

Conductive Education: breaking through physical disability

Presentation to the Awareness Event
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Over the years I have given many introductions to Conductive Education around the world to audiences just like today, consisting like this evening's of a small minority who know a lot about Conductive Education ¹and a much larger majority for whom the subject is completely new. It is impossible to speak equally to both groups so I shall resolve that problem in the only way that I know how. I shall address myself to the most important group here, the majority who so far know little or nothing about my subject. I hope that those who already know much more than I do, because they are already practitioners in the field, 'conductors', will still find what I say a useful in that it might formalise and explain their work for others.

The title that I have been given, 'Breaking through physical disability' has a double meaning here tonight:

- first it implies in general that Conductive Education promises a breakthrough in how societies might cut through the tangled ways in which we currently make provision for physical disability; and
- secondly, specifically here in Kuwait, it implies the possibility of another kind of breakthrough, for the method itself.

¹ I used the term 'Conductive Education' in my presentation because in Kuwait this is already the commonplace way of referring to this work when discussing it in English. It is, however, a misleading term (see end note) but I retained the usage in the presentation to avoid complication at what would for many in the audience have been a novel enough experience without further complication. As will be seen in the end note, it is recommended that serious consideration should be given to updating the English language usage, not least when moving on to discussion and writing in Arabic.

'Motor disorders' and Conductive Education

The physical disabilities to which I refer here today have 'traditionally' been construed within Conductive Education as 'movement disorders', that is disabilities of movement in children and in adults, stemming from disease or damage to the central nervous system (the brain and/or the spine):

- *in children*, this has particularly involved congenital conditions of the kind known as cerebral palsies ² but also covers, for example, the effects of later acquired head injuries such as caused by road traffic accidents;
- in adults, these include both those who have grown into adulthood with a congenital motor disorder and those who acquire a motor disorder later in life.

With respect to the latter, looking around tonight's audience I have to ask myself who here will experience a motor disorder later in life, maybe next week, maybe in many years to come. Who amongst us will suffer a stroke or experience a head injury – and survive unable to control our movements as we have done all our lives to that point? Who amongst us will contract Parkinson's disease, or multiple sclerosis, or some other condition rarer and less well known but equally devastating in its effects – or worse? We must look around the room, consider the size of the audience³, think of the incidence and prevalence figures for our own society and ask that question again, who here is going to have a motor disorder? I know my answer to that question: 'Not me'. I also know that every single person here is giving exactly the same answer. We cannot *all* be right!

What do the disabilities that I have mentioned have in common? At the medical level, of course, the answer is that medically they have *nothing* in common. They have different causations (some known, others not), different pathologies, different effects and different prognoses. And of course there is as yet no 'cure' for *any* motor disorder – much as every

² Less common are the effects of spinal conditions, such as spina bifida. Other conditions, as will be touched upon later, include:

- at the more severe end of the range, situations where movement disorder occurs as part of a wider complex of developmental disorder (in present British terminology 'profound and multiple learning difficulties'); and
- at the milder end, instances where co-ordination difficulties pose real difficulties for child, family and school but in which brain pathology as such is at best debatable (present British term: 'dyspraxia').

³ There were between one-hundred-and-fifty and two hundred people present that night.

one of us would wish it otherwise. Motor disorders are chronic conditions, for the rest of one's days.

Medically, then, 'motor disorders' comprise a non-category. I am not, however, offering you a medical concept but one which exists at the psychological and social levels – at the level of *living*.

At this level there *are* characteristics that the motor disorders have in common:

- they all involve some form of paralysis, affecting for instance, posture, moving the limbs, using our hands, speech, toileting etc so that *these fundamental human actions* cannot be performed in ways that are easy, reliable and predictable;
- these human actions are essential for our contact with the world around us and above all for our *learning* (think of it a moment : just what *can* you that does not involve moving a muscle?);
- without learning, what we can be, what we can become, will be impaired – unless there is inordinate effort and/or *special methods* to compensate for the effects of the underlying problems of movement;
- but even though motor disorder is permanent, life-long, (there is no cure for brain-damage), Conductive Education aims to enhance individuals' learning, and therefore ease the secondary and tertiary effects of paralysis upon *psychological development and social life*.

