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TEACHING POSTMODERN AND NARRATIVE SOCIAL WORK PRACTICE THROUGH THE USE OF FILM-BASED CLIENTS

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Article abstract

This paper elaborates on the use of film-based clients in teaching narrative therapy in social work. In this paper, I provide my rationale for the use of film-based clients and then highlight the life story of Lars, taken from the film *Lars and the Real Girl* (2007), as an example of how film clients can be a helpful way of learning how to practice narrative therapy. The theory and epistemology of narrative therapy—and specifically a postmodern approach to the central organizing concepts of story, experience, self, knowledge, and power—are discussed. I then illustrate key elements of narrative practice with Lars as a film-based client. The attention to creating counternarratives challenges dominant social discourses in Lars' story about mental health and coping with difficult life events, and the internalization of these ideas as part of the story of his identity. A positioned approach against the medicalization and pathologization of Lars' struggles reflects the social justice commitment of narrative practice.

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Abstract: This paper elaborates on the use of film-based clients in teaching narrative therapy in social work. In this paper, I provide my rationale for the use of film-based clients and then highlight the life story of Lars, taken from the film *Lars and the Real Girl* (2007), as an example of how film clients can be a helpful way of learning how to practice narrative therapy. The theory and epistemology of narrative therapy—and specifically a postmodern approach to the central organizing concepts of story, experience, self, knowledge, and power—are discussed. I then illustrate key elements of narrative practice with Lars as a film-based client. The attention to creating counternarratives challenges dominant social discourses in Lars' story about mental health and coping with difficult life events, and the internalization of these ideas as part of the story of his identity. A positioned approach against the medicalization and pathologization of Lars' struggles reflects the social justice commitment of narrative practice.

Keywords: Narrative Therapy Practice, Film-Based Clients, Teaching

Abrégé : Cet article traite de l'utilisation de personnages issus de films en guise de clients fictifs pour enseigner la thérapie narrative en travail social. Dans cet article, je justifie l'utilisation de personnages de films et présente ensuite l'histoire de vie de Lars, tirée du film *Lars and the Real Girl* (2007), comme exemple de la façon dont les personnages issus de films peuvent être un moyen utile d'apprendre comment intervenir en utilisant la thérapie narrative. La théorie et l'épistémologie de la thérapie narrative et plus particulièrement d'une approche postmoderne des concepts

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centraux d'organisation du récit, de l'expérience, du moi, du savoir et du pouvoir, sont présentées. Les éléments clés de la pratique narrative sont illustrés par Lars en tant que client fictif. L'attention portée à la création de contre-récits remet en question les discours sociaux dominants dans l'histoire de Lars sur la santé mentale et la gestion des événements difficiles de la vie et l'intériorisation de ces idées dans le cadre de son récit identitaire. Une approche positionnée contre la médicalisation et la pathologisation des luttes de Lars reflète l'engagement de justice sociale de la pratique narrative.

Mots-clés : Thérapie narrative comme intervention, client fictif, enseignement

Introduction

IN THIS PAPER I ELABORATE on narrative therapy practice in social work and demonstrate an application of narrative therapy through the use of the film *Lars and the Real Girl* (2007). I am not referring here to the use of film as an art form for social work practice, as a pedagogical illustration of substantive issues, or as a way to illustrate the use of art in teaching. Rather, I am demonstrating how film-based clients can be a useful way to study and practice narrative processes by exploring the creation and organization of their stories, and the possible creation of counternarratives. Film-based clients can be used to illustrate how a postmodern lens and narrative approach engages an interpretive and social constructionist framework for unpacking and counterstorying people's stories. The use of film-based clients is a way to practice working with the stories that people tell about themselves and their lives.

As we are often unable to provide narrative therapy to actual clients in teaching practice courses in social work, film-based clients are very useful. Film is an excellent tool, as it clearly depicts a narrative storyline and often moves from problem-saturated stories to the development of counterstories that are more helpful. Reflecting a postmodern perspective, the use of film is already both a construction and an interpretation of stories. With film, a character can be chosen as the "client," allowing for a reasonably in-depth and embodied approach to the person's story in which we can hear the film-based client's voices; can see their body language and how they interact with others; and get to learn about their life, their history, family, relationships, and the larger context shaping their stories. The use of film-based clients may then provide a richer way to explore therapeutic work than case vignettes and role plays based on case vignettes. In my teaching, I have had students form small groups and then choose a film with a character that will become their client for the duration of the course. My course is then made up of a number of film-based clients from each group throughout the term.

