



Witnessing stories: Definitional Ceremonies in Narrative Therapy with adults who stutter

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ABSTRACT

Background: Narrative therapy (White & Epston, 1990) was developed as an approach to counselling, as a response to the power relations that influence people's lives. Its use with people who stutter has been documented. A basic tenet of narrative therapy is that the dominant problem-saturated narrative is challenged by externalizing the problem, in due course facilitating development of an alternative narrative. Within this process, the definitional ceremony involving outsider witnesses is a key procedure used to influence change.

Aims: This paper describes definitional ceremonies, and their application within a narrative approach to therapy for stuttering. The analysis of a specific definitional ceremony is presented, leading to an exploration of identity as a public and social achievement.

Methods: A definitional ceremony involving a woman who stutters and family members was recorded and analysed using two methods: interpretative phenomenological analysis and Heideggerian hermeneutic phenomenological analysis. Details of the clinical application of definitional ceremonies with this client are described.

Results and conclusions: Results from both methods of analysis were found to be similar. Notable results include the fact that the stuttering per se was not presented as the problem; rather, the impact of stuttering, especially the experience of bullying, was a dominant theme. This paper shows how definitional ceremonies can open opportunities for clients to present themselves in a preferred way, forming the basis for a new story and revised identity. Emerging themes can be identified for reflection and discussion with the client for therapeutic benefit.

Educational objectives: (1) to describe and explain to readers the process of narrative therapy, with special attention to the use of definitional ceremonies; (2) to provide detail regarding the clinical processes involved with a specific definitional ceremony with one client; (3) to have the reader appreciate the specific importance of involving outsider witnesses in the therapy process; (4) to discuss the outcomes of the use of this particular definitional ceremony.

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1. Introduction

Narrative therapy (NT) was developed during the 1980s by Michael White and David Epston, who presented its central ideas in the book *Narrative Means to Therapeutic Ends* in 1990. NT has been applied to stuttering therapy by various researchers

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and authors since then, including, for example: DiLollo, Neimeyer, and Manning (2002); Leahy and Warren (2007) and Logan (2007). A brief introduction to NT is provided here in order to set into context the place of witnessing stories related to definitional ceremonies – a central focus in the process of NT, and the main focus in this paper.

'Narrative structures organize and give meaning to experience' (Bruner, 1986, p.143). The process of NT begins with the narrative as told by the client, which for people who stutter (PWS) is the dominant stuttering-saturated narrative, how stuttering is central in the life of the client. The goal of externalising the problem is achieved through externalising conversations (Morgan, 2000; White, 2007), which assist the client to separate the problem from oneself. This process leads to the discovery and realisation that *the person is not the problem; the problem is the problem* (White & Epston, 1990). During the early stages of NT, the effects of the problem are mapped, with client strengths and resources highlighted. During this process, the selection of 'unique outcomes' (White, 2007) is emphasised. Unique outcomes (also known as 'sparkling events' or 'sparkling moments'), reflect feelings and lived experience that are not fully encompassed by the dominant narrative (Bruner, 1986), as they demonstrate successful management of events, when the problem had little or no influence. An example of a unique outcome is where the PWS spoke out spontaneously in a situation that was usually avoided. As such, unique outcomes tend to be contradictory or aberrant in terms of the usual form that the story takes. Taking these significant occurrences to a conscious level will open the door for them to be used as a point of entry into an alternative story, which in White's (1995) words provide 'significant as alternative presents' which can be used by the client in re-authoring his/her story.

2. Wider discourses and power relations in stuttering

There are many stories or discourses about stuttering in society. The use of the term *discourse* here, has been adopted by White (1995) and others working in NT (e.g., Madigan & Law, 1992) from Foucault's (1980) suggestion regarding the prevailing discourses of society. Foucault (1980) suggests the term discourse refers not only to words and statements used, but to the connection of the words and statements to the complexities of social and power relations in a given context, which constrain what is said. These relations constrain what is said and "who can speak and with what authority" (Madigan & Law, 1992, p. 33). Take for example, a child who stutters much more severely when speaking to strangers than he does with his family. His mother may answer for him when he is asked questions by visitors or the doctor because she is worried that they will judge him negatively if they hear his severe stuttering. She is responding to some of the discourses which prevail and which view stuttering negatively. From a narrative therapy standpoint, such discourses contribute to the particular PWS's experience of his stuttering as a problem, and can be said to be contributing to the life of the problem. In other words, PWS need to deconstruct these wider discourses if they are to explore alternative stories about being a PWS.

White (1995, p. 175) following Foucault (1988) explains that it is impossible for any group to "be exempt from the various relations of power of our culture and its institutions". He goes on to explain that these relations of power can only be challenged if they are first given recognition (and not denied), and secondly if each individual takes on agency and resists the dominant discourse when it does not fit with their preferred stories and actions. The wider discourse will continue to exist but the individual can step outside the invitations of this discourse through acts of resistance which reflect what is of value to him. For a PWS, this means recognising the wider discourses about stuttering, questioning them and exploring alternative ways of storying their experience of being a PWS. White and Epston (1990, p. 27) suggest that "... meaning is derived through the structuring of experience into stories". The process of exploring alternative stories about the experience of being a PWS involves meaning making. Through this meaning making, PWS can centre their own knowledge about themselves and about stuttering as opposed to centering other, more widely held knowledges. In this way, they can begin to resist the invitations of the wider discourse through storying experiences in alternative ways, focusing on what they give value to, what supports their dreams and ambitions and what fits with what is important to them. In this way, they are acknowledging the power relations in their lives which may include the relationship to stuttering as a problem, personal reaction to the stories which people in their network hold about stuttering, and the wider discourse which exist around stuttering. They can then address changing the nature of these power relations if they wish.

3. Roles of clinician and client

Clinical decision-making is necessarily influenced by the client's needs, capabilities and goals. In NT, the alliance between client and clinician is one of trust, encouraging participation behaviour on the part of the client. This is facilitated by the clinician taking a non-expert stance, so that the client can take the lead in the therapy process, as expert regarding his/her own life (Stewart & Leahy, 2010). In an analysis of how characteristics of clinicians are perceived by PWS, Plexico, Manning, and DiLollo (2010) indicate that more effective clinicians are found to have belief in the client's ability to accomplish therapeutic change.

The clinician and client have distinctive roles in the development or thickening of alternative stories, leading to rich descriptions of newer, more preferred stories. As a client tells his/her problem-saturated story, the clinician in consultation with the client explores it from the standpoint of an investigative reporter who is very curious regarding all the intricacies of the way this problem works. The clinician attends to the client's processes of interpretation: "to how persons make sense of their experience, to how they endow their experiences of life with meaning." (White, 1995, p. 215). In this sense, clients are not only the providers of data, but they also have 'agentive status', which can be realised more specifically by involving

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