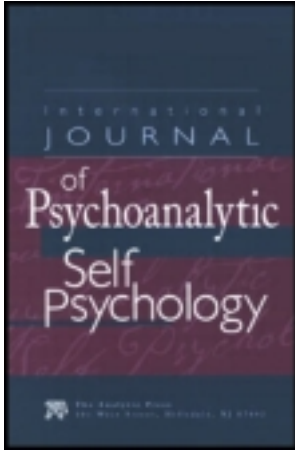


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Can You Hear Me Now? Twinship Failure and Chronic Loneliness

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CAN YOU HEAR ME NOW? TWINSHIP FAILURE AND CHRONIC LONELINESS

NANCY VANDERHEIDE, PSY.D.

This article tracks the course of chronic loneliness from its roots in impoverished regulatory twinship selfobject experiences in infancy to its emergence as a serious health concern, and discusses clinical implications. Incorporating infant research, social psychology, neuropsychology, and cognitive and social neuroscience with contemporary psychoanalytic theory, the paper outlines the function of twinship selfobject experiences in the development of regulatory and other capacities linked to devastating experiences of alienation and isolation. The concept of chronic loneliness is illustrated with abbreviated clinical material.

Keywords: belonging; chronic loneliness; connectedness; intersubjectivity; regulation; self psychology; twinship

Never have people been so able to reach out and touch someone, yet so prone to crippling isolation. Chronic loneliness, a seemingly paradoxical plight in this age of instant connection, ranks high as a risk factor for depression, addiction, and suicidal behavior, as well as a host of life-threatening physical illnesses. Increasing numbers of chronically lonely individuals find themselves inexplicably alone, unheard, and unseen in the midst of a vast network of real and virtual contacts. Adept as we may be at treating narcissistic issues related to deficits in mirroring

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and idealizing selfobject experiences, when it comes to expressions of early twinship selfobject deficiencies, especially chronic loneliness, our clinical repertoire is woefully short on wisdom.

This paper tracks the course of chronic loneliness from its roots in impoverished regulatory twinship selfobject experiences in infancy to its emergence as a serious health concern, and discusses clinical implications. Incorporating infant research, social psychology, neuropsychology, and cognitive and social neuroscience with contemporary psychoanalytic theory, I outline the function of twinship selfobject experiences in the development of regulatory and other capacities linked to the devastating experiences of alienation and isolation. The concept of chronic loneliness is illustrated with abbreviated clinical material.

THE TWINSHIP SELFOBJECT EXPERIENCE

The oft-neglected sibling of the narcissistic line of development, twinship selfobject experience was not elevated to a status equivalent to that ascribed to mirroring and idealization until Kohut's (1984) final publication. Throughout the lifespan, yearnings for twinship selfobject experiences signal the need for "confirmation of the feeling that one is a human being among other human beings" (p. 200). When met, such longings give way to the self-affirming sense of belonging that provides feelings of security, legitimacy, efficacy, essential likeness to others, and tolerance for difference. Additionally, the twinship experience equips people to fulfill their goal-directed ambitions by facilitating the acquisition of skills that augment innate talents. Absent requisite selfobject responsiveness, profound and disabling feelings of isolation, alienation, incompetence, and reactivity to difference result.

Initially, Kohut (1978) understood the patient's strivings for twinship (or alter-ego experiences; he used the terms interchangeably) as signaling grandiose self-reactivation in a less archaic form than implicated in longings for merger, but more archaic than indicated by longings for mirroring. Perhaps his initial assignment of twinship selfobject need to the grandiose pole of the self, subsumed between the stages of merger and "mirroring in the narrow sense," is responsible for its relative scarcity in the psychoanalytic literature, or perhaps Gabbard (2000) speaks for many in stating that the twinship concept "has limited clinical usefulness compared with the other two and is excluded from discussions of selfobject transferences" (p. 45). However, Kohut's appreciation for twinship selfobject

needs deepened as he came to understand them not as pertaining to the grandiose self, but as reflecting a separate and fundamental need to belong, to fit in. He tasked his followers with further investigation of selfobject needs “from the moment of birth to the moment of death” (Kohut, 1984, p. 194). It is clear, insofar as this call has been answered, that the clinical usefulness of the twinship construct is anything but limited; it is equally clear that twinship merits far more investigation than has transpired to date.

