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## **Drama techniques as part of cluttering therapy according to the verbotonal method**

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### **ABSTRACT**

Cluttering is a syndrome characterised by a wide range of symptoms. It always contains one or more key elements such as abnormally fast speech rate, greater than expected number of disfluencies, reduced intelligibility due to over-coarticulation and indistinct articulation, inappropriate brakes in speech pattern, monotone speech, disturbance in language planning, etc. Drama activities and storytelling share a number of features that allow spontaneous use during therapy process and detachment from real-time, concrete place or true identity, and therefore allow unprecedented freedom in choosing and creating speech-language expressions. The use of drama elements and techniques in cluttering therapy enables better focusing of the child during therapeutic process and better integration of acquired speech/language skills and knowledge. During therapy, we should be aware to correct the patient both in speech production and in the perception of his/her own speech. From the aspect of speech pathology, it is important how auditory and visual information during patient's production influence on his/her overall perception of his/her own speech. For all those reasons, it is especially important to choose the appropriate story or event and to present it in a way that ensures good interaction during therapy. The presentation of dramatisation is the ideal tool for stimulation and development of different speech activities, with focus on fluency, correct articulation and other elements that make up values of spoken language. Drama techniques can be implemented through drama activities or storytelling. When working with children, storytelling and drama techniques can be integrated and combined in multiple ways in order to provide robust and flexible transition toward a structured language.

### **Keywords:**

cluttering therapy ▪  
drama techniques ▪  
children ▪  
verbotonal method

## INTRODUCTION

Speech and language develop simultaneously and interdependently as a result of the need for expression and communication.

The verbotonal method of rehabilitation for people with communication problems was developed in 1950s by Professor Petar Guberina, a linguist who was particularly interested in speech perception. Underlying the method is the conviction that language evolved from spoken language and that speech (used interchangeably with spoken language) is a social event. We speak (i.e., we use spoken language) when we want to express something or when we react to an event in this sense, the “meaning” of speech is transmitted not only by linguistic elements, but also by the auditory and visual information present in the rhythm, intonation, loudness, tempo, pauses, tension and the gestures of the speaker. Thus, the individual speaker is both the producer and the perceiver of speech. Most importantly, the auditory and visual information in his/her production reflects how s/he perceives speech. If his/her perception changes, his/her speech will also change. If we correct his/her speech, we shall correct his/her perception.

Spoken language is multimodal. Multiple means of expression are engaged in its realisation: verbal, vocal, visual, tactile. Consequently, a spoken utterance consists of segmental and suprasegmental elements of language (Pavelin Lešić, 2010). All of these factors have an impact on our speech, shaping our oral discourse (Pavelin Lešić, 2009). Linguistic studies have turned more and more toward this topics since 1980s, but Guberina dealt with it in 1950s (Asp, Guberina and Pansini, 1981). In verbotonal method, these elements of spoken language are called “values of spoken language” and they are also constituent elements in drama and performance. Guberina (1952a) described those values as acoustic values of spoken language and visual values of spoken language. Acoustic values are intensity, pause, tension, rhythm, pace/tempo, while the visual values are mime, gesture and context. These elements always interact during communication. In order for the communication to be effective, verbal and nonverbal elements of speech should unite into a global structure. Our communication is imbued with personal and interpersonal reactions and we cannot separate affective from cognitive part. By using affective expressions in the proper context, the speaker with its acoustic and visual elements enables fast, easy and unambiguous understanding of the message (Guberina, 1952 b).

Cluttering has been the subject of interest of researchers and clinicians in the field of speech and language pathology for a long time, but there is still no consensus about its etiology, differential diagnostics and therapy (Sardelić i Rendulić, 2012). St. Louis and Schulte (2011) define cluttering as a fluency disorder characterised by perceived rapid and/or irregular speech rate with one or more of the following symptoms: excessive disfluencies, the majority of which are non-stuttering-like disfluencies (i.e., phrase repetitions, revisions, interjections, multisyllabic whole word repetitions and single-syllable whole word repetitions without tension), atypical placement of pausing in speech and excessive over-coarticulation of sounds. However, the speech of an individual is not always continuously rapid;

