

How twins experience their twinship, with implications for therapy:

A systematic review of qualitative interviews

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TWIN EXPERIENCES OF TWINSHIP AND THERAPY

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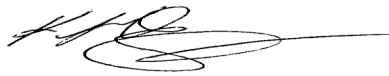
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ATTESTATION OF AUTHORSHIP

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or institution of higher learning.

A handwritten signature in black ink, appearing to read 'K. Begg', with a long horizontal flourish extending to the right.

Signed: Karen Begg

Date: 31/03/2016

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Ngā mihi nui ki a koutou.

ABSTRACT

This research project explores the meanings twin participants make of their twinship. The focus is the subjective experience of being a twin, with a view to considering what might be needed from a therapist working with a twin patient. Hermeneutic phenomenology provides a foundation for the research, which comprised a thematic analysis of interview transcripts. The themes identified were conceptualised as “oneness”, “twoness”, and “threeness”; these describe respectively the experiences of twins as a single unit, as an individual within the pair, and in relation to a third person such as the therapist. It is suggested that the therapist working with a twin patient will need to acknowledge the twin’s oneness and twoness, whilst accepting their own position as third in a non-intrusive manner.

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CHAPTER 1 – INTRODUCTION

My sister and I, you will recollect, were twins, and you know how subtle are the links which bind two souls which are so closely allied.

– *The Adventure of the Speckled Band*, Sir Arthur Conan Doyle¹

I am an identical twin. Before I started this research, I knew it would be important to declare that from the outset as it informs my identity and my worldview. It is also a major motivation in my undertaking this research, as I attempt to understand my relationships with my twin and with my therapist. I am fortunate that the relationship with my twin is mostly harmonious, and I believe it has shaped my other intimate relationships, including those with my past and present therapists.

My sister and I were first separated for our second year of schooling, aged six, and I clearly remember how distressing this was. As I grew older however, I began to appreciate my parents' belief that we needed to be treated as individuals. We were rarely dressed alike, we had different hairstyles, and we were encouraged to form our own circles of friends at school. Yet we remained "the twins"; relatives sent matching birthday gifts, or worse, one to be shared. Our circles of friends frequently overlapped, even as we grew into adolescence. In the name of fairness, whatever one of us was doing or had, the other had to do or have. Strangers stared, pointed, and asked questions.

Until I left home at age 17, being an individual was a foreign and confusing concept – I had always been one of a set and that was fine with me. My sister and I each left our hometown, she to our country's capital city, I to the other hemisphere. It was only years later that we revealed to each other that we had for a time denied the other's existence, not sharing with others that we each had a twin sister. This was felt by both of us to be an important part of finding ourselves as individuals. Yet the denial of my sister also felt painful and destructive, as though "I" could only exist if "we" did not. Throughout our adult lives we have spent time together and apart, in the same and different countries, even working together in our twenties. These experiences have all been formative for me – and I think for my sister – in gaining an understanding of who "I" am. I now say, I am an identical twin and I am an individual.

¹ Doyle (1892, p. 183).

I was in my twenties when I entered therapy, and I was delighted to find someone, other than my sister, who seemed to understand me implicitly. I needn't say a word and my therapist knew my pain, my fear, my depression. Yet, she didn't. She could empathise, and approximate my experience, as she would with a patient who was not a twin. While that approximation is the daily bread of therapeutic work, for me it was not enough. I often left sessions deeply disappointed that my therapist didn't *quite* understand, she didn't *quite* see. When I later began my own training as a psychotherapist, I would sometimes discuss this with my peers and I soon realised that my experience was qualitatively different to theirs – while they expected and accepted that gap in the relationship, I had not expected it, and was initially unwilling to accept it.

Being a twin has always made me different. Non-twins ask questions and these are sometimes invasive, sometimes ridiculous, and often repetitive. It is only in adulthood that I've come to enjoy talking about my sister and my twinship, which I imagine to be a result of my own acceptance of my difference. As a psychotherapy student I found my experiences were not recognised – and I did not fully recognise them myself – as being different to those of my peers and lecturers. This research has therefore been building in me for a number of years, and I hope it will allow the reader to consider the inherent differences in the twin experience. I have found that many therapists have little or no experience working with twins. When I question a potential therapist, they downplay the importance of this although I feel that there are differences to be considered when working with a twin patient. I therefore wanted to talk to other twins and explore their understanding of what the therapeutic relationship looks like. This research offers some starting points for therapists considering what is important to work with in therapy with a twin patient.

Twins in Society

The twin relationship can fascinate and confound non-twins. Throughout history there are tales of twins and their unique bond; many indigenous cultures include myths or legends about twins (*Myths encyclopedia: Myths and legends of the world*, n.d.). These stories often focus on the similarity or difference of the twins, who are portrayed as partners or rivals, opposites or two parts of a whole. While male twins are often portrayed as accomplishing some task, such as Romulus and Remus who in Greek mythology founded Rome, fraternal or non-identical twins more frequently highlight opposites in nature, such as male and female, day and night, the sun and the moon (*Myths encyclopedia: Myths and legends of the world*, n.d.). In ancient Egypt the

creation myth named the earth god Geb and the sky goddess Nut both twins and lovers, who were later separated by the sun god Rā.

In the Māori mythology of Aotearoa New Zealand, Rongo and Tāne are sometimes considered twins. Rongo as god of peace and agriculture is believed to be responsible for agricultural abundance. Without Tāne, god of forests, plants, and vegetation, there would be no such abundance; the pairing of the two might therefore instead indicate a close “working” relationship rather than twinship (Best, 1924/1976). In Māori language, māhanga means ‘twins’ while there is no word for ‘twin’ (Māhanga, 1999). While this might be seen as indicating Māori view twins as members of a pair, it also speaks to a more general worldview in which collective identity and co-operation are valued over individuality and independence.

These themes of similarity, difference, opposites, and complementary relationships point to the fascination of twins for the general public. Popular opinions about twins include that they are incredibly close, closer to soul mates than siblings; that twins feel each other’s pain or can read each other’s thoughts; and that identical twins share similar personalities. Researchers such as Nancy Segal have made great strides in disproving some of these beliefs, explaining that twins and their relationships are in fact as diverse as non-twins (Fiegl, 2012).

Context

The number of twins being born has increased in recent decades, particularly with the advent of fertility drugs making multiple births more common. In 1980, 18.9 per 1,000 births (1.9%) in the United States were twins; this rose to 33.2 per 1,000 births (3.3%) in 2009 (Martin, Hamilton, & Osterman, 2012). This appears to be a worldwide trend.

While Aotearoa New Zealand does not have a twin or multiple birth registry, Statistics New Zealand gathers data for every birth. Their statistics show that twin births have almost doubled since 1980, but the proportion of twin to single births has become more stable as fertility procedures have improved (Jones, 2012). The rate of twin births in 1980 is reported at 19.5 twins in 1,000 births, while in 2011 this number had increased to 27.8 twins. Since 2000 numbers have remained between 27 to 30 twins in 1,000 births. Data from 2014 shows that triplets are even less common, with just 11 sets of triplets born in New Zealand that year (*Multiples*, 2015). The last recorded set of quadruplets was in 1998. This research does not consider multiple births beyond twins, so this may be an area for other researchers to investigate.

The growth in twin rates indicates the value of wider research into the needs of twins in various areas. While twin birth rates remain comparatively low, my experience has been that when discussing this research many listeners state they know at least one set of twins. It might therefore be reasonable to assume that many therapists will have the opportunity to work with a twin at some time.

Author's Subjectivity

As my experience of being a twin has been predominantly positive, I tend to identify with twins who report similar experiences. In the research, I will need to be aware of looking, consciously or not, for these similar experiences. With both participants who report mostly positive experiences and with those reporting a difficult or conflicted experience, I need to be able to notice and explore the difficult aspects so as not to skew the data toward the positive.

Similarly, my experience as a twin in therapy has at times been disappointing so I may seek affirmation from participants who have had similar experiences. I have therefore attempted to balance my questions around both positive and negative experiences in therapy.

Outline of Chapters

Chapter One introduces the researcher and the context for the current research.

Chapter Two critically reviews a section of the current literature about attachment behaviours in infants and in twin siblings. Literature that suggests implications for therapists working with twin patients is also considered.

Chapter Three outlines the methodology, including the epistemology and theoretical perspective. The research question is defined and the method is outlined by stages.

Chapters Four to Six present the three themes obtained from the thematic analysis of qualitative interviews, with examples from the data set.

Chapter Seven discusses the themes with respect to the research aims, particularly considering the implications for therapists working with twin patients. Limitations of the research and possible avenues for further research are explored before conclusions are offered.

Terms

Throughout the dissertation, the individuals who were interviewed are referred to individually and collectively as "a participant" or "participants". "Therapist" refers

primarily to psychotherapists, but also includes counsellors and other mental health professionals working psychodynamically with patients. Consumers of therapy or mental health services are referred to as “patients”. “Mother”, “caregiver”, and “attachment figure” are used interchangeably to mean the person an infant is primarily attached to. Where the co-twin is instead being considered, “twin attachment” or “attachment to the co-twin” is stated.

Style Note

APA 6th Edition format has been used for this dissertation, except in the instances where AUT University or Department of Psychotherapy guidelines recommend an alternative format, or in instances when a minor adaptation aids readability. Excluding the literature review and methodology sections, I write in a first person narrative style as my experience and subjectivity inform my analysis of this personal topic. Caulley (2008) notes that where the writer’s presence is important to the writing, writing in the first person is appropriate.

Summary

In this chapter I have discussed my background experience as a twin and as a twin in therapy, my motivation for choosing this research topic, and the context of this research. Potential pitfalls of my particular subjectivity were stated, each chapter was briefly explained and key terms defined. In the next chapter I review and critique current literature with respect to the research topic.

CHAPTER 2 – LITERATURE REVIEW

“Kreacher said nothing,” said the elf, with a second bow to George, adding in a clear undertone, “and there’s its twin, unnatural little beasts they are.”

— *Harry Potter and the Order of the Phoenix*, J.K. Rowling²

This chapter begins with a brief explanation of attachment theory before reviewing psychoanalytic literature regarding the attachment relationship between twins. It then considers literature that explores the impacts of this relationship when working therapeutically with twin patients. The implications of this research are also considered.

Attachment theory describes the libidinal tie that is developed between an infant and their primary caregiver (Bowlby, 1958). Bowlby believed that individuals exist in relationship with others, and that the earliest relationship with a caring adult influences personality and all later relationships. By twelve months the infant distinguishes between strangers and familiar people, and has favourites amongst those familiars. The primary caregiver is the object of “attachment behaviours” (Bowlby, 1958) which have developed from the primary or instinctual actions of sucking, clinging, following, smiling, and crying. Between 18 and 30 months the toddler greets his mother with pleasure, tracks her by sight or movement, and her absence causes distress and limited capacity to explore and enjoy the environment. These attachment behaviours are carried into adulthood and inform how individuals relate to others.

Bowlby (1969) later suggested that people are likely to have a number of attachment figures, both in infancy and in adulthood. Beyond the primary caregiver, who as noted is generally the mother, the infant’s social circle widens to include the father, siblings, and other adult family members (Tancredy & Fraley, 2006). However some of these attachment figures will be preferred over others, forming a hierarchy of attachment figures. When the primary caregiver is absent, another attachment figure may serve to comfort the infant or otherwise meet his attachment needs. A number of studies (see, for example, Tancredy & Fraley, 2006) indicate that young adults in romantic relationships typically place their partner at the top of, or directly behind the mother at the top of, the attachment hierarchy. Curiously, Bowlby did not pay further

² Rowling (2003, p. 108).

attention to the child's siblings and continued to focus his efforts on understanding attachment to the primary caregiver.

The principal method of studying infant-caregiver attachment has been the "Strange Situation" (Ainsworth, Blehar, Waters, & Wall, 1978). The infant is occupied in a playroom with its mother and three scenarios are presented: a stranger enters the room then leaves, the mother leaves the child alone in the room then returns, and the mother leaves the child alone with the stranger. In each scenario the child is observed for signs of distress and comfort-seeking behaviours. Typically, young children are comfortable exploring new environments when one of their attachment figures is accessible as a secure base from which to explore. The attachment figure will be sought when the infant feels distressed (proximity-seeking), providing a safe haven of contact and assurance. When the attachment figure is inaccessible the child typically shows distress (separation distress). These four attributes, use of a secure base, proximity-seeking, safe haven, and separation distress, are used to indicate the level and quality of attachment between the infant and significant others. Ainsworth et al. (1978), like Bowlby, only looked at attachment behaviours with the mother, ignoring the potential for siblings or others to act as attachment figures.

In a modified Strange Situation, Stewart (1983) observed 10- to 20-month old children with their three to four year old sibling to determine whether the older sibling might act as a secondary attachment figure when the mother was not present. He discovered that the infants displayed proximity-seeking and secure-base behaviours toward the older child, and were generally able to be comforted by the child in the mother's absence. While none of the effects were as pronounced as the interactions between infant and mother, the study indicates that an attachment relationship may form between different age siblings. Twins, however, are the same age, so we might wonder whether they can act as attachment figures for each other.

To explore this question, in 1994 Gottfried, Seay, and Leake studied twin infants in a modified Strange Situation and observed that twins showed only a modest increase in distress and agitation when the mother was absent, provided the twins remained together. If however the mother and one twin were removed, the remaining twin showed a "substantially higher level of distress" (Gottfried et al., 1994, p. 278), and the twin that was with the mother also exhibited distress and sought comfort from the mother. Upon reunion of the triad, both twins would seek contact and soothing from their mother. This indicates that in the hierarchy of attachment relationships, the co-twin is important but is less important than the mother or adult caregiver. Tancredy and Fraley

(2006) similarly note that twin infants initially appear relatively uninterested in one another beyond the soothing effect of the co-twin's presence. From around 36 months of age, following the separation-individuation process (Mahler, Pine, & Bergman, 1975), each infant has developed an awareness of him- or herself as an individual and is now able to relate to their co-twin as a social partner. It may be that neither twin is able to take the role of comfort-giver, as Gottfried et al. (1994) noted that there was little physical contact between their observed twins. An older sibling or an adult would attempt to soothe the child by holding or rocking them, and this takes the further function of containing and managing the infant's distress. The containing function is therefore lost in the twin relationship.

These and other studies into attachment behaviour are necessarily observation-based as the children are pre-verbal or unable to adequately express their experiences in words. When researching lived experience, however, I would suggest that observational data loses something as it is one step removed from the participant. Interviews with participants who can articulate their experience therefore offers data that are closer to the felt experience of the participant.

Tancredy and Fraley (2006) cite numerous studies suggesting the attachment behaviours – proximity-seeking, separation distress, use of other as a safe haven and secure base – are seen in twins from pre-school age to adulthood. They note however that no systematic attempts had yet been made to evaluate the hypothesis that twins may use their co-twin as an attachment figure. The authors therefore used a web-based questionnaire to explore the prevalence of attachment behaviours in adult twins, with respect to their co-twin, parents, friends, and romantic partners. Sixty-two twins (30 identical, 32 fraternal) and 928 non-twins participated in their research. The majority of participants (60%) were drawn from an American university student population, with the rest coming from the Internet community. Participants ranged in age from 14 to 61 years. Sixty percent of the sample self-reported as White. Of the remaining participants 3% were African American, 19% were Asian/Asian American, 5% were Pacific Islander, 7% were Hispanic, and 3% were Middle Eastern. The remaining 3% reported "other" or did not answer. Eighty percent of the participants were women, and this was reported as usual for the research website. It might be suggested that the results are therefore limited and the study could be repeated with more male participants. Other researchers might also look at ethnicities other than American. Having participants self-refer for the research may also have impacted the results as those who do not respond might have significantly different relationships but this is missed in the resultant data.

The findings suggested that twins are more likely than non-twins to regard their sibling as an attachment figure, and are less likely than non-twins to use either parent as an attachment figure. They were also less likely to report a strong attachment to their partner. Tancredy and Fraley (2006) further propose that twin relationships are special but not unique, in that they appear to be an attachment relationship that may also be experienced by non-twins with their romantic partners.

