Ethical and Clinical Implications of Pseudostuttering

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Abstract

Purpose: Pseudostuttering is a form of disability simulation that often is used in fluency disorders courses to create empathy for people who stutter. The purpose of this study was to examine the ethical implications of pseudostuttering and to determine whether extending the duration of pseudostuttering activities is more beneficial for students’ clinical education.

Method: Twenty students in a graduate fluency disorders course engaged in public pseudostuttering for 6 weeks. Each student completed 30 pseudostuttering experiences during the experiment. Data were gathered in the form of quantitative checklists and open-ended journal entries. Descriptive and Chi-square statistics were used to identify how students’ thoughts, emotions, and behaviors changed on a weekly basis. Thematic analysis of journal entries was also conducted.

Results: Anxiety ratings decreased for every additional week of pseudostuttering. Decreased emotionality, increased clinical insights, and more willingness to pseudostutter in increasingly challenging contexts were considered benefits of extended pseudostuttering practice.

Conclusions: More opportunities to practice pseudostuttering appear to correspond with increased benefits for fluency disorders students. While any disability simulation is prone to criticism on the grounds that it lacks realism, instructors of fluency disorders courses can create more ethical and clinically relevant learning opportunities by asking students to pseudostutter repeatedly.

University students often are required to participate in disability simulations in which they assume the role of a person with a disability (Burgstahler & Doe, 2004). These simulations are designed to help students better understand the experiences of people with various types of disabilities, such as blindness, deafness, or limited mobility. Anecdotal and research-based evidence (Behler, 1993; Ham, 1990) suggest that faculty in communication disorders and other university programs regularly ask students to engage in such simulations at both the graduate and undergraduate level. For example, students may simulate hearing loss, a voice disorder, or even the inability to communicate verbally or in writing as part of their coursework.

A common activity in fluency disorders courses is pseudostuttering, a type of disability simulation in which students (most of whom are typically fluent speakers) pretend to stutter in front of other people. Reitzes (2007) points out that instructors may ask students to engage in pseudostuttering for a variety of reasons, such as to become desensitized to the physical and emotional effects of stuttering (Manning, 2001; Shields, 1999) and to acquire clinical skills that will allow students to demonstrate therapy techniques, like voluntary stuttering (Breitenfeldt & Lorenz, 2000). In addition, Manning (2004) suggests that students can better understand the
nature of stuttering and develop more positive relationships with clients who stutter as a result of engaging in pseudostuttering activities.

A relatively small number of studies have investigated the effects of pseudostuttering. Ham (1990) discussed self-reports of 24 graduate students who pseudostuttered for an entire day. In total, these students made over 200 contacts with both familiar and unfamiliar listeners over the course of the day. Most of the listener reactions were judged as negative by the students. Listener reactions included ignoring or interrupting the student engaged in pseudostuttering. The students’ reactions included embarrassment, anxiety, frustration, and indignation. Students indicated that they were grateful when the day came to an end, but also felt that they had developed important insights into what it is like to be a person who stutters. Ham (1990) suggested that pseudostuttering and role-playing of communication disorders, particularly stuttering, is an important part of student training.

A later study investigated the effects of pseudostuttering over the telephone with unfamiliar listeners (Rami, Kalinowski, Stuart, & Rastatter, 2003). Each of the 29 graduate students who took part in the study made scripted telephone calls in which they engaged in pseudostuttering. A pre- and post-experiment semantic differential instrument asked students to rate themselves on 25 dimensions of personality, such as withdrawn-outgoing, fearful-fearless, and intelligent-dull. The results indicated that students rated themselves more negatively on 22 of 25 scale items directly after pseudostuttering on the telephone. More subjectively, the experimenters noticed that students appeared to be in some distress while placing the phone calls, but said they had gained important insights and knowledge about stuttering and people who stutter (PWS). Rami et al. cautioned that the negative feelings engendered by pseudostuttering may enhance, rather than decrease, students’ negative stereotypes toward stuttering and PWS.

