

Chapter

Cluttering: Issues and Controversies

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Reference

Myers, F. L. & St. Louis, K. O. (1992). Cluttering: Issues and controversies. In F. L. Myers & K. O. St. Louis (Eds.) (1992). *Cluttering: A Clinical Perspective*. Leicester: FAR Communications. Reissued: San Diego, CA: Singular, 1996. Chapter1, pp. 11-22.

Cluttering: Issues and Controversies

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Introduction

Skills in the timing and integration of speech and language functions are basic to the fluent output of oral communication. A great deal has been written about the fluency disorder of stuttering. The fluency disorder of cluttering, however, has received only peripheral focus.

The historical foundation for the study of cluttering had been laid several decades ago by a handful of European phoniatrists and logopedists who favored a more gestalt, integrative approach to the study of communication disorders. This approach was not in keeping with the behaviorist paradigm prevailing in the USA at the time. Only a small number of individuals in the USA have since expressed interest in this disorder, chief among whom has been Charles Van Riper in the formulation of his Track II fluency-disordered clients.

Van Riper (1970, 1971, 1982) has influenced our thinking about the relationship between stuttering and cluttering in several significant ways. He has long recognized that stuttering comprises a heterogeneous disorder, that there are different yet overlapping disorders of fluency, and that some disfluent individuals have concomitant articulatory and language problems.

Despite these observations made by Van Riper and by the European phoniatrists over twenty years ago, we have been slow to recognize the importance of cluttering. In his 1970 *Folia Phoniatica* article on the differential diagnosis of stuttering and cluttering, Van Riper stated: "In the predawn darkness in which scientifically-oriented speech pathologists now stumble, perhaps the confusion (between stuttering and cluttering) is to be expected - though not to be tolerated indefinitely" (Van Riper 1970, p. 347).

The purpose of this book, therefore, is to raise some critical issues regarding the nature of cluttering and to provide some clinical guidelines for the assessment and treatment of this multifaceted disorder.

Does Cluttering Exist As a Disorder Distinct from Stuttering?

The question, "Does cluttering exist as a communicative disorder distinct from stuttering?" logically entails two questions: "Does cluttering exist?" and "If so, is it distinct from stuttering?" The two questions are so closely interrelated that they can best be answered together.

We take the position that cluttering does exist as a clinical entity and that it is related to - but not the same as - stuttering. There are historical and empirical justifications for this view. A brief sketch of the history of cluttering reveals that interest in the disorder is not new. As Weiss (1964) speculates, it is likely that Demosthenes was, in fact, a clutterer, replete with an inability to get to the point, indistinct articulation, and "excessive temperament." According to Weiss, Bazin (1717) provided a description of cluttering which included reference to excessive hurry during speech which causes the speaker to get stuck on the first syllable, careless enunciation, and language which is incoherent. Other early writers (e.g., Colombat 1830; Poett 1833; Kussmaul 1877) described syndromes which can be regarded as cluttering that were different from the common disorder of stuttering. Terminology for these conditions varied, e.g., *bredouillement* (Colombat 1830), cluttering (Kussmaul 1877), *paraphrasia praeceptis* (Liebmann 1900). In this century, works by Froeschels and Jellinek (1941), Freund (1952), Luchsinger (1963), Weiss (1964), have expanded these early descriptions and compiled a great deal of what is known about cluttering. The point is that these and other authorities have been impressed by a relatively small group of fluency disordered individuals whose propensity toward hurried, irregular speech rate, surprising lack of awareness of their difficulties, and associated speech, language, and cognitive problems set them distinctly apart from stutterers. As long as phoniatriests, logopedists, and speech-language pathologists, or their precursors, have classified speech and language disorders, cluttering has emerged as a recognizable clinical entity.

