

Definitional Ceremonies as Counter-Rituals to Case Conferences in Pastoral Care

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Abstract

Therapeutic case conferences often take place without clients' full knowledge and thus disempower them. By contrast, narrative therapy's definitional ceremonies—drawn from the work of anthropologist Barbara Myerhoff—heighten transparency. The article offers an example of the use of definitional ceremonies in the congregational pastoral care of miscarriage and infertility.

Rarely does a client ask to view his or her records. However, if one of my clients were to make such a request, I would first explore with the client why he or she wanted to see the records. Next, I would talk with the client about what is written in the records. If this was not satisfactory to the client, I would suggest that I might write a summary of the records. However, if a client continued to steadfastly state a desire to view his or her records, I would comply with this request.

—Ed Neukrug¹

A group gathers around a file-laden table in an office. The files hold a prescribed number of forms including official signatures, diagnoses, and treatment plans. The group takes turns talking about “cases” and concludes by making official summaries and progress notes. The space has been reserved for this purpose and people are dressed for the occasion in business attire. In the meeting there is an order of reading, speaking, and writing texts in which the senior practitioners’ comments carry the most weight. Finally, the conversation draws to a close and documents are placed in files. The client being discussed may not be present or even know that a meeting happened in which they were discussed. As the quote above suggests, they may not have access to the materials under discussion without a request process. These written materials may be easier for other professionals to access than for the clients to access.

As a pastoral caregiver and counseling intern I have participated in organizations where file-based practices were obscured to clients. I have been a part of treatment teams where clients’ voices were not included in conversations about diagnoses, or were included only within the pathological frame provided by the clinicians, and where people were not consulted about the consequences of these diagnoses for their own social identities. In some cases supervisors would diagnose clients whom I would then counsel, but the clients had little information about their diagnosis or how it might influence their treatment plan. The activities of case management are formalized procedures in which professionals write and talk about clients’ lives and draw conclusions about the clients’ experience without fully inviting the client into the conversation.

Contrast the scenario above with a scenario like this: There is a small gathering of friendly faces that seems more like a community of equals than an expert setting. The facilitator uses ‘I’ statements and allows each participant to have a turn speaking. There are no secret files or privileged communications. This latter scenario is more the purview of ministry and since pastors largely do not operate in clinical contexts, they have the opportunity to host more collaborative conversations. In what follows, I briefly describe some of the problems with the clinical case conference as a model for pastoral care and counseling and then argue for an alternative, the ‘definitional ceremony’ of narrative therapy. Definitional ceremonies have a ritual component and they more equally share power with careseekers.²

Reclaiming ritual as a pastoral care and counseling practice bridges the false dichotomy that has developed between the public role of the minister and the seemingly private act of pastoral counseling.³ This is especially promising since persons need to make ritual sense of their lives by connecting their own stories to the narratives of their communities of faith.⁴

The ethical claim of this essay is that hearing silenced stories is part of the key work that must be done by religious communities. For example, when people can discover their own narratives in continuity with ancient Hebrew and Christian stories, the definitional ceremonies described here can help remind persons that they belong to God. People begin to feel like they belong when they can watch their stories have an impact on others. Definitional ceremonies provide a central tool for this task, which can help the church to be itself, reminding persons of how their stories are linked

to the narratives of others. Definitional ceremonies can be helpful when people have lost the narrative thread of their own lives since through them they hear the imagery and poetry of their own stories resonating in the lives of others.

Case Conferences as Secular Rituals

Activities of clinical mental health management in which professionals speak about clients are forms of social or ‘secular’ rituals similar to congressional hearings, AA meetings, and high school graduations, as well as other ritualized activities.⁵ These are ‘ritual’ in the broadest sense in that they often invite persons to gather at specified times, to take turns speaking and writing, and to share information about persons with other experts without fully allowing the client to know what has been said about them. These specific aspects of the activity means that they are ‘ritualized’ for a set apart space and time.

One of the ways that experts in a given field hold onto their expertise is through being in charge of ritual processes. Managing ritual actions helps maintain expertise that has been conferred. Nevertheless, persons are able to resist the effects of such rituals if they know about them and are able to challenge the given discourse.

