MARTIAL ARTS STUDIES

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THERAPEUTIC MARTIAL ARTS: A QUALITATIVE EXPLORATION OF PRACTITIONERS' PERSPECTIVES

ABSTRACT

A preliminary review of online sources suggests that practitioners worldwide employ martial arts-based interventions with diverse populations experiencing mental and behavioral difficulties under the umbrella term "therapeutic martial arts". However, no clear and widely accepted definition of this concept has yet emerged in the academic literature. This study aimed to examine how practitioners in this emerging field define therapeutic martial arts. Semi-structured interviews were conducted with 15 practitioners, and the data were analyzed using thematic analysis. Six central themes were identified: (1) a therapeutic continuum regarding the curative role of martial arts; (2) mind–body integration and somatic grounding; (3) emotional regulation and resilience; (4) relational playfulness and intersubjective communication; (5) identity transformation through the warrior narrative; and (6) skepticism toward definitional boundaries. Based on these findings, the study proposes a practice-informed, academically grounded definition. The results contribute to conceptual clarification and support future interdisciplinary research and dialogue.

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"Ultimately martial arts means, honestly expressing yourself".

(Bruce Lee)

INTRODUCTION

Therapeutic martial arts have increasingly been incorporated into educational, rehabilitative, and mental health settings worldwide. At the same time, a growing body of empirical research suggests that martial arts practice may contribute not only to physical health, but also to cognitive, emotional, and behavioral functioning. Despite this growing therapeutic interest (e.g., Descamps et al., 2024; Li et al., 2026; Willhite & Becht-Buss, 2025), the concept of "therapeutic martial arts" remains poorly defined in academic literature. Existing scholarship has largely examined the potential therapeutic outcomes of martial arts practice, while comparatively little attention has been devoted to how professionals who use martial arts for therapeutic purposes conceptualize this practice, identify its therapeutic components, and understand the mechanisms through which it may promote change. The current study seeks to address this gap by exploring how practitioners define and describe therapeutic martial arts.

CONCEPTUALIZING THERAPEUTIC MARTIAL ARTS

Clarifying the concept of therapeutic martial arts requires addressing its two constituent domains: martial arts and therapy. One of the central challenges in the academic study of martial arts is the absence of a clear and consensual definition of the term itself (Bowman, 2017). Martial arts can be understood as an umbrella category encompassing a wide range of combat practices that developed within diverse cultural contexts across both the Eastern (Burke et al., 2007) and Western (Bonas, 2026) worlds. Bin et al. (2010) estimate that approximately 200 distinct martial arts disciplines currently exist, each characterized by different training methods, technical emphases, and philosophical orientations.

Martial arts are frequently categorized into hard (external) and soft (internal) systems (Origua Rios et al., 2018; Theeboom & De Knop, 1999). Hard martial arts generally emphasize forceful striking techniques, speed, endurance, and direct physical engagement, whereas soft martial arts tend to emphasize posture regulation, breath control, fluid movement, and internal awareness (Bell, 2008; Gorgy et al., 2008; Sullivan et al., 2024). Despite these distinctions, many martial arts traditions share elements related to focused attention, discipline, controlled breathing, and broader processes of personal development (Tong, 2022).

The second component of the concept concerns therapy. Derived from the Greek term *therapeia*, meaning service, care, or healing (Faccio et al., 2023), therapy broadly refers to structured interventions aimed at alleviating psychological or physical distress and promoting adaptive functioning and wellbeing (Norcross, 2011). Both martial arts and therapy therefore encompass diverse traditions, practices, and philosophies. Consequently, combining these domains into the concept of therapeutic martial arts creates both substantial conceptual ambiguity and simultaneously an inherent demand for functional, employable, or compatible structure(s)/application(s).

MARTIAL ARTS AND THERAPEUTIC OUTCOMES

As martial arts have spread globally, scientific interest in their potential therapeutic effects has expanded considerably. Among martial arts disciplines, tai chi chuan has become one of the most extensively studied. Systematic reviews provide evidence for its effectiveness across diverse health contexts, including fall prevention, osteoarthritis, Parkinson's disease, chronic obstructive pulmonary disease rehabilitation, cognitive functioning in older adults, depressive symptoms, cardiac and stroke rehabilitation, and dementia-related conditions (Chen et al., 2023; Huston & McFarlane, 2016).

Research has also suggested that martial arts practice may contribute to or enhance cognition. Judo training has been associated with improvements in attention, memory, and executive functioning (Biedrzycki & Laskowski, 2024), while karate-based interventions have been linked to enhanced stress tolerance, faster reaction times, and improved executive functioning among both children and older adults (Zou et al., 2018). Additional evidence suggests that martial arts training can significantly improve cognitive functions, including inhibitory control, cognitive flexibility, processing speed, and attention, in at-risk youth (Harwood-Gross et al., 2021).