Thus Conductive Education cannot cure. It can however, help make life better, often very much better than currently experienced by many disabled children and adults, and their families, around the world.

It is a breakthrough, a new paradigm for the care and welfare of the disabled.

A breakthrough

We like to think that we live in compassionate societies – and in many respects so we do. The families of disabled children and adults, of course help. At a societal level, we

express compassion for the disabled – and for their families – and according to our knowledge and understanding, we try to help. In part what we do will depend upon the resources to hand, how much help we can afford. The question must also arise, however, of *what kind* of help should families and societies actually give, for upon the nature of that help will depend the kind of outcome we achieve. And this will reflect our knowledge and understanding of what can and should be done.

Of course there are always exceptions, but the common understanding is that compassion can be measured by *how much* help it provided for the disabled, and their families, the goal being to do as much as we can to make their everyday lives easier. This is the present paradigm, help disabled people to *do* things, hence, aids, adaptations, assistants, special concessions and allowances. It is not, however, to deny the place of such generosity to suggest that there is a higher, additional and more thoughtful way.

There must be compassion – but it must be *intelligent compassion*.

Conductive Education aims not to do things *for* disabled children and adults but to teach them that they can aim to set their *own* high goals, find their *own* ways of solving their problems and, above all, *learn* to do things for themselves. This may not be easy, it is a ‘tough compassion’ that teaches hard work and self-discipline. It is very different to the attitude that everything should be done to make things easy, to do things for people. In the English language we have an expression that is applied to children without disability whose parents make everything easy for them, to do everything for them. We say that such children are ‘spoilt’ and we are not surprised when they grow up without motivation to solve life’s problems and without the will to find their own solutions. What have we ‘spoiled’ by such dysfunctional upbringing? The very personality of the developing child. In the long run, such ‘soft’ upbringing is no kindness: the parents have failed their child.⁴

⁴ The most influential proponent of this position has been the French psychoanalyst Françoise Dalto.

What then for motor-disordered children? ⁵

First, of course, they learn and develop according to the same laws, the same regularities as does everyone else. There is however, an essential corollary, that their access to the world in which they learn and develop, and the ability to act upon that world that is equally essential for their learning and development, are constrained and affected by their problems of movement. As a result, they experience a ‘dislocation of development’⁶. In that sense, they constitute a special case, requiring special consideration in their upbringing and their teaching.

And what if they do not receive such special consideration in their upbringing and teaching? Again, of course, their will be exceptions and exceptional circumstances, but they are at risk of being ‘spoiled’, learning to be passive receivers of help rather than active agents’ in their own lives. Rather than learning independence they risk acquiring ‘learned dependence’, even learned helplessness ⁷. In fact, given the enormous effort that is put into doing things *for* and *to* motor-disordered children, teaching them to be passive recipients rather than active agents in their own lives, it might even be appropriate here to refer to taught dependence, taught helplessness.

Again, granting exceptions, this is what I mean by the present paradigm, how we act towards the motor-disordered and our corresponding knowledge and understanding.

The conductive way

Conductive Education takes a different path. It recognises that motor-disordered children may find it hard, even tiring, to learn to effect the simplest of movements, to attain the

⁵ Because of the constraints of time and the prime concern of most of my audience I shall concentrate here upon bringing up and teaching children – though my themes are easily adaptable for those whose concerns are with adults. The general principles articulated here can usually be applied similarly to adults: just substitute the words ‘learners’ or ‘adults’ for the word ‘children ‘ and adjust the context accordingly.

