Title: A Viewpoint on the Ethics of Pseudostuttering Assignments: Guidelines and Best-Practices for Their Use.

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Abstract

Purpose: *Pseudostuttering*, or the act of *voluntarily stuttering* or *stuttering on purpose*, has been both regularly used by clinicians alongside clients in stuttering therapy and taught to students in stuttering courses for decades. Yet, in recent years, teaching speech-language pathology students how to pseudostutter in stuttering courses has been increasingly questioned by students on grounds that pseudostuttering may be ableist, a disability simulation, and of questionable clinical value. The purpose of this viewpoint paper is to discuss the value and ethics of pseudostuttering assignments as part of graduate clinical education for speech-language pathologists.

Method: The history of pseudostuttering and the pseudostuttering assignment within speech-language pathology pedagogy, disability studies literature, and community perspectives are reviewed. In so doing, we incorporate views from the broader disability rights community, the stuttering community, and stuttering research and clinical literature.

Results: Stuttering literature and community perspectives confirm the value of pseudostuttering assignments, but also underscore the critical importance of assignment purpose, framing, structure, and scope.

Conclusion: Pseudostuttering continues to be a critical clinical skill for speech-language pathologists who work with people who stutter and pseudostuttering assignments are an invaluable learning experience for speech-language pathology graduate students. However, assignments must be designed and implemented according to a specific set of principles and best practices. Assignment design that does not follow these principles and best practices is likely to perpetuate ableist constructs and inadequately prepare students to work with individuals who stutter. Graduate course instructors should educate themselves on these principles and engage with students who express concerns with the assignment.

38 Keywords: Stuttering; Pseudostuttering; Clinical Education

Author Positionality

The first author is a non-stuttering speech-language pathologist whose early professional exposure to stuttering was primarily through the stuttering self-help community, not clinical training or provision of therapy. The community narratives of self-advocacy, disability rights, and lived experiences of negative and harmful speech therapy practices strongly influenced her beliefs about the practice of speech therapy for stuttering. It highlighted the simultaneous urgent need and apparent challenge of ensuring that non-stuttering SLPs understand what is truly meaningful, non-harmful, and helpful in stuttering therapy. When discourse questioning the value of pseudostuttering assignments arose in recent years, her initial instinct was to take the position that these assignments may very well be unethical and harmful; she was ready to discontinue the practice in her own teaching. This discourse drove her to multiple years of active inquiry, ranging from personal and community conversations to literate review in related disciplines. This discovery process reversed her initial position, and she now strongly believes that pseudostuttering assignments are vital if we are to achieve the goal of training SLPs who are 1) qualified in their understanding of stuttering and stuttering therapy principles, and 2) able to ethically affirm and support stuttering clients through the therapeutic process. She discovered that her prior approach to including pseudostuttering assignments was insufficient to these goals, and completely overhauled her graduate course design.

The second author has been a stutterer since the age of 3 and connected to others in the stuttering community since his early 20's. Pseudostuttering has been a part of his own personal stuttering journey throughout his life and is a skill he still uses as he lives life as a stutterer. These personal experiences combined with his experiences working clinically with people who stutter as a speech-language pathologist have significantly shaped his views on

pseudostuttering. Though both authors of this paper have different experiences and backgrounds with stuttering and pseudostuttering, both feel strongly that pseudostuttering assignments are a critical therapeutic skill necessary for SLPs to be equipped to treat stuttering in a manner that is evidence-based, ethical, and affirming of neurodiversity principles. Today, pseudostuttering assignments are the central learning activity to both of their stuttering courses, beginning in the first week of the semester and continuing through until the last week of the term.

