

PARENTAL INFLUENCES ON SELF-TALK IN YOUNG PEOPLE



The Influence of Parenting Styles and Parental Communication on Self-Talk in Young People: A Qualitative Study

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Abstract

Theorists such as Vygotsky (1986) asserted that self-talk is developed in early childhood and derives from social communication with adults. Previous findings have demonstrated the influence of positive and negative parental statements on self-talk. However, there is a dearth of research pertaining to the influence of parenting styles on self-talk, which are highly influential in a child's developmental outcomes across the lifespan. This study aimed to investigate the influence of parenting styles on self-talk in young people and whether there are existing commonalities between a young person's self-talk and the parenting they experienced. A deductive qualitative approach was taken to this study, using semi-structured interviews. A measure of Baumrind's (1966/1971) typology was utilised as a tool for making comparisons between the transcripts of each participant ($N = 8$). A reflexive thematic analysis resulted in three overarching themes; (i) The influence of positive maternal communication on motivational self-talk (ii) The absence of responsiveness and its association with negative self-talk (iii) Additional influences; authority figures and cultural values. Parenting styles can be influential on self-talk in young people and maternal communication is often imitated within self-talk. Implications for future directions, such as parental communication workshops, are discussed.

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Parenting practices and parent-child relationships are a vital component of optimal development across a child's lifespan (Baumrind, 2013; Cameron et al., 2020; Pinquart & Kauser, 2018). The quality of early parent-child interactions are highly influential in a child's cognitive development, facilitating the development of language and higher mental functioning (e.g., goal-setting) (Christakis et al., 2019; Jeon et al., 2013; Safwat & Sheikhany, 2014; Vygotsky, 1986). Furthermore, across childhood and adolescence, parent socialization can be influential in well-being, emotional regulation and self-relationships (Davidson & Cardemil, 2008; Morris et al., 2017; Trevarthen & Aitken, 2001). The developmental effects of parent socialization can persist into young adulthood (Martinez-Escudero et al., 2020). The observation of parent socialization styles has aided parenting researchers in uncovering the optimal style of parenting and the outcomes of each one (Baumrind 1961/1971/2013).

Baumrind's Typology of Parenting Styles

The parenting style adopted by a caregiver refers to the "constellation of attitudes and behaviours they exhibit towards their child, and the emotional climate in which the parents' behaviors are expressed" (Darling & Steinberg, 1993). Diana Baumrind constructed a typology of three distinct parenting styles, known as authoritative, authoritarian and permissive parenting (Baumrind, 1966; 2013). An additional fourth parenting style, known as neglectful or disengaged parenting, was later identified by Maccoby and Martin (1983) and was appended to Baumrind's typology. Each style can be categorised by its appertaining levels of parental responsiveness and parental demandingness. Parental responsiveness refers to the level of warmth and support exhibited towards a child, while parental demandingness refers to the degree of monitoring and restraint over a child's potentially disruptive agentic expressions (Baumrind, 2013).

An authoritative parenting style is comprised of both high levels of parental responsiveness and parental demandingness. This style is considered an antithesis of disengaged or neglectful parenting, which demonstrates lower levels of these dimensions. A parent who exhibits low levels of parental demandingness and high levels of parental responsiveness is classified as a permissive parent. On the other end of the continuum, retaining high levels of parental responsiveness and low levels of parental demandingness, is an authoritarian style parent (Baumrind, 2013). Baumrind's taxonomy of parenting styles is well-established, highly influential in the field of parenting research and is consistent with previous taxonomies of parenting styles (e.g., Sears et al., 1957) (Baumrind, 1966/1991; Calders et al., 2020; Darling & Steinberg, 1993; Power, 2013).

The influence a parenting style can have on a young person has been explored on many domains, such as self-attribution, academic achievement, self-worth (Kuppens & Ceulemans, 2018; Pinquart & Kauser, 2018), both internalizing and externalizing problems (Rönnlund & Karlsson, 2006) and quite commonly self-esteem (Milevsky et al., 2006). Typically, when compared to other parenting styles, authoritative parenting is associated with the highest level of desirable outcomes in children (e.g., Pinquart, 2015; Pinquart & Gerke, 2019). Individuals who are reared using this style are often described as autonomous and socially competent individuals. The open, bidirectional communication that is associated with authoritative parenting styles is an important mechanism in the development of these traits (Baumrind, 1989).

It is important to note that much of the research pertaining to the area of parenting styles adopts a cross-sectional design, thus limiting the ability to infer causal relationships in this area (Pinquart & Gerke, 2019). However, previous longitudinal studies have provided further support for the relationship between authoritative parenting and positive developmental outcomes across the lifespan (Calders et al., 2020; Cramer, 2011; Williams &

Ciarrochi, 2019). Furthermore, Calders et al. (2020) demonstrated that if a parenting style changes from one style to another, the normative social and emotional outcomes of the latter style will prevail. A parenting style may change as a result of the young person's behaviour (e.g., delinquent behaviours may warrant an increase in parental strictness) or with age (Gutman & Feinstein, 2008; Kerr et al., 2012). However, in Calders et al., (2020) longitudinal findings ($N=880$, final wave) a change in parenting style only occurred in eight percent of participants. An additional point of consideration when discussing Baumrind's parenting styles is their applicability to non-Western cultures. As Baumrind constructed her typology using a predominantly Western sample (1966; 2013), factors such as cultural beliefs were not taken into consideration and can play a moderating role in the relationship between parenting styles and outcomes (Alicia, 2018; Calders et al., 2020). However, there is mounting evidence to support the transferability of Baumrind's typology to non-Western cultures (e.g., Hong Kong and Australia) (Pinquart & Kauser, 2018; Steinberg, 2001). For instance, Pinquart & Kauser's (2018) meta-analytic review demonstrated a higher level of ethnic and regional similarities, rather than differences, when investigating the developmental outcomes of parenting styles. Nonetheless, the contextual factors of parenting styles should be taken into consideration when investigating their outcomes (Calders et al., 2020). A qualitative approach to parenting style research has accounted for the additional factors (e.g., social, cultural and environmental factors) that may play a role in child-rearing and its developmental outcomes (Čablová et al., 2013).

Self-Talk

Self-talk is a 'ubiquitous human phenomenon' that is multidimensional in nature (Hardy, 2004/2005, Kross et al., 2014) and initially occurs in early childhood with the onset of self-awareness (Winsler et al., 2000/2003). A prevailing limitation within self-talk literature is a lack of clarity with defining the concept as a result of multiple existing

definitions (e.g., private speech, internal speech, inner dialogue), leading to confusion and inaccuracy in this area of research (Hardy, 2006). The current study will define self-talk as “overt or subvocal communication with oneself”, a general definition that incorporates both the previous definitions of private speech (overt) and inner speech (subvocal) (Brinthaupt, Hein & Kramer, 2009).

