

Choosing Aikido: An Opportunity for Children with Asperger's Syndrome

By

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June 2003

This paper is dedicated to Luke, Joey, Adam and Andre who inspired me to dig a little deeper, search for understanding, create unusual solutions, try and try again, and who provide me with joy and laughter in my own aikido practice. It is also dedicated to their parents for sharing their children, their books and their wisdom. Thanks for enlightening me!

"...it is important that young children with Asperger's Syndrome are encouraged to share, invite someone to join their activity, and make positive initiatives of what to do."

-Tony Attwood

Aikido, a non-competitive, non-violent martial art offers a unique opportunity for children with Asperger's Syndrome (AS). Where organized sports are often not viable for the AS child, aikido most often involves structured work with a single partner. Not only may issues of AS kids be addressed via practice, but also classes may incorporate AS kids with peers. Those teaching aikido can be successful with AS kids given basic education about AS and tools for structuring their teaching in a manner that invites participation from children with Asperger's Syndrome.

What is aikido?

Aikido is a physical and spiritual discipline that aims at unifying the body and spirit. Originating in Japan, aikido is a martial art accessible to practitioners without regard to size, strength, flexibility or other physical characteristics. Aikido's movements are based in the natural principles of balance, relaxation and focus of energy. Often circular, blending with an attacker's energy, aikido's techniques stress getting out of the way and coming to a place which is safe for both the attacker and his/her partner. Because students work cooperatively there are no "winners" and no "losers." Aikido stresses principles that allow students to conquer difficult and escalating situations with calmness, courage and integrity leading to peaceful resolution of conflict.

What is Asperger's Syndrome?

The Austrian, Hans Asperger, first recognized Asperger's Syndrome in 1944. His work was first published in English in 1991. Children with AS may show deficits in their ability to place their bodies in space and guide speed and direction of movement. They

may be sensitive to tactile input, including touch, texture, heat, cold, noise, etc. Individuals may have difficulty with sensory integration, and may also suffer from challenges in visual input. These difficulties may lead to a certain group of behaviors described clinically as “lack of empathy, naïve, inappropriate, one-sided interaction, limited ability to form friendships, pedantic repetitive speech, poor non-verbal communication, intense absorption in certain subjects, clumsy and ill coordinated movements and odd postures” (Attwood 15). In addition, research has noted that Asperger’s “affects people in the average to above average range of intellectual ability...and boys affected outnumber girls by ten to one” (Cumine et al 4).

It is important to understand that children with AS do not all fit a particular set of guidelines. Their behavioral or social deficits may vary significantly from individual to individual. Accordingly, manifested characteristics for each child with AS may differ significantly. In fact, “Asperger’s Syndrome does not describe a single behavior or deficit, but a specific combination or constellation of them that are present to a significant degree “ (Bashe and Kirby 73).

How does aikido address the challenges of Asperger’s?

Unlike team sports, aikido depends upon only the movement of two partners. Because Asperger’s kids see themselves as individuals, when children “with AS pursue a sport, it is more successfully conducted as a solitary activity” (Attwood 121). Because Asperger’s children generally have a single focus, many AS kids “have difficulty with Team sports. Not only do they have to pay attention to what they are doing but they have to heed what their teammates are doing” (Bashe and Kirby 57). By placing the

child in a situation where he/she only deals with one partner, odds of success increase. The child's attention is focused only on one task.

Success in sports is also closely related to motor coordination. Many AS kids may have a deficit in motor coordination; participation in sports may be quite challenging. Researchers have noted that AS kids may "have trouble tossing and catching a ball...hopping, or following directions related to physical movements" (Bashe and Kirby 56). Because aikido develops whole body integration, eye-hand coordination is not an issue. Success is within the grasp of a child who cannot catch, throw, hit or kick a ball, or run well.