Pseudostuttering

Pseudostuttering has been a staple of stuttering therapy for nearly a century. In the early 1930s, Bryng Bryngelson, a student of Lee Travis alongside Van Riper and Johnson, pioneered pseudostuttering and advocated for its use as a method of reducing the negative emotions, thoughts, and maladaptive behaviors that develop from prior life experiences relating to speech or stuttering (Bryngelson, 1935, 1937, 1938; Bryngelson et al., 1950). Pseudostuttering "advertises stuttering… through voluntary practice, the stutterer says what he wishes, and the fear of stuttering tends to be minimized" (Bryngelson, 1935, p. 197). According to Bryngelson, the benefits of pseudostuttering are varied: it gives a person who stutter a sense of control, is a way of advertising or putting oneself out there in a visible way, it decreases fears around speaking and stuttering, and allows the person to identify, change, and reduce negative coping habits that have developed throughout life (Bryngelson et al., 1950). In advocating for the use of pseudostuttering, Bryngelson recognized early-on the therapeutic benefits of what would later be critical components of stuttering modification—desensitization, role acceptance, and avoidance reduction. Varying or modifying real moments of stuttering so that clients can learn to stutter more easily, with less tension, with less struggle, with less avoidance, and with more spontaneity is often difficult. Varying or modifying volitional stuttering behaviors via pseudostuttering is

often used as a steppingstone to varying and modifying actual moments of stuttering (Guitar, 2014; Van Riper, 1973). For example, Van Riper (1973) described cancellations, one form of pseudostuttering, as "a miniature learning laboratory" where clients can practice varying, reducing, and eliminating escape and other avoidance behaviors (p. 319). Subsequently, pseudostuttering has been seen for decades as a necessary and critical component of stuttering therapy (Gregory, 1968; Ham, 1990; Sheehan, 1970; Van Riper, 1973). And, researchers have found that people who stutter find pseudostuttering beneficial in reducing negative emotions and fostering desensitization to stuttering in real-world communication (Byrd et al., 2016; Grossman, 2008; Plexico et al., 2005), confirming its importance.

Apart from a therapeutic tool for clients, pseudostuttering has also been commonly used as a means for non-stuttering clinicians to increase knowledge, understanding, and empathy toward their clients who stutter so that they can guide them and walk alongside them in therapy—taking risks with them, confronting fears in front of them, modeling how to reduce avoidances, and modeling open stuttering (Van Riper, 1955). In Sheehan's (1970) foundational chapter on stuttering role identity, he outlines many bedrock truths of stuttering treatment aimed at decreasing avoidance in all forms. He stated, "The Achilles heel of most [non-stuttering] therapists who try to work with stutterers is simply that they are not willing to do what they ask their stutterers to do" (p. 283). Sheehan suggests that clinicians seeking to help stutterers along this path of avoidance reduction should "[take] on the role of the stutterer" (p. 283) so that they can effectively guide a client through this process. Similarly, Van Riper said that aspiring clinicians should "take the role of a severe stutterer long enough, and in enough situations, to enable them to experience the frustrations, anxiety, shame, and other negative emotions that constitute the context of the stutterer's daily life" (Van Riper, 1982, p. 140). These knowledge,

empathy and comfort-related rationales are sentiments that many clinicians, researchers, and stutterers have echoed in subsequent decades (Breitenfeldt & Lorenz, 1989; Fischer et al., 2017; Hood, 2001; Hulit, 1989; Klein et al., 2006; Lohman, 2008; Manning, 2004; Quesal & Murphy, 2008). Thus, throughout the history of stuttering clinical work, pseudostuttering has often served a dual role—a clinical tool highly useful for helping stutterers make changes to their affective, behavioral, and cognitive reactions to the perception of the loss of control (see Perkins, 1990; Tichenor & Yaruss, 2019, for discussion), and a didactic tool used to increase clinician knowledge, empathy, and comfort so that they can pseudostutter effectively in front of and alongside clients.

