

The Mother and Child Reunion Bonding Therapy: The Four Part Repair

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Abstract: Repairing the broken bond between a mother and her child is relatively easy when one knows how to do it. The four-stage protocol presented here involves (I) suspecting that there is a bonding problem, (II) searching for the cause, (III) metabolizing the painful feelings, and (IV) creating an alternative birth. The therapy is short, quick, and effective. Eight cases are presented as examples.

Keywords: Bonding, Bonding Therapy, Infant-Parent Bonding, Attachment

Introduction

Since Marshall Klaus and John Kennell (1976) first wrote about maternal-infant bonding, bonding disruptions and their causes have been relatively easy to detect; but there has not been a reliable, proven way to repair the damage. This article describes a procedure for fixing bonding disruptions and offers eight case illustrations. The protocol described has been successfully used with a large number of clients and has withstood the rigor of empirical studies.

This protocol comprises four stages, all done with the mother:

- I. One must suspect that there is a bonding problem.
- II. One must figure out what went wrong in the original pregnancy or birth.
- III. The mother must process and be freed from what went wrong.
- IV. The mother needs to experience how it should have been.

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I. The Suspicion

The signs of a bonding problem are fairly easy to spot, both in the mother and the child. The mother might say that she does not feel close to her child, unlike the way she feels for her other children. She might say that there was something wrong with the baby from the beginning. The mother often can remember looking at her baby and wondering where the "great feelings" were that she expected. Or, she might feel that she got the wrong baby. We have heard mothers remember looking at their baby and thinking that there must be something wrong with her because she had a real lack of emotion. Some mothers come right out and say that their child is a thorn in their side. Mothers often feel guilty about how they feel.

The baby often shows symptoms of non-bonding: crying a lot, being inconsolable, being colicky and fussy. When the child gets older, he does not seem to be able to get what he wants from his mother, and so he is "always at her." Some children are so fidgety and uncomfortable in their own skin that they are given the diagnosis of Attention Deficit Hyperactive Disorder or an Anxiety Disorder. Some children withdraw within themselves. Some children have asthma (Feinberg, 1988; Schwartz, 1988; Pennington, 1991). Some children are scared of their mothers.

It is important to note that we are not talking about children with attachment disorders, whose conditions are more seriously dysfunctional than children with bonding disorders.

II. The Detecting

Figuring out what went wrong takes a bit of detective work. Klaus and Kennell (1976) wrote that two things typically prevent a mother from bonding: Physical separation at the time of birth or emotional separation during the pre or perinatal period.

Physical separation can occur when the mother is not with her baby during the sensitive period right after birth: if the mother is anesthetized; if the baby is removed to the Neonatal Intensive Care Unit; if the mother is sick or mentally confused; if the mother had a Cesarean Section delivery; or any other situation in which the mother cannot be with her baby in an focused way.

Emotional separation occurs when the mother is experiencing another, competitive emotion that is so strong that it prevents bonding, the death of a loved one, some other great grief, paralyzing fear, a personal trauma, an unwanted pregnancy, drug addiction, a

recent miscarriage, or any other emotion that is incompatible with bonding.

Pennington (1991) has termed events that disrupt bonding, "Non-Bonding Events (NBEs)." The Maternal-Infant Bonding Survey (MIBS) has been helpful in indentifying these NBEs (Brown, Pennington, & Madrid, 1999).

Quick Reference MIBS

Physical Separation

- Mother was separated from child at or after birth.
- Mother had a very difficult delivery.
- Child was sick at birth.
- Child was twin or triplet.
- Intensive Care Nursery or incubator.
- Mother was anesthetized at birth.
- Mother was very sick after the birth.
- Mother was confused or mentally disoriented after birth.
- Mother was separated from child in first month.
- Child was adopted.
- Other separation occurred.

Emotional

- Mother had emotional problems during pregnancy.
- Mother had emotional problems after birth.
- Mother had a death in the family within two years of birth.
- Mother had a miscarriage within two years of birth.
- Mother and father had serious marital problems.
- Mother and father were separated before birth or soon after.
- Mother was addicted to drugs or alcohol at birth.
- Mother moved before or soon after birth.
- Severe financial problems.
- Unwanted pregnancy.
- New romance in mother's life.
- Other event which could have interfered with bonding.

