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EFFECT OF POSITIVE SELF-TALK ON THE OPPONENT IN TENNIS[1]

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Abstract: *The study examines the effects of positive self-talk on performance in tennis. To this end, a randomized experiment tested whether positive self-talk influences the way tennis players are perceived by their opponents by means of three questionnaires administered during a three-set tiebreak match. Although the results do not confirm the hypotheses, namely that the use of positive self-talk in tennis influences the player's perception of the opponent, the experiment proves useful for understanding the nuances related to playing level. Athletes with a higher performance level may benefit more from the use of positive self-talk by demonstrating greater motivation and being perceived by their opponents as better players.*

Key words: *positive self-talk, tennis, player's perception.*

1. Introduction

This article focuses on the importance of self-talk for tennis performance. In tennis contexts, the perspectives offered by both players on self-talk are relevant, as well as the perspective gained by the outsiders watching the game. Since previous research mainly covered the influence of self-talk on the athlete who uses it, this study intends to focus on the opponent's perception of it.

Section 2 of the article will detail the research methodology. The results and their discussion in relation to existing literature are included in section 3, while section 4 is dedicated to conclusions.

Self-talk is a central construct in sport psychology, conceptualized as a psychological process influenced by and shaping environmental factors [16]. It reflects underlying emotions, beliefs, and cognitive appraisals, often occurring spontaneously and effortlessly as part of ongoing mental activity. This form, termed spontaneous self-talk, is widely experienced by athletes and represents an inherent aspect of human cognition [16]. At the same time, self-talk can be developed into a psychological skill, becoming deliberate and goal-directed, enabling athletes to regulate emotions, attention, and behavior in pursuit of performance goals [13].

[1] The article outlines some of the findings from a research project conducted at Deutsche Sporthochschule Köln, Germany, as part of a BSc thesis, under the supervision of Prof. Dr. Philipp Born.

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The literature highlights the conceptual complexity of self-talk, with related terms such as private speech, inner speech, and inner dialogue used across psychological domains [10]. In sport contexts self-talk encompasses both silent and overt verbalizations, as well as the use of cue words in performance interventions. Self-talk has been defined as verbalizations addressed to the self, either overtly or covertly, that carry interpretative meaning and either reflect cognitive processes or activate responses through strategic cues [11]. Self-talk is inherently linguistic and the individual is both sender and receiver of the message.

A key distinction in the literature is between organic and strategic self-talk. Organic self-talk arises naturally from cognitive and emotional processes, whereas strategic self-talk involves the deliberate use of predetermined cue words to achieve performance-related outcomes [13]. Within organic self-talk, a further distinction is made between spontaneous and goal-directed self-talk. Spontaneous self-talk is unintentional and non-instrumental, often emerging as reactions to events, such as frustration following a mistake. In contrast, goal-directed self-talk is deliberate and functional, used to regulate emotions or guide behavior.

Self-talk has also been categorized according to valence, overtness, and cognitive processing systems [18]. The distinction between positive and negative self-talk has been particularly prominent. Positive self-talk has been associated with improved performance, confidence, and emotional control [17], whereas negative self-talk has been linked to performance concerns, disengagement, and self-criticism [5]. However, evidence suggests that negative self-talk can have both facilitative and debilitative effects depending on context. Some authors advocate for a functional classification rather than a purely valence-based one [14]. Negative self-talk tends to reflect spontaneous processes, whereas positive self-talk is more often goal-directed [12]. A mixed model categorization include the following: Strategic Motivational, Strategic Cognitive, Automatic Positive, Automatic Negative [3].

The mechanisms through which self-talk influences performance have been organized into four domains: cognitive, motivational, affective, and behavioral.

Cognitive mechanisms involve attentional control and information processing. Strategic self-talk cues can help athletes maintain focus, block distractions, and counteract fatigue-related attentional decline. These effects are particularly relevant in high-demand environments where sustained concentration is critical [10]. Recent studies measured six different areas of adverse competition-related cognitions: athletic comparison, coach devaluation, devaluation of one's own performance, appreciation by coach and family, inner resistance against competitions, and general exhaustion [15].

Motivational mechanisms are closely linked to self-efficacy, effort, and persistence. It was demonstrated that motivational self-talk increased both self-efficacy and performance in young tennis players [6]. Motivational self-talk was often associated with mental imagery [2].

