

An Awesome Alternative to Drugs:
Martial Arts Practice As Treatment For Children With AD/HD

by

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ABSTRACT

This paper examines the potential benefits that regular, sustained martial arts activity may have for children who have been diagnosed with Attention Deficit (Hyperactivity) Disorder (AD/HD). The author suggests that martial arts training, under certain conditions, can help children and their caregivers deal with AD/HD issues without resort to aggressive and possibly harmful drug therapies, which are currently the predominant treatment approach to the disorder.

Between three and five percent of American children are now diagnosed with AD/HD, generally defined as a “neurological syndrome whose classic, defining triad of symptoms includes impulsivity, distractibility, and hyperactivity or excess energy” (Thompson, 1996). Entering popular discourse in the mid-20th century, the relatively new diagnosis of AD/HD has been tied to a host of issues, such as reductions in educational funding, classroom discipline policies, decreases cultural tolerance for differences in children’s behavior, desperate parents searching for a medical label for their children’s behavioral problems, the rise of the new fields of special education and educational psychology, and aggressive pharmaceutical marketing strategies (Malacrida, 2000).

While it is outside the scope of this paper to debate either the legitimacy or the abuse of the AD/HD diagnosis, diagnosed children generally experience difficulty in school and are treated with drug therapies. The most popular of these therapies is the psycho-stimulant medication Ritalin (methylphenidate), a drug that has a host of side-effects and behavioral problems associated with its use on children (Thompson, 1996). Peter Breggin, in *Confirming the Hazards of Stimulant Drug Treatment*, states, “ When

these children developed depression, delusions, hallucinations, paranoid fears and other drug-induced reactions while taking stimulants, their physicians mistakenly concluded that the children suffered from "clinical depression," "schizophrenia" or "bipolar disorder" that has been "unmasked" by the medications. Instead of removing the child from the stimulants, these doctors mistakenly prescribed additional drugs, such as antidepressants, mood stabilizers, and neuroleptics. Children who were put on stimulants for "inattention" or "hyperactivity" ended up taking multiple adult psychiatric drugs that caused severe adverse effects, including psychoses and tardive dyskinesia."

The popularity of medicating children with AD/HD is due to the recognition by concerned parents, and educators, that untreated AD/HD affects children's behavior and performance in school, and life, in a significant and negative manner (Fetto, 2003). However, non-chemical alternatives to drugs do exist. Some theorists have suggested that the power of music should be used to calm down the hyperactivity. Bathing, showers or other water sports have also been used as therapy for hyperactivity. It is argued in this paper that one of these potential alternatives is martial arts practice and training. AD/HD is not considered a disease anymore by many. For example, ADD Medical Treatment Center of Santa Clara Valley maintains that it is not a disease but a brain chemical make-up. They suggest that it is not a nervous and mental disorder and it should be controlled with drugs. In contrast, most researches conclude that it should not be treated with medication, as it is not a disease. Dr. Ron Schneebaum, who left his pediatrics practice of ten years to research on this issue, gives interesting evidence of why it cannot be categorized as a disease. He maintains that this is not a disease and therefore use of medication to control it is unnecessary.

National Institute of Mental Health (NIMH) has extensively researched and published about benefits of psychotropic medicines. However, they conclude that the best way to treat the disorder is through monitored drug therapy and a comprehensive behavioral modification treatment. They suggest that medication itself may not be the best thing for most children. "... Medications alone may not necessarily be the best strategy for many children. For example, children who had accompanying problems (e.g., anxiety, stressful home circumstances, social skills deficits, etc.), over and above the ADHD symptoms, appeared to obtain maximal benefit from the combined treatment."

On the other hand, extensive research has been carried out and a tremendous amount has been written on the negative effects of psychostimulant drugs on children with AD/HD. For example, **Dr. Peter R. Breggin**, in *Talking Back to Ritalin* claims that short-term usage suppresses creative, spontaneous and autonomous activity in children, making them more docile and obedient, and more willing to comply with rote, boring tasks, such as classroom work and homework.

Martial arts have a long history of training and discipline in the West. The first North American practitioners of the Asian fighting arts were soldiers, followed by the popular 1960s movie star from Hong Kong, Bruce Lee; then by civilian adult male admirers of Lee followed more recently by many women and children. The early sociological studies on the martial arts focused on the fact that participation in the martial arts actually worked to reduce the practitioners' aggression (Nosanchuk, 1981). More recent research has shown similar results. Kombat Arts Training Academy maintains, "**The classes help channel aggression.** Studies have shown that the

martial arts can be good for child that has A.D.H.D. That is because the martial arts can give a positive outlet for all of the kid's energy." Subsequent research into the personalities and lives of martial arts practitioners focused on their self-esteem and self-image levels, and suggested that martial arts practitioners tended to be psychologically healthy and well-adjusted people (Konzak & Klavora, 1980). Advocates of martial arts claim that "the martial arts have a direct bearing on morality, disciplined ritual, and knowledge of man in the universe" (Becker, 1982, 19), and gradually, researchers noted the Eastern philosophies that permeated martial arts practices encouraged "formation of good moral character" and "non-violent attitudes and behaviours" (Bäck and Kim, 1978, 24).

