

'Coming Home':

Emotionally Focused Therapy as the inspiration for a return to the heartland of social work practice.

*Fly, thought, on wings of gold;
Go settle upon the slopes and the hills,
Where, soft and mild the sweet airs,
Of our native lands smell fragrant!*

*Why dost thou hang upon the willow?
Rekindle our bosoms memories,
And speak of times gone by!*

*Oh, my country so lovely and lost!
Oh, remembrance so dear so fraught with despair!*

('Home' by Paul Schwartz and Mario Grigorov 1999 in Cafe del Moar, **Aria** an adaption of the Slaves Chorus from 'Nabucco' by Giuseppe Verdi)

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Stapleton, C. (2015) 'Coming Home': Emotionally Focused Therapy as the inspiration for a return to the heartland of social work practice. <i>EFT-Online</i> , First edition, Volume 1, No.1, October 2015

Abstract:

As a teenage girl, when I first contemplated becoming a social worker, I was drawn by the vocational nature of the profession. The social workers I had met were creative, clever and seemed able to engage with others in a way that left them feeling understood and emotionally touched. And so I fell into the embrace of social work – I studied, worked and taught for 20 years in a field focused on human trauma, loss and the charged emotions accompanying these experiences. As the years went by, however, I became disillusioned. For me, social work had lost its heart. It was barren. The passion had gone and so too the therapeutic traditions encouraging and enabling social workers to connect positively and productively with other humans. In its place was left a managerial practice that was foreign to me and the other social workers I worked with. Somehow we had become lost. And so I made a decision to leave social work in search of the passions that had first drawn me to it, and a new journey began as I trained in Emotionally Focused Therapy (EFT). This new practice seemed far away from social work in its current form, but ironically as I read and studied EFT I began to remember more and more about what I had loved about social work. And so, rather than driving me further from social work, EFT called me back and left me with fresh thoughts on what had been going wrong and how this might be fixed.

This paper, written in 2008, was my first attempt to begin to grapple with what has happened in Australian social work practice in recent years. It has led to doctoral studies which are currently being finalised. The paper focuses on the loss of the relationship traditions in social work. Of course, this tradition may only be a part of social work's more recent challenges, but that is beyond the scope of this paper.

So like the slaves in Nambucca, having been lost from the heartland of social work for so long, I have been left with both wonder and shaky optimism about social work's hopeful return to its homeland of relationships and the emotions associated with this.

Introduction:

At the heart of all human experience sits emotion. The very nature of social work means the issues of emotion cannot be avoided. Most clients come to social workers in emotional distress, traumatised and struggling with the reality of their lives and their own complex emotional defences. Despite this, the place of emotion has been eroded in social work practice. In part, this can be attributed to the behaviourist revisions from the 1960's, the Marxist and feminist critiques of psycho-analytically informed practice also from the 1960's, as well as a separation of the goals of social work from the goals of the welfare state (Cooper & Lousada, 2005; Howe, 2008). The result has been the revamping of social

work relationship-based practices into the resource management model of case management. This paper raises challenges about the wisdom of this progression in practice. Drawing upon recent social work literature, it looks at the place of emotion in social work practice. It then explores recent scientific studies of emotion, which in part underpin EFT, as well as other papers that have been written in response to the managerial move in social work, highlighting deficiencies in current practices. Finally it draws upon EFT to suggest remedies for these failings. It should be noted that social work is a complex helping profession and so the focus for this paper will be upon relationship-based social work processes. However, the lessons could perhaps be equally applied to the other areas of social work practice – community development, community management and policy reform.

The Heartland of Social Work

The purpose of social work is to assist clients to identify internal and external resources that will enable them to determine their own life goals and reach a place of self-efficacy. (Blundo, 2001). At its best, it is holistic, strength-based and underpinned by humanist, existential, utilitarian and feminist philosophy, and an eclectic array of theory including psychology, systemic/ecological theory, sociology, economic and political theories, as well as an assortment of relationship theories, including narrative, problem-solving and strength-based approaches (Howe, 1998; Robbins, Chatterjee, & Canda, 1999).

