

Bonding Disruptions and Asthma

Antonio Madrid *, Nick Bennett

Catholic Health Physician Partners. Specialities. Cardiology, Interventional Cardiology.

*Corresponding Author: Antonio Madrid and Nick Bennett, (2023 Bonding Disruptions and Asthma.

Received date: July 31, 2023; Accepted date: August 07, 2023; Published date: August 14, 2023

Citation: Antonio Madrid and Nick Bennett, (2023), Bonding Disruptions and Asthma, *Archives of Medical Case Reports and Case Study*, 7(3); DOI:10.31579/2692-9392/178

Copyright: © 2023, Antonio Madrid. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

The connection between childhood asthma and birth problems has been studied for over 80 years. The conclusion of Yatsenko (2012), who documented the history of birth issues and asthma, is that when the Maternal-Infant Bond is disrupted, there is a greater chance that a child will develop asthma.

How is this bond disrupted? There are two main ways: when the child is separated from its mother at birth, or when a mother is distressed during pregnancy or birth.

Maternal distress typically occurs when the mother is grieving over the death of someone close, or if she is distressed by marital troubles, or if she is ill, or if she is upset by something in her life.

Yatsenko (2016) summarizes the connection as follows:

Modern research suggests that multiple asthma risk factors are also possible results of poor maternal-infant bonding, supporting the theory that a poor maternal-infant bond may make a child vulnerable to the development of later asthma.

Although signs of disrupted bonding are fairly easy to detect, a method for correcting the bonding disruption has not been discovered until recently. This method, called Bonding Therapy, is composed of three steps: [1] discovering the Non-Bonding Event that led to the bonding disruption; [2] healing this event; [3] creating a new birth in the mother's mind and memory. Once these three tasks are accomplished, the mother most likely will be bonded with her child and feel love.

(1) Discovering the Non-Bonding Event(s)

If there is no maternal-infant bond, it is fairly easy to detect. The mother might say that there has been something wrong with this baby from the start—not easy to comfort, colicky, not affectionate, antsy, and different from her other children. She may even say that everyone loves this child, except she does not feel the same way.

If there is a bonding failure there is always a cause, a Non-Bonding Event (NBE). The *Maternal Infant Bonding Survey* can be helpful in finding the NBE. It can be found at: www.mibsonoma.weebly.com. The incidence of NBEs and asthma is high. Two studies at the Redwood Psychology Center found that over 80% of asthmatic children had birth histories compatible with non-bonding (Feinberg 1999, Schwartz, 2000).

Pennington (2000) stated that the four most frequent causes of a bonding disruption are: emotional problems during pregnancy, delay in first holding the baby, death of a significant family member during the child's first year, and emotional problems during the child's first year.

It is important to note that non-bonding is not the mother's fault. It is usually the result of an accident of birth. She will be glad to learn this.

(2) Healing the NBE

There may be more than one NBE; and each of them has to be resolved, i.e., the emotional impact needs to be drained. In many cases, this has already occurred through time and life's ways of healing difficult events.

However, when there is still some emotional impact from the NBE, this must be resolved. EMDR and hypnosis are powerful and quick interventions that can heal the NBE.

If using hypnosis, the narrative can go like this:

Your inner mind can heal this sorrow, and when it does so, your index finger will start floating, or you can tell me "Now." Good. Now is there anything else?

The mother does not have to relive what happened in order to relieve it. It most often does not take more than a few minutes to resolve the NBE.

(3) The New Birth

This is an essential piece of the process. Often the NBE has been resolved through time or therapy; however, unless the mother can experience the birth the way that she wanted it, there will be no change in the mother-child relationship.

This new birth should include these events: finding out that she is pregnant, going through each of the three trimesters without the NBE interrupting the connection between the mother and child. The birth itself follows along with the baby lying on the mother's chest, nursing, sleeping together, and staying together throughout the hospitalization. Then they return home.

If there is difficulty achieving a part of the new pregnancy and birth, usually there is a hidden NBE that has not been resolved.