Beyond physical and cognitive outcomes, martial arts interventions have increasingly been examined within mental health contexts. Studies suggest that martial arts practice may contribute to improved wellbeing (Moore et al., 2020), reductions in externalizing behaviors (Harwood-Gross et al., 2021), reductions in anxiety and depressive symptoms (Chen et al., 2023), and increased mindfulness capacities (Miyata et al., 2020). The reported reductions in anxiety and depressive symptoms should be considered within the broader context of the mental health benefits of physical activity, of which martial arts are one of many forms (Singh et al., 2023).

Taken together, these findings suggest growing recognition of the therapeutic potential of martial arts practice. However, existing literature has focused primarily on intervention outcomes and efficacy, rather than on how therapeutic martial arts are conceptualized and practiced by professionals working within the field, a necessary consideration if there is to be any therapeutic rigor, systemization, standardization, and/or reliable generalizability.

APPROACHES TO INTEGRATING MARTIAL ARTS AND PSYCHOTHERAPY

Long before the scientific community began systematically examining the therapeutic effects of martial arts, clinicians and theorists had already proposed various ways of integrating martial arts into psychotherapeutic work. These writings may be viewed as forming the theoretical scaffolding of therapeutic martial arts. Existing literature suggests at least three broad approaches to integrating martial arts and psychotherapy.

The first approach involves incorporating martial arts principles into psychotherapeutic thinking and clinical practice. In this approach, therapists draw conceptually on martial arts philosophies and apply them within verbal psychotherapy. Haley (1963), for example, described the application of judo-based principles in the treatment of children and families experiencing emotional difficulties. Similarly, Nardi (1981, 1984) identified parallels between Rational Emotive Therapy and the samurai code of *bushido* and discussed concepts such as adaptability and *mushin* ("no mind") as relevant to psychotherapeutic practice. The second approach involves engagement in martial arts practice alongside participation in psychotherapy. Weiser et al. (1995) described a case in which a patient began martial arts training during psychotherapy and subsequently reported increased self-confidence, greater processing of traumatic childhood experiences, and improved mentalization capacities. The authors further suggested that communication between psychotherapists and martial arts instructors may support the therapeutic process.

The third approach involves the direct use of martial arts principles and practices as therapeutic interventions. In this approach, martial arts-related exercises, embodied practices, and philosophical principles become active components of treatment itself. Heckler (1984) proposed integrating principles derived from aikido into body-oriented psychotherapy, while Fuller (1988) argued that aikido-based practices may function as standalone or adjunctive interventions in individual and group therapy. Resnick (2001) later proposed the use of martial arts practices within group therapy for adolescents experiencing aggression and delinquency, and Weis (2020) introduced the term "budotherapy" to describe a therapeutic framework grounded in traditional Japanese martial arts, mindfulness, compassion practices, and embodied training.

THEORETICAL GAP AND CURRENT STUDY

Despite growing theoretical and empirical interest in the therapeutic applications of martial arts, the field remains conceptually underdefined. Although the term "therapeutic martial arts" increasingly appears in applied and professional contexts, the literature currently lacks a consensual conceptual definition of the field. Existing studies have primarily examined intervention outcomes, psychological benefits, or theoretical analogies between martial arts and psychotherapy, while relatively little attention has been devoted to how practitioners themselves conceptualize and define therapeutic martial arts as a field of practice.

This conceptual ambiguity becomes particularly relevant in contexts where therapeutic martial arts are already implemented in educational and therapeutic systems. The current study was conducted in Israel, where practitioners offer therapeutic martial arts in both clinical and educational settings. Practitioners in this field are also employed within programs supported by the Israeli Ministry of Education that aim to promote social and emotional competencies (SEC) as part of broader social and emotional learning initiatives. The programmatically pursued social and emotional competencies include capacities such as emotional regulation, empathy, self-awareness, and relationship building (Temko et al., 2023). These capacities are associated with desired specified outcomes such as improved wellbeing, mental health, interpersonal functioning, and long-term adjustment (Carroll et al., 2020; Kupermintz et al., 2025).

The aim of the current study was therefore to explore how practitioners define and describe therapeutic martial arts. Specifically, the study addressed two research questions: (1) How do practitioners define therapeutic martial arts? and (2) How do practitioners describe their work in this field?

METHOD

Participants

Following institutional ethics approval, 15 participants (14 males, 1 female) who identified themselves as working in the therapeutic martial arts field were recruited and voluntarily participated in the study. Participants ranged from 27 to 56 years (M = 44.67, SD = 8.08). Most participants were married, with others reporting being divorced, single, or in a relationship. All participants had years of past and/or current experience in various martial arts and were actively engaged in therapeutic martial arts practice (M = 9.20, SD = 3.71).

It is important to emphasize that none of the participants claimed expertise in clinical work with a specific population during the interviews or presented themselves online as having such expertise. However, many participants reported working with children, either individually or in group settings, who experienced a range of emotional, social, and developmental difficulties, including low self-esteem, social difficulties, emotional regulation problems, ADHD, and autism.

