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ДО ПРОБЛЕМИ РАНЬОГО РОЗВИТКУ ДИТИНИ
В ПСИХОАНАЛІТИЧНІЙ ПЕДАГОГІЦІ РЕНЕ АРПАДА ШПІЦА

ON THE PROBLEM OF EARLY CHILD DEVELOPMENT
IN THE PSYCHOANALYTIC PEDAGOGY OF RENÉ ARPAD SPITZ

Anton VERTEL,

Candidate of Philosophical Sciences,
Associate Professor,
Doctoral Student of Pedagogy
Department,
Sumy State Pedagogical University
named after A. S. Makarenko
87, Romenska Str., Sumy, 40002, Ukraine

Антон ВЕРТЕЛЬ,

кандидат філософських наук,
доцент, докторант кафедри
педагогіки,
Сумський державний педагогічний
університет імені А. С. Макаренка
вул. Роменська, 87, м. Суми,
40002, Україна

antonverte|@ukr.net

<https://orcid.org/0009-0007-5258-078X>

ABSTRACT

The article explains R. A. Spitz's psychoanalytic concept of early child development from birth to two years. Special emphasis is made on the problem of preverbal communication, on those phenomena that occur long before the child uses words and acquires language. Stages of development in the concept of R. A. Spitz are levels of increasing complexity in the child's mental structure. The beginning of each of these successive stages is marked by the emergence of specific affective behavior, which is an indicator of a new phase of development. It is shown that in the concept of R. A. Spitz, the development of a child depends on the consistent development of object relations and the establishment of a libidinous object (the object of attachment and love, which is most often the mother).

The stages of development of object relations and the stages of the child's «Ego»/«Self» development were analyzed: 1. The stage of non-differentiation (from birth to 2-3 months): during the first month of life, the baby does not yet separate himself and the environment. 2. The stage of appearance of the harbinger of the libidinous object (from 2-3 to 7-8 months), which begins with the appearance of a social smile, which is a representation of «Ego»/«Self». 3. The stage of the appearance of the libidinous object (from 7-8 to 15 months), which is characterized by eight-month-old anxiety or separation anxiety (fear of separation) – a natural manifestation of the normal development of a child, which manifests itself at the age of about 8 months. 4. The stage of semantic communication (from 15 months to 2 years). Symbolization and fantasizing appear, thanks to the rapid development of language. Sexual identification begins through sexual differentiation. The main sign of the stage is the appearance of negativism at the verbal and non-verbal level.

The article analyzes the phenomenon of «hospitalism» as a consequence of the lack of sensory, emotional and intellectual interactions with the mother (or the person who substitutes her). The disorder has been shown to occur with prolonged separation in case of institutional care, hospitals, and dysfunctional families. It has been demonstrated that maternal deprivation, or incorrect, destructive relationships in the mother-infant dyad can cause disturbances in the development of the infant.

Key words: psychoanalytic pedagogy, stages of child development, maternal deprivation, hospitalism.

Introduction. R. A. Spitz is the first psychoanalyst who conducted complex, experimental studies of infants and little children in the institutional care facilities, where their physical needs were met, as opposed to the needs for love and emotional closeness. With his empirical research, R. A. Spitz tried to more precisely reveal the peculiarities of the relationship in the «mother-child» dyad and the irreversible, destructive consequences of maternal deprivation for the child. R. A. Spitz developed his ideas with the help of laboratory experiments devoted primarily to the role of affect and dialogue. The methods used by R. A. Spitz are direct observation, video recording, infant testing, and longitudinal studies.

To substantiate his own conclusions, R. A. Spitz turned to Harry Harlow's experiments [4], which were conducted on baby monkeys [10]. It turned out that even in primates, the lack of emotional communication can lead to deplorable results. R. A. Spitz divided the child's mental development into separate stages, each of which corresponds to «mental organizers». Mental organizers for R. A. Spitz are not just a manifestation of new structures of mental development. Rather, on the contrary, with the appearance of a certain mental organizer, previously separate development trends begin to integrate, leading to a qualitative leap in development. Affective interaction and affective dialogue between the infant and primary objects play a major role at any stage of development.

