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Preface

When I began my research on the psychology of twinship over thirty years ago, most of the literature was written in a language inaccessible to the nonacademic reader, and many psychoanalysts writing about twins in treatment focused on examining extreme abnormalities. Understanding the role that twinship can play in causing serious emotional dysfunction is certainly important; however, the extreme case studies I came across in my research did not mirror the issues that I struggled with in my own twinship and that I knew other twins grappled with as well.

The relative lack of published analysis and case histories reflective of more common twinship issues motivated me to write *The Same but Different*, a book for adult twins. My objective was to offer adult twins the opportunity to learn about the expectable—rather than the extreme—developmental issues that often arise as a consequence of being a twin, as well as the positive and negative impact that a twinship can have on one's emotional health, relationships, and sense of self.

As my therapy practice grew and increasing numbers of twins began contacting me to provide help with their twinship-related problems, I realized that many of my clients had experienced difficulties with previous therapists who were unfamiliar with twin psychology. In fact, a number of clients relayed how a therapist had misinterpreted or misunderstood what was going on in their lives and had inaccurately characterized what it meant to be a twin.

My clients' relief at finding a therapist who understands their issues inspired me to write this book—*Twins in Session*—for mental health

professionals who may be treating a twin or may be called upon to do so in the future. As a result of the increase in assisted reproductive technology over the last thirty to forty years, the birth rate of twins has essentially doubled, increasing the need for therapists to become educated in the psychological issues that concern this subgroup of the population.

This book also debunks the ongoing myths about twins. With the advent of social media, people have expanded access to stories that either idealize twins or promulgate bizarre notions about twins. Although such superficial and erroneous twin-related narratives have long been present in novels, on television, and in movies, with the internet there is now an even greater need to demystify the twinship experience and elucidate the very real issues common to twins.

Therapists need to understand the core challenges that twins face growing up as a pair and how their unique experience of having a same-age sibling influences who they become as adults and how they manage their lives and relationships. With adult twins, as with all individuals, therapists need to examine their development retrospectively. That is, we need to understand how twins' early experiences, including those related to their twinship, have impacted their adult lives.

The case histories in this book highlight particular twinship issues that arise in therapy, how they are understood by both the therapist and the client, and how such issues can be addressed by them as a team. It is my hope that *Twins in Session* provides mental health professionals the opportunity to see their twin client not as a singleton but through the illuminating and fascinating lens of twinship.

Acknowledgments

Dr. Estelle Shane has been my psychological anchor for more than two decades. She is a colleague, a mentor, a teacher, and a friend. I am indebted to her for helping me cultivate and celebrate my ambitions and goals.

CHAPTER 1

Twin Attachment

A concerned mother called me in a panic. Her eighteen-year-old son Nick, who graduated at the top of his high school class and had recently entered college, was in crisis. Just a few weeks earlier he told her he was doing well in his classes, loved the campus, and had already made a few friends. But in a recent email he revealed that he had brain fog, couldn't concentrate, and couldn't do his work. Nothing like this had ever happened to him, and he didn't understand what was going on. His visit to a college counselor provided little insight or benefit. The counselor listened while Nick recited his symptoms—intense anxiety, inability to focus, sleeplessness—and assured him that these were very common among entering freshmen. Living apart from their parents for the first time, she told him, many first-year students initially have trouble managing on their own. She offered some advice that might help him relax and fall asleep more easily.

Nick's sense that he was falling apart did not subside. Understandably, his difficulties were the reason for his mother's concern. Aware of my psychotherapeutic specialty, she contacted me. I specialize in twin issues. Her son is a twin.

Nick's distress was distinct from that of a nontwin (or singleton) adjusting to being on one's own for the first time. Certainly many young people entering college away from home go through a period of

adjustment; however, Nick was confronting something far more jarring than an adjustment to college. He was undergoing a genuine crisis of identity. For the first time in his life, he was living apart from his twin, and he didn't simply miss his brother as a nontwin might. Without his brother, Nick really did not know who he was. Although he couldn't articulate it to the college counselor, he felt as if he was lacking a part of himself and he didn't know how to function without that missing piece. Off balance, scared, and unable to engage with his studies as he had previously, he was not the person he knew himself to be. He didn't recognize these new, uncomfortable feelings and was thrown into panic mode.

Since Nick had no experience being in the world as an autonomous self and he had been related to as part of a couple throughout his childhood, his perspective on his role and function in the dyad had informed his identity. His experience exemplifies why separation for twins can be a crisis. A therapist who is unfamiliar with twin issues may not fully comprehend the complexity and intensity of that crisis.