The concept of self-talk is prevalent in the work of earlier psychologists, such as Lev Vygotsky’s sociocultural theory of cognitive development (1986), which contends that private speech (i.e. subvocal self-talk) in early childhood derives from social communication with adults. While this argument has retained empirical support (Falk & Nelson, 1990; Flanagan & Symonds, 2022; Hardy et al., 2005), some advancements have been made in the research area of self-talk in young people. For example, Vygotsky asserted that private speech serves a self-regulatory function in children, however, a greater range of functions for self-talk have since been discovered (e.g., social assessment, motivation) (Hardy, 2006; Hatzigeorgiadis et al., 2008). Nonetheless, Vygotsky’s theoretical perspectives are reputable within the current scope of research pertaining to self-talk in young people (see Flanagan & Symonds, 2022 for a review).

Researchers in the area of self-talk have facilitated in providing clearer definitions of the concept and understanding the multidimensions of the concept (overtness, valence, the degree to which it is self-determined, motivational interpretation, frequency and function) (Hardy, 2006). The dimension of valence (positive and negative self-talk) has garnered the most attention in self-talk research (Calvete et al., 2005; Hardy, 2006; Winsler, 2009) although it has yet to be identified as the most significant dimension (Hardy, 2006). Quantitative measures of self-talk, such as the Self-Talk Scale (STS), only account for the dimension of frequency (Brinthaupt et al., 2009) while the Self-Talk Inventory exclusively focuses on the valence of self-talk (Calvete et al., 2005). A unidimensional approach to

measuring self-talk has been discouraged by self-talk researchers as it does not capture the complexity of the concept (Brinthaupt et al, 2005; Hardy, 2005). Qualitative studies on self-talk have allowed researchers to better understand the broader range of dimensions and functions pertaining to self-talk (Hardy et al., 2001; Latinjak et al., 2019b; Miles & Neil, 2013).

The Association between Parenting Styles and Self-Talk

It is reasonable to suggest that parenting styles are influential in the self-talk of young people. Previous research has demonstrated that the communication that young people receive from their parents, or additional significant others can influence their self-talk (Burnett, 1996; Burnett & McCrindle, 1999; Lefebvre et al., 2022). These findings support the Vygotskian (1987) perspective that children's social speech with caregivers, or additional adult figures is internalised as private speech. In a sample of college students, maternal self-talk was related to the self-talk of the child and was mediated by maternal communication. The persistence of this relationship despite the child approaching the age of young adulthood suggests a long-standing effect of parental influence on self-talk (Donnelly, 2005).

Furthermore, it has been suggested that non-verbal communications of parental responsiveness and parental demandingness can facilitate relational schemas in children. For example, if a child believes that they should receive responsiveness or warmth in times of distress, they may practice this quality in their relationship with themselves (Lefebvre et al., 2022; Trevarthen & Aitken, 2001). Researchers have also suggested the idea of self-talk representing or imitating the voice of a caregiver (Lewis, 2002; Puchalska-Wasyl, 2014).

To the researcher's knowledge, there is a dearth of research examining the influence of parenting styles on self-talk in young people (see Chong & Chan, 2015 for an exception). The existing research in this area is limited as the quantitative method implemented

exclusively accounts for the valence of self-talk. Furthermore, the sample of this study only includes an Asian population, which potentially limits the generalizability of these findings based on the cultural differences associated with parenting styles (Calders et al., 2020).

The Current Study

Considering the previous literature, there is a clear need to evaluate how the verbal and non-verbal aspects of parenting styles can be internalised in the self-talk of young people as this is lacking in the literature. As parenting styles are influential on various domains, this study will address the following question: Is the parenting style a young person experiences influential in their self-talk? Furthermore, the suggestions of self-talk having an interpersonal nature merits a secondary research question: Are there any existing commonalities between the way a young person is parented and the self-talk in which they engage in? The aim of this study is to provide a better understanding of self-talk as it relates to experiences of different parenting styles, thus, informing our understanding of this topic and advising future research avenues for intervention. Furthermore, in taking a qualitative approach, the current study seeks to provide a rich understanding of the topics of interest, with consideration of the contextual factors of parent-child interactions and the multidimensionality of self-talk.

Methodology

Study Design

The current study employed an exploratory qualitative design, using online semi-structured interviews. The use of open-ended questions allowed the participants to provide in-depth, insightful answers regarding their self-talk and their experiences of being reared by their primary caregiver. The nature of semi-structured interviewing allows the researcher to interpret the answers and ask additional questions, or prompts (e.g., “can you give an example of this?”) when necessary. A reflexive approach to thematic analysis allowed the researcher to be particularly ‘theoretically flexible’, in comparison to normative thematic analysis (2022, pp. 34–146). This allowed the researcher to pursue a deductive-oriented approach to analysis. This orientation of data-analysis was appropriate as the current study builds on previous theoretical constructs (e.g., Baumrind, 1966; Vygotsky, 1986).

Participants and Recruitment

A convenience sampling method was implemented for this study, recruiting participants from online social media forums, including Instagram and Facebook. The study was advertised using the researcher’s personal social media accounts. Subsequently, the researcher contacted recreational social media accounts with larger followings, who agreed to advertise the study further. The nature of the study was outlined, along with the inclusion and exclusion criteria for participation and the researcher’s institutional email address. Inclusion criteria for this study included young people aged 18-24 years who were fluent in English. According to the World Health Organisation (WHO), the term ‘young people’ can be classified as any individual between the ages 10-24 years. However, individuals who were under the age of 18 years or coping with mental health disorders were excluded from this

study. As encouraged by the social media posts, participants who were eligible and interested in partaking in the study contacted the researcher via e-mail.

A total of 13 participants expressed interest in partaking in this study, however, due to withdrawals or failure to attend the interviewing process, the final sample comprised of 8 males ($N = 5$) and females ($N = 3$). The majority of the sample identified as Irish ($N = 5$), with the remainder of participants identifying their nationality as Indian ($N = 2$) or Vietnamese ($N = 1$). The mean age of participants was 22 ($SD = 2.1$), with a range of 19-24 years. Each participant within the final sample ($N = 8$) recalled their primary caregiver as their mother. Upon analysing the data elicited from the Parenting Style questionnaire (see Appendix 4), the majority of participants perceived their mother's parenting style through childhood and adolescence as Authoritative ($N = 5$), while others had experienced Authoritarian ($N = 2$) and Permissive ($N = 1$) styles. Additional information retained by the researcher prior to the interviews was the participant's field of education, their primary caregiver's ethnic background and if they currently resided with their primary caregiver.

