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## The Cluttering Course at ELTE in Hungary and the Basic Theories of Cluttering

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**Kurs na temat gielkotu na Uniwersytecie ELTE na Węgrzech  
i podstawowe teorie gielkotu**

### SUMMARY

This paper presents the history and curricula of the Cluttering Course at (the Barczy Gusztáv Faculty of Special Education at ELTE University, Budapest, Hungary). Hungary has a long tradition in treating fluency disorders, such as stuttering and cluttering. The Speech and Language Therapy Training Programme (BA) has recently become part of the Undergraduate Training Programme (BA) in Special Education. The aim of the training programme in Speech and Language Therapy is to prepare professionals for assessing, preventing and treating speech and language disorders. The SLT Training Programme includes three courses in Fluency Disorders: Stuttering, Cluttering and the Treatment of Stuttering and Cluttering.

**Keywords:** cluttering course, speech and language therapy, cluttering, symptoms, etiology and treatment.

### STRESZCZENIE

To opracowanie przedstawia historię i programy nauczania na kursie dotyczącym gielkotu na Wydziale Pedagogiki Specjalnej na ELTE Uniwersytecie. Węgry mają długą tradycję w leczeniu zaburzeń mowy takich jak jąkanie i gielkot. Specjalizacja dotycząca terapii mowy i języka (licencjat) stał się ostatnio częścią programu nauczania na studiach licencjackich na Wydziale Pedagogiki Specjalnej. Celem tego programu jest przygotowanie fachowców dla oceny, zapobiegania i leczenia zaburzeń mowy i języka. Szkolenie obejmuje trzy kursy w zaburzeniach płynności mowy: jąkanie, gielkot i leczenie jąkania i gielkotu.

**Słowa kluczowe:** kierunek studiów dotyczący gielkotu, terapia mowy i języka, gielkot, symptomy, etiologia i leczenie.

## PREFACE

The Speech Therapy Training Programme (BA) is part of the Undergraduate Training Programme (BA) in Special Education at the Barczy Gusztáv Faculty ELTE University, Budapest, Hungary. Based on a general training course in Special Education and in related areas students will be qualified generally in one field. During the general phase of the training students are required to choose a field of study. The field-specific training starts in the 3rd semester. The fields of study are population-specific and include the following seven options: the education of persons with Behavioural Disorders ; the education of persons with Hearing Impairment ; the education of persons with Intellectual Disabilities ; the education of persons with Learning Difficulties ; the education of persons with Physical Disabilities ; the education of persons with Visual Impairment and Speech and Language Therapy. The aim of the training programme in Speech and Language Therapy is to prepare professionals for assessing, preventing and treating speech and language disorders. The programme qualifies students to screen, assess and treat phonation, speech, language and communication disorders in children up to the age of 18. Speech therapists are authorised to work in various educational establishments: nurseries, schools and educational support services, such as outpatient clinics for children with speech and language disorders. About 30 students study speech therapy every year. There are three courses in Fluency Disorders (Stuttering, Cluttering and the Treatment of Stuttering and Cluttering) in the SLT Programme. The Stuttering course is 30 hours/semester, Cluttering is 15 hours/semester and the Treatment of Stuttering and Cluttering is 15 hours/semester.

The goal of the Cluttering course is to provide knowledge for students about the definition, symptoms, prevalence and incidence, theory and personality concepts of cluttering and people who clutter. The Treatment of Stuttering and Cluttering course introduces students to the most commonly used therapies.

The course is based on two Hungarian books on cluttering, one of which is a monograph and the other a textbook. The author and editor of both books is Eموke Kovacs Vassne, a famous speech therapist and professor of speech, who was the head of the Speech Department for many years.

