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TIME, SPACE, MOVEMENT AND HANDICAPPED PEOPLE

There exist a lot of possibilities how psychology considers the words „time, space, movement“ which primarily belongs to physical science. We choose the view that is often in psychology most productive – namely the developmental aspect.

According to Jean Piaget (Piaget, Inhelderová, 1997), probably the most noted developmental psychologist of the twentieth century, young children construct their own mental world through acting with surrounding objects. These objects exist in 3-dimensional space and are in mutual temporal and causal relations. The child is born with a possession of simple motional responses to sensual perception. The growth of the repertory of their movements, their differentiation, generalization, re-organisation and coordination with sensual perception into more complex patterns leads - between the eighth and twelfth month- to goal-directed behaviour. In the second year of age the internalized behavioural patterns become mental patterns – the initial mental representations. Experiments with infants also demonstrated a link between movements and remembering and deciding, which are traditionally considered cognitive processes. Motional activities, with which the child gets to know space and objects in it and interacts with his social and physical environment, are building blocks of intelligence.

Long before the development of scientific psychology, the connection between at first unintentional and later intentional hand movements and cognition was well known.

The understanding of this connection is demonstrated in many languages: the words meaning hand movements and cognition are the same or similar. For example: to grasp means to catch something with your hand and to understand. In Slovak: uchopiť – pochopiť, in German: greifen – begreifen.

But movements and manipulation with objects in space are not only one of the basic components of cognition. Young infants has been described as manifesting a preconceptual self. They are sensitive to spatiotemporal patterns of their own movements, which develop later into self- exploration. The early sense of self is associated with these self-exploratory movements in various spatial conditions.

The movements and actions become more complex and purpusfull and have causal effect onto the surroundings. The child gains experience „to be the cause of something“ and this experience is associated with the development of self-awareness, self-confidence and motivation.

However, what is the interaction like between handicapped person and his/her social and physical environment?

In psychology, in theory, but mainly in its application, exist three different approaches. Historically, they are developed gradually, in our time they are overlapping.

1) The first approach has its origin in a medical way of thinking. According to this approach, the development of a handicapped child is characterized by limited possibilities (Hodapp, Zigler, 1987).

As we mentioned at the beginning, Piaget's idea about the construction of reality resulting in mental representations acts in a different way in handicapped children. The effect of these impaired developmental processes are incomplete, underdeveloped and altogether poorer. To identify clearly the impairments and delays is the basis of diagnostic procedures and following therapy. It often uses activities, typical for young children: to get to know one's own body, the space surrounding him, to penetrate gradually into wider spaces, orientation and tactile feeling within the space. The therapist tries to replace the missing experience, encourage the delayed processes, compensate the impaired structure.

The aim of this approach is to prepare the handicapped person for the life in the world of nonhandicapped.

2) The second approach, which is used as a rule parallel to the first, is known as the social approach. (Trommsdorff, 1987). It is characterized by the endeavour to change the social and physical environment in such a way so as to make it suitable for the handicapped. This is the world of computers which respond with a voice, the world of architecture without barriers or – for example- the world with assisted employment.

The aim of this approach is to adjust the world – or at least its parts – to the needs and possibilities of handicapped people.

3) The third approach to the handicapped is the most challenging one. It does not concern either therapy or social policy. The basis of this approach is the idea, that the handicap is not only a deficiency, but also a special form of being. According to this idea a blind person does not live only in the world of darkness, but also in a world constructed by an intensified tactile and auditive sense and a sense of smell. A deaf person lives not only in a world of silence, but also in a world, where there gestures have grammatical rules. The mentally retarded is not only somebody, who does not understand, but also somebody who is able to be happy about little everyday things, somebody, who lives intensely „here and now“. And this is something non-retarded people try to learn at psychotherapists for a lot of money!

The aim of this approach is to enlarge our own perception of the world by the worlds of people, who move in our common space-time in a different way.

References

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