

Psychotherapy Beyond Words

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Abstract

This article is based on a keynote address delivered at the 12th International Integrative Psychotherapy Association Conference. It explores the proposition that the therapist's state of being, beyond technique or verbal intervention, plays a central role in the therapeutic process. Drawing on contemporary research in physiological synchrony, the author highlights the bodily and physiological dimensions of psychotherapy, with particular emphasis on physiological attunement and the therapist's embodied presence. Physiological attunement is introduced as a newly defined sixth component of the Keyhole model of integrative psychotherapy (Erskine et al., 1999/2023; Žvelc & Žvelc, 2021). The article argues that mindful awareness and self-compassion support therapists in regulating their autonomic arousal and conveying cues of safety to clients, which are key factors in fostering effective therapeutic involvement. A transcript from a therapy session is included to illustrate psychotherapy beyond words. In the final section, the author reflects on broader relational fields that support healing beyond words, drawing inspiration from Māori perspectives on interconnectedness, nature, and ancestry. It concludes with a guided practice, inviting readers into embodied, compassionate presence.

Keywords

Psychotherapy beyond words, physiological attunement, mindful awareness, self-regulation, integrative psychotherapy, Māori wisdom, embodiment, the keyhole

When you read the title *Psychotherapy Beyond Words*, what comes to your mind? What do you think of when you consider various ways in which psychotherapy extends beyond language?

You may have thought of many things, as there are different perspectives on what *psychotherapy beyond words* can mean. In this speech, I will primarily focus on the client–therapist's body interaction, and how the therapist, with the help of his/her body, can lead the psychotherapy beyond words. I will present my central thesis: that the therapist's way of being, their embodied presence, and particularly the state of their autonomic nervous system in the here and now of the therapy session, is a pivotal psychotherapeutic factor, essential to the quality and effectiveness of therapy.

Psychotherapy theory and research, when discussing or studying therapeutic methods, tend to focus on what the therapist should do or say during a session. Similarly, in supervision, the most common questions therapists ask are: "How to proceed with the psychotherapeutic work with a specific client?" and "What do to?" (Žvelc, 2015). Yet, there is one fundamental question that is too often overlooked, and yet it is essential: "How should I be in the therapy?"

Figure 1. Two fundamental questions for psychotherapists

**More than Words:
The Way We Are in the Psychotherapy Room**

**HOW TO BE?
vs
WHAT TO DO?**

Current research shows that the therapist's state during the session, the quality of their presence, is a significant psychotherapeutic factor (Erskine, 2015; Geller & Greenberg, 2012; Ogden, 2018; Rogers, 1957; Žvelc & Žvelc, 2021, 2024). The relational methods of integrative psychotherapy, developed by Erskine and his colleagues (Erskine, 1997, 2015; Erskine & Moursund, 2022; Erskine et al., 1999/2023), guide therapists not only in what to do or say, but in how to be with their clients, especially in ways that go beyond verbal communication. These methods are Inquiry, Attunement, and Involvement. They help cultivate a therapeutic relationship where the client feels safe, understood, and connected to their inner world. They support the integration of split-off parts of the self, and perhaps most importantly, they enable a therapeutic relationship that is emotionally corrective and reparative, a healing factor in itself (Erskine, 1997, 2015; Erskine & Moursund, 2022; Erskine et al., 1999/2023).

In this speech, I will focus on the bodily and physiological aspects of these methods, especially physiological attunement and physiological involvement.

Let me share with you a story that beautifully illustrates the essence of what I want to convey in this speech. It is the story of Chen and Papa Bilgee's horse, taken from the novel *Wolf Totem* by Jiang Rong (2004/2009).

Chen, a Chinese student, was temporarily living on the grasslands of Inner Mongolia. During his stay, he developed a deep bond with Papa Bilgee, the respected elder of a small nomadic Mongolian community. One day, Chen was asked to carry out some work far from the yurt where he was staying. For the journey, Papa Bilgee lent him his trusted horse. As evening fell and Chen was on his way back, darkness began to settle over the plains. Suddenly, he spotted a pack of wolves, forty to fifty of them, lingering uncomfortably close. Overwhelmed by terror, he nearly collapsed. Later, he described the sensation as if his soul were leaving his body through the top of his head, making a whusking sound. His body began to go limp, and he almost fell off the horse.