For example, scholar of social work Patricia A. Joyce has explored a case of child molestation in which she studied what happened to the mother of the molested child as she went through the case conference system. She found that the multi-step process of case management moved from conversation with the mother to formalized speaking and writing—the case conference and the progress notes written about it—that were less available to the mother. In this shift from personal speaking to official writing the language used about this mother shifted from her being a “good mother,” e.g. being willing to report the abuse and moving to the U.S. to protect her child, to being “ambivalent,” e.g. both wishing and not wishing to confront the abuse.⁶

The case conference was a multi-step process: 1) the reporting of abuse, 2) social factors that influence the social worker’s production of summaries, 3) the writing of the summaries, 4) social factors that lead to the case conferences (state requirement after ninety days and again at six months), 5) reading and hearing the summaries in the case conference, 6) professional discussion between social workers and supervisors in the case conference, 7) treatment plans based on the case conference discussion.⁷

Ritualization can be seen in the progression of alternating acts of speech and writing—conversation (between social worker and client)/writing (social worker alone)/conversation (between social worker and supervisor in private)/writing (social worker and supervisor)—through which formal control passed from the client to the supervisor of the non-profit agency. Indeed there is a kind of “social work” that occurs in the ritual of the case conference and it includes speaking about the problems of others. In the construction of the subjects in play, the mother shifted from being attuned to being ambivalent and unaware of the deeper issues that drove her. This shift

occurred as the mother had less control over the language used about her and as the language moved from speech to written discourse. The case conference mediated between state-controlled goals of behavior-based outcomes to the ‘deeper’ metaphors the psychodynamic clinicians used.

Important recent texts in ritual theory help explain what happens in this formalization. Catherine Bell builds on Foucault’s notion of the examination as a “ceremony” in order to argue that examinations have ritual elements that can be seen in how they are set apart from everyday activity, in how they are undertaken by professionals, and in how they utilize specific jargon-like language.⁸ In these kinds of rituals, the client emerges in high relief even as the expert fades into the background. In the example from Joyce’s research, the mother is named as ‘ambivalent,’ but the position of the social worker does not have to be explored since their expertise operates silently. In secular rituals, persons are accorded certain forms of mastery based on their training and expertise. One of the ways that they preserve this mastery is through the use of professional terminology in writing and speaking that occurs without the person’s full knowledge. The social effect of this activity is that the person with expertise recedes into the background and the client emerges in the foreground as the object for analysis.

From this vantage point, it is worthwhile to criticize a one-dimensional liberatory notion of power: the case conference cannot simply be made neutral or even helpful by sharing more information about the process. The case conference, through the formalization of gathering, through the sharing of written and verbal discourse, and through the use of jargon, creates a network of power through which clients are positioned with less knowledge. Of course, persons can and should have more access to the discourse of the case conference and in fact, their ability to influence the discourse is dependent on such knowledge. At the same time, power working through case conferences is never complete (social workers, for example, are able to resist to a certain degree), yet the client’s ability to resist the power that is used in this particular form of social control is in direct proportion to their knowledge that these clinical conferences are occurring. Without knowledge that a case conference has happened and without access to the entire written and unwritten text of its speech, clients are less able to interrupt the official pronouncements that interpret their lives.

Following Bell I maintain that we need a complex theory of social ritual to account for how persons position themselves in relationship to the mental health case conference. One way of measuring a person’s capacity to influence the construction of their identity in the case conference is to measure how much they know about the case conference’s occurrence, whether they are privy to both the official writing and the “hidden transcript”—the conversation that occurs off-the-record—in the conversation during case conference, and whether they are able, in turn to craft discourse that becomes part of the official writing about their own identities.⁹ It seems that Joyce’s research does not engage with the mother of the abused child in order to explore her own role or identity after the case conference—there is no returning to her to explore with her the psychological construction of her identity that has occurred through the case conference process.

This essay operates within the discipline of practical theology and as such it relies upon a liberationist method within practical theology. Rather than being concerned with earlier models

of critical revision in which the truth claims of psychology or theology were correlated in order to approach a practical situation, this approach critiques the fundamentals of such knowledge by suggesting that there are some who are left out entirely of such rationalist discourse. Therefore, drawing attention to those whom Christianity has “forgotten” or “oppressed,” this approach is less concerned with philosophical realities and more with concrete practices that render persons voiceless.¹⁰ In the modern clinical case conference, certain persons are positioned as experts over other persons’ lives because of their training and credentials. The manner in which they use power over others, by speaking about them in case conferences without their knowledge, is an exercise of power that can lead to oppression. A central theological task, then, is exploring how these seemingly insignificant practices participate in broader networks of power.

