

Counselor Self-Talk in Counseling Services

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Abstract: There are at least three conversations occurred in counseling services, i.e. general conversation, counselor self-talk and counselee self-talk. The aims of this research are to describe the variables of age, work period, certification participation, and counselor self-talk in counseling and to identify the differences in negative self-talk and coping self-talk based on the counselors' city, age, and work period in East Java. The research design was correlational descriptive research with the samples of 141 school counselors in five cities in East Java, i.e. Malang, Jember, Sumenep, Tulungagung, and Madiun. A questionnaire was used to collect the data on the workplace, age, and work period. Data were analyzed with descriptive statistical analysis and comparison of means test. The results showed that self-talk technique could be effective in the counseling process as stated by most of the counselors in East Java, but not all counselors had self-talk training, and the use of negative self-talk and coping self-talk was strongly associated with age, work period, certification, and self-talk training. Seen from the counselors' characteristics in East Java, although the use of coping self-talk was very strong, negative self-talk also appeared during the counseling process.

Keywords: counselor self-talk, counseling

I. INTRODUCTION

Counselor professional competence will enable them to provide counseling and guidance services for all students in schools under various conditions. This ability is necessary because the challenges and problems faced by students as counsees have considerable complexity and require very specific and distinctive skills. The specific and distinctive skills of counselors are counseling skills. Students of the Guidance and Counseling Department should develop counseling skills to be able to help students. Counseling skills of pre-service counselors do not only include the mastery of the counseling communication and approach theories but also the way pre-service counselors precisely use the counseling process to understand and assist counsees. Such skills include how pre-service counselors control themselves and thoughts to sincerely understand counsees and accept counsees unconditionally.

Mind skills are the skills to control one's thought. Mind skills are needed by pre-service counselors to be able to generate helpful feelings, physical reactions, communication, and actions for the counselee welfare [1]. Mind skills influence how pre-service counselors interact with counsees appropriately. Very warm and pleasant interaction or cool and ineffective interaction during the counseling process is determined by how pre-service counselors control their thoughts during the counseling process.

One form of the mind skills is self-talk. According to [1], self-talk has many terms, i.e. inner monologue, inner dialogue, inner speech, self-verbalizing, self-instructing, and self-statement. Self-talk describes how one expresses one's thoughts and conducts an internal conversation with oneself. Reference [1] further describes that self-talk is what people talk to themselves before, during, and after particular situations. Similarly, [2] states that self-talk is our internal dialogue, the words we say to ourselves. The words illustrate and create emotional states. We can feel confident or nervous, motivated or discouraged, all depending on what we tell ourselves. He further emphasizes that self-talk can affect self-esteem, appearance, energy level, performance, and relationships with others. It may also influence the health, determine how we react to stress, and how we change bad habits such as smoking, overeating, and drinking [2]. All verbal thoughts can be considered as self-talk i.e. instructs oneself to better master counseling skills and particular helping situations. Reference [1] later affirms that the focus of coping self-talk is to construct oneself to be able to cope with specific issues in counseling skills and to make the better situation. Some self-talk is done unconsciously or automatically.

Reference [1] distinguishes self-talk into two types, i.e. negative self-talk and coping self-talk. Negative self-talk refers to anything said or unsaid to oneself which contribute to potentially avoidable

negative feelings, reactions, and communications. Some examples are “I cannot master it” and “Will I succeed?” One can be weakened internally through unskilled minds. Consequently, one cannot control the feelings and thoughts. On the other hand, coping self-talk attempts to make one becomes clear with the determined goals and teach a good communication. Coping self-talk can increase self-confidence by recognizing strengths, supporting factors, and previous successful experiences. Coping emphasizes competence rather than perfection.

Reference [2] identifies negative self-talk can be in the form of self-statements focusing only on problems and complaints; catastrophic thinking in which one magnifies problems and considers everything as great disaster; stereotyping; should statements in which we often think we should choose what others want us to, rather what we really want; black or white thinking in which we think in extremes of success or failure; blaming in which we seek someone to blame rather than seek solutions for the problems; yes-but statements in which we think of reasons why such advice is unacceptable when someone offers advice; and generalizations in which we generalize a negative experience in other circumstances or experiences. Reference [3] adds that negative self-talk may include self-talk focusing on the past or the future; self-talk focusing on mistakes or weaknesses; self-talk focusing only on results, such as “I must win” or “I must defeat them”; self-talk focusing on something beyond our control, e.g., “I hate competing under the rain”; and self-talk demanding perfection from ourselves, such as “I must win” which can make us frustrated.

