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ABSTRACT

"Twins have often served science but science has rarely served twins" (Novotny, 1988). Twinship presents specific challenges unique to twins in the realms of physical, emotional, social, interpersonal, and academic trials; twins many times suffer in self-esteem, separation-individuation, and object relations. This paper reviews literature which describes twins, their families, and what has been accomplished in the counseling of twins. The key to healthy twinship lies in self-identity and individuality. Clearly, counselors and therapists may help twins and their families by creating awareness of these attributes found in twinships. The therapist's guide, "Assessment Checklist for Twins and Families of Twins," may serve as a resource in assessment and intervention with twins and their families. The checklist helps to identify characteristics which address twinship. Once therapists identify problem areas, effective interventions may be employed. The Assessment Checklist appears in this report along with a list of resources for twins and their families. Contains 24 references. (RJM)

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Counseling Twins and Their Families:
Special Considerations for Assessment and Intervention

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INTRODUCTION

"Twins have often served science, but science has rarely served twins" (Novotny, 1988). Twinship presents specific life circumstances unique to twins in the realm of physical, emotional, social, interpersonal, and academic trials. Self-esteem, separation-individuation, and object relations are problem issues often associated with twinship (Pearlman, 1990).

The incidence of twins has increased significantly, which has been attributed to the increased use of fertility drugs and increased age of maternal conceptions. Therapists are more likely to encounter twins as clients and may better assist them and their families by recognizing the special circumstances often identified with twins.

This paper reviews literature over the past decade that describes twins, their families, and what has been accomplished to date in the counseling of twins. A therapist's guide for identifying treatment is organized by individual developmental categories and discussed with special considerations for assessment and intervention.

REVIEW OF RELATED LITERATURE

The specific clinical needs associated with twinship have long been neglected (Novotny, 1988; Pearlman, 1990). In researching "twins" as the descriptor for a bibliographic search using the ERIC System, only 18 of the 117 entries had information specifically beneficial for twins. PsychLit, Academic Abstracts, and CARL offered other current research which cites many physical, emotional, social, interpersonal, and academic issues unique to twins.

The physical development of twins, even the early stages following conception, can lead to social or emotional developmental difficulties. Premature births are common and the babies are usually smaller than normal and frequently stay in neonatal incubators even when the pregnancy reaches full term (Nilsson, 1990). This causes latent parental contact which reduces early bonding and increases the time necessary for twins to respond socially (Richardson & Richardson, 1990). Koch's study (1963) found premature twins to be more self-centered with aggressive and intense behaviors. Brown (1967) found similar results and reported that the second-born, lighter weight twin often showed irritability, temper tantrums, and sleeping problems even up to age 6.

Increased stress in raising twins has accounted for the increase in abuse (Nelson & Martin, 1985; Groothuis, Altemeier, Robarge, O'Connor, Sandler, Vietze, & Lusig, 1982; Robarge, Reynolds, & Groothuis, 1982; Nakow, 1982).

Twins bond emotionally as they learn to relate to each other, and by six months they talk and play together. This interaction often causes parents to leave twins alone to amuse themselves. Decreased contact time with significant adults hampers development in identity, language, and intellect (Ainslie, 1985). Mothers tend to talk to twins as much as singles but not as much individually, which plays a significant role in twins' lower verbal I.Q. scores (Rose, Boughman, Corey, Nance, Christian, & Kang, 1980).

Twins begin to seek a separate social and interpersonal identity in the first two years. Twins often use each other as security objects, rather than the standard thumbs, blankets, or Teddy Bears used by singles. Constant companionship may result in overbonding between twins, causing mothers to feel excluded. One advantage to twin overbonding is increased interaction in relating to others, which eases the eventual separation from mother. Another advantage is that twins learn to share, cooperate, and even fight well (Fuchs, 1978).

Twins' oral communication responses are often combined: one begins a sentence, the other finishes. McLaughlin and McLaughlin-Gill (1980) believe twins are very similar yet different people who have had little chance to speak for themselves.

Schooling twins may present unique problems (Belmont & Marolla, 1973; Novotny, 1988). Common concerns are whether to use separate classrooms, whether to separate by grade if retention of one twin becomes necessary, and social disharmony.

Novotny (1988) reveals specific needs related to adolescent twins and their search for identity. Individuality, twin separateness, and distinction in values are common themes. Twins may depend on their ability to easily make themselves noticeable to get esteem, attention, identity, and popularity (McLaughlin & McLaughlin-Gill, 1980).

