Holding two babies in mind: a narrative inquiry into the impact on a woman's sense of self in the transition to twin motherhood

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Abstract

Over recent decades there has been a large increase in multiple pregnancies (Newman & Luke, 2000). However, there is little research into the experiences of mothers who transition to twin motherhood, despite this group being identified in quantitative research as potentially vulnerable (Choi et al. 2009; Hay et al, 1990; Sheard et al, 2007; Thorpe et al, 1991; Wenze et al, 2015). Four mothers of twins ranging from 20 to 30 months were invited to narrate their experiences of the transition to motherhood and the impact on their sense of self, filling a notable gap in the research field. Narrative inquiry was the chosen methodology, embedding reflexivity throughout the research process with an awareness of ethics and power dynamics in the research relationship and wider culture which has traditionally undervalued mothers' experiences. Women's stories were analysed using The Listening Guide (Gilligan, 1982), aiming to capture the complex and multi-layered nature of the psyche, expressed through a multiplicity of voices (Brown & Gilligan, 1992) and understood within social and cultural frameworks (Gilligan & Eddy, 2017). The reader is invited to engage in depth with each participant's story, which represent a chorus of (twin mother) voices (Riessman 1993). Themes noticed across stories were: Being/feeling maternal, Fairy-tale versus reality, Silenced emotions, Overwhelm, Isolation, The critical voice, Negotiating mother/career, Dynamic of four and Voices that speak to culture. The findings support therapists to reflect on the unique complexities of becoming a twin mother, in the context of a psycho-social culture of the mother-baby dyad as norm. They also aim to ignite questions about clinical work with twin mothers as a unique subgroup in the field of perinatal mental health.

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Chapter 1: Introduction

I introduce my research with a consideration of culture in relation to maternal self, which forms the basis of this study. I then outline the context of twin mothering in relation to the norm of mother and baby dyad. By highlighting these two dimensions, I argue why this research is essential to the field of counselling psychology (CP) and psychotherapy. I integrate my personal narrative to show myself as a twin mother researcher because the personal is political (Hanisch, 2000). Finally, I introduce my research question and aims.

1.1 The birth of maternal identity

Being responsible for a child can result in a 'narrative turning point' in a woman's life (Miller, 2005). This personal transition of identity is intrinsically political and linked to beliefs we hold as a society of women who become mothers, and how they should think, feel and behave (Johnson, 1991). Parker (2005) highlights that a mother's feeling about mothering is determined by the culture in which she lives, which in turn determines what can be said about the experience (Miller, 2007). Johnson (1991) suggests that at no other time in a woman's life is her identity more obviously socially scrutinised and regulated than during pregnancy. The woman finds herself as a new kind of social object in the mould of mother. A maternal identity is imposed on her, and she may embrace it unconsciously for social rewards.

Motherhood can be considered an institution (Bernard, 1974) consisting of customs, traditions, conventions, beliefs, attitudes, rules and laws which deal with the care and rearing of children. In Western culture, mothering and fathering are gender-loaded activities. Generally, mothers are expected to sacrifice their own needs for their

children, whilst the role of father carries fewer burdens (Chase & Rogers, 2001). Additionally, mothering is largely understood within Western culture in relation to a medical versus natural childbirth discourse (Cosslett, 1994). Both discourses tend to focus on optimistic stories, underpinning social constructs of 'good' and 'bad' mothering (Marshall, 1991). In the transition to first-time motherhood, women may be particularly influenced by notions of nature, instinct or experts who know best (Oakley, 1984). However, Oakley argues that 'maternal instinct' is a myth and that 'the desire for motherhood is culturally induced, and the ability to mother is learnt' (p.201).

Although pregnant women are an object of fascination in our society and are offered physical preparation for the birth, do we pay enough attention to the potential identity crisis? In some cultures, there is a great deal of attention given to the mother *after* the baby is born (Stern & Kruckman, 1983). For new mothers in rural Guatemala, Latina women in Mexico and USA, and Mayan women in the Yucatan, rituals such as bathing, washing of the hair and massage mark the post-partum period as distinct from other phases of a woman's life (Kendall-Tackett, 2010). In the U.K, Bauer et al (2014) highlight that between 10% and 20% of women develop a mental illness during pregnancy or within the first year after having a baby, and many services focus on diagnosis of these postnatal difficulties (The NHS Five Year Forward Plan, 2016). Only since 2018-2019 have these women been able to access specialist perinatal mental health care wherever they live (NHS England, n.d). The National Institute of Health and Care Excellence (NICE, 2014) has recommended further research on the impact of becoming a mother on well-being, and I believe it is important to do this within an understanding of 'matrescence' (Raphael, 1973) - a holistic way of understanding the transition - so that we do not pathologise women's experiences. Inevitably, the way in

which a woman constructs her identity will be influenced by various ideologies and discourses (Haynes, 2008) which are inseparable from culture.

