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Differential Diagnosis of Reading Retardation

by Wallace LaBenne

Differential diagnosis and treatment are as essential in reading retardation as they are in the biologic-medical world. It would seem axiomatic that a singular ameliorative approach to the encephalopathic and the neurotic poor readers is failure doomed. Yet, there are many attempts to remediate reading difficulties in settings where there is a mixture of undifferentiated pathologies.

A perusal of much of the literature on reading indicates that the psychoeducational field has, as yet, no broadly accepted way of classifying the problems manifested by the reading retardate. Considering the ambiguity and confusion engendered by the diagnostic nomenclature of "alexia" and "dyslexia," it is clear that these concepts offer little which is operationally useful. If *lexia* connotes the ability to read, the best the prefixes *a-* and *dys-* have done is distinguished between the "non-reader" and the "bad-reader." While the use of these terms has the intent of clarification, it seems to becloud the issues by gross grouping with little implicit, and no explicit, indication of etiology.

A partial solution to the classification dilemma might be

the categorization of specific and related syndrome clusters manifested by problem readers. This diagnostic system proposes the following basic categories:

1. **Educational Deficits:** potential ability to read with greatly reduced perceptual acuity caused by disuse.

a. Familiarity with symbolic cues lacking.

b. Interest level unstimulated.

c. Environmental deprivations (opportunities and experience).

2. **Physical Deficits**

a. Ocular deficits (hyperopia, myopia, muscular imbalance).

b. Visual immaturity (undeveloped stereopsis and fusion).

c. Auditory deficits (discrimination and/or attention span).

3. **Functional Disorders:** capacity to learn to read with reduced comprehension.

a. Anxiety impairing concentration.

b. Oppositional attitude (counteraggression, negativism).

c. Depressions.

d. Phobias.

e. Psychophysiological (physiological malfunctions emotionally caused).

4. Encephalopathic Disorders: organic changes within the parenchymatous, vascular, or interstitial areas of the brain causing symbolization and orientation deficiency.

a. Acute brain disorders (temporary and reversible conditions commonly caused by infections, intoxications, trauma, tumors, and metabolic disturbances).

b. Chronic brain disorders (persistent and irreversible syndromes associated with congenital anomalies, syphilis, birth trauma, arteriosclerosis, convulsive disorders, and infections).

Practices in many reading

clinics bear no explicit relationship to the specific pathologies of the clientele. The similarity of treatment is indicative of the limited knowledge of precise diagnosis. If specific reading pathologies were recognized, perhaps more definite educational and therapeutic designs would follow.

Exactly what is the best educational approach with the four major groups of reading retardates can be answered only after further experimentation and evaluation. What is obvious now is that the same approach for all four groups will not adequately meet their needs. The necessity for planning for specific groups of pathologies is apparent.

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