Popular film often reveals mental health and identity issues people struggle with and the dominant culture and discourse that help shape them. Students have chosen film-based clients from films including: *A Beautiful Mind* (2001), *American Sniper* (2015), *Antwone Fischer* (2012), *Basketball Diaries* (1995), *Get Rich or Die Tryin'* (2005), *Garden State* (2004), *Girl Interrupted* (1999), *Good Will Hunting* (1998), *Infinitely Polar Bear* (2014), *Juno* (2007), *Silver Linings Playbook* (2012), *The Perks of Being a Wallflower* (2012), *Malcolm X* (1992), *Monster* (2003), *Moonlight* (2016), and *Precious* (2009). In addition to using film-based clients, I now incorporate a session with "simulated clients"–actors who play the role of each of the film clients toward the end of the course when the students have a strong sense of the process. These sessions are videotaped and subsequently critiqued and discussed among the class, offering another layer in learning narrative therapy.

In this paper, I begin with a discussion of narrative therapy epistemology by providing an overview of a critical postmodern approach to central concepts for practice: story, experience, "the self," knowledge, and power. This approach to therapy is grounded in an emancipatory epistemology and is thus positioned to be able to offer significant challenges to dominant stories and discourses that reflect and reinforce social relations of power. The dismantling of dominant and unhelpful discourses–for instance, about gender, race, class, age, (dis) ability, sexual orientation, and other forms of intersecting marginalization and oppression–also allows us to unpack and challenge dominant social relations of power. Importantly, pathologizing and individualizing psychiatric and medicalized discourses of mental health must also be unpacked. As this epistemology is central to a narrative approach, I argue that narrative practice should not be approached as simply a set of techniques or as cognitive reframing.

I then move on to the film *Lars and the Real Girl* (2007), introducing Lars' narrative. I present sample scaffolding questions (White, 2007) that can be used in deconstructing, counterviewing and reauthoring his privileged problem story. This process helps Lars shift from his problem-saturated life story to one he prefers (Madigan, 2003).

My work has been strongly influenced by feminism and Michael White's narrative therapy approach (Brown & Augusta-Scott, 2007). This politicized approach produces counternarratives and emphasizes the importance of avoiding reifying dominant discourse or narratives that support dominant unhelpful discourses and oppression (Brown, 2007b,c,d, 2013, 2014; McKenzie-Mohr & Lafrance, 2014a, 2014b).

Narrative Therapy Theory and Epistemology

Narrative therapy has emerged in recent years as a popular method of intervention for social workers. It is rooted in the ideas of social

constructionism and postmodernism, with an emphasis on the idea that we live storied lives. It offers a practical approach to deconstructing and reconstructing clients' stories and has been described as postmodernism in practice. Within a narrative therapy approach, we make sense of our lives and experiences by ascribing meaning through stories (Brown & Augusta-Scott, 2007; White & Epston, 1990). Narrative therapy involves integrating theory and practice with the view that all social work practice is conceptual practice: that is, there is no practice without theory (Brown, 2013; Mullaly, 2007).

Similar to Lorde's (1984) argument in her essay "The master's tools will not dismantle the master's house," narrative therapy avoids simply invoking reifying concepts or categories that are often central ingredients in dominant stories and that serve as discursive mechanisms of power (White, 2001). Narrative therapy—like all therapy—can be seen as a political activity that can intentionally support social justice through the development of counterstories (Brown, 2013, 2014).

The Story

Narrative therapy is predicated on the idea that, in order to make sense of life people attempt to develop coherent accounts of themselves and their world. Not only do we live storied lives, these stories are *constitutive*—shaping our lives and relationships (Morgan, 2000a; White & Epston, 1990). We story our lives by ascribing meaning to them by language and culturally available discourses. The performance of these stories expresses selected aspects of each individual's lived experience. No story is complete, as no story can encompass the richness of experience, gaps, and contradictions. Narrative therapy addresses the contradictions, gaps, and uncertainty of clients' stories in an effort to create more empowering life stories and experiences. In narrative therapy we double listen (White, 2000), listening beyond the words (DeVault, 1990).

