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A NEW VIEW ON INTERPRETATIONS THE ETHIOLOGY OF THE PHENOMENON – COLICS IN THE NEWBORN

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ABSTRACT
The information available and the multitude of studies on the problem of colic in the newborn contain contradictory data and to date can not definitively explain the truth about the nature and cause of this phenomenon. There is no specificity in approaches to the therapy of the condition and alleviation of the anxiety of the baby. The publication aims to draw attention to the need to create a new approach to the search for the etiology of colics in the infant, based on the phenomenon of colic infarction in babies deprived of parental care, as well as taking into account another phenomenon - the lack of colics in children raised in the medical sector for newborns, but in the presence of the mother. The lack of colic in neonatal infant care homes is a phenomenon that, in our opinion, involves more in-depth research into the possibility that the mother's anxiety, projecting her unconscious feelings on the infant, would give more clarity to the issue for the etiology of the colic phenomenon in the newborn.

Key words: colic in the newborn; babies deprived of parental care

INTRODUCTION

Children's colic is a state of constant weeping in an otherwise healthy baby. This condition usually begins after the second week of birth and lasts until the third or fourth month of the child's life. It is observed in a very large percentage of infants, in a lighter or stronger form, no matter how they eat them. Both in the newborn and in their parents the condition is characterized by a test of intense discomfort and anxiety. Clinically, a spasm of spastic nature is observed in the infant, the attack begins unexpectedly, shortly after breastfeeding, or in some babies during sucking. The attack is accompanied by prolonged weeping, shouts, eruptions, as relief sometimes occurs after defecation or the appearance of gasses. When diagnosing colic, many pediatricians use the so-called "diarrhea", where parents note the frequency, character, duration of crying, and so on. Contemporary scientists are able to measure pain at a physiological level through brain waves, hormone levels and other physiological parameters, which has made it possible over time to conclude that baby colics give a different physiological response to tests that can not be defined as a reaction to physical pain.

For colics in the newborn a condition is assumed in which:
• The baby is less than 5 months old;
• It cries for more than 3 hours a day;
• Crying is usually seen after a meal;
• The newborn cries most strongly in the time interval between 18 and 24 aces;
• The crying lasts for 3 or more days of the week;
• There are no medical reasons for permanent baby crying

LITERATURE REVIEW

This publication aims to draw attention to the need to create a new approach in the search for the etiology of colic in the infant, proceeding from the phenomenon of the absence of a state of colic in infants deprived of parental care, and taking into account another phenomenon - the lack of colic in children raised in the medical sector for newborns, but in the presence of the mother.

Theories explaining colic are numerous, with none of them giving a definite answer to the question of the reasons for their occurrence (1).

Gas theory confirms their presence as an effect of colic, but does not answer the question of the etiology of colic itself. The theory of the allergic basis of colic condition shows another clinical picture traced in dynamics, despite the colicky-like onset of manifestation of the condition.

The theory of gastrointestinal problems does not explain the accompanying vomiting, choking and growth retardation in the presence of gastroesophageal reflux, which are absent in the colicky condition during the breastfeeding period. Some authors analyze the issue of lactose intolerance and seek answers to inability to digest, but these conditions, unlike colic, also include vomiting and retardation of neonatal growth. Other theories seeking the etiology of colic in gastrointestinal problems cited as reason the iron content in artificial milk or availability of food intolerances, other than allergies, but all the more in-depth studies reject such causes colic in the newborn.

The long-term follow-up of children who reported colic during the breastfeeding period proves that there is no correlation between subsequent cognitive and behavioral development, which excludes the timeliness of The Temperament Theory.

The theory of nervous system development addresses the question of the baby's neurological immaturity. According to the supporters of this theory, colicky babies are excited faster than those without colic. This exaggeration, according to them, leads to a more difficult sedation and maintenance of a state of mental comfort, expressed in calm sleep or normal waking. Supporters of theory believe that some babies find it harder to self-regulate to move to a state of rest because of more pronounced peculiarities in the development of their nervous system - more difficult to regulate the processes of excitement. According to some authors, this theory is supported by the presence of two of these observations - the disappearance of colic in all infants by the end of the fourth month and use strategies for calming involving actively speaking on behalf of the parents of the infant, rocking, singing, changing diaper , nutrition, and the like generally leads to an increase in the state of anxiety during colic, while strategies to suppress stimulation - dark, white noise, etc., prove to be more successful in calming the baby.