Today, the majority of martial arts practitioners are young people and children, and the benefits of martial arts practice for these young people are said to be even greater than for adults (Vockell & Kwak, 1990). The martial arts foster in both the older and the younger practitioner "motivation, discipline, and resultant change" (Brownridge, 1975, 56). The younger practitioner, in many ways, derives more immediate and more lasting benefits, because the martial arts training and tenets become an ingrained part of his character before that character is fully formed (Wiley, 1995). Parents of young martial artists routinely report improved physical well-being and improved self-confidence, as well as many other psychological benefits attributable to the training (Boudreau, 1995).

As they work, with their body, to master specific techniques, the martial artist "works on personal character and attitude" (Cerny, 1981, 47). One author calls the Japanese martial art of aikido "philosophical education in action" (Linden, 1986). Certain

Asian governments have long believed exposing their youth to martial arts training makes good citizens (for South Korea, see Kim, 1996, for Japan, see Neide 1995). Parents of young martial artists frequently report better behavior, better school performance, higher self-confidence and self-esteem, and higher aspirations among their children (Vockell & Kwak, 1990, Abernathy, 1995).

How is it that the martial arts foster these changes, and how, specifically, can these changes benefit children with AD/HD?

Some of the Benefits

Some of the benefits resulting from martial arts practice are simply the benefits of exercise, and similar benefits may result from enrolling a child in any sport that features extended body movement and regular exercise (Gummerson, 1992a). These physical benefits include a healthier body, a more oxygenated brain, and a better processing of the potential dietary culprits of hyperactivity— processed sugars and high-fat junk food. Nutritionist Nicholas Kirwan state, “Often sugar makes the situation worse. Hyperactivity can be caused by hypoglycemia or, if it is caused by allergies, it can be worsened by excess sugar consumption because of the adverse effect of sugar on the immune system. Hypoglycemia is a common condition where the blood sugar levels fluctuate excessively and dip below fasting levels. It is caused by eating too much sugar and refined carbohydrates. Many hyperactive children eat a lot of sugar and junk foods - when these are taken out of the diet and replaced by complex carbohydrates or snacks containing protein, behaviour improves dramatically.”

Additionally, a sustained commitment to martial arts practice (or a sport) may result in the child and parent paying better overall attention to diet, sleep routines, and daily schedules, leading to a healthier, happier, and more predictable child (Abernathy, 1995).

The real benefits of martial arts practice are mental (some would say spiritual) rather than physical. Most martial arts incorporate meditation and relaxation training, learning how to focus and release energy, moving in tandem with a partner as well as striving to excel alone, and achieving mind-body unity. The physical exercise and mastery is, really, the means to a non-physical end. Whether one calls this state of mind enlightenment (Back & Kim, 1981), self-knowledge (Wiley, 1995), or achieving balance (Wiley, 1995), what the practice of martial arts ultimately works toward is a healthy mind, a healthy spirit, and a healthy body (Reid & Croucher, 1995).

These mental benefits are achieved partially through the challenging physical training, and partially through the incorporation of philosophy into the training. The specific philosophies differ considerably from style to style, and even school to school, but the basic principles they share include respect accorded to “seniors” (such as instructors and parents) as well as peers, consideration of the younger and weaker, perseverance at difficult tasks, and, most importantly perhaps, integrity of self and doing what is “right” (Vockell & Kwak, 1990, Abernathy, 1995, Wiley, 1995).

These positive effects are documented. “Indoctrinated with the idea of respect,” martial arts students tend to become better classroom students (Vockell & Kwak, 1990, 61). A number of authors see this characteristic as the key to what makes the martial arts an effective way of transmitting desirable moral values. For example, Abernathy

(1995) argues the inclusion of a traditional martial art in an elementary school physical education curriculum would be beneficial to the children because of such arts combined emphasis on physical skill and transmission of morals and values. Vockell & Kwak (1990) also believe martial arts ought to be brought directly into school curricula, to foster the “cyclical” martial arts/life relationship, in which students curtail “immature or maladaptive behaviors” in order to excel at the martial arts, which helps positively “develop their human personality,” which, in turn, further helps them excel at martial arts.

