
Help Childhood Asthma

Antonio Madrid*

Redwood Psychology Clinic, Monte Rio, USA

***Corresponding author:** Antonio Madrid, Ph.D, Redwood Psychology Center, PO Box 519 Monte Rio, CA 95462, USA; E-mail: madrid@sonic.net

Received: October 19, 2023; **Accepted:** November 14, 2023; **Published:** November 22, 2023

1. Introduction

Through years of research, childhood asthma has been linked to a variety of contributing factors, including mother-child issues. Yatsenko [1], reviewing the connection between childhood asthma and early childhood issues, writes: 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.

2. The Concept of Maternal-Infant Bond

The “Maternal-Infant Bond” concept was first discussed by two Case Western Reserve pediatricians, Klaus and Kennell [2], when they noticed that several of the children, they cared for in the Neonatal Intensive Care Unit often returned to the hospital abused, underweight with Failure to Thrive, respiratory difficulties, and other medical problems. They concluded that separation at birth might have contributed to disruptions in maternal-infant bonding, which was instrumental in their later problems. These disruptions occur when there is separation at birth, either physical separation or emotional. Physical separation occurs when a child is removed from its mother at birth. Emotional separation occurs when the mother is severely distressed by an event in her life that overwhelms her, like a death of someone close, marital difficulties, addiction, a traumatic event, or anything else that causes sadness or emotional problems.

3. Research at Redwood Psychology Center

A number of small studies by the Redwood Psychology Center in Sonoma County looked at the occurrences of bonding disruptions within a childhood asthma group and compared them to children without asthma. Feinberg [3] found that bonding

disruptions occurred in 84% of asthma cases as compared to 24% of non-asthmatics. Schwartz [4] found nearly the same results, 86% compared to 29%. Pennington [5] found that asthma was affected by four factors: delay in holding the baby, family death in first year, emotional problems during pregnancy, and maternal emotional problems in the first year. Though small in number, these studies were statistically significant.

Following these studies, three small but statistically significant investigations were conducted to see if repairing the maternal-infant bond would have any effect on a child's asthma. Combining all three studies together (Madrid et al [6-8]), they found that when the bond was repaired, 87% of children got better. Their improvement was in the areas of absenteeism, number of asthma attacks, emergency room visits, playing without wheezing, getting a cold without getting an asthma attack, and reduction in medication.

The conclusion from these studies was that if a child has asthma there is a very good chance that a disruption in bonding was part of the child's history; and if the bonding is repaired, the child's asthma will improve.

4. How It Works

Bonding Therapy is a three-part procedure.

- 1) The non-bonding event (NBE) needs to be identified. Klaus and Kennell concluded that bonding disruptions occur from a limited number of events, usually characterized as physical separation or emotional separation. traumatic event. Maternal-infant Bonding is falling in love with one's baby. If the mother doesn't get to be with the baby, she typically does not fall in love with her baby. And if she is greatly bothered by some personal issue, she probably will not fall in love with her baby, although Klaus and Kennell state that it can occur at a later date, though that is not typical. When a mother is not bonded to her baby, we frequently hear that she has not felt the way that she thought she should feel about her baby, or that everyone loves this baby (or child) except her, or that the baby has been hard to please, or that the child has had all kinds of physical problems.
- 2) When the NBE is discovered, the next step is to heal the event. Most of the time, it is already healed. For example, the mother may be over the death of someone close. If, however, the event is still bothering her, this needs to be healed through some therapeutic intervention. Once that is completed (and it usually does not take very long), then the third step can begin.
- 3) The mother is asked to imagine the birth the way that she hoped it would be. She is quickly taken through the steps of pregnancy: learning she is pregnant, the three trimesters, the birth of her baby, holding and nursing the baby, and staying with her baby throughout the hospitalization and returning home.

She can do this through her imagination or with the help of EMDR, guided imagery, hypnosis, or any other method that can help.

Following these three steps, the child's health can be expected to improve.

5. Summary

Disruptions in maternal-infant bonding has been associated with the development of childhood asthma. These disruptions can occur when the mother is emotionally preoccupied by the grief of something in her life or by physical separation from her baby at birth. When the grief is resolved and a new birth is installed in her mind, she will feel bonded to her baby and the child's asthma will likely be healed.

REFERENCES

1. Olga Y, Pizano J, Nikolaidis A. Revisiting maternal–infant bonding's effects on asthma: A brief history. *Cogent Psychol.* 2016.3(1):1161267.
2. Klaus MH, Kennell JH. *Maternal-infant Bonding.* St. Louis: Mosby, USA; 1976.
3. Feinberg S. Degree of maternal infant bonding and its relationship to pediatric asthma and family environments (Unpublished doctoral dissertation). The Professional School of Psychology, San Francisco, CA. 1988.
4. Schwartz MP. Incidence of events associated with maternal-infant bonding disturbance in a periatric population. Unpublished doctoral dissertation, Rosebridge Graduate School, Walnut Creek. 1988.
5. Pennington D. Events associated with maternal-infant bonding deficits and severity of pediatric asthma. Unpublished doctoral dissertation, Professional School of Psychology, San Francisco. 1991.
6. Madrid A, Ames R, Skolek S, et al. Does Maternal-Infant Bonding Therapy Improve Asthmatic Children's Breathing? *J Prenat Perinat Psychol Health.* 2000;15(2):90-117.
7. Madrid A, Ames R, Horner D, et al. Improving Asthma Symptoms in Children by Repairing the Maternal-Infant Bond. *J Prenat Perinat Psychol Health.* 2004;18(3):221-31.
8. Madrid A, Brown G, Pennington D, et al. Helping Asthmatic Children Through Bonding Therapy. *J Prenat Perinat Psychol Health.* 2011;26(10):65-85.