The theory of the psycho-social cause of colics in the newborn is based on the assumption that colic is not a somatic, but a psychological problem. Reasons are sought in a broken relationship between the child and his parents, especially in the presence of inexperience and increased anxiety or tendency to depression. There are data correlating colics in the newborn with stressed stress during pregnancy as well as showing correlation between maternal depression and the duration of anxiety in the newborn in the colicky condition. Parental anxiety is a lot years has been the subject of numerous studies aimed at establishing a link between it and the presence of colic in the baby. At the root of psycho-social theory, as a cause of colic in the baby, various problems are being considered in the attachment between the mother and the newborn. By tracking the development of a number of scientific psychological programs for mothers of colicky or colicky babies, it is proven that there is no direct correlation between the quality of the baby's attachment to the female parent and the length of his crying. Studies also confirm the lack of a link between the quality of affection and the severity of colic weights in babies. The conclusions of the critics of this theory, however, in our opinion are too extreme in their claims that the aforementioned results of the studies of the quality of attachment between the baby and mother, and colic, are undoubted evidence of a lack of link between parental behavior towards their babies and colic.

In colic therapy very often, the psycho-emotional state of the mother and other relatives taking part in the growing of the newborn is indicated as an important condition for a more painful course of the condition. In the literature there are described works where, as a cause of colic, there is a reaction of the child's organism to the unfavorable psycho-emotional environment in the family.

Persistent babbling may be linked to the appearance of quite serious family problems such as contortions, depression, guilt, shaken baby syndrome, premature breastfeeding, frequent visits to the doctor, maternal smoking, and more than four times more laboratory abnormalities tests, and prescribing drugs, etc. During pregnancy, the woman's body experiences significant changes that lead to a physiological condition that implies increasing anxiety and increasing fears about the future role of a mother. The nature of fears designed unknowingly on the newborn is complex and uneven. Fatigue from homebirth events, pains, questions about everything to come, sleeplessness,

baby's crying, and a number of factors lead to an increase in parental anxiety. The stress or depression of one or both of the parents can be extremely negative for the newborn. According to a large-scale study in Ireland, parents with high levels of stress in raising their baby show a lower degree of sensitivity to their needs. A major conclusion that emerges from the study is the need for sensitivity in the interactions found in the triad: a parent-mother to be controlled weekly to prevent potential negative effects of factors such as stress, anxiety, fears about the future of the baby, and etc.

In the theory of multiplex, emotions are conventionally defined as a kind of memory schemes that are formed on the basis of the repeatability of relationships with significant people throughout the human lifecycle. According to the differential theory of K. Ezard's emotions, there are three levels of emotion: neurophysiologically, expressively and subjectively (2). Much of today's research on emotions focuses on the interaction between body changes and feelings. Some studies have shown that specific emotions can be linked to specific models of physiological changes. The attachment behavior is such a class of behavioral reactions that is aimed at getting in touch with another individual. The opposite behavior (response) is the parent's concern for the child. By affection, the ability to create and maintain relationships based on this attachment develops. The first relationship of the child with the caregiver lies at the beginning and has a significant impact on the realization of the individual's further relationships. With this first connection the child learns what can and can not be expected from others.

Homes for medical and social care for children are places where the child is in a "multiple motherhood" situation (3). Missing the biological mother and in the conditions of the institution she is not replaced by an adult, emotionally engaged with the child, and daily meets and contacts with different persons. In the homes, the functions of the mother are shared among the various staff members. Thus, the emotional attachment that develops is not the quality that characterizes the true mother-child dia.

The lack of colic in new-born babies in child care homes deprived of parental care is a phenomenon that involves carrying out more in-depth research into the possibility that the mother's anxiety, projecting her unconscious feelings on the infant, would give more clarity to the issue of etiology of the colony phenomenon in the newborn.

The birth of a child per se is an existential event. During pregnancy and childbirth, the woman faces the existential features of body and the fear of transience of human life. During the pregnancy, a number of changes occur in the woman's body and change her form in a way that allows the growth of the fetus. The course of pregnancy, childbirth and pregnancy the condition of the baby, even in the cases of the best preparation for these events, can lead to disappointment, unheard of expectations, post-traumatic states or even heterogression /accusations against medical staff, hate to themselves, unpleasant thoughts related to the baby/.