Definitional Ceremonies

Thankfully, there are more collaborative options available to caregivers in a variety of settings. The past several decades have witnessed the emergence of forms of counseling that render the political aspects of therapy more visible. Among the most promising is narrative therapy, a form of counseling developed by Michael White and David Epston in Australia and New Zealand respectively, that focuses on how people can discover sites of resistance against the dominant narratives in their lives.¹¹ Narrative therapy has made a significant impact on the field of pastoral care and counseling, with many practitioners taking up narrative ideas in their writings to illustrate important facets of pastoral care.¹²

Narrative therapy fosters a *definitional ceremony* process that we can think of as a counter-practice to the case conference. In this ritual, the voices of the client become more fully articulated and render the process of power at work in the social ritual of therapy more apparent. At the same time, definitional ceremonies cannot be viewed as transcending the imposition of power in the ritual of examination: they are still a ceremony that incites speech. In what follows, I will explain the history of definitional ceremonies and suggest a possible application in congregational pastoral care.

Barbara Myerhoff coined the term *definitional ceremonies*. She used this term to describe the public displays of senior adults at the Israel Levin Center in Venice, California. These seniors were resisting the invisibility of being a Jewish enclave in a wider society that was hostile to them. She describes these ceremonies as opportunities for the group to negotiate their identities and establish community meaning to outsiders. By naming their own identities they were able to foster continuity with their memories and with a broader community of support.¹³ She claims that “definitional ceremonies are likely to develop when within a group there is a crisis of invisibility and disdain by a more powerful outside society...[they] deal with the problems of invisibility and marginality; [definitional ceremonies] are strategies that provide opportunities for being seen and in one’s own terms.”¹⁴

How does one gather what she calls “outsider witnesses” who will hear and care for these stories and what happens if these stories are not heard? She argues that people who are faced with the obliteration of their histories face a kind of social death and they need to gather an audience for the performance of their narratives that is, to a great degree, a self-constructive act.

This group made themselves visible through a public parade and a mural, and she describes the former as a definitional ceremony. One of the Center’s members had been killed from injuries sustained when she was struck by a youth on a bicycle, who stated, “I didn’t see her.”¹⁵ In response, the community staged a parade in which they processed from the senior center to the synagogue for the funeral with signs that read “Life, Not Death in Venice,” spoofing the newspaper headline that morning that had read “Death in Venice,” and another sign that read, “Let Our People Stay.” The seniors were surrounded by hecklers but responded to the hecklers with their own arguments, “We were driven out of Europe already. We don’t want to be driven out of here.”¹⁶ The parade ended with a birthday party for a one hundred year old community member. Myerhoff describes definitional ceremonies as intentionally crafted responses that are also chaotic, fragmented, and continually negotiated.

She distinguishes self-definition from self-recognition in these practices by emphasizing their intentionality. For Myerhoff, definitional ceremonies invite persons to perform their lives rather than reflecting an inner truth about their personality. Such self-performances were acted out on the public stage and these scenes were conflictual: “certainly the style was agonistic; much adrenalin had flowed and a good fight, indeed offered clear-cut evidence of a continuing vitality.”¹⁷ Within interpretive anthropology, Myerhoff described *definitional ceremonies* as concerned with the purposeful enunciation and an implicit declaration of a group’s identity and value: the term highlighted the performative nature of the activity of self-definition and distinguished this from the elements of process that had been prevalent in Victor Turner’s social dramas.

Michael White uses the terms of Myerhoff’s *definitional ceremonies* and is especially interested in several of her themes, but removes them from their Jewish context. He quotes her notion of these ceremonies being necessary at times of invisibility, but displaces the particular ethnic and age-specific contexts of these Jewish seniors, implicitly claiming that the stories of his counselees are likewise invisible. White is perhaps most interested in her term *outsider witnesses* since it implies someone who can bear the ethical weight of testimony and remain somewhat distinct from the clinical space of counseling.