A brief history of the cluttering course: Arthur Sarbo was the first person to study tachyphemia (cluttering) in Hungary, starting his work in 1900 at the Teacher Training College of Special Needs and publishing his theory about fast speech (cluttering) in his book "The Speech" in 1906. His work had been followed by Karoly Istenes, Adolf Sulyomi-Schulmann, Gabor Palotas, Vera Merei And Eموke Kovacs Vassne since 1925. Peter Lajos, the author of this study has been teaching this course since 1995.

## SUMMARY OF THE CLUTTERING COURSE. THE SYMPTOMATOLOGY OF CLUTTERING

In everyday terms cluttering means rapid speech: "whoever speaks fast is one who clutters". In the past, cluttering was called *tachyphemia*, from the Greek for „fast speech." This word is not currently used to describe cluttering because fast speech is not a required element of cluttering. In a clinical practice cluttering is a speech-language disorder, which affects all components of expressive speech. WEISS (1964, 1967) considered cluttering to be the consequence of a central language imbalance that affects all language modalities.

The symptoms are extremely diverse. Most authors consider the increased rate of speech as one of the main phenomena of cluttering. According to Luch-singer (1963), cluttering shows up in the increased rate of the speech, and the absorption, distortion and mutilation of sounds, syllables and words. According to Langova and Moravek (1970), cluttering is a sudden attack of speech, in which the sounds, syllables and words become distorted due to the acceleration in speech. Bradford (1970) describes cluttering as an increased manner of speech. Whoever clutters, speaks as if he is launching an attack, and his words pile up into each other, abandoning the syllables and articulating malformed sounds, thus his whole speech will be incomprehensible. According to Mitrinowicz-Modrzejewska (1970), persons who clutter speak so quickly that their command of words is lost, which leads to the pathological application of the speech melody and the pace and rhythm of speech. The elemental parts of speech become distorted as a result of the acceleration in speech and finally the message becomes incomprehensible. Frint (1969) says that the tempo of speech is sped up and the rhythm is changed greatly, as well as words slurring into each other and sounds losing their character. In Seeman's view (1970), the basis of the acceleration of speech is the interverbal acceleration between words, Vassné and Kassai (1979) examined the pauses in the speech of persons who clutter (PWC) and found that contrary to the subjective impression, cluttered speech was not characterized by a deficiency of the pauses (short or otherwise), but just by their frequent incidence and their relatively long time span. In their other study (Vassné, Kassai 1979), the monotony of speech was examined since generally monotony is taken into consideration as an indicator of the gravity of the cluttering. According to their research the speech of people who clutter (PWC) occurs in constant intervals and is well illustrated by the inner immobility of a melody curve that was made of the speech of people who clutter (PWC).

Cluttering is primarily a disturbance of expressive speech, which equally affects the acoustic and content parameters of speech. The accelerated speech rate is the most characteristic symptom of cluttering. The sounds and the interconnections of sounds become distorted as a result of the

changing of the speech rate and so the speech cannot be understood. The poor ordering of the pauses in the speech disturbs its rhythm. The monotonous melody of the speech exacerbates the articulatory symptoms.

## PREVALENCE AND INCIDENCE

The prevalence of cluttering is very difficult to define, considering that there is no uniform criterion and until now no reliable diagnosis has been established. The question is made more difficult, as we can not deduce from the number of those receiving therapy how many clutterers there are in the overall population. One of the reasons for this is that that children's speech therapists do not pay attention to children who clutter (CWC). It is also possible, that speech therapists have little knowledge about of cluttering. It may be the case that cluttering in childhood is less frequent than in adulthood. It is also possible that children with normal disfluent speech show concordant symptoms with the criteria of adult cluttering, for example disturbances affecting the fluency of the speech. The phenomena can be interpreted as part of normal speech development and these children cannot be considered as clutterers. Hence, we can not find any well documented research concerning the prevalence of cluttering in the literature of this disorder. Becker and Grundmann (1970) found a 1,5% prevalence among school children. Presumably the prevalence of cluttering does not reach one percent of the total population. The proportion of those receiving therapy indicates a great variety. There are speech therapists who have not met any clutterers at all during their practice, while others deal with many. According to estimates 4- 6 % of children receiving speech therapy may be clutterers.

