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**Witnessing Stories: Definitional Ceremonies in Narrative Therapy
with Adults who Stutter**

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Abstract

Background: Narrative therapy (White and 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 re-vised identity. Emerging themes can be identified for reflection and discussion with the client for therapeutic benefit.

Keywords: Outsider witness; Definitional ceremonies; Narrative therapy.

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 and authors since then, including, for example: DiLollo, Neimeyer & Manning (2002); Leahy & 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 ‘sparking 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 (1990) words provide ‘significant as alternative presents’ which can be used by the client in re-authoring his/her story.

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; 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 alternatives 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.

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 et al (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 them directly in discussion regarding the meaning of the story's elements (Crocket, et al., 2004). The process is one of excavating the problem jointly, researching it, examining it in detail and throwing new light on it, creating a new rich and alternative story that is separate to the original problem-saturated narrative (White, 1990). Speedy (2008) refers to the process as 'co-research' and suggests that as clinicians, we apprentice ourselves to the client's 'insider knowledge and to the 'everyday ethics' by which they live their lives' (p. 48). This process involves finding out what really matters to the people we have apprenticed ourselves to, uncovering the ethical substance of their lives and treating it with appropriate respect. With the evolution of alternative stories, the role of the clinician then becomes one of assisting the client to step into his/her preferred stories (Speedy, 2008).

The definitional ceremony involving the outsider witness

White (1995) draws on the work of Myerhoff (1982; 1986) a cultural anthropologist, who coined the metaphor of definitional ceremony when working with an isolated Jewish community in Venice, California. Myerhoff (1986; p. 267) describes definitional ceremonies as dealing 'with the problems of invisibility and marginality... strategies that provide

opportunities of being seen and in one's own terms, garnering witnesses to one's worth, vitality, and being'. Outsider witnesses respond to the stories by retelling them in terms of what they heard, emphasising the positive impact on the listener and in this way, providing acknowledgment of the people at the centre of the ceremony, and a valuing of their selfhood.

The concept of the definitional ceremony as it is used in NT is elaborated by White (2007; p. 165) thus:

'These ceremonies are rituals that acknowledge and "regrade" peoples' lives, in contrast to many rituals of contemporary culture that judge and degrade people's lives. In many of these degrading rituals, people's lives are measured against socially constructed norms, and they are judged to be inadequate, incompetent, disordered, and often a failure in terms of their identities. Definitional ceremonies provide people with the option of telling or performing the stories of their lives before an audience of carefully chosen outsider witnesses.'

The definitional ceremony has four distinct parts, with distinctive shifts in the roles of the teller of the story and the audience listening to it. The first telling of the story involves the client telling of a significant event in their life story at the invitation of the therapist (with some guidance if needed), with the outsider witness as audience. The outsider witness then responds to what she/he heard, prompted by the therapist who may use four lines of enquiry to enrich the retelling of the story: expression; images; resonance; and transport (examples provided below). These lines of enquiry provide the outsider witness the opportunity to personalise the story, retelling it (to the client, now in audience role), with emphasis placed on elements of the story that struck him/her as important and that presented the witness with

an insight into the client's life. This account of the story (as told by the outsider witness) is then followed by the client retelling the story, but this time, with the outsider witness's emphases, using the same four lines of enquiry.

The final part of the ceremony involves both outsider witness and client in discussion with the therapist, reflecting on the first three parts of the ceremony, making the therapeutic conversations transparent (Morgan, 2000). Transitions between each stage of the ceremony are relatively formal, following specific traditions of acknowledgement (White, 2007), where, for example, the therapist asks questions of the person in the speaker/witness role, such as:

Would you begin by talking about what you heard that you were most drawn to?

(Expression);

What came to your mind while you were listening to this? (Images);

What is it about your own life that explains why you were drawn to these particular expressions? (Resonance);

Where did the story take you to in your mind, as you listened? (Transport).

