

Conductive education

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At a technical level there is little particularly surprising about conductive education. Neuropsychologically it exploits the plasticity of human cerebral functioning.¹ Developmentally it illustrates the principle of the sociogenesis of mind² and the role of activity in human mental development.³ Pedagogically it shows in yet another field of special education that apparently insuperable barriers to developing proper function may be surmounted by optimistic, inspired, and thoroughgoing educational provision.^{4,5} All in all, it is therefore surprising—and telling—only that it has not been tried here before. That it has been tried elsewhere, however, and the fact that news of this is now in the widest public domain, is currently cause for concern among many professionals working with motor-disordered children. It can at times be hard to disentangle whether this concern responds to the substance of the system or to the manner and speed with which it has entered the public consciousness and to its possible implications for current practice.

Only a couple of years ago it was nigh impossible to generate interest in what was still regarded, despite glowing earlier reports, as an unlikely and novel approach. Conductive education remained virtually unknown in British special education and paediatrics, with those who did know of it often ready to cite experience or evidence to suggest that it promised little or no advantage over existing approaches. Very suddenly the picture has altogether changed. In 1985 and early in 1986 British families began to take their motor-disordered children to Budapest, in rapidly growing numbers, to join families from a number of other countries and test this system for themselves. The process was mightily hastened, though most certainly not initiated, by the showing of the television documentary *Standing up for Joe* on 1 April 1986; whereafter over 100 British families have obtained places for their children at the Pető Institute in Budapest. Growing national interest was fuelled by reports of this *Völkerwanderung* in local and national press, and on local and national radio and television. The pressure group Rapid Action for Conductive Education (RACE) was formed a few

days after *Standing up for Joe* and, by the time that this article appears in print, will have already staged two mass lobbies of parliament to voice its demands.

Events do not usually move so fast in British disability. Existing institutions, voluntary, professional, academic, statutory, and governmental, have been rather caught on the hop. Small wonder then that myths and misapprehensions abound in the place of hard fact and clear analysis. Dr Beach has presented a most fair statement of the dilemmas that this sudden upsurge of events has created. He does, however, seem to share some current confusions. I shall not comment upon his ikon of present British provision for motor-disordered children, which he paints as smooth, coordinated, goal-directed, client centred, and effective. I shall restrict myself solely to outlining vital facts as I see them on conductive education in its country of origin and on attempts to establish it outside that country, along with my own suggestions for how progressive professionals might respond to the undoubtedly unsettling challenge that this system must throw down to their existing practice.

Conductive education

Conductive education for the motor-disordered is precisely what it says: an education. It is not a therapy. Neither is it a 'cure,' a means of nursing chronic invalids, nor a welfare provision for the disabled. It is a system of educating children who are unable to control their bodily movements (and, though this will not be discussed further here, adults who lose such control in later life), with the goal of establishing a high degree of independent function.

Relevant conditions in childhood are cerebral palsy and spina bifida. The outcome, 'orthofunction,' is readily indexed in Hungary by children's admission to the school system at a level appropriate to their mental potential. In Hungary, as in most advanced countries, school children follow a national curriculum. But there are no resources nor even the rhetoric for integration as advocated here. To fit into their rigorous school system pupils must be mobile, continent, able to

care for themselves physically, and capable of working and studying along with the rest. As far as one can tell from the official returns, around two thirds to three quarters of pupils leaving the Pető Institute each year go on into the school system and, with varying degrees of follow up support, continue there. What one cannot tell is how far the Pető Institute is successful in its mandated aim of reaching all potentially eligible children in the country.

Children are ineligible if they are unable to participate in the educative process: this particularly includes children so profoundly mentally handicapped or so autistic that it proves impossible to establish communication with them and generate their active collaboration in what is being done. Figures for 1983 showed that 15% of children registered were thus ineligible. Pupils whose mental incapacity is less total *are* eligible (despite frequent assertions in this country to the contrary), though educational goals will of course be different. Thus a severely mentally handicapped pupil will not be taught to read and write, and the process of learning mobility and other basic functions will take longer than in a child of normal mental potential.