The NBE that is responsible for the disruption in bonding is often found on this list. Frequently, there is more than one NBE (Pennington, 1991).

It is not uncommon for the mother to say that she is bonded to her child, despite evidence to the contrary. We think that there may be a continuum of bonding strengths and she is partially correct. Regardless, if the mother agrees to go through with this process, she

will notice afterwards that she is “even more bonded.”

Most often a mother will be greatly relieved when she learns that the difficult relationship that she has with her child has been through an event out of her control; it is not her fault. When she has an emotional reaction to this discovery, the healing has already begun.

III. Metabolizing the NBE

The mother must next process the NBEs until they no longer bother her. Most of the time we use hypnosis to metabolize the painful memories (Madrid, 2005/2006). We also use Eye Movement Desensitization and Reprocessing (EMDR), especially when a mother has a hard time being hypnotized (Madrid, Skolek, & Shapiro, 2006).

This part is relatively easy. The mother has been working on recovering from the NBE ever since it happened. She has been processing it in her narrative, through her dreams, in her imaginal and creative expressions, and in all the ways that we process miserable experiences. This stage of bonding therapy is doing the last little bit to finish the job.

The hypnotic formula goes like this. You can use any induction.

Close your eyes and let yourself relax. Any time you might want to stop this process, just say, “Stop.” With every breath you get more relaxed. With every sound you go further inside. I’ll count from 10 to 1 and with every number go down a step, deeper inside. Ten. Beginning to go down stairs. Nine. Deeply comfortable and safe. Eight, deeper. In a little while, you index finger will start floating and twitching. Seven, deeper. (And so forth.) One. Nice and safe and deeply within.

Now go back in time to your father’s death, during your second trimester (or whatever the NBE was). I want you to clear out all the remaining pain from that time. And when that is all gone, your finger will float again. (If it did not float in the induction, say, “When all the remaining pain is gone, tell me so.”)

(Clear out each NBE that you found in the previous stage.) It is good to ask: Is there anything else from your child’s pregnancy and birth that still bothers you “?” (If so, clear that out as well.)

Some mothers will claim that they have already healed the pain from the NBE — all the better. Ask them to clear up any residuals and reinforce that healing.

Although this stage of bonding therapy can take anywhere from one to several sessions, our experience has shown that mothers typically take only one session to do this work. This is the case because they have done a lot of the work already; because they are highly motivated to do this; and because they are hypnotized (or use EMDR) and much can happen in this state of mind.

IV. The Right Birth

In the same hypnotic or EMDR session (or in the next session if there has been too much work for one session), the mother is now asked to imagine how the birth should have gone. Bring her back to significant milestones in the pregnancy, birth, and postnatal period. Make sure that she goes through the part where there once was an NBE, this time without the disruption. The milestones can be merely touched, in this fashion:

Now go back to finding out that you are pregnant. When your inner mind knows this and everything is fine, your index finger will float (or “tell me”). Go to the end of the first trimester, and when your inner mind knows how it is at that time and everything is fine, your index finger will float. (Same for 2nd and 3rd trimester.) Now you will give birth to your baby, quickly; and when your baby takes his first breath and your unconscious (or inner mind) knows what this is like, joyfully (or safely or happily or alertly—whatever she missed), your finger will float again.

(Then take her through the first day, first week, first month, first year, up to the present.) And now your inner mind knows what it is like to have this as a new beginning with your baby. And it will continue to expand on this beginning in your sleep, your waking day, your musings, and your feelings.

If at any point, she is not able to achieve the part in which you are guiding her, it usually means that there is an unprocessed NBE there and she is stuck. For example, if she cannot register in her inner mind what it feels like to be joyful at the end of the 2nd trimester, ask her what’s bothering her. She will be able to come up with the troublesome event. You need to process that before you go on.

The entire protocol can be done in one session. It also can take two or three sessions. Infrequently, it will take longer. This is short-term therapy, goal specific, not to be confused with psychotherapy.

Eight cases are now presented to demonstrate the variety of

presentations of bonding disruptions and to offer slightly different approaches in repairing the damage. We have changed the names and circumstances of the clients to preserve their anonymity.

Eight Cases

1. “Now she’s beating me up!”