Near the end of his life, Kohut wrote to his colleague, Douglas Detrick, and expanded on his decision to pull twinship out of the realm of mirroring to signify a third and disparate way in which selfobjects function to evoke and maintain the sense of self. Based, in part, on that letter, Detrick (1985) considers twinship to be “more basic to human experience than either those of being mirrored or idealizing” (p. 251)—a perspective supported by Basch (1994) and others (Wahba, 1991; Martinez, 2003; Gorney, 1998; Rector, 2000). In fact, Basch posits that early twinship needs must be met as a prerequisite for the evolution, first, of idealization, and then, of the need for validation.

While many consider twinship needs primarily relevant to latency (Knight, 2005), those needs, like those for both mirroring and idealization, play a vital role early in development, and continue to be activated when one’s sense of vital connectedness falters, at every stage of life. Rector (2000) outlines a developmental continuum describing the transformation of twinship manifestations from early preverbal experiences through the young child’s imitative behavior, peer relationships in latency and beyond, to more mature forms of twinship support that maintain the adult’s sense of self. She contends that times of particular significance for twinship experiences also include the solidification of gender identifications during the Oedipal phase and during periods of great creativity.

Lichtenberg (2003) articulates the grim repercussions of twinship selfobject breakdown: “Failure to communicate the recognition of a baby’s humanness (subjectivity) and essential uniqueness will impair the development of that baby’s attachment and other systems of motivation, and his or her sense of self” (p. 499). If all goes well, however, by nine months the infant is learning that “a common bond, a form of fundamental twinship, exists in that all humans have similar feelings, and this commonality can be actively sought” (p. 508). In the same article, Lichtenberg describes the importance of a child’s connection—her belongingness—to her particular parents in the development of a core sense of self: “Katie becomes Katie as

her mother and father establish, “I know you—you like to eat slowly and be talked to and play in the water and—and you belong to this mother and this father—and we belong to you” (p. 506).

Twinship also plays an important role in a number of specific clinical areas. Gorney (1998) explores twinship’s contribution to experiences of vitality and pleasure. She finds that, “[T]he facilitation of vitalizing, life-affirming twinship experience is one of the most fundamental goals of psychoanalytic technique” (p. 86). Several authors have linked twinship phenomena to trauma (Ulman and Brothers, 1987; Stolorow, 1999, 2008, 2010; Gerzi, 2005). Rector (2000) explored the relationship between twinship and spirituality, and Sand and Levin (1992) describe the twinship selfobject function of music. Twinship experiences impact on issues of difference as well, including sexuality (Martinez, 2003; Kottler, 2007) and cultural differences (Wada, 1998; Togashi, 2007). In another article, Wada (2003) discusses the importance of the twinship selfobject transference in the treatment of an elderly nursing home resident. Segalla, Wine, and Silvers (2000) sees an important and natural place for twinship issues in groups, as does Stone; the contributions of the twinship experience to intersubjectivity have also been studied (Gorney, 1998).

Elsewhere in this issue, Togashi elaborates on his concept of “mutual finding”—an expansion of Kohut’s original twinship selfobject experience. Inspired, in part, by his own experience as a Japanese man studying in the United States, he suggests that it is equally important that others find our likeness within themselves, as it is that we find our own likeness within the other (Togashi, 2009). Detrick (1985) and Brothers (1993) also expanded on the twinship concept by distinguishing the “alter-ego” component from that of twinship *per se*. Whereas he retains Kohut’s original definition of *twinship*, Detrick (1986) uses the term *alter-ego* to refer to “those experiences of sameness or likeness that anchor the individual in a group process” (p. 300). Brothers makes an argument for the need to experience likeness with a disavowed affect of the self, and designates that as a necessary alter-ego experience.

TWINSHIP AND SELF-REGULATION

Regulation figures prominently among the various selfobject functions an infant depends on for the emergence of a vital and cohesive sense of self. From the moment of birth, the neonate requires nearly constant regulatory transactions with selfobjects to maintain homeostatic

equilibrium (Kohut, 1971, 1977). The contributions of the caregiver's mirroring and idealizable selfobject availability to the infant's developing regulatory capacities are discussed at length in the self-psychology literature, and widely accepted. Specifically, the idealizable selfobject function is associated with tension regulation and the child's developing capacity for self-soothing (Gardner, 1991; Rector, 2000). According to Wolf (1988), "Idealizable selfobjects sustain the self by allowing it the experience of merger with the calmness, power, wisdom, and goodness of the idealized selfobject" (p. 185). Adequate mirroring selfobject responsiveness "sustain(s) the self by providing the experience of acceptance and confirmation of the self in its grandness, goodness, and wholeness," and functions in service of self-esteem regulation (Wolf, 1988, p. 185).