A number of writers have considered the special relationship between twins and the implications for therapeutic work. Lewin (1994), at odds with the studies discussed above, suggests that a twin baby's primary identification may be with their co-twin rather than with the mother, as is generally the case for single babies. Even when the twins have managed to develop individual identities, Lewin proposes "there is always a shadow of the other for each individual twin" (1994, p. 501). For the twin patient in therapy, there will often occur an additional transference relationship, where the patient relates to the therapist as though they are the patient's twin or a twin substitute. It must be noted that Lewin's writing draws on case studies from her therapeutic practice, rather than quantitative research. While this does not discount the relevance of her work, her suggestions are not easily verified.

Such transference reactions in which the patient relates to their therapist as though they are a twin substitute have been largely neglected in psychoanalytic writing (Lewin, 2009) despite increasing recognition of the unique twin relationship and its impact on the emotional and psychological development of each twin. Much of the literature focuses instead on assisting the twin patient to separate from their 'twin identity' and gain a sense of himself or herself as an individual. It is outside the scope of this paper to consider each of the issues of development in twins, so I have chosen to focus on the particular idiosyncrasies of the inter-twin relationship.

Lewin (2009) has worked extensively with twin patients and writes of her experiences as the "transference twin" (p. 65). She recognises the intense nature of dynamics in the twin relationship and how these differ to dynamics between non-twin siblings and between children and their parents. The core dynamic, she states, is "based on both a longing for sameness and an intense need for differentiation" (p. 66) – a constant push/pull between both parties. As each twin's sense of identity overlaps the other's, this is in many cases both an internal and an external struggle. Lewin further argues that therapy with a twin must recognise and analyse the twin transference, and failure to do so ignores an essential aspect of the twin's experience. A twin patient writing under a pseudonym similarly implores therapists to understand the centrality of

her relationship with her twin (Wright, 2010). The opening line is striking in its simplicity and simultaneous complexity: “If you choose to become my therapist, be prepared to become my twin” (p. 268).

Barbara Klein, herself a twin, explores therapy with twins from both sides – as therapist and as patient. She has written a number of books and articles, predominantly case-based. Klein (2012) consistently reiterates that a twin is always a twin, whether their co-twin is present or not, discussed or ignored, alive or dead. Whether that relationship is harmonious or conflicted, twins seek connection and intimacy in relationship that most non-twins cannot understand or provide. Klein suggests that psychodynamic psychotherapy with a developmental and intersubjective focus will be of most benefit to twin patients. She further outlines a number of issues to consider in working with twins, including the limits and expectations of the therapy, what is “normal” in relationship for a twin, being aware of psychological merger and of re-creation of the twinship (B. Klein, 2012, pp. 159-160). While her own twinship has been deeply conflicted and differentiation was difficult, Klein recognises this explicitly. She also has an extensive career researching and working with twins, so is well placed to make generalisations and recommendations.

Summary of Core Findings

Since at least 1983, researchers have been studying the attachment behaviours of young siblings, and later twin infants, as seen in the Strange Situation. They have consistently found that a sibling may act as a secondary attachment figure for the infant, and that this behaviour is particularly seen between twin siblings. Adult twins are more likely to report an attachment relationship with their co-twin than non-twins to their siblings. However some studies show that romantic partners and friends might also be at the top of the attachment hierarchy.

The psychoanalytic literature suggests that the attachment relationship between twins can impact on the therapeutic relationship. The twin patient is likely to relate to their therapist as a twin substitute, and the therapist needs to recognise and be open to working with this in order for the therapy to be of maximum benefit.

The Research Question

The research question is, “How do twins experience their twinship, and what are the implications for therapy?” While the brief literature review offers insights into this,

the focus is on the subjective experiences of research participants, and how these might be generalised to the wider population of twins in therapy.

How This Research Differs

My main critique of the literature reviewed above is that each considers the therapeutic relationship from the therapist's perspective, and the therapist is most often a non-twin. I was therefore interested in the twin patient's perspective. The focus of my research is the qualitative experience of the twin patient in therapy – how they experience their relationship with their therapist, what understandings they've formed about this and how it compares to their relationship with their twin.

The methods chosen for this research have also, I believe, not been used to study twin relationships. Schutz (1967) states a phenomenological approach attempts to understand a person's experience from their point of view. Semi-structured qualitative interviewing, in which participants are encouraged to tell their experience of the phenomenon being researched, is therefore indicated as an appropriate line of inquiry for this research (Seidman, 2013). I have analysed patients' understandings across the data set, for themes that may enhance the work of the therapist.

Social Implications of the Research

The literature has suggested that there are particular difficulties in working therapeutically with a twin, yet the voices of twins are largely missing. This research therefore seeks to address this gap in the literature by exploring the subjective experiences of the selected participants. The aim is to express some of the common features of their twinships, and to raise points for therapists to consider in their work with a twin. The findings will be of benefit to therapists, as it will increase their understanding of the unique issues of working with twin patients. Those patients will also be positively affected through working with more knowledgeable and better-resourced therapists.

Summary

This chapter briefly explained attachment theory and critically reviewed a selection of literature considering the attachment relationship between twins. Literature that explores the intricacies of therapeutic work with twin patients was also considered. The next chapter will outline the research epistemology and methodology, and describe the method.

CHAPTER 3 – METHOD

I see her as her and me as me
and I think we're not so different
so I'll let it be.

– *Twins*, Lauren Lewis³

This chapter outlines the philosophical foundation and methodological approach to the research. The research methods are explained and a rationale for the selected approach is offered.

The research question, “How do twins experience their twinship, and what are the implications for therapy?” is interested in the subjective perspectives of research participants. An interpretive qualitative research was designed on a social constructionist foundation to explore these.

Epistemology

Epistemology offers a philosophical foundation for acquiring, understanding, and relating to knowledge, “providing a philosophical grounding for deciding what kinds of knowledge are possible and how we can ensure that they are both adequate and legitimate” (Maynard, 1994, p. 10). Epistemological stances lay on a continuum with three major positions: objectivism and subjectivism at each end and constructionism between the two. Objectivism suggests that there is a single, objective reality that may be studied by standardised scientific technique. Subjectivism conversely offers that ‘reality’ does not exist outside the human experience. Constructionism proposes an intersubjectivity between subject and object, in which “knowledge is a compilation of human-made constructions” (Raskin, 2002, p. 4), being neither subjective nor objective.

There are a number of varieties of constructivism, though all focus on how human beings construct understandings of their world and their experiences. This research is grounded in a ***social constructionist*** framework, which argues reality is negotiated and constructed within a social context. Socially constructed phenomena are observed and described by researchers who additionally consider the norms and values of the social group within which the phenomena occur. This research is interested in the social phenomenon of twinship, particularly in the therapeutic context, and draws on the

³ Lewis (2006).

points of view of several participants. This recognition of multiple realities requires a social constructionist epistemology. Raskin (2002) further states, “Social constructionism is about relationships” (p. 19), making it an ideal framework from which to study relationships between twins and their therapists from the perspective of the twin.

Theoretical perspective

The theoretical perspective informing research provides “a context for the process involved and a basis for its logic and its criteria” (Crotty, 1998, p. 66). It was necessary that the research take a qualitative form in order to explore subjective experiences. As psychotherapy is concerned with making meaning and interpretation of meanings, it is difficult to assess objectively (Shean, 2013). This research draws on an *interpretive* paradigm to explain the “unique, individual and qualitative” (Crotty, 1998, p. 68) aspects of twin experiences in therapy. Interpretivism sits on a subjectivist or constructionist foundation as it holds that there is not a single “truth” to be discovered, but that “some part of the truth of a situation can be found in the self-understandings” of participants (Grant & Giddings, 2002, p. 16). The researcher relates and interacts with participants in “an effort to come to understand their experiences and the meaning they ascribe to them” (Grant & Giddings, 2002, p. 17). Research is therefore a social and relational process between researcher and participant. The interpretive paradigm follows social constructionist theory in recognising that lived experiences occur within social, cultural, personal, and historical contexts (Hennink, Hutter, & Bailey, 2011).

Methodology

The methodology, *hermeneutic phenomenology*, aims to explore the phenomena of everyday experience in order to discover meaning and offer new understanding of the phenomenon being studied (McLeod, 2011; Polkinghorne, 1983; Walker, 2011). It is ideally suited to research in psychotherapy and other areas of human science that employ description and verbal exploration as a form of inquiry into lived experience. The methodology combines the descriptive quality of phenomenology with the interpretative heart of hermeneutics. While phenomenologists attempt to stay close to the participant’s experience through the essence of their story, hermeneutic phenomenology seeks the participant’s and researcher’s interpretations of those experiences (Grant & Giddings, 2002).

Hermeneutic phenomenology endeavours to understand human nature and the meanings we make of our world. This is done through examination of language within a cultural context, hence hermeneutic phenomenology is often described as interpretation, particularly of texts (Chessick, 1990; McLeod, 2011; Rapport, 2005). Philosophical hermeneutics is founded on the work of Heidegger and Gadamer in the early to mid 20th century. Heidegger held that to be human is to be interpretive, and true understanding occurs in human engagement with the world (Polkinghorne, 1983). Both phenomenological and hermeneutic awareness is required in studying aspects of everyday life (McLeod, 2011), as the researcher endeavours to make meaning from the personal perspectives of research participants and move toward a more broad understanding.

The researcher is unable to directly access someone else's experiences, so phenomenology attempts to understand the participant's experience through their descriptions. This becomes hermeneutic when the researcher "takes the analysis beyond the original description provided by the participant" (Willig & Billin, 2012) to form new knowledge. My interpretation took the form of a thematic analysis and was not an attempt at revealing what the participant meant with their stories. Instead the analysis aimed to raise questions and offer possible understandings (Smythe, 2011).

A key feature of hermeneutic research is the hermeneutic circle, although this concept differs for objectivist and constructionist hermeneutics. Rather than the cyclical process of moving between the parts and the whole, Heidegger argued that the hermeneutic circle is the movement between preunderstanding and understanding (Dowling, 2007). It is expected that this process is repeated throughout the research process as new understandings are built and compared to prior knowledge.

Early phenomenologists such as Husserl wished to 'bracket' the researcher's existing knowledge, whereby they make a "persistent effort not to impose their own understanding and constructions on the data" (Ahern, 1999, p. 407). However Heidegger suggested the focus of phenomenological inquiry is the 'natural attitude', the inquirer's interpretive framework or way of understanding the world (McLeod, 2011). The research is necessarily subjective and contextual as the researcher is immersed in their context and what meanings they find are based on their own understandings, intuitions and assumptions (Miles, Francis, Chapman, & Taylor, 2013; Raskin, 2002). It is therefore necessary to be clear about what that perspective is, hence this research being introduced with an autobiographical exploration. I have also attempted to be reflexive throughout the research where appropriate, recognising how my background

influences the research process (Hennink et al., 2011; Holloway, 2005; Smith, Flowers, & Larkin, 2009). Reflexivity allows for and seeks to explore interactions between the researcher, participants, and the research itself.

A heuristic approach was also considered for this research, in order to more fully capture my personal and subjective experiences as a twin, as a therapist, and as a twin in therapy. However, heuristic research becomes limited to the perspective of the researcher and I wished to access a range of perspectives. A hermeneutic phenomenological study of interview participants' responses was therefore chosen for a broader data base.

In line with the epistemology and methodology, the methods of qualitative interviewing and thematic analysis were chosen.

Why Interview?

Qualitative research is undertaken when the researcher wishes to explore "how participants understand and construct meanings about the experiences of their daily lives" (Taylor, 2005, p. 41). Within hermeneutic phenomenology it is recognised that lived experience must be interpreted in context as neither the participant nor the researcher is outside or separate from our contexts (Miles et al., 2013; Walker, 2011). As my focus was on the subjective experience of being a twin in therapy, I wished to speak directly with participants rather than rely on second-hand case studies, which have often already been interpreted by the writer. Interviewing allows "[participants] to tell the stories unencumbered by what we expect to find or what we have read in the literature" (Creswell, 2013, p. 48). Conducting interviews primarily involved open-ended questions to assist participants to describe their experience of the relationships with their co-twin and their therapist, and to offer their own perspectives and interpretations of those experiences.

Types of interview fall on a continuum from structured to unstructured (Walker, 2011), and are chosen for the level of control the researcher has over the process and content. As this research was focused on the particular perspectives of participants, a semi-structured format was chosen to enable the researcher to direct questions where appropriate while allowing participants the space to explore their experiences in their own words.

Qualitative research in an interpretive paradigm draws on data from a small number of participants as depth of information is required over breadth (Hennink et al., 2011). Four participants were recruited and interviewed for this research.

Why Thematic Analysis?

Thematic analysis is a method for systematic identification, analysis and reporting of patterns of meaning, or themes, across a data set (Braun & Clarke, 2006). It has in recent years become more popular as a qualitative analysis tool, particularly in the social sciences. Thematic analysis is not attached to a single theoretical position so can be used with a number of epistemological approaches (Joffe, 2012). When conducted within a constructionist framework, thematic analysis becomes contextual as it is recognised that an individual's "meaning and experience are socially produced and reproduced" (Braun & Clarke, 2006, p. 85). The outline of the research process that follows shows an awareness of and referring back to contextual information.

The researcher considers the shared experiences and meanings across the entire data set, therefore moving from the personal or subjective perspective of a participant, toward more generalisable understandings of the topic. Braun and Clarke (2012) suggest the method is concerned with identifying commonalities in the way a topic is talked or written about and "making sense of those commonalities" (p. 57). This sense-making aspect of thematic analysis aligns it with the interpretive function of hermeneutics. The intention in this research was not simply to describe or summarise the patient's lived experiences but to extract and develop inherent patterns across the data set. In this paradigm "the researcher...interprets the significance of [the participants'] self-understandings in ways the participants may not have been able to see" (Grant & Giddings, 2002, p. 16). Such interpretation is therefore a co-construction between the participant's story-telling and the researcher's analysis. It is important however that the researcher does not construct a "fictional reality" that replaces the participants' social reality (Joffe, 2012, p. 220).

Thematic analysis was also chosen for its flexible approach to the data, allowing the researcher choices in how they read and interpret the data. However those choices and the rationale for making them must be made explicit and consistently applied (Braun & Clarke, 2006). Such transparency, along with researcher reflexivity and critical examination, is employed in qualitative research to address validity and reliability (Avis, 2005).

A deductive thematic analysis was chosen to fit the social constructionist framework. In contrast to inductive thematic analysis, with its focus on the manifest content of the data, a deductive approach recognises what the researcher brings to the data. The researcher's preconceived assumptions and ideas shape how codes and themes are extracted; this is Heidegger's 'natural attitude' as discussed above. Due to my

experience of being a twin in therapy, and having conducted the literature review before starting to interview, it seemed impossible for me to put all of my assumptions aside. I therefore allowed them space in the analysis. As Braun and Clarke (2012) note, however, “coding and analysis often uses a combination of both [deductive and inductive] approaches” (p. 58). Even when coding deductively, with a focus on latent content, it is difficult to entirely disregard the explicit content of the data.

Interpretive phenomenological analysis was also considered for this research, as it shares a number of goals and objectives with thematic analysis. As a new researcher however, I was drawn to thematic analysis for the structure offered by its six phases and for the opportunities to be creative when forming codes and themes.

Participants

Participants were recruited through flyers placed at three Auckland universities, and by speaking with practicing psychotherapists who forwarded the flyer to twin clients they had previously worked with. The flyer briefly outlined the aims of the research and criteria for participation. Participants made first contact and were provided further information about the research before giving their consent to participate (see Appendices A, B, and C for the participant recruitment flyer, participant information sheet, and consent form).

