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BEYOND TECHNIQUE

Alice J. Perejda

Some time ago a professor in the field of guidance called me in regard to his little boy, who had a reading problem. After inquiring cautiously as to my qualifications and background, he asked, "What measurable degree of progress will you guarantee in six weeks?"

His "little" boy, it turned out, was fifteen years old. I was not privileged to have him as a pupil after I had assured his father that I certainly could not promise any "measurable degree of progress" in six one-hour lessons and, indeed, could not work under such pressure.

If a professor, and one in the field of guidance, has such a concept of the goals of corrective reading in terms of expected improvement and time limits, what of the average layman?

We do, it is true, for purposes of records, classify children as being able to read, for instance, as well as the average child in fifth grade, and we do chart progress. But measurement and classification do not tell the whole story. What a vast difference there is between the child who with enthusiasm and pleasure is able not only to identify concepts at a given level but also to interpret and evaluate them in terms of his own experience and feelings and the child who laboriously passes a test but who never picks up a book of his own volition and who sees reading as a meaningless experience, as hard work, and something he must do.

A second-grader was brought to me by his mother because he had started to stutter badly, and it annoyed her. I selected a story from his reader, and he read it to me, word-perfect.

"You're a good reader, aren't you?" I said, to set him at his ease. "Now tell me about the story. What did it say?"

"Well, er-ah, I don't know."

Thinking he had possibly been under some pressure to perform correctly I said, "Tommy, I'll go out of the room, and you read the story over to yourself, and take time to think about it."

"Now," I said, returning a few minutes later, "Who was the story about?"

"Dick and Jane."

"What happened in the story, Tommy? What did they do?"

"Ah, er, it tells about a wagon."

"What about the wagon?"

"I don't know. They got it."

"Tommy, when you read a story in school, don't you take time to talk about it?"

"Heck, no. We're too busy *reading*."

Too busy reading? What is reading? Perfect word calling? Putting phonics to use? Tommy had received "A" in his phonics book. He was in the first reading group. Yet, *was* he reading? He was stuttering.

Corrective reading must go beyond phonics, beyond word-calling and beyond techniques per se. It must concern itself with the whole child, and indeed often with his whole family.

The teacher must, of course, start with the usual check-list: eyes, ears, general health, readiness in terms of experience, maturity, emotional problems, stability, cultural background, and mental content. She should keep herself aware of research that is unearthing a host of meaningful facts which illuminate our knowledge of reading, of how we learn, and of the reasons for disability, and the methods of treatment. She must, finally, concern herself with the child as a person, with his attitudes and motivations and, indeed, with the attitudes and motivations of his parents.

"I just don't know why Junior won't learn," the mother of a reluctant reader told me. "I make him come in and read for an hour every afternoon in the summer." *Make* him? Insist that he go to his room with a book, while he can hear his friends shouting at the ball game going on next door?

What a different story from that of another mother.

"We've always saved half-an-hour in the evening for reading time. When Billy was small, we read to him and encouraged him to tell the story to us. He knew that we enjoyed him and appreciated his comments and contributions. He realized that learning to read was part of growing up, something of which to be proud. Later, part of that time he read to us. Now Billy is older, and reading time is silent, but we still share ideas and comments. We find this half-hour a cohesive force in our family life. As each new year starts, we enjoy together his beautiful new books, look over the table of contents of each, and talk about the exciting things Billy will learn that year."

Often a parent, inquiring about possible help for his child, will ask, "What method do you use? What techniques do you follow? Do you teach phonics? Just what will you do with my child, and how long will it take?"

And I have to tell that parent, "I don't know—."

I could not tell a parent just what I would do in advance any more than a doctor could prescribe medicine before he had diagnosed a

patient. A doctor does, sometimes, hand out a tranquilizer for immediate relief, and so do I. I keep in mind, however, that a tranquilizer is only a paliative and not a cure.

Corrective reading surely requires diagnosis before therapy, and certainly before any prognosis as to outcome. Very often, quite frankly, I may never know the reason for the child's disability, though I may have a good hunch. My job, as I see it, is to start where that child is, and do my best to teach him to read in the fullest sense of the word, to get meaning from the printed page, not just to know sounds, syllables, words, sentences, but to interpret and evaluate the ideas on that page and to do all this with a feeling of satisfaction and success.

What does the child need? Perhaps the emphasis *should* be on phonics, or word-attack skills. Perhaps not. Perhaps the child has never seen the value of reading as related to himself, and needs an experience-chart approach. Perhaps he is bored with his reader, and needs exciting story books about space adventures, rockets and astronauts. A small child may need more background before he is ready to learn. He may have to build mental content. He may need to be read to, talked to, taken places. We must remember that both parents and teachers can contribute to this readiness for reading.

A child may be motivated by understanding that reading may be like a puzzle and that he can be a detective, finding clues. An older child may need to understand that though he can get all the facts, he is unable to see the forest for the trees. Perhaps he needs to find the frame for his jig-saw puzzle in the table of contents, and then the pieces, or facts, will fit in.

Any method must be used experimentally, and with flexibility, for there is no one best way to teach, although many of us ride a hobby-horse and get to our destination. The treatment must be tailored for the individual by a teacher who is perceptive and patient, who keeps herself alert by keeping abreast of recent research with an open mind, and who has love and enthusiasm to give.

This one thing I do know. If a child has come to regard himself as a failure, especially if he has rebelled, withdrawn, stuttered or become "ill" because of that failure, he most assuredly needs more than techniques, though he may need those techniques very much, and in a structured situation. He needs, most of all, success. He needs to start at a level where he can succeed and with a book he wants to read.

A fifteen-year-old boy, who had been briefly in a State Hospital, was sent to me. The report of the psychiatrist was that his frustration

resulted from his inability to read. His skin was a mass of pimples. His hair was flaky because of “nerves.” When I picked up a book, he started to shake. He was bigger than I was, and frankly, I was frightened. So I started to read to him—from a first-grade book. Soon I felt him relax. Then I asked him to read with me. Finally he dared to read alone. He at last was able to tell me that he considered himself a failure because he could not read well enough to pass his driver’s test. With this as our goal, we studied vocabulary, examined concepts, evaluated ideas and feelings concerned with driving rules. After three months, he no longer needed psychiatric care. In six months he had his driver’s license. He was a success.

Reading is fun. Sharing reading with children is fun. You and I believe this or we would not be teachers. If we “give out” enough of our enthusiasm for reading, it may become contagious, especially if we follow the child’s “I want to read” with his feeling of “I can read—so there!”

When a child begs to take home one of my books for reluctant readers, I know we’re started on the right road. When a mother reports that a child suddenly likes school or wants to stay up later at night to read or that he picks up the evening paper and that she is beginning to do it too, then I know we’re well on our way. Perhaps a mother comes back months later and says, “Thank you,” and I say, “That’s my job,” and she says, “But that’s not what I mean. You saved our marriage.” Then I realize that although this mother had never been able to articulate her anxieties about her son, the son had nevertheless “contracted” those anxieties which had been resolved when he had gained self-confidence, self-respect and a realistic evaluation of himself and his reading problems. And that now with the child’s success, his parents could resolve their anxieties.

When that happens, I know that job is done; it’s been worthwhile. I wouldn’t trade jobs with anybody in the “whole wide world.”

Alice Jeanne Perejda has been a kindergarten teacher in the East Lansing Public Schools and has been in charge of a reading program designed for disabled and reluctant readers. Since 1957 she has operated a reading clinic in the Kalamazoo area. She is interested in both developmental and clinical approaches to reading.