

Relational Depth in Alexander Teaching

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Naturalness is about not doing something: not putting on a mask.

Mearns & Cooper, 2018, p.47

I've previously argued (James, 2018a, 2018b) that we serve our students better when we make the relational and therapeutic aspects of the work more conscious and considered. I want to expand on that here, and particularly to look at how Alexander teachers might draw on understandings from therapeutic modalities to include more considered, helpful approaches to dealing with emotional and somatic material that can be activated by the work without compromising the principles, qualities and values on which that work is based.

Towards an Emotionally Engaged Alexander Technique

A typical Alexander Technique lesson is not an entirely straightforward teaching situation for several reasons: because the hands-on work is often experienced as therapeutic by students whether or not that is the intention; because it may cause the release of traumatic, suppressed and repressed emotional material; and because often its principles can't be fully and healthily integrated into people's lives without addressing pre-existing emotional and relational blockages (James, 2018a, 2018b).

Because of these factors, the traditional *laissez-faire*, or even actively dismissive attitudes Alexander teachers have tended to adopt towards emotional and relational matters can prevent the resolution of deep-rooted psychophysical and emotional patterns which stand in the way of integrated good use. As Mowat (2006) points out, for Alexander teachers to claim to be working from a 'whole-person' perspective while sending the student elsewhere to deal with the emotional side of themselves does not make a great deal of sense.

There's a great deal to be said for enriching and complexifying what we do, and several teachers have noted (Mowat, 2006, 2008, Pepper, 2015) that psychotherapeutic insights in particular, may have a place in this process. I agree with this but it's important to bear in mind that psychotherapy is not one thing. It has diverse forms underpinned by very different views of what it is to be human, of what it means to be healthy, and of how best to help people heal and grow. Some of these forms are well suited to complementing Alexander work: others are more at odds in spirit and practice with what we do. It's important, if we proceed in the direction of greater emotional awareness as Alexander teachers, that we be as clear as possible about exactly what we are aiming to achieve, and about what approaches will suit these aims without undermining the core principles and qualities of our work.

Principles, Practice and Frame

To answer these questions we need to begin with some clarity about what those core principles and qualities are. Is the Alexander Technique simply the principles written in F.M.'s books? Or does it also include the living, evolving practice that has grown up around these principles and the social and cultural frame in which both principles and practice are held?

I prefer to take the broad view and assume the Alexander Technique as we know it encompasses all three of these elements—principles, practice and frame. Let's look at each in turn.

Principles

I suggest the Alexander Technique is based on the following broad principles:

- It has a focus on moving towards overall good functioning rather than on fixing discrete areas of dysfunction. It addresses the part through the whole more than the whole through the part.
- It is particularly concerned with attention to the means whereby we achieve our desired ends.
- It recognises that meaningful change requires being open to new and unfamiliar experiences.

- It is concerned most fundamentally with not doing unhelpful things rather than doing correct ones.
- It recognises the importance of choice, clarity and intelligence of intention.
- It prizes mental, emotional and physical expansion, flexibility and freedom over contraction, holding and rigidity.
- It assumes the underlying ordering tendency of our organism will self-organise appropriately around intelligent global intentions.

Practice

In addition to these general principles, the practice of the Technique as actually taught and learned tends to exhibit the following traits:

- The practice is deeply integrated with the principle. The applied principles underpin the approach to teaching and learning.
- It is *experiential*, being learned through demonstration, observation and experiment in the present moment. It is orientated towards a pragmatic, phenomenological approach rather than a theoretical or analytical one.
- Systemic change and adaptation is approached with a *process* orientation, allowed to manifest spontaneously in its own time rather than being chased or forced.
- The work is transformative and demands deep rather than superficial change.
- The process of learning is usually facilitated by gentle, non-imposing physical contact between teacher and student.

Frame

In addition to the principles and practice, I suggest the attitudes, ways of being and social context which frame them are also an integral part of the work. Certainly I've noticed these are often described by students with equal enthusiasm to the principles and practice themselves. For example, I've noticed that (while some may have had less positive experiences) many training course graduates particularly value:

- The warmth, friendliness and acceptance they experienced.
- A sense of safety and support.
- A sense of openness, exploration and respect
- Being guided without being imposed upon; the feeling of being allowed to be and not being pushed towards something for which they were not ready.
- The chance to grow and learn organically rather than through a rigid structure.
- The quality of gentle, non-invasive physical touch, which was often experienced as healing as well as educational.

