

Radically Embodied Compassion Training: Cultivating Psychotherapist Courage, Distress Tolerance and Compassionate Responsiveness via Traditional Martial Arts

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ABSTRACT

Psychotherapeutic encounters inevitably entail moments and episodes of disaffiliation, ruptures and conflict. These events can pose significant challenges and threats to both client and therapist. Resolving and repairing such ruptures requires therapists to tolerate not only their clients' but also their own distress, to better afford the courage and wisdom to respond compassionately. Whilst there is plenty of excellent research and guidance on how to respond to and repair alliance ruptures, few approaches explicitly focus on the development of the underlying (neuro)physiological capacities, embodied motivational switching abilities and somatic resources to be able to do so in situations of high relational threat. Traditional martial arts provide a powerful and fruitful means to entrain these competencies and processes, which can feasibly be transferred to psychotherapeutic encounters. This paper outlines the development of training workshops for therapists/clinicians based on traditional martial arts principles and practices, embodied neuroscience and interpersonal neurobiology. This overview will thus help illuminate how such training may afford therapists/clinicians greater distress tolerance and compassionate responsiveness, otherwise termed Radically Embodied Compassion (Clapton & Hiskey, 2020), in difficult therapeutic encounters such as alliance ruptures.

Keywords: Martial arts, compassion, radically embodied compassion, therapist courage, alliance rupture repair, therapeutic presence.

INTRODUCTION

Conflict, both interpersonal and intrapersonal, is an inevitable part of life, particularly in the context of humans being a highly evolved multi-motivational social species [1,2]. Effectively dealing with conflict is thus an important part of our survival, growth, maturation, functioning and flourishing in the world. In terms of psychotherapy, relational conflicts are commonly experienced and can be considered inevitable events in therapeutic encounters [3]. These arise as a result of the myriad of motivational and emotional difficulties experienced by both client and therapist during the challenging tasks involved in negotiating each's respective needs [4] and can impact upon therapeutically driven compassionate attempts to alleviate suffering [1,5].

Relational conflicts and disagreements in psychotherapy have more broadly been conceptualised and referred to as ruptures in the therapeutic alliance [4,6,7]. Ruptures can be defined as interpersonal tensions, strains, breakdowns [3,7] and disaffiliation [8] in the working therapeutic relationship. Ruptures have been usefully classified into two broad types with identifiable markers: *withdrawal* ruptures, which typically encompass movements *away* from another (e.g., involving subtle or more overt avoidance, submissive appeasement and over-compliance); and confrontation ruptures, which typically encompass movements *against* another (e.g., involving expression of anger, resentment or dissatisfaction, often via criticism, blaming and demanding) [4,7].

Ruptures are co-created, co-constructed and co-regulated, requiring skilful management and redirection back towards reaffiliation and co-operation [7-9]. Alliance ruptures ultimately should not be seen as something to be avoided, but as opportunities to afford powerfully corrective relational and emotional experiences [3,10] through their resolution and resultant repair. For many clients who come to therapy, these are often profoundly (if initially difficult, threatening and painful) new, transformative and healing experiences that they were not afforded during their early (and subsequently later) attachment relationships [11]. Successful repair of alliance ruptures has been shown to be linked to more positive patient outcomes [12], and thus can be considered critical change processes that can transform relational obstacles in therapy into opportunities for change. Rupture-repair has been proposed as a transtheoretical corrective experience [10]), meaning it is likely an element of all therapeutic work, regardless of the school or model of therapy being employed within treatment.

Central to successful rupture-resolution/repair is the therapist's ability to maintain an affiliative stance and be compassionately responsive in the face of difficult and at times hostile client communications [13,14]. Muran and colleagues [4,7] describe a four stage-process model of rupture-repair. This includes 1) an initial stage of attending to a rupture, 2) an exploration of the experience of the rupture, 3) exploring any avoidance related to such exploration and 4) expressing rupture related wishes or needs and determining how they might be met. In order to enact these sequences, therapists need to be able to have the following abilities, capacities and skills: self-awareness, affect regulation, and interpersonal sensitivity [15]. Accordingly, Alliance-Focused Training (AFT) [15] was developed to help therapists develop these three interdependent therapeutic skills, typically via videotape analysis, awareness-oriented role plays and mindfulness training [15].

