

1 Title: Pseudostuttering Assignments Support Clinical Training and Develop Strong
2 Stuttering Therapists: A Letter to the Editor Regarding Bortz (2024)

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37 Pseudostuttering assignments are commonly used in academic stuttering courses
38 as a method of teaching the therapeutic skill of pseudostuttering and to foster clinician
39 understanding and empathy toward the stuttering condition (Bryngelson, 1934, 1935;
40 Byrd et al., 2016; Gregory, 1968; Plexico et al., 2005; Sheehan, 1970; Van Riper, 1973).
41 Bortz (2024) has recently suggested that pseudostuttering assignments should be re-
42 evaluated on various grounds, questioning whether or not (a) pseudostuttering
43 assignments fit within notions of stuttering as a neurodivergent condition, (b)
44 pseudostuttering assignments are necessary in stuttering courses given the negative
45 emotions often elicited in students, and (c) different empathy-fostering activities should
46 be offered as alternatives. We agree that pseudostuttering used exclusively as an
47 empathy-building exercise is ineffective despite its historical framing and usage as such
48 in the field (see, Gore & Tichenor, in press, for discussion). However, we strongly disagree
49 that teaching pseudostuttering lies in contradiction to neurodiversity-affirming
50 conceptions of stuttering, and we firmly believe that pseudostuttering is a critical clinical
51 skill that graduate student clinicians in speech-language pathology must continue to
52 acquire. As such, pseudostuttering assignments remain highly necessary, vital
53 components of stuttering clinical education.

54 There is a several decade's old empirical literature looking at the experience of
55 graduate students completing pseudostuttering assignments. Studies report that, similar
56 to people who stutter, students experience avoidance, anxiety, and the negative reactions
57 of listeners (Mayo et al., 2006). Research shows that students internalize the very same
58 negative stereotypes about themselves that people who stutter do (Klinger, 1987; Rami
59 et al., 2003), shedding light on the experience of self-stigma related to stuttering (Boyle,

2013). Through learning to pseudostutter, students also commonly experience increased empathy towards people who stutter (Lohman, 2008; Tobin & Lyons, 2015) and decreased negative stereotypes towards them (Spears et al., 2015). These experiences also help students understand just how uninformed the lay public is about stuttering (Ham, 1990). Hughes (2010) takes up the very question under consideration here, is the pseudostuttering assignment ethical? She concludes that it appears that the more frequently students do the assignment, the more benefit they get from it. Doing it once may lack realism and result in students drawing poor conclusions. However, repeating the assignment throughout the semester decreased emotionality, increased clinical insights, and increased students' willingness to pseudostutter in increasingly challenging situations. Ultimately, Hughes concludes that while we as clinical educators need to be careful with all disability stimulation exercises, given sufficient context, reflection, and frequency, the pseudostuttering assignment can be an excellent tool for increasing clinical knowledge of stuttering. We agree with Hughes (2010) and we outline below further reasons we believe the pseudostuttering assignment remains an important part of speech-language pathologist training.

1. Principles of Neurodiversity Support the Need for Pseudostuttering

There have been growing calls to recognize that stuttering is sensible to include as a form of neurodiversity (Constantino, 2016, 2018; Gerlach-Houck et al., 2023; Gerlach-Houck & Constantino, 2022; Reeves et al., 2023). As Bortz (2024) outlined, this encourages clinicians and researchers in the field to change how they have historically viewed stuttering. Rather than considering stuttering as a "speech problem" to be "fixed" or "remediated," stuttering can be viewed as something that does not necessarily have to

83 be changed, hidden, or altered through therapy. In advocating for this continued re-
84 conceptualization of the stuttering condition outside of its historically pathologized view,
85 however, Bortz conflated *the stuttering condition* with *the experience of stuttering* (see
86 Tichenor et al., 2022; Tichenor & Yaruss, 2019, for discussion). Principles of
87 neurodiversity encourage us to accept stuttering and the associated speech patterns, but
88 not necessarily the negative effects that stutterers commonly experience (e.g., tension,
89 struggle, effort, shame, guilt, fear, anxiety, and the broader life limitations of stuttering as
90 people who stutter live their lives).