Affective mechanisms relate to the regulation of emotional states such as anxiety and confidence. Self-talk can be used proactively to manage anticipated emotions, or reactively to cope with

emotions that have already been experienced. A comprehensive study involving 691 athletes indicated the importance of personality traits as personal antecedents, and perceptions of basic psychological need satisfaction and frustration as social–environmental antecedents in shaping athletes' state organic self-talk [8]. Evidence from tennis-specific studies shows that motivational self-talk can reduce cognitive anxiety and increase confidence, since in tennis there is not a question of whether the players will make mistakes or lose games, but how they deal with those mistakes and defeats [1].

Behavioral mechanisms involve changes in motor execution and movement patterns. Accounting for the effects of a strategic instructional self-talk intervention on performance during complex tennis rallies, it has been concluded that performance enhancement may have been associated with the efficiency of attention shifting [4].

Such mechanisms are often intertwined with cognitive and motivational processes, supporting the notion that self-talk operates through clusters of mechanisms rather than isolated pathways.

Self-talk interventions have primarily focused on strategic self-talk, particularly the use of cue words repeated during task execution [20]. These cues are typically categorized as instructional or motivational. Instructional cues aim to improve technical execution, while motivational cues enhance effort, confidence, and persistence. Their effectiveness depends on factors such as task type, athlete characteristics, intervention duration, and the specificity of the cues. Research suggests that instructional self-talk is particularly effective for fine motor tasks, whereas motivational self-talk is more beneficial for endurance and effort-based activities.

In tennis, self-talk is particularly relevant due to the sport's individual nature and the frequent pauses between points, which allow for internal dialogue. Players engage in both spontaneous and deliberate self-talk, consistent with dual-process theories distinguishing automatic and controlled processes. Empirical evidence indicates that strategic self-talk interventions can enhance tennis performance, particularly when combining instructional and motivational cues [19]. Instructional self-talk is especially beneficial for the fine motor skills required in tennis, while motivational self-talk supports confidence and effort.

Motivational orientation also appears to influence self-talk use. It was found that mastery-oriented tennis players reported greater use of positive self-talk during training, whereas ego-oriented players used more positive self-talk during competition [12].

Beyond its intrapersonal effects, self-talk also has interpersonal implications. In tennis, expressive behaviors, including self-talk, can serve as social signals influencing opponents' perceptions and emotions [9]. Positive expressions may signal confidence and competence, while negative expressions may indicate vulnerability. Observers also tend to perceive athletes using positive self-talk as more competent than those using negative self-talk.

The current literature conceptualizes self-talk as a multifaceted construct encompassing spontaneous cognitive processes, deliberate strategies, and social signals. Its effectiveness depends on its type, function, and context, as well as the mechanisms it activates. In tennis, self-talk

represents a key psychological skill with implications not only for performance but also for interpersonal dynamics on the court.

The perspectives offered by both tennis players on self-talk are relevant, as well as the perspective gained by the outsiders watching the game. Since the previous research mainly covered the influence of self-talk on the athlete who uses it, the present study intends to focus on the opponent's perception.

2. Methods

This section outlines the design of the study, the participants, the instruments, the intervention, the procedure, and the analytical tools used for interpreting the results.

2.1. Study Design

The study investigates whether the use of positive self-talk by one of the two players ("subject") has an influence on how the opponent evaluates the player's tennis-specific performance. The main research hypothesis states that *positive self-talk influences the way tennis players are perceived by the opponent*. The hypothesis was tested on 40 active tennis players, split into an intervention group and a control group, by means of a randomized experiment, which took place between April and July 2023 on the courts of several tennis clubs in Cologne and on the courts of the German Sports University. The athletes first had time to warm up and hit balls until they were ready to play against each other. After the warm-up, the experiment officially started. During the experiment, each player completed three questionnaires about his own performance and the performance of the opponent before and after the intervention.

