FROM CREATION TO DEVELOPMENT

The 3rd World
Congress on
Conductive Education

ABSTRACTS

第3回 国際ペトゥ学会 研究発表要旨

September 26 - 29, 1999
Urakawa, Hokkaido
Japan

平成11年9月26日(日)～29日(水)
北海道・浦河町

The 3rd World Congress on Conductive Education
Abstracts

214

Contents

September 27th — Plenary Sessions

1. **M. Hári** (Hungary) 4
   History and Principles of Inclusive Education and/or Conductive Education
2. **I. Kozma / E. Balogh** (Hungary) 5
   Interval and Permanent Conductive Education
3. **R. Schenker** (Israel) 11
   "Although I don't walk, I shall go far"- A Twin Story of 'Tsad Kadima' and a child with CP
4. **J. Horváth / I. Deák / E. Balogh** (Hungary) 14
   Data Analysis of the Children with Motor Dysfunction Getting an Early Conductive Education and Discharged from the Petö Institute between 1991 and 1996
5. **M. Brown / A. Mikula-Toth** (U.K.) 17
   Short Term Intervention for Adults
6. **E. Balogh / I. Kozma** (Hungary) 19
   The Learning Process in Conductive Education
7. **M. Murai** (Japan) 22
   The Founding and Development of Warashibe-En

Presentations

8. **R. Dempsey** (Australia) 23
   Enhancing the Principles of Conductive Education through Music and Performance
9. **B. Liang / S. Li** (P.R.China) 25
   Comprehensive Education for Rehabilitation in Children with Cerebral Palsy
10. **C. Etwaroo** (U.K.) 26
    Empowering Children's Careers: A small scale action research project to involve parents in curriculum development
11. **T. Imai / I. Asai** (Japan) 28
    Rehabilitating Adults with Severe Disabilities, and the Structure of Conductive Education
12. **É. Beck / I. Kövi Horváth** (Hungary) 30
    Relation between Motivation and Attention
13. **É. Fekete / J. Horváth** (Hungary) 32
    Symptom Specific Drawing Development of Kindergarten Age and Lower Primary School Disabled Children. Characteristics of Drawing and Writing Skills

September 28th

14. **T. Larsen** (Australia) 33
    To the Pool!
15. **B. Höss-Zenker / K. Richter / G. Schmidt** (Germany) 35
    The Conductive School in the Stiftung Pfennigparade Foundation in Munich, Germany
16. **P. Natarajan** (India) 38
    Exploring Conductive Education in India: The Indian-Israeli Experience
17. **J. H. Probert** (U.K.) 40
    The Place/Role of the Teacher/Conductor in Schools in the U.K.
18. **M. Herczeg** (Hungary) 43
    Conductive Education in Japan

19. C. Cheng (HKSAR) 46
The Practice of the Principles of Conductive Education in Hong Kong
20. G. Lion (Israel) 48
The Centrality and Role of the Family in Conductive Education—The 'Tsad Kadima' Model
21. L. Withall / C. Cotter / G. Porter / L. Carter (Australia) 51
Professional Development and Training in Conductive Education- An Australian Perspective
22. Ö.Adrienn (Hungary) 52
A New Paradigm : From Segregation to Integration
23. S. Li / X. Li / X. Meng / H. Li (P.R.China) 55
Applied of Conductive Education in China
24. A. Kawamoto (Japan) 58
Conductive Education for People with Severe Disabilities—Therapy and Training to Help People Live More Actively—
25. M. Chinju (Japan) 59
The place Where Two Correlated Selves Meet

Study Abstracts

26. K. Liberty (New Zealand) / **P. Wilson** (U.S.A.) 65
Conductive Education Research: Acquisition and Maintenance of Developmental Skills and Cost-Effectiveness Analysis
27. E. Balogh / J. Horváth (Hungary) 67
Special Features in the Behaviour and Psychology of Hemiplegic Children with Special Reference to Their Drawing Development
28. E. Balogh / Gy. Kállay / Zs. Nagy (Hungary) 70
Introduction of a Conductive Educational- Psychological Test Series
29. E. Bányai (Hungary) 71
Follow-up Control of 532 Discharged Motor Dysfunctioned
30. A. Benyovszky / E. Balogh (Hungary) 73
Talking Book
31. M. Brown (U.K.) 76
Competency Based Conductor Training in the U.K.
32. E. Daróczy (Hungary) 77
The Development of the Petö Nord Project in Norway
33. A. Dobslaff / O. Dobslaff (Germany) 78
Conductive Education and the Promotion of Speech Development
34. É. Fekete / J. Horváth / A. Salga / M. Pásztor (Hungary) 80
What Characteristics Do Students Favour in Lectureres?
35. M. Gruber (Hungary) 83
Specialties of Secondary Learning Disorders in Motor Dysfunctions
36. M. Herczeg (Hungary) 86
Conductive Education of Skull Injured within Medical Framework
37. J. Horváth / Zs, Nagy (Hungary) 90
Issues of the Psychomotor Development of CP Children- The Importance of Conductive Observation and Psychological Tests

