

**TWIN LOSS: IMPLICATIONS FOR COUNSELORS WORKING WITH SURVIVING TWINS (PRACTICE AND THEORY)**

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Fascination with the twin bond has gripped cultures all over the world for millennia (Bryan, 1983). Although only approximately 3% of the total general population are twins, those who are twins have imbued twin relationships with expectations of extreme closeness, magical understanding, private languages, individual's fantasies of having another self (Bank & Kahn, 1982; Center for Disease Control [CDC], 2000). In 2000, the number of surviving individuals resulting from multiple births was 125 million worldwide.

Equal fascination with the severing of this mystically strong bond seems like a foregone conclusion. Yet, strangely, a paucity of research has been conducted to investigate how twins cope with the death of a co-twin. Because the number of multiple births continues to increase, due to the use of fertility drugs and women waiting until later life to give birth, the likelihood of counselors encountering surviving members of a twin loss is growing. Women who wait until later life to conceive are at higher risk for conceiving multiple fetuses due to the irregularity of ovulation (i.e., as women age, the chances of both ovaries developing a follicle and both releasing these follicles during ovulation increases) as well as the increased need for fertility drugs to assist in conception. Counselors working with the bereaved surviving twin (or other surviving siblings in higher order births) need to understand the unique aspects of the twin relationship and resulting complicating factors for the grief process. Therefore, the focus of this article will be on the unique bereavement experience of the "twinless twin," the ways in which patterns of identity development affect the severity and nature of this grief, and implications for counseling the survivor.

**Overview**

Identical twins, more scientifically referred to as monozygotic (MZ) twins, are formed when one fertilized egg, or zygote, splits into two eggs, leading to the formation of two babies who share 100% of their genetic material (Bryan, 1983). Fraternal, or dizygotic (DZ) twins result when two separate eggs are released and fertilized by two separate sperm. This process results in two babies who share as much genetic material as singleton siblings, which is only about 50% of the genetic material (Segal & Ream, 1998). In the United States, 3% of all live births result in twins (CDC, 2000), making 6% of all babies who are born alive, twins. Throughout the world, rates of MZ twins are roughly the same (about 3 to 4 per 1,000 births), whereas rates of DZ twins are highest in Nigeria and lowest in Japan (Bryan, 1983). It is well known that MZ twins occur randomly, whereas DZ twins seem to run in families (Bryan, 1983; CDC, 2000), although some research suggests that these patterns may be more complicated than were initially thought (Segreti, Winter, & Nance, 1978).

Stories, stereotypes, legends, and fantasies surround the mystery of twinship, but the general public's understanding of twins often ends with this fascination (Noble, 1983). Being a twin, and experiencing what Schave and Ciriello (1983) termed the twinning bond, carries both advantages and liabilities. For example, the intense closeness that comes to play a central role in the lives of twins (Wilson, 1995) can provide some protection against loneliness, easing the pains of adolescence (Pector, 2002) and, according to one study, serving as a deterrent to suicidal behaviors. A further example to illustrate the potential negative impact of the twin bond could be that research finds that the bond can also impair social relationships (Pector, 2002), increase the risk of academic delays due to circumstances such as "twin language" slowing development of appropriate communication skills (Pector, 2001, 2002), lead to difficulties with inequality (Woodward, 1988, 1998), and result in delayed individuation (Engel, 1975; Schave & Ciriello, 1983).

Perhaps the most interesting consequence of the twin bond, and the most relevant to the issue of twin bereavement, is the fact that twins tend to form their identities along patterns distinct from those of singletons. The fact that MZ and DZ twins tend to be more alike when raised apart than when raised together (Schave & Ciriello, 1983) suggests that the presence of the co-twin affects identity formation. So strong is the need to establish an identity that many twins differentiate from each other to emphasize their separateness (Pector, 2002).

Schave and Ciriello (1983) identified six patterns of identity development in twin pairs, which are very briefly summarized here. Each pattern carries with it its own dynamics when twins are separated:

**1. Unit identity.** This pattern is characterized by a merged identity where each twin thinks of him- or herself as half of a whole personality. These twins find separation extremely painful and, if possible, often end up living with one another later in life.