Research has shown that becoming a mother in relation to one's identity is a slow process (Kristeva, 1987; Miller, 2005; Stadlen, 2005). Society may expect women to embody the role immediately, but the all-consuming nature of motherhood leaves little time for self-reflection (Arnold-Baker, 2015; 2019) and it takes time for her to make sense of what being a mother means. Where and how are twin mothers' stories about identity changes heard? Are they lost in the ether?

1.2 'Holding in mind' two babies

Winnicott's (1956) notion of *holding* is an ontological concept related to a baby's quality of experiences in being alive at different developmental stages. Winnicott used the term *maternal preoccupation* to describe the mother holding the infants state of 'going on being' (p. 303), where a sense of continuity of being is sustained over time. In the process of 'holding' her baby, the mother 'feels herself into the infant's place' (Winnicott, 1956 p. 304), where time is measured almost entirely by the new-born's psychological and physical rhythms (Ogdon, 2004). This may be at great emotional and physical expense to the mother, as she can no longer be a separate being.

When we consider the concept of holding in mind or maternal preoccupation, we may think of the mother-baby dyad. This dominant image takes many forms, from pictures of mothers in magazines and television adverts, to nationally run antenatal classes aimed at mothering one baby (https://www.nct.org.uk). As therapists, we draw on key

texts and theories from developmental psychopathology to understand motherhood in the context of a mother-baby dyad, for example attachment theory (Ainsworth et al, 1978; Ainsworth, 1979; Bowlby, 2005), Mahler's (1972) work on separation-individuation, and Stern's (1985) work on intersubjectivity.

But something has been missed.

There has been a large increase in the number of multiple pregnancies over recent decades (Newman & Luke, 2000). Monden et al (2021) collected information on the rates of twins born between 2010 and 2015 in 165 countries and compared them with rates in 1980 to 1985. In Europe and North America, the number of twins born is particularly high, and worldwide the rate has grown from nine to 12 per thousand deliveries. In the context of today's society, women are choosing to start families later in life, which has resulted in an increase in medically assisted reproduction such as in vitro fertilisation (IVF), artificial insemination and ovarian stimulation, all of which increase the likelihood of a multiple pregnancy (Monden et al, 2021). In addition, hyper-ovulation (where more than one egg is released during ovulation) is more likely to occur with age and thus increases the chance of a spontaneous twin pregnancy (Hazel et al, 2020). In 2015, 16 out of every 1,000 UK had a multiple birth in England and Wales, compared to 10 in 1985 (Multiple Birth Foundation, n.d.)

Monden at al (2021) highlight that twins experience more complications at birth than singletons. They are more likely to be stillborn or born prematurely with lower birth weights. And what about their mothers? How might their experiences be different to mothers of singleton babies? Referring to Winnicott's concept of *holding*, if it is the

mother's capacity to cope with an infant's absolute dependence that is of utmost importance (Winnicott, 1962), what is the experience of the mother who must hold two babies in mind?

A quarter of 688 mothers of multiples with babies up to the age of 18 months stated that on reflection, they felt they might have had postnatal depression (PND). 49.8% occasionally felt so overwhelmed that they wanted to leave their family (Twins Trust, 2012). Parents of multiples are faced with the dilemma of how to divide their attention between babies and to focus on the interests of each individual child (Rutter & Redshaw, 1991). Developing an early relationship with one or more same-age children at the same time poses significant challenges (Goshen-Gottstein, 1980). McKay (2010) highlights that parents of multiples face unique challenges compared to those with a singleton child: greater sleep deprivation, higher financial burden, social isolation, breastfeeding challenges, more prenatal medical involvement and greater physical discomfort.

The Twins Trust (https://twinstrust.org/) is a UK charity providing information and support to twin parents, via a telephone helpline and a professional referral service run by psychotherapists offering one-off consultations on a wide range of presenting issues. Twin clubs are also run by volunteers in some parts of the country in affiliation with the charity, including virtual clubs as a result of the Covid pandemic. This support is likely to be indispensable to the twin mother; however, there appears to be little specific psychological or therapeutic support available for twin mothers in the UK. At the time of writing, there are no known therapy groups for this client group via NHS services such as IAPT (Improving Access to Psychological Therapies) services in

Primary care. Three London boroughs (Bromley, Lewisham and Greenwich) offered a joint five-week mindfulness group for twin mothers run by the charity MIND between 2018 and 2021; this was discontinued because of a low attendance rate. The service manager informed me they increasingly received referrals from other boroughs - which sadly they could not accept - and that the women who did attend these groups reported real benefits. Alongside the lack of therapeutic support for twin mothers, there is a glaring lack of in-depth qualitative studies of twin mothers' experiences of the transition to motherhood, with only two in the U.K. (Spiers, 2019; Gowling, 2020). Yet hearing twin mothers' lived experiences is essential to the field of CP if therapists want to support mothers' needs, well-being and promote healthy mother–infant relationships.

