Int. J. Prenatal and Perinatal Psychology and Medicine Vol. 5 (1993) No. 4, 439–444

The Loss of a Twin In Utero's Affect on Pre-Natal and Post-Natal Bonding

L. LaGoy

Berkeley, CA, USA

Abstract

The most important learning task human beings are confronted with, as social animals, is connecting with other human beings. The importance of mother-infant attachment in parent-infant bonding and its affect on subsequent bonding is well-documented.

During the past two-and-a-half years in my clinical practice I have encountered a particular kind of pre-natal trauma which often has had significant impact on parent-child bonding. Seventeen out of nineteen children I have treated during that time, had, unbeknownst to them and their families prior to treatment, lost a twin in utero. This loss usually occurs by one egg dissolving during the first eight weeks of pregnancy. My child clients consistently create enactments of fearing for their own life as the twin exits. This threat to the remaining twin's life can and often does weaken the parent-child bonding process.

Zusammenfassung

Die wichtigste Aufgabe, die wir als Menschen und soziale Lebewesen zu bewältigen haben, besteht darin, mit anderen Menschen in Kontakt zu treten und diesen Kontakt aufrechtzuerhalten. Die Bedeutung der Mutter-Kind-Bindung in der Elternbeziehung und ihr Einfluß auf spätere Beziehungsfähigkeit ist wissenschaftlich gesichert.

Während der vergangenen zweieinhalb Jahre meiner klinischen Tätigkeit ist mir eine besondere Form des pränatalen Traumas begegnet, die oft einen bedeutsamen Einfluß auf die Eltern-Kind-Beziehung hatte. 17 von 19 Kindern, die ich psychotherapeutisch in dieser Zeit behandelt habe, hatten einen Zwilling in der uterinen Zeit verloren, was sowohl ihnen wie auch den Familien vorher unbekannt war. Dieser Verlust ereignet sich meist dadurch, daß sich

Correspondence to: Leah LaGoy, M.A., M.F.C.C., 713 Pisalta, Berkeley, CA 94707, USA

ein Keim während den ersten 8 Wochen der Schwangerschaft auflöst. Meine Klienten inszenieren in deutlicher Weise Wiederholungen von Angst um ihr eigenes Leben, wenn der Zwilling stirbt. Diese Bedrohung des verbleibenden Zwillings kann die Eltern-Kind-Beziehung schwächen.

*

The most important learning task human beings are confronted with, as social animals, is connecting with other human beings. The importance of mother-infant attachment in parent-child bonding and its effect on subsequent parent-child interactions and child development is well-documented. (Bowlby, Klaus and Kennell, Brazelton and many others.) The importance of father-infant attachment in parent-child bonding and its effect on subsequent parent-child interactions and child development is currently being researched and documented.

In the period of time right after birth there is a crucial time for making a deep connection with babies. If it doesn't occur, it is often very difficult to achieve. When rejection of a baby occurs in farm animals, ie. lambs, those lambs do not know much about the mating process and do not know how to parent when they in turn have their babies. As a consequence they are usually the first sheep to go to be slaughtered. This anecdotal information highlights how strongly the forces of nature are at work in the bonding and imprinting process among animals. (Wilson) Perinatal literature supports a similar phenomena occurring in human beings. (Klaus, Lorenz and others)

As a psychotherapist working with infants and children I have the opportunity to observe the quality of bonding between a variety of parents and their children.

Parents seek treatment for their children for a variety of reasons which involve a current crisis or trauma, or a physical or behavioral problem. The situation is such that it is disrupting the child's ability to bond or connect with the parents and/or others. The current trauma or behavioral problem usually has its origins in the pre- and/or peri-natal period.

During the past three years in my clinical practice I have encountered a particular kind of pre-natal trauma which often has had significant impact on parent-child bonding. Twenty-three out of twenty-five children I have treated during that time, ranging in age from 14 months to nine years, had, unbeknownst to them and their families prior to treatment, lost a twin in utero. I am currently researching medical journals and contacting obstetritians in an effort to correlate medical data regarding frequency of multiple conception and early twin loss with my psychological data.

In addition to the fourteen children who uncovered a lost twin, four out of six adults I have been working with in deep regressive therapy the past two and a half years have recovered the memory of a lost twin The loss of a twin in utero usually occurs, unless an abortion attempt has been made, by one egg dissolving within the first eight weeks of pregnancy, often presenting itself as what is commonly known as "spotting" to the mother. While "spotting" does not always occur with the dissolving of an embryo and "spotting" does not always indicate

the dissolving of an egg, there has been a correlation in my clinical experience between children uncovering a lost twin and their mothers having "spotted".

