

A Speech Pathologist's Fantasy?

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"And guess what the mother wanted me to do. She wanted me to teach her child how to blow his nose!" commented a graduate student to another in the hallway outside my office. This was the last thing I remember before dozing off.

Apparently overhearing this comment set off a train of associations which led to the following dream or fantasy.

I began to think about what the consequences could be if the student did succeed in teaching this child how to blow his nose. There is no doubt that this bright young graduate student, with considerable clinical experience, understood the anatomical and physiological aspects of clearing the nasal passageways. As with many good clinicians, this young lady is a kind and sympathetic person. She may have decided that it would be quite uncomfortable for the young fellow to go through life with a nose in need of clearing and would proceed to teach the child how to blow his nose. This could be considered a kind act, but also a dubious practice for a professional in speech pathology and audiology. However, I began envisioning some of the ramifications of this simple deed of kindness.

The mother, elated with her son's achievement, reports this surprising success to her pediatrician. Now, no doubt pediatricians for years have been requested by mothers to teach their children how to blow their noses. Aside from the fact that this is essentially an educational type of activity which would take considerable time for a busy pediatrician, it also is not the most aesthetically pleasing activity in which to engage. Pediatricians reacted to the young lady's success



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not only with relief, but with true elation. Here, unknown to medical man, had existed for several years a group of persons skilled in nose blowing therapy. Indeed, here was a new ancillary service for the busy medical practitioner.

The news that such therapy was available spread like wildfire. Pediatricians, general practitioners, otolaryngologists, rhinologists and assorted specialists began referring more and more children to the speech and hearing clinics for nose blowing therapy. At first this was viewed by the clinics as a sign of a healthy interrelationship with the medical profession. However, the name of the therapy did have a certain pejorative shading; so one of the semantically oriented professionals began to call it "reverse velar-valving therapy." With an impressive name such as "reverse velar-valving therapy," more and more professionals began to show interest in this clinical entity. At the annual convention controversy arose in some of the bull sessions over reverse velar-valving therapy. The more experimentally inclined went home after this stimulation and began to study the process of nose blowing through the use of such techniques as laminography, cinefluorography, and electromyography. Since nose blowing has an acoustic component, acousticians, and even audiologists, also began studying it.

With all this activity and the apparent increase in the incidence of defective nose blowing, local meetings were called regarding whether or not this therapy should be done under the supervision of the medical profession; whether or not the speech pathologist was the appropriate person to do it; how the various fields involved could work together more effectively; and, of course, what could be done to prevent defective nose blowing.

Soon journal articles began to appear reporting success in modifying reverse velar-valving based on clinical observations of four or five cases. Later some cinefluorographic and electromyographic studies began to appear.

Then controversy arose over the most appropriate terminology to describe this newly discovered phenomenon. Such terms as: perverted velar-valving, delayed velar-valving, infantile velar-valving, retroflexive

Abstract

The author reports on the growth and development (in his imagination) of a professional sub-specialty among speech pathologists – reverse velar-valving therapy – its origin, research, funding, impact on other health care professions and other related aspects. He asserts that similarities to persons living or dead are purely coincidental.

velar-valving, were suggested in the "letters to the editor" section of the official journals.

With the rash of referrals, some of the more descriptively minded researchers engaged in surveys of incidence of reverse velar-valving in various parts of the country. Others showed interest in arriving at norms for the age when velar-valving was mastered. This, of course, provided excellent normative data for determining when a child was delayed in establishing velar-valving for purposes of clearing the nasal passages.

One of the larger medical supply houses developed a prosthetic device for correcting reverse velar-valving and began marketing it under the name "Nasovoider."

Research interest increased and one experimenter decided to study the relationship of mucous output to the various methods of teaching velar-valving. The task of measuring mucous output is not a particularly pleasant one and this inventive experimenter rather than suffering the distasteful task of measuring true nasal output, developed a test which he labeled the "Simulated Nasal Output Test." This test immediately gained wide acceptance and notoriety and became known as the SNOT Test.

A group of disenchanted "tongue thrust therapists" found a new vital force in their lives by embracing velar-valving therapy. Many of the successful "tongue thrust therapists," however, simply added velar-valving therapy to their armamentarium.

Out on the West Coast, an enterprising group of businessmen started The Institute of Velar Valving and began training technicians and issuing diplomas in V.V.D. (Doctor of Velar Valving). This activity naturally gave rise to ethical practice considerations and the official committee concerned with these matters hit a new peak in their activities.

In the meantime a group of "young turks," who knew a good thing when they saw it, led by a cunning old greybeard in the profession, embarked upon a successful campaign for certifying the "velar-valvers," — the name they used informally. So effective was their campaign that the standards set for certification, with an appropriate

Résumé

L'auteur fait un rapport sur la croissance et le développement (en son imagination) d'une sous-spécialité parmi les pathologistes de la parole: la thérapie du mouvement inverse de la valvule vélaire. Il en décrit l'origine, la recherche, l'allocation des fonds, l'influence sur les autres professions sanitaires, et d'autres aspects encore. Il affirme que les ressemblances avec des personnes vivantes ou mortes sont de pure coïncidence.

grandfather provision, surpassed by far any the profession had ever known. Thus, the way was paved for a new group of royalists, economically and otherwise, within the profession. Indeed, some of the brasher “young turks” had been acting as if they were the princes of the profession long before their certification victory. Frankly, it was a little unsettling to some how rapidly a great new profession had evolved from a small act of kindness by a graduate student in training.

Now, instead of isolated papers being presented at conventions regarding velar-valving therapy, entire sections were devoted to it.

With the mothers of snotty-nosed children demanding more clinical attention than was available, certain dissident groups of mothers joined together in an organization called “The Mothers’ Federation for the Elimination of Infantile Velar-Valving.” Through the forceful and aggressive tactics of these militant mothers, Congress was pressured into appropriating federal funds for the elimination of this serious handicap. Latest reports indicated that a southern senator was drafting a bill to provide funds for special graduate training programs to meet ever increasing needs for competent professionals to aid the velar-valving handicapped.

A university administrator, who had a nose for money, recognized that the manufacturers of disposable tissues had a stake in this handicap. Through skill and the aid of an influential alumnus, he was able to persuade one of the largest disposable tissue corporations in America to set up a well-endowed foundation to deal with the velar-valving handicapped.

Meanwhile, psychologists and psychoanalysts had been keeping abreast of this new development of a velar-valving handicap. One of the analysts made a name for himself and will live in all psychoanalytic history because he defined a new stage of fixation — nasal fixation. Previously, the analysts were limited to the anal, oral and genital stages of fixation to account for the maladies of their patients. Now personalities began to be described as being not only anal retentive but nasal retentive. This development bode well for a renaissance of the analytical scho . . .

Abruptly and mercifully this melancholy fantasy was ended by the startling, but welcome, sound of the telephone.

The author hereby wishes to state that any similarities to persons, living or dead, places, institutions or incidents referred to in this article are purely coincidental.

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