1.3 My relationship to the topic

It would be ironic to silence my own twin mother voice whilst exploring that of others. I wanted to address the potential power imbalance between myself and participants; it felt unethical to focus on other women's vulnerabilities without owning and writing about my own (Behar, 1996). By including my story here, I hope that my motivations for the research are apparent, and that a commitment to transparency is introduced and sustained throughout the thesis.

1.4 My Story

Where was my research identity?
A trainee psychotherapist
on a counselling psychology course
I am psychotherapist
Not researcher!

Adrift from the world of research
Topics from outside
Igniting no fire within,
Until I became ***Mother.***

My daughter, Marnie, had been screaming for most of the day. Mum and I took turns to try to soothe her, but nothing seemed to work. Finally, she fell asleep, only to be woken again. My feelings of anxiety were rising as I tried to feign calm and stability. Mum did the same. I found it hard to say I was struggling. We decided to walk around the park, Marnie still crying. Then my son, Rex, started to cry. A familiar sense of overwhelm, hypervigilance and hopelessness flooded my body. I later listened to a podcast with Joe 'The Body Coach' Wicks (2020), who said he did not think there was anything more stressful than hearing two babies cry at the same time. His comment validated my experience as a mother of young twins.

Within less than six months of deciding to 'see what happened' in terms of having a baby, I discovered I was pregnant. The 12-week scan revealed I was having twins. Although there were pockets of anxiety about how life might change, it was nothing compared to the tsunami of emotions which hit me on becoming a mother. I had lived in a world where I had the freedom to go to work, keep fit and healthy, socialise and pursue whatever I wanted creatively. My support network was composed of long-term friends or fellow psychotherapists with whom I could share my deepest thoughts and feelings. I lived in a world where I could be spontaneous, freely manoeuvre through crowds and on public transport, listen to music, read or daydream on the move.

That world disappeared over the course of a 24-hour labour. I gave birth naturally to my daughter Marnie, whom I held for a few seconds before I needed to labour Rex. Rex was delivered by Caesarean section hours later, when the delivery team realised I was past exhausted in my determination to push. High on drugs in the operating theatre, I lay there, my body like a piece of meat. Anaesthetic there, incisions here, vomit everywhere. All I wanted to do was sleep. I did not meet Rex straight away; he was rushed up to an incubator and looked after by strangers. As I was wheeled to the recovery room, I laughed uncontrollably when my partner came to see me in a panic with Marnie. “She’s crying and I don’t know what to do”. “Don’t worry”, I replied, whilst my body furiously shook out the adrenalin.

Once the shock subsided, I had no time to recover. After a week in hospital and further travelling to and from the intensive care unit (ICU) where Rex remained for 10 days, a constant state of high alert enveloped my body as I tried to meet two babies’ needs. I developed overwhelming anxiety about being seen as vulnerable or not coping by others. I felt trapped when trying to breastfeed two babies at once, and for the first time in my life there were moments when I felt truly helpless.

As a mother with twins there was no time to connect with others. I lived in a world of logistical nightmares. How do I feed both babies together at home *and* when out? Who do I attend to when they are both crying? This was a world where every outing had to be planned. Would I be a *bad mother* if I asked someone to watch the babies while I go to the toilet? How do I manage them both in a café? I lived in a world where I was desperate to talk to other mothers, but there was barely time to say hello before I needed to feed or change a nappy (breastfeeding mothers of twins are typically

providing 16 to 24 feeds per day, and changing around 20 nappies, Gromada & Hulburt, 2001). Although I felt safer at home (albeit overwhelmed and lonely), I now lived in a world of responsibility where the outside was full of obstructions (two babies and a double buggy in tow), intrusions (everyone wants to stop and talk about the twins), and the risk of my vulnerabilities being exposed at any time (what if I can't cope?)

Help

Help

Help!

As I came out of the fog of motherhood, I realised there seemed to be a veil of silence around what could be said amongst mothers. Although I noticed an emerging discourse around 'real' parenting on social media and blogs, this felt glamourised and did not translate to real life conversations. I wondered whether women are allowed to talk about of the transition to motherhood in our society, and how we process this when there is rarely any time or space for mothers of twins.

