

Self-Talk: The Spells of Psycho-chaotic Sorcery

(Part 2 of a series of 5)

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Amidst primordial chaos *Gair*
Tore forth from everlasting flame
The consonants of vacuúm –
And hovering over *Dwr Mawr Llwyd*
Cloaked with incorporeal pain
Soul-rendered genesis and doom.

Vis verborum, voces magicæ:
Words pierce the heart, they make us cry;
Or laugh and blush as is their wont –
Mere puffs of air, so insignificant,
Replete with meaning, awesome sonic power
Frame human life – they make us who we are!

Abstract:

This article presents evidence which shows that the content of self-talk is influenced by an individual's internal locus of control regardless of the demands of the external situation, and that the prevalent outcomes all tend to be negative and thus lead to self-concepts which are restricting, disabling and unempowering. Thus the impact of self-talk is such that if it occurs at pivotal moments it can be life changing. We realise that healthcare professionals are beginning to take seriously mind-body interrelationships in their treatment of patients, and that "emotional freedom" can be a reality. We then go on to address the negative results of inner chatter, and to describe simple yet powerful linguistic-therapeutic tools for countering negative effects by supplying a means of "meta-cognition." This leads to a discussion of the "Therapon" or gestalt of therapeutic techniques arising from the positive (un)conscious utilisation of "intrapersonal communication," imaging, and visualisation. By use of these techniques, patients can gain insightful self-knowledge, both abstract and conceptual. This allows them to label self-aspects verbally, and to name self-dimensions relating to attitudes, beliefs, goals, emotions, sensations, and values, for example, thus making them more accessible, easily addressed, and amenable to change.

Keywords:

Emotional freedom, Locus of control, Meta-cognition, Mind-body relationship, Neuro-linguistic Programming, NLP, Psycho(a)logical Semiosis, Sef-talk, Self-knowledge.

This article continues the discussions regarding the “Spells” of Psycho-chaotic Sorcery, that is, the gestalt of therapeutic techniques arising from the utilisation of “Intrapersonal Communication” which has previously been described as the “Hidden Language” [1]. Now, in terms of the “psychological software” for self-awareness, internal dialogue is immensely important. The mechanism of this is that part of the filtering process which takes place in the transfer of information from the external world to the internal or psychic world via the sensory channels, renders the information in the form of language, and this leads to the establishing of a “self-talk” [2], [3]. Indeed the sensory filtering is critical to functioning since “A subject completely immersed in experience would not be conscious of it. It is a platitude that we are indeed unconscious of most of the background noises, pressures, luminosities, odors, and visceral sensations that impinge upon us at any given moment. We are unaware of them not because they are remote but because they are too near. There is no distance between us and them.... a person can be conscious of something only if a wedge has been inserted between him and it.... In complete immersion in experience there is no sense of ownership” [4]. Moreover “Our intrapersonal perception begins with our sensory contact with the real world. Our visual, aural, olfactory, oral, and tactile encounters with reality stimulate intrapersonal sense-making. Reality is ‘out there,’ igniting our intrapersonal processes. Our sensory contact with reality and with those who live in it creates meaning for us, but our meaning does not create reality. Those things to which we have not yet assigned meaning still exist in the world; it is not our sense-making that brings them into being” [5]. Thus we constantly engage in a continuous, real-time “internal dialogue,” monitoring, maintaining, evaluating, commenting on, and adjusting, all of our experience. Given these pivotal roles in “self-reality-creation,” it is characterised as being monopolistic in that it drowns out the conscious processing of data from any other sources.