**2. Interdependent identity.** These twins consider each other best friends, look to each other for their primary support, and develop other relationships that mimic the twin bond. They are truly friends and depend on each other, sharing a healthy symbiotic relationship.

**3. Split identity.** Twins who perceive inequalities between each other and who always define themselves as polar opposites may be bonded, but seldom trust one another. Usually one twin is considered "good" and the other "bad." The overvalued twin experiences relief at separation because that twin has lost the bad parts of his or her identity. However, the surviving twin still needs the twinship to highlight the surviving twin's good qualities. The undervalued twin experiences anxiety and depression, because this twin has lost the good parts of him- or herself. The surviving twin may feel inadequate throughout life, unless he or she pursues an understanding of his or her role in the family.

**4. Idealized identity.** Being twins is the most important aspect of these twins' lives, and they take great pride in this unique relationship. They may not share thoughts and feelings intimately, but they face the world as a team. Separation from each other is not too difficult, although they may always remain attached to being twins.

**5. Competitive identity.** These twins share a strong empathetic bond with each other, encouraging each other in their achievements and developing close, enduring bonds with others. The identity of each twin develops in parallel with that of the other, but each retains an appreciation for differences between them. "As a group the competitive twins have the most potential for growth outside of twinship" (Schave & Ciriello, 1983, p. 82). They develop intimacy with other people, although they are always comforted by each other's presence.

**6. Sibling attachment identity.** These twins develop very separate identities, and experience a relationship similar to that of very close siblings, making separation similar to that between non-twin siblings.

As can be seen from this brief summary of attachment styles in twins, the grief process may appear differently in the surviving twin depending on the attachment style. However, it is important to remember that regardless of attachment style, twins experience a different type of loss than singleton individuals. Depending on the age of the twins when death of one sibling occurs, this factor of attachment may have a different degree of impact upon the process. For example, a case in which the sibling dies at birth may not be influenced at all by attachment but a sibling that experiences the loss of a twin at age 40 may be greatly influenced by the style of attachment.

### **Need for Study**

Very few counselors understand the twin bond, and even fewer understand the loss of that bond (Segal, 1998b). But why, with all the intrigue that surrounds that mysterious connection, has so little research been done on what happens when one twin dies? What do the general public and the world of mental health assume happens? Do the bereft survivors cease to be twins, becoming singletons like the majority of the population? Do they mourn the loss of a co-twin as they would the death of another brother or sister? Or do they feel like an essential part of themselves is missing?

Although psychologists have long believed that the most stressful events humans could experience are spousal and child loss, very little research has been done on the bereavement impact of sibling loss (Balk, 1983; Segal, 1998b; Tomassini, Rosina, Billari, Skytthe, & Christensen, 2002), and even less on twin loss (Bryan & Hallett, 1997; Wilson, 1995; Woodward, 1998). "Twins tend to be regarded as exceptions and irrelevant to empirical research studies; they may even be excluded as a complicating factor" (Macdonald, 2002, p. 219). The lack of research is accompanied by a general lack of awareness on the part of therapists as to the unique nature and severity of twin loss (Woodward, 1998, 2002).

A more thorough understanding of the unique issues of twin loss could prove very beneficial to bereft siblings in general, as well as to bereft twins and their families. Kemp (1999) coined the term forgotten mourner to refer to those whose particular types of loss have not been well researched. Forgotten mourners are at increased risk for complicated grief, because they attempt to do their grief work without the institutional supports that help recognized mourners. According to Kemp, bereft siblings fall into this category. For bereft twins and their families, research may be even more crucial. Friends, families, and professionals need to understand the uniqueness of twin loss in order to better help the bereaved twin (Woodward, 1988). Mental health workers need to better understand the differential psychological development of children who have lost a twin (Wilson, 1995), whereas parents need guidelines for helping their surviving twin children cope with the loss (Pector, 2001).