Story-telling and -hearing are not straightforward or neutral. People often tell partial stories or tell their stories indirectly. Trauma, for example, is often very difficult to talk about, and women who have experiences of trauma will speak with uncertainty and ambivalence about what has happened, which allows them to both speak and hide at the same time (Brown, 2007d, 2013, 2014, 2018). Dominant cultural discourse usually languages experience in a way that disqualifies or makes dangerous the telling of the story. McKenzie-Mohr and Lafrance's (2011) research shows that women often do not have the words to tell their stories of rape and depression. Butler (1997) argues that dominant discourses and their taken-for-granted truth claims often create injurious speech, as these discourses constrain what can be said by who and to whom. Epistemic gaps are spaces that have the effect of swallowing up the pivotal meanings of people's stories as the existing meaning-making structure refuses to

capture and give credence to alternative meanings. Such stories are received with less credibility than those discursive accounts that uphold existing social relations of power. When this happens, people are wronged as knowers and as speakers. In her work on the power and ethics of knowing, Fricker calls this "epistemic injustice" (2009).

Within narrative therapy, Madigan (2003) refers to the importance of counterviewing questions in order to destabilize injurious speech. As people often tell stories rooted in dominant social discourses that are injurious to them, counterviewing questions can encourage the emergence of more helpful stories. Those aspects of experience that fall outside dominant stories and that are often disqualified provide a rich source for the generation of alternative stories. In these ways, narrative therapy participates in social change, disrupting taken-for-granted discursive practices that are central to social mechanisms of power. These discursive practices include binary notions of what is normal and abnormal, right and wrong, good and bad, healthy and unhealthy, valued and unvalued, desired and not desired.

Experience

The meanings that people attach to experiences emerge within culture, society, and history (Bruner, 2002; Geertz, 1986; Gergen, 1986). All stories are interpretation of life events. According to Scott (1992), experience is "at once already an interpretation and in need of interpretation" (p. 38). She elaborates, "[w]hat counts as experience is neither self-evident nor straightforward; it is always contested, always therefore political" (p. 38). Narrative therapeutic practice recognizes that stories need to be told, deconstructed, reconstructed—not simply heard (Brown, 2003).

Many social workers and narrative practitioners emphasize people's local experiences and first voices in an effort to make the unheard heard. This approach often encourages the client to tell their story while providing validation and legitimation to their experiences. While this is important, we need to be cautious of subjective interpretations that separate the client's story from systems of power, from its social construction—and, in so doing, that may potentially and inadvertently reproduce oppressive and dominant stories of power.

We need to unpack the discursive contexts of the emotional and cognitive aspects of experience in order to produce counternarratives and render visible disqualified stories (Ahmed, 2004a, 2004b, 2010; Brown, 2014; Hare-Mustin, 1994). Emotion is an important entry point into the meaning of stories. Recognizing that emotions are not subjectively innocent (Brown, 2019), Ahmed (2004b) argues we need to examine what emotions "do" (p.119). She explores how the politics of emotion are part of the larger discursive, social, and political terrain.

The Self

A postmodern approach to the self suggests that there is no autonomous, given, and/or single discoverable self. We are always engaged in conversational becoming, constructed and reconstructed through relationships and through continuous interactions (Anderson, 1997). In narrative therapy, when the self is seen as socially constructed, it is not treated as if it were fixed, stable, or unified. A nonessentialist approach to the self allows for multiple possibilities. According to Brown (2014) the "self is a vehicle of power in which individuals enact and reify culturally encoded normative practices of self" (p. 176). Foucault (1980a) refers to the docile body, or social practices in which "individuals participate in normalizing and disciplinary practices of self, wherein we turn ourselves into subjects, absorbed by improvement, management and performance of self" (Brown, 2014, p. 176). People are then active in the creation of themselves, but not always in a way that benefits them. Our stories of self are creations that can encourage or limit self-agency, and thus these stories may be helpful, hurtful, or both.