Demographic information was collected at the end of each interview. Of the four interview participants, two were male and two female. Three were monozygotic (identical twins) and one male was dizygotic (fraternal or non-identical) with a twin sister. Two participants were aged in their late twenties, one in their forties, and one in their sixties. Three participants were Pākehā (New Zealanders of European descent) and one was English. Three of the participants stated they had been in therapy for two to three years, while one had been in and out of therapy for the last thirty years. All reported that their twin was still alive.

Ethical Considerations

Ethics approval for the research was sought and granted by Auckland University of Technology Ethics Committee (AUTECH). Appendix D shows the letter of approval from AUTECH.

It was anticipated that people responding to the recruitment flyer would be ineligible to participate if they had an existing relationship with me, in order to limit the possibility of participants feeling obligated or coerced into participating. Respondents

would also be excluded if they were currently seeing a therapist, in order to preserve the confidentiality of the therapeutic relationship. This condition was later removed, with AUTECH approval, as twins still in therapy who wished to participate had approached me. Participants were informed they would not be named in transcripts or the dissertation, and where I knew the therapist the participant was assured that their therapist would not be told that they were participating.

Although it was not anticipated that the interviews would be distressing to participants, the material being explored was of a personal nature. Free counselling sessions were therefore arranged for research participants in the event that they required additional support following the interview.

Data Collection

Qualitative research is best conducted by researchers talking directly to people in a natural setting such as their home or workplace (Creswell, 2013). Of the four interviews conducted, two participants chose to be interviewed in their home and the remaining two were interviewed in a small group study room on AUT's North Shore campus. The latter chose not to be interviewed at home because they could not guarantee the interview would be conducted in privacy. In each situation the space chosen for the interview was light, comfortable, quiet, and without distraction, allowing participants to fully engage in the interview process.

The interviews took a semi-structured form, using open questions to allow the interviewee to explore their personal experiences in their own words, and closed or clarifying questions to check I had understood their meaning. The following are examples of the questions asked (see Appendix E for the full question schedule):

1. Tell me a little about your experience of being a twin.
2. How do you describe your current relationship with your twin?
3. What do you think are the special features of your relationship?
4. Do you feel your relationship with your twin has influenced your relationship with your therapist? If so, in what ways?

My subjectivity as a twin meant that I needed to be particularly aware of assumptions I made when listening to the participants. I therefore let participants know at the beginning of each interview that I would ask them to expand on statements that might appear obvious in meaning, or ask for examples in order to check that I understood them correctly. I was particularly watchful for phrases such as "you know?" as this implied that the participant assumed I had similar experiences.

Interviews were recorded using a small digital audio recorder. Before transcribing each interview, I listened to it in its entirety twice before taking notes. My intention during this process was to begin to become familiar with the content and overall essence of each participant's story.

It is recommended that the analysis and data collection be conducted simultaneously (Merriam & Tisdell, 2015). This allows hypotheses and hunches to develop and be tested with later research participants. For example my first two participants each spoke spontaneously of their twin having difficulty understanding the participant's attempts to individualise, so I asked the later participants what their experience of this had been.

Method

Following data collection the thematic analysis followed the six phases outlined by Braun and Clarke (2006, 2012):

- Phase 1: Familiarisation with the data.
- Phase 2: Generating initial codes.
- Phase 3: Searching for themes.
- Phase 4: Reviewing potential themes.
- Phase 5: Defining and naming themes.
- Phase 6: Producing the report.

Data Analysis

Phase 1: Familiarisation with the data

All qualitative analysis requires that the researcher first immerse themselves in the data (Braun & Clarke, 2012). This involves reading and rereading texts, listening to audio recordings, and watching video data where included. Notes may be made at this stage to highlight potential items of interest, and the researcher begins to ask questions of the text, such as, how does the participant make sense of their experience? What assumptions do they make in their interpretation? How does this relate to others' accounts? Note-taking at this stage is not systematic, but rather is casual and observational (Braun & Clarke, 2012). It is intended to assist the process of analysis by providing triggers for later coding. Merriam and Tisdell (2015) recommend transcribing the interviews oneself in order to begin to gather insights into what is happening in the data.

The interviews were transcribed orthographically to include all words and sounds, hesitations, laughter, and pauses. Braun and Clarke (2012) recommend retaining these details in the transcripts as they can provide further information into the participant's thinking. Where passages are included in the data chapters of this dissertation further editing occurred for brevity and readability, with vocal sounds such as "mm" and filler phrases such as "you know" or repeated words removed, unless these items were considered important to the contextual meaning of the passage. Where larger sections of the participant's words are removed, three full stops (...) indicate the omission.

To ensure anonymity of the research participants, all names were removed and potentially identifying information such as job titles or locations were changed or omitted. Each transcript was then returned to the interview participant and they were asked to check that, in their opinion, the transcript gave a true representation of the interview and captured the essence of their ideas.

Participant 949 Coding	Date: 01/07/15	Location: Participant's home	Associations
	<p>Int.1: So I'll start very generally, just to warm you up, so tell me a bit about yourself</p> <p>Part.1: [laughs] What, about being a twin?</p> <p>I2: If you like, yes.</p> <p>P2: Okay. Um. Well I suppose about myself now, my twin and I have very different lifestyles really, because I have chosen to follow the Buddhist path [I: Right], and, much more actively within the last ten years, and I got ordained last year. And, um. So that's been interesting in terms of being a twin really.</p> <p>I3: Right, she hasn't followed you?</p> <p>P3: No, no. And she never really wanted to know about it. But when I did get ordained and came back from my ordination retreat, which was a month, we had a - somebody else and I had got ordained from the centre at the same time, and when we came back they had a welcome for us and she came along to that, and she really loved it [I: Yeah?], and she said that she could never - I'd never really explained it to her, it's just that she didn't really want to hear [I: Mm]. I think, but being in that context we were interviewed and we sort of talked about our journey to get where we were to and stuff like that, and I think that that was really helpful. So, in some ways we've had quite similar lives, like we both got married and then got divorced, and we both had lesbian relationships - and she's actually in quite a committed lesbian relationship now. And we both had three children, two girls and a boy [laughs] [I: Wow!], I've got nine grandchildren, I think she's got - six, six, six, six. No, seven. I think, eight, she's got eight grandchildren, I've got nine grandchildren, yeah.</p> <p>I4: So when you entered the Buddhist path, was that sort of the real point of difference between you?</p> <p>P4: No there have been quite a few, there had been others during the - because my sense is that I was always more of the outgoing twin, and I was the quieter one [I: Mm]. And, so in some ways there was always that point of difference, and she was more religiously probably, and she was more out there in the world. Um. But probably our biggest point of difference came when we were in our forties and she um, she got into a lesbian relationship with my best friend, whose name was [participant's name]. [I: Oh?] Very interesting. So when that happened, it was</p>	<p>chosen different lifestyles</p> <p>twin didn't want to hear about her interests</p> <p>"similar lives" previously</p> <p>awareness of differences</p> <p>right was the outgoing twin and I was the "quieter one"</p> <p>opposites? / complementary</p>	<p>Gets mixed to twin - but knows research of</p> <p>Stems clearer [if other interviewees] a distinction of "I" and "we".</p> <p>calls it "our biggest point of difference" but more of a similarity</p> <p>They chose the same relationship vs relationship</p>

Figure 1. Transcript page after first round of coding

Phase 2: Generating initial codes

Each transcript was considered individually for coding. Coding is the process of closely reading each section of data and labelling the section with relevant codes; the codes are essentially a word or phrase that captures the essence of that data unit. The researcher attempts to identify what is being said, assess the context, follow arguments or reasoning, and decide which codes are appropriate (Hennink et al., 2011).

Having set up the transcripts as Microsoft Word documents, I left space for codes on the left of the page and for personal associations or notes on the right (see Figure 1 above). After two readings of each transcript, I compiled a spreadsheet with the initial 298 codes. The codes were inductive, being raised by the participant, or deductive, having come from my prior knowledge and literature review. Tables 1 and 2 below show examples of codes, with table 1 being inductive and table 2 deductive.

" it was more important for me to be with the cool kids than with [twin]"
"Now we live completely separate lives..."
"I think they interacted with us quite differently"
Didn't want to be associated with twin
"...she was the outgoing twin and I was the quieter one"
Hopes he came across as an individual
"We share a lot of the same interests."

Table 1. Examples of inductive codes

twin transference
limited attachment to mother?
differentiating from twin
therapist didn't see twinship as important
competition for single parent's attention

Table 2. Examples of deductive codes

Ideally coding continues until a point of saturation is reached (Hennink et al., 2011; Merriam & Tisdell, 2015), or no new ideas are identified in the data.

Unfortunately the size and time constraints on this research means that this point was likely not reached; further interviews may have yielded more codes which in turn may have influenced or changed the themes that were produced.

Once all four transcripts had been coded once, each was reviewed to ensure the code list was comprehensive and all sections of the data had been coded rigorously. This produced a more full list of 354 codes to work from.

Phase 3: Searching for themes

At this stage of the analysis I was “looking for recurring regularities in the data” (Merriam & Tisdell, 2015, p. 203) which may be categorised as similar. It is an opportunity to substantiate, revise, and reconfigure tentative findings (Merriam & Tisdell, 2015). I initially attempted to work with the codes on the computer screen, grouping any that appeared to show similarity in order to move toward initial themes. However, it soon became too difficult to move between pages of codes on the computer so I printed the codes in order to work with them manually. This entailed placing individual codes out on a large table, with similar codes being grouped together (see Figures 2 and 3 below).

As a group gained more than four or five codes, I began to consider what the similarity in those codes was, and noted these on Post-It notes. These labels later became the first-level themes. Groups were also divided when they became bigger, if it was deemed that they could instead contain two themes. For example, “being different to non-twins” was separated into positive and negative experiences; while “attachment” became “maternal attachment”, “twin attachment” and “attachment hierarchies”. When all codes had been placed, there were 47 groups or themes.

The original codes had each been labelled with an alphanumeric identifier; for example, B43 identified the code as having come from participant B’s transcript, paragraph 43. I included these so that I could return to the transcripts when the context of the code was not clear enough for me to make a decision on where to group it. A common criticism of coding is that it is not inclusive enough and the context is lost (Bryman, 1988), and context is central to hermeneutic phenomenology so it was important that the data remain situated within their particular contexts. The identifiers were particularly helpful for the transcript of the first participant, in which I had written very brief codes before realising with later transcripts that keeping as much of the original meaning unit as possible would be necessary to make informed choices regarding code groupings. Once all codes were grouped, these identifiers allowed me to see that some themes came only from one or two participants. I considered removing these as they could not be considered a generalisation of every participants’ experience, however I did not yet want to limit the data set by removing any data, so retained all first-level themes.



Figure 2. Grouping of codes towards first-level themes



Figure 3. Grouping of codes continues

[illegible]

The 49 first-level themes were then printed and I again worked to group these, as I had done with the codes. This was possibly the lengthiest part of the process and the groupings assumed many permutations before I felt they had “settled”, that is, I produced the same groups of themes a number of times. This was done by a combination of manual manipulation of the printed theme labels, and drawing on photos as I looked for connections between the clusters of themes, as in figure 4 above.

In reviewing themes, the researcher checks the developing themes against the original codes in a “quality checking” process (Braun & Clarke, 2012, p. 65), to ensure the themes accurately explain the data and each theme is robust enough to stand alone

as a theme. I began to do this when I had my second-level themes, which enabled me to see that a number of the original themes were “thin” (Braun & Clarke, 2012), or not supported by enough data to be meaningful. Others, while interesting, were not relevant to the research question so were discarded. Eleven first-level themes were discarded, and the remaining 38 combined into 15 second-level themes. These in turn became eight third-level themes before being finally grouped into three global themes. Appendix G shows the progression from the 49 first-level themes to the final three themes. The reader will see that I did not name the second-level themes, instead retaining and grouping the first-level themes that they were created from. The third-level final themes were named during the next phase of the analysis.

It was then necessary to re-read the entire data set to determine whether the three themes described the data meaningfully. As Braun & Clarke (2012) propose, the object at this point is to define “a set of themes that capture the most important and relevant elements of the data, and the overall tone of the data, in relation to your research question” (p. 66). The movement within this phase from data to themes and back is an example of the hermeneutic circle in process. It was particularly important to consider the data for further examples of the third theme because it was considerably smaller than the other two. However the original process of coding had been rigorous and the review did not produce substantially more codes for this theme.

At this stage I realised my original focus had shifted, probably during the interview stage. My initial research question had looked at how the attachment relationship between twins impacts on the therapeutic endeavour. During the interviews I instead found myself focusing on how the participants experienced their twinship. It became particularly clear during coding and extraction of themes that attachment to their twin was just one aspect of this. The research question was therefore restructured to consider the participants’ experiences of their twinship. This focus on lived experience brought the research more into line with a hermeneutic phenomenological paradigm. I chose not to rework the literature review as the data showed that the attachment twins have to their mother and their co-twin impacts on their experiences of their twinship, and on their relationship with their therapist.

Phase 5: Defining and naming themes

I next turned my attention to the three themes that I had produced, which were as yet unnamed. I had by this time produced three mind maps such as Figure 5 below, one for each final theme. These showed the grouping of the first-level (blue) and

second-level (green) themes that informed each of the final themes. I also created a new spreadsheet in which I grouped the original codes by sub-theme; an example of this is shown in Appendix H. In considering each sub-theme in its entirety and the three final themes together, I asked myself how the themes explained the data, what it was that made each theme distinct, and how they might be linked. This process is an attempt to capture “the ‘essence’ of what each theme is about” (Braun & Clarke, 2006, p. 92). It is a particularly interpretive phase as the themes should not merely describe the data, but offer insight into the data (Merriam & Tisdell, 2015).

I was slow to name the themes as Braun and Clarke (2012) recommend choosing a title that is “informative, concise, and catchy” (p. 67). The names I eventually settled on, explored below, indicate the focus of each theme while also commenting on their connections.

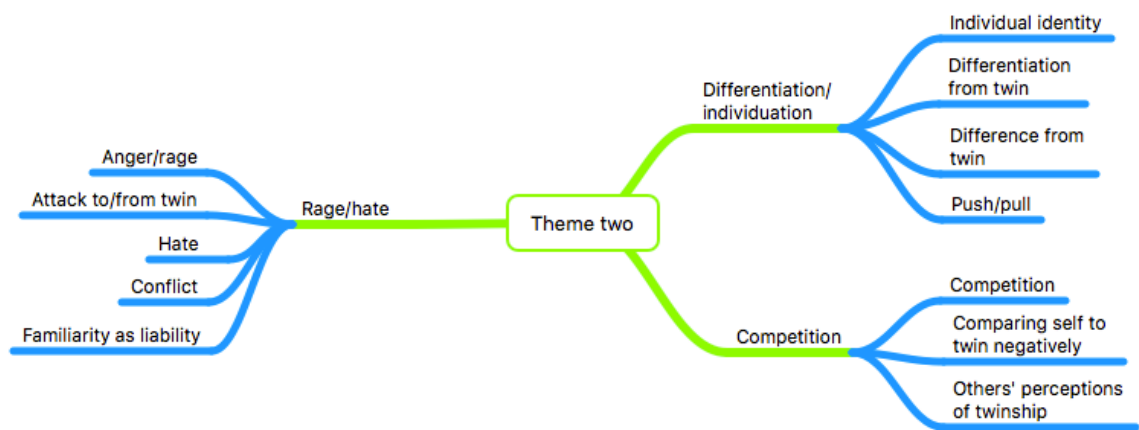


Figure 5. Mind map of a final theme

The beginning of a theme caught my interest during the interview stage and became evident in the codes I produced, before diverging to inform two final themes. What I initially thought I was hearing and seeing was the dichotomy between closeness and separation in the twin relationship, the difference between “one-ness” and “two-ness”. This could be understood as the twin unit as one entity, and each twin as two individuals. The difference between these two states was variously described by interview participants as “conflict”, “push/pull”, and “profoundly difficult and profoundly rewarding”. It is the “come close-go away” dynamic explored by Lewin (2009), whereby the closeness of twins can become suffocating and requires a balancing period of separateness. These ideas became two contrasting themes, eventually named “oneness” and “twoness”.