In recent years, a number of psychoanalytic research studies focus the focus of their interests on the mother's personal history and the period of her pregnancy. They attach great importance to the process of shaping the baby's image in the future mother's imagination of adopting the newborn. The role of pregnant fantasy can cause dysfunction in the relationship in the diarrhea, leading to disturbances in normal affection. Many of these studies prove that a mother's own personal history after childbirth may trigger internal conflicts and concerns about previous stages of mother development while increasing the feeling that these crisis points will be recovered. For this reason, during pregnancy, the woman should integrate reality and subconscious fantasies, hopes and dreams relating to the child.

In a study by Brutmann and Radionova (4), quoted in their article "Forming maternal attachment to the baby during pregnancy", the focus of attention turned out to be 169 women of first age, who were from socially disadvantaged groups of the population aged 15 to 29 years. The results of the study, expressed as a percentage (**Diagram 1)**.

As is known, one of the important events during pregnancy is the emergence of a new sensory experience. Its formation is related to the fact that every woman has a feeling that is directly related to the movements of the forming fruit. Typically, women subjectively define these sensations as unusual, unmatched by any previous experience of body phenomena. Describing their experiences, women resort to visual comparisons and metaphors, such as "I swim a fish in my belly," etc. similar. Periodically emerging movements provoke a flow of fantasies related to the child himself and future motherhood. Even in the most desired pregnancy, there are conditions for the occurrence of all kinds of negative changes in the emotional sphere. At the physiological level, this tendency is related to the

natural one-sine-somatic and psychophysiological changes in the pregnant woman's body. Concerns and fears related to upcoming parenting often lead to panic and uncertainty in their ability to fully fulfill the maternal role, fears about the health and fate of the future child, worries about material well-being, personal freedom; experiences related to body metamorphosis, which many women may also associate with the feeling of sexual unattractiveness. Simultaneously with joy, optimism and hope, fear, worry, anxiety arise. This ambiguous complex, occurring in the earliest stages of pregnancy, influences the subsequent decision of each woman whether to give birth to the child or not, whether she is ready to be a mother or will take that function to someone else by renouncing her parental role.

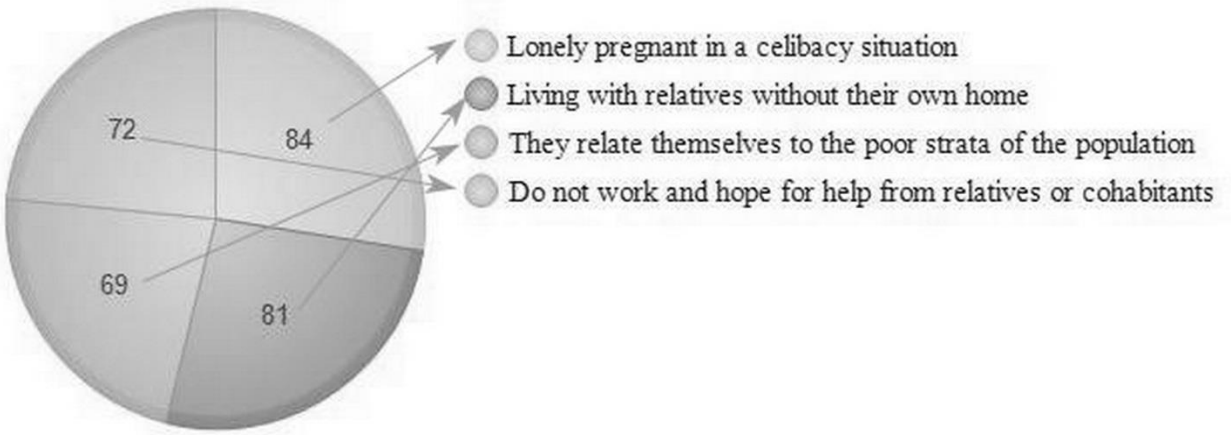

Diagram 1. Results of Brutmann and Radionova's research

Percentage distribution of cases of desirable and unwanted pregnancies (**Diagram 2**):