Procedure

Participation in the study was voluntary. Following approval from the Ashkelon Academic College Institutional Review Board (IRB), the authors distributed a study invitation focusing on therapeutic martial arts. As no dedicated online groups or forums for the field were identified, practitioners running therapeutic martial arts programs were contacted and asked to assist with recruitment by

Table 1. Participant Characteristics

Pseudonym	Age	Gender	Relationship Status	Martial Arts Background	Years of Experience	Client Population
Ben	44	Male	Married	Karate	10	Children; Youth
Charles	48	Male	Divorced	Aikido	12	Children
Paul	44	Male	Married	Aikido; Karate; Tai Chi Chuan	5	Children; Youth; Adults (including dementia)
John	45	Male	Married	Muay Thai; Kickboxing	15	Children; Youth; Adults (veterans with PTSD)
Nick	38	Male	Married	Kung Fu	6	Children; Youth
Rick	56	Male	Married	Karate; Judo; Jiu Jitsu	8	Children; Youth
Dan	44	Male	Divorced	Kung Fu	12	Children
Larry	46	Male	Married	Aikido; Krav Maga; Capoeira	6	Children; Youth;
Mike	55	Male	Married	Judo; MMA; BJJ	15	Children; Youth; Adults
Kobe	37	Male	In a relationship	Taekwondo	7	Children; Youth
Andre	40	Male	Married	Taekwondo; Tai Chi Chuan	6	Children; Youth
Tony	52	Male	Married	Jiu Jitsu	9	Children; Youth
Elon	56	Male	Married	Karate; Krav Maga	12	Children; Youth
George	38	Male	In a relationship	Kung Fu	12	Children; Youth
Geena	27	Female	Single	Capoeira	3	Children

Note. MMA = Mixed Martial Arts; BJJ = Brazilian Jiu Jitsu; PTSD = Post-Traumatic Stress Disorder.

sharing the invitation in WhatsApp groups. Eight practitioners responded and agreed to participate. Four additional participants were recruited through snowball sampling, and three more were recruited via practitioners' websites. All participants provided written informed consent prior to participation and were assured of anonymity and their right to withdraw at any stage without consequences.

Data collection

Data were collected through semi-structured interviews (Kvale, 1996), which enable participants to elaborate on their experiences and generate rich qualitative data (Lozon & Bensimon, 2025). The interview guide included open-ended questions exploring participants' perspectives on the field, such as: How would you describe your field of work? How do you define therapeutic martial arts? What are your thoughts and feelings about therapeutic martial arts?

Interviews lasted 45–90 minutes (M = 65 minutes), were audio-recorded with participants' consent, and conducted in Hebrew via Zoom. Sampling continued until categorical saturation was reached, such that no new categories or subcategories emerged from the analysis (Creswell, 1998).

Data analysis

The interviews were analyzed using Braun and Clarke's (2006) six-phase thematic analysis framework. The authors first familiarized themselves with the transcripts through repeated reading, then generated initial codes and developed preliminary themes. Themes were reviewed, refined, defined, and named in relation to the coded data. The analysis was inductive and grounded in the data (Braun & Clarke, 2021). Finally, illustrative quotations were selected and translated into English.

Trustworthiness

Although the identified themes were not subjected to blind external review, which represents a methodological limitation, several strategies were employed to enhance trustworthiness and strengthen the credibility and transparency of the findings. The authors sought to minimize the influence of preconceived assumptions and maintained an audit trail documenting coding decisions and links between raw data and emerging themes (Braun & Clarke, 2006). Trustworthiness was further strengthened through peer debriefing (Connelly, 2016): the first author shared transcripts with the second author, and both discussed the interpretations until consensus was reached.

The authors' professional backgrounds were also integrated reflexively throughout the study. Both authors are trained psychotherapists but are not involved in the practice of therapeutic martial arts. The first author has practiced aikido, tai chi chuan, and karate for several years. Through this experience, he recognized parallels between martial arts training and psychotherapy, as well as the potential therapeutic benefits of martial arts practice.

The second author has also gained personal experience with various mind–body practices over the years, including yoga and Pilates. Although she has no formal martial arts background, this experience contributed to her sensitivity to the embodied dimensions of the participants' accounts. Ongoing reflexive discussions were conducted to remain aware of how prior knowledge and assumptions could shape interpretation and to reduce potential analytic bias.

RESULTS

Six themes were identified from the thematic analysis: (1) The Therapeutic Continuum – Between Instrumental Tool and Inherent Curative Essence; (2) Movement, Mind-Body Connection and Somatic Grounding; (3) Emotional Regulation and the Cultivation of Resilience in the Face of Fear and Chaos; (4) Relational Playfulness and Intersubjective Communication; (5) Identity Transformation: From "Patient" to "Hero" through the Warrior's Narrative; and (6) The Clinical Paradox: Skepticism in Defining the Field.