Around the same time that Myerhoff described *definitional ceremonies* Tom Andersen, a Norwegian therapist, was opening up the therapeutic conversation in the Netherlands with his notion of “reflecting teams.” Since it occurred in the therapeutic context, Andersen’s practice was an important influence on White’s work. For many years, counselors had been trained by having someone behind a one-way mirror watching their work and then discussing it with them afterwards. Andersen opened up the one-way mirror and invited the outside experts to speak directly to the client. He mentions his initial hesitation:

At first we did not dare to make our discussions ‘public’ because we thought that the language we used contained too many ‘nasty’ words. For example, a team member might say, ‘I am glad I am not a member of that family...’ My early fears were not fulfilled. The ‘nasty’ words did not appear, nor did this conversation require any strong effort from us to avoid ‘nasty’ words.¹⁸

Nevertheless, Andersen indicated that the therapists’ comments should be structured in a minimal manner: the team’s reflections should follow directly from what the client said and should offer thoughts only “for conversation,” avoiding negative ascriptions of blame or advice as much as possible.¹⁹ Then Andersen turned to the client and asked them if they would like to respond in any way to the clinical team. White credits Andersen for opening up the therapeutic space with reflecting team conversations and he builds from Andersen’s work to structure his own responses. Nevertheless, important differences should be noted—Andersen structured the interaction between the therapists and client as a conversation whereas White, as we shall see, structured the encounter as a series of interviews. This leads to different outcomes and possibilities in the counseling space.

Definitional Ceremonies in Narrative Therapy

Michael White synthesized Andersen’s reflecting team and Myerhoff’s disruptive ceremonies into a highly formalized therapeutic practice. First, he prepared a group of ‘outside witnesses,’ borrowing from Myerhoff’s term, to hear the client’s story. This group could be other therapists or may also be former clients whose stories bore similarities to the client’s own. Early ceremonies included more community members and neighbors and later ceremonies included more former clients—White kept a log of persons who had exerted their agency in relationship to particular problems and who might be willing to consult with him later.

White formulated definitional ceremonies in three steps, each of which he carefully managed. The first step was the therapist interviewing the client. He used this interview to help the client tell stories not only about the problems they faced but also about the “exceptions” to their problems, what he called “sparkling facts” that did not fit with the dominant negative image they may have had of themselves.²⁰ The outsider witnesses listened silently through this process.

The second step was the therapist interviewing the outsider witnesses based on what they heard in the client’s story.

Attention: what were you “most drawn to: what caught your attention or captured your imagination”?

Image: what “images came to mind as you listened...these could be images that were evoked by expressions that you were drawn to...certain metaphors about the person’s life, or...mental pictures of the person’s identity or relationships...or...a sense that you derive from the person’s life”?²¹

Resonance: what “engaged and vital” interest emerges from this story from your life?

Transport: where you were “moved“ in hearing this experience...“the places this experience has taken you that you would not have arrived at had you been out gardening or shopping at this time“²²

Note that this form of inquiry relies less on expert speech than on poetic resonance.

In the third step, the therapist interviews the client again with the same categories, attention, image, resonance, and transport, but this time in reference to the outsider witnesses' conversation. White prepares outsider witnesses ahead of time for the kinds of conversation they are going to have with the client. In terms of this article, it is very significant that this preparation occurs outside the client's hearing and thus implies a kind of hidden transcript to which the client does not have access. In these conversations White encourages the outsider witnesses not to draw conclusions about the client's life, but to reflect on the links between the client's life and their own. He especially encourages the outsider witnesses to avoid praising the client in vague terms or giving advice based on other clinical experience. He described this as “decentered sharing” in which members share that which is “evoked by the expressions of the persons whose lives are at the centre [sic] of these conversations.”²³ If outsider witnesses begin to applaud the client or denigrate themselves or share many details about their own stories, the facilitator focuses the person back on what aspects of the client's story struck them.

White stated that a client should be asked ahead of time if there were someone the client did not want to be involved as an outsider witnesses and that the client should be ensured that no personal information would be shared with the outsider witnesses beyond what is said in the interview. Likewise, he insisted that all parties should agree to keep the client's story in confidence, presumably unless there was some risk of harm to themselves or others.

Given Bell's analysis of ritualized activities as set-apart events with formalized language and particular roles, we can see that definitional ceremonies are ritualized to the same extent as case conferences. Noticeably, this form of conversation also includes a brief hidden discourse—the conversation in which the counselor prepares the outsider witnesses, such as family members, outside therapists, and other community members, for the rules of conversation. Nevertheless, as a social ritual, White's definitional ceremonies create an unusual clinical space in which outsiders reflect images back to clients and clients reflect images in turn. The primary metaphors used to guide this exploration are literary while the genre of the conversation is that of performance.

