

CONDUCTIVE EDUCATION

A Tale of Two Cities

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In November 1988 I spent a week in Hungary as part of my contribution to the presentation of the new United Nations Data Base on Disability. This was the second phase of my involvement which had begun in June 1988 when I spent a month in the USA working at the UN Statistical Office.

Travelling using a wheelchair is usually a mixed affair. Often high levels of anxiety raised by confrontation with unexpected barriers are followed by a sense of liberation when good access and helpful assistance make mobility in a wheelchair perfectly natural. This is one disabled person's attempt to make sense of the anxieties and pleasures I experienced in two cities, New York and Budapest. But how to interpret this experience? I certainly was the same person in each place but felt so different in the two cities! It was as though each city imposed its own disability identity upon me, and the contrast could not have been greater. It was, however, during my visit to the Peto Institute in Budapest that my thoughts began to crystallise. For this reason I will start back-to-front in Budapest where the philosophy and goals of 'conductive education' help expose, in stark reality, so much that is wrong with many contemporary approaches towards disability.

BUDAPEST

'The Peto Institute is not a medical centre, it is an educational centre' I was politely but firmly informed during my visit. But to me there could be few doubts. The feeling was overwhelming. From first sight there could be no mistaking the message of this large conglomerate of buildings with wheelchair access through a side entrance under a covered way while the main entrance with its flight of stairs was reserved for ambulant helpers and concerned relatives. This is an institute built to the well-established rehabilitation philosophy. 'In' the back in a wheelchair, or stretcher, etc., via an ambulance and 'out' the front down the stairs rehabilitated! I spent far too long at Stoke Mandeville not to recognise this familiar atmosphere.

From the moment of entry there was the usual bustle of white-coated staff going about their officious business. Everywhere children with helpers struggling laboriously along 'walking'. Memories of Stoke Mandeville! How many hours did I spend in those endless corridors learning to 'walk' before returning home and promptly settling into a more active and rewarding life in a wheelchair? My hosts and I waited for the lift and while we waited watched little children slowly working their way up the staircase with ever attendant 'conductors' (some staff, some parents) hovering over them. As we came out of the lift (not, of course, the sort that can be operated by someone in a wheelchair) we could look down the stairs at the children about to have the rewarding satisfaction of having taken half an hour to reach the same floor we had so effortlessly arrived at in the lift. The thought was overpowering - 'what view of disability enables able-bodied people to spend huge resources in brain-washing disabled children against the use of our access-mobiles (wheelchairs) while at the same time it enables able-bodied people to spend a fortune perfecting and promoting use of their own access-mobiles (such as motor cars and lifts)?' The answer is equally overpowering - the 'medical model'.

The fact is, as was made perfectly clear to me during my discussions, that the 'central' objective of the institute is to orchestrate the behaviour of disabled children, using sophisticated educational technology, so that these children become 'normal' (ie. walk and attend normal schools). The use

of educational technology in the interests of medical goals, it seemed to me, did not negate the institutional adherence to the medical model of disability. On the contrary, because the central philosophy of the institution is so deeply rooted in normative assumptions, it is educational goals that become subverted and medicalised. If schooling is about preparing children for life as adults in society then the way that this world is perceived will influence the character of education. Clearly the assumption behind the 'Peto Institute' is that society is fixed, it is for able-bodied people, and the task of 'conductive education' is to fit disabled children into this world. As I listened to these views I felt increasingly disabled! This was not just an example of the inappropriate application of the medical model of disability corrupting the potential of education to enlighten but a stagnant view of the very nature of society and human potential. The whole history of human endeavour to alter and change the world we live in was being reduced to the goal of 'normality'. What a triumph for the medical model of disability and what a denial of the right of disabled people to make their mark on the world that we all live in.

