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Twins in the shadow of a dead baby

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Abstract

This paper focuses on the emerging experiences of twins. Their story is created from observations during their journey from 13–29 weeks. Various themes from ongoing patterns of their behaviour illustrate their relationships with self, the other twin, their mother and myself as observer. The twins' story is co-created within various emotional-social-relational combinations including their individual experiences, their experiences in various dyads, triads and the quadruplet group of twins, mother and observer.

Keywords: *Twins, maternal depression, dead baby*

Introduction

The themes emerging during the journey of the twins, Jane and Anna, towards increasing self-integration and object relating include the mother becoming depressed and her different responses to the twins, and their responses to their mother. In particular Jane's defensive responses to her mother's relative maternal failure will be highlighted. The twins resilience as mother's mood improves is also illustrated.

The context in which the twins' development occurred is that mother had experienced the traumatic loss of a still-born baby three months prior to conceiving the twins. I came to believe that this loss was unresolved and significantly impacted on her relationship with her daughters. At 13 weeks, mother's mood progressively declined into a masked depression and although she managed to promote a coping façade, her face was frequently still, she became less spontaneous and a feeling of sadness and preoccupation often permeated the atmosphere. At times she spoke obliquely about the trauma of her loss. Her grief was silently translated into her holding and handling of her daughters and in her overtly different responses to each.

From the beginning mother was anxious about her capacity to respond to two babies. She told me about her need for routine as a way to control her situation, so she would not become overwhelmed and disorganised. She compared herself to the maternal grandmother whom she described as 'very ordered and who expects me to be also'. The need for orderliness and control became apparent in her handling of the babies. Although mother often spoke of the importance of raising her daughters as individuals she tended to handle them as one baby.

During the first 12 weeks mother had been able to give each baby full recognition while she was tending to their needs and was able to hold the unattended baby in her mind and

often called to or gazed over to the other baby. In response, Jane and Anna at three months were bright sociable babies. However, a change in mother's handling became noticeable at 13 weeks and coincided with her telling me about her son's death and her depressed mood becoming more apparent from this time onwards.

Mother's depression

Between 13–16 weeks mother began to favour Anna over Jane which seemed to correspond with a splitting process whereby Anna held mother's goodness and Jane was overlooked as if she carried the bad. It was as if in handling Anna preferentially, mother was able to keep one baby alive and in this process Jane became the dead baby. Mother's apparent ability to ignore Jane and latterly Anna's distress appeared to parallel her denial and repression of her own grief and loss.

Anna seemed to have been selected as the good baby as she had been more passive in utero and from birth had weighed less than Jane, which had aroused mother's anxious feelings. Jane had been more active and robust and had been selected from birth as the one more able to look after herself. From a few weeks old Jane fed herself from a propped up bottle, while mother exclusively fed Anna. How did Anna experience mother's preferential responsiveness? How did Jane experience mother's relative rejection? How did this affect the twins' relationship with each other?

At 15 weeks mother's preferential treatment of Anna and her relative non-responsiveness to Jane captured a repeated pattern of behaviour that continued until 29 weeks. During this visit Anna became frustrated and grizzly as she failed to reach an object: 'Mother picked her up and soothed her by cradling her in the crook of her arm. Anna gazed out alertly and began a mutual conversation with her'.

During this same visit Jane lay on a floor blanket preoccupied with gazing at the television. She began to grizzle and mother did not respond. Jane continued to whimper until finally mother abruptly placed a pacifier in her mouth. No soothing physical contact, vocalization or containment was offered. Jane drifted off into a light sleep. Did Jane close down and withdraw from her painful feelings?

Mother's responsiveness to Anna when she was distressed seemed to have facilitated Anna's expectation that her needs and protest would be received and contained by her. As a consequence of their consistent relationship, Anna developed through the weeks into a sociable baby, who was well able to relate in the dyad and at times with me. She managed the triad with mother and Jane by being a favoured and happy baby and was very socially confident in the quadruplet group. A typical example of her social pattern was seen at 22 weeks. Mother was sad and preoccupied. The twins were lying together under a toy mobile. Mother selected Anna to relate to, perhaps to soothe herself:

Mother leaned down and picked Anna up. My previous concerns about Jane being left out flooded back. Anna was happy to be held by mother and sat on her knee and looked down at Jane and me. I smiled to her and talked with her. Anna returned my smile and began to vocalize. (But) Jane continues to lie quietly on her back looking upwards . . . I felt on Jane's periphery . . . she was preoccupied with herself.

