Abstract

This research project sought to answer the following questions about Conductive Education (CE). Does CE positively impact the lives of children with motor disorders and their family members? Does the program give children a sense of independence as well as the confidence to believe they have control over their movements, lives and future? If so, which characteristics of CE create these positive outcomes for children, and by extension, their family members? If positive outcomes are not realized, what may have led to a lack of effectiveness?

In the literature on CE, many of the studies fall within one of two categories, namely studies that focus on parental evaluations of CE or studies that have sought to use more objective measures of progress, many of which compared CE, or programs based on CE principles, to traditional methods of intervention. The studies that focused on parental evaluations of CE were relatively subjective in nature and the results were mainly positive, although some parental concerns were noted, such as a perceived lack of school-based experiences and academics. The studies that sought to compare CE with other types of interventions found similar results; namely that CE was not more effective than traditional methods of intervention. Despite these researchers’ findings, CE appears to give children and their families a sense of hope that cannot be fully conveyed in objective measurements of progress.

Since objective measures of progress do not tell the entire story of CE, I decided to conduct a qualitative study of CE as practiced at Standing Tall in New York City. I attempted to provide a richly detailed picture of individual families’ experiences by interviewing eight parents of children enrolled in classes at the site. In order to more fully understand the experiences of children at Standing Tall and how these experiences affect their family members, I spent time at the site, observing the interactions between conductors and the children.

The eight parents I interviewed were very positive in their assessment of CE, although some concerns were noted. Each parent described physical gains made by his/her child. Parents also described progress made by their children that was more affective in nature. For example, the children have become more independent and self-confident, and this has led to the children being more willing to move, challenge themselves physically, and attempt things on their own that they would not have attempted before. Several parents cited the positive atmosphere at Standing Tall as leading to affective gains in their children, and other parents described academic and cognitive gains made by their children. Positive characteristics of CE, as noted by parents, include the following: The competence and dedication of the conductors; the classroom setting and the incorporation of music and fun into the task series; the consistency of the routines; the physical nature of the program; the focus on functional movement, and the emphasis on independence. Parents expressed their own comfort in knowing that their children are happy being in a program where they are valued and challenged and making physical as well as affective gains.

CE is a program that is pedagogical, rather than therapeutic, in approach. In the words of one parent, it is based on using a child’s preserved cognitive function to help the child learn to use his/her body in a functional way. It can be said that CE is moving in the opposite direction from the field of special education. In traditional special education classes, students with severe physical disabilities typically remain in wheelchairs for most of the day and are given assistive technology as a means of helping them achieve independence. CE, on the other hand, aims to give children independence through the active use of their bodies, unassisted by wheelchairs. For children in CE, there are physical as well as affective benefits associated with the emphasis on physical activity and movement in this program.
Conclusions

This study sought to examine the effects participation in the CE program at Standing Tall has on individual children and their family members. Before discussing my results and conclusions, I will briefly summarize the findings of other researchers who have studied CE. In Chapter 2 of this paper, I examined and critiqued four studies which focused on parental experiences with and evaluations of CE programs in and outside of Hungary. These studies were relatively subjective in nature and the results were mainly positive, although some parental concerns were noted, such as a perceived lack of school-based experiences and academics. I then examined five studies that sought to use more objective measures of progress; several of which compared CE to other types of interventions. These other types of interventions are often termed traditional or conventional methods, and usually include a combination of physiotherapy, special education, and other forms of therapy. The five studies found similar results; namely that CE was not more effective than traditional methods of intervention. These five studies, however, were all conducted outside of Hungary, and were thus not authentic CE programs as envisioned by Dr. Andras Peto and practiced at his institute in Budapest. Despite these particular researchers’ findings, CE appears to give children and their families a sense of hope.

Perhaps conductive education gives other dimensions than measurable results to children’s progress? How are increased self-confidence, a more positive attitude or a feeling of togetherness in both children and parents measured? It is difficult to indicate that children have become happier, more content, brighter, more aware and that parents feel better. These are nevertheless examples of what parents have expressed on the effect the courses have had on the children and themselves (Lind, 2000, p. 52).

