

Conductive Education: the way of the future

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**Stepping into the 21st century with Conductive Education:
an inspirational insight.**

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The world of Conductive Education

On Monday next I was expecting a day-long visit from the Deputy Director-General of the Norwegian Ministry of Health and Social Affairs. Yesterday he sent me a fax, postponing the visit because of the current international situation.

One may guess why a senior public-health official from Oslo might have more pressing concerns in these difficult times but why should such a high-ranking person, from a Scandinavian country with a reputation for its advanced and well resourced public services, wish to visit a medium-sized UK charity in the first place?

Let us put the expression 'medium-sized' into context. The charity that I serve, the Foundation for Conductive Education¹, has a staff and a general turn-over of the magnitude of a large primary school. What could be the attraction?

As I understand it the Norwegian health system is very conscious of advances in brain sciences over the nineties and the new insights that emerge from these, particularly around brain plasticity and neural generation. One might remark, as an aside, that these advances are no more than technology and biological science catching up with what neuropsychologists and rehabilitationists have known and demonstrated for years² but, in the popular and political mind, the findings of technology are more readily understood as 'science' than are the equally material facts of psychological function and its restitution after brain injury.

Notwithstanding, having absorbed the findings (one might say, more correctly, the corroboration) of the brain scientists the Norwegians have confronted the obvious corollary, that current habilitation services for children aged 0 to 19 years predicate upon now superseded models.

Where then might one find approaches that correspond to the 'new' way of thinking? Quite separately from scientific developments, in response to sustained and powerful urgings from families of children with motor disorders, the Norwegian Parliament had resolved that Conductive Education should be provided as an option within the Norwegian system. Given this convergence, the Norwegian Board of Health then received the recommendation of an expert committee to establish a nation-wide conductive service³ and the Deputy Director was to visit our National Institute of Conductive Education in Birmingham, to continue discussions already begun⁴ on how to establish professional conductive training in his country.

I tell this story to illustrate that, though in the United Kingdom Conductive Education develops and advances in the voluntary sector in an often hand-to-mouth existence,

1 Registered Charity No. 295873

² Particularly from the work of A.R. Luriya, see for example *The man with the shattered world* (1972) Harvard University Press, and *Higher cortical functions in man* (1966) Tavistock.

³ see further: <http://www.conductive-education.org.uk/html/news/norway.html>

⁴ see further: <http://www.conductive-education.org.uk/html/news/brum.html>

things progress rather differently in other – economically and socially more advanced – societies. Each society of course arranges matters in a different way, according to local structures of legislation and funding, but have in common that initiatives commenced in the voluntary sector are now being taken up and developed by the state. So in Israel, Conductive Education is now integral into the health and education systems. In New Zealand, Conductive Education is now accessible through the education system, within state schools, in most cities. In Alberta Conductive Education is fundable, through the provincial children's service, at pre-school level. In Germany it looks like the health insurance system will now fund Conductive Education at the pre-school level, opening the way to massive expansion of Conductive Education in that country – where there are already some forty to fifty centres in operation. And in Hong Kong Conductive Education has served as the basis for developing an island-wide system for children with cerebral palsy and is now spreading across mainland China.

And where in all this is the UK, the country in which serious international recognition of Conductive Education first began? In its usual place, losing the enormous advantages of an early start, falling behind foreign competitors as daring innovations are starved of investment and even actively opposed or suborned by existing institutions.

Motor disorders

Conductive Education is presently applied mainly for the benefit of children and adults with motor disorders. The system derived, however, from work with wider application and it is now being adapted to a broad range of co-ordination and movement problems, such as the dyspraxias. Moreover, Conductive Education manifests fundamental psycho-pedagogic principles, with universal relevance to all teaching and learning. For immediate purposes, though, it is necessary to define the core area of 'motor disorders'.

Motor disorders are problems of co-ordination and movement, which derive from damage or disorder to the central nervous system (the brain and the spine) and have in turn wide effects upon mental, emotional and social life.