I: Suspicion. A therapist referred a former patient to us when he started suspecting that there was a bonding disruption at the base of mom’s problems with her daughter. The former therapist said that Lee had always had trouble with her 11-year-old daughter, Maggie, and now things were plummeting downhill. The former therapist had recommended family therapy; but after a year of therapy, Maggie was more negative and abusive than ever. She said she hated her mother; they fought constantly; and now Maggie was hitting, scratching, and beating her up. The girl was a wreck. The current family therapist recommended calling the police. The former therapist suspected there had been disruptions in bonding.

Lee spoke on the phone, and right away it was clear that she had several misgivings. She did not think psychotherapy was for her, but she trusted her old therapist and she wanted to trust us. She was skeptical about hypnosis and mistrusted that a single session could possibly make their relationship better. She was not even convinced that there was a bonding problem.

Lee’s authoritative voice told us she was a woman in charge of her life, protective of herself and her family, and cautious about making decisions. She admitted being afraid of “letting go of control” to someone she didn’t know. So, the process was explained simply, answering her questions, and allaying her fears. She was willing to try.

II: Detecting. She would only have time for one session, so work was done on the phone using the MIB survey (MIBS) to identify nonbonding events both physical and emotional. There were many:

- (1) A year prior, she’d had a miscarriage and was fearful it might happen again.
- (2) She had nausea for five months.
- (3) They moved during the ninth month of this pregnancy.
- (4) She endured twenty-three hours of difficult labor, which ended in a C-Section.
- (6) In addition, Lee was very emotional before and after Maggie’s birth because of marital problems.

- (7) She became very sick after the baby was born due to the drugs and breastfeeding became too stressful to continue after the second day. There were additional traumas after the birth:
- (8) Lee returned to work within six months of the birth and
- (9) Her mother died seventeen months later.
- (10) Lee had a still-birth three years after Maggie's birth which complicated their already stressed relationship.

We were curious to see if Lee would show up or cancel her session. She showed up ten minutes late. She was understandably nervous, so it was explained that if she felt uncomfortable at any time, she could stop. She began with basic hypnosis relaxation and concentration exercise. She had agreed to communicate through ideomotor signals: Lee's index finger would "float" for a "yes" answer and the little finger would float for a "no." Ideomotor signals such as these are simple ways for the subconscious to by-pass the conscious mind through automatic muscle responses (Cheek & LeCron, 1968).

III: Metabolizing. When Lee appeared deeply relaxed the session continued. She was asked and then responded positively to the question, "Are you at an appropriate level of consciousness to proceed?" She was ready to clear the first negative bonding event identified by the MIBS. When the subconscious indicated readiness to clear the event, she was prompted to use the visual image of a vacuum cleaner sucking up all negative memories, feelings, and thoughts. She was gently assured that she need not do anything except allow the subconscious to do the clearing while she visualized. She responded "yes" with her index finger when this task was done. This procedure was used with each negative bonding event. Lee was a very willing participant and quickly cleared all the negative bonding events without resistance.

IV: Right birth. Next she created a new birth experience for herself and Maggie. Lee was asked to imagine a healthy, relaxed, pleasant experience for the first month of the pregnancy. She was cued to feel the positive shift as she imagined the opposite of her "old" birth. When her subconscious mind knew everything was fine, her index finger would float. She was prompted to move through the labor, delivery, and first breath, focusing on Maggie's heartbeat and voice, feeling her placed on her chest, and the sensations of breast-feeding. Lee was led through the hours, days, weeks, and months following the birth while being guided to experience a loving connection between

mother and child. Finally, her positive, healthy experience was imagined for the first year and through other tough spots, up to the present time.

As Lee envisioned her new birth experience, tears streamed down her face, followed by uncontrollable sobbing. The session was over when the subconscious mind completed the new imprint and responded with a “yes” to the question, “Are you done?” Now all steps were done. Lee looked tired yet was radiant and smiling. She had experienced a totally different birth with Maggie. Lee acknowledged that this new experience felt very real and that she could already feel a loving connection with Maggie, one that had not been there before.

Seven months later, the referring therapist reported that he had talked to Lee and she said that her relationship with Maggie was totally transformed. Within days, Maggie was affectionate towards her mother—for the first time in years. She phoned from her father’s house, saying that she wanted to have some mother-daughter time. She looked different in pictures that were taken—standing taller. She told her mother that she missed her when they were separated. There were no more hateful fights, and she never again struck her mother.

