

PSYCHOPATHOLOGIC PROBLEMS IN TWINS DURING CHILDHOOD

PAOLA BERNABEI, GABRIEL LEVI

Department of Child Neuropsychiatry, University of Rome, Italy

Some psychopathologic problems occurring during childhood in twins are discussed from the point of view of mental health. On the basis of case history of twins affected by neurologic or psychiatric disorders some typical situations have been examined: (1) psychopathologic problems arising from perinatal death of the cotwin; (2) psychopathologic problems arising from the death of the cotwin during late childhood; (3) psychopathologic problems arising in the pair from organic or neuropsychiatric event in one of the twins; (4) psychopathologic problems of the twins due to disorders of personal identity and the interaction between the twins. The cases are analyzed from a psychodynamic point of view, in relation to the development of personality in the twins, and from a psychosocial point of view, in relation to the cultural stereotype of the twins during the socialization process and in the context of parental dynamics.

It is noted that twins have, in the course of their mental development, various psychological problems created by their particular situation. These problems, as we know, are dependent on various factors, e.g.: (1) the myth with which each culture interprets the twin status; (2) the myth in which the twin status is seen and presented by the parents, relatives and other people close to them; (3) the process of their upbringing; they can be urged to be together all the time, practically isolated from others, or a relative division of their lives can be adopted; (4) their sexual identity, and the combination of the pair (twins of opposite sex; both male twins; both female twins); (5) their physical resemblance, which can range from indistinguishable to completely diverse. Each of these factors contribute to structuring, in a very different manner for each pair of twins, the problem of twin identity, which is the problem of the identity of the pair as a unit, and the problem of personal identity of each of the two twins.

It is a matter of fact that this problem hampers the twins in their relationships with others from the time they are very young children. The most frequent question parents of twins are asked by others is, notoriously: are the twins the same or are they different; in each one of the cases, these people continue to frequently underline the twins' characteristics of great similarity or their great difference. These emblematic questions seem clearly bound to the problems of confusion (the *Sosia Complex*) that the physical equality of two people arouses in all of us, probably because it threatens our actual personal identity.

The psychological force of this fear is very profound. A MZ twin whom we know tells of having a recurring dream, the nightmare of hearing the question: which of the two twins is he, and not knowing how to answer, until he is forced awake with anguish. In a fine novel by the Italian writer, Landolfi (1974), this situation is described from the point of view of others: the inhabitants of a town, after having been unconscious spectators to the substitution of two twins, and not knowing how to distinguish between the twins anymore, lose their minds with confusion.

From the point of view of social psychiatry, the problem of twin-identity, also a psychopathological risk, could be formulated as follows:

(1) To what extent does the process of personal identification of one twin reflect that of the other?

- (2) To what extent is the personal identification of the two twins lived as a fragmentary part of the pair?
- (3) What repercussions can one twin have from anomalies of development of identity in the other twin, or from a traumatic breaking-off from the identity of the pair?

We were prompted to raise the above questions based on the studies of Zazzo (1960) and Luria (1968), in addition to two important clinical observations:

- (1) The majority of the twins that we could observe, in normal conditions, first recognized in the mirror the reflection of the other twin before their own.
- (2) Many twins respond for some weeks to the name of the other twin as well as to their own name; and often also call themselves by the name of their twin.

These clinical points have prompted us to trace, in the practice of psychiatry, the diverse circumstances in which a twin has to face the problem of his actual identity confronted with a pathological break-off, or of the identity of the pair, or the identity of the other twin.

In our experience, we have been able to study four diverse psychopathological situations; which we describe briefly.

(A) *Surviving twins: where the cotwin has died at birth.* The clinical observation of some of these subjects who have come to visit us for various reasons has not permitted us to put into evidence any particular conflict. We have not, in fact, found particular elaboration on depressive themes or fantasies of usurpation, nor experiences relative to the loss of an identification-object. We have not, therefore, found these themes which, based on twin mythology, we would have expected to find. The fact is that our observation was solely clinical and psychodiagnostic. Probably other significant behaviours could emerge only in a prolonged psychoanalytic relationship, as in a referred case of Amado Lévy-Valensi (1967). In any case, we feel it important to note the absence of these themes in the course of a conventional psychodiagnostic evaluation.