Reference [4] later explain that coping self-talk helps one to calm oneself down, to see the purpose clearly, and to try to adapt to communications. Furthermore, one may increase one’s confidence by knowing the strengths, support factors, and previous successful experiences. Coping self-talk should be needed as a “part of” how to deal with specific situations in counseling and helping training, as opposed to as “reasonably needed”. In other words, if something happens in the counseling process, coping self-talk is not only necessary, but it is important or indispensable in helping counselors deal with such situations.

According to [1], coping self-talk dimensions consist of alerting self-talk, calming self-talk, coaching self-talk, and affirming self-talk. Alerting self-talk is a self-alert effort to use coping self-talk. An example of alerting self-talk is “stop... think... potential problems are coming!” Calming self-talk helps clients deal with problem situations in many ways. Before, during, and after specific situations, they can calm their mind so that they can better handle unwanted feelings, such as harmful anxiety or excessive anger. Some examples of calming self-talk are: “calm down”, “take a deep breath”. Coaching self-talk helps clients to break down tasks. Some example of coaching self-talk is “getting angry only makes things worse.”, “I can ask calmly what seems to be the problem”. Affirming self-talk focuses on

reminding oneself of significant factors that count. An example of affirming self-talk is “I know I can handle it well”. Coping self-talk combines alerting, calming, coaching, and affirming statements, though not necessarily all at the same time, e.g. “stop ... think ... calm down. Think about what I really want to achieve in this situation. I know I can handle it well”.

Coping self-talk is required by pre-service counselors to be able to manage all negative and positive verbal thinking. With proper self-talk management ability, pre-service counselors can help counselees appropriately. Unfortunately, coping self-talk has not been explored applicably in theoretical lectures and counseling practices. The counseling theory and practice are often more focused on how students of Guidance and Counseling Department master the counseling communication and approaches theories with appropriate implementation. However, when they do the counseling process, mind skills have not been used and discussed more deeply. Implementation of counseling practices becomes a formality for the students’ task completion rather than correct understanding of the mind skills management in order to create convenient and appropriate counseling practices. Implementation of counseling practices for pre-service counselors at the field school become a problem as students become less comfortable doing counseling and pre-service counselors do more consultation and sharing sessions than doing proper counseling. It is proved by the counseling verbatim report and the reflection results in the field. This situation becomes a problem that must be solved immediately by conducting coping self-talk training for counselor candidates.

Research on coping self-talk improvement for pre-service counselors had been conducted using Experiential Learning Model [5]. The study was still limited to observing the counselor candidates’ learning experience journals which were still heavily influenced by the perception and ability of each pre-service counselor in recording their process. In coping self-talk training, designed curriculum and materials will be more effective when assisted with appropriate training media to ensure the maximal retention of training information. Therefore, the appropriate and varied training media is still needed to optimize the results of coping self-talk training due to very diverse counselor characteristics with various learning styles. Recent science and technology development results in better learning media for learners. A media combination or blended learning (face-to-face, offline, and online learning) [6] can be utilized for counselor professionalism enhancement.

It is also necessary to recognize the schools’ quantity and quality in the form of infrastructure, time and number of students who need counseling services, and completeness of counselor competence skills in assisting the counseling process. Related to that, [7] found three significant findings in several schools located in East Java. The first findings were related to infrastructure. Of 141 schools in East Java, 115 (82%) schools had a counseling room, while 26 (18%) schools had no counseling room. The second findings

were related to the counseling services provided by the counselors. From the research data, averagely the counselors gave the counseling services for 4 students per day, 24 students per week, 72 students per month, and 337 students per one-semester program. The third findings were related to the mastery of self-talk skills for the counselor self-development. Of 141 respondents, only 14 (9%) respondents attended self-talk training and 114 (80%) respondents never attended self-talk training.

This research focuses on the counselor self-talk skills as the intended competence during the counseling process. Thus, the aims of this research are to: (1) describe the variables of age, work period, certification participation, and counselor self-talk in counseling services at schools; and (2) identify the differences in negative self-talk and coping self-talk based on the counselors' city, age, and work period in East Java. The present research is considered significant, as it provides empirical findings for the counseling quality improvement at schools. Both negative and coping self-talk can be used as input for the schools' counselors to improve their quality and professionalism.

II. METHODS

This research used correlational descriptive design. The respondents were 141 school counselors from five cities in East Java, i.e.: Malang, Jember, Sumenep, Tulungagung, and Madiun. Table 1 presents the respondents' details.