The third theme, in contrast to the exclusive twin relationship, introduced an “other”, a third person. In the participants’ transcripts this third person was

predominantly a parent or therapist, but also included partners, other siblings, and friends. In keeping with the naming of the first two themes, this theme was given the name “threeness”.

The fifth phase also begins to consider which data extracts are to be presented and how they add to the ‘story’ of each theme. I chose at this time to write narrative stories of the sub-themes, using the participants’ words wherever possible. These stories were not to become part of the data set, but informed my ongoing process of analysis, allowed me to further contextualise the themes, and assisted me to identify which quotes and extracts best fit the themes.

I then moved beyond a traditional thematic analysis to link the conceptual elements in a meaningful way (Merriam & Tisdell, 2015). I was interested in the relationships between the three themes so used visual aids such as Venn diagrams to explore the connections. This will be explained further in Chapter 7.

Phase 6: Producing the report

The final stage of thematic analysis is the production of the report, in this instance a 60-point dissertation. The dissertation summarises the research, outlines each theme, and offers a discussion of the findings with respect to the research question. Although termed the final phase, it was begun much earlier in the process. As Braun and Clarke (2012) note, analysis and writing are inextricably linked in qualitative research. For example, I began writing the data chapters, four to six, with the final themes only tentatively named. As I outlined each theme the ‘essence’ (Braun & Clarke, 2006) became more clear through the writing and I was enabled to give each an appropriate name.

Summary

This chapter has outlined the philosophical and theoretical framework for the research, with a rationale given for the choices made. The method was then described from data collection to analysis. The next chapter presents the first of the themes extracted by this method.

CHAPTER 4 – ONENESS

...we're twins, and so we love each other more than other people...

— *Little Men*, Louisa May Alcott⁴

This chapter explores and gives examples of the first theme, oneness. The theme is concerned with the close and complementary relationship between twins that assumes they are akin to a single “unit”. This idea does not exclude the reality that they are two individuals, but precedes it as the twin infant does not yet differentiate between self and other.

Figure 6 below shows the progression from first-level themes, at the ends of each arm, to the global theme of oneness. The sub-themes that inform oneness can be seen at the second level:

- The attachment relationship with the co-twin,
- Twinning in the twinship,
- The insular relationship.

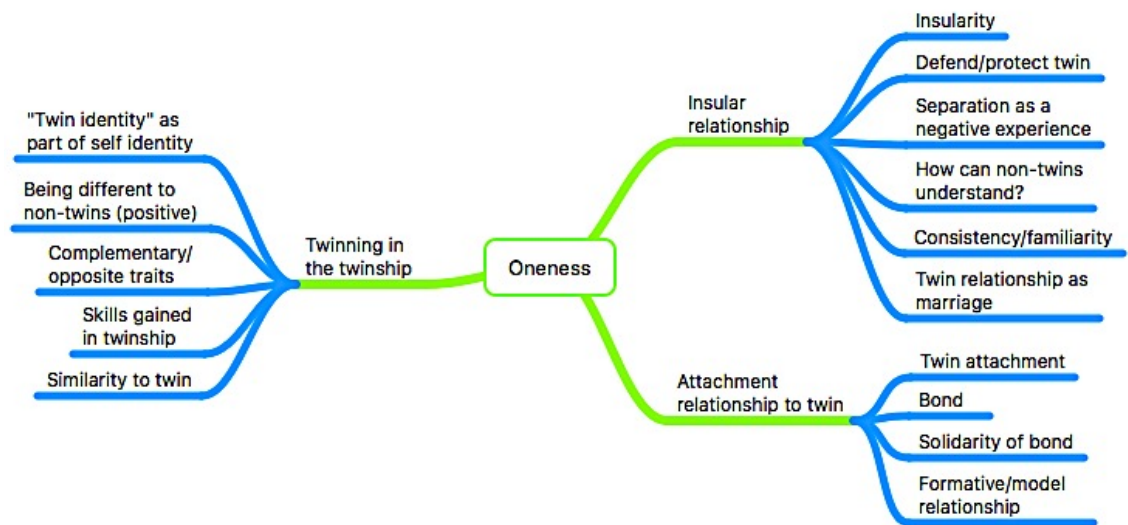


Figure 6. Mind map of final theme, oneness

The Attachment Relationship with the Co-twin

As discussed in chapter two, much of the literature recognises an attachment relationship between twins whereby the co-twin is one of the most important figures in assisting a twin to feel safe, secure, and to build a sense of self in relationship to another. Three of the participants in this study suggested that their relationship with

⁴ Alcott (1871, p. 51).

their twin was more important than their relationship with their mother, and the fourth stated it was “as influential”. Interestingly, this view was expressed whether participants have a harmonious or conflicted relationship with their twin. Two participants, who have engaged in psychodynamic psychotherapy, referred to the relationship as one of attachment, recognising their tendency to go to their twin for security and reassurance.

“[Our mother] found it really hard to attach with us... so I wonder whether in the absence of that [my twin] and I had a stronger attachment, or had it in different proportions?”

“If either of us has surgery then we want the other person there, not our mother, to take care of us... you know, we don’t always *like* each other but somehow we have that absolute faith that in moments of vulnerability we want that person there taking care of us. That seems to speak a bit to attachment, in my mind.”

Clearly demonstrated by the participants was a strongly affectionate bond between themselves and their twin, even when the relationship was predominantly oppositional. This bond was evidenced by a sense of their twin being supportive or “on-side”, the ability to make each other laugh, talking regularly as adults, and being able to get in contact at any time and feel as though there had been no time or distance between them.

“... she can make me laugh more than anybody else.”

“I’d shared a room with her all those years, and I can remember things growing up - we used to like sleeping in the same bed...”

“He’s my best friend... I just have this history of him always being there for me when I really need him. I feel like I can’t rely on *anybody* like I can rely on him... we’re doing it together.”

A key aspect of attachment relationships is that they assist the individual to build an internal model of what relationships look and feel like (Karen, 1998). This can lead to a recreation of the twinship in other intimate relationships. Two of the participants spoke explicitly of this with reference to their twin, while the other two showed evidence of it in their discussion.

“The messages that I have from [my twin] are stronger than anyone else (*sic*) in my life so they are more formative to who I perceive myself to be and to how I relate to other people.”

“I’ve found that’s actually kind of echoed throughout my life, that relationship. So that relationship with my twin sister’s been very formative in dictating how I relate to people generally.”

“I think for me that my relationship with my twin sister, it’s kind of like the model of all relationships. And, my parental relationships kind of fitted around that and reinforced it...”

Twinning in the Twinship

I am not here referring to Kohut’s (1971) suggestion of ‘twinning’ in the therapeutic relationship, whereby a client establishes similarity to the therapist in order to seek approval. “Twinning” here instead means identification with one’s twin and a self-identity that includes the twinship. While the attachment relationship between twins might be considered the foundation of the theme oneness, this sub-theme seems to me the heart of what it means to be both two and “one”. The only sub-theme built from more codes was individualisation, which will be explored in the next chapter.

Each participant explored, of their own volition or at my prompt, the idea of a “twin identity” in which being a twin is a core part of the individual’s sense of self. While they might have a strong sense of themselves as an individual, being a twin has always been part of their experience so cannot be excluded from their identity.

“I feel like being a twin is a really strong part of my identity, like I can’t separate that from myself.”

“It was almost like [my] being a twin was unimportant to the therapist. But in a way I quite liked that because it wasn’t the focus, whereas being a twin had been the focus for so much of my life.”

“... there was an empty seat next to me and my sense was that he was with me. And, what I take from that is, I think in a way we kind of take our twin around with us.”

Two participants additionally named their twin as a “shadow” rather than a substantial part of themselves or their identity.

“He is my shadow and I’m his shadow.”

“I feel like I’m always trying to get out from under my sister’s shadow...”

The fact of being a twin immediately distinguishes one from non-twins. As noted earlier, people are generally interested in twins, and the participants generally experienced this as a positive part of their life.

“... [being a twin] is something that people have always found quite interesting, but I’m also really proud of her so I kind of want to be associated with her.”

“[When I’m mistaken for my twin] I quite like it!”

“... when we used to meet up, we’d often have the same colours on and we often gave each other the same presents. Once even the same card, at a birthday... I always loved those things though, I thought they were cool!”

Some of the participants had at some time been in a situation where they were not known to be a twin, and whether the individual found this to be a positive or negative experience, all initially found it disconcerting.

“Sometimes it feels quite strange being in a different city from her, where nobody knows that I’m a twin, because it’s *so much* a part of that core identity.”

An aspect of twinning was also recognised by each participant in their and their twin’s personal traits that are complementary, despite this often being to the disadvantage of the participant.

“My sister was a bit more assertive than me and so I was used to her taking the lead on things.”

“... my sense is that she was always more of the outgoing twin, and I was the quieter one.”

“My twin sister was the dominant one, I was quite shy - so I got bossed around a lot, as a kid...”

“[Mum] said that he was a really difficult baby, and I was a lot easier. But she said that when I got sick, when I was eight or nine weeks, he just became completely docile.”

Alongside complementary characteristics, two participants recognised benefits of having been a twin that they could take into other relationships.

“[My best friend is] also a twin, and we wonder how much we’re [more] used to absolute sharing than perhaps is normal.”

“I find it really *easy* to work alongside other people, and I think that [being a twin] has got something to do with it.”

Oneness is further demonstrated in the twins having similar interests and ways of thinking about issues.

“... we share a lot of the same interests and stuff.”

“... in some ways we’ve had quite similar lives...”

“... in a lot of ways she thinks the same way that I do.”

While the participants spoke of taking “twinship” traits into other friendships and relationships, each noted that their twin came before others, as seen in one participant’s assertion,

“He’s my best friend”.

This is the relationship that society generally expects of twins (B. Klein, 2012), that the bond begun in utero is special, positive, and unbreakable.

The Insular Relationship

Insularity between the participant and their twin was demonstrated by examples of exclusion of others, a tendency to defend or protect their twin, and experiencing separation from the co-twin as a negative situation.

The insular relationship appeared as a much more dominant sub-theme in the transcripts of two of the participants. One was the oldest participant in this study and she recognised that much of her twinship was shaped by the society and family she grew up in, where she and her twin were valued for their “oneness” and the participant felt they were treated as a single unit. These twins were born prematurely and were held in incubators at the hospital while their mother was sent home, as at that time the importance of this period for the mother to bond with her baby was not recognised. The twins were allowed to go home at six weeks old, and the participant wonders if their mother ever really attached to them.

“[She] said that she always felt excluded from us. She said “You had your own language, you seemed to be so kind of bonded” that she felt we didn’t need her which of course was, you know - so I think her ability to attach to us was pretty minimal.”

The participant spoke further of “rituals” with her twin when they were young, where they worked together to manage the peculiarities of being twins who were treated as one. She gives an example:

“Like we always knew we were going to get the same present so we used to take turns opening a present; we always knew whose turn it was to open the birthday present or Christmas present first, so that we got a surprise, but we worked that out ourselves!”

A second participant spoke explicitly of the insularity of his relationship with his twin.

“[Our] twinship is insular... we are hidden within our own twinship.”

“[My twin] and I are hidden beneath this shield, this bubble together.”

His sense of being in a “bubble” with his twin evokes an image of a relationship that excludes all others, however this participant was also particularly aware of his strengths as an individual, without his twin. He also recognised that he found a similar insularity with his therapist:

“I kind of feel that way with my therapist as well, because nobody else can know what goes on in that room.”

For twins who are used to such a close relationship, at the exclusion of all others, the therapy relationship could feel familiar and safe, until others inevitably intrude. The above participant did not speak to the intrusion of others, in his twinship or his therapy, but another participant recognised this when her sister began a relationship.

“When that happened, it was really awful, I felt like my attachment with her was severed in a way, and also my attachment with my friend because they were like that - they ‘twinning’ in a way, so I felt very isolated and left out.”

This speaks very clearly to the exclusivity of their twinship and the devastating effect when one twin was excluded. The same participant appeared to experience separation from her twin as a negative experience, both in childhood and into adulthood.

“It was terrible - I remember I didn’t really understand it but I obviously was in a lot of grief I think.”

“I know when she left home... and I left home quite soon after that too, but it was terrible, I hated it when she left home.”

Some of the closeness of the twin relationship is built on a sense of familiarity due to the co-twin’s consistent presence in the life of the participant, particularly in childhood. A number of the participants noted something similar to the following,

“[There] were very few times in my childhood that she wasn’t there.”

“I always had a friend.”

This consistency of presence allowed for a sense of safety with one another and an extensive shared history, in which the co-twin knew what had occurred in the participant’s life and had shared a majority of experiences. Such familiarity also allows the twins to understand each other’s thought patterns and how they will respond to various situations.

“I could [be silent] with my sister and she’ll *know* what I was thinking - not any kind of psychic thing, just real familiarity and our thought patterns ran along the same kind of streams... I’m not used to actually having to verbalise it ’cos it’s just *evident*, for someone who knows you that well.”

A noticeable aspect to the insularity of the twin relationship was each participant’s tendency to defend his or her twin. While talking in the interview about their twin, particularly about ways their twin was different to them, the participants

would often downplay negative traits or emphasis their own over their twin's. Examples from one participant include:

“[My] sister's very structured and very rigid in her thinking - which makes her an *excellent* [professional] -”

“[My] sister's quite judgemental - and awesome, but just really clear in her views so she would immediately jump in with judgement...”

Another participant, when exploring a particular difference in her and her twin's principles, pre-emptively offered,

“[We] went out for dinner recently - and I'm not perfect by any stretch of the imagination but...”

I wondered at the time if she felt the need to say this to prevent me judging her twin too harshly, or if her protection of the harmony of their relationship meant that she herself could not judge her twin harshly. This could indicate a need to protect her twin from herself, and was further evidenced in the participant's recognition of how her behaviours could impact on her twin.

“I actually walked out ... and I'd never done anything like that before, I felt bad about it. It must have been really hard for my sister...”

B. Klein (2012) repeats a psychologist's assertion that “twins are born married” (p. xxiii) and this view seemed to be echoed by the participants. When one participant described a major disruption to her relationship with her twin, she stated,

“... at the time that we were going through that big break-up...”

The words “break-up” stood out to me as they are typically used in reference to romantic relationships, not to sibling relationships. This particular participant and her twin also engaged in therapy together at two different times to assist them to resolve this “break-up”; again this would be more common for couples than siblings.

Another participant's recognition of his maintenance of his relationship with his twin appeared to me to indicate something of a marriage-like relationship in that it needs to be worked at.

“I put more energy into maintaining [the relationship with my twin], than I do with my other siblings...”

A third participant went so far as to compare the relationships he has with his twin and his wife, but seems to indicate that the relationship with his twin is qualitatively different and greater than his marriage.

“... Even the love that I have for my wife, which is this *ridiculous* love - it's not the same. My relationship with him is at a different level.”

The twin relationship also appeared in the transcripts to be insular by virtue of the fact that it is difficult to explain to, or be understood by, others. All of the four participants commented at least once on this experience.

“It’s like when someone asks you, “What’s it like being a twin?” and I’m like, “Well, I don’t know”.”

“I suppose for all twins you don’t know what it’s like not being one, do you?”

“[The] relationship with my sister feels kind of less - I don’t know... the relationship with my sister just *is*...”

“[Even] in our interview today, it’s hard to express in a way, to another twin. Because it’s a real - your twinship is insular, you know? Yeah, we - in a way, [my twin] and I are hidden within our own twinship. And, the expression of it is really difficult. And then, to somebody who *isn’t* a twin, how can they understand?”

Williams (2015), the mother of young twins, notes that she may not truly understand her twins’ bond and love for each other. Some of the participants specifically named that their parents and friends could not understand aspects of their twinship.

“I think [my mother] did [take pride in us]. But couldn’t quite work us out.”

“But in saying that, it’s a relationship that I also know that nobody else can understand because I’ve seen it in my own parents, they couldn’t understand it.”