In the neoliberal era, we need to question how larger socioeconomic and political discourses of extreme austerity, division, and individual responsibilization are increasingly taken up in everyday mechanisms of power, evident in dominant approaches to the self and mental health. The current quest for self-improvement and happiness reflects an intensified discourse of self-regulation and mastery. Therapeutic discourse is itself increasingly individualistic and medicalizing while appearing to emphasize resilience, self-determination, and well-being (Ahmed, 2004a, 2004b; Baines & Waugh, 2019; Brown, 2014, 2019; Cabanas, 2018; Gill & Orgad, 2018; Lefrancois, Beresford, & Russo, 2016; Lemke, 2001; Morrow & Wiesel, 2012; Rottenberg, 2014; Shamir, 2008). This focus on individual responsibility fails to acknowledge both the social creation of people's struggles and the responsibility of society to provide adequate supports to address the very problems it has created.

Knowledge and Power

Alongside White, I draw on Foucault's belief that knowledge and power are inseparable (Foucault, 1980a, 1980b). As a founder of narrative therapy, White's contribution is based in large measure on his interpretation and application of Foucault's ideas to therapy practice. Narrative therapy integrates critical theory and critical practice, and assumes that neither theory nor therapy are neutral (Brown, 2007a; White, 1994). Narrative therapy recognizes that techniques of power are woven through everyday discourse, including not just normalizing practices of self, but also labeling and classification systems such as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) that are legitimized as scientific expert knowledge.

Conversely, a social justice approach to mental health challenges the medicalization of daily life (Gaete, Smoliak, Couture, & Strong, 2018; Lefrancois, Beresford, & Russo, 2016; Lafrance & McKenzie-Mohr, 2013; Morrow & Weisser, 2012; Strong, 2012; Strong, Gaete, Sametbano, French, & Eeson, 2012; Weisser, Morrow & Jamer, 2011).

Narratives are "not only structures of meaning but structures of power as well" (Bruner, 1986, p. 144). A Foucauldian approach to knowledge and power disrupts the binary notion that one either has knowledge or one does not, or one has power or one does not. A postmodern narrative approach challenges false dualisms in the conceptualization of knowledge, expertise, and power in narrative practices and suggests that such dualisms may also contribute to the reification of oppressive stories. Foucault (1980b) argues that "we are subjected to the production of truth through power and we cannot exercise power except through the production of truth" (p. 93).

Techniques of power are not separate from the production of dominant knowledge. According to Foucault, humans govern themselves and others through the production of truth. Knowledge and power are joined through discourse (Foucault, 1980a). Discourses are social "practices that systematically form the objects of which they speak" (p. 49). Power is constitutive largely through normalizing truths. Narrative therapy attends to the power of stories or discourse and to people's participation in shaping themselves through their stories. At the same time, these constructions of truth are sites for resistance, agency, and counterstorying (Adams-Westcot et al., 1993; Brown, 2007a, 2007c, 2007d, 2014; White & Epston, 1990). Therapy practices cannot exist outside power or be benign regardless of self-awareness or motive as we are always participating simultaneously in domains of power and knowledge (Brown, 2007a).

Dominant discourses produce the myth of a knowable, observable universal knowledge, yet, as argued, all knowledge is interpretative, partial, and situated (Haraway, 1988). If uncovered, subjugated knowledge ruptures the myth of objectivity or universality. When we adopt an anti-racist and intersectional feminist world view, for instance, we see how power and privilege impact on people differently and shape their life stories in different ways (Brown, 2003, 2012; Morrow & Weisser, 2013). A commitment to social justice and an awareness of the relationship between power and knowledge reflects positionality, and resurrecting subjugated knowledge often makes visible conflict and struggle.

The Relational Context of Knowing and Power

I adopt a collaborative positioning of the therapist's knowledge, authority, and power in relation to the client, as both the therapist and client bring partial rather than expert knowledges in their work together to create

preferred stories (Brown & Augusta-Scott, 2018; Haraway, 1988; White 1989a, 1989b, 1994, 2001). The social justice positioning of a narrative practitioner makes them active subjects and shapes their contribution to the therapeutic conversation. Therapists need to be conscious of power dynamics in the therapeutic relationship and do what they can to minimize the power differential between themselves and their clients. Attention needs to be given to creating a safe and non-pathologizing therapeutic environment.