Essential Qualities of Alexander Work

These three aspects of the Alexander Technique—principle, practice and frame—depend on and reinforce each other. I therefore propose the following list of ‘essential qualities’ of the work which is condensed from them:

- Health focus, not pathology focus
- Means before ends
- Wholes before parts
- Not doing before doing
- Clarity of intention
- Openness to the new
- Freedom, expansion, flexibility and flow
- Experiential, phenomenological, pragmatic approach
- Empowerment, not mystification
- Deep change versus surface change
- Choice and Intention
- Trust in process
- Gentle, non-coercive guidance (of self and other)
- Warm, non-invasive contact

I suggest that if we wish to expand what we do by drawing on external perspectives, so long as these respect (or at least don’t contradict) these essential qualities, they will leave the core of the work intact. Anything we introduce

which contradicts or undermines these qualities, on the other hand, will tend to dilute the essence of what we do. This provides us with a useful guide as we look for approaches to help us work more effectively and positively with emotional material in an Alexander context.

Expanded Ways of Working

Contemporary body-focussed trauma therapies such as Peter Levine's somatic experiencing (Levine, 1997) are a useful starting point in seeing how we might approach dealing with traumatic emotional material if it arises in an Alexander lesson. These approaches are often process-based and able to work with material that comes up spontaneously in the present in response to body awareness rather than requiring a therapist to unearth trauma or dysfunction on the basis of diagnosis or analysis. In this way traumatic material if it arises can be dealt with effectively in the course of a lesson without the teacher having to probe for it in an invasive way that cuts across or contradicts their primary role as teacher. In such a scenario, emotional material arises and the teacher acts therapeutically only in so far as is necessary to help the student integrate it in the moment. They do not need to adopt the role of a diagnosing 'doctor' or 'analyst' in relation to the student's unconscious material, since this is not required in these techniques. The student reports what is going on for them and the teacher doesn't need to extend their curiosity beyond what their student's system has spontaneously brought into the room. To move from one role (teacher) to the other (teacher acting therapeutically) and back again is fairly straightforward in these circumstances

An Emotionally Enabling Frame

In addition to meeting such material when it happens to arise, what we might do differently as Alexander teachers to better enable such somatic-emotional processing to come up in the first place if the time is right? I've argued (James, 2018b) that the traditional frame in which Alexander lessons take place often explicitly or implicitly discourages emotions from coming up, even when the student may be willing and ready to release and integrate them, and that this does not serve our students well. So rather than adopting a hope-for-the-best attitude around this, how can we create a space which is actively *conducive* to enabling suppressed emotional material to arise, while

at the same time enabling us to stay true to our primary teaching orientation and the essential qualities of our work?

I've suggested that one of the Technique's essential qualities is 'trust in process'. In fact, this orientation towards trusting process underlies its existing *laissez-faire* approach to managing suppressed emotional material, and the approach is sound as far as it goes. As the organism starts to move towards a more integrated and secure state then—if the conditions are right—emotional and somatic material from the past will naturally come into awareness for processing as needed. The key words, however, are *if the conditions are right*, and it is here where traditional Alexander approaches can fall short. For emotional material to spontaneously surface there are certain conditions which need to be met, and if they are not then this will likely act as a full or partial block to the process. The following conditions are usually necessary to facilitate the release and integration of held emotional-somatic material:

- There needs to be an empathic and receptive person (in our case the teacher) to witness feelings and memories as they come into awareness. Often it is the possibility of literally or figuratively telling our story and having it heard that acts as the catalyst for encouraging unconscious feelings into awareness.
- Any feelings need to be actively *welcomed* by the other teacher. The student needs to sense the teacher is not scared, uncomfortable or rejecting of their feelings, that space will be given to them, and that they will not end up feeling humiliated, rejected or shut down by the teacher if they allow their feelings into the room.
- The student needs to feel that, by and large, the teacher is a dependable and reliable person who is worthy of their confidence and trust.
- If the feelings are particularly deep and powerful then the student needs to sense the teacher is robust enough to not be overwhelmed by them.