Crucially, therapists must be able to tolerate their own and clients' emotional distress involved in this often difficult and challenging process [13,15]. This is especially important as reactivity on the part of the therapist, by way of subtle but detectable negative interpersonal reactions, can have a detrimental effect on treatment outcomes [14]. Such negative reactions on the part of the therapist [13,14] during emotionally-laden and relationally threatening encounters are not uncommon [16] and can include therapists responding to client hostility with hostility [17]. Therapist's negative reactions towards clients who are experienced as defensive, resistant and hostile are often reported significant blocks and inhibitors of therapists' compassion [5]. Failure to manage such countertransference reactions may contribute to increased frequency and intensifying of ruptures, further deterioration in the working alliance, disengagement from therapy and treatment drop-out [18-20].

As regards potential shortfalls in therapist training to help address alliance ruptures, alliance-focused researchers have acknowledged the need to develop ways of embodying 'mindfulness in relationship' skills to manage therapist interpersonal reactivity, and thus increase their capacities to respond in an affiliative way to challenging and threatening client communications [14]. Without these embodied capacities, it is exponentially more difficult to enact the stages and processes of resolving ruptures outlined by Alliance-Focused Training [15].

There is relatively little guidance in the psychotherapy literature and/or training about how to cultivate and sustain therapeutic presence [21], particularly in interpersonal encounters which are emotionally evocative [22] characterised by high relational threat [13]. Indeed, it has been argued that working well in therapy can only occur when clients feel safe and secure [23, 24]. In accordance with polyvagal theory [25] and the evolutionary (e)motivational regulatory model of body-mind outlined by Compassion Focused Therapy (CFT) [1,26], this means that therapists need to be able to socially signal safety and safeness through verbal and non-verbal behaviours that facilitates co-regulation via a process called neuroception [27,28] and activation of the parasympathetic nervous system [29]. These processes are largely dependent on therapists' abilities to self-regulate by activating a ventral vagal parasympathetically-mediated autonomic state [29,30,31] where one can remain affiliatively socially connected and engaged without becoming overly defensive or reactive [13].

Given this, it has been said that therapists should focus much more on 'how' they are with clients, above whatever techniques they 'do' as part of treatment [23]. A sufficiently containing therapeutic presence is therefore likely a necessary step to build a positive therapeutic alliance in which safety is experienced en-route to beneficial treatment. Accordingly, we contend that the skills entrained within traditional martial arts are directly relevant to achieving this state.

RELEVANCE AND APPLICABILITY OF TRADITIONAL MARTIAL ARTS TRAINING IN PSYCHOTHERAPEUTIC RUPTURE-REPAIR WORK

There are many parallels between psychotherapeutic encounters and processes, and those involved in the traditional martial arts. Conflicts, confrontation and negotiation related to emotional issues, motives and needs are central to both [32]. Both psychotherapists and senseis/sifus attempt to create an integrative space for learning, growth and transformation to take place in real time, rather than such encounters becoming another space to simply enact aggression when conflict inevitably arises [33]. Crucially, both psychotherapy and martial arts involve entering into and co-regulation of antagonistic encounters, with a focus on reaffiliation and mutual support immediately afterwards, by way of relational repair.

The development of traditional martial arts-informed Radically Embodied Compassion (REC) training (see below) stemmed from a number of observations, experiences and embodied wisdom of both authors, as well as other psychotherapists, scholars and researchers. Firstly, traditional martial arts are ancient systems of embodied conflict resolution, with compassion being an implicit or more explicit central tenet and motivational force embedded in practicing and following 'The Way' [34,35]). Most if not all traditional martial arts are rooted in a philosophy of training, one's whole self (via integrated body-mind practices) and cultivating character strengths [36,37]) in order to become a fearlessly courageously compassionate human being [38]. Embodying and enacting compassion is central in the practice of traditional aikido [39-41], karate [38,42] and taekwondo [43,44]. Even within more recent developments

