

Managing Self-Talk in Clinical Sessions: Implications for Speech-Language Pathology

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Background

Aphasia not only disrupts communication, but is isolating and impacts overall quality of life. Taken from previous barrier task research (Devanga, 2014), phrases and turns within partner communication during barrier task therapy were coded and analyzed based on linguistics and self reflection. These phrases were coded and compared to the participant's reported confidence.

Research Questions

1. How often does Mr. Lee and his therapy partner use self talk during the therapy sessions?
2. Do episodes of self-talk include negative linguistic forms? If so, is there a difference in use of negative forms across partners and speakers?
3. Do episodes of self-talk portray positive or negative imagines of the speaker's abilities? What patterns are seen a cross partners, speakers, and sessions?

Figure 1: Barrier task session 7



Method

"Self-talk or self-verbalizations can be simply defined as what we covertly tell ourselves" (Neck & Manz, 1992). For this study, we continued that definition into possessing first person pronouns to operationally define our self-talk. The data coded was taken from seven therapy sessions of previous recorded transcripts (Devanga, 2014).

Linguistic Self-talk

- Any reflective self-analysis using singular first person pronoun in description of themselves

Reflective Self-talk

- **Deprecating:** definitive negative talk, blaming self, expressing regret, guilt, excuses
- **Enhancing:** definitive positive talk assuring one's self which expresses confidence
- **Neutral:** passive talk/other (neither deprecating or self- enhancing talk)

Positive linguistic self-talk	You were doing better than I can even do it. [laughs]	I can even do
Negative linguistic self-talk	I don't know why I'm so hard	I don't know

Self-deprecating	You were doing better than I can even do it. [laughs]	I can even do	
Self-enhancing	Right. I keep looking at the: the if I've done a good job, yard out there. [Laughs]	I've done a good job	
Mixed reflection: self-deprecating and neutral	I got, right. And then I'm gonna have Jul- not Julie, we-re gonna have a: um...3... Why can't I get her, um, Jul- s- Sarah, I mean s- Sarah and je- her husband uh,	"Why can't I get her"	I mean

Figure 2 (left): Each instance of self-talk was linguistically coded as positive (green) or negative (red).

Because of the patterns noticed, it was decided to then code the phrases based on context. The phrases were coded individually as self-deprecating, self-enhancing, and/or neutral based on the conversation context, indicating gestures and voice tone (shown in left in Figure 3).

Discussion

Depending on the reactions after the self-deprecation has occurred, conversation tends to be altered. If there is positive feedback after a negative self-comment, the subject may not dwell on the comment verbalized. As the sessions went on, the number of self-deprecating turns increased. This calls into question the validity of self-reported confidence. The overall negative reflections and repetitive apologies seem to increase as session numbers increase for both communication members, and show parallel results in the self-deprecating analysis.