As Anna continued to sit on mother's knee and socialize, Jane continued to occupy herself by biting on a rattle. Was Jane expressing her angry feelings in being left out of the dyad?

In addition to Anna's enjoyment and contentedness with her social position, I also observed instances, particularly as Jane's withdrawal became more evident, when Anna

appeared competitive and perhaps jealous of Jane for mother's attention. An example of this occurred at 19 weeks. Jane had been asleep in her bouncer and Anna had been sitting on mother's knee socializing contentedly. As Jane woke and faced Anna and mother, Jane began to squirm about and arch her body, indicating a desire to be with mother. Initially mother ignored Jane's attempts to include herself and then mother sat Anna next to her. Mother awkwardly picked Jane up and for the first time I observed Anna being placed in the 'watching and waiting' position. Anna immediately became restless and cried out sharply, calling her mother. Mother said to Anna, 'Oh, you're jealous of your sister', and stood up and placed Jane on the settee next to Anna. Both twins became quiet and looked straight ahead, focusing on mother. Anna began to grizzle wanting mother; she looked uncomfortable and frustrated. Mother went up to her and picked her up. Jane sat quietly, again relegated to the watching position.

Similarly at 24 weeks, Anna's managing the triad and competing with Jane for mother's attention can be seen. Jane had been very distressed and mother had sat her propped up between her feet. Anna seemed to feel left out and began to whimper. As mother was preoccupied I sat Anna on my knee facing mother and Jane. Anna continued to gaze at mother and as I moved closer to mother and Jane:

Anna strained forward in a jerky manner ... then began a sequence of her straining forward with excitement and then becoming stiff and pulling backwards ... her toes touched Jane ... and I wondered if Anna's primary interest was her sister.

Shortly after Anna began to grizzle until she regained mother's attention. I reflected on the possibility, in Anna's ambivalent bid for mother's attention, whether this included her projection of her bad feelings about mother's unavailability onto Jane.

During mother's decline into depression she consistently engaged in many relatively rejecting experiences with Jane. These included her repeatedly responding and selecting Anna over Jane, a decrease in comforting with physical contact and the increased use of objects, pacifier and feeding to soothe Jane, in place of the emotional-social involvement and containment that she offered Anna. In response I observed Jane defending against her painful feelings and disappointment in various habitual ways.

Initially as mother's mood decreased Jane continued to initiate contact with her mother through gaze, smile, vocalization and physical movements and she also included me in her socialization. However, at 16 weeks Jane began to withdraw. She noticeably became quieter, still-faced and at times seemed dejected, as mother favoured Anna. During this observation Jane had predominantly sat silently in her bouncer gazing outwards. Mother was attending to Anna who was bright and socializing.

Jane looked across at mother and she continued to watch with a still-faced expression. Mother spoke to her and Jane looked up at mother and remained quiet. Mother said to her, 'Now you can watch your sister'. Jane further defended herself by slumping down, turning off and going to sleep.

At 18 weeks as mother again responded primarily to Anna, Jane tried to protect herself from feeling rejected by attempting to engage with me. She strained towards me and upwards with her head and body and wanted me to pick her up. I felt Jane was transferring her 'good mother' onto me as a way of relieving her painful feelings. She began to vocalise and we engaged in mutual exchange. Anna joined in and as I included Anna, Jane fell noticeably silent and observed us. I wondered if I had become the neglectful mother towards Jane in