For me, this was an insight. As I sat in the office at the Peto Institute I felt the direct connection between this world famous institute with its philosophy and resources promoting 'normality' and the almost total invisibility of disability in the real world, out there in the streets, shops and life of Budapest. The meeting place where we discussed issues in planning services and facilities for disabled people was inaccessible, the central offices concerned with the identification and allocation of benefits to disabled people was inaccessible, the streets and shops were inaccessible, even moving about in the hotel, let alone out the front door, was difficult. Despite the extraordinary helpfulness of my Hungarian hosts who made every effort to provide assistance wherever this was needed a week in inaccessible Budapest, being the odd one out, stared at and immobile, took a steady toll. I felt thoroughly disabled and, for me, this found its ultimate expression in the values and goals of the Peto Institute. In this place disabled people are 'conducted' by able-bodied 'educators' who write the score and decide how it is to be played. There are no disabled people earning their way in the world (and paying their taxes) by working in this expensive enterprise. I was most definitely not an equal. In here I was a 'person with a disability' and as an adult, if not actually a lost cause, then at best a potential case for re-education. Nowhere could I detect signs of disabled people impressing their culture, values and goals on the utilisation of resources, facilities or attitudes of staff. To me this was not the place where disabled people could expect the 'right to education' to mean learning respect for ourselves as disabled people, or how to cultivate our perception of the world, or how to impress our understanding and values on the living world.

As I sat listening to an able-bodied staff member making over-confident and somewhat trite assumptions about what were proper goals for disabled people I felt myself slipping into the final stages of resigned passivity that characterises so many disabled people who are overwhelmed by failure to make their way in the able-bodied world. I made an effort and consciously pulled myself together. 'But do you not think that we might better spend scarce resources making the world fit for disabled people rather than spending so much time trying to fit us into the able-bodied world?' I had asked this hesitantly, trying to be polite in questioning what was, after all, a massive resource investment in the medical model which virtually left nothing for social approaches towards disability in Hungary. My question was met with blank incomprehension. I tried re-wording the question several times: 'Uh, if the social and physical environment was adapted and disabled people could move more freely perhaps we could get more jobs, make a financial contribution to society rather

than being a burden, develop a sense of self worth about ourselves, help devise more effective community services, etc., etc.’ The interpreter turned to me and said ‘She does not understand what you are asking’. I tried once more: ‘Did any disabled person contribute to the planning and development of the concept of conductive education?’ This time we communicated. A smile and shake of the head. My question was obviously daft. I gave up. Adoption of the medical model in its extreme form stultifies innovative thinking.

For me there are two unacceptable outcomes resulting from the inappropriate values nourished by conductive education:

1. Resources are poured into making disabled people normal and the social and physical environment is left to stagnate. Disabled people are passive and inconsequential to social development. Critical thinking is stultified and social innovation is not on the agenda. (Budapest appears to be almost totally inaccessible).

2. Attitudes towards disabled people are tainted by obsessive concern with ‘normative’ goals. Disabled people are ‘prevented’ from evolving any independent self-image and pride in themselves. The extraordinary intensity and time spent in trying to make disabled children ‘normal’ must, surely, inculcate idealised images of the able-bodied form and life style. I believe this is unhealthy both for the individual and society. (In the Peto Institute disabled people are non-people.)

Lets face it, it is highly desirable to campaign and set up systems for good medical practice in relation to disabled children and adults so that we can be physically comfortable, free from pain and illness. But it seems to me that this does not imply spending ten years of ones life trying to be ‘normal’. There are a lot better ways of spending one's time and energy, discovering the delights of life, particularly in these exciting times when there are real prospects for disabled people to create their own role models and to define their own contribution to the welfare of society. I felt that in the Peto Institute educational skills were not only being corrupted, through its service to the medical model, but that good medical practice too was subverted into expensive and fruitless channels. There was no understanding of the deep psychological hurt that is being inflicted upon disabled individuals and the disabled community.

NEW YORK

It was in New York that long forgotten memories of being ‘normal’ were revived. For one month I rented a room in a large block of flats on the South East side of Manhattan and during the working day travelled to the United Nations office in the wheelchair accessible public buses. The regulation is that accessible buses must allow entry for a person in a wheelchair at a bus stop if no wheelchair user has already boarded. Passengers sitting on the fold-away seats (where wheelchairs can be automatically clamped) are obliged to move when a person in a wheelchair boards the bus. This means public transport is accessible even during the rush hours. Entering an overcrowded bus during the rush hour, strange as it may seem, was an absolute pleasure after so many years of being denied access to normal public transport. However, this is not my most enjoyable memory of being a commuter in New York. Travel does not just mean moving from one place to another. It also entails seeing the world from a particular viewpoint and, more importantly, sharing common experiences with fellow citizens.

It seems banal to say that we make sense of our world according to the way we experience it but this principle, rather than any principles derived from the treatment of physical impairment, is basic to understanding disability. If disabled people are denied access to normal social provisions we will not only have different experiences to that of our able-bodied peers but we will interpret the world differently; we will see it and talk about it differently. This, of course, is the root cause behind the disparity between demands for new approaches to community services articulated by leading organisations of disabled people and the call for yet more resources to be poured into existing services set up by able-bodied people for disabled people.

