

CHILD AND ADOLESCENTS GROUP THERAPY WITH TRADITIONAL ARCHERY

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Introduction

In this article, we describe an approach to group therapy in children and youth through traditional archery, which is part of the traditional martial arts (TMA). Funakoshi, the founder of traditional karate, notes that the karate, who is the basis of all traditional martial arts, should train the spirit along with body training and develop a clear awareness that allows him to stand up to the world in a sincere and genuine way. The person who follows the karate path will develop, with spiritual training, calm courage and self-control in the face of tension, difficulty and danger (1). Visser and Katz pointed to the effectiveness of TMA in raising self-esteem and self-confidence, controlling aggression and vulnerability, and reducing sleep and depression problems (2). In addition, these authors note that as therapy, TMA improve the recognition of the integration between body and mind, teach the exercisers to calm themselves, focus, communicate better with others, be aware of themselves and accept themselves as they are. Toomello (3) notes that TMA applied in therapeutic orientation, can be a highly effective method of psychotherapy for ego building. He notes that trainees at the TMA show a significant decrease in aggression, less anxiety, and an increase in self-worth. They also learn to deal with stress in less violent forms. Like him, Nusanchuk (5, 4) found that the acquisition of control over traditional martial arts contributes to a reduction in aggression. The most prominent factor he found to be contributing to this was the increase in the self-worth of the trainees.

In Zivin's study, Hassan and DePaula (6) found that a program for the treatment of martial arts for adolescents is effective in reducing violent behavior and in reducing psychological characteristics that are correlated with violence and delinquency. Among the factors that improve adolescents, are factors that characterize children and adolescents with ADHD, such as impulsivity, attention deficit disorder, low self-satisfaction, low academic achievement, resistance to laws and conflicts with authority. The researchers suggest three main reasons that seem to be particularly related to the improvement in these factors. Among the reasons cited are: self-respect and respect for others, regardless of the status or level of performance or

ability, which is transferred from the teacher (sensory) as a basic concept in the TMA, the second is the movement meditation which is part of the TMA, and the third is the caring and interested attitude of the Sensei towards all participants in the group.

In other studies (7,5,4), traditional martial arts were compared with modern martial arts (emphasizing competitiveness, working on the strength of peripheral muscles, and without the philosophical components of the species.) While the subjects in the TMA groups showed decreased anxiety and aggressiveness, increased self value and in pro-social tendencies, modern martial arts groups have shown changes in opposite directions, that is, a stronger tendency to violence and anti-social and criminal behavior.

Toomello (3) points to three points of the general approach of TMA as a therapy we share:

1. The role of the teacher as a role model in terms of devotion, acceptance of the student, seriousness, attention to others and the environment and moral behavior.
2. A reference to the ethics and philosophy of the martial arts, and not just to the physical practice.
3. The work is based on control of the body and spirit rather than violent disintegration and confrontation, and is practiced mainly by *Katas* (training a series of movements without a fight).

This is especially important in view of the approach of those unfamiliar with traditional Karate, which I have often encountered in my work with youth and children, who tends to view karate as another way to expel energy and release violence. Fuller (8) refers in his article to the bad reputation that went out to the West, and relates it mainly to the way they are presented in the cinema and their transformation into sport through modern martial arts.

In addition, Hely Weiser and Katz add two more important principles for therapeutic work in TMA:

4. Healy (9) points out the therapeutic importance of the experiential work of Sensei together with the student.
5. The training in TMA is actually a practice of moving Zen, and contains key elements of Zen Buddhism (6,3,9).

While the approach we seek to describe here is based on TMA, we focus on archery as the main treatment tool. We have chosen this focus, while working for several years with children, because of the combination of the meditative quality and the appropriate qualities for the behavioral approach of the arc shot, and the behavioral aspect is expressed in two ways: The natural one - By means of the natural reinforcement and the clear framework that exist by the very fun and concrete nature of the bow shooting, The artificial one - through a behavioral program that is operated throughout the meeting. The method of integrating this approach in the group will be detailed below.

The group includes children and adolescents of primary or middle school age who have ADHD, followed by difficulties in a variety of areas such as low self-esteem, social loneliness, coordination difficulties, learning disabilities, fears and anxieties and impulsivity. The group is held one hour a week, and is transferred by two instructors who are therapists, and at least one of them is a well trained in one of the traditional martial arts. The number of participants in the group depends on the main characterization of the children, but it ranges from 4 to 6 participants.