The content of self-talk is influenced by an individual’s internal locus of control regardless

of the demands of the external situation – and since it flows partly from personal truth it tends to be loudest when it is least needed and it is thus possible to get lost in a torrent of frantic self-talk. Some problems arising from (a surfeit of) (contextually inappropriate) internal dialogue are that – “Reading speed is doubled if you don’t internally verbalise the words you are reading. – You are able to reach a place of Flow much easier and your Flow states are extended (one of the most common interrupter of flow states is Internal Dialogue) – It is often a common cause of insomnia. – It impairs your learning by distracting you from the learning environment and by stuffing whatever the current topic is into what you already know (This is not what I consider learning). – It often increases the stress you experience. – It serves as a powerful demotivator. How many times have you talked yourself out of something?” [6]. Moreover internal dialogue causes physiological changes which can affect health both positively and negatively since “According to psychologist Dr Shad Helmstetter, this self-talk both reflects and creates our emotional states so that when the self-talk is negative we become more stressed, less confident, and more concerned with what other people think. The problem is that we tend to believe our self-talk is real and objective, and are not always aware that it comes from a feeling or belief we have” [7]. Various facets of self-talk-mediated intrapersonal communication processes of the type just described are itemised below. The important general point to note from these investigations is that the outcomes of the processes all tend to be negative and thus lead to self-concepts which are restricting, disabling and unempowering. The impact of self-talk is such that if it occurs at pivotal moments it can be lifechanging; and in its negative manifestation we can safely say that “You can end up being your own worst enemy” [3]. The remainder of this article addresses this negativity and describes simple yet powerful linguistic-therapeutic tools for countering these effects.

Negative intrapersonal communication can be categorised into several types:

1. We could exemplify the first type of negative internal communication process by saying

that “One way to look at self-talk is as the expression of what we believe is true about a situation. Take the example of two people – one afraid of flying, the other not. Both are in an airplane that is encountering moderate turbulence. The fearful one's self-talk is, ‘This is very unsafe. We could crash. I'm terrified.’ The other passenger, whose self-talk may be something like, ‘I think I need to go to the bathroom and will do so when the ride smooths out,’ is calmly reading the paper. Two people, experiencing the same stimuli, are having completely different responses because their beliefs about the circumstances they are experiencing are completely different” [7]. Various mechanisms are involved in “reflecting and creating our emotional states” and thus in the generation and maintenance of our languaged self-concept. McGonicle [8] suggests a classification of negative thinking as being “... ‘awfulistic’ (everything is catastrophic), ‘absolutistic’ (using ‘must,’ ‘always,’ ‘never’), or should-have self-talk (‘I should have done this’) ... Other elements include: all-or-nothing thinking; discounting the positive; emotional reasoning; and personalisation and blame” [9]. These mechanisms are discussed in detail below, and in the remainder of the article, therapeutic methods for “replacing these thoughts with something more constructive” are addressed.

(a) When self-talk tends to turn minor annoyances into much worse scenarios (the so-called “mountains out of molehills” mentality) we can be described as “awfulising” the situation. This internal dialogue pattern is characterised by the use of the words “awful,” “horrible” or “terrible” and tends to disregard the positive or neutral aspects of a situation whilst unduly emphasising the negative. The awfulised language leads to cognate beliefs, which in turn generate inappropriate feelings. This emphasis is generally unfounded and with appropriate introspection experiences can be reclassified as “difficult,” “a hassle,” “inconvenient,” or “tough,” for example.

(b) When, rarely, we anticipate danger, difficulty, or the worst possible outcome, we could be said to be “catastrophising” – and, as Mark Twain said, “I am an old man and have known a great many troubles, but most of them never happened” [10]. We might ask “What does your self-talk scream at you when you are awakened by a phone call in the middle of the night? Usually it's something like ‘There's been an accident.’ In reality, the most common cause of a phone ringing in the middle of the night is... that's right... a wrong number! Yet, few of us wake up shouting, ‘Wrong number!!!!’ [7]. In this way an imagined catastrophe leads to thoughts which affect our emotions and physiology; these then activate the emergency systems normally employed in generating the fight-or-flight response to a genuine threat; and thus the imagination gives rise to increased stress.

(c) “Overgeneralising” occurs when we take the experience from one instance and apply it as if it were generally true to all similar instances. This is the means by which stereotypes are formed and can be countered by dealing only with the immediate instance. So for example, “Phrases such as ‘They all do that,’ ‘It always happens like that to me,’ and ‘I can't catch a break’ are examples of overgeneralising. Markers of overgeneralised thinking are words such as ‘always,’ ‘never,’ and ‘every time’” [7].