Lohman (2008) also engaged students in a pseudostuttering activity and used a quantitative survey approach to collect data about its effectiveness. Thirty-six graduate students enrolled in a fluency course participated in a single pseudostuttering experience with a stranger. Likert-scale data were collected based on students’ (a) pre-experience planning, (b) post-experience responses, (c) pre- and post-experience perceptions of PWS, and (d) types of listeners sought out by students and these listeners’ reactions. In general, students were able to complete the pseudostuttering experience, but found it difficult and did not enjoy it. Fifty percent of students reported that they thought their experience was typical for PWS, 68% agreed that the experience had changed their outlook toward PWS, and 86% felt that they had gained more empathy for PWS. Lohman (2008) cautioned that her data is limited and that future studies should involve at least three pseudostuttering experiences.

**Ethical Implications Simulations**

While it appears that students learn a great deal from their pseudostuttering experiences, many disability researchers, much like Rami et al. (2003), caution that disability simulations may not always create the impressions that course instructors might wish. Gay (2000) has criticized disability simulations on the grounds that they may create reactions that reinforce negative biases and stereotypes. Fortunately, a meta-analysis has shown that disability simulations do not tend to create these negative effects; unfortunately, however, disability simulations have not been found to create more positive attitudes toward people who have disabilities (Flower, Burns, & Bottsford-Miller, 2007).

Some of the confusion regarding the merit of disability simulations may stem from their design. Kiger (1992) found that sometimes there is a discrepancy between students’ qualitative remarks about how helpful their disability experiences have been versus quantitative measures that do not show a positive change in perceptions. Burgstahler and Doe (2004, p. 9) suggest that it is difficult to accurately measure the effects of disability simulations for a number of reasons:
A specific simulation experience is not the same for every participant. What any single learner might experience depends on a great number of factors the instructor cannot control. These factors may include the similarity between the simulation experience and the participant’s anticipation of the experience, and the cognitive styles, previous experiences, and personality types of participants and instructors.

To combat these issues, Kiger (1992) notes that instructors should inform students of the simulation’s objectives and provide a debriefing and/or assessment to ensure that people with disabilities are not viewed by students as pitiable, dependent, or inferior individuals.

Perhaps an even stronger criticism of disability simulations on ethical grounds is that they cannot accurately simulate the experience of disability (French, 1992; Kiger, 1992). Simulation exercises tend to be too brief, and participants “focus on difficulties, problems, and the disabled person’s supposed inadequacies” (French, p. 260). Thus, it seems improbable that the affective, behavioral, and cognitive coping skills that PWS develop after many months or years will be readily apparent to students after a single or otherwise limited exposure to pseudostuttering. Furthermore, the coping skills that do seem apparent to students may be negative (e.g., avoidance and escape behaviors) rather than positive (e.g., acknowledgment/disclosure of stuttering, use of humor, seeking sources of support).

A final criticism of disability simulations, though there are others, is the risks to students, which are primarily emotional but also physical (Kiger, 1992). If we examine pseudostuttering in particular, we can see from the literature that pseudostuttering activities seem to engender an almost universally unpleasant affective reaction from students. Ham (1990, p. 307) noted that all of his students who engaged in pseudostuttering were tense and that “most were anxious, and a few were terrified.” Rami et al. (2008, p. 494) indicated that students “often responded with affective distress. At times, participants would show a flushed face and neck before calling, breathe heavily, postpone, avoid calling the telephone number, and some would even well-up in tears...” In this example, it seems that the stress of the pseudostuttering activities caused an adverse physical reaction. Shields (1999) also reported that some students in her classes experienced “stomach churning” at the thought of pseudostuttering, even if they were unable to complete the assignment. In addition, Shields (1999) noted that some students in her fluency classes reported unwillingness to pseudostutter because they felt that they were mocking PWS. Thus, while most students report that they gain insights into stuttering and the lives of PWS by pseudostuttering, the degree to which students experience emotional distress, feel physically unwell, and experience ethical or moral dilemmas is also worth instructors’ consideration.

The Present Study

As noted, there are many ethical implications for planning pseudostuttering activities for students in fluency disorders courses. The implication of most interest in the present study is the criticism that disability simulations are unrealistic due to their brevity. Most of the empirical studies pertaining to the effects of pseudostuttering have asked students to stutter over the course of 1 day (Ham, 1990), one time (Lohman, 2008), or as many as five times over the course of 1 day or week (e.g., Klinger, 1987; Mayo, Mayo, & Williams, 2006; Rami et al., 2003). Such research designs would suggest that students in fluency courses have relatively limited exposure to pseudostuttering in public places, though the extent to which students are expected to practice pseudostuttering in class is not known.

