Van Riper’s Multiple Voices
revealed by
Analysing Clinical Interaction

A Master Therapist
A Client Who Stutters

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Outline

1. Different approaches to analysing discourse
2. Brief overview of Van Riper’s videotaped Action Therapy: stages, outcomes
3. Evaluating therapy interaction to distinguish the voices used: by the client and by the therapist
4. Summary and conclusion

Learning Outcomes

- Analysis clinical discourse
- Erving Goffman’s Speaker Roles
- Understanding of therapy interaction
- Appreciate the kinds of interaction that
  - engage clients
  - engage an audience
  - facilitate change

Charles Gage Van Riper
Born 1905 in Champion
a forest village near the centre of the Upper Peninsula of Michigan

☐ Cully   ☐ Chuck   ☐ Dr Van
Charles Van Riper (1905-1994)

- Author, researcher, practitioner
- ‘plagued’ by a stutter
- Student of Edward Lee Travis in 1930s at Iowa State
- PhD c. 1934
- Married Catherine Jane Hull speech pathology major
- 1936 Western Michigan Teacher’s College
- PhD c. 1934
- 1st edition of Speech Correction 1939
- Major texts: The Nature of Stuttering 1971
- The Treatment of Stuttering 1973
- Retired in 1976, Action Therapy taped in 1977

Action Therapy videotapes

- Taping took place over a period of 7 weeks
- weekly sessions comprising total 7 hours of therapy
- 2 tapes provide follow-up of C’s progress
  - 1 year 20 years later
- Participants: Therapist (VR aged c. 70+ years)
  - Client C (18 year old student) with a ‘moderately severe stutter’
- 2 other people are present for recordings: a camera-man and director video; credits refer to 4 others

Context

- C has experience of fluency therapy - ‘many hours’
- Unusual context video recording...in the limelight
- Different kind of interaction from usual therapy?

- Large (unknown) audience
- Therapists
- Researchers
- VR formally addresses audience directly
- Introduce and sum up sessions (C absent)

Therapy focus: Desensitization

- Identification desensitization modification stabilisation
- Reciprocal inhibition (Wolpe ‘58)
- Fear or anxiety are classically conditioned
  - responses could inhibit these feelings (relaxation)
- If appropriate responses occur in presence of stimulus that evoked the fear, tendency for evoked response to weaken
- VR 1973: reducing speech anxieties + neg emotions
  - ‘we aim to toughen the stutterer to the threat, confrontation and experience of fluency failure’
### Blood et al 2001

- Categorized VR’s utterances
- Hill’s (1993) system counselor responses
- ‘a high degree on instructional, informational, educational verbal responses’
- As opposed to confrontation and self-disclosure verbal responses

### Desensitization

- VR using “crucial ‘sage on the stage’ teaching time”
- VR dominated with 86% of verbal turns
- VR’s range for series varied 48% – 86%
- Blood et al’s analysis concluded
- VR’s primary responses suggest clinicians dominate therapy sessions

### Erving Goffman 1981

- Social roles in frame (Therapist vs Client)
- Focus on speaker assuming particular stance
- Suggesting footing to negotiate interpersonal relationships / alignments in interaction
- Concepts of haming and of footing based on interpretations of metamessage: what’s going on?
- Footing: “a change in the alignment we take up to ourselves and the others present as expressed in the way we manage the production or reception of an utterance”

### Footings: Speaker stance to interaction

- **Animator**
  - Talking machine
  - Person uttering words
- **Author**
  - Person selects sentiments
  - Words chosen
- **Principal**
  - Position established by word person active in a role
Therapy

- 2 participants: therapist and client
- Meaning co-constructed negotiated between participants
- Footings
  - Each role, a co-constructed voice to expresses role
  - Eg summarizing what a client says
  - T a voice of alignment
- Footings as animator and principal but not as author the client
- The SLT shifts footing in voicing the client’s opinion
- retaining the therapist’s principal role