In qualitative research, the achievement of data saturation is often seen as a determinant for the appropriate sample size (Braun & Clarke, 2019; Fusch & Ness, 2015). Data saturation can be determined when the researcher feels that the data obtained is rich (i.e., intricate and thorough) and thick, indicating that there is an adequate amount of it to answer the research question (Braun & Clarke, 2019; Dibley, 2011). Furthermore, previous research has asserted that a sample size of 6 participants is sufficient in achieving data saturation (Guest et al., 2006). For the current study, the researcher felt that data saturation was achieved when there was a sense of repetition within the eight interviews and that the research questions were thoroughly answered.

Materials

The materials required for this study are as follows: (i) electronic devices; the researcher's and participant's PCs (ii) relevant E-documents; information sheet (see Appendix 1) informed consent sheet (see Appendix 2), and debriefing sheet (see Appendix 6) (iii) questionnaires; demographics questionnaire (see Appendix 3), parenting style questionnaire (see Appendix 4); interview agenda (see Appendix 5) (iv) software; Microsoft Teams, Zoom, Otter.ia, Google forums.

Parenting Style Questionnaire

This measure assesses the responsiveness and demandingness dimensions of the parenting style typology proposed by Baumrind (1966;1971) and appended by Maccoby and Martin (1983). The items used in this questionnaire were adapted from previous measures (e.g., Dornbusch et al., 1985) or were constructed by Lamborn et al. (1991) based on previous literature. Participants were instructed to complete this questionnaire in adherence to their primary caregivers parenting style through childhood and adolescence. The purpose of this measure was to give the researcher a broad overview of the parenting style each participant had experienced from their primary caregiver. Furthermore, this would allow for comparisons to be made between the current study and earlier research on Baumrind's (1966/1971) parenting styles. Additional information about the participant's primary caregiver was later retained in the qualitative interviews.

The dimensions of Baumrind's typology (i.e., responsiveness and demandingness) were measured on two scales, an 'acceptance/involvement' scale, and a 'strictness/supervision' scale. The acceptance/involvement scale provided a representation of how responsive, warm and involved the participant perceived their primary caregiver to be during their childhood and adolescent years. This scale consisted of 10 items (sample item: "I

can count on them to help me out if I have some kind of problem"; which were answered on 4-point Likert scale.

The strictness/supervision scale provided a representation of how the participant perceived the extent of their primary caregiver's parental monitoring and supervision during their childhood and adolescent years. This scale consisted of 9 items (sample item: My primary caregiver knew exactly where I was most afternoons) which were answered on 3-point Likert scale.

The scores of each scale were then examined simultaneously to divide participants into four groups representative of the parenting style they perceived their primary caregiver to have. Previous research has indicated that both the acceptance/involvedness scale ($\alpha = .72$) and strictness/supervision scale ($\alpha = .76$) have acceptable internal reliability (Lamborn et al., 1991). In alignment with Baumrind's (1966;1971) typology, an authoritative primary caregiver ($N = 5$) was defined by a score in the upper tertile of both the acceptance/involvement scale and the strictness/supervision scale. An authoritarian parenting style ($N = 2$) was determined for primary caregiver's who scored in the upper tertile of the acceptance/involvement scale and the lowest tertile for the strictness/supervision scale. A perceived permissive primary caregiver ($N=1$) scored in the upper tertile for the acceptance/involvement scale and the lowest tertile for the strictness/supervision represented. A low score on both variables is representative of a neglectful or uninvolved primary caregiver ($N=0$).

Interview Agenda

The open-ended interview questions further assessed the participants relationship with their primary caregiver (sample items: How would you describe your relationship with your primary caregiver through the years? Would you adopt this approach for your children/future

children?). However, the main purpose of the interviews was to gain an in-depth account of the participant's self-talk and how it relates to the parenting style to which they were subjected. As advised by (Latinjak et al., 2019a), the researcher aimed to prevent leading questions regarding the participants used certain forms of self-talk (i.e., asking the participant "if" and "would" they use self-talk in certain situations rather than assuming it is used). The questions were constructed based off previous research (Hardy, 2006) and measures (Brinthaupt et al., 2009; Lamborn et al., 1991).

The questions ranged from broad to personal questions to establish a rapport between the researcher and the participant. As the sample included young people, the use of formal language was avoided to prevent the negative associations (e.g., administrative distrust or judgement) that this age group may hold towards interviews (Willig, 2013, pp. 23–38) The interview agenda followed an adapted version of Spradley's (1979) interview guide (i.e., descriptive, structural, contrast and evaluative questions). Contrast questions were omitted from this study as they retrieved inadequately saturated data in the pilot studies.

Data Collection

Pilot Studies

To ensure that the interview schedule could obtain rich enough data pertaining to the research questions, three pilot studies were conducted. The first study was unsuccessful and resulted in slight alterations to the schedule (i.e., contrast questions were removed and replaced with supplementary questions, aiming to provoke more thoughtful and detailed responses). Subsequently, the remaining pilot studies achieved rich and thick data and were included in the analysis procedure.

Procedure

Individuals who had expressed interest in the participation were e-mailed a Google Forms link which included the information sheet (see Appendix 1) and consent form (see Appendix 2). Once the consent form was appropriately filled out, the participant gained access to the demographic's questionnaire (see Appendix 3) and Parenting Style questionnaire (see Appendix 4). Subsequently, the participants were sent an e-mail, giving them an opportunity to suggest a preferred date, time and online platform (e.g., Microsoft Teams, Zoom) for their interview to take place. Online interviews were appropriate as the implementation of COVID-19 restrictions, such as face masks and social distancing, could lead to inaudible recordings. Participants were advised to use a quiet space where they would have a stable internet connection and would feel comfortable speaking about the topics of the study. Each participant was e-mailed a copy of the interview agenda (see Appendix 5) prior to their interview, along with a definition of self-talk and were invited to ask any questions about the study.

The interviewing process took place over the course of 2 months, using Microsoft teams or Zoom meetings to host each interview. Each interview was transcribed verbatim using Otter.ai transcription software. The duration of the interviews ranged from 11-51 minutes ($M = 28$). The interviews of participants who lacked an awareness of their self-talk had a considerably shorter duration than that of other participants. At the end of each interview, participants received a full debriefing, which entailed an overview of the study, an expression of gratitude towards their participation and contact information for relevant mental health services.

Ethical Considerations

This study was granted ethical approval from the National College of Ireland's Psychology Department's Undergraduate Ethics Committee and adhered to The Psychological Society's Code of Ethics. Individuals who were coping with mental health disorders were omitted from this study, as the researcher does not possess the competence to give professional care to a clinical sample in the possible occurrence of harm or distress. Furthermore, vulnerable populations, such as children under the age of 18 years were omitted from this study.