It was hypothesized that students in fluency disorders courses will gain a more realistic experience of stuttering and what it is like to be a person who stutters if they engage in pseudostuttering on a prolonged basis over the course of a semester. In this case, students were expected to pseudostutter five separate times each week for a total of 6 weeks. Accordingly, the main purpose of this study was to explore whether a prolonged exposure to
pseudostuttering results in a more realistic and beneficial experience for students. Specifically, the benefits of prolonged pseudostuttering were defined as

- Decreased anxiety each week as the pseudostuttering project continued.
- Increased student willingness to engage in more varied pseudostuttering, including longer duration of pseudostuttering, more severe stuttering, and more varied types of stuttering.
- Ability to explain how the pseudostuttering experience has been helpful to students in preparing them to have better client-clinician relationships with PWS.

Methods

A total of 20 communication disorders students enrolled in an introductory graduate fluency course served as participants. Approximately half of the students (n=11) had taken a formal academic course in stuttering at the undergraduate level. Only 2 students reported that they had not completed some type of disability simulation as part of their undergraduate or graduate coursework. All students were female and reported no history of stuttering with the exception of 1 male student who stuttered. This student’s responses were not included in the data set, though he did participate in the assignment and his responses are noted in the discussion section.

A checklist was created for the purpose of collecting data for each pseudostuttering experience. The checklist asked students to indicate the (a) type of listener (adult or child); (b) setting (face-to-face, telephone); (c) duration of pseudostuttering (duration of stuttering only, not length of conversation); (d) type of core stuttering behaviors demonstrated (part-word repetitions, prolongations, blocks); (e) type of secondary behaviors used, if any; (f) stuttering severity (mild, moderate, severe); and (g) anxiety level (scale of 1=no anxiety to 7=could not be more anxious). An open-ended “notes” section for each pseudostuttering experience also was provided on the checklist. In addition, students kept a weekly journal in which they wrote about their pseudostuttering experiences. The journal topic was open-ended, but because the checklist included the particular details of each experience, students were encouraged to reflect on the meaning of these individual experiences as a whole.

Preparation for the pseudostuttering activities began during the first night of class, when the author (also the course instructor) reviewed the assignment with students. In the third week of class, students began to learn about core and secondary types of stuttering. The instructor demonstrated each type of stuttering multiple times, and students were given the opportunity to practice stuttering in large and small groups. This process took place each week until the 5th week of the course, when students were paired and sent to practice pseudostuttering on campus in some location other than the classroom (e.g., the library, registrar’s office, etc.). Upon returning to the classroom, students were given the opportunity to ask questions about core/secondary types of stuttering, as well as the pseudostuttering assignment as a whole, which began in Week 6.

Students were instructed that they were to engage in pseudostuttering five times each week for 6 weeks. Thus, each student had a total of 30 pseudostuttering experiences that lasted for nearly half of the 15-week course. Relatively few guidelines were given to students related to pseudostuttering; however, students were expected to pseudostutter three times each week in face-to-face contexts and twice via the telephone, drive-thru, or similar setting. Students also were asked to stutter with strangers three times each week and with familiar listeners twice weekly. These guidelines were provided to encourage variation in experiences while providing somewhat standardized contexts for data analysis purposes.

Students were randomly assigned a participant number and instructed to place the number on their checklist and journal entries. The instructor reviewed the journal entries and checklists as they were submitted each week, but did not match students’ names to their
participant numbers until all grading was complete, thus promoting relative anonymity for students. Students were told repeatedly (verbally each week and in the syllabus) that there were no right or wrong answers on the checklist or journal entries, though point deductions were taken for journal entries that were shorter than the one-page requirement, showed inferior grammar or spelling, or were summations of checklists with little reflection. Students were told that their experiences would be discussed at the end of the 6 weeks instead of each week. This procedure was implemented so that students could reflect on their individual experiences each week uninfuenced by the impressions of their classmates.