Although anecdotal evidence is strong, the empirical evidence that cluttering exists apart from stuttering is relatively weak. A number of investigations suggest that there are measurable differences between the two conditions (e.g., Luchsinger & Landolt 1951; Langova & Moravek 1970; Rieber, Breskin & Jaffe 1972; Hutchinson & Burk 1973; Pitluk 1982; St. Louis 1985). Nevertheless, it is widely held that stuttering and cluttering frequently overlap and exist in the same individuals (Weiss 1964; Van Riper 1971, 1982; Dalton & Hardcastle 1977, 1989; Diedrich 1984; Daly 1986;

Preus 1987). Thus, the practitioner and the theoretician alike are left with a dilemma. Does one acknowledge the rich historical and anecdotal evidence, even in the face of a weak empirical base, and recognize two separate disorders which frequently coexist? Or does one wait for solid data which shows unambiguously that cluttering can be reliably differentiated from stuttering? We reluctantly take the former position with the hope that reliable data will follow.

The issue of whether or not cluttering exists as a communicative disorder distinct from stuttering is a major topic in this volume. St. Louis and Rustin, in Chapter 2, report the results of questionnaire surveys of clinicians in the USA and UK about cluttering. There is no question that most clinicians recognize differences between stutterers and clutterers in terms of symptoms and treatment strategies. Chapter 3 by St. Louis advances a working definition of cluttering as a fluency disorder which is not stuttering and characterized as a rapid and/or irregular speech rate. The author calls for an objective definition which would permit researchers to decide more clearly who is - and who is not - a clutterer. In Chapter 5, Myers analyzes cluttering from a synergistic approach and raises issues which must be addressed if we wish to separate the disorders of cluttering and stuttering. For example, she identifies problems which arise when we attempt to reconcile our clinical definitions with the possibility that cluttering-type disfluencies may best be seen as the results of difficulties with language and rate.

Chapter 4 by Preus deals in its entirety with this issue. He provides a solid review of the relevant literature and concludes that stuttering and cluttering are related - but different - entities.

Do Clutterers Have Coexisting Articulation and Language Disorders?

Virtually all of the historical and much of the current literature make reference to the coexistence of articulatory and language anomalies in clutterers. Weiss (1964, p. 1), for example, considered cluttering to be "the verbal manifestation of Central Language Imbalance, which affects all channels of communication (e.g., reading, writing, rhythm, and musicality) and behavior in general." The primacy of language was also highlighted by Freund (1952) who viewed cluttering as a "dysphasia-like disability" due to lack of integration of the central nervous system; by Luchsinger (1963) who likened cluttering to childhood dysphasia; by deHirsch (1970) who

subsumed cluttering under the generic category of developmental language disorders; and by Grewel (1970) who observed that cluttering is often found in children with delayed speech and language development.

Language and articulatory difficulties coexisting with fluency disorders have been discussed more recently by Dalton and Hardcastle (1977, 1989), Wall and Myers (1984), St. Louis et al (1985), Daly (1986), Preus (1987), Myers (1988), and St. Louis et al (1991). Chapter 2 by St. Louis and Rustin reaffirms the prevailing perception by practicing speech-language clinicians in both the USA and the UK that cluttering is a multidimensional disorder.

Recognizing that various clinical subgroups can have coexisting speech and language difficulties has led to a shift in aspects of our clinical perspectives and possibly even aspects of our scientific paradigm. One shift in perspective is discussed in the chapter by Myers whereby the various speech and language dimensions of a clutterer are seen not only to coexist but also to have the potential to be functionally interrelated. Therapy strategies aiming for synergy and synchrony among the coexisting anomalies are discussed in Chapter 6 by Myers and Bradley.

Daly's Chapter 7 fully acknowledges the multifaceted anomalies experienced by many clutterers. Daly's treatment plan considers not only the client's speech and language deficits, but also activities for improvement of memory, release of stress through relaxation, and the nurturing of a more positive self-image.