Motor disorders may be roughly sub-grouped into

- > those apparent from birth or the early years of life, congenital conditions, especially but not exclusively the cerebral palsies;
- > those beginning after a period of unimpaired development, usually but not always in adult life, acquired conditions such as Parkinson's disease, multiple sclerosis, head injuries and stroke.

The distinction between congenital and acquired bears the same implications in motor disorders as in, say, deafness and blindness, with obvious bearings upon teaching/learning and development.

Both congenital and acquired motor disorders may then be cross-classified, according to whether the underlying condition is stable or progressive, with further implications for teaching/learning and development.

Whenever a motor disorder is first manifest, and whatever its physical prognosis, it will have in common effects, sometimes very powerful effects indeed, across *all* areas of the psychological and social life of the person involved. Motor disorders cannot be simply a matter of movement, mobility etc., and any attempt to respond to them as such is doomed to inadequacy, perhaps to the point of counterproductivity (i.e. doing more harm than good).

Moreover, the interdependence between children or adults with motor disorder and those who care for them may be of necessity be very close indeed, with the word 'care' meaning not simply 'look after' but also of course 'love'. Any impact upon one member of such an interdependence will impact upon everyone else whose life is closely bound up with that person's. Help one, help all; harm one, harm all.

Motor disorder is not therefore simply a matter of the 'physical', that is problems of co-ordination and movement and any medical problems that might stem from this. It is motoric, it is psychological, it is social.

Psycho-social outcomes

What is it that drives Norwegian parents to lobby their Members of Parliament to provide Conductive Education and drives similarly impassioned popular, grass-roots movements around the world? What are the outcomes of conductive interventions that so impress themselves upon those most directly involved?

For around fifteen years I have heard people from around the world give much the same response to this enquiry. A couple of weeks ago I asked two parents⁵ of disabled children to talk me again through the benefits of Conductive Education. Why, I asked, had they devoted such energy to accessing Conductive Education?

One had had a long experience of Conductive Education, right across his son's childhood; the other was fairly new to the system. This is what they came up with, in the order that the ideas occurred to them:

- hope
- transformation
- personal responsibility
- system
- positiveness
- (creating) new potential
- something to *work* on

This corresponds closely to what parents have said to me over fifteen years. They also correspond closely to what disabled adults who have experienced Conductive Education say, and their carers. Note that this list of personally valued outcomes includes nothing 'physical' – or even 'motoric': the outcomes offered here are psycho-social. Some people may be surprised at this, not least those who have researched the outcomes of Conductive Education without first determining the

⁵ I am indebted in this instance to Paul Kelly and Gayle Westcott.

domains in which its outcomes might occur.⁶

Psycho-pedagogic intervention

What then is Conductive Education? It is above all a pedagogy. 'Pedagogy' is the art of teaching and the particular art of any *real* pedagogy is that teaching is not merely delivery of content but inextricably bound up with its outcome, learning.

The philosophy of conductive pedagogy takes for granted that *everyone* can learn. The law of our land states that every child should receive an education: one could be forgiven for feeling at times that there is no corresponding, universal assumption that every child can learn. Conductive pedagogy is future-oriented. It does not prescribe, there should be no prior and prescriptive 'assessment'. The only way in which one can tell what someone can learn, and how this is to be taught, is to begin teaching and examine the outcome. The onus, the responsibility for success, then lies with the teacher. Credit for progress is the learner's, failure to learn means the teacher has to find new ways around. Above all, learning must be active: successful learning is not the passive reception of instruction.

But why 'conductive'? Because learners are *led* (conducted) into wanting to learn for themselves, situations are created in which learners find that they can indeed master their environments (including most basically their own bodies) and experience the satisfaction, the joy, of learning to solve their own problems – in fact learn how to learn, spontaneously and for themselves.

Is there not an apparent paradox here? The responsibility to establish new learning, new potentials, new goals and new motivation, lies with the teacher. At the same time, what is being taught is spontaneity, self-activation, self-generated goals, personal motivation. Some might consider paradoxical a pedagogy in which the teacher assumes responsibility for learners' success whilst asserting that success arises out of learners' own active involvement in the process. In that the conductive process may involve conductors' leading learners into spontaneous learning, is it not a bit of a 'con'?