Group therapy for children and adolescents with ADHD

ADHD with hyperactivity in children is manifested in short attention span, difficulties in controlling impulses, behavioral and mental impulsivity, and psychomotor disquiet. These disorders are accompanied by various disturbances in social and scholastic functioning and an impairment of self-esteem (10,11,12). According to Berkeley (13), the main difficulty of children with ADHD is the difficulty of self-control. This difficulty is expressed on four levels: difficulty in separating emotion from information, difficulty in sense of past-present continuity, and therefore difficult to predict the future according to the past, difficulty in self-talk that helps us in self-control, and difficulty in analysis and synthesis of the information that comes to us.

The treatment of children with ADHD should address the experiences of failure, recurrent frustrations, low self-esteem, and conflicts with peers and adults (11). In individual therapy for these children, the problems associated with attention and concentration disorder often do not arise in real time. Because of this, treatment can not touch the child's real problems (14,15). In addition, these children's difficulty in gaining insight, and their difficulty in the generalization of therapeutic effects outside the treatment room, points against the effectiveness of using individual psychotherapy to treat the symptoms of ADHD on their own.

On the other hand, group therapy enables the real difficulties to rise in real time (14,13). Therefore, the therapist is given the opportunity to work with the child on his or her main difficulties, "here and now," and repeat it again and again, while raising behavioral alternatives verbally or by imitating other children or the behavior of the therapists (16). Also, the power of the group (14) can help children recruit internal forces which in other situations they find difficult to recruit. Indeed, one of the special characteristics of learning traditional martial arts is training in a group. A feature that allows the trainees to recruit forces they would not believe they have without the experience of unity and partnership in the group.

Traditional archery and therapy

Traditional archery has a long history of martial arts and Zen art in the Japanese tradition. Harigel (17) describes the art of the shot as a desire for "art without art that grows from subconscious." The action of the shot does not come with the intention of hitting the target, but from the unity of the shooter with the target, so that when he shoots, he does so without any thought or pretense. The process of shooting a bow is done out of the intuition of a sense of connection with the external and internal environment, with the general essence, and with the smallest details. This art is considered as moving Zen (2), together with traditional karate, kung fu, aikido, sword fighting. In those soft martial arts - the highest level achieved when a warrior succeeds in using art in an indifferent ease, without tense or anger, without the will to harm or to win, and without a fear of being hurt. A description that illustrates precisely and beautifully this feeling, can be found in the story of the meeting of the wandering samurai with the great teacher in the film "After the Rain" by Akira Kurosawa.

As part of our group, we do not pretend to teach Zen art, but to use different aspects of Zen and meditation (18) in the exercise of the archery to raise self-awareness and self-control (19) through breathing training, concentration, focusing on one goal, the work through a defined set of actions, and the balance between breathing, movement, and thinking. In the practice of thinking, there are two central aspects of meditation: the first is the attempt not to think or pay attention to anything other than the bow shooting process. And the second, which completes the first, is the focus on the regular order of actions that exists here and now, with breathing and the direction to the target (18, 19).

In addition to the meditative aspects and the physical and breathing practice of Archery, there are characteristics that constitute a central axis in working according to the behavioral approach with children with attention deficit disorder (10). The special characteristic of the shot by bow, among other TMA, is that the child has one

clear and concrete goal before his eyes. He has one experience (one arrow), with what is expected of him clear and predefined. The method of measuring success is simple and objective. In addition, the pleasure of bow shooting is an immediate, natural and extremely strong reinforcement. On the other hand, any bias of the child's attention from the target, or any impulsive behavior, will result in an immediate "punishment" in that the shot will not succeed.

In the entire process of immediate action and feedback, the child is a full partner, understands the entire process and is responsible for the improvement and the quality of the performance.

The group places emphasis on activity rather than on conversations. We do not encourage children to talk nonstop or whenever they have something to say. As mentioned above, these children have difficulty in postponing gratification, and often this difficulty is expressed in an unceasing talkativeness that prevents them from recruit their forces, and focusing on tasks, and in fact, it is another aspect of their difficulties in self control.

