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The investigation of the vanishing twin
syndrome through the method of family
constellation

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Introduction

I have chosen my topic from the field of a less recognized technique of psychology, the Family Constellation, developed by Hellinger. The family constellation basically deals with the destinies in the family, transgenerational transmissions and their psychological background. I am investigating a special part of this technique: those people's characteristics, observed and collected from therapeutic experiences, who have lost their twin inside the womb. Based on the collective experiences gained so far from the family constellations we can say, that Hellinger's method is able to show if someone has lost his/her twin, without he/she, his/her parents or their doctors knowing about it. The method of family constellation is built on a unique philosophical conception that harmonizes with several other theories from different fields of psychology. Nevertheless, the method found by Hellinger essentially still is not scientifically proven, its results are based on the statements derived from therapeutic experiences. I am also learning the technique of family constellation, and I have ascertained with my own eyes its operation in practice, and therefore I would like to scientifically examine its truth value. I participated several times in family constellations and I have seen and experienced how people find their lost twin during these sessions. It is a shocking, touching phenomenon, and its untreated trauma can unconsciously cause problems for in leading their lifestyle. Professionals don't really emphasise yet, that the intrauterine life may significantly affect people, their personality and their habits. The intrauterine death of one twin can be a very important source of problems for some clients, therefore, beside my admiration and interest in this poorly explored and little-known topic, I consider its promotion and scientific investigation to be important.

In the theoretical part I show the technique of family constellation including the transgenerational theories of other fields of psychology. The topic of the lost twin will be delineated through Hellinger's family constellation. After this part I will come to the introduction, what does the phenomenon of the lost twin really mean, and I give a description about the life of the fetus in the womb. I think it is crucial to present how a family constellation, where we can encounter the phenomenon of disappeared twin, works. To make my study more comprehensible and psychologically established, I have collected a bibliography about the relationship between the trauma and the physical symptoms, and about the ways our body carries the messages from our soul, the emotional events of our life. I looked up also, that how the vanishing twin syndrome is known and recognized from a medical point of view.

Finally, I delineate in my summary the observed characteristics of those persons, who have lost their twin in the womb. My research is based on the scientific understanding of these characteristics, to which my questions and hypotheses are related. After this I illustrate the testing procedure, and I publish my statistical and substantive results. In the Outcomes I will offer the possibilities of further studies and researches.

Theoretical Background

About the family constellation

As an introduction, I would like to discuss the method of family constellation, and the psychological theories related to it, because I have investigated my topic due to this technique.

Bert Hellinger began to elaborate his method in the second part of the 80s. Combining the comprehensive scrutiny and observation of his own cases with the methods of psychoanalysis, hypnosis,

transactional analysis and family therapy, he overstepped the common conceptual frameworks of the traditional western psychology, and with his new method he has achieved spectacular successes in a short time. In the nineties the systemic-phenomenological therapy - commonly known as the method of family constellation - spread like wildfire in Germany, than from 2000 all over the world (RME, 2008). It is phenomenological, because it is based on the subjective experience of the individuals, focuses on the physical sense, and systemic means that it is based on system theory.

The *family, as a system* is not unknown for family therapists (Goldenberg, 2008). Several theories emerging from family therapy form the basis of the family constellation's working principles. A family is much more, than a group of individuals who are living together in a common physical and psychological atmosphere. In such a system, the individuals have strong, enduring, mutual, multigenerational emotional bonds and loyalties with each other. The effectiveness of the family is so huge, that its effect can remain despite the huge distances between the members too. Because of the wholeness of the system, the each constituents' interaction has an impact on the whole.

If a family member has a symptom, it affects the whole family. Virginia Satir describes, that the family members keep the family in balance by the symptoms, and they pay a high "price" for carrying a symptom.

The *transgenerational models* pay attention to the relationship patterns existing for decades within a family. These patterns are embedded in the unsolved problems of the family of origin. Bowen had found during his schizophrenia researches that schizophrenia is a process, which covers at least three generations, before it manifests. According to his conceptions, the parents of a schizophrenic are problematic, immature persons, who went through serious conflicts with their own parents, and now, because of them, their own children are in the same situation.

According to the theory of *invisible loyalty* of Böszörményi-Nagy, the children often take upon themselves unconsciously the responsibility of helping their parents, even on their cost.

The focal family therapy is the model of joining of systems theory with psychodynamic understanding, which investigates the traumatic events of the family members. Communication and interactions are primarily investigated within the family system. In the families there are systems of rules (the principle of give-and-take, homeostasis), that are very similar to the laws appearing in the family constellations, with the difference that the last ones can work on deeper, more incomprehensible levels too. Let us look what Hellinger adduces as the explanation of this.

Hellinger found, that souls being connected to each other (e.g. the family) form a common *field*, which has overall more and greater power than the individuals have one by one, and this field has an impact on the life of the individuals. In the fields there are laws (the right to belong, the law of the place and the law of the balancing) governing, which, if they collapse, are restored by the system with passing on the hard destiny or trauma happened in the life of an ancestor into the life of the next generations, descendants and their (negative) effect will be produced there.

From psychological point of view, there are three characteristic dynamics in a family constellation: there happened something hard destiny in the clan of the client, and he/she unconsciously want to balance with sacrificing him- or herself and his/her destiny to help the one, who is suffering from the trauma. In this case the child may say to his/her parents: "I'm going after you (to the death).", or "I'm going with you" (for example if a parent is also taken into the events of an older generation), or "I'm going instead of you, You can remain, People need you more" (telling to his/her parent, spouse) (Schäfer, 2009).

In the time of the spreading of the family constellation's method, the British biologist and philosopher, Rupert Sheldrake dealt with the invisible bonds existing between the creatures being linked to each other, between the members of animal groups, the animal and its keeper and also between the people connected to each other - according to his theory, this is an energy field, so-called *morphogenetic field*, - due to which the individuals know about each other even from a distance. All of this was proven by Sheldrake with several tests that meet the criteria of the western science too (Sheldrake, 2000, 2003). In 2003, at the 1st International Conference on Family and Systems Constellations in Wiesloch, Hellinger and Sheldrake agreed about the fact that they are dealing with the same phenomenon. The morphogenetic denomination is based on the observation that if something has happened, it repeats itself until it turns into form. When the individual is going to take action, the field remembers, and it can repeat a former action. This is the reason why it is possible, that in a family the destinies are repeating from generation to generation. The memory of the field recalls the same things.

Even Freud (1991) has written about the phenomenon of the repetition compulsion which is generally based on repressed materials originating from traumatic events that appear again and again. With his behaviour the client involuntarily repeats the events of the past, which do not include the possibility of happiness and don't even lead to satisfaction. It can be ceased by raising awareness of the repressed memories.

If the morphic field is exposed by a new mental effect, this repetition stops and the individual will be able to begin a new life cycle. The recovery begins if he/she respectfully accepts the past - together with the repetitions - opens up to the future, and takes the risk of the moment. When the person recognizes the reality, he/she recognizes what really exists and is not obsessed with the idea of how reality should be, that is the moment, when the new mental activity can be turned with healing affirmations.

The subject of transgenerational inheritances was in the psychoanalysts' mind from the beginnings too.

Freud (1923, pp. 47—48) entertained with the question of the ego and inheritance, and with the possibility of the process of inheritance, and in that context he suggests the existence of a family unconsciousness: "The experiences of the ego seem at first to be lost for inheritance; but when they have been repeated often enough and with sufficient strength in many individuals in successive generations, they transform themselves, so to say, into experiences of id, the impressions of which are preserved by heredity. Thus in the id, which is capable of being inherited, are harboured residues of the existences of countless egos; and when the ego forms its super-ego out of the id, it may perhaps only be reviving shapes of former egos and be bringing them to resurrection."

Lipót Szondi (1996), who was working as a fate analyst, propounds the genetic aspect of the phenomenon above all. According to him, people choose their partner based on the laws of the Genetics, who is biologically similar to their parents or to those ancestors, who are carrying a traumatic problem with themselves. During studying his cases, he developed his own theory about fate transmission. The following ideas are among its characteristics:

- There are ancient figures and familial patterns in the unconscious serving to the interactions of the descendants, which compulsively drive our fate. So, in this way had born the terms of “familial unconscious” and the “compulsive fate”.

- The enemy of the ancestors is the ego of the descendant which has its own standpoint.
The ego has the power to choose unlike the descendants want it. In this way he reached to the "free, egotropic choice" and to the "freely chosen fate" terms.

In social psychology the concept of *crypt* was introduced by Mária Török and Miklós Ábrahám (1998). The crypt is a secret crypt that is formed by the inexpressible mourning, filled with secrets. In this crypt. In this crypt - woven together from the memories of words, images and emotions - is buried alive the objective correspondent of loss, as if it was a whole person. The crypt contains the - actual or assumed - traumas as well. In this way, a whole world of unconscious fantasy comes into being, which is living its own, hidden life. At such times it happens that the phantom of the crypt returns and it tempts the individual who carries the phantom, it gives strange, inexplicable signals and forces him to perform unusual actions and hits him with extraordinary and unexpected feelings.

The authors had reached to the *phantom-theory* through the phenomenon of crypt:

“The concept of the phantom extends the focus of the psychoanalytic investigation over the individual, as it proceeds from the fact, that some people can inherit the secret spiritual contents of their ancestors’ life without knowing about it. The phantom is a radically new trend between the Freudian and the Neo-Freudian psychopathologic theory: from that time the symptoms are not only derived from the individual life experiences of the person, but from the emotional conflicts, traumas or secrets of others, too. [...] The unrepaired “tears” in a person’s life can harmfully and unconsciously affect the other person. The thought of phantom rewrites the borders of psychopathology and expands the therapeutic possibilities as it supposes a kind of collective psychology within the individual which covers more generations, so the one, who analyses, has to hear the sounds of a generation to be able to examine the unconscious of the other generation” (Rand, M., 1998, pp. 123.).

The origin of the word ‘phantom’: it is based on an old belief that some type of dead people comes back with the purpose to torture the living people: the ones, who didn’t receive the ritual of funeral or they died abnormally, not naturally, or they were criminals, outcast or they were treated unfairly during their life. According to Ábrahám the dead actually does not return, but he unconsciously leaves behind his incomplete issues to his ancestors. The phantom hypothesis emerges, when we cannot succeed in revealing the reasons of the soul’s troubles through the investigation of the patient’s spiritual life. Little by little, the compulsive, phobic or other symptoms show up as the marks of the other person’s secret life. The concept of phantom can be applied not only in the individual and family psychology. Some of its aspect can elucidate the questions of the formation of some social institutions and they can imply a new perspective in the investigation of the psychological roots of cultural patterns and political ideologies. Adulterating, not observing or disregarding the past - be it institutionalized by a totalitarian state (e.g. GDR), or by the parents and grandparents - can be the soil of the phantomatic return of disgraceful secrets on the level of the individual, families, communities or even on whole generations.

The work of Ábrahám and Török can serve as the basis of transgenerational theories. The common

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features of the phantom theory and the transgenerational trauma are, that more generations play an important role within a person's psychoanalytic treatment. The phantom is essentially connected to the secret, what's more, to the accidental transmission of it. However we have a totally different clinical combination here, we can say that the phantom-theory can be considered as the continuation of the theories about the crypt and secrets, previously worked out by Ábrahám and Török. The phantom is about the interpersonal and transgenerational consequences of unspoken contents. The crypt describes a concealed psychological situation that is based on the subject's personal experience, whereas in the case of phantom it is haunted by someone else's secret - without its knowledge. Furthermore, for the phantom to be caught we need to investigate whole generations (child, parents, grandparents) through the symptoms of the descendant. Contrary to the cryptic secret-contents, the secret is "simple" in the case of the phantom. This can be a family secret: illegitimate child; secret love, family scandal etc. - the one, who carries the secret knows about all of these, but it is unbearable for those who are suffering from it.

The psychoanalysis consider accepting the Reality to be a solution. This means that we have to eliminate the metapsychological weight of a reality that can exist only by its denial. The dead can only be honoured and its peace can be insured only by identifying its shameful secrets and by trying to understand its unspoken and hidden pains. It is not important to uncover the previous life of the dead to be able to restore its spiritual peace or to counteract its pranks in the night, but because of the fact, that the deceased unsuspectingly goes on with its devastating, psychic half-life in the descendants.

Ildikó Erdélyi (2004) developed further the theory of phantom, and she came to the conclusion that the trauma, inherited between the generations (the trauma of illegitimate children in her investigations), hinders more the spiritual growth of the descendants of the second generation than of the members of the first generation. In this way, she assumes that the parent of the first generation existed only with a split in his/her family and this was hindering to the children, too. Volkan and Ast about the transgenerational transmission: the parents pass on their own "accumulated" *representations* to their children. Such an accumulated representation can be a trauma, a grieving, which he or she cannot get over. There are related negative representations, feelings, experiences evolving in the child, by getting the message (unconsciously sent by the parents) to deal with the traumatized self-representation of the adult. In this way the child will mourn and will experience these feelings, not necessarily successfully. The feelings and the experiences are carried from generation to generation.

We can see that a lot of psychological theory is connected to the theory and method of family constellation (theories of psychoanalysts, social psychologists and family system therapists). Based on this and on the results of the experiences about the method, in my opinion it is a reliable, realistic procedure which may be able to ensure a view for the clients about a possible lost twin too, moreover it can make them to step onto the road to recovery.

The Lost Twin

Earlier the doctors thought that one in every 85 pregnancy is a *twin pregnancy*. This rate was learned by Hellin from the statistics of born twins.. It was his rule also that the frequency of twin pregnancies is 85 squared, in the case of triplet is 85 cubed; in this way (Papp, 1999). It is well known today that the number of twin pregnancies is much more frequent as it was thought, as not every twin pregnancy ends in twin birth. According to the most recent surveys, one in every 6 pregnancy is going to be a twin pregnancy (Langman, 2006), but one of the embryos absorbs, vanishes in the womb in the 10-12th week of the pregnancy. Doctors call this

phenomenon the Vanishing Twin Syndrome.

Now, think about its psychological importance! Mostly all of our sixth fellow human being had lost that companion which was the closest to him/her: his/her own twin, who had begun their development, life together with.

According to the twin researches, twin relationships are the closest on the world, they are more intensive than the ones between other siblings, and they are more important than their relationship with the parents.

“We cannot emphasize enough the importance of the drama of what the experience of the close loss of its beloved twin means for a helpless embryo.” - Austermann and his wife writes (2008, pp. 107), who have written a whole book about the theme.

To understand how losing a twin can become a trauma, and how the embryos can perceive this event, look into their growth in the womb (Austermann 2008, Chamberlain 1996, 1998, Raffai 1999). The trauma appears in a special variety of symptoms, which is called PTSD (post-traumatic stress disorder), and it means a variety of psychological symptoms. The fundamental characteristic of the traumatogenic event, which provokes the trauma, is that it surpasses the experiences of everyday life, and in this way it cannot be joined to the already formed expediencies and imaginations about the life (Oravec, 2000).

During the *embryotic* formation, the beginnings of the ear develop very early, in the first week of the pregnancy. The hearing is the first thing that develops at the embryos and it begins its functioning even before the heart and the brain. Hear is perfect demonstrably in the 14th week.