A year and a half later, Lee phoned her former therapist to report that Maggie told her, at the beginning of the school year, that she was so grateful for her life. Her friends had changed, she now loved school, and she was in love with life. When her mother came back from giving a professional talk, Maggie jumped in the car and asked her how it went. Lee said it was a success, and Maggie cried, “Oh, I knew you would do well. You know I’m your biggest fan.” They had time together now and sometimes did nothing—just hung out with each other.

There is nothing to account for this miraculous change except for the one bonding session with Lee, the mother. There was no additional therapy for the mother or for the daughter. Interestingly, when Lee reported these wondrous changes in her daughter, she did not speak about the bonding session as being instrumental. This is often the case: it is as if the therapy session was so profound that the mother involuntarily became amnesic about it.

2. “We are so different!”

Sara became interested in exploring Bonding Therapy when she learned that it had the capacity to alleviate childhood asthma. Her four-year old adopted daughter, Marilyn, suffered from asthma, and medical protocols were not giving her relief. Marilyn was on inhalers, prednisone, and was beginning a second course of powerful antibiotics.

Her doctors were baffled and did not know why she was not responding or what to do next to help her.

In addition to the asthma, Sara reported that she and Marilyn were very different temperamentally. She described Marilyn as having a big personality, as loud and extroverted, an explorer and a challenger, while Sara said that she herself was quiet, somewhat reserved, and enjoying lower-key pleasures like talking and reading, cooking, and listening to music. She clearly adored her daughter but spoke about her desire to bond more closely and her frustration with the fact that she and Marilyn did not find many activities they could both enjoy, and thus enhance their bond through doing together. They often had disagreements and Sara admitted to losing her temper with her daughter's difficult behaviors.

I: Suspicion. Since Marilyn was adopted, there was no question that her bonding process had been disrupted. Although her adoptive parents, Sara and Tim, delightedly received her and brought her home on her first day, the fact remained that Marilyn had just been removed from the mother she had known for nine intense months, and with whom she had so recently shared the intimate experience of birth.

II: Detection. As Sara talked, it became clear that there were many NBEs:

- (1) Marilyn was adopted, so there was no contact with her at or before birth.
- (2) Like many adoptive parents, Sara and her husband had been unable to get pregnant despite 10 years of intrusive infertility treatments, which were both stressful and emotionally draining.
- (3) There was virtually no advance notice of Marilyn's birth, so when she brought her home, Sara was only able to take a week off from work to be with her new baby.
- (4) During that week, the birthmother changed her mind about relinquishing her rights and refused to sign the necessary papers. Thus, the placement, and ultimately Sara's future as Marilyn's mother, were thrown in legal question.
- (5) Between her job and the legal concerns, Sara had little time or emotional energy for bonding with Marilyn in the early weeks and months of her life.
- (6) Although the placement was secured and Sara and Tim were able to adopt her, Marilyn was often ill and was a challenging child to raise. (7) This stress eventually led Sara and Tim to

separate when Marilyn was three. Marilyn blamed Sara for being a “bad Mommy” and making Daddy leave.

Sara reported as well that she herself had had a very difficult birth (and carried an immense fear of giving birth), that she was likely not bonded with her own mother, who often told her “I don’t love you.” She had grown up with adopted brothers, whom her mother favored.

III: Metabolizing. Sara had never been hypnotized before and felt that she would not be a good subject. To her surprise, she went into a light trance with ease and responded quickly to acknowledge that she had reached the right level to do the work by floating her index finger.

She moved decisively to clear her anger and sadness about her own mother. Then she was directed into the grief and shame she had been carrying about not having been able to have a biological child. These emotions, she felt, kept her at arms’ length from the daughter she does have. Her unconscious mind cleared them without delay.

IV: Right Birth. Under hypnosis, Sara was led through the full nine months of gestating Marilyn. For the first time, she had the joy of knowing she was pregnant, of feeling the physical connection as her baby grew within her, of sharing and anticipating with friends and family as they awaited the birth, of talking and singing to her little one before she was born, of proudly carrying her impending motherhood for all the world to see.