The notion that various speech and language difficulties can coexist has also raised certain critical dilemmas. In recent years, there has been a growing realization in the USA that different subgroups of communicatively disordered individuals may exhibit overlapping attributes. For example, a child with the formal diagnosis of stuttering can have language problems; by the same token, a child with the formal diagnosis of language delay can exhibit abnormal disfluencies. For clients with coexisting anomalies, therefore, the provision of diagnostic and therapy services solely from a unitary framework may be neither valid nor sufficient.

Given the possibility that there are overlapping anomalies intrinsic to the stutterer-clutterer, one critical issue is the nature of the relationship between stuttering and cluttering. According to Weiss (1964), this relationship is one of the most important questions facing our field. Toward this end, the chapter by St. Louis considers cluttering to be a speech-language disorder characterized mainly by abnormal non-stuttering disfluencies, along with a rapid and/or irregular speech rate. Chapter 4 by

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Preus summarizes the key literature on cluttering and takes the viewpoint that stuttering and cluttering are related but different disorders. The chapter by Myers and Bradley calls for a closer examination of the nature of the disfluencies and how these disfluencies are affected by changes in rate and language functions to arrive at a differential diagnosis of stuttering, stuttering-cluttering, and cluttering.

Are Rate Difficulties Central to Cluttering?

Rate difficulties appear to be central to the symptomatology of cluttering and are likely to be pivotal to its etiology. The nature of the rate difficulties, however, has yet to be systematically investigated. Arnold (1960) focused on the clutterer's intraverbal acceleration, and stated that the increase in rate is proportional to the number of syllables contained in the word. Freund (1952) placed the symptomatology of cluttering on a continuum, ranging from "pure tachylalia" or rapid speech on the one end to "pure paraphrasia" or dysphasic-like language on the other end.

Wohl (1970) considered the clutterer's fast rate of speech as a contributing factor to disturbances in their language and flow of thought. Rapid speech rate has also been discussed by Luchsinger and Arnold (1965), Preus (1987), and Dalton and Hardcastle (1989). Of note is the consideration by the latter that a clutterer's rapid speech rate results in excessive coarticulation, leading to sound/syllable elisions and distortions, as well as difficulties in the formulation of language.

Despite the rich insights on rate anomalies offered by the above authors, we need more empirical research to substantiate rate deviances in clutterers. Weiss (1964), interestingly, considered excessive rate to be an optional rather than obligatory symptom of cluttering.

Other authors have described the dysrhythmic nature of the clutterer's speech, characterizing their prosodic patterns as "jerky, stumbling, explosive, or with similar references to temporal abnormalities" (Arnold 1960), and reflecting an inability to discriminate linguistic stress and syllabification (Pearson 1960). Arnold further made reference to "the clutterer's disorientation with elements of time and space (rhythm, rate, syntactic order)...[with] limited ability in the production and perception of the **rhythmical elements** in the time-space relationship of the clutterer's acoustic modality...." (Arnold 1960, p. 16).

It is clear, therefore, that most authors consider rate and cadence to be

problematic in cluttering. But the nature of rate anomalies has barely been tapped. Chapter 3 by St. Louis offers a working definition of cluttering characterized by a rapid and/or irregular rate. Preus in Chapter 4 calls for research on the tempo and regularity of repetitions exhibited by clutterers.

Chapter 5 by Myers delineates various ways in which the complex phenomenon of rate needs to be investigated. Through a series of diagnostic questions pertaining to the clutterer's rate, Chapter 6 illustrates the centrality of rate as it affects the clarity, coherence, and cohesion of a clutterer's speech and language output.

Is Cluttering the Result of an Underlying Organic/Genetic Factor?