Each retelling adds additional layers, enriching the narrative and thickening the positive themes by providing evidence that counters the dominant narrative as has been witnessed.

It is important to note that the ceremony does not involve the usual kind of question/answer/comment routine that is part of usual therapeutic interaction (see Leahy & Walsh, 2008). Rather, it moves away from such interaction and represents "a disruption of dialogue" (White, 2005; p. 15). This is because those who are retelling the story are strictly in

that position, being listened to by those who had told their story, who are now in the audience position. It is also important to indicate that witness responses are *not* about the usual way of responding: they are not shaped by applause, or about making word judgements about other people's lives, or about one's own life, and they are not about giving advice.

Therapy context: *Free to Stutter... Free to Speak*

Since 2009, a six-day intensive residential therapy programme for PWS entitled *Free To Stutter....Free To Speak* has been provided within the health services in the southern counties of Ireland, where the second and third authors practise as therapists. Narrative therapy plays a central part in the programme, along with stuttering modification therapy and mindfulness as major components. During the programme, a definitional ceremony is organised for each participant with outsider witnesses drawn from other PWS and speech and language therapists. In the present instance, the PWS at the centre of the ceremony was asked to invite members of her social network to be outsider witnesses.

Ethics note: for the purposes of presenting the present study, participants and outsider witnesses were requested, and gave their consent, to allow transcripts of therapy interaction to be used for research and publication.

Kate's definitional ceremony

The client involved in the definitional ceremony is ¹Kate, a young woman of 23 years of age, who had attended for therapy previously at age 12/13 years, and again on entering college at age c. 18 years. Kate had also been involved in therapy more recently,

¹ Names used are pseudonyms

having weekly sessions over a period of 6 months, and had attended the residential 6-day FTS...FTS programme in May 2010. Since then, she has attended review days held every 2-3 months. Kate had reported that the experience of a definitional ceremony during the intensive programme with two other participants as witnesses had been a positive influence. In May 2011, she was moving back to live in her family home for the foreseeable future and expressed some concern regarding the impact of this move on her new and preferred story. In June 2011, Kate, her mother, Sheila, and sister, Emer, attended for a definitional ceremony at the invitation of one of the authors.

At the outset, the therapist explained the process of the definitional ceremony to the outsider witnesses. Kate was then invited to tell a story about her life (without any guidance regarding the focus of the story). She recounted a story about an experience she had on the intensive programme, that involved telling the other participants about an incident in secondary school when she “answered back” someone who was “putting her down” and “bullying” her. In particular, Kate focused on the difference between talking about this experience when on the therapy programme, when she focused on the hurt and sadness she felt at being told she “had a disability”. She said that whenever this event had been talked about previously, the focus had been on her achievement of standing up for herself and challenging the girl who was bullying her.

Having listened to Kate tell her story, Kate’s mother, Sheila, in the role of the outsider witness (OW) was then interviewed along the four categories of inquiry outlined.

Expression

SLT: I wonder, Sheila, when Kate was talking, was there anything in particular that caught your attention?

OW: Well it's upset all of us always that she was bullied. Being bullied should never have happened... it's just she happened to come into contact with the wrong people who just didn't understand...

"Kate's a strong person and she's independent"

Images

SLT: And did any particular image come to mind with these expressions? what would this image reflect about Kate?

OW: 'All the days she opened the door, and came in crying...'

Resonances

SLT: '.... and does that resonate in your own life too?

OW: 'Well it was hard to watch, harder because I was the mother looking in...'
"You've learned to live with it, we've learned to live with it. We have all accepted it.... It has made us stronger"

Transport

SLT: Has witnessing Kate's story moved your thinking in any way?

OW: 'I would like to look to the future rather than the past'

In turn, Kate was asked to respond to the OW retelling along the same four categories of inquiry.

Expression

Kate: ‘That I’m a determined person, and in the past few years, I haven’t let anything hold me back...’

Image (no image was noted by Kate at this time).

