Van Riper's Multiple Voices
revealed by
Analysing *Clinical Interaction*

A Master Therapist
A Client Who Stutters

Margaret M. Leahy
Trinity College Dublin
Ireland

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

☐ Cully   Chuck   Dr Van

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 Van Riper (1905-1994)

- Author researcher practitioner
- 'plagued' by a stutter

- Student of Edward Lee Travis in 1930s at Iowa State
- PhD c. 1934

- 1936 Western Michigan Teacher's College
- Married Catherine Jane Hull speech pathology major

  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

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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 students 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 counsellor 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 *framing* 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*   *author*   *principal*

□ *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

- Footing 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
2. pulse and it was racing… but you've had a hard |week
3. C: |yes
4. having to identify your stuttering I guess and I'd like to
5. know if the thing has happened to you
6. that usually happens to many stutterers after they begin
7. to explore their stuttering to catalogue it… to take a look..
8. to feel it a lot of emotion usually rises up, any in you?
9. C: Yes I find it very hard to I …… to elauelauelau look
10. at my stuttering em it just I feel like in the past week I've
been (+t) stuttering
11. a lot more more severely
12. T: and I did that to you didn't I? eh the dirty dog
13. 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
- Simmons-Mackie & Schultz (2003)

Slide 1

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….*

Slide 2

Authority Humour Alignment … Disempowerment?

- VR authority voicing expectations
- emotions in graphic medical metaphors (17)

- humour used to lighten topic

- VR (18) shows alignment predicts reaction

- *….try to learn how to stutter….?*

Slide 3

C tells of his recent stuttering

- 28. **C**:It's lilike (…)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|
- 32. **C**: |because it's just like I I haven't had these
- 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….'

Slide 4

Putting words in C's mouth

- **C reports on increasing stuttering severity and being 'scared'**

- **VR overlaps on 'scared' (31) 'chiming' (Watanabe, 2001) alignment** but
- **interrupts C, adding expected emotional reactions (34)**

- **VR's strategy describing emotions dev client awareness of feelings**

- *putting words into C's mouth, acting as animator to C's principal, giving voice to C's yet to be voiced emotional state C agrees 'frustration'*

- *VR both in empathetic therapeutic frame, displaying affiliation and empathy with C, simultaneously in expert frame as he describes emotions associated with stuttering*

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)ih- 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 of 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

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Emotions explained to audience and to C

□ 260. **VR** (….) well then you wouldn't do all those **darnfool** things you're

□ 261.   doing like trying to say 'Mary' with 'ahahah', **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

□ 269.   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*

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

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