### **Frequency of Twin Loss**

Due to increased use of artificial reproductive technologies, the rates of twins and higher order births are rapidly increasing (Bryan & Higgins, 2002), making twins a more significant portion of the general population. Although the purpose of this article is to explore the impact of twin loss at various stages of life, the fact is that the risks of mortality are especially high in the first 5 years. Women with twin and triplet pregnancies are, in general, considered to be at high risk of losing one or

more babies; 20%-50% losing a fetus within the first trimester, 4%-17% losing one in the second trimester. Stillbirth rates are 3 times higher in twins than in singletons (Bryan & Higgins, 2002), and, in infancy, the risk of SIDS is about twice as high for twins (Pector, 2001). However, once twins reach childhood, mortality rates begin to match those of singletons (Bryan & Hallett, 1997; Bryan & Higgins, 2002). It is interesting to note that, although in Western culture little research has been done on twin loss, twin bereavement is given much attention in many tribal cultures throughout the world (Pector, 2002).

### **Grief Intensity in Twin Loss**

Comparisons between twin loss and other forms of familial loss have consistently shown that twins, especially identical twins, dread and grieve the loss of a co-twin more than almost any other loss (Segal & Bouchard, 1993; Segal, Wilson, Bouchard, & Gitlin, 1995). Segal (2002) found that grief intensity following twin loss was about the same as grief intensity following spousal loss. However, when analyzed for zygosity, her data revealed that MZ twins experienced more stress over the loss of a co-twin than over that of a spouse, whereas DZ twins experienced less stress under the same circumstances. It is important to note that the overall research on grief has been based largely on female respondents and has been faulted for biases in the way in which grief is measured. The interested reader is referred to the studies cited for further examination of the issues surrounding the measurement and interpretation of grief because this discussion is outside the scope of the article.

This difference in the severity between MZ and DZ twins' responses to loss were reflected in Segal et al.'s (1995) study of anticipated grief. When a group of high school-aged twins were asked to rate their anticipated grief levels at the loss of different family members, twins overall most dreaded the loss of their mothers, followed by the loss of their co-twins, and then their fathers. However, again, when separated for zygosity, nearly half (49%) of MZ twins said the loss of their co-twin would be worse than any other loss. Only 25% of DZ twins (and 13% of opposite sex DZ twins) anticipated this loss as being the hardest. In general, studies have shown that grief reactions among MZ twins were more intense (Segal, Sussman, Marelich, Mearns, & Blozis, 2002; Woodward, 1998) and longer lasting than those of DZ twins (Segal & Ream, 1998). Perhaps this is due to MZ twins' tendency to rate themselves as being closer to each other than do DZ twins (Segal et al., 1995). In summary, both anticipated and actual grief have been rated more highly among MZ than among DZ twins (Segal, 2002).

### **What to Expect When a Sibling Dies**

In order to understand what to expect when a twin dies, professionals must first examine typical reactions to sibling loss. Because twins are closer to each other than other siblings, and central to each other's existence, the dynamics of sibling loss are exacerbated when that sibling happens to be a twin (Segal, 1998a, 1998b). Typical grief reactions of siblings include sleep disturbance, guilt, depression, anger, shock, confusion, numbness, and increased fears (Balk, 1983; Wilson, 1995). However, developmental levels are key to understanding how individuals react to the loss of a sibling (Kemp, 1999). Developmental levels and their impact on the grief process are briefly discussed as follows.

### **Childhood**

Sibling loss that occurs in childhood can be devastating, causing problems in school work, personal relationships, and later in adult development (Balk, 1983). It is

important to remember that a child's reaction to the death of a sibling depends on many factors, including the particular stage of development, birth order of the siblings, the nature of the twins' relationship before death, the impact of the death on the family, and concurrent stresses on the child and the family (Kemp, 1999). As stated previously, these factors may have a differing impact depending on the age of the twins. Older siblings are more likely to feel guilt, whereas younger siblings frequently take on the burden of being the "replacement child." Even children who never had a relationship with a younger sibling after birth grieve the loss of the chance to be a big brother or sister, especially if they have been preparing for the role (Kemp, 1999). The difference here for the bereft twin is that he or she has lost a role that could never be regained.