Text

VR: Well C, here we are again eh ….. I felt your pulse and it was racing .. but you’ve had a hard |week
2. C: yes
3. VR: having to identify your stuttering I guess and I’d like to know if the thing has happened to you
4. so that usually happens to many stutterers after they begin
5. C: Yes I find it very hard to I ….. to elusslauelau look
6. to feel a lot of emotion usually rises up, any in you?
7. VR: at my stuttering er me just I feel like in the past week I’ve been (+t) stuttering
8. C: (laughs)

Analysis

- VR’s cursory mention of C’s ‘racing’ pulse: medical reference
- VR’s authoritative voice, socially distant from the client
- VR assumes responsibility, displaying self-deprecating humour
- Refers to himself as ‘the dirty dog’ : what C might well be thinking
- derogatory words that a client could not express openly
- Instance of VR speaking for C in an affiliative manner: C’s voice
  - Schiffrin (1993) speaking for another
  - Positive if ‘chipping in’; negative if ‘butting in’

Footings + Humour

- VR enters C’s perspective as animator conferring the principal role on C
- C’s laughing response provides support
- Humour: a warmer, more understanding voice than that of officious expert (Kovarsky, 1990)
- humour helps build solidarity and affiliation
- mitigates embarrassment solicits cooperation
Medicalization: voice of authority peppered with humour

14. VR: ... all I can say is that this is par for the course (...)
15. by having to confront it (...) y-you're looking at it now eh all the old
16. emotion which has always been underneath is beginning to come out
17. It's like pus that starts to ooze out once you lance the wound (...)
18. and I bet you hate me sometimes
19. C: (laughs)
20. VR: you have to take this hard look at what’s there (...) purpose of our
21. session (...) is to try to take away some of the evil colouring from
22. ... stuttering itself, if one can be able to remove some of this awful
23. emotional fraction of the handicap (......) and
24. your job of course (....) is to try to learn how to stutter...

Authority Humour Alignment ... Disempowerment?

20. VR authority voicing expectations
21. emotions in graphic medical metaphors (17)
22. humour used to lighten topic
23. VR (18) shows alignment predicts reaction
24. ....try to learn how to stutter....?

C tells of his recent stuttering

28. C:It’s like (...)I’ve been stuttering whwhat I feel to be
29. really bad I haven’t felt this way in a long time I just
30. been really (coughs) em scared |
31. VR: |scared| [because it’s just like I
32. C: |
33. bad. of eh blocks eh in a long long
34. VR: and feelings of fear and shame too come up embarrassment
35. C: Yeah like eh there’d be times when I would just stutter and I’d keep on
36. going and going... and I’d say ’when is this going to stop...’

Putting words in C’s mouth

30. VR overlaps on ’scared’ (31) ’chiming’ (Watanabe, 2001) alignment
31. but
32. interrupts C, adding expected emotional reactions (34)
33. VR’s strategy describing emotions dev client awareness of feelings
34. putting words into C’s mouth, acting as animator to C’s principal, giving voice to C’s yet to be voiced emotional state
35. C agrees ‘frustration’
**When is a joke not a joke?**

- **140 C (reading)** The (+t) there was this (+t) golfer who had (+t) two pupils a
- **141** fellow and a girl, both of them stuttered pretty badly
- **142.** When they met (+t)lh- eh eh (..... block of 17 seconds duration)
- **143** VR: that's one of those
- **144** C:  (laughs)
- **145** VR: boy, that's one of those that just make you feel completely helpless
- **146** ... impotent as though you can't
- **147** C.  |tired
- **148.VR:** |tired just fatigued to the bone