Pseudostuttering as a Disability Simulation

Pseudostuttering assignments are regularly given in many stuttering courses to speech-language pathology students and commonly require students to pseudostutter in public, though how often and to what degree varies from educator to educator. For example, Hood (2001) described his course's pseudostuttering assignment by stating that each student is required to pseudostutter to three different people with varying degrees of effort, tension, and types of overt behaviors. Students are often required to write short reflections of these experiences. Though there is ample evidence that pseudostuttering as a clinical tool is highly useful in the treatment of stuttering, it is unclear if pseudostuttering assignments fully achieve their didactic aims without adverse consequences. Students have reported experiencing anxiety, negative listener attitudes, nervousness, and embarrassment when pseudostuttering (Fischer et al., 2017; Ham, 1990; Hughes, 2010; Lohman, 2008). For example, one student stated "I was never so embarrassed in my life…I often felt humiliated and silly" (Ham, 1990, p. 311). Another student stated, "I do not think I will necessarily ever feel comfortable…I will feel relieved when I do not have to think

about my speech" (Hughes, 2010, p. 91). Yet another said, "…My listener's eyes popped out and she started to sway. I felt very anxious and couldn't get out of the store fast enough" (Lohman, 2008, pp. 958–959). Though the assignment may build understanding and empathy, these quotes highlight students' own stigmatized attitudes toward stuttering that pseudostuttering brings to light. Current and former speech-language pathology students have more recently noted in on-line groups that they feel as if they are insulting people who stutter, demonstrating ableist attitudes or mindsets, or even appropriating disability culture through these assignments (for example, see [u/Old_Ad_8864], 2023). These conversations highlight the primary objection raised by students in recent years—that pseudostuttering assignments are unethical because they are a form of a *disability simulation* exercise, which is often understood to be unethical.

The ethics of disability simulation exercises is a vast topic, but we will attempt to discuss important themes which are relevant to pseudostuttering exercises in a clinical training context. In general, the term *disability simulation* refers to any activity in which a non-disabled person adopts a characteristic or feature specific to a particular disability (Flower et al., 2007). Examples include wearing a blindfold to recreate the sensation of profound visual impairment, or spending a day wearing earplugs to evoke the experience of being hard of hearing (Behler, 1993). While these exercises sometimes incorporate external aids (e.g., blindfolds, earplugs, wheelchairs, etc.) to simulate disability, this is not a requirement. By the simplest and most common definition of disability simulation, pseudostuttering *is* a disability simulation activity when performed by someone who is not a stutterer. The non-stutterer is simulating, or mimicking stuttering-like behaviors, behaviors that are *not* part of their natural speaking pattern, for ostensibly clinical and educational purposes. Students who object to pseudostuttering on the grounds that it is a disability simulation are not incorrect in their assessment of the exercise, in

the most literal definition of the term. As a field, the question SLPs must wrestle with is, are pseudostuttering assignments ethical *even though* they involve disability simulation? And, despite the clear clinical utility of a therapist learning to pseudostutter so that they can effectively help clients reduce negative learned cognitive-affective reactions or change habitual stuttering patterns, does that clinical utility outweigh the potential negatives of potentially fostering ableism and appropriating stuttering identity and culture?

The Ethics of Disability Simulations

Disability simulation exercises have a long history across a variety of disciplines (Barney, 2012; Burgstahler & Doe, 2014; Herbert, 2000). In many cases, they have been used as empathy-building exercises; the rationale is that non-disabled individuals will gain a better understanding of what disabled individuals experience by temporarily pretending to have a disability (Behler, 1993). With the growth of the disability rights movement, these simulation exercises have come under criticism for potentially doing more harm than good (Behler, 1993; Kiger, 1992). For example, while these exercises may have some educational value in giving non-disabled learners additional experiential perspectives (Hollo et al., 2021; Leo & Goodwin, 2016; Ma & Mak, 2022), many disability advocates and scholars argue that these additional perspectives may be just as flawed or perhaps even more harmful than a pre-simulation perspective. Most notably, non-disabled individuals who are instructed to complete a simulation may incorrectly believe they have experienced the full scope of what it means to live with that particular disability, despite having only a few minutes or hours (or even days) of mimicked exposure (Babinski, 2023; Riccobono, 2017). For many disabled individuals, disability is an aspect of identity and an experience that permeates every moment of their existence. A temporary or short-term simulation may give the able-bodied simulator the impression that