Theme 1: The Therapeutic Continuum – Between Instrumental Tool and Inherent Curative Essence

Analysis of the texts reveals that practitioners position their work along a conceptual continuum regarding the ontological status of martial arts within the therapeutic space. At one end of the spectrum lies the instrumental approach, which views martial arts as a functional tool or as a mediating platform designed to achieve pre-defined psycho-social goals. This perspective is clearly exemplified by Ben, who noted:

> There are different goals than those of training or a recreational class. … The entire process is oriented in a fundamentally different way. Martial arts are used as a tool rather than as an end in themselves.

Ben explained that the aim of his work is to support children in achieving socio-emotional goals: "Thus, the work is conducted in small groups, and within a format that differs from a typical extracurricular class, and we employ distinct methods of practice". He also emphasized parental involvement in the process: "There is significantly more communication with parents, who are paying for a therapeutic service". According to Ben, the content is directed toward socio-emotional challenges such as functioning within a group and coping with frustration.

At the other end of the spectrum, an essentialist approach emerged. This theme resonates with Funakoshi's (1981) view that the ultimate aim of karate is the development of character. This view posits that therapeutic potential is latent within the traditional practice itself (or even constitutes the "essence of practice") and does not necessarily require the "overlay" of external therapeutic theories. Charles anchored this view in the historical-philosophical context of classical martial arts, noting that from

their inception, they "developed as something for self-development … for control, for regulation, for peace … essentially a part of mindfulness". According to this logic, Geena noted that the therapeutic component is "inherently within the martial arts from the start". This position is pragmatically reinforced by Mike, who asserted that "the tool itself … does the work, plain and simple", requiring little intensive verbal mediation.

Theme 2: Movement, Mind-Body Connection and Somatic Grounding

A central aspect distinguishing therapeutic martial arts is the shift from traditional verbal therapy to movement-based intervention, and the acknowledgement, inherently, that (patterned) movement is a language all its own. Tony encapsulated this transition:

> Therapeutic martial arts, first and foremost, involve speaking less and moving the body more. They emphasize reaching places through the body, through movement, exploring, and cultivating a sense of presence. Above all, they involve feeling the body and developing a sense of capability.

Dan and Nick further emphasized that a child's connection to their body directly impacts self-confidence and serves as the foundation for an internal connection to emotion and willpower. At the psychological level, this embodied connection may foster a growing sense of autonomy and self-efficacy in navigating the world.

> It is a body–mind therapy. First and foremost, we engage in bodily work. I believe that a child's connection to their body, indeed any person's, but especially a child's, is extremely significant. A child who is connected to their body trusts it, knows they can catch a ball, tie a rope, defend themselves at a basic level, stand upright, be coordinated, and so on (Dan).

According to Nick, there is a clear connection between the integration of body and mind and a sense of ease and self-confidence:

> This forms an important component of self-confidence and of a positive, comfortable sense of being in the world. That is one layer. On a deeper level, it involves a kind of becoming closer to oneself. When I am connected to my body, I am connected to myself.

Relying on both his personal and professional experience, Andre noted:

> I believe that martial arts are inherently therapeutic. I come from a very complex life background, and I see martial arts as the primary means through which I first developed and continue to sustain a connection with myself: with my body, my bodily sensations, my attention, and a certain sense of self-control. Martial arts were once primarily a means of physical self-defense, but today I view them as a form of emotional self-defense. In a world so saturated with stimuli, martial arts are, above all, therapeutic, because they connect you to yourself.

Theme 3: Emotional Regulation and the Cultivation of Resilience in the Face of Fear and Chaos

Martial arts practice inherently evokes situations of conflict and acute stress, which participants described as constituting "therapeutic raw material" for the development of emotional regulation and resilience. This theme captures how structured exposure to adversity within the dojo environment facilitates psychological fortitude. Within this context, Mike offered a particularly salient metaphor:

> Brazilian jiu-jitsu is a kind of "chess on the mat". It is a form of grappling, highly intelligent grappling, that involves pressure, stress, and apprehension about physical engagement. On the other hand, it incorporates the opportunity to confront the fears and anxieties that arise within combat.

He emphasized that it develops a certain capacity, which he called "learning to drown", and explained: "When you learn to drown, you come to understand that it is precisely there that you can find calm and relaxation, and gradually develop your ability to cope within a kind of chaotic fighting situation, when you are being choked, restrained, or placed in a position that forces you to submit".

Theme 4: Relational Playfulness and Intersubjective Communication

Unlike traditional dojos where silence and discipline often prevail, therapeutic martial arts utilize playfulness and dialogue to foster connection. The "combat" becomes a non-verbal language. Kobe distinguished between traditional sparring (controlled fight) and therapeutic interaction:

> In therapeutic martial arts, there is both playfulness and theatricality. I have practiced martial arts and engaged in sparring, and in those contexts, one does not necessarily smile, laugh, or talk during the interaction. In our work, however, we laugh, smile, tell jokes, pass gas, engage in silliness, and enter and exit from roles, because smiling and play facilitate learning.

