

Opinion

The Way is in Training: Martial Arts-informed Compassionate Mind Training to enhance CFT Therapists' Compassionate Competencies

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Academic Editor: Chris Irons

Special Issue: [Compassion Focused Therapy \(CFT\) - New Insights and Outcomes](#)

OBM Integrative and Complementary Medicine
2023, volume 8, issue 1
doi:10.21926/obm.icm.2301001

Received: July 31, 2022

Accepted: December 27, 2022

Published: January 04, 2023

Abstract

Traditional Martial Arts practice(s) can be construed as forms of fully embodied Compassionate Mind Training (CMT). Integration of these body-mind systems can be a powerful means to cultivate and entrain important therapist competencies in compassionate engagement and action. Through such training and personal practice, compassion-focused therapists can develop and enhance their abilities to stimulate and access compassionate motivation at a deeply embodied level. Martial arts-informed CMT thus has the potential to afford therapists greater sensitivity, attunement, distress tolerance, courage and compassionate responsiveness, particularly in difficult therapeutic encounters such as alliance ruptures.

Keywords

Martial arts; compassionate mind training; compassion focused therapy; embodied compassion; therapist compassion



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1. Introduction

There is an increasing and renewed focus on the explicit cultivation of compassion in psychotherapy [1, 2], particularly the importance of the *flow* of compassion between therapist and client [2, 3], and how to sustain therapists' compassion in difficult therapeutic encounters such as alliance ruptures. One such proposed training approach is that of martial arts-informed Radically Embodied Compassion training for psychotherapists [4-6].

This paper extends recent work on the relevance of traditional martial arts to compassion cultivation by linking this to the development of the specific compassionate competencies of engagement and action proposed by the multi-modal Compassionate Mind Training (CMT) model [7]. The relevance and applicability of integrating traditional martial arts into compassion-focused therapists' personal practice, including numerous affordances in their psychotherapeutic work, is highlighted.

1.1 The Importance of Personal Practice(s) for Therapists' Personal and Professional Development

Personal practices (PPs) for those providing psychotherapeutic interventions are becoming increasingly acknowledged as an important component of developing effective therapists and delivering effective therapies [8, 9]. Such personal practice has been defined as formal psychological interventions and techniques that therapists engage with self-experientially over an extended period of time, with a reflective focus on their personal and/or professional development [8].

Personal practice(s) have been proposed to impact on a number of key domains, including personal development/wellbeing, self-awareness, interpersonal beliefs/attitudes/skills, reflective skills, and conceptual/technical skills [9]. The Personal Practice Model outlined by Bennett-Levy and Finlay-Jones [9] suggests that the above impacts occur through creating and crossing a 'reflective bridge' between one's personal self and therapist self, thus enhancing therapist effectiveness by integrating the personal/interpersonal with the technical/conceptual [8, 9].

These reviews and proposed model highlight a broad range of personal practices that might facilitate therapist skill development that is not limited to personal therapy. Whilst it is beyond the scope of this paper to explore all forms of potential therapist personal practice(s), these include: (a) Self-Practice/Self-Reflection (SP/SR) programmes, where therapists practice therapeutic strategies on themselves, reflect on their experiences and learn 'from the inside out' [9-11]; (b) meditation-based programmes, where therapists engage in formal and sustained mindfulness and compassion practices [12, 13]; and (c) more body-oriented programmes such as yoga and qigong [14, 15]. All of these personal practices have the potential to improve not only therapist self-care but also therapeutic efficacy, possibly via processes of improved intrapersonal and interpersonal mindfulness and compassion [12, 16, 17].

Similarly, Twemlow [18, 19] suggested the need to move beyond merely the technical aspects of psychotherapy training and look to other creative means to fine-tune the attentional and emotivational capacities of psychotherapists. These include the meditative and martial arts, which Twemlow highlighted entrain concepts and principles derived from Zen philosophy that are essential to therapist self-development and the unfolding of compassion in psychotherapy [18, 19].

1.2 The Relevance of Personal Practice to Therapist Compassion in Compassion Focused Therapy (CFT)

There has been an upsurge in research exploring therapeutic uses of compassion, with studies consistently showing that its deliberate cultivation leads to improved well-being, quality of life, symptom severity and mental health [20-26]. For clinical populations, work to date in this regard has centred on Compassion Focused Therapy (CFT) [24, 27] as an evidence-based treatment for various mental health problems. CFT places a particular importance on the dynamic *flow* of compassion in relationships in order to sustain emotional resilience, optimal functioning and well-being [2, 3]. Importantly, many clinical populations experience multifarious and complex *fears, blocks and resistances (FBRs)* to compassion across and within the three flows [3]. A central task of CFT therapists is to work with and address these FBRs, and that the therapeutic relationship is central to this work [28]. The process of helping clients be more open to receiving and internalising compassion is thus likely dependent on therapists' own compassionate qualities of warmth, distress tolerance, empathy, non-judgement, patience and persistence [29, 30].

A recent small qualitative study [31] of psychotherapists engaging in personal practice of compassion meditation training for four weeks suggests that such mind training positively impacts on therapists' abilities and attributes in compassionate engagement [2, 32] in their clinical practice. In addition to self-reported increases in therapists' self-compassion, this included perceived increases in the quality of their therapeutic presence, acceptance of their client's whole being, and tolerance for suffering [31]. Mindfully compassionate acts such as centering oneself immediately prior to client encounters, as an act of allowing one to bring one's helpful intention to help alleviate suffering, have been shown to be possible in a matter of minutes [33], with practices demonstrating a positive effect on in-session presence and perceived effectiveness.

A qualitative study on the use and value of personal practice in CFT suggested that this impacts on both therapist personal development and their therapeutic work [34]. This included subjective increases in compassion for self and for others (i.e. their clients), a greater (self) awareness of what they were bringing to the therapy space (including an increased felt sense of centeredness and confidence) and an increased ability to tolerate and work with their clients' emotions [34].

1.3 Compassionate Mind Training (CMT) and the Multi-modal Model of Compassionate Competencies in CFT and CMT

One such system of compassion cultivation is that of Compassionate Mind Training (CMT) [7, 35, 36], a set of specific mind-body practices designed to stimulate physiological processes associated with compassion(ate) motivation [37, 38] and the development of a compassionate self-identity (referred to in CFT and CMT as one's Compassionate Self). CMT incorporates a range of breathing, postural and other embodiment (facial expression, voice tone), attentional, mindfulness and imagery practices to stimulate and cultivate compassion. Whilst CMT was originally developed for clinical populations [39, 40], its utility and application has also broadened to non-clinical populations [41], including its relevance for the professional and personal development of those in psychotherapeutic roles [10, 11, 42].

