



## LEADING EYE PRE-TEST

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Have you ever had a diagnosis of your visual laterality? In other words, do you know which is your dominant eye and your leading eye? Those who have been in the army will surely answer that they have. They will tell you that, thanks to tests, they were able to clearly identify their aiming eye for shooting in particular.

Others will know following a visit to the school doctor's, the ophthalmologist, or after being followed by a psychomotrician, orthoptist or speech therapist.

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### A / THE DOMINANT EYE = THE AIMING EYE

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The suggested tests are usually designed for centred vision, where you are required to focus on a spot straight in front of you.

The specialist can ask the person to try several strategies.

#### You can try them yourself :

- 1 Decide on a distant object to look at. Look at it through a 5-cm hole in a sheet of paper, closing one eye, then the other: if the object stayed in the centre of the hole, the eye that remained open is the dominant eye. If the object shifted from the centre, you looked at it with your non-dominant eye.
- 2 The same phenomenon can be observed by closing one eye, then the other to look at a pen straight in front of you with a background.
- 3 You can also identify your dominant eye with a telescope. The spontaneity of your gesture should indicate your visual dominance.

You will note that this is about **distant, centred vision** and that **your head remains straight and vertical**.

Sometimes, if there is a hesitation, you will be asked to make a choice. Depending on that choice, you will be diagnosed as right- or left-eyed. The test often ends here.

Would there be any need to go further?



## B / LEADING EYE = THE MORE ACTIVE EYE FOR A LATERAL VISION

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**It is important to distinguish the dominant eye from the leading eye.**

The leading eye is the more active one for lateral vision, in particular for reading and following your writing (from left to right in our system). You will notice that you usually use your lateral left-to-right vision to read books and to follow your writing on a flat surface, i.e. **up close**, and that **your head is slightly tilting downward**.

**This vision is never actually tested.**

If **symptoms** such as slow and broken up reading, poor concentration, comprehension, memorization, restitution, headaches, ophthalmic pains when reading and writing among other things, are observed, i.e. causing real suffering for the patient, it is essential to question the work and the quality of the work performed by the eyes during these cognitive activities. But in cases of **dyslaterality**, dominant and leading visual laterality should not be the only laterality to test.

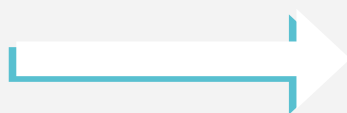
## C / LATERAPEDAGOGY / LATERATHERAPY\* ARE SUBJECT TO COMPREHENSIVE LATERALITY TESTS:

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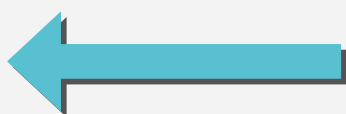
**Eye / ear / hand / foot, but also preferred nostril and preferred side to chew food.**

Depending on the results, these will determine a **suggested rehabilitation of your original laterality and system adaptation strategies to try and eliminate the often incapacitating symptoms**.

It will be important to check how significant **the impact of our reading and writing system on your symbolic space-time representation is** :



**Conscious space-time representation of our right-handed system:  
Symbolic dynamic going from left to right in an opening direction for right-handers.**



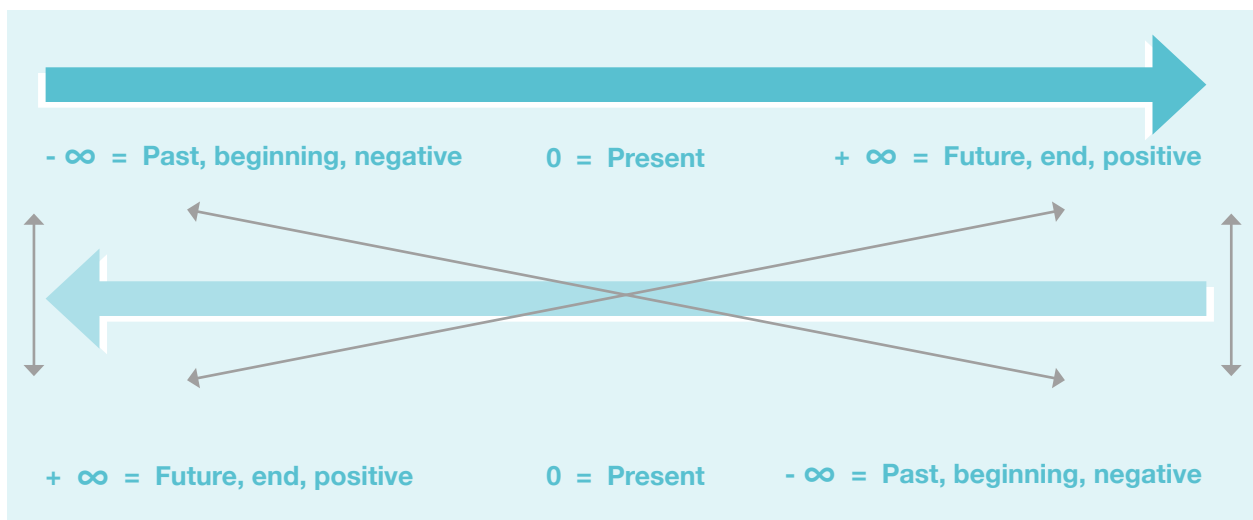
**Often sub-conscious space-time representation of the system, usually best suited for left-handers:  
Symbolic dynamic going from right to left in an opening direction for left-handers.**

*\*The laterapedagogy and lateratherapy, which I have designed, along with their laterality tests and rehabilitation strategies – adaptation and tools – are protected and patented.*



For a left-sided person, left-eyed or left-eared in particular, both representations may overlap without their being aware of it: when **reading or writing**, the system requires a visual and auditory **movement from left to right**, implying on a symbolic level that :

- the beginning, the past, the negative are necessarily on the left, and
- the future, the positive, the end are necessarily on the right.



Consequently, the person can be in a sometimes acute **state of confusion and/or disorientation** and feel:

- ➔ “stuck” between two “positive” poles (tendency towards hyperactivity, precocity, voluntarism ++, feeling of having finished before having started, struggle to manage their states...)
- ➔ “stuck” between two “negative” poles (tendency towards depression, subconscious feeling of being constantly brought back to their past, the negative and the beginning, of being inhibited, blocked in their flow of life, struggling to make choices and decisions and to implement them, struggling to manage their emotions);
- ➔ as if oscillating between the two poles (cyclothymic moods, struggle to manage their emotions and states, greater feeling of confusion and insecurity...).

Some manage to escape the system’s inductions by having a symbolic mental space-time representation that goes from bottom to top (the future is in front of me and the past is behind), but also from top to bottom or circular (clockwise or anti-clockwise)...

These processes are worked on in laterapedagogy (time management, use of time and volition...) and can be worked on further with lateratherapy (emotion and state management, work on individuation, self-esteem, self-confidence...).