## PERSONALITY CONCEPTS

In the case of cluttering, because of the distorted speech, the message does not reach the recipient adequately. The listener does not understand what the person who clutters (PWC) is trying to say, is unable to decode the message and they can give feedback about to the clutterer. The person who clutters (PWC) may endure frustration because of these difficulties in communication situations. On the other hand the person who clutters is considered a bad conversation partner, since he does not decode the message accurately and, because of the lack of attention, this hinders the undisturbed flowing of the communication. Despite their failures they do not abstain from communication situations and do not become introverted. They do not have personality characteristics similar to those of people who stutter (PWS) as a consequence of their speech difficulties. The symptoms, which are parts of their behaviour, for example the dispersion, superficiality and

lack of attention, can be rather connected with their speech symptoms. Originally, cluttering was considered a neurosis, and its symptoms were explained as having a psychological background (Liebmann 1930; Gutzmann 1893; Froeschels 1946). Other authors describe specific psychic functions that are relevant to the person who clutters (PWC). According to Luchsinger (1963) the person who clutters (PWC) is active and witty. He cites Bazin, according to whom parents do not correct the restless and too mobile behaviour of their children in time and as a consequence of this, their children's thoughts have become jumbled and they want to express several things at the same time. Weiss (1967) created his own technical term, namely, a central lingual unbalance, which indicates that not only their speech, but also their behaviour is unbalanced. Luchsinger (1963) found that the PWC are positively extroverted. Vassne (1993) used Eysenck's personality trait theory to help describe the characteristics of the personality of the PWC and tried to place them within the dimensions of extroversion – introversion, and stability – instability.

She established, referring to other authors (for example Nemeth, Gutzmann, Liebmann, Froeschels), that primarily the unstable extroverted individuals' characteristics are typical of the PWC. They jabber, and are irritable, unsettled, impulsive, aggressive, and active. It is typical of their activity that everything interests them, but this interest not too deep. In general they start to do many things but they do not finish them, and the over-productive behaviour is only an illusion. She adds that the extroverted stable personality traits may be valid for them. They are friendly, active, often fuglemen in company and sometimes their volubility exceeds acceptable levels. Their behaviour is neglectful, which can be explained by their lack of sensitivity to order. They are characterized as having good contact skills, endeavour, self-consciousness and stubbornness. Freund (1952) describes the important characteristics of the personality of the PWC, such as nervousness, aggressiveness, an explosive temperament and a lack of self-control. According to him the real PWC is extroverted, over-productive and expansive, and does not pay attention to either his environment or his speech. According to Dumke and Heese – the PWC do not find a problem in their speech due to their high self-esteem.

The PWC can be described as having certain character traits and particular personality features. The characteristics of cluttering speech can be related with their personality characteristics, for example with the superficiality, the lack of attention and with the dispersion. The PWC are characterized as being extroverted and having high self-esteem, as well as a lack of emotional stability, which may influence their whole behaviour.

## THE THEORY OF CLUTTERING

A short overview is required of the theories concerning the etiology of cluttering after reviewing the phenomenon circle of the cluttering.

### GENETIC FACTORS

Arnold (1960) emphasizes that the genetic basis of cluttering may be specific and non-specific. Specific inheritance manifests itself primarily in jabbering speech. A variety of lingual difficulties differing for the syndrome of a general lingual disturbance would indicate non-specific inheritance.

### CEREBRAL HEMISPHERE DOMINANCE

The connection between the dominance of the cerebral hemispheres, laterality, lingual skills, dyspraxia and musicality are all included in the theory of cluttering.

On the basis of Arnold's family tree studies (1960) Luchsinger (1963) drew attention to the possibility that there are people who differ from the average in lingual skills, and musicality. However these people have better abilities than others, for example in mathematics. The dominant hemisphere is responsible for poor lingual conditions, and the non-dominant hemisphere is responsible for mathematical abilities.