The two-month-old embryos can react to the touch. According to some researches, the skin has not even tactile function in the initial period, but it functions as a multisensory receptor, namely as a stimulus recording. They have also investigated, that our skin can transmit hearing stimuli as well, so it is possible to teach a deaf man to be able to hear with the help of his skin (Raffai, 1999).

Sensing the tastes presumably begins in the 15th week of the pregnancy, this time the embryos can already sense the variations in the amniotic fluid. Seeing develops at the latest. The embryo perceives the variation of dark and light only in the 14th week, its eyes are closed until the 7th month of pregnancy. Despite this, there are some reports from clients about the imagination of their journey in the womb (as an embryo), when they saw pictures.

✓ All that the embryo experiences in the womb, is significant on cellular level. The body is reacting, produces informational materials and some biological processes are taking place. In the womb, the embryos sense, feel, experience, learn, think, what's more, remember - as Chamberlain, pre- and perinatal psychologist, claims based on his hypnosis experiments (1998). He, as a proof of an experiment led by him, claims also, that the memories of his clients from the prenatal period are real, and only in some cases are fantasies (Chamberlain, 2007). If an abortion was tried to do with them, or if their own twin dies near them, embryos have out-of-body experiences and near-death experiences, too. Feldmár (2007), during his clinical experiences, have met with people whose mother tried to have an abortion in the time when she was pregnant with them. These clients tried to kill themselves of every year in that month, when their mother had thought about abortion. The trauma within the womb has an effect on the people's personality and outlook as well (Chamberlain, 1996). As we suppose the transmission of phylogeny's marks of memory on the individual, we can also claim that recollections left from the intrauterine psychological life can affect the evolving spirit of the child after the birth” - Ferenczi (1913, pp. 93). It is important to mention also that, according to Ferenczi, people's sense of omnipotence originates from the intrauterine life. With the help of this mentality further beliefs, choices can born, which originate

from the womb, and they have an impact on some people's whole life and personality.

Turner and Turner (1993) studied the effect of the *prenatal memory* on the adult's personality. According to them, the later personality is not depending only on the genetic codes, but on the mental and emotional state of the father and mother during the time of the pregnancy. Based on another study, the fetus has an emotional system, independent from the mother's one (David Hartman, 2007). So the baby can have emotional experiences in the womb. These feelings are not expressed verbally, but on a nonverbal language in the body, which later can be recalled and expressed, for example with the help of prenatal therapy. The individual can dissolve the accumulated emotions and beliefs in the prenatal period with the reliving and verbalization of the trauma.

John James (2007), transpersonal psychologist, goes on with his hypothesis: he says, that the experiences originating from the period of being in the womb, are stored on the level of the soul. This storage is called concretely as "higher self" by him, and he considers it as a place in the personality which keeps the earlier memories. With the help of this theory, for a moment, we can associate how the morphogenetic field of the family constellation is able to reveal if the client has a dead twin.

How A Twin-Constellation Works?

A family constellation looks like the following: the client tells to the facilitator his/her topic preferably in two-three sentences, without characterizing his/her own family members. This is important, because if the representatives hear too much information about their represented person, they unintentionally want to play his/her role. The client chooses the representatives for him- or herself and for his/her family members, who will be named by the therapist. During a constellation we can stand the chosen representations substituting with a puppet, paper sheets or with any other objects. The representatives place themselves in the space and report how they feel physically (Ulsamer, 2009).

In the case of twin-constellation the representative of an abstract (that is generally the symptom itself, the brought problem) and the representative of the client are sitting/standing automatically in the space in a way to get to each other as close as possible (Austermann, 2008). It is a typical twin seating when the two representatives are sitting face-to-face closely, but they do not feel that close enough, therefore they put their legs across each other. It is also frequent, that the representatives are moving in a spiral shape (as they would present the process of birthing or they move apart in the space, but they are exactly in the same position. It is the task of the therapist to find out what kind of relationship is between them. The easiest way to define this is, if he/she asks the representatives to say sentences, which can help to test the quality of the relationship. It is worthwhile to ask the clients what they know about their mother's pregnancy with them and about the circumstances of their birth; if the client can confirm somehow that the loss of a twin might happen, the constellation becomes true. The most frequently, the sentences said by the representatives have an impact on the client sitting in the group or even on the representatives. The sentences told in these cases are similar to the following ones: "We have set off together... but You have died"; than it worths to make clear the client's beliefs related to the trauma: "I thought, it was me, who decided to happen in this way." In the time of being an embryo, the man is hooked by the omnipotent thinking. Several times, the symptoms of the client are caused by the beliefs originating from this. For the sentences similar to this, the representative of the dead twin generally expresses dissatisfaction. He/she feels good, if the surviving twin is feeling good in his/her life. It is worth getting the client to declare this, too:

“I remembered You with my problem until now, but from now I give You the place in my heart. I will use my fortune of being alive for something very good.” At the end of the constellation we can ask the client to take his/her place in the constellation, and speak out the sentences, but only watching what is happening is also very effective. In the case of twin constellation it is worthy to try out the situation personally, because the physical experience contributes to the treatment of the trauma. In some cases it is good to call the representatives of the client’s parents too, to be able to test if, with their physical-emotional reactions, they confirm the loss, on the other side, to encourage the client in his/her mourning, to help him/her with their presence to treat the trauma. The constellation ends, if all of the representatives feel comfortable, and peace is taking over the field.

Trauma and Physical Symptoms

In family constellations the representatives feel *physical senses* which form the basis of getting a picture of the family dynamics. Regarding the physical feelings, we can observe huge overlaps. As an example I would like to mention the case of Peter Orban (2007), where the representative of the client’s uncle was not able to move his right leg, when it came into the client’s mind, that his uncle has lost his right leg in the war. The question is, how this “omniscient field” works exactly and how the strangers can reflect the feelings of the client’s family members. Orban tries to explain this by calling it emotional doppelgänger, however there is no scientifically accepted explanation for this phenomenon. How *psychological and somatic* is connected to each other? He quotes Raffai J. Wilhelm (1999), who, in connection with twin loss in the womb, raises the idea that fantasy is remembering, and it is not the product of imagination, this means that our experiences appear firstly on biological level, and we register them in that way in our unconscious.

We use our body automatically, so its role often became unconscious because of habit. We observe that something is wrong with it only if it sends signals in the form of symptoms. And these symptoms can be interpreted by turning them into symbols. With the help of symbols we can express such things that we wouldn’t translate verbally in other cases. Creating symbols is related to the right hemisphere, so the information given by our body becomes communicable on emotional level (Bagdy, 1996). Our body is the most objective and the most direct reality for us both on the level of experiencing space and time. At the same time our relation to our body is the most subjective. This favours the symbolic accumulation of meaning. Our body is the part of our ego, the carrier and the determinant of our existence and being, the instrument of our manifestation, the recipient of our experiences. The world written in our body is not only an analogy, but a life cycle, fate, the instrument of personal development (Szönyi, 1996).

The fundamental organization levels of people’s spiritual development before being able to talk (unconscious, without conceptions) are formed from psychophysiological (vegetative, motor, etc) patterns of operation and emotional response. The unconscious ground of the psyche is constituted from these ones. All that we cannot explain by words, we can express on the language of symbols (e.g. conversion symptoms) or through symbolic ways (visual language) (Bagdy, 1993).

In his study Roberts (2005) describes, that there are a lot of bibliography about the characteristic of body of storing the stressful experiences as symptoms, moreover the body responses to the events of the environment on genetic level. 90% of the human genes is adaptive and it reacts to the environmental effects. The energy of unsolved stressful (traumatic) events are integrated with the nervous system and it is devastating in the body. Therefore, it is very important to pay attention to the messages of our body by the given

symptom. The somatic symptoms have functional and symbolic meaning. If we find the healing language which helps to reveal the symptom and to raise its message from the unconscious to the conscious, the symptom itself will be expressed and eliminated. The symptoms are not necessarily psychosomatic, but they can include for example the depression, anxiety or behavioural problems as well.

In his article, József Vas (2007) tries to show the *unity of body and soul*. According to him, this unity and the self and the sense of self have their roots in the embryonic age, but the present-day authors do not really deal with this topic. A kind controlling behaviour, which can demonstrate the unity of body and soul, evolves also in embryonic age. This behaviour (or manifestation of our body) means the creation of visceral excitements by the social stimuli, and we evaluate these in the form of emotions. The emotional transmission mentioned before may be the starting point of our different physical feelings experienced in the presence of others. The psychic functions of the mother that took form (breathing, heartbeat, walking, hormonal messages), have an effect to the physical control of the embryo; which are coded by paralimbic core according to their emotional value; so the own physical regulation becomes psychologically represented in the embryo.

The early (even the intrauterine) experiences can be stored on somatic level, which was proven by several researches (Carolyn May Dawn, 2007). A lot of therapists, who use regression techniques, had proven, that following a feeling or physical sense, our clients can remember to their birth or even before the time of their birth. The body is able to store even the earliest traumatic events, too (David Hartman, 2007).

Many psychological method deals with the visualization of physical symptoms, senses, which is healing for the symptom by joining the senses and feelings together. We call somato-psychotherapy the psychotherapeutic methods, which work particularly with physical experiences, and the body itself is taken on the psychotherapeutic work. In a narrower sense it means the reichian, neoreichian and postreichian therapies by this, which was developed from the work of one of Freud's followers, Wilhelm Reich. The very early preverbal experiences are of particular importance in the somato-psychotherapy, moreover, with some techniques, we can retrieve the imprints of the experiences kept on pre- and perinatal periods.

In addition, any other regression or hypnosis techniques can deal with the twin problems. Considering the other methods, the advantage of body-oriented therapies is that the client can express his/her pain through his/her body. The technique of family-constellation works in the same way: the client experiences the physical senses caused by the trauma and with the help of this the experiencing and processing of emotions begin.

The professionals using the somato-psychotherapies are convinced about the fact that verbal therapies are not enough always to reveal the fears, traumas stored in the unconscious or in the memory of the body. What's more, very often we cannot discover the roots of the life-style problem, mostly in the cases of intrauterine or birth experiences (John James, 2007). These can be dissolved mostly through physical interventions, due to which the client can regain the ability to be happy and his/her potential to accept the experiences (Buda and co-workers, 2009).

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Medical Approach

Let us see in details, *how the twins grow* in normal cases and what happens when anomalies occur (Langman, 2006).

The frequency of *fraternal* twins is 7-11/1000 births, this means two-thirds of the twins. Fraternal (dizygotic) twins develop from two eggs (ovum) fertilised by two sperms, and their gene pools are no more alike than individual siblings born at different times. They can have the same or different sex. Both zygotes implant separately, they develop two separate placentas, integuments and amniotic sacs.

The frequency of *identical* twins is 3-4/1000. They develop from a single fertilized ovum, which divides into two during the development. Depending on the time of this, there can develop two separated inner and the outer integuments with different placentas, or the outer integument and the placenta are common, but the inner integument is separated or everything will be common. Sometimes it happens, that both of the twins have different red blood cell groups (blood group chimerism); this can happen if the placenta fuses.

The frequency of triplets is one from 7600 pregnancies. Recently there are more and more examples for multiple pregnancies, which is the result of treating women, who are incapable of impregnation, with gonadotropins, hormones which help the maturation of more eggs in the same time, or with artificial insemination, when more zygotes are implanted in the mother's body. A part of these dies naturally, but the other part can implant in the womb. With the growth of the number of embryos, the chance of some risks related to the pregnancy, or even of miscarriage increases, therefore the parents and doctors are forced to eliminate a necessary amount from more (sometimes 6-8) implanted zygotes. These interventions have the same consequences regarding the child as if he/she would have lost his/her sibling naturally. There are many occasions, when the parents decide to have an abortion, and only one child can be eliminated successfully. We can imagine what every member of the family feel because of this event, especially the survivor child, who has experienced the "murder" of his/her twin in the womb.

Twin births are the most frequent in the African Negro race. Their rate is 1/80-90, so in every 22th birth is a twin birth. This is explained by the fact that this tribe eats potato species that contain hormones promoting egg maturation (ovulation).

The *vanishing twin syndrome* is known only by a few doctors; the reason for this is that the ultrasound applications developed only in the 70s, and the first ultrasound scan is made only in the 9th-12th weeks of the pregnancy. In some cases losing the twin can possibly happen before that. There are cases also, when we can see only one embryos on the ultrasound image, as it hides the other one (Austermann, 2008).

The reason of the vanishing twin syndrome is the spontaneous fetal reduction. Complications can easier occur, if the mother carries more children (in her womb). Therefore, biologists consider the vanished twins a natural selection for offering the security, because zygotes can carry failures causing non-viability. From evolutionary point of view, we can say that the number of multiple pregnancies is decreasing, so the child care can happen on higher standards (Varjassy-Métneki, 2008).

The resorption is often followed by vaginal bleeding. If the disappeared twin does not resorpt until the 20th week of pregnancy, the fetus can remain in the womb in a state called foetus papyraceus. This means, that the humidity surrounding the fetus will be taken up by the mother, and the dead embryo, compressed, like a sheet of paper, remains in the womb until the birth. The frequency of this phenomenon is 1/180 (Papp, 1999).

It can often happen, that we can find the lost twin in the body of the survivor twin, in the form of

dermoid cyst(Angster, 2009). The survivor twin envelopes the body of his/her dead sibling, and later the parasitic fetus can develop abnormally within the body, which can result in an inflamed cyst (Austermann, 2008).

A type of benign tumour, called *teratoma* contains immature embryonic tissues, such as hair, nail or tooth, which do not exist in normal circumstances. These pieces of tissue consists of more dermis, which can develop by malignant transformation, from twin embryos or from own host tissue. According to some sources it is formed from own stem cells (Kopper-Tímár, 2007).

A more drastic version of this can be the *fetus-in-fetu* phenomenon, when almost the whole body of the dead twin (together with the spinal column) becomes enveloped in the survivor's body.

These phenomena can occur only in the case of identical twins, specifically with those, who have common inner integument, as they were close enough to each other to make this possible.

It is only a hypothesis in the modern medical sciences that these remnants belong really to the dead twins; however there is a significant overlap between the cells, they do not declare the close interrelation between the two phenomena. On the other hand, the psychological experiences seek to confirm the fact, that the phenomena of twin-loss, the dermoid cyst, the teratoma and the fetus-in-fetu are connected (Angster, 2009, Austermann, 2008, Ferenczi, 1982). From the possible *complications* occurring at twin pregnancy I would like to highlight the hypertension, anemia, different cervical abnormalities, uterine inertia, that can cause the labour to be longer, placental disorders (e.g. placental abruption) and the bleeding after birth, which means that the relaxed uterus is not capable of controlling the bleeding originating from the blood vessels opened after birth giving. This can happen if the labour takes longer and the womb gets tired, so it cannot clear sufficiently. (A piece of placenta left behind the womb, the integument, haematoma, retained placenta and enlarged uterus in the case of twin pregnancy can inhibit uterine contractions). Complications, such as miscarriage, premature birth, 20% greater weight difference (they are smaller by 1000 g, [2.2 lb] than individual embryos), abortion because of the illness of one of the children, amniotic fluid accumulation in the womb, and abnormal positions of the fetus may affect the children. These complications can occur individually or together. The interesting fact is, that a lot of these can occur also at mothers who, as far as they know, are waiting for only one child.