All of the components described here, and the combination of group therapy with traditional martial arts therapy, with emphasis on relaxation practicing, meditation and archery work, and the principles from the behavioral approach, are central to therapeutic work with children and adolescents with ADHD.

The group sessions

The therapeutic sessions, similar to the training in the TMA, have a permanent structure and framework. Within this framework, there is a slow development in the techniques taught. The significant changes, which take many years, are mainly in the way they perform and in the spiritual and emotional attitude toward the simple action that was already learned in the student's first encounters with the sensei. In the next section we will describe the basic and repetitive structure of each meeting. We will also try to illustrate the therapeutic aspects of the approach presented here and the therapeutic interventions. Further to Wieser's and Katz's (2) analogy between TMA and psychotherapy, we will see how mirroring and interpretation can be done without words, either by physical contact or physical illustration by movement.

Each session is divided into six parts: Opening, warm up games, Yoga-style physical training, Kata, Archery working and Feedback and closure.

Opening

Each session was opened with a simple traditional sitting meditation in Seiza posture. This basic meditation is called zazen meditation (21). During the session the children are asked to sit on their ankles with their legs folded, close their eyes and not think about anything. Just be quiet. To help the beginner (in the early years) attention can be directed to breathing, to the entry and exit of the air (22). Meditation here helps in gaining a transitional stage from the outside world to the therapy room, from the daily occurrence to the special event in the group, and from preoccupation with the past or future to a quiet presence in the present. Also, meditation helps the child to relax, to feel himself and to be more aware of his presence in the room. The therapist sits in front of the group and performs the meditation with them. This sitting, and the quietness and concentration it demands, is not easy for anyone at first, but it is especially difficult for children with hyperactivity and attention and concentration problems. During the group process, we found that these children can be helped by physical mediation, whose role is also to allow the child to contain and maintain external and physical reflection of what happens to him physically and mentally. For example, Jonathan sits with his eyes open, his back bent, his shoulders drooping, his hands moving all the time, his head tilted toward the rest of the group. The therapist sat down behind him and waited a little, so he touched the bent vertebrae and said quietly "straight and strong back." He held Jonathan's head with both hands and gently returned it to the center of the body and said, "Head at the center." He put his hands on his drooping shoulders and said quietly, "Relaxed hands." Then the therapist stayed behind for a while and helped him regulate the breathing by connecting to Jonathan's breathing rhythm and a common passage to full and correct breathing. At the end of this process you can say, "Very well, continue like this," and move away from him in a slow and quiet way. Even if Jonathan is now out of the position, the therapist does not judge him. He can say, "you're resting now, you tried hard and you're doing your best. We'll move on to the next part soon".

Warm up games

This part has many variations, but one that we used many times includes a tag style game. In this game, each participant has a tail of cloth, and the goal is to take the tail to the rest of the participants without touching their bodies and without losing your tail. One of the therapists participates in the game and the other acts as an observer. The first and obvious goal of this game is to warm the body and develop physical fitness while enjoying the group. These two factors, in themselves, contribute to improving the emotional state of the trainees as many other types of sports (2). However, this particular game, developed for this group, has several other goals. The

game develops the ability to direct peripheral attention to everything that happens in the immediate environment without losing attention to what is happening to you. The characterization of this thinking is similar to the sense of mindfulness according to Zen (23). By developing this mode of thinking, group members develop a better ability to be aware of what is happening around them and to respond in a correct and coordinated manner by being less surprised and able to improve their understanding of social events in their immediate environment. In addition, this game develops the understanding of MAE, a concept that describes the personal space that each person maintains for himself in relation to a specific individual. Entering into the MAE, creates a sense of tension and can be described as a field to which penetration can be in two situations - love or war. Children who come to therapy often have difficulties in maintaining their MAE or understanding and respecting the existence of such space in the other. Or, on the other hand, we see children with the highest sensitivity to any penetration into their MAE and react to it as if they had penetrated their skin. This game also improves mobility and orientation in a changing space, coping with loss and victory and with tasks and social interactions. In addition, the very possibility of having a game that is first and foremost a fun game is a very important goal in itself. During the group work we found that there are children that is particularly hard for them to play in that game, either because of expectations of loss, or due to fear of injury during the game. In this situation, the therapist is usually present with the child, reflecting what is happening and together they are trying to think of ways to deal with the difficulty that has been created. You can also stop the game, to reflect to the group what is happening, so that the problem becomes a problem that everyone should pay attention to and thus take care of others.