It is my belief that objective measurements of progress do not tell the entire story of CE, and for this reason, I chose to conduct a qualitative study of CE, focusing on parental experiences and perceptions. I sought to understand more fully how participation in a CE program can lead to the positive outcomes that have been described by parents in previous studies.

My results were similar to those found in studies which focused on parental evaluations of CE. While some concerns were noted by parents of children enrolled at Standing Tall, the eight parents I interviewed were very positive in their assessment of this program. Each parent noted progress and improvements made by his/her child, and this progress included, but was not limited to, gains in physical development. These parents reported that their children also became more independent and self-confident, and as the children made these gains, they became more willing to move, challenge themselves physically and attempt things on their own that they would not have attempted before. When I asked the parents how their children feel about CE and attending classes at Standing Tall, almost all of the responses I received were positive. The children seem to be happy at the site and proud of their accomplishments. Parents also expressed their own comfort in knowing that their children are happy being in a program where they are challenged and valued and making physical as well as affective gains.

To make sense of these findings, I will describe the philosophy of education and method of teaching that lie at the heart of this program and what I feel is working in CE. CE has been described as a program that is pedagogical, rather than therapeutic, in approach. According to
Kozma (1995), the word ‘Education’ in Conductive Education is particularly significant because it expresses both the aim and the nature of this program. Sutton (2001) stated that, “it is a theory of child development and adult rehabilitation which believes firmly that one can transform human personality, human thinking, human learning to a new qualitative level, and that you can do so by human interaction – call it pedagogy, call it teaching” (p. 10).

As described in Chapter 2 of this paper, the theories of Vygotsky and Feuerstein can help shed light on the philosophy and rationale behind CE. The “zone of proximal development (ZPD) is Lev Vygotsky’s term for tasks that are too difficult for children to master alone but that can be learned with the guidance and assistance of adults or more-skilled children” (Santrock, 1999, p. 214). In CE, conductors play a crucial role in teaching an individual child at his/her zone’s upper limit. As instruction progresses, performance transfers from the teacher (in this case the conductor) to the child. “What a child can do with assistance today, she will be able to do by herself tomorrow” (Vygotsky, 1978, p. 87 as cited in Lind, 2000). Inter-psychological processes become intra-psychological processes as the children internalize skills. Vygotsky stated that higher mental processes grow through social interactions (Vygotsky, 1978 as cited in Lind, 2000). Both Vygotsky and Peto believed that when children interact with adults, they learn important problem solving and metacognitive strategies (Lind, 2000). In CE, the conductors and parents socially interact with the children and help them reach their optimal development.

Lebeer (1995) described Feuerstein’s theory of Mediated Learning Experience (MLE). MLE is essentially the exposure to stimulating, rich, and structured adult human contact over an extended period of time. Through MLE, a child becomes modified through stimuli coming from the world and is able to act appropriately in new settings or situations. In order for an exposure to stimuli to be a mediated learning experience, three essential criteria must be met: intentionality and reciprocity; transcendence, and mediation of meaning. Mediation of intentionality and reciprocity occurs when an adult communicates what he/she intends to do, what the child is expected to learn and why, and how he/she will proceed. The child is encouraged to ask questions and reciprocate. This MLE criterion is seen in the rhythmic intention component of CE. Each action is explained by the conductor, the goal is discussed, and children are encouraged to maintain their focus through singing, clapping their hands, or reciting nursery rhymes. Transcendence occurs when an adult explains that the present situation or task is not the only situation where the solution of a problem applies. We see this criterion at work in CE when a conductor says, “Now we are going to reach and hold the bar in front of us, so that we can learn to sit well when we are at the dinner table later” (Lebeer, 1995). Mediation of meaning means that adults communicate to a child what is important and why something has value and significance.

In the words of one Standing Tall parent, CE is based on using a child’s preserved cognitive function to help the child learn to use his/her body in a functional way. Children in CE use their bodies actively throughout the day. Rather than utilizing advanced equipment and technology, the students and conductors use plinths, ladder back chairs, and other pieces of wooden furniture - the equipment that was available when CE was founded in resource poor Hungary after World War II.