The intention in Budapest is that children should be placed on the national register of motor-disorders as soon as the condition is identified. Parents should then attend a 'parents' school' for advice on how to relate and respond to their child. This will be followed by attendance at a mother-and-baby group (fathers go too, sometimes), two or three two hour sessions each week in which parents and children work together as units. Thereafter there are day and residential kindergartens to age 6, day and residential schools to around 11 years (residential provision is fortnightly, term time only), as well as a variety of visiting and follow up services. It is a rare child who attends right through the system. If started young a child might take a couple of years or so to orthofunction. Starting later slows the process, as do unfavourable mental factors, and the pace varies according to physical condition (for example, children with athetosis generally take longer). And as elsewhere, the system of identification is not foolproof, as witnessed by the urgent parental referral of previously unknown children after the screening of the Hungarian language version of *Standing up for Joe* on 1 July 1987.

The educational philosophy bequeathed by András Pető, the founder of the system, is termed 'conductive.' This holds that pupils must want to learn, set their own goals, and find their own way of solving them. Emotional and motivational factors are therefore a cardinal and central concern of those who teach. The teachers' role is to conduct

their pupils carefully into and through the process of learning—hence 'conductors.' The focus of conductive education for the motor-disordered is therefore primarily upon the mind of the learners, its conative as well as cognitive spheres. The whole process depends upon a close interpersonal relation between teacher and taught, upon a teacher with considerable insight (the 'warmth, empathy and genuineness' of the good psychotherapist), and upon the particular motivational force of the group.

It has been commented on by recent foreign visitors to the Pető Institute that specific motor techniques observed differed little from many of those used by, for example, British physiotherapists. The Pető Institute does indeed appear to pay close scrutiny to foreign approaches for what might be learned from them. The conductive education system, however, incorporates higher-order features—for example, a developmental theory based upon social-psychological principles, a classroom and school organisation that unify the mental with the motoric and make their development a priority over all other institutional requirements, and above all there is the particular moral commitment to children's progress that permeates the system.

According to viewpoint, one may regard the above as hyperbole, or no more than a statement of bases common to all great pedagogies, special or otherwise.

Attempts to establish conductive education outside Hungary

Cotton's seminal article introducing Pető's work to the English speaking world⁶ was not followed by the major institutional commitment required to introduce this complex system over here. Lacking such support from either state or voluntary sector, Cotton and her immediate associates developed a personal practice on the basis of what had been observed in Budapest. In the early seventies a local authority day school, Clairmont in Bristol, attempted to turn itself over completely to this basis but unfortunately no record of this work passed into the public domain. A Spastics Society residential school, Ingfield Manor, also took up the work but a series of studies carried out by the Institute of Education failed to show advantage over the conventional approach (A McCormack. *Conductive education reassessed*. Unpublished MSc dissertation, University of London, 1974). Nevertheless, a specialist 'Pető Unit' opened at the school in 1976 and has served as the canonical image of conductive education throughout the western world. Moreover, through short training courses, the methods used there spread this new practice to a

number of settings in the United Kingdom and overseas.

This new practice has tended to assume the name conductive education. From the outset, however, Cotton was emphatic that the core of her approach, the 'basic motor pattern', was *not* conductive education but an adaptation of what she had seen in Hungary to suit the exigencies of her British circumstances—'The expression 'basic motor pattern' was not used by Professor Pető. I have developed this concept during many years' work and close cooperation with Dorothy Seglow.'⁷ Working within from the existing institutional base introduced a further new principle 'the unity of disciplines': the notion of a specialist teacher, the 'conductor', was abandoned in favour of a confederacy of various professionals already working together. Realistically, the goal of this new system was quite different from that of Pető—'It is hoped that after further periods of treatment the children will be able to enter special schools where, as a result of conductive education, they will be able to benefit more fully from the teaching and hold their own with their less severely handicapped peers.'⁸ The Pető Unit has yet to show itself successful in gaining this limited goal (L Jernqvist. Preliminary education of conductive education. Spastics Society, London, unpublished report, 1980). Substance and goals notwithstanding, however, the term conductive education continues to be used for such programmes, with claims made to be exercising the 'principles of conductive education' without reference to its philosophical or organisational bases.