All of the well-known reviews of the literature on cluttering conclude from the available anecdotal and experimental evidence that cluttering is frequently associated with physiological, perhaps inherited, conditions (Weiss 1964; Luchsinger & Arnold 1965; Dalton & Hardcastle 1977, 1989; Daly 1986). Notwithstanding the previously cited difficulties in differentiating cluttering from stuttering, research which is frequently cited includes work by Luchsinger and his associate in Zurich (Landolt & Luchsinger 1954; Luchsinger & Landolt 1951, 1955) who reported that clutterers had much higher incidence of electro-encephalographic (EEG) abnormalities than pure stutterers. The work of Moravek and Langova in Prague (Moravek & Langova 1962; Langova & Moravek 1964) replicated these findings on EEG abnormalities, but also demonstrated differences between clutterers and stutterers in response to delayed auditory feedback (DAF) and drugs (a tranquillizer versus a stimulant). In addition, descriptions which have been applied to cluttering suggest organicity, such as: The "highest level of dysphasia" (Luchsinger & Landolt 1955), "organic flavor" (Weiss 1964; Freund 1970), "cerebral immaturity" (Bradford 1970), and "a disturbance of motor integration suggestive of dyspraxia" (de Hirsh 1961).

There have also been numerous reports that cluttering is likely to be an inherited condition (e.g., Luchsinger & Arnold 1965; Op't Hof & Uys 1974). Seeman (1965) presented a four-generation family tree in which 16 of the 18 total members were clutterers. Weiss (1964) presented one "branch" of a three-generation pedigree which showed six clutterers and four stutterers ("stammerers") in a total of 21 individuals. The proband was a stutterer who had earlier been a clutterer. Arnold (1960) asserted that he

and previous authors agreed on the genetic basis of cluttering.

Many of the symptoms of cluttering have been widely recognized to be symptoms of neurological abnormality, such as behavioral impulsivity or hyperactivity, reduced attention span or distractibility, and EEG irregularities (Strauss & Lehtinen 1947; Clements 1966). The term which was most commonly applied to children with these difficulties for several years was "minimalcerebral dysfunction" (McCarthy & McCarthy 1969). We must point out that, in recent years, most authorities in the areas of childhood language disorders and learning disabilities prefer to emphasize linguistic or behavioral aspects of these disorders rather than questionable etiological or categorical components (Lahey 1988). Nevertheless, the suspicion of organicity remains. There is a sex effect in cluttering as well, approximately 4 males to 1 female (e.g., Arnold 1960; St. Louis & Hinzman 1986). Of course, this is approximately the same as the ratio observed for stuttering (Bloodstein 1987), and this has been interpreted as evidence for an inherited component (e.g., Kidd 1984). We hasten to add that males are more likely than females to suffer from most speech, language, and hearing disorders of children (St. Louis et al. 1992) as well as learning disabilities (Wallach & Butler 1984; Torgensen & Wong 1986).

Disorders of rate are often viewed as symptoms of organicity. The term, tachylalia (meaning "fast speech") has been used to describe cluttering (Weiss 1964). Seeman (1970) postulated that lesions in the basal nuclei, specifically the strio-pallidar system, were responsible for tachylalia. Freund (1970) suggested that tachylalia could be caused by a variety of conditions, organic or psychological. Jaffe et al (1973) also pointed out that rapid speech rate could be caused by neurologic changes (e.g., Wernicke's aphasia and stimulants) but also by psychodynamic conditions (e.g., "denial" and manic psychosis).

In the current volume St. Louis in Chapter 3 suggests that rate disorders appear to increase the risk of problems in other areas of fluency, articulation, voice, and language. Myers (Chapter 5) raises the possibility of a compromised servosystem in the clutterer which may contribute to the variety of coexisting fluency, language, and articulation disorders they manifest.

The answer to the question posed in this section is not entirely clear. It does appear that clutterers manifest a significant degree of organicity which may be inherited. Still, as Simkins (1973) points out, verifying data is weak. Careful research on clutterers is needed, which includes modern

neurological examination techniques such as were carried out on a single clutterer by Wolk (1986).

Can Cluttering Be Treated?

Most clinicians approach the treatment of cluttering with a feeling of inadequacy, since it is considered by many to be a disorder which is both underrated in our discipline and one which is difficult to treat. Some disorders are not very well understood, but we think and talk a great deal about it. Cluttering is neither well understood, nor is it talked about to any substantive degree at universities, conferences, or in the literature.

