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Article 55

An Innovative Approach to Working With Angry Adolescents Using Therapeutic Principles and Martial Arts

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For some aggressive adolescents, conventional counseling methods appear limited in handling the excessive energy and issues individuals in this population have. With traditional talk therapy not effective, a gap exists for practitioners on what to do when counseling this populace. Martial arts, however, have a tradition of discipline and self-control for people who practice them. Thus, martial arts may be an alternative for aggressive adolescents if counselors can synthesize martial arts and counseling principles into a movement-based therapeutic intervention. The purpose of this article is to provide counselors with this movement-based intervention. Recommendations for shifting from a conventional approach to working with aggressive adolescents to a movement-based therapeutic approach are described in this article.

Research indicates that for aggressive youth, movement based therapies are sometimes more effective than traditional talk therapy (Twemlow, Sacco, & Fonagy, 2008). Historically, some institutions that provide traditional therapy have subjugated aggressive youth (Piquero, 2008). Youth associate institutions and talk therapy with oppression and are sometimes reluctant to participate in what appears to be another form of degradation (Constantine, Hage, Kindaichi, & Bryant, 2007). In order to reach youth, a number of circumstances demand attention. An intervention must (a) be concrete, (b) hands on, and (c) able to capture youth's attention quickly (Twemlow, Biggs, Nelson, Vernberg, Fonagy, & Twemlow, 2008). An intervention also has to sustain attention once novelty wears off (Capoeira, 2003). Furthermore, the association between oppression and institutions needs to dissipate (Fondacaro & Weinberg, 2002).

Twemlow, Sacco, and Fonagy (2008) stated that an intervention with a commitment to respect and self-control, while emphasizing self-awareness, is critical for aggressive adolescents. Movement-based modalities take self-awareness and self-control further, adding a physical health component (Capoeira, 2003). Weisz, Sandler, Durlak, and Anton (2005) recommended incorporating physical wellness into clinical interventions for aggressive youth. Weisz et al. asserted that with provision of safe physical outlets, pent up energy expends naturally. Movement allows for freedom of

expression and can assist in building emotional stability (Law, 2004). Furthermore, movement combined with mental health principles assists aggressive youth with behavior problems (Twemlow, Biggs, et al., 2008). Additionally, mental health principles, such as emphasizing cultural viewpoints, are necessary tools to use with adolescents (Roysircar, 2009).

Culturally Sensitive Treatments

Roysircar (2009) suggested that culturally sensitive treatments (CST) are critical when providing service to diverse populations, such as aggressive adolescents. In order to speak to the needs of these individuals, wellness viewed from a culturally sensitive perspective is imperative. Roysircar stated that an emphasis on western (traditional) therapy leads counselors to provide a disservice to diverse clients. Thus, in her work, western ideologies fail to meet the needs of particular individuals. CST's, conversely, adjust treatments to have a culturally sensitive perspective. According to Roysircar, CSTs incorporate an appreciation of diversity, ethnicity, or culture into counseling. In many traditional therapies, there are several obstacles in obtaining these appreciations (Cardemil, 2008). First, there is a failure to recognize the differences in symptoms of behavioral problems across cultures. Secondly, cultural biases of counselors adversely affect some client's diagnoses and treatments. Thirdly, values of majority culture sometimes neglect cultural issues paramount to the positive mental health of certain populations. Lastly, some clients associate mental health providers from majority culture with institutional oppression (Estrada, Durlack, & Juarez, 2002). As a result, numerous clients do not trust many providers (Basic Behavioral Science Task Force, 1996).