many people who stutter produce short bursts of rapid speech filled with misarticulations and disfluencies (Blanchet, Farrell, Ambrosino and Paler, 2014). In addition, cluttered disfluencies are usually produced without the physical tension often observed in stuttering and most people who clutter are not aware of their cluttering unless a listener brings it to their attention (Guitar, 2014). Cluttering is often present with concomitant problems, including auditory processing deficits (Ward and Scaler Scott, 2011) and is often accompanied by stuttering (Guitar, 2014). The etiology of cluttering is not well known. Although this disorder occurs more frequently in families with speech and language disorders and fluency disorders, satisfactory explanation of the genetics of cluttering does not exist (Sardelić and Rendulić, 2012). In relation to that, linguistically based theories and problems with speech and motor control have often been mentioned. During the last decade, neurological and neurophysiological theories on cluttering etiology have been developed (Alm, 2011; Ward, Connally, Pliatsikas, Bretherton-Furnes and Watkins, 2014).

## Cluttering treatment

Cluttering treatment can be very challenging if the disorder is multifaceted and varies according to the client (Christiana, 2013). According to St. Louis, Raphael, Myers and Bakker (2003), cluttering treatment should be tailored to the unique difficulties of the client since there are only a few available data suggesting standard procedures for the treatment. A number of therapeutic strategies have been recommended over the years. These include speech, language and other skills that may affect clutterer’s ability to communicate effectively. St. Louis et al (2003) selected common goals or principles for cluttering treatment and came up with the following priorities: slow speech rate, intensified automonitoring, clear articulation, use of optimal language structure, interaction with listeners, natural speech and excessive disfluencies reduction. The International Cluttering Association suggests that therapy goals should address the symptoms of each client and focus on speech rate reduction, fluency improvement, prosody, clarity and the precision of speech, the ability of speech monitoring, as well as on the awareness of the listener’s feedback to the client’s fast and/or unclear speech. Christiana (2013) summarised domains and strategies of cluttering therapy mentioned by various authors (eg. Van Zaalen, Wijen, Lanouette, etc).

## Drama techniques in therapy

Drama is a creative activity involving movement, language, imagination, emotion and social interaction to represent a story, a situation, a moment or an act. Elements of drama can be used in therapy because of their similarity to everyday communication.

In this context, drama does not mean a classical play or a theatre performance. Drama in therapy uses the same tools employed by actors in the theatre. However, while in the theatre everything is contrived for the benefit of the audience (Wessel, 1987), in therapy everything is contrived for the benefit of learners. Maley and Duff (1984) claim that

**Table 1.** Domains of cluttering therapy with examples (Cristiana, 2013)

<b>Cognition</b>	<p><u>Self-monitoring</u></p> <ul style="list-style-type: none"> <li>• Self-evaluation</li> <li>• Watching a recorded video</li> <li>• Reading/written language sample</li> </ul> <p><u>Silence</u></p> <ul style="list-style-type: none"> <li>• Use of reflective comments</li> </ul> <p><u>Listening</u></p> <ul style="list-style-type: none"> <li>• Head nodding and leaning forward</li> <li>• Use of reflective comments</li> </ul>
<b>Language</b>	<p><u>Word Retrieval</u></p> <ul style="list-style-type: none"> <li>• Rapid naming practice</li> <li>• Classification</li> <li>• Describing similarities and differences</li> </ul> <p><u>Language Organisation</u></p> <ul style="list-style-type: none"> <li>• Mental Mapping</li> <li>• Narrative development</li> </ul> <p><u>Language Organisation</u></p> <ul style="list-style-type: none"> <li>• Maze Identification</li> <li>• Word Associations</li> </ul>
<b>Pragmatics</b>	<p><u>Verbal Domain</u></p> <ul style="list-style-type: none"> <li>• Turntaking</li> <li>• Topic Maintenance</li> <li>• Compliments</li> </ul> <p><u>Non-Verbal Domain</u></p> <ul style="list-style-type: none"> <li>• Communication effectiveness</li> <li>• Reading body language</li> </ul>
<b>Speech (Rate)</b>	<p><u>Speed</u></p> <ul style="list-style-type: none"> <li>• Easy onsets</li> <li>• Delayed Auditory Feedback (DAF)</li> <li>• Negative practice</li> </ul> <p><u>Tempo</u></p> <ul style="list-style-type: none"> <li>• Phrasing</li> <li>• Poetry</li> <li>• Pausing</li> </ul> <p><u>Prosody</u></p> <ul style="list-style-type: none"> <li>• Stress-unstressed Syllables</li> <li>• Multisyllabic words</li> </ul>
<b>Motor</b>	<p><u>Motor Programming</u></p> <ul style="list-style-type: none"> <li>• Tongue twisters</li> <li>• Oral motor drills</li> <li>• Multisyllabic words</li> </ul> <p><u>Accuracy</u></p> <ul style="list-style-type: none"> <li>• Chewing method</li> <li>• Traditional Articulation Therapy</li> <li>• Final Consonant Deletion</li> </ul>