It is important to surmise what White intends to occur in these conversations. Rather than experts speaking in official diagnosis, he hopes for a more ‘ordinary’ speech. The language of image, resonance, and transport suggests that he hopes to link the lives of the outsider witnesses with the lives of the client whose story is being told through the catalyst of narrative. He frequently asks therapists in the outsider witness team how they might be changed in their own therapeutic practices through listening to the client's story. When White interviews the client initially, he asks the kind of questions that help the client describe, despite oppression and many obstacles, how he or she was able to act in ways that he or she cares about.

Outsider witnesses then become the recipients of these stories and show how they are able to be changed because of these stories, thus leading to the effect of a two-way influence between the client's story and the outsider witnesses' story. From White's vantage point the client has been isolated far too long as a patient; now the client gets to experience the ramifications of his or her story in the lives of others. For White, the ritual turn-taking and taking up alternating speaking and listening positions is quite significant, as is the fact that the one-on-one counseling space has been opened to a wider range of voices.

Given the fact that definitional ceremonies are ritualized, it would be expected, as Bell suggests, that ritual does not accomplish power over others in a straightforward manner but is always contested and particular. For example, in a recent narrative training video that demonstrates a definitional ceremony, the outsider witness team and therapist disagree about whether the client or the therapist coined a particular term. In this sense, although White depicts these activities as forums of "acknowledgment," it would be important given the ongoing influence of therapeutic power to gather anonymous feedback after such events as to their effectiveness.²⁴ It could be especially helpful if clients had a chance to offer feedback to the outsider witnesses who may have misheard or misrepresented something they said. This could help with the thesis, which I think is demonstrably true, that definitional ceremonies are more collaborative than the traditional medico-psychiatric case conference.

An Example in the Congregational Context

In pastoral care and counseling in the congregation the element of privacy is understandably sacrosanct. When a person comes for individual counseling they do not expect their stories to be shared with the broader congregation and other clergy or to be used as illustrations in the Sunday morning sermon. Nevertheless, persons who have suffered sometimes have distinctive forms of knowledge that emerge from their suffering, but this knowledge may be difficult to share in part because it is kept private. For example, the grief of infertility or of miscarriage may haunt families partly because it is simply so difficult to discuss. When ministers speak with persons who have gone through similar stories, they can inquire whether these persons would be willing to come and listen to others who had gone through a similar story, and if they agreed, the minister could enter their contact information in a book of resources.

The next time a family struggled with this particular issue, the minister could invite the family who left their contact information in the log to come and listen to the story of the family currently traversing this difficult experience. In order for this to work, the minister would have to request that the outsider witnesses keep the congregational family's story confidential. The minister would position the outsider witnesses to respond in ways that are formed by the definitional ceremonies practice. They would be asked not to applaud the person for heroism or to give advice but to dwell upon the four categories of definitional ceremonies.

For the first ten or fifteen minutes the minister could interview the congregant about the experience they had been through, focusing especially on how they handled the challenging obstacles that they faced. The outsider witnesses would listen silently to this interview. In the second step, the minister could interview the outsiders for about ten or fifteen minutes with the following lines of inquiry: Attention—what most caught your attention? Image—what metaphors dawned upon you as you heard this story? Resonance—what in your own life reverberated with these images? Transport—where were you taken by hearing this story that you wouldn't be if you had been doing something else right now? Careful attention would be paid in this second step to ensuring that the focus remained upon the outsider witnesses and that they were not talking directly to the congregant who had been interviewed first and engaging them in conversation. Rather, the outsider witnesses testify to what was set off in their own lives by hearing the stories of the person in front of them. If the outsider witnesses slip into “you” language, they need to be redirected to “I” statements and encouraged to share from their experience rather than offering generalizations. In the final step, the client would be interviewed about what they heard in the outsider witness testimony, again using the four categories of attention, image, resonance, and transport. A similar process can be arranged through video recording or on modern teleconferencing technology available over the Internet if there cannot be a face-to-face meeting.

This approach is different from having a self-help group based on the topic of miscarriage or infertility. In the self-help group format, experts with knowledge of grief therapy might be invited and helpful education and sharing could occur. Likewise, a minister could refer a congregant to a counselor with training in this subject, but this would be different again from what happens in the definitional ceremony process. This does not mean that this process does not require a certain form of expertise on the part of the minister, but this mainly consists in helping persons to experience how their stories are linked with the stories of others and avoiding the pitfalls of applause or advice-giving.

