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Short Communication

Pediatric Asthma: Improvement with Bonding Therapy

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Abstract

Childhood asthma has been linked to many causes, most of which have to do with the child's birth, including accidents at birth, premature births, time spent in the Neonatal Intensive Care Unit, separation from the mother at birth, maternal grief, and other issues that keep a mother from bonding with her baby. And when those accidents are healed in the mother and a better birth is imagined and incorporated into the mother's psyche, the child's symptoms seem to improve and may even be eliminated.

Keywords: Samanid epoch; state; prosperity; agriculture; trade; craft; production; culture; scientists

Research linking pediatric asthma to early life factors

Mrazek, et al. (1991), at the National Jewish Center for Immunology and Respiratory Medicine in Denver, studied 150 children whose mothers were asthmatic. They found a link between early problems in coping/parenting and the subsequent expression of asthma. Klinnert et al. (2001) surprised by this finding, noted that this link between parental stress in caregiving and the subsequent development of asthma was the first documented report of such a connection.

Maternal stress has been shown to be caused by many factors: Cesarean section deliveries, maternal health issues, psychological problems, maternal despondency, to list a few. Cesarean section deliveries and emergency Cesarean sections have been linked to childhood asthma. A Finnish study of 60,000 births found that mothers who delivered by Cesarean sections were 50% more likely to have a child who later developed asthma (Kero et al., 2002). Emergency Cesarean section deliveries (even more stressful) predictably raised the asthma rate up to 60%. This finding was replicated by Roduit et al. (2009) who studied 2,917 children.

Annesi-Maesano, et al. (2001), using a British cohort of 2583 mothers, investigated whether in utero and perinatal influences contribute to the development and severity of asthma in childhood. Childhood asthma was more frequently reported by mothers when there had been health complications during pregnancy, labor, or delivery, or when the child was ill during the first week of life. She concluded that there is evidence that in utero and perinatal factors may increase the risk of developing asthma. Similarly, a Norwegian study of over 1.5 million mothers and 5,938 asthmatic children found that many types of pregnancy complications represented a risk factor for the development of asthma in the offspring (Nafstad et al., 2003).

Kozyrskyj et al. (2008) studied healthcare records of 13,907 children and their mothers from Manitoba databases. Healthcare or prescription medication for depression or anxiety was used to define maternal distress, and asthma status was determined from the children's asthma prescription records. They found that risk for childhood asthma was increased among children who were exposed to continued maternal distress from birth until age 7 years. Similarly, a Puerto Rican study concluded that maternal depressive symptoms were associated with an increased risk of asthma hospitalizations at age 1 year (Lange et al., 2011).

Mother-child interactions have been shown to predict the development of asthma in the child by school age. Mantymaa et al. (2003) showed that psychological stress is associated with physical illnesses like asthma or infection. As mentioned above, Klinnert et al. (2001) investigated many factors associated with childhood asthma and found that global assessment of parenting problems was a predictor of the development of asthma by age 3.

In that same vein, Wright et al. (2002) found that greater levels of caregiver-perceived stress at 2 to 3 months was associated with increased risk of subsequent repeated wheeze among children during the first 14 months of life. Further, they found that prenatal stress was associated with altered innate and adaptive immune responses, concluding that stress-induced perinatal immunomodulation may impact the expression of allergic disease in these children (Wright et al., 2010).

Cassibba et al. (2004) found that children affected by asthmatic bronchitis were less securely attached than healthy comparisons. These children showed less harmonious and comfort seeking behaviors than healthy children, indicating insecure attachment.

Yatsenko et al. (2016) reviewed these studies and suggested that these risk factors are most likely the result of poor maternal-infant bonding. "Maternal-infant bond" is a term developed by Klaus and Kennell (1976), who discovered that a child will not bond with its mother if it is separated from

its mother at the time of birth or if the mother is distracted by her own personal issues.

Bonding Disruptions and Childhood Asthma

Three studies at the Redwood Psychology Center in Sonoma County investigated the relationship between pediatric asthma and the difficulties that a mother experiences in bonding with her baby. Using the "maternal-infant bonding" paradigm of Klaus and Kennell, these studies looked at the incidence of bonding problems within a pediatric asthma population as compared to a well-baby group.

In the first of these studies Feinberg (1988) showed that bonding disruptions occurred three times more frequently in mothers of asthmatics than in mothers of well-babies (84% vs 24%). Schwartz (1988) found almost identical numbers: 86% vs 29%.

Pennington (1991) in the third study found that four "non-bonding events" were most predictive of asthma: delay in holding the baby, family death in first year, emotional problems during pregnancy, and maternal emotional problems in the first year. He concluded that bonding disruptions appear to be the mediating variable that links pediatric asthma with the various maternal factors and stressors that have been identified by numerous researchers.

If this is the case—that bonding disruptions are the link between all of these perinatal factors and pediatric asthma—the next question logically surfaced: "What happens if the mother becomes bonded to her asthmatic child?"

This observation and hypothesis was subjected to three pilot clinical trials. In these studies, each of the mothers was treated with a therapy that focused entirely on processing the traumas surrounding the birth of her child and then creating an imagined idealized birth. The hypothesis was that this would repair the disrupted maternal-infant bond and would have an impact on the child's asthma.

The first study involved six mother-child pairs (Madrid et al, 2000). 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 (Madrid et al., 2004), asthma symptoms improved in 12 of 15 children. Eight of the 10 children who were taking medication no longer needed to continue them.

In the third study (Madrid et al., using more stringent measures of asthma symptoms, the previous findings were strengthened: that bonding a mother to her child improved the child's asthma symptoms. With the exception of 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; asthma out of control.

Every child in the study (Madrid et al., 2006) 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, fewer trips to the emergency room, and every child had fewer housebound days. These improvements occurred without working directly with any of the children themselves, but only with the mother.

This treatment does not seem to work for older adolescents. It may be that bonding improvement has little effect on adolescents who are developmentally in the process of trying to separate from their parents.

Childhood asthma can be healed

Seven studies have been conducted that confirm this assertion. The first three investigated the claim that disruptions in maternal-infant bonding are related to childhood asthma, finding that over 80% of asthmatic children had births that pointed to disruptions of bonding as compared to children without asthma, who showed disruptions in 25% of cases.

The next three studies investigated the effect on children when their mothers went through Bonding Therapy, a treatment that processed and healed the disruptions (like death in the family) and then allowed the mother to imagine the birth the way that she wanted it, without the disruptions interfering. A total of 37 mothers were treated in this fashion, and 31 children improved in absenteeism, playing without wheezing, having a cold without wheezing, improvement of overall health, and reduction or elimination of medications. Younger children did better than adolescents.

The conclusion from this investigation is that (1) childhood asthma is linked to perinatal factors such as separation at birth and maternal distress and that (2) correcting these bonding disruptions can improve the child's health.

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