The purpose of the article is to explain R. A. Spitz's concept of early child development, to reveal the features of the relationship in the «mother-child» structure, to characterize the features of the phenomenon of «hospitalism» as a consequence of maternal deprivation.

Analysis of recent research and publications. The most general basis for the study of the theoretical foundations of early child development in the context of psychoanalytic pedagogy are the works of representatives of the theory of object relations D. Fairbairn (1952), A. Freud (1965), M. Klein (1975), M. Mahler (1975), D. Winnicott (1965), whose research is very close in methodological orientation to the scientific research of R. A. Spitz. Scientific works of the apologists of the attachment theory, such as M. Ainsworth (1979), J. Bowlby (1958), P. M. Crittenden (2017) are important for understanding the concept of early child development of R. A. Spitz. The works of A. Alpert (1961), M. Chkirate, K. Mammad, G. Chtabou, O. T. Ahami, A. Mdaghri Alaoui, A. Guedeney (2021), L. Gondor (1858), K. Joice (2022), L. Kreisler (1984), S. Provence, R. Lipton (1962), L. Rosmalen, F. van der Horst, R. van der Veer (2012), K. Rowold (2019), M. Rutter, J. Kreppner, T. O'Connor (2001) are devoted to the methodological aspects of the concept of R. A. Spitz, the problem of disruption of the development of relations in the «mother-child» dyad, and the phenomenon of hospitalism

Research methods. The research used methods of disciplinary, general scientific and philosophical levels. The methodological basis of the research

is a systemic interdisciplinary approach. When dealing with the authentic texts of R. A. Spitz, we used general scientific methods: analysis and synthesis, induction, deduction and analogy, abstraction, generalization, idealization, formalization.

Results and discussions. In his concept of early object relations, R. A. Spitz treated the four stages of the «Ego»/«Self» development and the necessary conditions for the development of each of the stages proposed by him. Relations in the «mother-child» dyad, according to R. A. Spitz, are crucial for the development of all social relations. R. A. Spitz believed that object relations are formed already in the first year of life, passing through three stages, which are preceded by a latent stage. At certain age periods, there are maturation processes, sharp changes in the child's body, which can be observed by affective indicators.

Early development of «Ego»/«Self» in the concept of R. A. Spitz.

R. A. Spitz confirmed that mental structures develop from a state of undifferentiation. From birth, a child is not a tabula rasa (clean slate), but an organism with physiological adaptive mechanisms. Adaptive mechanisms begin to develop under the influence of emotional experience in the «mother-child» dyad. Dyadic relationships become possible with the appropriate mood of the mother, which creates a physiological basis for the emergence and formation of the child's «Ego»/«Self» [17].

R. A. Spitz described a number of stages of «Ego»/«Self» development.

1. Stage of non-differentiation. The stage lasts from birth to 2-3 months. At this stage of development, the child does not feel the difference between his own «Ego»/«Self» and the «Ego»/«Self» of the mother, there are no borders of «Ego»/«Self», there is no external and internal differentiation. At this stage, there is no somatic or mental differentiation. It does not exist between «Ego»/«Self» and «It»/«Id» either. There is no differentiation between incoming stimuli, and the behavior that occurs in response to these stimuli is nonspecific. In response to an incoming stimulus, behavior can be random. This means, on the one hand, that it may or may not occur; on the other hand, if it occurs, it may occur in parts of the infant's body capable of functioning at that age. These include skeletal muscle, smooth muscle, sphincters, and vascular and autonomic responses [20].

At the beginning of this stage, the body functions according to the principle of nirvana – it seeks to reduce tension. In the following weeks, reactions in the aspect of the satisfaction/dissatisfaction principle develop. R. A. Spitz emphasizes that at this stage there is no differentiation, no perception, no memory, except for the rudiments that are necessary for the consolidation of elementary conditioned reflexes [22].