Factors, that influence the frequency of twin pregnancy: the mother's age; the older the mother is, the more chance she has for twin pregnancy. Body shape can count on as well, the rate of twin pregnancies at taller, heavier mother is much higher. Sunshine can also contribute too, because it was observed that the more twin pregnancies happen at summertime. The sexual activity can be also determinant. And finally the inheritance is also an aspect: if in a family there was already a twin pregnancy/birth, it will probably happen in the other generations, too.

The Psychodynamics of Lost Twins

I am going to show in the followings the *psychodynamics*, which can appear at people who have lost their twin. In the case of these people several unique features, habits can develop from dynamics. The different men's features and habits cannot be considered to be the same case, any people who had lost their twin may have another choreography. I could compare the special signs typical for twinless twins to the phenomena of Holocaust survivors described by Niederland, which is similar to this syndrome: the symptoms are various, and in special cases they appear with different combinations and intensity -the syndromes are

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| [similar in the case of most](#) (Békés, 2008).

In a lot of cases there is no biological evidence that someone has lost his /her twin in the womb. However, in the case of twinless twins not the truth conveys the evidence, but the emotional experience (Hayton, 2007).

The identical twins are different personalities, however genetically they are totally the same. Quite early, the twin pairs distribute the hemispheric dominances between each other. If one of them dies during the growth, the survivor will often miss an ability, which was the strength of his/her died sibling. Based on this, we can assume, that dys-sicknesses are much more common in the case of twinless twins. Several times the lack of concentration ability needed for *studying* results in the underperformance of the twinless twin in school (Audrey Sandback, 2007).

In the case of school-aged twinless twins, there are frequent cases with *behavioural problems*. Their unconscious pain originating from the loss of their twin results in aggression against their environment.

Another biological characteristic is the *handedness*. Identical twins appear as mirror images of each other with a 35% frequency, which means, that one of them will be right-handed and the other one will be left-handed (Austermann, 2007). It is not proven, that the handedness can be connected to genes, but it was demonstrated, that familial aggregation has a significant role in it (R. A. Yeo, R. J. Thoma, S. W. Gangestad, 2002). I suppose, that we can find a lot of left-handed men among the twinless twins, as they had probably lost their right-handed sibling in the womb.

The survivor twins learn in the womb that they are *powerless*, they cannot save their sibling, what's more, in several cases they blame themselves for the death of their sibling, by not leaving enough nutrition, water or place or even air. This can cause different dynamics: on one hand the twinless twins tend to suffer from saviour syndrome, as they think unconsciously: "as I didn't save my sibling, now I save other people instead of him/her". In several cases, the twinless twins choose a job which involve helping others (Moffat, 2005-2009). According to a research (John James, 2007), twinless twins ask for help from a therapist more often, than their only-child mates, the vanishing twin syndrome was a problem at 25% from the clients of the researcher.

Self-accusation leads to *guilt*, and guilt leads to unintended self-punishment (Audrey Sandback, 2007), which, in the case of the twinless twin, can be compensated by playing the victim role or by failure. They will have also eccentric habits: they leave one bit on the plate or a sip of their drink in the glass; as they couldn't give this to their siblings in the womb, they make up for that in everyday life. Other *eating disorders* are connected also to this, as well as the anorexia (Austermann, 2008). All of these dynamics work unconsciously, and they spring from the experiences gained in the womb.

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Having no energy and drawing back are based upon real spatial experience, and they spring from the womb, which later manifest figuratively in the life as well. The survivor twins drew back from their sibling's cold, or possibly petrified body. The twinless twin will be reserved, *lonely* in his/her life as well (Carolyn May Dawn, 2007). They simply provoke situations where they get the possibility to relive their trauma, and they can become lonely again and again. Their social position can be unstable too, their confidence of people can be shaken. Death was their first experience in their life. Until a trauma is not treated, the psycho-biologic control disorder, connected to the unprocessed emotions of a former event's harmful effects and evolved from implicit memories, develops quite early, which results in the fact that the person, several times in his/her life can re-experience and replay the choreography of the traumatic sufferer without knowing about it (József Vas, 2007).

If the survivor twin discovers the death of his/her twin, begins to look for him/her. Where is that one, whom closeness he/she felt, and whose heart sound were audible? What happened to him/her? As an adult he/she keeps this *searching* (Carolyn May Dawn, 2007), that can manifest in the most different ways. During his/her childhood, he/she can re-experience the anxiety originating from the trauma, he/she can often cry without any reason, can be afraid of darkness or in the elevators (situations, which can recall the state in the womb). Anxiety itself, in the most diverse forms and situations, can follow their whole life. From this time they try to control everything as far as possible, because that time they could not control the case. They live trapped by their magical thought, that if they make everything well, than everything will be all right. This thoughts usually are followed by perfectionist elements (Moffat, 2005-2009).

The twinless twins *desire for the death* after their sibling (Hayton, 2007). It seems unfair for them, that their twin had died instead of them. Therefore they live their life with a great sense of responsibility, similar to those people, whose mother had an abortion before their birth (Feldmár, 2007). They consider their life pointless without the other. Shirley A. Ward (2007) writes about the close connection between the suicidal ideations and the early, intrauterine or birth traumas.

Knowing these maybe we can understand, if these people are not or are hardly understood by the others, or the twinless twins experience this so. Because it is possible, that they have got everything for well-living, but this doesn't happen in this way in the real life, however, as we can see, they don't have any realistic reason to feel uncomfortable.

Moffat (2005-2009) found, that they avoid *competition*, because, as they have learnt, if someone emerges a loser, he/she might even die.

Another possible dynamic is, that the survivor twin *identifies* with its dead twin, which can also explain the desire for death and several other characteristics: e.g. if the sibling was of the opposite sex, it can happen, that girls would like to be boys, and they behave in that way, too, and vice versa. However this differ in the case of men, because we can observe more likely the lack of man-energy at them.

How can a man trust another one, whose first experience of life was the abandonment and the loneliness? The twinless twins are either too confident to be able to keep their mate, partner close, or they simply isolate themselves and will be suspicious. *Closeness* is a difficult issue for them, anyway. They tend to feel a symbiotic closeness toward the other, feeling, that they have found their lost twin in the other one (it is frequent in relations with siblings, friends and partners as well). Or the opposite of this: they avoid strict relationships, they fled from one relationship into the other (Austermann, 2008, Carolyn May Dawn, 2007). There can exist another version too: when the relationship is going to be very good, or the parties could get close to each other, the twinless twin sabotages the relationship, because he/she has the experience of getting close to someone can mean the death of the other one, ad he/she fears the other from him-/herself (Moffat, 2005-2009).

Sensitivity and the mood changes resulting from this are also typical characteristics of twinless twins. Their *indecision* springs from their belief, that they judged their sibling, it was them, who made a decision about his/her death.

They have a lot of tiny habits in addition, e.g. one part of them pack their flat with junks, the other part does the same with their bags or they carry *back packs*. Others replace them with *stuffed animals*, and some of them keep a *diary* to note their thoughts. We can put the question for whom is this diary written, which contains their own life noted. And we could ask from a person like this, why does he/she need to buy two of a thing, from which he/she needs only one, for example two pair of shoes of the same type.

In the case of women the fear from *having children* can be typical. After experiencing their own trauma, it is not sure, that they take the risk to their children end up like them. However, the women who would not like to have children, can have several other dynamics from their family life, twin lost can be a contribution, which cranks up the increasing of their anxiety related to this topic.

How those mothers, who lost one or more embryos from a multiple pregnancy, react? These mothers generally are not aware of this, because there is no indication of what happened, or because the doctors, who see the lost on the ultrasound, think it better to spare them from the bad news, or simply they do not consider the loss to be important, they are happy with the other, living child. But, according to a research, these mothers show mourning reactions also (Swanson, Pearsall-Jones, Hay, 2002), which raises the question, how can they relate with their unconscious knowledge, a repressed mourning to their new-born living in the background?

Audrey Sandback (2007) have made researches at families, where one of the twins had died right after the birth. He found, that parents were either too protective, or dismissive with the survivor child even if it wasn't conscious. Parents can fear their child from the death. The inner feelings of grieving caused by the dead child can deflect the attention from the living one.

It is also frequent, that in the case of *twinless parents*, the birth of their child recalls unconsciously their own intrauterine trauma and this has an effect on their baby, too. It may happen, that they feel serious anxiety related to their child, or they get to such a close relationship with their child as he/she were their twin, or possibly they can be extremely worried about them.

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During a family constellation we can observe as a dynamic, that the children compensate the lost twin of their parents by love, therefore a kind of parentification occurs, which may cause a lot of problems in their own life. Moreover, they cannot substitute the lost sibling for their parent, because of the simple fact, that the parent is looking for another type of relationship and for a totally other kind of man, who has (already) lost (Johan James, 2007). Raffai, in his book, is telling about an interesting, relevant research: They were investigating the effects of prenatal stress with rats, and they found that the effects of the stress can be transmitted across generations; among the descendants and nephews of a prenatally stressed rat there were less viable rats, and their birth weight was also lower. So, we can imagine how an intrauterine trauma can be transmitted from generation to generation, just like, as the writer suppose it, we pass on our representatives similarly to our genes (related to birth giving, birth).

Dr. Volkan describes, that siblings of almost the same ages, whose parents raised them without giving them the intimate space between each other (e.g. they had to sleep in the same bed for years, or they had to wear clothes of the same type), as a part of a pathological process, they, so to say, "*become twins*", that is, they consider themselves to be twins, what's more, a "three-legged" unit. They identify with each other, according to analytic approaches, in the case of siblings with opposite sexes, they possess common sexual organs.

If someone loses a twin in the womb, he/she can identify in the same way with his/her dead sibling, like these living siblings do. As another dynamic, it is also typical, that the elder twinless children identify their younger sibling with their dead twin, which means the belief that their twin has just arrived, only he/she came out a little bit later from his/her mother's stomach, than them. There are two possible attitudes in this case: they are either always together, and they behave as if they were twins, or they feel, that something is wrong, the elder one feels, that it is not his/her younger sibling who he/she was looking for, and this can create tension in the siblings' relationship. If someone does not have a younger sibling who could be identified with his/her lost twin, he/she often finds a suitable man for this project from the people of his/her own age, from friends (or even in his/her relationship) (Audrey Sandback, 2007). In these cases we can see symbiotic friendships, where only two participants can exist.

Veronika Szilágyi (2005) in her dissertation studied the identical twins' bonding patterns. She found, that in the most cases the relationship of twins is symbiotic, which can be often influenced by the bonding patterns from their early child- and adulthood. It is interesting to me, that in the case of the most twin pairs a traumatic event or hard common destiny can be observed in the families on the part of parents or grandparents.

I would like to emphasise, that the twinless twins' dynamics, and the characteristics springing from them are differing from person to person. The forming of attitudes can be influenced differently by the stage of pregnancy had the twin died (the more elder he/she was, the bigger the trauma is for the other one), how, what happened to him/her and how close the embryos were to each other (the more close, the bigger is the shock of the death) (Audrey Sandback, 2007). There are people, whose life is made more difficult by the prenatal trauma, and others only think this is a somehow special event (Elizabeth Bryan, 2007). However, the therapeutic experience shows that these people have special characteristics, even if these do not cause problems in their lifestyle.

Research Questions

Basically, the purpose of my dissertation is to examine with measuring instruments, whether the possible habits, characteristics written in the references are typical, based on the family constellation, for the people considered to be twinless twins. Is there any connection or difference between the group of twinless twins and the ones, who do not have twins, and are there any characteristics observed that are attached to each other, or the different dynamics showed by the twinless twins are not interrelated at all? As part of my investigation, after the family constellation, I have requested a report from the twinless twins about their subjective experiences, to be able to map their emotional events that are the impact of the technique.

Hypotheses

- 1, There are differences between the results of the group of twinless twins and the other members of the test and between the results from first questionnaire filled by the twinless twins and the control group.
- 2, A biological, pregnancy or birth factor, examined by the second questionnaire, is much more typical in the group of twinless twins.
- 3, After two weeks since the constellation, the clients, who have discovered their lost twin through the method of family constellation, report about positive changes related to their brought topic.

Test Method

I was investigating the characteristics of twinless twins, springing from their dynamics and based on the therapeutic experiences gained on family constellations, with the help of two questionnaires. The questionnaires were compiled by me. Besides filling the questionnaires, I asked the people, who seemed to have a lost twin (based on the family constellations), to send me a report two weeks after the constellation.

With the questionnaires I would like to examine if the possible characteristics of twinless twins written in the references are truly typical for them, and which of them are the most typical, or which of them are more likely attached to each other. I needed the report to see, how effective the method of family constellation in healing of this trauma is, and to get more information about the twinless twins.

Assessment Tools

I have compiled both questionnaires based on the references (see Table 1).

An English writer, Althea Hayton (2007), has noted also the topic of the lost twin. She compiled an online questionnaire, based in which she can provide a feedback about whether the given respondent could have a lost twin or not. She asked for a further description about themselves, which she used for the writing of her book. The questionnaire was modified during the years, in the appendices you can see the list of the results of the most recent version (cf. Table 8), based on which I have used some statements in my questionnaire. My first questionnaire contains 118 questions, and five extra questions written separately for women and men. 20% of the statements are neutral/impartial, so the other 93 questions, and 3 more in the case of women and 2 more in the case of men, contain the twinless twins' characteristics, habits written according to my experiences. I needed the neutral questions so my clients, who have heard about the vanishing twin syndrome, do not to be suspicious of the questionnaire's purpose. The answers, according to their rate, can be 'yes' and 'no'. The questionnaire contains an open question, too, which asks the concrete expectations of the clients related to the family constellation.

The second questionnaire investigates the biological factors, the problems related to pregnancy and birth, in particular, which can be typical in the case of pregnancies, where one of the embryos vanishes. The question referring to the losing of a twin is the second, the filter question of the probable non-twinless twin group. Because it can happen, that whose sibling was not born or he/she died very early, especially if this happens before the given person's birth, he/she can show symptoms similar to the twinless twin's. The reason for this is, that in this case man feels also a survivor himself, even if they began to grow not in the same time in the womb. The twin loss is another kind of trauma, because in this case the survivor twin experience directly the disappearing of his/her twin.

In this questionnaire I asked about the demographic data as well. I omitted this from the first questionnaire, but as an excuse, I can state that these data are not very necessary from the point of view of the research's investigation questions.

I asked to write the first names on both questionnaires. It was necessary to know who is exactly filling the questionnaire in the given group, and it's purpose was reasonable from the investigation's point of view, too: according to my assumptions, it can happen typically in the case of twinless twins, that their parents gave them a first name, which has a companion term for both the women and men. I also supposed, that twin lost is more frequent in the case of those persons, who have got two first names. Nicknames can also be telltales from this approach.

1. table - The references of the questionnaires' statements.

In the first part of the table the elements of the first questionnaire are shown, in the second one the second questionnaire's ones.