One participant also worried that his therapist would never understand “the true depth and richness” of his relationship with his twin. These concerns are in part why this research was undertaken, although it will only go some way toward assisting non-twins to understand the twin relationship as generalised from these participants’ experiences.

Summary

This chapter has outlined the first theme, oneness, where the twin and their co-twin are viewed as one. Examples were given from the sub-themes twin attachment, twinning in the twinship, and insularity. In the next chapter the second and contrasting theme, twoness, will be explored.

CHAPTER 5 – TWONESS

They were young; time hadn't yet rubbed at them, polishing their differences and sharpening their opinions...

— *The Distant Hours*, Kate Morton⁵

This chapter explores the second theme, “twoness”. Where “oneness” reflects the twins as a single unit, “twoness” instead considers each twin as an individual. This necessarily occurs within the context of the twin relationship due to the twinship being a core part of each twin’s identity, as shown in the previous chapter. The reality therefore is that there is not one individual, but two, hence the name “twoness”.

In contrast to the previous theme, twoness encompasses the more difficult aspects of the twin relationship and being a twin, from mutual anger and competition to the search for individual identity. In the previous chapter I explored B. Klein’s (2012) repeated idea that twins are born “married”; her addition to this was that, “divorce from your twin is not an option for twins” (p. xxiii), thereby recognising that, like marriage, the twin relationship is not always harmonious. I wish to note here that while each interview participant contributed to this theme, some did so more fully than others. Those with a more harmonious relationship with their twin showed more evidence of the first theme, while those with a difficult relationship contributed more to this theme. Both themes, however, were relevant to all participants.

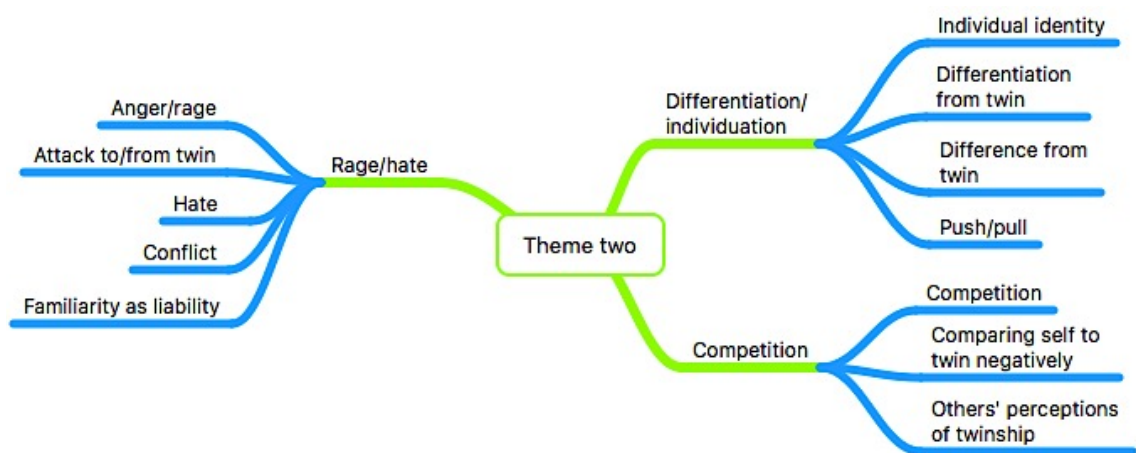


Figure 7. Mind map of final theme, twoness

⁵ Morton (2011, p. 95).

Figure 7 above shows the progression from first-level themes to the global theme of twoness. The three sub-themes that inform twoness are:

- Rage and hate,
- Individualisation,
- Competition.

Rage and Hate

“Rage and hate” encompasses all of the strong negative feelings between participants and their twin; participants describe these as rage, anger, hate, shame, inferiority, feeling intruded upon, and caution or defensiveness. While the rate of incidence of these feelings differed amongst participants, all bar one spoke of a similar intensity of feeling. For some this had been a part of their relationship with their twin since childhood; one participant explained that by early adolescence,

“... we kind of hated each other...”

“... we were each other’s worst enemy and we wanted to kill each other a lot of the time...”

This often involved physical confrontations, but developed into verbal attacks and insults as they grew older. Another participant described conflict as “always” part of their relationship but it seemed to peak around key experiences; his twin’s diagnosis of diabetes, his rebelliousness and move away from the family in his teen years, and his move overseas.

“... when we were seven or eight, he got diabetes... [and] it was a limitation I didn’t have. So I think that there’s also this quality to our relationship where there is this simmering anger from him towards me.”

“... we were raised in quite a conservative home, and during [adolescence] I had just had enough of that, and he was really against my attempts to pull myself away from that.”

“I moved to [another country] weeks before our 21st birthday, and that was the first long-term separation and he was *angry*. He was angry. And I felt terrible about it and he said he was angry because I was missing our 21st, but my sense was that he was actually angry because of the distance that was created.”

One participant differed from the others in that she described an extremely close relationship with her twin in childhood and into adulthood; they were considered by their parents to be a single unit and they found separation from one another extremely difficult and distressing. The participant only experienced conflict with her twin during

their forties when her twin began a relationship with the participant's best friend, resulting in the participant feeling pushed out of and replaced in both relationships.

“... that's sort of been the biggest disruption in our twin relationship...”

At this time she accused her twin,

“All our lives you've always had to be better than me, you've always beaten me... you've always wanted what I had...”

She recalled that this came as a surprise to both of them, as she had not previously realised she felt that way towards her twin. I would wonder if her need to keep the relationship harmonious overrode any conflict that she experienced, until this situation when she was able to release years of pent-up hurts.

A number of the participants similarly recognised that conflicts with their twin in adulthood are often marred by old hurts, particularly past experiences when they felt negatively judged by their twin.

“[She] was really insulting and derisive towards me... and that was probably the time when there was a bit of irreparable damage to that relationship.”

In such a close and life-long relationship, it seems reasonable that any prior conflicts would remain between the twins unless adequately resolved. Three participants therefore spoke of a cautious approach to their twin.

“... she has been my biggest champion this year, and has been absolutely amazing, but I still wouldn't ever show the vulnerable side in terms of major anxiety, any kind of depression, anything like that, I wouldn't tell her. So there is still that sense of, “I can't let you be too close”.”

This means their relationships are no longer as close as they had previously experienced, or as close as they desired. As this has not been my experience with my twin, I would be interested to extend the study to discover how prevalent is this dynamic amongst twins.

A participant who has explored his relationship with his twin extensively in his therapy suggested that some of his hate is a projection of hate or anger at himself.

“I'm seeing elements of myself, physically, that other non-twins don't get to see; it makes me bitter”.

Identical twins offer a more tangible “mirror” of the self in which one sees physical and personal characteristics similar to oneself, as well as anything the twin needs to disown or project onto another (Bowlby, 1973). This necessarily adds another layer to the relationship that twins would benefit from being aware of, in order to not act out on their projections.

Some of the twins' rage and hate manifests in "being mean", where a derogatory kind of humour ostensibly serves to bond the twins.

"I probably am not as mean to my other brothers as I am to my sister, because we can do that and that's fine, we don't actually take it in a bad way."

This means that while they can frequently insult and verbally attack one another, at times the exchanges become more light-hearted and apparently meaningless. Another participant described an ongoing joke with his older twin:

"... he says, "When I was born, I'd had enough of you, I was trying to get away from you". And I say, "No, I kicked you out. I was fed up with you"."

As a therapist I would wonder if these more relaxed exchanges are an opportunity to continue to vent their rage, in a more socially acceptable manner.

Two participants also recognised occurrences of anger resulting from or inflated by their closeness with their twin.

"... she knew *exactly* how to hurt me, in a way that nobody else did; she could get at the really hard insults that would hurt me because she knew me so well."

When familiarity and closeness becomes a liability, another layer is added to the conflict and could cause the participants to be cautious when entering into disagreements with their twin.

One participant did not appear in this sub-theme at all, and I offer two possible reasons for this. One is that the participant was the only fraternal twin interviewed. I hypothesise that non-identical, mixed gender twins do not experience the same level of competition and conflict as identical twins because their twin does not provide such an immediate mirror of the self onto which to project rage and hate. Another explanation comes from the participant's assertion that he is the more passive twin; any anger or hate that he possesses for his twin may therefore remain unconscious in order to preserve the harmony of their relationship. Either of these hypotheses would need further exploration with the participant to prove.

As I noted in the introduction, part of my subjectivity comes from having a mostly harmonious relationship with my twin. I was therefore surprised to find the sub-theme of rage to be so dominant. While my twin and I at times disagree or become frustrated with one another for small differences, I cannot recall ever hating her, and I imagine she would say the same. We are more likely to engage in competition with one another or differentiation from each other, the other sub-themes that inform twoness.

The astute reader might wonder whether I, too, need to protect the harmony of my twinship.

Individualisation

Clinicians have long reported the need for twins to differentiate from each other and develop their identities as individuals (Lewin, 1994), and this has proven problematic for some twins in therapy who recognise that being a twin is part of their identity. However, a large part of the theme twoness appears to confirm that twins do actively engage in separating from their twin, and this can be a life-long process. This sub-theme was constructed from more codes than any other, indicating the significance of this process for the twins who were interviewed.

The sub-theme was originally named “differentiation/individuation”, as seen in figure 7 on p. 37, but this did not quite fit what I was meaning. To differentiate is to become unlike or dissimilar, while to individuate is to become individualised. To individualise is “to make individual or give an individual character to” (Individualise, 2016), and this feels closer to what I was meaning in how a twin develops as an individual without necessarily becoming dissimilar to their twin. Individualisation therefore seemed a more appropriate name for the sub-theme.

The process of self-discovery and differentiation for each participant appeared to be linked to a need to refine their identity as an individual, while many also retained their sense of “oneness” with their twin, as seen in the previous theme. As Otago University geneticist Professor Ian Morison reports, many twins make the extra effort to develop a separate identity, to “purposely do different things, because being a twin isn’t always fun and you want to develop your own personality” (Duff, 2015). While there are many wonderful aspects to the closeness between twins, the relationship can also be problematic, as was seen in the previous sub-theme.

For the research participants, individualisation appeared to be founded in noticing the differences between themselves and their twin. Each was able to talk at length of the behaviours and characteristics that make them different from their twin, and this often took the form of opposites: outgoing vs. introverted, pragmatic vs. a dreamer, “good” vs. “bad” behaviour.

“We’re really polar opposites and I don’t know whether we naturally were or we sort of did that by design to form our own really separate identities...”

“... he’s a completely different personality than me.”

“... because we were very different personalities, me and my sister...”

From school age several of the participants spoke of a more active process of asserting themselves as an individual, often including making their own friends and developing interests separate to their twin. This continued into adolescence and two participants spoke of a marked attempt to separate from their twin and/or family at this time, and this caused great conflict with their twin who seemed to not understand the participant's need to do this.

One participant differed in their process of individualisation, in that it came much later in life for her than for the other participants. She also acknowledged little rage and hate in their relationship, as noted above, until she and her twin suffered a great conflict in their 40s. At this time the participant felt she had been given an opportunity to separate from her twin.

“I think I had been wanting to separate from her anyway and that propelled me into it. So I went on this huge journey of really discovering who I was, not as her twin.”

Three of the four research participants recognised a contrasting push/pull dynamic where they might at times desire closeness and oneness, and at other times pull away toward individualisation and twoness. One participant suggested,

“I also think that individuation is a pretty fluid thing and as our lives sort of converge and coalesce and diverge, we become more individuated and less individuated...”

He wondered whether twins ever “fully” individuate, as the twinship remains a core part of each twin's identity. The same participant indicated that the push/pull dynamic was a healthy part of their relationship as twins. While their parents discouraged arguments and fighting, he stated,

“... it was just us operating as twins, finding our own way... we were molding our twinship ...”

This idea is reminiscent of Mahler, Pine and Bergman's (1975) individuation stage, in which the toddler begins to assert themselves as separate from their primary caregiver, particularly in doing tasks for themselves and using the recently learned word, “no”. It might be that twins must undertake a similar individuation from one another, but as neither is in the role of caretaking adult the process takes longer and results in multiple skirmishes or conflicts as each seeks supremacy.

Competition

In general twins are more competitive than other siblings (Wiles, 2016) , due to being the same age and consistently at a similar developmental level. For the same reason competition often also appears between siblings who are close in age and the same gender (Rimm, 2010). One source of competition is the limited availability of caregivers; even attentive and responsive parents will at times have difficulty meeting the child's needs for the simple reason that there are two children to attend to.

“But we also grew up with a single parent, so that might have had something to do with it in that we were two children at the same stages of life and everything, but with only one parent to go to. So there was perhaps an element of trying to receive the attention or affection or whatever”.

Implied in these words is the sense that one twin receives attention and affection at the expense of the other. Another participant and his twin seemed to have resolved this by each having a favoured parent to turn to, but even this was inadequate.

“My sister had a much stronger relationship with my dad and I had a much stronger relationship with my mum... I kind of felt like when my dad wasn't around, my sister and me (*sic*) would be more competitive for my mum's attention.”

A focus of the competition between participants and their twin was who was effectively “leading the way”.

“... she was just that bit ahead of me, you know?... always, she had to be the best, or had to beat me at everything.”

“That 12 minutes - and if we lived in the middle ages, that was the difference between him getting the entire inheritance and me getting nothing. So in a way, that's a significant 12 minutes, because he has always been the first-born son.”

This struck a chord with me also; as the second-born twin I have frequently joked that I spent the first 20 years of my life trying to catch up to my twin.

Parents, teachers, and others who compare the twins' personalities, abilities, and behaviours can consciously or unconsciously encourage competition between twins. Each of the participants recognised that this had occurred for them both at home and at school, and was often the leading reason for the twins being separated at school.

“[Mum] thought there was a potential for us to not really develop on our own if we were together, and also for the problem of comparison - she didn't want us compared to each other's academic ability so she wanted us to kind of thrive on our own.”

Some of the participants spoke more generally of “society’s” views of twins, in which they frequently feel compared by others and are subjected to questioning by both friends and strangers.

“Yeah but [the questions are] usually quite *inane*, it’s usually like, “do you have ESP?”... And then the more ridiculous ones like, “How old are you?” “How old’s your twin sister?” “Have you guys always been twins?” That sort of thing...”

“It was almost like there was always a comparison. “Oh, you’re her and that’s her and these are the similarities and these are the differences”, and people would talk about it. So even if we went out together as adults, people would *look* at us, you know?”

Much of the comparison that the participants engaged in during the interviews had negative connotations for themselves, in that they were the “lesser” twin in the comparison. This ranged from being “the one who worries the most”, to “I was always the difficult one”. While the limited scope of the interviews makes it difficult to state with certainty, I would hypothesise that much of this resulted from the participant internalising parental or others’ comparisons of them and their twin. It would be interesting to explore how the participants’ twins compare themselves also.

It appears that the participants’ comparisons of themselves and their twin, whether positive or negative, played an important part in differentiating themselves, as discussed in the previous section. Competition and comparison allowed each twin to recognise the differences and similarities, and to understand their strengths as an individual. As one participant suggested of anger, I would therefore suggest that competition and comparison is an important and beneficial aspect of the twin relationship.

Summary

This chapter has described the second global theme, “twoness”, where each twin is recognised as an individual within the twinship. The sub-themes rage and hate, individualisation, and competition were outlined. The next chapter will focus on the final global theme, “threeness”.

CHAPTER 6 – THREENESS

The special relationship between twins is that, if there's anyone else in the world that's going to get or be the confidant that you need, it's an identical twin.

— Sam Underwood⁶

This chapter will define and explore the final global theme, threeness. The theme is grounded in the experience of the twin participants when coming into relationship with an “other”, somebody outside the twinship. It is this introduction of a third person, and a continuation of the naming of the first two themes, that gives the theme the name “threeness”.

This is the smallest of the themes, in part because of the change of focus that I outlined in chapter three (pp. 25-26), in which I became more interested in how the twin participants experienced their twinship. It is necessary to retain the theme, however, as it speaks more explicitly to the implications for therapists working with twins. The smallness of the theme will be considered further in the discussion chapter.

