



## The Importance of Bonding in Heartland Security

*By Adam H. Lehman, N.D., En.K.*

**Abstract:** The purpose of this paper is to emphasize the importance of bonding in the birth process, the potential effects of the bonding process not occurring, and a kinesiological approach to working with issues resulting from lack of bonding.

### Introduction

Bonding between parent, particularly the mother, and newborn child, is a natural process that occurs throughout the animal kingdom. While human mothers have a broader and more diverse range of experience in this process, there is much evidence that supports the importance of bonding in the parent-child relationship, as well as other aspects of the child's growth and development. This includes physiologies that range from the development of the digestive system and related disorders, to learning and behavior issues that may not be readily apparent for years afterwards. Even the grown adult's ability to have successful partner relationships later in life may be affected by the bonding experience after birth and throughout childhood.

Some definitions distinguish between bonding being the bond from mother to child, while attachment speaks to the bond from child to parent. For the purposes of this article, I will use bonding to mean both.

Through much of the early baby boom of the 50s and later, birthing became more of a medical procedure than a natural process.

Babies were routinely taken from the delivery room and placed in plastic cribs in rooms with other newborns, removed from their mother's arms and placed in the hands of a couple of nurses to care for the group. Along with drugs used to comfort the mother, and instruments such as forceps to assist in the delivery process, whisking away the infant contributed to a likely more traumatic delivery process than was inherently programmed into the newborn's genetic awareness.

While there are certainly circumstances where medical procedures have saved lives, both mother's and child's, there were also a large percentage of children born in unnaturally "natural" births. Still today, there are countries that look upon Caesarian birth as a status symbol, and elect to have this process even though it may not be required.

In the following pages, we will look at some of the effects on both baby and mother from the interruption of the process known as "bonding" – that initial stage of love and security developing between the baby and the mother in the period following birth. As well, a means of using Energy Kinesiology to identify lack of bonding issues and approach resolving them will be offered. This will give practitioners some tools to work with when they suspect a lack of bonding may be involved with obstruction of health and well being.

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theme is “Healing in the Heartland”, and with security getting national attention resulting from the current political climate in the world, the topic of bonding seems particularly appropriate, having direct relationships with these issues on an individual level. Perhaps what we can learn from the benefits of bonding in early life can assist us in bringing a more peaceful climate to the world. After all, these issues revolve around love, trust and security – the very things lacking in most of the disputes among nations. When we realize that the struggles we experience as individuals are common to us all, and that we can benefit from working together to resolve them, we can let go of the fears that are inherent from a lack of bonding – namely, being alone, and therefore having to fight for survival with the perception that there is no one else available to help. With so many locked into the same struggle, it is sometimes remarkable how we can feel so alone!

“Because we have more in common as a world than differences among nations” (*The One World Flag™ Project*).

### **The Birth Process**

It may go without saying that there is much not understood about the interaction between mother and infant in the time immediately after birth. As well, there is the inevitable controversy about how important those first moments are, and whether anything can be done if the initial bonding process is missed. However, there are many studies that point towards the positive aspects of bonding, and evidence of physiological benefits that suggest that bonding at birth is a real process.

The huge amount of variables in the human birth process, both natural and technology induced, make this study even more difficult

to reach conclusions about. Needless to say, it is an ongoing study that could take up whole books. In this author’s opinion, and with what is known about bonding in the animal kingdom (though quite different, it’s hard to imagine that humans don’t participate at all!), mother-infant bonding is very real, and important. I will try to touch on some particularly salient points to provide an overview of current thought.

To begin with, let’s consider the circumstance. In an ideal situation, the mother has spent 9 months carrying around the developing fetus. The birth process is a potentially traumatic and emotional time with a huge variability of feelings – ranging anywhere from instant love and gratitude for what has been produced, to complete exhaustion and thanks that this nine month ordeal is over with.