No, it is not. The pedagogic process, conduction, is dynamic, transactional, dialectical, determination in one being transferred is determination in the other. Something new is created out of this, new mental qualities – thus 'transformation'.

Those who teach in this system are called 'conductors'.

The present, the past and the future

Within the conductive philosophy a very wide range of specific pedagogic techniques have been developed for working with children and adults with motor disorders. Guided by that philosophy old techniques can be adapted, and new techniques

⁶ The first empirical report of such psycho-social outcomes emerged from parental feedback collected by the organisation PACE Ontario at the end of its first Summer Camp, see *The Conductor*, 5 (3-4), Special Research Issue, 1993, p 62. Response by parents asked to make a brief statement of their first impressions of Conductive Education included 'motivating', 'awareness', 'concentration', 'take control', 'try', 'encourage', 'self-esteem', 'enthusiastic', 'determination', 'challenge', 'help himself', 'hope', 'effort', 'stamina', 'attention span', 'anticipate', 'lose her fear', 'achieve her goals'. The further, formal elucidation that such responses cry out for has yet to be undertaken.

created or incorporated to meet new circumstances. Without conductive pedagogy and its guiding philosophy, though, specific techniques – however assiduously applied – have little or no new meaning. It is not the specifics of how Conductive Education works that concern those who use (or would desperately like to use) this new kind of service. It is the *approach*, the philosophy, which seems so self-evident, so much what they had hoped for when first they realised that they now have to confront motor disorder and its implications.

Let us look again at the list of outcomes listed earlier but this time in a different way, not for what they are but for what they are not. Let us look at their obverse, at what prevails in their absence.

hope	hopelessness/despair
transformation	no change, stagnation
responsibility	powerlessness
system	chaos
positiveness	negativity
happiness	sadness/misery
something to <i>work on</i>	nothing to be done

People do not expect to have to live with these awful, obverse experiences as further accompaniment to motor disorder – but many do. In their attempt to escape what can appear an all-prevailing plight many recognise in Conductive Education the way for the future that they have been seeking.

Where did Conductive Education first come from, what is happening now and what is Conductive Education's future?

Conductive Education derived from the work of András Pető in Hungary, in the years immediately following the Second World war. Pető was a physician-turned-educator (a career move with illustrious precedents), as was his successor who did so much to formalise and develop his practice, Mária Hári. Subsequently, however, it was neither physicians nor educators who extracted Conductive Education from Hungary but, following widespread public attention on television and through other media, private citizens who recognised that this approach suits their own personal needs, values and aspirations, particularly the parents of children with cerebral palsies. The hunger for Conductive Education has now spread across the advanced economies, largely as a grass-roots movement, sometimes despite the often unwelcoming response of already existing medical and educational establishments.

In the United Kingdom there are now thirty or so centres of various kinds where conductors work, largely with children. There are possibly some one hundred and fifty to two hundred places world-wide, all this expansion outside Hungary having occurred over just fifteen years. In some countries, as I have indicated, the state is beginning to take a hand but in many, including our own, Conductive Education still struggles to put down roots with the most tenuous financial resources. Money apart, the major issue world-wide is lack of appropriately trained staff. We are very fortunate in the United Kingdom that the National Institute of Conductive Education has successfully established a training school for conductors. But establishing a

new profession to meet a country's needs is a very long job indeed.⁷

My expected visitor from Norway postponed his visit to the National Institute because of the widening economic, political and military effects of the destruction of the World Trade Centre. These effects will doubtless impact upon the development of Conductive Education as they will upon so many aspects of all our lives, throwing carefully constructed plans into question around the world.

Whatever the future of the economy, however, I assure you that Conductive Education, the future-oriented approach to the lives of children and adults with motor disorders, and those who care for them and their futures, does itself have a very important future of its own. Old understandings of special education, habilitation and rehabilitation have had their day and, whatever happens, Conductive Education is ready and waiting in the wings.

⁷ Sutton, A. (2001) *How many conductors does a country need?*, <http://www.conductive-education.org.uk/html/news/howmany.html>