Kobe added that in addition to playfulness, there are moments of seriousness in which formal instruction is conducted:

> At times, we also pause; we are very serious and engage in formal instruction. For example: stand like this, hold like this, work with the body in this way. At other moments, we speak about the psyche: "Wow, that was a frightening moment for you; that felt startling. Do you recognize this from other areas of your life?"

Larry described this as a "kinesthetic communication language", where the act of attacking or defending is a dialogue about boundaries, power, and safety.

> Therapeutic martial arts are, first and foremost, a form of communication, a movement-based language. Within this framework, the child and I interact with one another,

> simulating an attack or a fight as a kind of act or movement in which one person attempts to do something and the other responds by either doing the same or responding with a different movement. If the child manages to take a knife from my hand, or successfully block my attack, they earn a point. I deliberately say, "a point", not "to kill me." Earning a point is analogous, for example, to striking the elbows.

Theme 5: Identity Transformation: From "Patient" to "Hero" through the Warrior's Narrative

Within this perspective, the child is not framed as a "patient" in the clinical sense, but rather as an individual with an evolving identity undergoing a structured initiation and empowerment. In interviews with practitioners trained in the "Light Warrior" method, a prominent narrative emerged regarding the child's developmental process as a "hero's journey". The work with children is very much conducted through this narrative, relating to the child not as a patient but as a "light warrior" undergoing a process of training. "I am very fond of this narrative. In my view, it is far more empowering for the child than the notion of being a patient. This applies both to the language used and to the internal attitude, as well as to the depth it brings" (George).

During the process as a warrior-in-training, the student is tasked with cultivating both physical and psychological capacities. The practitioner projects a clear set of expectations onto the "Light Warrior", including self-control, the avoidance of verbal or physical aggression, and the mastery of emotional regulation. This narrative allows the child to take an active, agentic role in their own development.

> At the level of therapeutic martial arts, as I mentioned earlier, it involves taking the narrative of combat, or of the martial artist, which includes seriousness, discipline, and aspects of self-control and inner regulation, and using this world to develop the body and the ability to control it. To control the body is to control the mind (Elon).

Theme 6: The Clinical Paradox – Skepticism in Defining the Field

Alongside themes addressing various aspects of therapeutic martial arts, a theme of skepticism regarding the very existence of the field also emerged. George noted:

> I found myself unable to locate a clear or established definition of therapeutic martial arts; instead, I turned to the concept of mentorship, which I subsequently defined in my own terms. I think of movement in two ways: one involves pushing or pulling, while the other involves walking alongside someone, with or without physical contact. To me, therapy is more about walking alongside. I bring the tools I have, but I am not seeking to achieve a particular outcome for you.

He added that, by contrast, mentorship, training, or education involves guiding or pushing someone in a specific direction. George described his approach as a form of therapeutic initiation, involving moments in which the practitioner gently guides the individual in a particular direction, while at other times simply remaining alongside them.

In this context, one of the professionals expressed concern that the hierarchical structure of martial arts is in contradiction to the goal of psychotherapy:

> A martial arts therapist speaking about self-defense? In my view, this raises an ethical issue that requires careful consideration. The ethics of emotional therapy are ultimately oriented towards helping a person become who they are. … This constitutes a very different ethical framework from that of martial arts (John).

DISCUSSION

The objective of the present study was to examine how practitioners working in the field of therapeutic martial arts define this field from their own perspective. Overall, the analysis of the interviews reveals a multidimensional conceptualization of therapeutic martial arts that extends beyond a technical or sport-based definition and is situated at the intersection of therapy, education, and personal development.

Therapeutic martial arts were conceptualized as a hybrid, embodied, and relational practice that integrates martial arts principles and skills, movement, emotional development, and interpersonal engagement.

This concept is conceived as a flexible intervention modality that integrates elements of therapy, education, and martial training. Through this integration, it is understood to support the development of self-awareness, emotional regulation, social competence, self-efficacy, mentalization skills, and resilience, while also challenging conventional boundaries between therapeutic and non-therapeutic practices.

In interpreting these findings, we draw primarily on psychodynamic theory to illuminate the relational, emotional, and embodied processes reflected in participants' accounts. As psychotherapists working from an integrative perspective, we recognized particularly strong parallels between the participants' descriptions and psychodynamic concepts and therefore selected this framework to guide our interpretation. We acknowledge, however, that this is only one of several possible psychological frameworks and that the themes identified in the present study may also be conceptualized through other theoretical perspectives, including cognitive-behavioral approaches.

Overall, six major themes emerged from the interview analysis. The first theme pertained to a perceived therapeutic continuum in the use of martial arts, spanning from an instrumental approach, in which practitioners actively employ martial arts principles and practices to teach clients social and emotional skills, to a more passive approach in which practitioners view the practice of martial arts itself as having an inherently therapeutic effect. In

other words, while some practitioners engage in verbal discussion with clients about personal issues such as frustration or difficulties at school, others rely less on verbal channel communication and place greater emphasis on embodied interaction and the resultant internalized processes via the practice of movements and kata.