While "spotting", in general, actually consists of a small amount of blood, children create scenes of floods in sandtrays and a variety of dramatic enactments of fearing for their own lives as the twin exits. This threat to the remaining twin's life, as well as the deep grief resulting from the loss of their twin, has lifelong effects including weakening the parent-child bonding process.

The bonding process seems to be most deeply affected if the parent(s) did not want the child, if the opposite sexed child was desired or if the loss occurred as a result of an abortion attempt or rough pelvic exam by a doctor. It also seems to have a contingency in whether or not there were complications during the birth and whether there was trauma involving loss or the threat of loss prenatally up through the first six months post birth. ie. a parent or sibling. Cesarian and forcept deliveries create a re-enactment or simulation of a twin being pulled out, thus reactivating and reinforcing the original trauma.

The following cases are examples of twins lost in utero.

Case 1

Tracy is the second born of two girls. Both girls were cesarian deliveries. Tracy's father suffered a cerebral hemorrhage when she was six months old. While he has made significant recovery he will always need full time supervision and a variety of therapies which prevent him from ever being able to live at home again.

While pregnant with Tracy, Tracy's mother was certain she was having a boy and was disappointed when she found out she was having another girl. She reports Tracy being born angry . . . screaming angry . . . and very difficult to comfort from the day she was born. "She came out mad at the world." She continued to be a difficult child to comfort and parent.

Tracy was brought to me for treatment when she was two and a half, because of a traumatic incident involving toilet training while with a babysitter who lived with them. This babysitter overreacted to the situation. The response of her childcare person elicited acute and extended anxiety and crying in Tracy. This panicked response was subsequently repeatedly illicited when she needed to urinate or have a bowel movement. It is significant to note the traumatic toilet incident occurred while her mother was taking a day off. Her first day off since the onset of her husband's illness. Her absence restimulated Tracy's fear of loss. What I did not understand initially was Tracy's fear of loss did not originate with her father but with a twin brother in utero.

Tracy was the first child I diagnosed with having lost a twin in utero. When I told the mother my assessment of Tracy's deep grief, anger, obstinance, and cantankerousness, the mother burst into tears saying, "You know, I always knew I was having a boy and was so shocked when I learned she was a girl. I wanted a boy for Tom (her husband) because we already had our girl."

It took Tracy until her session on her fourth birthday to begin to forgive her mother for wanting her to be a boy and being disappointed she was a girl. During that session her mother burst into tears after Tracy announced and emphatically insisted she was going to run away and never come back. Her mother's love for

her, expressed through her tears caused a similar response in Tracy. As Tracy started to cry she crawled into her mother's lap. Bonding finally began to occur as her mother told her that it was true she had wanted a boy in the beginning. But now was glad to have two girls. "I'm glad you're a girl, Tracy. I don't know what I would do without you. If you were to run away I would cry and cry and cry. I would be very sad if you ran away."

It took Tracy until the week before kindergarten started, when she was five, to let me openly talk about her twin. Prior to that session she always changed the subject when her lost twin was mentioned, saying it was too sad to talk about. During the session before entering kindergarten she said, "Say it." I said, "You know how upset you get whenever I try to talk about it to you." "Go on", she said. "Just say it." So I proceeded to tell her that going to kindergarten was kind of like being born only this time instead of leaving her mommy's tummy she was leaving her home and daycare center. I explained that leaving home to go to kindergarten was another step in grieving and leaving her twin brother. I told her her twin couldn't come with her and it was all right and even very important that she go on by herself and be who she is. "You are unique and will have your very own way of learning and doing things."

As I told her these things she rolled over and over on the floor smiling and laughing, then stood up and hugged me. She terminated two months later.

Case 2

G.J. was a second-born boy, vaginally birthed to a mother who was happy to have a second boy. His birth was relatively easy and they bonded immediately. This was very different than the birth of her first son which was very difficult and with whom she had not bonded.

G.J. was brought to therapy due to his having witnessed the vicious attack of his grandmother by an aikido dog. The grandmother, who was his primary caretaker during the day, underwent eight hours of emergency surgery to repair the extensive damage to her arms. She had used her arms to cover her face during the attack, a gesture which had saved her life. This child had to work first on his fear of dogs. Then, at the end of one very low key session he said to himself very softly, "I didn't die." In the next session he began re-enacting the loss of his twin in utero in his play. His response to his lost twin, was very different than Tracy's. He seemed to integrate the loss fairly easily. Following several enactments of losing his twin I interpreted his enactment to him by telling him the "story" he'd been telling us. He was sitting on his mother's lap as I told him his story. He turned to his mother, hugged her and kissed her and said, "Thank you for keeping me." I am qualifying his seemingly easy integration of his lost twin because the family needed to terminate his therapy for financial reasons three sessions later.