The information sheet (see Appendix 1) allowed participants to be informed of the nature of this study, the entailment of their participation and the potential risks involved. The discussion of an individual's parenting experiences and/or self-talk may potentially cause them emotional harm or distress. These risks were highlighted, concordant with the advice that individuals who find these topics particularly distressing should not partake in this study.

Furthermore, participants were informed that they could refuse to answer any questions during the interview and that they had the right to withdraw participation at any given time during the study. The debriefing process (Appendix 6) at the end of each interview provided participants with appropriate mental health websites (e.g., <https://jigsaw.ie>) if they felt they had experienced harm or distress during the interview. To maintain confidentiality, each participant's data was de-identified with a unique number provided for each one. Any identifiable information disclosed by a participant during the interviewing process was redacted from the transcript. Each dataset was stored in a password-protected file on the researcher's PC.

Researcher Positionality

The researcher is an undergraduate Psychology student who identifies as Irish Caucasian female. As a young person who has experienced an authoritative parenting style, the researcher believes that this style was verbally and non-verbally internalised as inner speech throughout lifespan development. Based on previous research, the current study has been approached with the assumption that parenting styles and their implications may differ between Western and non-Western cultures.

Data Analysis Plan

A reflexive thematic analysis of each transcript was employed, adhering to the thematic analytic approach of Braun and Clarke (2006). This method of thematic analysis involves six distinct, yet recursive phases (Braun and Clarke, 2006; 2012). As recommended by Braun and Clarke (2022, pp. 34–146), a reflexive journal was kept throughout this process to maintain the awareness of the researcher's positionality and how it may influence the analytical process. This journal guided the researcher to be introspective of any biases that she may have held towards the research topic. As this study is highly influenced by Vygotskian theory (1978/1986), a social constructivist epistemology is appropriate.

Data Analysis Procedure

The researcher initially became familiarised with the data throughout the process of transcription, making note of any findings that contrasted with previous literature or the researcher's expectations. In this stage, the researcher's expectation that authoritative parenting styles would be associated with positive self-talk was confirmed.

The process of coding was particularly recursive and was integrated with the stage of initial theme development. The repetition of coding was beneficial in generating both

semantic and latent codes. An initial sweep of coding garnered predominantly semantic codes, such as ‘motivational self-talk’. Subsequently, a more rigorous inspection of the data aided in the development of latent codes, such as ‘the motivational interpretation of negative parental statements’. As certain participants were more eloquent throughout their interviews, they required further observation than others.

Data was separated by gender, ethnic background and primary caregiver’s parenting style for specific analyses. This furthered the researcher’s understanding of the differences between parenting styles and their implications, along with the significant role of culture in both parenting styles and self-talk. Nonetheless, overarching themes prevailed within the data, representative of the association between parenting and self-talk.

Themes were further developed with a focus on previous empirical and theoretical findings and the research questions of the current study. It was important to build themes that could enrich the empirically based understanding of concepts (Braun & Clarke, 2022, pp. 34–146) such as, Baumrind’s (1966; 1971) typology of parenting styles. For example, the researcher initially identified a theme of “The value of respect”. The data pertaining to this theme, however, lacked richness and did not relate to the research questions and aims. Thus, it was extracted from further analysis. Thematic maps were used to explore the potential relations between themes and the possibility of sub-themes (see Appendix 7). At this stage, the researcher was able to define each theme with an awareness of their ‘levels’ and complexities. For instance, ‘the influence of parental statements on motivational self-talk’ was predominantly associated with positive parental statements, however, negative parental statements could also serve as a motivational function within participant’s self-talk.

A supplementary analysis of themes occurred recursively throughout the initial write-up. The researcher analysed the extracts selected for each theme and subtheme, distinguishing

between their effectiveness as an illustrative or analytic representation of data. Excerpts from each participant were used to illustrate the data within each theme, contributing to the overall analytic narrative of the study.

Results

The analysis of this data was guided by Braun and Clarke's (2006/2022) method of reflexive thematic analysis and influenced by the researcher's philosophical and theoretical assumptions. The three overarching themes discovered within the transcripts are as follows;

- (i) The influence of positive maternal communication on motivational self-talk
- (ii) The absence of responsiveness and its association with negative self-talk
- (iii) Additional influences; authority figures and cultural values.

The Influence of Positive Maternal Communication on Motivational Self-Talk

Throughout the current study, participants expressed a belief that their self-talk was influenced by their caregivers; 'Self-talk is very much influenced by your caregivers (P1)' 'The way my parents speak to me, that is actually how I speak to myself (P2)'. This theme is representative of the influence that parents had on the participant's use of motivational self-talk. In particular, the process of maternal communication and positive statements (e.g., 'you can do this!' (P6), 'you're doing great!' (P1)) appeared to facilitate motivational self-talk. The participants further explicated their beliefs that children's self-talk may imitate their parents' communication.

Children tend to look up to the people that are around or close to them. They get inspired from their parents (...) they try to imitate you. They don't have an

independent, you know, mind processing thing that is happening in the background, so they tend to learn (off their parents). (P6)

(She would give me) words of encouragement, always, and never judgmental. It was always about ‘you’re doing great!’, ‘you did the best you could’ or just complimenting my appearance, recognizing if I did something (...) whatever I did was noticed, recognized, appreciated. (P1)

Participant 1 further expanded that her ‘self-talk is very much a product of her parents’ and that the support provided by her mother allowed her to ‘catch her self-talk’ in times of negativity and motivate herself by saying ‘okay you actually can do this. You’re stronger than this’. It is important to note that positive communication was only discussed in relation to mothers. While each participant had reported their primary caregiver as their mother, several participants discussed secondary caregivers throughout their interviews. It appeared that for Participant 7, both his father’s negative statements and mother’s positive statements were influential within his self-talk. This participant found that internalized negative statements from his father could be used as a form of motivation.

He say to me ‘you know, you never gonna make it’ so I use this in my self-talk (...) like in the gym I say ‘you f*cking useless’ (...) For her, it would be a giving back message in my head (...) I say ‘c’mom do this for the people who believe in you. (P7)

Participants who had reported having authoritative mothers consistently mentioned that their mothers ‘believed in them’ (P1, P4 P6, P7, P8) and that ‘open communication’ (P1, P4, P6, P7) was an important function for exhibiting support or guidance. However, as seen with P7, who expressed that his father was ‘authoritarian in nature’, the influence of parenting style on motivational self-talk is not exclusively dependent on the dimension of responsiveness. Participant 4 detailed how his mother used to be ‘a lot stricter’ and ‘more

annoying' towards him as a young teenager, in comparison to how she has acted towards him 'in recent years'. The influence of both 'strict' or 'harsh' parenting towards motivational self-talk, along with the influence of 'warm, open communication' is further seen in this excerpt:

She'd be going mad over everything (...) school grades and all that (...) but looking back like I needed it y'know when you're a teenager doing bad things like after a while I started to say to meself 'c'mon head down'.