38. E. Medveczky (Hungary) 91
Hemiparetic CP and Epilepsy
39. I. Pásztor Tass (Hungary) 93
Experiences of a Conductive Education Model Limited in Time and Duration
40. A. Salga (Hungary) 94
Initial Arena Assessment—First Advising Pedagogical Assessment System for the Sake of Pedagogical Aims
41. K. Schäffer (Hungary) 96
Skills Development during Training
42. I. Su (HKSAR) 99
The Application of the Principles of Conductive Education for Adults with Cerebral Palsy and Elderly with Disabilities
43. K. Tarczay (Hungary) 102
It Is Never Too Late To Learn
44. K. Tarczay (Hungary) 104
Chance for a New Start
45. A. Zsebe (Hungary) 106
Able-Bodied Children's Relationship to Disabilities in the Integrated Education of Motor Disabled Children
46. P. Hale (U.K.) 108
Water, an Emotional Environment, an Environment for Learning
47. M. Brown / A. Mikula-Toth / A. Nemes / T. Rozsahegyi / E. Southhall / I. Szucs (U.K.) 109
The Orthofunctional Person in the 21st Century
48. I. Csernyanszky (Hungary) 112
The Effects of Infant Cerebral Palsy on Information-Processing
49. G. Dobbin, M. Hinch (Australia) 117
Study Abstract
50. N. Perrin (U.K.) 119
How Can Wheelchair Abseiling Be a Conductive Experience? —The Sheffield Initiative—

1. History and Principles of Inclusive Education and/or Conductive Education

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After centuries Conductive Education /C.E./ was started through Professor Petö between 1911-1938. He brought a new perspective; his knowledge had to be transferred to the Special Education College in 1945, then in 1950 a State Institute was opened for this social-psycho-educational approach; in 1963, it was recognised as a legitimate profession , in 1968 the 4 year conductor-teacher training began. In the 70ies our Japanese connection began. Nowadays there are 3 large institutions. We are aware of a range of measures that can be used to achieve with success inclusive education. My purpose is to summarise some principles which have to be followed for this success:

A principle is to create conditions under which chronic ill peoples instruction and learning can take place. Organisation of the whole life, integrating the learned in the patients life, personal encounters and interactions, human relations and interventions. Combining biological functions and mind and effective work with study.

An other principle is that Conductive Education is an independent professional discipline. An independent professional training is necessary to bring about special knowledge and skill, to achieve orthofunctional spontaneity. A new style of training challenges the traditional conception of teacher training, preparation. The conductor-teacher is not trained in occupational, physical, speech therapy, and special education, but in conductive education. The special complexity emphasises integration of several methods psychiatry, internal medicine, orthopaedics, neurology natural remedies stress must be laid on interconnections.

An other principle is the educational philosophy, and theory, It was understood that disability is a dynamic process the troubled co-ordination shall be seen as a problem of learning, creative finding of the solution through cognitive, active discovery.

An other principle is that Conductive Education is Preventive, has an influence on the whole following life. Its objective is to provide orthofunctionality and integration. Its tool is the normalisation.

The last principle I want to mention is the emphasis on the system!. 1) early detection, 2) grouping /inner selection, the system of groups, the special inter-group and group structure, organisation and co-operation, 3) the aftercare, the connection to the school system. 4) The complexity and unity of the programme, planned together, repeating the particular intention ways, management 5) theory-practice integration

2. Interval and Permanent Conductive Education

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Many schools and researchers have been concerned with child development making attempts to prove their concept of permanent development while others are for interval development. Psychoanalysts like Piaget, Kohlberg and Erikson regard interval as the main feature of development while others state that development is permanent and disagree with the possibility of surges in development and a process that can be characterised by interval. Research today even goes further and questions the validity of universal principles of development and raises the issue of the social and cultural influence and determination of the individual's development.

This educational and psychological debate has provided the background for us to break with our tradition and introduce a new conductive educational form, so-called interval or periodical conductive education alongside residential and permanent conductive education practised for several decades and proved successful both theoretically and by experience.

Concerning the above mentioned debate we support the view that a child's development is not of a steady pace. Leaps, set-backs and stand-still characterise it, and the rhythm of these changes is not all that easy to discover. Naturally, interval conductive education also takes place in the hope of permanent results and permanent impact. Still, there seems to be a real chance that biological maturing, the accumulation of what the child has learnt will progress and develop further under average circumstances. Some clearly say that a child must be given the necessary time for the spontaneous maturing phase. No-one can exactly determine the required duration considering either the actual age or content.

Any form of the motor-dysfunctional child's or adult's conductive education aims at integration in an age appropriate community let it be a nursery school, a school or employment, in such a way that the motor-dysfunctional person would be able to participate in a meaningful way.

Trying to set up a logical order of arguments for **permanent** and for **interval conductive education** we can summarise them in the following.

Tradition supports **permanent conductive education** since

- in the spirit of the original Petö conductive education there was hardly any opportunity, even on important holidays, for a motor-disabled child to leave the central institute of conductive education.
- The obvious reason for this principle was, how later Hári's writings explained to us, that the motor, cognitive-motor and visual-motor etc. performances already achieved and learnt or being at a certain stage of learning could be utilised in the following motor sequence, motivated activity or put in a general context in the following human action.