Then, of course, there’s the newborn – dealing with a complete change in environment, with all the possibilities of how the birth actually happened. Drugs? Forceps? Caesarean? Or squeezed through the birth canal? How can we even know how the newborn responds to all of this? Nevertheless, it is such a radical change that it wouldn’t take a big stretch of the imagination to understand the newborn’s need for some sense of security, and reassurance that everything’s all right.

Imagine for a moment that you are entertaining an important guest in your home, one whom you’ve never met. How do you prepare to receive them? And how do you treat them when they actually arrive?

Now consider how many births happened in the middle decades of the last century. A small head grabbed and pulled into the “new home”, slapped, and then taken away to a



virtual detention center. Not necessarily the nicest greeting! How would you, as the guest, feel coming into someone else's environment with that kind of greeting? It sounds more like a prisoner of war!

Unfortunately, that was not uncommon! And while certain parts of that process are mostly different today, there are still aspects that could be improved upon.

Let's consider, as well, some physiology. To begin with, birth (along with death) is the time that we release the most adrenalin of any experience in our life. How are our adrenal glands doing at that moment?

The adrenals kick in during the third trimester of fetal development. It's interesting to note that many mothers consider the third trimester as a time that they feel better than they ever have, with higher energy levels than they've experienced for a long time. One possibility here is that, if the mother has been under a lot of stress, her adrenals may have been exhausted, and now she is getting help from the fetal adrenaline. That may have an effect on the baby's adrenals at birth.

The adrenalin release at birth also needs to be metabolized. This happens in the liver. When the baby is born, the umbilical cord is still carrying blood and nutrition from the placenta that is helpful in this process. Unfortunately, it is not unusual for the cord to be cut prematurely, denying the newborn of valuable resources for the processing of the adrenalin, and leaving this stress hormone circulating longer through the system.

The skin is the largest organ in the body, and coming through the birth canal is an important process in activating many neurological processes through the pressure

on the skin. Caesarian births deny the newborn of this stimulation. Dr. Carl Ferarri, one of the original Applied Kinesiology "Dirty Dozen", and originator of Neural Organizational Technique (N.O.T.), considers this to be important enough that he suggests a way that people who have not come through the birth canal towel dry themselves after their daily shower, to counteract the ongoing negative effects of this lack of birth stimulation.

### **OK, I'm Out! I'm Scared and Hungry!**

Then there is the first feeding. To begin with, there is evidence of an initial birth crawling reflex. While crawling is not considered physically possible until later in life, if the newborn is placed on the belly of the mother, it will manage to find its way to the breast for its first feeding. This usually happens in the first half hour to an hour after birth – when the *baby* is ready! Think of how empowering that is! And therefore, how disempowering if not given that opportunity, but rather put on the breast. That reflex never gets to manifest itself, and therefore may never be properly integrated. What sort of message might that send?

That first feeding is also quite important. As many as 19 hormones have been identified as being released in that first feeding from the mother's breast, just for digestive purposes. The feeding is not only important for the baby, with factors related to the immune system and digestion, it is also important for the mom to trigger release of hormones for further breast milk development and the functioning of the breast itself in the feeding process. And these don't even include the emotional impact on the role of bonding.

There are a couple of hormones that are particularly important. Oxytocin, a hormone



stored and released by the posterior pituitary, is often referred to as the “nurturing hormone”. It is important in the birthing process, as it stimulates uterine contractions, and is also involved in lactation – the production and ejection of breast milk. However, it is also known to be involved in situations involving loving, with increased secretion in situations as simple as having dinner with another person, or even looking at pictures of babies and young animals. I like to think of oxytocin as the “Awww, isn’t that cute?!!” hormone. Both female and male release this hormone during lovemaking, so it is active at conception as well.

Prolactin is another important “mothering” hormone, combining with oxytocin to produce natural mothering instincts towards babies. This is reinforced by the reward system of endorphin release, active in both mother and newborn, creating an opiate-like good feeling when we’ve acted in a manner that is beneficial to the survival of the species.