In one study, 26 adult twins said in separate interviews that they enjoyed twinship but felt they are not a good twin (Novotny, 1988). They had difficulty communicating important matters and behaved more like normal brothers and sisters than like twins. Despite the special needs twins may have, Pearlman (1990) found them to fare equally well as adults, when raised as individuals. Pathology in a twin should not automatically be attributed to twinship.

TWINS AND FAMILIES OF TWINS:

SPECIAL CONSIDERATIONS FOR ASSESSMENT AND INTERVENTION

Twinship in and of itself is not the primary problem in twin pathologies (Pearlman, 1990). However, special concerns exist that make the assessment and intervention of twins and their families unique (Pearlman, 1990; Ainslie, 1985; Groothuis, et al, 1982; Nakou, 1982; Nelson, 1985; and Rose, et al, 1980). Listed here are various considerations unique to specific developmental stages which will assist therapists in relating to twin clients and families. An assessment checklist is provided to aid treatment planning.

Prenatal

An unequal distribution of nutrients to the twins may exist in the uterus. Nilsson (1990) states that premature contractions and membrane rupture are quite common. Frequent and consistent correspondence with the obstetrician is essential. Expectant parents of twins need to secure a plan in the event of a threat on the pregnancy. Educating parents on the prenatal requirements of twins will help normalize the experience and reduce anxiety.

Infancy

Premature and full-term twins are typically born at lower birth weights and frequently require neonatal hospitalization (Nilsson, 1990). Richardson (1990) states that time away from parents reduces early bonding and relates to latent social skills. Many progressive neonatal units encourage parental involvement in infant care. Frequent hospital visits to care for the infants may reduce separation anxieties for the parents, assist parents in learning to care for the infants, and aid in bonding between the twins and the parents. Richardson and Richardson (1990) suggest that fathers are often forced by necessity to help in care-giving. The increased time required by fathers may aid in their bonding with their children, but it may also lead to stress as paternal demands are heightened.

Koch (1963) and Brown (1967) found younger twins to be more self-centered and irritable. Parents should be encouraged to emphasize equal love and acceptance in order to diffuse these characteristics. Increased nurture and support involving comfort and touch may need to be modeled for the parents.

Twins' ability to interact with each other, even at this stage, may result in parents leaving twins alone to amuse themselves. A decrease in contact time with significant adults hampers development in identity, language, and intellect (Ainslie, 1985). Rose, et al, (1980) found that mothers' effect on twins' verbal I.Q. scores is most significant for monozygote twin girls. Perhaps this is due to identical twin girls spending more time together and thus attaining more of mother's verbal attention.

Twins bond as they learn to relate to each other, and by six months they talk and play together. Twins commonly become overly dependent upon each other. This overdependency may be lessened by separating the twins and allowing parents to spend time with each (Richardson & Richardson, 1990). The therapist can model and coach the process of play for the parents in order to encourage individual bonding experience with each twin.

The therapist can help twins and their families by encouraging parents to "date" the twins individually. For example, Dad may take one twin out for ice cream while Mom takes the other to the park. The parents then exchange the twins for the next outing. Creative attention should be given during these special excursions.

Toddler

Twins may form "idioglossia," their own private language, as a result of spending more time with each other than their parents (Ainslie, 1985). Twins need to know their individual thoughts are important in relating to others outside their twinship.

The therapist may model and instruct parents to encourage independent thoughts by showing genuine interest to individual twins. Practice listening with active responses and plenty of eye contact. Allow each twin to finish his or her thought without interruption. For example, "I'd like to let her finish what she's saying, and you may speak in just a minute."

Companionship is a bonus for multiples but is not a substitute for parents. Excessive time together may create overbonding, which may produce problems later in life with separation and death. The special attention given to twins may give twins a misconception of assured easy success, leading to a lack of motivation to succeed. They may depend on their ability to easily make themselves noticeable to get esteem, attention, identity, and popularity (McLaughlin & McLaughlin-Gill, 1980). The therapist may assist twins and their families to realize needs for companionship outside the twinship. Counseling through individual phenomenological views may present more clear issues for separation.