The immediate use of the learnt and achieved performance in the following performance has a theoretical significance and its practical importance for the child is also outstanding. There is really no way that a child's learnt or spontaneously

successful -which is possible - performance would be utilised consciously or less consciously without conduction. Although the child herself will often select the applicable from the various solutions, however, it can be perceived and developed only by continuous presence. It is the continuity of conductive education in the institutional environment, which can be traced back to the above point.

- *The custom of permanent institutional presence* was also due to the fact that from the time of its opening MTI (later on MPANNI) operated in the *health care system* up to 1963 with the traditions of that system.
- Children's *arrival at a relatively late age* also support permanent application. In their case it would have been hardly possible to introduce another type of conductive educational solution, a different phasing. In the end, others' earlier delay was a rather strong force to have permanent conductive education that was regarded effective. The original Petö tradition has become indisputable for all Petö pupil followers and trained conductors .
- This same tradition was underlined by the fact that *social, professional and parental expectations had been different* (the custom of disabled children's permanent institutionalisation, the family pattern of both parents working).
- The practical advantage of continuous or permanent conductive education is that the continuous control and correction of determining short and long term goals and their further application at achievement affects the child while in conductive education.
- It is obvious that either the need or opportunity or the individual performance itself may be manifested earlier with permanent conductive education than with interval CE.
- In case of permanent conductive education these phases, the various stages of development and levels of success are accompanied with the joy of continuous following.
- The security of regular feedback is more significant while conductive education is permanent. If a child is under continuous observation it is easier to make him correct or modify the tasks, it is easier to make him use them in practice and to motivate him with greater assurance.
- The impact of the group may also be more significant and effective since it is an undeniable fact that the time children spend with each other is also an added bonus.
- The consistent application of the facilitation system may be carried out more effectively with permanent than with interval conductive education.
- Permanent conductive education is considered more conscious, planned and more calculable in advance while it may be more rigid and less rapid, its goals are more general and can be carried out with more difficulty.

The practical arguments against permanent conductive education and changes in the practical implementation of permanent conductive education:

Continuous conductive education in its classical sense, i.e. children are let home neither for week-ends, nor holidays, only for national holidays, from the institute for conductive education does no longer exist. These days children leave for home for the week-ends, i.e. from Monday to Sunday evening or Monday morning.

The counter-arguments against this form of continuous conductive education can be summarised in the following:

- A break-away from the family and children's community of an appropriate age presents a significant disadvantage.
- The phenomena of psychological hospitalisation, or rather putting it mildly since the environment is good, and calling it perhaps an intellectual and environmental monotony may be formed or the environmental variety is not provided.
- The experience gaining opportunities connected to a varied environment are limited.
- We could say that the situation of permanent conductive education is an *artificial model* (a green house) for the child from a certain point of view. In this case the natural behaviour patterns are absent. Varied preparation for real life situations in the interest of successful integration is hard and costly in an institutional environment.
- Women make up the majority of conductors therefore they represent the 'women's role', the reflection of a family model is not possible. Another aspect of this problem can be seen in the following: at Petö's time group composition had been heterogeneous considering the children's ages (therefore it was similar to a family) it was changed for homogenous groups of children at similar ages advantageous from other aspects, therefore the pattern of a brother or sister that an older group member could provide is definitely absent.
- Undoubtedly, there is no and will not be exact evidence but in the case of permanent conductive education the fact that the child is able to remain in the conductive educational situation for a long time may lead to losing pace from time to time. Our experience with some children shows that some mild pressure, which is determined by the limited period of time in interval conductive education, is absent. So there is relatively plenty of time, which we regard professionally as waiting for maturity. Under any condition the conductor has to recognise the stages and performances which are suitable to step forward, however, in the case of permanent conductive education the urge to step forward may not be so pressing since there is time, as compared to interval conductive education.
- The mechanic understanding of the continuity of conductive education (i.e. conducted development is required 24 hours a day from Monday to Sunday) may be to the detriment of creativity, spontaneity and the use of the child's own methods.
- In case of permanent conductive education the psychological and cognitive disadvantages may be more significant as compared to the advantages in motor development in a mechanical sense.
- Finally it can be stated that the counter-arguments in connection with permanent conductive education have never been collected either theoretically or practically.

Periodic, temporary or interval conductive education

In case of interval conductive education although the child can be conducted only from time to time, however, the goal to achieve is to develop between these periods.

The theoretical arguments for **interval conductive**

education can be summarised in the following:

- It can be clearly stated conductive education as practised in the Institute had to introduce periodic conduction for very young children a long time ago. The child's biological ability to cope is limited which has provided the basis for interval conductive education at an early age. A daily maximum of 1 to 1.5 hours perhaps in two sessions spent in conductive education can only be practical due to the physiological factors of the age group and the pathologically decreased capacity owing to the symptoms and severity.
- There are severe symptomatological pictures in connection or independently from the age, which exclude conductive education throughout the day.
- It is worth a separate mention of children who cannot be integrated in a group due to the severity of the motor dysfunction since they are not able to follow the group rhythm, task series either in time, quantity or quality and cannot participate in permanent conductive education.
- The other extreme case is when the motor dysfunction is relatively mild still the person needs conductive educational counselling and receives conductive education monthly or bimonthly, which takes a longer period of time and an individual approach.
- the dissociation of motor and intellectual abilities in favour of the latter (a very bright child)
- motor dysfunctional children with behaviour disorders, which prevent them from being integrated in a group at the time
- taking all the age, severity, symptomatological, biological and behavioural features into account there are children for whom an individual need for conductive education can be respected temporarily (no group sessions are suitable for them at the time)
- the need to improve special problems occurring after the child has left the Institute, discrepancies in pace (writing, walking)
- finally the frequency and the varied impedimental impact of associate or accompanying symptoms, meaning
    - *perceptive disorders, audio-visual problems,
    - *epilepsy requiring institutional treatment,
    - *the immobile period following operations, orthopaedic surgical interventions
    - *temporary motor relapses due to adolescent weight changes
    - *and periods of hospitalisation in other institutions