Not every twin experiences such severe anxiety when separating from his or her same-age sibling. Many of those who do have grown up with inadequate opportunities to form a secure attachment with their primary caregiver; instead, they have developed a uniquely dependent attachment to the most available person in their familial environment: their twin. In fact, the core issue underlying the various psychological problems that twins typically bring to therapy is an unhealthy, yet culturally sanctioned, twin attachment.

Attachment Theory and Beyond

Psychoanalyst John Bowlby, founder of attachment theory, theorized that an infant's need for physical and emotional security engenders compelling behaviors that prompt the primary caregiver to respond. A baby's cry, smile, or clinginess signals to the parent a particular need, which then

provokes a nurturing response. In her article “Can Attachment Theory Explain All Our Relationships?” Bethany Saltman concisely summarized Bowlby’s theory: “At the heart of the attachment system is a primitive kind of call and response that keeps the species alive.”¹

Donald Winnicott’s model of mother-child attachment involves two important concepts: *primary maternal preoccupation* and *going on being*. Winnicott maintained that a baby comes into the world as an omnipotent being and whenever he needs something, he is attended to by his mother, who is attuned to his needs and committed to fulfilling them. Having just experienced pregnancy and childbirth, the mother is in a state of maternal preoccupation and makes herself fully available to her child. The baby thus realizes that there is an “other” who is consistently available to him to meet all his needs. As the baby repeatedly experiences his needs being met, and as the “good enough mother” begins to reconnect to parts of her own life apart from the baby, he develops the ability to be alone, without his mother, for short periods and to exist in a state of going on being.²

Winnicott asserted that this capacity to be alone means that the baby understands that somewhere outside himself is one reliable someone who is intimately connected to him, who responds to his cues, and who knows what he needs. During this developmental process, the baby progresses from a state of omnipotence and being essentially merged with his mother to a state in which he has the capacity to temporarily *go on being* without her.

For the baby to reach the going on being state, a healthy attachment must occur, meaning that the parent is attuned to what the infant needs; recognizes the signals of hunger, discomfort, anxiety, and so on; and attends to those physical and emotional needs.

Saltman succinctly characterizes the mother-child attachment as “Separate, connect. Separate, connect” and points out that current research underscores its impact on adult problems:

Separate, connect. Separate, connect. It's the primal dance of finding ourselves in another, and another in ourselves. Researchers believe this pattern of attachment, assessed as early as one year, is more important than temperament, IQ, social class, and parenting style to a person's development. A boom in attachment research now links adult attachment insecurity with a host of problems, from sleep disturbances, depression, and anxiety to a decreased concern with moral injustice and less likelihood of being seen as a "natural leader."³

Dr. Karlen Lyons-Ruth, professor of psychology at Harvard Medical School, suggested reframing the first two years of life as an *attachment-individuation* process rather than an attachment-separation process. Beatrice Beebe and Frank M. Lachmann summarize Lyons-Ruth's concept in their book *Infant Research and Adult Treatment*:

The toddler's optimal development includes affection, using the parent as a resource for help, vigorous pursuit of contact-comfort with a parent when under stress, and the assertion of initiative and opposition without the fear of rejection. Thus the child's developmental process should be assessed by the degree to which patterns of affect regulation remain warm and mutual. At the same time, they should facilitate the child's pursuit of goals and initiative. This model of development emphasizes assertive relatedness rather than separation to achieve autonomy.⁴

In their book, based on their infant-mother observational research, Beebe and Lachmann refer to the importance of mother and baby "co-constructing" their intimate connection by way of their facial and vocal interactions. They emphasize that this is an implicit, nonverbal interactive process—a mutual influence system contextualized by each partner.

Asserting that they view autonomy and relatedness as simultaneously co-constructed, they offer this explanation:

We reconceptualize autonomy as emerging from "good-enough" interactive regulation. Likewise, we see interactive regulation in the

optimal range as emerging from “good-enough” self-regulation of both partners. Rather than seeing autonomy and relatedness as two separate poles, we see both as simultaneously co-constructed.⁵

In a normal mother-infant interaction, the mother has the time, space, and capacity to engage in such mutual influencing and to be fully attentive to her child’s emotional needs. A mother who is dependably engaged in meeting the needs of her baby generally feels satisfaction and gratification about her maternal role and responsibilities. She feels that she’s doing a good job, being a good enough mother. But how is the mother-baby dynamic altered when there are two babies?

Mother and Babies, Interrupted

With two babies, a mother may feel that she is never a good enough parent because her experience is that she is constantly falling short, never able to meet the demands of two babies at once. How does an overwhelmed mother manage to have primary maternal preoccupation with two babies? And how do two same-age siblings accomplish the developmental task of learning to go on being when they are aware that they are not the lone baby and when they are rarely, if ever, given the opportunity to be alone?