According to Arnold (1970) lingual skills are developed in parallel with the development of laterality. He found a connection between lingual disturbance and laterality in his examination of ten thousand subjects. In further studies he found a connection between laterality and cluttering and – as a delay of psychomotoric maturation – the motoric dyspraxia which characterized them.

According to proponents of this theory cluttering may be connected with the late development of lingual skills. Behind this lies the slower development of the nervous system, which is innate, and can be led back onto genetic reasons, and the environmental effects may enhance only the clinical picture.

### THE ROLE OF THE VESTIBULOCEREBELLAR SYSTEM

Some researchers focus on cerebral immaturity, and cerebral organizational disturbances, but they do not detail the importance of hemisphere localisation.. According to Weiss (1967), cluttering is the verbal manifestation of a central language imbalance behind which there is a central origin, a disturbance of the integration of higher-level functions. The integrational disturbance of the

brain function creates the language imbalance, which forms the basis of the cluttering.

However, others, like the Prague School, Seeman and Novak (1963), and Langova and Moravek (1970) took the view that the centre of the human motions in the central nervous system being extrapyramidal and the vestibular system and damage to the cerebellum are responsible for cluttering.

Their theories are supported by the existence of certain neurological disorders that damage these centres, and produce similar symptoms to cluttering.

#### NEUROPSYCHOLOGICAL RESEARCH

Neuropsychological researches speak of a motoric implementation programme (motorische Ablaufprogramme) in which coordinated acts are controlled by way of a certain set of rules. In the case of cluttering the structure, regulation and ability to maintain the undisturbed function are all diminished, which leads to the disturbance of the motoric implementation programme. According to Meixner (1992) this disability affects the tactile/kinetic, visual and auditive areas.

According to the Affolter Model in the case of the serial function the cognition of the modal and intermodal stimuli appear in a determined time and order, while in the case of some kind of disturbance it is possible that the wrong storage and programming of the processing of the temporal sequences of the impulses during language development can occur.

#### PSYCHOLOGICAL APPROACHES

In the few existing publications on cluttering the psychological concepts of the development of cluttering are scarcely mentioned. This seems rather contradictory, as the personality of the PWC, in which relatively well demarcated character traits can be identified, should indicate specific psychic functions.

Katz-Bernstein (1994) sketches the development of cluttering in her imagined psychodynamic model. The author handles cluttering and stuttering together in this model, for which the following reasons are given: both disturbances affect the fluency of speech; verbal communication is primarily impaired in both speech disorders, but all of the personality and the relationship building skills are adversely affected; both have an effect on the family and relationships within the environment.

#### THE PSYCHODYNAMIC MODEL IS AS FOLLOWS

Disfluency of speech appears in normal speech development. Stuttering and cluttering may be consequences of disturbances of the cognitive organization

of events, thoughts and interactions. The child progresses through the particular phases of his development, in which he knows actual situations first, and then he understands them. Later he will be able to symbolize events with the help of speech. The omission of phases of the development or hurrying through them can lead to the disfluency. It is acknowledged that non fluent speech differs from normal speech and distinguishes stuttering children from those, for whom non-fluency is merely a characteristic occurring in their normal development. The main purpose of the therapy is to teach the CWS and CWC that they should be able to organize their thoughts adequately, and that their emotions can be expressed at a suitable verbal or non-verbal level. The therapy achieves its aim with the application of diverse speech practice exercises, motion and a role-playing.

#### THEORIES OF SPEECH PATHOLOGY

Perkins (1977) interprets cluttering as a microcosm of speech and language disturbances, indicating the varieties of symptoms and reasons.

Another theory has become increasingly more widespread lately (see: Mc Knight and Cullinan 1987 Myers and St. Louis 1992 Louis, Ruscello, and Lundeen 1992), according to which cluttering includes disorders of language development, articulation and fluency of speech.