drama activities do not mean performing in front of passive audience (or preparing to do so); the value of these activities lies “not in what they lead up to, but in what they are, in what they bring out right now”. Drama techniques used in therapy concentrate on the personal and social development of participants. These techniques are supposed to encourage and improve children's imagination and make them act and therefore reflect on human experience. This process of the apprehension of social skills is most appreciated as the major goal. Drama used in education and therapy gives participants a chance to submerge into the fictitious world, take on different roles, explore them, try things on their own, learn through fictional, but real experience and thus form their position and attitude towards the surrounding reality. In this manner, an experienced therapist can link the therapy experience with the child's own life experience. That can be very motivational and favorable for effective speech

therapy. Considering the fact that drama includes all kinds of stimuli: visual, auditory and kinesthetic, encouraging children to develop the intelligence by active exploration of the reality and problem solving, its use in therapy can be regarded as extremely beneficial.

**Why drama?**

Children acquire skills through observation and interaction – they learn by doing, not merely by memorising. Several scientific studies demonstrated that creative, instructional and educational drama activities make positive contribution to the general education process and that these activities improve speaking skills (Zyoud, n/a). Furthermore, the brain ceaselessly and simultaneously performs many functions (Ornstein and Thompson, 1984). What we learn/acquire is influenced and organised by emotions and mind-sets involving expectancy, personal biases and prejudices, self-esteem and the need for social interaction. Thoughts, emotions, imagination and predispositions operate concurrently. Therefore, the emotions cannot be separated from cognitive processes (Ornstein and Sobel, 1987). Drama (Maley, 2005) draws upon both cognitive and affective domains, thus restoring the importance of feeling, as well as thinking. Maley and Duff (1979) stated that drama puts back some of the forgotten emotional content into language and communication. According to Guberina (1952 b) there is a great variety of affective expressions in each language, the various numbers of universal intonations, idio-linguistic ones or personal ones, the socio-cultural uses of personal variations of gestures, body attitudes and voice. The use of drama in therapy session provides exciting opportunities for children to use all of the mentioned in real “situations”. Drama (Maley, 2005) integrates verbal and nonverbal aspects of communication, thus bringing together both mind and body, restoring the balance between physical and intellectual aspects of learning.

In addition, using drama in therapy via verbotonal method is usually interesting, stimulating and stress-free and children accept it gladly.

**Drama techniques in cluttering therapy**

As was mentioned above, cluttering is a syndrome characterised by a wide range of symptoms. It is likely to contain one or more key elements which include uncontrollably fast speech rate, greater than expected number of disfluencies, reduced intelligibility due to over-coarticulation and indistinct articulation, inappropriate brakes in speech pattern, monotone speech, disturbance in language planning, etc. Speech is the most common and important means of providing communication among human beings. Successful communication occurs when people speak nicely, efficiently and articulately and when they use adequate voice (Ulas, 2008). Various treatments were developed to decrease the rate and increase the clarity of speech with persons who clutter (Healey, Nelson and Scaler Scott, 2014). Drama as a method provides techniques that improve speech, language and communication skills. Because of their nature, drama techniques can be used to develop both productive and receptive skills and they can

also be successfully used in mastering speech and language systems. If language skills are to be developed, it is necessary for both speech and listening skills to develop simultaneously. Using drama techniques in cluttering therapy enables focusing on the symptom and serves for the integration of acquired speech and language skills and knowledge. In addition, it is important to transpone the skills acquired in drama activities into daily activities.

In drama, participants use voice, body, movement and space to portray character and situation. Figure 2. shows glossary of drama techniques. The use of drama stimulates various speaking activities while focusing on fluency, articulation and values of spoken language. Drama techniques can be used through drama activities and storytelling. Drama activities and storytelling share a number of the same features that are easily used during therapy process, while the usual rules of time, place and identity are temporarily suspended. When working with children, storytelling and drama techniques can be integrated and combined in multiple ways to provide strong and flexible scaffolding (Read, 2007).