Critical to the success of the social work process is the social worker's ability to be empathic to the client's experience (Morrison, 2007; Schmied & Walsh, 2007) and to form an alliance with the client (Baker, 1976; Morrison, 2007; Schmied & Walsh, 2007). This key step is dependent upon the social worker's ability to emotionally attune to the experiences of the client. The social work relationship, as defined by Biestek is *"the dynamic interaction of attitudes and emotions between the case worker and client, with the purpose of helping the client achieve a better adjustment between himself and his environment"* (Biestek, 1957, p. 17).

The focus of relationship-based social work is to provide a reparative emotional experience (Trevithick, 2003, p. 168). Most social work clients come with a

history of difficult relationships – abuse, trauma, neglect, and physical and emotional abandonment. It is hoped that through relationship, not only can the practical difficulties of daily life be managed - clients linked to resources, rights fought for (and won) - but also that a therapeutic experience can take place that enables the restoration of trust in others (Trevithick, 2003, p. 168).

To enable this type of relationship, social work needs sound procedural models, practice skills, verifiable formal knowledge, as well as intuitive understandings, including emotional wisdom (England, 1986; Howe, 2008; Yelloly & Henkel, 1995) and the capacity for ordinary human acts, such as empathy, kindness and friendliness (Beresford, Croft, & Adshead, 2008; Bland, Laragy, & Scott, 2006).

New Horizons

Like relationship-based social work, EFT focuses upon the client's emotional experience. 'Emotionally Focused' was a term first used by Leslie Greenberg to describe a therapeutic approach to working with clients that assumes emotions play a key role in all human change and healing. The Annandale EFT model, as developed most notably by Michelle Webster, builds upon the work of Greenberg and his colleagues. EFT can be described as an integrative therapeutic model that incorporates a variety of approaches, including process experiential, humanist, phenomenology, and family systems theory, as well as the considerations of Winnicott and Firenze (Webster, 2005a). The approach references recent studies of the brain and emotion (Damasio, 2000; LeDoux, 2004), as well as attachment theory (Johnson & Whiffen, 2003).

EFT distinguishes itself from other modalities because it places the emotional experience at centre stage (Greenberg & Paivio, 1997). It stands in contrast to cognitive behavioural approaches to therapy. These approaches have assumed emotional distress was a sign of mal-adaption. EFT takes a fresh approach to the place of emotion. It does not view emotion as pathological but as an evolutionary adaption for human survival (Greenberg, 2002). EFT believes providing clients with an opportunity to have their emotional experiences enables important information to be uncovered about their reactions to their environment, as well as their needs and goals. It argues that only by attending to emotion can a full understanding of the human experience be uncovered and

it is only in the experiencing of emotion that difficult feelings can be relieved and regulated (Greenberg & Paivio, 1997). Patterned emotional responses also reveal the emotional schema of a person or the emotional, behavioural defenses that have developed because of their relationship histories (Greenberg, 2002; Webster, 2005a).

At the heart of EFT sits the therapeutic alliance with the client. In this alliance sits emotion and the critical component of emotional attunement, or in Goleman's (2002) language, positive resonance.

One of the aims of the Emotionally Focused approach to therapy is to give priority to and concentrate on the expression of feelings and an understanding of those feelings. This is not from an objective stance but from an emotional empathic position, where the therapist experiences deeply what the client is experiencing and shares what is happening within themselves, while being openly available to the client (Webster, 2006b, pp.16-17).

These words echo the words of Winnicott who empathised the importance of the therapist's empathic capacity or *"the ability of one individual to enter imaginatively and yet accurately into the thoughts and feelings and hopes and fears of another person will allow that other person to do the same"* (Winnicott, 1986, p.117).

EFT, while coming from a psychological tradition with an emphasis upon experiential processes to access the feelings of the "heart", can also sit comfortably with broader psycho-social theories. Webster (2005a, p. 18) argues EFT, while maintaining its emotional focus, sits within the crucible of other theories such as systems, gender and development theories, making EFT a potential ally for social workers. Greenberg and Pasual-Leone (2001) in their theory of dialectical constructivism argue people are constructed, in part, by their own biological and internal psychological responses to environmental events and also by external contexts, such as culture and society.

So why did we leave?