In her article “There Is No Such Thing as a Baby: Early Psychic Development in Twins,” Ruth Simon explains why mothers and twins don’t fit into Winnicott’s model of mother-child attachment.

The psychological experience of being a twin is organized by being part of a group from the moment of birth . . . and even before. The other twin creates a threesome that interrupts the experience of unity with the mother well before there are three separate people involved. For this reason, the infant twin psychically experiences a mother who is never his or hers alone and the twin doesn’t come into one’s own sense of self and subjectivity through differentiation from just the mother in the same way that single babies do. Instead, the twin comes into being in a social group that includes the mother,

the burgeoning self, and another burgeoning self that is “not me” but is “like me.” This has a profound impact on the internal world of the twin, which will always include a sense of a social context in addition to coming to include a sense of self.⁶

While Winnicott emphasizes the importance of learning to go on being, a twin generally goes on being with his or her twin. A twin baby experiences always or nearly always being with another baby and thus does not have the opportunity to go on being alone. Although an essential developmental task is to learn to tolerate separation from the primary person to whom the child is attached, the task cannot be wholly accomplished when a “not me” is in a position of primary importance and is always close by—namely, the child’s twin.

In addition to the lack of experience of going on being alone, a twin also faces the unique circumstance of being impinged upon or interrupted by the other twin. He witnesses the other baby getting his needs attended to while the first twin’s are not. So the second twin is perceived as distracting the mother from her engagement with the first twin, impinging on his time with her, and interrupting his own mother-baby attachment. And when the mother turns to focus on the first twin, he then experiences the reverse: he is impinging upon his twin. So he internalizes being both the interrupted and the interrupter. Ruth Simon explains:

Each twin’s need to have the mother available to help her or him progress through their developmental stages is in direct conflict with—and therefore an interruption of—the other twin’s needs to do the same. As such, the other twin is experienced as an interruption to these important tasks, and, more important, the twins each experience him- or herself as an impingement. It is a wholly unique experience in the lives of twins to experience the self as an impingement in another’s development.⁷

Since twins are always attached to either their twin or their mother, they experience themselves in a social context—connected to each other,

connected to each other and to the mother, or vying with the other baby for the crucial connection to the mother.

The mother's experience of attaching to her babies is also interrupted by one or the other twin. She is constantly trying to balance attuning to one with attending to the other. Her attempt to psychologically internalize two babies is a challenge at best, as her process of attaching to one baby is continually interrupted by the need to focus on the other. So interruption occurs on all sides of the mother-babies triadic attachment.

In addition, the internal development of a twin identity is based on how each baby experiences attachment to the mother and to the other baby. As Simon points out, a crucial piece of the babies-and-mother attachment process is how the mother internalizes her two infants. Although she may believe that she is encountering each as an individual child, she also likely internalizes them together, as a set of twins. This resonates within both babies, leading to their experiencing themselves as a "we" in the mother's eyes and in their own:

The mother's preoccupation with two rather than one baby is an internal psychic phenomenon that changes how she holds (concretely and metaphorically) each of the babies. They are not just individuals yet in her mind and so they experience themselves through her experience of them as a dyad. Infants' sense of feeling real develops, in part, through the experience of the mother's gaze. The dyadic mental hold of the mother changes how twin babies come to experience themselves. Whereas an individual baby constitutes the mother's entire psychic universe, the individual twin is never the mother's whole universe. They are each "baby and mother," "babies and mother," and "baby and baby." Because the mother's internal experience includes the fact that the twins are a twosome, it is also the experience of "twosomeness" that is available for internalization. For twins, this translates to a deep psychic experience of "we-ness" that is fundamentally different from that of single babies.⁸

So the process of attachment between a mother and two same-age babies is multilayered. It often starts with the mother meaning to attach to each baby as an individual child but is impacted by the impracticality of attending to two same-age infants, as well as the mother's internalization of her two babies as "the twins." At the same time, not only is each baby's attachment to the mother impinged upon and interrupted by the other twin, but the two babies develop a unique attachment to each other, which can make the mother feel excluded or superfluous.

Twin-to-Twin Attachment

Justifiably, mothers of twins are emotionally and physically overwhelmed. Unless the babies are coparented and nurtured by a partner or full-time caregiver, the mother needs periodic relief from her daunting responsibility to care for and attach to two babies at once. What often happens is that, cognizant of how pleasantly the twins are relating to each another, the mother may retreat from attaching to one or both children in the belief that they are attuned to each other and able to soothe and please each another. She may even believe that since the twin babies seem to make each other happy, their bonding to each another is more important than connecting with the parent. Watching their babies coo and smile at each other and happily amuse each other, parents are often lulled into believing that twin bonding is the very experience twin children need most.