<i>Reference</i>	<i>The number of statement</i>
Neutral statements	1, 9, 16, 20, 25, 28, 37, 40, 48, 49, 55, 60, 63, 69, 73, 77, 81, 84, 88, 97, 103, 108, 113, 115, 118, F2, F3, F5, N3, N5.
Austermann (2008) John James (2007)	2, 5, 6, 8, 10, 11, 13, 14, 17, 18, 19, 21, 22, 23, 24, 26, 27, 29, 30, 31, 32, 33, 35, 36, 38, 39, 41, 42, 43, 44, 50, 52, 53, 54, 57, 58, 59, 62, 64, 65, 67, 68, 71, 72, 74, 75, 76, 82, 83, 85, 86, 89, 92, 93, 94, 95, 98, 100, 101, 104, 105, 107, 109, 110, 111, 112, 114, 116, 117, W1, W2, M4.
Moffat (2005-2009)	3, 4, 12, 34,
Althea Hayton (2005, 2007)	7, 15, 45, 46, 47, 51, 56, 61, 66, 70, 78, 79, 80, 87, 90, 91, 96, 99, 102, 106, M1, W4.
Own idea	62,
Austermann (2008)	Occupation, education, B2
Moffat (2007)	B1
Papp (1999)	B5, B6, B7, B8, B9, B10, B11, B12, B13, B14, B15,
Austermann (2008), Angster (2009)	B4, B18, B19
Moffat (2005-2009), Papp (1999)	B17
Own idea	First name, nick name, B16

The 62th question of the first questionnaire is my own idea: I seem younger than I really am. At this question I was based on the fact, that those, who live a trauma in their childhood, the time almost stops on their face, and if we are empathetic enough, we can define in what age did a determining life event happened to them. Naturally, we can talk about any kind of trauma happened in any period of life. Even though, I presume, that twinless twins often mark this question with a YES.

As a possible sign referring to vanishing twin, the 16th question of the biological factors from the second questionnaire had probably come to many therapists' mind, however I did not find any reference for this. I suppose, that it can happen in the case of twinless twins that parents expect a child of the opposite sex, as they "surmised" the beginning expected sex child's growth, but he/she just didn't arrive eventually.

Research participants

The first questionnaire was filled by clients, who came to family constellations with their own topic. If during the family constellation a twin-constellation happened, I considered the given person to be a twinless twin. Two weeks after the constellation I asked these persons how they felt, did any changes happen to them and I also got the second part of the questionnaire filled by them. After this I have filled the questionnaires with persons, who had participated on more than five family constellations, and therefore probably they do not have a lost twin, or not this is the main problem in their case. They are the members of the control group against the group of twinless twins.

I have participated in nine family constellation groups altogether. Eight groups from these have a constant facilitator, in the ninth group, as it is a learning group, more facilitators relieve each other. The diversity of the groups enriches my investigation patterns.

The examined persons had filled the questionnaire voluntarily, they were more than 18 years old, and they agreed to publish the content in my dissertation.

Test Procedure

The two questionnaires were one single paper originally. I had to divide it, because they were taken to the family constellation groups, and I asked the members of the group to fill the test before the beginning of the constellation work. This was necessary, because the constellation can possibly influence their answers to my questions. Filling the first questionnaire takes 10 minutes, which fitted the permitted time frame. Activities before the constellation work, that last more than this, damages the group energy and the clients' feelings and mood, which are absolutely necessary for successful constellations. It would take a lot of time and energy from the group to fill the second test too. Probably I couldn't have found a facilitator who would have allowed me to get the second questionnaire filled, as it would have taken at least 20-30 minutes. For this reason I decided to have the second part of the questionnaire filled posteriorly only by the twinless twins, and with the members of the control group.

Before filling the questionnaire, I informed the clients about the anonymity and volunteering. This is prominently important, because the clients can feel ready to the work only in the safety of the group confidence. I did not pay attention to the content of the constellation, I focused only on the topic and if a twin-constellation occurred in the case of someone. I have retained the constitution of group secret. I have told the clients, that the purpose of the survey is to investigate the personality features of those persons, who have

attended to the family constellation, I didn't tell the real topic for not to influence them at the filling.

Results

I got filled the first questionnaire with 114 persons. 24 from them are men, and 90 are women. This rate is resulted from the general fact, that family constellations, and any other psychological activities, which deal with feelings, are visited mostly by women. This tendency is increasing over the time, as men are more and more often appearing in constellations. I have got twin constellations from my large sample in the case of 15 persons, 3 of them are men, and 12 are women. This means that based on this pattern, every 7th-8th person is a twinless twin, which, according to my subjective opinion, affirms well all that is written in the references.

In my research I have compared the 99 persons with the 15 twinless twins; then I compared the two groups with the same number: the twinless twins and those, who probably don't have lost twins. This last group is called the control group. I have to mention, that in the group of 99 members there may be persons, who are proven to be not twinless twins, the opposite of that can turn out on another constellation, so they can carry this trauma and the characteristics springing from it. It is not guaranteed either, that there is no twinless twin among the members of the control group, only the chance is bigger to this compared to the one with 99 members.

The Analysis of the First Questionnaire

As a first step I have compared the 15 members of the twinless twins group to the other 99 persons. This comparison have led to biased results because of the non-corresponding number of the members, but after all, it worths surveying if there are any differences between the two groups.

To compare the groups, I have worked with the independent samples t-test, as these are independent observations in the two subgroups of my random sample survey (Vargha, 2000). I have taken into account only the non-neutral questions from the answers. I did not deal with the neutral questions in this dissertation.

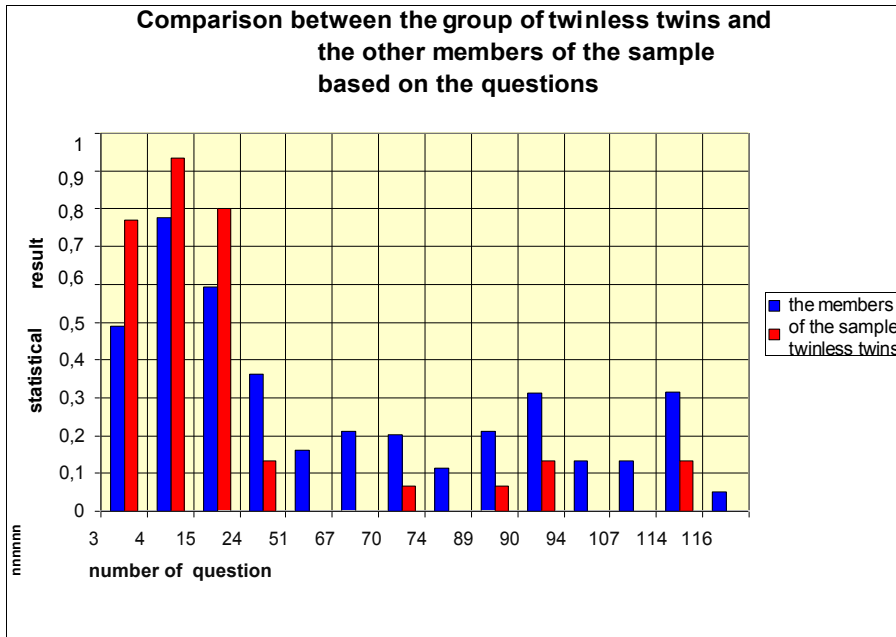
I have run the statistical calculations with the statistical program called ROPstat (Bánsági, Bergman, Vargha, 2010).

I have got the following significant results, which show tendency:

2. Table - Comparison between the groups of twinless twins and the other members of the sample based on the questions.

Question	The average of the sample's members	The average of the twinless twins	p-value	
3	I prefer planning my life thoroughly.	0,489	0,769	0,050*
4	Usually I endeavour to be perfect.	0,776	0,933	0,056+
15	I feel I have always been looking for something, but I do not know, for what.	0,592	0,8	0,092+
24	I often feel inexplicably guilty.	0,364	0,133	0,035*
51	My close friendships and relationships are often wrecked.	0,162	0	0,000***
67	When I was in school, I had behavioural problems.	0,212	0	0,000***
70	I often talk with myself in front of the mirror.	0,202	0,0667	0,095+
74	I always leave a sip of drink in my glass.	0,112	0	0,001***
89	I have such a strong relationship with my sibling as if we were twins.	0,212	0,0667	0,075+
90	I have eating problems.	0,313	0,133	0,092+
94	I had suicide attempts.	0,133	0	0,000***
107	It happened that I was attracted to a homosexual of the opposite sex.	0,131	0	0,000***
114	I often play the victim game.	0,316	0,133	0,087+
116	Anything I try, I do not succeed in.	0,051	0	0,025*

1. Figure – Comparison between the group of twinless twins and the other members of the sample based on the questions.



Based on this I can say, there are differences between the answers of the two groups.

We can see from the first figure that the third question, for the twinless twins, differs significantly from the results of the other members of the sample. This can be interpreted, that in the group of twinless twins the question of control plays a crucial role compared to the other clients. In the group of twinless twins, people like things to happen in that way as they had planned, they like to plan the events of their life. If something went somehow else, as they want it, they would lose the control on the development of events, and this reminds them unconsciously to the period when they were helpless at losing their twin in the womb. In the group of twinless twins, questions 4 and 15 show a tendency. So, perfectionism is much more typical in the case of twinless twins. The twinless twins try to do everything as perfect as they can, because they believe that nothing wrong can happen with them if they do so. They got more points at one of the questions related to the seeking, too: "I feel I have always been looking for something, but I do not know, for what." So twinless twins are suffering from a constant feeling of loss, they are constantly searching for something, however they do not know even, what are they exactly looking for in their life; they experience that something is incomplete around them. Results got from these questions prove, that the desire for control, perfectionism and searching are important characteristics in the group of twinless twins. This result is significant, because these rates show substantial differences for the group of twinless twins, against the sample of 99 persons.

The results got from the other questions of the table are higher for the other members of the sample against the group of twinless twins. There is a tendency in differing of the questions 70., 89., 90., 114 and there are significant differences at the questions 24., 51., 67., 74., 94., 107., and 116. The question no. 89. cannot be interpreted because of me, as the question asking about having a sibling does not appear in the first questionnaire. Those, who does not have any sibling and those who have one, but they are not twins, marked the answer NO. The questions 90 and 114 are not definitely symptoms indicating twin problems, they can appear at other problems of the family dynamics (Schäfer, 2008); the difference can be explained by this. The case is similar at the questions 24. and 70., too. At the questions 51., 67., 74., 94., 107., 116., before explaining the psychological dynamics, there can be a simpler reason for the difference: 0 person had answered these questions from 15 in the group of twinless twins. Some people from the 99 members of the other group had given such answers. In this case the difference results from the huge variance of the members' number from the two groups. The differences still exist, of course, and it is an essential data that none of the twinless twins had answered this question, but because of the things mentioned before, these variances can be hardly interpreted.

Item analysis

I have verified afterwards the correlations between the non-neutral questions of the first questionnaire, the reliability of it (Vargha, 2000), to make sure if all the items of the questionnaire measure the same things. Using the Cronbach alpha based on the questions it equals 0,861 and testing it on the scales it equals 0,843. If the value of is higher than 0.7, we can talk about the reliability of the monitoring tool.

Factor Analysis

In the next step, from factor analysis, I have created scales from the questions. However my sample includes more than 100 heads, which could be a reason for factor creating, but the number of the questions

from my questionnaire is about 100, too. However, the factor analysis is considered to be an unsure method, because the researcher has to interpret the meaning of factors in correlation, it is recommended to be used on the large sample of an unknown measuring instrument (Babbie, 2003). Because all of these, the results of factor analysis cannot be considered to be totally adequate, it rather gives an outlook about the contiguous elements of the questionnaire.

I was able to create 26 scales from the 98 questions; 25 items were left out altogether. 11 from these include questions that can be interpreted by themselves, and I couldn't classify the 14 statements that remained (cf. Appendices - 9. table). There are missed statements, which cannot be explained concretely, they cannot be set against the other items of the questionnaire because of their phrasing, meaning or of the content what lies behind them. There are also sentences, that wasn't chosen correctly, for example I do not consider absolutely appropriate the ones referring to pets, as it can happen that the interviewed person didn't decided to have a pet in his/her childhood, or the pet does not belong only to the questioned person, but to other members of the family, too. I have already discussed why the 89th question does not have a meaning: in this sample we do not know, who has living siblings. There is another statement that cannot be classified: the sentence 116 proves to be too strong to me; even those who have less sense of achievement do not certainly answer YES to such an emphatic statement, so it has nothing to do with the other questions investigating failures and sabotage.

Comparison by Scales

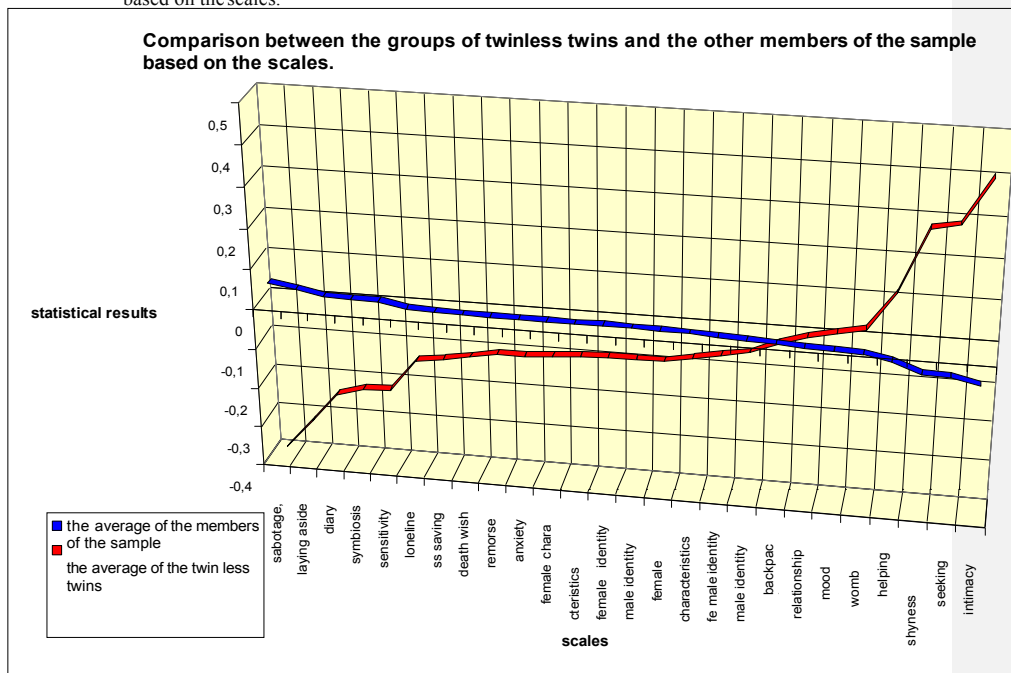
However, factor analysis statistically is not a totally reliable procedure, and it must be interpreted carefully, based on the scales, I have also compared the group of twinless twins with the other members of the sample.