Table 1
Description of Research Respondents

No	City	Number of Counselors
1	Malang	28
2	Jember	30
3	Sumenep	26
4	Tulungagung	27
5	Madiun	30
Total		141

This research utilized two kinds of the research instrument. First was a questionnaire for the counselors. The structured questionnaire contained short questions related to the collected data, such as the respondent's name, school name, gender, age, education, and work period. The second instrument was the self-talk scale. Negative self-talk scale and coping self-talk scale were developed and used to measure the counselors' self-talk behavior before, during, and after the counseling process. The higher score indicated the stronger counselor self-talk behavior both negative self-talk and coping self-talk.

The self-talk behavior was the Y variable as the main target of this research. Therefore, this behavior needed to be measured with valid and reliable instruments. Scale validation was done by item validity testing using Cronbach's Alpha criterion of 0.3. In addition, the reliability level was measured as well with Cronbach's Alpha test.

The validation testing results of the self-talk scale showed that no item had a contribution below 0.3. Thus, this scale needed no revision. The reliability

testing results of coping self-talk scale showed that the reliability level of Cronbach's Alpha was 0.96, meaning it had high reliability. The obtained data were then analyzed using descriptive statistics. The procedures of data analysis were a tabulation of the respondents' answer, scoring and calculation of frequency and percentage, interpretation of the scoring and percentage results, and comparison of means tests analysis according to the research purposes.

III. RESULTS

Description on the Variables of Age, Work Period, Certification Participation, Counselor-Student Comparison, and Counselor Self-Talk in the Counseling Process

1. The Counselor's Age

Age-classified data were presented at intervals from ≤ 25 years old to ≥ 46 years old. Table 2 presents the age - classified data of the research subjects.

Table 2
Distribution of Research Subjects by Age

No	Age	Frequency
1	≤ 25	10
2	26-30	21
3	31 - 35	24
4	36-40	23
5	41 - 45	7
6	≥ 46	55
7	Empty	1
Total		141

Table 2 shows that: 10 respondents were ≤ 25 years; 21 respondents were in the age range of 26 – 30 years; 24 respondents were in the age range of 31 – 35 years; 23 respondents were in the age range of 36 – 40 years; 7 respondents were in the age range of 41 – 45 years; and the largest number were ≥ 46 years of 55 respondents. One respondent did not fill the age column. From the data, it can be concluded that the age distribution of the research subjects was almost even on each category, except in the ≥ 46 years age category. There were 85 (60.3%) counselors in the age range of 25 – 45 years.

2. The Counselors' Work Period

Distribution of the research subjects by work period was on an interval basis, from the category of less than or equal to one year period until above or equal to 21 year period. Table 3 presents the distribution of the work period.

Table 3
Distribution of Respondents by Work Period

No	Year	Frequency
1	≤ 1	5
2	2-5	29
3	6-10	29
4	11-15	25
5	16-20	14
6	≥ 21	35
7	Empty	4
Total		141

The data distribution in Table 3 shows that: five counselors were in the \leq one year work period; 29 counselors were in the 2 – 5 year work period; 29 counselors were in the 6 – 10 year work period; 25 counselors were in the 11 – 15 year working period; 14 counselors were in the 16 – 20 year work period; and 35 counselors were in the \geq 21 year work period. Of the 141 respondents, four people did not answer the work period data. It can be concluded that the largest number of respondents were in the work period of 21 years and over. There were 103 (73%) counselors with work period of 6 to 21 years and over.

3. Participation in Counselor Certification

Based on the questionnaire, there were 61 (43%) counselors with certification; 79 (56%) counselors with no certification, and one counselor did not provide the participation-related data.

4. Counselor-Student Comparison

Data from questionnaire showed 492 counselors and 115,293 students from five areas in East Java consisting of 24,640 students and 101 counselors from Malang, 20,356 students and 84 counselors from Jember, 13,387 students and 68 counselors from Sumenep, 37,055 students and 133 counselors from Tulungagung, and 19,855 students and 106 counselors from Madiun. In total, it can be concluded that the ratio of the counselor-student comparison was 234:1 or one counselor served 234 students.

5. Counselor Self-Talk in the Counseling Process

The data results showed that 97 respondents conducted self-talk in the counseling process, 34 respondents planned to conduct self-talk, and 5 respondents did not do self-talk during the counseling process. Related to the effectiveness of self-talk in the counseling process, 104 (73.8%) respondents stated that self-talk was effective in the counseling process, 22 respondents did not know, and 3 respondents

thought that self-talk did not support the counseling process.