So what has happened to the heart of social work practice? As a young social work graduate in 1984 I did not really notice the drift away, but I remember it

beginning in the mid 1980s as the mode was overhauled in the new managerial era. By the mid 1990s I started to sense my own confusion of purpose, as I struggled to understand how the case work practices I knew, and which had contained strong therapeutic elements, had to be hidden behind and accounted for under a new model - case management¹. I, too, had been a critic of social work's failings and so initially I may have even been somewhat relieved that changes had been made. What I failed to notice at the time, but which became apparent as I struggled with the new models, was that the move had taken social work practice toward a managerial process and away from its ideological and therapeutic traditions.

Relationships between social workers and their clients changed from interpersonal to economic, from therapeutic to transactional, from nurturing and supportive to contractual. Relationship, once a central feature of social work practice, was stripped of its interpersonal dimension (Morrison, 2007).

Critics such as Dwyer (2007) argued an increased absence of emotional dialogue in the explicit processes of social work. Emotion, instead, was left to the inner world of the social work practitioner. Others argued the new *"processes and procedures, rules and regulations ...do the work of assisting participants in distorting, manipulating, redirecting and neutralising emotion"* (Rogers, 2001, p. 185). In increasing instances social work now sits within a cost-reduction ideology, rather than its traditional humanist position. In a practical sense, for many social workers relationship-based interventions have become briefer, with less time spent with clients in a therapeutic process and a greater proportion of time devoted to the coordination of the case and the management of resources. Certainly this was my experience.

This strain has been noted also by Schmied and Walsh (2007) who identified a perceived strain for NSW Department of Community Service Child Protection case workers is the recognition that spending time with clients is critical to

¹ The Case Management Society of Australia defines case management as a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's biological, medical, social and environmental needs through communication and available resources to promote quality cost effective outcomes (CMSA 2004).

building connection and yet finding time to do this with the weight of caseloads and associated administrative tasks is difficult, meaning the therapeutic relationship is often compromised. Other studies have noted that while communication skills are fundamental to social work practice in reality social worker communications skills are wanting. Of particular concern are the low levels of empathy (Forrester, Kershaw, Moss & Hughes, 2008).

This drift away from social work's heart has been somewhat countered by an embracing of a strengths perspective (Blundo, 2001). This approach engages clients in directing and actively managing their own casework. With all its benefits, both perceived and substantiated, the strength approach may still be seen as deficient. The St Luke's Model (McCashen, 2006), while providing useful guidelines for practitioners around Australia, does not at any point include a discussion of emotions and the ways they can be used to facilitate client healing, nor how they can assist to clarify needs, to determine goals and generally to assist clients to reach a place of self-efficacy, as well as intra and interpersonal health. Indeed the only discussion in these manuals that alludes to emotion is around the reframing and neutralising of negative thoughts and strong emotions. While this will not be an issue for many social workers who have additional counselling training and who recognise the place of emotion in the therapeutic healing of the individual, it is nevertheless a potential limitation in the strength approach so popular currently in our field. From an EFT perspective a failure to acknowledge emotion, emotional experiencing and the insight that the emotional experience offers could be seen as a missed opportunity in assisting clients to work with their strengths. Within the EFT approach emotions are seen as generally adaptive (Greenberg & Paivio, 1997) rather than a pathological, thus making them a resource and in some instances a strength or capacity that can assist clients, when accessed, experienced and understood.

An Emotional Awakening

Despite an avalanche of neuro-scientific evidence to support the importance of emotion in human adaption and positive change, social work has been slow to incorporate more recent neurobiology into the theories underpinning practice (Damasio, 2000; Robbins et al., 1999). EFT while specifically embracing the place of emotion in the therapeutic process has also incorporated the new

neuroscience into its process for working with clients. Social work, with its broad psychosocial frame has the capacity to host an EFT model for working relationally with clients, potentially adding depth to its repertoire and legitimizing, with the use of science, one of its traditional approaches to practice.