91 Many clinicians specializing in the treatment of stuttering, as well as many
92 stutterers, have long advocated for this view: being a person who stutters, stuttering
93 openly, and freely demonstrating stuttering behaviors are all forms of neurodivergence
94 that should be accepted by individuals, speech-language pathologists, and society as a
95 whole (Ahlbach & Benson, 1994; Constantino, 2016, 2018; Gerlach-Houck et al., 2023;
96 Gerlach-Houck & Constantino, 2022; Reeves et al., 2023; Reitzes & Reitzes, 2012;
97 Sisskin, 2018). That said, individual speakers who stutter often wish to diminish the
98 struggle, avoidance, effort, tension, etc. and other forms of adverse impact that they
99 experience. Achieving these goals is within the domain of stuttering therapy (ASHA,
100 2016). Pseudostuttering is a critical clinical tool for helping speakers to reduce and even
101 eliminate these and other stutterphobic reactions as they learn stutterphilic reactions (see
102 Constantino, 2022, for discussion). In fact, pseudostuttering has long been used as a
103 valuable therapeutic tool that helps people develop greater acceptance of themselves
104 and their stuttering (Guitar, 2014; Sheehan, 1970; Van Riper, 1973). For these reasons,
105 pseudostuttering encourages viewing stuttering as an example of neurodiversity.

106 Thus, in our view, questioning whether pseudostuttering fits within principles of
107 neurodiversity perpetuates misconceptions about what stuttering is and what effective
108 therapy should entail. This increases the risk that people who stutter will be further
109 marginalized and encouraged to hide the condition from others as they live their lives.
110 Again, pseudostuttering is a necessary tool that allows clients to reduce negative
111 emotional and behavioral reactions, and it is critical that speech-language pathologists
112 know how to use this this tool correctly. In therapy, it is important for a clinician to
113 demonstrate comfort with stuttering—openly stuttering in front of and alongside their
114 clients. This critical clinical skill is learned through pseudostuttering. Unless clinical
115 educators train speech-language pathology students in the appropriate application of
116 pseudostuttering—and unless we help them develop comfort and confidence in using this
117 strategy (which should be the goals of the pseudostuttering assignment, rather than
118 primarily empathy-building; see below)—clinicians will not be able to effectively support
119 their clients. Thus, the framing of Bortz (2024), which questioned whether
120 pseudostuttering aligns with principles of neurodiversity, misses the important,
121 neurodiversity-affirming reasons that pseudostuttering assignments *should* be done.

122

123 2. *Problematic Methodology and Results in Bortz (2024) Lead to Flawed Conclusions*

124 **Methods**

125 We also have concerns about the participants included, the design of the survey,
126 and the interpretation of the results. The survey was administered to people who stutter,
127 students in speech-language pathology undergraduate and graduate programs, and
128 faculty who teach in speech-language pathology programs. Of the 48 students who

129 responded, only 32 had taken a stuttering class at all, and fewer than half (~22 students)
130 had taken a stuttering class in which a pseudostuttering assignment had been assigned.
131 Thus, many of the individuals who had been asked to opine about the assignment had
132 not been asked to do it. Furthermore, some of the faculty participants had never taught a
133 stuttering course nor used a pseudostuttering assignment. Thus, a significant proportion
134 of the respondents had no understanding, experience, or exposure to pseudostuttering
135 assignments. It is not clear to us how these individuals can be expected to express
136 informed opinions about an assignment that they had never assigned or completed. They
137 were not stuttering specialists, and they were not represented as having any particular
138 knowledge about the stuttering condition. Therefore, we are left wondering about the
139 basis for their opinions.

140 The fact that the respondents had limited prior knowledge of and opinions on the
141 topic means that their understanding of pseudostuttering was limited only to the survey
142 that they were presented. Unfortunately, the survey itself may have yielded biased
143 responses, even in participants with previous exposure, and we are forced to consider
144 whether this might have contributed to some of the negative attitudes toward
145 pseudostuttering assignments that were reported. Several of the examples in the text
146 suggest that participants may have been biased by the language used in the questions
147 and response options. Example questions include “‘...Where would you be most
148 comfortable pseudostuttering?’ Possible responses included in a different city/town,
149 familiar store, on university campus, with friends, in class, or nowhere are your fears
150 associated with public pseudostuttering” (Bortz, 2024, p. 522). This wording inherently
151 suggests or implies that one *should* be uncomfortable in their own environments when

152 pseudostuttering. Other questions provided only one positive response option with
153 multiple negative options related to thoughts and feelings about the pseudostuttering
154 assignment. Again, this could easily have resulted in a negative bias in responses. Also,
155 in multiple instances, questions that aimed to understand why someone had a specific
156 response were not open-ended. Open-ended questions would have allowed for
157 participants to share their own reasons for their response. Instead, participants were
158 required to use forced-choice response options, which were, as noted, generally negative
159 in tone, and which may have further led participants to respond in a narrow, biased way.