Care-givers are encouraged to respond to differences without creating them. Matheny (1981) states that social behaviors undergo change and labeling should be avoided. Allow flexibility for the toddlers to change, without comparing and labeling specific behaviors to either. Matheny (1981) found relativity is a danger when making comparisons. For example, if one twin is perceived as temperamental, the other will be viewed as persistent. Parents may need to be informed or reminded that childhood is a continuum of changing phases. Children should not be bound to labels for phases they should be allowed to simply pass through.

Sibling "deidentification," as Fuchs (1978) labels it, is the defense against sibling rivalry and shows most significantly between first and second born and between same sex siblings. Conflict is a frequent aspect of twin relationships, useful in the individuation process. Parents may be consoled to

realize that conflict allows opportunities to practice the social skills of problem solving and collaborating. Of course, peaceful resolution should be encouraged and modeled by all involved.

Preschool

McLaughlin and McLaughlin-Gill (1980) believe twins may be more alike if reared apart than if raised in the same family, because siblings find the most differences with siblings closest in age. Bouchard (1991) studied identical twins separated at birth for personality traits of dominance, self-acceptance, responsibility, tolerance, and flexibility and found less difference for twins reared apart than for those raised together. Twins raised together during the process of identity formation have a better sense of identity because they focus on being a different person than their twin (Belmont & Marolla, 1973).

Belmont & Marolla (1973) found birth order and family size were adversely related to intellectual performances of siblings. These effects could be generalized to twins, because twins are born together and often in later parity.

No developmental or other evidence exists to support placing twins in separate classrooms. Based on the strong security many twins find in each other, pre-kindergarten twins may need to become acclimated to school before being placed in separate classrooms.

As stated above, fighting is a common means of establishing individuality. Though conflict and some fighting continues, preschool aged twins are more equipped to use reason in solving problems.

Maclish (1987) advises restatement of the problem and allowing the siblings to make choices. Ignore normal bickering and realize the twins are learning to resolve conflict. If the conflict becomes more heated, acknowledge anger, reflect points of view, describe the problem, show confidence in

their ability to make decisions, and leave the room. If the situation seems dangerous, determine if the fight is real or play, then remind the twins that play fighting must be the result of a mutual agreement. If a fight is definitely dangerous, adult intervention is necessary: describe what is seen and separate them, call a meeting, explain the purpose and ground rules, write each child's feelings and concerns, reread for understanding and clarity, allow time for rebuttal, brainstorm solution ideas, and mutually decide on the solution. The above model for conflict resolution can be used by the therapist and taught to parents and teachers.

School Age

Many myths exist surrounding twins and their families that should be acknowledged and dispelled. Novotny's study (1988) refuted the following common myths attributed to twins:

- Myth 1: "Twins develop differently." In reality, twins develop as do other children, they proceed with the same stages though on a different timetable.
- Myth 2: "Twins are less intelligent." Actually, I.Q. scores may be two to three points lower than twins' peers, but not significantly lower. While verbal skills are lower, the performance scores exceed normal for overall average scores. In testing a twin whose twin has died in infancy, any significant decrease in I.Q. scores is related to environment, not genetics.
- Myth 3: "Twins are bound to have language problems." Though twins may learn to speak later and use shorter sentences and fewer words due to sharing time with significant adults, they are not destined to language problems.
- Myth 4: "Twins are bound to have learning difficulties and school problems." An Australian study found early language difficulties led to learning difficulties in elementary and middle school twin boys, by age 14 most boys caught up with girls.

No evidence exists that supports placing twins in separate classrooms, so a thoughtful decision should be made yearly (Novotny, 1988). Parents should consider all choices for the individual twins and their twinship. Wilson (1975) claims that the most influential factor to shape children's mental development is to support inherent abilities and foster enthusiasm for learning.

Allowing the twins to proceed and progress through individual developmental stages is important. If one twin is encouraged to be retained in a specific grade, retaining the other twin would be unfair. Discussing individual strengths will help the retained twin and lessen the potential strain on the twinship. Academic comparison and competition between the twins should be strongly discouraged (Wallace, 1986).

Adolescents

Some studies find confidence gained from twinship adds to social skills for boys and girls. Other studies show girls to be so exclusive within their twinship that social skills are hampered (Bouchard, 1991; Belmont & Marolla, 1973). Twins may need encouragement to expand their friendships both outside and within their twin relationships.