in reality-based martial arts, such as Krav Maga [45] and combatives style self-protection approaches [46], there still remains a focus on halting violence through the application of good situational awareness and minimally harmful physical practices. Thus, martial arts contain much embodied wisdom and skills to help resolve conflicts non-violently and affiliatively, in the wider service of preventing and halting suffering, in a way that might usefully be transferred to psychotherapeutic encounters [47] such as resolving/repairing alliance ruptures. This has been proposed to occur through the process of *somatic metaphorism* [48], whereby training to blend with aggressors using minimal energy and auspicious timing becomes a mode of deploying the body to make sense of and skilfully respond to non-martial relational challenges. We have since further refined and redefined this concept as *somatic metamorphism* [34,35], as we believe this process encompasses not only somatic deployment and sense-making, but *somatic transformation/transmutation*.

Twemlow [49,50] contended that psychotherapy training may not fully prepare psychotherapists for the often-demanding tasks of helping clients with and through their suffering in therapy, particularly with individuals whose early disturbed attachment experiences leave such clients feeling vulnerable, unsafe, easily threatened by and defensively hostile in therapeutic encounters [51]. Twemlow [49,50] thus argued that various of aspects of 'mind' of the therapist require further training and honing, and the need to look beyond the confines of traditional psychotherapy training to other personal practices to entrain such attributes. This might include the fine-tuning of attentional capacities such as selfless concentration (*mushin*), reflexive thinking/action (*hishiryo*) [49,50] and thus a stable/unmoved/unfettered mind [52,53]. These are all essential components of being able to empathically engage with, attune, tolerate and compassionately respond to another's distress in the therapy space [13,34,35]. Learning how to physically contain attacks through martial arts in such a manner that neither party is harmed [41] can be a fruitful path to becoming a safe(r) psychobiological container [51] during confrontations in the therapy space.

Secondly, whilst there is plenty of excellent research and guidance on how to respond to and repair alliance ruptures [4,6,7,10], few approaches explicitly focus on the development of the underlying (neuro)physiological capacities, embodied motivational switching abilities and somatic resources to be able to do so in situations of high relational threat. This has been noted by others, in that many skills-based programs and systems that focus on non-violent compassionate communication tend to be more language-based and cognitive-focused, without perhaps attending more widely to the body [54,55] and the development of somatic resources that enable therapists to successfully facilitate rupture-resolution processes. There is a growing recognition that therapists are faced with the difficult task of having to perform under pressure [4], perhaps none more so than when experienced during alliance ruptures. It is precisely during these times that therapists' skills are more vulnerable to breaking down and be less effective, impairing an ability to access one's own embodied wisdom [54] and retain control of one's executive functions [56]. This is ultimately because our physiological state is what shapes/patterns our emotional, cognitive and behavioural responses in either unhelpful-constricted or helpful-expansive ways [55]. Being able to switch our physiology into a state that is more conducive to peaceful compassionate conflict resolution requires placing and working with the body as central to this process [55], which is becoming increasingly supported by research into the neuroscience of embodiment and embodied cognition [57,58]. Furthermore, being able to switch our physiology in this manner can also have a dynamic co-regulatory effect

on others, via the processes of physiological contagion and synchrony of each's autonomic nervous system [59-61], mediated by the endogenous production and release of oxytocin [62,63].

Rupture-repair implies and requires movement from and through antagonistic conflict to resolution, reconciliation and reaffiliation. For this constructive rather than destructive process to be facilitated, it requires individuals to engage in rapid switching of socio-motivational states and behaviours [64,65], which have also been termed social mentalities [1,66]. Such motivational shifts allow fear and hostility to make way for more affiliative and benevolent inclinations [64,65]. These abilities to engage in rapid social switching behaviours are predicated on what has been termed *locomotion motivation* [65]. In Regulatory Mode Theory (RMT), locomotion motivation is defined as a motivation for smooth movement and change from state-to-state [67-69], which can manifest in an array of behavioural or psychological forms of movement in an experiential sense [65]. In conflict scenarios, strong and/or predominant locomotion motivation affords an ability to move/take action whilst tolerating negative feelings that helps both parties 'move on', rather than becoming stuck and mired in immobility by 'digging deeper in' [65].

