

KEEPING THE DREAM ALIVE

It seems that an imprint of the company you kept in the womb does remain, deeply rooted in the most primitive part of your brain. I have called this vague and ineffable impression “The Dream of the Womb.” This is a lost memory, not a dream, but is the only word I can think of to describe what obviously lies beyond words. Wombtwin survivors, (i.e. The sole survivors of a twin or multiple pregnancy) spend their lives constantly re-enacting their Dream of the Womb, but it has taken us a long time for this to be recognised and understood.

The concept of the Dream of the Womb as a psychological phenomenon has gradually developed from its embryonic beginnings in the latter part of the nineteenth century. Psychologists, embryologists and therapists in a wide range of disciplines have been learning more and more about the imprint of the womb experience on the mind of each individual. Today, many experts are convinced that everyone who has ever been born carries a vague impression of life before birth.

Recovering “lost” memories

Sigmund Freud¹ got very close to the idea of a Dream of the Womb, but he had no access to ultrasound scanning as we do today, so he had to make do with what his patients told him of their memories and feelings. He came up with the idea of “infantile fantasy”. He imagined, as he would, that if the patient remembers events clearly in ways that can be validated, then this was certainly a memory, but the memories of earlier experiences lay in what he called the “unconscious” mind. Also in the unconscious mind were “repressed memories”, that is, things that had been deliberately blocked out of consciousness.

A picture puzzle

Freud assumed that “lost memories” were the cause of the psychological problems his patients were experiencing. He named these problems as “neurosis.” This was largely characterised by a sense of irrational anxiety. He practised psychoanalysis, during which the patient, lying in a darkened room with Freud nearby but out of sight, spoke at great length about whatever came to mind.

Freud assumed that there was some kind of fundamental picture in his patient’s mind that was vague and fragmented but which was the basic

cause of the “neurosis”. This emerged piecemeal but Freud put the pieces together in various ways, according to what theory he had in mind. He called this “interpretation.”

He worked intuitively, listening to every detail and trying to make some kind of sense of the whole picture. Today it is widely understood that if some kind of clear explanation can be found for fantasies, irrational feelings and fears, then that is deeply reassuring to the person concerned. If he had known about the Dream of the Womb as a psychological driver, Freud would, I am sure, have come to some very different conclusions.

Finding the primary driver

Throughout the last hundred years, as psychologists have wrestled with what makes us tick, various theories have been put forward. For example, Carl Jung dreamed up the notion of “The collective unconscious”² which is a system of images and archetypes that all humans seem to have in mind. In the 1960s, R.D.Laing³ suggested that people with so-called “mental illness” are in fact living in an inner world of their own construction. It seems to me that individuals who live in a fantasy world may well be haunted by a Dream from long ago. Laing believed that within these fantasies there must be some kind of reality. He viewed insanity as a state of chronic fear, confusion, isolation and despair. That is how many wombtwin survivors feel - they worry that they are “going crazy”.

Unfortunately, like so many before him⁴ Laing blamed the family - and especially the parents - for the mental health problems of their children. However, by the end of his life he was attempting to explore the psychological effects of life in the womb. I wish he were alive today to see ultrasound scans and hear wombtwin survivors describe their feelings. Once ultrasound scanning of pregnancy, which was developed in the 1960s, began to be more widely used, interest in life in the womb began to grow. Arthur Janov wrote his book “The Primal Scream” in 1973⁵. This related neurosis to birth trauma, but the primal therapists that followed him are now realising that for some people trauma begins long before birth.

Real events

For counsellors and psychotherapists working today, the process of making sense of the muddle in the mind of their client is like making a picture puzzle without any idea of what the whole picture may be. I believe that the picture will never come clear unless the Dream of the Womb is taken into

account; the healing will not be complete until those irrational fears are completely understood as contained within a memory of real events.