The quantitative data from the checklists were analyzed using descriptive statistics. Chi-square tests also were conducted to determine whether certain variables, many of which were categorical, changed from week to week. Of particular interest were changes in variables such as anxiety, severity of stuttering, and type(s) of disfluencies demonstrated.

Qualitative data from students’ weekly journals were analyzed for common themes via a process called content analysis (see Taylor-Powell & Renner, 2003, for a review). In this process, the data were arranged so that all journal entries were grouped according to week (Weeks 1-6). The author read each week’s entries and coded students’ responses according to categories that emerged through extensive study and consideration of the data. Major themes were established after the codes from Weeks 1-6 were finalized. Codes were grouped to form a theme if they appeared in the data set for at least 3 of the 6 weeks. Representative quotes from students’ journal entries were arranged chronologically to demonstrate how reactions to pseudostuttering changed from week to week. To guard against researcher bias, a graduate student trained in qualitative data analysis conducted an independent review of a subset of the data. The codes and themes that emerged from this analysis were similar to those found by the author, thus indicating that the qualitative results seemed credible and trustworthy.

Results

Data were collected for a total of 600 pseudostuttering experiences, which were conducted over the course of 6 weeks. Students reported that the duration of pseudostuttering in conversation lasted for 1 minute or less in 69% of experiences (n=414). Almost half of the students reported using two or more types of stuttering-like disfluencies for each experience (n=292, 48.7%), including part-word repetitions (n=152, 25.4%), audible prolongations (n=92, 15.4%), and blocks (n=63, 10.5%). The stuttering severity of these experiences ranged from mild (n=292, 48.7%) to moderate (n=259, 43.2%) to severe (n=48, 8%). A total of 224 experiences (37.3%) included demonstration of at least one secondary behavior. Most experiences took place with a female listener (n=354, 59%). A minority of experiences took place with a child versus adult listener (n=39, 6.6%).

As consistent with the guidelines provided by the instructor, two-thirds of the experiences took place in person (n=400) versus the telephone or other interaction that did not occur in a face-to-face context (n=200). Similarly, 59.7% of pseudostuttering experiences took place with an unfamiliar listener (n=358) versus a familiar listener (n=242). On a Likert scale of 1 to 7, in which 1=no anxiety and 7=“could not be more nervous,” the average anxiety rating for students over the span of the 6 weeks was 4.28 (SD=1.55).

Chi-square tests were conducted to determine how the aforementioned variables changed from week to week as the pseudostuttering activity progressed. A significant overall decrease in anxiety ratings was found during each week of the study: $\chi^2(30, n=600)=118.64$, p=<.001. For Week 1, the average anxiety rating was 5.1 (SD=1.62); by Week 6, the anxiety rating had decreased to 3.68 (SD=1.35). This trend held true when the effects of familiarity as a control variable were calculated for familiar listeners [$\chi^2(30, n=600)=60.80$, p=.001] and unfamiliar listeners [$\chi^2(30, n=600)=91.57$, p=<.001]. Figure 1 provides the mean anxiety levels of students over six weeks on the basis of listener familiarity.
Students also spent more time pseudostuttering each week: $\chi^2(30, N=599)=64.45$, $p=.001$. Whereas the majority (42%) of Week 1 pseudostuttering experiences lasted for less than 15 seconds, by Week 6 only 14% of experiences lasted for 15 or fewer seconds. Figure 2 provides a graph of time spent stuttering during each pseudostuttering experience (collapsed into <1 minute, 1-5 minutes, and >5 minutes categories) for each of the 6 weeks. There was no significant change in the severity of stuttering (mild, moderate, severe) reported by students over the course of the 6 weeks [$\chi^2(10, n=599)=17.35$, $p=.07$], nor was there any change in the types of stuttering demonstrated (part-word repetition, prolongation, block, two or more types) [$\chi^2(15, n=599)=12.96$, $p=.61$]. See Figures 3 and 4 for more detail.

Figure 2. Time spent pseudostuttering
Figure 3. Severity of pseudostuttering

Figure 4. Type of pseudostuttering
Students’ weekly journal entries were examined for common themes. The three major themes related to (a) affective reactions to pseudostuttering, (b) insights about fluency, disfluency, and what it is like to be a person who stutters, and (c) pseudostuttering in increasingly challenging situations. Direct quotes from students are presented below as examples of each theme.

