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Short Communication

Treating Pediatric Asthma through Bonding Therapy

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Abstract

Pediatric asthma affects more children than any other childhood disease. Causes have been linked to many factors, most noticeably maternal issues. Yatsenko, et al. 2016 [1] claim that bonding disruptions are at the heart of the majority of maternal factors.

Bonding disruptions were identified by Marshall Klaus and John Kennel, fitting into two primary categories: separation at birth and maternal distress. When either of these factors is present, a mother usually will not bond with her baby.

Introduction

Childhood asthma and bonding failures

The Bonding disruptions were identified by Marshall Klaus and John Kennel [2]. The Redwood Psychology Clinic has conducted six studies on the relationship between bonding disruptions and childhood asthma. The first three found that over 80% of asthmatic children had birth histories that indicated they had one or more bonding disruptions, such as the baby being removed immediately after birth to a Neonatal Intensive Care Unit or the mother suffering from some tragedy in her life [3-5].

The next three studies found that when the mother was bonded to her child through "Bonding Therapy," the child's asthmatic condition improved. Most of the children were declared cured by their doctors and were taken off all medications.

The first study involved six mother-child pairs [6]. Five of the six children, including two infants, experienced complete or nearly complete remission from asthma symptoms as measured across 18 variables.

In the second study [7,8], asthma symptoms improved in 12 of 15 children. Eight of the 10 children who were taking medication no longer needed to continue them.

The third study studied 16 children. More objective measures of asthma symptoms were followed, except for the two oldest adolescents, every child in the study showed improvement in all five categories of the Asthma Monitor: getting work done; shortness of breath; awakening at night; use of rescue inhaler; and asthma out of control.

Every child in the study (except the two older adolescents) improved in the STEP measure of asthma severity, with the average moving down from "Moderate Persistent or Severe Persistent" to "No Asthma or Mild Intermittent." There were fewer unscheduled doctor visits, and fewer trips to the emergency room, and every child had fewer housebound days. This improvement occurred without working directly with any of the children themselves but only with the mother.

As we discovered in our previous studies, this treatment does not seem to work for older adolescents. There has been speculation that this may be that bonding improvement has little effect on adolescents who are developmentally in the process of trying to separate from their parents.



Bonding therapy

“Bonding Therapy” is a three-step intervention as given below:

1. The Non-bonding Event (NBE) or events need to be identified. They are usually easy to recognize. The child was removed from its mother right after birth or the mother was going through some turmoil in her life, such as marital problems, a death in the family, or a tragedy that she suffered.
2. The NBE needs to be healed through some therapy such as EMDR, hypnosis, guided imagery, or some other intervention that is known to help the healing process. In many cases, the healing has already happened, such as when the death of a parent occurred several years before.
3. The mother is next brought through a new birth, without the NBE affecting her. She can be guided through this new birth by asking her to close her eyes and imagine several stages: finding out she is pregnant, going through each of the trimesters, having an easy birth, and staying with her baby.

When these steps are taken, the mother will be bonded to her baby, and her child’s condition will most likely improve. If she cannot imagine one of the stages of the pregnancy or birth, it usually means that there is some NBE that has not been healed.

Case studies and discussion

Case # 1 (All identifying information is changed in these cases)

A 6-year-old child was severely asthmatic, with several ER visits a month, two hospitalizations, many courses of steroids, many days absent from school, and a full load of medications.

The mother reported the NBEs: the boy’s father left her during the pregnancy, the child was born and immediately transferred to the NICU, and she was discharged from the hospital without her baby, while her child needed to stay for three days. When she received her child, she remembers thinking, “There is something wrong here. This doesn’t feel like my baby. Did they give me the wrong baby?”

The mother was told about bonding disruptions, and she cried, “I always thought this was my fault. It isn’t!” She was hypnotized and asked to clear out any sadness about the boy’s father leaving, which was easy to do because time had healed that pain. She was asked to clear out any grief from the other NBEs. And then she was taken through a new birth, the way she wanted. She cried through this part of the “Bonding Therapy.”

In two days, her child’s asthma was gone: no more wheezing, no wheezing with playing, no wheezing when he caught a cold. The boy’s doctor found no need for him to continue his medications.

The boy’s asthma returned, however, when he visited his father. The mother told the father to bring him home; and when he returned, his wheezing immediately stopped. She reported that she now felt what it was like to love him.

Case #2

One-and-a-half-year-old boy was with his 15-year-old mother in a special high school, where mothers were allowed to bring their children to school. He was very asthmatic, and his mother had to bring a respirator with her to school.

Her NBEs were that she was sent to live with an aunt in a different state when her ashamed parents discovered that she was pregnant. The aunt was also critical of her. She was returned to her parents after her son was born.

Her other NBE was that the father would have nothing to do with her after he was told that she was pregnant.

She was guided through “Bonding Therapy” in two sessions, healing the shame and sadness and then taken through a new birth. Within a week her baby’s condition improved dramatically, and the pediatrician took him off all medication.

Conclusion

Years of research have focused on the factors that contribute to pediatric asthma. Most point to disruptions in bonding as being linked to the development of asthma. When these factors are healed through some form of therapy, and a new birth is imagined, most children’s asthma will improve.

Author contribution

Antonio Madrid, Ph.D., is a psychologist at the Redwood Psychology Center, in Sonoma County, CA. He is a past professor at the University of San Francisco and a former member of California’s licensing board.

Acknowledgment

For more information, you can check out: www.mibsonoma.weebly.com

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