When these scenes are generated, the mother is asked to store these new memories in her heart and mind. The narrative can go like this: "This review has been done in collapsed form, but the memories will play out throughout the days, weeks, and months."

The mother will most likely start feeling differently towards her child right away. We have heard mothers report that she missed her son (for the first time in his life); that he ran across the front room and jumped into her arms (for the first time); that he asked to cuddle with her (for the first time); that she played with him for hours; and that his asthma got better.

“Better” means no more wheezing even with colds or exercising, no more ER visits, no more rescue inhalers, and less or no medicines.

Conclusion

This three-pronged process shows evidence that maternal-infant bonding disruptions can be resolved. Finding the non-bonding event, healing the emotional upheaval, and creating a new birth in the mother’s mind seems simple. That is due the fact that it is simple.

Yatsenko ends her review article with:

If future research finds that strengthening a poor initial maternal–infant bond is possible through therapy, and that it does, indeed, improve asthma symptoms as Madrid and colleagues’ preliminary research currently suggests (Madrid, 2005; Madrid & McPhee, 1985; Madrid et al., 2004, 2012), this could provide an alternate avenue for families whose asthmatic children do not respond well to current treatments to explore. Furthermore, if, as in several of Madrid’s patients, asthma symptoms can permanently disappear in some patients after bonding therapy, this may be the first treatment for the condition that may lead to an actual cure rather than simply symptom suppression.

The limited evidence from the three studies conducted by the Redwood Psychological Center suggests that [1] some asthma conditions are linked to difficult births; [2] these difficult births are related to delays in holding the baby or maternal upset; [3] there is a treatment that connects the baby and mother called Bonding Therapy; and [4] when this therapy is used, the child’s asthmatic condition usually improves or heals.

References

1. Feinberg, S. (1988). Degree of maternal infant bonding and its relationship to pediatric asthma and family environments. Unpublished doctoral dissertation. The Professional School of Psychology, San Francisco.
2. Klaus, M. H., and Kennell, J. H. (1976). Maternal-infant Bonding. St. Louis: Mosby.
3. Madrid, A., Ames, R., Skolek, S., & Brown, G. (2000). Does Maternal-Infant Bonding Therapy Improve Asthmatic Children’s Breathing? *Journal of Prenatal and Perinatal Psychology and Health*, 15, (2), 90-117.
4. Madrid, A., Brown, G., Pennington, D., & Wolfe, M. (2011). Helping Asthmatic Children Through Bonding Therapy. *J of Prenatal and Perinatal Psychology and Health*, 26, 10, 65-85.
5. Madrid, A., Ames, R., Horner, D., Brown, G., & Navarrete, L. (2004). Improving Asthma Symptoms in Children by Repairing the Maternal-Infant Bond. *Journal of Prenatal and Perinatal Psychology and Health*, 18, (3), Spring, 221-231.
6. Pennington, D. (1991). Events associated with maternal-infant bonding deficits and severity of pediatric asthma. Unpublished doctoral dissertation, Professional School of Psychology, San Francisco.
7. Schwartz, M. P. (1988). Incidence of events associated with maternal-infant bonding disturbance in a pediatric population. Walnut Creek.
8. Yatsenko, O., Pizano, P., & Nikolaidis, A. (2016). Revisiting maternal-infant bonding’s effects on asthma: A brief history. *Cogent Psychology*, 3(1).
9. Antonio Madrid, PhD and Nickolas Bennett, Psy work at the Redwood Psychology Center, PO Box 519, Monte Rio, CA 95462.



This work is licensed under Creative Commons Attribution 4.0 License

To Submit Your Article Click Here: [Submit Manuscript](#)

DOI: [10.31579/2692-9392/178](https://doi.org/10.31579/2692-9392/178)

Ready to submit your research? Choose Auctores and benefit from:

- ❖ fast, convenient online submission
- ❖ rigorous peer review by experienced research in your field
- ❖ rapid publication on acceptance
- ❖ authors retain copyrights
- ❖ unique DOI for all articles
- ❖ immediate, unrestricted online access

At Auctores, research is always in progress.

Learn more www.auctoresonline.org/journals/archives-of-medical-case-reports-and-case-study