2.2. Participants

A total of 40 tennis players (27 men, and 13 women, aged between 15 and 39, average age 24) from tennis clubs in Cologne, Germany, took part in the study. The were no limitation regarding gender, age, or performance level of the subjects. The criteria of selection included a condition related to actively playing tennis (1-3 times per week) and with no physical or mental illnesses. Half of the players were randomly placed in the intervention group and the other half in the control group. 35 out of 40 players had certified LK levels (i.e., Leistungs-klasse, English translation - performance class). They paired up according to their level of play, having roughly the same level of performance. Within the pair, the person who received the intervention was randomly selected.

Before the intervention, the subjects were informed about the procedure, about data protection, and that they could terminate the intervention at any time without giving reasons and without disadvantages. No intrusive interventions were carried out on the subjects.

2.3. The Instruments

In this study, the instrument used for assessing the results of the experiment was the questionnaire. The values on the numerical scale in the questionnaire described the effects of self-talk on performance and in particular whether the opponent was affected. No objective data were collected, except for the final score.

The questionnaires comprise multiple choice questions, close questions and Lickert scale questions with 10 or 5 points, where 10 and 5 are maximum/ strongly agree and 1 minimum/ strongly disagree. In Q1 there are questions regarding the gender, age, and performance level as well as two 10-point Likert scales subjectively assessing the tennis level of the athlete and his opponent after the warm-up. Q2 inquiries about the tennis level of both players after the first tiebreak. A variant of Q2, consisting of a 5-point Likert scale question regarding the use of inner talk was completed by the subjects in the intervention group before the actual intervention. The variant of Q3 completed by the control group rates the tennis level displayed by both players via two 10-point Likert scales and records the overall score of the match. Two 5-point Likert scales inquire about the amount of self-talk used by the subjects as perceived by the athletes in the control group, as well as the subjective assessment of the attitude displayed by the opponent as a result of using self-talk. The first three questions from the variant of Q3 completed by the intervention group were identical; the difference was made by the four 5-point Likert scale questions regarding the understanding of the instructions and the suggested verbal cues, the use of the verbal cues, the effect of his own self-talk on the opponent, and on his game.

2.4. The Intervention

The intervention was the core part of the experiment and consisted of instructions regarding the use of self-talk by the players from the intervention group as well as several verbal cues targeting confidence, psychological enhancement/ self-support, technical instructions, anxiety control, and focus.

The instructions were as follows: *Here are some suggestions for self-talk cues that you can say out loud during the game. For the rest of the game, you can choose or adapt some of them. Use them as often as you feel comfortable!*

The verbal cues listed after the instructions were written both in German and in English as follows:

- ***Confidence:*** *I feel strong; I believe in me; I can do this; Great job!; Let's go!*
- ***Psych-up:*** *Do your best!; Give 100%!; Push!, Come on!, Vamos!*
- ***Instruction:*** *Focus on your technique!, Concentrate on your goal!, Take a deep breath!, Hit with more topspin!, Move your feet!*
- ***Anxiety control:*** *I'm in control!; Keep cool!, Relax!, Stay calm!, Breathe deeply!*
- ***Increase focus:*** *Focus!; Watch the ball!, Eyes wide open!*

The players had the liberty to use the cues in whichever language they preferred.

2.5. The Procedure

During the experiment, each player completed three questionnaires (Q1-Q3), at various stages of the experiment. Q1 was administered after the warm-up, consisted of personal information and a request to rate their own tennis level and that of their opponents. A tiebreak to 7 points was then played. Q2 was completed by players in both groups after the first tiebreak to determine the level of play on that particular day. The intervention group was asked to complete one additional question and to use positive self-talk cues provided by the researcher. The intervention took the

form of written instructions where the subject was given advice on how to regulate self-talk and several self-talk cues to aid him perform the given task.

Two more tiebreaks to 7 points were played after the intervention, followed by the completion of Q3, different for the control group and the intervention group.

The experiment ended with recording the final score of the three tiebreaks.

2.6. Analytical Tools

The questionnaires were aimed at gathering data that could be subjected to statistical analysis. The most relevant data analysis involves the comparison between the situation before and after the intervention by means of a paired t-test. In this study, I adopted the convention of referring to the samples as the pre-group and post-group.

The statistical analysis was carried out using the spreadsheet program Microsoft Excel for Windows and the statistical software IBM SPSS Statistics. The significance level established in statistics was used. A probability of error of 5% corresponds to a reliability of the results of 95%.