In this context, Twemlow and Sacco (1998) proposed that martial arts, when implemented within a therapeutic framework by appropriately trained and supervised instructors, may serve as a highly effective, ego-strengthening modality of psychotherapy. Within such settings, instructors work with diverse populations including children with ADHD, autism, or other neurodevelopmental disabilities, and youth exhibiting delinquent behaviors, with the aim of fostering a sustained commitment to respect, kindness, and prosocial behavior. This approach is also evident in Weis's (2020) work which clearly integrates traditional martial arts principles with psychotherapy to help individuals face deep emotions and build resilience using mindfulness and physical techniques.

On the other end of the continuum, some practitioners advocate for a less active therapeutic role, based on the assumption that the therapeutic effects are a logical by-product of, or inherent in, the embodied practice of martial arts itself. In this perspective, the practice itself serves as the primary agent of change. For example, therapists who are also practitioners of aikido have suggested that engagement in this martial art may facilitate verbal conflict resolution (Saposnek, 1986–1987), reduce stress (Heckler, 1984), and promote a sense of psychological empowerment (Fuller, 1988).

It should be noted that practitioners who adopt a less involved stance, based on the assumption that martial arts practice inherently produces therapeutic effects, should remain attentive to the possibility that such practice may evoke a range of varied emotional responses across different individuals. For example, Weiser et al. (1995) described a case in which an individual experienced anxiety, humiliation, and dread during karate sparring. These reactions were subsequently explored within psychotherapy, where they were traced back to earlier childhood experiences.

This vignette underscores that body-based practices may evoke unconscious traumatic memories and unprocessed emotions (Rothschild, 2013). Accordingly, practitioners in the field of therapeutic martial arts should recognize the inherently dual nature of this modality: while it may foster growth and enhancement, it can also elicit psychological distress. The example further points to a middle position along the continuum between active involvement and non-interference, in which practitioners adopt a stance characterized by flexibility, attunement, and clinical sensitivity. From this perspective, there are instances in which verbal processing or debriefing becomes necessary to integrate the emotional experiences that emerge during practice.

The second theme that emerged from the interviews concerns the mind–body connection and somatic grounding. Findings regarding the capacity of martial arts to provide a holistic and integrative experience, encompassing mind, body, and spirit, are consistently reflected in the writings of martial arts practitioners, including those of karate (Funakoshi, 1981), jeet kune do (Lee, 1975), and aikido (Pearson, 1991; Shioda, 1968/1977).

Over the years, this integration of multiple dimensions of human experience has been repeatedly documented by martial arts practitioners (Lutz, 2013), as well as by psychotherapists who practice various martial arts (Faggianelli & Lukoff, 2006; Fuller, 1988). Within the context of application of martial arts in therapeutic settings, Twemlow and Sacco (1998) describe the initial stage as *gyo*, referring to a process of familiarization with the body as a form of, or leading to, self-expression.

The third theme that emerged relates to the development of emotional regulation skills and resilience through exposure to the inherent challenges of martial arts practice. This theme is consistently reflected in the writings of mental health professionals who are martial arts practitioners. For example, Twemlow and Sacco (1998) describe the principle of *jutsu* as referring to skill mastery accompanied by a state of graceful calmness. They also suggest that martial arts practice within a therapeutic setting may contribute to reductions in aggressive behavior among youth.

In fact, the association between the development of emotional regulation capacities and participation in martial arts training is supported by a growing body of both qualitative and quantitative research across diverse populations. This includes studies involving children exhibiting externalizing behaviors (Resnick, 2001), adolescents (Nakonechnyi & Galan, 2017), female survivors of sexual assault (Higgins et al., 2024), and adult populations (Zheng et al., 2026).

One possible explanation for the development of emotional regulation capacities may lie in the practice of sparring. Sparring may be defined as "a confrontation of consensual and purposefully non-fatal hand-to-hand violence where a bypassing of minimum thresholds of physiological, physical, and psychological stress are necessary in initiating strongly disorientating and altered states of consciousness" (Mallette, 2021, pp. 8–9).

Support for this explanation is drawn from the clinical vignette presented above, in which the patient described sparring as involving confrontation with a variety of mental and physical states, including stress, pain, anger, and fear. Within a therapeutic context, such engagement was experienced as facilitating the development of coping capacities (Weiser et al., 1995). Correspondingly, Kimmel and Rogler (2019) highlight that sparring requires practitioners to dynamically analyze multiple interacting parameters and make decisions while under attack, thereby placing continuous demands on regulatory processes.

While the association between martial arts practice and emotional regulation capacities is well established, the relationship between such practice and resilience remains relatively underexplored. Nevertheless, emerging evidence suggests that participation in

martial arts may enhance specific dimensions of psychological resilience, particularly in managing stress and embracing challenges (Moore et al., 2020; Pekel et al., 2025). In this context, we suggest that the powerful metaphor offered by one of the participants, "learning to drown", captures the ways in which emotional regulation and resilience are deeply intertwined.