⁶ The concept comes from the Russian psychologist, L. S. Vygotskii.

simplest of goals, to achieve the simplest of functions. It may be hard to direct the head and fix the gaze, to sit, to change position, to brush the hair, use the toilet, to walk. In fact, learning as a whole may be experienced as a burden, which then goes on to affect their will to master formal education at school. They learn that it is hard to learn when even basic movements do not come ‘naturally’ to them. Conductive Education’s response to this is simple: even if they cannot learn for themselves then they can be taught.

Think of the last time that *you* had to learn movements and their co-ordinations that would not come ‘naturally’ to you, like learning to drive a car, or learning to dance, or learning a sport that required not just new skills but perhaps hard physical effort and the use of unfamiliar muscles too. Hard, wasn’t it? You had to want to succeed and even then there would be times when you found it all too much and felt like giving in. You learned best if you had a skilled teacher, coach or instructor, who knew how to motivate you and raise your spirits, who understood the importance to you of recognising your progress, who made you realise that you could get there and gave you the will to do so. And the skilled teacher did not do it for you but set out from the beginning to transfer the skill to you so that you would be able to practice and perfect it for yourself.

Nothing new here really. Remarkable only is that children with motor disorders have not till now had the opportunity of a system that recognises that their disabilities present them with problems of learning. Conductive Education. offers upbringing and teaching developed specifically to help them overcome these problems, in the home, at school and in society at large. This approach is complicated, with all sorts of variants to suit different conditions, ages, circumstances, goals etc, but a central, pervasive principle is to offer always the ‘least necessary help’⁸ to enable the child to achieve success and the satisfaction that comes from this.

How does one achieve it that disabled children acquire the determination to maximise what their bodies can do and insist upon finding their own ways to help themselves?

⁷ The concept comes from the American psychologist, Arthur Seligman.

⁸ The concept comes from myself.

Think of a perhaps more familiar example, the successful and celebrated sports coach or sports manager. He structures the training, instils values and loyalty in the players, creates discipline (and thence self-discipline), whips up excitement, enthusiasm and the will to win, motivates the whole team and through it every individual within it. On the day of the match, the tournament, we expect all the players to be at the peak of physical condition. We know that the champions will be those with the skill and strength of purpose, the will to win, and coaches, trainers and managers who can regularly achieve this in their players are rightfully recognised and celebrated for ‘bringing out the best’ in their players.

In Conductive Education we call the skilled person specially trained for this role the ‘conductor’. Why this word? Because the conductor ‘*leads*’⁹ children into wanting to succeed for themselves, and provides them with the joyful circumstances in which children and conductors together can discover compensatory links and create new potentials. Paradoxical though some may find it, improvement for children with motor disorders is not achieved primarily at the physical (motoric) level but *through the mind* – and, as everyone knows, the way to influence the developing mind is through upbringing and teaching¹⁰.

Where did it come from? Where is it now?

What we now call Conductive Education is not new but began over sixty years ago in Budapest in Hungary, out of the practice of a displaced physician from Austria. András Pető. For much of that time, however, Conductive Education was ‘buried’ behind the Iron Curtain, practised in a single institute in a little country that very few people visited and in a language that hardly anyone speaks. The promise and potential of Conductive Education were discovered by the outside world only some twenty years or so ago. Since then, starting in the United Kingdom, enthusiasm for this new approach has swept through the parents of disabled children – and some disabled adults too – across most of

⁹ Latin *conducit*

¹⁰ Conductive Education should not therefore be considered a ‘therapy’ – unless of course one wishes to understand it as a psychotherapy.

the countries of Western Europe, North America and Australasia.. Over that time the most elaborate system for bringing up children from infancy to early adulthood has been developed in Israel. Elsewhere the spread around the world can look at first sight impressive. In the United Kingdom, for example, in some ways the most ‘conductivised’ country outside the system’s country of origin, there are presently around thirty establishments where conductors work. This might sound a lot but there are over sixty million people living in the United Kingdom, the conductive programmes involved are mainly very small and in no cases do the services ‘join up’ for individuals and their families in a way to ensure conductive input throughout childhood. The situation is even patchier in other countries. Simply put, the overwhelming number of those who might potentially benefit from Conductive Education around the world has little or no chance of doing so.

