Controversy

Conductive education for motor disorders: new hope or false hope?

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Parents of children with handicaps naturally want the best available treatment for them. If progress is slow or the handicap severe the parents often become frustrated and seek alternative forms of treatment. This quest may be triggered off by family and friends, professionals, parents' groups, or by the media. In April 1986 a documentary entitled *Standing up for Joe* was broadcast. It described how Joe with cerebral palsy, described as untreatable in this country, was taken by his parents to the Pető Institute in Budapest where his parents were inspired with hope for his motor rehabilitation. This was to be achieved using conductive education, a form of education for children and adults with motor disorders available only in Hungary. British medical and therapeutic services were portrayed as depressing and apathetic and the Hungarian Institute as inspiring, determined, and successful. Children with motor disorders in Hungary were shown moving, walking, and playing and—in one particularly emotional shot—walking off into the sunset!

Although all this makes effective television, it has an unjust and destructive element. Parents of children who will never walk are challenged and threatened by an illusory hope. Morale among therapists is shattered as their work is dismissed without regard for their skill and dedication. Despite this we should not ignore the important questions which are raised by such media coverage. Parents have a right to ask whether conductive education represents a major advance in treatment for children with motor disorders.

Three quarters of the children leaving the Pető Institute achieve 'orthofunction'—implying that they can walk and manage stairs and toilets in a normal school or other social setting appropriate to their age.¹ This widely quoted statistic means little, because selection of suitable patients for conductive education and treatment at the Pető Institute could easily ensure such a result, and there is no doubt that selection does occur. It is known from the

Hungarian statistics that children with considerable mental handicap do not respond well to conductive education. Data concerning audit of outcome for children with handicaps in this country, however, are collected sporadically and are not generally available to parents or professionals. Controlled trials comparing conductive education with other forms of management in motor disorders of childhood are not available. There is, however, little scientific evaluation of our present treatment of motor disorders, so it is not reasonable to dismiss conductive education because of lack of scientific studies.

Conductive education

The system of conductive education was started after the Second World War by the late Dr Andras Pető and has been developed by Dr Maria Hari. As a complete educational system for those with motor disorders it cannot be described in a few sentences. Nevertheless, it is valuable to contrast some of the practices of conductive education with the conventional British management of motor disorders. Children receiving conductive education may receive daily lessons in groups from an early age. The approach seems intensive with a firm emphasis on independence, but visitors to the Institute have usually commented on the cheerful and positive atmosphere. Children of kindergarten age may be admitted for residential treatment. Conductive education is supervised at all times by 'conductors'. These professionals are carefully trained in the techniques of conductive education in a four year programme. Children are motivated and expected to achieve and maintain motor independence. There is emphasis on breaking motor tasks down into simple steps, on problem solving and goal directed activity, and on the use of rhythm and music to aid in learning motor skills.

Conventional treatment

By contrast, the accepted British view of treatment is less intensive. Physiotherapy is usually the mainstay and begins at the time of diagnosis. Mothers and babies are usually seen together for a few hours each week. Parents are taught how to handle the child and to encourage good postures. Various developmental treatments may be selected, depending on the nature of the motor disorder and the aptitudes of the therapist and the parents. Suitable seating and play material are introduced, often with the help of an occupational therapist. Parents are encouraged—indeed expected—to work with the child each day to promote desirable motor activities and postures. Emphasis is placed not only on treatment but on care of the whole family. Recognition of the importance of play, relaxation and forming satisfactory relationships with mother and other family members are important early goals. As children grow older they may well be offered a place in a treatment group, but this usually only meets for a few hours once or twice a week. During development they may well have treatment from other therapists including speech therapists and psychologists. These professionals integrate their activities through a multidisciplinary team.