Much as the merger with a calm, omnipotent other characterizes the manner in which the idealizing selfobject function impacts regulation, interactions that convey to the infant his or her essential likeness to the parent/caregiver impart vital, self-regulating feelings of belonging and connectedness. Findings from infant research highlighting forms of infant-caregiver communication suggest that twinship selfobject experiences play an essential role in the earliest development of regulatory abilities. Beebe et al. (2003) assert that matching, correspondences, and similarities "enable the infant to apprehend that the partner is similar to the self: in essence, in a presymbolic format, 'You are like me'" (p. 810). Interactions that provide a sense of the other's affective experience and process are far more important in this regard than are the imitation of overt infant behaviors. The foundational importance of affect-regulating responses from selfobjects to the integration of affect essential to anxiety tolerance and the capacity for self-soothing is articulated by Socarides and Stolorow (1984). In their seminal paper, they maintain that "selfobject functions pertain fundamentally to the affective dimension of self-experience, and that the need for selfobjects pertains to the need for specific, requisite responsiveness to varying affect states throughout development. Kohut's (1971, 1977) conceptualizations of mirroring and idealized selfobjects can be viewed as very important special instances of this expanded concept of selfobject functions in terms of the integration of affect" (p. 106).

Stern's (1985) definition of *affect attunement* involves the cross-modal matching of timing, form, and intensity, and he considers "forms of feeling," rather than behavior, to provide the referent for what is matched. Intensity stands out among these qualities as especially relevant for the coordination, or mutual regulation, of the partners' inner states. Whereas changes

in activation level are less obvious at a conscious level than changes in the type of affect, they are continuous, thereby allowing a constant stream of contingent, cross-modal matching to form a comfortable, implicit background of fittedness in the dyad's relational moves (The Boston Change Process Study Group, 2005). Only when traumatic, unrepaired interruptions in the flow of this stream disrupt the background of "being with" does the panic of vulnerable aloneness erupt. This is as true later in life as it is in infancy.

Compromised parent/infant regulations contribute to the development of dissociative symptoms associated with dysfunctional attachment and the pervasive patterns of affective, self-image, and relationship instability that characterize many disorders (VanDerHeide, 2012). Recent studies (Lyons-Ruth and Jacobvitz, 1999; Lyons-Ruth, 2006) increase our understanding of the disorganized-disoriented attachment style with research that lays its development not at the door of child abuse per se, but at that of the caregiver's disrupted affective communication. Effective caregiver communication patterns are foundational to the continuous, highly attuned regulation of fear and stressful arousal in infancy required for the development of secure attachment. Lyons-Ruth (2006) identifies two broad categories of caregiver profiles with regard to attachment, helpless/fearful and hostile/self-referential, both of which display disrupted affective communication patterns that fail to regulate the stressful arousal of their infants. The perspectives, needs, and voices of the caregivers in these studies took precedence over those of their infants, whether their communications indicated apathy, withdrawal, or overt hostility. Longitudinal studies also indicate the emergence of pervasive patterns of affective, self-image, and relational instability among the children of parents fitting both the intrusive and withdrawn profiles. Altogether, these studies stress the role of appropriate communication patterns in early infant regulation and secure attachment.

In his application of a developmental neuropsychanalytic perspective to the self system, Schore (2002) discusses the dual regulatory processes of "affect synchrony" that takes place within the communicational matrix of the infant/caregiver dyad, and describes them as "the fundamental building blocks of attachment and its associated emotions" (p. 442). This "interpersonal synchronization of biological rhythms" involves a process of temporal and affective pattern matching between the two that stresses the similar nature of their psycho-physiological states (p. 441). He cites Lester, Hoffman, and Brazelton (1985), who state, "[S]ynchrony

develops as a consequence of each partner's learning the rhythmic structure of the other and modifying his or her behavior to fit that structure" (p. 24). While Schore characterizes "affect synchrony" as being akin to "Kohutian mirroring" (p. 441), I suggest that the emphasis on affective, temporal, and rhythmic matching and the aim of conveying the similarities in self-states establishes this process as one of twinship.

While attempts to distinguish the respective contributions to an infant's acquisition of regulatory abilities from the mirroring, idealizing, and twinship selfobject functions he or she encounters are bound to be somewhat hypothetical or artificial, it is clear that the twinship experiences play as important a role as the others. Self psychology explicates the self-esteem regulating quality inherent in having one's wonderful qualities and accomplishments mirrored and the arousal-soothing features of idealizing a calm, strong other. The reassurance that one is a welcome participant in a world of similar others inherent in twinship experiences provides a third form of regulation both in early infancy and throughout life. In the following sections, I discuss the profound and, at times, life-threatening repercussions of twinship deficits in the context of the human need for connectedness (Geist, 2008) and belonging.