Although I had no difficulties developing a relationship with or loving my children (do I have to justify this to the reader, in order not to look *bad*?), the transition to motherhood sent shockwaves through my identity. Becoming a mother of two babies was like falling into an abyss. For the past 10 years I had been on a path of self-discovery, but my sense of self seemed to freeze. I was not sure how I would emerge. As I slowly came back to myself when my twins were around 18 months, I recognised the personal and professional power I held to do research *with* women. I had a desire to hear others, in

part a longing for connection that I found hard to seek out in the transition, and to fill a significant research gap. I aimed to 'come alongside' (Clandinin, 2013) participants to research their experiences.

1.5 Research question and aims

Personal experience and the lack of research with twin mothers led to a topic which swelled inside my belly like a third baby demanding to be born. I arrived at the following research question:

'*What are women's lived experiences of transitioning to twin motherhood and the impact on their sense of self/ narrative identity?'*

My main aims were to:

- Increase our understanding of the unique and complex facets of the transition to twin motherhood, including the psychological impact on women's identities
- Gather stories as data, to show nuanced/ rich voices telling stories of identity change over time
- Focus on identity in relation to culture which would encourage a contextualised understanding of the transition to twin motherhood

1.6 An invitation

Having outlined the context and motivations for this research, I invite you into a relationship with me and my representations of other women's stories. I weave personal narrative with my reflexive researcher voice throughout so that you, the reader, can assess my part in the co-creation of stories. I hope that reading this thesis

engages you intellectually and emotionally, challenges assumptions, and ignites new questions around working with twin mothers.

1.7 A note on terminology

‘Mothers of multiples’ refers to women who are mothers to twins, triplets or more. ‘Mothers of singletons’ refers to mothers of one baby. ‘Dyad’ refers to the relationship between the mother of a singleton and her baby. ‘Triad’ refers to the twin mother’s relationship with her two babies. ‘Lockdown’ refers to periods in which UK citizens were required to stay at home as a result of the Covid-19 pandemic.

Chapter 2: Reviewing the Literature

I start this critical review by highlighting the historical focus on identity changes in mothers of singletons, which sets the wider context of my research. I then focus on twin mother research to set the specific context for the research question. There is inevitably some overlap between these two fields of literature which are also interspersed in the discussion section where relevant. Throughout the process of navigating the literature, I searched a wide range of sources including PEP Web, PsycINFO, PsychARTICLES, Google Scholar, ResearchGate and academic books.

2.1 A focus on identity changes in mothers of singletons

A seminal 1975 article titled 'Ghosts in the nursery' (Fraiberg et al 1975) prompted research into aspects of maternal experience, including how they can be transmitted inter-generationally (Fonagy, 1994; Hesse and Main, 2000; Sherman, 1990; Bretherton, 1990; Schore, 2002; D'Andrea et al, 2012; Amos, Furber, & Segal, 2011; Sroufe, 2005; Thompson, 2008). A mother's internal working model is likely to be predictive of her child's attachment years after birth (George & Solomon, 1989), and many adult mental health problems relate to coping mechanisms and strategies developed as a child to protect themselves from adversity (Van der Kolk, 2005; Felitti et al., 1998). Developmental theories (Ainsworth, 1979; Bowlby, 1969; Fairburn, 1952; George & Solomon, 2008; Guntrip, 1971; Winnicott, 1956, 1962, 1971; Kohut; 1977; Flores, 2004; Zapf et al 2008; Höfler & Kooyman, 1996; Maté, 2012; Johnson, 1994; Kernberg, 2016) have been crucial to conceptualisations of the mother-child dyad, and in theorising about clinical work.

Over time, researchers have recognised the interdependent nature of the dyad (Beebe et al, 1979; Mayer & Tronick, 1985; Stern et al, 1977; Tronick et al, 1980; Weinberg & Tronick, 1994; Trevarthen & Aitken, 2001; Evans & Gilbert, 2005; Stern, 2004). This has led to a greater focus on maternal mental health and an interest in women's psychological adjustment to becoming mothers (Grigoriadis & Romans, 2006; Stern, 1998; Fonagy et al, 2004; Gale & Harlow, 2003; Brockington, 2004). Stern (1998) highlighted that giving birth to a new identity can be as demanding as the act of giving birth to a baby. Stern conceptualises the *motherhood constellation*: a new psychic organisation that emerges in the mother, with her thoughts focussed around four themes. She has concern for the *life and growth* of the baby and whether she can keep this baby alive. She is focused on *primary relatedness*; (will she be able to love her baby so that it is not just any baby?); her *supporting matrix (*who will help her in the task of being mother?*);* and her *sense of self/identity (*how will she integrate the role of mother?)

