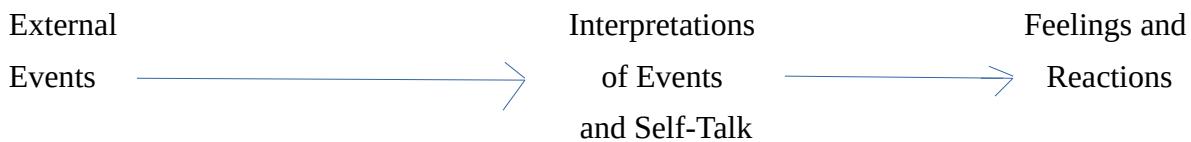


# Self-Talk

Imagine two individuals sitting in stop-and-go traffic in rush hour. One perceives himself as trapped, and says such things to himself as “I can’t stand this,” “I’ve got to get out of here,” and “Why did I ever get myself into this commute?” What he feels is anxiety, anger, and frustration. The other perceives the situation as an opportunity to lie back, relax, and listen to music. He says, “I might as well just relax and adjust to the pace of the traffic” or “I can unwind by doing some deep breathing.” What he feels is a sense of calm and acceptance. In both cases, the situation is exactly the same, but the feelings in response to that situation are vastly different because of each individual’s internal monologue, or *self-talk*.

The truth is that it’s *what we say to ourselves* in response to any particular situation that mainly determines our mood and feelings. Often we say it so quickly and automatically that we don’t even notice, and so we get the impression that the external situation “makes” us feel the way we do. But it’s really our interpretations and thoughts about what is happening that form the basis of our feelings. This sequence can be represented as a timeline:



In short, you are largely responsible for how you feel (barring physiological determinants such as illness.) This is a profound and very important truth—one that sometimes takes a long time to fully grasp. It’s often much easier to blame the way you feel on something or someone outside yourself than to take responsibility for your reactions. Yet it is through your willingness to accept that responsibility that you begin to take charge and have mastery over your life. The realization that you are mostly responsible for how you feel is empowering once you fully accept it. It’s one of the most important keys to living a happier, more effective, and anxiety-free life.

## Anxiety and Self-Talk

People who suffer from phobias, panic attacks, and general anxiety are especially prone to engage in negative self-talk. Anxiety can be generated on the spur of the moment by repeatedly making statements to yourself that begin with the two words “what if.” Any anxiety you experience in anticipation of confronting a difficult situation is manufactured out of your own “what-if statements” to yourself. When you decide to avoid a situation altogether, it is probably because of the scary questions you’ve asked yourself: “What if I panic?” “What if I can’t handle it?” “What will other people think if they see me anxious?” Just noticing when you fall into “what-if thinking” is the first step toward

gaining control over negative self-talk. The real change occurs when you begin to *counter* and *replace* negative “what-if statements” with positive self-supportive statements that reinforce your ability to cope. For example, you might say, “So what?” “These are just thoughts,” This is just scare-talk,” “I can handle this,” or “I can breathe, let go, and relax.”

I want you to consider some basic facts about self-talk. Following these facts is a discussion of the different types of self-defeating inner monologues.