Drawing all this together gives us a good idea of what's needed to create a space where students' feelings can be safely and effectively processed as they

arise, and of how we can create a space in which this spontaneous process of release and awareness is more likely to occur:

- We need to possess the necessary skills, attitudes, robustness and sensitivity to appropriately meet and help to resolve emotional release (this requirement can be met with training and personal development).
- We need to make it clear to the student, both explicitly and implicitly, that their feelings are welcome in the room along with the other aspects of themselves.
- Finally we need to be—and be *perceived* as—safe and reliable, and therefore to behave in an ethical, dependable and trustworthy way.

In relation to these kinds of aims, Mowat (2006), speaking from a psychotherapeutic perspective, suggests Alexander teachers would benefit from thinking in terms of having a ‘therapeutic relationship’ with their students. But care is needed here. At the least we should very specifically define what we would mean by this. Different schools of therapy have different ideas about what a therapeutic relationship looks like, and not all of these are compatible with the essential qualities of Alexander work identified above.

The Psychodynamic Frame

One way we might conceive of a therapeutic relationship is in the way the concept is defined in analytical or psychodynamic therapy, which is perhaps the image most likely to come to mind when the term is used. In such approaches, the therapist (to generalise about a complex field) sets and maintains a rigidly defined set of boundaries and relates to the client in a highly uni-directional way. They keep their own personal world, feelings and responses concealed while the client shares the deepest and most vulnerable parts of their inner world.

The professional distance which the therapist maintains between themselves and the client may be rationalised as (among other things) a way to protect the client from inappropriate intrusiveness by the therapist, but in reality, it’s just as much about protecting the therapist from the perceived

pathology of the client (House, 2003, pp. 49–93). As such it may communicate to the client something about how they and the therapy, are being conceptualised—namely that both are potentially dangerous and need to be kept at arm’s length. While this may be justified in some situations, such an attitude is not generally appropriate for an Alexander teacher working with everyday students. In these circumstances, such an approach is likely to increase any tendency the student has towards defensiveness as they may feel covertly patronised. This highly one-directional mode of relating may also trigger regressive and dependant states (House, 2003, p. 90) and work against more spontaneous, unforced and process-orientated ways of working that are more in accord with the essential qualities of Alexander work.

When a client exposes their inner world while the therapist is concealed behind a professional front, they are at a considerable power disadvantage. This is not a relationship of equal adults, which is exacerbated when the therapist is making interpretations about the causes of the client’s distress based on real or imagined unconscious factors that—by definition—the client doesn’t have direct experiential access to. There are significant dangers when a therapist sets out to work with material which the client doesn’t experience as being phenomenologically present and real. Handley (1995, p.52) points out the potential for abuse and illusion in a scenario where one person feels competent to interpret the inner world of another, and notes that attempting to do so places the therapist ‘beyond the reality-testing of patients, colleagues or himself’. In any event, this approach contradicts the essential qualities of our own work, in so far as we aim to work pragmatically in the present, avoid mystification, and empower our students to be working things out for themselves based on what they can see and experience in the moment.

Psychodynamic therapy is a more diverse field than can be addressed in this article, but the broad thrust of these observations holds true. Also, all such approaches require long, specialised training, and it's unrealistic to expect this to happen as an adjunct to traditional Alexander training. Furthermore, such training is based on modes of thinking and acting which are different (and in many ways opposed) to the more equitable, empowering and experiential ways in which AT teachers need to interact with students,

cutting clean across many of the essential qualities of Alexander work I suggested above. Considering all the above, adopting a frame designed to meet the requirements of such an approach as a way of relating to Alexander students would be deeply problematic.

Humanistic, Person-Centred Approaches

A much more congruent approach to thinking about these issues as Alexander teachers can be found in more humanistic, person-centred ways of working. These tend to focus on human potential rather than dysfunction, suggesting that human beings have an innate tendency towards growth, actualisation and wholeness which, though it can be blocked and thwarted, is ever-present. They take a positive and holistic view of human existence and see particular value in creativity, autonomy, and the exercise of free will. They are generally *process*-orientated, focussing on creating appropriate conditions for change rather than trying to force it, and they aim to locate power and insight with the client rather than the therapist. All of this complements our essential qualities very well.