Lars and the Real Girl (2007)

The film *Lars and the Real Girl* (2007) centres on Lars, a sweet, lonely, and socially awkward young man. During the film, we learn that Lars' mother died while giving birth to him. This tragedy has an impact on the family, causing his father to become withdrawn with grief. His father's heartbreak was so profound that Lars believes that love and closeness necessarily result in this kind of pain. His brother Gus left home as soon as he could to escape this grief-stricken environment. Lars prefers to live in a garage behind the house that his father had left to him and Gus. Lars' life history has left him afraid of risking closeness to people.

His brother Gus and sister-in-law Karin make significant efforts to socialize with Lars, often inviting him over for dinner, which he usually declines. This situation begins to change, however, when Lars orders a doll named Bianca after seeing a colleague at work buy one online. We learn that Lars speaks through Bianca and through the relationship he forms with her. His relationship with Bianca is a way of struggling with his need for connection while fearing it, and his way of communicating about these struggles. He treats Bianca in a respectful, reverent, and kind way, placing her in a wheelchair. After some initial resistance, Gus, Karin, and their small community grow to accept and welcome Bianca as Lars' girlfriend. They demonstrate their care for Lars through their efforts to understand and accept him.

Lars is pleased, yet shy, in introducing Bianca as a missionary of Brazilian and Danish background to Gus and Karin over dinner. They become very concerned about Lars' mental health and take him to visit Doctor Dagmar Berman. Lars brings Bianca to the appointment, and the doctor focuses on Bianca instead of Lars. The doctor tells him that Bianca has low blood pressure and asks him to bring her in once a week, which gives her an opportunity to explore the underlying issues going on for Lars. Dr. Berman is gentle and non-judgemental with Lars about Bianca, taking a non-pathologizing position and recognizing that, while the relationship between Lars and Bianca may not appear to make sense to most of the people around him, it likely makes sense to or serves some purpose for him. The family and the doctor join Lars in treating Bianca as a real person.

Lars eventually introduces Bianca to his co-workers and others in the town. He takes her to a party where some appeared uncomfortable, disapproving, and even mocking, while others accept Bianca. His brother is also initially unable to make sense of Lars' behaviour, expressing fear that Lars is "crazy." Lars' family and the town community become more supportive and even become actively involved in Bianca's life, to the point that Lars becomes jealous and angry that he has to share her with others.

Parallel to Lars' relationship with Bianca, he develops feelings for Margo, a young woman with whom he works. She is also clearly interested in him. As Lars is with Bianca, Margo begins to date another co-worker, which upsets Lars. Margo breaks up with her boyfriend and invites Lars to go bowling. At first, he refuses to go out with her, but eventually he agrees. Lars warns Margo he will not cheat on Bianca, allowing him to keep a safe distance from Margo. She assures Lars she would never assume he would cheat on Bianca. While not happy that Lars has a girlfriend, Margo chooses to be very supportive.

One day Bianca is rushed to the hospital, as Lars found her "unresponsive." Dr. Dagmar believes Bianca's illness reflects Lars' emotional movement toward letting her go. He is the one who decides that Bianca is very ill. As he is letting go of Bianca, his relationship with Margo grows. Lars, Bianca, Gus and Karin, visit a lake where Lars says goodbye to Bianca. He kisses her goodbye, and when she "dies," he clings to her in the lake. A well-attended town funeral is held, and Bianca is buried in the town cemetery. The story ends with Lars asking Margo to walk with him.

The Narrative Process

Narrative therapy emphasizes the meaning-making process in understanding how people's dominant problem-saturated stories have been put together, and what social processes, ideas, and individuals helped to build that story over time. This approach is consistent with social work's emphasis on understanding people's struggles within a social context. We begin by exploring how stories are put together, including dominant social discourses; then, we look for the unique outcomes or times when individuals have lived outside problem-saturated stories; and then, we move on to explore what allowed them to do this. Through these unique outcomes, an idea borrowed from Goffman (1961), an alternative storyline outside the problem storyline begins to emerge. When Lars began a relationship with Bianca, this was a significant unique outcome. Therapeutic conversations serve to thicken more helpful counterstories and open up, rather than shut down, possibilities (White, 2007). Over time, Lars' dominant story is challenged and he begins to develop an alternative or counterstory in which it is possible for him to have a

close relationship and to trust that he is more prepared to cope with the pain of losing someone. His family, Dr. Dagmar, Margo, Bianca, and the townspeople all provide an important audience to the emergence of the alternative story. They are an audience to the development and thickening of Lars' preferred story. As Lars' alternative story unfolds, we develop a sense of what Lars' future holds for him if he continues on the same path and his preferred story continues to thicken. I will now elaborate on these aspects of the narrative process.