According to Gregory (1995), cluttering shows that speech, language and learning disturbances are connected with each other.

#### PRAGMATIC AND SOCIAL COMPETENCES

In the 1970's and 1980's psycholinguistic interpretations increased in significance, bringing about the so-called revolution of pragmatics.

According to pragmatics cluttering is a disfluency of speech which can be traced back to problems of pragmatics. Prutting and Kirchner (1987) assume that cluttering is a violation of communication. In their opinion people who clutter break pragmatics protocols, with their particular communication style, which is characterised by impulsivity and quickening, and is sometimes compulsive.

#### TREATMENT

The guidelines of treatment have been defined by the notion that the person who clutters wants to speak more quickly, rather than managing his speech more appropriately and with more control. According to the sinergetic model (Myers, 1992) the reason for the development of cluttering is that between the planning and the implementation of the speech there is no harmony. People who clutter



do not give themselves enough time to organize their thoughts in a coherent order and can transform them into speech, which adversely affects the fluency of their speech.

In keeping with this, other theories hold that the speech of the PWC contains interposition and unfinished thoughts, which relates to asynchronicity of language expression and of speech performance. The treatment for cluttering focusses not only on normalisation of the rate of speech, but also on suitable coordination of the communication system (synergy) and on the attainment of timing (synchrony).

The main elements of therapy for cluttering are generally the following :

The most important aim of treatment for cluttering is always the reduction of the rate of speech. In the past, clinicians used cardboard gaps and syllabifying reading with the help of metronomes, but today delayed auditory feedback (DAF) devices are commonly used.

Among other components of the speech mechanism the practice of correct speech breathing is important, for which classic speech therapy methods are applied.

The CWC generally do not perceive their own faults and so they are not capable of self-improvement, which is why it is necessary to improve speech consciousness and encourage self-observation in the course of the treatment. Earlier, patients were required to speak in front of a mirror, then later tape recordings were used to this end, and nowadays computer programs are already in use.

With the change of attitudes towards speech therapy, primarily due to the influence of North American speech therapy and with the spreading of behaviourist notions and methods it has become obvious that there can be no change in speech without altering speech behaviour. Hence, speech therapists have started placing great emphasis on altering the behaviour of the PWC.

According to modern therapeutic approaches it is necessary to modify the attitude of the PWC towards themselves, their speech and their conversation partners. It is necessary to increase the ability of introspection in the PWC.

Clinicians have to observe how physical and emotional responses precede, accompany and follow the acceleration of speech. Clutterers have to notice the extent to which others understand their speech, and therefore have to notice their conversation partner's reactions.

It is important to turn to those living in the same environment as the PWC, such as family members and friends for help. They can help the PWC in daily speech situations as partners to practise with.

#### PROGNOSIS

The frequent failure of treatment for cluttering follows from the fact that generally the PWC is not aware of his own speech with all its mistakes, which

means that he is not motivated and so would require longer courses of speech therapy, thus demanding more patience on the part of himself. According to the specialists it is because of this that the treatment for cluttering may be effective if it manages to make the PWC aware of this. Hence, it is necessary to confront the PWC with the characteristics of his speech and his behaviour during the therapy. The treatment for cluttering may last several years, since over the years the patient has acquired certain habits and has to modify his speaking manner and behaviour patterns.

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#### STRESZCZENIE

## **Kurs na temat gielkotu na Uniwersytecie ELTE na Węgrzech i podstawowe teorie gielkotu**

#### WSTĘP

Specjalizacja dotycząca terapii mowy jest częścią programu nauczania pedagogiki specjalnej na studiach licencjackich. Studenci będą otrzymywali uprawnienia tylko w jednej dziedzinie. W czasie ogólnej fazy szkolenia studenci muszą wybrać specjalizację. Szkolenie specjalistyczne rozpoczyna się na 3. semestrze. Student ma do wyboru: pedagogikę osób z zaburzeniami zachowania; pedagogikę osób z zaburzeniami słuchu (niedosłuchem); pedagogikę osób z upośledzeniem umysłowym; pedagogikę osób z trudnościami w uczeniu się; pedagogikę osób z upośledzeniem fizycznym; pedagogikę osób z zaburzeniami wzroku i terapię mowy i języka. Celem tej ostatniej jest przygotowanie fachowców, którzy mogą ocenić, zapobiec i leczyć zaburzenia w mowie i języku. Program