The treatment with these two children was powerful and effective in resolving both their presenting symptoms and their underlying trauma. In addition, these two cases demonstrate two different responses to a lost twin by the remaining twin. In the first case the bonding process between mother and child was deeply

affected due to an opposite sexual preference and expectation on the part of the mother and a cesarian delivery which reactivated and reinforced the original trauma. In the second case, which held no other traumas which reactivated and reinforced the original trauma, the parent-child bonding process was seemingly not affected.

In addition, these two cases demonstrate that the loss of a twin in utero is a significant trauma. It can be viewed as a family ghost who, in some form, is continually sought after. It lives in the unconscious of both a child and his/her family and gets acted out in an effort to resolve the loss. When the trauma of the loss has been grieved and worked through for both the child and the family the parents often comment they feel they have a different child and their family feels different. They report sibling rivalry and scapegoating has diminished, their parent-child bonding has been strengthened or exists for the first time; their children are more present in their bodies and in their family; and the family dynamics have changed.

A lost twin in utero has important implications for pre-natal bonding. It is a deep loss for the remaining twin and is often perceived by the remaining twin as an assault on their life as well. Because it occurs in utero the perceived assault is internalized in the psyche of the remaining twin as the mother trying to get rid of him/her. It is often portrayed as the mother trying to kill the remaining twin. This creates a very anxious attachment for the remaining twin with the mother. The remaining twin anxiously attempts to cling to the lining of the walls of his/her mother's uterus. This anxious attachment subliminally becomes connected with the umbilical connection to his/her mother, through which he/she is fed. As such it can extend into anxious breast feeding and digestion issues.

One of the main learning styles of an infant is stimulus generalization. Stimulus generalization takes place in the womb as well. (Verny) If we put this together with Emerson's research which has found that the subliminal integration of actions can persist and be visibly detected in life situations which symbolize or restimulates the original situation (ie. birth or infancy action patterns), one can begin to understand the relationship and life-long implications between implantation, the loss of a twin in utero, the umbilicus, breastfeeding and bonding.

Breastfeeding is a simulated implantation experience in which the infant "attaches" to the mother's breast for nourishment. This simulated implantation experience arouses the infant's original feeling memories regarding his/her implantation. If there has been an early loss of a twin in utero the feeling memories aroused are his/her subsequent fear and fight for his/her own life.

The implications of my findings are a new area of investigation which brings a deeper understanding to disruption in the bonding process. This negative internalization of the mother is subliminally adopted by the child and is a contributing factor in a child's low self esteem and poor self concept later on. It is the seed of creating the "false self" (Winnicott) in a child which can be manifested as either a "good" child or a "difficult" or "bad" child in the eyes of the parents and society. In either case the child forfeits who they really are as a self-protective measure.

It has been documented by Emerson that empathy and understanding on the part of the therapist or significant others who are participating in a child's therapy is critically necessary for infants to heal pre-natal and birth trauma. My hypothesis is this applies to the prenate as well. If a lost twin is suspected by early bleeding in the mother or detected through an early sonogram, I think much could be done to repair the rip in the pre-natal mother-child bonding process by empathically acknowledging the loss to the remaining twin, expressing an understanding of the grief and fear for his/her own life the loss has caused him/her, and assuring him/her that he/she is wanted. This should be done throughout the remainder of the pregnancy at regular intervals while simultaneously stroking the mother's belly. It should continue throughout breastfeeding with the mother's hand placed on the baby's umbilicus and with eye contact between the mother and baby.

As stated in my introduction, as social animals our greatest learning task is to learn how to connect and get along with others. Empathy and understanding exhibited on the part of the mother and other family members to the remaining twin, in response to the loss of a twin, is a dynamic and sensitive way of teaching empathy, love and caring. It is also a way of developing positive affect attunement (Daniel Stern) with one's child, which is the seed of human connection, bonding and attachment.

References

Ainsworth, M.D.S. (1967). Object Relations Dependency and Attachments: A Theoretical Review of the Mother-Infant Relationship. *Child Dev.* **40**

Bowlby, J. (1958). The Nature of the Child's Tie to His Mother. *Internat. Journal of Psychoanalysis* **39**, 1–23

Emerson, W. (1984) *Infant and Child Birth Re-facilitation, Two Papers*. Human Potential Resources.

Klaus, M., Kennell, J.H. (1976). *Maternl Infant Bonding.* St. Louis: C.V. Mosby Co.

Lorenz, K. (1957). *Instinctive Behavior*. English Translation 1983. C.H. Schiller (ed.) International Universities Press, New York

Stern, D. (1985) *The Interpersonal World of the Infant*. Basic Books, New York

Verny, T. (1981) *The Secret Life of the Unborn Child*. Summit Books, New York

Wilson, A. (1980). *The Battered Child*. Ch. 25. University of Chicago Press

Winnicott, D. (158) *Collected papers*. Tavistock, London