Kata

Kata training is central to the traditional karate and other TMA. Kata is an important component of meditation in motion, by repeating many times on regular sets of movement and breathing that represent an imaginary battle with a number of opponents - front, back, and on both sides of the body. The repetitive training on kata gets meditative quality when the sets are taken without thinking and conscious thought to the body and the environment. While it happens, one is able to get in a state of flow of Kata, which improves as the body is more tired and therefore more relaxed and soft. As the body approaches the limits of physical ability in Kata practice, it becomes more difficult to cope with increasing pressure of internal "noise" such as "I cannot anymore," "When will it be over?" and thoughts alike. At these stages these thoughts should be allowed to continue flowing out as they entered. This meditative quality of "let go" called nonattachment is characterized by

the ability to release things, rather than keeping them under my control, thereby get in the way of being with the true quality of the things and feelings that exist in the present moment (23,25). This pattern of thinking is very important for many children who come to therapy, who get stuck and carry on with them confrontations from the past, anger and thoughts that cloud their ability to deal cleanly and calmly with current tasks.

The shot in the bow

Working with the bow is a kind of climax in the encounter, and it is done gradually. You start working with the bow only after a few sessions where the children learn about the work style, the expectations of them and what they can expect from the therapists and the group. The work begins with a basic practice of movements, grounding stance and feeling and breathing without shooting with the bow. After a period of training in technique, the group begins to practice bow shooting, initially from a few meters, and the distance continues to grow. Like kata, when working with the bow there is a series of movements accompanied by breathing, when the child moves from stage to stage accompanied by instructions from the therapist. Children are asked to draw all attention to the process they are going through and to ignore (let go) disturbances coming from the outside (other children's looks, teasing, various noises) and from inside (fears, unresolved "matters", insecurity, failure expectations, etc.). The therapist stands next to the child who is with the bow and accompanies him throughout the process step by step, in a harmonious work in which the child can imitate the therapist and adjust his movements and the therapist's movements. In the shooting stage, the children are very busy comparing, competing, and coping with restraint and interruptions. They are more exposed to feelings such as disappointment, jealousy, frustration, shame, and inferiority on the one hand, and pride, arrogance, ridicule of others, and feelings of grandiosity on the other. The therapists have an opportunity to work on these feelings. The therapist can reflect and bring emotional balance with statements such as: "It does not matter whether you scored or not, it's much more important to me how you treated the shot" or "whether you scored or not, do not rush to respond, watch the arrow flying and striking, wait, and then take out your air slowly, pay attention to the feeling of your body at this moment." Other examples of interactions with other children may be: "It's true that Eli is laughing right now, but you choose whether to respond to him or not, focus on what's important to you right now." The therapist transmits messages of focus, regulation of responses and thoughts by breathing, nonattachment and taking responsibility for your responses in real time and in action. These messages can be transferred, at this stage through mediation, to other situations as well. For example, in the middle of the meeting, Erez and Yonatan

harassed each other. Jonathan gave a blow to Erez and Erez could not calm down until "he will kill Jonathan". The therapists separated them, Jonathan was calm and the therapist went to the corner of the hall where Erez was standing, his face red and he was looking at Jonathan constantly, cursing and threatening. At this point Erez was asked, what is your goal now? Erez replied that his goal was to go back and practice. And how can you achieve that goal? I'll calm down with my breath. You want me to help you? Yes, help me fix my breath. The therapist and Erez took full breaths together until Erez said: Now I'm in control of myself, I can go back to the group. And what if Jonathan will look at you? I'll ignore him and keep practicing. This process is not unusual in the archery group, and it shows how children acquire and internalize the principles of the bow shot in an analogous way to their lives and the social situations they encounter. Like the opening, also at the conclusion there is a similar ceremony that allows us to close a circle, to part from the group and return to life outside. Here, we sit again in the Seiza posture and perform zazen meditation, shorter than the opening. The goal is, as stated, to hold a ceremony that will close the process and make a short relaxation, and not to perform meditation again, which proved to be very difficult for the children at this stage of the encounter. After finishing, we have a short conversation that can include feedback, listening to an important story that a child brought to the meeting, references to events that occurred during the meeting, technical announcements or a reference to the process and the stage in which the group is in the program.

