

# Contributors

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Claire L. Bradley, MS., Glen Cove City School District, Glen Cove, New York, USA.

David A. Daly, EdD., School of Education, University of Michigan, 610 East University, Ann Arbor, Michigan 48109, USA.

Florence L. Myers, PhD., Professor, Department of Speech Arts and Communicative Disorders, Adelphi University, Garden City, New York 11530, USA.

Alf Preus, MA., Cand. polit., Skjelsbo, 1674 Vesteroy, Norway. Formerly State College of Special Education and University of Oslo, Norway.

Lena Rustin, MPhil., Speech and Language Therapy Service, Finsbury Health Centre, Pine St., London EC1R 0JH, England.

Kenneth O. St. Louis, PhD., Professor, Department of Speech Pathology and Audiology, West Virginia University, Morgantown, West Virginia 26506, USA.

# FOREWORD

Charles Van Riper

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Although cluttering is not a common speech disorder, sooner or later every practicing clinician will be confronted by a cluttering client. I still recall vividly my utter ignorance and helplessness when my first one appeared. Almost unintelligible because of the torrents of broken words and sentences that tumbled from his lips, I finally comprehended that what he wanted was not therapy but a statement to his employer (who had threatened to fire him unless he could learn to talk) that he had no speech problem at all. When he spoke very slowly, he spoke perfectly, but he could not tolerate that slow rate for more than a moment. Words and phrases were mangled; repetitions occurred frequently, but they were not those of stuttering nor did he show any of the struggle or avoidance that stutterers exhibit. He had no fears of words, sounds or situations and no awareness at all of his very severe disorder of communication. Listening to him was like watching fish in a feeding frenzy. This was in the early days of our profession when texts in speech pathology were almost non-existent in this country, and it wasn't until I began to translate German authors that I finally learned that the disorder had a name. Now, fifty years later, there is to my knowledge, only one book in English (Weiss 1964) devoted exclusively to cluttering, and the periodical literature is very sparse. Accordingly, the present volume is welcome indeed. It contains most of the information we possess about this mysterious yet fascinating disorder and, moreover, in it are the essential questions that remain to be answered. To the latter may I add one more? Why do clutterers show the spurts and surges of tachylalia (excessively rapid speech) that possibly account for most of their other abnormal behaviors? Do they possess a disorder of time perception? Do their cognitive-verbal clocks tick faster than ours? As the authors of these chapters repeatedly insist, much research is needed before we understand cluttering or have efficient ways of treating it.

Meanwhile clinicians will have to do what they can, and I submit some guidelines I prepared for my students forty years ago who had the misfortune of being assigned a clutterer.

"My friend, you have been chosen to be the clinician for a cluttering client. The experience should be both challenging and character building, and you will often hate me for the assignment. I have worked with twenty or thirty clutterers, and most of them were constant sources of frustration. One author, Stulli, said that the only way to treat a clutterer was to beat him with a stick. The reason for his statement lies in the clutterer's denial of his speech abnormalities, his intolerance of interruption, his difficulty in

listening to himself or to others, and his general lack of organization and discipline in formulating and expressing what he wants to say. Often you may not understand his rapid garbled utterances; often he will not cooperate but sabotage all your efforts to help him.

Nevertheless we have been able to help some of these people learn to control their unruly tongues enough to speak very well when the occasion so demands. Few, however, will be able to sustain this control in other speaking situations. The prognosis for attaining even this limited goal is not favorable unless, somehow, you can establish a fairly close relationship based upon mutual respect. I will help you all I can.

At first don't ask him to speak slowly even though, when he does so, his communication will markedly improve. You'll find that he cannot tolerate the slower rate. Instead, find other ways of slowing him down until that tolerance is increased. Try reading in unison and begin by using a very fast rate yourself, then gradually returning to a more normal rate. Have him learn to shadow your speech and then the speech of others. Have him repeat phrases and sentences that you utter with different tempos. Have him write down the words he wants to say before saying them. Have him tap the words of his forthcoming utterance before he speaks them or hums them. Record samples of his rapid confused speech, desensitize him to them, then have him translate. Have him teach you how to speak clutteringly. Using recorded samples, jointly analyze the omissions, repetitions, slurrings and other cluttering features. With prepared written material teach him how to clutter on purpose before trying to say it better. Have him echo both your deliberately cluttered speech and then your normal version. Using more prepared sentences, have him read them faster and faster until complete breakdown occurs, then listen to the recording.

A most valuable technique is to teach him to pause and to tolerate that pause for increasing lengths of time. For this, you will have to use modelling and various signals to indicate when to stop and when to get going again. Adequate pausing will slow down his speech more than any amount of exhortation to talk slowly. The clutterer's speech is highly disorganized, and he needs some training in this area. Memorization of short quotations that may be useful in the future can help. Have him paraphrase things he reads or what you tell him. Have him provide a running commentary on what is happening in the children's playroom. Telling a joke well takes considerable discipline so have him collect them to tell you. Take turns finishing each other's unfinished sentences. Use Shannon's guessing technique.

Do some role playing of situations in which he must speak coherently such as applying for a job or asking a girl for a date or giving directions to a stranger hunting for a store. Explore his ability to do mental multiplication verbally, not silently.

Throughout your therapy sessions devote some time to producing his oral autobiography and record it but only after practice has enabled him to do a short portion of it without any cluttering behaviors. Make this a cumulative project.

Now that you've read this, read it again and ask yourself what the purpose of each suggested activity might be. You must not limit yourself to these suggestions. I'm sure you will be able to invent better ones. You will meet many failures and difficulties, but persevere. He needs your help if he is to hope to speak at all adequately. Care for him and confer with me often."

What progress have we made in treating cluttering? Today, forty years later, I could probably offer my poor student not much more. Oh, I might use the delayed feedback device or bone conducted feedback and a few other tools that were not available then, but let us face it. We are still lost in the woods so far as cluttering is concerned. Hopefully, this book will evoke new interest in this old and baffling disorder.

## **Reference**

Weiss, D. 1964. **Cluttering**. Englewood Cliffs, NJ: Prentice-Hall.