Through the definitional ceremony, a shared vocation can emerge as persons share their stories and allow these stories to impact the lives of others. As Herbert Anderson and Edward Foley have argued, people long for their personal lives to impact the lives of other persons. When their lives can have this impact, they often sense that something of rich value has transpired and that this is something religious in the profoundest sense. As I maintained earlier, the church needs to hear silenced stories and it needs to have its vocation shaped by a particular way of witnessing to these stories. Through the expert frame, witnessing is oriented towards problem solving and the management of persons. In definitional ceremonies a different kind of orientation emerges.

Definitional ceremonies occupy a middle range between individual private counseling and public rituals such as a liturgy for persons who have experienced infertility. While the former can make persons feel even more alone and as though their problem was something to be ashamed of, the latter may be uncomfortable for those who do not wish to share their experience with the broader congregation.

Definitional ceremonies are carefully structured to protect the person at the center, who is suffering, from undue intrusion or blame, or on the other hand from praise, which can feel like another form of coercion. If an outsider witness told the congregant, “I think that _____ is such a hero. I can’t believe everything she’s done. What a great person!” then the minister can redirect by asking what part of their story resonated with the outsider witness. Additionally, if the outsider witness begins recommending a given course of action, such as a specialized exercise or therapy regimen, the minister again focuses on the categories of attention, image, resonance, and transport. The result of this steadfast attention on the experience of the outsider witnesses is that those witnesses have their stories shaped by the life of the person in the center of the conversation, and vice versa.

Definitional ceremonies are especially promising formats for response when there is a chance that you might fall into an expert role and over-interpret someone’s situation. For example, at a recent public forum where a series of confidential narratives were shared and I was supposed to comment on them as an expert, I structured my comments around the four categories of the definitional ceremony. Because I avoided the typical categories of praise or blame, I was able to speak in ways that honored the contribution that these stories made to my own life.

Throughout the process of definitional ceremonies the congregant with the primary concern remains the focus of attention and that person’s perspective holds sway. For example, if they begin to feel uncomfortable, the interview should be stopped. Also, the two parties should agree at the end of the interview whether any further contact would be welcome on the topic discussed. The minister should not allow a free flowing conversation to develop between the two parties and should remain focused on the metaphorical nature of the communication by asking outsider witnesses about their personal entailment in the stories being shared by the person at the center of the circle.

Definitional ceremonies are especially promising forms of conversation for persons who may have lost narrative control over their stories because they are suffering a problem that is frequently silenced in our culture or because they believe that they are to blame because of a problem that they have. Traditional psychotherapy can reinforce self-blame patterns by isolating individuals from conversation, whereas definitional ceremonies offer a place where the distinctive forms of knowledge that arise from particular experiences of suffering can be shared between others in the community. Ministers may choose to have outsider witnesses from other congregations join in definitional ceremonies if there is agreement on the congregant’s part.

Conclusion

As we have seen, ritualization is an important part of clinical case management, in which experts discuss a person’s problems. By contrast, definitional ceremonies allow persons to experience how their stories shape the stories of others and participate in a shared text guided by the image, metaphor, and resonance that comes from the sharing of narratives.

Definitional ceremonies include the client more completely in the process of ritual self-con-

struction through discourse. Among the goals of the process, in addition to the more basic one of gaining a wider audience for a client's story, is that outsiders be changed by the stories of the therapeutic client, especially stories about perseverance in the midst of adversity. I have suggested that this approach is especially promising for cases of silenced grief where the experience of suffering may either be completely hidden or be commonplace knowledge, but the subject of an awkward taboo. This approach can be especially helpful for persons in ministry since they are not constrained by psychiatric logic and also are already connected to a wider community of meaning in the church.

In this paper I presented definitional ceremonies from narrative therapy as an alternative framework to the case conference, a sort of counter-ritual. Critics may have wondered if this model is feasible for pastoral counselors for several reasons. Psychotherapists continue to believe that professionals need to talk in private about their clients to solve 'difficult cases.' At the heart of this critique is the concern of whether some people are simply too 'sick' or too 'toxic' and must have their cases analyzed by a team of experts. Another critique has to do with the feasibility of such a method in common payment methods developed by insurance companies, an approach which is based on diagnosing pathologies, identifying causes, and treating symptoms. Definitional ceremonies as opposed to case conferences may offer opportunities for collaborative work around treatment and diagnosis, rendering the clinician's need to comply with state protocols transparent to the client and opening the process of creating a client's treatment plan to fuller client control. Nevertheless, as I have suggested, definitional ceremonies hold the most promise for ministers in religious communities if they can be structured in ways that protect confidentiality and allow the person at the center of the story to retain control over their own narrative.