My results:

3. Table – Comparison between the group of twinless twins and the other members of the sample based on the scales.

Scales	the average of the members of the sample	the average of the twinless twins	p-value
<i>sabotage</i>	0.0607	-0.392	0.026*
<i>laying aside</i>	0.05	-0.32	0.234
<i>diary</i>	0.0368	-0.243	0.278
<i>sybiosis</i>	0.0348	-0.224	0.256
<i>sensitivity</i>	0.035	-0.221	0.341
<i>loneliness</i>	0.0215	-0.139	0.56
<i>saving</i>	0.0195	-0.132	0.603
<i>death wish</i>	0.0175	-0.119	0.534
<i>anxiety</i>	0.0168	-0.106	0.668
<i>remorse</i>	0.0166	-0.106	0.638
<i>woman</i>	0.0161	-0.101	0.699
<i>female identity</i>	0.015	-0.0949	0.71
<i>male identity</i>	0.0164	-0.0929	0.839
<i>self-assessment</i>	0.0153	-0.0928	0.721
<i>lack of energy</i>	0.0143	-0.0912	0.693
<i>man</i>	0.0133	-0.0799	0.863
<i>fantasy</i>	0.0103	-0.0653	0.786
<i>decision</i>	0.00804	-0.0533	0.857
<i>backpack</i>	0.00393	-0.0251	0.923
<i>relationships</i>	0.0007	-0.00469	0.98
<i>mood</i>	-0.00176	0.0111	0.958
<i>womb</i>	-0.00378	0.024	0.926
<i>help</i>	-0.0177	0.118	0.664
<i>shyness</i>	-0.0416	0.277	0.359
<i>seeking</i>	-0.0454	0.291	0.227
<i>intimacy</i>	-0.0602	0.404	0.109

Figure 2 – Comparison between the groups of twinless twins and the other members of the sample based on the scales.



We can see from the figure, that the results of twinless twins are more extreme than the ones of the other members of the sample. This resulted from the difference in the total number of the members of the groups. The only significant result from the answers is that the members of twinless twins are much more unsuccessful, than the other members of the sample. Based on the numbers, this is difficult to interpret, because it is possible that none of the 15 twinless twins experience failure in their life, this dynamic is not part of them.

In the group of twinless twins, seven scales had got higher values than in the case of the other members of the sample, however the difference is not so significant: the intimacy, the seeking, the shyness, the help, the images recalling the womb, the mood and the relationships. If we consider these scales to be successful, that means that the sample of twinless twins struggle more with the problems of intimacy, be it about sexuality or touching; a kind of searching features their life, which cannot be explained concretely even by them. Shy attitude is much more typical for them. They are helpful, having great empathy sense. The group of twinless twins got higher values at the part of recalling the image of the womb, too, which can be explained by the fact, that they had experienced a trauma there, which can appear in these situations again. Mood swings can also be typical for them, as well as the frequent ending of their friendships, relationships or at least they are more hardly getting to know new people than the other members of the sample.

The Comparison of the Twinless Twins' Group and the Control Group

As the difference between the two groups is very big in number, and therefore the interpreting of the

results is also hard and we cannot say definitely that except the group of twinless twins, the others does not have a lost twin, I have created a control group of 15 persons, who had already attended in family constellations at least five times, and they never had a twin-constellation. However it is not totally guaranteed, that the members of the control group do not have a lost twin, we get a better clue than in the case of the large sample. Furthermore, the demographic similarities and the same number is ensured in this way. Comparing these two groups can give more accurate results, than the former investigations.

I have got the same questionnaires filled with the 15 members of the control group, that I have got filled with the twinless twins too. So these groups can be analysed from more points of view. To compare the two groups, I have worked with the independent samples t-test, I have set against the results of the two groups per questions.

The Characterization of the Twinless Twins’ Group and the Control Group Samples

In the twinless twin group there are 12 women and 3 men, while in the control group there are 10 women and 5 men. 4 persons from the twinless twin group did not fill the second questionnaire, and one person missed this from the control group. The first questionnaire was filled by everybody.

Taking into consideration the first names, two of the twinless twins have a name that has both, feminine and masculine variations, in the control group there are five examples for this. There are two clients in both groups who have two first names. My hypothesis, that first names can be tell-tale in some cases of the twinless twins, couldn’t be demonstrated.

According to their age, the mean age of the sample is 39.5, the dispersion is 9.48. The average age of the twinless twins group is 38, while the other group’s age is 41. Everybody is highly qualified in my sample, except two twinless twins. According their occupation, three persons have carer jobs from both groups. So my hypothesis, that more twinless twins have carer jobs, cannot be demonstrated, but maybe more of them would like to work in places for helping others, -this will turn out at the comparison of the questions from the questionnaire.

4. Table - The summary of demographical data per groups from the point of view of the family status, relationships and living together.

CONTROL GROUP						
<i>Singles</i>						
	<i>Who does he/she live with</i>					
<i>family status</i>	parent(s)	Partner	single	other	with	Total
divorced	0	0	0	1	0	1
unmarried	0	0	3	0	0	3
Total	0	0	3	1	0	4
<i>in relationship</i>						
	<i>Who does he/she live with</i>					
<i>family status</i>	parent(s)	Partner	Single	other	with	Total
married	0	1	0	0	3	4
in cohabitation	0	0	0	0	1	1
unmarried	2	1	2	0	0	5
Total	2	2	2	0	4	10
THE GROUP OF TWINLESS TWINS						

<i>Singles</i>					
	<i>Who does he/she live with</i>				
<i>family status</i>	Partner	single	other	with	Total
unmarried	0	1	1	0	2
Total	0	1	1	0	2
<i>in relationship</i>					
	<i>Who does he/she live with</i>				
<i>family status</i>	Partner	single	other	with	Total
married	1	0	0	2	3
in cohabitation	1	0	0	1	2
divorced	0	0	0	2	2
widow	0	0	0	1	1
unmarried	0	1	0	0	1
Total	2	1	0	6	9

Taking into consideration the demographic data (cf. table 4.), we can see, that in the twinless twins' group, there are 18% less persons living alone, than in the control group. There were 9 and 10 persons who lived in relationship at the time of filling the questionnaire, and the rate of married ones matches as well. In the twinless twins' group, those who live in relationships, but they are not married, one lives alone, two of them are divorced, one of them is widow and the others live in cohabitation. Those, who do not live in relationship, they live alone or with flatmates. In the control group there are six persons living in relationship without being married, two of them live with their parents, 36 one of them lives with spouse and one of them lives alone. The ones, who presently do not have a partner, live alone or with someone, who is not their family member. Related to the question referring to siblings, from the twinless twins, only one of the clients does not have a living sibling, while in the control group three men are only children. All in all, I can say, that the two groups are similar demographically, which helps the statistical comparison.

The Analysis of the Second Questionnaire

The average birth weight is 3200 grams (7 pounds), their length is 51 cm (20 inches long) (M. H. Beers, 2004). According to the references, it is typical for twin pregnancies that the weight of the babies is 20% less than the average. This means, that in the case of newborn babies with 2560 grams (5.6 pounds) or less, the phenomenon of vanishing twin can emerge (here we can mention the small weight due to premature birth, because it can refer to vanished twin, too). In my sample, in the twinless twins' group there were two clients, who were born with such a small weight, in the other group there were three of them. I cannot confirm my hypothesis referring to the body weight. I do not analyse separately the birth length as these two data are inseparable.

I have calculated the index from the clients' current weight and height with the help of BMI. In the case of those people, who differ somehow from the average, a kind of eating disorder may arise, which can refer to twin loss, or any other family dynamics, in any case it is worth observing these kind of differences in the two groups. The following table contains the calculation and the values of the BMI:

5. table – The calculation and the values of the BMI (Beers, 2004)

<i>Calculation:</i>	
BMI = weight ÷ height ²	
<i>Evaluation</i>	<i>BMI value</i>
<i>Underweight</i>	< 18,5
<i>Normal weight</i>	18,5 - 24,9
<i>Overweight</i>	25 - 29,9
<i>Obese</i>	> 30

In my results, among the twinless twins there is one overweight person, and one obese person, the BMI of the others is normal. In the control group the rate is the same, and we can meet an underweight person, too. I can ascertain, that considering the current BMI distribution, there are no differences between the two groups.

Among the twinless twins, 6 persons proved to have a dead twin of the opposite gender. The questions referring to women and men of the first questionnaire, explores, if the persons, who have lost their twin of the opposite gender, identifies themselves with their dead sibling in a manner, that they want to be the opposite gender, or they behave in that way. Analysing these questions, I did not find any difference between the persons who have lost an opposite gender sibling and those who have lost a sibling of the same gender.

Regarding handedness, in my sample almost everybody is originally right-handed, except two persons from the control group, who are left-handed and trained right-handed. On this sample, I cannot demonstrate my expectations related to handedness.

In the issues of physical and mental illnesses, as well as of taking medicines, among the members of the control group one person marked mental illness. Six persons have physical illness from the sample, four of these belong to the control group. Four persons from them are taking medicines for their illnesses, and two of them are taking other types of medicines. These questions are less referring to my research; in the control group, the only person with mental illness may be affected by his/her illness in giving answers, but I cannot filter out the possible effect of this. Also one client has “dys”-related problem, who is the member of the control group, so on this sample I cannot demonstrate my hypothesis referring to “dys”.

The compared results of the data of pregnancies and births between the two groups with independent samples t-test:

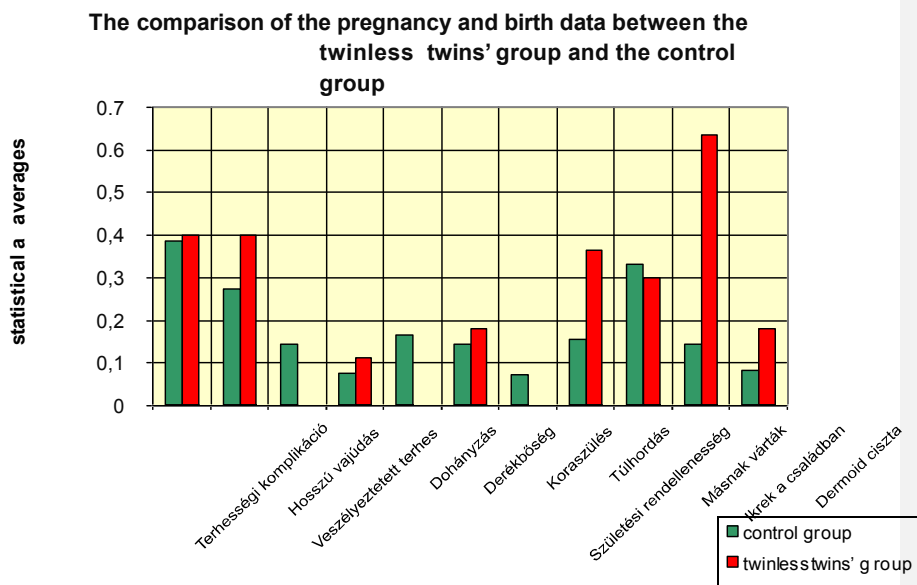
6. table – The comparison of the pregnancy and birth data between the twinless twins’ group and the control group

	control group	twinless twins’	p-value
<i>Pregnancy</i>	0,385	0,4	0,944
<i>Long-lasting labour</i>	0,273	0,4	0,562
<i>High-risk pregnant</i>	0,143	0	0,165
<i>Smoking</i>	0,0769	0,111	0,804
<i>Waistline</i>	0,167	0	0,363
<i>Premature birth</i>	0,143	0,182	0,805
<i>Delayed parturition</i>	0,0714	0	0,336
<i>Birth defects</i>	0,154	0,364	0,27
<i>Expected to be of the other gender</i>	0,333	0,3	0,875

<i>Twins in the family</i>	0,143	0,636	0,014*
<i>Dermoid cyst</i>	0,0833	0.182	0.513

Figure 3. - The comparison of the pregnancy and birth data between the twinless twins' group and the control group

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 Comment [1]: The list from below:
 Pregnancy complication



We can see from the analysed results related to the pregnancies of the client's mothers and to birth, that the chance for being wrong about the difference in having a twin among the ancestors and collaterals of the twinless twins is 1%. This is important, because twin pregnancy - and birth - genetically happens more often in families, where such an event happened before. This statement was demonstrated in my sample.

The other results, that I got, are more likely coincidences, but maybe it is worth mentioning them: Analysing the pregnancy complications, the results of the two groups are almost identical. I have got very diverse results regarding the type of the complications: at the twinless twins, three mothers were exposed to emotional trauma during their pregnancy, and there were examples for illness, infection and severe vomiting. In the other group there were typical illnesses at three persons, two clients' mothers had bleeding during pregnancy, one mother had severe vomiting, and one had high fever. The answers referring to the question of whether the parents were expecting a baby of the opposite gender are almost corresponding.

The difference is not so significant neither in the answers referring to premature birth and smoking during pregnancy, however, for these questions, I have got more answers from the twinless twins. The questions referring to long-lasting labour and dermoid cyst are similar to this as well. The interesting fact about the last one is, that there are some persons among the members of the control group, who had a dermoid cyst, which, according to the experiences of the therapists, is a sign denoting twin-loss anyway. In the group of twinless twins, according to this sample, there occurred more often birth defects of another type.

The other problems, such as endangered pregnancy and delayed parturition, did not occur at any of the twinless

twins. The question referring to waistline is exceptional, because 68% of the respondents marked the “I do not know” answer.

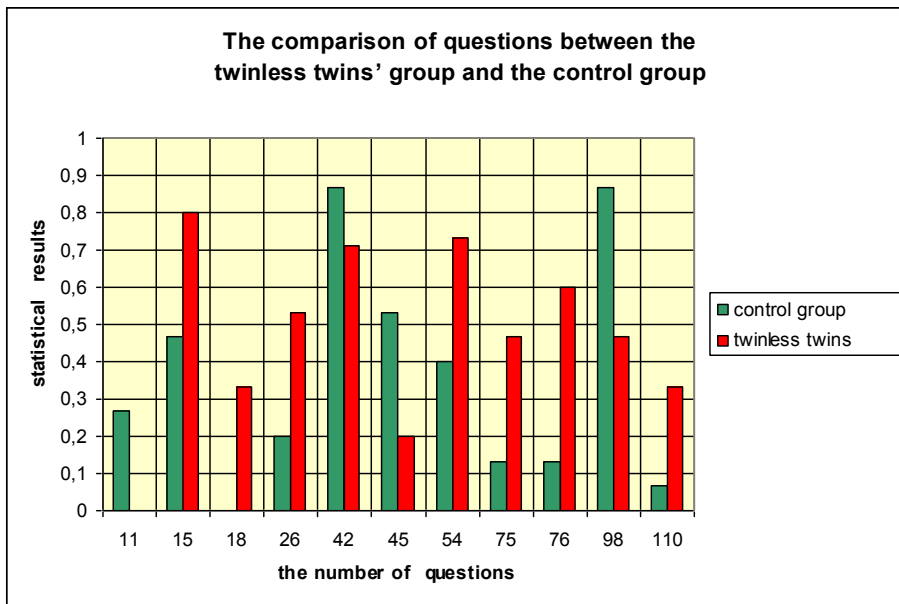
The questions 10., 11. and 12 referring to biological factors from the second questionnaire were not answered by anyone, which means that nobody’s mother out of the 25 persons had tried to have an abortion during their pregnancy with the client, and the clients were conceived naturally.

Significant results of the first questionnaire, or the ones denoting to tendency compared per answers

table 7 – The comparison of questions between the twinless twins’ group and the control group

Number of question	Question	control group	twinless twins’ group	p-value
11	I am writing a diary now.	0,267	0	0,041*
15	I feel I have always been looking for something, but I do not know, for what.	0,467	0,8	0,062+
18	I have sexual problems.	0	0,333	0,019*
26	Touching others is unpleasant to me.	0,2	0,533	0,062+
42	I would like to have a job, where can I help other people.	0,867	0,714	0,335
45	There is at least one place in my home, which I can clutter with junks.	0,533	0,2	0,062+
54	Sometimes I think I have everything to be happy, but I do not feel myself so.	0,4	0,733	0,069+
75	I often feel that I don't deserve to be happy.	0,133	0,467	0,049*
76	I generally do not make friend easily.	0,133	0,6	0,007**
98	I like to cheer up my environment with joking.	0,867	0,467	0,020*
110	I typically speak quietly.	0,0667	0,333	0,075+

4. Figure – The comparison of questions between the twinless twins' group and the control group



The question 42 is not so significant, its appearance in the table can be explained by the fact that I supposed about the members of the twinless twins' group to have a caring job (or they would like to have). As the result is not important, I cannot really commit myself to this issue; however we can observe, that for this question more responses were received from the control group. So, my hypothesis cannot be demonstrated.