But then, something remarkable happened. He became aware of the horse beneath him, its calm, steady body. The horse, familiar with the wild, behaved as if he hadn't noticed the wolves at all. It kept walking at a steady pace; not too fast, not too slow. Sensing the horse's unwavering composure and inner strength, Chen began to feel grounded again. He picked up on the horse's calm presence and courage, and gradually, the energy returned to his body. His soul, he said, came back to him.

But just as he was beginning to feel safe, one of the wolves started approaching them. Panic surged in Chen again, and this time, he noticed that even the horse was becoming restless. Desperate, he began praying to Tenger, the Mongolian Sky God, and to Papa Bilgee for protection. Then, in his mind, he heard Papa Bilgee's words: "Wolves are afraid of the sound of metal." In that moment, Chen remembered he had metal stirrups. He struck them together, and the clanging noise echoed through the darkness. The wolves startled, and ran away.

Why am I telling you this story? What does it have to do with psychotherapy? For me, it beautifully illustrates the physiological intersubjective field: how Chen picked up cues of safety from the horse's body and physiology, which helped him to regulate both physiologically and emotionally. A therapist's body can be like the horse: influencing the client with their calm, safe physiology, and helping the client to stop dissociating. The story shows how our bodies speak to each other, how they connect without words. And there is another message in the story: the importance of spiritual resources.

And now, let's turn to the physiological aspect more directly. Animals and people feel each other and influence one another at the bodily level.

Figure 2. *The swans in bodily synchrony*



Note: Photos by Jože Vukan and Natalija Vukan.

Our bodies sense and influence each other. “Feeling your heartbeat” is not just a poetic metaphor, it is a scientifically proven process. The autonomic nervous systems of two or more people interact and influence one another (Palumbo et al., 2017; Porges, 2011, 2017). This phenomenon is known as intersubjective physiology (Žvelc & Žvelc, 2021, 2024).

This connection has been demonstrated through physiological synchrony research, which measures the correlation of physiological arousal between two or more individuals. Studies on physiological synchrony have been conducted in various relational contexts: among mother-child dyads, family members, romantic partners, group members, classroom environments, and psychotherapist-client dyads. These studies show that physiological markers such as heart rate, heart rate variability, respiration, skin conductance (electrodermal activity), and cortisol levels tend to synchronize between individuals (Bar-Kalifa et al., 2019; Černe et al., 2021; Karvonen et al., 2016; Päivinen et al., 2016; Palmieri et al., 2018; Palumbo et al., 2017; Saxbe et al., 2014; Tschacher & Meier, 2019).

The concept of intersubjective physiology is closely related to several other interpersonal and neurobiological processes, including: right-to-right brain communication (Schore, 2019, 2022), emotional contagion (Hatfield et al., 2014), emotional resonance (Siegel, 2007), automatic mimicry (Prochazkova & Kret, 2017), and mirror neurons (di Pellegrino et al., 1992; Ferrari & Gallese, 2007). These processes reflect how our bodies and brains co-regulate and attune to each other within the relational space.

To understand the significance of physiological synchrony in psychotherapy, we first need to revisit the concept of physiological states. In psychotherapy, it's important to understand the three basic physiological states of the nervous system. Hyperarousal is a state of heightened activation, driven by the sympathetic nervous system. It is marked by intensified sensations, anxiety, tension, and emotional overwhelm. The body is in a fight-or-flight mode, and the person may feel agitated or out of control. Hypoarousal, on the other hand, is a state of collapse or shutdown. The person may feel numb, disconnected, fatigued, or dissociated (Ogden et al., 2006; Siegel, 1999, 2012). According to Porges (2011, 2017), it is driven by the

dorsal vagal system. Between these two extremes lies the balanced state, according to Porges, led by the ventral vagus. It is often called the window of tolerance, a zone where a person feels safe, present, and able to engage with their inner experience and the outside world (Ogden et al., 2006; Porges, 2011, 2017; Siegel, 1999, 2012). This is the state where healing, transformation, and integration can best occur.

When we enter physiological synchrony, the physiological state of the other person matters. If the person we are synchronizing with is in a state of dysregulated hyperarousal or hypoarousal, we may also become physiologically dysregulated. In psychotherapy sessions, therapists are regularly exposed to their clients' trauma and dysregulated physiological states. In the course of empathic engagement, they often absorb not only emotional but also physiological distress. At times, therapists may find themselves unable to effectively regulate the dysregulated or traumatic states transmitted through this synchrony.