160 ***Results***

161 In the descriptive analysis, it is unclear how percentages were determined. For
162 example, “forty-eight percent of PWS felt negatively or slightly negatively toward speech-
163 language pathology students performing pseudostuttering assignments” (Bortz, 2024, p.
164 523). It is unclear how this 48% was calculated across the 18 closed-ended questions
165 presented to people who stutter. It is also unclear how and why demographic information
166 was or was not included in different aspects of the study. For example, 58% of students
167 reported they would not be comfortable performing the assignment; however, only 46%
168 of students had been in a class in which the assignment was used, meaning that over
169 half the students derived their understanding of the assignment largely from the survey
170 (see problematic framing of the survey above). Notably, of the students who had
171 completed the assignment themselves, the majority, 60%, felt comfortable completing the
172 assignment, finding it both valuable and educational (Bortz, 2024). Thus, people who had
173 done the assignment (and thereby had some experiential basis for their opinions) were
174 generally more positive about the assignment than people who had not done it. This

175 critical finding is minimized in the conclusions of the study. Next, 75% of students reported
176 they would consider doing the assignment if provided evidence-based research in support
177 of the assignment. Such research exists in the broader literature though Bortz does not
178 discuss it (see Byrd et al., 2016; Grossman, 2008; Plexico et al., 2005), and it does not
179 appear that this evidence was presented to the participants. Thus, the conclusions drawn
180 from the study—that students do not want to participate in pseudostuttering
181 assignments—does not match the data presented. This apparent misrepresentation of
182 the findings is compounded by the fact that many students seem to have misunderstood
183 or been misinformed about the purpose and value of the assignment. The data presented
184 in the paper suggest that, with an appropriate framing and explanation of the assignment,
185 the vast majority of students would willingly complete the assignment. Note, too, that
186 faculty, who have a deeper understanding of the purpose and value of this assignment,
187 widely support its use in stuttering courses.

188 Together, these concerns regarding problematic methodology and results bring
189 into question the meaningfulness of this study's findings and lead to the high likelihood of
190 misapplied conclusions. Surveying participants, especially students, who have limited to
191 no knowledge or experience with the pseudostuttering assignment, and using a survey
192 that misrepresents the purpose of the pseudostuttering assignment, raises significant
193 concerns about the results and conclusions of the study. In contrast, a well-designed
194 study of the pseudostuttering assignment would include respondents who are experts in
195 teaching courses on stuttering who correctly present and use the assignment within the
196 context of their courses. Such a study would also survey students who have completed
197 the assignment under the direction of these experts, ensuring that they understood the

198 true purpose and appropriate execution of the assignment. Without these critical pieces,
199 it is not possible to accurately evaluate the pseudostuttering assignment or the ways that
200 students or faculty perceive it.

201

202 3. *The Negative Experiences Reported by Students to Pseudostuttering are Examples*
203 *of Internalized Stuttering Stigma*

204 Bortz (2024) provided sample student quotes from various publications supporting
205 the notion that students experience negative emotions and thoughts in response to
206 pseudostuttering assignments. For example, in response to pseudostuttering, students
207 have said, “I have never felt so embarrassed in my whole life” and, “I often felt humiliated
208 and silly” (Ham, 1990, p. 311). Other authors over years have found similar student
209 experiences (see Fischer et al., 2017; Hughes, 2010; Lohman, 2008). Bortz presented
210 such data as evidence that students do not want to do the pseudostuttering assignment.
211 Certainly, we understand that students may be uncomfortable exploring speaking
212 patterns that are different from their own and highly stigmatized by society (Boyle, 2013,
213 2015). In our opinion, however, the author dramatically misinterpreted the meaning of
214 these quotes when she suggested that students’ discomfort meant that they did not want
215 to further stigmatize stuttering and stutters. Specifically, Bortz wrote:

216 “Speech-language pathology students had multifaceted reasons for not wanting to
217 participate in the pseudostuttering assignments. These included their anxieties
218 about not being able to perform the task correctly, their discomfort about “putting
219 themselves out there,” and *not wanting to stigmatize stutters*” (p. 524, emphasis
220 added).