The multi-modal CMT model is a helpful heuristic to aid both clinical work and therapist development. The social mentality of compassion [43, 44] and its competencies are often diagrammatically depicted via two concentric circles, one for *engagement* skills and one for *action*

attributes (see Figure 1, below). These twelve separate but interrelated components are all potentially trainable but also crucially need to be rooted in, coordinated and integrated by the caring motivational system associated with compassion, that results in wise courageous engagement and action when faced with suffering [5, 43]. Multi-modal CMT training for therapists can thus help them to develop the wisdom, strength, courage and commitment to undertake psychotherapeutic work that is difficult, challenging and (at times) threatening.

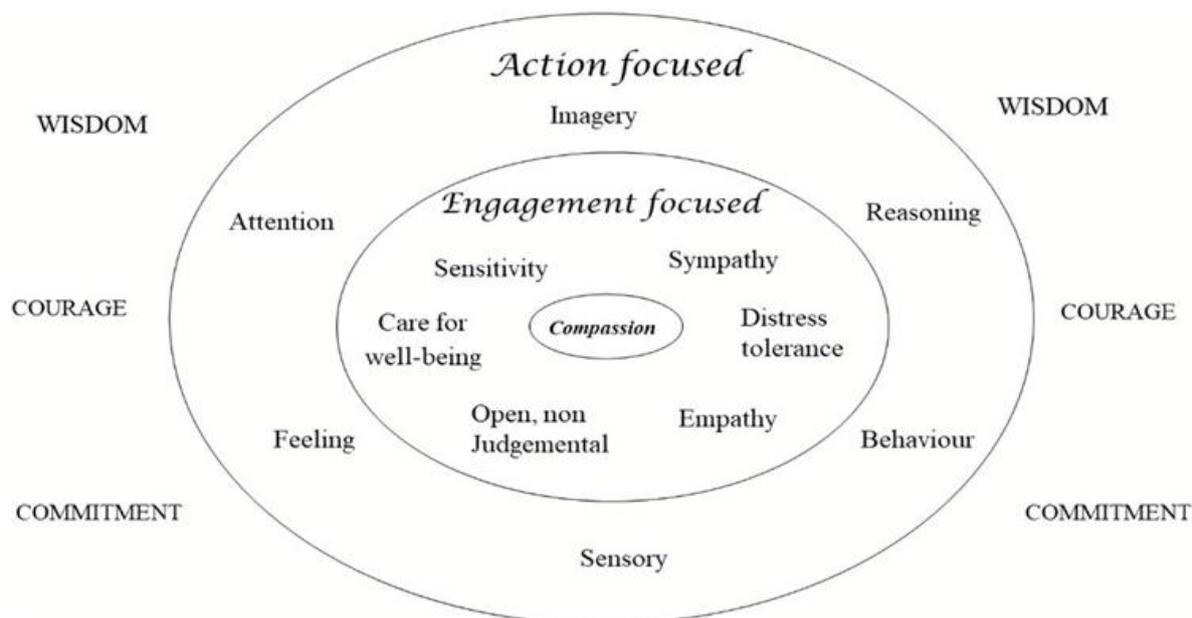


Figure 1 The multi-modal Compassionate Mind Training model, depicting the key competencies and skills of compassion. From Gilbert (2020) [2], Domains for therapeutic engagement. Adapted from Gilbert (2009) [45] *The Compassionate Mind* with permission from Little, Brown Book Group.

Relative ease of embodiment and enactment of one's Compassionate Self as accessed via CMT practices has been shown to be key to CMT's effectiveness [46]. Crucially, in this study, the ability to more easily embody one's Compassionate Self was most salient and prevalent for participants when attempting to regulate difficult emotions and in challenging interpersonal situations, thus dynamically positively influencing the flows of compassion to self and others [46]. Although this study was not conducted with psychotherapists, it has clear implications for the enactment of compassion in psychotherapy.

1.4 The Potential of Traditional Martial Arts for Therapist Self-development and Relevance to the Embodiment and Enactment of Compassion in Psychotherapy

There have been recent renewed calls for more embodied and psychophysiological approaches to psychotherapy training and therapist self-development [5, 47], given that interpersonal processes such as attunement and synchrony are mediated by physiological processes [47]. Embodied self-regulation becomes even more salient when it comes to the enactment of compassion(ate) flow, as our abilities to maintain a compassionate stance tend to break down under pressure [48, 49], typified by difficult therapeutic encounters such as alliance ruptures [50].

The martial arts offer a well-developed platform to engage in such embodied practice [4]. Traditional martial artists are arguably extremely adept in the art of embodied self-regulation [51], evidenced by research that points to superior attentional, motivational switching and integrative capacities [52-54], as well as greater impulse control and distress tolerance in threatening situations [55, 56]. Their training requires them to develop deeply embodied distress tolerance abilities in the face of antagonistic relational threats [4, 6, 57] and respond in a prosocially-driven co-regulatory manner [51, 58, 59], that is focused on neutralising/halting actions that cause suffering and re-establishing relational harmony [5, 60, 61]. Similarly, psychotherapists need to embody and to have entrained all of these abilities and capacities in order to be a safe container [51, 62] and secure base [63] for their clients, with such attachment-based functions also seen as essential for the emergence and flow of compassion in therapeutic relationships [2, 64, 65].

A seminal study by Faggianelli and Lukoff [61] of eight psychotherapists who were also highly skilled Aikidokas highlights how the personal practice of a traditional martial art influences therapist self-development and transfers to the therapy space. A central theme was that the body-mind training of Aikido afforded them a greater ability to relate compassionately and empathically with their clients. This was further linked to the practice and cultivation of a body-mind state of being *centered*, allowing them to be more present and skilfully (i.e. wisely compassionately) responsive in therapeutic encounters. Importantly, participants highlighted that whilst Aikido shared similarities with other disciplines such as meditation and yoga, they felt that Aikido was more actively engaged with everyday reality and afforded a greater capacity to remain calm during conflictual interpersonal encounters.

1.5 Traditional Martial Arts as Radically Embodied Compassion

Psychotherapy, in any form, is an act of courage on behalf of both clients and therapists [66-69]. On the latter front, various scholars have advocated for psychotherapeutic training and continued personal and professional development to focus on the cultivation and refinement of virtuous character strengths, particularly that of courage [66, 70]. It can be argued that the path to the alleviation of suffering requires deeply ingrained compassionate courage and wisdom to persist in the face of immense emotional distress and relational challenges [2, 66, 70, 71].

Traditional martial arts training and CMT share similar philosophies, in that their focus is on cultivating and entraining various body-mind attributes/competencies that support compassionate engagement and action when faced with suffering. Both CMT and martial arts-informed training for therapists [6, 18, 19, 51] are body-mind self-cultivation systems [72] aimed at developing and strengthening what could be construed in Buddhist terms as the bodhisattva spirit [73]. Gilbert and Choden [35] highlight how courage is a key attribute of the bodhisattva (or spiritual warrior), allowing one to tolerate fear to engage with and alleviate suffering, even at the risk of one's own safety. This strong, courageous and protective body-mind set has been referred to by some scholars as fierce compassion [74, 75]. The ultimate purpose of training in the martial arts is to become a fearlessly courageously compassionate human being [6, 76], a gentle or peaceful warrior [51, 77] who fully embodies virtuous character strengths including benevolence, courage and wisdom [78] in order to best help and serve others [79]. Courage and wisdom are at the core of compassion and the cultivation of a compassionate self-identity [2, 5, 35, 80], and are replete throughout history as integral components to warrior codes and mindsets [78, 79].