## Some Basic Points About Self-Talk

- Self-talk is usually so automatic and subtle that you don’t notice it or the effect it has on your moods and feelings. You react without noticing what you told yourself right before you reacted. Often it is only when you relax, take a step back, and really examine what you’ve been telling yourself that you can see the connection between self-talk and your feelings. What is important is that *you can learn to slow down and take note of your negative internal monologue.*
- Self-talk often *appears in telegraphic form*. One short word or image contains a whole series of thoughts, memories, or associations. For example, you feel your heart starting to beat faster and say to yourself, “Oh no!” Implicit within that momentary “Oh no!” is a whole series of associations concerning fears about panic, memories of previous panic attacks, and thoughts about how to escape the current situation. Identifying self-talk may require unraveling several distinct thoughts from a single word or image.
- Anxious self-talk is typically *irrational but almost always sounds like the truth*. What-if thinking may lead you to expect the worst possible outcome in a given situation, one that is highly unlikely to occur. Yet because the association takes place so quickly, it goes unchallenged and unquestioned. It’s hard to evaluate the validity of a belief you’re scarcely aware of—you just have to accept it as is.
- Negative self-talk *perpetuates avoidance*. You tell yourself that a situation such as the freeway is dangerous and so you avoid it. By continuing to avoid it, you reinforce the thought that it’s dangerous. You may even project images of catastrophe around the prospect of confronting the situation. In short, anxious self-talk leads to avoidance, avoidance begets further anxious self-talk, and around and around the cycle goes.
- Self-talk can *initiate or aggravate a panic attack*. A panic attack often starts out with symptoms of increasing physiological arousal, such as a more rapid heartbeat, tightness in the chest, or sweaty palms. Biologically, this is the body’s *natural* response to stress—the fight-or-flight response that all mammals, including humans, normally experience when subjected to a perceived threat. There is nothing inherently abnormal or dangerous about it. Yet these symptoms can remind you of previous panic attacks. Instead of simply allowing your body’s physiological reaction to rise, peak, and subside in its own good time, you scare yourself into a considerably more intense panic attack with scary self-talk: “Oh no, it’s happening again,” “What if I lost control?” “I *have* to get out of here now,” or “I’m going to fight this and make it

go away.” This scare-talk aggravates the initial physical symptoms, which in turn elicits further scare-talk. A severe panic attack might have been aborted or rendered much less intense had you made reassuring statements to yourself at the onset of your first symptoms. “I can accept what’s happening even though it’s uncomfortable,” “I’ll let my body do its thing,” “This will pass,” “I’ve gotten through this before and I will this time,” or “This is just a burst of adrenaline that can metabolize and pass in a few minutes.”

- Negative self-talk is a *series of bad habits*. You aren’t born with a predisposition to fearful self-talk: you *learn* to think that way. Just as you can replace unhealthy *behavioral* habits, such as smoking or drinking excess coffee, with more positive, health-promoting behavior, so can you replace unhealthy thinking with more positive, supportive *mental* habits. Bear in mind that the acquisition of positive mental habits takes the same persistence and practice required for learning new behaviors.

## Types of Negative Self-Talk

Not all negative self-talk is the same. Human beings are not only diverse but complex, with multifaceted personalities. These facets are sometimes referred to as “sub-personalities.” Our different subpersonalities each play their own distinct role and possess their own voice in the complex working of consciousness, memory, and dreams. Below I’ve outlined four of the more common subpersonality types that tend to be prominent in people who are prone to anxiety: the Worrier, the Critic, the Victim, and the Perfectionist. Since the strength of these inner voices varies for different people, you might find it useful to rank them from strongest to weakest in yourself.

### ***The Worrier (promotes anxiety)***

*Characteristics:* This usually is the strongest subpersonality in people who are prone to anxiety. The Worrier creates anxiety by imagining the worst-case scenario. It scares you with fantasies of disaster or catastrophe when you imagine confronting something you fear. It also aggravates panic by reacting to the first physical symptoms of a panic attack. The Worrier promotes your fears that what is happening is dangerous or embarrassing. (“What if I have a heart attack?” “What will they think if they see me?!”).

In short, the Worrier’s dominant tendencies include 1) anticipating the worst, 2) over-estimating the odds of something bad or embarrassing happening, and 3) creating grandiose images of potential failure or catastrophe. The Worrier is always vigilant, watching with uneasy apprehension for any small symptoms or signs of trouble:

*Favorite expression:* By far the favorite expression of the Worrier is “what if . . .?”.

*Examples:* Some typical dialogue from the Worrier might be: “Oh no, my heart’s starting to beat faster! What if I panic and lose complete control of myself?” “What if I start stammering in the middle of my speech?” “What if they see me shaking?” “What if I’m alone and there’s nobody to call?” “What if I just can’t get over this phobia?” or “What if I’m restricted from going to work for the rest of my life?”