Locomotion motivation has been proposed to be cultivated, stimulated and entrained by various embodied movement practices that facilitate the psychological movements necessary for conflict resolution [70]. Traditional martial arts are one such powerful embodied practice, because they involve the arising of, entering into and co-regulation of dyadic encounters requiring constant movement from antagonistic to co-operative and prosocial motives [62,71,72], and asynchronous to synchronous states [34,35,73]. These processes are indicative of heightened abilities to 'read' and motivationally monitor self and others in real-time, and rapidly motivationally switch to most helpfully resolve therapeutic ruptures/impasses [1,2]. Recent fMRI research suggests that such motivational switching abilities can be entrained and becomes more efficient through traditional martial arts training [53], at the same time as reducing the inner conflict between such neurobiological motivational systems that creates psychological distress and results in inefficient decision-making [74].

In this way, martial arts can be seen as systems of embodied dynamic decision-making in action that afford flexibility of intention and responses [71,75]. This is well illustrated in a landmark study by Faggianelli and Lukoff [47] of psychotherapists who practiced aikido, which clearly delineates how martial arts can help develop therapists' abilities to be centred, present, calm, safely blend with and extend towards others in the midst of highly emotionally charged clinical encounters, in a way that allows therapists to engage and relate to others compassionately and empathically.

TRADITIONAL MARTIAL ARTS-INFORMED RADICALLY EMBODIED COMPASSION TRAINING

Crucial then to therapist training, in helping them successfully navigate, negotiate and skilfully respond to difficult therapeutic encounters, becomes entraining abilities to be centered [47], somatically attuned [54] and embody distress tolerance [13]. Accordingly, we have since conceptualised this as cultivating and entraining Radically Embodied Compassion (REC) [34]. This involves training the whole body-mind of the therapist in a coordinated and integrated

way, that gives rise to more readily accessible and sustainable online compassionate motivation when it is most needed and most difficult.

In accordance with evolutionary psychology-informed conceptualisations [1,76], compassion is seen in REC training as a *motive* rooted in evolved caring and affiliative motivational systems [1,66,76], that organises and patterns the body-mind in a certain way when it is activated/stimulated in the face of suffering. Specifically, compassion involves two separate but inter-related psychologies, coalescing around wise courageous engagement and action at its very core [1,34,35]. Compassion thus involves and encompasses abilities to be able to courageously turn towards, tolerate and empathically engage with suffering without becoming overwhelmed and/or overly distressed by it, and then to take wise, skilful, helpful and halting (rather than harmful) action to alleviate and prevent it [77].

Compassion is thus central to conflict resolution and transformation, because it is an evolved algorithm associated with particular motivational systems, (neuro)physiology and patterning of body-mind that is solely focused on being helpful not harmful [1]. It helps us attune to the universal suffering of self and others in the midst of conflict in a way that empathy alone does not [1,30], helping to cultivate what has been termed conflict-proof well-being [78]. Growing neuroscientific research supports this notion, beginning to delineate compassion's neurophysiological correlates and indicators [79]. Such research suggests that compassion training(s) increase motivational salience, equanimous visual attention and decreased emotional reactivity to suffering at a neural level [80,81], increase in parasympathetic nervous system activation/response [82] indicative of a state of relative social safeness and affiliative social engagement [1,30], and that the empathic and action components of compassion are associated with distinct patterns of vagally-mediated heart rate variability [83]. Further evidence suggests that compassion is associated with more prosocial and altruistic behaviour, less aggression and punishment, and more readiness for reconciliation after conflicts [84]. It is this psychophysiological-motivational state, an integrated state of awareness, stability, calm, courage and power often referred to as *centeredness* [47,55,85], that can be accessed and cultivated via martial arts training that was the stimulus for developing Radically Embodied Compassion training.