that instance and was the recipient of her bad feelings. As mother came close again Jane again strained forward indicating her need to be picked up. Mother did not offer contact or containment and instead efficiently whisked her up and placed her in the middle of the walking frame. Jane immediately looked overwhelmed by the array of colourful toys. She again withdrew into stillness and silence as mother returned to Anna, picking her up, holding her on her knee and continued to socialize with her. In striking contrast Jane remained quiet. She slumped lower inside the walking frame and proceeded to bear downwards and fill her nappy, as if her painful impulses were too much to hold inside. Mother continued to socialize with Anna and then Jane who had begun to whimper was quickly picked up and placed in her bouncer with no attempt by mother to soothe her. Jane sat alone with glazed eyes. Mother said, 'She does that, sleep with her eyes open'. Jane then fell asleep. I believe Jane had fragmented during this rejection and in considerable pain had dissociated and escaped into unconsciousness to protect herself. Unknowingly, Mother then described to me how, 'The twins need to learn to rely on themselves, as I can't always be there for them'. Mother has repeated this on numerous occasions. In this instance, it seemed, Jane had become the 'dead baby'.

Following this extremely painful experience, I consider that in her resilience her defence was to project into me her extreme pain and helplessness. As I identified her feelings and struggled with my seeming helplessness in my observer role, I decided ethically to modify my stance and to speak on behalf of Jane and facilitate her need for mother's attention becoming more overt. This resulted in an increase in Mother's responsiveness towards Jane during the next two weeks (and correspondingly with an increase in Anna's competitiveness for mother's attention and perhaps jealous feelings towards Jane).

At 21 weeks I first observed Jane using her bottle during her feeding as a transitional object. Mother had from the first weeks, set up Jane's bottle feeding so she lay beside mother on the settee, with her bottle propped up on a cushion, with Jane feeding herself. Simultaneously Mother held Anna and fed her in view of Jane. Mother's primary unavailability appeared to have become increasingly internalized by Jane and by 21 weeks she no longer gazed at mother and instead frequently closed her eyes, closing out the painful experience. It was profoundly obvious that Jane loved and desired her bottle and it gave her great pleasure. She smiled adoringly at her cherished bottle and reached out to hold it as mother picked her up and positioned her lying down. Winnicott (1975) saw the use of a transitional object as marking the baby's coming together into wholeness and indicating an increased separateness between mother and baby and a differentiation between 'me' and 'not-me'. However, I thought that in Jane's early and repeated experiences of mother's absence that she may have stimulated herself by using her bottle as a 'substitute-good-mother-object' and this offered her relative comfort and protectively provided her with increasing experiences of being held together. At times it was also evident that during her self-feeding Jane appeared to fix her gaze on my face, perhaps drinking in the available benevolence.

Between 23–24 weeks Jane's defensive withdrawal pattern altered and she became more reactive. This pattern contrasted with Anna also changing and becoming very quiet and withdrawn. I speculated that their change in behaviours were in direct relation to mother's more overt distress and her use of projective identification into her daughters.

During an observation at 23 weeks the twins were lying on the floor blanket. Anna greeted me with a smile, however Jane greeted me pensively. Both began to grasp and mouth their individual rattles. Mother told me in a controlled but angry way about her ongoing distress about a back pain that kept her awake at night and which she had been advised by her General Practitioner to wait and see how it developed. Mother was very

distressed in her customary masked manner, as she explained, '(I)in this pain, I'll fall to pieces'. As her distress filled the room Jane simultaneously began to cry in distress and become very agitated; holding her fists she began to make growling sounds. Mother was perplexed and tried to contain Jane's angry feelings. She said she had not seen her like this before but she had been like this all morning. As she tried to soothe Jane, Anna became uncharacteristically motionless, her facial expression still. She did not compete for mother's attention but silently gazed into her face. Jane was repositioned on her tummy and looked uncomfortable. Mother sat back and continued to talk about her back pain and about having been pregnant for 15 months. She then became sad and spoke about her deceased son and her gratitude at having two healthy babies. She sat with a still face, mirrored by Anna's continued stillness and gazing at her. I felt that Anna was silently flooded by mother's pain at that moment and her own needs had submerged.

In contrast, Jane became very restless and began to clench her fists and move about agitatedly; she cried in a low moaning grizzle and was unsoothable. I felt in this moment Jane was expressing her mother's pain in a way that mother was unable to, and perhaps communicating her own unspeakable anxiety. Mother began to prepare for their feeding and Jane was only comforted as she embraced her beloved bottle and sucked fiercely.