disability is simply an occasional inconvenience when it is far more profound for most. Learners undergoing a simulation do not have to grapple with (a) the reality that disability cannot be ceased at any moment or (b) what it means to have disability as part of one's lifelong identity. Moreover, there is evidence to indicate that disability simulations lead non-disabled individuals to develop sympathy or pity, rather than empathy, for disabled persons, which can perpetuate false or stigmatized beliefs about disability (Fattaleh, 2023; Ladau, 2014; Olson, 2014; Thorpe, 2017). Because disability simulation exercises can be uncomfortable or difficult for the learners, they may also create the impression that all people with that disability are constantly suffering and in need of help from non-disabled people (Riccobono, 2017). A final criticism is that disability simulation assignments are sometimes used as the primary tool for educating non-disabled people about the disability experience, instead of learning directly from an individual with a lived experience of a disability (Maher & Haegele, 2022). This discounting of the experiences of disabled individuals is ableism, and exemplifies why a rallying cry of the disability rights movement is *nothing about us, without us* (Charlton, 2004).

Yet, despite the many ethical issues surrounding disability simulation exercises, they may be appropriate and useful when designed in very specific ways, in very specific circumstances (Silverman, 2017). In our view, pseudostuttering exercises completed by SLP students, for the explicit purpose of preparing them to successfully guide stutterers through often challenging therapy, is a very specific circumstance that warrants, and in fact necessitates, this assignment. In the case of pseudostuttering exercises, a non-stutterer choosing to pseudostutter so that they can *learn what it's like to be a stutterer* would be a form of ableist disability simulation. However, a non-stuttering person who is training to become an SLP and is preparing to guide people who stutter through therapy has a very different motivation and practical outcome for practicing

pseudostuttering. This nuance has been ignored in recent discussions of the ethics of pseudostuttering. For example, Bortz (2024) recently suggested that pseudostuttering assignments do not align with principles of neurodiversity. The author surveyed SLP faculty, students and people who stutter exploring their perceptions of pseudostuttering. Results indicated wide disagreement on the usefulness of pseudostuttering: while the majority of SLP faculty and people who stutter supported the use of these assignments, most students did not. Bortz concludes by questioning the future role of pseudostuttering in clinical education, despite the clear differences in how these cohorts primarily conceptualized the purpose of the assignment from the data presented. Specifically, SLP faculty and stutterers themselves primarily perceived the exercise as a clinical training tool, reporting mostly positive or neutral sentiments; SLP students primarily perceived the exercise as an empathy exercise and reported mostly negative sentiments.

In our opinion, such a view represents the pitfalls of conceptualizing and framing pseudostuttering primarily as an empathy-building assignment. Doing so misrepresents and undervalues pseudostuttering as a critical clinical skill. And, suggesting that pseudostuttering goes against the principles of neurodiversity equates *the stuttering condition* with the *experience of stuttering and struggling to talk in a hostile world*. The former is a form of neurodivergence which should be accepted in society. The latter is a way of speaking learned when a person was in a less stuttering-affirming environment (Sisskin, 2018). Pseudostuttering is critical to changing that way of speaking, which does not need to be accepted. Such a view corresponds with what advocates in the stammering pride movement have recently stated, “It is okay to stammer, but it is not okay to struggle” (Foran, 2023, p. 24).

If disability simulation activities are to be used in an educational context for a specific purpose, it is critical that the activity is paired with robust didactic teaching so that students understand the proper context about what they are (and are *not*) meant to take away from the experience. As stated previously, these activities should only be assigned secondarily to hearing directly from disabled perspectives (Ma & Mak, 2022). Instructors should also highlight research evidence showing that people who stutter find voluntary stuttering beneficial in therapy (see Byrd et al., 2016; Grossman, 2008; Plexico et al., 2005). Because there is potential for real harm and incorrect assumptions as an outcome of these exercises, instructors must be emphatically clear that no matter how much perspective students *feel* like they gain as a result of these activities, they will not come close to understanding what it is truly like to live with the disability in question. A syllabus that includes pseudostuttering assignments, but does not include, or minimizes, first-hand accounts of lived experience from people who stutter, may actively contribute to ableism within our profession. In an era of podcasts, YouTube, TikTok, blogs, and the accessibility of virtual video meetings, there is no excuse, in our view, for using pseudostuttering as the primary way for students to learn about the experience of living with stuttering. With these underlying principles, we suggest concrete best practices for ensuring that pseudostuttering exercises are as ethical as possible and result in successful learning outcomes that are relevant to clinical training.