2. The stage of appearance of the harbinger of the libidinous object. The stage lasts from 2-3 to 7-8 months of life. According to R. A. Spitz, this

stage of development begins with the appearance of a social smile, which is a representation of the «Ego»/«Self», which is still in its embryonic state (rudimentary «Ego»/«Self»).

The rudimentary «Ego»/«Self» means the bodily «Ego»/«Self» as a central entity. It performs an adaptive function, an early application of which is the first elementary verification of objective reality. After passing through the non-differentiation stage, both «It»/«Id» and «Ego»/«Self» are formed simultaneously. In other words, the reverse side of the emergence of the rudimentary «Ego»/«Self» is «It»/«Id». The presence of «Ego»/«Self», however rudimentary, as the executor of «It»/«Id» cannot fail to influence the way the latter functions. This «Ego»/«Self» will now regulate the «It»/«Id» discharges, accelerating or restraining and directing them as the case may be.

Starting from the 2nd month of life, of all the objects surrounding the child, preference is given to the face of a person. Now the child is able to distinguish the face from the background. He focuses his full attention on it. By 3 months of life, this response to the stimulus of a human face culminates in a new, distinct, and human-specific response. During this period, progress in the child's physical maturation and psychological development allows him to coordinate at least part of his body and use it to express psychological experience: now the baby reacts to the appearance of an adult's face with a smile. With the exception of active eye tracking of an adult's face, noted at 2 months, this smile is the first active, deliberate and purposeful action, the first indicator of the infant's transition from complete passivity to the beginning of active behavior, which will play an increasingly important role from now on [16].

In the third month of life, a baby reacts to an adult's face with a smile, subject to the following conditions: the face must move and appear full-face in front of him, so that the child can see both eyes. It doesn't matter which part of the face will move, it doesn't matter whether it's nodding or moving lips, etc. At this age level, nothing else, not even food, causes such a reaction in a child.

In a study conducted by R. A. Spitz, it was established that the smile reaction occurs as a specific age-related behavioral phenomenon in the development of a child aged two to six months. 98% of children smiled during this period in response to the appearance of the face of any person, familiar or stranger, regardless of gender and skin color.

R. A. Spitz notes that the chronological framework of the appearance of this reaction is limited. By two months of age, only 2% of the sample of infants smiled in response to any stimulus. In addition, after 6 months of age, the vast majority of the sample already stopped smiling if the stimulus that caused them to smile from 3 to 6 months of life came from a stranger. Thus, in the second half of the 1st year of life, more than 95% of the sample has an

undifferentiated smile reaction to any face. In less than 5% of children, the smile reaction persisted. Children under the age of 2 months do not respond with a smile to anyone or anything; the same children, having reached the age of 6 months, retain this reaction for mothers and for friends, in a word (for the object of love and attachment), and no longer smile at strangers.

The reaction of a smile is very different from random unorganized reactions. It is a specific, reliable and arbitrarily directed response to a stimulus.

1. The baby makes a turn from internal sensation to external perception. In the specific psychoanalytic terminology of R. A. Spitz, from kinesthetic reception to diacritical perception.

2. The objective reality check begins.

3. Directed object relations are born and become available for observation [16].

R. A. Spitz believed that for the integration of all «Ego»/«Self» functions, the play-based experience of interaction with the mother or a person who replaces her is of great importance. R. A. Spitz noted that this experience should not be related to the process of feeding a child and should be controlled by an adult. Internalization (incorporation, introjection and identification) contributes to the formation of the child's internal representations, functions, structures, rules and characteristics that contribute to the balance of frustration and satisfaction. At the age of 3 to 6 months, the child has increased motor activity, the ability to remember and feel, and a body image is formed. At the 6th month of life, the integration of the internal components of «Ego»/«Self» takes place, which is the basis of the formation of the child's Ego-representation [20].

The result of passing the stage is that the child enters into social interaction. The world surrounding the child becomes an object.