For reasons depending on the qualitative interpretation of the collected data, the 40 players participating in the study were divided according to their LK in three groups, as follows: *beginner level* (13 players with no LK or with an LK worse than 20), *intermediate level* (19 players with an LK between 10 and 20), and *performance level* (8 players with an LK better than 10).

This categorization represents an individual contribution to the interpretation of data. It proved useful for the in-depth analysis and understanding of the results.

3. Results and Discussion

Out of the six research questions (RQ) advanced and tested in the study, the present article focuses on the following two RQs: RQ1 - Are the players in the intervention group perceived as being better by their opponents after the intervention than they were before the intervention? and RQ2 - Was the player in the intervention group perceived to be more motivated after the intervention?

The results for RQ1 were gathered by means of the 10-point Lickert scale questions (where 10 stands for *very good* and 1 for *beginner*) from Q1 (before the experiment - *How do you rate the tennis level of your opponents before your match (in relation to your own level)?*), Q2 (pre-intervention questionnaire - *How do you rate the tennis specific level of your opponent in this tiebreak (up to 7 points) (regarding your own level)?*), and Q3 (at the end of the experiment, only for the control group - *How do you rate the tennis specific level of your opponent after these 2 tiebreaks (up to 7 points) (regarding your own level)?*). The average results for the three subgroups are presented in Table 1.

Table 1

Average responses on the perception of players by their opponents after the intervention

Level of play	Q1	Q2	Q3
Beginner	5,50	5,67	5,33
Intermediate	6,18	5,64	5,36
Performance	7,00	6,33	7,00
Total mean values	**6,10**	**5,75**	**5,60**

The mean values were of 6,10 after the warm-up (Q1), 5,75 after the first tiebreak (Q2), and 5,60 after the intervention, at the end of the experiment (Q3).

Looking at the results from Q2 and Q3, one can notice that differences occur for the performance level athletes as compared to the rest. The beginners decreased from 5,67 to 5,33, while the intermediate decreased from 5,64 to 5,36. Players belonging to these two groups were not perceived as being better after the intervention as in the case of the athletes from the performance class (raising from 6,33 to 7,00).

The significance of the results could not be calculated between the three levels of play because there were not sufficient values to perform the tests. If we look just at the total values of Q2 and Q3C (before and after the intervention), the 2-sided p-value is of 0,603. The value calculated with IBM SPSS Statistics points out that the result is not significant.

The results for RQ2 were gathered by means of a specific 5-point Lickert scale question (where 5 stands for *very motivated* and 1 for *very demotivated*) from Q3 (after the intervention, for the control group - *How motivated did you find your opponent in the last 2 tiebreaks compared to the first tiebreak?*). The average results for the three subgroups are presented in Table 2.

Table 2

Average responses on the perception of motivation of the opponent after the intervention

Level of play	**Q3**
Beginner	3,00
Intermediate	3,09
Performance	4,00
Total mean value	**3,20**

The mean value of 3,20 is a neutral one. It indicates the motivation of the players in the intervention group was not perceived as increased by their opponents at the end of the tiebreaks. This result should be cautiously considered, given the fact that it implied a comparison with the perception of their motivation in the first tiebreak. If a player showed adequate motivation from the very beginning, the increase in the last two tiebreaks would have been difficult to notice.

The average value attributed to the players in the performance class by their opponents was 4,00. This means that they were perceived to display increased motivation throughout the last two tiebreaks as compared to the first one. This differentiates this group from the other two groups with values of 3,00 (beginners) and 3,09 (intermediate).

Studying the use of self-talk from the perspective of the opponent is a difficult endeavor. The inherent subjectivity of the people who are asked *how do they perceive the player who uses self-talk,* along with the interdependence of the variables involved in the experiment proved quite challenging.