It is therefore essential to distinguish between two types of physiological synchrony: functional and dysfunctional (Žvelc & Žvelc, 2024).

Functional synchrony occurs within or near the optimal arousal zone, and within the window of tolerance. This state allows for an appropriate interpersonal distance, supports a decentered stance toward internal experiences, and enables both empathic connection and mentalization. In functional synchrony, individuals are able to sense the other person while maintaining the capacity to reflect and respond appropriately. Such synchrony fosters feelings of connection, understanding, and safety.

Dysfunctional synchrony, by contrast, emerges when one or both individuals are in a dysregulated state, either hyperarousal or hypoarousal. In such interactions, personal boundaries often become blurred, and the capacity for reflection and mentalization is significantly diminished. This can lead to a mutual escalation of dysregulation. As an illustration, I recall a couple who began arguing around 10 o'clock in the evening and did not stop until 3 in the morning. One partner became upset, and the other unconsciously synchronized with that distress, becoming increasingly agitated. The conflict intensified in a self-perpetuating spiral of emotional and physiological dysregulation.

Unrecognized and dysregulated physiological states in psychotherapy influence the therapeutic relationship and reduce the quality of the psychotherapeutic process. They hinder effective cognitive and emotional processing and may lead to inappropriate, or at times even harmful, therapist interventions (Dana, 2018; Ogden et al., 2006; Rothschild, 2000, 2017; Siegel, 1999, 2012). Moreover, they may contribute to emotional distress or burnout among therapists (Klimecki et al., 2013; Klimecki & Singer, 2012; Levine, 2018; Rothschild, 2006, 2017; Žvelc & Žvelc, 2024).

It is therefore crucial that therapists develop the ability to recognize dysfunctional physiological synchrony, interrupt it, regulate their own nervous systems, and subsequently guide the client into synchrony with the therapist's regulated state (Žvelc & Žvelc, 2021, 2024).

This brings us to the vital importance of the therapist's physiology in the psychotherapeutic process. The client's physiological state influences the therapist's physiology—and vice versa.

Through physiological synchrony, the therapist can attune to the unspoken, unrecognized story within the therapeutic encounter. Poetically, we might say to the therapist: *"Know your body, and you will know your client."* And as you can see, I am speaking about psychotherapy beyond words. Moreover, the therapist's autonomic nervous state profoundly impacts therapeutic work. Again, we could say: *"Regulate your physiology, and you will help your client."*

In this way, the therapist is physiologically involved in the therapeutic relationship. A regulated and balanced physiological state allows the therapist to offer a grounded and embodied presence, which in itself becomes a healing factor.

The central premise I wish to emphasize is this: the therapist's autonomic nervous system is a significant factor in psychotherapy (Žvelc & Žvelc, 2021, 2024).

When the therapist is regulated and within the window of tolerance, their physiological state becomes a facilitating factor in the therapeutic process. Conversely, when the therapist

is dysregulated—either in hyperarousal or hypoarousal, outside the window of tolerance—it becomes a hindering factor that may compromise therapeutic effectiveness.

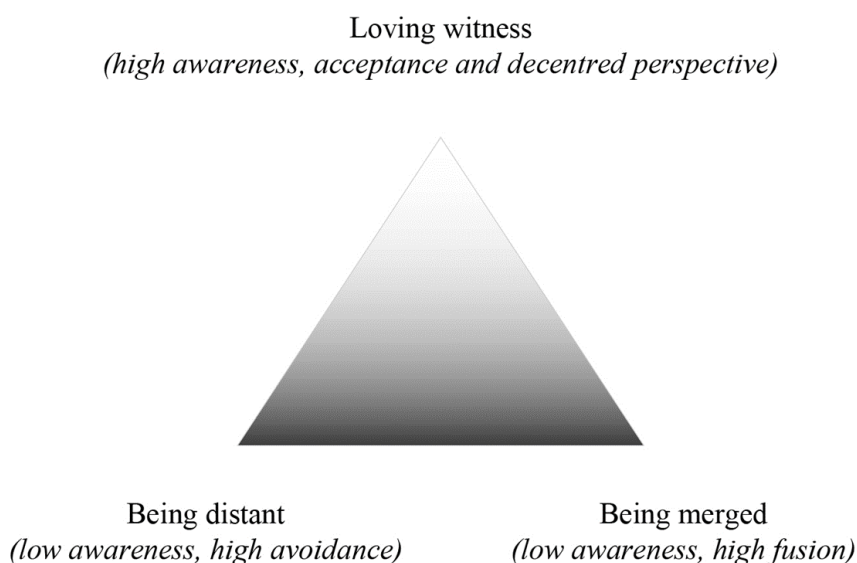
Building on this knowledge, a key question arises: how can we best support therapists in cultivating a physiological state that actively facilitates the psychotherapeutic process? Are there practical and clearly defined guidelines to support therapists in entering or returning to a balanced and regulated physiological state during sessions?