Guidelines and Best-Practices for Clinical Instructors

While pseudostuttering assignments are a valuable learning tool for preparing graduate students for clinical practice, this exercise is highly sensitive due to the issues discussed above. It is imperative that instructors who assign this to their students are familiar with these ethical questions to ensure they are not perpetuating any of these harmful concepts or practices. We

recommend three best practices to ensure that pseudostuttering assignments meet learning objectives (preparing graduate students to be effective clinicians) and avoid ethical pitfalls.

1. Proactively Educate Students on the Ethical Issues Surrounding this Assignment

Graduate students are increasingly aware of the ethical problems of disability simulation exercises. If not addressed directly, there is a high likelihood that students may object to the assignment, or worse, simply not complete it at all, and then lie and say they did (for example, see [u/Old_Ad_8864], 2023). To inform students of the true purpose of this assignment, instructors should include three core pieces of information when framing this assignment.

One, instructors should actively acknowledge the controversial nature of disability simulation assignments, with explicit detail regarding when they are unethical and harmful. Second, instructors should also acknowledge the reality of the pseudostuttering assignment within the context of clinical training: *it is a disability simulation*, but SLPs must be able to demonstrate stuttering themselves (in and outside of the therapy room) in order to provide effective therapy for their clients (Byrd et al., 2016; Sheehan, 1970; Van Riper, 1973). Third, instructors should also state very emphatically that this assignment *is not intended to help non-stuttering SLPs fully understand what it feels like to stutter, as that is not possible,* for the stuttering condition involves much more than overtly stuttered speech (Cooper, 1968, 1977; Johnson, 1961; Sheehan, 1970; Sheehan & Sheehan, 1984; Tichenor & Yaruss, 2018, 2019; Van Riper, 1982; Yaruss, 1998; Yaruss & Quesal, 2004). So, to suggest that overtly stuttering once, three times, or even fifty times captures or even approximates the speaker's lifelong experience of living with stuttering is greatly overstated (Tichenor et al., 2022). It may be beneficial to acknowledge that while this has been a common rationale for this assignment in the past; but, in

our view, it is this very rationale that turns this into an unethical disability simulation assignment.

2. Proactively Engage with Student Objection and Discomfort

Even with a well-elucidated rationale for this assignment, students may continue to object on various ethical grounds. In the authors' experience teaching stuttering courses, students will typically invoke rationale or principles that are generally consistent with the disability rights movement. In doing so, students often demonstrate awareness of ethical concerns, such as minimizing the real disabled experience or concerns about offending stutterers. For example, one student stated in an online discussion forum:

> Ugh. I'm disabled and was assigned this assignment in my undergrad fluency course. I brought up my concerns about pretending to have disabilities we don't have to the professor, who said the point was to build empathy. All this does is contribute to the narrative that being disabled is bad, students leave the assignment with the mindset that they'd hate to stutter (in this case) and that then feeds into the SLP savior complex of we must 'fix' all disabilities. Gross" ([u/Thin-Coffee-3994], 2023).

SLP students who themselves stutter have similarly expressed similar sentiments when discussing pseudostuttering assignments:

> As a [stutterer], I hated this assignment lol. While pseudo-stuttering can be a great tool for desensitization in people who do stutter, I believe for those who don't, this assignment cannot truly give y'all an idea of how we live (i.e., being ostracized, bullied, treated as slow, the shame, cultural stigma, etc.) This assignment is what? A couple minutes of being uncomfortable or embarrassed in a situation that you had the choice to be disfluent in? It just rubbed me the wrong way" ([u/granny_noob], 2023).

These sentiments reflect the common criticisms expressed in the broader disability rights literature: simulation assignments perpetuate stigmatized beliefs about disability, and overly simplify the disabled experience—especially when the instructor specifies that the purpose of the assignment is to develop empathy, as in second student's report.

