

The Treatment of Pediatric Asthma with Bonding Therapy

Antonio Madrid *, Richard Giovannoli

Redwood Psychology Center.

*Corresponding Author: Antonio Madrid, Redwood Psychology Center.

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Abstract:

The culmination of years of research in this area led Yatsenko [1] to investigate the major factors involved: maternal distress, depression, C-section deliveries, and interaction problems witnessed early on. She found a strong link between disruptions in maternal-infant bonding and the development of asthma. She also wrote that the Redwood Psychology Center in Sonoma County seems to have developed a treatment that significantly helps asthmatic children. The current article discusses how this treatment was discovered and the research that supports its effectiveness

Key words: Psychology; asthmatic children; regimen of medications

Introduction

The connection between childhood asthma and maternal factors has been studied for eighty years. The culmination of years of research in this area led Yatsenko [1] to investigate the major factors involved: maternal distress, depression, C-section deliveries, and interaction problems witnessed early on. She found a strong link between disruptions in maternal-infant bonding and the development of asthma. She also wrote that the Redwood Psychology Center in Sonoma County seems to have developed a treatment that significantly helps asthmatic children. The current article discusses how this treatment was discovered and the research that supports its effectiveness.

The First Case

The Redwood Psychology Center is a non-profit Psychology Clinic in Northern California that diagnoses and treats children and their families and often uses hypnosis in their treatment. Our first case working with an asthmatic child was a seven-year-old girl with out-of-control asthma. She was referred to our clinic to see if hypnosis could help her with her asthmatic condition. She was on a full regimen of medications including steroids, broncho-dilators, and homeopathic remedies. Her mother said that she took her to the local ER at least once a month, that she was frequently kept home from school, and that she was a very sick little girl.

Traditional counseling techniques including hypnosis did not help in alleviating her symptoms, and treatment for the little girl was discontinued. However, her mother decided to continue counseling herself. At one point she mentioned that despite the enormous amount of work that she did for her daughter, she did not have any feelings of love for her.

This sparked a new interest in her counselor since maternal disaffection was a major indicator of a failure in bonding between a mother and her child. Klaus and Kennel [2], both pediatricians at Case Western University Hospital, discovered that the bond between a mother and her child could be disrupted by several factors at the time of birth; and maternal disaffection was one of the indicators of a failure to bond. They identified several causes of bonding failures, including separation at birth or also maternal distress. The mother was asked about the birth of her daughter. There were many disruptions in her daughter's birth, including the father leaving the family during the pregnancy, being thrust into poverty, loss of her OB-GYN, her daughter being born sick and spending time in the Neonatal Intensive Care Unit (NICU), and being sent home without her daughter. She remembers later receiving her daughter at the hospital and thinking, "Are you sure you have the right baby here?"

She was greatly relieved when she heard about the connection between lack of feelings and birth issues. "You mean it's not my fault?" She agreed to work on the birth. We started out by using hypnosis to clear up any residual feelings that she had about her husband, the doctor, and being kept away from her daughter for a long period of time. She did this in quick fashion. Then she was asked to imagine having a perfect birth, going through the various stages of pregnancy and delivery, and her daughter staying with her without interruption. During this phase of the experimental treatment, she wept.

At a later appointment, she announced that her daughter's asthma was gone: no more attacks, no more ER visits, no more missed school days, no more wheezing, and no more medications. In addition, she said that she now knew what it was like to love her daughter.

Additional Cases

Being surprised by this, we found three other cases of asthmatic children in our clinic who had births that fit the paradigm of a disrupted birth with at least one Non-Bonding Event (NBE).

The first case was a child who was conceived one year after there was a crib death in the family. At the time of her son's birth, she was still grieving and was worried as well about losing this baby. The mother was treated in the same fashion: clear up the grief and imagine a new birth. The therapy was done entirely with the mother. Within two days the child's asthma was gone: no more wheezing, no more meds, and a new ability to play vigorously. She phoned the office saying, "I'm looking out of my kitchen window at my son playing soccer for the first time in his life!"

The second case was the child of a young mother who was shipped off to an aunt in a different state when she got pregnant. Her parents were ashamed of their 14-year-old daughter getting pregnant, and her aunt was equally ashamed. After her daughter was born, she returned home and attended a high school that allowed babies to be with their mothers at school. Her baby was the sickest child in the class. She had to tote around a respirator because her daughter had a hard time simply breathing. She was treated in the same fashion: under hypnosis clear up her own guilt and shame and then have a joyful pregnancy and birth. After two sessions, her daughter was symptom free; and mom was thrilled to donate the respirator to Goodwill.

The third case was a six-year-old adopted daughter whose medical treatments were not giving her relief. She was on inhalers, bronchodilators, prednisone, and now was beginning a second course of antibiotics. Her doctors were baffled and did not know why she was not responding.

Since she was adopted, there was no question that her bonding process had been disrupted. Under hypnosis, mom was led through the full nine months of carrying her baby. She continued with an easy, painless birth, and when it was suggested that she see and feel the nurse laying her baby on her chest, tears poured from her closed eyes. She was then guided to create an alternate version of the first week wherein the two of them cuddled, nursed, napped and rejoiced in one another's constant closeness. From that foundation, mom brought her experience of being her mother forward to the present.

A month later, this letter from mom arrived: "Well, I got home from my time with you and the first thing my daughter said was, 'Mom, I want to snuggle on the couch with you.' That was freaky since she never wanted this begone. And in terms of her health, she is ALL BETTER NOW."

Early Studies

We were left with the question: How often do asthmatic children have birth histories that include a Non-Bonding Event (NBE). We ran three studies with 30 children in each group—30 non-asthmatic children and 30 asthmatics in each group. Steven Feinberg [3] found that about 25% of non-asthmatics had histories that included a NBE as compared to 85% of asthmatic children. Melissa Schwartz [4] found almost the exact results (24% vs 86%), Dale Pennington [5] found that the three events that interfered most with bonding were separation at birth, a death in the family, or maternal distress during a year surrounding the birth. So, to our

thinking, following these small samples, asthma seemed linked to bonding problems.

Following this connection between asthma and disruptions in bonding, we looked at what would happen if unbonded mothers were somehow able to bond to their asthmatic children through a therapy that focused on bonding. Bonding Therapy identifies what went wrong in the pregnancy or birth, then heals that trauma, and finally has the mother use imagery to visualize the ideal birth.

Three studies [6-8] used this Bonding Therapy model with the mothers of 37 asthmatic children. Thirty-one of the children (83%) improved in the following measures: days housebound, interrupted sleep, wheezing with exercise, unplanned doctor visits, ER visits, use of rescue medications, overall use of medication, and the mothers' impression of over-all health. The age of the child was a significant factor in improvement: older children (>12 years old) did not improve, while younger children, even infants, improved the most. And, surprisingly, the last study showed a reduction in depression on the Beck Depression Inventory for all the mothers, even those whose children did not improve.

Conclusion

If an asthmatic child has a birth history that includes a Non-Bonding Event (NBE), there is a good chance that his or her condition will improve if the mother gets treated with Bonding Therapy. Bonding Therapy consists of the mother healing the NBE(s) and then imagining a birth the way that she wanted. The NBE usually involves separation at birth or maternal trauma/grief around the time of the birth. Early research suggests the effectiveness of this treatment.

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