thus occurring biological disadvantages also raises the need of interval conductive education and requires its implementation on our behalf.

Therefore conductive education must bring a phase forward, implemented in periods which will bring children into the condition whereby they can be integrated in a conductive educational group or follow up unit or any other form that may arise.

Practical and empirical arguments **for interval conductive education**

- An important argument is the relatively short leave from the family or nursery school i.e. from the usual physiological environment.
- The opportunity to gain experience by going home or staying at home provides a healthier intellectual and personality development.
- The same is true for the age specific environment, sometimes for a creche, kindergarten and school environment since the child is not deprived of his friends for a long

period of time.

- An essential practical point is the child who comes from a geographically long distance and cannot speak his mother tongue in Hungary thus it is more advantageous for him to be in his usual environment more frequently,
- The relatively frequent - two or three or four changes a year - conductive educational period followed by leaving or leaving for a weekend or a few weeks do not burden children and does not cause any snags. The magic of change just like the magic of apparition may have an impact and evoke special skills in using what the child has already learnt. At present we have already gathered data referring to this fact.
- Parents' participation is more essential in interval conductive education than in permanent conduction. (Although there are parent conductor meetings and other contacts for residential children, it does not provide the same theoretical and practical information for parents as compared to taking the child home and seeing him in his home environment.)
- The most essential point, however, is that the child has a psychological pressure and also the opportunity to use what he has learnt in interval conductive education at home, kindergarten or school or among his friends, in another sense he can try himself out.
- It is not negligible that the breaks between periods of conductive education provide some financial savings for the parents and an opportunity to use the conductive institution in a more economical way.
- In interval conductive education the pressure to achieve results is stronger for both conductors and children - a short term, more concrete and more easily implementable system of goals is realised.

Counter-arguments against interval conductive education

- There is only a limited opportunity to take advantage of the hindering or supporting impact of maturing or compensate for it.
- Long term aims and goals may present a problem. In case of interval conductive education there is a certain feeling of 'let's try and see what we can do while the child is with us'.
- The above may result in certain phases and elements getting into the parents' or the environment's scope who are not prepared or shy - despite counselling - to provide the necessary assistance or withdraw help (cases of non-adequate assistance, no assistance or too much help).
- In case of too infrequent periods in conductive education the formerly adequate and developing tasks will get mechanic and over-practised and auxiliary aids which have become unnecessary or are no longer suitable, are used without any control.
- Certain everyday activities for example self care – dressing, washing routines applied in practice what one has learnt do not get much emphasis in the periods spent in the institute due to lack of time, they may become parental duties and development may be slower in this field than in permanent conductive education.
- It is difficult to make the parents accept that motor development has the feature of consequence in integrated conductive education as opposed to direct practising and it is difficult to make the achievements and the significance of the necessary distant effects clear. The parents expect the institutional phase to be directed at a

more intensive and emphatic motor instruction and practice (with most emphasis on the change of place).

- In a certain sense the constant parental presence and need for communication present an extra demand on the conductors in addition to the frequently prepared programmes and documentation.

The cons and pros for or against permanent versus interval (or sessionwise) conductive education are not exact mirror reflections.

3. "Although I Don't walk, I Shall Go Far"—A Twin Story of "Tsad Kadima" and a Child with C.P."

Rony Schenker, Professional Director
Tsad Kadima, The Association for the Advancement of Conductive Education, Israel

"Tsad Kadima" is an association of parents of children with motor dysfunctions and professionals, established in 1987, with the goal of bringing the Petö method (conductive education) from Hungary to Israel.

The decision was taken after a very thorough investigation by Israeli experts (educators, doctors, psychologists, and rehabilitation experts) sent by the Ministries of Education, Health, Labor and Social Affairs, the National Insurance Institute, and the JDC-Israel to the Petö Institute in Hungary. These government ministries supervise and support the system's activity, both financially and professionally.

After learning from the experiences of other people all over the world, a unique approach to the transmission of conductive education was adopted in Israel, using the adaptations and alterations required by conditions here. The basic assumption was that there were significant advantages to the various approaches to the handicapped child, and the best way would be the one that combines these approaches.

The Israeli "Tsad Kadima" system is not a replica of the Hungarian original, but retains its overall systemic character, while incorporating adaptations and integrating other professional approaches and methods used in Israel.

"Tsad Kadima" has supported the process of multi-stage adoption of the conductive education system in Israel from the very start, and continues to develop the system constantly, with the aim of providing a response to the developing and changing needs of its clients.