3. *The stage of appearance of the libidinous object* (object of love and attachment). The duration of the stage is from 7-8 to 15 months. The main sign of the stage is the appearance of fear of strangers. R. A. Spitz points out that until the 8th month of life, the child is not prone to fears. Until this time, the child does not feel the danger that comes from things and people. The first manifestation of fear in most babies is observed at the age of about 8 months. R. A. Spitz called this phenomenon «fear of eight-month-olds» or «fear of the stranger». It was noted that in the period from 6 to 8 months, the child begins to show anxiety with the appearance of a stranger in his field of vision. This happens when the child learns to distinguish people close to him (who take care of him) from outsiders. The child shows tension, alertness, avoids direct eye contact, cries if touched or picked up. These reactions indicate that the child has formed a libidinous object.

Anxiety of eight months is a turning point in a baby's development. Anxiety at eight months indicates that social relationships are becoming more difficult.

Social gestures are understood by the child and become reciprocal. The child begins to understand prohibitions and orders. Things (material objects) are differentiated from each other, which is manifested in the choice of a favorite toy. One thing can be used as a tool to achieve another. Different attitudes towards different foods become noticeable. Shades of affective reactions become noticeable, such as jealousy, anger, rage, envy, the desire to control – all of them can be observed by the end of the first year of life [20].

In a child, the «Ego»/«Self» changes significantly compared to the rudimentary «Ego»/«Self». By this time, the «Ego»/«Self» has developed a number of systems such as memory, perception, thinking process, judgment, and such «Ego»/«Self» apparatuses as spatial understanding, social gestures, and a little later – the ability to move, which make the «Ego»/«Self» more effective, but at the same time a more complex structure. Defense mechanisms begin to form, and what can be called a psychiatric illness occurs if the child's development is disturbed [1].

The result of passing the stage is that the scope of the child's object relations expands.

4. Stage of semantic communication. The duration of the stage is from 15 months to 2 years. The mechanisms of psychological protection, mainly protection against aggression, are being actively formed. Symbolization and fantasizing appear, due to the rapid development of language. Sexual identification begins through sexual differentiation. But the main sign of the stage is the appearance of negativism at the verbal and non-verbal level. R. A. Spitz describes in detail the formation of refusal in his work «No and yes. On the development of human communication». R. A. Spitz considers the emergence of the semantic gesture «no» as the first purposeful act of human communication [19].

In the theory of object relations, negation is considered as a phenomenon in which some fragment of perception is leveled. Denial is seen as a manic defense that is triggered when the significance of the objects on which the subject actually depends is denied. Denial is present in idealization, when the bad (unacceptable) aspects of an object are not perceived and eliminated (the object is perceived as flawless). This mechanism begins to operate at the age of 2-3 years, when the child is not yet able to test reality due to his age, and the child's protest reactions at this age are pronounced [5].

From a psychoanalytic point of view, denial arises as a reaction to actions that contradict the subject's needs. In children, denial is accompanied by negative forms of behavior, as a defensive reaction to the actions of adults that contradict the child's needs. The specifics of the manifestation of denial in each child have a pronounced individual character, determined by a number of factors: 1) the style of communication between adults and children in the family; 2) the child's state of health; 3) satisfaction of the child's needs.

The ability to refuse is an indispensable basis of intellectual knowledge and the ability to abstract. The child's ability to refuse indicates the functionality of displacement as a defense system. Suppression in this case should be understood as an action by which the subject seeks to eliminate or retain in the unconscious representation (thoughts, images, memories) associated with urges [8]. When the child uses the sign «no» with his head (shakes his head) after 15 months, he has reached the ability to judge and can express it. According to the formulation of R. A. Spitz, judgment is related both to relations with the outside world and to the subject himself, which leads to the gradual objectification of his mental processes. The child acquired the ability to perform the mental operation of disagreement and to form abstract concepts on which it is based [3].

A child older than 15 months who has already developed a «no» head sign uses this signal, assigning it to an adult. His gesture means refusing someone in something. It is an intentional signal intended to disagree with another. The child shows activity, allegedly makes his contribution to the formation of the relationship between him and the adult. Thus, compared to the rejection of the meaning of mentally directed action, the bodily response is not mentally directed and is directed against the mental and thinking, against the «pleasure principle».

