

BOOK REVIEW

The Well-Balanced Child: Movement and Early Learning

Sally Goddard Blythe
Hawthorn Press (2004)
Hawthorn House
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Soft Cover, 213 pages, Illustrated
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Balance, “the art of not moving,” is believed to be the oldest of the sensory systems, at about 0.6 billion years old. It is controlled primarily by the vestibular system. This system is particularly appreciated by behavioral optometrists who recognize its importance in visual development and functioning.

In her informative new book, *The Well-Balanced Child: Movement and Early Learning*, Sally Goddard Blythe recounts the development of balance from myelination to education. Many readers will recognize this author from her previous work, *Reflexes, Learning & Behavior: A Window into the Child's Mind*, which was published in 2002.

After some general considerations of balance and reflexes, the author discusses primitive reflexes, which start to emerge in the womb, and the postural reflexes, which emerge shortly after birth and continue to develop until three and one half years of age. Her descriptions of these re-

flexes are made clear and understandable through words and pictures. Mrs. Goddard Blythe describes the function of each reflex, and the consequences in later life if they persist beyond pre-programmed ages. These consequences include impairments in emotional life, balance, muscle tone, eye movements, visual perceptual problems and eye hand coordination.

Following a brief review of brain development, Goddard Blythe focuses on the significance of diet in its broadest sense. Her chapter on feeding the brain covers good vs. bad fats, zinc, calcium, magnesium and other essential elements. This topic is often misunderstood or ignored in today's society. Furthermore, she recommends the means to assure a good sensory diet, that includes daily movement, touch, visual and listening activities, as food for the brain.

The two chapters on music focus on its powerful impact on language development and communication, as well as its relationship to arousal, attention and creativity. The author is strongly influenced by the teachings of Canadian, Paul Madoule, one of the world's experts in Tomatis listening therapy. The discussion of the importance of singing and instrumental training is fascinating, especially as they are related to vision.

Goddard Blythe appears to understand vision from a behavioral point of view, but her book includes little discussion about vision directly. Rather, she shows how efficient vision is dependent upon both movement and efficient audition, a premise with which most readers would probably agree.

While the main focus of this book is on the developmental factors that influence the early years, the author also includes a chapter on “Turning Children Around.” First, she belies the reduction of

movement opportunities in today's world. She then recounts the significant changes research shows in this generation's school-age children when a regime of short, daily physical activities were systematically added to their curriculum. Not only did the students show gains in academic skills, but in self esteem, balance, coordination, and focus, as well. The children's drawings of “Before-” and “After”-movement therapy speak for themselves.

One of the most interesting and unique chapters is a review of how almost every ancient society included movement in education. Early Oriental, Greek, Roman, German, French, Italian and other philosophers paved the way for modern educators such as Maria Montessori and Rudolf Steiner. All believed that the coordination and movement skills a child acquires by age six determine how well he/she will learn later in life.

The content of this volume is both interesting and elucidating. However, there are several aspects that could be improved. The lack of an index detracts greatly from its usefulness. While enjoyable from cover to cover, the book would be so much more user-friendly if the reader were able to look up a topic quickly by page number, rather than to have to search each chapter to find a specific topic. Secondly, while the book is clearly meant for a British audience, if it is to be marketed in the U.S., more North American resources should be included in the Appendix. Finally, having all the footnotes (numbered references) buried in the rear of the book makes looking up a reference somewhat difficult. The publisher should consider placing footnotes at the end of each chapter, or better yet, at the bottom of the page in future printings.

The Well-Balanced Child is the culmination of years of collaborative research between Sally Goddard Blythe and

her husband, Peter Blythe. Goddard Blythe draws upon her experiences as Director of the Institute for Neuro-Physiological Psychology (INPP) in Chester, England, which Peter Blythe founded 30 years ago.

Each spring the INPP holds an annual international conference on the relationship between early movement experiences and later developmental problems, such as dyslexia, dyspraxia, AD(H)D and learning disabilities. Renowned researchers from Europe, Australia and South America and the United States present their findings there. Having attended a few years ago, at the suggestion of Dr. Harry Wachs, I found it to be an exhilarating experience.