We have got significant results at the statements 11, 18, 75, 76, and 98, as having some kind of sexual problems, the feeling that they do not desire the happiness, and - as they revealed - having difficulties in making new friends, is much more typical to the twinless twins' group. The sexual problems cover a wide range of disorders, the clients' family dynamics can also differ from the problem of twin loss, but, to this question, I did not get any YES answer from the control group in my sample, while it is much more typical in the group of twinless twins. The general feeling of not desiring happiness can include the inability to pleasure. This can be correlated with some kind of self-sabotaging behaviour or with the one resulting from feeling guilty. Twinless twins, according to the references, are characterized by having problems in making new friends and by in integration difficulties. Relationships can carry the possibility of disappointment, they can be mistrustful and therefore they can have also difficulties in making new friends. The members of control group typically keep a diary, and they like to cheer up the others with jokes. These questions themselves do not refer to the possibility of a lost twin in their case.

Twinless twins show a tendency in looking for something about which they do not know what is exactly. About this issue and in the scale related to this, earlier I have got similar results, too. In addition, in this evaluation, it is typically unpleasant for twinless twins if a stranger touches them. Psychodynamically, this can spring from their experience in the womb, when the remnants of their sibling's body petrified, and getting into physical contact with that was unpleasant for them. Touching a stranger can recall this experience, and they may

identify it as a source of danger. In my sample, the members of the twinless twins' group do not feel uncloudedly happy in their life. This statement can be linked with the one, in which they claim that they do not desire happiness. The mood of the twinless twins is influenced by the shadow of sadness and unhappiness. As another interesting fact we have to mention, that a typical sign of twin loss, the quiet talking, were much more typical in the group of twinless twins in my comparison. Being reticent can be interpreted as inclination to be a reserved person, it can mean a desire to disappear.

On the other side, the control group shows a tendency for enjoying cluttering their room up with unnecessary things. I had taken over this statement from Althea Hayton's questionnaire into mine (cf. appendices, table 8, question 12). In her questionnaire, 53% of the respondents had found this statement true regarding themselves. This kind of dynamic may not, or it may be less typical for those people who have lost their twin in the womb.

Comparing the results of the groups of twinless twins and the large sample with the results of the twinless twins and the control group, we can say, that the twinless twins can be characterized by the phenomenon of looking for something in their life, however they do not know exactly what is that, they just experience the lack of something, that is important to them. I have got this common result as a tendency from the question-by-question comparison of the two groups. In the results of Althea Hayton this question got a high rate, too: with 64% it is the second among the respondents.

The Feedbacks of the Twinless Twins' Group after the Family Constellation

In a technique, that is less known and recognized, it is very important to survey the consequences of the constellation regarding the problems of the client, and if any changes in the given person's life at all. Family constellation is basically a one-off method, the clients do not see each other again in the same group, and officially the therapist do not follow how the clients feel after the constellation. However, several therapists ask for the clients' feedback after the constellation, but the results, impacts of it are not elaborated, evaluated and adapted within the family constellation. The client has possibilities to do this in an individual or any other therapy, but these ways do not come under the family constellation. To get a closer approach to the clients' world of thoughts and feelings, two weeks after the constellation I have solicited feedback from them. I was interested in the effect of the constellation (if it had one), if it affirmed the problem that the clients brought and in their attitude towards the things they had seen and felt that time.

I asked the following questions from them: how their life was shaped related to their topic following the constellation, how they felt after the constellation and on the next days? Did any changes happen? Did something of their feature, attitude changed? Did the family members/the partner reacted somehow to the constellation? Did their relationship changed with them? What were they concerned about following the constellation? Had they any recurring thoughts, feelings? Others that they consider being part of the constellation, and they would like to share with me.

11 persons from the group of 15 members had answered my question.

Twinless twins unanimously felt good after the constellation. Some of them claimed, that they were energetic, others felt peace and relief, and some of them had cathartic experience similar to the constellation. All of

them wrote about positive reactions related to this question. It is a positive feedback, regarding the family constellation that 11 persons felt expressly well right after the work.

Interestingly, two clients had told about long-lasting headaches, migraine, that followed the initially positive feelings, which they cannot properly explain. Some of them began to mourn their sibling, they experienced a hard period, then their old, everyday feelings returned. The others did not experience similar things, their congenial feelings and their experiences related to this remained, which is due to the constellation.

Regarding the topics, one of the clients wrote, that he/she feels that his/her problem was not totally solved, he/she feels only little changes. Another client reported, that no changes happened regarding his/her topic, but he/she feel results in other questions, which are related to his/her personality, lifestyle. There was also one person, who marked, that learning is easier for him/her since the constellation, but he/she did not reported any other happenings. The topic of the others were solved with the constellation. One of the clients added, that it is hard to decide what happened thanks to the constellation, and what springs from the living conditions and life events, or from any other therapies. The third client adds, that sometimes he/she relapses into his/her problems, and this warns him/her, that family constellation is not a magic, he/she has still a lot of things to do with him-/herself.

The reactions of the clients' family members: someone writes that his/her family find it interesting that he/she had a twin, but it was not particularly "shocking" for them. In other cases, there were absolutely positive reactions to this story. A client's mother inquired about what happened on the family constellation, but the client did not wanted to share this with his/her mother. The relationship with their partner or with their mother had remarkably bettered, and it became more harmonic in the case of some other clients. It is notable, that changes happened in the relationships of the clients is mostly related to their mother. The other relationship that is directly affected by this topic is the one between couples, some positive changes had happened in these cases, too, even if not all the problems brought by the clients were solved.

Most of the topics (in the case of four persons) that twinless twins brought, were about relationship problems with their partner. Three further clients brought other topics; the first one was, that the client could only give, but he/she was not able to accept, another client searched a solution for a family secret while the third one was seeking for the reason of his/her death fear. Two clients had talked about problems related to anger, being stuck and anxiety. One of the clients had problems of general human relations, the other one wanted to better his/her relationships with the family members. These topics reflect perfectly the symptoms described in the references, and that can feature the twinless twins.

Twinless twins had written about a lot of feelings, emotions. Four of the members of the group feel, that they found something which they were always looking for. This confirms one of the results of the statistics, according to which the 15th question of the first questionnaire, and the factor called seeking is much more typical for the twinless twins' group than for the control group or for the members of the large sample.

In addition, I quote some feelings, thoughts: "it explains a lot of things that I felt as a child", "I can experience deeper even the bad days and now it is good in this way", "I opened to things which distract me, fill me up, I try to pay attention to myself, too." "In my childhood I dreamed of how good it would be if I had a twin", "I feel I am seeing and perceive unlike till now," "my first, serious novel was the Lisa and Lottie", "I felt at last I am not alone."

The feedbacks refer to positive changes on the whole, and we can tell, that different processes had started at all of the twinless twins. I found the reports regarding their feelings very interesting, a lot of them reflect the theories written in the references. Positive changes in the relationships with the family members were also a distinctive feature. It is important to highlight those reactions, which explain that this did not bring completely a solution and only the power of family constellation is not enough to work this topic up. I agree with the fact, that while three clients' problems was obviously solved and with immediate effect, this can be a harder subject for others, and they may need more processes regarding their story.

The Expectations of Those Who Attended the Family Constellation

At the beginning of the first questionnaire I asked the clients, what are their expectations related to the family constellation. This question is not closely related to the investigation of the twinless twin clients, it rather gives a general picture about the attitude and stance of people towards the family constellation, which can affirm and make the technique more authentic.

I have made a summary from the expectations of clients who attended the family constellation. 102 persons filled in this field, and I have got 134 concrete expectations altogether. 27 of these were about the expectation of finding out the *reasons of the given problem*, to understand and get an answer to it. This represents 20% of the responses. On the second place, 13.5% was about the *solving* of the problem. The next expectations were, with the same points (7%), to get a better *view* to the story and the problem of the family, to come to know the *possibilities of the solution*. They had written also, that they accept from family constellation to make their life better and easier, and they formulated their wish to make progress in their own problem. 6% of them highlighted the self-consciousness as an expectation. Only 4% considered *solving the problem alone* to be important. Another 4% of them does not have any expectations. Four respondents want to get rid of their burdens, want to know the reality, and expects some kind of change from the family constellation. Three of them mentioned the dissolving of the spiritual and mental blocks, and they wish to live their own life. Some of them expressed their interest, desire to gain some experience, others hoped that there would be some changes regarding their family members. Two respondents had named self-development as an expectation.

It is interesting, that most of the respondents considered the solving of the problem the most important, so most clients expected especially this from the family constellation. Man is basically a logic being, it is a well-known phenomenon that he seeks after the causes of everything. A client finds peace, if he/she can give a kind of explanation for the reasons of some problems of him/her. All of us have such kind of explanations, that prove to be false in most of the cases, and therefore we cannot resolve the problem itself. Family constellation is able to show the real roots of our problems, and there is only one jump from the mental recognition to the emotional experience, that leads us to the road of recovery. Fortunately, the family constellation makes the emotional experience possible for us, but it can be effective even without this. The desire to get the brought problem solved was on the second place after all; but it was, namely rather in a passive, waiting-for-miracle sense. For the real effect, the self-power of the individual is often needed to the solving of the problem. In the case of family constellation this is not always necessary, but a certain concentration and willingness is required for the progress. In this expectation it can be unreal that the majority of them expect the solving of the whole problem.

All of the expectations are real by themselves, and they give a reach picture about the people's problems,

mostly about their way of thinking about the family constellation.

Discussion

In my dissertation, through the method of family constellation with my own questionnaire measuring, I have investigated the characteristics learned and collected by therapeutic treatment of people, who supposedly experienced the trauma of losing their twin before the birth, during their growth in the womb.

My topic was examined by only a relatively few people, there is also a small number of references about this, and they expound mostly observations and reports. This field of science is just on its upswing, I hope that its literature will extend with more and more valuable researches, and more and more therapists will get familiar with the significance of the phenomenon of lost twins. My research is a step to the greater knowledge of the topic.

The topic itself is elusive and is hard to research scientifically. As the method of family constellation is not recognized by the psychology, the question may arise whether the members called twinless twins by me had really lost a twin in the womb, mainly because the phenomenon of losing twins is not always established even biologically, or the information related to this is lacking in several cases. Trusting the methods of family constellation, and based on the feedbacks of the twinless twin clients, I can consider the twinless twins group to be authentic. It was hard to form two separable groups, which I can assert about that twin loss happened or not in the case of the members, the homogeneity is especially uncertain at the latter one. The twinless twins' group of 15 persons, and the other group formed by 99 persons, who attended family constellation, were not concordant regarding their number, and we cannot even know definitely who those who do not have a lost twin are. Comparing the control group of 15 members with the group of twinless twins of 15 members in my sample proves to be small -regarding the number- to be able to demonstrate most of my hypotheses from any point of view, and it is not guaranteed either, that everybody from the members of the control group is without a lost twin. Therefore, it is not unproblematic to investigate, demonstrate or reject my hypotheses.

I was encountering obstacles regarding the practical investigation, too, because, at selecting the sample, exploration on the family constellations were only possible within certain limits, I was not allowed to bother the members of the groups more than 10 minutes, because that could disturb the direction of the work. There were groups that I could not examine for this reason. In the beginning I had sent my questionnaires via Internet to those who were going to have a family constellation, but the rate of those who sent back was really low, so I have decided to get the questionnaires filled personally. Thus, contacting personally, almost all of the participants from the groups had helped my work with filling my questionnaires, while they were scarcely complying my impersonal requests through e-mail.

Despite all the difficulties - or besides them - I could effectively conduct my investigation on the basis of the experiences described in the references and paying attention to the methodological insufficiencies, and I can interpret the results in this context. In the followings I am going to summarize my significant results, answer my question and react to the hypotheses.

I have found the following important differences comparing the group of those, who were demonstrated to be twinless twins with the other people who attended family constellation, and also with the control group, which contains individuals who supposedly do not have a lost twin:

In the first comparison between the twinless twins and the group of 99 members of the family constellation, analysing the differences from question to question based on the answers given in the first questionnaire, I have got only one significant result, where the twinless twins group have got a higher score;

and the statement was that "I prefer planning my life thoroughly". The purpose of using this statement in the questionnaire was to examine the attitude of the research participants towards the issue of environmental control. I mean by this, if the illusion of control exists for the subjects that is an urge to experience their own effectiveness with regard to the outside world. The question of control is about environment and the cause and effect relationship between us. The concept of the extent to which individuals believe they can control events affecting them is called belief of control. People can be characterized along a dimension of locus of control, where the two extremisms are the internal and the external locus of control. Individuals with an internal locus of control believe that things depend from them, while people with an external locus of control attribute outcomes of events to external circumstances (Rotter, 1966). The twinless twins might experience in the womb, that they cannot influence the external events, and they expanded this knowledge of them to every situations. Or they believe that, when experiencing the trauma, they were not able to influence the events, they will succeed in almost all other situations. Therefore, they like things to happen in that way as they had planned, they like to plan the events of their life. If something went somehow else, than they want it, they would lose the control on the development of events, and this may remind them unconsciously to the period when they were helpless at losing their twin in the womb.

The result of having a tendency to perfectionism in the case of twinless twins can be related to this, too. If someone believes, that he/she can influence everything which happens in his/her life, that person can believe also, that if she/he makes perfectly everything, than no catastrophe can happen in his/her life.

Perfectionism means doing efforts to be perfect. The statement in the questionnaire sounds like: "Usually I endeavour to be perfect." Perfectionists generally attempt to reach the best results in performance situations, setting their subjective standards high even from objective point of view, too. When they are close to reach the standard set by them, they set a higher goal, therefore this is a neverending self-pressure. The attempt at being perfect can relate to the aspects of self-assessment, the fear from defeat and to guilt-related behaviours, too (Shafran and others, 2002). In the case of twinless twins every type of behaviour can be typical.

In this comparison, the other result showing a tendency refers to the searching: "I feel I have always been looking for something, but I do not know, for what." This result appeared also at the comparison of the twinless twins' group and the control group. So twinless twins are suffering from a constant feeling of loss, they are constantly searching for something, however they do not know even what are they exactly looking for in their life, they experience that something is incomplete around them.

In my dissertation I have compared the questions analysed from the first questionnaire between the twinless twins group and the control group. Typical results of the twinless twins group are, that

- they have sexual problems,
- they do not desire happiness,
- they do not make friends easily.

Possible characteristics of twinless twins observed in the references can often be, that they have integration difficulties, they hardly make themselves to be understood by the others, the people around them consider them "eccentric" because of their manifestations and way of thinking. They can be reserved, mistrustful with others, or actually "clingy", who do not let the persons they love, breathe and they seek the company of the other person. Both type of behaviour inhibits, and make getting into touch more difficult with other people.