221 In our view, these illustrative quotes cited by Bortz from Ham and others are themselves
222 examples of students *already* having internalized stigma related to stuttering. Suggesting
223 that pseudostuttering would stigmatize stuttering betrays a bias against stuttered speech.
224 By stating that they did not want to pseudostutter because it might evoke negative
225 emotions and thoughts, the students revealed their own discomfort with stuttered speech.
226 Bortz (2024) even suggested as much when she interpreted the finding that 60% of
227 students surveyed would be comfortable using an AAC app to communicate. She stated,
228 “This might be due to the fact that using an AAC app does not require verbal
229 communication unlike the other two hypothetical simulation assignments” (p. 527). Such
230 an interpretation, if true, would be evidence that students—and perhaps the author
231 themselves unknowingly—*have already* internalized stigma related to stuttering. They were
232 not seeking to protect against it or minimize it; their statements reflected it.

233 Much research over decades has shown that stuttering is highly stigmatized by the
234 public (Boyle, 2013, 2015, 2018; Boyle et al., 2023; St. Louis, 2011, 2020). Internalized
235 stigma or enacted stigma is common in people who stutter (Boyle, 2018). However,
236 speech-language pathology graduate students are not exempt from having also
237 internalized the public stigma of stuttering (St. Louis & Lass, 1981). Students are not blank
238 slates when they come into a clinical education course on stuttering. They have heard
239 people stutter; they have recognized that stuttered speech is different from what speech
240 usually sounds like in the world; they have heard people who stutter be made fun of by
241 others; and, they have internalized negative reactions toward stuttering as stuttering is
242 joked about on television, in movies, or in politics. They also have developed their own
243 preconceived notions about what effective or ineffective communication is by virtue of the

244 environments in which they were raised, even if they have not previously recognized or
245 attended to such notions or biases. To suggest that not completing pseudostuttering
246 assignments is somehow protective of people who stutter ignores the students' own pre-
247 existing biases toward (or against) stuttering as a negative and pathologized condition.

248 As discussed above, pseudostuttering is a vital clinical tool necessary for helping
249 a stutterer change habituated, learned, stutterphobic reactions, such as role avoidance,
250 situational avoidance, postponement behaviors, escape behaviors, etc. (Gregory, 1968;
251 Sheehan, 1970; Van Riper, 1973). The process of learning to stutter more easily and to
252 communicate more spontaneously *requires* that stutterers first learn to confront fears in
253 and around moments of stuttering (Sheehan, 1970). Varying or modifying volitional
254 stuttering behaviors via pseudostuttering is often used as a stepping stone to changing,
255 varying, modifying, and unlearning habitual, learned stuttering behaviors during moments
256 of actual stuttering (Guitar, 2014; Van Riper, 1973). Effective stuttering therapy *requires*
257 that clinicians be able to pseudostutter alongside their clients and guide their clients as
258 they learn to confront their fears in real-world communication. Graduate student clinicians
259 who experience negative emotions in and around pseudostuttering *need* to confront and
260 unlearn those reactions, something that they will be asking their clients to also do, if they
261 are going to be effective stuttering clinicians. In other words, a speech-language
262 pathology student studying to work with people who stutter must be prepared to do what
263 they will ask of clients, and the pseudostuttering assignment is designed to do exactly
264 this: it helps students overcome their own fears about experiencing disrupted speech,
265 and it prepares them to use this critically necessary clinical tool with their future clients
266 (Gore & Tichenor, in press).

267 Notably, evidence in favor of this view comes from Bortz’s study itself: students
268 who had completed the assignment reported that they felt more comfortable with
269 pseudostuttering and recognized the value in the assignment. A key element of the
270 pseudostuttering assignment is that students become more comfortable with and more
271 skilled in using pseudostuttering *at the completion* of the assignment, even if they aren’t
272 comfortable with it at the beginning of the assignment. Going through the process of
273 achieving this increased comfort is part of the value of the assignment and is fundamental
274 to helping students develop their ability to provide meaningful support to people who
275 stutter as they make similar transitions through the course of therapy.