Deconstruction: Unpacking Privileged and Unhelpful Stories

White (1984, 1986) developed the process of externalizing the problem as a central aspect of deconstructing unhelpful or problem-saturated stories. Its purpose is to separate the person from the problem and from dominant or totalizing stories. Separating the person from the problem includes feelings, ideas, problems, practices, and interactions. It also involves separating the person from negative or problematic identity conclusions and dominant social discourses. When this separation occurs, people are more able to notice aspects of experience that contradict the problem story. In this work, clients gain a reflexive perspective on their life and new options become available in which they are not seen as the problem.

Externalizing conversations. Externalization helps interrupt the dominant story and the ongoing performance of the story (Brown & Augusta-Scott, 2007; Carey & Russell, 2002; Morgan, 2000a, 2000b). During externalizing conversations, people begin to be able to take a position on the problem story or negative identity conclusions, which allows for the development of a preferred story. The therapist is committed to double listening, looking for how the story has been put together and exploring how the person has been recruited into this story (White, 2001, 2007). Part of this involves establishing a history of the problem, including the cultural supports and context of the story (Morgan, 2000b). We explore what ideas play a role in strengthening or weakening the story and what dominant social discourses play a role in the development of the problem story (Brown, 2007a; Madigan, 1998). Some narrative therapists turn the problem into an object outside the person: "The Depression," "The Anger," "The Robot," "The Anorexia," "The Loneliness," or "The Fear."

Externalization is an important part of a social justice or anti-oppressive approach to practice, as it reduces pathologization and self-blame. Instead, externalization helps to establish the history and context in which the problem story developed. It is necessary for the development of counterstories as it begins to explore thicker richer descriptions. People's dominant or problem story is often a thin description that leaves out many other aspects of experience (Morgan, 2000b). As the

process also involves questioning social discourses that shapes people's experience, many concepts that are taken for granted may be unpacked including for instance "the self," health, and mental health.

During externalization we explore the history, influence, and effect of the problem. We learn about the influence of the problem on Lars' life. As the process continues, however, we begin to see how Lars also influences the problem. The idea behind the following questions needs to be communicated in a clear and non-jargonistic manner and be appropriate to the individual and their particular struggles. We will focus on Lars being scared of getting close to people as the problem. We could also refer to this as "The Fear."

Scaffolding produces a flow or direction in the conversation that allows for a counterviewing of "The Fear" (White, 2007). Some counterviewing questions that might become part of a therapeutic conversation following the death of Bianca might include:

- When did you first notice The Fear (the problem)?
- What has been the effect of The Fear on being close with others in your life?
- How has The Fear affected relationship with people in your life?
- How has The Fear affected how you see yourself?
- How have you learned to see yourself this way?
- Tell me about some of the times you remember feeling this way?
- How have others helped to reinforce The Fear?
- When has The Fear been the strongest? The weakest? (See Brown & Augusta-Scott, 2007, p. xxxiii)

Dual Landscapes: Landscape of Action and Identity

In breaking down the history of the problem, we explore the landscape of action or the history of events and experiences across time. We can plot this out across time for the narrative plot of the problem story. What has the influence or effect of the problem been on the person's life and identity? With Lars, we could draw out a map of events that occurred and the age he was when they occurred to get a better picture of how the problem story has been put together and sustained. We may start by tracing the events that left him fearing closeness. The landscape of action explores the who, what, where, and when of the problem.

The landscape of identity explores the meaning of the history of events and experiences across time. We slow down the story attempting to find out what a person wants, what they value, and what their goals and preferences might be. When we try to make sense of people's stories instead of medicalizing and pathologizing them, we often discover people's intentions, desires, commitments, and values. In tracing the events in Lars' history and what it means to him, we may find out that Lars has interpreted the events as meaning that loving someone is dangerous.