THE NEED TO BELONG

The powerful need to belong motivates people to seek out attachments with others and to affiliate with groups (Bowlby, 1973; Baumeister and Leary, 1995). Lichtenberg (see Lichtenberg 1989, 1993; Lichtenberg, Lachmann, and Fosshage, 1992, 1996; Lichtenberg, Lachmann, and Fosshage, 2010) describes the attachment and affiliative motivation systems as two of seven innate systems that impel human behavior. The affective goal of these systems is the achievement and maintenance of a sense of intimacy, kinship, acceptance, and belonging—aims that are consistent with twinship selfobject needs as they arise both in infancy and throughout life. Adequate twinship selfobject experiences in infancy and beyond establish the capacity to regulate the emotional vicissitudes of relatedness essential to the success of this motivational aim.

When met through satisfying attachments and affiliations, the need to belong facilitates engagement in highly enjoyable activities with others and experiences of profound comfort and happiness. Making connections that provide intimacy and a sense of belonging does not pose serious difficulties for most people, although nearly everyone endures transient

experiences of the sense of social isolation or dissatisfaction with their relationships associated with loneliness. Fortunately, soliciting new connections or reinvigorating existing ones comes relatively easy and, for these individuals, a brief (but painful) dip in the pool of loneliness soon gives way to more customary states of well-being.

Our essentially relational nature makes us inherently social creatures, as prone to establishing ties as we are disinclined to break them, and our overriding tendency is to strike up friendships with whatever people are regularly in proximity to us. For most people, loneliness (not to be confused with the state of being alone) is a normal and expectable condition; it is unpleasant, to be sure, but not a cause for real concern. It is no wonder, then, that advice to lonely people, from therapists, family members, friends, and the Web, typically involves commonsense ideas like taking a class, going to church, and joining the Sierra Club or other social organization. Unfortunately, some 15% to 30% of the general population suffers from chronic loneliness (Heinrich and Gullone, 2006) and are less able to profit from these usually effective activities.

Chronic loneliness refers to a pervasive sense of isolation and loneliness that endures for more than two years. By way of distinction, situational loneliness refers to loneliness triggered by the loss of a specific relationship or affiliation experienced by someone who has historically been happy with his or her relationships. Chronic loneliness tends to be extremely debilitating, and people who are unable to forge sustaining relationships live for long periods of time with unremitting, profound feelings of emptiness, rejection, vulnerability, and intractable sadness, as illustrated in the following short clinical vignette.

MATILDA

Soft flaxen hair fell in a swath in front of Matilda's face. Was she hiding from me, was she making me disappear, or both? Probably both; that was the conclusion I usually arrived at as I sat listening to her recount the painful events of her day. It would be two years, at four times per week, before she brushed her hair back, allowing us to make regular eye contact. Until that time, I often found myself musing about the lonely little girl behind the gossamer veil, forgetting that the voice was that of a young woman and not the six-year-old I imagined her to be.

Matilda's parents had moved to California from the South, far from their own families, to pursue employment. They made few friends with

whom to socialize, and none with small children; for the most part, the small family kept to themselves and remained very isolated. As an only child, Matilda spent her time conducting tea parties for her stuffed animals or watching cartoons. When she started kindergarten, she was alone there, too, and felt different from the other kids in too many ways to count. They made fun of her name, which was indeed different and far too exotic and grown up for a five-year old. Matilda played alone at recess, walked home by herself, and had trouble making friends. She finally made some friends, she said, in high school—with a small group of other “misfits.” It was the first time she had felt part of any group. Things had not improved by the time she started analysis with me. Instead of the social opportunities they held for her peers, graduate school and work only provided more of the isolation and loneliness she had known her whole life.

Matilda spoke from behind her curtain of long hair, recounting for me the many slights and rejections that filled each of her days. Classmates in her graduate program ignored her, left class together without her, failed to include her in lunch plans or study groups, and fell asleep during her presentations. At work, bosses forgot her name, overlooked her contributions, and gave her tasks no one else wanted. No one, anywhere, ever made room for her at a table, on a couch, in a carpool, or at a water cooler. She could not blame them, she would say, because who would want to be with someone as fat and ugly as her?

Long before Matilda was able to move on to other topics, I learned to limit my responses to noncommittal noises that indicated my continuing presence, but not much else. She responded to my attempts to validate her feelings with derisive self-loathing, felt criticized by my queries, and responded to most of my comments as though they were demands for her acquiescence to some need of mine.