In this lecture I shall tell the story of Matan a 19 year old adolescent with cerebral palsy (C.P.) and the story of "Tsad Kadima" a 12-year-old organization that was established with the aim of advancing the Conductive Education system in Israel.

The two stories are interwoven in an inseparable way. The development of Matan is a reflection of "Tsad Kadima's" development and vice versa. Their mutual hopes and the common path are shared.

Matan was born in Israel in 1980 in the 38th week of pregnancy with the weight of two kilo 460 grams. Prior to Matan's birth his mother, Hanna, had a history of repeated miscarriages (8 in number). In examining the placenta following the birth, it was found to be damaged and was assumed to have functioned at only half of its normal capacity.

At the age of nine months, Matan was diagnosed with spastic quadriplegic C.P. His prognosis was vague and attending physicians found it difficult to establish the child's potential growth and development.

"Tsad Kadima" was born in Israel seven years later, in 1987, As with many children with C.P., the Association started its life as a very very low-birth-weight premature baby, struggling for its life, surrounded by doctors some of whom questioned its ability to survive, not to speak of developing.

Matan is the second child of three children who was born into a warm and supportive family with high coping skills. A family that invests its full energies in providing maximal support for existing treatments and is constantly searching for

additional knowledge that could open new avenues for enhancing the life of Matan and of the family.

"Tsad Kadima" was also born to a warm and loving family, strong in its character and believing in its mission. This family consisted of a group of parents with children with C.P. and professionals who were exposed to Conductive Education through contact with the Petö Institute in Budapest, Hungary. From that moment on, they were focused and determined to observe in depth the Conductive Education system and its potential contribution to their children and other children in Israel.

Hanna, Matan's mother, is one of the mothers of "Tsad Kadima".

Although Matan was born 7 years before "Tsad Kadima", it is in 1987 that Matan was 'reborn.' Matan and "Tsad Kadima's" development became combined.

The new hope that Conductive Education brought to Matan and his family's life is the same hope that powerfully drove "Tsad Kadima" and assisted it to continue its development throughout its ast 12 years.

I chose to tell the story of "Tsad Kadima" through Matan's story. It is Matan's motivation to overcome his limitations, to cope with difficulties, to find creative solutions to rising obstacles, to integrate into the contemporary society and, even to influence it, that symbolizes the personal aspect of "Tsad Kadima's" struggle confronting the exact same challenges.

The dissemination of Conductive Education in Israel is similar in many aspects to the process of accepting a 'special child' into the family. It has been a long process that consisted of 5 central stages, that will be presented:

1. Discovery
2. Ambivalence and denial (persuasion and public debate)
3. Acceptance (decision to adapt the method)
4. Partial adoption
5. Direct and full adoption

Like in a family with a special child, "Tsad Kadima", love, belief and optimism, motivation and support, has brought us to where we are today.
Was it "Tsad Kadima" that contributed to Matan's, development? Was it Matan who contributed to "Tsad Kadima" development? The answer to both questions is yes! Every meaningful step of Matan and others like him took challenged the "Tsad Kadima" to develop new programs that responded to their (newly) developed needs. Every new program of " Tsad Kadima", on the other hand, advanced the child's development. When "Tsad Kadima" took its first steps, so did Matan. Today, when Matan, a young adult of 19, is studying at the College of Business & Management, "Tsad Kadima" operates many frameworks among which is a transitional apartment and an adolescent group that Matan participates in.

The different frameworks, which "Tsad Kadima" has developed over the years, were in response to the changing needs of its clients. The association and the children grew together hand-in-hand, in a coordinated manner. Parent-baby groups, kindergarten classes, elementary school classes, mainstreaming programs, adolescent groups, training and transitional apartments and Conductor

Training programs are all frameworks that will be described which reflect the development of both children and "Tsad Kadima".

In an interview with a leading newspaper in Israel, Matan said: "Although I don't walk, I shall go far."

This sentence is latent with the secret of Conductive Education, the secret of "Tsad Kadima" and, the secret of Matan. An open secret.

4. Data Analysis of the Children with Motor Dysfunction Getting an Early Conductive Education and Discharged from the Petö Institute between 1991 and 1996

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I. Deák, Hungary
Erzsébet Balogh, Research & Medical Director
International Petö Institute, Budapest, Hungary

The efficiency of conductive education can be measured by the proportion of those children and adults who were successfully integrated into an age-appropriate social environment.

During the efficiency analysis of any kind of educational process it has been discovered that the point of time this educational process is introduced into the child's life is of great importance.

In the case of children with different dysfunction whose development came to a sudden stop or has stopped completely it is especially important to guarantee expert help in due course of time.

Taking the regularity of development into consideration, the experiences which build upon each other and upon previous experiences it is the early, intensive, expert help that can bring success in developing the child and can put him/her on the proper way on the learning process. The period of time of conductive education was analysed in case of children who received it in their babyhood or at the age of 1 or until 2 years of age respectively.