Research has tended to focus on experiences of mothers with one baby in the transition to motherhood (Ali et al, 2013; McMahon, 1995; Oakley, 1979; Smith, 1999; Laney et al, 2015, Miller, 2005; 2007 & Choi et al, 2005; Nicolson, 1990; Boyer & Spinney, 2016; Stern, 1998). Studies have highlighted that women's sense of becoming a mother begins in pregnancy (Smith, 1999), that there is a loss in their sense of self as new mothers (Barclay et al, 1997; Lawler & Sinclair, 2003; Laney et al, 2015), and that becoming a mother with her first child results in a turning point in a woman's identity (Laney et al, 2015). When attempting to make sense of themselves as new mothers, women use different strategies to construct what they perceive to be culturally acceptable accounts of new motherhood (Miller, 2007 & Choi et al, 2005),

and research has shown how customs both surround and shape women's experiences of becoming a mother (Urwin et al, 2013). Although some of this research into identity may be relevant to mothers of twins, there is also a fundamental difference as they birth a maternal identity which incorporates becoming a mother to *two* babies.

Simon (2016; 2020) uses Winnicottian theory to highlight that twin mothers' maternal pre-occupation (Winnicott 1957/1958/1975) is different from that of singleton mothers, because twins have concurrent developmental needs. Two babies need the same thing from the mother at the same time and it is impossible for her single psyche to provide this as she would with one baby. A baby who is a twin is never the mother's whole world; in her mind there is 'baby and mother', 'babies and mother' and 'baby and baby' (p.366). To attend to one baby means to abandon the other, an everyday occurrence for the twin mother. A mother's pre-occupation with two babies 'changes how she holds (concretely and metaphorically) each of her babies' (Simon, 2016, p. 366). This psychoanalytic interpretation of the mother's experience, although intellectually satisfying, left me with a curiosity about the lived experiences of twin mothers within the research field.

2.2 Quantitative studies of mothers of multiples/ singletons

Quantitative studies indicate that mothers of multiples are at increased risk of becoming depressed, anxious and clinically exhausted in comparison with mothers of singletons. Hay et al (1990) compared mothers of a singleton aged three months to mothers of twins the same age. The rate of depression was five times higher and anxiety three times higher amongst mothers of twins. More recent studies have found higher levels of depression in mothers of multiples compared to mothers of singletons

(Vilska et al, 2009; Choi et al, 2009). In a longitudinal study of more than 13,000 mothers and children born in one month in 1970, Thorpe et al (1991) found that mothers of five-year-old twins were three times more likely to be depressed than those with a single child. In telephone interviews with twin mothers and singleton mothers who had conceived through IVF (Sheard et al, 2007), data suggested poorer emotional well-being for mothers of multiples, with a trend towards significance on a clinical depression measurement compared to mothers of singletons. Colpin et al (1999) also found that first time mothers of twins showed higher levels of stress related to parental competence, health and partner relationship as measured through questionnaires with 103 families of twins aged 10-13 months. A recent literature review (Wenze at al, 2015) suggests that mothers and fathers of multiples are at increased risk for post-partum symptoms of depression, anxiety and stress in comparison with parents of singletons. In contrast, Crugnola et al (2020) found no differences between a group of 40 twin mothers versus 70 single mothers at three months post-partum in relation to maternal depression as measured by Edinburgh PND Scale (Cox et al, 1987). However, they did find that mothers of twins had higher ‘state anxiety’ which was defined as anxiety relating to circumstances of the individual, as opposed to trait anxiety which was defined as a more stable aspect of character.

These quantitative studies signal a unique experiential aspect of the transition to twin motherhood in comparison with mothers of singletons, which highlights new twin mothers as a potentially vulnerable group in need of understanding further. However, they also tend to present a binary picture of depression and anxiety which fits into the medical model, telling us little about the lived human experience of new twin mothers.

2.3 Observing the triad

A combination of quantitative and qualitative research by Robin & colleagues (1988; 1996; 1998) explored different aspects of twin mothering. In the first (Robin et al, 1988), researchers administered questionnaires to 150 families about baby care, fatigue, outside help, and care from the father. They interviewed and observed 21 mothers when the twins were aged one and observed seven families regularly with their twins from birth to age three years old. In the early months, the amount of baby care that a twin mother must perform left little time for a relationship based on pleasure or play (Robin et al, 1988). Mothers had to balance their desire for individualisation of the twins with a desire to merge them into a 'single unit'. Although researchers interviewed mothers, and mention that in a minority of cases there was a preference for one twin, resulting in 'maternal conflict and guilt' (p. 155), there is no information on the nature of these interviews nor what mothers actually said. In a similar vein, Anderson & Anderson (1990), who are twins themselves, interviewed 10 mothers of twins to explore how they developed a relationship with their twins during the first year of life. Using grounded theory, a core category of 'individuation' emerged. Two strategies were used by mothers - polarization and differentiation - to identify the differences between the twins and to help in the job of individuation. However, in conflict with achieving individualisation was the mothers' concerns that their twins be treated equally. They highlighted that support was crucial to facilitating a mother's ability to develop a relationship with each twin.