### **Adolescence**

Teens understand that death is irreversible but may have difficulty verbalizing their feelings about it (Pector, 2001). Teens form their identities in the presence of their peers. The loss of a sibling at this stage interferes with identity formation, leaving some survivors feeling marked and different. Seeing their friends' activities as trivial, they may begin to withdraw from social activities. This can hamper their identity development and prolong the grief process (Davies, 1988; Kemp, 1999; Segal, 1998b). Adolescents may experience isolation from peers, suicidal thoughts, feelings of being responsible for the death, or being overprotected by their parents (Wilson, 1995). However, many adolescents speak about the positive impact of going through the grief process. Some teens report feeling more mature after processing such a loss, developing early independence, an ability to live in the present or to appreciate more deeply their loved ones who are still alive, and report an increased compassion toward others (Balk, 1983; Kemp, 1999).

### **Adulthood**

Even though sibling relationships are the longest relationships humans typically have, sibling loss in adulthood is not considered as severe as spousal loss (Segal, 1997). The roles siblings fill for each other, such as companionship, rivalry, loyalty, and solidarity, persist into adulthood. Sometimes, joint parent care or empty nest syndrome brings siblings especially close to each other in middle or later adulthood. Many familial interaction patterns cease with the death of a sibling in adulthood (Moss & Moss, 1986).

Loss of a sibling in late adulthood may inspire an awareness of personal mortality (Moss & Moss, 1986). Due to the anxiety that may be caused by this awareness, and because of the increased closeness among siblings in later stages of life, the death of one sibling actually can negatively affect the longevity of surviving siblings. This risk is heightened among twins (Tomassini et al., 2002). Therefore, counselors working with adults in later life who lose a twin need to be aware of signs of depression and declining health and should provide preventive support through the grief process for the surviving twin.

### **What to Expect When a Twin Dies**

The dynamics of sibling loss are exacerbated when that sibling is a co-twin because of twins' tendency to be closer than other siblings, the interdependency of their identity formation, and the centrality of the twin to the other's existence (Segal, 1998a, 1998b). According to Davies (1988), the amount of stress experienced by bereft siblings correlates to the amount of life space shared by the deceased and the survivor. "The unique bond of twinship dates from conception and when it is torn in

half through death, profound repercussions can be expected" (Noble, 1983, Foreword). According to Bryan (1983), overt psychiatric morbidity is much higher for surviving twins than for any one group of grieving individuals.

Psychiatrist George Engel (1975), who lost an identical twin in adulthood, identifies three factors that qualitatively separate twin loss from other sibling loss: blurred ego boundaries (including confusion as to who died and who is still alive); loss of identity as being part of a twinship (resulting in decreased pleasure in telling "twin stories"); and a sense of fusion of the self and the twin, which lengthens the time during which the survivor can continue to believe the co-twin is still alive.

Many twins have expressed the sense that a part of themselves is draining away when a co-twin dies (Case, 1991). This sense of "halving," or suddenly losing one's identity, is especially marked among twins who differentiated from each other in order to fulfill complementary roles. Often, during the healing process, survivors take on characteristics of the deceased. For example, if the twin who died had been the talkative one, the bereaved twin might start talking more after the death (Woodward, 1998).

Physical identity often proves difficult for twin survivors (Segal et al., 1995). Some twins have reported confusion when watching a co-twin die, feeling unsure about who was dying, or later, when looking in the mirror, deciding who was dead and who was alive (Case, 1983, 1991; Engel, 1975). The sight of the surviving twin can serve as a painful reminder for him- or herself (Case, 1983; Kemp, 1999) or to the family (Noble, 1983) of the loss of the other twin. This can be compounded if the survivor, as part of the healing process, adopts habits or mannerisms of the deceased twin (Bryan, 1992). Being confused by others for a dead twin can be especially painful (Case, 1983).

The loss of closeness affects bereft twins severely for three reasons. First, twins tend to be closer than singleton siblings, depending on each other more and forming their identities around each other (Segal, 1998a, 1998b). For some twins, especially identical twins, the twin relationship is closer even than that shared with their mother (Noble, 1983). According to Case (1983), the severity of a twin loss is proportional to the closeness that preceded it. Second, many twins concentrate their relationships on each other, not spending as much time with other siblings, neighborhood children, or even parents. When they lose each other, they lose most of the social support they had developed (Case, 1983). Third, most twins have very limited experience of being alone, and the loneliness when one dies is often unprecedented for them (Macdonald, 2002). The sense of isolation and "being marked" that many bereft siblings feel is more severe for twins because of the belief that others do not understand the twin bond and therefore cannot possibly understand what has been lost (Woodward, 1998).