The behavioristic approach

As we said earlier, working with archery in a therapeutic group has organizational and feedback aspects that are appropriate for a behavioral approach. However, we have seen that after a period of several months, children with ADHD have difficulty meeting the group's demands and limitations. At this stage, we have added a behavioral program that we call artificial because it is worn on the group work as an external factor that helps to organize, with the goal that in later stages of the group, this support will no longer be needed. Suigall Ripoché points out that the way to control consciousness through meditation requires motivation, discipline and training (20). Similarly, Krishnamurti notes that in order to achieve true inner freedom, we must understand the importance of order and discipline (26). Krishnamurti, however, does not condone any conditioning or external design of the spirit. However, it seems that to enable children with attention deficit hyperactivity disorder to experience order in their inner world, and to help motivate them to act for long-term goals, we better use some degree of behavioral program (13). In behavioral program, which supports the process that the children undergo in the group, each of the stages described so far can give each child a number of points

according to his level of cooperation and investment. Each point entitles one arrow to the bow shooting stage. After each stage, we made a time-out and each child received feedback about his behavior at the stage and the number of points he had accumulated so far. Also, there are bonuses for ongoing investment from meeting to meeting. The implementation of the program created a change and immediate mobilization among most of the children. In this way, the behavioral approach succeeds in forming a framework that contains and supports the outside in the spiritual and physical work done in the group. Although there seems to be a philosophical contradiction by combining an approach such as shaping behavior, within the framework of Zen Buddhism thinking and practicing, it seems that oriental approaches such as Tao, emphasize the common existence of opposite ends within one whole unity, the concept of unity of opposites (27). Hing and Yang are symbols that describe this philosophy, according to which every existential state embodies the opposite state. Thus, as the arming and traction of the bow string embodies the release of the arrow, the approach that emphasizes the reference to internal and unconditional processes such as Zen simultaneously embodies the existence of external processes that are in polarity to it, such as the behavioral approach.

Case Study 1

Leonid, a 13 years old boy, took part in the group together with another 7 young adolescents characterized by behavioral disorders and attention deficit hyperactivity disorder, which they learned with him at the a special education school of behavior design. During the year of the group work, the children learned to respect the rules and accept each other. Accept the therapist and even enjoy the joint work. Leonid was an exception to the group, partly because he was the only one from the former Soviet Union, and because he was not characterized by extreme behavior disorders, but suffered, in addition to ADHD, from low self-esteem, severe coordination problems, dysthymic mood and verbal difficulties. It was very common that the other children would release their frustrations and aggressions at him. In the group itself, Leonid was unable to grab a single shot because of his difficulty in fine motoric, which caused a tension in the group, the other children felt anger towards him because he "wasted" a lot of time for others in his unsuccessful attempts to shoot the target. The rest of the group teased him, scorned him and threatened him, adding to his sense of incompetence and deepening the experience of failure and frustration. After we saw that this picture continues over time, and that their behavior towards him outside the group is not much different from what we saw in the group, we decided to dedicate a whole session in which only Leonid shot the bow, from start to the end, and the rest of the group will practice Kata. After a few attempts, Leonid managed to shoot and even hit the target with the arrow in a very

impressive way. That surprised all of us, especially himself. Leonid felt very proud, he looked happy. The rest of the children stopped practice the kata, applaud him, praise him and embrace him with genuine excitement. Leonid later came highly motivated to the group, a showed happy, albeit shy, effect and a sense of somewhat higher self-esteem. He became looser and looser in his interactions with the group and his holding of the body, and his shooting performance with the bow improved. Outside the group, Leonid seems to be more involved in social games, talking more, less tense, and starting to take a place with his peers.