Parents are generally unaware that their twins' sibling-to-sibling attachment, which may be prompted by a conscious or unconscious withdrawal by the parent, is also enhanced by a cultural belief that I refer to as the *twin mystique*. Our culture's idealization of the twin relationship is so entrenched that it is rarely questioned or examined. People assume that twins are soul mates for life who feel closer to each other than to anyone else; that in utero and during childhood they share a mystical union that far surpasses their relationships with parents,

friends, and other siblings; and that as adults, their twin bond is more indestructible than their relationship with a mate. Not only is this twin connection assumed to be unbreakable, but it is revered and appreciated by the culture and by the parents of twins. Twins are said to be fortunate to have a lifetime partner who innately understands and unequivocally supports them.

As sociologist Elizabeth Stewart affirms, such cultural mythologizing leads to an insoluble dilemma for twins: they are expected to be individuals while society glamorizes and perpetuates their twinness. In her book, *Twins in Society*, author Kate Bacon references Stewart's assumption regarding a twinship paradox—namely, that twins are confronted with and required to fulfill contradictory cultural expectations:

Twins, epitomized through the stereotype of identical twins, are constructed as interdependent “soul mates” who are “carbon copies” of each other and do “everything together.” . . . Twins therefore face a series of intensified contradictions: whilst they are expected to be the same, they are expected to become different; whilst they are expected to be together and close, they are expected to become independent.⁹

The twin mystique endures because the notion that two individuals are so effortlessly and intimately linked represents a human longing for such a partnership, and buying into the myth represents a universal desire to never be abandoned or alone. Although twins do have an innate emotional closeness, a sense of inseparability is also externally imposed on them by their culture and family.

Parents may feel that they are doing nothing wrong in abdicating their parental role by allowing their twin children to, in effect, nurture themselves. In fact, they often feel gratified and proud that their twins are getting along so well and enjoying each other's company. This idea—that twins will always have each other, that they effortlessly communicate both verbally and nonverbally, that they want to spend all their time together,

and that they intuitively know how to nurture each other—leads to the notion that twins are the most important people in each other's lives and that they are attached to each other in a way that is even more significant than the parent-child attachment. Acceding to this belief may lead parents to leave twins to themselves to connect with each other, which can result in the parents feeling physically relieved but emotionally excluded.

A parent of singletons doesn't have to deal with the parental exclusion factor. A parent of twins, however, needs not only to understand the dynamic of twin bonding but also to avoid feeling excluded by making sure that she attaches to each baby as an individual. Otherwise, she may feel so abandoned and helpless that she decides to give up on forging a primary attachment with either or both babies.

When twins are more attached to their same-age sibling than to their parent, they miss out on fulfilling a crucial need: to be fully attached to an adult who is attuned to them and knows how to be empathic, caring, comforting, and loving. They are missing the consistent presence of someone older and wiser whom they can respect and trust to attend to their needs and whom they will want to please. When a parent consciously or unconsciously abdicates that role and twins turn to each other instead, the children will want to please each other, but they obviously lack the emotional skills or maturity to attune to or fulfill the needs of their same-age sibling. As psychotherapist Vivienne Lewin writes, "The twinning, while comforting, is not a developmental bond."¹⁰

Twins whose primary attachment is to each other do not have the benefit of an attachment with a primary caregiver who can help them identify, articulate, and fulfill their needs. As these twins grow up, they may deny or be unaware of their own needs because they have been so focused on the needs of their twin. Their early childhood experience is characterized by trying to soothe, take care of, and please their twin. They are attached to that sibling, but the attachment is a disordered one, a poor substitute for a healthy attachment to a parent.

Audrey Sandbank stresses why twins' attachment to each another is not only insufficient for their psychological development but deleterious to their emotional growth:

The projection, introjection and identification with the mother by the twin may be blurred in the absence of a consistent "mirror" and instead the twin may become an additional mirror, though one that is unable to contain and reframe the child's emotions. . . . [The] desire for emotional sustenance from the co-twin can become a lifelong dependency.¹¹

Many parents of twins believe that a strong bond between their two same-age children is developmentally and psychologically healthy, a phenomenon to be heralded as a positive sign. But while friendship between siblings is always a benefit, when that connection is each twin's primary attachment, it is not a healthy sign. It may signal that one or both twins' emotional connection to their parent is weak and that they are therefore deficient in the focused, loving attention and guidance that they require from a primary caregiver.