In a mixed quantitative/qualitative study, Robin et al (1996) looked at childcare patterns of 51 twin mothers. Researchers administered questionnaires to mothers with babies at three months, asking a range of questions on delivery, returning home,

organisation of tasks, fathers' involvement etc, and completed an interview when the twins were 13 months. They also made home observations, looking at the mother's organisation of daily activities such as eating, playing and sleeping in relation to the twins. The researchers state 'the interview focussed on the daily organisation in the home and not the emotional experiences of the mothers' (p. 455). However, they explained that some mothers spoke spontaneously about their mood, and that they were able to observe the mother when she was playing and feeding her twins which 'allowed us to determine whether the mothers appeared to enjoy relating to their children' (p. 155). Researchers found that mothers' organisation of caring for their twins could be defined along a continuum, where some sought maximum individualisation with each twin during activities, and at the other end mothers treated their twins as 'a whole' (p. 458). The researchers query why some mothers may tend to practice 'collective mothering' and state it is not clear whether this relates to mothers that are 'run down', or whether they are attempting to 'recreate the dyadic mother-child relationship' (p. 459).

In their final study, Robin et al (1998) examined how mothers perceived twins' expressions of differences and similarities. They hypothesised that mothers who tended not to differentiate between their twins (e.g., dressing them the same, taking care of them collectively) would have a greater representation of them as a unitary pair. They analysed interviews with 44 mothers for two aspects of childrearing attitudes: individualisation of childcare routines and differentiation through 'external signs of twinship', such as first names and clothing. Their hypothesis was not supported, and mothers' perceptions of the twin couple was much more complex than predicted. These studies have made a significant contribution to exploring triad

attachments. However, a tension emerges for me. Whilst I recognise the importance of bringing nuances of the triad into view alongside literature on the dyad, I was also aware that findings were based largely on observations. For example, with mothers' states of mind being judged by whether they appeared outwardly to be enjoying play and mealtimes with their twins. I wondered how women felt being observed whilst they got to grips with becoming mothers. What about their subjective experiences? These appeared to be absent in research which fit into a framework of knowledge *production,* reflective of a patriarchal society (Bochner, 1997; Ponterotto, 2005). I wanted my research to embody a feminist stance, challenging positions of *knowing* within academia, so that women's voices were heard (Grosz, 1993).

2.4 Women's experiences of the transition to twin motherhood

In the USA, Beck (2002) researched the social psychological problems faced by twin parents during the first year of parenthood and how they overcame these. 16 married mothers with twins ranging from three weeks to 17 months were interviewed. Beck developed a grounded theory of four phases of twin motherhood: 'draining power', 'pausing own life', 'striving to reset' and 'resuming own life'. Beck found that mothers felt torn between two babies, leading to feelings of guilt, stress and concern. They reported no time to care for themselves, that mothering twins was experienced as confining due to difficulties breastfeeding, and the logistics of going out. Beck (2002) discovered that establishing a routine was of high importance as a coping strategy to ensure women could get other tasks done in the house. Beck identifies that a result of the phase 'pausing own life' is 'self-surrender', although this was not explored further. This piqued my interest, and I noted a gap in relation to studies on singleton mothers where identity changes had been explored. I wondered how much women could say

reflectively about their identity when they were interviewed whilst looking after two babies, sometimes when they were only three weeks old. As she finalised her theory, Beck presented it to a group for multiple parents (she had been attending regular meetings and had recruited participants from them). However, only three women she had interviewed were present at this particular meeting. It is not revealed whether she sought feedback from participants who were absent.

In the USA, Ellison & Hall (2003) ran focus groups to identify the quality-of-life domains relevant to mothers of multiples. Focus groups 'followed a schedule of topics derived from the literature' (p. 406) and were semi-structured with 29 mothers of multiples to older children aged between four and 10. Through grounded theory procedures of open and axial coding (Strauss & Corbin, 1994), eight core domains of quality of life were identified in relation to multiple births: social stigma, pregnancy and neonatal losses, marital satisfaction, children's health, meeting family's needs, parenting stress, maternal depression and infertility treatment experience. Fragments of women's stories are used to support the themes mentioned above, and along with Beck's (2002) piece, extends understanding of mother's experiences with older twins in the broad form of a theory. I honour these grounded theories in producing pragmatic frameworks for our understanding, particularly because women's subjectivities were the focus, and Beck's (2002) theory was derived from twin mothers' language. Yet I also wondered about the context within which these research studies were born out of. For example, we are informed that Beck (2002) 'wrote in-depth field notes describing the interaction in the group and my own thoughts and reactions' (p. 597) but are not given insight into her own experiences and how this might have influenced the data she gathered or how she analysed it. Similarly, Ellison & Hall's (2003) focus groups were initially

formed on the basis of themes that they derived from the literature, in contrast to what might have emerged for the women in the context of their specific groups. These pieces of research led me to reflect deeply about the power dynamics in the research relationship with women and how I wanted to conduct my research.