In the last thirty years, the private life of the unborn child has been made visible by various means, including ultrasound. What we could once only guess we can now know to be true. The gradual development of the embryo into a foetus and finally into a born baby is now a familiar story, relayed to us live on TV.⁶

Piece by piece, a complex puzzle is being assembled from a wide range of disciplines. Scientists, psychologists, parents and thinking adults the world over are gradually coming to one inescapable conclusion: we all carry within us an imprint of our early life in the womb. For wombtwin survivors, their Dream is an extraordinary story of life, love and death that is distinct for each individual. This variety of pre-birth experience has been a major problem for psychologists working with wombtwin survivors⁷. The spread of symptoms among them is baffling until one begins to reflect on a; the possible ways in which an mbryo or fetus may have died n the womb and what happened to the body.

What is in the Dream of the Womb?

Every person in the world has a Dream of the Womb, which is being constantly re-enacted throughout life. Nothing in the world is more important than that. The Dream drives our choices, fuels our desires and controls our fears. The Dream was built as your brain was built. The whole experience is "hard-wired" into the neurones of your brain. It is integral to your personality, written into your mind and seemingly inescapable. It is probable that your whole life so far has consisted of keeping your Dream alive.

Regardless of the womb story that lies behind the Dream of the Womb, the drama is the same for everyone. It is a tale of a beginning and gradual formation into something more complex, which ends abruptly at the same moment that something completely new begins – your passage into born life.

The Dream is a strange place. It seems to be at the very back of your mind, as deep and primitive as can be; yet at the same time it is just behind your eyes and creates a kind of prism through which you see the world and everything in it. It is a memory of long ago, yet it seems to be happening right now.

Who is in your Dream of the Womb?

If you are a wombtwin survivor, then your Dream is a story about loss and being terribly alone deep inside, yet it is also a tale of love and intense happiness, once known but now lost. This impression of Someone Else There, and also of Someone Else Gone away, is a terrible muddle. When you were an embryo, less than the size of a kidney bean and floating in half a wine glassful of amniotic fluid, you had a functioning brain but it was very primitive indeed. All you were capable of was a generalised vague awareness of your own sensations and things happening, without any clear idea of what was going on.

However the Dream is a real memory of real events. It is a true story. Your Dream has in it certain general vague characteristics that reflect the original general vagueness of the impressions you were gathering. It is formless, timeless and beyond words. It is very difficult to discover, because it is so much part of what you have come to consider as your view of “normality” - whatever that means!

The real picture

Today we have what may be the real picture by which we can make sense of irrational desires, strange attitudes, bizarre behaviour and the instinct towards self-destruction. We have sufficient knowledge about life in the womb to be able to explain the real origin of some aspects of what we have come to call “mental illness”.

Regardless of your race, creed or culture, you share one thing in common with every person who has ever been born: your brain was developed in the womb and an impression of your womb experiences remains indelibly imprinted in the very back of your mind. The fragmented picture that surfaces into consciousness, first noticed by Freud and interpreted in a variety of ways since, is in my opinion that lost memory of life in the womb.

If you are a wombtwin survivor, you probably feel different from other people. That is true. Wombtwin survivors are unusual and extraordinary, not because they are “weird” but because they have had a very unusual, very early experience. Many wombtwin survivors find their way into therapy in order to try and understand why they feel the way they do, but I believe that the experiences and feelings they describe are simply normal responses to an abnormal prebirth experience.

A neglected area

The presence of wombtwins in the womb, and indeed the very existence of wombtwin survivors, has been neglected and ignored by writers who have theorised on the outworking of the womb experience in born life. For instance the reliving of birth trauma is put forward by Lloyd Mause⁸ as the basic reason why people go to war and can be turned so easily from compassionate creatures into killing machines and back to ordinary people again: - if they survive, that is.

It is just possible that being prepared to sacrifice your life for the sake of others may be part of a womb story of life, death and bereavement, which has until now been unrecognised by all the many people in the world who are not wombtwin survivors themselves.

One thing that has complicated our understanding of these things has been the fact that so many wombtwin survivors are highly motivated to help and heal others. They frequently become therapists themselves. If you are a wombtwin survivor, working in therapy with another wombtwin survivor, it is very hard to separate yourself from your own Dream of the Womb in order to see the very different Dreams that drive other people.