After the child learns to walk and becomes more and more autonomous, he becomes able to say «no» to an adult more and more often. He receives more and more instructions and prohibitions and stores in his memory the experience of repeating these situations. The child is also identified with the adult who imposes the prohibition or restriction. This is how the prerequisites for the development of the «*Super-Ego*»/«*Super-Self*» are formed, which will later be responsible for the function of prohibition. At the same time, each prohibition using a gesture and/or word causes frustration that interrupts the activity. Prohibition returns the child to passivity. There is also a regression towards the narcissistic «*Ego*»/«*Self*» organization, which opposes the progressive movement from the narcissistic stage to the object relations appropriate for this age.

Repression of the child, carried out in the process of upbringing, when it is excessively authoritarian and seeks to destroy any objections and in accordance with the overly strict and overly demanding parental «*Super-Ego*»/«*Super-Self*», imposes excessive prohibitions and restrictions on the child. This can negatively affect motor skills, emotional sphere, language, sexuality and especially the development of autoerotic activity [21; 24]. The child is forced to obey, leaning towards ideal obligations that cannot be realized and turn into failure and shame for the child.

It is in the interaction with the mother that the child acquires the gesture of denial and the word «no». With the help of this gesture and word, the

child reveals his identification with the adult's prohibition, which constitutes the initial ability to abstraction. The ability of the child to identify with an adult and to imitate him ensures success in the processes of learning objective reality, starting with the appearance of the child's response with a smile to the mother's smile, ending with the expression of the reaction of «disagreement» in response to his activity. Based on the above-mentioned study of the phenomenology of denial in children, it requires a comprehensive study, including the study of parents' behavior, since manifestations of denial are often determined by the state of the emotional sphere of adults, the peculiarities of their perception of their parental role, as well as the peculiarities of the demands on and expectations from the child.

The result of passing the stage is that the child begins to perceive himself as dependent on parents (or persons who substitute them), the child's omnipotence is lost.

The scientific works of R. A. Spitz, and especially the programmatic monograph «Hospitalism» [14], drew attention of pediatricians and educators to the problem of early developmental disorders in children raised in institutional care facilities. R. A. Spitz conducted comparative observations of children in a shelter for minors and in a nursery at a prison for women. The living conditions, state of hygiene, medical care of the doctors in the asylum were much better, but the children who were in the nursery at the prison had unconditional preference – their biological mothers took care of their upbringing. It is reliably known that in the nursery at the women's prison during the two years of the experiment, not a single child died, in contrast to the shelter, where more than a third of the children died, premature death syndrome was recorded in 34 children (out of 91 children who took part in the experiment). Experimenters attributed polar emotional-volitional reactions to the behavioral manifestations of infants (up to one year old) raised in the shelter, children reacted to strangers with frightened cries, or, on the contrary, behaved too obsessively. At the age of two, such children became passive, did not react to the environment, lying motionless in bed. At the same age, children who were brought up in the nursery at the prison were noted for their initiative and curiosity about the environment [15].

Later, a silent film by R. A. Spitz «Psychogenic disease in infancy» appeared. Filming by R. A. Spitz (1947) shows emotionally detached, retarded babies staring blankly into the camera, the film dramatically illustrates the devastating consequences of depriving babies of maternal care. In addition to problems in the formation of object relations in the «mother-child» dyad, the film clearly demonstrated problems in motor and cognitive development, problems in the self-development of the «Ego»/«Self» structure, and most importantly, that in an extreme situation, the loss of a mother can lead to physical death [6]. According to R. A. Spitz, the emotional connection between the child and

the mother is the basis of stimulation for exploring the surrounding reality, this connection contributes to the activation of intellectual and cognitive processes, the formation and integration of skills. Interaction in the «mother-child» dyad in the concept of R. A. Spitz is a very complex, peculiar affective, non-verbal dialogue that is not reduced to simple attachment.