According to Woodward (1988), one of the worst aspects of the loss of a twin was the sense of endless seeking for what cannot be found. Many twins desire to replace the closeness and companionship they shared with their co-twin. This can alienate some singletons, who may not even comprehend the level of closeness shared by the twins.

In addition to these aspects that apply generally to twin loss, more specific issues are raised when the twin is lost at birth, in childhood, adolescence, or adulthood. When a close relative dies, the developmental level of the bereft strongly influences the effects of the grief (Case, 1983). In general, the younger the survivor, the greater the grief (Segal et al., 1995).

## Childhood

Psychologists are divided as to the significance of twin loss immediately after birth (Pector, 2001), but the effects on a survivor whose twin died in childhood are profound (Bryan, 1992; Bryan & Hallett, 1997; Case, 1983). Several people in such a family have simultaneously been hit with the most stressful forms of loss experienced by humans. Parents have lost a child, a twin has lost a co-twin, and other children have lost a sibling. To compound the intensity of these losses, society often "forgets" the loss of a twin (Bryan, 1983). For example, when parents lose an entire pregnancy of multiples, their grief is fully acknowledged in the community, but when one or more babies survive, they receive very little sympathy (Bryan, 2002). Bryan (1992) offered an explanation for this:

Because the babies are of the same age, many people seem to imagine that, in some peculiar way, one of them should be dispensable and the other a sufficient replacement. Yet each baby is, of course, a complete and precious being in itself. For most of her pregnancy the mother has been relating to both or all of her babies, however many there may be. And a death is a death, even if the lost baby be one of quads or more. (p. 87)

People often point out that at least one child survived, a small consolation to bereft families (Noble, 1983).

Studies concerning parental reactions to multiple loss have shown that parents grieve every bit as intensely for the loss of a multiple as for the loss of a singleton (Bryan & Hallett, 1997; Pector, 2001). Not only do these parents grieve as much, their mourning is greatly complicated by the psychological contradiction of celebrating a birth, the new life of the twin who survived, and mourning the loss of a child (Bryan, 1991, 1992; Noble, 1983; Pector, 1998, 2001). This simultaneous joy and devastation creates a pervasive confusion around the grief process as parents try to raise a live child and grieve a dead one at the same time or, as is often the case, simply suppress their grief (Bryan, 1983). Parents often postpone their grief for months or years, so preoccupied and focused are they with caring for the surviving twin (Bryan & Hallett, 1997). However, in addition to the intense pressure to "pull through" and to parent the surviving child normally, parents frequently miss some key closure moments with the dead child, due to the chaos and confusion surrounding multiple births. Often, both parents have not had a chance to see or hold both babies, and often mothers and fathers were separated immediately after the birth (e.g., babies needing emergency care). Many find it hard to say goodbye to children they never really got to greet at birth. In some cases, especially when the mother's grief is stifled or discouraged, she fixes on and idealizes the dead baby, rejecting the living child (Bryan, 1992). The parents may react in opposite ways, sustaining a great deal of stress in their relationship with each other.

The unique challenges faced by parents of deceased twins manifest in unique developmental contexts for the child survivors. Whether the parents go through the grief process immediately after the death of a twin child (Case, 1991) or whether they postpone mourning for months, years, or indefinitely, the impact on newborns is intense (Bryan, 1991; Bryan & Hallett, 1997). Common parental reactions that harm surviving twin children include overprotecting or rejecting the surviving twin (Pector, 1998, 2001; Woodward, 1988, 1998), blaming the survivor for the death of the co-twin (Bryan & Hallett, 1997; Case, 1983; Woodward, 1988, 1998), idealizing the co-twin (Bryan, 1983; Bryan & Hallett, 1997), comparing the survivor to the deceased, and failing to tell the child he or she had a twin (Pector, 2001).