(d) We engage in “polarised thinking” when we “go to extremes,” or think in terms of binary oppositions – such as “all / nothing ... good / bad ... right / wrong ... black / white ... friend / foe.” The challenge to such thinking is to realise that the members of the contrasted pair are seldom truly opposed.

(e) If we motivate ourselves with perfectionist images which downgrade present experience by highlighting judgment of the past or projection into the

future, we might be described as engaging in “shoulding” – utilising modal language to goad us not towards achievable realities but rather towards fantasies of what “should” be. According to Perls [11] “When the individual attempts to live according to preconceived ideas of what the world ‘should’ be like, he brackets off his own feelings and needs. The result ... is the blocking-off of his potential and the distortion of his perspective”.

We could summarise by saying that “The voice in the back of your mind that chatters away about useless and random things throughout the day is known as the internal dialogue. It says things like ‘I’m hungry; wow that person is attractive; ouch my back hurts; maybe I should go to the store later on; I wonder what my friend is doing right now’ etc. Such mental chattering to oneself is really a huge waste of energy and only serves to maintain one’s focus on the physical realm and everyday life. That is what the internal dialogue is and does. Most people don’t bother to take the time to discipline their minds enough to keep it from rambling on in a random manner” [12]. The problem, of course, is that “If you are constantly sending yourself false negative messages about yourself, then you will continue to perpetuate a negative outlook on reality while believing your own erroneous thoughts” [12].

2. The human mental faculty of categorising or labelling by classes, functions, groups, subgroups and so on is applied to people and even to the concept of self. The categories used then frame perception, and without an appropriate context we can become trapped in these categories – such as “I’m a loser” or “I’m a winner.” In a social context these categories can be internalised and accepted and thus lead to changes in the core aspects of personality which define our day-to-day roles, and we can thus end up “living the label.” This role-fixation is so crucial that it is considered one of the biggest factors in holding back personal growth and development [3].

3. Deeply programmed sequences of beliefs can act as behavioural “tapes” which are executed automatically, on being exposed to certain contextual stimuli. They are characterised as being long-held, out-of-awareness, and over-learned. They totally ignore current input and subconsciously pre-specify particular outcomes. By looking back to the past, applying this past perspective to judge the present, and then utilising this judgment to predict the future, tapes encode programs which tend to be self-defeating [3]. These negative messages become embedded in the subconscious as follows – “A person might think to himself ‘I’m lonely.’ Or, ‘I’m worthless.’ Then, his undisciplined internal dialogue will pick up on this false message about himself if it is repeated often enough or on that person’s mind, and eventually it will become a regular part of a mental tape-loop constantly repeating the message. The person then hears or feels these negative messages about him / herself and then forgets that he is the person who put them there in the first place! Because the individual doesn’t remember how those messages got in there, he will now start to believe those negative messages about himself as though they are true” [12]. Another example would be “I never win, so I can’t win that promotion either” [3].

4. Our overall understanding of our place in the world, and potential for development from this position, is framed by fixed or limiting beliefs about ourselves, others, and circumstances. These are “programmed” into the subconscious by repetition and are characterised as being vocalised with “should” or “must,” by defining our perceived roles, and by being rigid, hard to modify and unchanging. Unfortunately, these self-conceptualisations have a tendency to become fixed in a distorted worldview which is self-critical and negative [3]. In this way a deleterious cycle is set up, since our self-perceptions cause us to choose particular behaviours with which we respond to the world; these responses in turn engender

internal reactions which themselves frame the internal factors that generate self-perception. These beliefs block us in setting aims or achieving goals by wrongly favouring negative information (which confirms them) at the expense of positive information (which conflicts with them) [3]. There is thus a constant tension between perceptions of self as “competent / special” and “incompetent / worthless,” for example [3].