The development of intentional understandings of what has happened may allow him to take a position or to decide that he would prefer to take the risk of being close to someone or of not being lonely. Through the exploration of what these events mean, we can redevelop the subordinate storylines in people's lives (White, 2007, p.128).

Reconstruction and Re-authoring Conversations: Creating Counterstories

In narrative therapy, the taking apart or deconstruction of stories is followed by restructuring stories. This restorying involves the creation of alternative stories and the reauthoring of preferred identities. Assuming Lars' problem-saturated story is "I can't risk being close to people; I will get hurt because they will leave me," his preferred or alternative story may be, "I will risk being close to people because they won't always leave me and I won't always get hurt. If I am hurt, I can handle this as an adult. I deserve to be loved." The reconstructive parts of narrative therapy provide support for people's preferred stories and identities.

Creating a more helpful counterstory recognizes that parts left out of the thin description of the problem story may be important to explore. White (2000, 2004) refers to the idea of the absent but implicit. In other words, what are the untold or partially told aspects of stories? What are the stories that have been pushed underground, while others have been privileged, despite being unhelpful? We explore what has been left out and help make space for people to speak the unspoken or partially spoken. We move from the known and familiar to new possibilities.

Unique outcomes. Unique outcomes are often referred to as stalled initiatives. In narrative therapy, unique outcomes refer to the identification of those aspects of experience that fall outside the dominant story (Morgan, 2000b). The identification of unique outcomes is facilitated by externalizing the problem. Once unique outcomes are identified, the client is invited to ascribe meaning and begin to develop an alternative story.

Narrative therapists take a position on these stories rather than remaining neutral. Lars moves outside the dominant story throughout the film. As we have traced the history of the problem—the landscape of action and landscape of identity—we can trace the history of unique outcomes. Following his first unique outcome, when he decided to order Bianca online, Bianca becomes a surrogate girlfriend. Lars forms an attachment to her and takes her to Gus and Karin's for dinner. We can identify other shifts in Lars' story when he agrees to go bowling with Margo, when he lets Bianca get very ill and then subsequently die, and when he asks Margo to walk with him after Bianca's funeral. Through a timeline of unique outcomes, we can see the counterplot or alternative story beginning to emerge.

The therapist and client are coauthoring this story through their conversations. The non-judgmental stance of Dr. Dagmar is positioned.

She sees that Lars is trying to work something out, and she supports him to do this in his own way and in the time it takes. She avoids pathologizing him and instead explores what makes sense.

The following are some examples of unique outcome questions that we might ask Lars in therapeutic conversations:

- Have there been times recently when you were less scared or not scared of getting close to people (the problem)?
- Do you remember other times when you have stood up to The Fear?
- How did it feel when you stood up to The Fear?
- How have you been able to keep The Fear from getting worse?
- What does it say about you that you were able to do this?
- Who else knows this about you? (See Brown & Augusta-Scott, 2007, p. xxxv)

These questions could be very useful for Lars as he explores how he has stood up to the problem story and to The Fear.

Lars' relationship with Bianca does not require much emotional risk. She cannot leave him or hurt him. Further, through his relationship with Bianca, he is able to have a sense of being supported by his brother Gus, his sister-in-law Karin, his coworker Margo, and Dr. Dagmar. Together they hold a safety net underneath Lars as he explores this relationship. Lars becomes angry—not common for him—when other people start to spend time with Bianca. He seems to interpret this as evidence that no one cares about how he feels, and when people spend time with Bianca, he feels left behind. Lars and Karin have a very heated argument about Lars' relationship with Bianca and the community. Karin tells him that people are doing this for him, because they care about him. This argument involves deep and substantial emotional connection. His experiences of living outside the unhelpful story allow him to see he can stand up to the problem—that he is capable of dealing with his fears and of challenging negative identity conclusions. He can see the strength involved to take these risks and how it bodes well for his future. He would likely say that Gus, Karin, Margo, and perhaps Dr. Dagmar know that he has been learning to stand up to The Fear, that facing The Fear is hard for him, and that he has been courageous in doing so.