Although there may be various ways to support this process, my co-author and I, in our books *Integrative Psychotherapy: A Mindfulness- and Compassion-Oriented Approach* (Žvelc & Žvelc, 2021) and *Mindfulness and Compassion in Integrative Supervision* (Žvelc & Žvelc, 2024), suggest that a key pathway is bringing mindful awareness to one's own bodily experience during the therapy session. Only a therapist who is present with themselves can truly be present with their client. Thus, therapists are first and foremost called to bring mindful awareness to their own inner experience during the session. This includes cultivating moment-to-moment awareness of one's bodily sensations and physiological states as they unfold during the therapy session and meeting these experiences with compassionate, non-judgmental attention. Such embodied mindfulness becomes a foundation for self-regulation, therapeutic presence, and, ultimately, for a healing therapeutic relationship.

A growing body of research and clinical evidence demonstrates that both mindfulness and self-compassion play a crucial role in supporting self-regulation. Numerous studies show that mindfulness enhances the capacity for self-regulation, particularly by increasing interoceptive awareness and present-moment attention (Farb et al., 2012; Goldin & Gross, 2010; Hayes & Feldman, 2004; Price & Hooven, 2018; Taren et al., 2013; Teper et al., 2013; Vago & Silbersweig, 2012). Similarly, research confirms that self-compassion fosters self-regulation by promoting emotional balance, reducing self-criticism, and enhancing resilience in the face of distress (Barlow et al., 2017; Diedrich et al., 2016; Finlay-Jones, 2017; Inwood & Ferrari, 2018; Scoglio et al., 2015; Vettese et al., 2011).

By cultivating mindful awareness and self-compassion, therapists can, during a session, adopt what we call the "loving witness" position toward their inner experience. This position is marked by heightened awareness, acceptance, and a decentered perspective, allowing therapists to remain in contact with their internal states, rather than becoming merged with them or disconnected from them (see Figure 3; Žvelc & Žvelc, 2021).

Figure 3. *The triangle of relationship to experience*



Note. Reprinted from *Integrative Psychotherapy: A Mindfulness- and Compassion-Oriented Approach* (p. 45) by G. Žvelc & M. Žvelc, 2021, Routledge. © 2021 by G. Žvelc & M. Žvelc. Reprinted with permission.

Excerpt from a Therapy Session: The Golden Ball

To further illustrate the concept of psychotherapy beyond words, I would like to share an excerpt from a therapy session I have titled *The Golden Ball*. Describing a process that unfolds primarily beyond language, through physiological attunement and involvement, is not an easy task. Indeed, it can feel paradoxical to attempt to capture the wordless through words. And yet, through this clinical vignette, my intention is to offer a meaningful glimpse into the subtle and embodied dimensions of therapeutic work.

Brigita had been in psychotherapy for ten months. Recently, due to certain life circumstances, her husband and teenage child had moved to another country. In the session, Brigita began talking about experiencing constipation, difficulty sleeping, avoidance of friends, and a persistent inability to relax or feel joy. As she spoke, the interaction between our bodies, hers and mine, began to unfold. While listening to Brigita, I (the therapist) became aware of a cold sensation spreading through my body and a tightening in my belly. (Throughout the session, I strive to maintain continuous mindful awareness of my bodily sensations, staying attuned to what might be unfolding both within myself and in the relational field.) I reflected that I might be slipping into a state of hypoarousal, and wondered whether I was physiologically synchronising with Brigita's state. I asked myself: *"What might she be feeling in this moment? Could she also be in a state of hypoarousal?"* (Therapist's internal reflection). I decided to check in with her and gently ask what she was experiencing here and now.

At the same time, in order to support myself in staying present, and to implicitly support Brigita, I directed a sense of loving presence toward my breath and gently placed my hand on my belly. This was a way of regulating myself through the body, allowing me to stay grounded and connected.