Adolescents feel a need to separate from families and each other in the process of individuation. Many twins choose to concentrate on themselves rather than twinship during adolescent development, often creating relationship difficulties within the twinship. Twins consequently may be troubled over the decisions of companionship and the challenges of independence (Novotny, 1988). The therapist may assist twins and their families by informing them of the developmental normalcy for independence that relates to differing interests and values. Parents may help by allowing and assisting separation in the twins' search for identity.

SUMMARY AND RECOMMENDATIONS

Twinship presents unique advantages and problems typically unrecognized by the general public. Numerous studies have concluded significant stressors exist common to twins in physical, emotional, social, academic, and interpersonal areas. Novotny (1988) states that societal pressures and myths have led many twins to believe their twinship is less healthy and intimate than it should be.

The key to healthy twinship lies in self-identity and individuality. McLaughlin's and McLaughlin-Gill's (1980) survey found most twins enjoyed twinship, support each other, often worked together in careers, and were patient and good humored in their twinship. Pearlman's study (1990) found no developmental disadvantages for adult twins raised as individuals.

Clearly, counselors and therapists may be of service to twins and their families by creating awareness of these common attributes found in twinships. The therapists' guide, "Assessment Checklist for Twins and Families of Twins," may serve as a resource in assessment and intervention with twins and their families. The checklist helps to identify characteristics which may be specifically related to twinship. Once identified, therapists may use the interventions listed above in dealing with their clients.

**FIGURE 1
ASSESSMENT CHECKLIST FOR TWINS AND FAMILIES OF TWINS**

Names: _____

Date: _____ Date of birth: _____

Presenting problem: _____

Identify on the following continua your estimate of the description that best applies to your client(s); if both twins are being seen, put an x for one and an o for the other.

<u>High Risk</u>	<u>Low Risk</u>
1. gestation 40 weeks	28 weeks
2. birthweight 7 pounds	2 pounds
3. hospital stay 2 days	6 months
4. frequency of parent(s) visits 12 hours/day	weekly
5. parent-child bond excellent	poor
6. self-centered extreme	age-appropriate
7. irritability extreme	age-appropriate
8. temper tantrums extreme	age-appropriate
9. sleeping difficulties extreme	none
10. abuse extreme	none
11. twin fighting extreme	average
12. support and assistance by parent(s) or guardian(s) none	as needed
13. relationships few	many, varied
14. twins' dependency on each other extreme	not a problem
15. language problems extreme	no problem
16. identity problems extreme	no problem
17. I.Q. below average	above average
18. labeling/stereotyping by significant adults extreme	none
19. individuality very little	encouraged

RESOURCES

The Center for the Study of Multiple Births
333 E. Superior Street, Suite 464
Chicago, IL 60611
(312) 266-9093

Center for Loss in Multiple Birth, Inc.
c/o Jean Kollantai
Box 1064
Palmer, AK 99645
(907) 745-2706

International Society for Twin Studies
Adam P. Matheny, Jr.
c/o The Louisville Twin Study
Child Development Unit
2301 S. Third Street
Louisville, IN 40208

International Twins Association
c/o Lynn Long or Lori Stewart
6898 Channel Road, NE
Minneapolis, MN 55432
(612) 571-3022 or (612) 571-8910

Mothers of Supertwins
Box 951
Brentwood, NY 11717
(516) 434-MOST

Multiple Births Foundation
Queen Charlotte's and Chelsea Hospital
Goldhawk Road
London, England W6 OXG
(081) 748-4666 ext. 5201

National Organization of Mothers of Twins Clubs, Inc.
Box 23188
Albuquerque, NM 87192-1188
(505) 275-0955

Parents of Multiple Births Association of Canada
4891 Hwy #7 East, Unit 12, Suite 161
Markham, Ontario
Canada L3R 1N1

Parents of Premature and High Risk Infants, Int'l Inc.
c/o Sherri Nance, M.O.M.
22940 W. Frisca Drive
Valencia, CA 91355
(805) 254-2426

Sidelines
Candace Hurley, Executive Director
(714) 497-2265

Twin Services
Box 10066
Berkeley, CA 94709
(415) 524-0863

Twinless Twins International
c/o Raymond Brandt
11220 St. Joe Road
Fort Wayne, IN 46835
(219) 627-5414

Twins Foundation
Box 9487
Providence, RI 02940
(401) 274-TWIN (8946)

Triplet Connection
Box 99571
Stockton, CA 95209
(209) 524-0863

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