She continued with an easy, painless birth, and when it was suggested that she see and feel the nurse laying Marilyn on her chest, tears slid from Sara’s closed eyes. She was then guided to create an alternate version of Marilyn’s first week wherein the two of them cuddled, nursed, napped and rejoiced in one another’s constant closeness. There were no fears, no threats to their connection to intrude upon the bliss they felt just being together.

From that foundation, Sara brought her experience of being Marilyn’s mother forward to the present. When she left, she promised to report on how things evolved for her and Marilyn.

A month later, this email from Sara arrived:

I wanted to tell you of the wonderful shift I felt in my relationship with Marilyn. You know how I had told you that she is not the kind of child who wants to snuggle up on the couch. Well, I got home from my time with you and the first thing Marilyn said was, “Mom, I want to snuggle on the couch with

you." That was freaky. I waited to see if this was a one-time deal. On several other occasions, she has requested time with me. She is also telling me that she loves me on a much more frequent basis. In terms of her health, she is all better now. I 'm not sure whether that is due to the hypnosis or the antibiotics and steroids she was taking, but I would be willing to say that the hypnosis played a part in her improved medical condition. I can't exactly explain what happened during the session, but something happened. It was a great experience that has opened me up to other possibilities that might exist.

3. "I don't even like her."

The mother of a seven-year old girl who was severely asthmatic tried to use our services to help her daughter's asthma. The daughter was a very sick little girl, ending up in the Emergency Room at least once a month, despite being on a pile of medications. Our work with the little girl did not help at all. The mother continued in therapy for herself.

I: Suspicion. A couple of months into therapy, the mother one day looked ragged and said that she spent the whole night in the ER with her daughter. "You know," she revealed, "I do all this work for her, and I don't even like her. I have no feelings of love for my own daughter." Immediately the suspicion arose that there was a bonding problem.

II: Detecting. In response to a question about her pregnancy and daughter's birth she said that:

- (1) Her husband left her in the second month of pregnancy;
- (2) Her mother was in the labor room and antagonized her;
- (3) Her doctor was not available and she had another doctor whom she did not know or like;
- (4) The nurses were rude;
- (5) Her daughter was taken away immediately because she was sick; and
- (6) She went home without her baby. When she returned to pick up the baby she distinctly remembered thinking, "Are you sure this is the right baby - maybe the nurses should keep this baby."

III: Metabolizing. She agreed to do bonding therapy. She closed her eyes to clear up the residuals from all the NBEs. She went through them one after another: "Clear up your husband's abandoning you.

When you're done, let me know." One could see from the look on her face that she was working hard. Through each of the six NBEs, she rapidly and successfully cleared them.

IV: Right Birth. When she was done, she was asked to imagine the birth as it should have gone. She did this quickly and effectively. She cried. Her whole appearance changed. She said, however, "How can I change all of this? I have had such a hard time with my life because of this!" The answer came out without thinking, "Oh, I can have it both the way it was and the new way. That's easy - like a divided highway." That made sense to her.

The whole process took less than half an hour. Nothing more was said about this in therapy; but a few months later, she said that since the day of that therapy, she fell in love with her daughter. Now she knew what it felt like. She added that her daughter's asthma had cleared up totally—no more day time or night time symptoms, no more medications, no more ER visits, no more wheezing.

4. "I always knew it had to do with my brother's death."

After lots of disappointing counseling, Juanita came to our offices with this story. Her brother died during the second trimester of the pregnancy of her first child, Rita. This was a special brother, the little brother that she raised after her mother died. She went into a period of profound mourning. She had been happy being pregnant, and now she barely thought about her daughter in her womb. When Rita was born, she held her baby and smiled, but she knew she was not completely happy. She felt the emotional distance.

I & II: Suspicion & Detecting. She hoped it would get better; but as Rita grew older, she knew that her relationship with her was ruined from the start. She did everything by her intellect: she did the right things; she cared for Rita by the book; she did not dip into her anger. Now, Rita was eight years old. She had tried counseling to help her feel better about her daughter, but nothing worked. A friend told her about our bonding work, and she decided that she would give it a try.