6. Counselors Self-Talk Skills in Counseling Services

The total respondents were 141 counselors, but four counselors filled out the scale incompletely. Hence, the scale was analyzed from 137 counselors as the research respondents. Table 4 presents data related to the counselor self-talk frequency. Based on data from Table 4, the frequency of counselor negative self-talk in the moderate, strong, and very strong classification was about 10.9%, meaning that 10.9% of counselors still used negative self-talk in providing counseling services.

Counselor coping self-talk in the moderate, less, and very less classification was about 18.10%, meaning that 18.10% of counselors did not use coping self-talk in providing counseling services. Averagely, counselors used less negative self-talk and more coping self-talk. Table 5 presents the self-talk technique application in the counseling services. Based on the data, 77.4% of counselors used self-talk in strong to very strong category while 16% of counselors were in medium to very less category.

Differences of negative self-talk and coping self-talk based on city, age, and working period of counselors in East Java. Based on the descriptive analysis results, the average scores of counselor negative self-talk during the counseling process from the lowest to the highest were Madiun (44.93), Jember (50.03), Sumenep (51.44), Tulungagung (52.37), and Malang (54.44). It meant that the counselors in Malang used more negative self-talk during the counseling process. Whereas, the average scores of counselor coping self-talk during counseling process from the highest to the lowest were Madiun (102.97), Malang (96.16), Sumenep (95.04), Tulungagung (89.56), and Jember (82.97). It meant that the counselors in Jember rarely used coping self-talk.

Table 4
Description on Score Frequency of Counselors' Self-Talk in East Java

Classification	Score Range	Negative Self-talk			Coping Self-talk		
		f	%	Position of mean	f	%	Position of mean
Very strong	104-124	0	0		30	21.9	
Strong	84-103	1	0.7		81	59.1	93.2555
Medium	64-83	14	10.2		21	15.3	
Less	44-63	79	57.7	50.4380	2	1.5	
Very less	24-43	43	31.4		3	2.2	
n = 137							

Table 5
Total Self-Talk

Classification	Score Range	Total Self-talk		
		f	%	Position of Mean
Very strong	164-192	9	6.6	
Strong	135-163	106	77.4	143.6934
Medium	106-132	18	13.1	
Less	77-105	3	2.2	
Very less	48-76	1	0.7	
n = 137				

The next data was related to the total average score of counselor self-talk techniques both negative self-talk and coping self-talk during the counseling process. Data in sequence showed that counselors in Malang had the highest position (150.6) with the use of coping self-talk (96.16) higher than negative self-talk (54.44). The second position was Madiun (147.9), in which the counselors in Madiun emphasized on the application of coping self-talk (102.97) than negative self-talk (44.93). The third position was Sumenep (146.48), in which counselors used more coping self-talk (95.04) than negative self-talk (51.44). The fourth position was Tulungagung (141.93) with the application of more coping self-talk (89.56) than negative self-talk (52.37). The last position was

Jember (133) with the more dominant application of coping self-talk (82.97) than negative self-talk (50.03).

Therefore, it can be concluded that counselors in five regions in East Java started to use self-talk technique in the counseling process. Application of self-talk technique was more emphasized on the use of coping self-talk than negative self-talk. Several factors determined the counselors' skills which focused on coping self-talk and minimized negative self-talk. The research data enabled the researchers to get information on the role of counselor's age and work period in using negative self-talk and coping self-talk techniques. Table 6 presents the counselors' work period.

Table 6
Counselors' Work Period

No	Work Period (in %)					
	Year	Malang	Madiun	Jember	Sumenep	Tulungagung
1	≤ 5	44	13.33	26.67	32	11.11
2	6-10	12	10	33.33	24	29.63
3	11-15	12	20	16.67	16	25.93
4	16-20	4	16.67	13.33	4	3.7
5	≥21	28	40	10	24	29.63

Table 6 shows that the highest number of counselors with a long work period were in Madiun, as seen from 40% of counselors in Madiun had more than 21 year work period. The lowest number was Jember, of which only 10% of counselors had more than 21 year work period. Furthermore, the highest number of counselors with less than 5 year work period was in Malang of 44%, while the lowest number was in Tulungagung of 11.11%.

Related to the previous data on counselor self-talk techniques, it can be concluded that the longer counselors experience in the counseling process caused the more skilled use of self-talk techniques focusing on coping self-talk than negative self-talk. It

was supported by data from Madiun with 40% of counselors having more than 21 year work period which showed the highest score of coping self-talk technique application and the lowest negative self-talk techniques application. Data from Malang also showed that work period influenced the selection of coping self-talk and negative self-talk during the counseling process. Malang having 44% of counselors with less than 5 year work period had the highest number of negative self-talk application. Further analysis related to factors influencing negative self-talk and coping self-talk was the counselors' age. Table 7 presents the counselors' age range.