Results

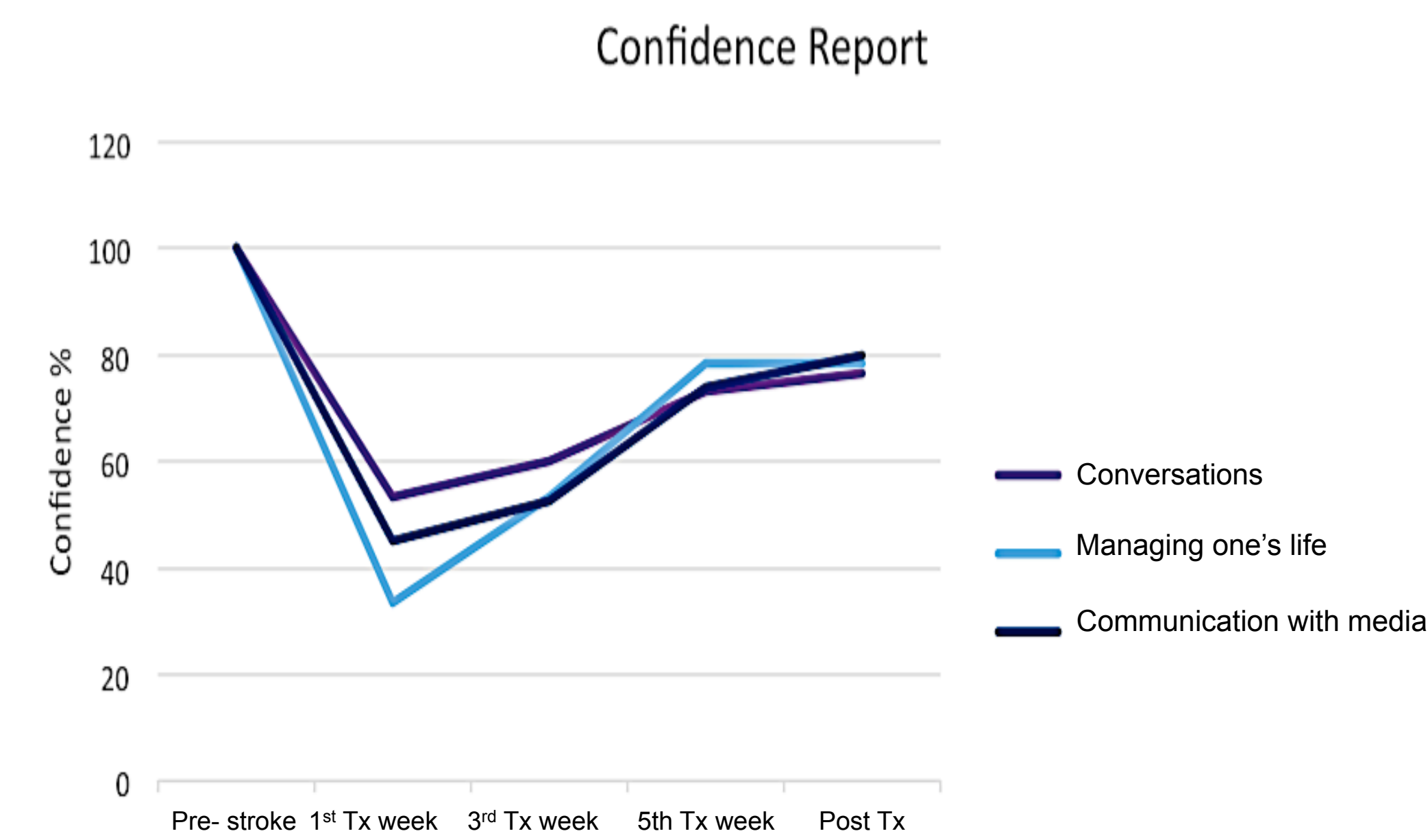


Figure 4 (above): Lee self report of confidence level at tie of measurement (Devanga, 2014).