Now we're a lot more open (...) we talk a lot about like career and the future like what job I want (...) she's always supportive now (...) I can be positive talking to meself like I get quite hopeful just thinking like what could happen in the future (...)

This participant recalled having an authoritative parent, however, it appears that the level of demandingness he experienced was significantly higher when he was younger. The desire for parental demandingness, in relation to its influence on motivational self-talk, differed between participants. Participant 8, who experienced an authoritative parenting style from his mother, expressed a desire for more parental strictness.

I think she was probably too easy on me sometimes (...) she hasn't pushed me enough in the past in moments of stress. She wouldn't expect a lot of me she'd say 'just cope is the best you can do' (P8).

He asserted he needed "harshness" at times as he lacks motivational self-talk. 'I tend to be easier on myself, too easy' (P8). Other participants expressed gratitude towards their mothers as a function for motivational support; 'thank f*ck she did that' (P4), 'I am always grateful for the support she gives me' (P1). Finally, several participants felt that influence of maternal communication was particularly important for self-efficacious beliefs and that it should be one of the 'key roles' of a parent.

When you were going through bad things as, as a kid, it's all always about the parents, or the guardian's responsibility that they put you back in line to tell you that 'you are capable', (...) 'you are enough', 'you are loved', 'you are amazing', 'you can do this', 'you got this' and 'you can achieve anything that you want', you know, it's like they believe in you and when they start believing in you, as a kid, you tend to believe in yourself. (P6)

I wish she would've said 'I am proud of you' or 'you're doing a good job' (...) I just feel like these kinds of things are important to do for children (...) You really pick up on these things. (P3)

The Absence of Responsiveness and Its Association with Negative Self-Talk

As seen in the previous subtheme, parental responsiveness generally had a positive influence on self-talk, excluding Participant 8. This participant, however, mentioned experiencing a neglectful paternal parenting style from his secondary caregiver. The experience of absent or neglectful (low responsiveness, low demandingness) fathers also prevailed in Participants 1, 5 and 3. Many participants who experienced a lack of responsiveness (authoritarian or neglectful parenting styles) from their parents reported experiencing negative self-talk. Participant 1 was particularly aware of the affects her father's style of parenting had on her self-talk.

My dad's style of parenting was more absent, not affectionate (...) I believe that heavily influenced me (...) My self-talk is like I will always stay down and struggle and will always remain alone. (P1)

This participant noted that her father often made her feel a sense of 'self-doubt' or 'uncertainty' which now manifests as an 'over-riding factor in her life'. She noted that her

negative-self talk was “more prevalent when alone”. Additionally, this participant noted that when she was younger, she would internalise her father’s feelings: ‘My dad could be highly stressed, and it would lead to me also feeling that way, feeling very down.’(P1)

Furthermore, a lack of responsiveness within parents appeared to have an impact on anxious self-talk in multiple participants. P1 mentioned that her anxious self-talk increases in moments where she is “alone or something unexpected happens”, giving a phone-call from her father as an example where she would “automatically start panicking”. P3 and P4 both felt that the strictness of their mother’s parenting played a role in the anxious self-talk they experienced regarding social situations. Participant 3 was particularly emotional when discussing her experiences of her mother’s parenting.

She’d have outbursts at me (...) if I say something that she didn’t agree with. Or if I differ in opinion, she’d be like, ‘Oh, you think you know everything?’ Or ‘you think you’re like, Miss Perfect? (...) she thought that I felt I was better than her when I don’t. (P3)

Participants felt they were affected by the “raising voices (P3)”, “screaming (P3, P5)” and “name-calling” (P3, P5, P7) that they had received as children. P3 felt that there was a “connection” between the lack of responsiveness she received off her mother and her perception of other people.

Sometimes, in my head, I’m like, ‘why do I say that?’ (...) I’ll say something to someone, and they look at me and then I try over-explain myself (...) then I feel like I’m making things worse (...) being awkward (...) when I didn’t even do that. Afterwards, I’m like, ‘I actually didn’t even do anything’ (...) I overthink and worry a lot, especially about small things and relationships with people (P3).

Furthermore, this participant felt that ‘it would have been nice to have someone else in the house’ when speaking about how “intense” her mother was. Participant 4 also noted that in adolescence, when his mother was “very strict” towards him, he often used anxious self-talk when assessing his social situations:

Used to make me overthink a lot (...) wonder what other people might be thinking about or think about me or if I say something in a conversation and think about it after like ‘Jesus, Did I say something wrong there?’ Or did I do something stupid? (P4)

He noted that this form of self-talk prevailed into young adulthood:

Even now it’s like if you do something on a night out. You’re just talking sh*te when you’re drunk, I’d probably be thinking what could’ve went better or what I should have done differently then. In my matches as well. (P4)

A lack of responsiveness from both authoritarian and neglectful parents appeared to facilitate self-critical forms of self-talk. In the following excerpt, P5 appears to experience automatic (i.e. uncontrolled) negative self-talk. ‘I said that I’m not a good child, not a good person (...) But no, I’m not what all the voices in my head tell me to be? I am much more than that.’ (P5)

Many participants who experienced a lack of responsiveness expressed a desire for warmth and understanding from their parents. ‘I always long for more connection (P1)’ ‘I just wish she would think about my emotions rather than screaming at me (P3)’ ‘I would cry tears of joy to feel validation in my human home’ (P5)

Additional Influences: Authority Figures and Culture

As discussed, the majority of participants felt that their primary caregiver and/or secondary caregiver had an influence on their self-talk. However, several participants mentioned other

influential figures of authority or guidance in their life, including sports coaches, teachers, relatives and therapists.

It kind of differs for me (...) when I'm playing sport, I hear phrases from my coach from when I was a kid (...) when I'm in college, doing exams, I hear my primary school teacher but like if I'm doing housework or a task at home, I hear my mam (P8)

Several participants discussed how authority figures from their childhood shaped their current ‘mindset’, which facilitates their self-talk. These figures could have both a negative or positive influence on self-talk.

Those experiences (of primary school teachers) weren't so great and it kind of alters your mindset of (...) incapable of much, incapable of succeeding (...) like just calling myself a failure. (P1)

And also, it was my grandfather. It's like, teaching me manners, teaching me morals in life, and what life is all about. You know like respect is important and they really taught me to respect myself and that manifests in how I talk to myself. (P7)

For the most part, these figures taught the participants how to implement positive self-talk in their lives.

Since last year, they told us take more awareness of what we think about during games and when we make mistakes and stuff like that (...) now I can encourage myself when I make a mistake like 'you go again' stuff like that whereas before it would have been negative. It was all my fault. (P4)

Participants 5 and 7 mentioned their experiences of attending therapy and how this allowed them to take awareness of their self-talk and implement positive self-talk strategies.