As we have seen from the results, RQ1 and, consequently, the main hypothesis of the present research could not be verified statistically. In studies involving strategic self-talk interventions, self-talk cues have been assigned to participants by the researchers, whereas in other studies, participants were involved in the selection of the cues, either by selecting from among a list of proposed cues or deciding their own verbal cues. This aspect was examined a meta-analysis [7] and the results showed that assigned and self-selected cues were equally effective. In the present study, the players were asked

to choose the self-talk cues that best fitted their current needs from the list provided in Q2. In shorter interventions (like the one in this study), when *instructional self-talk* is used, athletes should be aware of their needs and therefore be in a position to select the most appropriate cues, with guidance from the researcher or from their coach, if needed; for *motivational self-talk*, athletes would almost always know what fits best for them, so the selection should be free. In longer interventions, where athletes spend several sessions training with self-talk, coaches could also be involved, helping to identify aspects of task performance, movements, or tactics that need to be improved. Another study also concluded that it is possible that a combination of both instructional and motivational self-talk cues may be important in improving one's tennis performance. In the present study, the athletes had a variety of cues, both instructional and motivational, to choose from a list. Still, the results show that the athletes were not particularly aware of their needs and, thus, choosing the best verbal cues in the given situation could prove difficult [19].

Even if the overall findings of the experiment did not confirm the hypothesis of the study, the results for the performance group provide sufficient evidence to encourage further research in this direction with a more accurate design of the experiment, a more homogenous group of athletes and a higher number of participants.

In tennis, the opponent's state of mind may be influenced by the athlete's behavior. An athlete's emotional expressive behavior indirectly affects his own performance by influencing the performance of opponents and teammates [9]. This highly complex *action – reaction – action to reaction* phenomenon could not be fully observed in this study. Still, for the performance group, the results prove that the opponent is aware of the emotions of the player. The overall results to RQ1 go in the same direction with the ones from the self-analysis. The average values dropped throughout the intervention from 6,10 (Q1) to 5,75 (Q2) and to 5,60 (Q3C) at the end. For the performance group, the same increasing tendency was registered. The average increased from 6,33 (before the intervention) to 7,00 (at the end of the match). These numbers show that the more experienced players manage to make better use of the psychological aid offered by the self-talk cues in the intervention. This slightly increasing numbers from the performance class show a tendency, at a small scale, that could prove the main hypothesis of the study.

Neither the results for RQ2 could be verified statistically. The use of self-talk cues in strategic self-talk interventions is usually related to increases in performance, as demonstrated by a meta-analysis of positive self-talk interventions [7]. An intervention based on motivational self-talk cues is expected to improve athletic performance via increases in physical effort, motivation, and confidence [6]. In the present study, only for the players in the performance class increased motivation was observed by their opponents throughout the last two tiebreaks as compared to the first one. The average value attributed by their opponents was 4,00. This differentiates the performance group from the values of the intermediate group (3,09) and of the beginners (3,00). These results confirm the tendencies noted for RQ2 and RQ3 for the performance group.

4. Conclusions

Following the overall experience accumulated during the experimental study, a series of limitations of the present study can be advanced. Firstly, the self-selection of the verbal cues was not efficient because of the lack of a needs analysis prior to the experiment. Secondly, the insufficient time to internalize the cues in the intervention lead to poor effect of self-talk, especially for less experienced players. Moreover, loud verbalization of the self-talk and its frequency should have been encouraged and measured. Finally, a better homogeneity of the participation framework would have been desired.

Among the positive aspects of the study, one can consider the following two.

On the one hand, *the use of the 2nd person singular for more than 80% of the verbal cues.* It was also showed that 2nd person self-talk generated superior power output and better performance than 1st person self-talk, the present study employed 2nd person self-talk and imperatives. Only 3 out of 24 verbal cues provided in the intervention were written at the 1st person singular and those were recommended for boosting confidence.

On the other hand, *the possibility to self-select cues from a list instead of imposing them or not providing them.* The cues aimed at improving confidence, at offering psychological enhancement/ self-support, at providing technical instructions, at aiding anxiety control, and at increasing focus. Each of these aims had 3-4 verbal cues as suggestions for self-talk use during the game. The number and functions covered by the list of cues in the intervention also indicate the complex role of the use of self-talk in tennis.

Although the statistical results of the study did not confirm the main hypothesis, the qualitative analysis based on the segmentation of the research group in three performance classes based on their level of play showed a tendency of the players in the performance group to confirm the hypothesis. This means that the players that master the technical aspects of the tennis game can add self-talk amongst their mechanisms of improving performance, by increasing their confidence and motivation, provided they are given sufficient time and practice to internalize the self-talk cues. At the same time, they seem more receptive to the use of self-talk by their opponents than the players in the intermediate and beginner level.

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