Recent neurobiological research developments into the brain, particularly the limbic system and its role in the creation of emotion, have been of particular interest to helping professionals (Lewis, Amini, & Lannon, 2001). Recent research demonstrates that human thinking is a secondary function to feeling. Emotions are at the heart of the human biological response systems. They are spontaneous responses not generated in, contained or managed by the rational being. LeDoux (2004) argues the stimulus of emotion occurs in the amygdala and thalamus prior to its reconstruction or interpretation in the neo-cortex. This pre-cognitive responding is an adaptive response enabling the human mammal to respond to critical environmental changes effectively and efficiently. Greenberg and Paivio (1997, p.15) argue the biology of the brain suggests that *"emotion, then, is fundamentally about motivation and action, setting goals and readying the person for action, whereas cognition is fundamentally about knowledge and involves analysing the situation and deciding on action"*.

Emotions, once communicated through the recognition of body changes, or through verbal or non-verbal behaviours, motivate humans to take adaptive actions to protect themselves or to respond to the needs of others. A cry of distress, for example, brings a comforting response from others; anger makes us push-out to stop a boundary invasion. Emotions, whether positive or negative, are defined as evolutionary adaptations for survival (Damasio, 2000; Greenberg & Paivio, 1997; LeDoux, 2004).

Damasio (2000) argues emotions are a collection of sensations experienced with different intensities that are perceived as either pleasant or unpleasant. These sensations are felt in the body and are defined as somatic markers. Damasio (2000) argues these are necessary to assist humans to make decisions and then to determine if these decisions are effective. So if the biology of emotions informs us that emotions are among other things: motivational, helpful for reasoning, informing us about our response to the environment, suggestive of appropriate goals and indicative of our true needs, surely an understanding of

how to work with them would be useful in the bucket of formal theory and practice skill used by social workers?

Neuroscience reveals the tensions between the environment and the individual in shaping both the human response to the environment, as well as what we refer to as the emotional schema or self – that strange collections of inner world experiences and the projection of that inner world onto the environment through language, behaviours and patterns of attachment. This revelation sits comfortably with the psychosocial approach to social work, which argues that the individual can be both a product of their environment as well as a protagonist - projecting themselves on their environment and shaping it and being shaped by it in different ways (Howe, 2008). This is particularly evident in social work where many clients present with traumatic histories or in the midst of a traumatic crisis. The employment of social work staff in hospital teams, housing programs, sexual assault response teams, child protection services, mental health units, community-based family crisis units, correctional services facilities means that trauma is the bread and butter of the profession.

Emotion is most important when attempting to understand the nature and consequences of trauma. While most people who experience traumatic events are able to process and resolve the trauma, others will experience an interruption to the brain's neural pathways impacting upon memory, cognition and emotional regulation (Cozolino, 2002; Rothschild, 2000). During trauma the limbic system mediates the hyper-arousal instigated by a traumatic event. The limbic system, located in the centre of the brain, works with the automatic nervous system to prepare the body for an immediate defensive response. When faced with danger the limbic system releases hormones that tell the body to prepare for action. The body then determines if it will fight, take flight or freeze. It is important to note that these are automated responses, which means they are not processed in the rational problem-solving parts of the neo-cortex. If the limbic system decides it does not have time to flee, it will choose to either fight or freeze. If it decides it does not have the strength to fight, it will freeze. The hope being that in its frozen state it may appear dead and therefore be discarded by the predator. In human trauma, for example during a sexual assault, the freeze mechanism is often expressed in dissociation and out-of-body responses (Rothschild, 2000).

The risk in these automated responses is that where the trauma is very severe or sustained over a period of time the automatic nervous system does not move out of hyper-alert. While memories of the traumatic event may be lost in the interactions between the amygdala and the hippocampus, the body and its systems remains on alert, unable to explain or make sense of the array of body and cognitive responses and inexplicable emotional responses that lie in the wake of trauma. It becomes part of the human's biology and directly impacts all interactions with their environment (Cozolino, 2002; Webster, 2006a).

Rothschild (2000), a social worker herself, argues a critical rule when working with a client who has experienced trauma is to "first do no harm". The way to manage this is be familiar with trauma theory and the emotional functions in the brain that are triggered and then held in the body and which result in many of the emotional and physical symptoms of distress evident in post-trauma. Bower (2003) in her work on trauma and the readiness of social workers to respond in these pressure cooker situations notes, *"there is no doubt about the unsatisfactory nature of the settings in which social workers operate, and the difficulties of trying to change this. However, many tragic events have made it clear how dangerous it is when social workers become detached from the emotional distress of their clients"* (Bower, 2003, p.144).