przygotowuje studentów do oceny i leczenia zaburzeń fonacji, mowy i języka u dzieci do 18. roku życia. Terapeuci mowy są upoważnieni do pracy w różnych placówkach oświatowych: żłobkach, szkołach oraz poradniach dla dzieci z zaburzeniami mowy i języka. Około 30 studentów studiuje terapię mowy każdego roku. Są trzy kursy dotyczące zaburzeń płynności mowy (jąkanie, gielkot oraz leczenie jąkania i gielkotu). Kurs dotyczący jąkania ma 30 godz./semestr; gielkotu 15 godz./semestr, leczenia jąkania i gielkotu 15 godz./semestr .

Celem kursu nt. gielkotu jest zapoznanie studentów z symptomami, częstotliwością występowania, teorią gielkotu i koncepcjami osobowości u osób z gielkotem. Kurs na temat jąkania i gielkotu zapoznaje studentów z najczęściej stosowanymi terapiami.

Kurs oparty jest na dwóch węgierskich pozycjach książkowych dotyczących gielkotu; jedna to monografia, a drugi podręcznik. Autorem i wydawcą obu książek jest Eموke Kovacs Vassne.

#### STRESZCZENIE KURSU NA TEMAT GIELKOTU. SYMPTOMATOLOGIA GIELKOTU

Na kursie omawiane są pochodzenie i znaczenie słowa gielkot (cluttering) oraz różnorodne symptomy występowania tego zjawiska. Przytacza się takich autorów jak: Lucgsinger, Langova i Moravek, Bradford, Mitrinowicz-Modrzejska, Seeman, Vassne-Kassai.

Gielkot to przede wszystkim zakłócenie wyrazistości mowy, która w jednokowym stopniu dotyka parametrów akustycznych, jak i znaczeniowych (treści). Najbardziej charakterystycznym symptomem jest przyspieszona mowa. Dźwięki i wzajemne połączenia dźwięków zostają zniekształcone w wyniku zmiany szybkości mowy tak, że mowa jest niezrozumiała. Złe pauzowanie zakłóca rytm mowy. Monotonna melodia mowy jeszcze bardziej pogarsza symptomy artykulacji.

#### WYSTĘPOWANIE I JEGO CZĘSTOTLIWOŚĆ

Trudno ustalić częstotliwość występowania, ponieważ nie ma jednolitych kryteriów. Jednym z powodów jest to, że dziecięcy terapeuci mowy nie zwracają uwagi na dzieci, które gielkoczą. Jest również możliwe, że terapeuci nie mają wiedzy o gielkocie. Prawdopodobnie choroba ta dotyczy niecałego 1% społeczeństwa. Są terapeuci, którzy nie spotkali się z gielkotem w czasie swej praktyki, a inni mieli z nim dość często do czynienia. 4-6% dzieci podlegających leczeniu zaburzeń mowy może cierpieć na gielkot.

## KONCEPCJE ZWIĄZANE Z OSOBOWOŚCIĄ

Osoby z gielkotem nie mogą porozumieć się z innymi osobami, dlatego też mogą być sfrustrowane. Jednakże nie unikają sytuacji komunikowania się. Nie są podobne do osób, które się jękają. Pierwotnie gielkot był uważany za nerwicę, a jego symptomy były wyjaśniane na tle psychologicznym (Liebman, Gutzman, Froeschels). Inni autorzy opisywali specyficzne funkcje psychiczne jako ważne dla osób z gielkotem (Luchsinger, Bazin, Vassne, Eysnnek).