Figure 8 below shows the development of the theme threeness from two sub-themes:

- Attachment,
- The therapist.

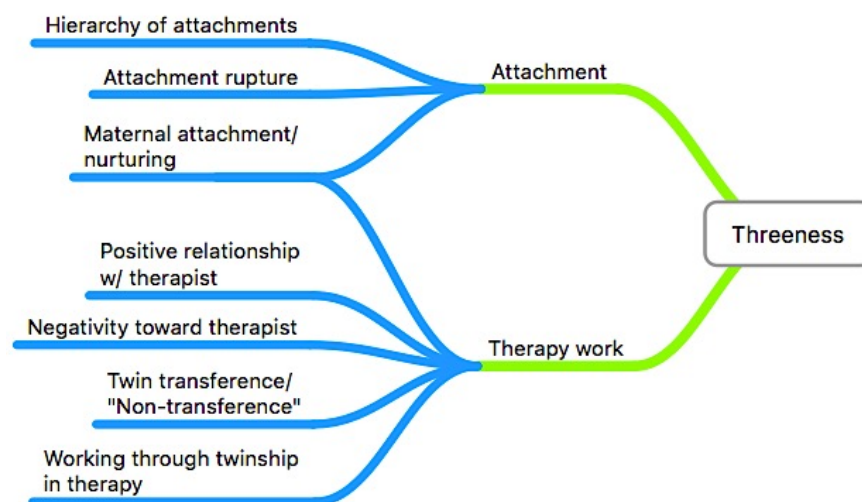


Figure 8. Mind map of final theme, threeness

⁶ Radish (2014).

Attachment

While the attachment relationship with the co-twin was a sub-theme of oneness, attachment again appeared in relation to others. This sub-theme was predominantly focused on the relationship of the participant to their mother, but also recognises others in a hierarchy of attachments. The grouping of codes for hierarchy of attachments included some of the twin attachment codes, repeating the participants' sense that they were closer to their twin than to anybody else.

“... my relationship with [my twin] is at a different level...”

“... if either of us has surgery then we want the other person there, not our mother, to take care of us...”

Another participant recognised that her attachments to her twin and her partner were different, but did not quantify one as more important than the other.

“... my attachment to my twin was probably so strong, it wasn't [that] my attachment to my partner wasn't strong either, because I think it was - but I think they were different, I don't think one overrode the other.”

The theme threeness was unusual in that there was clear overlap in the two sub-themes. Maternal attachment or nurturing was a feature of both “attachment” and “the therapist”, as the participants recognised they were looking for maternal nurturing from their therapist.

“[My twin and I] don't show affection so that made [the therapy] really different and safe, because there was [a] really open, almost maternal affection within the room.”

“I know that the last therapist I had, the one I talked about, my attachment to him was *exceedingly* strong... I felt he did nurture me in a way.”

“... when I didn't feel like there was genuine affection [from my therapist], then I'd pull back...”

Informing the sub-theme attachment was also the idea of attachment rupture, and I would hypothesise that this may not be generalised to all twins, but rather is specific to the twins who were interviewed. It is included in the research as it came through clearly as a theme from the available data. Each of the participants had experienced some disruption to their attachment to a caregiver, and this could offer one explanation to why each was looking for nurturing from their therapist. Two participants were hospitalised without their mother, one at birth and the other at eight weeks. One of these further stated that their mother had difficulty when they came home,

“I think her ability to attach to us was pretty minimal.”

Another participant wondered if her mother’s adoption caused her difficulty in attaching to the twins.

“Mum was a little bit unavailable, she and Dad were having marriage problems and she was *absolutely* exhausted, couldn’t cope, couldn’t attach - she was adopted so she found it really hard to attach with us...”

The final participant describes an apparently adequate attachment to his mother, but lost his father suddenly when the participant was aged 19.

“I kind of had this patriarchal figure in my life who vanished very quickly... And the first therapist I had, I probably was seeing him for about six months and then he had a stroke and disappeared... So that was a bit of a repetition of that loss, it brought up quite a lot of those feelings of losing someone that I was really attached to.”

Two participants also noted a rupture of their attachment to their twin, as seen in the sub-theme rage and hate in Chapter Five.

“So when that happened, it was really awful, I felt like my attachment with her was severed in a way, and also my attachment with my friend because they were like that - they ‘twinning’ in a way, so I felt very isolated and left out... we didn’t speak for about two years...”

“I guess the worst part was when I started going off the rails and she just hated that, she just couldn’t understand what was going on and was just really insulting and derisive towards me about it... and that was probably the time when there was a bit of irreparable damage to that relationship.”

It might therefore be seen to be important to not repeat, or to successfully manage a repetition of, those ruptures in therapy.

While the twin participants recognised a need or desire for maternal attachment with their therapist, they also discussed other needs that informed the next sub-theme.

The Therapist

I felt it was to be expected that the therapist was a sub-theme, as approximately one third of each interview was spent exploring the participant’s experience of their relationship with their therapist/s. The sub-theme explores the positive and negative feelings the participants have toward their therapist, twin transference, and working through the twinship in therapy.

Each of the participants spoke positively of their relationship with either a current or past therapist. This was generally recognised by the participant as being because they felt attached to their therapist, or accepted by them.

“... she was constantly quietly affirming of whatever I was speaking about, really validating about all of my experiences...”

“... my attachment to him was *exceedingly* strong, but I think it was very healing. And I think that he was a very good therapist and that’s why it was so good.”

Interviewer: How would you describe your relationship with your therapist?

Participant: It’s quite dependent.

Interestingly, the male participants tended to understate their feelings for their therapist:

“Yeah, I think he’s alright.”

“Yeah, I think I’ll stick with him [*laughs*]; he’s alright!”

Taken within the context of the entire interview, I felt this to not be indicative of an underwhelmed response to their therapist, but rather related to a broader societal expectation of men to not express strong positive feelings for another person, and particularly another male.

The participants also identified negative responses to their therapist when directed in the interview. These do not appear to be specific to being a twin in therapy, but rather something any individual might experience; examples included not feeling heard by their therapist, not “winning” arguments with their therapist, and needing more from their therapist.

“... I sometimes feel like he doesn’t challenge me enough.”

“... in the times where I’ve felt like he hasn’t really *got* me, I’ve wondered about changing [therapist].”

“I have felt angry in the therapy room, about things that he’s said, or things that I feel like he hasn’t heard.”

“[She would] push me into confronting various things that I didn’t want to and I’d fight back equally hard and I’d get angry that she wouldn’t accept my version and leave it at that...”

One participant identified a more general negativity around her therapy in which she tended to fear rejection from her therapist.

“... it’s really really hard, you constantly just feel like you’re powerless and you can’t - you don’t dare for fear of more rejection or whatever.”

This seems to speak to that participant’s twin transference, in which she expected her therapist to respond to her in similar ways to her twin. This participant had

a particularly conflicted relationship with her twin in which they could be close and supportive of one another but had also known periods of real animosity, leaving the participant feeling rejected by and cautious of her twin. She gave multiple examples of expecting similar dynamics in other relationships.

“... there’s a type of defensiveness that I take in because I’ve had 18 years of defending myself from my sister [*laughs*]. So I guess sometimes I try to unconsciously recreate dynamics that I have with her, particularly in terms of communicating through insults and stuff...”

“But with relationships it’s a little bit different, I sort of expect that judgement and that perception that I’m not quite good enough.”

“And there were some reactions that I expected from her I suppose, because that’s the way that the dynamic has always played out with [my twin].”

Another participant also recognised that he seeks people to follow, as he perceived his twin to be the leader and himself the follower. This caused difficulty in his therapy, as his therapist attempted to hand back the power and responsibility to “lead” the therapy.

“He doesn’t want to foster that typical connection that I have with people so it always feels like he’s pushing the responsibility back onto me. Which is kind of what he’s supposed to do, I guess, but... it’s always felt a little bit jarring...”

Another element of twin transference is a dynamic I came to call “non-transference”. This idea was seen in participants expecting others to respond similarly to their twin, and the other doing something quite different. This was generally a positive experience for the participant where they had expected, and not received, a negative response.

“I know that I sort of acted towards her with the expectation that she would act like my sister had when I told her particular things, and so I would almost *shield* those things or not want to disclose them because I was used to having that negative response...”

“[My therapist was] really validating about all of my experiences which was the absolute opposite of my family and particularly my sister.”

“... my sister’s quite judgemental... so she would immediately jump in with judgement [but my therapist] was the absolute opposite and just sort of created this really open space...”

However, “non-transference” could cause difficulty, particularly in the therapy relationship, where the twin experience was positive and the participant’s expectations of a similar experience in therapy was not met. With my predominantly harmonious

relationship with my twin, I related to this idea as I have at times felt let down by my therapist not being more like my twin.

“... but there were also times when I would be silent because I could do that with my sister and she’ll *know* what I was thinking... but if I did that with my therapist she’d just be like, “Well, what’s going on for you?””

All of the participants spoke at some point in the interview about exploring their twinship in their therapy, and they each felt that this was important for them to understand the peculiarities of their relationship and how it continued to impact on them.

“I think it probably would be really useful to explore that [relationship] within the early stages [of therapy]...”

“I really did a lot of work with him around [my twin]...”

“Yeah, I talk about [my relationship with my twin] all the time... it seems to always come back to that.”

“I feel like what I’ve been able to share with him about my difficulties within the twinship, he’s been able to take that on board and as he’s learnt more about it and what that means, I feel like what he’s been able to offer has been really valuable.”

Several of the participants therefore commented that it could be important for therapists to know that a twin patient may need to work through their twinship in therapy.

Summary

This chapter has outlined the final global theme, “threeness”, which looks at the relationships of the twin participant with an “other” outside the twinship. Examples from the sub-themes showed this other is most often the mother or the therapist. The next chapter will discuss the three themes more fully and their implications for therapeutic work with twins.

CHAPTER 7 – DISCUSSION

We came into the world like brother and brother;
And now let's go hand in hand, not one before another.

– *The Comedy of Errors*, William Shakespeare⁷

The aim of the research is to express some of the common features of the participants' twinships, and to raise points for therapists to consider in their work with a twin. This chapter will discuss the research with respect to these aims. Limitations and strengths of the research, and possible avenues for further research are explored before conclusions are offered.

Human beings are innately drawn to relationship with others. Piontelli's (1992) ultrasound observations of twins in the womb suggested that twins are forming relationships with one another before they are born. Temperamental differences between the two could also be observed and these were translated to the twins' behaviours after birth. This led Piontelli to conclude that characteristic relationship behaviours between twins are established in utero and continued after birth. Approximately one quarter of twin births are monozygotic, resulting from the splitting of a single fertilised egg, and one per cent of these are monoamniotic (Piontelli, 1992). This means that 99.75% of twins develop in separate amniotic sacs with a dividing membrane between the pair. Their environments are therefore different, even in minor ways, as each twin receives different sounds and sensations and frequently different quantities of nutrients. For monoamniotic twins there are still differences as each baby occupies a different space within the womb. From this information and her observations Piontelli postulated that twins have different experiences from the beginning of their lives, and these impact on future mental and physical development.

Is it surprising, then, that the relationship between twins is often intense and complex? Piontelli's (1992) work could offer insight into the themes proposed by this research. The developing baby in utero does not yet have a sense of "self", separate from "other", so is psychologically unaware of its independence from the other twin. There is not yet a distinction between "me" and "we", because there is not yet an understanding of "me". This could be laying the foundation for the ideas in oneness, in which the twin pair is a single unit. However, the two babies experience slightly

⁷ Shakespeare (1623, 5.1.436-437).

different environments that are shaping their later development and this is the beginning of twoness, as these environmental differences will translate to individual temperaments and physical characteristics. Even threeness can be understood in the person of the mother, although the twin babies will not become aware of her as an “other” until well after birth.

It has been noted that a twin’s experience of their self is qualitatively different to that of a non-twin, due to the co-twin being part of that experience. Regardless of how strong the twin’s sense of individual identity, their earliest experiences are of being one of a pair and this continues to inform their worldview and how they relate to others. The therapist working with a twin patient is well advised to remember this, as the therapeutic relationship will be impacted. Returning to Wright’s (2010) striking opening line, “If you choose to become my therapist, be prepared to become my twin” (p. 268); she continues, “And my mother and my father and my brothers and my sister and my favourite English teacher from secondary school. But most of all, know that you will become my twin.” This elegantly sums up the complexity of transference relationships in therapy; we each bring with us our experiences of the people most important to us. As the most important person to a twin is, generally, their co-twin, the twin patient comes to therapy prepared to connect at a deep level and can easily be disappointed by the therapist who is unwilling or unable to allow this while maintaining adequate ego boundaries.

Some of the literature explored in Chapter Two suggested that the relationship between twins is one of attachment. Tancredy and Fraley (2006) stated this is not unique to twins, however, as non-twin adults also described attachment relationships to their romantic partner. It is beyond the scope of this research to compare the felt experience of these relationships in twins and non-twins, but it might mean that the current research has implications for non-twins also.

It remains important that the therapist provide a maternal holding environment in which to facilitate processing of feelings and thoughts. While Gottfried et al. (1994) observed that twin infants could act as attachment figures for one another, their research clearly showed that the primary caregiver was the preferred attachment figure (see Chapter Two). The twins interviewed for this research differed in their opinions of whether their parent or their co-twin was their primary attachment figure, likely due to them speaking in reference to their adult attachments. However, each of the participants recognised a need for maternal qualities in their therapist. While twin transference will

likely occur, the maternal relationship appears to remain key, as it is with non-twin patients.

Although the literature discussed in Chapter Two is predominantly written from the therapist's perspective of work with twins, the three themes this research produced from patients' perspectives were evident in the literature, particularly with respect to the importance of the twin relationship in learning to relate to others and the need for twins to individualise in order to be psychologically healthy and robust. This would seem to indicate a certain validity of the results.

Oneness

The first theme, oneness, considers the participants' attachment relationship with their co-twin, twinning in the twinship or forming a self identity that includes the co-twin, and the insularity of the twinship. Whether their relationship with their twin is harmonious or conflicted, each of the participants discussed these aspects of being "one" with their twin.

Both oneness and twoness speak to the participants' qualitative experience of being a twin. What is less clear, without going back to the data, is whether these themes are positive or negative; how do these twins experience these themes? In the case of oneness, the four participants predominantly spoke of positive experiences. The attachment relationship with their co-twin, gaining skills in the twinship that could be transferred to other situations and relationships, their uniqueness or difference from non-twins, having the co-twin as a consistent and familiar presence. These all indicate that being a twin provides safety, comfort, and a "specialness" that non-twins do not have. The only negative aspects apparent in the data were the twins feeling separation from their co-twin in childhood was a negative experience, and the sense that others cannot understand or the twinship cannot be described. Each of these suggested to me a peculiar loneliness, with or without the co-twin, that excludes non-twins. Child psychoanalyst Melanie Klein (1963/1980) suggested a universal urge toward a phantasy twin based on essential loneliness and a desire to be known, so this theme might also emerge in therapeutic work with non-twins, although it will likely be imagined or desired rather than a real experience of oneness with an intimate other.

This loneliness in oneness would seem to lead to the importance of individualisation, as seen in the theme twoness, as the twin attempts to resolve that loneliness and find their inherent worth as an individual rather than a member of the twin pair. In twin patients who experience their oneness negatively, particularly where

the co-twin is consciously or unconsciously the recipient of projected hate, it will be more important to assist them in accepting their oneness while building a positive sense of twoness.

Even the participants who felt they had a strong sense of individual identity retained the positive aspects of their oneness with their twin. I noted frequently during transcription that participants would speak of both “me” or “I”, and “we” or “us”, even within the same sentence. For example, one participant when talking about how they show affection, stated, “I push her occasionally, out of humour, but we don’t put our arms around each other or touch her on the arm or anything like that.” When I was writing stories from the data, for my own process, I similarly used singular and collective terms interchangeably. I wondered if the boundary between “I” and “you” is more fluid between twins than for other individuals, and this could be explained by the centrality of oneness to the twin experience: while I am an individual, I am part of you and you are part of me.