At almost the same time, I was inviting the client to bring awareness to her body.

Therapist (with a warm, caring voice, offering clues of safety): *Can we pause for a moment? What do you notice in your body right now, as you're telling me all of this?*

Brigita (takes a moment): *I feel a knot in my belly, and my breathing is shallow, limited.*

Therapist: *Okay. Just be aware of that. There's meaning in those sensations.*

Brigita: *I miss my husband, my son, my parents.*

Therapist: *Mm-hmm... mm-hmm...*

And then, Brigita recalled a painful memory.

Brigita: *I'm having a memory now—how, after the wedding, my husband and I moved to another country. I missed my parents so much. I physically missed them. I could feel the pain of absence in my body.*

Therapist (still sensing some coldness and unpleasant sensation in belly): *What do you feel in your body right now?*

Brigita: *Stiffness in my body, in my legs... pressure in my belly.*

The hypoarousal persisted in both of us. We could both feel the coldness and unpleasant sensations in our bodies, but despite the painful themes, neither the client nor I felt anything on an emotional level. This hypoactivation was pulling us away from presence, and from both internal and relational contact. I decided to create more space and time to access internal bodily resources, further regulate myself, and support the client in her regulation.

Therapist: *I suggest we take a few moments for compassionate touch and mindful breathing to support ourselves. You might gently place your hand in a loving way on your belly, (short pause). And now, let's take a breath in... breathe with a sense of energy, support, and kindness... and let it flow into the parts of the body that need it most.*

Physiological co-regulation began to take place. I was doing the same as I suggested the client to do. Our physiological intersubjective field started to change. I felt more warmth, energy flowing through my body, and there was no squeezing in my belly anymore. I felt a warm sense of kindness and compassion toward both of us.

Brigita: *Warmth is spreading to my chest. I can breathe more easily. I feel love.*

Therapist (present): *Mhm, yes, let yourself feel it, just be aware of that.*

Brigita: *I have an image of a golden ball. I'm placing it in the area of my belly. It feels very pleasant.*

We continued cycles of mindful processing, the method where the client is from moment to moment paying mindful awareness to her inner world and then shares it with the therapist (Žvelc & Žvelc, 2021). The therapist's mindful presence, including a balanced physiological state, helps the client stay mindful, present, and within the window of tolerance while exploring and sharing her internal experience.

Therapist: *Mhm, yes, just be aware of that.*

Brigita (breathing with a smile; after some time): *I can trust myself... I can trust my feelings. It's okay if I have feelings.*

Therapist: *Hm-hm, yes.*

Brigita: *It's okay if I feel joy or sadness, love, or anger... I should remind myself of that... It's like I lost that.*

Therapist: *Ok... Just be aware of this. Just embrace this insight.*

Brigita: *Now I've got an image of a young girl, about 5 years old... with her hands up, like she wants a hug, but she is turned with her back toward me.*

Therapist: *What are you feeling right now as you look at the little girl?*

Brigita: *Warmth, love, I want to hug her... and then comes embarrassment.*

Therapist: *Okay. Just be aware of that.*

Through continued mindful processing, Brigita recalled that her parents did give her brief hugs, but affection was limited. There was no time for tenderness, life was hard, and work came first. Asking for affection evoked shame. She remembered her mother in the kitchen saying, "This has to be done, and done this way." Brigita's words were accompanied by

rectangular hand movements, which, as you may notice, stand in contrast to the round shape of the golden ball. Then came memories of how her brothers were more valued, which touched into deep emotional pain.

As we approached the end of the session, the image of the little girl remained vivid in my mind, and I didn't want to leave her behind. So, I said:

Therapist: *We're getting towards the end... How would you like to say goodbye to the little girl?*

Brigita: *Something with the ball... I would give her the golden ball.*

Therapist: *Okay.*

In my mind's eye, I was embracing both the little girl and the adult Brigita with a loving attitude.

Brigita: *I gave her the golden ball... then embraced her. And now, in my imagination, we have become one.*

Let us now reflect on what was happening in terms of psychotherapy beyond words in this excerpt.