In Woodward's (1988) study of bereft twins, both overprotection and rejection of surviving co-twins by parents correlated with loss-related problems at school. Some parents, who lost one twin in infancy, so feared the loss of the other that they were reluctant to let the survivor stray far from their sight (Bryan & Hallett, 1997). According to Case (1991), the parents' leading the surviving child to believe that life is full of danger and developing a strong interdependence could interfere with the twin's development of other relationships, with peers for instance. In Woodward's (1988) study, female twins were more often overprotected by parents than were male twins and reported feeling as if they were held back, never allowed to grow up, or kept sick and in bed throughout their childhoods. Other parents, also fearing further loss, withdrew psychologically from the surviving twin (Case, 1983; Pector, 1998). Some withdrew from the surviving identical twins because they were painful reminders to parents of the lost child (Bryan, 1983; Bryan & Hallett, 1997). However, the feelings of rejection were reportedly the worst among children who were blamed for killing their twins in utero (Bryan, 1983; Woodward, 1988), for causing the death, or not doing enough to prevent it (Case, 1983; Pector, 2002).

Parents who lose one twin have also lost their identity as the parents of twins, an experience they cannot replace at will. When parents' identity revolved around being parents of twins, they risked making the survivor feel worthless as a singleton (Case, 1983). Sometimes, parents made twins feel so special that when the pair was separated in death, the survivor felt worthless as just one. Many of these bereft twins tried to combat their parents' disappointment by trying to live for both children (Case, 1991). Others have tried to develop the talents of their deceased twin in order to meet parental expectations of the lost twin or to fill a sense of emptiness in the family (Case, 1983; Pector, 2001). This leads some twins to develop life-long patterns of needing to please others (Woodward, 1998).

One of the strongest feelings reported by those whose twins died in childhood was guilt. This was especially prevalent when the co-twin committed suicide or was handicapped or when parents rejected or blamed the survivor for the death of the co-twin (Woodward, 1988). As these guilt-ridden children, especially the boys, grew into adulthood, they engaged in more risk-taking behaviors (Woodward, 1998).

In some cases, children are faced with the fear of their own death. Children who know they are afflicted with the same genetic disease that killed their sibling have to face the possibility of their own death while going through the grief (Kemp, 1999). Identical twins share 100% of their genes, and, if a co-twin dies of a genetic disease, the presence of death may be very real indeed for the survivor.

## **Adolescence**

The loss of an important attachment figure is experienced as severely in adolescence as it is in childhood. When the bonds of attachment are either broken or threatened, our sense of self can be undermined for a lifetime (Woodward, 1998). When that attachment figure is a twin, the disruption of the incompletely developed relationship is nothing less than tragic (Pector, 2002).

For MZ twins, the developmental stage of identity versus role confusion can be difficult even under normal conditions (Segal, 1998a). Many MZ twins see their identities as being strongly connected with those of their co-twins. Ainslie (1985) called this "being two parts of a whole," and Woodward (1988) termed it polarization. Often, MZ twins will decide who they are in relation to the other, in order to complement each other or differentiate from each other. For many twins, this leads to their feeling like half a person, or part of a unit; when the co-twin dies, they are therefore no longer whole (Macdonald, 2002; Woodward, 1988). The death



of a twin is not only the loss of a loved one, it is also the loss of a way of identifying oneself, because many twins define their identities in relation to their twins (Macdonald, 2002).

For twins, the loss in adolescence may be particularly devastating. While the bereft sibling is developmentally trying to form his or her own identity, part of that identity has been present since conception, the twin identity. Suddenly, that part of the bereaved twin's identity is ripped from him or her. Counselors working with the bereft twin need to be extremely sensitive to the loss of identity that has always been a part of the individual at a time when, ironically, the surviving twin is asked to form his or her own identity.

### **Adulthood**

Loss of a co-twin in adulthood profoundly disrupts the emotions and functionality of survivors (Hays, Gold, & Pieper, 1997), suddenly forcing the survivor to "deal with new situations alone without being able to confirm with another person," a situation that "can be quite intimidating" (Woodward, 2002, p. 150). Because many young adult twins have not yet begun independent lives, this is an especially hard time to lose a twin (Bryan, 1992). Twins tend to maintain closer contact with each other into adulthood than other siblings do (Pector, 2002), making the loss especially difficult. Among adult identical twins who have experienced the loss of a twin as well as other family members, 73% reported the loss of the co-twin as being more severe than the loss of others (Segal, 1998b).