Traditional martial arts can be construed as a form of radically embodied compassion, in that martial arts practice(s) can entrain ease of access to the psychophysiological-motivational state associated with compassion [5, 6], via body-mind unification of kinaesthetic, proprioceptive and interoceptive processes [81, 82]. Such practice(s) can give rise to an integrated courageous, powerful, calm and centered state that can prepare the practitioner for extreme challenge by remaining stable/grounded, flexible and aware [81]. Resiliently maintaining this balanced preparatory state of action-readiness in the present moment via embodiment and movement can provide numerous affordances, in terms of reflexiveness and skilfulness of response(s) [57, 83].

2. Martial Arts-informed Compassionate Mind Training for CFT Therapists

Accordingly, we (Clapton and Hiskey) developed Radically Embodied Compassion [5] training for therapists, a body-mind system that draws on and integrates the principles and practices of CFT, CMT and traditional martial arts [6]. Such training and personal practice aims to develop compassionate motivation at a deeply embodied level [5, 6], affording therapists greater sensitivity, attunement, distress tolerance, courage and compassionate responsiveness in therapeutic encounters [4-6].

We propose and outline an embodied enactive training framework (i.e. ‘Way’) for CFT therapists that highlights how integrating elements of traditional martial arts into their personal and clinical practice may enhance specific compassion(ate) competencies of engagement and action. We argue these competencies can be further enhanced, especially in times of therapeutic rupture [48], via traditional martial arts training (see Table 1, below) and that this might facilitate therapy process and efficacy [65].

Table 1 Example of engagement and action competencies in relation to traditional martial arts and psychotherapy.

Engagement competencies	In martial arts	In therapy
Non-judgement	To accept that upset/a distress response as part of sparring/training is possible, accepting conflict as a part of human experience	To accept that upset/a distress response during a rupture event in treatment is possible, accepting conflict as a part of human experience
Distress tolerance	The ability to tolerate the physical and emotional distress related to a physical confrontation during training	The ability to tolerate the physical and emotional distress of a rupture event within therapy
Empathy	The ability to acknowledge and identify the strong emotions present in a training encounter, for both parties	The ability to acknowledge and identify the strong emotions present in a rupture event, for both parties

Care for wellbeing	Care for the wellbeing of one’s training partners and oneself during vigorous training	Care for the wellbeing of one’s client and oneself during a rupture event
Sensitivity	The ability to notice distress reactions/difficulties during training drills and engaged practices	The ability to notice distress reactions/rupture difficulties during therapy
Sympathy	Feeling emotionally moved about the distress oneself and another might feel during training	Feeling emotionally moved about the distress oneself and another might feel during therapy

Action competencies	In martial arts	In therapy
Imagery	Using imagery to explore distress tolerance and skill development in training and practice effective responses and self/other management	Using imagery to explore distress tolerance and skill development in ruptures and practice effective responses and self/other management
Attention	Paying attention to the moment in training and guiding attention to what might be helpful (and away from what might not)	Paying attention to the moment in therapy/a rupture and guiding attention to what might be helpful (and away from what might not)
Sensation	Sensory skills can be developed in training via chi sau (sticky hands), gaze drills and mirroring/maai exercises	Sensory skills can be developed in therapy/a rupture by noticing shifts in non-verbal communication and the body
Behaviour	Developing training routines to target specific skills such as forms, basics and sparring	Developing therapy homework and practices to target specific skills such as exposure work, desensitisation, mindfulness
Feeling	Accepting the range of feeling states that can arise during training such as excitement, fear, anger, guilt, shame, envy etc. as well as attempting to manage them as they are encountered	Accepting the range of feeling states that can arise during therapy such as excitement, fear, anger, guilt, shame, envy etc. as well as attempting to manage them as they are encountered

Reasoning	Acknowledging and challenging one's inner-critic regarding training challenges, developing an inner-sensei/fiercely compassionate self to help counter unhelpful/destructive discourse and shape it to a more effective response	Acknowledging and challenging one's inner-critic regarding therapy challenges, developing an inner-supporter/fiercely compassionate self to help counter unhelpful/destructive discourse and shape it to a more effective response
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2.1 Stance and Breathwork

Many preparatory stances, salutes and other ritualised behaviours (e.g. bowing) serve the purpose of setting and signalling (to self and others) one's motivational intent [84], and are connected to a philosophy of virtuous conduct and humility [85]. A palm covering a fist can be used to stimulate and signal strength, courage, bravery and vigour [86] balanced with caring protection and peaceful benevolent wishes, whilst bowing signals one's courtesy and respect for the other. These are ways of embodying *care for well-being*, in the sense that they involve adopting a physical and corresponding (e)motivational stance [81] in line with the highest ethical level of self-defence in combat, to be helpful and least harmful to the other [87].

'Ready' stances that are integral to many martial arts are important precursors to any subsequent action, in that they involve the physical, mental and emotional preparedness/readiness to engage and become totally present during ensuing encounters [77]. They are important first steps in placing the body in a poised state of action-readiness that confers both stability and flexibility of responsiveness [57, 83]. These 'ready' stances and associated body postures (hand positions/signs) have been shown to have a demonstrable impact on *distress tolerance* abilities, in that they help to reduce anxiety and a shift to greater predominance of parasympathetic nervous system activity when they are performed before being subjected to a stressful task [88]. They can thus be used as powerful pre-session embodied centering practices [5, 6] that stimulate the neurophysiology associated with a preparedness to compassionately engage with suffering [89-91].

Static and dynamic stance and guard work can be seen as forms of embodied CMT practices that afford affective and attentional balance/stability across emotional states [5, 61, 77], of which balance in these domains has been proposed as essential for the emergence, arising and enaction of compassion [92, 93]. These stances and postural positions are ways of embodying approach motivation that in turn influences physiology, motivational behaviour, and emotional and cognitive processes [94, 95]. Priming a courageous and heroic body-mind set in this way, by intentionally manipulating physical posture to be standing and expansive rather than sitting, has been shown to affect speed and frequency of prosocial behaviour [96]. This affords the CFT practitioner access to a psychophysiological-motivational state of fearless courageous compassion [5, 6, 76], or what has also been termed as peaceful courage [77] and centeredness [61, 97, 98], that remains 'online' and resilient in response to social threat signals [99].