With regard to Theme 1 (affective reactions to pseudostuttering), during the 1st week, students were very focused on the anxiety that they felt while pseudostuttering.

After each pseudostuttering experience I felt relief that I had completed another experience and would think, “That was not so bad, next time you may feel less anxious,” but every time I would do another pseudostuttering experience I would feel so nervous and anxious.

I find myself still feeling quite apprehensive and nervous. I thought some of these feelings might have subsided by now, but they really haven’t. Every time I decided I was going to undertake a stuttering experience this week, I found my stomach getting all knotted up and I became extremely self-conscious.

Students seemed to be somewhat less stressed during the 2nd week, but their emotional reactions to the pseudostuttering experiences were still perceived as negative.

I thought the nerves might improve a bit this week, and they did, but still not as much as I had hoped.

At the end of these experiences I realized that I was no longer nervous or embarrassed. I was angry and upset that people could treat another person like that.

During the 3rd week, there was evidence that students were feeling increasingly comfortable while pseudostuttering, though not entirely so:

As the weeks continue with the pseudostuttering experience I am becoming more at ease when stuttering on the telephone. I do not think I will necessarily ever feel comfortable... I will feel relieved when I do not have to think about my speech.

My nerves continue to be an obstacle, however this week I think there was definitely an improvement in that area. I felt a little less apprehensive and a little more in control of the situations in which I stuttered. I would not go so far as to say that I had a complete handle on what I was doing, but I felt less of the fear that the situations might possibly fall apart at any moment. That was quite a relief.

Pseudostuttering during Weeks 4 and 5 seemed to result in even greater relief for students; their anxiety was reduced though not eliminated.

Better news on the nerves front this week—overall I would say I felt much more in control and much less apprehensive. I found that I was worrying less about making mistakes or being “found out,” I think because I allowed myself to get out of my head a bit, if that makes sense.

It has been a pretty easy week because I have been feeling less nervous about stuttering, I try to make it seem like it doesn’t bother me so that people won’t get so nervous around me... [but] when I was on vacation I was going to stutter at the hotel and I had it all planned. When I got there, for some reason, I got nervous and didn’t do it.

The 6th and final week was an opportunity for students to reflect on the effect that the project had on their emotional reactions to pseudostuttering.

While I am relieved that this assignment is over, I am happy to have participated in it. Was it the most natural or comfortable thing I’ve ever done? No. Was it the hardest
thing I’ve ever done? No. Yes, I stepped outside my comfort zone, but I think that the experience was worth it in the end.

I made it through six weeks of pseudostuttering! As the weeks went on, the task became less and less stressful. I noticed that each week my anxiety ratings on my checklist were lower and lower. I also noticed that I had the least anxiety when I was using blocks and the highest anxiety using prolongations. To my surprise, being on the phone versus in person did not affect my anxiety ratings and neither did male/female or familiar/unfamiliar [listeners].

With regard to Theme 2 (insights about fluency, stuttering, and what it is like for PWS), during the 1st week, students’ anxiety in general about the project seemed to cause them to consider how PWS are affected by anxiety and stress when stuttering. Many students recognized that their experiences could not wholly encompass the experiences of PWS.

I am beginning to feel some stress of what a person who stutters experiences; however, I know I am only feeling a fraction of what a person who stutters really feels.

All of the awkwardness and uncomfortable feelings really helped put me in the shoes of a person who stutters, I think. Of course, I’ll never be able to go there 100% because I can “turn off” the stuttering whenever I please, but it wasn’t very hard for me to imagine what it might feel like to actually have the disorder.

During the 2nd week, students did not generally write about their insights about stuttering, but in the 3rd week they seemed to ruminate on fluency management and how PWS must be affected by their stuttering.

During this week’s experience, I have learned that if I maintain my composure the person who is listening to my stutter seems to also maintain their patience and composure, which is a strategy that can be used for everyone regardless if you stutter.

I wonder: do [PWS] ever feel totally in control? I imagine a lot of it has to do with the severity of the stutter, and the personality of the individual. I don’t know how I would feel if every single time I tried to open my mouth to speak I felt completely out of control. That would be an awful way to live. It really makes me feel for those people who struggle with the disorder.