**Breaking cardinal rules + amplification**

- In 143/6, VR interrupts C in a lengthy block but C's word incomplete
- VR breaks an accepted rule of interaction (Bloodstein, 1995)
  - Empathy (+ explanation to video audience)
  - animator to C’s principal role
- Paradox: increasing C’s relative incompetence in stutterer role /error-maker role
- Break C’s tension whose voice is then heard interrupting VR anticipating his interpretation: good recovery and comeback
- C’s response is chimed, but then amplified by VR (148)

**Simultaneous voices with re-authoring**

- VR expresses empathy : alignment
- simultaneously voicing C’s experience: affiliation
- C’s own voicing of his feeling shows his competence to speak for himself in anticipation of VR’s response
- VR re-authors C’s "tired" graphic description: authority

**Shift footing from affiliation taking over C’s role157 disempowering**

- **151 VR** say it again
- **152 C when the the(+t)-meh the meh the meh (....)
- **153 VR you said that five times, word that you’re afraid..is the next one
- **154 C the man (+t)-introduced himself I’m P(+t)-
- **155 VR you had to do that on purpose
- **156 C he said I’m P(+t)-eter but
- **157 VR he said ‘I’m Peter but I’m no s(+t)-saint’ alright? And then what?
- **158 C the g(+t) girlfriend (+t)-r-replied ‘hi Peter I’m (+t) em-em-em-
- **159 VR she didn’t do it that way, she said I’m MMMMMMM you’re putting your kind or stuttering in her mouth she didn’t go uh-uh-uh
From empathy to harsh critical evaluation

* Empathy expressed but though interruption
* Authoritative voice puts C in role of error-maker
* Harsh evaluation: incapable of stuttering correctly

‘putting your kind of stuttering in her mouth’
dissociation of the stutter from the person

Emotions explained to audience and to C

* 260. VR (…) well then you wouldn’t do all those darnfool things you’re doing like trying to say ‘Mary’ with ‘ahahah’,
* 261. Mary begins with M
* 262. (…) you started with aub-aub-aub—(…) so if you have to stutter
* 265. you will stutter in this way (…) but when you’re so full of emotion
* 267. no matter how you hide it, how you repress it
* 268. (…) it’s in you or you wouldn’t be having it eh throw you out of
gear as it usually does. (…) hold on to what you’re doing until I let go OK?
* 270 C. OK

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end of session

372 VR: it’s worth it, it’s worth the agony I feel for you. it may seem
373. kinda brutal at times but hell, we gotta take care of the problems
374. where they are presented. At the moment you’re probably feeling
375. it’s been a hard hour
376. C: I’m tired (laugh)
377. VR: I’m not sure that you see the vision which is here

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Affiliative Voice

* Empathic voice is evident in frequent use of humour
* Tasks are difficult swamping the affiliative effects of the humour
* Du Pre’s (1998) concept of ‘hurting to help’
* Humour used to diffuse tension and anxiety
* VR is unrelenting in criticism of C, unapologetic for harshness

This ‘tough’ clinical approach may be damaging for some clients as Duchan (2002) suggests, and may raise ethical issues
The voice of exegeter

☐ commitment to the validity of his exposition of emotion
☐ audience gains access to the heart and mind of presenter

☐ 'I verbalized his feelings even better than he could…'
☐ 'we took the stuttering that he had and examined it, we catalogued it, analyzed it…. until he began to realize that that this was behaviour…. that he was doing and that a lot of it was absurd, it didn’t make any sense at all in terms of the utterance of the word that he was trying to say….'

☐ VR’s aware of authoritative voice silences the voice of C for reasons that are necessary
☐ C’s stuttering at the end of the session has less tension
☐ ? the effects of desensitization

VR’s multiple voices

☐ VR speaks through the voice of the client

☐ usually (but not always) empowering for the client

☐ VR deftly balances voices
☐ - address the video audience
☐ - maintains control in the session
☐ - clear voice of alignment with the client
☐ - affiliative and authoritative voices

Van Riper leaving

References


☐ Williams, D. 1999 WENDELL JOHNSON AND CHARLES VAN RIPER