In order to combat these problems, cultural identification is imperative when working with ethnic and aggressive clients (Roysircar, 2009). Additionally, culture is critical with aggressive adolescents, who may have received the label due to stereotyping and mistreatment (Piquero, 2008). Before proceeding further, however, a definition of culture needs undertaking to avoid confusion. According to Gladding (2012), culture transcends race or ethnicity, and is not a uniform term. Culture encompasses religion, sexuality, geographic region, and beliefs. In short, culture is an ideological system of belief that gives people's life purpose, shape, and focus. With aggressive youth, a culture exists that is unique to this population (Burt, Lewis, & Patel, 2010). Counselors working with aggressive adolescents need to recognize and understand the difficulties and subculture inherent in this populace (Burt, 2011). Research indicates that martial arts speak to aggressive adolescents, and provides positive socialization and role modeling (Twemlow & Sacco, 1998).

Twemlow, Sacco, et al. (2008), in their substantive work with aggressive adolescents in martial arts, found that youth wanted increased self-discipline, spiritual practice, and an aggression outlet. As one can see, adolescents' reasons for taking martial arts extend beyond merely wanting to fight, or increasing self-defense and physical fitness. There existed not only a genuine need for positive expression; there was also the wish to participate in something meaningful (Twelmow, Biggs, et al., 2008). According to Brown and Leledaki (2010), meaningful participation gives youth a sense of direction and purpose in life. Meaningful participation is paramount, as youth labeled aggressive rarely get the opportunity to express themselves in something constructive (Bandura,

2011). Understanding the culture within aggressive populations is imperative for counselors. It is unique to these individuals, and counselors have to develop strategies to meet the needs of these clients (Roysircar, 2009). Combining mental health concepts and movement provides adequate strategies for meeting the needs of aggressive youth (Brown & Leledaki, 2010). Therefore, it is logical to infer that martial arts fused with therapeutic principles may provide a CST appropriate to use with aggressive youth (Burt & Butler, 2011). In order to strengthen this argument, the remainder of this article includes three segments. In the first section, evidence supporting martial arts as a movement-based modality begins. The second part discusses risk factors and explains how counselors can integrate martial arts with therapeutic principles. The third section presents a conclusion, encompassing limitations and suggesting recommendations counselors wanting to implement martial arts should take.

Evidence for Martial Arts

A number of recent studies indicate the therapeutic nature of martial arts in a variety of situations with adolescents. Blowers (2007) suggested that martial arts assisted aggressive adolescents in rethinking normal patterns of anger and reduced overall aggression. Furthermore, therapeutic martial arts have aided in increasing self-efficacy in adolescents with epilepsy (Conant, Morgan, Muzykewicz, Clark & Thiele, 2008). Additional literature reports that when adolescents are in martial arts, not only does aggression decline, but a reduction in negative/aggressive personality characteristics occurs as well (Burt & Butler, 2011). According to Rice and Dolgin (2005), interventions like martial arts offer a number of beneficial features. Adolescents need an intervention that is novel, appealing, and offers immediate, tangible results, such as in goal attainment and working with others (Gladding, 2012). Martial arts provide a concrete intervention that gears itself towards aggressive adolescents (Twemlow & Sacco, 2011).

Role Models

With aggressive adolescents, various family behaviors/beliefs encourage aggression as an acceptable way to resolve problems. First, there is parental psychiatric history, parental alcoholism, negative role models, and negative environmental/ community influences. Examples of negative environmental influences are prevalence of aggression, drugs, or firearms (Twemlow & Sacco, 2011). Based on these principles, lack of positive role models and modeling negative behaviors is a primary catalyst of aggressive behavior (Bandura, 2011). Clearly, role models play an important part in the impact of aggression in adolescents.

The influence of poor role models has a negative effect on the behaviors of children, adolescents, and adults (Ratts & Wood, 2011). Martial arts can provide influential positive role models who assist adolescents in developing alternative ways to deal with stress (Parmigiani et al., 2006). The positive socialization martial arts provide assist youth in handling problematic situations without resorting to anger and aggression. By having role models display socializing with others in non-confrontational and positive ways, adolescents learn new patterns of behavior (Law, 2004). Twemlow, Sacco, et al. (2008) and Twemlow and Sacco (2011) indicate that new adolescent patterns of behavior

results in a number of productive outcomes. Reduction in aggression occurs, coupled with youths displaying more altruistic and less ego-centered thoughts.