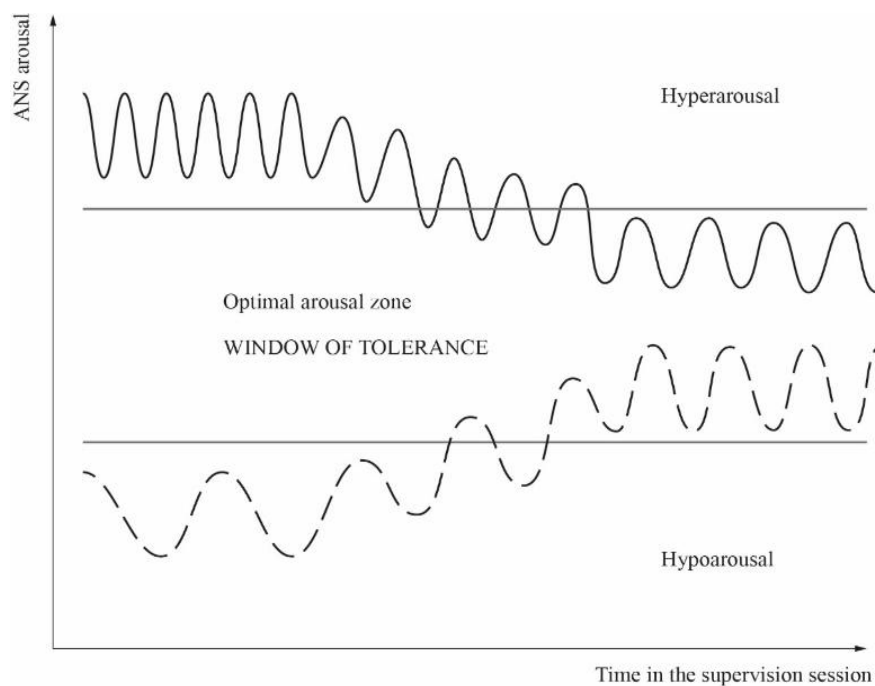
At the beginning of the session, Brigita and I were both facing the theme of separation, a difficult issue for each of us. We found ourselves in a state of hypoarousal: experiencing coldness, constricted breathing, aching in the belly, and a sense of emotional numbness. We were disconnected from internal emotional experience, such as sadness or pain, and not fully engaged in relational contact either. Had I not recognized this shared state of hypoarousal, we might have remained stuck in it throughout the session, and possibly even carried it into the following one.

By recognizing the signs of hypoarousal both in myself and in Brigita, I was able to interrupt the dysfunctional physiological synchrony. I began by regulating myself, and then supporting Brigita's regulation; first implicitly, through the stabilization of my own autonomic nervous system (ANS), and then explicitly, through suggesting compassionate touch and mindful breathing. In other words, I was physiologically attuned and involved with Brigita. This co-regulation helped us gradually shift our ANS activation toward a more balanced state, within the window of tolerance (see the dotted line in the hypoarousal zone, Figure 4).

Brigita first accessed bodily resources and then came into contact with the deeply symbolic image of the golden ball, a metaphor for core inner strength, warmth, feminine life energy, and perhaps even a transpersonal or spiritual source of support. This resource supported her in staying present throughout the ongoing process of mindful exploration, enabling her to face deep emotional pain and begin integrating a split-off part of herself, represented in the image of the little girl.

During the session, I was engaging in physiological regulation, both of myself and of the client. Physiological regulation is defined as "a process of modulating the physiological arousal states of a person, bringing them to an optimal arousal zone" (Žvelc & Žvelc, 2021, p. 69).

Figure 4. *Physiological Regulation Throughout a Psychotherapy or Supervision Session*



Note. Adapted from *Mindfulness and Compassion in Integrative Supervision* (p. 54) by M. Žvelc & G. Žvelc, 2024, Routledge. © 2024 by M. Žvelc & G. Žvelc. Adapted with permission.

Physiological Attunement as a New, Sixth Component of the Keyhole Model

The transcript also illustrates how I was physiologically attuned to the client. In our book *Integrative Psychotherapy: A Mindfulness- and Compassion-Oriented Approach* (2021), Gregor Žvelc and I introduced physiological attunement as a new, sixth component of Erskine's Keyhole model (Erskine et al., 1999/2023). John Hallett, in his review of our book, states that physiological attunement is an "important addition to the keyhole model and should be added to the IP teaching model" (Hallett, 2021, p. 5).

We defined physiological attunement as "a process of modulating the physiological arousal states of a person, bringing them to an optimal arousal zone" (Žvelc & Žvelc, 2021, p. 69). Physiological attunement also involves the therapist's capacity to offer an appropriate response. This raises a key question: What kind of response is truly needed?