Togetherness

For wombtwin survivors the Dream is a story about loss and being terribly alone deep inside, yet it is also a tale of love and intense happiness, once known but now lost. The impression of Someone Else There, and also of Someone Else Gone away, is a terrible muddle. If you are a wombtwin survivor, then when you were an embryo, less than the size of a kidney bean and floating in half a wine glassful of amniotic fluid, you had a functioning brain but it was very primitive indeed. All you were capable of was a generalised vague awareness of your own sensations and things happening, without any clear idea of what was going on.

If in your case two or more embryos developed together in the womb, they were all being hard-wired for life in the presence of each other. This is how you can have some vague sense of Someone Else in mind, which dates back to the earliest weeks of pregnancy. If you are a wombtwin survivor, then the life and untimely death of your wombtwin is in your Dream of the Womb and constantly re-enacted in your life.

This imprint of Someone Else lies somewhere just below the lowest threshold of memory, but I do not believe that it has passed out of sight and out of mind for all time. I have evidence from wombtwin survivors themselves⁹ that the imprint is always held in mind. It is expressed in the

body, mind and spirit of the survivor as a kind of lifelong, coded message. We now have the key to that code, thanks to ultrasound technology.

If you are a wombtwin survivor, then to clarify your Dream of the Womb you will need as much real information as possible about your womb companions. Because of the gradual way your neural networks were laid down, it would not be reasonable to suggest that your womb relationships began with a sudden meeting, as may be the case with a person you meet in born life. The beginning of the womb relationships you formed as an embryo would have been more of a dawning awareness than a sudden discovery.

Love and Logic

The process of unravelling the secret tragedy that lies in every wombtwin survivor's Dream of the Womb requires two principle tools: love and logic.

Love

If we look with the eyes of love on the story of a wombtwin survivor's life, then we can create a positive view of each individual, regardless of what form their self-defeating behaviour may take. Only by pouring love on everything we see them do, does it all come clear. Then we can begin to believe that this person, whom we witness bringing perpetual pain and suffering upon themselves and others, has a deeper and more urgent agenda constantly in mind. They must at all costs keep their Dream of the Womb alive, for in their Dream is the memory of the life and death of their twin. They are in fact acting out a tragic story of love and loss that took place in the womb.

In her book *The Lone Twin*¹⁰ Joan Woodward wrote about a process of attachment – the deep bond that forms between twins during their time in the womb. This relationship is the closest possible bond in nature, and is closest of all between monozygotic twins who share the same amniotic sac. This bond, by any definition, is worthy to be called love - the deepest and most enduring attachment that ever existed.

Logic

The next tool is logic, and this will have to be used relentlessly if we are to make progress through this muddled and confused area of human life. So, if wombtwin survivors are truly bereaved, then logic suggests that they will suffer all the pain of bereavement and will share with other bereaved people in the normal dimensions of the grieving process.¹¹ These are a) shock and

numbness; b) yearning and searching; c) disorientation and disorganization and d) resolution and reorganization.

Research shows that twins who are bereaved before birth do indeed show all these signs of genuine bereavement.¹² Indeed, twin survivors are become more and more vociferous in their desire to be heard and understood as behaving normally - as bereaved people.¹³ Conversely, if we meet people who are emotionally numb but do not know why; who are searching but they don't know what for; who are in a state of disorganization and do not know how to sort their feelings out or who are filled with a daily resolution to heal but somehow cannot make a start, is it possible that these people are wombtwin survivors? Only by asking them about their mother's pregnancy can we find out.

Logic says that in this case, if there are physical indications that this person might be the survivor of a twin pregnancy that ended in a single birth, then experts may have to review their opinions about their state of mental and emotional health. These people may be wombtwin survivors and they may be responding in a perfectly normal way to a rather unusual situation, which they carry about as a vague imprint but have not yet learned to understand.

It would seem logical, in the light of this new knowledge of life in the womb, to add a new question to every medical or psychological assessment form - "Is there any medical indication that this person might be a wombtwin survivor?"