III & IV: Metabolizing & Right Birth. The work was easy as pie. She said that she was sure her brother's death interfered with the birth of her daughter. In 5 minutes, she cleared up the remaining grief, and brought this clear heart back to the second trimester, where she stopped being joyful. In the next 10 minutes she was able to experience

the joy of her pregnancy, right through the second and third trimester, to Rita's first breath, and holding her baby. She wept with joy. Then she brought that up, step by quick step, to the present time. She was sent home with the caution to be quiet because she just had a baby.

She came in for her second appointment a month later, with this news. She drove home after the first appointment knowing that there was a change because she missed Rita and she had never had that feeling before. When she got home, she sat down and smiled, reviewing the new memories of Rita's birth. Then Rita came home from school and jumped into her lap, hugging her and telling her she missed her all day. She nuzzled with her mother for the longest time—Juanita said for the first time in years. They played all afternoon, and Juanita does not remember playing like that “ever.” They have been inseparable.

Juanita said that Rita changed overnight from being the thorn in her side to the joy of her life. Ten years later she wrote a letter and sent it to our clinic:

“You saved our lives. You turned our relationship completely around, for the rest of our lives. We have been so happy ever since. Thank you.”

Juanita did the first two stages: suspecting and detecting. We did the second two: the clearing and the right birthing. When all the pieces are in place, it is easy work.

5. “I feel like I just woke up.”

Leslie, a forty-five year old mother of six, had twin nine year old boys, who were the last batch of children and the only children left in the home. The boys were referred at the beginning of the school year because of behavioral problems. Originally, the custodial father brought them to therapy. We were told (by the father) that the mother was homeless, a chronic alcoholic, and drug user who abandoned the family when the boys were three and wanted little to do with her children.

After meeting with the boys and father for an entire year, progress was being made but not very fast. During that first summer, the father and boys arrived for therapy with the boys clearly upset. Their mother was in ICU and expected to die. The father, clearly shaken by these events, sat down for his part of the session and confessed that he had lied about the boys' mother: he was the one who made her leave and

he prevented her from seeing the boys. He also confessed that he lied about her being homeless, an alcoholic, and drug user.

Following this change of view of the mother, the father agreed to allow the mother to participate in the therapy sessions and to allow her to start seeing her children, if she survived. The mother recovered and left ICU. From then on the mother was seen individually, right before sessions with the rest of the family.

I: Suspicion. One year later, the mother had regular visitation with the boys; but the fighting between the boys, which had always been a problem, and the behavioral problems in school remained virtually unchanged. In going over the factors of the case, it seemed like bonding might be a piece that would make a difference. Bonding was suggested to the mother, and she agreed. Following is a brief summary of the session:

II: Detecting. During pregnancy and the early childhood of the boys, Leslie had:

- (1) marital problems,
- (2) a custody battle for her earlier children,
- (3) a house fire that put her into the hospital while pregnant,
- (4) a car accident while pregnant,
- (5) problems at the hospital when they were born and,
- (6) the death of her own mother immediately following the birth of the twins.

III: Metabolizing. Leslie went back through all of these events under hypnosis, clearing them out. She was able to do this with amazing speed.

IV: Right Birth. She was then asked to create new memories that emphasized any good aspects of what happened, minimizing any undesirable aspects of what happened and if need be just creating a new memory, the way she thought it should have happened. She was told that she would still remember what actually happened, but that her emotions would remember the new memories that she created. She was guided through this process from conception up to the present, especially emphasizing the birth of her children, her love for them as they looked at each other for the first time and nursing them for the first time.

One day, shortly after this, Leslie said, "I feel like I just woke up

and realized that maybe some of the things that I did when my kids were little wasn't so good." Immediately after that she left an abusive relationship and started paying more attention to the parenting of her boys. All behavior problems at school immediately stopped, and the boys became more considerate of each other. The fighting between them significantly decreased. The father, who is still the custodial parent (and the two parents are divorced and live apart) became friendlier to other people, as reported by school officials, and more considerate and caring to the boys.

Even though the mother only had visitation and had the boys just every-other weekend, the effect on the entire family was nothing short of amazing. The entire family graduated from therapy three months after the bonding session with the mother.

6. "When I had my son, I was a mess."

I: Suspicion. Rose was a sixty-five year old lady who was being seen in therapy. In the course of therapy, she was spending much time and energy in aggravation over her relationship with her forty-three year old son. Bonding Therapy was suggested to her and she agreed.