## ***The Critic (promotes low self-esteem)***

*Characteristics:* The critic is that part of you that is constantly judging and evaluating your behavior (and in this sense may seem more “apart” from you than the other subpersonalities). It tends to point out your flaws and limitations whenever possible. It jumps on any mistake you make to remind you that you’re a failure. The Critic generates anxiety by putting you down for not being able to handle your panic symptoms, for not being able to go places you used to go, for being unable to perform at your best, or for having to be dependent on someone else. It also likes to compare you with others and usually sees them coming out favorably. It tends to ignore your positive qualities and emphasizes your weaknesses and inadequacies. The Critic may be personified in your own dialogue as the voice of your mother or father, a dreaded teacher, or anyone who wounded you in the past with their criticism.

*Favorite expressions:* “What a disappointment you are!” “That was stupid!”

*Examples:* The following would be typical of the Critic’s self-talk: “You stupid ...” (The Critic relishes negative labels.) “Can’t you ever get it right?” “Why are you always this way?” “Look at how capable \_\_\_\_\_ is,” or “You could have done better.” The Critic holds negative self-beliefs, such as “I’m inferior to others,” “I’m not worth much,” “There’s something inherently wrong with me,” or “I’m weak—I should be stronger.”

## ***The Victim (promotes depression)***

*Characteristics:* The Victim is that part of you that feels helpless or hopeless. It generates anxiety by telling you that you’re not making any progress, that your condition is incurable, or that the road is too long and steep for you to have a real chance at recovering. The Victim also plays a major role in creating depression. The Victim believes that there is something inherently wrong with you: you are in some way deprived, defective, or unworthy. The Victim always perceives insurmountable obstacles between you and your goals. Characteristically, it bemoans, complains, and regrets things as they are at present. It believes that nothing will ever change.

*Favorite expressions:* “I can’t.” “I’ll never be able to.”

*Examples:* The Victim will say such things as “I’ll never be able to do that, so what’s the point in even trying?” “I feel physically drained today—why bother doing anything?” “Maybe I should have done it if I’d had more initiative ten years ago—but it’s too late now.” The Victim holds such negative self-

beliefs as “I’m hopeless,” “I’ve had this problem too long—it will never get better,” or “I’ve tried everything—nothing is ever going to work.”

### ***The Perfectionist (promotes chronic stress and burnout)***

*Characteristics:* The Perfectionist is a close cousin of the Critic, but its concern is less to put you down than to push and goad you to do better. It generates anxiety by constantly telling you that your efforts aren’t good enough, that you *should* be working harder, that you *should* always have everything under control, *should* always be competent, *should* always be pleasing, *should* always be \_\_\_\_\_ (fill in whatever you keep telling yourself that you “should” do or be). The Perfectionist is the hard-driving part of you that wants to be best and is intolerant of mistakes or setbacks. It has a tendency to try to convince you that your self-worth is dependent on *externals*, such as vocational achievement, money and status, acceptance by others, being loved, or your ability to be pleasing and nice to others, regardless of what they do. The Perfectionist isn’t convinced by any notions of your inherent self-worth, but instead pushes you into stress, exhaustion, and burnout in pursuit of its goals. It likes to ignore warning signals from your body.

*Favorite Expressions:* “I should.” “I have to.” “I must.”

*Examples:* The Perfectionist may provide such instructions as “I should always be on top of things,” “I should always be considerate and unselfish,” “I should always be pleasant and nice,” or “I *have to* (get this job, make this amount of money, receive \_\_\_\_\_’s approval, etc.) or I’m not worth much.” (See discussion of “should statements” at the end of the next section.)

### ***Exercise: What Are Your Subpersonalities Telling You?***

Take some time to think about how each of the above subpersonalities plays a role in your thinking, feelings, and behavior. First, estimate how much each one affects you by rating its degree of influence from “not at all” to “very much” on a six-point scale (see the worksheets over the next few pages). Which subpersonality is strongest and which is weakest for you? Then think about what each subpersonality is saying to you to create or aggravate anxiety in each of four different situations.