These systems are hard-wired into our deep brain centers. Together, these biochemical reactions combine to provide support of the mothering instincts and a bonding between mother and child shortly after birth.

Again, there are so many variabilities of what actually happens in those critical moments after birth. Because it is so complicated, with effects that may not be seen for many years, it is hard to know the result of interrupting what is guessed as being the natural bonding process.

#### **Bondus Interruptus**

As an example, newborns are often taken up by the delivery person, cord cut, cleaned, given eye drops that blur vision (potentially

interfering with the visual aspect of the bonding process) and injected with Vitamin K to prevent a possibility of brain swelling should that factor be missing, before being given to the mother, often immediately being “given” the breast. And that’s assuming a “normal” childbirth.

If a caesarian is necessary, or a child is born prematurely, requiring medical attention that supercedes the opportunity for normal interaction between mother and newborn, these may have necessary but unfortunate effects on the bonding process.

As well, there are situations where the mother may have difficulties – maybe being exhausted and desiring some sleep before even holding the baby for the first time. Those initial moments of bonding are important for mothers as well. Some mothers report having trouble falling in love with their newborns, and having that develop only after several hours to even weeks later. This may result in feelings of confusion and guilt as to why a mother is not feeling that love.

If a mother and newborn are unable to bond immediately after birth, does that mean that bonding will never happen? Not necessarily. There are many ways of compensating for that missed opportunity, and still creating a healthy parent-child relationship. One science being promoted today is called “Attachment Parenting”, and provides many methods of maintaining a healthy bond between parent and child throughout childhood

On the other hand, does a healthy bonding process at birth guarantee that a continuing, healthy relationship is maintained forever? Again, not necessarily. Bonding is a process that continues throughout childhood and beyond, and can be affected by emotional



trauma that interrupts the bond of love and trust. Early death of a parent, inattentiveness, drug and alcohol abuse by the parent, or physical and sexual abuse, are examples that might divert an initial healthy bond and create difficult development following the trauma.

### **What To Do**

Ultimately, a parent can only do what they know and feel to be best for their child. However, this is often so clouded by the medical approach (often with best intentions, but may be missing the boat), that it is difficult to know what is natural and instinctual.

With all the variables involved, and the complexity of the human experience making it difficult to study conclusively, one can only surmise that whatever one can do based on a combination of what is known, and common sense (based on intuition and natural reflex), is the best way to proceed. However, if a natural bonding process can be pursued at the time of birth, the initial groundwork is laid for all that comes after, and a life based on love, trust and security.

There are studies that show difficulties in physical and emotional wellbeing resulting from certain circumstances encountered in the birth process. If we accept that bonding is a natural and beneficial process that both parent and child will benefit from, then one may contend that there is a certain "common sense" procedure that is easy to follow, without much risk unless there is evidence of a life or health-threatening situation.

An example of this more natural upon-birth approach would be to:

- Immediately put the baby on the mother's belly

- allow the mother to connect visually with the baby (an important imprinting process that some say the baby will never forget, even if given up for adoption), providing an opportunity for hormonal systems to kick in
- the mother verbally welcomes the baby to the world. "You're a winner!"
- Allow the cord to remain uncut until it is clear that all remaining fluids have passed through it (it will stop pulsing) and these other connections have been made (at least 25 minutes after birth)
- let the baby find its way to the breast in its own time and have its first feed, with all the benefits.

Eye drops and injections can still happen after that without serious risk.

As simple as this sounds, it never ceases to astound the author the amount of resistance encountered to this in discussions with pregnant mothers and their spouses. Many prospective parents are still likely to bend to the wishes of their doctors and their own need for comfort, not connecting to their own natural and intuitive instincts.