R. A. Spitz introduces the concept of hospitalism into the general scientific discourse. Hospitalism is a syndrome of mental and somatic disorders caused by the separation of the child from the mother in the event of her placement in institutional care facilities for the purpose of further maintenance or inpatient treatment. In children with hospitalism syndrome, there is a slowdown in physical and mental development, retardation of movements and various functional disorders, weakening of the immune system and, as a result, increased sensitivity to infectious and other diseases, as well as an increased mortality rate.

According to R. A. Spitz and K. M. Wolf, the complete absence of emotional contact between the child and the mother inevitably leads to hospitalism syndrome, while short, temporary interruptions in the relationship between the mother and the child after an already established emotional connection lead to the appearance of anaclitic depression [23]. If the consequences of anaclitic depression significantly affect the further development of the child, but they can be corrected in the case of the restoration of warm emotional relations between the child and the mother, then hospitalism threatens such long-term and irreversible consequences that lead to chronic mental diseases of an adult [18].

Research on the hospitalism phenomenon initiated by R. A. Spitz was continued by other psychoanalysts, in particular Z. Provence and R. Lipton [9], M. Rutter [12; 13] and others. Psychoanalyst L. Kreisler studied not only how the long separation of an infant from his mother affects his emotional state, but also how family relationships, characterized by insufficiently warm emotional ties, cause the emergence of hospitalism syndrome. L. Kreisler raised the issue of the importance of studying what the author called «intrafamilial hospitalism» [7].

Thanks to the research of R. A. Spitz and his followers, recommendations were developed for raising little children in institutional care facilities. One of the main recommendations that were implemented in these institutions to reduce the cases of premature death of newborns due to hospitalism is a recommendation for systematic communication and contact with children by all staff members, from the first days of the child's stay in the institution.

In modern psychoanalytic literature, the concept of hospitalism is associated with various situations related to both the inpatient stay of the child in various institutions without direct contact with the mother, and to family relationships in which, due to various circumstances, the mother

does not pay due attention to the child, does not feel maternal feelings of love and attachment to her or perceives her as a burdensome obstacle that complicates her personal life [2; 11].

When analyzing the phenomenon of hospitalism, the problem of premature babies is highlighted. Prematurely born (premature) children need special conditions to support their vitality, which is accompanied by postpartum separation from the mother, which can cause a high probability of emotional deprivation. In the first months of life, such children manifest a syndrome of «deficiency of key signals», which has the following features: 1) the social smile is unexpressed and appears later than in full-term children; 2) children avoid eye contact with an adult, are emotionally detached, do not show initiative in contact with adults; 3) avoid physical contact; 4) negative emotions prevail in children in the first six months of life; 5) children quickly tire when interacting with adults; 6) late appearance and poor vocalizations.

R. A. Spitz singles out mothers who are in the risk group: 1) mothers who have mental illnesses (depressed mothers); 2) mothers whose childhood had a violation of relations with their parents; 3) minor mothers (adolescent mothers).

Characteristic signs of hospitalism in children.

1. *The first months of life.* The basis of hospitalism is deprivation, which affects the intellectual, sensory and emotional spheres. In the first month of a child's life, the main symptom of hospitalism syndrome is absence of a revival complex. The child does not react to an adult's smile, does not fix his gaze on the face and nearby objects, vocalization is not pronounced, the child does not react to the approach and actions of an adult. Quiet, prolonged crying is characteristic. The child cannot hold his head up, cannot roll over on his own, and is gaining weight poorly.

2. *The first year of life.* At the age from 4 months to a year, there is a violation in the formation of motor skills in children, which subsequently leads to a delay in speech development. Children begin to hold their head independently at 4-5 months, at 6 months cooing appears, inexpressive babbling appears at 9 months, at 10 months the child can crawl. Coordination is underdeveloped: the child's movements are vague, uncoordinated, uncertain and abrupt. Compulsive actions are observed: stereotyped, monotonous head movements, swaying, stereotyped manipulation of objects. There is no interest in communication, when they try to make contact, they show aggression and cry. Muscle hypotonus, lethargy, poor appetite and disturbed sleep patterns are observed.