Because she taught me Acceptance and Commitment Therapy (...) I let that thought be and I accept it. I let it stay in my consciousness and I acknowledge it. But then kind of I bring in positive self-talk here. (P7)

It's pretty good. I can do my best to not engage into negative self-talk. I have been in therapy since 2017. (P5)

Cultural Influences on Child-Rearing and Self-Talk

Finally, it is important to note that a few participants felt that socio-cultural factors, such as their culture (P5, P6 and P7) played a role in both their primary caregiver's parenting style and their self-talk; 'In most of the Asian countries, you tend to have a lot of restrictions as a kid, from your parents' (P6). 'The child is assumed to have less power than the parents. You have to respect my every decision they make' (P5),

Each participant mentioned how Asian culture perpetuated stigma towards showing emotions. This prevailed in the parenting experienced by Asian participants. 'They don't want weak emotions from their children.' (P7)

For example, if the child would come crying, they will say 'Oh what you crying about? Stop crying!' (...) 'Go do that, go do this', or just making it so that the child has very limited opportunities to express their feelings (P5).

Furthermore, these participants discussed how this type of parenting prevented the exploration of their emotions and self-talk.

So, I think that is one reason or one factor that drive my high achieving or you know, harsh self-talk. (P7)

That type of parenting can be so dismissive at times so the children really have kind of very little opportunity to explore their emotion and their self-talk because any negative emotion is just a weakness to us. (P5)

Participants of a Western background did not allude to any cultural influences on their parenting style or self-talk.

Discussion

The aim of this study was to provide a better understanding of self-talk as it relates to experiences of different parenting styles, thus, informing our understanding of this topic and advising future research avenues for intervention. The findings of this study resonate with Vygotskian (1978/1986) perspectives and suggest the influence of parenting styles on self-talk through internalization and imitation. A reflexive thematic analysis of the data resulted in three key themes; (i) The influence of positive maternal communication on motivational self-talk (ii) The absence of responsiveness and its association with negative self-talk (iii) Additional influences; authority figures and cultural values.

The first theme represented the predominantly positive influence of positive maternal communication on young people's self-talk. In particular, participants felt that the positive statements made by their mothers facilitated their motivational self-talk. These findings are consistent with earlier findings that support a relationship between positive parental communication and positive self-talk in young people (Burnett, 1996; Burnett & McCrindle, 1999; Donnelly, 2005). Furthermore, this theme builds on previous findings which demonstrate the positive influence of authoritative and permissive parenting styles on self-efficacious beliefs (Bion di Situmorang & Mini Agoes Salim, 2021; Pavicevic & Zivkovic, 2021) and the importance of positive parental communication in facilitating these beliefs

(Givertz & Segrin, 2014). As motivational self-talk can increase levels of self-efficacy (Hardy, 2005; Hatzigeorgiadis et al., 2009), it is reasonable to conclude that this type of self-talk may serve as an underlying mechanism of this relationship. Future research is required to assess the direction of the relationship between parenting styles, motivational self-talk and self-efficacy. The degree to which this self-talk is organic (i.e. automatic) or strategic (i.e. controlled) (Theodorakis et al., 2012) should be considered in future studies.

In investigating the implications of parental communication on self-talk, discrepant findings exist regarding the prevalence of gender differences. Generally, positive maternal communication is associated with positive self-talk in males. Burnett (1996) 's findings suggest a relationship between positive parental statements and positive self-talk in young male children yet failed to demonstrate this relationship in young female children. Comparable findings prevailed in a sample of college students (Donnelly, 2005). In contrast with these findings, Yaratan and Yucesoylu (2010) found no gender differences within the relationship between perceived positive statements made by significant others and positive self-talk. Furthermore, Chong & Chan (2015) did not report gender differences in the relationship between parenting styles and self-talk.

The findings of the current study suggest an association between positive maternal communication and positive self-talk in both males and females. Nevertheless, it is noteworthy to mention that of the three female participants in this study, only one reported having an authoritative mother and experiencing positive communication. The other female participants reported experiencing authoritarian mothers and expressed a desire for positive communication from their mothers, rather than the negative statements they were receiving. Additionally, it is important to note that each female participant reported having an absent or neglectful father. Further research is required to clarify the prevalence of gender differences in the association between parenting styles and self-talk.

As explored in second theme, negative self-talk in both males and females was associated with a lack of parental responsiveness. Consistent with previous findings (Pinquart & Gerke, 2019), both authoritarian and neglectful parenting styles were associated with low levels of self-esteem, a concept that is closely related to self-talk (urnett & McCrindle, 1999). The self-talk of participants who had experienced low responsive parenting styles was self-critical and anxious. As both participants who reported having an authoritarian primary caregiver also discussed having a neglectful father, there is a lack of clarity on which style of parenting was more influential of negative self-talk. Previous research investigating parenting styles and their influence on self-talk excludes Maccoby and Martin (1983)'s neglectful style (e.g. Chong and Chan, 2015). However, both male and female participants in the current study felt that the absence or neglect of their fathers had negative implications on their self-talk. The current study demonstrates a need for further research in this area to be inclusive of this style

The influence of additional figures of authority on self-talk in young people is unsurprising. Previous research has shown that the interactional styles of authority figures, such as sports coaches and schoolteachers are comparable to Baumrind's (1966/1971) typology and illicit similar outcomes in young people (Brinton et al., 2017; Walker, 2008). In the current study, additional authority figures such as coaches, older relatives and teachers appeared to have an influence on self-talk. This influence could be similar to that of parents (i.e. an internalisation or imitation of the authority figures statements) as demonstrated by Burnett (1996). For other participants, these figures aided in raising awareness of their self-talk and the implementation of positive self-talk strategies. As seen in previous studies, the awareness and ability to control one's self-talk can serve as a useful tool for emotional and behavioural regulation in young people (Brinthaupt, Hein, & Kramer, 2009; Winsler et al., 2007). Participants who had learned how to regulate their self-talk in adolescence expressed

gratitude for this knowledge and continued to modify their self-talk as they approached young adulthood. The teaching of self-talk awareness differed between cultures. Comparably to previous research, (Ang, 2006; Wilson et al., 2012), participants of an Asian background were expected to restrain their expression of emotions. As explicated by Ang (2006), the collectivistic culture of Asia places expectations on the child to restrain from emotional expression as a means of showing respect towards elders and figures of authority. Furthermore, Chong & Chan (2015) demonstrate how strategic self-talk can play a mediating role in the relationship between parenting style and emotional intelligence in Asian parent-child dyads.

Strengths, Limitations and Implications for Future Directions

A key strength of this study is its ability to add to the limited research in this area. Furthermore, the inclusivity of both Irish and Asian participants allows for cultural distinctions to be made between the existing study in this area and the current study. As warranted by Chong & Chan (2015), further research was needed to determine whether parental influences on self-talk were specific to an Asian population.