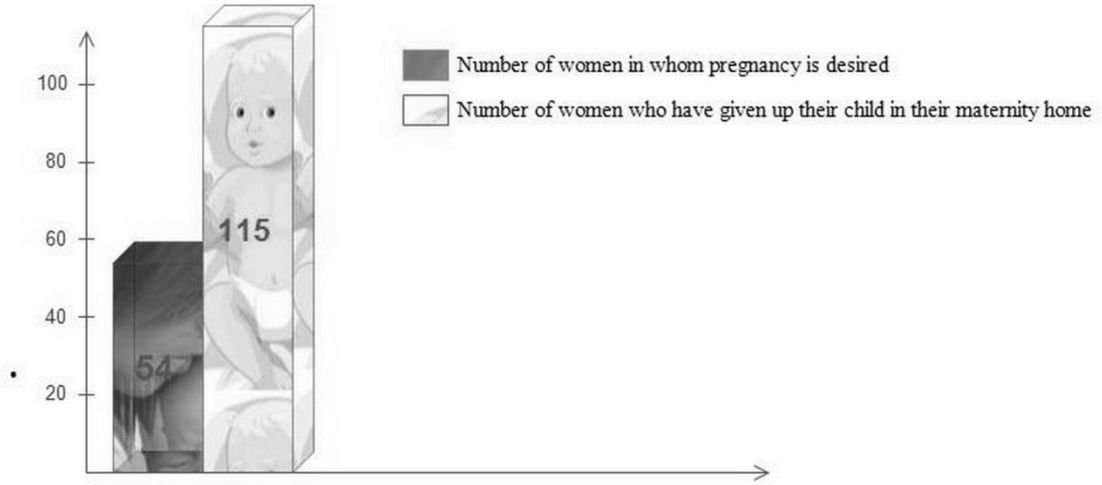

Diagram 2. Percentage distribution of cases of desirable and unwanted pregnancies

The analysis of the subjective experiences of women in which the pregnancy is undesirable shows that their body symptoms and emotional responses differ in principle from those of women whose pregnancy is desirable (5). However, in a variety of individual features, there are common features and two extreme variants of psychological status. In the first option, all women feel good enough. It is observed that, unlike women in whom pregnancy is desired, they experience the phenomenon of "early toxicosis" - reduced sensitivity to the movements of the fetus. There is also a general weak emotional response to the whole pregnancy. The phenomenon of some kind of hypoesthesia of body manifestations during pregnancy, when it is unwanted by the mother, leads to a psychological state that Brutman and Radioman's research team call atophosphorus /

thiophobia - from Greek pregnancy. Their observations and the results of the research show that atophio- diagnosis reveals a kind of "forgetting" of pregnancy and ignoring its symptoms. The literature describes cases where women deny their pregnancy, even during the beginning of a generic activity. In addition, these women do not feel or deny the onset of motor deprivation associated with weight gain, often with an elevated mood, inadequate optimism about the future of their unwanted child, such as that it will necessarily "get into good hands." This euphoric type of atheophyroidism leads to the formation of a condition whose role is to unlock mechanisms of protective behavior that block unwanted traumatic experiences.

Another psychological condition occurring in an unwanted pregnancy is characterized by hyperextension of body symptoms and marked rigidity of negative affects such as fear and depression. In these cases, there is an opposite to the first body-emotional phenomenon that can be referred to as "hyperapathic pregnancy". It has a deep sense of disgust and hatred for the future child, which creates particularly vivid and painful "infantile fantasies," during which the pregnant woman imagines the baby's dying. All body symptoms of pregnancy have a negative color. From the beginning, the movements of the fetus are unpleasant, experienced as marked and overly painful. Sensations are accompanied by the emergence of general mental tension and unpleasant fantasies. For an unwanted pregnancy, the emotional manifestations of the woman are expressed polar (**Figure 1**).