When encountering resistance, it is helpful to affirm the source of the discomfort, then first direct attention to the professional and ethical rationale for the assignment. In the case of students who object on the basis of ableism and ethics, instructors should encourage students' general instinct to defer to, learn from, and advocate for disability community narratives. They should then orient students to the reality that they are not only advocates in the broad sense, but therapists-in-training who must do everything to ensure that their future therapy practices are not harmful to clients (Borowsky et al., 2021).

Students may also object on the basis of personal discomfort, rather than allyship. Or, they may use the construct of allyship to justify avoidance driven by personal discomfort. Such views may be misplaced as evidence suggests that some students who question the validity of this assignment do so because of their own stigmatized attitudes toward stuttering (see Fischer et al., 2017; Ham, 1990; Hughes, 2010; Lohman, 2008, for example student experiences). It is critical that students understand that stuttering is highly stigmatized (Boyle, 2017; St. Louis, 2020), and they themselves are not exempt from having internalized this public stigma of stuttering (St. Louis & Lass, 1981). Thus, instructors should have students directly challenge their own internalized negative beliefs about stuttering which may be contributing to their own misgivings, emotions, and thoughts around this assignment.

Continued engagement on the nuanced ethics of this assignment presents an opportunity to teach students about their own biases. While there is broad literature about ethics of disability

assignments generally, there are various subcommunities within the disability identity. These subcommunities may have preferences or principles that are specific to that particular lived experience which *differ* from those of broader disability narratives. For stuttering in particular, we have experienced numerous instances of discussion within the stuttering community (e.g., National Stuttering Association members at various local chapter meetings) indicate that stutterers (particularly those engaged in advocacy efforts related to best practice within speech therapy) not only feel positively about SLP students completing pseudostuttering assignments, but in fact express dismay or even anger at the notion that students are refusing this assignment on the belief that they are helping people who stutter by doing so. It should be noted too that many of the researchers and therapists cited in this viewpoint article who have advocated for pseudostuttering are themselves stutterers. So, from the perspective of many stutterers who have either advocated for pseudostuttering directly or gained benefit from it through therapy (see Byrd et al., 2016; Grossman, 2008; Plexico et al., 2005, for discussion), pseudostuttering is a valuable and critical skill for aspiring speech-language pathologists.

For instructors who are not deeply familiar with stuttering self-help community narratives, we recommend reaching out to other sources for support and validation. This includes professional peers with established expertise in this particular issue, and/or stuttering community organizations or advocates who may be willing to speak directly with students.

3. Ensure that the Assignment Includes a Very High Number of Trials in Varying Contexts

Given that student comfort with and desensitization to stuttering is a major goal of this assignment, it is imperative this assignment include sufficient trials across various contexts to facilitate desensitization and develop competence. The classic “stutter three times” version is inadequate for this purpose in our opinion (see Hood, 2001). In fact, because engaging in

disability simulations for a few hours or even days gives misleading perceptions about what the lived experience of a condition is (see Babinski, 2023; Riccobono, 2017), it is likely that this kind of minimal pseudostuttering activity gives students a worse impression of stuttering, compared to no activity at all. A similar pattern has been reported to exist in adults who stutter as they learn to pseudostutter. Byrd et al. (2016) provided evidence that initial hesitations or discomfort using pseudostuttering dissipated as adults who stutter pseudostutter more throughout the course of through therapy.

At this time, no research exists to indicate what is the minimum number of trials or contexts needed to ensure that students are meaningfully desensitized and/or able to demonstrate functional clinical competence in this area. We incorporate pseudostuttering throughout our academic stuttering courses—building from highly artificial in-class pseudostuttering that is low in ecologically validity to real-world communication. In later weeks, we have our students add realism to their pseudostuttering via struggle, tension, and forms of avoidance reduction. Again, this pattern of increasing realism and authenticity matches the course of therapy for clients learning to pseudostutter (see Byrd et al., 2016). As the semester progresses and students learn therapeutic skills, more realistic pseudostuttering in real-life experiential assignments provides a firm foundation for learning and practicing the stuttering modification skills they will ask their clients to perform. In our opinion, this yields positive student experiences that enable students to recognize this assignment as *clinical preparation*, such as requiring activities that are commonly completed within stuttering therapy sessions (making phone calls, speaking to strangers on the street, etc.). This assignment structure in our stuttering courses sets up the exercise as clinical skills practice, not an empathy activity.