The qualitative approach of this study allowed for an in-depth and insightful accounts of the influences of parenting styles on self-talk. This approach was able to obtain data pertaining to the contextual factors of parenting styles (e.g. cultural factors) and additional influences (e.g. sports coaches) on self-talk. However, there was a lack of data obtained regarding the multidimensionality of self-talk. The results of this study are somewhat limited to the valence dimension of self-talk. Further construction of qualitative or quantitative measures to focus on the additional dimensions of self-talk and their relation to parenting styles may be beneficial to this area. In particular, the degree to which an individual's self-talk is self-

determined may be aid in further understanding the internalisation of parental communication in young people.

The nature of the parenting style questionnaire posed some limitations within the current study. Participants were asked to complete this questionnaire with reference to the parenting style they received throughout childhood and adolescence. As the sample consisted of participants ages 19-24 years, the responses to this questionnaire are susceptible to recall bias. Furthermore, the participants experience of being parented may have changed throughout these stages of development. To combat this issue, the researcher obtained information on any changes in parenting style throughout the interviews (sample item: How would you describe your relationship with your primary caregiver throughout the years?). Nonetheless, this item still perpetuates a lack of clarity pertaining to the specific periods of lifespan development where a robust influence of parenting style on self-talk prevails. Further exploration of this relationship is needed at different stages of the lifespan. This approach, however, did indicate the possibility of a longitudinal relationship between parenting styles and self-talk. A longitudinal approach to this study may be fruitful in confirming this relationship.

To prevent leading questions, the interview agenda refrained from asking questions the participants if they felt that their self-talk was influenced by the parenting style of their primary caregiver. However, while many participants expressed a belief that their self-talk was influenced by their parents, there is a possibility that they were primed by the parenting style questionnaire. The use of self-report measures also implied that the reported measure for parenting styles was only indicative of the participant's perception of how they were parented. The use of additional measures, such as observational data, may be beneficial here.

Furthermore, the parenting style questionnaire exclusively obtained information of the primary caregiver's parenting style. While several participants did mention the influence of secondary caregivers, others did not. For the most part, the secondary caregivers who were mentioned were neglectful or absent. Therefore, there is limited evidence to support the influence of involved secondary caregivers on the self-talk of young people. Future studies should focus on the influence of both primary and secondary caregivers, if prevalent, to provide a clearer understanding of the research topic.

Overall, the current study demonstrated that parenting styles can be influential in the self-talk in young people. In alignment with the expectations of Baumrind's (1966/1971) typology, authoritative primary caregivers were associated with positive outcomes in self-talk. Furthermore, commonalities were seen between the communication received from a primary caregiver and the self-talk of several participants. These findings resonate with Vygotsky's (1987) perspectives and build on the importance of parental communication as an aspect of Baumrind's (1966/1971) typology. These findings should inform clinicians, researchers and communities of the implications of parenting style on self-talk. This study provides further support for the effectiveness of therapeutic interventions on facilitating positive self-talk in young people. Furthermore, these findings should advise parents, sports coaches and teachers of the implications of communication towards young people. Communication workshops or interventions may be put in place to promote healthier adult-child interactions and reducing the prevalence of negative self-talk in young people.

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Appendices

Appendix 1

Information Sheet

The Effects of Parenting Style on Self-Talk

You are being invited to take part in a research study. Before deciding whether to take part, please take the time to read this document, which explains why the research is being conducted and what it would involve for you. If you have any questions about the information provided, please do not hesitate to contact me using the details provided at the end of this sheet.

What is this study about?

I am a final year student at National College of Ireland (NCI) and as part of my studies I am required to conduct a piece of research. The study I am conducting will examine the effects of parenting style on self-talk in young people aged 18-24. Self-talk refers to the discussions people have with themselves. This study aims to help us better understand self-talk as it relates to experiences of different parenting styles which will inform our understanding of this topic and suggest future research avenues for potential interventions. This project has been approved by the NCI Psychology Research Ethics Committee and will be supervised by Dr Lynn Farrell, Lecturer in Psychology.

What will taking part in the study involve?

If you decide to take part in this research, you will be asked to partake in an online semi-structured interview of approximately 45 to 60 minutes. During the interview, you will be asked about your self-talk and the parenting style of your primary caregiver while you were growing up. Primary caregiver refers to the parent who has the greatest responsibility for the daily care and rearing of a child or young person. A primary caregiver can also be someone over the age of 18 who is not related to you but takes the role of a parental figure. This interview will be recorded and transcribed to collect data. Additionally, you will be asked to fill out an online questionnaire regarding your caregiver's parenting style and a demographics questionnaire prior to the interview.

Who can take part?

You can take part in this study if you are aged 18-24 years old. You cannot take part in this study if you have a clinical diagnosis of a mental health disorder as this study will initially use a non-clinical sample in researching this issue. Furthermore, it should be noted that the researcher is not competent in providing adequate treatment in the instance of distress or harm in a clinical sample.

Do I have to take part?

Participation in this research is voluntary; you do not have to take part, and a decision not to take part will have no consequences for you. If you do decide to take part, you can withdraw from participation at any time during the procedure. You can withdraw your data from the study up until 2 weeks after the interview has been completed. After the 2-week withdrawal period, you will be unable to withdraw your data as data analysis will commence.

This interview includes items asking about your experiences of being parented, your inner speech and self-esteem. There is a small risk that these questions may cause some

individuals upset or distress. If you feel that these questions may cause you to experience an undue level of distress, you should not take part in the study.

What are the possible risks and benefits of taking part?

There are no direct benefits to you for taking part in this research. However, your participation will help add to the literature in this domain and provide insights on this topic.

There is a possibility that some participants may experience minor distress or upset, if the interview causes them to reflect on or discuss difficult experiences. If you feel distressed or upset for any reason during the interview, you are free to take a break or stop the interview completely.

Will taking part be confidential and what will happen to my data?

While the interview will not be anonymous, the transcript of the interview used for data analysis will be de-identified. Participants will not be identified by name in the transcript nor in any subsequent write up or presentation of the results. All data collected for the study will be treated in strict confidence. All interviews will be recorded using Microsoft Teams or Zoom and will then be transcribed for analysis. Any information in the interview transcript that could identify the participant or any other individual (e.g., names, locations) will be anonymised.

Only the researcher and academic supervisor will have access to the data collected. However, in the unlikely event that the researcher or academic supervisor believes that there is a significant risk of harm or danger to the participant or another individual, or a law has been broken, they would then be required to share this information with the relevant authorities. In this very unlikely event, the researcher would discuss this with you first, but they may be required to breach confidentiality with or without your permission.