Medical indications of a possible twin pregnancy

- *Mother abnormally large early in pregnancy*
- *Bleeding in the first trimester*

- *Miscarriage, abortion or heavy bleeding but pregnancy continued*
- *Ovulation stimulating drugs taken by mother*
- *Ultrasound evidence of a second gestational sac*
- *More than one embryo implanted after IVF*
- *Mother took oestrogen medication during pregnancy*
- *A doctor, or nurse or other person suspected a twin pregnancy*
- *A traumatic birth*
- *A breech birth*
- *Small for dates at birth*
- *Placenta unusually large*

- *Additional sacs or cords found attached to placenta after delivery*
- *A fetus papyraceous present*
- *Marks or lesions on the placenta*
- *One or more dermoid cysts*
- *Teratoma*
- *Fetus in fetu*
- *Split organs*
- *Congenital abnormality*
- *Left handed or ambidextrous*
- *Chimera: having cells of another genetic line in the body*
- *Presence of sex organs or secondary sexual characteristics of opposite sex*
- *Cerebral palsy*
- *Other minor birth defects (eg. deformed fingers or toes)*

Self-sabotage

My research into the personality characteristics and behavior of wombtwin survivors has revealed a very high incidence of depression and self-defeating behaviour, which I have labelled as “self sabotage.” If it is true that at least one person in ten is a wombtwin survivor, then this kind of behavior is likely to be quite prevalent, and so it is. However as so many wombtwin survivors have no idea what is amiss, they continue to waste their time and talents.

What a difference would it make if everyone who was living a life of self-sabotage were presented with the concept of being a wombtwin survivor? What if also they discovered there was some kind of medical indicator of a lost twin? What ought to happen, logically? Of course, there ought to be a sense of relief that after all they are not crazy, and of course that is exactly what happens.¹⁴

In fact, once the idea is in place in the minds of those wombtwin survivors who never realised it before, all kinds of profound changes do begin to occur quite naturally as they gradually manage to formulate a logical, loving and intelligent reason why they have made their own, and everyone else’s, life a misery for so long.

Addiction

A good example of self sabotage is addiction. If we apply logic to addictive behaviour, what happens is rather more than just the simple statement such as: “addiction is self defeating.” For instance, it is thought by some

researchers that addicts are usually "multi-traumatised individuals with unresolved losses in their clinical history."¹⁵ That sounds like a good description to me of the food addicts I came across while carrying out research for a book.¹⁶ However, when I began ask myself the question, "could this person be a wombtwin survivor?" things began to fall into place.

It would be reasonable and logical to look for signs of survivor guilt. If an individual feels guilty at being alive, then he or she will either live a kind of half-life or simply want to die. If we look at addiction with the dream of the womb in mind, then this is what we see;

A half life

Self harm addicts compulsively seek out ways to hurt their bodies, in the full knowledge that this is what they are doing. There may be instant negative effects on their physical health, such as cutting or dangerous sports. Or there may be negative physical effects predictable in the near future, such as overeating leading to obesity; or excessive use of alcohol; or drugs leading to an incapacity to work. Some addictions are so subtle in their physical effects that long-term deadly outcome may take years to become manifest.

Logic says that addicts would wish to die young, if they are suffering from survivor guilt, and so they do. They risk death with every fix, yet they somehow survive. It is as if they are testing their ability to survive to the very limit, and they don't seem to care if one day they will go just that little bit too far and die. Addictions are slow suicide. Cigarette smoking is one example, or a food addict's diet of excessive sugar, cereals of dairy foods, which is deficient in the variety of vitamins, minerals and trace elements needed to maintain good health. Smoking and an unhealthy diet have both been linked to cancer and heart disease, which lead to an early death.

Willingness to die

Logic says that people driven by survivor guilt would find it painful to be alive, and there is evidence of this: addicts willingly participate in activities that all lead to a premature death, one way or another. In the UK every smoker takes the next cigarette out of a packet marked "SMOKING KILLS". It seems that this notice is deliberately ignored, although some scare tactics can work, such as a television campaign showing graphic images of surgery for a heart diseased by smoking.¹⁷

Wanting to survive

Yet survival is also there in the Dream. For wombtwin survivors there is death, but there is also the capacity to hang in there somehow and make it to birth. That will to live in some precarious pregnancies, must be considerable. In the special care unit, we can see tiny premature identical twin survivors fighting for their lives and just managing to survive, sometimes against all odds. But logic says they would, for the surviving twin is the stronger, “Alpha” twin. When it comes to survival, usually the weakest go to the wall, and this time the weaker “Beta” twin didn’t make it. This is how evolution proceeds, by a process of Alpha/Beta pruning, that takes place at the beginning of life and where Nature meets Nurture in a truly testing environment..