Positive vs. Negative Syntactic Constructions

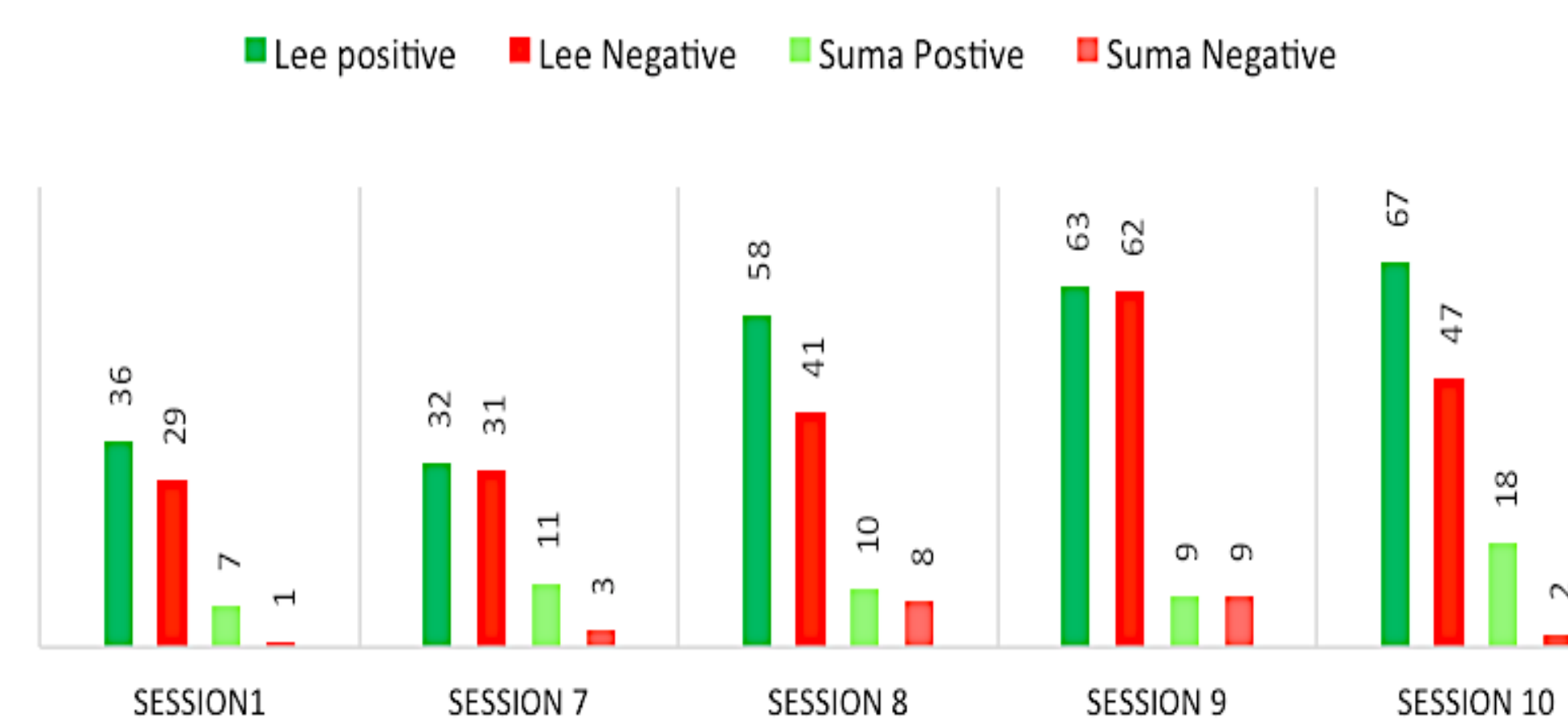


Figure 5 (above): Positive versus negative syntactic constructions for each specified treatment session