By analysing the data and the documents of the children attending the institute answers to the following questions were sought:

- **What is the pathographical breakdown of children who received conductive education at an early age and were discharged from the institute before the age of 5 in the reflection of these data?**
- **What factors initiated children's receiving early conductive education?**
- **Can a connection be found between the length of time conductive education was administered and the diagnoses in the period under survey? That is, concerning those discharged between 1991 and 1996.**

In the related years altogether 329 children left the institute but the present study refers only to those who received conductive education in one way or other in their early years, so the figures here relate to approximately 180 children. A detailed analysis was made of the pathological breakdown of the children discharged in the related years in the reflection of the prevalent figures registered in the institute to find out whether the figures will show any difference.

These figures can only be evaluated adequately if summarised data reproduced by the CP monitor in the institute (registered in Hungary) are taken into consideration.

The pathographical breakdown and its yearly presentation give a possibility for making a comparison but they only give a limited opportunity to compare them with the prevalent graph at our institute.

The proportion of tetraplegia, double hemiplegia and athetosis is approximately identical to the figures on the graphs in 1915.

The rate of hemiplegia and ataxia is much lower, that of diplegia is moderately lower in the studied cases.

Yearly assessments were made about the number of children according to when they started receiving conductive education. They first reported to the institute before the age of one or at the age of 2.

With the full knowledge of the data it could be established that the low number of applications for admission to the institute in babyhood was characteristic. The conclusion is that the reason of this can be the well-organised network of Intensive Perinatal Centres operating all over the country and also the clear scope of duties early neurological and infant care units fulfil. The other reason is that at the pathological infant care and the premature infant care units children at risk are attended at place.

The majority of these children are not registered because they do not reach the point where they would be recorded by and in the Petö Institute; they are under neurological attention and are given guidance. Choosing conductive education as a treatment for the child is not obligatory. Some decide on this educational system, others choose a different therapy.

Thus it cannot be influenced and the intention is not to influence the parents in their choice of applying another kind of method e.g. the very popular acupuncture or the Chinese massage.

The number of applications for admission to the institute shows a growing tendency around the age of 1 . The increase in this number can be explained by the well-prepared information work of district nurses and doctors and also by our contributory work and attendance at the Perinatal Infant Care Units and by our informative work among neurologists. With all this help children in need can find their way to the institute more easily. The reasons for the applications to the institute around the age of 2 can be explained either by the parents' attempt to seek ways and means or the after-effect of our informative work, or in more serious cases the visible disability itself.

In recent years the attitude of our society towards the disabled has positively changed.

The readiness of kindergartens and schools to integrate disabled children has grown. The reason for this may be that the government encourages this kind of attitude and at the same time in many cases these institutions are recompensed financially.
This process has extended the circle of institutional care to people with motor dysfunction.

Analysing the duration of conductive education it was concluded that all these factors have to be taken into consideration on the basis of the same principle as the case studies will reflect this approach. It cannot be declared categorically that children who received conductive education from their early years can be integrated into an ordinary social environment more easily.

The experiences prove that for the more severely affected children a longer period of conductive education is necessary and in most instances they participate in it until they finish their studies.

If the prognostic symptom persists the chances of rehabilitation are limited.

The survey studied the time span children spent at the institute on the basis of their pathological division and the examined period. When examining this period of five years it must be said that with certain kinds of dysfunction considering the minimum and the maximum period of time either a

general pathographical development happened or the conductive education system itself proved to have become efficient. But for drawing a final conclusion a further analysis of the data is required

The figures about the last 5 years show that this unit discharged …%(to be explainad in the presentatim) of the admitted children. In the reflection of the above and previously mentioned and listed data the easily understandable ambition is that conductive education keep its unique position among the other rehabilitation methods.

5. Short Term Intervention For Adults

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The National Institute of Conductive Education, U.K.

Conductive Education is a system which applies to neurological conditions across the life span. We know that adults with a wide range of conditions, congenital and acquired, progressive and non-progressive may gain great benefit from CE. This presentation focuses on some of the institutional and social issues surrounding CE for adults and conclude with a possible way forward into the future.

Within the United Kingdom one of the greatest problems for providing and accessing Conductive Education for adults is lack of funding. Whilst this is also true for children, CE by definition falls under the administrative category of education - a service which may be accessed by adults but one for which they have no legal entitlement.

On the other hand, adults who are diagnosed with Parkinson's disease or MS or have suffered a head injury or stroke, receive services under the aegis of health or social welfare.

CE ascribes neither to the educational nor the medical model, nor even the model of social welfare. The win official funding and recognition for this system it is necessary to find innovative means of developing a system of pedagogy under the models of health or social welfare.

The adults' department at The National Institute of Conductive Education, Birmingham, England, has been working on this problem now for nine years. Over this time several different approaches have been tried and tested. At present there operates a system of short-term intervention which has come about as a result of identifying principle aims within CE and applying these in the most effective way within the constraints of the institutional and social structure within which we work.

In 1 997 The National Institute for Conductive Education entered into partnership with Wolverhampton University and begin conductor training. Upon graduation, students will gain a BA (Hons) in Conductive Education, awarded by the university. The structure of student funding in England and Wales limits the course to three years (full time equivalent).

This training is designed to produce academically qualified professionals able to articulate their own professional work, who are also confident and competent practitioners armed with the 'hands on' skills to conduct children, adults and families.

In addition to the BA (Hons) the Foundation for Conductive Education will award Qualified Conductor Status to students who achieve an agreed standard of practice. In order to monitor this, certified competencies of practice have to be demonstrated and recorded by the student. These will subsequently provide documented evidence of the breadth and quality of conductors ' practical skills to future employers.