It should be noted that, unfortunately, there are still few carefully controlled empirical studies on young martial arts students, and none that specifically correlate martial arts activities with AD/HD (Saulny, 2002, B1). It is the hope of the author that this deficiency will be addressed by future research, as the potential benefit to these children is enormous and the number of AD/HD children is large. The promise of such a program, in school or out, is nothing less than transforming the potentially destructive symptoms of their disorder into positive achievements in the martial arts, in school, and in life.

Hyperactive Child in the Martial Arts Classroom

As children with AD/HD face greater challenges in their personal lives, so they will face greater challenges in their martial arts training. But good martial arts classes that are specifically tailored for children already take into account those personality characteristics that make certain activities (including classroom performance) challenging for AD/HD children. An aikido instructor describes the challenge of teaching martial arts to children thus:

Children can be so energetic and spirited that their energy at times seems uncontrollable. Their attention spans are short. They can be easily distracted... Some may not have the skills to mix socially and play with other children their age. (Friedl, 1995, 60)

Martial arts programs that recognize and understand how to effectively teach younger children take the very characteristics that are the symptoms of the AD/HD diagnosis (the symptoms medication works to suppress) and channel them into the art's physical and mental training. As one martial instructor notes, "Often, a child who is 'disrupting' a class can be an important key to how you can change your teaching focus" (Marschke, 1995, 65). Thus, a high-needs child such as one with AD/HD sets the bar that an aware martial arts instructor strives to meet for his class as a whole.

The training works to change the AD/HD behavior from destructive to creative/positive not by blocking it or fighting it, but by first accepting that it is there, and then making it work for the child (Hobbs, 1995). Martial arts training thus has the potential to effect this positive transformation on each of the basic triad of AD/HD symptoms: impulsivity, distractibility, and hyperactivity.

The physical demands of a martial arts class tire the body and take the impulsive edge off the hyperactive child. Additionally, the exercises learnt in class can be practiced at home, where the AD/HD child can "show off" his or her accomplishments for the parents. The martial arts training also gives children and parents specific tools (exercises) into which hyperactivity or excess energy can be channeled. If the child is "bouncing off the walls," a parent can encourage him/her to practice a form, work together on some punches, kicks, or blocks, or even simply run laps or do sit-ups—the

variety of techniques and combinations for exercises and activities that is taught in every martial arts program is endless.

Another tool in the martial arts arsenal that may benefit the child with AD/HD is meditation or other relaxation techniques. Vockell & Kwak (1990) write,

Anxiety and hyperactivity are major problems that inhibit school performance. Meditation strategies can reduce both of these problems. A student can be asked simply to sit quietly and engage in actual meditation for a few minutes to collect his or her thoughts... (p. 62)

Meditation practice has the benefits of teaching the AD/HD child the self-discipline of sitting still, focusing the mind, achieving a quiet state, and being able to achieve self-control through an inner-motivated, self-starting activity.

The “D” of Distractibility in AD/HD can also be addressed through martial arts training, notably through the aforementioned variety of techniques and exercises that comprise each martial art and each martial art class. The child needs to concentrate on one specific task for only a short time. The task or technique at hand is changed into another quickly. Through the hour-long class, the child is engaged in a variety of repetitive tasks, but the tasks vary and interest is sustained. The child is taught to develop powers of concentration, but in very short bursts that are manageable (Gummerson, 1992a, 1992b; Marschke, 1995).

The hierarchical and progressive structure of martial arts training also works to more positively channel distractibility and short attention spans, and to off-set frustration. Students progress through a graded series of steps, and learn complex skills—such as a long form or a difficult kick or grappling release—by mastering smaller,

much more digestible parts. A complete form consists of many individual moves, which are learned one at a time.

A complex grappling technique, for example, has several steps. The benefits of this approach extend beyond the obvious one of learning the specific task at hand, into an approach to life that can help the child with AD/HD:

Martial arts students internalize a valuable life skill if they can internalize this notion of breaking a task into small components and being satisfied with small successes. (Vockell & Kwak, 1990, 61)

Coping with the restrictions and regulations of the classroom is difficult for AD/HD children, who are even more impulsive than their non-AD/HD peers. Youth martial arts classes tend to provide structure with opportunities for impulsivity and creativity (Friedl, 1995; Marschke, 1995; Goodman, 1995; Gummerson, 1992a). Repetitive tasks and exercises are interspersed with activities that resemble free play. “Free sparring,” the application of learned techniques in a controlled but unrehearsed combat scenario, is one example of this; another example may involve a group of children working together to create a mini-skit that demonstrates the application of a certain set of techniques (Gummerson, 1992a, 1992b). Moreover, as has been noted earlier, because children learn skills in small, digestible chunks, they also learn to develop their concentration skills in small, achievable steps. They do not need to concentrate hard for an hour or more— rather, they need to concentrate on executing a punch or a kick for a count of four, or performing a partner exercise for two minutes (Gummerson, 1992a; Friedl, 1995). Gradually, their ability to concentrate improves.