Table 7
Counselors' Age Range

No	Age Range (in %)					
	Age	Malang	Madiun	Jember	Sumenep	Tulungagung
1	≤ 25	20	3.33	10	4	3.7
2	26-30	8	10	16.67	20	7.41
3	31 - 35	12	10	26.67	20	22.22
4	36 - 40	28	6.67	20	12	18.52
5	41 - 45	8	3.33	3.33	8	3.7
6	≥ 46	24	66.67	23.33	36	44.44

The table above shows that the counselors in Madiun were dominated by 76.67% of counselors aged 36 years and over than 23.33% of counselors aged under 35 years. On the other hand, Jember were dominated by 53.34% of counselors aged under 35 years. The counselors' age greatly affected the selection of counselor self-talk technique during the counseling process. Based on the average score of coping self-talk application, the highest average score of coping self-talk application was conducted by the counselors in Madiun which had 76.67% of counselors aged 36 years and over. While the lowest average score of coping self-talk implementation was

conducted by the counselors in Jember which had 53.34% of counselors aged under 35 years.

The next analysis related to the counselors' skills in the negative self-talk and coping self-talk techniques application was based on a comparison of means tests. In the negative self-talk score, Malang and Madiun had significant differences in the negative self-talk application with the mean difference of 9.5067, $p = 0.027 < 0.05$. The counselors in Madiun used less negative self-talk technique compared with the counselors in Malang. While, in the coping self-talk score, Madiun and Jember had significant differences with the mean difference of 20.00, $p =$

0.00 < 0.05. The counselors in Madiun applied more coping self-talk compared with the counselors in Jember.

The comparison of means tests further strengthened the previous data that the applications of negative self-talk and coping self-talk depended on several factors. Age, work period, and certification participation factors greatly affected the counselors' skills in using self-talk during the counseling services.

IV. DISCUSSION

Self-talk is one's internal dialogues. In the counseling process, self-talk can provide direction and guidance that can help counselors understand the situation before, during, and after counseling process. Counselor self-talk consists of negative self-talk and coping self-talk. Negative self-talk leads counselors to the conditions that weaken and distort counselors' understanding in each counseling process. On the other hand, coping self-talk helps counselors recognize their positive potentials so that counselors will easily recognize and understand every problem in the counseling process.

This study showed that most counselors in East Java assumed that the use of self-talk in the counseling process was very effective to help solve the problems. But not all counselors in East Java had the ability to minimize the use of negative self-talk which possibly disrupts the process of problem-solving in each counseling process. Each counselor will certainly develop two forms of self-talk in each counseling process. Counselor ability in minimizing the emergence of negative self-talk and maximize the emergence of coping self-talk is influenced by several factors. In this research, the counselors' age, work period, and certification participation were some factors which might improve the ability of one's coping self-talk.

Previous research related to the self-talk skills and one's age showed that one's ability to use self-talk would increase with age. The older counselor would direct self-talk for the purpose of planning and implementation (Kray, Eber, & Lindenberger, 2004). Another study which also explained the link between age and self-talk ability was Thomas & Christian's (2012) research that, regardless of the gender, age had a positive correlation on the intensity of self-talk.

The above researches were in line with this research results that 69% of counselors in East Java did self-talk in the counseling process. Seen from the counselors' age, it was found that the area with more counselors aged 36 and above tended to use coping self-talk than negative self-talk. Conversely, areas with more counselors aged under 35 tended to use negative self-talk.

In addition to the age factor, counselor self-talk ability is also influenced by the counselor's work period. The longer a counselor has the experience in the counseling process, the more skilled the counselor is to minimize the emergence of negative self-talk during the counseling process. From the research data, it was found that the area with the majority of counselors with more than 21 year work period had

the ability to perform coping self-talk technique better than the area with the majority of counselors with less than 5 year work period.

V. CONCLUSIONS

From the results of this research, some conclusions can be drawn. First, most counselors in East Java stated that self-talk technique could function effectively in assisting counseling process, but not all counselors in East Java had self-talk training. Second, the use of negative self-talk or coping self-talk was much related to age, work period, certification, and self-talk training.

Seen from the characteristics of counselors in East Java, the use of self-talk coping was very strong but negative self-talk also still appeared in the counseling process. Given the importance of counselor self-talk for the effective counseling process, it is necessary to conduct self-talk training for the counselors to improve coping self-talk skill and reduce the intensity of negative self-talk. In this information technology era, the use of training approaches which utilize information technology is necessary.

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