The fourth theme that emerged from the interviews concerns relational playfulness and intersubjective communication. Following repeated readings of the relevant material, we identified a clear convergence between this theme and core therapeutic principles of dynamic psychotherapy. Foremost among these is the conceptualization of the dojo or mat as a "potential space". This term was coined by the psychoanalyst Donald Winnicott (1971) to denote an intermediate psychological area between an individual's inner world and external reality. This space emerges within a sufficiently secure relationship between the infant and caregiver and enables play, creativity, imagination, and cultural experience. Similarly, the dojo or training mat may function as a potential space in which individuals can safely explore and express aspects of their inner world through movement, play, and interpersonal interaction.

Winnicottian concepts have been used by dance movement therapists to conceptualize their work (Shuper Engelhard, 2017; Tortora, 2015) and by psychotherapists facilitating qigong groups in psychiatric settings (Potik & Schreiber, 2013). Drawing on these perspectives and the interview findings, we propose that the dojo and mat function as a potential space that fosters free movement and authentic verbal and non-verbal expression, without the immediate requirement to engage with internal experiences such as anxieties and fears or external difficulties such as problems at school or home.

A second convergence with psychodynamic psychotherapy, also drawing on Winnicott's ideas, relates to playfulness. The terms play and playfulness appeared frequently in participants' accounts as central to their clinical work, particularly with children. In this context, the conceptualization of the dojo or mat as a potential space is especially significant, as Winnicott (1971) suggested that within such a space, the child can engage in play, experimentation, and authentic self-expression.

A third convergence with psychodynamic psychotherapy concerns the conceptualization of the mat or dojo as an intersubjective space constituted through interaction between participants. Participants described taking an active role in the interaction and sharing, alongside the child, experiences of pain and fear that arise during the session.

Much like in psychodynamic psychotherapy, within this space both the practitioner and the client bring their inner worlds, including emotions, past experiences, relational patterns, and action tendencies (Aron, 1996). In the dojo or on the mat, during practices of attack and defense, a relational field emerges in which practitioners and their clients engage in a mutual discourse concerning issues of proximity, distance regulation, and responsiveness, both within the dojo and in life outside it.

The fifth theme that emerged from the interviews relates to identity transformation through the narrative of the warrior or the "light warrior". It should be noted that this theme appeared among practitioners trained in a therapeutic martial arts method entitled "The Way of the Warrior – Two Swords". In the interviews, participants referred to their therapeutic approach and directed the authors to additional information available on their website, which is presented in Hebrew only.

Content analysis of the website suggests that the ideology underpinning this therapeutic approach draws on representations of the teacher–student relationship associated with European and Asian martial tradition. It also incorporates imaginative and magical elements as symbolic and experiential resources, which may contribute to participants' belief in the possibility of personal change and to the perceived ongoing construction of self-image. In other words, the child is positioned as a trainee engaged in a developmental journey in which they cope with physical challenges such as learning a kata, jumping a certain distance, tying a knot, and lighting a fire in the woods. At certain stages of the treatment, the child undergoes skill assessments, and successful completion is marked by the awarding of a belt of a specific color.

There are evident similarities between this method and the hero's journey. The latter refers to an archetypal pattern of human development deeply rooted in folklore, stories, legends, and religious traditions across cultures (Campbell, 1949). The hero's journey is a narrative of transformation with a structured sequence of stages, in which a protagonist leaves the ordinary world, meets a mentor, crosses into a special world to face trials, gains a reward, and returns transformed (Byrne, 2000; Potik, 2022).

In relation to the therapeutic martial arts method "The Way of the Warrior – Two Swords," the child's journey begins with admission to therapy, which can be understood as the call to adventure. In the dojo, the child meets the practitioner and, through the therapeutic sessions, crosses the threshold into a special world where they face trials and acquire skills. The reward or boon for these efforts includes emotional regulation capacities, a sense of self-efficacy, and resilience, which the child then brings back to the ordinary world of school, home, and peers, following the experience of personal transformation.

This narrative appears to be universal, timeless, and still relevant in the twenty-first century, as Kelsey (2018) demonstrates through the embodiment of the monomyth in the life story of Conor McGregor. Specifically, McGregor was bullied as a child and did not come from a privileged background, but through intensive training and sustained practice in martial arts, he became an elite fighter and world champion (Kelsey, 2018).

The final theme concerned skepticism regarding the existence of therapeutic martial arts as a distinct field. This perspective was

expressed only by clinicians who primarily identified as psychotherapists practicing verbal therapy. They highlighted a perceived paradox between martial arts training, which emphasizes obedience and self-discipline (Jones, 2015), and the psychotherapeutic process, in which the patient is understood as an individual engaged in a journey of self-discovery supported by the therapist. In other words, martial arts training involves a structured mental and physical process in which the sensei (the martial arts teacher, mentor, or master) possesses specific knowledge that is transmitted to students within a highly structured setting. In contrast, psychotherapy is often conceptualized as a process in which the therapist does not impose directives or strict constraints, thereby allowing the patient's true self to emerge more spontaneously.