Two participants raised a similar notion, in naming their twin their “shadow”. This initially set me to wondering about Jung’s (1960) concept of the shadow as the dark, disowned parts of oneself. However this is generally framed in a negative light, which did not match the context in which the participants used it. Their use of shadow instead evoked a sense of the twin as a somewhat insubstantial part of themselves that they could not be free of. Again, this did not seem to be intended in a negative way, but rather without judgement.

As noted in Chapter Two, other writers and clinicians suggest that it is necessary to acknowledge the twinship within the individual. If the therapist discounts this, they could be missing a large and core aspect of the twin’s identity. A large proportion of the literature on therapy with twins is concerned with assisting the twin patient to individuate from their twin. While this is an important part of the theme twoness, I am suggesting that recognition of the twin patient’s oneness is also necessary in order to maintain a holding therapeutic environment in which the patient’s experiences are validated.

Twoness

The “twoness” of twins is obviously a physical reality that is missed by the oneness theme, and possibly the psychological reality is also missed. This theme is experienced by the participants as the predominantly negative aspects of their twinship, such as competition with their twin, and rage and hate towards their twin. The third

component of twoness, the twin's need to individualise, can be experienced as both negative and positive as the twin attempts to balance their individuality with their twinship. Other writers and clinicians recognise the issues raised by my sub-themes rage and hate, and individualisation.

It has long been thought, at least amongst psychologists if not the general public, that twins need opportunities to develop an individual identity, independent of their co-twin in order to be psychologically healthy. The theme twoness appears to support this. I was interested to note that this theme was the first to become apparent to me; despite a harmonious relationship with my twin I have always been aware of my own need to be an individual. While it might be that this theme is most important for the interview participants, I imagine my own subjective experience assisted me to recognise this over the other themes. When I reviewed the literature I recalled that I had been concerned at the emphasis placed on individuation of twins, as I felt the closeness was then jeopardised. This research has shown that both are important in the twin experience, founding the themes oneness and twoness.

B. Klein (2012) recognised that “twins have the right to be different and to create their own sense of themselves” (p. xxv); more than a right, I would now suggest it is a necessity as twins that remain enmeshed can develop significant psychological issues. Twins who receive adequate parenting, including assistance to individuate from their twin, develop a more distinctive and realistic sense of self and often form a closer and healthier relationship with their twin (B. Klein, 2012). Where the separation from the unit of oneness to the individuality of twoness is not attempted or successfully negotiated, one or both twins can struggle to find their “self” within (or without) their twinship. B. Klein (2012), herself a twin, recalls her difficulty in leaving the unit; “Together we had been attractive and successful. Alone we were inadequate and confused about how we fit into the world ... we felt guilty and ashamed that we were two people” (p. xx). Wright (2010), a twin writing under a pseudonym, also states she was “afraid and uncertain of who I was. What I was. One of a pair. One half of a whole. No guidance given (or sought) on how to occupy my separate space or to find my own voice” (p. 269). At least one of the twins I interviewed appeared to suffer similarly when attempting to craft an individual identity. While not all twins encounter these struggles, having been given adequate opportunities in childhood to separate from their twin, it would be helpful for therapists to bear in mind. Some writers (for example, Lewin, 1994; Sheerin, 1991) suggest that the twin transference is particularly strong and resistant to interpretation in twin patients who have remained enmeshed with their twin.

The need for individualisation has clear implications for therapy with twins. A number of the research participants commented on their need for their therapist to recognise them as an individual and not focus on the twinship. The therapy room became a space that they did not have to share, although many did, in talking about their twin and twinship. This would indicate a fine balance between assisting the twin in therapy to work through implications of their twinship, without losing sight of the individual.

The process of individuation from one's twin appears to be less complicated for dizygotic (fraternal or non-identical) twins, presumably as they do not physically mirror one another. Fraternal twins are likely to gain more recognition from others for their differences (Sheerin, 1991), unlike identical twins who often are noted for their similarities. I would suggest that this sub-theme could be somewhat irrelevant to fraternal twins except where the twins have developed complementary or fused personalities. The rest of the theme remains relevant for fraternal twins.

Rage and hate between twins is also seen in the literature, particularly where there is a psychoanalytic focus. From this perspective, rage and hate develops as a result of competition between the twin babies for the mother's breast, which gives both sustenance and a relationship with the mother. Similarly, there is competition for a place in the mother's mind, and when one infant is being fed it might be supposed that the other is not fully in her mind as she focuses on the nursing twin. This competition, and the subsequent feelings of hate and rage, is pre-verbal and not yet conscious to the twins. In therapy this may manifest as hate for the therapist's other patients, which experienced therapists will recognise as a normal sibling transference that non-twin patients may also experience when realising that they are not their therapist's only "child".

Threeness

In the previous chapter I briefly considered the smallness of this theme in comparison to the other two, suggesting that it was in part due to my focus on the twin experience of participants. However I would also offer that this interest blinded me to the therapeutic relationship - throughout the research it was difficult for me to hold a sense of "the therapist" in mind. When I first started mind-mapping the codes, my supervisor asked where the therapist was because although the data contained references to the therapist, my mind-map eliminated them. It was only by returning to the data that I could bring the therapist back into focus, and subsequently extracted the theme of

threeness. Given more time, I would have liked to return to the participants to further explore their understandings of their relationships with others, as it may have then come through the analysis more strongly.

It is interesting to consider whether this elimination of the third is the experience of other twins also. One of the participants spoke clearly of the intrusion of a third person into her twinship when her co-twin began a relationship with a mutual friend, while the insularity of the twin relationship seen in the theme oneness would also suggest that others are unwelcome. In considering this, I return to the “three” seen in the family of origin. Once the infant has psychologically separated from mother in the stage of individuation, having gained a sense of “me” they become aware of mother as an “other” or “not-me”. In the case of twins, the co-twin is the “third”. It is therefore the co-twin who is the intrusive party, and this can lead to unresolved rage and hate as noted above. For non-twins, the infant develops from recognising self, mother as “other”, and then father as the third. From this the Oedipal conflict develops, in which the infant wishes to possess the mother (or primary caregiver) and becomes envious and afraid of the father who has her and has the capacity to eliminate the child. Some writers suggest that the Oedipal conflict may remain unresolved in twins, who instead turn to one another. This would indicate that all “others” are intrusive and have the capacity to destroy the intimacy of the twinship, and therefore the twin/individual.

How then can the therapist enter into relationship with a twin patient, without becoming an unwelcome intrusion? It is beyond the scope of this paper to answer that, but I hope it will give the reader pause for thought. In brief however, I offer that the importance of a “maternal” attachment to the therapist may hold answers. As previously discussed, the co-twin cannot fulfil the containing functions of a caring adult, and the theme threeness indicates that this is what the participants were seeking from their therapist. While twin transference often appears in the therapeutic relationship, the maternal function of the therapist seems to be key, as it is for non-twin patients.

Returning briefly to twin transference, the threeness encountered with a twin patient may lead the therapist to take on the role of twin substitute. Several writers (see, for example, B. Klein, 2012; Sheerin, 1991; Wright, 2010) note that twins expect a deep connection with and understanding from others, as they have experienced with their twin, and B. Klein (2012) generalises that twins make a stronger commitment or attachment to their therapist than non-twins. It is enticing for the therapist to think this is a sign of a strong therapeutic alliance, so it will be necessary to consider whether the twin patient is expecting a twinning response from the therapist. In this, threeness is

informed by oneness as the twin patient attempts to recreate the unity of their twinship with their therapist, rather than entering into an equal alliance.

Linking the themes

While the themes in and of themselves are interesting, as a psychotherapist I am interested in relationships so wanted to consider the relationships between the three themes; how they are connected and how they inform one another. I initially struggled to conceptualise how the themes might fit together so began drawing diagrams. I started with concentric circles as in figure 9 below as I felt that each theme lead to the next and was built on the previous. I initially moved in numerical order with the “one” of oneness in the centre, moving out through the “two” of twoness to the “three” of threeness.

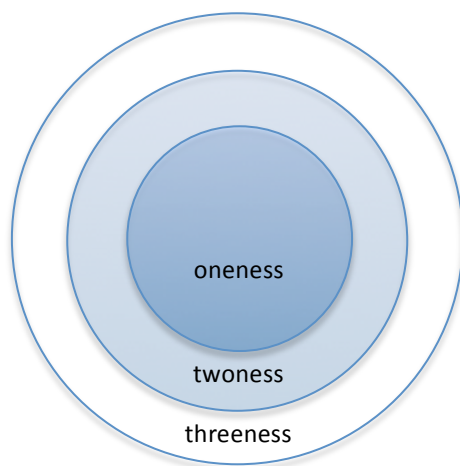


Figure 9. Initial conceptualisation of relationship between themes

However, this did not feel correct, as while the twins experiencing oneness might feel themselves to be part of a single unit, they are in fact two individuals. I therefore put twoness in the centre instead, as I felt there must first be one individual before there is a twin pair, and because twoness seemed to be the more important theme for these particular research participants (see figure 10 below). This created for me an interesting chicken versus egg scenario; which comes first? The single person or the twin pair? The pair does not exist without the two individuals, yet the individuals need to individualise within the context of the pair.

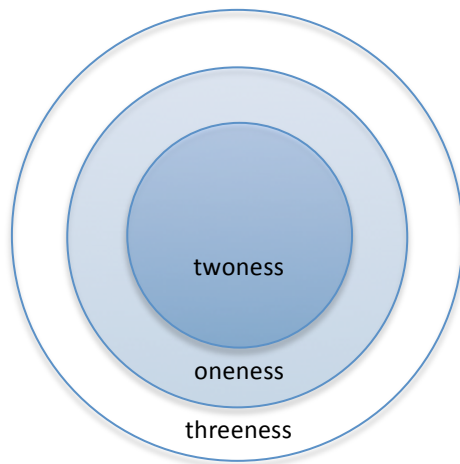


Figure 10. Second conceptualisation of relationship between themes

This led to my next and final conceptualisation in figure eleven below, with oneness and twoness at the same level. I understand the cross-section as the “twin”, a somewhat unreal representation of either individual within the twinship, while the larger circles of oneness and twoness represent one individual’s real experience of being both one and two.

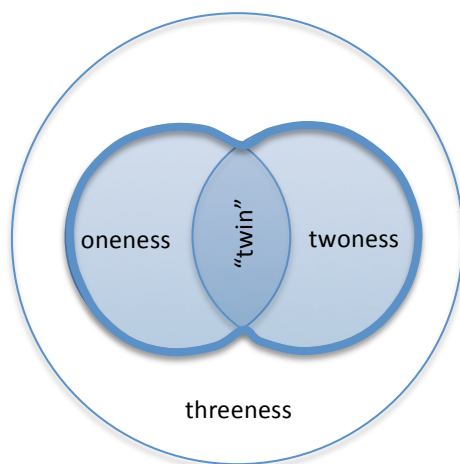


Figure 11. Final conceptualisation of relationship between themes

The solid line around the central image indicates that oneness and twoness are within one person, however there is something reminiscent of the egg splitting to form (monozygous) twin embryos. I would be interested to study the phenomena in non-twins, considering whether they also experience both oneness and twoness in relation to an important other.

Figure 11 to me better captures the interrelationship of the three themes because both oneness and twoness appear to be a core experience of the twin participants. It cannot be clearly seen that one is more important than the other, so they must be entwined. Threeness encloses the first two themes, as the introduction of a third person will always be met by both the oneness and twoness in the individual.

Implications for Practice

What the research findings might mean for therapists working with a twin patient has been woven through the data and discussion chapters. For clarity, I will briefly summarise these.

Recognise the individual in the room. With respect to twoness, the twin patient likely needs you to see their individuality and uniqueness. Take an interest in their twinship, but only allow that to be the focus if that is what the patient is seeking to work through.

Recognise the twin in the room. In contrast to the previous suggestion, the individual remains a twin and this informs their core identity and worldview. Allow figurative space for the co-twin; the patient will likely need to talk about their co-twin. If they state they do not want to discuss their twin, respect their wishes in accordance with the previous point, but I suggest holding a curiosity about why they need to push their twin out so strongly.

You may at times be the “mother”, and at times the “twin”. The closeness and centrality of the twin relationship means the patient at times will expect you to behave like their twin, in positive or negative ways. In general however, the twin participants recognised they most needed their therapist as a maternal containing presence.

Watch for attachment issues. Attachment in twins is more complex than in single patients, as they have experienced a core attachment relationship to both their primary caregiver and their co-twin. The research does not explore the likelihood of attachment difficulties, but the four participants interviewed demonstrated that it is a possibility. Be aware also of previous ruptures to attachment relationships, and how a rupture in the therapeutic relationship might be managed.

Strengths and Limitations

As noted in the method section, the size of this study has likely limited the results. A point of saturation in the data is unlikely to have been reached within the four transcripts and limited time frame, so I cannot be sure that further interviews, or interviews with different participants, would not have raised different issues and themes. Additionally, while the four participants provided deep insights into their experiences, their experiences are subjective so it is difficult to generalise to the experiences of other twins. This research instead aimed to raise ideas that might be important to consider when working therapeutically with a twin patient, and it has achieved this.

I remain concerned at the demographic breakdown of participants on two points, zygosity and age. In terms of zygosity, I believe the inclusion of both identical and fraternal twins creates a significantly different data set, in comparison to focusing on one or the other. I had originally wanted to interview identical twins only but was worried I would not get enough participants. Both perspectives are obviously important, but I would be interested in further study to consider the differences.

I did not consider restricting the age of participants but during transcription and coding it became clear that the participant who was significantly older than the other three offered quite different insights. As our experiences are socially and historically located, it was interesting to note the changing attitudes towards twins from participants' families and societies. Again however, it could be useful to break studies down to smaller age groups.

As the analysis was conducted within an interpretive paradigm, it has been a highly subjective process and I consider that a strength of this research. My particular subjectivity as a twin, a therapist, and a twin in therapy allows me a very unique perspective into the topic. The detailed outlining of my method would allow another researcher to replicate the study from the original data set, and this is an important step in assuring reliability in qualitative research. However another researcher would bring an entirely different subjectivity to the process and would be likely to form different codes and themes.

A second strength is that this particular study and its findings are new. As noted previously, to the best of my knowledge other researchers have not analysed adult twins' subjective experiences of their relationships by thematic analysis. While each of the themes can be found, in different terms, in current literature, they have not been processed and integrated as they are here.

Recommendations for Future Studies

As noted above, an avenue for further study is to expand the research and provide a breakdown of issues relevant to twins of different age groups, or a comparative study of monozygous and dizygous twins. Further research might also focus on particular cultures, as it may be that the findings of this research are specific to twins raised in New Zealand. I wonder particularly whether twins raised in community-based cultures would put the same focus on individuation from their twin, or if they might be more at ease with their collective identity.

Conclusions

It has been demonstrated that a twin's experience of their self in the world encompasses the aspects of "oneness" and "twoness". While this has not been a comparative study, I have suggested that this experience is qualitatively different to that of non-twins. Oneness is the twin's sense of being one with their co-twin, a single twin unit, and this is predominantly experienced as positive, providing comfort, safety, and familiarity. When the twin enters therapy, they bring their oneness – in a sense they bring their twin. This may later play out as twin transference with the therapist, but initially it is important that the co-twin and their influence on the patient be recognised and accounted for. In a sense, when a therapist begins work with a twin, they are working with both twins.

In contrast twoness acknowledges the twin's reality as an individual within the twin unit, and particularly their struggles to become differentiated from their twin. This aspect is predominantly negative in nature, encompassing rage, hate, conflict, and competition. The therapist's role is now to recognise the twin patient as an individual, in contrast to accepting their oneness with their twin.

