

INTRODUCTION

Conductive Education

Andras Petö, a Hungarian physician, originated Conductive Education for neurologically impaired people in the late 1940s in Budapest, and founded an Institute. Owing to political circumstances, it stayed shrouded in mystery for about three decades. The large Institute opened its doors in the 1980s, and because of the remarkable results achieved there, interest in Conductive Education has spread around the world.

Conductive Education interweaves education and therapy throughout the day in a consistent and imaginative way which calls forth the child's social interaction, active participation and deals with his entire personality*. It searches for the child's strengths and resources, and how to build these up. Skilled motor and educational facilitations give the child the experience that he can be active and successful, and that he can learn functional movements. In this approach the various strands of rehabilitation are integrated, and it is of immediate and long-term practical value in daily life for large numbers of neurologically impaired people. It is thus a transdisciplinary approach that overcomes the previous fragmentation in rehabilitation and special education, and ensures consistency and continuity across the various professions dealing with cerebral palsied children.

Hong Kong: International search for the best rehabilitation approach for cerebral palsy

The 1980s was a dynamic time in the development of rehabilitation services in Hong Kong, where I lived for 31 years. At the administrative and policy level a comprehensive and coordinated rehabilitation structure had been built up, and therapists from Britain, Australia, Scandinavia, Germany and other countries had come to Hong Kong and were knowledgeable in various treatment approaches. Dr. Harry Fang Sinyang, an orthopaedic surgeon well-connected in Hong Kong and China, was President of Rehabilitation International from 1980-1984, the first one from Asia. During this time he travelled widely, and also went to Budapest, where he visited the Petö Institute. He assumed that Hong Kong rehabilitation professionals knew about Conductive Education and used it, and was greatly astonished on his return to Hong Kong to find out that this was not the case.

It was decisive that at this time there was a large, very well-organized Spastics Association of Hong Kong. Its chairman, Dr. Erik Kvan, came from Denmark. A psychologist lecturing at the University of Hong Kong, he had a broad interest in various disabilities and child development. His innovative ideas included how to use computer technology for people with cerebral palsy, and he gave much thought on how to meet the needs of disabled people in Hong Kong's social-cultural environment.

Hong Kong at this time became an extremely lively rehabilitation scene, for it was used by the UN, the WHO and other organizations as a gateway for taking rehabilitation not only to mainland China, but also to many Southeast Asian Countries.

Hong Kong's fast-moving society valued efficiency, and after more than a decade of tra-

* Throughout this book, for the sake of clarity, the child will be referred to as "he", and the educator/therapist, that is the "conductor", as "she".

ditional therapy for children with cerebral palsy, it was observed that many of them developed poorly as adolescents. Frequently they could not cope with activities of daily living, were unable to communicate, had strikingly passive behaviour, and developed deformities with increasing age. Observing this, I started to have doubts. Did we give the children the right treatment?

For many years I had been immersed in the world of children: as mother of our own 3 lively ones, and as physiotherapist at a large, very well-organized and well-staffed special school for physically disabled children, the John F. Kennedy Centre, working with large numbers of children with cerebral palsy. As I worked on a part-time basis I became aware early on how differently we were bringing them up.

When my children had something meaningful to do, when they were challenged, or when together with their friends, they became lively. This was when their wish to move, play, speak, explore, learn and interact with other people and with the environment was greatest. Motivation focused their minds and energized their actions. They were keen on doing things for themselves, even if this meant making an effort. Boredom was the great enemy. They were serious about their activities and their achievements. When in good spirits everything came easily to them, but when dispirited they sagged to the ground. For them mind and body was one, their emotions, thought processes and movements were totally interconnected. They enjoyed moving, and had the desire to master their body. They were hungry for new experiences, but above all needed love and affection, a reliable home basis, and consistency to carry them along.

Yet few of these motivating childhood forces could be harnessed systematically when therapists used the Neurodevelopmental Treatment (NDT), or Bobath concept, which had become so popular from the 1960s onwards. The NDT focused mainly on the cerebral palsied child's clinical motor features of cerebral palsy, that is on his defects, and attempted to deal with them. My misgivings about using this approach increased. Many of the children in our school had such blank faces, and there was little carry-over from the therapy sessions into life at the school. Deeply frustrated, I asked myself, is there no other way forward?