1. *Work* (on your job, at school, or in other performance situations)
2. *Personal relationships* (with your spouse or partner, parents, children, and/or friends)
3. *Anxiety symptoms* (on occasions when you experience panic, anxiety, or obsessive-compulsive symptoms)
4. *Phobic situations* (either in *advance* of facing a phobia or while actually *confronting* the phobic situation)

Here are some examples for the Worrier:

## The Worrier

Work:	“What if my boss finds out that I have agoraphobia? Will I get fired?”
Relationships:	“My husband is getting tired of having to take me places. What if he refuses? What if he leaves me?”
Anxiety symptoms:	“What if they see me panic? What if they think I’m weird?”
Phobic situation:	“What if I get into an accident the first time I try to drive on the freeway?”

You may find that the Worrier’s self-talk in the latter two situations is by far the most common source of your anxiety. If you have panic attacks, the Worrier is prone to create anxiety about when and where your next one might occur. Should the bodily symptoms of panic actually start to come on, the Worrier will magnify them into something dangerous, which only creates more panic. Many of the coping strategies described in chapter 6 (in particular, the use of positive coping statements) are designed to help you deal with the Worrier during a panic attack.

If you have phobias, the Worrier is typically busy telling you about all kinds of things that might happen if you were to actually face your fear. As a result, you often experience “anticipatory anxiety” (anxiety in advance of facing a phobia) and try to avoid dealing with whatever you phobia may be. You’ll find it helpful to do a separate analysis of what your Worrier is telling you (in other words, your “what-ifs”) for *each* of your specific phobias. Ask yourself what you’re afraid could happen if you faced each phobia.

Here are some examples of how other subpersonalities operate:

## The Critic

Work:	“I’m incompetent because of my condition.”
Relationships:	“I’m a burden to my husband.”
Anxiety symptoms:	“I’m such a weakling—I go to pieces when I panic.”
Phobic situation:	“Everybody else can drive—I feel like a loser.”

## Countering Negative Self-Talk

The most effective way to deal with the negative self-talk of your Worrier and other subpersonalities is to *counter* it with positive, supportive statements. Countering involves *writing down* and *rehearsing* positive statements that directly refute or invalidate your negative self-talk. If you’re creating anxiety and other upsetting emotional states through negative mental programming, you can begin to change the way you feel by substituting positive programming. Doing this will take some *practice*. You’ve had years to practice your negative self-talk and naturally have developed some very strong habits. Your Worrier and other subpersonalities are likely to be very well entrenched. By starting to notice

when you're engaging in negativity and then countering it with positive, supportive statements to yourself, you'll begin to turn your thinking around. With practice and consistent effort, you'll change both the way you think *and the way you feel* on an ongoing basis.

Sometimes countering comes naturally and easily. You are ready and willing to substitute positive, reasonable self-statements for ones that have been causing you anxiety and distress. You're more than ready to relinquish negative mental habits that aren't serving you. On the other hand, you may object to the idea of countering and say, "But what if what my Worrier (Critic, Victim, or Perfectionist) says is true? It's hard for me to believe otherwise." Or you may say, "How can I substitute positive self-statements for negative ones if I don't really believe them?"

Perhaps you're strongly attached to some of your negative self-talk. You've been telling yourself these things for years and it's difficult to give up both the habit and the belief. You're not someone who's easily persuaded. If that's the case, and you want to do something about your negative self-talk, it's important that you subject it to rational scrutiny. You can weaken the hold of your negative self-statements by exposing them to any of the following Socratic questions, or rational investigation.

1. What is the evidence for this?
2. Is this *always* true?
3. Has this been true in the past?
4. What are the odds of this really happening (or being true)?
5. What is the very worst that could happen? What is so bad about that? What would you do if the worst happened?
6. Are you looking at the whole picture?
7. Are you being fully objective?