During this painful sequence and a similar interaction at 24 weeks, I considered that both Jane and Anna contained mother's bad-grieving feelings for her, Jane appearing to hold the angry-inconsolable feelings and Anna the sadness and anxiety. However, what did this accommodation imply for their development? Winnicott (1963) saw the mother's face as a mirror for the baby. During the previous sequence I reflected on the incongruity between Jane, Anna and mother's face and how they had needed to withdraw their own needs to make room for mother's dominating mood. Winnicott refers to the insult to the infant's core self and disruption to the self-creativity and sense of going-on-being during these impingements and disruptions. To what degree had these experiences impacted on each twin? While Jane had an ongoing history of impingements, Anna had experienced a more consistent, sensitive responsiveness. I saw Anna's stillness as akin to defensive freezing (Fraiberg 1982).

Anna

During the next observation at 25 weeks Anna moved from being a bright sociable baby and seemed to parallel Jane in her distress. Anna expressed her disturbance in episodes of screaming that I had not observed before. 'Anna began to scream loudly and piercingly. Her face was intensely focused and her eyes boggled outwards and she held her body stiffly. She seemed rageful and cathartic'. Mother seemed oblivious to Anna's protest and looked tired and preoccupied. Anna seemed at times to be joining with Jane as recipient of mother's relative neglect.

This visit also coincided with mother telling me that Anna had become underweight and that she was having difficulty feeding her. She spoke about her distress at being told by her child health nurse that she needed to offer Anna a different feeding routine to Jane, who was constipated and overweight. Mother anxiously spoke about feeling overwhelmed by having to respond to her two babies separately and described how she had always handled their care simultaneously. She sounded overwhelmed and resentful as she said, 'It would be dreadful if I had to do everything for them individually'. I reflected on her struggle to keep her twins separate but held together in her mind. I wondered how her unresolved grief and her fragility were defended against in her internal and external split relationship with her twins.

In Anna's relationship with mother she had primarily been handled as the 'good living baby'. However, as mother's distress became more overt her relationship with Anna changed. Anna and mother's feeding pattern reflected this and also illustrated mother's intrusiveness and at times hostility towards Anna, with Anna's protest and defensive compliance.

The observation at 28 weeks captured this change and was preceded by several weeks of mother expressing her worry about Anna's reluctance to feed. Prior to the bottle being offered Anna and Jane had been distressed and crying. Mother ignored Jane's significant escalation in crying and focused on Anna. She misread their emotional message and decided they were hungry. Jane grasped her bottle and internalized its goodness as she stroked and patted her loved object and soothed herself. She shut out the badness with her closed eyes and held onto her good experiences and herself.

In contrast, Anna lay across mother's knee with her head propped up on a pillow with the bottle held out front. Anna turned her head and gazed away from mother. She was restless and agitated in her body movements and frequently pushed the teat out from her mouth. Mother immediately pushed it back and this process was repeated. Anna became increasingly distressed and batted the bottle away and turned her head further away, making sharp cries. Mother seemed unperturbed and continued to force-feed Anna until Anna began to hit the bottle away.

Anna seemed to be defending herself against mother's hostile intrusions by avoidance and finally resorted to protest or fighting. She was overwhelmed and angry with mother. Mother repositioned her and distracted her with toys. As Anna reached for the toys, mother tricked her and replaced the teat in her mouth. Anna seemed to have resigned herself and compliantly sucked until mother decided she had had enough. Anna gazed across to me, as if to silently share her dilemma and perhaps to contain herself by the empathy she saw reflected in my eyes.

In contrasting Jane and Anna's defensive experiences, Jane seemed to have warded off her painful, angry feelings from her mother's habitual under involvement by soothing herself with her bottle and escaping into her inner world. Anna in response to mother's hostile over involvement seemed to have protested and then compliantly put mother's needs first. If Jane was treated as the dead baby who could survive with self reliance, Anna seemed to represent mother's desperate struggle to keep the alive baby from dying but who had ironically become less alive.

A 'transparent bubble'

As Anna's relationship with mother changed, this was paralleled by Jane's defensive withdrawal, in response to her experience of rejection. She began to display habitual gaze aversion with mother, she smiled and vocalized less, and became constipated as she gulped her bottle empty. Her withdrawal also included her distancing herself from me. I felt sad and anxious about her and felt this reflected her decline into depression which was particularly apparent at 26 weeks. Jane was lying on her floor blanket and had not responded to my approaches or mother calling her.