A mother of two-year-old twins in one of my parenting groups commented: "I love seeing my little boys playing together so nicely. It makes me feel like they're really connected and that they'll grow up to be best friends." This mom and many like her feel pride and gratification, which is almost like a badge of honor, when they witness their twins "in their own world," loving each other so intensely. It means that they have done an amazing job as parents. The concern is that such sibling closeness may supersede a parent-child attachment.

Parents need to know that twin-to-twin attachment should never be a substitute for a parent-child attachment. Although parenting twins is indeed a unique and challenging situation, parents must work really hard to develop an individual attachment to each of their same-age children. When this bond exists, children reap the benefits of feeling securely connected to the loving adult who is their primary caregiver.

Attached to One More Than the Other

A mother of twins may bond with one baby more than the other, or to the exclusion of the other, and this may occur for a number of reasons. The mother may be drawn to the baby who seems to need her more or who responds more effusively when picked up, held, or cooed to. Being needed by her baby may play into the mother's need to be needed. Conversely, she may prefer the baby who seems more self-sufficient, doesn't require as much attention, or doesn't cry very often. Perhaps the mother is needy herself and admires the calmer baby's seeming self-reliance. Or maybe she shares the baby's more relaxed temperament and feels more comfortable with this twin than with the twin who seems to demand more.

A mother's inclination toward one child or the other is related to her own character, personality, and personal history. If the mother is an extrovert and she has an introverted twin, she may prefer the extrovert. Or she may find the introvert more interesting or challenging and try to draw out that child. The challenge becomes how to attune to each child separately, fulfilling the needs of each without becoming prejudiced, guilty, or conflicted about having different feelings for the children.

When a parent is unable to attach to one twin for whatever reason, that child may respond by turning away from the parent and seeking emotional sustenance elsewhere. For example, one mom told me she looked forward to taking her four-year-old daughters out separately to have one-on-one time with them, which is always a good idea. However, one little girl always wants to go on the outings and the other one doesn't. The mother told me, "I'm just going to go with the one who wants to go with me and let the other one stay with the nanny." I asked her, "Why are you giving up?"

It turns out that she actually likes the fact that her other four-year-old prefers to stay with the nanny because she is insufficiently attached to

this twin and prefers the company of the twin who enjoys their time together. I explained to this mom that her reticent little girl probably does not want to go out with her one-on-one because she is angry that the mother is overly attached to the other twin, the one who *wants* to be with her. The mother acknowledged that she had not fully understood the disparity between her attachment to the preferred twin and the lack of attachment to the other. The other piece to this particular attachment scenario is that the mom confided that she feels rejected by the daughter who is more attached to the nanny. Because she didn't want to deal with those feelings of rejection, she was ready to give in and abdicate her responsibility toward her angry little girl.

When parents of twins are unaware that they are more closely attached to one twin or are unable to acknowledge that disparity, it can place an undue burden on one or both siblings. For example, a client reported that one of her thirteen-year-old twins, the more dominant and social of the two, did not want to go to the same high school as her sister. Rather than listening to the reasons why this daughter felt that she needed to separate from her sister at this point in her school career, the mom begged the girl to be okay with the same-school arrangement. Because of her closer attachment to this daughter than to the less social one, the mom spoke to her as a girlfriend rather than as a mom, pressuring the preferred daughter to collude with her instead of taking both girls' needs into consideration.

Of course, when parents of singletons are more attached to one of their children than to the others, it can lead to consequences as well. But with twins (and other multiples), the inequality of parental attachment can result in unique psychological implications, especially with regard to competition and comparison between twins and excessive interdependence. Therapists must be aware of how this scenario may have played out in the early life of twin clients.

Twin Attachment to Fathers or Second Parents

When twins become part of the family, the father or a second parent (a male or female friend, relative, or same-sex partner) generally takes on a more active role than with a singleton. The reasons for this are obvious: two babies require a second adult caregiver, not only to provide another pair of hands but to focus individual love and attention on one baby at a time. Simon refers to this significant role:

[The father or second parent] . . . provides the baby with some psychic experience of being the only baby held in mind by another who is not preoccupied with another baby. This experience is of utmost importance in the child's ability to sort out the complicated world of me/not me relations.¹²

One twin may want to be with only one parent, the other with the other. When this is the case, parents have asked me, "Why is this happening?" This situation probably occurs because the babies have "chosen sides" to feel that there is one person to whom they can be securely attached. The babies are aware that they are in competition for their parents' attention, and they want something that they don't have to share with the other.