As this is a qualitative study, direct quotes from interviews may be included in the presentation of the results, but these quotes will be anonymised and will not contain any information that could identify the participant or any other individual. Pseudonyms will be used for the write-up of this data.

Responses to the questionnaires, interview recordings and transcriptions will be stored securely in a password protected file on the researcher's computer. Consent forms will be stored separately to ensure anonymity. Only the researcher and their supervisor will have access to the data. De-identified data from the transcriptions will be retained for 5 years in accordance with the NCI data retention policy. Interview recordings will be deleted once the dissertation is graded.

What will happen to the results of the study?

Results of this study will be presented in my final dissertation, which will be submitted to National College of Ireland. These results may also be written up for publication and/or presented at academic conferences. However, as noted the data will be de-identified.

Who should you contact for further information?

If you want to find out about the results of this study or have any additional questions about the study, you may contact the researcher, Lucy M. Moffit at x19415766@student.ncirl.ie

Appendix 2
Consent Form

Name _____

In ticking each of the boxes, you are agreeing to participate in this study and confirm that you understand the following:

- This research is being conducted by Lucy M. Moffit, an undergraduate student at the School of Business, National College of Ireland.
- The method proposed for this research project has been approved in principle by the Departmental Ethics Committee, which means that the Committee does not have concerns about the procedure itself as detailed by the student. It is, however, the student's responsibility to adhere to ethical guidelines in their dealings with participants and the collection and handling of data.
- If I have any concerns about participation, I understand that I may refuse to participate or withdraw at any stage during the procedure.
- I have been informed as to the general nature of the study and agree voluntarily to participate.
- All data from the study will be treated confidentially. The data from all participants will be compiled, analysed, and submitted in a report to the Psychology Department in the School of Business. No participant's data will be identified by name at any stage of the data analysis or in the final report.
- At the conclusion of my participation, any questions or concerns I have will be fully addressed.
- I may withdraw from this study at any time and may withdraw my data up until 2 weeks after the interview if I still have concerns.

Appendix 3

Demographics Questionnaire

Age: _____

Gender: _____

What is your ethnicity?

- White Irish
- Irish Traveller
- Other White background
- Black Irish
- Black African
- Other Black background
- Asian Irish
- Other Asian background

Other (Please specify): _____

Are you currently a student?

- Yes
- No

If yes, what course are you studying? _____

What is your primary caregiver's ethnicity?

Primary caregiver refers to the parent who has the greatest responsibility for the daily care and rearing of a child or young person. A primary caregiver can also be someone over the age of 18 who is not related to you but takes the role of a parental figure.

- White Irish
- Irish Traveller
- Other White background
- Black Irish
- Black African
- Other Black background
- Asian Irish
- Other Asian background

Other (Please specify): _____

Do you live with your primary caregiver?

- Yes
- No

Appendix 4

Parenting Style Questionnaire

Please indicate how often the following statements applied to your **primary caregiver** through childhood/adolescence.

- (1) I could count on my primary caregiver to help me out, if I had some kind of problem.
 - never
 - sometimes
 - most of the time
 - always

- (2) My primary caregiver pushed me to do my best in whatever I did.
 - never
 - sometimes
 - most of the time
 - always

- (3) My primary caregiver pushed me to think independently.
 - never
 - sometimes
 - most of the time
 - always

- (4) When my primary caregiver wanted me to do something, the reasoning behind it was explained.
 - never
 - sometimes
 - most of the time
 - always

How aware was your primary caregiver of who your friends were?

- not at all aware
- slightly aware
- moderately aware
- very aware

How often did these things happen in your family?

- (1) My primary caregiver spent time just talking with me.
 - almost every day
 - a few times a week
 - a few times a month
 - almost never

- (2) My family did something fun together.
 - almost every day
 - a few times a week
 - a few times a month
 - almost never

When you failed in a situation, how often did your primary caregiver encourage you to try harder?

- never
- rarely
- often
- always

When you succeeded at a goal, how often did your primary caregiver praise you?

- never
- rarely
- often
- always

In a typical week, what was the latest you could stay out on a school night growing up (Monday-Thursday)?

- not allowed out
- I had to return home at a certain time
- as late as I want

My primary caregiver knew exactly where I was most afternoons.

- always
- sometimes
- never

How much did your primary caregiver TRY to know....

(1) Where you went at night?

- didn't try
- tried a little
- tried a lot

(2) What you did with your free time?

- didn't try
- tried a little
- tried a lot

(3) Where you were after school?

- didn't try
- tried a little
- tried a lot

How much did your primary caregiver REALLY know...

(1) Where you went at night?

- didn't know
- knew a little
- knew a lot

(2) What you did with your free time?

- didn't know
- knew a little
- knew a lot

(3) Where you were after school?

- didn't know
- knew a little
- knew a lot

Appendix 5

Interview Schedule

DESCRIPTIVE

- (i) How would you describe your relationship with your primary caregiver through the years?
- (ii) How often do you take awareness to your self-talk?

STRUCTURAL

- (i) How would you describe the level of control you have over your self-talk?
- (ii) Would you say anything to yourself if you succeeded at a goal but not to the full extent you had hoped for?
- (iii) Would you say anything to yourself in times of complete failure?
- (iv) How often do you praise yourself?

EVALUATIVE

- (i) If your self-talk was a person, how would you describe him/her?
- (ii) If your primary caregiver was to speak to you in the same way you speak to yourself, how would you feel?
- (iii) Keeping in mind your experience of your primary caregiver's parenting, would you adopt this approach for your current/future children? Why/why not?

PROMPTS

- (i) Could you give an example of that (i.e., how you were parented/your self-talk)?
- (ii) Are there certain situations or emotions that would influence this?

Appendix 6

Debriefing Sheet

Dear Participant,

Many thanks for participating in this study!

The aim of this study is to help us better understand self-talk as it relates to experiences of different parenting styles which will inform our understanding of this topic and suggest future research avenues in this area. You partook in a semi-structured interview deriving from these aims.

Research has shown that parenting styles have implications in the overall well-being, behaviour and many aspects of self-concept in young people, thus promoting interest in the effects a parenting style may have on the inner speech of a young person.

If you would like to know the results of this study or have access to your raw data, you can email me at x19415766@student.ncirl.ie. If you change your mind about participating, you can withdraw your data from the study up until 2 weeks after the interview has been completed. After the 2-week withdrawal period, you will be unable to withdraw your data as data analysis will commence.

If you are experiencing negative self-talk and are in need of support, you can contact the following:

Jigsaw (<https://jigsaw.ie>) ((01) 472 7010)

Pieta House (www.pieta.ie) (1800 247 247)

Yours Sincerely,

Lucy M. Moffit

X19415766@student.ncirl.ie

Appendix 7

Thematic Map