Resonance

Kate: ‘When I was going through all the bullying Mum was there for me ... just like I am now there for myself...’

Transport

Kate: I think you have to go down deep enough in yourself to come to terms with what you’re saying ... it helps you to deal with it.

Following this, Kate’s sister Emer was interviewed. She focused on Kate as role model, as there had been a bully in her class the previous year:

Transport: “She showed me... not to hold back”

She also talked about being ‘able to be light’ and ‘have fun’ about stuttering.

In her response to Emer, Kate focused on being able to support others (*resonance*) and wanting to give something from her experience, to others who also stutter (*transport*).

Methodology

The definitional ceremony was video recorded, transcribed and analysed by two of the authors, separately exploring two different approaches to analysis: Interpretative phenomenological analysis (IPA) and Heideggerian hermeneutic phenomenological research. IPA is a qualitative research approach committed to the examination of how people make

sense of their major life experiences (Smith, Flowers, & Larkin, 2009), attempting to capture particular experiences as experienced for particular people. IPA is informed by three areas from the philosophy of knowledge: phenomenology, hermeneutics and idiography. The process of using IPA is iterative: one moves back and forth through a range of different ways of thinking about the data, rather than completing each step in sequence. The analysis is systematic and thorough, focusing on the detail with the emphasis on the particular. The process starts with the transcription and immersion in the data, in this case reading the transcript while listening repeatedly to the tape. On re-reading the data units of meaning are noted ; descriptive, linguistic and conceptual comments were made (Smith et al., 2009); then contextual and referential issues were identified as they appeared important to the person (Kate and outsider witnesses; Giorgi & Giorgi, 2008) . Emergent themes were identified and links between these themes sought.

Heideggerian hermeneutic phenomenological research studies peoples' interpretations of their lives and the meanings they give to their experiences. Methodology which was described by Cohen, Kahn and Steeves (2000) and Smythe et al. (2008) was applied to the data. The procedure involves a cycle of reading, writing, re-reading and re-writing and reflection. It also involves listening and responding to the story told. A thematic analysis results from this process. Separate analysis by these two methods was followed by comparison and discussion until agreement was reached on which themes emerged most strongly. The methods were used as a way of comparing different forms of analysis when applied to narrative therapy. Using a single method would have been sufficient.

Results

The purpose of this definitional ceremony was to allow Kate an opportunity to present

herself to be seen by people from her network, on her own terms, according to her preferred story, and to her identity claims. Reporting on it came about as two of the authors explored different approaches for analysis of narrative therapy in general and definitional ceremonies in particular. There was a great deal of agreement between the initial results from both approaches. Both analyses revealed that identification of themes needed to be structured according to the framework of the four lines of inquiry central to definitional ceremonies. Three of these: expression, image and resonance, were combined within the theme “impact of stuttering”. The fourth which related to “transport” focuses on where the experience of stuttering has brought these particular three people in their thoughts, feelings and actions and emerged as a separate theme. These form the main themes identified and the elements identified within these are categorised as: relating to the client only, the outsider witness only; and those shared by both client and outsider witnesses.

Identified themes and elements are presented in Table 1.

(Table 1 about here please)

The rich data that emerged regarded the impact of stuttering and how dealing with this brought out elements of identity that included strengths, determination and recognition of the strength in being who you are. A key point for Kate was in recognising that her mother ‘has always been there for me’; that there was vital support within her network. The open discussion of feelings and acknowledgment of the importance of this brought about of a sense of power, loyalty to the network and justice for both Kate and the outsider witnesses. As a consequence, Sheila (Mother and OW) was able to express her pride in the actions that Kate had taken and recognise her determination and independence. Emer (sister and OW) expressed her pride, her sister’s story being a source of support and guidance, and a sense of

humour around stuttering. The theme of where stuttering had brought people centered for Kate on a strong sense that she is who she is through the experience of being a PWS and that she is very proud of this. Her presentation of this allowed her outside witnesses to come to a sense of the value that Kate places on stuttering's role in her life.