They often compensate their guilt springing from losing their twin with self-sabotaging phenomena. The fact, that, as they confess, they cannot afford to be happy is a refusal of happiness, similar to the one of having sexual problems for example.

The statements are special from the point of view of not being typical for all twinless twins, their psychodynamics may spring from the events happened in the womb, from the unique story of life and from several other personality factors. These are possible features which cannot be extended to all of the existing twinless twins, but they appeared significantly in my sample compared to the control group.

Other statements which appear in these groups and show a tendency in the differences are, that

- it is unpleasant for twinless twins if a stranger touches them,
- as they reveal, they think they have everything to be happy, but they do not feel themselves so,
- quiet talking is typical for them.

Similar to the already mentioned results, I can only state that these are typical for my present sample, but twinless twins from all over the world cannot be certainly characterized by these features.

Significant differences that appeared at the control group are, that

- they are writing a diary now,
- they like to cheer up their environment with joking.

The latter question itself does not refer to the possibility of a lost twin in their case. The statement of diary writing is more interesting, because, according to the references, this can also be typical for twinless twins. As an idea, I wondered, that writing a diary unconsciously may be not always for a lost twin, but for another dead member of family. It would be interesting to conduct more detailed researches in the followings.

It is typical for the control group, that there is at least one place in their home, which they can clutter with junks. This kind of dynamic may not, or it may be less typical for those people who have lost their twin in the womb.

I think, that the statement which can feature generally my sample of twinless twins, is the one *referring to searching*; it brought results at both comparisons, and it was mentioned in the feedback, too. This can be the twinless twins' general characteristic that can be present in the life of any other twins, regardless of the psychological dynamic of the person.

Based on the things written above, reacting to my first hypothesis, according to which "there is a difference between the results (considering the first questionnaire) of the group of twinless twins and the other members of the test and between the results of the twinless twins and the control group" I can tell that it *remains valid* from the aspect, that there are questions which show substantial differences by both comparisons.

According to *my second hypothesis*, "In the group of twinless twins a biological, pregnancy or birth factor, examined by the second questionnaire, is much more typical." Setting against the scores of the twinless twins group and of the control group, I got only one significant result in this question: in the families of twinless twins there were already twins among the ancestors and collaterals, which confirms the genetic inheritance. Regarding my results, there were no differences for the control group, and regarding the other questions, there were no substantial differences between the two groups. So I *cannot confirm* my hypothesis. This can be caused by the fact, that there can hide unknown twin-subjects among the members of the control group, too, or there are simply pregnancy, birth conditions, which are not closely related to twin loss, but they can appear at other people as well. My questions incorporated in my hypotheses would be worth to revise in a further research.

From the feedbacks of twinless twins we can find out, that

- all of the participants had positive feelings right after the family constellation,
- in the days following the constellation, most of the persons have kept their positive or usual feelings,
- the problems - or part of them -brought by most of the persons, were solved,
- the relationships with mothers and the affairs with partners have changed,
- from the problems of twinless twins brought to the family constellation, the problems in relationship with the partner was outstanding, furthermore, the other relationship problems

were also typical, as well as the subject of anger, deadlock and anxiety.

In their feedbacks, 26% of twinless twins claimed independently from each other, that they feel they found something which they were always looking for. This feedback confirms the results got from the comparison of the groups, too.

The feedbacks confirm not only the fact, that the clients considered family constellation to be genuine, but they strengthen the experiences about the effectiveness of the family constellation as a method.

From some of the feedback turns out that the family constellation did not solve the brought problem in some cases. A reason for this may be the possibility of being more family dynamics there, that are constituents of the given topic, and these can be discovered by attending to further family constellations. Maybe these clients need further therapeutic elaborations regarding their story.

In my opinion, the problem of twin loss can lead to lifestyle problems that can be dissolved only by the help of therapeutic treatment. For those, who have lighter symptoms of twin-loss, an intervention different from family constellation can be helpful also in healing of their trauma. My long term plans include the establishment of a supportive group therapy about dealing with the experiments, within the framework of which the memories, events, experiences, problems springing from the trauma of twin loss will be shareable and processable. Althea Hayton, on her website (www.wombtwin.com) provides information about workshops organised for twinless twins, so concerning about twinless twins is not a newfangled idea and this proves, that people claim it, too.

Contemplating my last hypothesis (“After two weeks since the constellation, the clients, who have discovered their lost twin through the method of family constellation, had reported about positive changes related to their brought topic”), I can say that it is justified, there were solutions found for most of the topics, some kind of changes had begun in the life of twinless twins.

One of the surveys, which is not closely related to the topic of twinless twins, but it is important considering the method of family constellation anyway, is the one investigating the expectations related to it. The main results in this question are, that the clients want to identify the root of the problem, and they wish to get their topic solved. The method of family constellation can fulfil both needs by itself, as it is basically a diagnostic method, and it gives the opportunity to intervention as well, thus giving the chance of healing for the client. I would like to draw the attention that because of the components’ uncertainty of the two groups in both cases (thinking of the group of the 99 persons and the control group), the results got for the twinless twins group are really important, because they feature them so significantly as they appeared as essential differences between both the group of twinless twins and the group of 99 persons, and between the twinless twins and the control group. So, even if I claim, that there are some persons among the members of both groups of comparison, who had a lost twin, we just don’t know about it, or in the twinless twins group there are some, who did not have a vanished twin, through family constellation, even the twinless twins group did get the higher scores in these results. After all I cannot expand the results of my sample to the whole population of the twinless twins because of the small number of the members of the group. My study has a demonstrating character in the investigation of twinless twins, my results warrant reservations, but they give useful guidances, directions for starting further researches.

Further Researches

The advantage of my examination is that I have investigated the twinless twins with the questionnaires before they knew about that they have lost their twin in the womb. A further research is suggested, where a similar questionnaire will be filled in with the already known twinless twins. The disadvantage of my suggestion is that if someone proves to be a twinless twin, he/she begins to take the path to healing, and some symptoms that arose from this trauma, will disappear.

The questionnaires I have created proved to be well-usable. The reliability of the first questionnaire is really high. In a research of a greater number of elements we could measure the validity of it, too, and with the help of factor analysis more authentic scales can be created from the questions. As a distant goal it could be set, that these two questionnaires to have a diagnostic role among the persons who attended to therapy, which can help in prophesying whether someone has lost a twin in the womb, or not.

My significant results that show tendency would worth surveying on larger twinless twin and control groups.

In my opinion it would worth setting the characteristics of twinless twins written in the literature against each other to explore if some of them are interrelated. For example the linking between the perfectionism and the need of control from my results, and the issues referring to the possible guilt and self-assessment could be investigated further.

A possible clear way of the investigation of lost twins would be the biological demonstration, for example by ultrasound examination, of a multiple pregnancy, where only one child is born eventually. Examining longitudinally the characteristics, habits, personalities, the circumstances of the life events of such children would produce substantial results in this topic. Confirming by biological proofs, the creation of the control group would not cause difficulties either.

Observing the twin constellations, I have experienced four times from 15 cases, that regarding the topic, the field focused on a death case happened at the antecedents, considering it as if it had been the origin of the problem, then the constellation turned to the theme of lost twin. In these cases the topic of the client correlated both with the story of the antecedents and with the event of twin loss, I did not have the opportunity to demonstrate in my dissertation my supposition about that dynamic of the twin, which dies instead of the survivor, and he/she goes after the events happened at the ancestors. (See the dynamics of "rather me, than you"; and "I am going after you"). It would be advisable to make the survivor twins to say these sentences on similar constellations. If they prove to be true, that would not only explain the psychological dynamic of the phenomenon of lost twin, but it can act as a healing sentence to the survivor sibling.

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Appendices

8. Table - The results of the questionnaires of Althea Hayton (2009)

<i>Results of the Type 5 questionnaire, completed by 225 respondents between 2006 & 2007</i>	
Statements with percentages giving A response	
1	Deep down, I feel alone, even when I am among friends (70%)
2	I have been searching for something all my life but I don't know what it is (64%)
3	I fear abandonment or rejection (62%)
4	I know I am not realising my true potential (62%)
5	All my life I have felt in some way "incomplete" (61%)
6	I feel different from other people (59%)
7	I feel the pain of others as if it were my own (58%)
8	I have a problem with expressing anger - either there is too much or too little (58%)
9	I regularly and willingly participate in activities that are potentially damaging to my health, wealth or wellbeing (57%)
10	There are two very different sides to my character (56%)
11	I grieve deeply and for a very long time after someone close to me, or a beloved pet, has died (55%)
12	There is at least one room (including shed or garage) in my home that is completely full of stuff (53%)
13	I tend to hold on to things (51%)
14	All my life I have felt restless and unsettled (51%)
15	I always feel in some way unsatisfied but I don't know why (50%)
16	All my life I have carried deeply felt emotional pain that persists, despite all my efforts to heal myself (50%)
17	It upsets me if I am unable to reduce the suffering of others (46%)
18	I have always felt as if I had a twin out there somewhere (45%)
19	I often feel torn in two between two decisions (45%)
20	I find disappointment very painful (44%)
21	I have strong, inner imaginary life that I use as a coping mechanism (44%)
22	I get very intense and involved at the start of a relationship but then I sabotage it somehow (43%)
23	All my life I have felt empty inside (43%)
24	I suffer from low self esteem (43%)
25	I am easily bored (42%)
26	I am so intuitive and empathetic that it is a problem for me (40%)
27	Deep down, I feel very vulnerable, as it would not take much to totally annihilate me as an individual (39%)
28	I often find it difficult to fall asleep, even when I am very tired (39%)
29	I suffer from depression (38%)
30	I think a lot about death and dying (38%)
31	I have a prevailing sense of irrational guilt (38%)
32	I make a lot of effort to protect my privacy (38%)
33	I have ambivalent feelings about seeing myself in a photograph or movie (37%)
34	I sometimes feel unable to cope with life (35%)
35	I am a perfectionist (35%)
36	I feel driven by "musts" and "shoulds" (35%)
37	I have a long-term problem with food and eating (35%)

38 I easily get into a love/hate relationship with individuals I want to get close to (34%)
39 I have wanted to commit suicide more than once in my life (33%)
40 I am female but I have a strong male side (33%)
41 I have been in an exploitative relationship with another person (33%)
42 I find it hard to let go of unfinished projects (33%)
43 I have a strange, irrational feeling that somehow "I don't exist" or "I'm not really here".(33%)
44 I feel personally responsible for events that actually have nothing to do with me (33%)
45 I am always feeling paranoid about silly things (32%)
46 I get extremely upset about silly little things (32%)
47 I want to succeed but I always end up somehow sabotaging my chances of success (32%)
48 I feel very privileged, simply to be alive (31%)
49 I generally lack energy and motivation (31%)
50 I am afraid of being alone in the dark (30%)
51 I don't let other people get close to me (29%)
52 Deep down, I somehow know I experienced death before I was born (29%)
53 I am very active, always doing too many things, all at the same time (27%)
54 I think I am psychic (27%)
56 I have suffered for a long time from feeling vaguely unwell, as if I am slowly dying (20%)
57 I spend a lot of time talking to myself in a mirror (18%)
58 I feel guilty about being alive at all (17%)
59 I am male but I have a strong female side (1%)

First questionnaire

Dear respondents!

The purpose of this test is the revealing of personality traits of persons attending to family constellations. Please read the questions carefully and select the answers. There are no good or bad answers. If choosing between the yes/no possibilities is hard to you, choose the one which is typical at least 51% for you.

The data will be used to my dissertation anonymously.

Please support me in processing the content. I will get my questionnaire filled with your permission.

Thank you for contributing to my research with your answers!

First name:.....

Please explain in two-three sentences what do you concretely expect from the family constellation:

.....

		YES	NO
1.	I enjoy caring for plants.		
2.	I do not like to be out of step.		
3.	I prefer planning my life thoroughly.		
4.	Usually I endeavour to be perfect.		
5.	If someone has hurt me, it is hard for me to forgive.		
6.	It typically love to give to others.		
7.	I consider myself to be sensitive.		
8.	Several times I cannot eat all of the food, generally I leave some bits on my plate.		
9.	I am envious of the younger people.		
10.	I used to write a diary at one time.		
11.	I am writing a diary now.		
12.	A lot of times I am incapable of making decisions.		

13.	Topics related to birth giving, birth are repelling to me.		
14.	I do not consider myself to be a striving type.		
15.	I feel I have always been looking for something, but I do not know, for what.		
16.	I prefer cool weather to warmth.		
17.	I always take at least twice from the lunch.		
18.	I have sexual problems.		
19.	I typically help others, rather than vice versa.		
20.	It happened several times with me to forget to lock the door.		
21.	I often feel that life is a burdensome challenging for me.		
22.	When I went to kindergarten, I used to sleep with stuffed animal.		
23.	I sleep with stuffed animal even today.		
24.	I often feel inexplicably guilty.		
25.	I do not like sitting with my back to the vehicle while travelling.		
26.	Touching others is unpleasant to me.		
27.	It happens several times, that I buy two of the things, even if one of them would be enough.		
28.	I can sleep only with the windows closed.		
29.	On weekdays I always overpack my reticule/bag/pockets with my stuff.		
30.	I have significant empathic skills.		
31.	I think about death a lot of times.		
32.	The slogan "Easy come, easy go" characterizes me well, if we talk about my financial affairs.		
33.	I am often thinking about why I live in this world.		
34.	I prefer more the company of elder people.		
35.	If I am taking a fancy to someone, I feel in a short time, that he/she is only one for me.		
36.	It get scared if my partner or my friend does not tell me everything.		
37.	I believe in horoscope.		
38.	If I love someone, I share all of my things with him/her.		

39.	In sex, cuddling is the most important thing to me.		
40.	I like to dance.		
41.	I often feel that the other's interest is more important than mine.		
42.	I would like to have a job, where can I help other people.		
43.	Sometimes I would like to go far away to somewhere.		
44.	I was addicted to alcohol, drugs or to something other in my life.		
45.	There is at least one place in my home, which I can clutter with junks.		
46.	I can hardly express my anger.		
47.	I suffer from low self-esteem.		
48.	Generally I take a bath every morning.		
49.	Generally I take a bath in the evening.		
50.	Even on weekdays, backpack is comfortable for me to wear.		
51.	My close friendships and relationships are often wrecked.		
52.	I often feel that no one understands me.		
53.	Extreme sports attract me.		
54.	Sometimes I think I have everything to be happy, but I do not feel myself so.		
55.	I rather wear a raincoat than taking an umbrella.		
56.	I do a lot of efforts to protect my private sphere.		
57.	I have stage fright.		
58.	I was playing a lot with an imaginary friend in my childhood.		
59.	As a child I used to cry without any reason, inconsolably.		
60.	I had quickly and easily learnt to swim when I was a child.		
61.	I often feel alone, even if there are people around me.		
62.	I seem younger than I really am.		
63.	When I was a child, I used to suck my thumb if something wrong happened		
64.	When I was a child, I had always only one friend.		
65.	In the school, in gym class I was often picked last in the basketball team.		