(B) *Surviving twins: where the cotwin has died during adolescence.* We have been able to observe two cases of this type: in one case, the MZ female twin died of subacute leukemia at the age of fourteen. In the other case, the female twin was the survivor, and her twin brother was killed in a traffic accident at the age of sixteen. In both cases, the fact of the death of the other twin was kept hidden from the surviving twin for some days; and the reaction upon learning the news was clearly pathological. In the first case, there was a state of depression with complete muteness which lasted for more than twenty days, and was interrupted only after electroshock. In the second case, the realization was more diluted in time. For about a year, the surviving female twin had brief periods of blackouts during which she re-lived, in trance, the death of her brother which she had not seen. During these episodes, which lasted about ten minutes, and which were followed by amnesia, the girl spoke of seeing a scene of blood, and called the name of her brother, begging him not to die.

(C) *Psychopathological problems of the set of twins when one is a case of neurological pathology.*

We have been able to follow a very interesting case of this type. One of a pair of male DZ twins was diagnosed early to have hydrocephalus. He was treated surgically with excellent results. The successive psychomotor development was perfectly normal, as was our psychodiagnostic evaluation. Observed at the age of seven, the child demonstrated no decline in intellect, and was completely adjusted to the demands of his environment. Notwithstanding this reassuring data, a very peculiar relation was established, between the two twins, induced by the parents.

The "healthy twin" — we shall call him — assumed the role of doctor and leader with respect to the "sick twin". He protected him in every environmental contact, preventing any physical effort on the other's part; and acting as interpreter, although the other spoke very well; and in exchanges with adults, he would explain the adults' requests in a more simplified manner.

The "sick twin" adopted with much anguish this role of hypochondriac placed upon him; and when asked to draw pictures of his family, only drew his brother, with an enormous penis. Within the family life, he contented himself with using his "sick" position to avoid annoying tasks.

After a series of discussions, the "healthy twin", who consciously did not know of the illness his brother had during the first year of his life, explained he had to protect the other "because he had a sick head". Only after this was denounced, did the parents of the children realize this was the real attitude held by them, even though they had always denied that.

(D) *Psychopathological problems of the set of twins bound by disturbances of personal identity and interaction between the twins.*

We have followed a most demonstrative case regarding a pair of male DZ twins, one of whom, at the age of seven years, exhibited psychosis with early onset. This situation could resemble that of schizophrenic twins: there are, however, notable differences.

The infantile preconscious psychosis consists of an atypical development of the personality from the early stages of life relationships: the behaviour of a psychotic child raises serious and immediate projective involvements on the part of the parents.

In our case, these mechanisms were magnified by the twin situation: one of the twins, the psychotic one, came across as — and was treated as — “completely bad”; and the other as “completely good”. This division confirmed a social role, the most evident clinical behaviour. But, it did not give an exact idea of the relationship between the two twins, and the relationship between the twins and their parents.

The “bad twin”, that is, the psychotic one, demonstrated as a symptom real confusion of identity: he stopped people on the street asking if they were his mother; he called people he knew by the wrong names, and also gave different names to objects of common usage. In confrontations with the “good twin”, he was typically inert: he watched without moving or interfering the games of the “good twin”, and often was used as a plaything. In other situations without his twin, he was, in contrast, hyperactive.

Equally serious were the problems of the “good twin”, who, when observed by himself, was hyperactive. Within the family life, this “good twin” clearly utilized the bad role of his brother: in the first place, to make himself comfortable without being repressed; in the second place, to get his parents treat him as a “good little boy”. For example, at the age of seven, the “good twin” was still being carried in his father’s arms, also for long walks in the street.

Because of the serious confusion of identity presented by the psychotic twin, the “good twin” used as a defense mechanism his identification with a small child.

In conclusion, the data we have presented is without doubt incomplete because it is solely based on clinical observation. Nevertheless, these clinical points can be important because they place in evidence from the point of view of the practice of psychiatry, the profound problems connected with the twin situation.

More than other people, twins must in each moment live with the problem and the question of identity of the “I”, of the “You”, and their continuing relation. With the pathological situations we have described, we stress the fragility of the boundaries of the “I” when confronted with a break-off in the relationship with the “You”.

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