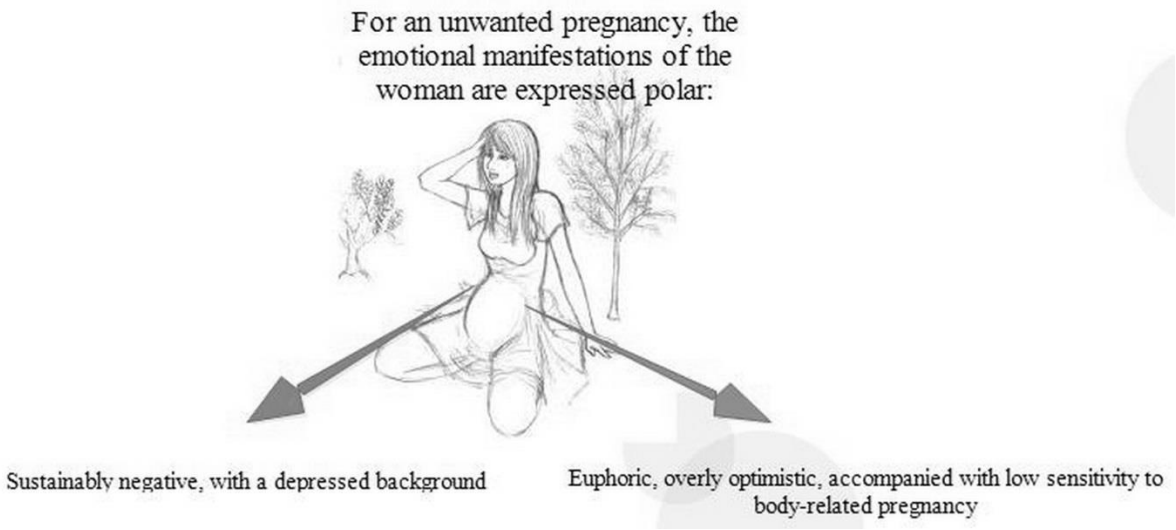

Figure 1. Manifestations in an unwanted pregnancy

Many studies also pay attention to the fact that post-natal depression with a non-psychotic origin is observed at high frequency, many times remaining unrecognized or masked by mothers due to a deep sense of guilt associated with the inability to qualitatively form attachment to the newborn. In a study conducted in Russia with 882 nursing mothers, 104 showed signs of postpartum depression (**Diagram 3)**.

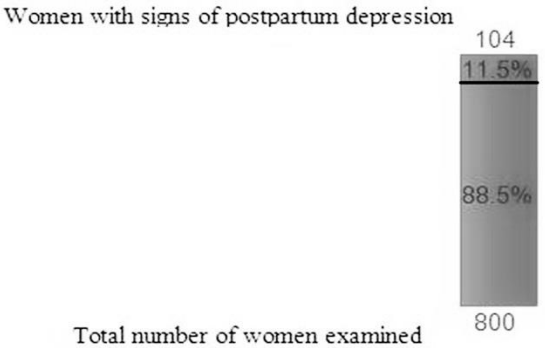

Diagram 3. Percentage of women with signs of postpartum depression

These women formed a core group with which the study was continued, allowing the following types of depressive behavior to be identified in mothers (**Diagrams 4**):

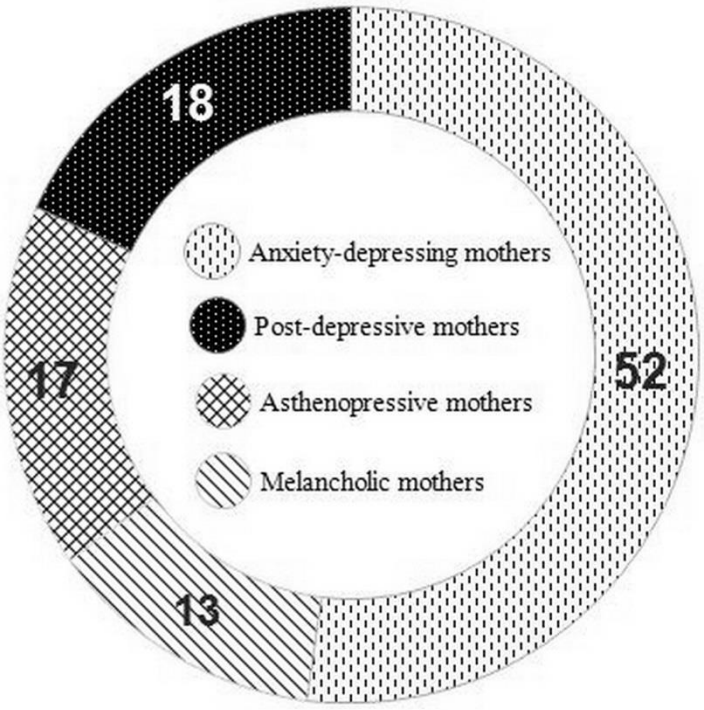

Diagram 4. Percentage distribution of women, according to the type of depressive behavior

Many women are expecting that motherly love will solve all problems in the relationship with the child, but they actually experience disappointment, fatigue, irritability, difficult tolerance of baby crying, and often reprimand themselves. Everyday duties cause helplessness, increased isolation, anxiety, unreasonable fears about the health, life and safety of the baby. The most common symptoms of stress after the third month of birth are mood swings, feeling of loneliness, sleep disorder, recurrent guilt and perceiving yourself as a "bad" mother, low self-esteem, chronic fatigue.