Accordingly, we have developed a system to cultivate and entrain REC, namely Fierce Compassion Martial Arts (FCMA), which is a pan-style conceptual and practical system drawing on the embodied wisdom of traditional martial arts philosophies and practices. REC training via FCMA also attempts to integrate the core principles and processes of Alliance-Focused Training for rupture-resolution, and other therapeutic modalities such as Compassion Focused Therapy (CFT) and its associated practices of Compassionate Mind Training (CMT) that are explicitly focused on stimulating compassion(ate) motivation and flow [1,26,66,76].

FCMA is designed as an integrative embodied system to entrain REC [34,35] that facilitates many of the outlined dynamic co-regulatory processes that are essential for rupture-repair, and thus good therapeutic outcomes. All of the embodied practices within training workshops are intended to stimulate the motivational system and associated neurophysiology of compassion(ate) engagement and action. Through the processes of entrainment and somatic metamorphism, it is hypothesised that such training develops therapists' capacities/abilities in and affords courageous engagement with, distress tolerance of and wise/skilful and flexible

responsiveness to whatever suffering arises and manifests in therapeutic encounters [13,34,35].

Structure, Content and Process(es) of FCMA REC Workshops

REC training workshops are flexible according to the experience, mix and needs of attendees. Workshops typically begin with psychoeducation about and experiential exploration of rupture-repair events and resolution processes. This is important, because research indicates that therapists' abilities to detect and recognise different forms of alliance ruptures has an effect on therapeutic outcomes [86]. This includes video of real-world aggression, collective discussion of such events and of the various responses displayed. We then reflect on rupture within therapy encounters based on real-life events and the importance of these for each party, based on embodied experiences, above intellectualised accounts of what happened and what was felt. It is our strong contention that therapy training can seem inadequate in terms of preparing therapists for their physical response to difficult client encounters [13], and so 'setting the scene' in this manner is designed to communicate and reinforce the 'real-world fidelity' of the training about to be undertaken.

After a brief warm-up, we then introduce a series of physical practices to help attendees experience fierce compassionate practices for themselves. The first is often a Dumog-inspired drill, where participants are deliberately pushed and pulled off-balance by their partners whilst under simultaneous aggressive verbal personal attack. This aims to demonstrate and simulate 'real world' confrontation rupture markers and the difficulties of maintaining one's stability, (executive) control, courage 'under fire' [56] and 'performance under pressure' [4]. The drill can be increased in intensity to a level where both partners are able to feel the experience of 'tussle' at an embodied/experiential level. Reaffiliation follows, in this instance typically via feedback from each partner and an agreement to engage again, often with more vigour, if both parties are willing. A moment is taken after each round to switch motivational set (from threat/danger-based to caring/compassion-based) on behalf of the 'attacker' and the drill proceeds apace. As we know, heart rate increases are linked to both reduced fine motor control and cognitive processing such as attentional narrowing and enhanced bias in information processing [87]. As such, the ability to muster one's resources to compassionately respond in times of perceived attack is where martial arts and psychological therapy, in our view, intersect and this is captured from the outset of training in radically embodied compassion with the above drill.

We then tend to turn to a variety of Wing-Chun and Taekwondo based 'salutes' and 'ready' stance positions, before introducing our FCMA salute, designed to both set and signal compassionate intentions (to self and others) and as preparedness/readiness to emotionally engage. These preparatory exercises involve combining paced breathing with movement and rhythmic skeletal muscle contraction, which has been shown to lead to a more resilient parasympathetic nervous system response in preparation for stressful events than breathing practices alone [88]. Such parasympathetically-mediated emotional balance confers physiological resilience under stress [88] and allows one to keep one's mind sharp under pressure [89]. Accordingly, stance and salute work can be explicitly used as pre-session centering practices [85,90] that helps to foster various components of therapeutic presence [21,23,24,28], with even short similar practices having been shown to have beneficial effects on the therapeutic alliance and perceived effectiveness of sessions [91].

Training is peppered with attention to the breath and formal breathwork. Such breathwork is designed to maximise cardiac vagal control underpinning optimal self-regulation and aid rapid psychophysiological recovery [92,93]. Regular breaks are taken to reinforce this principle. We currently employ a Dan Tian-based breathwork drill drawn from Qigong practices as a simple method to rebalance both physically and emotionally, which research shows helps to foster a relaxed and attentive body-mind [94]. This can be introduced by reference to the meditative section of the Wing Chun system's first form Siu Nim Tao.