There was a certain poignancy to her catalogue of daily hurts that allowed me to stay attentive, despite our failure to connect in any obvious way. The fantasy that sustained me throughout our first two years was that I was sitting with my six-year old at the kitchen table every day after school, hearing about the mean things the other kids said and did to her.

Matilda gradually emerged from behind her hair and began to reveal her affective world, both the sadness of her childhood and her current, pervasive experience of being alone and disconnected in a very bleak and timeless desolation. Her sense of estrangement accompanied her everywhere, giving her an abiding sense of merely observing life going on around her. Activities that provide others with a pleasant sense of companionship,

like having a cup of tea in a cheerful coffee house, merely increased her sense of isolation. For the most part, she moved through the world with her nose in a book, keeping herself occupied while blocking out the warm sights and sounds of people participating in life. She could not imagine this state of affairs ever changing.

A turning point in the treatment occurred when I relocated my office to a building across the street. The original office was a small, windowless, interior “shoebox” with a couple of chairs and a table, and I was pleased to be moving into a relatively expansive space with windows. In her first unsolicited, overt comment on anything related to me, she expressed her dismay with the change. The new office felt too cold, too big, and we were sitting too far apart. The other office, she told me, felt warm and safe, and she was closer to me. Indeed, the seating there placed us nearly knee to knee with each other, and now there was a distance of maybe four feet between us. However, of course, her remark related to emotional, not physical, distance.

Exploring her feelings about the new office did not take long, as she had said about all she was going to on the subject, but we did devise some strategies to increase her comfort level. First, we experimented with the position of my chair, finally agreeing on a spot about one-half of a foot closer. Then, she grabbed a blanket from where it lay folded in a basket and pulled it up over her body, covering all but her face. This felt warmer, better, but still not right. In a final, brilliant move, she suggested that I wrap myself in the other blanket in the basket.

As we settled back in our respective seats, closer together, blankets pulled warmly around us, she gave her approval in a statement that established an enduring metaphor and touchstone for everything that is good in our relationship: “Good, this is better, more like before. Hey—we’re kangaroos and these are our pouches.”

And so were. Two kangaroos taking refuge in a hostile world populated by unwelcoming people. In times of fragmentation, she was my “joey,” face hidden deep in her pouch. At other times, feeling safer, she could expose more of herself knowing she could “hop back into her pouch” at any time. As she grew stronger, she grew more playful, and we would take “vacations” together. Quite frequently, those vacations took us to the Australian outback or New Zealand, where we could hop around with other kangaroos, who sometimes invited us to their homes for dinner.

This very brief vignette of an ongoing, long-term therapy provides a glimpse into the life of someone who has felt alone and lonely for much

of her life. The feeling is etched so deeply in her experience that even when it lifts, she feels it lurking, much as someone in remission from major depression remains wary, anticipating new depressive episodes. Although I was unaware of the extent, our relationship had grown deeply meaningful in my small, womb-like office, allowing her to reach the point where she could risk inviting me to join her in a twinship experience. Our shared marsupial adventures are one of a few ways that Matilda's profound need to experience a sense of kinship is manifest and met. I, too, enjoy being a "kangaroo among kangaroos!"

CHRONIC LONELINESS

Chronic loneliness is also associated with a host of physical and psychological difficulties. Although the experience of chronic loneliness may be very depressing, it is not the same malady as depression; the two often coexist, with loneliness and its related health threats remaining after the depression has been ameliorated. Whereas depression does not predict future loneliness, loneliness is strongly predictive of future episodes of depression (Wei, Russell, and Aakalik, 2005; Cacioppo, Hughes, et al., 2006). People suffering from chronic loneliness focus primarily on interpersonal concerns, whereas depression is a more global experience characterized by general negativity and dissatisfaction (Weiss, 1973; Horowitz, French, and Anderson, 1982; Cacioppo, Hawkley, et al., 2006).

Numerous researchers have outlined serious health consequences related to chronic loneliness. It has been associated with the progression of Alzheimer's disease (Wilson et al., 2007), obesity (Lauder et al., 2006), and increased vascular resistance (Cacioppo et al., 2002). Additionally, it is implicated in diminished immunity (Kiecolt-Glaser et al., 1984; Pressman et al., 2005), alcoholism (Akerlind and Hornquist, 1992), and mortality in older adults (Penninx et al., 1997; Seeman, 2000; Hawkley and Cacioppo, 2007). Not surprisingly, it is also strongly associated with suicidal ideation and behavior (Rudatsikira et al., 2007). More surprising, perhaps, but no less alarming, are findings that loneliness can alter DNA transcription in the immune system (Cacioppo, 2002).