We recommend erring on the side of too many pseudostuttering trials and contexts, versus too few. Too few trials may cause harm in the form of increased fear and stigma about stuttering. Conversely, too many trials (if there is such a thing) simply provides additional clinical practice across the contexts their clients will need in therapy, with the potential benefit of greater student confidence. In our stuttering courses, students are performing some form of pseudostuttering every week. If there are so many trials that the students report they are bored and no longer challenged by pseudostuttering, then that would appear to be a highly effective clinical training outcome. Neutral attitudes toward pseudostuttering would indicate that a student has a level of comfort with stuttering therapy activities similar to what would be expected of an experienced practicing therapist.

Conclusions

The question that graduate instructors are forced to grapple with is: *are pseudostuttering assignments unethical?* In the authors' view, the answer to this question is *no*, pseudostuttering assignments are *not* unethical when designed appropriately and delivered with an appropriate clinical framing. If *not* designed according to the principles described above, and when framed inaccurately or inadequately, then pseudostuttering assignments *can* (and very likely *will*) be unethical.

Instructors who wish to assign pseudostuttering activities to students must be extremely clear that the purpose of the exercise is *not* to develop empathy, though empathy may be gained through pseudostuttering. Non-stutterers cannot fully approximate the lived experience of stutterers through pseudostuttering. In our opinion, if non-stuttering students want to understand more fully the lived experience of stuttering—a more appropriate empathy assignment would be to pick something they hide about themselves, something they mask from others, something they

are ashamed of and limits their quality of life—*and go share that with strangers on the sidewalk.*[1] Rather, the purpose of the pseudostuttering exercise is not empathy but to prepare students to effectively guide their clients through therapy activities, which requires the student to model and be desensitized to pseudostuttering themselves. For, "a swimming instructor is not someone who knows the physics of how solids behave in liquids, but *he or she knows how to swim* (Segal et al., 2018, p. 79). Similarly, people who stutter need clinicians who can teach them how to take risks, confront fears, reduce avoidances, and move toward more open stuttering. Echoing Van Riper, a clinician must be able to model approaching strangers on the street and stuttering openly if they are to effectively guide a client attempting to do the same thing.

Therefore, it is our opinion that when designed and implemented correctly, pseudostuttering assignments are not only ethical, they are *essential* to training speech-language pathologists who are equipped to serve people who stutter. There may always be continued dialogue and resistance to this assignment for various reasons, but instructors who are following best practices should remain confident and committed regarding the value of this assignment. Much like stuttering itself, this assignment is difficult, uncomfortable, awkward and requires vulnerability to demonstrate. It is tempting for both students and instructors to abandon or reject this activity under the guise of many reasonable-sounding principles (e.g., Bortz, 2024). But as with stuttering, avoiding the discomfort of learning and growth creates comfort in the short-term, but damages confidence and ability in the long-term. To create effective clinicians, we must ask

[1] The second author incorporates this exact assignment into his stuttering courses as an optional extra credit opportunity alongside asking students to pseudostutter in public for the first time. Few students each year elect to complete the additional extra credit task, yet this always leads to interesting and rich in-class discussions on why most students elected *not* to complete it and what that tells them about the thought process that may be going on in the head their clients as they attempt to pseudostutter and more openly accept the role of a stutterer (Sheehan, 1970). Pseudostuttering is unlikely to trigger role conflict in graduate students who do not stutter but experiencing role conflict in other ways meaningful to them—even if they avoid experiencing their own role conflict when given the opportunity, is valuable in our opinion in better understanding what they are asking of their clients.

of students the same effort that *they* will be asking of their future clients: do the hard thing now, so that you can be the best communicator - or clinician - that you can possibly be.

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