Let us now summarise the clinical research which aims to evaluate the nature (“positive” or “negative”), and prevalence of internal dialogue. We find that “In a survey of a ‘normal’ population, 80% of 330 respondents reported that they experienced ‘self-agreements’, and 44% explicitly described a process of ‘internal dialogue’, in relation to issues such as smoking, weight-loss, drinking and studying. The dialogue appeared to take place between different ‘parts’ of the self with different or opposite orientations – for example a rational part with an emotional part, or a goal-oriented part with a hedonistic part” [13]. Goldstein and Kenen’s clinical study of self-talk [13] found that “Age and the subject of agreement were found to be linked to the process of ‘internal dialogue’, while the connection between the process and sex, religion, educational level, and commitment to the agreement was not found to be statistically significant ... younger people are more likely to use an ‘internal dialogue’ process ... A possible explanation is that younger adults are more receptive to self-exploration through meditation, encounter groups, or other holistic health practices which may encourage ‘internal dialogue’” [13]. Examples of internal dialogue from this study are – “I usually talk to myself (mentally) thus: – I could go for a hot fudge sundae. – Come on, don’t fool yourself ... you don’t need it! – But I really want it. – So you eat it and gain a couple of pounds – is it worth it? – I guess not. – If you don’t eat it you might stick to that diet you’ve been promising. And if you lose some weight, you could buy new clothes” [13]. Another example is: “I asked myself what should I do about the impossible situation to make it correct. Should

I just get upset, or should I just quit and start over again. I decided to work it out and keep my head” [13]. Other cases where the dialogue is less explicit are [13]: “Something just snaps and I promise myself ‘never again’” – “I just decided that it would be much better in the long run” – “The process I went through was hard as I had to choose one or the other. Although I love her very much, I was addicted to alcohol” [13]. Some specific clinical examples reported in the context of slimming, and of drinking and smoking cessation are: “I said to myself, ‘Listen, self, you’re a cool guy but you’re too fat, so knock off the shitty food and excessive drinking and start jogging.’ I knew if I could do this I would feel better about myself and get laid easier” [13] – “I often make deals with myself to stop smoking. I told myself smoking was stupid and harmful to myself and set a bad example” [13] – “I made an agreement with myself to quit smoking. It’s something that I never wanted to do because I enjoyed it, but because of my health, I thought I should” [13] – “If I can stop drinking rum and Tab for a week, I’ll buy a sweater” [13]. Self-talk can also be used for resolving personal conflicts or making bargains within oneself, for example: “to force myself to do things that I need to do but I may not want to do” [13] – “I believe that bargains are a way of testing the waters so that the individual has an idea of how successful he or she will be in a certain endeavour” [13]. Goldstein and Kenen comment that “... although the proportion of individuals reporting ‘self-agreements’ is so high, a number remarked that they were unaware that others engaged in ‘internal dialogues’ and were worried that they might be thought peculiar should they reveal their own” [13]. From this point of view, we can conclude with Morin that “... the notion of a link between self-talk and self-awareness is logically plausible. By definition, one can state with confidence that if one is talking to oneself about oneself one is focusing attention on the self – one is self-aware ... That is, if a person utters ‘I feel happy’, this person is the object of his or her own attention and is actively identifying information about the self – the very definition of self-awareness” [14]. This

does, however, indicate the need for further research since “The establishment of this logical plausibility would gain more strength if one could show that it is possible to substitute typical self-awareness expressions found in the literature for self-verbalisations. If such a conversion was very difficult or impossible to accomplish, the logical plausibility of the hypothesis would be questionable” [14].