Grief postponed and grief ignored are two of the salient themes for adult survivors of twin loss. Grief ignored is "when an adult twin dies, the myriad silken threads of twinship may be submerged by family and friends supporting the parents while unintentionally overlooking the twin" (Noble, 1983, Foreword). Tomassini et al. (2002) found that mortality rates for surviving co-twins increase during the 2nd year after the death of a twin, suggesting postponed grief. Perhaps this is, in part, because surviving twins find themselves offering support to the spouse and children of the deceased, and delaying their own grief.

### **Birthdays and Other Special Occasions at all Ages**

For bereft twins at all life stages, shared birthdays are bittersweet reminders (Segal et al., 1995), symbolically bringing together the celebration of life and the sadness that the co-twin is no longer here to share in it. In Balk's (1983) study of bereft siblings, nearly all of the children missed their deceased sibling at certain key times of the year, including holidays and birthdays. However, this loss is not confined to childhood. George Engel (1975) stated, regarding the loss of his own identical twin, that sadness around anniversaries, such as shared birthdays and death anniversaries, is experienced by all bereaved individuals; however, what makes it different for twins is "the pronounced tendency toward persistent confusion of identities in the unconscious" (p. 24).

### **Implications for Counseling**

As can be seen from the previous review of the literature, there are several important implications for counselors working with bereft twins, surviving multiples, and parents who have lost one child in a multiple birth. Although general counseling techniques and issues related to loss and grief continue to be important when dealing with this population, other factors are essential to consider.

Counselors need to be aware of the significance of the twin bond as both a strength and a liability. In addition, awareness of normative developmental issues, combined with the stress of losing a twin during these developmental milestones, can complicate grief issues. Therefore, it is important for counselors to understand some of the factors that may influence the grief process for bereft twins losing their twin at different life stages. Identity development models are especially helpful in understanding the relationship between the twins and have direct implications for the development of effective treatment plans for surviving twins.

Perhaps the most important consideration in dealing with bereft twins is the need for the recognition of the uniqueness of the grief process. Counselors who are aware of the intensity of twin relationships and who understand the impact on loss of identity for the surviving twin may best help these individuals cope with their grief and identity crises. In addition, although more research needs to be completed, the finding that surviving twins tend to die within 2 years of the death of their twin if the loss occurs in later life, has direct implications for counselors. This information allows counselors to be proactive and to develop treatment plans designed to help the surviving twin find meaning in his or her life as well as a sense of wholeness.

Finally, counselors working with twin bereavement need to be aware that the bereft twin may be experiencing some grief issues that are very similar to those of his or her parents and other siblings; however, he or she may also be experiencing a very unique loss. This loss must be validated and appropriate interventions developed to assist the entire family in understanding the grief process so that the bereft twin may move toward healing this often tragically deep wound. Validation of the uniqueness of the loss will be key in working with each family member because the social support network for the family may consider that the loss of one twin is balanced by the surviving twin, although, in reality, the family is struggling to grieve their loss and celebrate the surviving twin's life at the same time.

Family issues may also complicate the grief process for the bereft twin. Parents and surviving siblings may turn to unhealthy coping resources as a relief from this incredibly painful loss. For example, substance abuse is found at a higher rate in families who have experienced the loss of a child (Li, Laursen, Precht, Olsen, & Mortensen, 2005). Also, poor coping strategies may cause families to abuse the surviving twin as the stress and grief become too overwhelming. Families and surviving twins need support in their grief, not only because of the loss of the twin but because of their loss of the uniqueness of the twin experience, thereby grieving the loss of the special status accorded them as families with twins (Thorpe, Golding, MacGillivray, & Greenwood, 1991).

In conclusion, counselors working with surviving twins and their families need to be familiar with some of the unique issues surrounding twins. Although the normal grief issues may be expected, other factors must also be considered when working with this population. As previously discussed, age at the time of the loss, bonding pattern, family coping strategies, and other factors need to be taken into account when developing effective treatment strategies for this often overlooked population. We realize that this article is only a beginning in the discussion of the needs of survivors of twin loss, and we call for additional research to be done to investigate the growing population of individuals affected by twin loss.

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