Martial Arts as a Movement-Based Modality

Martial arts provide adolescents with a movement-based modality, similar to dance movement therapy (DMT), which embodies becoming one with the total being (Jeong, et al., 2005). Participants in physically centered therapeutic approaches receive a modality that assists in discharging aggression and restoring interpersonal connections between people (Harris, 2007). Coupled with this, martial arts potentially allow for an unconventional method reaching individual's physical needs, then affecting cognitive and emotional levels, analogous to DMT (Goodill, 2005). For example, many workers dealing with overly aggressive adolescents in mental health institutions have to apply therapeutic holding, or restrictive embraces on patients (Masters, 2005). Training in movement-based modalities assisted workers in institutions to apply less restrictive therapeutic holdings to adolescents (Lundy & McGuffi, 2005). According to Lundy and McGuffi (2005), workers' physical needs had to be satisfied first. Once workers felt physically competent, thought and affect changed, affecting individuals' behavioral self-efficacy. After movement-based training, workers felt they did not need to apply restrictive holding frequently.

The preceding example holds promise for aggressive adolescents as well. Physical wants need satiation, and then cognitive and emotional problems are easier for a counselor to approach. Traditional talk therapy lacking movements may fail to reach some aggressive adolescent populations (Twemlow, Sacco, et al., 2008). However, if counselors combine clinical properties with movement-based therapies, results can be very rewarding for clients and counselors (Burt, 2011). For instance, studies in movement-based modalities indicate lower stress levels, especially if integrated with clinical concepts, such as empathy and unconditional positive regard (Bojner-Horwitz, Theorell, & Anderberg, 2003). To this end, the use of martial arts intersected with therapeutic principles may offer a novel approach to working with adolescents (Twemlow, Sacco, et al., 2008).

Need for Alternative Forms of Treatment

Wells (1991) wrote of the ineffectiveness of residential facilities, especially for aggressive adolescents who tend to relapse once released. Alarmingly, limited access to mental health coverage has seen an increase in adolescents pushed into residential treatment facilities. To the undiscerning eye, this form of treatment is seemingly convenient. However, residential facilities are costly to the taxpayer and a drain on government resources (Twemlow & Sacco, 1998). Recidivism for adolescents is high when utilizing residential facilities as the sole intervention. Conversely, there needs to be adequate, effective, and affordable programs in place assisting in the reduction of adolescent re-entry into facilities due to aggressive behaviors. Martial arts, when integrated with clinical components, prove to be viable alternatives to other less beneficial therapeutic offerings (Burt & Butler, 2011; Law, 2004; Twemlow, Biggs, et al., 2008).

Risk Factors

There are several risk factors documented with aggressive adolescents. Twemlow and Sacco (1998) stated the following as possible sources: (1). Some aggressive youth gravitate towards affiliations with negative groups. An example is aggressive street gangs that allow adolescents to feel they are involved in something important. (2) There exists a need for some adolescents to feel powerful. For instance, power is gained by bullying someone, participating in criminal activities, or being involved with aggressive gangs. (3) Youth have feelings of inadequate security or protection. Some adolescents may feel a lack of protection, resulting in the belief that only the strong survive, so they must fend for themselves. This includes bullying or fighting potential enemies. (4) There exists a lack of engaging activities involving youth with something positive. Some bored adolescents may engage in aggressive activities to pass time because it is engaging. (5) Negative role models in the home or community. Some adolescents lack adult role models who can provide positive examples of societal norms. (6) Some youth have reinforced patterns of aggressive behaviors due to negative socialization. Many adolescents engage in aggressive behaviors due to reinforcement from adults. An illustration is adults who praise violent behavior and reward only aggressive action. It can also be indirect, such as when teachers only pay attention to youth behaving aggressively. In each occurrence, youth learn from their environment and act accordingly. After time, adolescents may not know any alternatives to behave if people confront them (Bandura, 2008).