Exercise, it has been found, is associated with physical as well as emotional health. According to Brady (1998), members of the National Institute of Mental Health in 1984 outlined the affective benefits that are associated with physical activity, such as a reduction in stress, anxiety and depression. Physical activity was found to have beneficial emotional effects for all ages and both genders, although it was stated that the relationships are associational as opposed to causal. Biddle (1995, as cited in Brady, 1998) also noted that physical activity has shown a consistent relationship with measures of mood, self-esteem, and other indicators of psychological well-being. These findings are relevant to CE and can help explain why CE has led to positive outcomes for children. The intensity and physical nature of this program, I believe, leads to
progress in physical development while also contributing to a sense of emotional well-being in the children. In many programs and schools in the United States, children with severe physical disabilities typically remain in wheelchairs for most of the day and are relatively passive in the classroom setting. The children are often given assistive technology as a means of helping them achieve independence. In CE, children learn to actively use their bodies to achieve independence. Children are taught to do things for themselves and to extend themselves in particular areas of difficulty. When their goals are reached and when progress is recognized, increased self-confidence and esteem result. There is a focus on what children can do in CE, which contrasts with the notion of compensating for a disability.

In addition to the characteristics of CE which were described above, there are other factors which I believe also contribute to a child’s success in this program, such as the group work and motivational atmosphere, the consistency of the routines, the competence of the conductors and the close, caring relationship they establish with the children, and maturational issues.

The decision to enroll one’s child in a CE program is a very personal decision on the part of each family and is based on the individual needs of a child. Some parents may feel a more traditional, academic school setting would be most appropriate for their children, while other parents may feel that full-time CE or CE combined with a school program would be the best option. As children grow older, different program choices may become appropriate. CE can be considered quite progressive, but the program does not promote inclusion. While children are at a CE site, they are not socially interacting and learning with peers without disabilities. This feature of CE may influence some parents’ decision regarding whether or not to enroll their children in a full-time or part-time CE program.

I believe consistency and length of time in CE affects outcomes, and the longer a child does CE and the more consistently it is done, the more progress a child will likely make. However, we need to take into consideration the characteristics and needs of the child and the severity of the disability. One parent I spoke with stated that CE needs to be consistent and all the time. It is difficult to take a break from CE and breaks can lead to regressions in progress made. One parent said she feels the longer her daughter is in CE, the more it will help her, and another parent mentioned that she feels her daughter would be doing better physically if she received more CE.

In conclusion, there were a number of limitations to this study. The sample size was relatively small and the participants were not randomly selected. A letter that describes the study was sent to 15 families of children enrolled at Standing Tall, and interviews were conducted with all eight parents who agreed to participate in the study. Subjective comments were used as measurements of success. The parents I interviewed were very motivated to receive CE for their children and have invested money and hopes for the future in this program. Positive expectations may have influenced their assessment of their children’s progress. Several parents noted that other factors, such as maturational issues, may have contributed to the successes and accomplishments of their children.

In addition to interviewing parents of children currently enrolled in a CE program, it would have been informative to also interview parents whose children participated in CE and then left to attend other programs. This would have allowed me to make more specific comparisons and contrasts between CE and other programs in terms of their perceived advantages and disadvantages.

Dr. Christine Pawelski, the Director of the Global Institute for Teaching and Learning – National Center for Disability Services, wrote that there is still much to learn about “what really is working” in CE:
“Is it the skill of the ‘conductors’…the very structured, repetitive nature of the activities…the strong positive motivational atmosphere that is created…the overwhelming involvement and carryover into the homes…or the fact that children work together in small groups, for intense periods of time, under the ‘facilitation’ of primarily one professional, who acts as teacher, therapist, ‘cheer leader’?”

(http://www.ncds.org/NCDS/smeal/pages/projects/conductive_ed2.htm)

Efforts are currently being made to understand the “principals” of CE and to design effective evaluation tools to measure changes in children’s development. This will enable researchers to identify those aspects of CE that are leading to positive outcomes for children. This, in turn, will benefit children with physical disabilities who are involved in CE programs and those who participate in other programs. The future of CE in the United States is somewhat uncertain, but it is my belief that this program will become known and available to more and more families and educators within the next decade(s). This will happen, in large part I believe, because CE enjoys the support of dedicated and empowered parents.

References