In the 4th week of the project there was little contemplation of this theme, but in the 5th and 6th weeks many students wrote about the nature of disfluency, how PWS can adapt to the reactions of listeners, and how pseudostuttering can provide insights for clinicians.

Even being into this assignment 5 weeks, I experience some anxiety while stuttering. I am not completely desensitized. As a clinician, one expects his or her client to make progress in therapy. I look at my own experience with this project and laugh because I am definitely coming along slowly. I think that this is important for a clinician to realize. Not all clients are going to embrace the activities that we ask them to do. A person who stutters may be hesitant and uncomfortable with pseudostuttering at first. Each person will take a different amount of time to become more accepting and feeling more in control of his or her stuttering.

With regard to Theme 3 (pseudostuttering in increasingly challenging situations), the 1st week of pseudostuttering was generally the most difficult for students. Nevertheless, students generally indicated that they were ready to continue with the project. One student wrote:

I am looking forward to continuing this activity. I have some places and people in mind that I would like to approach.
This goal setting and challenging oneself to pseudostutter more or in different ways also was apparent in the 2nd week.

I referred to my notes and consciously made an effort to do more monosyllabic one word repetitions/part-word/prolongations/blocks over other types during a specific conversation. I felt like this will help me describe the type of disfluency as the communication partner/clinician when I’m listening to a PWS speak.

In Week 3, students demonstrated active planning for future pseudostuttering experiences.

For the next experiences, I would like to try some new places and perhaps pseudostutter in front of some of my friends who are practicing speech pathologists.

I still consider my moments of stuttering to be rather “safe” and I’ve already realized that it’s going to take increased courage on my part in order to create more pronounced, realistic moments of stuttering. In the next three weeks, I will attempt to work up my courage to venture out of my comfort box a little bit.

During Weeks 4-6, participants continued to challenge themselves, particularly in terms of increasing the severity and duration of their pseudostuttering.

This week I used the technique of advertising my stuttering. I went to rent a movie, and said upfront that I am a person who stutters...Letting the person know really took away that anxiety about how are they going to react when I just come out with it.

Overall, I feel as though this pseudostuttering experiment was a success. I feel as though I really pushed myself to try different things in different situations so that I could get the full experience. I saw my anxiety go down over the weeks and was able to demonstrate more moderate to severe stuttering in more situations in which I knew I would be uncomfortable.

Conclusions

The primary purpose of this study was to investigate how pseudostuttering, a type of disability simulation, could be made more realistic and beneficial to students in fluency disorders courses. Giving students greater opportunities to practice pseudostuttering in a variety of contexts appears to enhance students’ understanding of stuttering and PWS based on quantitative and qualitative reports of student experiences over the course of 6 weeks. The most noticeable change for students was affective in nature. Pseudostuttering-related anxiety in general lessened significantly during each week when Likert scale data was examined, and students’ journal entries discussed how stuttering in front of others became tolerable and even interesting, rather than a source of extreme nervousness, over time. Students reported that they were still moderately to severely anxious during specific instances of pseudostuttering, but overall decreased emotionality was noted by nearly all students.

The decrease in anxiety felt by students is significant for several reasons. Students who suffer from severe nervousness to the point of feeling physically ill at the thought of pseudostuttering are unlikely to appreciate the nuances of listeners’ reactions, nor are they likely to focus on how they, like individuals who stutter, can positively cope with stuttering. Extending pseudostuttering experiences would seem to provide students with more opportunity to gain insights that will be useful in clinical practice with PWS and with those who have other communication disorders.

It also would seem that more pseudostuttering opportunities are necessary on ethical grounds. It is difficult to know the extent to which students develop empathy versus sympathy for PWS after pseudostuttering. Sympathy generally involves feeling pity or sadness for another individual or group of people, whereas empathy is thought to be based on a more cognitive
understanding of how an individual might be affected by his or her experiences (Eisenberg, 2000). Empathy is certainly more useful to speech-language pathology students and clinicians than sympathy. If instructors require students to engage in one or a few pseudostuttering activities, students may randomly encounter only those listeners who are rude and unpleasant. When coupled with the somewhat severe initial anxiety students feel when pseudostuttering, such encounters could create the impression that PWS are pitiable, because they are ineffective communicators who are severely handicapped by their own anxiousness and an almost hostile public. These reactions seem unlikely to help students motivate their clients to communicate more despite stuttering. In the present study, many students expressed surprise at how pleasant some listeners were. This fact, in combination with student observations about their new insights into providing therapy services for PWS, seems to indicate that pseudostuttering over an extended period of time promotes a more realistic, beneficial, and ultimately more ethical activity for students.