In Denmark, Heinonen (2016) interviewed 19 parents of twins aged five months to five years in Finland, seeking a holistic phenomenological understanding of multiple-birth families and their need for support. Mothers described a theme of ‘a state of constant vigilance’ in trying to attend to two babies with concurrent developmental needs. Under the umbrella of this theme was ‘the lack of information was trying’, in which mothers spoke about the difficulty of breastfeeding two babies, and that ‘they felt abandoned when the need for help was great’ (p. 761). Parents spoke about the need for more information from professionals and that they ‘experienced both a lack of information and a feeling of exclusion’ (p. 761) during pregnancy and after the birth. ‘Ensuring they can continue to cope’ was a core theme which encompassed the ‘need for an extra pair of hands’ and ‘longing for a moment of rest’. Women spoke about losing their resources and feeling tired, with a desire to do things without the twins. ‘Opportunities to share’ were important to women, both in terms of health professionals and peer support. As interviews with parents were approached through a hermeneutic method, encompassing spatiality, temporality and relationality, some of the more nuanced experiences of twin mothers are revealed, such as their feelings in relation to the home being a ‘safe space’ (p. 758). However, the age range of participants’ twins was wide-ranging, and some parents had other children, meaning the transition period from zero to two babies was not the focus, but rather the lifeworld of families in a broad sense.

More recently, Gowling et al (2020) explored mothers' early experiences of bonding with their babies aged six to 24 months. She interviewed six first-time mothers of twins and through Interpretive Phenomenological Analysis (IPA) found two main themes: guilt and shame in relation to bonding, and mother and twins 'missing out' in comparison to ideas of having one baby. Under the main theme of guilt and shame, sub-themes were 'there's no time for cuddling' where 'women felt it was impossible to fulfil both practical demands and bond with infants at the same time' (p. 5). Another theme was 'I won't hold either of them' in which mothers 'reported a desire to respond to each twin individually, but for some this was associated with guilt that they might display a preference' (p. 6). A sub-theme under shame and guilt was 'I've not even told my husband about this', in which women described experiences linked to shame around the expectations of bonding with their children. 'I missed out…they miss out' was a theme which represented women's experiences of loss and perceived loss from the perspective of the twins in relation to bonding. Within this theme were two sub-themes: 'If I'd had one baby I would have…', reflecting women's fantasies of being a mother to a singleton, and 'We do have a bond…it's just a different one', reflecting the change and adaption to the triad that all mothers felt in the bonding process with twins. This study is one of the first qualitative pieces in the UK, giving twin mothers a platform to be heard within the research field. However, I was curious about potential links to context and culture which may have provided richer accounts. For example, in relation to the theme 'I missed out…they miss out', I wondered how much women had internalised the dyadic nature of motherhood as the 'right way' to be a mother, and how subsequently this might have impacted on their experience.

In an undergraduate piece of research in the UK, Spiers (2019) explored the lifeworld of becoming a mother to premature twins. He interviewed three mothers of twins at three years post-partum who were known to him and attempted to engage in the suspension of his own assumptions (Finlay, 2008). He asked mothers three questions, all aimed at accessing memories from specific time frames, for example from their time in neonatal intensive care. Thematic analysis was undertaken within the frame of Van Manen's (1990) concept of lifeworld, encompassing the lived space, body, time and relationships of human experience. He identified three overarching themes entitled 'A twin motherhood in Jeopardy', 'The conjuring of becoming a twin mother' and 'A haunted motherhood in transition'. The researcher includes reflexive statements in the research piece about his CBT practitioner role in the NHS, relationships with participants and ethics. He introduces valid points about the experiences of twin mothers presenting with 'atypical symptoms' which may not be captured on standardised measures used in the NHS. As a previous NHS practitioner, this piece fuelled my curiosity to understand the *contextualised becoming* of a twin mother, and indeed he suggests there needs to be further understanding of the 'interpersonal contexts of these mothers' (p. 10). What I missed in Spiers (2019) piece was reflexiveness on the interpretation of themes elicited from narratives. The language – 'jeopardy', 'conjuring', 'haunted' - evoked a strong curiosity about how he arrived at the themes, particularly given he had a relationship with the participants and there was an absence of these words in women's spoken excerpts. This research led me to question if it was possible for me to suspend my own assumptions in the research process. For reasons I will discuss further (see Methodology section), I believed not, and I would endeavour to be transparent about aspects of myself that might influence the interpersonal contexts of researcher and participant.