If we turn now to the psycho-biological ramifications of self-talk then we find that the function of this form of intrapersonal communication (IAPC) is to “coordinate other connective sensory and motor functions within the brain – to integrate and link the individual to the social order – to regulate human behavior through spoken language – to provide for human mentation as reflected in mental processes and activities” [9], [15]. We note further that “IAPC, as well as the internal thoughts and language associated with it, serve as another ‘control’ system in the body, on much the same level as the body’s other systems” [9]. By stressing the implication of “... other parts of the body including the nervous system, organs, muscles, hormones, and neurotransmitters” [9] in intrapersonal communication, Shedletsky introduces a psychophysiological or “mind-body” dimension, and thus “Self-talk is a health behavior that has potentially far-reaching effects” [9]. For example, “The use of positive self-talk has been linked to the reduction of stress. Less stress, in turn, can effect other positive health changes. Self-talk, like thoughts, is not neutral because it triggers behavior in either a positive or negative direction ... However, negative thinking as the ‘thinking of choice,’ may not be so bad, because it heightens people’s sensitivity to the situation they are facing. They are likely to think more clearly” [9]. Weikle reports how “Medical professionals are beginning to take note of mind-body interrelationships in their treatment of patients” [9] and that “The reality of emotional choice – that people have definite control over their emotional state – is known in various circles as self-talk, intrapersonal communication (IAPC), imaging, and visualisation ... Self-talk is part of

IAPC, but the part cannot be equal to the whole” [9], [16]. Furthermore “Recent cognitive-behavioral research suggests that functional groups are characterised by approximately a 1.7 to 1 ratio of positive to negative coping thoughts, whereas mildly dysfunctional groups demonstrate equal frequencies of such thoughts. Furthermore, this research reveals an asymmetry between positive and negative coping thoughts, whereby negative thoughts have greater functional impact and are more likely to change as a result of therapy” [17]. This is the reason that “Health psychologists believe there is a missing link that could account for why some people are successful at changing unhealthy behavior patterns – such as eating too much or the wrong foods, failing to exercise or letting stress get the better of them – while other people seem to fail. Words could be that missing link. What’s missing in making a new health regimen successful could be the individual’s inner brain dialogue, or intrapersonal communication (IAPC) or, more simply, ‘self talk’” [18]. Thus in summary, “Self-talk has been shown, in research by medical and communication professionals, to have psychophysiological underpinnings. Thought patterns generated by self-talk affect health-states” [9]. Furthermore, “... what people say to themselves does affect their ability to combat and ward off illnesses. Individuals can tap into the power of their own self-talk by recognising it for what it is, reducing harmful negativity, and increasing the number of positive internal messages” [9]. Indeed “What studies have shown has been supported by doctors and patients alike. People can begin to harness the power in their minds by taking an active role in deciding what to think, enhancing the positive messages they send themselves. It also involves being realistic, identifying the causes for any negativity, realising it is a signal to act. By doing so, people can face challenges – health related or otherwise – with the knowledge they can succeed if they literally ‘put their minds to it’” [9]. The upshot of this is that “The development of positive personal speech requires that people take active roles in shaping events in their lives, not to let life just ‘happen’ to them. Keeping a journal, using your name as

you talk to yourself, and releasing pent-up feelings are some of the ways Levine recommends becoming aware of and constructively using thoughts” [9].

Aside from the biological and emotional effects of different modalities of intrapersonal communication, there are also wider implications, since “the interpersonal communication acts of an individual are reflexive to the extent their appearance and consequences re-enter the individual to become additional ‘realities’” [19] and thus “The processes of interpersonal communication and intrapersonal communication are inextricably linked, with each affecting and impacting on the other. How people interact with others will affect how they see themselves, and likewise, how they see themselves will impact how they interact with others” [20]. A good example of this is seen in gender differentiation in self-talk. It is well-known that there are significant differences between male and female inter- and intrapersonal communication styles, with causes that “... range from differences in the physiological makeup of the brain of females and males to differences in how females and males are taught in early childhood” [20] – we might posit that experience “is filtered through often unconscious beliefs about ‘correct’ roles for men and women” [20]. The knock-on effect of this is that “By fostering an educational system that teaches boys and girls to communicate differently, we are teaching them to see themselves as different from each other, imparting an artificial differentiation that can only provide for misunderstandings between the sexes ... This raises two issues of import; first creating awareness of the differing treatment of boys and girls concerning acceptable communication behaviors, and secondly, fostering awareness of the different ways that men and women communicate intrapersonally” [20]. In terms of addressing this disparity then “Awareness of the differing treatment of girls and boys may help to decrease it and result in more equal and improved communication between the sexes. As boys and girls are taught to communicate differently and to value different communication behaviors, they come to communicate differently intrapersonally. It is

a logical extension to argue that if men and women tend to communicate differently interpersonally, then they will also tend to communicate differently intrapersonally” [20].