The validity of your negative self-statements has nothing to do with how attached you are to them or how ingrained they might be. Rather, it has to do with whether they stand up under careful, objective scrutiny. Consider the following examples:

<b>Worrier:</b>	"What if I have a heart attack the next time I panic?"
<b>Questioning:</b>	"What is the evidence that panic attacks cause heart attacks?" (Answer: None—see chapter 6.)
<b>Counterstatement:</b>	"A panic attack, however, uncomfortable, is not dangerous to my heart. I can let panic rise, fall, and pass, and my heart will be fine."
<b>Critic:</b>	"You're weak and neurotic because of your stupid phobias."
<b>Questioning:</b>	"What is the evidence for this?" (Answer: Phobias are caused by a conditioning process that occurs in a high-anxiety state—see chapter 2. "Weak" and "neurotic" are pejorative labels that explain nothing.)
<b>Counterstatement:</b>	"My phobias developed because of a conditioning process that caused me to be sensitized to certain situations. I'm learning to overcome my phobias"

	through a process of gradual exposure.”
<b>Victim:</b>	“I’ll never get over this problem. I’ll be limited in my mobility for the rest of my life.”
<b>Questioning:</b>	“What is the evidence that agoraphobia is a lifelong condition? What other outcomes are possible?” (Answer: Ninety percent of agoraphobics recover with effective treatment.)
<b>Counterstatement:</b>	“My condition isn’t hopeless. I can overcome it by establishing and committing myself to a program for recovery.”
<b>Perfectionist:</b>	“I have to receive my parents’ acceptance and approval or I’ll be devastated.”
<b>Questioning:</b>	“Am I being fully objective? Is it actually true that my parents’ approval is absolutely necessary for my well-being? What is the worst that could happen?” (Answer: “I could still survive and have people who care for and support me even without my parents’ approval.”)
<b>Counterstatement:</b>	“I’m willing to go forward with my life and try to better myself regardless of what my parents think.”

If you feel attached to your negative self-talk, use any of the above Socratic questions to evaluate the validity of what you’re telling yourself. In most cases, you’ll find that the negative statements of your Worrier, Critic, Victim, and Perfectionist have little basis in reality. At worst, they will be only partially or occasionally true. Once you’ve discredited a particular subpersonality’s views, you will be ready to counter with positive, supportive statements.

## Rules for Writing Positive Counterstatements

- *Avoid negatives* in writing your counterstatements. Instead of saying, “I’m not going to panic when I board the plane,” try, “I am confident and calm about boarding the plane.” Telling yourself something will *not* happen is more likely to create anxiety than giving yourself a direct affirmation.
- Keep counterstatements in the *present tense* (“I can breathe and let these feelings pass” is preferable to “I will feel better in a few minutes”). Since much of your negative self-talk is in the here and now, it needs to be countered by statements that are also in the present tense. If you’re not ready to *directly* affirm something, try beginning your positive statement with “I am willing to ...” or “I am learning to ...” or “I can...”
- Whenever possible, keep your statements in the *first person*. Begin them with “I” or refer to “I” somewhere in the statement. It’s okay to write a sentence or two explaining the basis for your counterstatement (see the previous examples of counterstatements for the Worrier and Critic), but try to end with an “I-statement.”

- It's important that you have some *belief* in your positive self-talk. Don't write something down just because it's positive if you don't actually believe it. If appropriate, use Socratic questions to challenge your negative self-talk first, and then follow this up with a positive counterstatement that holds some personal credibility for you.

To get you started, here are some more examples of positive counterstatements you can use with each of the above subpersonalities.

### **The Worrier**

Instead of "what if ..." you can say, "So what," "I can handle this," "I can be anxious and still do this," "This may be scary, but I can tolerate a little anxiety, knowing that it will pass," or "I'll get used to this with practice."

### **The Critic**

Instead of putting yourself down, you can say, "I'm okay the way I am," "I'm loveable and capable," "I'm a unique and creative person," "I deserve the good things in life as much as anyone else," "I accept and believe in myself," or "I am worthy of the respect of others."

### **The Victim**

Instead of feeling hopeless, you can say, "I don't have to be all better tomorrow," "I can continue to make progress one step at a time," "I acknowledge the progress I've made and will continue to improve," "It's never too late to change," or "I'm willing to see the glass as half full rather than half empty."

### **The Perfectionist**

Instead of demanding perfection, you can say, "It's okay to make mistakes," "Life is too short to be taken too seriously," "Setbacks are part of the process and an important learning experience," "I don't have to always be ...," or "My needs and feelings are as important as anyone else's."

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