When combined with breath control, often practiced as Soothing Rhythm Breathing practice in CMT [35, 45], this can afford the practitioner access to a sense of what would be construed in attachment terms as an *unlimited secure base* [100, 101]. This internal secure base is unlimited in

the sense that it can be drawn on in times of significant (di)stress and hostility [100, 101] when one needs to stay affiliatively socially engaged [4-6, 50], acting as a continuous source of replenishment and empowerment [100, 101]. It is thus aligned with a Compassionate Self that has developed and entrained deeply embodied *distress tolerance* to suffering [4] which can be accessed and sustained when it is most difficult and most needed [6], indicative of parasympathetically-mediated physiological resilience under stress [102]. This is supported by research demonstrating that combining paced breathing with movement and rhythmic skeletal muscle contraction produces a more resilient parasympathetic nervous system response than breathing practices alone when preparing for stressful events [102]. It is unsurprising then that many Traditional Martial Arts systems place a specific emphasis upon the unification of breath and movement practices [103].

2.2 Embodied Movement Practices to Afford and Enhance In-session Synchrony, Motivational Monitoring and Switching, and Rupture-repair

Maai exercises [6, 104] can help CFT practitioners develop competencies for *sensitivity, sympathy, empathy, attention* and *sensation*. Maai refers to the 'engagement distance' between oneself and another [104, 105], both in terms of the spatio-temporal distance and the degree of harmony-disharmony/synchronicity-asynchronicity during encounters [105]. Embodying a strong, stable, courageous and affiliative stance from a safe (enough) distance can help to increase the practitioner's ability to sensitively attune to, sympathetically moved by and wisely compassionately responsive to another's suffering [90, 106, 107].

Such partner work and drill exercises typically encompass processes involving kinaesthetic empathy and intersubjectivity [108, 109], including embodied and somatic mirroring [110, 111], moving in and out of synchrony [108, 112], spontaneity [113, 114] and flexible responsiveness [57, 83]. The sense of shared flow and perceived emotional synchrony that arises out of these processes can thus help to foster and enhance the flow of compassion between each other [115] during therapeutic encounters. This is further supported by research showing that heightened movement synchrony can evoke more compassion, cooperative and altruistic behaviours [116], likely via greater shared intentionality [117] and shared dysphoric experiences [118], underpinned by physiological synchronisation of each's autonomic nervous systems and oxytocinergic systems [58, 119-122]. These exercises/drills can thus help the CFT practitioner fine-tune their Compassionate Self's abilities to access their embodied knowledge, intuitive wisdom, compassionate communication and decision-making whilst in action [6, 49, 57, 123, 124].

Kata/forms/poomsae are a coordinated series of movements (combined stances/postures and hand/foot positions in the form of blocks and strikes), combined with breathing patterns and vocalisations, performed against an imaginary opponent. Katas are directly relevant to CFT practitioners and CMT personal practice as they mirror important psychotherapeutic processes, including the generation, absorption, redirection and projection of physical, emotional and spiritual energies [76]. Kata are essentially a way to integrate various aspects of CMT training in a more fully embodied and enactive way [5, 6], encompassing many compassionate engagement and action competencies.

Kata can be harnessed as a kinaesthetic/motor imagery practice to visualise and enact a radically embodied compassionate response to anticipated suffering in therapeutic encounters [125], fully animating the practitioner's Compassionate Self and priming it for reflexive activation. This has

previously been described as involving a process of *somatic metaphorism* [126], a mode of deploying the body to make sense of non-martial relational situations and challenges. This has been further refined by Clapton and Hiskey [5, 6] as *somatic metamorphosis*, in the belief that such training can lead to a deeper somatic alchemical transformation/transmutation as extolled by other martial artists and scholars [49, 76, 82, 127]. In this way Kata practice can be thought to entrain a grounding in competencies such as *non-judgement, distress tolerance, empathy, sensitivity and sympathy* while also incorporating action competencies such as *imagery, attention, behaviour and feeling*.

Within traditional martial arts emphasis is placed on development of *mushin* [76], a Zen term translated as the mind without mind or a state of "no-mindedness". Put another way, this means a mind not occupied by thoughts or emotions and therefore free from attachment to a particular response. It is felt to be reached or arrived at when a martial artist's mind is free from thoughts of anger, fear, or self during combat. This leads to a sense of freedom to act and react towards others spontaneously from a position of one's entrained natural reaction/felt intuition. Such practices, typically involving moving meditation, help develop *attention, non-judgement* and spontaneous/unencumbered compassionate flow. Neuropsychologically, *mushin* has been proposed to be a product of the autonomous dorsal visuomotor modules of the brain becoming more predominant through training in action [128], further supported by recent fMRI research into the neural mechanisms underpinning such superior attentional abilities in martial artists [52].

Kata and sparring drills can also be construed and utilised as moving *tonglen* (i.e. 'sending and receiving' Tibetan Buddhist meditation) practices [35, 129], in that they involve a physical and emotional 'receiving' of another's suffering and a 'giving' back of compassion in various forms [5, 6]. This affords practitioners powerful radically embodied ways to work with their clients and their own fears, blocks and resistances to compassion [130], in a manner that allows the practitioner to welcome, align/blend with, absorb and redirect such emotional energy [61, 114]. These are crucial abilities in being able to compassionately repair and resolve inevitable ruptures in the therapeutic alliance [4-6, 65].

Motivational conflict, both interpersonally and intrapersonally, are central issues in psychotherapy that underpin and maintain much human suffering [131-135]. Working with, resolving and transforming such conflicts rests on a therapist's ability to motivationally monitor and help switch one's own and clients' motivational systems [134], into social mentalities that are more conducive to affiliative and harmonious functioning [44, 135]. Such rapid switching of motivational systems and corresponding emotional states is likely predicated on what has been described as *locomotion motivation* [136, 137], a motivation for smooth movement and change from state-to-state. These motivational switching abilities can be entrained and greatly enhanced by embodied movement practices [124, 137].

Martial artists are extremely adept at such motivational monitoring and switching [5, 6], supported by recent fMRI research suggesting that such abilities become more entrained and efficient through traditional martial arts training [52] whilst also reducing inner conflict between one's Behavioural Approach (BAS) and Behavioural Inhibition (BIS) motivational systems [72]. This is because much of their training requires rapidly and flexibly shifting between threat-focused self-protective to affiliative motivational systems during and after simulated antagonistic encounters [57, 58]. This mirrors rupture-repair processes that are central to any psychotherapy, but particularly so for compassion focused therapists who will inevitably encounter frequent rupture events due to their clients and own fears, blocks and resistances to compassion [130].

Imaginal and embodied enacting of compassionately responding to confrontation and withdrawal ruptures [125], by blending with and redirecting energy (i.e. *behaviour* competencies), are more embodied ways of developing *non-judgement*, as it requires one to drop blame of the other [61]. These can further help strengthen competencies in *sensitivity, sympathy, empathy, attention, reasoning, sensation* and *feeling*, in that resistance is transformatively seen and felt as a vehicle for deepening compassionate understanding and growth [61, 65, 114, 138]. Such work has the potential to enhance synchrony within psychotherapy [50, 134, 139, 140] between client and therapist, as well as both strengthening therapeutic presence [89, 141] and affording courage by both parties within the therapy space.