Originally the person-centred approach was highly non-directive and was concerned with client empowerment to such an extent that it eschewed any kind of guidance whatsoever from the therapist. This is a potential contradiction with AT work which does depend on the active involvement of the teacher in the student's learning process. However, in some more contemporary person-centred ways of working the original, rather rigidly non-directive approach is replaced with a much more flexible, open and two-way mode of relating focussing on *relational depth* (Mearns, 2018). The relational depth approach gives us a deep, established and well-thought-through approach to creating the sort of frame in which students' feelings will be welcome that provides a sense of safety and containment while also allowing for the kind of active, two-way engagement required in Alexander teaching. Furthermore it does this in a way that's very much in accord with what we already do and the skill-set we already have as Alexander teachers.

Relational Depth

A relational depth approach attempts to create a healing relationship in which a person feels safe enough to allow unconscious feelings and motivations to come into awareness to be processed while at the same time allowing for more flexible and two-way modes of interacting than is found in traditional person-centred therapy:

... there's a particular emphasis on meeting clients in a two-way, interpersonal dialogue, as opposed to primarily providing for clients a more one-way, reflective space. Similarly, rather than wholly focussing the work around a non-directive, 'empathic understanding response process' (Freire, 2007), therapists might engage with their clients in a variety of different ways. For example, they might ask questions, probe, suggest exercises, and maybe even offer advice, whatever is seen as having the potential to deepen the level of relational engagement. So, for instance, therapists might be more likely to draw on their own experiences and perceptions, becoming a distinctive 'other' to their clients. In addition, because of its focus on genuine human interaction and affirmation, a relational depth-informed therapy might move beyond a 'non-judgemental "acceptance" of the client to a more active, intentional prizing of their being-in-the-world: not just a "however they experience the world is fine", but a deliberate affirmation of their being in all its uniqueness'. (Cooper, 2013c, p. 142).

Working from this perspective we approach our client or student simply as a present, contactable human being. 'A meeting at relational depth requires [us] to be the unique, genuine human being that [we] are: a solid and grounded "otherness" with which [they] can interact'. (Mearns & Cooper, 2018 p.48)

[We] are not play-acting the role of counsellor or psychotherapist, but are simply being [ourselves] ... at this level of relating, therapists have done away with 'lace curtains' and 'safety screens': defences that they may have developed to give the appearance of intimacy while at the same time protecting themselves from the reality of a genuine human encounter.
(Mearns & Cooper, 2018, p. 46)

In meeting someone like this we reveal ourselves as a real person, with our own subjective inner world that we are willing to reveal to the other person just as she reveals her own.

This does not, however, suggest an *indiscriminate* sharing of personal feelings and information:

... a willingness to reveal oneself is not the same as doing it all the time. Relational depth requires therapists to be non-defensive, but it also requires them to be receptive to their clients' lives and experiences.... Too much therapist self-disclosure, as the research suggests, may get in the way of that (Mearns & Cooper, 2018, p. 48).

In a relational depth approach, the safety required for emotional processing is built primarily through working at a level in which the therapist or teacher can be seen as a real, known person, so judgements as to trustworthiness can be made on that basis.

Such an empathy with the whole of the client means that, at these moments of relational depth, the therapist is as attuned to the client's physicality and emotions as they are with the client's thoughts. Here, we might think of the analogy of the tuning fork, the therapist's body and feelings resonating with the client's own physicality. (Mearns & Cooper, 2018, p. 50)

This has interesting parallels with our experience of working with students as Alexander teachers. So also does the fact that:

... you can't make relational depth happen ... partly because it requires two people ... partly because you can't relate deeply to someone if you're *trying to do something to them* [my italics]; and partly because clients are likely to 'push back' if they feel pressurised or manipulated. (Mearns & Cooper, 2018, p. xix)

The advantage for us as AT teachers in adopting this approach is that the skills and attitudes we already possess cross over very well. Relational depth comes about fundamentally through *not doing* something. It cannot be forced, but can only be allowed to manifest through creating conducive conditions. This is not only compatible with the way we work as Alexander teachers, it is at the very heart of how we work, and transferring those skills and mindsets to the relational realm is a much more straightforward and realistic proposition than adopting psychodynamically derived mindsets that are alien in intention and practice to what we do. In addition, as Alexander teachers we are hopefully already adept at making contact with others at the physical level in a non-invasive but very real way. Once again, these skills transfer to new realms fairly straightforwardly. If we wish to work with our

students in a way that facilitates the spontaneous expression, release and integration of feelings where appropriate and necessary the relational depth approach is a very good fit for us.