As students' concentration improves, so does their self-control. Learning self-control is an important tenet of many martial arts philosophies and disciplines, and it is the fundamental challenge facing AD/HD individuals. In the martial arts, the children learn to control their bodies, and to control their emotions and reactions. As they practice kicks, punches, blocks, and throws (depending on the specific martial art) with partners, they learn to control how they use their hands and feet in order to not hurt one another. They also learn not to get angry and not to lash out in anger and retaliate (Reid & Croucher, 1995). They learn to use their meditation, relaxation, and breathing techniques to calm down and to ground themselves (Marschke, 1995). All of these benefits accrue equally to the AD/HD child in the martial arts program.

All of these skills can be transferred to the regular classroom (Vockell & Kwak, 1990). Indeed, if a student has an effective, sincere instructor, such a transference is inevitable (Wiley, 1995). However, educators and parents must make a concentrated effort to ensure children perceive the links between what they learn in martial arts class and how they can apply it in school:

Unless children see the connection between martial arts and more formal educational activities, however, they are not likely to let martial arts have a positive effect on their school work. (Vockell & Kwak, 1990, 62).

The ultimate reason martial arts can benefit children with AD/HD is their overt goal to transform the practitioner into a better person. The central struggle for the martial artist, young or old, is internal; it is said that the "toughest enemy is yourself" (Cueves and Lee, 1998, xiii). Martial arts practice gives the young challenged practitioner tools with which s/he can transform into something positive those

characteristics that hinder the child's performance at school: excess energy, frustration, irritability, and distractibility key among them. The techniques learnt within the safe, non-academic environment of the martial arts class can, with the aid of parents and educators, be transferred into the regular school setting. Young practitioners with AD/HD can be encouraged to handle their academic challenges with the same self-control, perseverance, and overall attitude with which they approach their martial arts training. Some benefits may carry over easily and effortlessly—for example, the benefits of improved concentration and improved physical well-being. Others, such as the ability to tackle challenging tasks one step at a time, may require that parents and educators make an explicit link for the child (Vockell & Kwak, 1990).

There are of course some drawbacks and difficulties to using a sustained regular program of instruction as a tool for controlling AD/HD. Since it is not the martial art activity that magically transforms the child, but rather the instructor that gives the child tools to address the symptoms of AD/HD outside the martial arts class, treating AD/HD with martial arts can be more time-consuming and, sometimes, more costly, than automatically treating the disorder with the available medications. It requires considerable commitment and work from the parents, and the active participation of the child in the process. Additionally, it requires a good martial arts instructor and program. Most martial arts programs take place in a dedicated facility rather than at home or in school.

It should perhaps be stressed that for the purposes of evaluating their efficacy in treating AD/HD symptoms, not all martial arts practice may have the hypothesized effect. The potential benefits of training for the child with AD/HD will be unlocked only if

the instructor teaches martial arts with an understanding that the lesson is not just physical (Abernathy, 1995)—that is, the benefit results not just from the exercise, but how the exercise is taught and the philosophy (i.e. the transformation of the person) that underlies the teaching.

The Awesome Alternative

In summary, it seems that martial arts training may help AD/HD children improve their overall behavior and lead to better school performance (i.e., higher grades). AD/HD manifests itself through short attention spans, excess energy, and inability to control impulsive behavior. Together, these symptoms adversely affect the performance of children with AD/HD in schools. Their inability to adequately concentrate on school tasks translates into poor academic performance, which results in frustration, on part of children, parents, and educators, compounding the original problem. Martial arts training emphasizes concentration in a number of ways, not the least of which is the necessity to perform one technique or set of techniques over and over again in order to perfect it. This increased ability to concentrate is developed gradually, just as young practitioners learn to learn in small increments and rejoice at small accomplishments.

These “mental” benefits are the “icing” on the more general benefits of regular physical exercises, which helps children burn off the sugars they eat, resulting in improved mood, health and oxygenated brain. Research is now being also done into the impact of martial arts practice on treating and reducing adolescent violence (Twemlow & Sacco, 1998). Taken together, the physical and mental benefits of the martial arts have the potential to treat the symptoms of AD/HD and other behavioral problems, without resort to medication and its harmful side-effects.

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