While oneness may cause some twins to relate to their therapist as a potential twin, the research shows that the therapist is most often perceived and needed as a "third", hence the final theme threeness. The issue that differentiates this from work with non-twins is that the third may be perceived as intrusive and unwelcome. However, I have suggested that the therapist continues to offer a maternal containing object for the twin patient to relate to. It can be seen that work with a twin patient is a complex task, recognising the twin's oneness and twoness, while sitting uncomfortably as a third. It is my hope that this paper has offered some starting points for consideration by the therapist working with a twin.

Finally, it has been noted that these issues may be difficult for non-twins to understand. Using the language of singularity and individuality, when being one of a pair is so core to my experience, has made this a difficult topic to navigate. The themes may not even be entirely clear to other twins, as I write from my experience and my interpretation of the research, and each of our twinships are subjective. I have not suggested that these experiences are universal, but have instead raised several points for readers to consider about the possible experiences of twins in therapy.

Summary

This chapter has discussed the three themes with attention to the implications for therapists working with twins. A diagrammatic conceptualisation of the connections between the themes was offered. Strengths and limitations of the current research were recognised and recommendations were made for further study.

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APPENDIX A: Participant Recruitment Flyer



Are you a twin?

Have you been in therapy?

My research aims to understand what is needed from therapists when working with a single twin patient.

If you:

- a) Are an identical or fraternal twin and have been raised with your twin, and**
- b) Have talked at some point with a mental health professional (counsellor, therapist, psychiatrist),**

Then I would like to invite you to take part in an interview-based research project. Your participation will take up to two hours.

Contact me at klbegg@hotmail.com and I will send you full details of the research.

Your participation is entirely voluntary, all personal details will be kept confidential, and you have the right to withdraw from the research prior to completion of data collection. You will receive a report of research findings and a contribution toward your travel costs, in the form of a petrol voucher.

APPENDIX B: Participant Information Sheet

Participant Information Sheet

**Date Information Sheet Produced**

20 February 2015

Project Title

How twin attachment impacts on the therapeutic relationship: A systematic review.

An invitation

I am conducting a qualitative study to explore how being a twin impacts on an individual's experience of psychotherapy. Specifically, I am interested in how you experience your relationship with your twin and with your therapist, and what implications (if any) this might have for therapists working with twin patients. This research contributes to my completing a Masters of Psychotherapy, and I am hopeful that it will also contribute to your understanding of your own relationship style.

Your participation in this research is voluntary. You are free to answer only the questions you wish to, and you may end your participation in the study at any time. If you choose to withdraw from the study any research material previously produced, such as interview transcripts, will be destroyed at your request.

What is the purpose of this research?

This research will be analysed so that I might write a dissertation towards a Masters of Psychotherapy. An article outlining the research methods and findings may be produced at a later stage, to be published in a peer-reviewed journal.

How was I identified and why am I being invited to participate in this research?

You have received this invitation because you responded to an initial recruitment flyer. You will not be eligible to take part in the research if you have an existing relationship with the researcher. Similarly, you are required to be a *former* consumer of psychotherapeutic services and will be ineligible if you are currently engaged in psychotherapy. These exclusion criteria are in place for ethical reasons.

What will happen in this research?

If you are interested in this study, you will be asked to sign a consent form before we undertake an initial telephone interview of up to 20 minutes. Should we agree to proceed, we will then meet for one 60-minute session that will allow for an exploratory, somewhat structured conversation. All interviews will be held at a private location mutually agreed, and will be audio taped. Following the interview, the transcript will be shared with you via email for feedback and correction. Transcripts of the interview process will be confidential and will be stored in a locked environment, although they will be referenced extensively in the final publication of the study. You will be referred to by a pseudonym in all resulting documents and any potentially identifying material will be disguised or excluded. Research findings that are relevant to you will also be shared with you at a later date.

During the interviews you will be asked to describe formative life experiences and relationships as related to your being a twin, how you experienced your relationship with your therapist, and any understanding you have formed about how your twinship

impacted on your therapy. As a psychotherapist and a twin myself, I will assist you to reflect on these experiences but am interested in your particular perspective.

What are the discomforts and risks?

The interview process is structured to explore personal material relevant to the research topic. While I hope the intensive nature of the interview will be an invigorating and creative experience that assists you to reflect on your understandings of your relationships, you may feel overwhelmed by the process and/or the thoughts and feelings it stimulates in you. You will be encouraged to let me know if this happens at any time.

How will these discomforts and risks be alleviated?

You are free to answer only those questions that you wish and you will always have control over the audio recording process. If you experience continued distress after the interview, you are encouraged to contact a therapist or counsellor. Free or low-cost services are available at:

- AUT Health, Counselling and Wellbeing. Three free sessions for Auckland residents. 09-921-9992 (City and South campus) or 09-921-9998 (North Shore campus)
- Lifeline. Free telephone counselling available 24/7, throughout New Zealand. 0800-543-354 or www.lifeline.org.nz
- Antara Natural Health Clinic. Free/low-cost therapy and other health services in Te Atatu, Auckland. www.antara.org.nz

What are the benefits?

The research is designed to give you an experience of being heard and understood as you talk through your personal experiences. It is hoped that the process will assist you in gaining insight into your relational style. The research may also assist me in gaining my Masters qualification.

How will my privacy be protected?

Your confidentiality is assured so that you may engage in the process without risk of identification. You will be referred to by a pseudonym in all resulting documents and any potentially identifying material will be disguised or excluded. All data will be kept in locked storage, separate from personal details.

What are the costs of participating in this research?

This research is not expected to have a financial cost to you. If you are required to travel to the mutually agreed interview location, you will be reimbursed up to \$20 in the form of a petrol voucher. The cost in terms of your time, as outlined above, is expected to be one 20-minute telephone conversation and one 60-minute interview.

What opportunity do I have to consider this invitation?

If you have further questions, please email me for a telephone or email conversation. If you are volunteering to participate in the research, you are asked to respond by email within two weeks of receiving this invitation. You may then withdraw at any time (prior to completion of data collection) without consequence to you.

How do I agree to participate in this research?

You will be sent a consent form, to be signed and returned in the included stamped envelope. This may be done via email if you prefer.

Will I receive feedback on the results of this research?

The research findings will be summarised and emailed to you close to the research completion date (late 2015).

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Stephen Appel, *stephen.appel@aut.ac.nz*, (+64-9) 921 9999 ext 7199.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTECH, Kate O'Connor, *ethics@aut.ac.nz*, (+64-9) 921 9999 ext 6038.

Whom do I contact for further information about this research?**Researcher Contact Details:**

Karen Begg, *klbegg@hotmail.com*, (+64-21) 781 819.

Project Supervisor Contact Details:

Dr Stephen Appel, *stephen.appel@aut.ac.nz*, (+64-9) 921 9999 ext 7199.

Approved by the Auckland University of Technology Ethics Committee on 2 April 2015, AUTECH Reference number 15/59.

APPENDIX C: Research Consent Form

Consent Form



Project title: ***How twin attachment impacts on the therapeutic relationship.***

Project Supervisor: ***Dr. Stephen Appel***

Researcher: ***Karen Begg***

- ☐ I have read and understood the information provided about this research project in the Information Sheet dated 20 February 2015.
- ☐ I have had an opportunity to ask questions and to have them answered.
- ☐ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- ☐ I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- ☐ If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
- ☐ I agree to take part in this research.
- ☐ I wish to receive a copy of the report from the research (please tick one):
Yes ☐ No ☐

Participant's signature:

Participant's name:

Participant's Contact Details (if appropriate):

.....

Date:

***Approved by the Auckland University of Technology Ethics Committee on 2 April 2015
 AUTEK Reference number 15/59***

Note: The Participant should retain a copy of this form.

APPENDIX D: ATEC Letter of Approval



2 April 2015

Stephen Appel
Faculty of Health and Environmental Sciences

Dear Stephen

Re Ethics Application: **15/59 How twin attachment impacts on the therapeutic relationship: A systematic review.**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTC).

Your ethics application has been approved for three years until 2 April 2018.

As part of the ethics approval process, you are required to submit the following to AUTC:

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/researchethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 2 April 2018;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/researchethics>. This report is to be submitted either when the approval expires on 2 April 2018 or on completion of the project.

It is a condition of approval that AUTC is notified of any adverse events or if the research does not commence. AUTC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this. If your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply there.

To enable us to provide you with efficient service, please use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at ethics@aut.ac.nz.

All the very best with your research,

A handwritten signature in black ink, appearing to read 'K O'Connor', is written over a light blue horizontal line.

Kate O'Connor
Executive Secretary
Auckland University of Technology Ethics Committee
Cc: Karen Begg klbegg@hotmail.com

APPENDIX E: Interview Questions

Regarding the twin relationship

1. Tell me a little about your experience of being a twin?
 - What is your earliest memory of this?
2. How would you describe your parents' attitude about having twins?
3. How did your parents see you as different from your twin?
4. When were you first separated from your twin?
 - What was that like for you?
5. When do you think you started to want to be more distinctive from your twin, if ever?
6. How would you describe the differences between you and your twin?
7. How do you describe your current relationship with your twin?
8. What do you think are the special features of your relationship?
 - What makes your relationship with your twin different to other relationships?
9. Who do you tend to turn to in times of distress or upsetting situations?
 - e.g. your twin, mother/father, partner, friends?
10. Do you find yourself attempting to re-create twinship with other close relationships?
 - through intimacy, secrets, time spent together, etc.
11. What kinds of life experiences have brought you closer to your twin?
12. What kinds of life experiences have created distance and difference between you and your twin?
13. Do you feel you still have a distinct "twin identity"?
 - What does that mean to you?

Regarding the therapeutic relationship

1. How would you describe your relationship with your therapist?
2. What attitudes, behaviours, interventions have you appreciated from your therapist?
3. Have there been times when your therapist has disappointed or angered you?
 - How do you understand this?
4. In what ways would you have changed your therapy/therapist if you could?
5. In what ways, if any, did you view the relationship with your therapist as important to the therapy?
6. Have you ever talked to your therapist about your twin or your relationship with your twin?
7. Do you feel your relationship with your twin has influenced your relationship with your therapist?
 - If so, in what ways?
8. What would you like to say to a therapist who is new to working with twins?

APPENDIX F: Full List of First-Level Themes

Differentiation from twin
 Difference from twin
 Similarity to twin
 Relationships with other family members
 Attack to/from twin
 Defend/protect twin
 Bond of necessity
 Twin transference
 Non-transference
 Hate
 Anger/rage
 Conflict
 Twin relationship as marriage
 Changing relationship
 Individual identity
 "Twin identity"
 Twinship as part of self identity
 Comparing self to twin negatively
 Comparing self to twin positively
 Push/pull; "There's no greater love and no greater hate"
 Others' perceptions of twinship
 Insularity
 Consistency/familiarity; "I always had a friend"
 Familiarity as a liability
 Formative/model relationship
 Maternal attachment/nurturing
 Twin attachment
 Hierarchy of attachments
 Separation as negative
 Separation as positive
 Wish for closer relationship w/ twin
 Wish to be like twin
 Negativity toward Th.
 Positive relationship w/ Th.
 Bond
 Solidarity of bond
 Complementary/ opposite traits
 Skills gained in twinship
 Being different to non-twins (negative)
 Being different to non-twins (positive)
 Competition
 How can non-twins understand?
 Sharing twin as negative
 Sharing twin as positive
 Sharing others with twin
 Attachment rupture
 General therapist attributes/interventions
 Similar life stages
 Working through twinship in therapy

APPENDIX G: Organisation of Themes

First-level themes		Second-level themes
Bond of necessity	a	Competition
Wish for closer relationship w/ twin	a	Comparing self to twin negatively
Competition	b	Others' perceptions of twinship
Comparing self to twin negatively	b	Individual identity
Sharing others with twin	b	Differentiation from twin
Others' perceptions of twinship	b	Being different to non-twins (negative)
Individual identity	c	Difference from twin
Differentiation from twin	c	Changing relationship
Separation as positive	c	Anger/rage
Being different to non-twins (negative)	d	Hate
Difference from twin	d	Attack to/from twin
Changing relationship	d	Familiarity as a liability
Anger/rage	e	Conflict
Hate	e	Push/pull; "there's no greater love and no greater hate"
Attack to/from twin	e	Insularity
Familiarity as a liability	e	Defend/protect twin
Conflict	f	Separation as negative
Push/pull; "There's no greater love and no greater hate"	f	How can non-twins understand?
Insularity	g	Consistency/familiarity; "I always had a friend"
Sharing twin as negative	g	Twin relationship as marriage
Defend/protect twin	g	"Twin identity" as part of self identity
Separation as negative	g	Being different to non-twins (positive)
How can non-twins understand?	g	Skills gained in twinship
"Twin identity"	h	Complementary/ opposite traits
Twinship as part of self identity	h	Similarity to twin
Being different to non-twins (positive)	h	Twin attachment
Sharing twin as positive experience	i	Bond
Skills gained in twinship	i	Solidarity of bond
Complementary/ opposite traits	i	Formative/model relationship
Wish to be like twin	i	Maternal attachment/nurturing
Comparing self to twin positively	j	Heirarchy of attachments
Similarity to twin	j	Attachment rupture
Similar life stages?	j	Positive relationship w/ Th.
Twin attachment	k	Negativity toward Th.
Bond	k	Working through twinship in therapy
Solidarity of bond	k	Twin transference
Formative/model relationship	k	Non-transference
Twin relationship as marriage	l	
Consistency/familiarity; "I always had a friend"	l	
Maternal attachment/nurturing	m	
Heirarchy of attachments	m	
Attachment rupture	m	
Relationships with other family members	m	
Positive relationship w/ Th.	n	
Negativity toward Th.	n	
General therapist attributes/interventions	n	
Working through twinship in therapy	o	
Twin transference	o	
Non-transference	o	
49	15	

(continued next page)

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APPENDIX H: Example of Codes Listed by Sub-theme

Attack to/from twin	Twin really "insulting and derisive towards me"
Attack to/from twin	Shamed by twin's words
Attack to/from twin	"trying to prove that we weren't inferior to the other", knock other down to build self up
Attack to/from twin	Cautious when vulnerable so doesn't hug twin
Attack to/from twin	Cautious, expecting attack, partic when vulnerable
Attack to/from twin	"I do not let you in because you can be really really hurtful"
Attack to/from twin	"I can't let you be too close"; cautious of attack
Attack to/from twin	Cautious of being vulnerable [c.f. A87]. Fear of attack/non-acceptance
Attack to/from twin	Laughs as recalling this exchange, states "Must have been horrible for [twin]" - joy at hurting twin?
Attack to/from twin	Twin says was born first trying to get away from, D says kicked twin out
Attack to/from twin	Minor dig at twin: "he pulled out last minute, as he's prone to do"
Defend/protect twin	Quick to defend twin; "very structured and rigid in her thinking - which makes her an excellent [professional]"
Defend/protect twin	Defend each other, protective
Defend/protect twin	Offers opinion of twin then defends twin; "judgemental - and awesome, but really clear in her views"
Defend/protect twin	Is quick to defend twin while naming difficulties
Defend/protect twin	Protective/anti-competitive? "I didn't want my mother to love me more than her, I wanted her to love us the same"
Defend/protect twin	Was protective of twin, didn't want her hurt
Defend/protect twin	(Pre-emptive) defense of twin - "I'm not perfect"
Defend/protect twin	Recognises own actions impacted on twin; "I felt bad", "it must have been hard for my sister"
Defend/protect twin	"us against the world"
Twin transference	Being "mean" as humour or bonding w/ friends
Twin transference	Recreating positive/negative dynamics with twin
Twin transference	React "hyper-defensively" when expecting criticism from others
Twin transference	Expects judgement from partners and managers; perceived "not quite good enough"
Twin transference	Expects to be shamed by others
Twin transference	"acted towards her with the expectation that she would act like my sister", needed to protect against that
Twin transference	Twin knows what I'm thinking, we think the same - expected same of Th.
Twin transference	Could be vulnerable with Th. "in a way that I never could with [twin]"
Twin transference	Felt from prev. Th. judgement, inadequacy, not good enough – similar messages from twin