Case Study 2

Erez, 9 years old boy, was part of the group together with four other children in outpatient clinics in a mental health hospital. Erez suffered from ADHD and his mood changes rapidly from a pleasant ease to a violent attack and bursts of rage. He loses his balance, his shoulders are tight and strong and his lower body and lower back are collapsing, and before Erez shoots he is sure he will fail and complains about anything external that caused or is going to cause him to fail: "This is a bad bow". Or "Oh, why do I always get this arrow, it's not worth for nothing". Every look of another child in Erez direction was immediately interpreted as a penetrating gaze, and Erez would lose control, burst into tears and look for a way to hurt the boy who looked at him. In the first few months, Erez was unable to complete an entire meeting, and he almost always found a reason to "break up" towards the end of the meeting. His attitude toward the therapist-Sensei was respectful and a will for closeness, although, when he felt that the therapist was discriminating against him, he would break out and leave the treatment room in anger. To the other therapist he was treated with a certain distance. During the sessions Erez learned to breathe correctly and to hold his body firmly and with less tension in his muscles. His shots were beautiful and impressively aesthetic, and he became one of the best bow shooters in the group. He began to enjoy the work and believe in himself. At the same time, he becomes quieter and more capable of letting go, in addition to his body, the ways of thinking that would disturb him, such as constant preoccupation with others, thoughts of trying to hurt and harm him, and searching for reasons and excuses for his pain and lack of success. Today, Erez comes happily to the meetings, there are less bursts of crying and rage, and during an outburst he manages to organize and contain himself, as described in one of the examples earlier. Although Erez cooperated, the drop in tension in the group in the middle of the year also affected him, and the introduction of the behavioral program helped him to continue his improvement and in all the recent meetings he got the maximum amount of points.

Discussion

We presented a therapeutic approach for children and youth implemented through group work with archery. This approach combines the physical and spiritual infrastructure of TMA, with a philosophy influenced by Zen Buddhism and a support of the behavioral approach, both by the nature of the shot with arrow and bow and by a supportive behavioral program. Through this combination, which seems especially suitable for children with ADHD, participant enjoyed improved awareness and self-control and enhanced sense of familiarity and control over their bodies. They developed a capacity to stay in the "here and now", and allow thoughts, memories and plans, from the past or the future, to continue to flow, thereby enabling themselves to be more focused and relaxed in what they are doing in the present. These qualities, which are acquired and internalized by the participants, can assist them in various functions later on in their lives: In school, in their families, and in the social contacts that lie ahead of them.

In the case studies, which were limited only to the changes seen within the group, we saw the process of crystallization of the group, with interactions that during the sessions become more pleasant, tolerant, supportive and encouraging. The children learn to play and talk together, to ignore harassment, to regain control over themselves, and to take care of each other. Participants are given a chance to succeed in a field where most can succeed, much more than in the verbal communication field that often frustrates them (3). The process of development of children in the group is accompanied by therapists who combine psychotherapy with TMA. The therapists' approach is patient, nonjudgmental, supportive, directive, and believes in the children's strengths to find their path in the same way. The therapists, and especially the therapist-sensei, participate with the group in all stages of the training and are like them, losers and winners, hit and miss the target are going pleasant and harder times. However, in these situations, the therapists are an example of the way these experiences are received, in their behavior, in the regain of quiet and tranquility that accompany the encounter with its ups and downs.

Because of the small sample of participants in the group, we cannot conclude scientifically validated conclusions about the factors influencing the improvement of the children in the group or outside the group, or even conclude about an improvement in a reliable form. It is clear that there is room for further research to examine these questions. However, as a first impression, from the information we obtained from the children, their parents, the educational staff and the doctors treating them, all the children in the group feel that they have changed during the year and that it is easier for them to hold back themselves in hard times, to ignore disturbances and remain focused on their goal. Like children, parents, teachers, and

doctors see similar changes, and some parents say that their children can restrain themselves, control themselves, and can tolerate situations where they do not immediately get what they want at home or at school.

Although to this day the group has been mainly involved in children with a central diagnosis of ADHD, we believe that children with other diagnoses and difficulties can also benefit from the group. For example, children with anxieties and fears, children with low confidence and low self-esteem, and children suffering from depression. Indeed, it appears, as presented in the literature review, that traditional martial arts as a therapy, can significantly help disorders of children and adolescents who are not associated with ADHD. However, in this case it seems that working with archery does not have a special advantage over other martial arts, except perhaps the pleasure and motivation of engaging in bows. Also, in groups for children who do not have attention deficit disorders, it seems that there is no need to add the behavioral artificial part of the therapeutic setting. Still, we are in the process of developing the approach, and the group changes according to our experiences and the development of our understanding of the process. Further, as noted, there is a need to find a valid ways of evaluating the degree of improvement and the factors that influence this improvement, in terms of mental health, among the children in the group.

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