66.	According to my abilities, most of the times I had underachieved in the school.		
67.	When I was in school, I had behaviour problems.		
68.	I was a reversed teenager.		
69.	I like riddles and brain-teasers.		
70.	I often talk with myself in front of the mirror.		
71.	It's hard to let other people get close to me.		
72.	I often lay aside my works.		
73.	I usually eat ice cream in wintertime too.		
74.	I always leave a sip of drink in my glass.		
75.	I often feel that I don't deserve to be happy.		
76.	I generally do not make friends easily.		
77.	I often read the text from the posters on the street.		
78.	I often cry at movies.		
79.	People, who know me, consider me to be capricious.		
80.	I often feel, that I have so much to do, that 24 hours from the day is not even enough for me.		
81.	I often imagine myself being the hero from the movies.		
82.	As a child I used to have a pet.		
83.	I have a pet now.		
84.	I have learnt relatively hard to ride on a two-wheeled bike.		
85.	Sometimes I feel I don't know who I am.		
86.	Sitting in silent for a long time and do nothing is hard for me.		
87.	Several times I can hardly fall asleep, even if I am tired.		
88.	I hardly learnt to tie my shoes.		
89.	I have such a strong relationship with my sibling as if we were twins.		
90.	I have eating problems.		
91.	I am afraid of the dark.		
92.	I have fear of being in elevators or tunnels.		

93.	If my partner doesn't arrive home in the time he/she used to, I tend to be very nervous and indignant.		
94.	I had suicide attempts.		
95.	It happens that people consider my mentality "strange".		
96.	My fantasy world is very intensive.		
97.	I rather go to cinema than to the theater.		
98.	I like to cheer up my environment with joking.		
99.	I am moody		
100.	I like to come up with new ideas, but I leave the concrete realization to others.		
101.	Generally I make friends with people, who are thinking similarly to me.		
102.	I love to discuss my actual problems, even if I know resolve them.		
103.	I do not like to do shopping.		
104.	I am more anxious, than others.		
105.	I feel unsuccessful in many areas of life.		
106.	I can get angry over small things.		
107.	It happened that I was attracted to a homosexual <u>of</u> the opposite sex.		
108.	I was always sensitive to the mystical phenomena.		
109.	I do not value myself too much .		
110.	I typically speak quietly.		
111.	A sense of loss haunts me through my whole life.		
112.	I often feel powerless and slack.		
113.	If I have the opportunity, I sleep every afternoon.		
114.	I often play the victim game.		
115.	I drink coffee in the mornings.		
116.	Anything I try, I do not succeed in.		
117.	I do not show to the others who I really am.		
118.	I consider myself a romantic type.		

STATEMENTS FOR MEN.

1.	I feel my personality also has a strong feminine side.		
2.	Wearing tasteful clothes is important to me.		
3.	I often read men's magazines.		
4.	I often imagine how good it would be, if I was a girl.		
5.	I think, a man without a car is like food without salt.		

STATEMENTS FOR WOMEN.

1.	Generally I wear mannish clothes.		
2.	I often imagine how good it would be, if I was a boy.		
3.	I dye my hair.		
4.	I feel my personality also has a strong masculine side.		
5.	I enjoy cooking.		

SECOND QUESTIONNAIRE

First name:.....

Who gave you this name?

Why?.....

Nickname (if you have one):

Who gave you this name?

Why?..... Sex:.....

Age:.....

Education (please underline the corresponding answer):

- elementary
- secondary
- higher (i.e. tertiary)

Occupation:.....

If you are a student, what do you study?.....

Marital status (please underline the corresponding answer):

- married
- cohabitating
- divorced
- widowed
- unmarried

Current relationship:

- single
- being in relationship Since when?.....

Who do you live under the same roof with (please underline the correspondent answer, you can choose more than one answer)?

- parent(s)
- child(ren)
- husband/wife/spouse/partner
- living alone
- other:..... The number of

siblings:.....

Sex and age of my sibling:..... Do you have any
unborn sibling?.....

What would their sex have been?.....

What would their age be now?

Do you have any died sibling?.....

What is their sex?..... What would their age be now?
.....

Biological factors

1, Birth weight:.....
Birth length:..... Current weight:.....
Current height:.....

2, Please underline as applicable:

- I am a right handed, and as far as I know, no one made me to be that.
- I am a right-handed, to others' influence.
- I am left-handed.
- I use my hands equally well.

3, Do you have any chronic organic disease? :..... Do you have any chronic mental illness?.....

Are you taking any medicines?

If yes, what kind of medicines?

4, Please underline as applicable:

The following school problems had occurred in my life:

- dyscalculia (difficulty in learning arithmetics)
- dyslexia (developmental reading disorder)
- dysgraphia (deficiency in the ability to write)
- none of these

5, Please underline as applicable (you can choose more than one): When my

mother was pregnant, it happened that she was

- sick What kind of sickness had she?.....
- infection
- bleeding
- severe vomiting
- emotional trauma (the loss of a close person, shock) What was that?.....
- accident
- high fever

- there wasn't any complication
- I do not know anything about the pregnancy of my mother.

	YES	NO	I DO NOT KNOW
6, My mother was more than 12 hours in labor, I was born			
7, My mother had a high-risk pregnancy because of her age.			
8, My mother was smoking while she was pregnant with me.			
9, In the first trimester, my mother's belly was unusually big.			
10, My mother tried to have an abortion, but her pregnancy went on.			
11, My mother used to take ovulatory stimulants (e.g. Clomid).			
12, I was born through artificial insemination.			
13, I was a premature baby. If yes, in which month were you born?			
14, My mother kept the pregnancy more than usual. If yes, in which month were you born?			
16, My parents expected a child of the opposite gender.			
17, There were twins in my family (ancestors and collaterals).			
18, I was diagnosed with dermoid cyst, teratoma.			
19, I have blood group chimerism (the existence of more blood group in the body).			

15, Did you have any other birth defects?

9. Table – The items of scales created with factor analysis.

<i>Scale names</i>	<i>Questions</i>	<i>Principal component -</i>
Help	19, I typically help others, rather than vice versa.	0.798
	30, I have significant empathic skills.	0.798
Saving	41, I often feel that the other's interest is more important than mine.	0.688
	42, I would like to have a job, where can I help other people.	0.617
	114, I often play the victim game.	0.728
Seeking	15, I feel I have always been looking for something, but I do not know, for what.	0.748
	54, Sometimes I think I have everything to be happy, but I do not feel myself so.	0.724
	111, A sense of loss haunts me through my whole life.	0.718
Szimbíózis	35, If I am taking a fancy to someone, I feel in a short time, that he/she is the only one for me.	0.455
	36, I get scared if my partner or my friend does not tell me everything.	0.766
	38, If I love someone, I share all my things with him/her.	0.556
	93, If my partner doesn't arrive home in the time he/she used to, I tend to be very nervous and indignant.	0.658
Decision	12, A lot of times I am incapable of making decisions.	0, 740
	14, I do not consider myself to be a	0, 740
Diary	10, I used to write a diary	0.809
	at one time. 11, I am	0.809
Self-assessment	47, I suffer from low self-esteem.	0.858
	109, I do not value myself too	0.858
Anxiety	57, I have stage fright.	0.811
	104, I am more anxious, than others.	0.811
Sensitivity	7, I consider myself to be sensitive.	0.725

	59, As a child I used to cry without any reason, inconsolably. 78, I often cry at movies.	0.711 0.553
Sabotage	66, According to my abilities, most of the times I had underachieved in the school. 67, When I was in school, I had behaviour problems. 105, I feel I am unsuccessful in many areas of life.	0.728 0.658 0.708
Lack of energy	21, I often feel that life is a burdensome challenging for me. 87, Several times I can hardly fall asleep, even if I am tired. 112, I often feel powerless and slack.	0.851 0.617 0.839
Loneliness	51, I often feel that no one understands me. 61, I often feel alone, even if there are people around me. 95, It happens that people consider my mentality “strange”.	0.787 0.810 0.588
Relationships	51, My close friendships and relationships are often wrecked. 76, I generally do not make friends easily.	0.751 0.751
Intimacy	18, I have sexual problems. 26, Touching others is unpleasant to me. 39, In sex, cuddling is the most important thing to me. 56, I do a lot of efforts to protect my private sphere. 71, It’s hard to let other people get close to me.	0.750 0.581 0.532 0.490 0.521
Mood	79, People, who know me, consider me capricious. 99, I am moody 106, I can get angry over small things.	0.701 0.796 0.538
Fantasy	8, Several times I cannot eat all of the food, generally I leave some bits on my plate. 58, I was playing a lot with an imaginary friend in my childhood. 74, I always leave a sip of drink in my glass. 96, My fantasy world is very intensive.	0.394 0.716 0.450 0.598

Backpack	29, On weekdays I always overpack my reticule/bag/pockets with my stuff.	0.768
	45, There is at least one place in my home, which I can clutter with junks.	0.778
	50, Even on weekdays, backpack is comfortable for me to wear.	0.554
Shyness	46, I can hardly express my anger. 68, I was a reversed teenager.	0.694 0.665
	110, I typically speak quietly.	0.722
	117, I do not show to the others who I really am.	0.465
Laying aside	43, Sometimes I would like to go far away to somewhere.	0.671
	71, I often lay aside my works.	0.731
	100, I like to come up with new ideas, but I leave the concrete realization to others.	0.753
Remorse	24, I often feel inexplicably guilty.	0.796
	32, The slogan “Easy come, easy go” characterizes me well, if we talk about my financial affairs.	0.617
	75, I often feel that I don’t deserve to be happy.	0.851
Womb	22, When I went to kindergarten, I used to sleep with stuffed animal. 23, I sleep with stuffed animal even today.	0.750 0.835 0.710
	91, I am afraid of the dark.	0.522
Death wish	31, I think about death a lot of times.	0.716
	32, I am often thinking about why I live in this world. 53, Extrem sports attract me.	0.669 0.555
	94, I had suicide attempts.	0.645
Man characteristcs	F1, I feel my personality also has a strong feminine side. F4, I often imagine how good it would be, if I was a girl.	0.767 0.767
Male identity	85, Sometimes I feel I don’t know who I am.	0.822
	F4, I often imagine how good it would be, if I was a girl.	0.822

Woman characteristics	W1, Generally I wear mannish clothes.	0.796
	W2, I often imagine how good it would be, if I was a boy.	0.622
	W4, I feel my personality also has a strong masculine side.	0.518
Female identity	85, Sometimes I feel I don't know who I am.	0.663
	W2, I often imagine how good it would be, if I was a boy.	0.617
	W4, I feel my personality also has a strong masculine side.	0.762

Statements that can be analysed individually:

3, I prefer planning my life thoroughly.
4, Usually I endeavour to be perfect.
13. Topics related to birth giving, birth are repelling to me.
17. I always take at least twice from the lunch.
27. It happens several times, that I buy two of the things, even if one of them would be enough.
34. I prefer more the company of elder people.
44, I was addicted to alcohol, drugs or to something other in my life.
62, I seem younger than I really am.
65, In the school, in gym class I was often picked last in the basketball team.
90. I have eating problems.
107. It happened that I was attracted to a homosexual with the opposite sex.

Statements that cannot be classified:

2. I do not like to be out of step.
5. If someone hurted me, it is hard to me to forgive.
6. It typically love to give to others.
64. When I was a child, I had always only one friend.
70. I often talk with myself in front of the mirror.
80. I often feel, that I have so much to do, that 24 hours from the day is not even enough for me.
82. As a child I used to have a pet.

83. I have a pet now.
86. Sitting in silent for a long time and do nothing is hard for me.
89. I have such a strong relationship with my sibling as if we were twins.
98. I like to cheer up my environment with joking.
101. Generally I make friends with people, who are thinking similarly to me.
102. I love to discuss my actual problems, even if I know resolve them.
116. Anything I try, I do not succeed in.

There are a lot of therapists among Hellinger and the ones who have acquired his method, who flavour their constellation works with stories, fairy tales (Schäfer, 2002, Weber, 2008). The Austermann couple (2008) has collected some tales that can be connected to the phenomenon of vanishing twin. During my research, I have also found a folktale, in which we can find the phenomenon of self-sabotage typical for twinless twins. I would not like to add more explanations to this tale, to complete my dissertation, I present it as a folktale which provides an artistic experience related to the topic.

The Twin fairies

1990

Once upon a time there was a twin couple. They were going home from the fair through the dense wood, at around nine a clock in the evening, and they heard a beautiful laugh from behind a bush.

– Do you hear it, brother?

– Yes, I do. There may be girls laughing.

In that moment two wonderful girls, dressed in pure gold, were stepping out from the bush.

– Good evening, fellows!

– Good evening, damsels!

– We are not damsels, but fairies. If you married us, you would be the lord of sea of treasures.

– Let's get married! -said the elder boy to his brother. - I marry the elder fairy.

– All right - said the younger one. (...)

– Let's keep the wedding right tomorrow! - said the fairy girls. - Now go home, and wait for us at midnight at the gate of the church! But pay attention not to eat and drink anything, because then miseries will happen to you and to us!

The twin boys greeted and went home.

They did not eat even a nibble of food, they did not drink even a sip of drink, and they went to bed early. At midnight they woke up silently, and they set out towards the church (...)

On the way they crossed a yellow cornfield. The younger boy ripped a spike off, he crumbled it and began to chew it.

As they arrived to the church, the gate of it was opened, the altar was decorated and the candles were lighted.

The fairy brides were waiting for them, wearing gold dress and holding beautiful bouquets of flowers in their hand. Veils and wreath on their head.

The smaller fairy turned sadly to the younger boy:

-You forgot that you were not allowed to eat and drink before your wedding. Do you see the trouble that you caused? Do you see it?

And the smaller girl vanished in the valley, so her groom couldn't see her anymore. When the priest wedded the other couple, the younger brother took his farewell of them:

– Goodbye, I am going far, far away.

And the older brother had taken happily his wife home, to his parents. In the evening, when they were about

going to rest, the new wife said:

– If I am dear to you, be careful and never tell me that I am fool. Woe betide us if you forget this!

– Never fear, I am not going to tell this word never, ever. They have been living happily for seven years, they had sea of treasures and a huge castle. The woman gave birth to seven beautiful children.

Once, the man went to a fair. The day was blessed with fine warm weather, the corn was getting ripe soon. At home, the lady of the castle looked at the sky.

– Let's work, servants! Let's work! Let's get the corn reaped, because the rain is coming cloudburst and hail will broke over!

They were still reaping when the Sir arrived to home from the fair.

– What are the men doing here, my dear?

– They are just doing what I have ordered, they are reaping the corns.

– You are fool, my wife, because it didn't even get ripe! The woman vanished right in that moment. Even on that evening storm was devastating and hail had beaten the harvest.

The fairy came back to the castle every dawn. She were crying as she were combing her seven children with her gold comb.

– Oh, my dear children, never tell your father that I visit you every night, because deep trouble will happen then.

The seven children were saying in the same time: "We will never betray you, our dear mother!"

However, their father was always very surprised, that his children are combed so beautifully.

– My little children, tell me, who had combed you so beautifully?

– Father, our father, it was only the maidservant who did this.

But the father turned suspicious. At evening, he hid in the room of his children. Once his wife, shedding tears, appeared to comb her children. The man could not persist, as he saw her, and he shouted:

– Are you here, my sweet, dear wife? Come back to us, come back!

It is not possible, because you broke your promise, and you called me fool. And the woman vanished with her eyes in tears, and neither her husband, nor her children have seen her again.

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Viktória Sas

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DECLARATION

I,, student of the Károli Gáspár University of the Reformed Church in Hungary, Faculty of Humanities, Institute of Psychology, hereby issue a declaration of the facts, that:

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