In addition, success in team sports is tied closely to having good sensory integration. Sensory integration refers to how the brain organizes information from three areas: tactile input, proprioception and vestibular input. Tactile input regards how things feel, proprioception refers to where the body is in space and how gravity affects it, and vestibular input controls balance. While most people effortlessly and unconsciously integrate this information, AS children may have a deficit in this kind of processing. In practicing aikido, feedback is immediate for all three of these. Whether participating as attacker or thrower, the AS child is in physical contact with their partner and the mat (tactile). The child is moving through space in a controlled way that provides feedback about gravity and where he/she is in space (proprioception) and balance (vestibular input) "Students learn to move with their partners and be sensitive to their movements" (Shepard).

Since most aikido techniques involve both throwing and falling, students experience both sides of the equation, adding valuable sensory input. When throwing, the AS child must control their own movement in space in order to be in a position to

throw their partner. Immediate feedback comes when the “thrower” is off balance and falls. It may also come when the “thrower” is not in the proper location in relation to their partner and therefore the throw does not work. When in the opposite role, that of falling, students roll either forward or backward which, “provides vestibular stimulation as well as tactile contact with the mat” (Shepard). In addition “Students getting up from the ground from a roll essentially push themselves up, providing themselves with proprioceptive stimulation” (Shepard).

AS children often show marked impairment in social situations. This is a particularly difficult because “one of the most significant predictors for future success and personal happiness for persons with any type of disability is not academic success but social success” (Bashe 61). Because of the social nature of aikido, classes in the art may provide a unique tool for working on social issues such as how to deal with another child’s approach, how to understand body language, and how to judge proper body distance for interaction. One researcher states “One of the biggest challenges for students with Asperger’s syndrome is understanding the rules of social interaction – rules that many of us learn and take for granted” (Marks).

Although “When it comes to approaching other children or responding to another child’s approach, many children with AS literally don’t know where to begin” (Bashe 342). In aikido practice with a partner, the practitioner must interact with peers. Aikido classes for children typically group children by age; interaction is integral to practice. Therefore, an AS child who wishes to practice aikido is put in a position where peer interaction cannot be avoided. Children have specific rules about how to respond to another child that give structure to the situation. Children with Asperger’s may frequently try to “take over the group or withdraw from it” (Marks). Partnered practice

and the trading of roles prevent this from happening. This may assist the child with AS in learning some strategies for coping with situations when approached by another child.

Aikido also teaches how to read cues and proper body distance for conversation. It is known that “children with AS may have difficulty judging proper body distance when communicating with another person” (Moyes 31). Every technique done with a partner may be seen as a physical representation of a conversation. If the attacking partner is too far away, he/she will not be able to reach to grab their partner. If they are too close they are vulnerable to an offensive strike by the partner. By practicing various ways to “attack” a partner, an aikido practitioner learns the proper distance for each, giving the AS child strategies for situations outside of aikido practice.

Practitioners of aikido also learn to read body language. This is important because children with the diagnosis of AS “often cannot decipher the facial expressions and body language of other children” (Moyes 54). In aikido, when the attacking partner is grabbing their partner’s wrist while slouching and looking at the floor, the throwing partner asks for a better attack. The posture of the attacker communicates that the attacker is not ready to attack, is not focused or is not able to attack. At the same time, the attacker might notice that the other partner is smiling, indicating that they are ready to receive the attack. This is good practice for reading expression and body language.

Finally, it is known that many children with AS “learn from visual presentations rather than auditory ones. They need to ‘see’ what they are trying to learn...” (Moyes 131). Aikido is taught by watching and then practice; the AS child may have the best support for their learning in this kind of environment. In fact, it is not unusual for individuals with AS to have a central auditory processing disorder. One manifestation

of this is an “inability to follow oral directions that involve two or more steps” (Bashe 53). In this case, aikido is a good choice because traditional instructions are not used in teaching. Instead, the input is visual.