Discussion

Clearly these two approaches vary in their philosophy and their practice. The British approach emphasises the role of the parents and the family. Children are kept in their own homes and the family is preserved as a functioning unit; much of the burden of developmental treatment falls on the family. Some are well able to respond—others less so. The Hungarian approach is centred on the child and his or her needs to obtain motor skills. Responsibility for the child's education is removed from the family. The child spends hours, days, months, or even years away from the family during the process.

To the paediatrician the cost of conductive education seems high in terms of disruption of family life and normal childhood, especially as many children with motor disorders do well on the treatment they receive in their own homes. At the same time there are doubts. Do families feel that they are not supported enough and left to solve problems too complex for them? Are families of handicapped children able to be firm and determined with them in expecting development of motor skills? Are there children in wheelchairs who would be walking if we had been determined advocates of more intensive treatment for them? Is the cost of conductive education repaid in terms of improved results?

While we sit and ponder a considerable band wagon for conductive education is beginning to roll. A national movement, Rapid Action for Conductive Education (RACE) has been formed as a pressure group to lobby politicians, educators and doctors; 500 parents and sympathetic professionals attended the RACE national conference in April. The meeting was like a political rally. Dr Hari came from Budapest for the meeting and was greeted enthusiastically; parents whose children have received conductive education in Hungary told of their successes, but other parents seemed angry and frustrated. British resources were again criticised for being totally inadequate. A determined and articulate lobby seems likely to develop, demanding that conductive education be made available in Britain.

Even if this were desirable is it feasible? Conductive education is not new. Over the years many visitors to Budapest have brought back reports on aspects of the technique. In particular, Ester Cotton introduced the technique at Inglefield Manor (a residential Spastic Society school) in the early 1970s; training courses in conductive education have been held at Inglefield ever since. Various teaching methods styled 'conductive education' have been used with varying degrees of success in institutions around the country, but this has not constituted a major advance in treatment. It is now claimed that in order to succeed conductive education must be taken as a complete philosophical and educational package. This seems to imply that 'conductors' should be trained in Budapest and children of adequate intellectual potential should be educated intensively from a very early age. Such a scheme is being implemented by Andrew Sutton and his colleagues in Birmingham (The Foundation for Conductive Education—Sutton, personal communication). This programme will involve a group of English children and trainee 'conductors' who will work in Birmingham with help from their Hungarian counterparts and they will also spend time in Hungary during a four year course. They hope to study a control group simultaneously. This attempt to transcribe the Hungarian approach into an English setting should help answer fundamental questions about the value of the technique and the feasibility of establishing the Hungarian system in its entirety in the different cultural background of this country. Unfortunately, the results of this study will not be available for some years.

In the meantime media presentations and parents' groups encouraging conductive education may simply increase frustrations. Parents are shown a wonderful and yet mysterious treatment which is only available in a distant country. Even the enthusiasts say it cannot be brought to this country

without a prolonged gestation period, which is only just beginning. It is not surprising therefore that irritation and anger may be the result, emotions which may be directed at doctors and therapists managing the children. What response should we make? Firstly, we should be working not only towards excellence in developmental services but also to get services for motor disordered children portrayed in a more positive light. Many children receive excellent treatment from teams of dedicated professionals. Children are treated in their own homes because we believe in the importance of the family for the satisfactory psychosocial development of children. The nature of developmental therapy in this country reflects a real belief in the value of mother/child interaction and the power of parents to bring out the best in their children. It does not usually reflect apathy or lack of care.

We should keep an open mind about new treatments and we should support The Foundation

for Conductive Education and await the results of their trials with interest. Of course some families and children do not get satisfactory development treatment: no two families are the same, and in some families a more intensive approach is justified. In that case we should be fighting for extra therapeutic resources on their behalf. A tide of enthusiasm for improved treatment for motor disorders from the media could then be harnessed to a more achievable goal than the elusive one of conductive education.

Reference

- ¹ Cottam PJ, Sutton A, eds. *Conductive education—a system for overcoming motor disorder*. London: Croom Helm, 1986.

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