After a few minutes Jane turned towards me, she looked at me from a distant place in herself. I felt pushed away and knew I could overwhelm her extremely easily. I felt very concerned, it was as if a transparent bubble surrounded Jane; she kept us in contact through gaze but at a distance.

Jane then intently comforted herself with a pacifier. She completely avoided mother's eye contact and even when mother picked her up she sat with a still face, gazing at her feet. I thought the transparent bubble surrounding Jane represented her significant withdrawal and her resignation that she really did need to manage on her own. She was defending herself from accumulated experiences of mother's relative unavailability and this intensity of distancing may have corresponded with Jane entering into a more complex degree of integration. Jane seemed to be registering in her distancing that 'I feel rejected and in pain. I know you (mother) are rejecting me'.

In my position as observer, her distancing from me seemed to reflect her transference onto me of 'depriving mother'. I felt I was positioned as mother, sitting afar, as in Jane's feeding experiences, with mother in her gaze but unattainable, someone to be looked at and perceived rather than someone to look with (Winnicott 1975).

Recovery

Mother's mood began to improve slightly as she made some adjustments in her living arrangements and became more consistently responsive towards Jane's needs. At times she appeared worried and hurt by Jane's continued gaze aversion and when Jane gazed at me. Jane's resilience and capacity to link into her repertoire of 'good enough' internalized experiences had resulted in her mood lifting in conjunction with an increase in her sociability, in her smiles, vocalizations and physical mobility. However, Anna remained the favoured twin and became more settled in her feeding as mother's agitation and anxiety decreased. Her familiar social competence resumed.

An observation at 29 weeks illustrated Jane and Anna's improvement and also Jane's relationship with me as observer, as she demonstrated her resilience in getting her needs met when mother was occupied. During the customary triad feeding routine, Jane, lying beside mother, fed herself with open eyes. She patted her bottle and looked across at me and pointed her finger. She felt happy and occasionally removed the teat and smiled to me and vocalized. Mother was holding Anna who had turned towards her and gazed into her face as she contentedly emptied her bottle. Mother and Anna were in synchrony. I sat close by and noted how although Jane gazed and made contact with me, she still held mother in her mind in an oblique way. Her bare feet were propped on mother's hip, bouncing up and down, reminding her of her presence. Mother called down to her reassuring her that she was present. Jane looked contained in her network of mother, bottle, self, observer. As Anna finished her bottle, mother sat her up and she gazed down at Jane and me, smiling and vocalizing. I smiled to her while touching Jane's pointing finger. Mother's face appeared between the twins and she looked happy. In that instance she was able to hold her two separate babies in her mind, simultaneously.

Conclusion

This narrative of Jane and Anna's lives from 13–29 weeks has illustrated their experiences as mother cared for her twins and worked to hold two separate babies together in her mind. Her decline into depression following the loss of her son and the impact of his shadow had on the twins experience was described. Mother's favouring and different handling of her babies evolved into the twins responding with various defensive patterns that emerged from their relationships with themselves, with the other twin, with mother and with the observer. During their journey Jane and Anna demonstrated their remarkable resilience and creativity as they developed greater self-integration and relatedness.

Afterword

During six-monthly follow up observations until the twins were 3½ years old, their infant patterns have developed with Anna maintaining her favoured relationship with mother. While an able socialiser she is also quick to defend herself from maternal over intrusion and tends to withdraw into herself easily. Jane appears bright and robust with a tendency towards lingering on the edge of social groups and then assertively and sometimes intrusively pushing to be included. Mother refers to her as the ‘bossy one’. She notes that Jane frequently and unexpectedly bites Anna. Perhaps as a mark of their resilience, their aliveness, shaped in the relationship of twinship and permeated by unresolved grief, has enabled Jane to make her presence known and to include herself in the social group and by contrast, for Anna to be able to protect her individuality and to be able to withdraw from the social group. It seems likely that the twins’ social and emotional behaviour seem to be continuing in a similar direction from birth into toddlerhood (Piontelli 1989).

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