Interestingly, this theme raises concerns regarding the integration of martial arts into therapeutic contexts. However, we suggest that this perspective reflects the views of mental health professionals who are attuned to the differences between martial arts practice and psychotherapy. Clinical education and training involve awareness of, and sensitivity to the role of the therapist and to the vicissitudes of the therapeutic relationship (Hatcher, 2015). Accordingly, we propose that these clinicians highlight that the martial arts master and the psychotherapist adopt distinct ethical stances regarding the processes through which personal development is facilitated.

In summary, the field of therapeutic martial arts encompasses diverse aspects as it relates to the cultural, physical, cognitive, emotional, behavioral, and spiritual facets of human experience. Based on the findings of this study, we suggest that therapeutic martial arts can be defined as a hybrid, embodied practice that integrates principles of martial arts training with therapeutic intentions, in which the dojo functions as an intersubjective space for psychological development. Within this framework, structured physical engagement, relational dynamics (mentor–mentee relationships), and controlled exposure to challenge and adversity are utilized as "therapeutic raw material" to facilitate emotional regulation, resilience, self-concept development, cognitive insight/reflection, and behavioral change.

We acknowledge that this definition does not encompass the breadth and complexity of the field of therapeutic martial arts. Nevertheless, offering a constructive foundational definition holds scholarly value, as it may help advance dialogue and stimulate further research in this emerging area. Furthermore, martial arts have historically evolved through ongoing cultural and individual exchanges (Bowman, 2010), as practitioners have continuously tested techniques to determine their effectiveness in practice and to shape, inform, or strengthen the boundaries of their disciplines. We therefore call for a similar dialogical process between academics and practitioners across diverse fields to further develop and refine the concept of therapeutic martial arts.

FUTURE RESEARCH DIRECTIONS

Therapeutic martial arts comprise practices that bring together body, mind, and spirit. This integration of movement and language lies at the intersection of multiple disciplines, including psychology, medicine, culture, and history. Given the psychodynamic interpretation adopted in the present study, future research could examine therapeutic martial arts through other theoretical frameworks. From a cognitive-behavioral perspective, for example, martial arts practice may be conceptualized as promoting the acquisition of physical and psychological skills.

Further qualitative research could explore the perspectives of both professionals and practitioners regarding what works and why, thereby helping to identify the therapeutic factors underlying these practices. Finally, empirical studies should compare the effectiveness of therapeutic martial arts with that of other forms of physical activity and established psychological treatments.

LIMITATIONS

This study has several limitations that should be considered when interpreting its findings. First, although qualitative research may reach saturation with 9–17 interviews (Hennink & Kaiser, 2022), it is likely that the present study did not capture the full spectrum of dimensions related to therapeutic martial arts. Future research would benefit from including a larger and more diverse sample. Second, a notable limitation of the current study is the predominance of male participants. Future research should aim to include a more balanced gender representation, particularly by incorporating more female participants, as their perspectives may offer unique insight into the definition and conceptualization of this field. Third, martial arts are deeply embedded within cultural contexts (Bowman, 2020), and to further advance scholarly understanding of therapeutic martial arts as a multifaceted construct, it is important to conduct similar studies with practitioners in different countries. Fourth, some of the interpretations were informed by our perspective as psychotherapists, and scholars from other disciplines might interpret the findings differently.

While a substantial body of literature addressing the integration of martial arts in therapeutic settings for clients with cognitive, affective, behavioral, and/or physical disorders and disabilities has been developed by professionals with extensive psychotherapeutic experience (Fuller, 1988; Oulanova, 2009; Resnick, 2001; Weis, 2020; Weiser et al., 1995), voices and perspectives from other domains of psychology and the behavioral sciences are needed to fully populate and holistically understand the ways and means by which martial arts can contribute to, and perhaps advance, therapeutic perspectives.

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The author(s) affirm that they had no competing interests relevant to the work underpinning this manuscript.

Declaration of artificial intelligence use

Grammatical editing support was provided using an AI large language model (ChatGPT), which assisted in refining sentence structure, clarity, and coherence. All substantive content, interpretations, and conclusions remain the responsibility of the authors.

Authors' Contributions

D.P. conceptualized the study and recruited the participants. Both D.P. and Y.I. contributed to data analysis and manuscript writing.

Data Accessibility statement

The interview data supporting the findings of this study are not publicly available to protect participants' confidentiality. Participants did not provide consent for their data to be shared publicly.

Ethics and Consent statement

The study was reviewed and approved by the ethics committee of the Ashkelon Academic College, Ashkelon, Israel. Informed consent was obtained from all individual participants included in the study.

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