Safety, Boundaries and Transference

In recommending we adopt a more emotionally open attitude to our work as Alexander teachers we should acknowledge that some—particularly those who are familiar with psychotherapeutic work—might wish to raise additional questions around safety, particularly with regard to boundaries and the development of unhelpful transference.

Boundaries

It's certainly important to make sure that there is enough clarity around roles for the client to feel clear what the space is for, that their needs are being respected, and to help create a sense of trustworthiness and predictability in the frame in which the work is being held. I think we can take it as given that Alexander teachers, any more than therapists, shouldn't have sex with those who come to them for help, nor seek to form friendships with them in lieu of doing what they have been paid to do, nor interfere in their lives, nor use any power imbalance in the relationship to gain an influence for personal and financial gain. We can agree that the teacher should avoid using the client to fulfil their own needs at the student's expense, that they should be reliable and dependable and that, conversely, it is not serving of the student to allow them to take advantage of *us* regarding matters of time-keeping, cancellations, payment etc. Such ground rules are fairly universally agreed by all types of therapists, though with different levels of flexibility offered. Person-centred approaches in particular, which depend on a real, grounded, human relationship, need a more flexible conception of boundaries. In real life, most of us are willing to cut each other a certain amount of slack and to negotiate and be receptive to each other's needs and preferences. Excess rigidity (in any aspect of the teaching relationship) is not helpful to us if we are committed to a Technique that encourages release and letting go! It is therefore more helpful for us to take a functional rather than structural view of boundaries:

The danger for person-centred practitioners is that 'boundaries' come to be defined 'structurally' rather than 'functionally'. A functional analysis would require

the therapist to consider, delineate and justify her actions and in that way to be accountable. On the other hand, a structural analysis would simply demand behaviours such as: not meeting the client outside the therapy room; not offering any support other than therapy to the client; not permitting the client power in determining the therapy contract; not modifying the terms of the therapy contract and not engaging with any other persons close to the life of the client. (Mearns & Cooper, 2018, p.48)

In particular, the traditional prohibition against a practitioner disclosing personal information about themselves and sharing their authentic responses with clients is problematic if we are working with relational depth:

From a classical psychodynamic perspective, it is critical that the humanity of the therapist is hidden from the client and from the person-centred orientation it is crucial that her humanity is seen (ibid, p.47–48).

In relational depth focussed work, it is the solidity, realness and authentic presence of the practitioner, together with appropriate but not rigid boundaries, which helps to create safety, rather than artificial codes of behaviour or masks.

This is particularly true in relationship to the phenomenon of transference, the perceived dangers of which are perhaps the most commonly cited justification given for rigid structural (as opposed to functional) boundary-mindedness in healing relationships.

Transference

Mowat (2006) suggests that an understanding of the concept of transference would be useful for Alexander teachers. Transference is considered central to the practice of some forms of therapy, and worries about the development of powerful transference responses are one reason these practices advocate a rigidly bounded frame.

According to the theory, in therapeutic and other relationships we may, in certain circumstances, act as if a person we are relating to is a figure from our past. In certain schools of therapy the therapist will even aim to evoke transference to try to gain insight into the client's early development and work with their current difficulties. However, the theory of transference is not uncritically subscribed to by all therapists, and it has been problematised

in existential (White, 2008), person-centred (Shlien, 1984) and post-modern (House, 2003) approaches to therapy.

Transference, White (2008) states, 'is a concept that . . . has its roots in a mechanistic and individualistic view of the person which is no longer sufficient, useful or necessary to the psychotherapeutic task as it is conceived in a dynamic, relational and phenomenological perspective'. Since emotions exist in relationship, those that arise in the client cannot be considered as something separate from the distortions, compulsions and agendas which the therapist also inevitably brings into the room. In other words, what used to be understood as transference by the (more or less) damaged client towards a (more or less) healthy therapist may be more usefully understood as a phenomenon co-created by the two people and the frame in which they are working which is unique to that interaction (White, 2008).

Coming at the problem from a more person-centred perspective, Shlien (1984) notes that emotional effects which therapists may wish to ascribe to transference can very often be explained more straightforwardly by looking at what is happening between the two people *in the present*. 'When one tastes a lemon at age 30, does it taste sour because it tasted that way at age three? It *always* tastes sour, the first time at any age, whether or not ever tasted before, and all following times for the same but original reason each time'. In general, Shlien suggests, the therapist will be 'loved for what makes him lovable, hated for what makes him hateful, and all shades in between', and that '*this should be the first hypothesis* [my italics]'. Often, seemingly exaggerated emotional responses in therapy may in fact be a normal expression of here-and-now distress aroused in the context of the power imbalance which the traditional therapeutic frame produces, and the vulnerability for the client that accompanies this.