3. Conclusion

Entraining therapist skills to deliver complex process-driven work such as CFT is important [2, 24]. In answering calls to develop novel ways to enhance the therapist self through embodied and psychophysiological approaches [4-6, 47, 142], we propose that traditional martial arts afford the development of many of the components of CFT's multi-modal model.

To further test out this hypothesis, future research may firstly focus on evidencing proof of concept by measuring changes in therapist competencies of compassionate engagement and action after engaging in training workshops and following sustained personal practice. Once established, studies may then wish to contrast more standard CMT for therapists with the more radically embodied martial arts-informed CMT approach outlined, including investigating whether this has differentially measurable impacts on neurophysiological and psychotherapeutic processes and outcomes.

In sum, we propose that the outlined embodied and enactive approach that integrates traditional martial arts and CMT is a potentially powerful compassionate self-cultivation system for CFT therapists to enhance their personal-professional development and clinical practice. From the perspective of the CFT therapist then, as for the practising martial artist, the 'way' is in training.

Author Contributions

Both authors contributed equally to the writing of this work.

Funding

The authors received no financial support for the research, authorship and/or publication of this article.

Competing Interests

Dr Neil Clapton and Dr Syd Hiskey are co-founders of Fierce Compassion Martial Arts (FCMA), a (currently non-profit) training organization and system designed to cultivate Radically Embodied Compassion described in this opinion paper.

References

1. Germer CK, Siegel RD. *Wisdom and compassion in psychotherapy: Deepening mindfulness in clinical practice*. New York: The Guilford Press; 2012.
2. Gilbert P. Compassion: From its evolution to a psychotherapy. *Front Psychol*. 2020; 11: 3123.
3. Kirby JN, Day J, Sagar V. The 'Flow' of compassion: A meta-analysis of the fears of compassion scales and psychological functioning. *Clin Psychol Rev*. 2019; 70: 26-39.
4. Hiskey S, Clapton N. The martial arts and embodied distress tolerance in psychological therapy. *Int J Martial Arts*. 2019; 5: 49-61.
5. Clapton N, Hiskey S. Radically embodied compassion: The potential role of traditional martial arts in compassion cultivation. *Front Psychol*. 2020; 11: 555156. doi: 10.3389/fpsyg.2020.555156.
6. Clapton N, Hiskey S. Radically embodied compassion training: Cultivating therapist courage, distress tolerance and compassionate responsiveness via traditional Martial Arts. *Martial Arts Ther Anthol*. 2023.
7. Gilbert P. Compassionate mind training: Key themes. In: *Compassion Focused Therapy*. Routledge; 2022. pp. 273-312.
8. Bennett-Levy J. Why therapists should walk the talk: The theoretical and empirical case for personal practice in therapist training and professional development. *J Behav Ther Exp Psychiatry*. 2019; 62: 133-145.
9. Bennett-Levy J, Finlay-Jones A. The role of personal practice in therapist skill development: A model to guide therapists, educators, supervisors and researchers. *Cogn Behav Ther*. 2018; 47: 185-205.
10. Kolts RL, Bell T, Bennett-Levy J, Irons C. *Experiencing compassion-focused therapy from the inside out: A self-practice/self-reflection workbook for therapists*. New York: Guilford Publications; 2018.
11. Bell T, Hickey T, Bennett-Levy J. Self-practice/self-reflection (SP/SR) training for compassion-focused therapists. In: *Compassion Focused Therapy: Clinical Practice and Applications*. Routledge; 2022. pp. 371-384.
12. Aggs C, Bambling M. Teaching mindfulness to psychotherapists in clinical practice: The mindful therapy programme. *Couns Psychother Res*. 2010; 10: 278-286.
13. Boellinghaus I, Jones FW, Hutton J. Cultivating self-care and compassion in psychological therapists in training: The experience of practicing loving-kindness meditation. *Train Educ Prof Psychol*. 2013; 7: 267.
14. Valente V, Marotta A. The impact of yoga on the professional and personal life of the psychotherapist. *Contemp Fam Ther*. 2005; 27: 65-80.
15. Schure MB, Christopher J, Christopher S. Mind-body medicine and the art of self-care: Teaching mindfulness to counseling students through yoga, meditation, and qigong. *J Couns Dev*. 2008; 86: 47-56.
16. Boellinghaus I, Jones FW, Hutton J. The role of mindfulness and loving-kindness meditation in cultivating self-compassion and other-focused concern in health care professionals. *Mindfulness*. 2014; 5: 129-138.

17. Kishida M, Mama SK, Larkey LK, Elavsky S. "Yoga resets my inner peace barometer": A qualitative study illuminating the pathways of how yoga impacts one's relationship to oneself and to others. *Complement Ther Med*. 2018; 40: 215-221.
18. Twemlow SW. Training psychotherapists in attributes of "mind" from Zen and psychoanalytic perspectives, part I: Core principles, emptiness, impermanence, and paradox. *Am J Psychother*. 2001; 55: 1-21. doi: 10.1176/appi.psychotherapy.2001.55.1.1.
19. Twemlow SW. Training psychotherapists in attributes of "mind" from Zen and psychoanalytic perspectives, part II: Attention, here and now, nonattachment, and compassion. *Am J Psychothe*. 2001; 55: 22-39. doi: 10.1176/appi.psychotherapy.2001.55.1.22.
20. Neff KD, Kirkpatrick KL, Rude SS. Self-compassion and adaptive psychological functioning. *J Res Pers*. 2007; 41: 139-154.
21. Van Dam NT, Sheppard SC, Forsyth JP, Earleywine M. Self-compassion is a better predictor than mindfulness of symptom severity and quality of life in mixed anxiety and depression. *J Anxiety Disord*. 2011; 25: 123-130.
22. MacBeth A, Gumley A. Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clin Psychol Rev*. 2012; 32: 545-552.
23. Gilbert P. *Compassion: Concepts, research and applications*. London and New York: Taylor & Francis; 2017.
24. Gilbert P, Simos G. *Compassion focused therapy: Clinical practice and applications*. Abingdon and New York: Routledge; 2022.
25. Kirby JN, Tellegen CL, Steindl SR. A meta-analysis of compassion-based interventions: Current state of knowledge and future directions. *Behav Ther*. 2017; 48: 778-792.
26. Craig C, Hiskey S, Spector A. *Compassion Focused Therapy: A systematic review of its effectiveness and acceptability in clinical populations*. *Expert Rev Neurother*. 2020; 20: 385-400. doi:10.1080/14737175.2020.1746184
27. Gilbert P. *Compassion focused therapy: The CBT distinctive features series*. London, UK: Routledge; 2010.
28. Steindl S, Bell T, Dixon A, Kirby JN. Therapist perspectives on working with fears, blocks and resistances to compassion in compassion focused therapy. *Couns Psychother Res*. 2022; 1-14.
29. Hermanto N, Zuroff DC, Kopala-Sibley DC, Kelly AC, Matos M, Gilbert P, et al. Ability to receive compassion from others buffers the depressogenic effect of self-criticism: A cross-cultural multi-study analysis. *Pers Individ Differ*. 2016; 98: 324-332.
30. Zuroff DC, Shahar G, Blatt SJ, Kelly AC, Leybman MJ. Predictors and moderators of between-therapists and within-therapist differences in depressed outpatients' experiences of the Rogerian conditions. *J Couns Psychol*. 2016; 63: 162.
31. Bibeau M, Dionne F, Riera A, Leblanc J. The influence of compassion meditation on the psychotherapist's empathy and clinical practice: A phenomenological analysis. *J Humanist Psychol*. 2020: 0022167820953258. doi: 10.1177/002216782095325.
32. Gilbert P. The origins and nature of compassion focused therapy. *Br J Clin Psychol*. 2014; 53: 6-41.
33. Dunn R, Callahan JL, Swift JK, Ivanovic M. Effects of pre-session centering for therapists on session presence and effectiveness. *Psychother Res*. 2013; 23: 78-85.