Until recently only Japan has sent staff to Budapest to train as conductors and establish a system to implement conductive education (though as yet there have been no published reports to describe how this Japanese work is progressing). International interest in the Pető Institute has grown apace in the last few years, and a number of other countries have tried or are trying to set up schemes. The United Kingdom has been fortunate in winning the formal collaboration of the Pető Institute to train conductors and establish working groups of children and adults. A new national charity, the Foundation for Conductive Education, has been established to work with the Pető Institute: its first main project, the Birmingham Institute for Conductive Education, began on 1 September 1987. Central to this work is research into the system, to define its outcome and limits, and to identify its essential active ingredients.

Hope

It will take a long time for the Foundation, working

in conjunction with the Pető Institute, to set up conductive education in the United Kingdom and it will be some years before unequivocal answers are available to even some of the host of questions about the system that are now being reasonably posed by parents, professionals, and politicians. In the meantime the very process of establishing this work over here will inevitably contribute to the upward spiral of public attention and demand. In the circumstances parents cannot be expected to be other than hopeful of what might be achieved by the Hungarian system, critical of what their own children are receiving, and upset that they do not have the possibility of a choice. Rightly or wrongly, awareness of conductive education is likely to have a continuing and powerful impact upon all involved in services for the motor-disordered, in health, education, and welfare. What, at this early stage in a rapidly developing situation, might those services do in response?

Dr Beach suggests one strategy: to push for an extension of resources for existing provision, riding the tide of media interest in motor disorders. This, he considers, may be a more achievable goal than 'the elusive conductive education.' The strategy of more of the same might indeed attract some spin off. On the other hand, the tide might prove very hard to divert, given the limited goals and uncertain effectiveness of paediatric physiotherapy.⁹ At the moment *any* kind of inclusive and adequate service for motor-disordered children and their families seems an elusive goal and, despite a considerable start, there seems no *a priori* political reason to expect existing systems to expand to fill the void. Perhaps an awareness of this contributes to a continuing appropriation of the term conductive education by schemes in both the voluntary and statutory sectors.

There is another response, which in no way denies the attempt to upgrade existing services but which ought to coexist with it for the longer term benefit of all, providers and consumers alike. Firstly, professionals working with the motor-disordered ought to acquaint themselves as fully and as factually as possible with what is known of conductive education in its country of origin. There is some extraordinary nonsense talked about conductive education and at the very least parents deserve informed and professional information when they discuss this issue with their medical and educational advisers. Secondly, professional advice should include a clear appreciation of what is going on over here, make distinctions based upon the substance of schemes rather than their names, and know the clear objective reasons why conductive education, whatever its virtues or demerits, cannot be made avail-

able immediately for everyone who might ideally benefit.

Thirdly, and most substantially, professionals might look at some of the universal bases within conductive education, suggested in the opening paragraph of this article, and question whether these serve as grounds to re-examine their own practice. This is not to advocate naive attempts to ape reported aspects of what is done in Budapest. On the contrary, it is to suggest genuine indigenous innovation, such as is already occurring in some schools for the physically handicapped, in direct response to the challenge of conductive education. Two such schemes, begun in 1987 and known by the inevitable special educational acronyms, are INSTEP (Independence Skills Through Education Programmes) at Ormerod School and FLAME (Function, Language and Motor Education) at Lord Mayor Treloar College.

In the meantime, what to do about hope, be it new, false, or illusory? Perhaps one should remember Claudio in *Measure for Measure*: 'The miserable hath no other medicine'

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