This is a very perplexing and vexatious state of affairs. Let us examine some likely reasons that cluttering is difficult to treat. By most accounts in the European and American literature, cluttering is considered to be a multi-dimensional disorder. The predominant dimensions of this disorder, by many accounts, consist of anomalies of rate, fluency, language, and articulation. Predictable success in the treatment of even one of these dimensions often poses a challenge. When there is the possibility of a confluence of anomalies emanating from virtually all the major dimension of the communication system (some have even noted phonatory anomalies in some clutterers), the clinician faces an even greater challenge.

Several other reasons may account for the marginal success heretofore encountered in the treatment of clutterers. As with stuttering, there may be an organic/genetic base to cluttering. Many would at least tacitly acknowledge that there is an upper limit imposed on prognosis when a pathology is set in motion by an organic/genetic factor. Perhaps this is a rationale for the viewpoint held by some that a primary objective of therapy for stutterers is to enable them to **stutter** more fluently. A corollary question can be posed for the treatment of clutterers. Should therapy aim to enable the clutterer to **clutter** more fluently and coherently, or should we help the clutterer to "modify moments of cluttering"?

The answer to the latter question cannot be readily discerned, unfortunately. A "moment of stuttering" may be much more discrete and easily defined than a "moment of cluttering." Because of the (possibly) broadly-based nature of cluttering, the essence of this disorder may be more diffuse and multifaceted than stuttering.

A major task facing the diagnostician is to untangle the various strands of the communicative act first, and then to examine which strand facilitates

and which detracts from the function of the others. The diagnostic questions outlined in Chapter 6 by Myers and Bradley were advanced toward this end. A major task facing the clinician, as illustrated in Chapters 6 and 7, is to help the clutterer to weave together the various strands so that the entire communicative act is conveyed clearly, meaningfully, and fluently.

Another possible explanation for the typically modest claims of treatment efficacy for clutterers is that clutterers are often not very focused in their awareness of their communication problems. Nor are they very attuned to the effects of their communication deficits on the dyadic flow of discourse with others. Chapter 7 offers suggestions to heighten the clutterer's awareness of feedback from his or her own communication system.

We also need to help clutterers to detect and repair communicative breakdowns (Weiss 1964; Preus 1987), as discussed in Chapter 6. Weiss' comments nearly three decades ago sound very modern when juxtaposed next to today's pragmatic paradigm in psycholinguistics (Weiss 1964, pp. 13-14):

"In the interpersonal communication circuit, the clutterer's relationship with his interlocutor appears to be more superficial than that of the normal speaker. In addition to being a poor listener, the clutterer does not seem to be concerned with expressing himself comprehensibly. His interest is more in unburdening himself rather than in communicating....Clutterers, then, are poor communicators."

The above are some reasons accounting for the guarded prognosis associated with the treatment of cluttering. Many professionals continue to hold this viewpoint on prognosis, as reflected in St. Louis and Rustin's questionnaires to clinicians in the USA and the UK. Some of these reasons may be intrinsic to the disorder, such as a basic defect in the modulation of time and the integration of speech and language events. Other explanations accounting for the poor track record in the treatment of cluttering may simply reflect the state of our knowledge about this disorder. While the historical and anecdotal "database" is rich and potentially illuminating, we are lacking in the empirical database.

A major purpose of this book, therefore, has been to seek out the critical

issues and discerning questions which will enable clinicians and researchers alike to get on with the task of learning more about cluttering. It's about time!

Weiss (1964) originally referred to cluttering both as the "mother lode" of stuttering as well as the "orphan" in the house of speech-language pathology. In the sense that we have barely mined the riches emanating from this lode, the prognosis for rediscovering cluttering is good. The issues and questions raised in this volume will hopefully lead to research. The latter will, in turn, lead to greater knowledge about the nature and treatment of cluttering.