276

277 *4. Developing Empathy for People who Stutter Should Not Be the Primary or Sole*
278 *Purpose of Pseudostuttering.*

279 There is one way in which we agree with the conclusions of the Bortz study.
280 Specifically, the author highlighted concerns with using pseudostuttering as a disability
281 simulation designed to develop empathy for people who stutter. Indeed, we believe that
282 creating empathy should not be the sole, or even primary purpose of the assignment
283 though we do recognize that empathy may be garnered through pseudostuttering. For
284 example, as students pseudostutter in public they may experience the negative reactions
285 of listeners. While student pseudostutters are fake, the responses from their listeners are
286 not. Their communication partners do not know that they are not a real person who
287 stutters and listeners often respond as if they are. Therefore, pseudostuttering elicits the
288 social reactions that stuttering elicits in a very real way. If someone gives a student a
289 negative look or other reaction when they pseudostutter, that is the very same look they

290 would have given to a real person who stutters. If they mock a student, ask them if they
291 forgot their name, or hang up the phone, those are all real responses that approximate
292 the experiences of their clients. While our students cannot know what it is like to feel stuck
293 while talking, they can know what it is like to have their disfluencies stigmatized by others.
294 For this and similar reasons, empathy with people who stutter and their stuttering
295 experiences are often garnered through this assignment.

296 However, in our opinion, any gains in empathy are secondary to students learning
297 the clinical skill of pseudostuttering for the reasons outlined above. Moreover, if empathy
298 is a goal of an instructor, there are many other ways of accomplishing this goal than
299 having students engage in pseudostuttering exercises. Examples include inviting
300 individuals who stutter to come to class to share their stories about stuttering, reading
301 personal stories about stuttering in books or published on the internet, interviewing
302 individuals who stutter about their experiences, attending support group meetings or
303 conferences, and more. We hope that faculty who are considering using pseudostuttering
304 as an assignment in their class will view it not as an opportunity for students to experience
305 some of the discomfort experienced by people who stutter but rather to develop a
306 necessary clinical skill that they will use regularly in their work with people who stutter.
307 This concept is discussed further in Tichenor & Gore (in press).

308

309 Summary:

310 In our view, pseudostuttering has been and remains a critically necessary
311 therapeutic tool in effective stuttering therapy. Moreover, it aligns with, and is in fact
312 necessary, to conceptualizing stuttering within the framework of neurodiversity. The

313 findings from Bortz (2024) are biased by the fact that participants were asked questions
314 about the pseudostuttering assignment that presented an incomplete reflection of the
315 assignment itself. Indeed, when the assignment was presented correctly, even the
316 students in Bortz (2024) reported that they recognized the value and training potential of
317 this assignment.

318 Students wanting to work with people who stutter *should* learn to pseudostutter,
319 freely and openly, *in public*, so that they can do so in front of and alongside their clients.
320 True, students may initially be reluctant to engage in pseudostuttering, and they may even
321 experience negative emotions or thoughts while doing so. The pseudostuttering
322 assignment is specifically designed and intended to help them reduce these hesitations
323 and negative emotions related to stuttering. Completing the assignment helps students
324 diminish their own innate biases toward stuttering, stuttered speech, and people who
325 stutter. Instructors should encourage this reflection and not simply discontinue the
326 assignment when their students express discomfort. In fact, instructors should be sure
327 that students do the assignment often enough that students ultimately overcome that
328 discomfort.

329 Bortz (2024) further highlighted a gap in stuttering education, reflected in the
330 discomfort many SLPs experience when working with clients who stutter (Yaruss, 1999;
331 Yaruss et al., 2017; Yaruss & Quesal, 2002), and this leads us to join the call for better
332 education of instructors who teach stuttering courses. When presented inaccurately and
333 inappropriately, the pseudostuttering assignment will be poorly understood and its value
334 will not be recognized. This can lead to the mistaken belief that because this assignment
335 is a disability simulation exercise it should be avoided or discouraged (see, Gore &

336 Tichenor, in press, for discussion). In contrast, when presented accurately and
337 appropriately, it is an excellent and necessary learning and training experience for
338 developing clinicians. Therefore, in our opinion, there remains a place for appropriately
339 framed pseudostuttering assignments in stuttering clinical education, especially as the
340 field increasingly comes to view stuttering as a form of neurodiversity. Pseudostuttering
341 *should* continue to be incorporated into the design of stuttering courses for future speech-
342 language pathologists.

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