Following a period of relatively static stance work, FCMA drills become more dynamic with a focus on traditional single practitioner block and counter movements, again largely but not exclusively drawn from both Wing Chun and Taekwondo. These might take the form of, for example, Pak Sau Tan Sau low palm strike to the hip from Wing Chun, to create a simultaneous defence while remaining in proximity, or indeed forward side-stepping with a hybrid knife-hand guarding block (sonkal daebi makgi) and pushing block (miro makgi) to the shoulder from Taekwondo. These partner-based drills allow for the introduction of an active defence against a basic attack (typically a straight punch or grab) and require balance changes, fluid repositioning, blending/engaging and staying with force and most often redirection using a halting, compassionately focused, embodied response to the other. We focus on our intention to protect ourselves while presenting a spirit in keeping with ending the conflict as wisely, safely and skilfully as possible. As before, intensity is progressively increased by consent until the essence of the drill (i.e., to remain safe while affording an appropriate response) is felt. More advanced exercises are then introduced, including a Taekwondo-inspired three-step sparring (sambo matsogi) drill whereby training partners physically enact a confrontation rupture between client and therapist. The partner playing the therapist's task is to block, absorb and stay with the physical-emotional attack of the partner playing the client, and at the end of the three-step sequence are invited to offer an embodied compassionate countermeasure (rather than a counterattack). In summary, many of these exercises are intended to offer an embodied somatic experience of rolling with resistance/ 'rolling with the punches' [49], motivational monitoring and rapid motivational switching [1,2,65] and moving in and out of synchrony [61,95] in order to move from disaffiliation-rupture to reaffiliation-repair [8].

To strengthen the importance of physical interpersonal relatedness, compassionate maai [73] exercises are presented, given that they require monitoring of and dynamic adjustment of the engagement distance between oneself and another [96]. These drills can be referred to as 'embodied mirroring' [97] exercises and involve balancing keeping a safe enough distance from an opponent whilst remaining affiliatively socially engaged (in the case of martial arts, within a position to move and connect to the other in an advantageous way). These embodied exercises can help develop empathic abilities such as attunement and intersubjectivity via kinesthesia [95,98] that are needed to enact successful rupture-repair, as well as entraining abilities to regulate therapeutic distance [99] according to clients' differing attachment characteristics and associated closeness-distance tendencies [100]. This is important as it is difficult to fine-tune this skill during a dynamic therapeutic encounter. Bringing attention to one's sense of physical attunement to another in this way can help develop one's sensitivity to suffering [101] and reflexively adjust one's response to their relational needs in a way that may enhance attunement [102].

Given many attendees will have little by way of previous martial arts experience, we have found that kihap/kiai exercises are often very well received and achieve the sense of deep embodiment we are referring to when we discuss the spectrum of fierceness in relation to therapist courage. In this section, workshop participants are playfully invited to experiment with the force and intensity of how they express their compassionate intent and action (from gentle to fierce). Participants thus get to experience how to harmonise their breathing and movement in a manner that maximises power, efficiency and performance [103], so that one can become more fearless, courageous and confident in their abilities to engage in different forms of compassionate behaviours (e.g., empathic challenge/confrontation; compassionate halting, correction and redirection). This exercise can also help therapists face and address their own fears, blocks and resistances (FBRs) [104] to more assertive forms of compassionate action that might be required in therapeutic encounters, and thus counter potentially unhelpful therapist friendly submissiveness [105,106]. Exposing therapists to and training in this way within the workshop is important, as good psychotherapeutic outcomes are predicated on therapists' abilities to balance empathy and challenge [107], particularly in the context of alliance ruptures [108].