**Table 2.** Glossary of drama techniques

VOICE	BODY	MOVEMENT	SPACE
Pitch	Posture	Timing	Levels
Pace	Gesture	Direction	Personal space
Pause	Body awareness	Energy	General space
Projection	Facial expression	Ensemble awareness	Architecture
Volume	Eye contact	Pathways	Proximity
Articulation		Repetition	
Tone			
Cuing			
Inflection			
Accent			
Breathing			
Repetition			
Emphasis			

Drama activities that can be used during therapy are role-play, simulation, drama games, guided improvisation, performing short plays, prepared/improvised drama (Scrivener, 1998) and process drama (Gruić, 2002).

Selection of stories and their content is of great importance. A story/fairy tale should be fun and arouse curiosity in order to keep child’s attention. During therapy, we should be aware that individual speaker is both the producer and the perceiver of speech. Most importantly, the auditory and visual information in his/her production reflects how s/he perceives speech. If his/her perception changes, his/her speech will also change. If we correct his/her speech, we correct his/her perception (Guberina, 1952 a). With that in mind, a therapist should be free to select a story and the way in which s/he will present it to the child in order to achieve good interaction during therapy. It is necessary to choose a story that is associated with all aspects of child’s personality, a story that stimulates imagination, explains feelings and indicates the possible solution to a problem that a child may face in the real world (Hercigonja Salamoni and Pribić, 2009). The distance from characters and events that are not real also helps children

explore significant issues relevant to their daily lives, in a safe and enjoyable way.

Both drama and storytelling develop children’s innate capacity for fantasy and imaginative play, so even very young children can make the distinction between conventions of a story or drama and real life. Children develop understanding of themselves and of the world around them through these stories and drama activity (Scher and Verral, 2005).

There are two types of therapy, individual and group therapy. Sometimes a child attends both types of therapy. Drama activity is never separated from other therapies; it is usually combined with other therapeutical procedures.

Beside therapeutical benefits, stories and drama share a number of features (Read, 2007), which make it natural to integrate and combine them in working with children. They build on children’s capacity for play, deal with significant issues, engage multiple intelligences, appeal to different learning styles, suspend norms of time, place and identity, they are social and communal and have rules and conventions. Through the scaffolding process children are gradually led to greater independence and competence through the use of “distancing strategies” (Read, 2006). Three levels of “distancing strategies” have been identified with low-level distancing referring to what’s visibly present in the immediate environment, medium-level distancing referring to the way things in the immediate environment relate to each other and high-level distancing which encourages children to hypothesise and go beyond the immediate environment (Read, 2008). Figure 3. shows how the concept of “distancing strategies” can be applied in scaffolding children’s learning through story and drama.

**Table 3.** “Distancing” strategies (Read, 2008)

	LOW LEVEL	MEDIUM LEVEL	HIGH LEVEL
<b>STORY TELLING</b>	What Is In The Picture	How Pictures Relate To Each Other	Going Beyond Pictures
<b>DRAMA</b>	Imitation, Repetition, Mime, Gesture, Voice, Actions	Acting Out, Retelling Independently Based On A Script	Exploration Of Issues And Feelings Beyond A Script

**CONCLUSION**

According to Guberina (1984) creativity is not only a property of art, especially if art is understood in the narrower sense of the word. It is the originator of the whole of human creativity and also of the single-individual creative development of each person.

The therapist has to give the child the opportunity for active participation in the acquisition of speech and knowledge through its imagination, reflection, motivation and creativity.

With every procedure of the verbotonal method, the environment, affectivity and spontaneity of situation are important: the influence of all elements that encourage the creativity in a child in its personal expression and as the

initiator of its development.

In the linguistics of speech, the body, with gestures, facial expressions, rhythm and intonation created by the movement of the body, has the basic function in our verbal communication. This verbal communication takes place in the "scene" of space which is another basis of the global area of our activities (Pansini, 1958; Pansini, 1976). Consequently, we use dramatisation in speech therapy.

Dramatisation is the activity children accept very early and gladly. It is a way of rehabilitation and learning through play. Above all, the goal is fluent speech that is being taught through play and spontaneous situations. Dramatisation helps develop motor skills, awareness of the space around us, using movement in expressing the meaning of words, which enriches thought and vocabulary. Dramatisation enables mutual dialogues and relations to develop spontaneity, communication and social skills.

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