II: Detection. Rose reported multiple psychological diagnoses for most of her adult life. "When I had my son, I was a mess; I just couldn't handle raising an infant and running a household." Rose left her family when her son was two. She had visitation, but reported that, "Most of the time I didn't get him; life was just too much for me." Rose reports that she did not get to know her son until he was in his twenties.

III: Metabolizing. Under hypnosis, Rose went through her pregnancy, clearing out all of the problems, then clearing out any problems during birth, and progressively clearing any problems through her son's life, up to the present.

IV: Right Birth. Then she went back through her pregnancy, imagining herself as a healthy, happy mother, awaiting the birth of her child. She went through the birth, imagining everything going smoothly and looking into her son's eyes for the first time and smiling at each other. She then imagined life with her son, the way that it should have been, all the way up to the present.

She was told that she would remember everything the way it actually happened, but emotionally she would remember things the

way she re-imagined them to be.

At the next session Rose said that things were going great with her son. "I finally ...(talked)... with him and now we get along just fine!" Rose's relationship with her son had been resolved and she no longer talked about him with aggravation during therapy.

7. "He never could nurse."

Sally and her two sons, ages six and nine, were in family therapy at our clinic. The youngest was referred by the school for misconduct. In the course of therapy it became evident that the younger son was repeating behavior at school that his older brother was practicing on him at home. It also became evident that the older brother was intensely jealous of the younger brother. Sally said that she was aware of this and that it started from the moment that she brought the younger son home from the hospital where he was born.

I: Suspicion. Thinking that the problems with the younger son would significantly diminish if the behavior of the older son was addressed, and seeing this jealousy of the older son as a possible bonding issue between the mother and the older son, mom was asked about the infancy and birth of the older son.

II: Detection. Sally said that the only problem with the birth of her older son was that he was, "tongue-tied," where the septum went too far out on the tongue, preventing him from nursing. The problem was not identified for four days and when it was corrected, allowing him the possibility of nursing from the breast, he would only accept bottles. "He never could nurse!" The mother was mad at the hospital staff about this and said that she felt it interfered with her relationship with her baby.

IV: Right Birth. We skipped the clearing of the trauma. Instead, she went back and imagined the pregnancy, birth and ensuing years, the way "they should have been." She was told that she would remember things the way they actually happened, but that emotionally she would remember them the way she re-imagined them to be.

At the next session, two weeks later, the boys were able to play games without the older boy constantly correcting the younger boy and without taking game pieces out of the his hands. He did not boss his brother around, telling him to, "move them the way you are supposed to do it." He did not walk out of the room because the game was not

being played the way he thought it should be played.

As predicted, the problems with the younger boy went away when the bonding was fixed between the older boy and his mother. They were followed for three months and the behavior between them was corrected and the disruptive behavior of the younger boy, at school, dissolved.

8. “But I always wanted to be a mom.”

Samantha is a single mom in her early thirties. She came to our clinic when her son John was two years old. John had pneumonia before his first birthday and had been diagnosed with asthma. Samantha had to take him to the emergency room several times after the initial visit. John would have severe asthma every time he got sick. She had to connect him to a nebulizer every four hours when John would have a cold. John would also have to use an inhaler several times a day when sick.

I: Suspicion. Samantha reported that she had struggled to connect with John since his birth. John had colic and would scream for hours. Samantha felt tremendously guilty for being angry at him and being relieved when she dropped him off at a friend or relatives. Samantha had always wanted to be a mother and felt terrible that she didn't seem to be bonded to her son. As she began to talk about her pregnancy and birth story it became clear that it was very likely a disruption in the bonding process.

II: Detection. Samantha got pregnant with a younger man, Jeremy, that she had dated for a very short time. Jeremy did not want the child and was angry at her for keeping the baby. Samantha and Jeremy did not stay together. Jeremy refused to communicate with her, blamed her for “getting pregnant,” accused her of rape, threatened not to be a part of the child's life, and refused to support her in any way. Jeremy was extremely emotionally abusive.