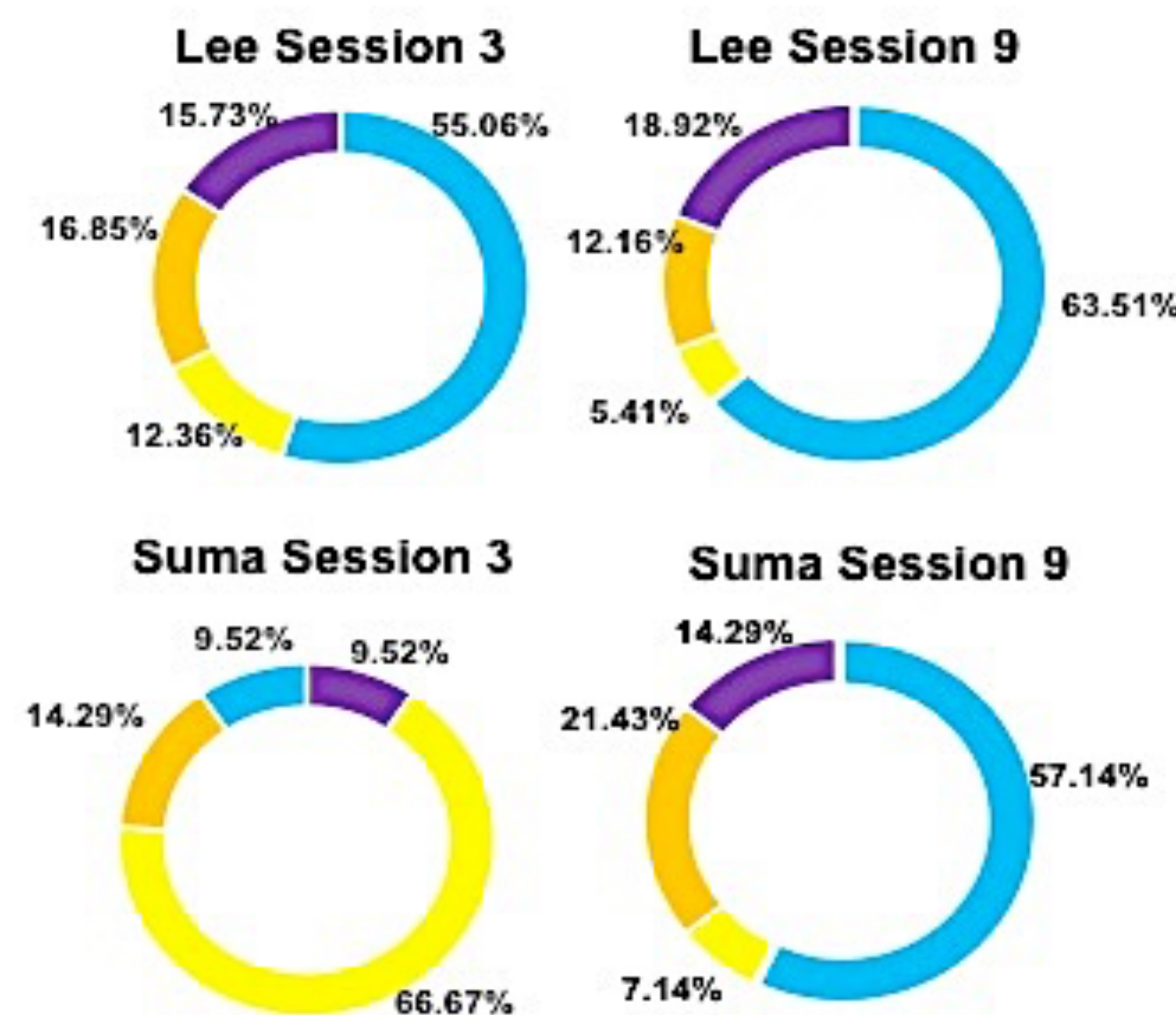