Paradoxically, all addicts long to be free of the pain of living. They all want to just not need their “fix” any more; to lead a better life and become fitter and healthier. Yet every Springtime we see food addicts trying for a while to lose weight but feeling unable to prevent themselves from eating too much of the wrong kind of food and gaining weight again. Logic says that this is not “comfort eating”: this is clearly eating to die. Addicts never keep their promises. In my experience, working with drug addicts, alcoholics and foodaholics consists of little more than putting in place strategies for relapse prevention, such as not allowing any cigarettes or chocolate in the house.¹⁸

A deeper agenda

This baffling behavior makes perfect sense when we consider the possibility that there is much a deeper, much more logical agenda at work in the addict’s seemingly senseless, struggle with self-destruction. This agenda is controlled by the Dream of the Womb.

If we consider what may be in the Dream of the Womb, then what may seem at first to be a “disorder” begins to look like a rational, intelligent and loving thing to do. This is how we can reach a fresh understanding of human behaviour.

Throwing life away

Clearly, addiction has little or nothing to do with nicotine, transfatty acids or even DNA. It seems to be about a disordered will. The statement, “I want to give up smoking” is usually not followed by the willing cessation of smoking. The spirit is willing but the flesh is weak. But what happens if the agenda is in fact to bring life to a premature end? That means that by

continuing to smoke the deepest agenda is being fulfilled: never to live a fulfilled existence and to throw your life away.

Survivor guilt

What if wombtwin survivors become addicts as a deliberate choice, because this is such an excellent way to express survivor guilt? “I must not live a full life; therefore I will die young, filled with shame at my own behaviour.” That is logical enough and makes addiction the perfect method of suicide. There is plenty of evidence that this is true. Any addict you care to name lives out a severely curtailed existence that centres on maintaining a regular supply of the chosen “fix.” Drug addicts, anorexics, bulimics and the morbidly obese all die young, not because they want to, but because they feel they must.

The case of the “vanishing” twin

Logic can only go so far without more detailed information and, as we attempt to unravel the confused images that lie in the Dream we need to take a short trip into embryology and fetal development and see those “vanished” twins for ourselves. The lost twins don’t just suddenly disappear – they die. They are either absorbed back into the placenta, retained in the womb in a deteriorated state until birth or expelled from the womb in a miscarriage.

The more we continue to learn and explore the delicate and extraordinary process of embryogenesis, the more we will be able to recognise that the Dream of the Womb, operating constantly in the minds of the many millions of wombtwin survivors in the world, is a very personal and individual thing.

The Dream of Hell

For wombtwin survivors the Dream of the Womb is a restless, quiet place. In it there is loneliness and self-isolation; there is some kind of needless suffering arising out of self-punishment; there are irrational fears, unreasonable hatred and occasionally a raging, seemingly unforgivable desire to destroy. There is no mercy, no sense of safety. The Toltecs of 15th century Mexico were familiar with a Dream of Hell, and they devised a spiritual path out of it that is still relevant and effective today.¹⁹ To awaken from the Dream of Hell the Toltecs walked a spiritual pathway that required self-awareness, self-forgiveness, and gradually taking on a new, more realistic view of the world.

Awakening

The personality of the wombtwin is built around a deep-seated set of assumptions about the, "way things are" which is I believe a true reflection of "the way things once were in the womb". Then, if we add a good dose of survivor guilt to set up a lifetime of self-sabotage, we have the personality of a wombtwin survivor. Furthermore, in the Dream it is as if the survivor has identified with their vulnerable little "Beta" womb companion. And behave as if they were their own tiny, lost, vulnerable wombtwin instead of the strong survivor.

Here is how to awaken from the Dream: if you are (or believe you may be) a wombtwin survivor, then consider the following: you are not an abnormally developed tiny embryo; you are not about to die and be expelled from the womb. Whatever kind of world you have always imagined that you live in, it is not in fact filled with monsters or death and you are certainly not alone.