Osoba z gielkotem może być opisana jako mająca określone cechy charakteru i osobowości. Gielkot może być powiązany z ich osobowością, np. z powierzchownością, brakiem uwagi i rozproszeniem. Osoby z gielkotem to ekstrawertycy o wysokim poczuciu własnej wartości oraz osoby o zachwianej równowadze emocjonalnej, co może mieć wpływ na ich zachowanie.

## TEORIA GIELKOTU

Krótki przegląd teorii dotyczących etiologii gielkotu.

### Czynniki genetyczne

Genetyczne podstawy gielkotu mogą być określone (konkretne) i nieokreślone (niekonkretne), np. bełkot jest konkretną podstawą; trudności językowe różne od zespołu ogólnych zakłóceń językowych wskazują na niekonkretne podstawy.

### Dominacja półkul mózgowych

Związek pomiędzy dominacją półkul mózgowych, lateralizacją, umiejętnościami językowymi, dyspraksją i muzykalnością jest zamieszczony w teorii dotyczącej gielkotu. Kurs omawia poglądy takich autorów, jak Arnold, Luchsinger.

### Rola układu przedśionkowo-mózdkowego

Niektórzy badacze skupiają się na niedojrzałości mózgu i zakłóceniach pracy mózgu, lecz nie wyszczególniają wagi lokalizacji półkul (Weiss). Inni, tacy jak Seemann i Novak oraz Langova z praskiej szkoły uważają, że uszkodzenia mózdku są odpowiedzialne za gielkot.

### **Badania neuropsychologiczne**

W tym wypadku naukowcy mówią o motorycznym programie implementacji. W przypadku gielkotu program ten się nie sprawdza. Według Meixnera, ta niepełnosprawność dotyka obszary kinetyczne, wzrokowe i słuchowe.

Omawiany jest też model Felicji Affolter.

### **Podejście psychologiczne**

W literaturze dotyczącej gielkotu psychologiczne podejście do tej choroby jest niezczęsto rozważane. Katz-Bernstein opisuje gielkot w psychodynamicznym modelu.

### **Teorie patologii mowy**

Kurs omawia teorie takich autorów, jak: Perkins, Cullinan, Myers i St. Louis, Louis, Ruscello i Lundeen, Gregory.

### **Kompetencje pragmatyczne i społeczne**

W latach 70. i 80. zeszłego stulecia nabrały znaczenia interpretacje psycholingwistyczne (Prutting i Kirchner).

## **LECZENIE**

Leczenie skupia się nie tylko na normalizowaniu szybkości mowy, ale również na odpowiedniej koordynacji systemu komunikacyjnego (synergii) i osiągnięciu koordynacji (synchronii).

Głównymi elementami terapii są między innymi: redukcja szybkości mowy; prawidłowe oddychanie, pogłębienie świadomości mowy i zachęcenie do samoobserwacji (obecnie używa się specjalnych programów komputerowych), zwrócenie uwagi na zmianę zachowań osób z gielkotem; klinicyści muszą obserwować, jakie fizyczne i emocjonalne reakcje poprzedzają, towarzyszą i następują po przyspieszeniu mowy; osoby z gielkotem muszą zauważyć, do jakiego momentu inne osoby rozumieją ich mowę, dlatego muszą zwracać uwagę na reakcje partnerów. Należy zwrócić się o pomoc do rodzin i środowisk, w jakich żyją ludzie z gielkotem.

### **Rokowania**

Częste niepowodzenia w leczeniu gielkotu wynikają z tego, że osoby z tą wadą nie zdają sobie z tego sprawy i nie są motywowane do dłuższych terapii. Jeśli uświadomi się im to, wtedy terapia może być skuteczna. Leczenie gielkotu może trwać wiele lat, podczas których pacjent nabywa szereg nawyków i musi zmodyfikować swój sposób mówienia i zachowania.