Strategies for Teachers

While developing strategies for the classroom, a teacher might be well served to keep in mind that “there is no exact recipe for classroom approaches that can be provided for every youngster with AS, just as no one educational method fits the needs of all children not afflicted with AS” (Williams). It is important for those who wish to work with AS kids to “maintain a calm disposition, be predictable in their emotional reactions, flexible with their curriculum and see the positive side of the child” (Attwood 173). In addition, the teacher must have access to support and resources. Parents of AS kids are often quite knowledgeable and can refer the instructor to appropriate books, journals, and other individuals who may have pertinent information. In general, teachers will find that AS kids “respond well to a quiet, well-ordered class with an atmosphere of encouragement rather than criticism” (Attwood 174).

Encouraging an AS child can prove quite challenging. One highly successful method is using passions. In this case “a creative teacher can certainly take whatever talent, passion or obsession the child has and use it as a tool” (Moyes 130). For example, if the child is passionate about music, the aikido instructor might use the concept of rhythm to explain the timing of a particular technique. Because the passion is familiar ground to the AS child, using that passion may help him/her develop

increased self-esteem. In addition, it lets the AS child know that the instructor acknowledges and values their passion.

Another useful strategy for teaching may be a “hands on” approach. It is important to clarify ahead of time, however, whether the particular child has a negative reaction to touch. The child with AS may be unable to put movement observed on their own body. One way to overcome this is to “physically pattern the child’s hands or limbs through the required movements, gradually fading out physical support” (Attwood 106). In aikido, this might mean physically moving a child’s feet in the way desired. It might also mean that the instructor places the child in front. From behind the child the instructor can place their arms under the child’s arms for the child to follow.

Difficulties in communication may also arise. It is important for the teacher to be sure that they are “aware of the child’s propensity for a literal interpretation and to stop and think how their comment or instruction could be misinterpreted or confusing” (Attwood 78). In addition, a teacher may observe a child with AS appearing not to be paying attention. One strategy is to ask the child to tell the instructor what was said. If the child’s answer does not match the message the instructor intended, it may be necessary to clarify. Some suggested strategies for avoiding these kinds of misunderstandings are:

- Don’t say what you don’t mean or fail to do what you say
- Don’t ask rhetorical questions
- Don’t make generalizations
- Don’t use sarcasm, hyperbole or gentle teasing (Bashe 318-320).

Setting goals might be an important part of aikido practice for the AS child.

While the AS child should be held to high standards, it might be useful to set interim goals so that the child does not become overwhelmed. Some research indicates that the child may be more successful in reaching goals if the teacher is willing to “break them down into small pieces, pick five or six that are most important, and write short term objectives to use as stepping stones” (Moyes 159). In aikido this might mean that the child focuses over a short period of time on learning the special vocabulary needed to label attacks. Another choice might be to focus on words that describe throws. Finally, the child may put the words together with the movements to complete the process of integration of vocabulary. It may also be useful to give the child short breaks in instruction, such as a chance to get a drink, in order to keep attention while the child is receiving instruction.

When using non-competitive games as a teaching tool, it is highly important for the AS child to “learn the game-playing skills needed prior to playing the game with peers” (Moyes 144). For example, if the goal is to play a tag game based on practicing knee walking, the AS child must have a high comfort level with the skill of walking on their knees before the game starts. This will enable the child to focus on the play and not on the skill. This is desirable because “paying attention to more than one thing at a time can be challenging for a person with AS” (Bashe 57). Success in playing games is therefore predicated on knowing the skills needed.

Finally, it is valuable for the instructor to use other children’s’ behavior as a model of what to do. This might be successful in a situation, for example, when the children have been asked to line up after finishing work on a particular technique. If the AS child does not respond, he/she may have failed to “hear the instruction of the teacher

because they were too engrossed in their personal conversations” (Attwood 82). If asked to look at what the other children are doing, the AS child will often respond by conforming.

In conclusion, with the cooperation of aikido instructors and parents, practicing aikido offers an excellent opportunity for children with Asperger’s Syndrome to address issues that are challenging. By choosing aikido practice, AS children may find creative ways to develop social skills and integrate sensory input, while becoming successful in physical activity.

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