Club of life: Re-membering conversations. The idea of the "club of life" in narrative therapy recognizes, on the one hand, the influence of others in recruiting one into a problem story and reinforcing the story, and on the other hand, in supporting a preferred story. In this process, you can elevate or promote people's membership in your club of life, or you can demote them (Russell & Carey, 2002). We can see how strong Lars' club of life is in helping him move toward feeling less lonely and more able to connect with others. His brother, his sister-in-law, Margo, his doctor, and the entire community come to support Lars and his relationship with Bianca. Through Bianca, they also develop greater closeness in their relationship with Lars. There is some understanding across the board that

Bianca has been a mediator between Lars and the world, and specifically, his fear of being hurt or abandoned if he is close to someone. There is compassion for Lars and his need to address his struggles and fears through his relationship with Bianca. Instead of being abandoned, Lars is embraced. Thus, Bianca has a critical influence on Lars in enabling him to practice risking being in a relationship. And we can see, when he becomes ready to be involved with Margo, he no longer needs Bianca and lets her go. Although people often cope in creative ways, these strategies are often minimized and pathologized. Bianca is very important in Lars' club of life and to the re-membering process. She is a central member of his social audience.

Building an audience. Preferred stories need to be circulated or shared with others, as this helps to strengthen the life of the preferred story, making it the new reality. New stories often begin thin and without full commitment and can be difficult to thicken. Drawing on Lars' club of life, we can see a strong audience for support and reinforcement on his new story. In Lars' story, we can readily see the power of the audience in thickening an alternative story (Morgan, 2000b). If someone does not have an audience that is readily apparent, we seek out an audience for support and reinforcement, to help support their preferred story. It is possible to include an animal companion in the person's life (see Hanrahan, 2013), a previous teacher or coach, or in the case of a child, an invisible friend or a toy. We can ask counterviewing questions such as:

- Who would be least surprised that you stood up to The Fear (the problem)?
- What do they know about you that allows them to not be surprised?
- Who else knows?
- Who else should know that you were able to do this?
- How could you tell them? (See Brown & Augusta-Scott, 2007, p xxxv)

Definitional ceremonies: Outsider witnesses. In narrative therapy there is the option of telling or performing stories of life before an audience of chosen outsider witnesses (White, 2007). These definitional ceremonies reinforce the idea that we do not create stories alone. Outsider witness retelling helps thicken the counterplots, or the counterstory (Brown, 2007b). For example, these ceremonies can use art, theatre, music, poetry, letters, or presentations. One definitional ceremony might include the community's attendance of Bianca's funeral. Lars is not alone in his loss of Bianca as his whole community stands by him and in their hopes for his future.

Future. As one thickens the story through developing an audience and circulating it, they begin to see how the new story can affect their future. Here are some questions that we can ask:

- What difference will taking risks about being close to people make in the future?

- As you continue to change, how will other people in your life respond to you?
- What difference will taking risks about being close to peple make in the future? (See Brown & Augusta-Scott, 2007, p. xxxvi)

We can see that, if Lars keeps challenging his fears and taking the risk of being closer to people who care about him, it may continue to feel less scary and risky to him. He may come to believe that he is capable of handling feeling scared of the risk, and he may experience the closeness and support he desires.

Conclusion

This paper has provided an illustration of using a film-based client to demonstrate narrative therapy practice in social work. I provided a rationale for the use of film-based clients and then highlighted the life story of Lars, taken from the film *Lars and the Real Girl* (2007). The critical postmodern theory and epistemology of this paper and the discussion of central organizing concepts of story, experience, self, knowledge, and power reflect a social work practice approach that is consistent with social justice (Brown, 2013, 2014, 2017; McKenzie-Mohr & Lafrance, 2014a, 2014b). Film-based clients allow for the safe practice of narrative therapy by externalizing, counterviewing and counterstorying people's unhelpful stories. Further, students have an opportunity to safely practice a narrative approach that addresses client vulnerability and trauma. I have illustrated key elements of narrative practice and how they connect to Lars' story. Narrative therapy participates in social change and social justice through its disruption of the taken-for-granted discursive practices that are central to social mechanisms of power including ongoing problematic performance of self and identity.

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