Why Do We Know So Little About Cluttering?

The "orphan" metaphor (Weiss 1964; Daly 1986) suggests that most current clinicians are not well informed either about the nature of cluttering or its treatment. We ask, "Why is this so?"

As noted in the previous section, the answer seems to be quite simple: we know so little about cluttering because the disorder is frequently ignored in our textbooks, journals, professional conferences, practica, and classes. This would seem to follow from the information reported by clinicians in Chapter 2 on clinician awareness. However, the more discriminating question ought to be, "Why is cluttering so frequently ignored?" The following is a discussion of possible reasons.

The literature suggests that clutterers are quite rare (Weiss 1964; Perkins 1977). Accurate prevalence figures are unavailable, due primarily to the lack of adequate definitions as discussed in Chapters 3 and 4. Also, it is likely that a significant proportion of clutterers do not seek treatment (Weiss 1964; Daly 1986). This would promote the impression that the disorder is even more rare than it actually is.

From another perspective, the average clinician surveyed by St. Louis and Rustin had only one or two clutterers on his/her caseload. Because clutterers are rarely seen by clinicians, it follows that cluttering as a disorder might occupy a secondary role in terms of priority for training. However, this hypothesis alone cannot adequately account for the ignorance regarding cluttering, for other rare disorders (e.g., apraxia and cerebral palsy) are typically accorded higher priorities by academicians and clinicians. Diedrich (1984) points out that cluttering often is not even mentioned in most surveys of speech-language disorders. It seems

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reasonable to assume that recent advances in the areas of nonspeech communication and swallowing disorders undoubtedly were not motivated primarily by the common occurrence of the relevant disorders but by other factors such as special education legislation or recognition of our potential by other specialists. Unlike these disorders, cluttering appears to suffer from a lack of perceived urgency from political or professional points of view.

In addition to being rare, cluttering frequently coexists with stuttering (Preus, 1987), so much so that it may get lost as a separate entity. This no doubt occurs, in part, because stuttering is a difficult topic to cover in a chapter, book, or class by itself. The confusion and ambiguity inherent in adding a section on cluttering may be perceived by writers and lecturers to outweigh the benefits involved.

Regional traditions must also be considered. In continental Europe, cluttering is much more well known than it is in North American (and, apparently, the United Kingdom, as discovered by St. Louis and Rustin). The lack of an objective definition for cluttering (discussed in Chapter 3) very likely has been a more serious impediment to research on cluttering in the USA and Canada than on the other side of the Atlantic, perhaps due to a skepticism resulting from the American structuralist tradition in linguistics and behavior tradition in psychology (Blumenthal 1970) compared to the medical ("disease") and more holistic tradition of the phoniatriests of Europe (Perkins 1977).

Another possible reason cluttering has been ignored is that there is little consensus on differential diagnosis and treatment. Cluttering is difficult to differentiate from stuttering (reviewed earlier) but also from other rate disorders (Jaffe et al 1973) and such conditions as developmental apraxia and learning disabilities (St. Louis et al 1985; Deidrich 1984). The available information on treatment could fairly be described as chaotic. The literature abounds with techniques which are contradictory and confusing (Weiss 1964). Moreover, the prognosis for successfully treating clutterers is frequently reported to be marginal (Dalton & Hardcastle 1977, 1989).

Finally, a study by St. Louis and Durrenberger (1991) suggests that cluttering is simply one of a number of relatively "unpopular" speech/language disorders. Clinicians (and possibly researchers as well) may simply not be interested in obtaining expertise in cluttering.

Whatever the reasons underlying the fact that so little is known about cluttering by the speech-language pathology profession, we take the position

that this situation ought to change. Clutterers do exist and present themselves for treatment. In order to respond appropriately to their needs, we desperately need to accelerate work in this puzzling disorder. We conclude by expressing the hope that the question posed in this section will not need to be included in future volumes on cluttering.