Three factors seem particularly instrumental in perpetuating chronic loneliness, although other, more idiosyncratic features naturally pertain in any individual's unique situation. However, in overwhelming numbers, chronic loneliness involves the interaction of an individual's vulnerability to social disconnection, his or her capacity for self-regulation, and his

or her organizing principles with regard to social isolation. Research consistently attributes a remarkably strong genetic component to the first of these factors: vulnerability to social disconnection.

GENETIC CONTRIBUTIONS TO LONELINESS

Identical twins are frequently used in studies measuring genetic contributions to variation in the complex trait of loneliness. The Netherlands Twin Register was begun in 1991 as a longitudinal survey study of health and lifestyle in adolescent and adult twins and their family members (Boomsma et al., 2006). For the sake of brevity in this paper, I report on three of these studies, although several others have replicated their results. Individual variance in loneliness accounted for by genetic factors in these three studies ranged from 37% to 77%. These results indicate a moderate to high level of heritability with regard to sensitivity to loneliness.

The “Longitudinal Genetic Analysis for Loneliness in Dutch Twins” (Boomsma et al., 2007) includes 3,798 complete twin pairs, aged 13 to 85 years at the last of five measurement occasions, spread out over 12 years. Based on factor analysis, the researchers studied the endorsement of two items on the Young Adult Self Report (Achenbach, 1990): “I feel lonely,” and “Nobody loves me.” Both of these items can be answered on a three-point scale comprised of *never*, *sometimes*, and *often*. Heritability was estimated to be 77% for the “I feel lonely” item, with an age-related increase in its rate of endorsement. For “nobody loves me,” no age-related trends were observed, and heritability was estimated to be 70%. Looked at separately, estimates in adults over age 35 were lower, with 41% for “I feel lonely” and 54% for “nobody loves me.” Those numbers rose again for adults at the older extreme of the age range.

In the 2010 “Familial Resemblance for Loneliness” study (Distel et al., 2010), the researchers utilized an extended twin design that included data on the spouses, parents, and children of twins. The extended twin design allowed researchers to refine the study with regard to sociodemographic factors like marriage, level of education, having offspring, and number of siblings. This study confirmed other studies (i.e., Tornstam, 1992) in finding lower levels of loneliness associated with marriage, having children, number of siblings, and years of education, the effects of which are stronger for men than for women. An interesting finding shows employed men reporting lower levels of loneliness than unemployed men, while women show higher levels of loneliness when

employed. These demographic variables explain some of the variance in loneliness, but do not modify the influence of genetic factors, which explain 37% of the variance.

Finally, Bartels et al. (2008) conducted a study of 7,995 twin pairs to examine the genetic contribution to individual differences in loneliness among children aged 7 to 12, entitled "Genetic and Environmental Contributions to Stability in Loneliness Throughout Childhood." Because many of these children presumably still shared a home with their siblings, researchers also investigated the effects of shared and non-shared environmental factors. In this study, genetic factors accounted for 45% of individual differences in loneliness, with non-shared environmental factors accounting for 43% of the remaining variance, and shared environmental factors accounting for 12%. Few such studies address as clearly the likelihood that children who are lonely in childhood will show signs of chronic loneliness as childhood continues, highlighting the need for intervention during the school years.

Given the evolutionary advantage of proximity to others, a genetically based aversion to isolation would go far to enhancing the safety of early mankind, regardless of age. Studies in which researchers used functional MRIs have found that loneliness activates the region of the brain that registers emotional responses to physical pain, the dorsal anterior cingulate, making it an undeniably potent noxious stimulus (MacDonald and Leary, 2005). Sensitivity to signs of rejection or potential exclusion from the group could save one's life, and social ostracism was tantamount to a death sentence for early humans. Even today, exclusion from ingroup membership triggers devastating feelings in those not welcome to participate—a fact well known to both the "mean girls" of high school fame and any reasonably empathic group member. Unfortunately, people who are predisposed to this sensitivity to exclusion risk subjecting themselves to exploitation at the hands of more powerful or influential others as the price of inclusion (Cacioppo, 2002).

LONELINESS, TWINSHIP, AND SELF-REGULATION

Just as an individual's genetic predisposition to depression, bipolar disorder, or cancer does not guarantee that he or she will develop the disease, a high vulnerability to social isolation only supplies part of the equation that ushers in a life of chronic and debilitating loneliness. As a rule, loneliness is in itself emotionally disregulating, undermining our capacity

for self- and mutual regulation and compromising social synchronization (Cacioppo and Patrick, 2008). For most people, it usually takes very little in the form of reassuring connectedness to restore a sense of self-cohesion. However, when regulatory capacities are already unreliable, such as those developed by someone whose early selfobject milieu was deficient in necessary responsiveness, reestablishment of emotional balance can be far more problematic.