Despite all the promise, all the enthusiasm, there have been two limiting factors to the more comprehensive spread of Conductive Education:

- in most of the countries of the world, even the most economically developed, with long histories in providing services for the disabled, there is very little money available to pay for compassion of this sort, as it involves training and employment of skilled staff (there is a preference to employ untrained staff, assistants, as these are cheaper);
- there is anyway a serious shortage of properly trained staff, with only two autonomous training schools, the larger one, in Budapest, presently experiencing severe problems of finance and management, the smaller one, in Birmingham, being very small indeed, and both together being altogether unable to meet even the present constrained international demand.

A breakthrough, yes, but a breakthrough unable really to happen.

And here in Kuwait?

At the start of my presentation I promised that having introduced the general breakthrough provided by Conductive Education I would mention the possibility of a particular breakthrough for Conductive Education here in Kuwait.

Conductive Education came relatively late to this country. In three years, from a standing start, a school has been adapted and opened, the largest school in the world outside Hungary aiming to run along conductive lines. How was this done? By the usual ingredients of hard work and dedication but with the addition of a vital ingredient often lacking elsewhere: money. There is still of course a lot to do, for example extending the work 'upwards' to include older children and 'downwards' to include babies, creating official acceptance of this approach for brighter children with motor disorders, and conductors' reaching out to work with children who are included in normal schools. There is also of course the question of conductive services for adults.¹¹ Service-building always takes time but no doubt given time such developments will follow, and others too. In the meantime, as a pioneer in this field, I offer my heartfelt congratulations for what has been already achieved.

With its financial base secure – and I have to emphasise that this is a *very* unusual situation for Conductive Education around the world – the Conductive Education School Kuwait has the potential to create something else unique in the world of Conductive Education. That would be the 'professional space' for conductors and others to explore adaptation of the philosophy and the techniques of Conductive Education to the service of children with other conditions than those 'traditionally' served by this approach. In other words, to take this powerful means of teaching out of the specific field of motor

¹¹ Addressed later that evening in a separate presentation, by Lisa Gombinsky.

disorders and apply more generally for a much wider benefit – which would be a major breakthrough for Conductive Education. Particularly, this might apply to children with learning difficulties without complicating motor disorders, ‘invisible disabilities’ and no less real for that. Something of the sort has been done in centres around the world but as individual and unconnected initiatives, never on a scale and with sufficient resource of children, never with the potential professional space to develop a whole new sector for conductive practice and humanitarian advance.

The tasks now before the Conductive Education School Kuwait are threefold:

- consolidate what it has already achieved but at the same time have regard for the remarkable momentum of its expansion so far and ensure that this is not lost;
- look to its potential for establishing its own professional conductor-training to meet the essential need for more conductors both in Kuwait and elsewhere;
- develop its resources to undertake the research and development still required for the detailed development work to ensure the best possible implementation of conductive practice to serve the needs of the children here and their families..

It will not be easy and it will not be quick but the potential is great and the rewards could be colossal.

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Endnote

Terminology

The English-language term ‘Conductive Education’ is now the almost universal name for this approach. It is in fact a mistranslation of an original Hungarian expression, perhaps two distinct Hungarian expressions, neither of which have English equivalents that would be widely understood:

- conductive pedagogy, that is the science and art of conductive teaching, the professional skill of conductors;
- conductive upbringing, the experience of the values, standards beliefs of the conductive system, imparted not simply through conductive pedagogy also through socialisation into the conductive way of thinking about oneself and what one expects to be able to do in the world.

‘Conductive Education’ seems to run these two concepts together and blur the distinction, making some discussion in the English language virtually impossible. It would probably better when starting off in a ‘new’ language – such as Arabic – to explore whether the original distinction might be restored.

For the present, the word ‘teaching’ in this presentation stands for pedagogy. It should not be confused with school-teaching in the sense of ‘delivering the curriculum’.

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