EFT, with its central positioning of emotion, presents a useful way for social workers to respond to these concerns.

Returning Home

So what can social workers learn from EFT to return us to our heart-land, a place where we work relationally with deep human emotions? In drawing this paper to a close I have developed a practical list of helpful learning from my EFT training; or perhaps it is re-learning as EFT has reminded me of things I have always known at an intuitive and practical human level. The beauty of EFT is that it hasn't just jogged my memory and brought me back to where I belong – social work – it has also given me a language and a science to support emotional and relational ways of working that have a fit for me and many other social workers I know.

So what have I re-learned or re-covered thanks to EFT? I have remembered that to reach out to another human is part of an emotional experience. I have re-learned that social work is an act of love, where I use my body, mind and spirit to enter the world of the other. I have re-learned that my own emotional responses and memories will help me to do this and that the other person will feel and respond to this type of empathic attunement. I have re-learned that the resonance between two humans is the beginning of healing. I have remembered that social work, is at its heart, an emotional activity. And it is a relief to remember this.

My list is brief, and only a beginning. But it summarises some of my thoughts about what needs to be made explicit in social work practice in order to reinvigorate the relationship-based tradition. And I am, I must add, grateful to EFT for these lessons.

First, a working understanding of the neuroscience of emotion and its relationship to trauma, part of the theoretical underpinnings of EFT, would provide social workers with a map to navigate the complex distresses and sometimes counterproductive defenses that our clients present with. The language of neuro-biology would also enable social workers to legitimize, in this age favouring empiricism, the place of emotion in the heart of social work practice.

Second, the resistant and challenging emotions clients have learned in order to survive, can be reframed into the strength-based approach that is part of the current practice set of Australian social work practice. In doing this emotions would be redefined as opportunities, rather than pathological states that must be managed. *"The capacity to understand and work with defensive behaviours in ways that enable people to know why they need to defend themselves in particular ways, and the meaning and impact on their behaviour, can help individuals who wish to change themselves or their environment"* (Trevithick, 2003, p. 169). From an EFT perspective, emotion is rarely maladaptive, but rather an expression of human survival and an opportunity to provide insights into what individuals need in order to enhance the quality of their relationship with self and other.

Third, an emotional focus will enhance the social work assessment phase. This can be achieved in two ways. First, assessment is not possible without an emotional engagement (Morrison, 2007). EFT emphasises implicit and explicit emotional attending to join with the client. Schmied and Walsh (2007) found case workers in the NSW Department of Community Services who displayed high levels of empathy encountered less resistance and were able to form more trusting relationships quickly even with reluctant clients. A better relationship will help clients to disclose more information about themselves and their situation earlier. This is helpful, especially in this managerial era emphasising quick outcomes and efficiencies of service.

This empathic approach also enhances the quality of information obtained in order to understand the challenges the client faces in their lives *"In Emotionally Focused Therapy, a practitioner also becomes immersed in the client's world in order to experience and be empathic to their processes. This requires a therapist to be emotionally connected with the clients as well as being emotionally present and connected to themselves... It is both a subjective stance with the client and then a reflective stance which enables the practitioner to think about what the situation is"* (Webster, 2005b, p. 11).

Fourth, emotions are viewed as resources rather than human responses that must be managed. EFT *"aims to give priority to emotional experiences; the exploration, experiencing and expression of feelings and an understanding of these"* (Webster, 2005b, p. 10). The process incorporates three facets: a problem solving process where problems are addressed and the behaviours that arise out of defensive secondary emotions, and which have proven to be unhelpful, are identified and understood; an education process where the social worker or therapist helps the client to learn through their emotions about themselves, their true needs and goals, with the aim of enabling an authentic relationship with self and others; and a relationship encounter where the client can experience a supportive and caring relationship that may act as a catalyst for change (Webster, 2005b).

Of course these are shaky first steps on a heartfelt journey home, the steps are uncertain but it is wonderful to contemplate the return!

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