34. Gale C, Schröder T, Gilbert P. 'Do you practice what you preach?' A qualitative exploration of therapists' personal practice of compassion focused therapy. *Clin Psychol Psychother*. 2017; 24: 171-185.
35. Gilbert P. *Mindful compassion*. London: Constable and Robinson; 2013.
36. Irons C, Beaumont E. *The compassionate mind workbook: A step-by-step guide to developing your compassionate self*. London: Robinson; 2017.
37. Kim JJ, Cunnington R, Kirby JN. The neurophysiological basis of compassion: An fMRI meta-analysis of compassion and its related neural processes. *Neurosci Biobehav Rev*. 2020; 108: 112-123.
38. Kim JJ, Parker SL, Doty JR, Cunnington R, Gilbert P, Kirby JN. Neurophysiological and behavioural markers of compassion. *Sci Rep*. 2020; 10: 1-9.
39. Gilbert P, Irons C. Focused therapies and compassionate mind training for shame and self-attacking. In *Compassion*. London and New York: Routledge; 2005. pp. 275-337.
40. Gilbert P, Procter S. Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clin Psychol Psychother* 2006; 13: 353-379.
41. Irons C, Heriot-Maitland C. Compassionate mind training: An 8-week group for the general public. *Psychol Psychother*. 2021; 94: 443-463.
42. Beaumont E, Bell T, McAndrew S, Fairhurst H. The impact of compassionate mind training on qualified health professionals undertaking a compassion-focused therapy module. *Couns Psychother Res*. 2021; 21: 910-922.
43. Gilbert P. The Evolution and Social Dynamics of Compassion. *Soc Personal Psychol Compass*. 2015; 9: 239-254.
44. Gilbert P. Compassion as a social mentality. In: *Compassion: Concepts, research and applications*. Abingdon and New York: Routledge; 2017. pp. 31-68.
45. Gilbert P. *The compassionate mind*. London: Constable and Robinson; 2009.
46. Matos M, Duarte J, Duarte C, Gilbert P, Pinto-Gouveia J. How one experiences and embodies compassionate mind training influences its effectiveness. *Mindfulness*. 2018; 9: 1224-1235.
47. Gennaro A, Kleinbub JR, Mannarini S, Salvatore S, Palmieri A. Training in psychotherapy: A call for embodied and psychophysiological approaches. *Res Psychother*. 2019; 22: 395.
48. Muran JC, Eubanks CF. *Therapist performance under pressure negotiating emotion, difference, and rupture*. Washington, DC: American Psychological Association; 2020.
49. Green J. Embodied compassionate communication: Applied Aikido. In: *AiKiDô*. Wiesbaden: Springer; 2015. pp. 181-190.
50. Macdonald J, Muran CJ. The reactive therapist: The problem of interpersonal reactivity in psychological therapy and the potential for a mindfulness-based program focused on "mindfulness-in-relationship" skills for therapists. *J Psychother Integr*. 2021; 31: 452.
51. Twemlow SW, Sacco FC, Fonagy P. Embodying the mind: Movement as a container for destructive aggression. *Am J Psychother*. 2008; 62: 1-33. doi: 10.1176/appi.psychotherapy.2008.62.1.1.
52. Fujiwara H, Ueno T, Yoshimura S, Kobayashi K, Miyagi T, Oishi N, et al. Martial arts "Kendo" and the motivation network during attention processing: An fMRI study. *Front Hum Neurosci*. 2019; 13: 170.

53. Sanchez-Lopez J, Fernandez T, Silva-Pereyra J, Martinez Mesa JA, Di Russo F. Differences in visuo-motor control in skilled vs. novice martial arts athletes during sustained and transient attention tasks: A motor-related cortical potential study. *PLoS One*. 2014; 9: e91112.
54. Johnstone A, Marí-Beffa P. The effects of martial arts training on attentional networks in typical adults. *Front Psychol*. 2018; 9: 80.
55. Sánchez-López J, Fernández T, Silva-Pereyra J, Mesa JA. Differences between judo, taekwondo and kung-fu athletes in sustained attention and impulse control. *Psychology*. 2013; 4: 607.
56. Staller MS, Zaiser B, Körner S, Cole JC. Threat-related attentional biases in police officers and martial artists: Investigating potential differences using the E-Stroop and dot probe task. *Sage Open*. 2017; 7: 2158244017712776.
57. Kimmel M, Rogler CR. The anatomy of antagonistic coregulation: Emergent coordination, path dependency, and the interplay of biomechanic parameters in Aikido. *Hum Mov Sci*. 2019; 63: 231-253.
58. Rassovsky Y, Harwood A, Zagoory-Sharon O, Feldman R. Martial arts increase oxytocin production. *Sci Rep*. 2019; 9: 1-8.
59. Blomqvist Mickelsson T. Modern unexplored martial arts—what can mixed martial arts and Brazilian Jiu-Jitsu do for youth development? *Eur J Sport Sci*. 2020; 20: 386-393.
60. Lukoff D, Strozzi-Heckler R. Aikido: A martial art with mindfulness, somatic, relational, and spiritual benefits for veterans. *Spiritual Clin Pract*. 2017; 4: 81-91.
61. Faggianelli P, Lukoff D. Aikido and psychotherapy: A study of psychotherapists who are Aikido practitioners. *J Transpers Psychol*. 2006; 38: 159.
62. Dales S, Jerry P. Attachment, affect regulation and mutual synchrony in adult psychotherapy. *Am J Psychother*. 2008; 62: 283-312.
63. Talia A, Muzi L, Lingardi V, Taubner S. How to be a secure base: Therapists' attachment representations and their link to attunement in psychotherapy. *Attach Hum Dev*. 2020; 22: 189-206.
64. Mikulincer M, Shaver PR, Gillath O, Nitzberg RA. Attachment, caregiving, and altruism: Boosting attachment security increases compassion and helping. *J Pers Soc Psychol*. 2005; 89: 817.
65. Eubanks CF, Sergi J, Samstag LW, Muran JC. Commentary: Rupture repair as a transtheoretical corrective experience. *J Clin Psychol*. 2021; 77: 457-466.
66. Shelp EE. Courage: A neglected virtue in the patient-physician relationship. *Soc Sci Med*. 1984; 18: 351-360.
67. Wegela KK. *The courage to be present: Buddhism, psychotherapy, and the awakening of natural wisdom*. Boston: Shambhala Publications; 2010.
68. Tsai M, Callaghan GM, Kohlenberg RJ. The use of awareness, courage, therapeutic love, and behavioral interpretation in functional analytic psychotherapy. *Psychotherapy*. 2013; 50: 366.
69. Tsai M, Fleming AP, Cruz RA, Hitch JE, Kohlenberg RJ. Functional analytic psychotherapy: Using awareness, courage, love, and behaviorism to promote change. In: *Working with emotion in cognitive-behavioral therapy: Techniques for clinical practice*. The Guilford Press; 2015. pp. 381-398.
70. Hawking M, Curlin FA, Yoon JD. Courage and compassion: Virtues in caring for so-called "Difficult" patients. *AMA J Ethics*. 2017; 19: 357-363.
71. Vivino BL, Thompson BJ, Hill CE, Ladany N. Compassion in psychotherapy: The perspective of therapists nominated as compassionate. *Psychother Res*. 2009; 19: 157-171.