### **Conclusion**

Human beings are inherently social animals. And that social contact begins with bonding – the connection established, beginning directly after birth, between mother and infant. Of course, the connection begins even earlier (conception and fetal development), but for our purposes, we will consider the effects from birth onwards.

As well, and as previously alluded to, there are physiological effects of bonding. Sensory induced biochemical responses, such as endorphin release through visual stimulus, hormonal and nutritional exchange through

breast feeding, neurological development and hormone release due to touch. All contribute to both physical and emotional wellbeing.

The amount of information that supports these responses is continually growing, and along with it, the controversy of what is the best way to proceed. Because of the complex nature of this topic, and the limited time and space available in this paper and presentation, what I would like to offer is a balancing process to assist those who may have been denied a proper bonding process.

Many possible situations have been presented here suggesting circumstances that might result from lack of bonding, whether in time following birth, or later. Digestive disturbances, immune system difficulties – including allergies, breathing difficulties (often resulting from emotional issues such as grief) and resistance to disease in general – neurological development resulting in learning difficulties, emotional and behavioral disturbances – including addictions, and the inability to have successful social relationships – such as co-dependency or hostility – later in life, all might have components involved that resulted from issues around bonding.

Fortunately, Energy Kinesiology gives us a tool to allow the body to communicate whether or not bonding might be involved in a person's health issues. If a lack of, or interruption of, bonding is found, there are many approaches from the healing arts that may be helpful in balancing this energy disturbance. The resulting change may be profound, altering not only the physical and emotional health, but possibly the entire family structure in both directions – parents and children.

The Bonding Balance may be done in relation to specific health issues, or may be done in the clear to address this stress directly.

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*Applied Kinesiology: Synopsis. Walther.*

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*Neural Emotional Pathways. Hugo Tobar.*

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*Touch for Health. John Thie.*

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##### Internet:



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[www.childthai.org/ciec/c008.htm](http://www.childthai.org/ciec/c008.htm)

[www.askdrsears.com/html/10/T101100.asp](http://www.askdrsears.com/html/10/T101100.asp)

and many more. Use Google to search on “bonding”, “Infant bonding”, “newborn bonding”, etc.

### **Balancing for Bonding**

As we know, there are many approaches to balancing using different kinesiology models. With the information provided, it is my hope that readers will be able to fashion possibilities that are consistent with their way of working, whether it be goal balancing, metaphors, statements, or muscle energy assessment. What I will present here is an integrated approach based on an Applied Physiology model – using modes, the Chinese medical model, and stacking to identify specific areas of stress, creating an energy “setup”. Then we will balance with whatever energy correction the body indicates is appropriate, with special focus on the chakras, figure 8s and other body energy systems.

The information and techniques incorporated into this balance are drawn from a variety of places, including the Infant and Childhood Reflexes work of Svetlana Masgutova (Poland), the Chakra Hologram and Neural Emotional Pathways (NEPS) work of Hugo Tobar (Australia), and neurotransmitter points researched by Alfred Schatz (Germany). As well, well-known Applied Kinesiology and Applied Physiology methods are also incorporated.

### **Modes you'll need for this balance:**

- **Organ Mode:** Thumb pad to index finger pad, other fingers in a fist.
  - **Gland Mode:** Thumb pad to middle finger pad, other fingers in a fist.
  - **Hormone Mode:** Thumb pad to ring finger pad, other fingers in a fist.
  - **Anatomy Mode:** Hand in a fist, thumb over middle digit of index finger.
  - **Physiology Mode:** Hand in a fist, thumb over middle digit of ring finger.
  - **Centering Mode:** Sharp jolt to person's shoulder to throw them off center.
  - **Chakra Mode:** Index finger pad over thumb nail bed, other fingers extended.
  - **Touch Mode:** Wring palms of hands together, P/L. Check Indicator Muscle.
1. Have person put their hand to their chest and feel a connection to self and the world. Check the Indicator Muscle (IM). If Indicator Change (I/C), then pause lock (P/L – also known as Circuit Retaining Mode). If you know AP, SIPS, or NEPS, then add the Powers of Stress (P/S).