Swedish researchers (E.Ryding and colleagues), 2 weeks after the birth of their child, found that 55% of women experienced fear for their own lives and that of their baby. 85% were angry with a member or staff members in the maternity ward and rated the service as "bad".

According to L.MaClean and colleagues, they monitored women during the 6 weeks after the birth of their baby, they found emotional problems in their behavior at a large percentage of them.

In a study of 1550 women, J. Soderquist et al. have experienced symptoms of post-traumatic stress in most babies in the first weeks after childbirth. A.Pantlen and A.Rohde in retrospective studies of relatives born 1997-1998 found symptoms of post-traumatic stress, with 3.8% of those surveyed experiencing more than a few months. The first week after birth from nightmares suffered 3.1% of women born. Sleep disorders, difficulty falling asleep, hypermandiness, painfully increased reactions to information about their child, a sense of fear for their lives and that of the newborn were noted in a large percentage of women. According to M. Killien, 66% of women experience the birth of a child as a strong stress. The most common and most stressful experience occurs from the 1st to the 8th month after birth, gradually decreasing to the 1st year. C.Durnwalda and B.Mercera found stress symptoms in 67% of the women who studied at the 4th month after childbirth and 75% at the 8th. The results of these studies coincide with data from M. Killien. C.-H.Chung et al., Found signs of stress in 29% of women in Taiwan in the first week after birth and at 41% at week 3 (**Diagram 5**).

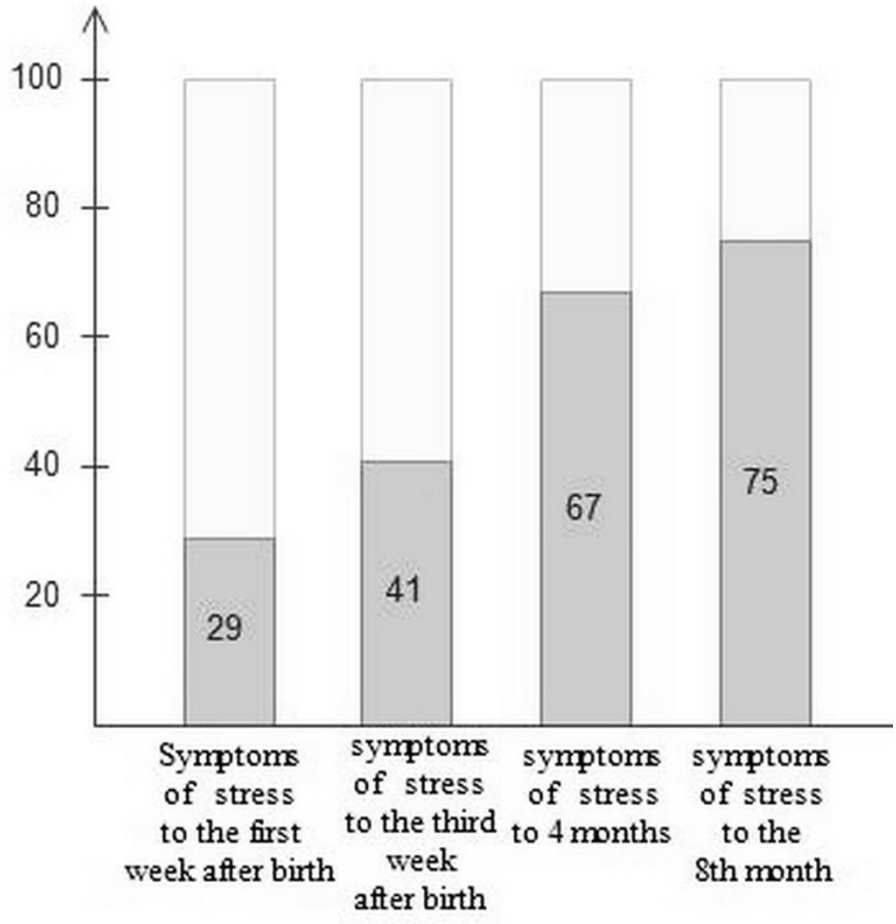

Diagram 5. Signs of stress in mothers of newborns, traced chronologically

In the study of 1000 Finnish women after the birth of their babies, 39% of the cases were postpartum depot symptom symptoms. The study continued with a survey of the couple, involving 373 mothers and 314 fathers. A high percentage of the study population found the presence of different stressful experiences related to the new role of parents, at 13% the level of stress found was in the values attributable to stress disorders. C. McMahon, B.Barnett et al. who assessed the presence of symptoms of anxiety and the presence of postnatal depaspation in 62% of the women surveyed by them.