As specified earlier, research indicates that aggressive behaviors may stem from a lack of positive role models. Bandura (2008) postulated that positive modeling is a major influence needed to transform actions, beliefs, and thoughts of aggressive adolescents. To this end, any intervention with aggressive adolescents needs a system for positive role modeling. Law (2004) advised that if counselors ignore the importance of positive, effective role models, then therapeutic interventions will most likely fail. Adolescents need to see positive behavior modeled by adults. An absence of introducing effective role models results in youth continuing to handle stressful situations and problems inappropriately.

Integrating Martial Arts With Therapeutic Principles

Bernard (1991) suggested that interventions directed towards aggressive adolescents must entail three primary therapeutic dimensions. First, an intervention must be able to offer and convey non-possessive caring and support to adolescents. Second, adolescents must understand and realize that adults have high expectations for them. Third, there must be opportunities for meaningful social participation. These three therapeutic factors are normally located in the domains of family, school, and community. Therapeutic martial arts can focus on community, while serving as an afterschool program in schools. However, to encompass the therapeutic dimensions Bernard recommended, it should involve family members, if possible. Inclusion of family members helps foster a closer relationship between adolescents and parents or caregivers. In order to strengthen positive behavior in aggressive adolescents, youth must know that someone cares and is concerned for their well-being. Martial arts allow parents/caregivers to support their child while the adolescent explores something new (Twemlow & Sacco, 1998).

The domain of high expectations strengthens when family members and other adults play a part in therapeutic martial arts. Active adult support and participation engages adolescents and reinforces positive beliefs about their ability to be constructive in life (Capoeira, 2003). Additionally, having adults participate regularly by showing support helps in raising adolescents' expectations that they can excel and exceed past patterns of behavior (Bandura, 2011). Stated succinctly, opportunities for adolescents' meaningful participation increase with adult encouragement. An example of increased meaningful participation is adults letting adolescents know that they see a noticeable difference in the way they behave with others and peers. In martial arts, numerous drills need collaboration in order to attain goals. When adults (family, teachers, or martial arts instructor) notice changes, and acknowledge positive socialization in adolescents, the likelihood increases that adolescents will continue to behave this way (Zimmerman & Cleary, 2006). As such, caring and support, high expectations, and opportunities for meaningful participation all can strengthen through martial arts as a holistic intervention affecting school and family (Capoeira, 2003).

In regards to community, much like previous domains, it encompasses similar factors, but with the inclusion of two additional influences, community leaders/involvement (Bernard, 1991). Corresponding with Bernard (1991), Law (2004) noted that martial arts training strengthens relationships through caring, support, and high expectations from non-family members and community. Although some contemporary media depicts martial arts as a clash between gladiators, similar to mixed martial arts (MMA), conflict is not the goal of traditional martial arts (Twemlow & Sacco, 2011). The classic portrayal of a martial artist is one who fights only to protect the frail, or victimized, and if at all possible, looks to avoid confrontation (Parmigiani et al., 2006). Discipline, regard for others, and self-awareness are all tenets that martial arts espouses (Burt, 2011). Thus, pro-social bonding with community figures can increase once figures understand exactly what martial arts involve. Community involvement intensifies further if a community center can actually house the intervention as well. By having an active involvement, community leaders perceive firsthand the beneficial nature of martial arts. Leaders see that therapeutic martial arts comprise more than kicks and punches; they assist in developing a social sphere where adolescents can explore meaningful participation. According to Burt (2011), therapeutic martial arts allow adolescents a chance to express their, while producing outcomes that counselors can enmesh with existing treatment plans.

Social cognitive theory (SCT) is the primary theoretical underpinning. SCT's empirical evidence lends credence to modeling's positive effects on adolescents' behavior (Bandura, 2008). Modeling plays a significant role, as adults (instructors and other personnel) have a great mentorship responsibility to participants. Bandura (2008) stated that modeling is a major influence on the actions, beliefs, and thoughts of not only adolescents, but adults as well. He further maintains that individuals examine each other, and react according to their perceptions and observations. Twemlow and Sacco (1998) suggested that in a clinical martial arts program, behaviors instructors demonstrate have a tremendous effect on adolescents. Youth watch, scrutinize, and analyze instructors as they struggle to learn appropriate conduct, similar to stages of group counseling (Gladding, 2012).

