest and posttest, .58 and .36 respectively, than did participants at site #1, .44 and .19 respectively. As could be expected, the proportion of negative-to-positive self-talk decreased across time. The pattern was similar at both sites, as indicated by a nonsignificant site-by-time interaction effect.

To understand the relationship between anxiety, self-talk, and counselling skill, a correlation matrix was constructed. As can be seen in Table 2, at Time 1, high anxiety was associated with high negative self-talk and low positive self-talk. At Time 2, high anxiety was associated with high negative self-talk and lower counsellor performance. Furthermore, significant correlations between variables at Time 1 and Time 2 indicated that anxiety level and self-talk pattern tended to be consistent across time. Thus, participation in the course, completion of the practice exercises that were part of the instruction, and increased familiarity with the counselling enterprise, did not seem to change participants anxiety level or self-talk pattern. The significant main effect for Site suggested that the picture might not be the same at both sites. To explore this possibility, separate correlation matrices for each site were calculated. These indicated that at Site #1, Time 2, negative self-talk also was associated with lower performance ($r = -.35$, $p = .01$), however, otherwise the pattern at both sites was consistent.

TABLE 2
Correlations and Probabilities Between Anxiety, Self-Talk, and Counselling Skill for Prepracticum Students

<i>Variable</i>	<i>CSTI-P1</i>	<i>CSTI-N1</i>	<i>STAI-S2</i>	<i>CSTI-P2</i>	<i>CSTI-N2</i>	<i>Co Skill</i>
STAI-S1	-.25 (.01)	.57 (<.01)	.26 (.01)	.01 (.45)	.25 (.01)	-.11 (.17)
CSTI-P1		.12 (.14)	-.06 (.31)	.62 (<.01)	.12 (.15)	.12 (.14)
CSTI-N1			.08 (.24)	.24 (.02)	.46 (<.01)	.07 (.27)
STAI-S2				-.04 (.37)	.36 (<.01)	-.20 (.04)
CSTI-P2					.09 (.22)	.01 (.47)
CSTI-N2						.04 (.36)

Note: STAI-S1 and STAI-S2 are STAI-S scores for Time 1 and Time 2. CSTI-P1 and CSTI-P2 are CSTI-Positive scores for Time 1 and Time 2. CSTI-N1 and CSTI-N2 are CSTI-Negative scores for Time 1 and Time 2. Co Skill is the score on the tape assignment.

Probabilities are in parentheses.

To determine the extent to which performance was related to change in self-talk and anxiety level, difference scores (T2-T1) for STAI-S, CSTI-Positive, and CSTI-Negative were correlated with performance. At Site #1, decreases in negative self-talk were related to decreases in state anxiety ($r = .55, p < .01$), increases in positive self-talk ($r = -.32, p = .02$), and higher scores on the videotape ($r = -.37, p = .01$). These results were largely replicated at site #2, although the correlation with skill level was not quite as high ($r = .21, p = .06$). This suggests that students who experienced decreased negative self-talk, also experienced decreased state anxiety, increased positive self-talk, and showed higher performance on the videotape. Thus, there seems to be a stable relationship between these variables that is replicated across two sites utilizing different course instructors.

DISCUSSION

Our findings suggest that higher levels of anxiety are associated with higher levels of negative self-talk and lower levels of positive self-talk. Higher levels of anxiety are also associated with lower levels of performance on a video-taped counselling interview. Moreover, decreases in negative self-talk are associated with decreases in anxiety, increases in positive self-talk, and better performance on a video-taped counselling interview. This suggests that decreasing the negative self-talk of

counsellor-trainees may help decrease anxiety and have a facilitative effect on the performance of counselling skills.

Our data provide support for a growing number of appeals to expand the scope of counsellor training programs (Hiebert, 1988; Kurpuis, et al., 1985; Robinson & Kinnier, 1988; Uhlemann et al., 1988). Our data suggest that counsellor training programs might be enhanced by expanding the scope of training to include instruction and practice in developing a facilitative and encouraging self-dialogue that fosters lower anxiety and positive behaviour on the part of counsellor-trainees. It might involve teaching counsellor-trainees how to subvocally coach themselves to focus on what the client is saying and how they would like to respond to the client's comments, instead of dwelling on the possibility that they might make a mistake. In a similar vein, Robinson and Kinnier (1988) suggested that classroom time might be used more productively by incorporating self-instruction training into the counsellor training process. This might include modeling (by the counsellor educator, e.g., Hiebert, 1988) and practice of self-supportive, skill-facilitative internal dialogue (by the counsellor-trainee, e.g., Kurpuis, et al., 1985). Indeed, one of the authors of this report has already modified the approach to skill training to include explicit procedures to train self-enhancing self-talk skills, metacognitive ability to self-monitor skill use and self-talk, and ability to conceptualize client concerns (cf. Cummings, Hallberg, Martin, Slemon, & Hiebert, 1990; Martin et al., 1989).

The literature presents a number of strategies for assisting clients to alter their anxiety and behaviour through self-instructional procedures. (e.g., Cormier & Cormier, 1991; Dobson, 1988; Martin & Hiebert, 1985). It seems appropriate for counsellor educators to apply these principles to teaching counsellor-trainees to manage their own internal messages during skill training experiences and when working with clients. As Kurpuis et al. (1985) pointed out earlier, it may be just as important to facilitate counsellor-trainee cognitive process as it is to facilitate client cognitive process. As counsellor educators begin experimenting with new approaches and trying to incorporate new foci into their programs, they will undoubtedly become more adept at teaching a new, expanded skill set. As Johnson and Heppner (1989) pointed out, when counsellor educators do try to address nontraditional factors, such as counsellor self-talk pattern, in their counsellor training programs, they will be able to develop more specialized training activities for this aspect of counselling.

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