Notes

1Ed Neukrug, *Theory, Practice, and Trends in the Human Services: An Introduction* (Belmont, CA: Thomson/Brooks Cole, 2008), 119.

2 Several authors mention definitional ceremonies in recent work, thus suggesting that this idea is ripe for further exploration, see Edward Wimberly, *African American Pastoral Care*, Rev. Ed. (Nashville, TN: Abingdon Press, 2008); Suzanne M. Coyle, *Uncovering Spiritual Narratives: Using Story in Pastoral Care and Ministry* (Minneapolis: Fortress Press, 2014).

3Elaine Ramshaw, *Ritual and Pastoral Care* (Minneapolis: Fortress Press, 1987).

4 Herbert Anderson and Edward Foley, *Mighty Stories, Dangerous Rituals: Weaving Together the Human and the Divine* (San Francisco, CA: Jossey-Bass, 1998).

5 Catherine Bell, *Ritual Theory, Ritual Practice* (Oxford, Oxford University Press, 1992).

6 Ibid., 158.

7 Ibid., 160-161.

8 Bell, *Ibid.*, 219.

9 James C. Scott, *Domination and the Arts of Resistance: Hidden Transcripts* (New Haven, CT: Yale University Press, 1990), 38.

10 Rebecca S. Chopp, "Practical Theology and Liberation," in *Formation and Reflection: The Promise of Practical Theology*, Lewis S. Mudge (ed.), (Minneapolis: Augsburg Fortress, 2009), p. 121.

11 Michael White and David Epston, *Narrative Means to Therapeutic Ends* (New York: W. W. Norton, 1990).

12 Duane Bidwell, *Empowering Couples: A Narrative Approach to Spiritual Care* (Minneapolis: Fortress Press, 2014); Christie Cozad Neuger, *Counseling Women: A Narrative Pastoral Approach* (Minneapolis: Fortress Press, 2001); Wimberly, Edward. *African American Pastoral Care*, Rev. Ed. Nashville, TN: Abingdon Press, 2008; Coyle, Suzanne M. *Uncovering Spiritual Narratives: Using Story in Pastoral Care and Ministry* (Minneapolis: Fortress Press, 2014).

13 Barbara Myerhoff, *Number Our Days: A Triumph of Continuity and Culture Among Jewish People in an Urban Ghetto*, New York: Simon and Schuster, 1978, 32. According to Myerhoff, a student of Victor Turner, there are several differences between definitional ceremonies and Turner's notion of social dramas. On the one hand, definitional ceremonies do not necessarily accomplish change or "redress" since indeed part of the purpose is to reestablish tradition (1978, p. 32). Second, she maintains that definitional ceremonies occur in situations of conflict (like Turner's social dramas) but they do not resolve the conflict but persist in and through the creation of conflict: she typically displays how definitional ceremonies occur in conflict with and in relationship to a revered elder or 'expert' outside the community.

14 Barbara Myerhoff, "Life Not Death in Venice: It's Second Life," in *The Anthropology of Experience* (Champaign, IL: University of Illinois Press, 1986), 266-267.

15 *Ibid.*, 289.

16 *Ibid.*, 270.

17 *Ibid.*, 268.

18 Tom Andersen, "Reflections on Reflecting with Families" in *Therapy as Social Construction*, Eds. Shelia McNamee and Kenneth Gergen (Thousand Oaks, CA: Sage, 1992) 58.

19 *Ibid.*, 60.

20 White and Epston, *Ibid.*, 76.

21 Michael White, *Maps of Narrative Practice* (New York: W. W. Norton, 2007), 190.

22 *Ibid.*, 190. Gaston Bachelard's (1958/1994) *Poetics of Space* in which he described the "image" as that which was ontologically at the root of the speaking being and he suggested that the image created reverberations in their lives.

23 White, 2007, *Ibid.*, 102.

24 *Ibid.*, 187.