3. *Early childhood.* Characteristic signs of hospitalism at this age are impaired speech and communication skills. They begin to speak at the age of 2, command phrases prevail in the language – let me go, give, etc. Children do not show interest in communication, when interacting with adults they show polar emotional and volitional reactions from apathy to the manifestation of verbal and physical aggression. Obsessive actions are observed: sucking

fingers, hair. Coordination is poor, the body sways. The game has a formal character, manipulations with toys are very primitive. There is a delay in the formation of hygiene skills (the ability to use the potty, etc.).

Conclusions. R. A. Spitz presented a new theory of child development. From birth to two years, a child goes through a number of stages of object relations development, which are directly related to the development of «Ego»/«Self» in a newborn child. In the process of maturation, development and interaction with objects in a child, the differentiation of mental structures «Ego»/«Self» and «Super-Ego»/«Super-Self» occurs.

R. A. Spitz was a pioneer in experimental studies of the meaning of early object relations and laid the foundations of modern scientific observation of infants in the first year of life. He observed babies left without mothers in orphanages and shelters, documented various emotional disorders in infants deprived of communication with their mothers, which were the consequences of maternal deprivation. The consequences of such violations in relationships can be manifested in a wide range of mental disorders: from neonatal coma to «anaclitic depression» and «hospitalism» syndrome. The absence of object relations in the first year of life in an infant is the most harmful factor that leads to serious emotional deviations in the formation of mutual attachment, the risk of developmental delay.

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АНОТАЦІЯ

У статті експлікована психоаналітична концепція раннього розвитку дитини Р. А. Шпіца від народження до двох років. Особливий акцент зроблено на проблемі довербальної комунікації, на тих феноменах, які відбуваються задовго до використання дитиною слів і оволодіння мовою. Стадії розвитку в концепції Р. А. Шпіца – це рівні зростаючої складності у психічній структурі дитини. Початок кожної з цих

послідовних стадій знаменується появою специфічної афективної поведінки, що є індикатором нової фази розвитку. Показано, що в концепції Р. А. Шпіца розвиток дитини залежить від послідовного розвитку об'єктних відносин та встановлення лібідозного об'єкта (об'єкта прив'язаності і любові, яким найчастіше є мати).

Проаналізовано стадії розвитку об'єктних відносин та стадії розвитку «Его»/«Self» дитини: 1. Стадія недиференційованості (від народження до 2-3 місяців): протягом першого місяця життя немовля ще не розділяє себе та навколишнє середовище. 2. Стадія появи передвісника лібідозного об'єкта (від 2-3 до 7-8 місяців), яка розпочинається з появи соціальної посмішки, яка є репрезентацією «Его»/«Self». 3. Стадія появи лібідозного об'єкта (від 7-8 до 15 місяців), яка характеризується тривогою восьмимісячних або сепараційною тривогою (страхом розлуки) – закономірний прояв нормального розвитку дитини, що проявляється у віці близько 8 місяців. 4. Стадія семантичної комунікації (від 15 місяців до 2 років). З'являється символізація і фантазування, завдяки стрімкому розвитку мови. Розпочинається статева ідентифікація через статева диференціацію. Головна ознака стадії – поява негативізму на вербальному та невербальному рівні.

У статті аналізується феномен «госпіталізму» як наслідок дефіциту сенсорних, емоційних та інтелектуальних взаємодій із матір'ю (чи особою, яка її замінює). Показано, що розлад виникає під час тривалої розлуки внаслідок перебування в закладах інституційного догляду, лікарнях та в неблагополучних сім'ях. Продемонстровано, що материнська депривація, або неправильні, деструктивні стосунки в діаді «мати – немовля» можуть спричинити порушення в розвитку немовляти.

Ключові слова: психоаналітична педагогіка, стадії розвитку дитини, материнська депривація, госпіталізм.