Conductive education for physically handicapped children: parental expectations and experience

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SUMMARY

Conductive education, an educational approach devised by Andras Pető in Hungary after the second world war, has attracted considerable media attention. Eight Northern Ireland families who recently had treatment for their disabled child at the Pető Institute in Budapest were identified. Six families returned postal questionnaires designed to look at parental experience of conductive education. An improvement in existing local services, as opposed to the wholesale introduction of this facility was the commonest parental hope for future provision for physically handicapped children.

INTRODUCTION

Parents of handicapped children want the best possible treatment available and anything which offers a glimmer of hope will be explored. In recent years treatment offered to the disabled in general has been highlighted, partly because official reports have focused attention on the size of the problem and the poverty of resources, and partly because alternative treatments which are seen to offer more hope and promise have gained significant media attention. Conductive education, a Hungarian educational philosophy, is one such alternative approach. This method, devised by Andras Pető after the second world war, holds that the effects of motor disorders (mostly cerebral palsy, spina bifida, Parkinson’s Disease, and stroke) can be overcome by appropriate educational input. The disabled child and adults must want to learn, to set their own goals, and to find their own way of overcoming the disfunctioning nervous system with a view to gaining sufficient control to function independently in the able-bodied world.1 This whole process depends on a close, inter-personal relationship between the special teachers (called conductors) and the taught, and on the motivational force generated within the group.

In order for a Northern Ireland child to have access to conductive education, parents incur considerable expense and families are separated for prolonged periods so that the child can be enrolled in the Institute for Conductive Education in Budapest. At present it is estimated that about sixty children have gone from Northern Ireland to Hungary for assessment at the Pető Institute and a similar number have gone from the Republic of Ireland. Against this background I sought to evaluate parental experience of conductive education, and of local services, in a group of children with physical disabilities.

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METHODS

The parents of eight school or pre-school children resident in Northern Ireland known personally to me, who had been to the Pető Institute for treatment, were sent a postal questionnaire. This was designed to examine their experience of local resources, conductive education, and their opinions about the future development of services for handicapped children.

The children (4 male, 4 female) varied in age from three to seven years (mean 5 years 6 months). Seven had cerebral palsy (six tetraplegic, one athetoid) and one a developmental brain abnormality (Joubert syndrome). Two of these eight children had epilepsy, three were mentally handicapped (two of them profoundly) and seven had a communication disorder (five general delay, one articulation disorder and one severe expressive disorder).

Four were in schools for the physically handicapped where they received daily therapy, two in schools for children with severe learning difficulties, one in an ordinary nursery and one had not yet been placed in nursery. Seven of the eight children had major difficulties with walking (they could not walk across a room even with aids). After conductive education, for a period of time varying from two months to two years, carried out daily both in Hungary and on returning to Northern Ireland, six of the eight had continuing major walking difficulties. The child who made most progress had motor delay associated with the Joubert syndrome rather than cerebral palsy. Five of the families planned to return to Hungary for further conductive education and one was undecided. At present the parents of five of the six children with continuing major walking difficulties do not regard conductive education as the sole treatment required. The two children with associated profound mental handicap no longer attend the Pető Institute routinely and three of the remaining four have asked for referral to other centres using different treatment approaches.

RESULTS

Replies to the questionnaire were received from six of the families. The families of the children with profound mental handicap have talked to me about their time at the Pető Institute, but did not return the questionnaire. The families were asked how they first heard about conductive education, how they subsequently gathered more information about it, why they felt this method might be helpful for their child, what they considered to be the most valuable elements in the system, and what problems the child or the family encountered. All had heard about conductive education from television or radio and in five of the six the BBC documentary “Standing up for Joe” (April 1986) was the initial source of information. Additional information was gleaned from one of the pressure groups for conductive education (5), Television/Radio (3), or from newspapers, relatives or friends, or other professionals.

Parental expectations, and attitudes to conductive education at the Pető Institute included positive thoughts on the intensity of the process (5), the value of group work (2), access to further treatment (2), consistency and integration of approach (2). Negative aspects included the separation of the child from its mother during the process (5), and the further separation from the rest of the family (3). (Table I).

At the Pető Institute conductive education is organised in such a way that five of the six parents were not routinely with their child during treatment time. The parents were asked on a scale of 1 (unsatisfactory) to 5 (excellent) to score the
quality, support, accessibility and help gained in understanding their child’s
diagnosis, for therapy which they have received both locally in Northern Ireland
and at the Pető Institute (Table II). In addition to the initial assessment, five had
been for treatment at the Institute on two occasions, and one on one occasion
(range 4 to 12 weeks, mean 9·3 weeks). Of six different developmental areas
examined, parents felt that conductive education was most helpful in developing
independence skills and physical progress, and least helpful in the speech and
language, and educational spheres. The quantity of local therapy varied from a
parental statement of “no therapy of any kind here for almost a year, and the
situation hasn’t changed very much to date” (two children) to daily therapy (four
children in schools for the physically handicapped).

TABLE I

*Attitudes and expectations among six Northern Ireland parents whose children
had received conductive education at the Pető Institute*

| Positive                      | Negative                                      |
|-------------------------------|-----------------------------------------------|
| Intensity (5)                 | Separation for child or mother (5)            |
| Group work (2)                | Separation for rest of family (3)             |
| Access to more treatment (2)  |                                               |
| Consistency of approach (2)   |                                               |
| Pleasant atmosphere/hard working conductors (1) | |

TABLE II

*Mean parental scores (from 1 unsatisfactory to 5 excellent) for four aspects of
therapy for physically handicapped children offered locally in Northern Ireland
or at the Pető Institute, Hungary*

| Local therapy (Northern Ireland) | Conductive education (Pető Institute) |
|----------------------------------|---------------------------------------|
| Quality                          | 3·4                                   |
| Support                          | 2·6                                   |
| Understanding condition          | 2·5                                   |
| Accessibility                    | 2·7                                   |

Parents were asked about their hopes for the future in relation to local services,
and about the introduction of conductive education. Four of the families had no
comment to make, two felt that the whole system should be introduced, and one
felt that the introduction of any aspect of conductive education into the present
system would be helpful. Other comments included the need for more services
for handicapped children in general (5), more group work (3), better integration
of therapy and education (2), improved parent-therapist liaison (2) and more
integration of handicapped children into the local schools (1).