The aim of this publication is to present to your attention a planned forthcoming study involving the voluntary participation of various professionals in the field of child development, the results of which we hope will give further clarity about the causes of colic occurrence in a large percentage of babies, born in families. Based on the fact that more than 95% of children placed in institutions from the earliest age do not experience colic, whether they are raised in the presence of their mother in a newborn or are abandoned in the maternity hospital, we want to draw attention to the need for a deeper study of the parent-child relationship through the prism of the psychoanalytic paradigm of desire or reluctance to be a parent. We believe that the realization of such a study will enable the discovery of a new field for analyzes and interpretations of the results as well as an extension of the range of approaches to the therapy of the condition. The study will have the task of confirming or rejecting the relationship between maternal anxiety during pregnancy and post-natal birth and the presence of colic in the infant's period. In the situation of babies kept in homes for medical and social care for children who have been denied by their biological mother very often even during pregnancy or immediately after their birth, we find the up-to-date facts of Brutmann and Radionova's research, allowed the differentiation of the two main types of protective reactions in an unwanted pregnancy. On the other hand, the desire to give birth to the baby is also a conflict situation that unlocks a different type

of protective reactions and manifestations of the pursuit of an idealistic maternal image of the child (6). It is also interesting whether mothers whose children are raised in the newborn sector for various medical and social reasons, but in their presence and with their active participation in the baby care process, the level of anxiety and post-natal depatability is lower, since as their responsibility in this care is shared with the medical staff.

The tasks we set out in relation to the upcoming study are as follows:

• Reporting accurate archive statistics on the percentage of babies raised in non-colicky child care homes for children;

• Opening up institutions to take part voluntarily in the survey by collecting the necessary data;

• Examine a sufficient number:

o mothers of newborn children who are placed in the newborn sector in the first months after birth in order to achieve statistically significant results;

o mothers of newborn children whose babies do not detect colic;

o mothers of newborn children whose babies are found to be colicky;

• based on the results obtained, updated statistics on the percentage of newborns who develop colic;

• identifying peculiarities in individual differences in outcomes or similar trends in the degree of anxiety in mothers in the first weeks after the birth of the baby;

• Developing a 3-stage program aimed at reducing the negative impact on the family and baby during the colic period:

o Diagnostic stage;

o Preventive stage;

o Final stage.

• informing specialists and institutions concerned with issues related to childhood development during the newborn for the upcoming study and creating a database of incoming volunteer results;

• analysis of results, drawing conclusions and conclusions;

• specifying a period for the realization of the study.

OBJECT OF RESEARCH.

• Babies deprived of parental care in the period of the newborn;

• Mothers of newborn children;

• Mothers whose babies are born after birth in a newborn sector but with their participation.

METHOD OF ASSESSMENT.

1. Archival method - analysis of data recorded in the records of children kept in homes for medical and social care to provide accurate statistics on the percentage of babies not experiencing colic;

2. Structured in the form of a poll interview based on data obtained from the literary review;

3. Psychodiagnosis of the level of anxiety of the examined mothers through the questionnaire Spielberge (**Table 1**).

Table 1. *Description of the Spielberger questionnaire*

Spielberger's questionnaire is a method of measuring anxiety. It allows a differentiated assessment of situational and personality-induced anxiety. The former manifests itself only in relation to specific events, and personal anxiety reflects the specific way in which an individual perceives events from the outside world - primarily as challenges and opportunities for development, or primarily as threats.	
Areas of application	Individual psychological counseling Clinical Psychology - Precise Assessment of Anxiety
Target population	Adults up to 60 years old
Ways of administration	Group or individual Standard administration (on paper)
Time for administration	20 minutes
Number of items	40
Format of the items	Statements with four responses
Scales	2
Description of the scales	T-Annoyance Evaluates stable and time-stable personal anxiety.
	S-Annoyance Evaluates the temporary, anxiety-driven situation.
Scoring	Manually using the test key

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