A focus on the temporal aspect of Kate's experience across past, present and future ran through these identified themes connecting them through a process of re-engagement with history facilitated by the definitional ceremony. This resulted in identification by Kate of what was absent but implicit (White, 2000) in her story about bullying: that standing up for herself was rooted in a feeling of being hurt, and that this was a strength, not a weakness. The ceremony resulted in this story and identity claim being witnessed by her family members.

Discussion

On the *Free To Stutter... Free To Speak* programme, participants reach an acknowledgement of their ability to contribute to the lives and the identities of others and of themselves. The ability and contribution are linked with the fact that participants are people who stutter. Rather than shunning and reviling stuttering, the process moves from the PWS finding it difficult to tolerate the stuttering aspect of themselves to a place where they accord value to it. This insight can open many doors and lead to many changes. It helps PWS to develop an appreciation of what they give value to, and in turn allows for rich story development (McCormack, 2011).

Establishing and expanding a preferred story

White (2007) documents the impact of definitional ceremonies in helping someone to achieve a new perspective on their life and identity, by thinking beyond what they would

routinely think about, and making new meanings that were not previously understood. This in turn links with new actions and taking steps in their life that would otherwise not have been considered. This particular client, Kate, had identified the need for support in her efforts to establish her preferred story across different contexts. Through the definitional ceremony, she and her witnesses responded to her preferred identity claims and came to new insights. Kate reports that this allowed for further establishment of her preferred story. White (2007) describes identity as a public and social achievement and so the establishment of preferred identity claims occurs within a social context also. Stewart (1996), DiLollo et al. (2002) and Plexico et al. (2009) have reported on the relationship between a re-construing of self and maintenance of change linked to a sense of agency.

Clinical Implications: involving significant others

The role of significant others in therapy has been discussed by DiLollo et al., (2002) with regard to the idea that stories are constructed within a social context. Definitional ceremonies highlight the process of stories being co-constructed and allow focus on the interplay between the stories of the significant others as well as the PWS. The role of support from family and others is one of the themes highlighted in Plexico et al. (2009) reporting of coping responses. Following the definitional ceremony in the current study, one OW, Sheila, commented that this was the first time they had spoken about the impact of stuttering on Kate. Both she and Kate reported that this openness was positive and wished it had come earlier. Both OWs, Sheila and Emer, had attended a group session for family members. This obviously was insufficient in achieving openness and the opportunity for the Kate to be seen as clearly as at the definitional ceremony. This has implications regarding the involvement of significant others in therapy. Facilitating the process of a definitional ceremony with family members as witnesses was not easy and requires understanding of the process and in particular, clear and in-depth preparation of the witnesses (White 2007).

Therapist's position

Narrative therapy and definitional ceremonies as a component therein, focus on individual, personal knowledges as opposed to professional knowledges. The therapist's position is to be de-centered yet influential (White 2007). The centering of the participants' knowledges in the current study allowed Kate's new and preferred story and identity claims to become visible and be acknowledged. This bears testimony to the benefits of relinquishing power, valuing other knowledges, and trusting in the client. The resulting therapeutic alliance is of a different nature to that in more traditional approaches to therapy for stuttering.

Impact of stuttering

Myerhoff, (1986; 268) writes, "in the reporting of a definitional ceremony, everyone is 'heard from, seen and authenticated.'" The research reported here adds to the understanding of the impact of stuttering on people's lives, by focusing on its impact on family members also. The co-construction of stories is also highlighted, including stories around stuttering. Changing to a more preferred story involves Kate realising the influence of other stories on her story, challenging these and developing her own preferred story.