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DISCUSSION

The treatment for children with physical disabilities attending the Pető Institute, Budapest, or one of the Child Development Centres or special schools in Northern Ireland would aim through comprehensive programmes to ensure maximal physical function, self-care, and independence with a view to integration into local schools. The Hungarian system of conductive education is based on an educational model, and considers the neurological condition less as a pathological consequence and more as a dysfunction which can be overcome by structuring the child's total learning environment. The conductor, who is the key person, has had a four year training which allows her to deal with all aspects of the disabled adult or child's life. The Western model, by contrast, has been seen by some as confusing and fragmented due to the involvement of a number of professionals who bring different specialist skills to a multi-disciplinary team which aims to provide an integrated educational and therapeutic input for child and family.

Research studies on different treatment approaches to cerebral palsy have failed to show the superiority of one method over another. In the early 70's the principles of conductive education were introduced into some British schools, initially in Bristol and later at one of the Spastics Society residential schools, Ingfield Manor. A series of studies carried out by the Institute of Education failed to show any advantage of conductive education over the conventional approach. Unfortunately the opportunity for early evaluation of 'pure' conductive education and other treatment methods has again evaded us: the Hungarian conductors working with the Birmingham Institute from 1987 selected a group of children with cerebral palsy who fulfilled their criteria of suitability but there was no agreement for a controlled trial of conductive education and equally credible alternative approaches. The Government at that time had set aside £326,000 for evaluation of conductive education before it responded to demands from pressure groups for its wholesale introduction. At present, information available to parents on conductive education has come largely from the media. The BBC documentary 'Standing up for Joe' was the major force in sending five of the six families represented in this paper to Budapest. The inadequacy of United Kingdom resources for the disabled has been highlighted by reports such as that of the Royal College of Physicians on physical disability in 1986 and beyond. This found that many services for disabled adults were lacking, and referred to them as a "deprived population" able to call on few specific facilities. The present study of disabled children shows that conductive education and all the difficulties attendant in travelling to a foreign country were faced because of "the lack of services and therapy here which has forced myself and other mothers to seek help elsewhere resulting in long separations from family and friends", (parent).

Conductive education has been seen by the media and by parents as being very positive and as offering renewed hope, whereas professionals in the West have been accused of conveying negative expectations of what a child may be capable of doing. The ethos of conductive education aims to be positive and this is conveyed by the conductors and captured by the parents and children. The parents report gains in their child's development in response to the intensive approach, especially in physical development and independence skills. Speech and language skills and educational input were considered to be satisfactory but were less highly rated. Considering English is a second or third language for the conductors this is not surprising. Some speech therapists in the United Kingdom have major concerns about the ability of conductive education to help the more
difficult communication problems associated with cerebral palsy. The parents however feel that with the conductive approach they are receiving satisfactory help for their children in an environment which supports the parents themselves, helps them better understand their child’s condition, and is as equally accessible as their home treatment centre, despite being many miles distant from home. The group is a central part of conductive education and it is here that the motivating force for a child’s achievement is generated. For parents, informal groups of “foreign” mums and dads battling against the Hungarian language, the strange food, the loneliness and separation emerge, and are a source of strength and information about motor disorders and conductive education, as well as the more practical necessities related to survival in an Eastern European country.

Conductive education is not new. What is new is the recent interest which the media have focused on this method of treatment, and the new face of Hungary under the influence of “glasnost”. A determined and articulate lobby has arisen in the United Kingdom to promote the conductive approach. While we wait to see whether it is either desirable or feasible to introduce it we need to know that the government will adequately fund our existing services, to the same extent that it appears willing to support the new International Centre for Conductive Education in Budapest. If that were the case we could expect a multi-million pound financial injection for our services for the disabled. The experience of parents needs to be recognised, and for many their contact with the Petö Institute has been seen in a positive light. As a result of this, local professionals are being asked to modify some of their existing practices. As we consider the place of more group work, the need for continued close parent/therapist liaison and improved integration of education and therapy, we will continue to ensure that our counsel for these families contains hope which is undergirded with reality.

REFERENCES
1. Hari M. (editor). The application efficiency of Conductive Education. In: Scientific Studies on Conductive Pedagogy, 1975: 16-7. Conductor’s College, Budapest.
2. Hedges K. The Bobath and Conductive Education approaches to Cerebral Palsy: Treatment — management and education models. N Z J Physiotherapy 1988; 6:12.
3. McCormack A. Conductive Education reassessed. 1974; Unpublished MSc dissertation. University of London.
4. Sutton A. Conductive Education. Arch Dis Child 1988; 63: 214-7.
5. Royal College of Physicians. Report on physical disability in 1986 and beyond. J Roy Coll Phys Lond 1986; 20: 160-95.
6. Beach RC. Conductive Education for motor disorders: new hope or false hope. Arch Dis Child 1988; 63: 211-3.
7. Taylor C. Conductive Education: has Hungary stimulated an appetite it cannot satisfy? Speech Therapy in Practice 1988; 8-10.
8. Scott N. International appeal. The Conductor 1989; 2: 3-5.