Some coparents agree that one parent will take primary responsibility for baby X and the other for baby Y as a way for them to cope with a challenge that is extremely difficult to handle on one's own. While such divided parenting is understandable, each parent needs to make time for each baby, as daunting as that may be. Not only is giving children the power to choose sides psychologically unhealthy, but developing an attachment between each parent and each twin is crucially important. Although parents are justifiably overwhelmed, and while choosing to attach to only one child each may make life easier for both parents, problems arise when they do so.

When a twin is attached to only one parent, that child might routinely demand, "I only want to go to the park with Dad (or Mom)." While it's

perfectly fine if twins have a fluid attachment to each of their parents, preferring one on a particular day and the other during a certain outing, when attachments and preferences become concretized, fighting between siblings ensues and parents have a tendency to give in. So what began as a one-parent-only attachment becomes an ongoing power struggle.

Although parents of twins may intend to forge close attachments to both children, their need to provide equal experiences for both children can undermine their best intentions. I recently spoke at a parents-of-twins conference about the importance of alone time. A woman raised her hand to voice her concern about the unevenness of the alone time experiences that she and her husband were providing for their twin daughters: “My husband and I both have time alone with each twin, but the quality of our time together with the kids is vastly different. When one of our daughters is with me, we go to the children’s museum or the park or the zoo, but my husband’s time with one of them amounts to ice cream and TV. We’re not giving our girls equal experiences. They have a much more worthwhile experience with me. When they’re with him, they’re not getting anything out of it.”

This feeling by parents that twins must always be treated equally, rather than allowing them to have different experiences, is common. But parents need to acknowledge and accept that parent-child experiences are not necessarily going to be the same for each twin. I try to emphasize that simply spending alone time with a parent, even if it’s in front of the TV with a bowl of ice cream, has value. What is especially important for twins is facilitating the attachment with each parent. It’s not about making the alone times equal; it’s about making them happen.

Again, as Ruth Simon points out, twins provide the father or second parent a much more important role than they might have with a singleton. Although sharing the parenting role is a wonderful opportunity for dads or second parents of twins, many mothers don’t take advantage of it because they feel that the other parent isn’t doing a good enough

job. But setting standards for how a parent should engage with his or her child is not the point; what's crucial is the one-on-one connection.

A Twin's Unique Attachment History

A therapist treating a twin must discover the twin's attachment history by ascertaining the nature of the twin's attachment to the parents and to his or her twin and how those relationships played out in his or her early life. The fundamental reality in a twin's family history is that, unlike singletons, twins grow up in a social grouping from day one. Rather than a dyadic relationship with the mother, a twin's earliest experiences, as Simon points out, consist of *baby and mother*, *babies and mother*, and *baby and baby*. A twin's attachment to a parent is inevitably complicated by the presence of a second same-age child, and it should be assumed that a twin not only has a unique connection to his twin brother or sister but has *not* had the normal parent-child relationship.

A preliminary therapy session generally includes asking about the client's issues, his or her family history, what it was like growing up, what the relationships with his or her parents were like, how many siblings were in the family, how the client feels he or she was parented, and so on. With a twin, a typical response to such questions might be "We weren't with our mother at all; my twin and I were just with each other. We did everything together. My mother was busy, she had other kids, we had each other, and she was sort of in the background and not a very important person." Clearly, such a response is different than a therapist would expect from a singleton client.

During the many years that I've been treating twins, clients have told me about problems and misunderstandings that arose with therapists who were unfamiliar with twin issues. They have complained that therapists who do not understand what it's like to be a twin never even bring up the twinship as a relevant topic to be discussed. And if the twin issue is the presenting problem, the therapist might say something like

“You’re too close to your twin. It’s an unhealthy relationship, and you’ve got to figure out a way to disconnect because you’re too invested in your sibling.” In other words, many of my clients have experienced therapists being dismissive of or insensitive to their twin-related issues. Understandably, even if a twin decides to visit a different therapist, she may worry that the new practitioner won’t understand the importance of the twin connection—what it has meant, how it’s been more important than her relationship to either parent, how it’s been the most meaningful connection she has had, and how she doesn’t know who she is apart from the twinship.

In ascertaining a client’s attachment history, the therapist will come to understand that being a twin organizes and inhibits or enhances everything that person does or is. It shapes who the person is more than anything else. Unless the therapist is educated about twin issues, he or she wouldn’t necessarily recognize how integral and deeply significant twinship is to the twin client, even if the client denies it. In fact, twins usually do not recognize any dysfunction related to a twin scenario until they talk about it with someone, because they perceive their interactions with and feelings about their same-age sister or brother as normal.

Therapists need to recognize that twins inhabit a unique psychological reality; they don’t have the common singleton mentality that the rest of the population takes for granted. Unless therapists become oriented to the psychological environment in which twins have grown up, their twin clients will be unable to gain a valid perspective on their concerns and problems.