Discovering Conductive Education

While researching material for a course on cerebral palsy for physiotherapy students and senior physiotherapists in Hong Kong in 1972, I chanced to come across Ester Cotton's article, "The Institute for Movement Therapy and School for 'Conductors', Budapest, Hungary", in the highly respected *Developmental Medicine and Child Neurology*, 1965, Vol. 7, No. 4, pp. 437-446, in the University of Hong Kong's Medical Library. Cotton described in clear terms Conductive Education, with its unity of treatment, education and management for children with cerebral palsy at the Petö Institute in Budapest. What made the Institute such an unusual place was Petö's way of looking at the whole person, and not only at his neurological, orthopaedic or medical disorder.

When I met Ester Cotton later, she told me that Petö had been asked to describe his work, but that he wanted her to do it for him. He was pleased with her description and did not change a single word. The focus was on the child as a person, his mind and body were seen as an entity. The symptoms of cerebral palsy were noticed, but the child was skilfully and unobtrusively facilitated to overcome them.

Searching for more information about Petö's "Movement Therapy", or, as it was later called "Conductive Education", no-one seemed to know it. But Petö had mentioned the name "Luria" to Cotton, and this became my lifeline. By chance two of this Russian neuropsychologist's books were in our school library, namely *Restoration of Function after Brain Injury* and *The Role of Speech in the Regulation of Normal and Abnormal Behaviour*.

These books showed completely new ways of helping people with brain injury, and they increased my interest in Conductive Education.

Finally, in October 1984, the First International Conference on Conductive Education was organized by the International Cerebral Palsy Society, UK, and the Petö Institute in Budapest. It took place in the newly built very large, barely finished, second Petö Institute in Kutvölgyi Road, Budapest. Over 100 people from 18 countries had the opportunity to observe the work at the Institute. I was the only person from Hong Kong to attend this Conference. There were public demonstrations of groups for mothers and young children, for kindergarten-aged children of the spastic type of cerebral palsy, for children with spina bifida, for school-aged children with athetosis, and other groups. As an experienced physiotherapist, with wide reading in child psychology and child development, I became aware of the sophisticated multilevelness of the motor and educational facilitations which reinforced each other, motivated the children, and which enabled them to perform goal-directed actions. We had permission to take photos.

The professionals at the Institute were called “conductors”. They impressed with their astounding concentration and warmth to the children. They respected them as a person. One could sense that they believed totally in them and their ability to learn. What hit many observers strongly was a sudden understanding that the children were no longer seen as passive patients, but as active normal children who could learn, and liked to learn to overcome their problems.

There was a joyful atmosphere in the various groups, and the children were motivated to give their best. They were active, spirited and responsible, and enjoyed motor learning and moving. The parents were elated and started to speak up in discussions. While many signs of cerebral palsy were apparent in the children, they had learnt to deal with them in an amazing way. It was when the older children in the “Mixed Spastic Group” lifted their arms over their head in standing and next minute - on purpose - were lying flat on their tummy on the floor, that my heart missed some beats. Knowing of the children’s panicky fear of falling and strong debilitating motor reactions, how had they learnt to do this? But I had the photos to prove it, and later I could observe how the very young children learnt it in a step by step way.

Observing these demonstrations was both an uplifting and a shattering experience. In spite of our hard work and dedication over so many years using the NDT approach, our children had made little progress in comparison with the astonishing achievements of the children at the Petö Institute. This Conference signalled clearly to an international audience that a shift of paradigm had occurred in the rehabilitation of children with cerebral palsy. The focus was now on the active child with cerebral palsy.

Early on, Hong Kong with its international outlook introduced Conductive Education’s humanistic approach into its mainstream rehabilitation organization, and later into special education. The specific and unique Conductive Education transdisciplinary approach integrates the different bodies of knowledge into a holistic system, that is, it accentuates a unified and coherent mode of operation. It thus goes beyond interdisciplinary collaboration.

The term “cerebral palsy” is often misunderstood. “Palsy” does not mean that the muscles are completely paralysed with loss of the capacity to move. Given the right learning conditions the children can learn functional movements and use them for life skills.

I will now let people with cerebral palsy speak for themselves. What is it like to have cerebral palsy?