72. Sovereign G, Walker BR. Mind, body and wellbeing: Reinforcement sensitivity theory and self-cultivation systems as wellbeing influencers. *J Happiness Stud.* 2021; 22: 1-20.
73. Cheng FK. The bodhisattva spirit: Practising self-benefiting altruism. *Fuyan Buddh Stud.* 2014; 9: 93-168.
74. Quaglia JT. One compassion, many means: A big two analysis of compassionate behavior. *Mindfulness.* 2022. doi: 10.1007/s12671-022-01895-7.
75. Makransky J. Confronting the "Sin" out of Love for the "Sinner": Fierce compassion as a force for social change. *Buddh Christ Stud.* 2016; 36: 87-96.
76. Kamen RK. *Karate: Beneath the surface.* New York: Kamen Entertainment Group; 2017.
77. Weis G. *Budotherapy: Embrace your inner peaceful warrior whilst using Compassion Focused Therapy to cope with fear & pain.* Independently published. 2020.
78. Hackney CH. *Martial virtues: Lessons in wisdom, courage, and compassion from the world's greatest warriors.* Tuttle Publishing; 2011.
79. Chopko BA. Walk in balance: Training crisis intervention team police officers as compassionate warriors. *J Creat Ment Health.* 2011; 6: 315-328.
80. Gilbert P. Explorations into the nature and function of compassion. *Curr Opin Psychol.* 2019; 28: 108-114.
81. Payne P, Crane-Godreau MA. The preparatory set: A novel approach to understanding stress, trauma, and the bodymind therapies. *Front Hum Neurosci.* 2015; 9: 178.
82. Gonzalez RF. *Chinese Gong Fu: Toward a Body-Centered Understanding.* Jefferson, NC: McFarland; 2019.
83. Kimmel M, Rogler CR. Affordances in interaction—the case of Aikido. *Ecol Psychol.* 2018; 30: 195-223.
84. Labbate M. Attention, sit, meditate, bow, ready position: Ritualized dojo pattern or character training? *J Asian Martial Arts.* 2011; 20: 82-93.
85. Martinkova I, Parry J, Vágner M. The contribution of martial arts to moral development. *Ido Mov Cult.* 2019; 19: 1-8.
86. Rawcliffe S. *Simply Wing Chun Kung Fu.* Ramsbury: The Crowood Press Ltd; 2003.
87. Westbrook A, Ratti O. *Aikido and the dynamic sphere: An illustrated introduction.* North Clarendon: Tuttle Publishing; 1970.
88. Komori T. Use of Ninja hand signs to eliminate anxiety and strengthen the ability to cope with stress. *Adv Clin Transl Res.* 2018; 2: 1-7.
89. Geller SM, Porges SW. Therapeutic presence: Neurophysiological mechanisms mediating feeling safe in therapeutic relationships. *J Psychother Integr.* 2014; 24: 178.
90. Di Bello M, Ottaviani C, Petrocchi N. Compassion is not a benzo: Distinctive associations of heart rate variability with its empathic and action components. *Front Neurosci.* 2021; 15: 617443.
91. Ashar YK, Andrews-Hanna JR, Halifax J, Dimidjian S, Wager TD. Effects of compassion training on brain responses to suffering others. *Soc Cogn Affect Neurosci.* 2021; 16: 1036-1047.
92. Halifax J. A heuristic model of enactive compassion. *Curr Opin Support Palliat Care.* 2012; 6: 228-235.
93. Frantzis BK. *The power of Internal Martial Arts and Chi: Combat and energy secrets of Ba Gua, Tai Chi, and Hsing-i.* Blue Snake Books; 2007.
94. Price TF, Harmon-Jones E. Embodying approach motivation: A review of recent evidence. *Adv Motiv Sci.* 2016; 3: 81-111.