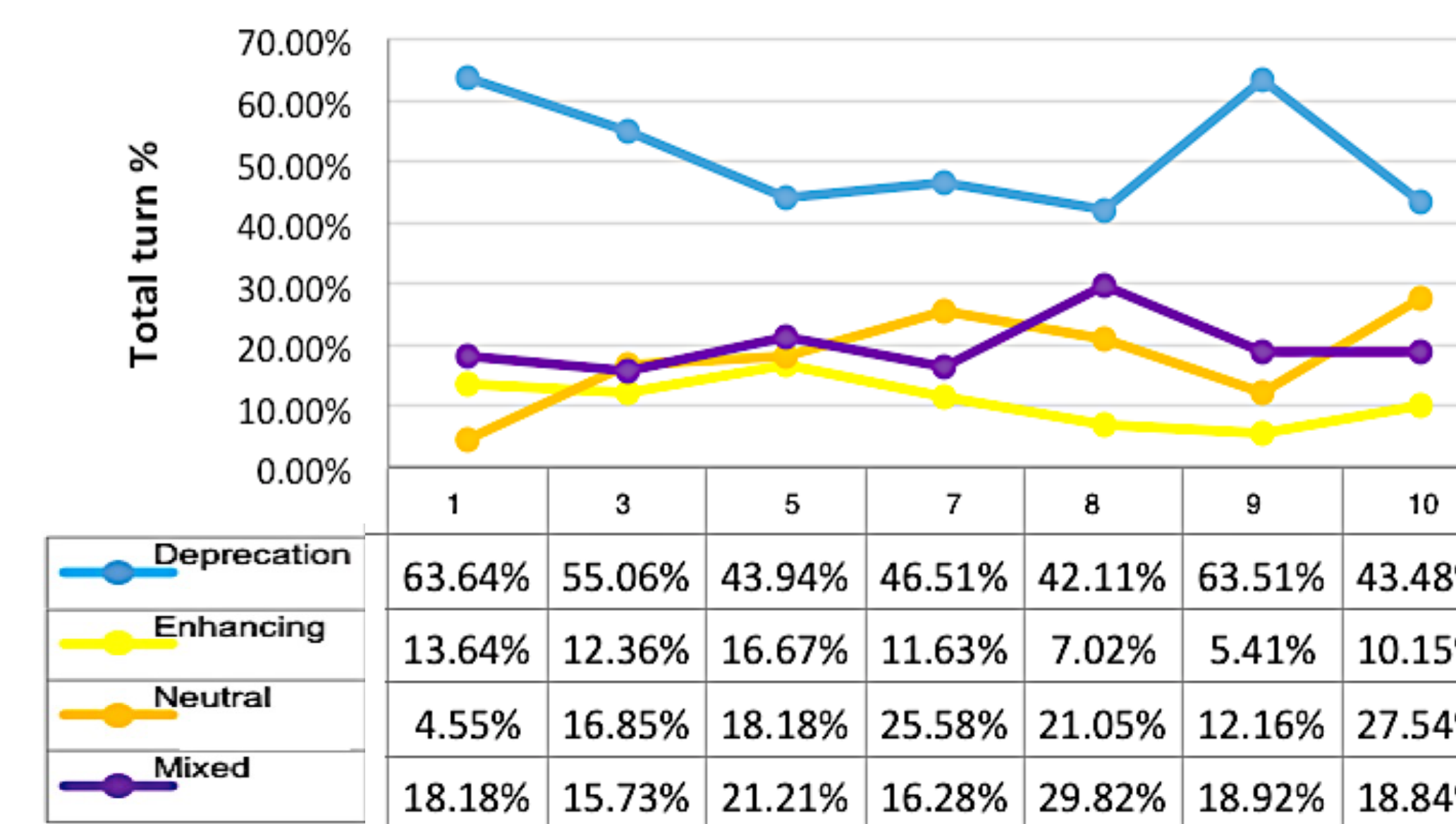