Competency-based learning ensures that students consistently achieve definable standards in a wide range of skills, including planning and leading programmes, structuring development reports, demonstrating appropriate facilitation, writing tasks etc. Students are required to master around fifteen competencies per year, each one having to be completed for progress to the following year of study. Practical group work is carried out towards meeting these competencies on a twice weekly

basis for the whole of the course, during which time the group leaders will teach and monitor progress of students. Additional practical placements are added to increase experience and practice.

Competencies are mainly generalisable across all practical situations, whether these be with babies, children or adults. Specific competencies may be carried across semesters according to practice placements.

This paper discusses the use of competency-based training as an effective way of monitoring professional standards both for those training to work within CE and by providing a detailed record of achievement for future employers of conductors.

6. The Learning Process in Conductive Education

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Ildikó Kozma, General Director
International Petö Institute, Budapest, Hungary

The purpose of the presentation is, that the audience can learn about a possible way, an alternative way in which the motor disordered children can be addressed to minimize or remediate their effects. Early conductive education program should stress the confrontation of difference in a positive way, by and doing so, to reduce the possibilities of developing negative prejudices.

All motor dysfunctioned children require a stimulating and nurturing environment. All children require love and confidence. Children with special needs, in addition, require specialized education. Conductive education might counteract the effects of special needs without creating selffulfilling prophecies regarding the developmental outcomes and potentials of motor dysfunctioned children.

The methods of conductive education (called also a system) does not include the modification of the environment, but to find new, age appropriate solutions built up through effective utilization of actual maximal capacity of the motor dysfunctioned person.

In an ecological approach (ecology is defined as the study of an organism's interaction with its environment, Thurmann), attention must be given to the goodness-of-fit between the child and the environment. The ecological congruence (the degree to which an individual an his/her environment are mutually tolerant) could be established through conductive education. The tolerance is in part a function of the developmental status of the individual child.

Cognitive or neuropsychological, neurophysiological rehabilitation, e.g. conductive education utilizes an assortment of procedures to improve or restore a various collection of abilities and skills.

Theories of learning (psychological, educational, biological) give us information about the possible way leading to a relatively permanent changes in the capability for age appropriate skilled behavior (Piaget, Hebb, Atkinson and Shiffrin, Squire).

Learning relies on the efficient processing of information which depends upon the quality of the stimulus input (this includes a level of mental effort to maintain attention focused long enough for the new information to be analysed) and a processing system which has the capacity to absorb sufficient information for learning to occur.

Learning in generally and in every age is a process of acquiring the ability for producing skilled actions. Actions are considered as publicly observable bodily movements. Human action is, however, not equal to human movement. The dichotomy can be made between intentional and unintentional actions.
"Voluntary movements are controlled by a combination of goals and intention" (Luria).

The intention to act and to participate develops in children. Intentional activity has a central role in CE, not as an end, but as a means. A correct volition, which does not lead for instance to an increase in spasticity can be taught and can be learned. Attaining this is the aim of the various activities and complex task sequences of the conductive programme, and this is what the conductor directs and helps children to do. A conscious, intentional action

produces a different experience from reflex responses to the stimulus.

In this respect, almost any motor act is proceeded by cognitive process which determines the nature of isolated motor acts, subroutines of motor patterns and combinations of motor patterns to achieve complex motor sequences.

Since it is "not the movement itself, but the goal of the movement is represented in the motor cortex" (Luria), the development of motor skills is directly linked to some problem-solving activity, emphasizing the central role of cognition as a mediator of motor performance.

Conductive educational experience: the coordinated functioning required to achieve a well chosen aim can come about if we provide an aim which can only be achieved with the required coordination, while the aim that is chosen depends on the kind of coordination we want to develop. Naturally at this stage the child is conscious not of the coordination but of the meaning of the aim. When the aim is achieved with the correct coordination (experience through action), at the same time an inner picture, an inner model of action is produced and the earlier incorrect experiences are re-evaluated and recoded.

Any learned movement is originally made up of independent isolated impulses. Practice results in a synthesis or fusion of the isolated impulses into the signal integral component, sometimes called a "kinetic melody". This complex movement becomes automatic. Instead of individual pulses initiating each section of movement, one pulse is sufficient to trigger the entire complex (Stuss and Benson).

Where rehabilitation programmes are implemented in parts which are not at all or not so closely linked either in content or in methodology, however good (an individual) part may be, the dynamic effect of coordination in content and of belonging to whole is lacking, as is the effect of application which both gives pleasure and helps to retain what has been learned; in a process with many elements even the method which has been developed may be absent, and so the required change in the physical and environmental plan does not develop, or does so only with difficulty.

The conductive educational programme is characterised by being structured in its planning, its organisation and its implementation, and this makes it possible for the parts of the programme to be meaningful to the individual because the parts are linked to the whole programme and the success produced during the course of one programme might be the development of a particular way of sitting and this will be put to use straight away in the next programme as a part of another action, possibly serving oneself and eating a meal. Each part inluences and modifies the whole, and each action contains the memory (inprint) of the programme's context. It is a basic fact that even the best procedure will not help if it is not built into or is not usable in everyday life. We not only have to learn how to move, speak, play or write, but must use and apply what we have learnt in order to realise interesting aims, and in a framework of complex activities throughout the day. The different circumstances of everyday life are also suitable for applying the various problem-solving rules we have already learned, and these rules are much more general than a motor pattern.