Let us turn now to the linguistic form of the self-talk. Morin comments here that “... an internal dialogue mediating poor or inaccurate self-information is usually made up of as many words as an effective one. In other words, an internal dialogue can be highly verbose and yet unproductive in the way of acquiring self-information. The same observation can be made about the frequency of self-talk ... Here again, the following proposition: the content of self-talk is of cardinal importance” [21]. The conclusion of this is that “... it is not how much one self-talks, but the quality of the self-talk that counts” [22]. Expanding on this, we see that “It happens to all of us to talk to ourselves and to keep a rather diffuse recollection of the content of our internal conversation. However, in other circumstances, we will consciously talk to ourselves and pay enough attention to our internal dialogue so that we will subsequently be able to remember in much detail the steps of our reasoning. It is on these occasions that we sometimes take important decisions or draw no less important conclusions about our behaviour. These decisions or conclusions will leave permanent traces in our mind. In order for information extracted from this process to persist in our memory, it thus seems necessary to pay attention to what we say to ourselves. It seems that a form of metacognition applied to self-talk could promote the acquisition of self-information” [21]. The realisation that “... language allows to verbally label self-aspects [is highly relevant]. This would greatly facilitate the identification of self-information, especially more abstract and conceptual material ... A weak version of this idea states that talking to oneself and naming selfdimensions makes these more salient and visible. Without language, emotional responses, physiological sensations, values, attitudes, goals, etc. would still be perceptible but more ‘diffuse’ or ‘out of focus.’ In other words, one could be aware of feeling hungry without having to say to oneself ‘I am hungry’, but one would perceive hunger more acutely (and possibly more intensely) if one

would talk to oneself about this physiological sensation. A stronger account proposes that one could simply not be aware of some self-aspects without naming them. Indeed, how could one realise that one is holding anti-semitic opinions or hedonistic values without having to verbally label these by saying to oneself ‘I believe in antisemitism / hedonism?’ [14]. We can return now to Wittgenstein’s “therapeutic linguistics” [1] if we realise that “ ... a rather superficial analysis of one’s subjective experience can be significantly deepened with the use of a sophisticated vocabulary; the global analysis of an emotion ... transformed itself into the identification of a relatively rich emotional experience by using different adjectives ... An individual can say to himself or herself ‘I’m pretty!’; but if this person also knows and uses adjectives such as charming, attractive, seductive, superb, lovely, etc. when describing himself or herself, it is clear that this person will learn more about himself or herself. Hence a relation between the richness of vocabulary one uses in self-talk and self-knowledge” [21]. Thus

internal dialogue allows us to “ ... differentiate between subtle self-aspects. One can say to oneself ‘I feel tired’; but one can also utter ‘I don’t simply feel tired – I feel sleepy, drowsy and exhausted,’ in which case one’s subjective experience will be significantly deepened by the use of a sophisticated vocabulary about oneself. One can describe oneself as being ‘intelligent’, or one can employ adjectives such as ‘quick’, ‘sharp’, and ‘clever’ to portray oneself; better self-understanding is likely to be the result” [14].

The next article goes on to investigate this conjecture further, from viewpoint of various psychotherapeutic modalities -- Freudian (or Analytical) therapy or “Depth psychology” – Humanist approaches – Rational Emotive Behavioural Therapy and Beck’s Cognitive Therapy – and Cognitive Behavioural Therapy. By consideration and comparison of all these modalities we see how we can distil common features by which we can learn to “Enchant the Self through Creative Psycho(a)logical Change.”

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