For many people, feelings of rejection and estrangement swiftly intensify in a self-perpetuating downward spiral of loneliness, not unlike the progression of feelings encountered in shame-inducing experiences (VanDerHeide, 1992). Part of the reason for this involves the hypersensitivity to potential indicators of rejection characteristic of people who already feel isolated from others (Baumeister and DeWall, 2005). The particularly agonizing quality of the affect states associated with loneliness, as well as the frequently elevated anxiety reported by lonely people, often translates into avoidance of situations that may invoke them. Long-standing problems with regulation play a significant role as well, as the intense feelings of misery, dejection, and pessimistic gloom that often shroud the lonely bode poorly for attracting or making use of reassuring experiences of connection; nor do people whose lives have been fraught with affective instability recover easily from these negative affect states.

While deficits in any of the selfobject functions necessary for healthy self-development are implicated in regulatory difficulties, the nature of the specific selfobject in short supply tends to be especially reflected in the particular affect states most intolerable for any given person. Hence, the feelings of belonging, security, legitimacy, and "being a human being among other human beings" enabled by positive twinship experiences will be replaced with bleak feelings of disconnection, alienation, and loneliness in its absence; the unbearable feeling of being irrevocably "apart from," rather than "a part of." Such feelings are unlikely to have been helpfully responded to by the very caregivers prone to instilling them, increasing the likelihood that they will become disavowed or otherwise poorly integrated, often prompting aversive and maladaptive reactions from beyond the reach of consciousness (Atwood and Stolorow, 1984; Stolorow, Brandchaft, and Atwood 1987; Stolorow and Atwood, 1992). Additionally, this can leave people confused about the precise nature of their pain, and unable to accurately define it. That confusion is easily magnified and joined by heightened feelings of hopelessness when health providers diagnose and treat them for

depression instead of addressing their loneliness. Whereas depression has many potential avenues of remedy, chronic loneliness requires meaningful connection with others. Defensive social reticence and other counterproductive solitary behaviors, like abuse of alcohol and Internet pornography, must often be treated before that is even possible.

Additionally, children of parents who fail to help them regulate stressful arousal in the first year run the risk of developing strategies designed to control interpersonal interactions and thereby secure the attention they need (Lyons-Ruth and Jacobvitz, 1999; Hesse et al., 2003; Cortina and Liotti, 2007). By ages three to five, some children adopt a controlling–punitive attachment strategy, and take an angry, coercive stance with their parents, whereas others take on a nurturing or entertaining role—that is, the controlling–caregiving strategy. Neither of these strategies facilitate satisfactory emotional connections with others, either prompting others to avoid or take advantage of them, respectively. Bullying behavior engendered by the controlling–punitive strategy merely generates antipathy toward the bully, and attempts by those individuals employing a controlling–caregiving strategy to influence the behavior of others leave their own needs and feelings woefully out of the equation. The use of either strategy does little to alleviate loneliness, and creates additional problems.

When regulatory selfobject failure on the part of early caregivers commences the alienating process that eventuates in chronic loneliness, the dyad's exchanges begin to organize the experience of “not belonging” into patterns of expectable interpersonal transactions. The negative meanings people attribute to their feelings of loneliness tend to be steadily reinforced over time, thereby increasing their likelihood of becoming entrenched as chronic loneliness. While the organizing principles that guide the ways in which people interpret and make meaning of their relational experiences differ in ways unique to each individual, lonely people do describe themselves in some remarkably consistent ways (Snodgrass, 1987). Their typically negative self-descriptions betray the problems of self-worth we would expect to hear from anyone whose early relational environment left them narcissistically vulnerable, but, in addition, most reflect feelings more specific to the sense of separateness. *Different, relationally inadequate, misunderstood, socially ineffective, unacceptable, and misfit*—these words are often used as lonely people struggle to make sense of their baffling experience of not fitting in.

CONCLUSION

Our society idealizes solitude, disparaging loneliness as weakness and lonely people as self-pitying complainers largely to blame for their own problems. Understandably, considerable discomfort, to say nothing of outright shame, often accompany admissions of loneliness (Nurmi et al., 1997). Lonely people are perceived as less attractive, less sincere, less desirable as potential friends, and more passive than their counterparts (Lau and Gruen, 1992). Not only do such attitudes discourage people from reaching out to others for help, they validate any self-condemning assumptions lonely people hold with regard to their social isolation.