Martial arts combine therapeutic principles, pro-social bonding, and movements in a rich environment that promotes adaptation and progressive behavioral development (Twemlow, Biggs, et al., 2008). As stated previously, therapeutic martial arts is more than a simple system of flashy movements. Conversely, martial arts become a clinical intervention stimulating an interest in understanding others' perspectives, ideals, and viewpoints. Empirical studies suggest that these preceding factors are imperative for an intervention to be successful with aggressive adolescents (Law, 2004; Twemlow & Sacco, 1998).

Conclusion

Martial arts espouse positive rewards when effectively utilized with adolescents. What is of primary importance is the viewpoint of non-aggression and collaboration (Capoeira, 2003). According to Twemlow and Sacco (1998), a clinical martial arts program must combine eclectic elements such as meditation exercises, stretching/yoga, dance, music, and painting. By including seemingly disparate elements, it allows adolescents to see various ways of dealing with aggression when frustrated or under duress. Bandura (1997) believed that an unresponsive environment leads adolescents to alienation and unproductive behavior. However, if an environment is supportive, full of opportunities and pro-social bonding, positive change and behavioral goal attainment can occur.

Commensurate with goals, there must be considerable leeway and flexibility given for individuals to obtain goals (Coppersmith, 1967). Modeling must occur as well as this concept is a primary influence on adolescents' behavior (Bandura, 1986). In summary, warm, receptive, opportunistic environments full of positive modeling, with limited harsh, condemnatory feedback enhance positive change (Lambie & Vaccaro, 2011). Martial arts may produce an environment similar in scope. Therapeutic martial arts help to develop a social sphere where positive ideals and behavior can begin (Capoeira, 2003). This phenomenon potentially allows youth to see their strengths, explore new opportunities, plus learn and develop an increased sense of self-awareness (Twemlow & Sacco, 2011).

Martial arts can be an invaluable tool in reducing violence or aggressive acts displayed by youth (Law, 2004). Interventions for adolescents need to provide physical outlets integrated with therapeutic principles that establish a foundation for socially acceptable behaviors. Martial arts offer just that, especially when operating from a base stressing peace, self-awareness, and adaptability (Twemlow & Sacco, 1998). Determination, goal-attainment, pro-social bonding, positive role modeling, and less ego-centered perspectives are all concepts that therapeutic martial arts provide to adolescents (Burt & Butler, 2011).

Limitations

As with any therapeutic intervention, there are limitations to using martial arts. First, some adolescents may have reservations doubting their physical ability to do martial arts. However, as stated by Twemlow and Sacco (1998), martial arts are not limited to just physical abilities. Adolescents may choose to participate in meditation exercises or stretching activities instead. Another limitation is that adults may perceive

martial arts as aggressive in nature. Thus, some adults may not want aggressive adolescents to participate in martial arts. The belief could be that violence begets violence. However, as Twemlow, Sacco et al. (2008) stated, traditional martial arts instill self-discipline, respect and understanding, while deemphasizing aggression.

Implications for Counselors

For counselors wanting to implement a therapeutic martial arts intervention, there needs to be a clinical supervisor overseeing all clinical components of the program. Although an instructor trained in martial arts provides the physical component, clinical oversight is mandatory (Twemlow, Biggs, et al., 2008). The clinical supervisor must be willing to have continuing connections with martial arts instructors to provide not only consultation and supervision, but also appraisal and counseling. The clinician's primary involvement is to insure proper functioning of the clinical aspects of the intervention. Clinicians would not need training in martial arts, however, as this piece is separate from the clinical component. Other implications for counselors concern if martial arts are more effective than traditional therapy with adolescents. Counselors could compare and contrast differences in behavioral change between the different modalities and see if a detectable change occurs.

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