**Discussion**

What can instructors who assign pseudostuttering do to increase the likelihood that students will develop empathy for PWS and be able to employ this empathy productively in therapy? Asking students to engage in public pseudostuttering as much as the class schedule and other variables will allow appears to be one way to achieve this goal. In addition, as others have noted, clearly identifying the purpose of pseudostuttering activities will give students a means of framing their experiences in a more clinically useful context (e.g., Reitzes, 2007; Shields, 1999). This study indicates that students can gain empathy, as well as a variety of clinically useful benefits, from extensive pseudostuttering practice, including self-reflection, the ability to create hierarchies of feared speaking situations, and the setting of challenging affective, behavioral, and cognitive goals. Individual instructors may have their own reasons for asking students to engage in pseudostuttering, but certainly the sole purpose of any disability simulation should not be for students to feel embarrassed, helpless, unattractive, or otherwise upset. There is no evidence to suggest that such negative feelings lead to empathy toward PWS. Careful planning, as well as assessment and debriefing, must be done to ensure that students will become better clinicians because of their pseudostuttering experiences.

Asking students to journal about their experiences and even to share these journal entries with the class can be a powerful way to address any misconceptions or stereotypes that seem to be developing. Good questions for journal topics include

1. Based on your experiences while pretending to stutter, what issues do you think PWS face in their daily lives? Imagine that a client who stutters comes to you with one of these issues. How would you address this problem in fluency therapy?
2. Describe the way that you and a listener reacted during a conversation in which you pseudostuttered. Consider both verbal and nonverbal responses (like eye contact and body language). What thoughts and emotions do you think prompted these reactions in yourself and your listener?
3. Most students pseudostutter in front of a wide variety of listeners, who may have both positive and negative reactions. Describe one negative listener reaction you have had. How could you respond positively to your listener the next time you find yourself in a similar situation? Would this strategy also work for someone who stutters? Why or why not?

While these journal topics are just a few suggestions, they may help students to focus on how they can implement their pseudostuttering experiences into their future clinical practice.
Final Thoughts

One limitation of this study was that, to preserve some measure of control during the study, the journal topics were left open-ended and students were not given the opportunity to discuss their pseudostuttering experiences until after all experiences had taken place. It is possible that the attitudes and impressions of students would have changed in some fashion had the guided journal topics and weekly debriefing activities suggested in this article taken place. It is presumed that students would have become even less anxious about the project and more focused on the clinical relevance of pseudostuttering earlier in the study, if they had been given the opportunity to share their common experiences with the instructor as a guide.

It is worth noting that, at the end of the study, nearly all students agreed that pseudostuttering for 6 weeks was more beneficial than 1 week, and recommended that the activity be implemented in future course offerings. One student, who was a person who stutters, reported that he felt “reenergized” by the pseudostuttering activities, because they made him consciously practice the principles from his previous course of therapy, with which he had become a bit lax. It seems as though pseudostuttering would be equally beneficial for other students who have a history of stuttering, though it also may be more difficult depending on the individual’s stuttering management skills and general acceptance of stuttering. None of the students reported prolonged severe anxiety over the course of the study, but instructors should be aware of students with social anxiety in general, who could conceivably be unduly stressed by the length of the pseudostuttering assignments.

Finally, there are numerous directions that future researchers can take on this topic. Gaining an empirical measure of the empathy and/or sympathy that students gain from pseudostuttering would help researchers more fully explain the intended and unintended consequences of pseudostuttering. In addition, the effects of further variations in the length of pseudostuttering activities should be noted. For example, instead of 30 distinct experiences spread over 6 weeks, perhaps students could attempt to live as a person who stutters for 1 week, stuttering throughout each day. Students also can be encouraged to demonstrate, in public, fluency techniques that control or manage stuttering, such as relaxed, easy speech or pull-outs and cancellations.

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References