That sad and anxious secret, inner world is a reflection of your Dream of the Womb. It is not the real world at all. You may find that very hard to believe at first, but if you spend a long time reflecting on your inner life, you may be able to detect a faint echo of a tiny person from long ago. If you do find one, then the stories of other wombtwin survivors²⁰ may help to convince you that in the Dream is a real memory based upon real events.

Separate truth from fantasy

The best way to break the endless cycle of self-sabotage is to check out one's most basic attitudes and begin to separate truth from fantasy.

Wombtwin survivors spend their lives trapped in a kind of dream-like "bubble" that has little or nothing to do with real life. This may be a bubble filled with nameless fears and anxieties that do not seem to have any other home. Although the Dream this is not a good place to live, there is an eternal bond to that bubble and what lies within it, for in it lies the lost wombtwin to whom the survivor is inextricably bound for life.

Life does not have to be this way. Once the unreality of life in the Dream of the Womb is recognised, then it's time to let go. The best way out of a bad dream is simply to wake up, so in exactly the same way, wombtwin survivors are healed only when they decide to awaken to the truth. Then they realise that almost all the difficulties they have experienced in life have been self-inflicted. All their lives, at considerable personal cost, they have been keeping the Dream alive.



NOTES AND REFERENCES

¹ Sigmund Freud (1856-1939) devoted his life to the study of the human mind and is widely regarded as the father of modern psychology.

² Carl Jung 1875-1961 was a co-worker with Freud but disagreed with his theories to such an extent that they parted company altogether.

³ Ronald Davis Laing (1927-1989) a psychiatrist and psychoanalyst.

⁴ David Winnicott and John Bowlby, who were psychoanalysts, described the vital importance of early bonding to parents as crucial to mental health.

⁵ Janov A, *The Primal Scream* Abacus 1973

⁶ *Life before Birth* (2005) a documentary film directed by Toby Macdonald and distributed by National Geographic. This was made using the latest ultrasound technology and computer-generated visual imagery to portray in 3-D a specific pregnancy from conception to birth.

⁷ David Chamberlain, personal communication.

⁸ Mause, L, Re-staging Fetal Traumas in War and Social Violence. *Journal of Psychohistory* Vol. 23(4) (Spring)

⁹ My on-going research via the womb twin.com website includes extensive email exchanges which enable me to learn about the beliefs and feelings of womb twin survivors.

¹⁰ Woodward J, *The Lone Twin* Free Association Books 1998

¹¹ Murray Parkes C, *Bereavement; studies in adult life* Routledge 2001 p.95

¹² Woodward J. The bereaved twin. *Acta Genet Med Gemellol (Roma)*. 1988; 37(2): 173-80.

¹³ There are various websites offering support to “twinless twins” such as Twinless Twins Support Group International, which is an organisation offering support to an estimated 2000 “twinless” twins in the USA. Members gather annually for a conference where they share with and encourage each other. Between conferences they telephone, write, and email each other. Many twinless twins have found this

communion with other twinless twins an immense help in their lives. Twinless twins can understand each other's feelings like nobody else can.

www.twinless_twins.org

¹⁴ Respondents to my website www.womb_twin.com are greatly relieved to find their symptoms and feelings so accurately described, and do not hesitate to tell me so.

¹⁵ Triffleman, E.G.; Marmar, C.R.; Delucchi, K.L.; Ronfeldt, H. - 1995 - Childhood trauma and posttraumatic stress disorder in substance abuse patients. *J. Nerv. Ment. Dis.* Mar; 183(3): 172-176.

¹⁶ Hayton A, *Food and You Stage one: introducing the Four Zero Experience* Wren Publications 2000

¹⁷ Simon Chapman - Scare tactics cut smoking rates in Australia to all time low *British Medical Journal* 1999;318:1508

¹⁸ Wanigaratne, S. et al. *Relapse prevention for addictive behaviours. A manual for therapists.* Blackwell Science 1990

¹⁹ Ruiz M. *The Mastery of Love: A Practical Guide to the Art of Relationship* Amber-Allen Publishing 1999. This book is based on the original wisdom of the Toltecs.