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## Round Robin

Dorothy E. Smith

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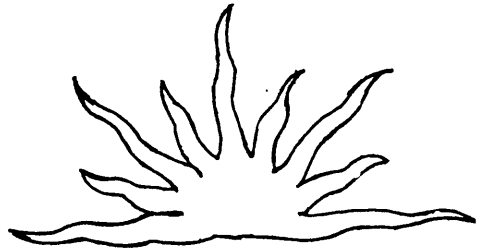
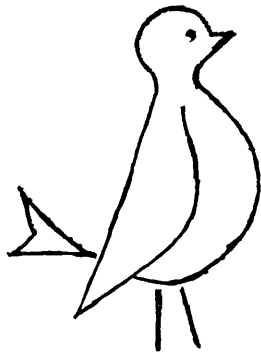
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## ROUND ROBIN

*Dorothy E. Smith, Editor*

If there is one thing that is not lacking in the field of reading it is theories on the causes of reading maladjustment. In our frenetic desire to create order out of chaos, we sometimes stop to wonder if there aren't more theories than there are reading problems.

Compulsively, we ride the pendulum swing of enthusiasm for a certain theory that seems to match our needs until it breaks down on a particularly thorny problem case. Then, predictably, we latch on to a theory that might be diametrically opposed to the first one, and ride it until *it* proves invalid, or at least, inadequate.

Theories are important. We cannot grow in knowledge unless we can hold some truths as self evident. And we cannot establish truth without testing possibilities. The providing of possibilities is the function of the theorist.

We need to remind ourselves, however, that a word of caution is in order. We must bear in mind that a theory does not need to be all-encompassing. Indeed, authorities in the field are suggesting that no one causal theory can possibly explain every incidence of reading maladjustment. It is probable that we will one day accept a multiple-causation theory.

However this may be, today we are being bombarded with theories, and these theories deserve to be explored by those of us who provide reading therapy. One of the currently more popular theories is that expounded by Carl Delacato. Eli T. Ross, director of a reading clinic in San Diego, describes it in the following letter. The presentation of his letter does not imply an endorsement of the theory. If you are interested in a more critical analysis, please refer to the Spring Issue of the *Reading Research Quarterly*.

Dear Editor,

Carl Delacato of the Chestnut Hill Academy of Philadelphia advances a new and exciting theory that the great bulk of reading problems stems from inadequate neurological organization from birth on. That is, the nervous system of the body as related to the language area of the brain is not functioning as it should. As strange as it may seem, the position in which a baby or young child sleeps may be symptomatic of a potentially poor reader.

An investigation of sleep patterns of the normally developed child is marked by distinctive characteristics which readily differ from the brain-injured child and of the neurologically underdeveloped child who has a reading problem. This same disoriented sleep pattern may be found in youngsters of pre-school age who later develop reading disabilities. This latter point is important since it serves as a vital clue in preventive remedial reading procedures before reading problems arise.

Also, it has been observed that some youngsters who appear to be righthanded and who should have a dominant right eye (the eye which is steadfast and predominantly influences seeing) may have instead a dominant left eye. We would expect right-handed people to be right-eyed and left-handed people to have a dominant left eye.

This eye-hand conflict seems to go pack and parcel with the neurologically under-developed youngster whose body sleep position is not normal.

Inclusively, Delacato found that with every severely retarded youngster with whom he worked, youngsters with whom normal remedial reading measures had failed, had such a conflict.

Delacato has shown where body sleep position of the sleeping youngster is properly set by the parent, and where the youngster has been retrained to develop a proper eye-hand coordination, reading problems can be thereafter corrected rapidly, in virtually all cases that previously would not yield to normally accepted remedial reading measures alone.

Essentially, the problem or challenge presented in dealing with correction as well as prevention of reading problems is one of assisting the neurologically undeveloped youngster, the one who does not have a dominant eye-hand pattern of coordination, to develop a dominant factor.

Why this seems to be a requirement for proper language functioning of a youngster, we can only theorize. A partial theoretical explanation can be found in obstetrical literature. It is a well known fact

that complex deliveries may cause oxygen starvation to the cortex area of the brain (the area that controls language). When the oxygen starvation is pronounced, obvious retardation can be readily predicted. In other instances, the oxygen deprivation may be ever so slight, but results in comparatively minor cortex underdevelopment which is not readily detectable.

This may be observed in sleep positions which deviate from the normal body sleep position. This would be a clue to neurological underdevelopment. Fortunately, where the cortex damage is slight, body positions can be developed through training which in time will lead to a dominant eye-hand feature, eliminating a potential language problem or assisting in correcting an already existing one.

Actually, the job of recognizing the slightly brain-damaged or neurologically underdeveloped child is an extremely difficult procedure. Even medical examinations using the electroencephalogram, a device used to record normal and abnormal brain wave patterns, may not reveal a deficiency. Often, only as the child becomes older, can we tell, if even then, by observation of behavior and learning patterns that a problem is present.

Confining ourselves to the child who is only slightly neurologically underdeveloped, not a true brain-damage case, we are now able to apply the remedy. It involves several fairly simple procedures which include, first, developing proper sleep postures that are typical to a left-handed or right-handed person, according to which side of dominance this youngster must develop. The parent is shown correct sleep patterns for his youngster and must shift the child's position while he is asleep. Additional treatment includes occluding (covering) the sub-dominant eye, forcing the youngster to use the dominant facilities. Certain activities are recommended such as shooting skill games which require use of the dominant hand and eye. The child is even taught to dress starting with the right or left foot, according to his preferred side. Of course, no attempt is made to switch left-handed youngsters to right-sidedness. If testing reveals his preferred side is left, then it is the left side which is trained for complete dominance.

For about six weeks, the youngster undergoes this so-called pre-remedial preparation. Then, reading can be taught using several different techniques.

Strange? Odd? Yes, indeed! But the proof is in the pudding and Delacato seems to be proving his pudding.

If you have a youngster who has a reading problem that neither the school nor his special reading class has helped, neurological and

other physiological factors may be present and unknown to anyone. The field of reading and chemical neurology is very new and much remains to be investigated. Important is the fact that we are now alerted to causes of reading difficulties hitherto unknown.

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