In keeping with our lived experience of martial arts training, FCMA has a series of katas/forms/poomsae/tuls, each with a specific motivational and emotional intent, as a further way of entraining the ability to rapidly motivationally and emotionally switch set [1,65] in order to resolve interpersonal conflicts. The ultimate purpose of practicing and mastering these katas is as part of The Way to continue to develop and manifest fearless compassion [38] in difficult therapeutic encounters. These drills are trained in solo format initially but each contains practical applications, for advanced students. Each kata/form is practised slowly to begin with, to best learn the shaping of each individual move, before progression through increased intensity is again introduced. As with the principles of combatives training [46], kata moves are dynamic, relatively easily taught and designed to use minimal force to achieve significant halting momentum. Each kata therefore has the potential to culminate into the practice of an explosive series of defensive/protective movements, with an explicit focus on settling the mind/motivation before, during each set and at the end of each element.

While most martial arts systems contain some form of free-sparring, FCMA purposively does not. We view such training as having the potential to activate a zero-sum (i.e., I win, you lose) competitive rank-focused social mentality [9,66,101]. In contrast, controlled yet consensual training with increasing vigour and successive fidelity to real-world situations allows us to develop a non-zero-sum view of training relationships. In this way, positive events for the self (successful management of oneself and the other in an aggressive encounter during training) are not assumed to have negative implications for relationship partners and vice versa [109], in the way that competitive training could engender. Rather, in FCMA, our emphasis is on mutual learning and activation of both healthy competition with the self to afford improvement, in the context of a socially safe and encouraging martial environments, using our abilities to reaffiliate and soothe (both the self and others) following simulated threats and physical conflict.

The closest we likely come to zero-sum work is a single-arm 'pushing hands' drill, in which we do encourage a friendly competitive element but very much in the service of feeling gaps in a training partner's defence with opportunities to blend, stay with, redirect, absorb or deflect a

partner's force. Drawing from Chi Sau training as part of Wing Chun, we explain and then practice a beginner's variation on a sticking hands drill. This involves linking an arm with a partner and is designed to allow each participant to feel the intention and effort of the other without trying to deny them the need to express this but allowing for the reshaping of responses, to halt and nullify any harmful potential. The drill can become game-like by testing skill in feeling the space to push into the other without over-committing and leaving oneself vulnerable to their counter pressure/response.

Depending on the experience of the group, we would also include practices that can be conducted outside of the workshop, in the form of visualisation/imagery training [110]. It is well known that many martial artists successfully use imagery training, both for technical skill development and for managing the self and others in conflict situations. There appears, however, to be no consistent method of imaging work employed to help develop such skills. We therefore introduce the PETTLEP approach [Physical, Environment, Task, Timing, Learning, Emotion, Perspective], drawn from the field of Sports Psychology [111], as a unifying theoretical framework for dynamic imagery interventions and propose a novel protocol for distress tolerance imagery work to help train martial artists and therapists in coping with stressful/conflict events [110].

CONCLUSIONS

Martial arts-informed Radically Embodied Compassion training was born out of our experience that martial arts practices and the competent delivery of psychological therapies have much in common. The literature we have presented suggests that the traditional martial arts can provide an adjunctive and likely unique way for those offering talking therapies to entrain and embody process-based abilities/competencies that seem central to working with rupture material in treatment 'in the moment'. In doing so, therapists might offer a radically embodied compassionate response that increases the chances of successful resolution/repair, that can also be powerfully corrective emotional and relational experiences [10]. This is achieved by affording a consideration of one's motivation to help rather than compete, by encouraging and developing sensitivity to the suffering around us, by helping us tolerate and turn towards (rather than away from) distress, and by deploying therapeutic wisdom and evidence-based approaches as we are able.

It is our intention to more formally research and evaluate the effects and impacts of martial arts-informed REC training via a multitude of means. These may include measures of neurophysiological activation and change both in and post-training such as heart rate variability (HRV), which is increasingly recognised as a physiological indicator of self-regulation [92] and compassion [112]. This could be extended to observer-based measures of in-session alliance rupture-resolution processes, such as the validated Rupture Resolution Rating System (3RS) [15,113], to see if such training has an objectively discernible impact on psychotherapy process and outcomes.

In conclusion, our sense is that REC training via FCMA complements the development of the therapist as a whole person, allowing a deeper capacity for relating to both ourselves and those we treat. Simply put, we propose that both the mind and body of the therapist need adequately attending to, so that the soma as well as the psyche are given parity as we work with others.

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