As we emphasize, physiological attunement is not merely physiological synchronization; it goes beyond that. The appropriate response depends on the physiological state the client is in (see Table 1). If the client is in a regulated physiological state, within the window of tolerance, then physiological synchrony is the appropriate response. This synchrony facilitates empathy and strengthens the therapeutic bond. However, if the client is in a dysregulated physiological state, outside the window of tolerance, then physiological synchrony becomes dysfunctional. In this case, the therapist must first interrupt the synchronization, self-regulate, and then lead the client toward physiological regulation (Žvelc & Žvelc, 2021, 2024).

Table 1. Ways of Physiological Attunement

	CLIENT'S REGULATED STATE Within the window of tolerance	CLIENT'S DYSREGULATED STATE Outside the window of tolerance
THERAPIST'S APPROPRIATE RESPONSE	Physiological synchrony. Enables empathy and strengthens the therapeutic bond.	1. Interruption of physiological synchronisation. 2. Self-regulation. 3. Leading the client towards regulation.

Beyond Words: From Dyadic Relationships to Wider Interconnection

We have now come to the final part of this speech. Until now, I have spoken about bodily connections between people, connections supported by scientific research and physiological measurement. Now, I would like to take the freedom to speak about broader forms of connection. This can be understood as a further step in integration, one that moves beyond dyadic attunement and interpersonal regulation toward a deeper awareness of our interdependence with the natural world, the community of all living beings, and even the spiritual or the sacred.

This expansion is not a departure from what has been discussed, but rather a continuation of the same integrative movement: from embodied presence to relational resonance, and further toward ecological and spiritual interconnectedness. In this wider view, healing is not only interpersonal but also collective and ecological.

This way of thinking became more deeply integrated within me during a three-month research stay in Aotearoa New Zealand, where I served as a visiting researcher at Auckland University of Technology. One of my intentions during this time was to connect with Māori culture and to learn from Māori people as fully as I could. I asked myself, cautiously and humbly: *“What can I—and what can we—learn from Māori wisdom? And what have I—and what have we—forgotten?”*

I was deeply moved by the way Māori relationships extend beyond the dyadic and interpersonal to include wider relational fields (Fleming, 2018; Pihama & Tuhiwai Smith, 2023). Māori people form strong, living bonds with:

- Whānau: extended family and community
- Whenua: the land and the natural world
- Wairua and Tūpuna: the spiritual world and the ancestors.

At one Māori ceremony I attended, the first two rows of chairs were reserved for the ancestors. Those chairs were covered with cloth. The leader of the ceremony explained that the Māori people feel an especially strong connection to their deceased grandparents. During the ceremony, I had the sense that their grandparents, and my own, were present. I could feel them sitting in those front-row chairs. They were with us. This experience was very powerful and deeply moving for me.

From a Māori perspective, healing and growth do not emerge only from the therapeutic dyad, but through these broader relational fields, including community, land, spirit, and ancestry.

I want to share with you one Māori Ora, a Māori proverb, titled Puhuaroha. Literally, it means love, compassion from the belly, from the depths of one's being: "Nā koutou i tangi, nā tātau katoa. When you cry, your tears are shed by us all" (Alsop & Kupenga, 2016, p. 68). I understand these words also as: When you are joyful, your joy becomes our joy. When someone feels joy, not only someone close to us, but even someone on the other side of the world, we can feel it too.

And when people suffer, it affects us. People in Ukraine, Gaza, Sudan, Myanmar, and many other parts of the world are suffering.

Many indigenous communities are suffering.

The whales are dying. The trees are dying.

Their sorrow is our sorrow. We feel it.

In our Western-Northern society, which increasingly values individualism, personal success, and economic gain, we have forgotten how deeply we are connected and interdependent on nature, on each other, and on something greater than ourselves. Events and changes in nature and society affect us. We are interconnected. We share the same Earth. And we may ask ourselves: What can we do for the greater good?

To close, I would like to invite you to join me in a short compassionate exercise, a kind of gentle prayer:

I invite you now to gently and lovingly place your hand on your chest,

to feel your feet on the ground,

to sense how the Earth is supporting you.

And from this place, let us wish all well:

to ourselves,

to those closest to us,

to everyone in this room,

to all people in the world,

to all sentient beings,

and to all that is, all forms of existence—

seen and unseen, living and not living.

Thank you.

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