Such considerations also apply to the almost clichéd situation of a client falling in love with a therapist or teacher, the thought of which often arouses anxiety—perhaps particularly in teachers who are thinking about working in a more emotionally informed way. If such a situation arises, a practitioner may be inclined to reach immediately for the transference explanation, which at least gives a feeling of control (and possibly superiority) in a potentially awkward situation. While it is true that sometimes a very young or

wounded part of a person may be triggered in such situations ‘one does not need to look into therapy for arcane and mysterious sources of erotic feelings. They are commonplace, everywhere, carried about from place to place. Psychotherapy will encounter sexual attraction as surely as it encounters nature. The simple combination of urge and situation is a formula for instant, if casual romantic fantasy.’ (Shlien, 1984)

To this, Shlien notes, we can add that the therapy (or teaching) room may be a place where a person feels heard and seen in a way that seldom happens elsewhere in their life. Feeling understood and ‘got’ by someone is one of the basic prerequisites for falling in love—and this is true for anyone at any time. In addition, in therapy the therapist, if they are working in a psychodynamic mode, may be concealing the reality of who they are. The brain abhors a vacuum and will tend to project qualities onto a person in lieu of real knowledge. If a person is somewhat sexually attractive to us, and is listening to us, then those projections will tend to exaggerate the person’s positive qualities rather than the other way round. As Alexander teachers, we can add to this mix the factor of the student being touched in a gentle and receptive way, and there is often no need to resort to theoretical formulations to understand what might be going on. People do fall in love, it’s a basic part of human nature and it’s not, in itself, a symptom of something being ‘wrong’ or unresolved in a person—whether it happens in a therapeutic situation or outside it.

According to House (2003, pp. 98–126) The sorts of affective phenomena called transference are in fact *encouraged* by the traditional therapeutic frame itself. This was one reason the frame evolved as it did—to generate material to work on in the therapy. For our purposes, though, such phenomena are best addressed by aiming to embody a level of congruence and genuine presence in which one’s human reality is not concealed, so we are not available as a ‘blank screen’ for the student to project onto:

One of the interesting consequences of this degree of mutuality in the therapeutic relationship is that there are no transference phenomena at this level of continuing connection. This applies to relational depth both in terms of moments of intense contact and also to the continuing deep relationship. Transference phenomena tend to belong to a more surface-level form of relating where people are still being symbols for each other. (Mearns and Cooper, 2018, p. 72)

Our best guide is that if something looking like transference is happening in the teaching relationship then, rather than immediately focussing our attention on what we imagine might be wrong with the student, and on what in their childhood might be represented by their behaviour, it makes more sense to look at *ourselves* and wonder what in our own behaviour may be encouraging such a response. As Carl Rogers puts it:

In this strangely unique experience of security in a relationship with another who understands and respects, what, specifically, happens to the transference attitude? . . . In this relationship, where [he] has no need of defending this interpretation . . . [he] becomes aware of the fact that he is the perceiver and evaluator of experience, a fact which seems to be very close to the heart of therapy. . . . When these experiences are organized into a meaningful relation to the self, the 'transference attitudes' disappear. They are not displaced, they are not sublimated. They are not 'reeducated.' They simply disappear because experience has been re-perceived in a way which makes them meaningless.

A Word of Caution

I hope the analysis presented here will be interesting and helpful to teachers who would like to work more consciously with the emotional material students sometimes bring to lessons. I also hope that in future the Alexander community will collectively decide to live up to its billing as a whole-person technique and increasingly integrate awareness of emotional matters into its practice and training in a way that's in harmony with the essential qualities of our work. In the meantime, I'd like to finish with a word of caution. There's no one right way to gain the skills, attitudes and awareness necessary to work safely with people's emotional vulnerabilities. Neither ourselves nor any organisation can claim with certainty that we or another person is safe or competent in this field. But we can at least say that to work responsibly within it demands, at a minimum, that one has the necessary skills, the experience of having done some of this sort of work in the client position, a degree of self-awareness which none of us can take for granted, and external support through some form of mentorship or supervision.

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