Twin Transference

The unconscious tendency of a client to transfer to his or her therapist feelings and attitudes associated with a parent or other significant person remains a cornerstone of psychoanalytic practice. Such feelings may be affectionate (positive transference), hostile (negative transference),

or ambivalent. Given that the therapist asks a client, “How can I help you?” and says, “I want to understand you; I want to understand your problems,” the therapist-client relationship often becomes a facsimile of the parent-child connection.

With a twin client, however, rather than parental transference, twin transference is more likely, with the client relating to the therapist as his twin. In twin transference, a twin client brings to the twin-therapist dyad the feelings and attitudes and expectations he feels toward his twin and their connection. Having relied on his twin for companionship, soothing, and solace, he may now look to the therapist as a twin replacement.

Since twins likely have been each other’s primary attachment figure throughout their lives, they commonly crave quick and intense connections. So when a twin begins therapy, the positive transference can be immediate and deep. A therapist treating a twin should be alert to the immediacy of this connection and understand it through the lens of twin development rather than become overwhelmed and question its authenticity.

Whereas the general public assumes that twins enjoy a magical closeness, many twin pairs have never developed the skills or courage to be truly honest with each other because they are afraid of feelings and situations that may cause conflict, separation anxiety, disappointment, or competition. They need the connection to their twin and to the twinship to validate their identity, but they tend to lack access to their own inner life. Growing up as a twin very often impairs their capacity to know their authentic feelings, needs, and desires. And not having the opportunity to develop a separate self or separate identity impedes the development of real intimacy, self-awareness, and authenticity.

Given that twins’ primary attachment is to each other and that they often lack access to their deepest feelings, beginning a relationship with a therapist with whom they are able to share those feelings can come as a profound surprise and awakening.

My work with Alex provides an example of how twins can be struck by their newfound ability to finally open up and share their deepest feelings. Alex entered therapy with me to understand why he had stayed in an emotionally and physically abusive relationship with his boyfriend for so long. When he broke up with the boyfriend, he looked to his twin brother to be there for him, but the brother was absolutely unavailable. He avoided and essentially abandoned Alex during a time of emotional crisis.

As he was describing the fraught situation, Alex didn't seem to have appropriate affect but rather just recited the facts. I asked him about his upbringing, and he reported that his mother had been in an abusive relationship with her husband, Alex's stepfather. The stepfather, who was a drinker, often yelled, swore, and picked fights with Alex's mother.

I asked, "Was your mother able to help you understand what was going on? Did she ask you how all this abuse and fighting affected you?" He said no. He was aware that the conflict was going on, but he didn't know how he actually felt about it.

Alex didn't have access to his feelings because his mother could not help him express or process them. For Alex and his brother, life was all about protecting their mother, being aware of the fact that she was upset, and making sure that they were good kids so as not to further upset her. They never made any fuss, never needed or wanted anything, and essentially looked after each other.

Whether or not there is extreme conflict or abuse in a family, twins who don't have a secure attachment to a parent have little access to their inner emotional life. They don't have the experience of an attentive, loving adult who asks, "Is this upsetting you? Did that make you angry?" or a parent who tells them, "I'm really sorry that Dad and I got into a fight that was scary for you." For Alex and his twin brother, the level of caregiving that they needed never took place. Instead, the two were left to take care of each other and to find solace in their own little world.

So when I became Alex's therapist, he seemed shocked when I asked if his mother ever apologized or explained what was going on. He responded, "I never thought about it." When I asked if he and his brother talked about how they felt during the years this was going on, he said that they didn't really discuss feelings. And he was never able to talk about feelings with the boyfriend he had recently broken up with either.

With Alex, the positive twin transference was reflected in the fact that he was able to take in my very pointed observations without becoming angry. At the same time, he was amazed that I could listen so intently and understand what he might be feeling about what he had been through. I shared with him that he likely had little access to his feelings because he was always attached to his twin and not to his mother, that she had never articulated what was really going on in their home and never helped him connect with his feelings. He and his brother had been on their own, together, with little emotional understanding of what they were experiencing.

Like Alex and his brother, twins very often are not the intimate friends that outsiders may assume they are, and they don't process intimate feelings with each other. So Alex couldn't even imagine talking to his brother about any of the issues we were discussing in therapy. The fact that he could be intimate with a therapist was an entirely new experience for him. His twin transference facilitated his capability to be open and honest with me in a way that he never could be with his twin. That's what is so powerful about a twin seeing a therapist who is familiar with twin psychology. The relationship represents a new experience of intimacy and authenticity to which most twins have never before had access.