As the months passed by, Jeremy continued to shut Samantha out and be horrendously emotionally abusive. Jeremy accused her again of rape. Every time she tried to talk to him about the baby he would end up yelling, screaming, and blaming her for ruining his life. Samantha was enraged at him. It seemed like no matter what she did or said Jeremy was nothing but abusive. Samantha was living on a limited income working as a waitress. Samantha had some support from her mother and friends during her pregnancy.

There were several events that interfered with Samantha's capacity to bond with her son.

- (1) In the first three months Samantha considered having an abortion and felt guilty for even considering an abortion.
- (2) She had heightened levels of anxiety/panic about doing everything "right," not having the father involved and the effects on the baby.
- (3) Jeremy was emotionally abusive and accused her of rape.
- (4) Samantha was trying very hard to be happy and yet was full of sadness and felt alone.
- (5) She began to re-experience her own trauma around being abandoned as a child by her father.
- (6) She relied heavily on her best friend Cindy for support, but Cindy was very controlling of Samantha.
- (7) Samantha had to move in with her mother and apply for government aid.
- (8) When Samantha was 9 months pregnant her father died of an overdose. Her father had abandoned her and when he was around was severely physically, verbally, and emotionally abusive. His death was sudden and unexpected and left Samantha feeling shocked and without closure. Samantha went into light labor in the hot tub. She had a lot of experience with births being a Doula and had been excited for this moment. She was not afraid of giving birth; she welcomed the experience and had somehow been able to remain positive. When she called Jeremy to tell him he had an emotional melt down and did not attend the birth of their son. Samantha laid on the floor curled up in the fetal position crying. Her best friend left her in the beginning of labor. Samantha's mother was the only person there to support her during the labor and birth of John. Her labor and birth went well and John latched on and nursed right away.
- (9) Two days after the birth Samantha experienced excessive bleeding.

Jeremy was physically present for a couple of days but was not emotionally supportive or helpful at all. Samantha knew he didn't want to be there and was still angry at her. Jeremy would get drunk and throw things at her when John was an infant. Over the next two years Samantha struggled financially and emotionally. She lacked the necessary support to bond with her son. She was overwhelmed by

stress and trauma.

III: Metabolizing. After Samantha told her story she was brought into hypnosis. She was instructed to clear out all of the emotional, financial, and physical abuse she endured. She was next instructed to clear out anxiety, fear, anger, loss, abandonment, guilt, loneliness and shame. She was instructed to clear out specific traumatic incidents and accompanying emotions.

As she went through and cleared out her pain, she sobbed. When she finished, her unconscious mind was asked to see if there was anything we had missed. The answer was no, and so the therapy continued with the new birth experience.

IV: Right Birth. While still under hypnosis, we started implanting the new pregnancy and birth into her unconscious mind. In her new pregnancy and birth Samantha had all of the support she need in every way. Samantha's face became relaxed and she began to smile during this part. Her new boyfriend replaced Jeremy and was loving and supportive. Samantha was relaxed, happy and everything was perfect. We did the same with her labor. After her new birth, she is in love with her son. She brought all the support, love, happiness, and connection with her son all the way to the present.

A week later Samantha said the changes were amazing. John had come up to her and said "Mommy, I've missed you." Samantha nearly cried. She said she felt in love with her son for the first time. In general she felt like a huge weight had lifted. She no longer felt angry and resentful of Jeremy.

A year later Samantha reported that John no longer had asthma. He has an inhaler in case but has only used in a couple times to help his cold symptoms. Samantha and John have continued to have a great relationship and his asthma appears to be gone.

Conclusion

Repairing a bonding disruption appears to be quite easy, once a therapist knows the steps involved: find out what went wrong, heal the emotional damage from that event, and imagine a new birth. This method has been taught to and tried by veteran therapists as well as novices in the field, and all have reported success. For example, a therapist phoned from out of state and asked about doing this therapy with a client of his. We sent him an article about it and encouraged him to do it without further training. He contacted us two weeks later

saying that the mother went home after the session and played with her child for three hours. He knew it worked.

The biggest impediment to the success of this therapy is the reluctance of the therapist to do the work. We repeat that the mother is all geared up to be successfully bonded to her child. The therapist just shows her the way. The therapist is the midwife, as it were. As one therapist put it, unbonded mothers lie in the bushes waiting for any opportunity to fix the bond. This protocol provides mothers the opportunity.

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