In New York travel in public transport provided me with the opportunity to share an important daily activity with other commuters. For the first time in adulthood I felt I was experiencing the same freedom of movement in the public arena that was possible to my able-bodied peers. This common experience not only raised common points for communication (for example, muttering about a bus being late) but, more significantly, influenced my sense of equality with them.

Each day I felt confidence in myself growing and I became more adventurous in my willingness to travel unaccompanied in the city. Confidence bordered on recklessness and several people cautioned me about wandering alone in New York! I not only felt less self-conscious as an isolated disabled person in an able-bodied world but also more able to initiate and respond to conversation with my peers in the street and increasingly in other spheres of daily activity. Poorly constructed ramped kerbs, steps into buildings, narrow doorways, uneven sidewalks and inappropriate street architecture still persist in sufficient abundance to ensure that New York continues to disable its mobility impaired citizens. However, the accessibility of new metropolitan buses and access into, and in, modern buildings has been taken sufficiently far for there to be a real sense that equality for disabled people is not just a distant aspiration but also an achievable goal.

CONCLUSION

What a curious contradiction. In Budapest the Peto Institute concentrates on trying to make disabled people normal. The philosophy of 'normality' is paramount. As a result there is no recognition of disability as a 'construction' of the social and physical environment. The longer I stayed in Hungary the more disabled I felt - anxious, vulnerable and dependent. In New York there is a move towards accepting disabled people as citizens with normal rights. As a result disability is reduced by policies involving barrier removal in the social and physical environment. The longer I stayed in the USA the less disabled I felt - increasingly confident in my ability to function and pursue my own interests. For me my contrary sense of disability in the two cities raises profound questions about the underlining values of the Peto Institute. This can be summarised by a simple, clear-cut question:

'Why did I feel so disabled in Budapest, where the world famous institute emphasises normality, and refreshingly normal in New York where disabled people have been in the fore-front of campaigning for their rights as disabled people?'

It is, of course, perfectly understandable and proper for parents to look for approaches which can help overcome their children's physical impairments and it is appropriate for the medical and paramedical professions to respond by creating services which focus on this goal. However, the legitimate medical objective of curing physical impairments (body defects) should surely not be distorted into practices which fail to notice that disabled people, too, should have the right to

determine their own status in society, the right to determine their own image in society, the right to determine what is, and is not, an appropriate response to the problems that they face and, more importantly, the right to make their own impact upon the world. It is these rights which form the basic repertoire of characteristics that make us human and it is one of the most unfortunate ironies of the Peto approach that it encourages deeply concerned parents to advocate a system which profoundly undermines the future of their children as fully functioning citizens with a say in how the world should be made accessible to them.

The campaign by certain professional workers and parents of disabled children to increase the use of conductive education in the UK is a case in point. 'Rapid Action for Conductive Education' (RACE) accepts the basic doctrine of the Peto Institute in aiming to make disabled people normal. This is admirably reflected in their 1986 logo which shows a dummy-like figure rising from a wheelchair and beginning to run. The message is unmistakable - being in a wheelchair is wrong. Clearly those involved in the RACE organisation are unaware that the philosophy that they are championing actively reinforces negative stereotypes of wheelchair users and in this respect seriously undermines a section of the modern disability movement which is attempting to present a positive image of wheelchair usage.

The Peto philosophy has a powerful logic, as I found so overwhelmingly in the inaccessible streets of Budapest, and this too seems to find its inevitable expression in the undertakings of RACE. The RACE leaflet for its 1989 conference 'Many Roads to Rome?' informed us 'R.A.C.E. very much regrets that there are four steps which cannot be ramped inside the main lecture theatre. There will be stewards permanently on duty by these steps to aid people for whom they present a barrier to access.' No doubt this is the same reasoning behind the toleration of steps at the main entrance of the Peto Institute ... and then the inaccessibility of streets and shops in Budapest.

I am confident that we can make better approaches in the UK towards the problems that disabled people face. Whilst I clearly do not believe that the philosophy of the Peto approach is helpful to disabled people in the long run, I am also not convinced by what I saw in New York. In the end my most striking memory of New York was the sight of disabled people begging on street corners while the accessible buses rumbled by.