Presenting Issues

Claire came to me because her twin sister's emotional dependence was jeopardizing Claire's relationship with her husband. He had recently told her that if she wanted their marriage to survive, she would have to stop

seeing her sister. Claire was stunned by his demand. Having taken on the caretaker role with her sister in early childhood, she found it perfectly normal to check in with her twin several times a day and to spend time with her at least two or three times a week. Claire had no idea that she was overly involved with her sister or that her attachment to her sister was damaging her relationship with her husband. She claimed that she was surprised at how upset her husband was over her closeness to her twin sister.

Claire's struggle to save her marriage and Nick's difficulty adjusting to college away from home share a significant psychological factor: both twins were contending with core twinship issues. Nick's emotional equilibrium was thrown off when his brother was no longer there to anchor his sense of identity. And only during her therapy did Claire realize how her role as caretaker to her twin defined who she was and that relinquishing it threatened her sense of identity.

A therapist unaware of twinship issues might hear that a client's husband is annoyed by his sister-in-law's intrusive presence and not understand the wife's perspective. The therapist might also assume that a freshman's anxiety about being away from home for the first time is a relatively minor problem. But both instances involve a profound dilemma: how to let go of a lifelong identity as one half of a twinship. The therapist must understand why surrendering an identity that one has inhabited for one's entire life is exceptionally difficult and painful and that this difficulty is intrinsically related to twin attachment. Claire's and Nick's stories involve this crisis of identity, the roots of which are in their attachment histories and their ongoing attachment to their same-age siblings.

When a twin comes to therapy, the questions central to his or her problems are often, Who am I? What is my identity? The questions are not the same as those of a singleton coming in with an existential crisis, because a twin's core dilemma is, Who am I in relationship to my

twin? A twin's "identity crisis" is thus fundamentally different from that of a singleton and can manifest in a range of symptomatic emotional problems.

Of course, twins are not always aware of the connection between their twinship issues and the problems that bring them to therapy. Presenting problems often include panic or anxiety attacks, depression, uncontrollable anger, feelings of abandonment, self-loathing, guilt, difficulty forming attachments, and social anxiety. The following is a compilation of the most common presenting issues for which twins seek therapy, along with the underlying factors unique to those who have grown up with a same-age sibling:

- *Panic or anxiety attacks*: Resulting from separation from one's twin after having been in a dependent attachment
- *Depression*: Resulting from the inability to acknowledge or confront feelings of rage, resentment, competitiveness, jealousy, betrayal, sadness, and so on, related to one's twinship
- *Uncontrollable anger*: Resulting from
 - Intense resentment and frustration over the other twin's dependency
 - Fairness and equality issues pertaining to one's twin
- *Feelings of abandonment*: Occurring when one's twin begins to separate and become more independent
- *Self-loathing*: Resulting from being dependent on one's twin and unable to separate
- *Guilt*: Resulting from
 - Being critical of or harsh with one's twin
 - Separating from or wanting to separate from one's twin
 - Accomplishing or attaining more than one's twin

- *Difficulty forming attachments, social anxiety:* Resulting from inexperience with relationships and the expectation of instant intimacy, given that twin closeness is “automatic”

When treating twins, a therapist must be aware of how these issues may reflect underlying circumstances and concerns that are unique to twins. The following are fundamental elements of twin psychology that will be explored in depth through case histories presented throughout the book.

- A twin who is having problems with her same-age sibling thinks of herself as part of a couple in conflict.
- Since twins are conditioned to expect effortless intimacy with their twin, they often feel deeply distraught when problems arise between them. Despair and despondency over rifts with one’s twin are more common and more complicated than quarrels between nontwin siblings.
- Twins frequently feel ashamed when talking about problems they are having with their same-age sibling, as they are conditioned to believe that twinship is a gift and that twins are supposed to be emotionally in sync.
- Caretaking and being cared for by one’s twin are perceived by twins as normal.
- The caretaker/cared-for twin scenario often occurs because parents of twins were insufficiently attached to each child and partially abdicated their role as caretaker in the belief that twins “naturally” take care of each other.
- Rage often underlies the anxiety and sense of annihilation that twins experience due to their being perceived as, and essentially functioning as, one half of a single entity.

- A twin may have kept his own needs in check as a child, believing that his twin's needs were greater.
- Twins often feel inauthentic because they fear that being honest with their twin might be emotionally harmful.
- A twin's perspective on her role and function in a dyad informs who she is, rather than her sense of being a self in the world.
- Twins may have little or no experience being a separate self.
- Twins often initiate therapy when they feel they have lost emotional equilibrium.
- Twins need a trusted outsider to give them perspective about their twinship. They need to know that a therapist is knowledgeable about twinship issues and how to overcome them.