Changes in this story led to more positive identity claims, for example, from the mother's perspective: "It has made us stronger"; and for Kate's sister, Emer "She (Kate) showed me... not to hold back"; and for Kate: being able to support others who stutter. These outcomes indicate that it is useful to focus on the influences of other stories on a particular client's story and to focus on the deconstruction of these stories in therapy. The agency of the individual is emphasized and this agency is embedded in past actions and allows for future steps to be taken by the PWS.

The reporting of this research allows for the development of a new discourse about the impact of stuttering. The discourses held by the authors regarding the experience of being a PWS and around stuttering therapy have been influenced and broadened, providing a wider appreciation of the everyday impact of stuttering on the lives of PWS and the consequences for families.

Future research

Further research is merited on holding definitional ceremonies with other PWS and exploring the impact on their story and the stories of their outsider witnesses. Research suggestions include exploring the stories of parents of young children who stutter; examining how these are influenced by wider discourses in society; and the impact of therapeutic intervention which focuses on helping parents to deconstruct these normalising stories. Such research could focus on many different groups of significant others, including for example, teachers and child minders who have regular contact with the child who stutters.

Conclusion

Stories are constructed within a social context. Narrative therapy involves facilitating clients to identify their preferred stories and establish them across the various domains of their lives. The use of definitional ceremonies facilitates this process. The impact of stuttering is not only felt in the life of people who stutter but also on their wider networks. The particular definitional ceremony described here allowed that impact to be explored, creating new meanings and playing a role in establishing an alternative, preferred story for

Kate, the person who stutters, with emphasis on where this experience led for herself and for members of her family.

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TABLE 1: Thematic analysis: summary of themes identified

MAIN THEMES	Elements of theme (Client only)	Elements of theme (Witness only)	Shared client and witness theme elements
Impact of stuttering: Experience of being bullied and of being parent of child who is bullied.	Bullying related to school only. Disability and standing up for self. Non-participation.	Sheila: being parent of child who is bullied, powerless but standing up, support, encouragement, belief in Kate. Emer: support.	Suffering, Outsiders, power & justice, being “knocked down” (Sheila & Kate). Avoidance, loyalty.
Transport: where experience of stuttering has brought “me” to.	Nothing holding me back. Participation. Openness and expressing feelings. Acceptance. Self belief. Being “who I am”.	Stronger Pride Humour Guidance	Action, moving on. Independence Determination Choice

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.

Highlights

1. Brief overview of Narrative Therapy (NT)
2. Application of NT to stuttering
3. Description of the process of Definitional Ceremonies within NT
4. Analysis of Definitional Ceremony for a 23 year old PWS
5. Involvement of significant others in stuttering therapy

Accepted Manuscript

Margaret M. Leahy, Associate Professor, Trinity College Dublin, is a fluency specialist. Her current research interests involve the application of Narrative Therapy to stuttering; Attitudes and Attitude change in stuttering; and the education of therapists.

Accepted Manuscript

Mary O' Dwyer works as a speech and language therapist and is an ECSF graduate. She has experience of working with people who stutter in individual, group and intensive settings. Her doctoral research study focuses on the relationship between the stories people hold, the development of these stories and the person's stuttering.

Accepted Manuscript

The definitional ceremony is comprised of:

1. **Four distinct and formal parts**
2. Informal unstructured conversation
3. Three distinct and formal parts
4. None of the above

The authors argue that definitional ceremonies have a role in therapy for PWS:

1. To promote involvement of family and significant others
2. To allow the further development of preferred identities
3. To support and establish changes the PWS has made
4. **All of the above**

When outsider witnesses are asked to respond, they are asked questions about

1. expressions and image
2. resonance and transport
3. advice they would give
4. **1 and 2 above**

In narrative therapy, clients' insider knowledge is

1. Disregarded
2. Viewed as expert
3. Central to therapeutic discourse
4. **2 and 3 above**

Definitional Ceremonies provide opportunities for the person at the centre of the ceremony

1. To seek guidance
2. To be seen on their own terms
3. To have their story witnessed and its impact on the witnesses acknowledged
4. **2 and 3 above**