- a. Additional statements may be added, such as:  
    "I love myself", "I love others" (either of these should show no stress – if they show stress, P/L).  
    "I live for others" (This should show stress. If not, P/L)  
    "I am in control of my own life/circumstances" (Should not show stress. If so, P/L)  
    "I am controlled by others/circumstances" (Should show stress. If not, P/L)
2. Check Oxytocin. Gland Mode X GV17 (Posterior Pituitary, where oxytocin is stored). P/L. Then Hormone Mode + Ht 3 (in the elbow crease). I/C = P/L, P/S, P/L.
  - a. If Oxytocin shows, then check Ht 9 (thumb side corner of the pinky fingernail). I/C = P/L, P/S, P/L.
3. Check Touch Mode. If I/C, scan the body for where there is stress. Common places may be the buttocks and the stomach/abdominal area, and sides of head. P/L, P/S, P/L.
  - a. Additionally, if person knows they were born by Caesarian, have person lie on their side, and, starting at the top of their head, draw your hands down both front and back of body simultaneously with a couple pounds of pressure. Repeat with the sides. P/L, P/S, P/L.
  - b. Repeat Step 2.
4. Check the Placenta – Gland Mode X Anatomy Mode X CV8 (Navel). I/C = P/L, P/S, P/L.
  - a. Repeat Step 2.
5. Check Adrenalin and the Adrenals.
  - a. Gland Mode X CV5 (TH Alarm Point) + GB25 (Ki Alarm Point) + Hormone Mode + Temporal Tap "Adrenalin". Can also check Noradrenalin by adding St. 6. P/L, P/S, P/L.
  - b. Monitor the Sartorius muscle (if you know how to do both contraction and extension, then check both – Positions 1 & 8 in Applied Physiology). P/L, P/S, P/L.
  - c. Monitor either Pec Major Sternal or Rhomboids for Liver stress. P/L, P/S, P/L.
6. Check Amygdala Emotion Points
  - a. Anatomy X Gland X CV23 (posterior chin, above Adam's apple) X CV24 (CV Alarm Point). P/L. (This is the format for the limbic system) Then...
  - b. Physiology Mode X CV14 (Heart Alarm Point). P/L. (This is the amygdala) Then...



- c. Check CV 12 through 16. For any I/C, P/L, P/S. P/L. These are the amygdala emotion points:
    - i. CV 12 – Rage; CV 13 – Escape; CV 14 – Pain/Punishment; CV 15 – Fear; CV 16 – Blocked Pleasure.
  - d. If you know AP Brain Physiology or LEAP, you may also check the Hippocampus for Long and Short Term Memory related to Pain/Punishment and Pleasure.
  - e. Repeat Step 2.
7. Check Organ Mode X Alarm Points for St, Sp, SI, Lv. For any I/C, P/L, P/S, P/L, then check that meridians muscle in positions 1 & 8 (contraction and extension) For Sp, use Lats for Pancreas. P/L, P/S, P/L.
- a. Then check Hormone Mode X SI 5 (CCK – cholecystokinin, an important digestive hormone and neurotransmitter).
8. Check Middle Trapezius in contraction and extension (Spleen aspect of Spleen meridian for immune system)
9. Check Centering Mode. If I/C, check for Hyoid, Gaits and Cloacals. Identify all imbalances without P/L. Once identified, P/L all that show. P/S, P/L.
10. Check Chakra Mode X CV1 for Root Chakra, CV8 for Navel Chakra, and CV14 for Heart Chakra. P/L, P/S, P/L.
- a. If you know the 7 Chi Keys, identify all specific imbalances, then P/L them.