95. Osypiuk K, Thompson E, Wayne PM. Can Tai Chi and Qigong postures shape our mood? Toward an embodied cognition framework for mind-body research. *Front Hum Neurosci.* 2018; 12: 174.
96. Peña J, Chen M. With great power comes great responsibility: Superhero primes and expansive poses influence prosocial behavior after a motion-controlled game task. *Comput Hum Behavior.* 2017; 76: 378-385.
97. Martin P. Conflict resolution using transactional analysis and aikido. *Trans Anal J.* 2004; 34: 229-242.
98. Linden P. Embodied peacemaking: Body awareness, self-regulation and conflict resolution. Naples, FL: CCMS Publications; 2007.
99. Metzler H, Vilarem E, Petschen A, Grèzes J. Power posture effects on approach and avoidance decisions in response to social threat. 2020. doi: 10.31234/osf.io/t8mhw.
100. Condon P, Makransky J. Recovering the relational starting point of compassion training: A foundation for sustainable and inclusive care. *Perspect Psychol Sci.* 2020; 15: 1346-1362.
101. Condon P, Makransky J. Sustainable compassion training: Integrating meditation theory with psychological science. *Front Psychol.* 2020; 11: 2249.
102. Chin MS, Kales SN. Understanding mind-body disciplines: A pilot study of paced breathing and dynamic muscle contraction on autonomic nervous system reactivity. *Stress Health.* 2019; 35: 542-548.
103. Bluestein J. *Research of Martial Arts.* San Bernardino, CA: Jonathan Bluestein; 2014.
104. Hiskey S, Clapton N. Minding the gap: Compassionate maai, social relating and communicating within re-constructed space. In: *Clinical Psychology Forum.* 2020. pp. 37-41.
105. Masciotra D, Ackermann E, Roth WM. "Maai": The art of distancing in karate-do mutual attunement in close encounters. *J Adult Dev.* 2001; 8: 119-132.
106. Rosenberg EL, Zanesco AP, King BG, Aichele SR, Jacobs TL, Bridwell DA, et al. Intensive meditation training influences emotional responses to suffering. *Emotion.* 2015; 15: 775.
107. Zickfeld JH, Arriaga P, Santos SV, Schubert TW, Seibt B. Tears of joy, aesthetic chills and heartwarming feelings: Physiological correlates of Kama Muta. *Psychophysiology.* 2020; 57: e13662.
108. Behrends A, Müller S, Dziobek I. Moving in and out of synchrony: A concept for a new intervention fostering empathy through interactional movement and dance. *Arts Psychother.* 2012; 39: 107-116.
109. Samaritter R, Payne H. Kinaesthetic intersubjectivity: A dance informed contribution to self-other relatedness and shared experience in non-verbal psychotherapy with an example from autism. *Arts Psychother.* 2013; 40: 143-150.
110. Blum MC. Embodied mirroring: A relational, body-to-body technique promoting movement in therapy. *J Psychother Integr.* 2015; 25: 115-127.
111. Shuper Engelhard E. Somatic mirroring: Psychotherapeutic treatment of mental states without representation. *Body Mov Dance Psychother.* 2018; 13:4-16.
112. Mayo O, Gordon I. In and out of synchrony—Behavioral and physiological dynamics of dyadic interpersonal coordination. *Psychophysiology.* 2020; 57: e13574.
113. Yaniv D. Trust the process: A new scientific outlook on psychodramatic spontaneity training. *Front Psychol.* 2018; 9: 2083.
114. Vickers E. "Yes, and": Acceptance, resistance, and change in improv, Aikido, and psychotherapy. 2016. Available from: http://www.sfxmachine.com/docs/yes_and.pdf.

115. Pizarro JJ, Basabe N, Amutio A, Telletxea S, Harizmendi M, Van Gordon W. The mediating role of shared flow and perceived emotional synchrony on compassion for others in a mindful-dancing program. *Mindfulness*. 2020; 11: 125-139.
116. Valdesolo P, DeSteno D. Synchrony and the social tuning of compassion. *Emotion*. 2011; 11: 262.
117. Reddish P, Fischer R, Bulbulia J. Let's dance together: Synchrony, shared intentionality and cooperation. *PloS One*. 2013; 8: e71182.
118. Whitehouse H, Jong J, Buhrmester MD, Gómez Á, Bastian B, Kavanagh CM, et al. The evolution of extreme cooperation via shared dysphoric experiences. *Sci Rep*. 2017; 7: 1-10.
119. Tschacher W, Meier D. Physiological synchrony in psychotherapy sessions. *Psychother Res*. 2020; 30: 558-573.
120. Mayo O, Lavidor M, Gordon I. Interpersonal autonomic nervous system synchrony and its association to relationship and performance—a systematic review and meta-analysis. *Physiol Behav*. 2021; 235: 113391.
121. Zilcha-Mano S, Shamay-Tsoory S, Dolev-Amit T, Zagoory-Sharon O, Feldman R. Oxytocin as a biomarker of the formation of therapeutic alliance in psychotherapy and counseling psychology. *J Couns Psychol*. 2020; 67: 523.
122. Palmieri A, Pick E, Grossman-Giron A, Tzur Bitan D. Oxytocin as the neurobiological basis of synchronization: A research proposal in psychotherapy settings. *Front Psychol*. 2021; 12: 628011.
123. Peña JJ. The embodied intersubjective space: The role of clinical intuition in somatic psychotherapy. *Body Mov Dance Psychother*. 2019; 14: 95-111.
124. Acarón T. Movement decision-making in violence prevention and peace practices. *J Peace Educ*. 2018; 15: 191-215.
125. Hiskey S, Clapton NE. Distress tolerance imagery training. *Martial Arts Stud*. 2021; 19: 46-55. doi: 10.18573/mas.121.
126. Foster D. Fighters who don't fight: The case of aikido and somatic metaphorism. *Qual Sociol*. 2015; 38: 165-183.
127. Ueshiba M, Stevens J. *The Art of Peace Teachings of the Founder of Aikido*. Boston: Shambala Pocket Classics; 1992.
128. Loke KS. Mushin in Martial Arts and insights from neuroscience. *Int J Martial Arts*. 2021; 7: 1-9.
129. McKnight DE. Tonglen meditation's effects on compassion in novice meditators. University of the West; 2014.
130. Gilbert P, Mascaro J. Compassion: Fears, blocks, and resistances: An evolutionary investigation. In: *The Oxford handbook of compassion science*. Oxford: Oxford University Press; 2017. pp. 399-420.
131. Liotti G. Conflicts between motivational systems related to attachment trauma: Key to understanding the intra-family relationship between abused children and their abusers. *J Trauma Dissociation*. 2017; 18: 304-318.
132. Liotti G. The multimotivational approach to attachment-informed psychotherapy: A clinical illustration. *Psychoanal Inq*. 2017; 37: 319-331.
133. Cortina M, Liotti G. An evolutionary outlook on motivation: Implications for the clinical dialogue. *Psychoanal Inq*. 2014; 34: 864-899.

134. Monticelli F, Liotti M. Motivational monitoring: How to identify ruptures and impasses and enhance interpersonal attunement. *J Contemp Psychother.* 2021; 51: 97-108.
135. Liotti G, Gilbert P. Mentalizing, motivation, and social mentalities: Theoretical considerations and implications for psychotherapy. *Psychol Psychother.* 2011; 84: 9-25.
136. Webb CE, Coleman PT, Rossignac-Milon M, Tomasulo SJ, Higgins ET. Moving on or digging deeper: Regulatory mode and interpersonal conflict resolution. *J Pers Soc Psychol.* 2017; 112: 621.
137. Webb CE, Rossignac-Milon M, Higgins ET. Stepping forward together: Could walking facilitate interpersonal conflict resolution? *AM Psychol.* 2017; 72: 374.
138. Ryland S, Johnson LN, Bernards JC. Honoring protective responses: Reframing resistance in therapy using polyvagal theory. *Contemp Fam Ther.* 2022; 44: 267-275
139. Koole SL, Tschacher W. Synchrony in psychotherapy: A review and an integrative framework for the therapeutic alliance. *Front Psychol.* 2016; 7: 862.
140. Mernagh M, Baird K, Guerin S. Subjective changes in mind-body attunement associated with transdiagnostic group-based compassion-focused therapy. *Mindfulness.* 2020; 11: 2016-2026.
141. Geller SM. Cultivating therapeutic presence: Strengthening your clinical heart, mind, and practice. *Transformance.* 2020; 10: 1-25.
142. Kleinbub JR. State of the art of interpersonal physiology in psychotherapy: A systematic review. *Front Psychol.* 2017; 8: 2053.