Although shame attends the loneliness of undesired solitude for vulnerable individuals, suffering in privacy can be far preferable to the searing humiliation that accompanies attending an event where they feel excluded or left out. Most people have at least one childhood experience of being the last one chosen for the dodgeball team or hearing about a classmate's birthday party after the event, and, for most, it makes a lasting impression. However, for chronically lonely patients, such experiences are rarely the exception, and other people are rarely the cure. They were the kids sitting alone on long bus rides home from school, left standing on the sidelines, and smiling awkwardly at school dances. Feeling less and less welcome, increasingly the outcasts, their stories can be hard to bear, even for therapists long in the trenches.

Fully apprehending the chronically lonely life requires substantial empathic ability, especially for those who have skirted the "perfect storm" of nature and nurture that makes rejection's blade cut so deep and enduring. The fear of social isolation, like shame's noxious ripples, lurks somewhere in everyone's past—a human feature that, disavowed, encourages denial, avoidance, and dissociation. The lonely therapist, like the caregiver prone to shame, must harness the awareness to manage these feelings, whatever their illusory guise. Otherwise, the risk of advising patients with antennae for slights to "take a class" before they can tolerate potential exclusion looms very high, often with retraumatizing results. Treating the narcissistically vulnerable patient requires the subtlest of skills—casting attention's encouraging rays on hopeful new tendrils of growth, patiently permitting a patient's idealization, and always repairing our empathic ruptures. Twinship is subtle, too, as we share with each other our humble, often wordless comprehension of abandonment's chill, the

resonance of affect, and the striving for connection's warmth. These are the struggles and joys that make us most "human among other humans."

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TRANSLATIONS OF ABSTRACT

Este artículo sigue el curso de la soledad crónica desde sus raíces en experiencias de selfobject gemelar precarias para la regulación durante la infancia hasta su emergencia como graves preocupaciones de salud, y discute las implicaciones clínicas. Al incorporar la investigación en primera infancia, la psicología social, la neuropsicología y neurociencia cognitiva a la teoría psicoanalítica contemporánea, este artículo resume la función de selfobject gemelar en el desarrollo de las capacidades reguladoras en los casos de las devastadoras experiencias de alineación y desolación. Se ilustra el concepto de soledad crónica con material clínico abreviado.

Cet article retrace la trajectoire du sentiment de solitude en partant de ses racines dans la pauvreté des expériences objetsoi de jumelage régulatrices de l'enfance jusqu'à son émergence comme importante préoccupation de santé, tout en discutant de ses implications cliniques. Incorporant les recherches sur le développement de l'enfant, la psychologie sociale, la neuropsychologie, et les neurosciences cognitives et sociales avec la théorie psychanalytique contemporaine, cet article expose les grandes lignes de la fonction des expériences objetsoi de jumelage dans le développement des capacités régulatrices reliées aux expériences dévastatrices d'aliénation et d'isolement. Le concept de solitude chronique est illustré par du matériel clinique abrégé.

Questo articolo descrive passo a passo l'evoluzione di una solitudine cronica a partire dalle sue radici nelle carenziali esperienze infantili regolative di oggetto-sé gemellari fino alla sua emergenza in una grave preoccupazione relativa alla salute, per discuterne le implicazioni cliniche. Incorporando alla teoria psicoanalitica contemporanea la ricerca infantile, la psicologia sociale, la neuropsicologia e le neuroscienze cognitive e sociali, il lavoro sottolinea la funzione delle esperienze gemellari di oggetto-sé nello sviluppo sia delle capacità regolative sia di altre connesse alle esperienze devastanti di alienazione e di isolamento. Infine, tramite un succinto materiale clinico si illustra il concetto di solitudine cronica.

Diese Arbeit beschreibt den Verlauf chronischer Einsamkeit von ihren Wurzeln in verarmten regulatorischen Zwillings-Selbstobjekterfahrungen in der Kindheit bis hin zu ihrem Auftauchen als ernste Sorge um die Gesundheit, und sie beschäftigt sich mit den entsprechenden klinischen Implikationen. Die Arbeit baut Säuglingsforschung, Sozialpsychologie, Neuropsychologie und kognitive und soziale Neurowissenschaften in die gegenwärtige psychoanalytische Theorie ein und hebt auf diese Weise die Funktion der Zwillings-Selbstobjekterfahrungen in Bezug auf die Entwicklung von regulierenden und anderen Fähigkeiten hervor, die mit zerstörerischen Erfahrungen von Fremdheit und Isolation verbunden sind. Das Konzept von chronischer Einsamkeit wird anhand von gekürzten klinischen Beispielen dargestellt.