**Other Possibility:** If you are comfortable with role playing or visualization guiding, you may also include a process that incorporates the initial “Welcome to the world. You’re a winner!” verbalization that should have come from the mother at birth. Having a picture of the mother can be usefully incorporated in this situation, along with age recession. This can be particularly helpful for people with low self-esteem and 3<sup>rd</sup> chakra issues. This may be part of the setup, or the upcoming balancing situation, or both.

This completes the setup. Understand that this is meant to be a guideline. If there is other information from the context of the person’s issues that may be related, or that you’re aware of in regards to bonding, feel free to add that to the circuit. The above steps simply speak to common areas that are often involved in issues arising from lack of bonding, and help to bring all the energy into the circuit for balancing.

As well, if the client is aware of specific emotional stress patterns in their life related to the lack of bonding, such as how they manage personal relationships, you may wish to add that to the circuit. If you know Continuous Record Mode, you may hold that while discussing those issues, or simply P/L. Emotional discussion/processing may also arise from what shows in Step 5 from the amygdala emotions, Step 7 using the TFH Metaphors related to the different organs, and Step 8 in regards to what you may know about the chakras. All of this helps to further clarify issues in the person’s life in regards to their issues from

bonding.

Now let's look at some balancing possibilities. There are a couple of things the practitioner can do that are often involved and should be checked. As well, these steps actually combine to be both balancing and further additions to the setup, to be further integrated with other energy balancing afterwards.

11. Have client sit with knees spread, feet touching. Arms crossed over chest. Have them breathe deeply and rock side to side. Notice the flexibility (or lack thereof) and amount of control used in the rocking motion. Then, using your hands on a shoulder and opposite hip, resist the side-to-side movement, first on one side, then the other. Repeat several times.
  - a. Optional: Have the person say statements that are appropriate to the specific person or circumstances of their bonding issue:
    - i. I embrace my (mother, father, world, etc.)
    - ii. I am united with my (body, feelings, mind)
    - iii. I forgive my (mother, father, world, those who have wronged me), and take responsibility for my own growth.
12. Check Centering. Now balance any that show. Stay in Centering, checking all aspects until none show.
13. Check all other balancing modalities and balance accordingly. Flower Essences may be helpful, along with the information they provide.
14. Check all energetic systems thoroughly and balance in whatever order they show. Don't just check the mode – put the mode on and check all the points or other challenges associated with the energy system in the way you learned. Continue checking all the energy systems none show.
  - a. Chakra mode with all chakra indicator points, front and back.
  - b. Figure 8s: If you do Applied Physiology, P/L the mode and then check all the alarm points. For TFH, challenge each Figure 8. Don't just rely on the "Fuzzy Glove".
  - c. Check any meridian balancing techniques you know: 7 Element Acupressure, Acupressure Holding Points, 5 Houses of Chi, 3 in 1 Meridians, etc.
  - d. If you have a means of checking Auric Fields, do that.
15. Recheck the flexibility and ease of rocking in step 10.
16. Recheck any formats and/or muscles that showed stress during the procedure. If any stress still shows, P/L and balance until clear.
17. Recheck the bonding reflex in Step 1, along with any statements used. If any stress still shows, P/L and balance until clear.
18. Close the circuit (legs together). Balance anything that shows in the clear. Chakras,



Figure 8s, and Centering are all good things to make sure are balanced. Check Flower Essences for support.

19.

**Additional Notes:** For mothers about to give birth, or who have just given birth and are having difficulties with bonding, balance them for oxytocin and prolactin. Use the oxytocin format in Step 2 above, and as well, add: Gland Mode X GV 24.5 (Anterior Pituitary) + Hormone + Temporal Tap "Prolactin". P/L, P/S, P/L. Balance.

As well, the oxytocin/prolactin combination may be beneficial for mothers having trouble with producing and ejecting breast milk for their baby.

Be sure not to balance for oxytocin prematurely, as oxytocin also stimulates uterine contractions. You don't want to set off premature birth. However, balancing for oxytocin may be beneficial for mothers who are late.