Figure 6 (above): Percentage of self- deprecating, self- enhancing, neutral, or mixed self- talk

Lee Reflective Self-Talk



Suma Reflective Self-Talk

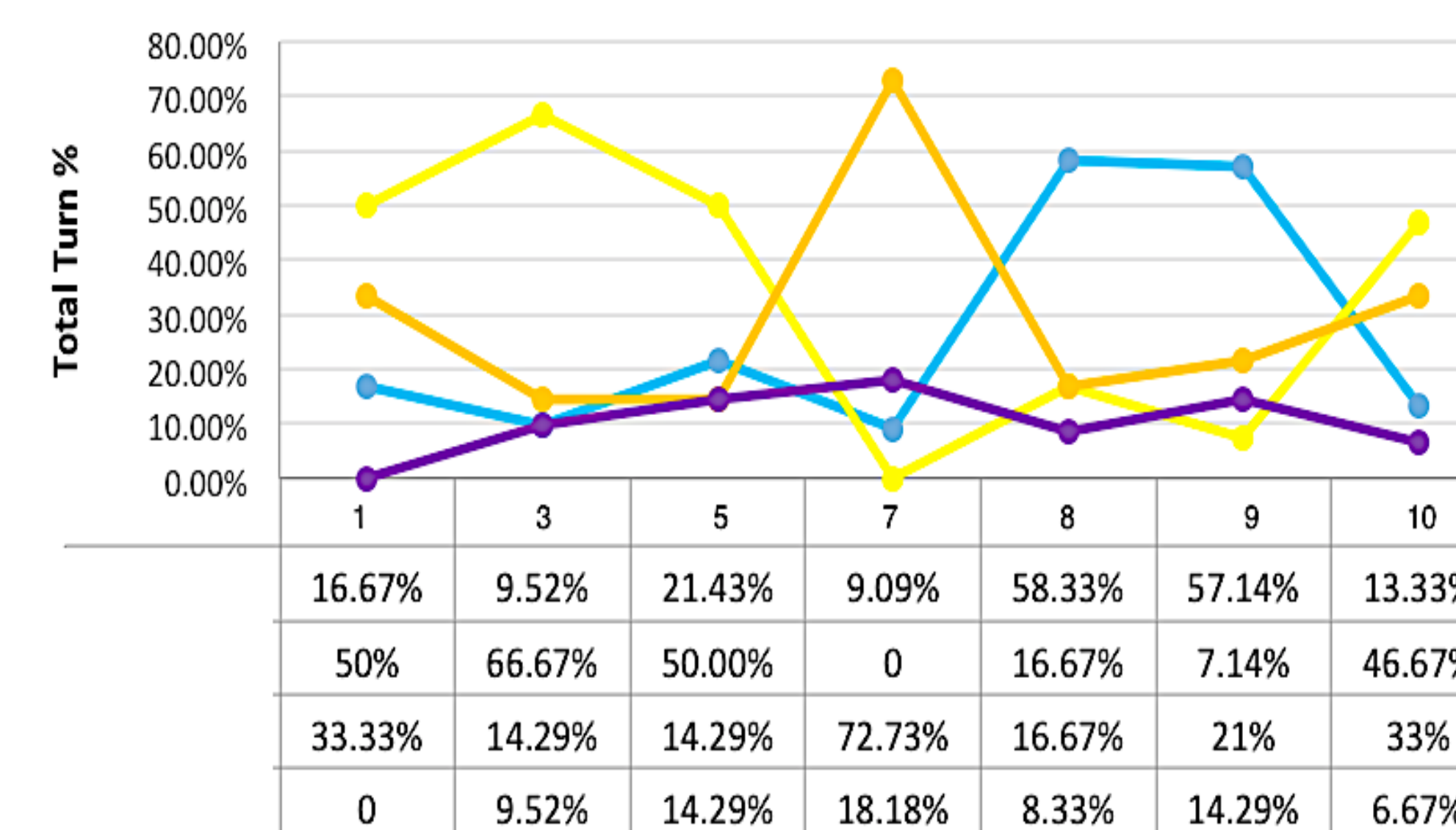


Figure 7 (above): Comparative graphs of both Suma and Lee throughout the seven analyzed sessions showing overall percentages of reflective self-talk.

Future Directions

It is critical that the participant feel confident in communication after leaving therapy. Further analysis could help depict how other's communication participants can alter the conversation dynamic, as well as show importance of other's reactions when in therapy, whether clinical or social. It will also contribute to work in speech-language pathology as well as other fields in order to obtain the strongest understanding of patients' communication confidence in the progression of therapy.

References

Devanga, S. (2014). Language Learning in Social Context: An Aphasia Treatment Case Study. Unpublished doctoral research project. University of Illinois-Urbana Champaign.

Neck, C. P., & Manz, C. C.. (1992). Thought Self-Leadership: The Influence of Self-Talk and Mental Imagery on Performance. *Journal of Organizational Behavior*, 13(7), 681-699. Retrieved from <http://www.jstor.org/stable/2488389>

Acknowledgments

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