The publisher's description of the book states that it is essential reading for parents, teachers, psychologists, optometrists, and those involved in the assessment, education, and management of children and their problems. Thus, this is not a scholarly text on the topic, but is appropriate for developing a greater than superficial knowledge of the areas that are included. A number of behavioral optometrists have recently been incorporating considerations of reflexes in their diagnostic and therapy protocols. This trend should increase as optometry's recent initiative to provide ocular and visual examinations of infants comes to fruition. This book will provide added knowledge and insights to the interpretation of clinical findings in this regard.

The Well-Balanced Child is a well-balanced book. I highly recommend it as an important addition to any optometric library.

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Visual Fitness: 7 Minutes to Better Eyesight and Beyond

Dr. David Cook

The Berkley Publishing Group

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375 Hudson St.

NY, NY 10014

Soft Cover, 222 pages, Illustrated

(Available from OEP)

David Cook, O.D., has taken on a challenging task with his new self-help book, *Visual Fitness, 7 Minutes to Better Eyesight and Beyond*; he's trying to help a group of people who just don't know they need it.

Although he addresses children and reading problems, Dr. Cook's target audience is adults. Again and again, *Visual Fitness* tells patient stories that present specific signs and symptoms of vision problems in a way that triggers self-recognition. Triggering recognition is the critical first step to moving a patient or parent to commit time and money to a program of care. Studying how Dr. Cook's stories accomplish makes this a worthwhile read for behavioral optometrists.

Many patients who first encounter vision therapy (VT) often perceive it as an unknown treatment for a problem of which they are unaware. Others become confused by a technical explanation of the problem and the proposed method of therapy. Dr. Cook solves these potential confusions by using plain language and minimizing optometric technical terminology. Even the terms vision therapy/visual training don't appear until near the end.

Instead of trying to sell the reader on VT, Dr. Cook uses familiar fitness analogies to capitalize on readers' already existing belief that building physical fitness is a legitimate way to improve performance. For example, he talks about how well a batter must be able to see a fast ball,

then points to Ted Williams, who said he could see the seams on an approaching fast ball. Dr. Cook notes that since "Williams was the last major league hitter in 60 years to bat over .400, there's no reason to doubt him." Then he quotes Williams book, *My Turn At Bat* in which the batting legend describes how he developed this ability: "I was intent on seeing them, I was looking all the time, I was alert for them. I trained myself...it was discipline, not super eyesight."

This baseball story makes a strong case for training as the way to increase visual fitness. In other tales, Dr. Cook expands that case to include relieving asthenopia and improving performance at work, school, play and at the computer.

The author re-labels optometrists and therapists as "visual fitness coaches," since having a coach is a widely accepted way to enhance performance. Dr. Cook also wisely avoids the thankless task of trying to prove VT's efficacy. A single paragraph near the end of the book states that considerable research supports VT and offers an appendix of 50 studies as evidence.

One potential downside to this book is that many of the people who need *Visual Fitness* will count its 222 pages then put the book back on the shelf.

Another is that while the visual fitness activities he provides will be familiar to optometrists and therapists, readers who have trouble comprehending and following written instructions may find them difficult to follow. Even though the instructions are very well written, pictures or drawings of people actually doing the activities would make the book more user friendly.

The book is undoubtedly written for self-help and self-improvement advocates. However, the author is aware of the potential dangers with such an approach; he clearly lists specific criteria that enable readers to identify when a problem requires more than self-help. In the first appendix, he provides the web sites of the College of Optometrists in Vision Development, the Optometric Extension Program, the American Academy of Optometry and the American Optometric Association to locate an appropriate doctor.

There are optometrists who choose not to provide or refer patients for VT. Nevertheless, they are aware of the problems and symptoms that this intervention can address. This book offers such practitioners a basic home therapy format to cautiously begin to provide basic techniques. For some it can be an important first step that will require further education and experience. In the same manner, the book can be an important adjunct for recent graduates who have the desire to use VT. For these, Dr. Cook's method of effectively communicating with patients and the community is something most were not adequately taught in the optometric curriculum.

Visual Fitness is a book for readers who relish practical self-help approaches. It can be a resource in doctors' non-technical personal library. It can be readily understood and used by ancillary office personnel who assist in the provision of VT. In all, the book is well written and organized and is enhanced by touches of humor in a voice that reflects Dr. Cook's unique personal style. However, it's unlikely that most behavioral optometrists would choose to provide a copy to their potential or active VT patients.

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Mr. Lecoq has been a consultant to behavioral optometrists for nearly two decades.