Learning is really a critical part of our existence. It means, in general, and motor skilled behaviors, in

particular, the process of aquiring the capability for producing skilled actions. Learning is a set of the underlying events, occurences or changes that happen when practice enables people to become skilled at some tasks. Learning occurs as a direct result of practice and experience.

Memory, perception and attention are the basic cognitive processes that interact to provide the basis for the development of later cognitive structures. Teaching and education and so the CE are not merely a permanent trial of influencing directly or indirectly these processes. We consider conductive education one of the best trials to achieve that.

7. The Founding and Development of Warashibe-En

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You've heard the phrases, "the last resort" and "necessity is the mother of invention. "

In 1970, I decided to leave surgery, the field I had been employed in up until that time, to take a study course at the Cerebral Palsy Center, which is run by a couple named the Bobaths. In this course, I was introduced to, and became captivated by, a neurobiologically based method of treating people with motor disabilities.

At that time, Japan did not have enough certified physical therapists and occupational therapists to treat the motor disabilities caused by conditions such as cerebral palsy. As a temporary measure to address this desperate situation, I developed a therapeutic method based on "Judo." I never dreamed that my judo therapy would lead me to the Petö system.

The Petö system (as I read in a paper by Professor Petö András, its creator) has been known by other names over the years. For a time it was called therapeutic exercise, and for a time it was associated with the Pestalozzi Clinic (named for a German professor, Johann Heinlich Pestalozzi). Ultimately the Petö system became known as Konductiv Pedagogia or Conductive Education (KP or CE). When I learned that professor Petö's KP was, like my judo therapy, based on exercise, I felt elated. I had viewed judo therapy as merely a stopgap measure to tide us over until the field of physiotherapy was fully developed, but this revelation caused me to revise my thinking.

I would like to take this opportunity to outline the stages leading to this pedagogical approach.

8. Enhancing the Principles of Conductive Education Through Music and Performance

Roslyn Dempsey
Xavier Special School, Brisbane, Australia

This paper will examine this subject matter, in four parts:

- Music as a subject in the Queensland Education Curriculum;
- The concept of Music Therapy;
- Music and its relevance within the principles of Conductive Education;
- Music, performance and Conductive Education in an Australian Special School.

Xavier Special School, Brisbane, Australia, incorporates the principles of Conductive Education within the school curriculum, while maintaining a parallel adherence to the eight key learning areas as prescribed by Education Queensland. The area described as The Arts encompasses music, art and drama and forms an integral part of the school curriculum. Underpinning all programs is theme-based planning. This allows for the successful integration of all areas of the curriculum and provides a framework for the provision of many and varied learning experiences. Music in this context is experienced through rhythm, melody, harmony, form and style. Music allows for the development of inner resources while enhancing self-esteem.

Music is therefore part of every child's curriculum requirements and attains cross-cultural relevance due to its ability to co-exist within the given educational framework of a nation. When utilizing music within a Conductive Education program, specific non-musical goals become relevant, a factor stated as an explicit aim of music therapy. Music therapists cite many therapeutic characteristics of music including the notion that music supports and encourages movement, that it captivates and maintains interest, that it structures time, provides a context for repetition, a social context, is an effective memory aid, gives immediate non-verbal feedback and that it is success orientated.

These characteristics are closely aligned with goals within Conductive Education style of programs particularly the development of the whole personality, motivation, structure, activity, success, repetition and development of inner language.

These similarities and differences will be explored with particular reference to our experience in an Australian Special School.

When incorporating the principles of Conductive Education however into any educational setting, a clear distinction must be made between music and rhythmic intention. While music, songs, rhymes and counting may be utilized to enhance, extend, reinforce or as part of the rhythmic intention, it can not in itself be understood nor even defined as rhythmic intention. Rhythmic intention is carefully designed verbal expectation with a specific rhythm for the purpose of regulating movement and is unique to Conductive Education.

Music within Conductive Education has the power to change mood, create a group social atmosphere, give purpose, regulation and repetition for movement, give a sense of security and confidence, reduce stress, reduce pain and increase self-esteem. Most prominently however, music can give a structure for enjoyable and interesting learning within and without task series.

Over the past eight to ten years Xavier School has developed a performance 'formula' in order to incorporate all aspects of the children's learning throughout the year. The main goals of the

performance are, a culmination of activities, a time of enjoyment for students, families and friends, a motivation to achieve personal goals; a successful and satisfying musical and dramatic experience based on the work of the students. A story is developed which integrates classroom activities and the story forms a link between each group activity. Rhythmic intention is used as needed by an individual or the group and creativity is used for each student to participate. The audience is involved particularly between scenes and consequently the performance becomes a shared experience while still allowing the students to be the "stars".

The final performance is not as important as the journey through its creation. The lifetime memories for children and their families are worth the pressure that is intrinsic in performance. Fear of performance is removed when the school community collectively shares the joy of learning and the celebration of life.