Reply

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The paper on 'The Rise and Fall of Operant Programs for the Treatment of Stammering' has raised much interest judging from the number of requests for reprints. The author's goal to generate a discussion on this topic has certainly been achieved. I therefore welcome the opportunity to respond to Ryan's letter to the Editor.

Ryan's implicit criticism regarding lack of data in my article is irrelevant as the purpose was to weigh conceptual issues. The question is not, Are operant procedures an effective therapeutic tool?, but Is it possible to develop a treatment approach built in the main, on one single building block? If we do not deny that the treatment of stammering in whatever form is 'psychotherapy', we have to consider the therapeutic variables as identified by Garfield [1], such as insight/understanding, cognitive modifications, emotional release, giving information and support, reinforcement, desensitization, relaxation and confronting problems. Orlin-sky et al. [2] further explain that 30% of change variance in psychotherapy is explained by the client-therapist relationship and therefore Ryan's notion that successful treatment rests on the foundation of operant conditioning is too simplistic and somewhat naive. Bergin and Garfield [3], in the latest edition of the Handbook of Psychotherapy and Behavior Change, will attest to that.

Ryan obviously continues to cling to a form of behaviour therapy which is outdated. Clients cannot be simply reduced to symptoms. Ryan decries the complications which arise from a 'multimodal' view and feels it is a throwback to old times, when therapists (maybe) muddled through therapeutic problems in an esoteric way. I do not feel that this is necessarily the case. Time has not been standing still. Stammering therapy can benefit greatly from conceptual and empirical developments in mainstream psychotherapy, as have some more recent treatment programs [e.g. 4]. A look over the fence is strongly recommended. No one is questioning the efficacy of operant technology but it is not the answer to all therapeutic problems. It therefore seems inappropriate and somewhat indelicate just to blame the therapists who 'did not continue to carry out the procedures'. The question remains, Why did they find it necessary to stop? Ryan seems highly dissatisfied with my tentative answers as I am with his. Let the therapists speak up!

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