Although not centred on the transition to motherhood, a sensitive piece of qualitative research was carried out in Australia by Bolch et al (2012). They explored mothers' experiences of children with special needs in multiple-birth families with children between the ages of 12 months and six years. Questions posed in the interviews were non-directive and open-ended. Mothers were offered the opportunity to read and edit the transcripts before analysis commenced. Thematic analysis (Braun & Clarke, 2006) was used to 'assist sorting interview excerpts into categories' (p. 505). The researchers noted a theme of loss running through women's stories. Although I missed hearing these stories as a cohesive piece, and how they intertwined with the researchers (one of whom was also a mother to premature twins), this piece of research struck me as deeply thoughtful with an acknowledgment of power dynamics in the way transcripts were returned to participants.

Addressing the need to hear women's voices as 'expert' in academia and research, Manthas (2016) has edited a book including 14 essays from twin mothers where the complexities of twin motherhood are heard through their stories. In the opening chapter, Bolch & Fisher (2016) set the context for twin mothering within the social and cultural realm. What follows is a mix of topics covered by twin mothers whose voices came through loudly and strongly in the form of stories, were emotionally impactful, and represented the varying dimensions of twin motherhood. In addition, one chapter is a research piece on 'How do two mothers negotiate the development of maternal identities?' (Palko, 2016). The researcher carried out an interview with a lesbian couple and 'shaped their responses into a narrative, intercut with insights from the published scholarly literature on lesbian mothers' (p. 87). I was struck by how the researcher was transparent about her own personal and professional position and how

this may have influenced the research. Another chapter focusses on representation of twin mothers in tabloid newspapers (Novotny, 2016). These pieces contributed to my epistemological beliefs about knowledge being co-created and how transparency can contribute to the acknowledgement of power dynamics in research.

2.5 Parenting twins together

Research has highlighted that maternal well-being is associated with the quality of a couple's relationship (Gawlick et al, 2014). Hence it is important to acknowledge the literature on the couple in the transition to twin parenthood. Prino et al (2016) has highlighted that couples can feel overwhelmed and anxious because of the 'high risk' nature of the twin pregnancy (Rao et al, 2004). Brustia et al (2014) have asserted that twinship requires more involvement and resources from both parents, a theme further explored by Wenze et al's (2020) research of a 'team approach to parenting' (see below). Holditch-Davis (1999) sought to understand early parental interactions with multiple birth infants through observations and interviews of parents one week and three months post-partum. Eight couples who were parents of multiples were compared with 49 couples who were parents of singletons. Through observations of parental interactions, they concluded that multiple-birth infants were looked at and talked to less often than singletons. Couples managed in different ways to attend to their multiples' needs. Some mothers provided most of the care; in other couples each parent appeared to prefer spending time with a particular infant. They link two of the themes that came up in the interviews with what they observed: parents reported themes of 'attachment issues' and 'managing multiples is more difficult than managing singletons'. Parents spoke about the positives and negatives of having more than one baby at the same time, including society's responses. They described members of the

public regularly stopping to comment on their twins, which researchers summarised as ‘intrusive interrogations.’

In terms of the couple relationship, a recent study compared 61 first-time mothers with 42 multiparous mothers and 16 twin mothers (Smorti et al, 2021). They found that mothers of twins reported improvements on ‘affective expression’ with their partner compared to the two other groups, using a questionnaire which measured the quality of a couple relationship (Chiara, 2014). Although my research is not focussed specifically on the couple, this research highlights a ‘quad’ dynamic which is introduced in comparison to the traditional ‘triangle’ of mother, partner and baby which has been routinely considered in literature on first-time motherhood (Fivaz-Depeursinge et al, 1994; Diamond, 1995; Stadlen, 2004; Stern, 1998).

2.6 Supporting twin mothers

There has been little written about therapeutic support for twin mothers. Colpin et al (1998) conducted research with 62 expectant mothers and found that twin pregnancies cause ‘a range of complex, diverse and often ambivalent feelings in the expectant parents’ (p. 147). This indicated a need for specific information about the emotional challenges, and counselling for expectant twin parents. At three months post-partum, Crugnola et al (2020) assessed parenting stress by observation of 40 twin mothers versus 70 single mothers. They employed the Care Index (Crittenden, 1998) and the Difficult Child Scale of the Parenting Stress Index (Abidin, 1995). They found that twin mothers had significantly lower sensitivity and responsiveness in comparison to mothers of singletons and concluded that becoming a twin mother has a significant

impact on mental health and on the quality of interaction between mother and child. They asserted the importance of interventions for twin mothers.

With the aim of understanding twin mother treatment preferences in the USA, Wenze et al (2020) ran online focus groups with 28 twin mothers. Thematic analysis highlighted the uniqueness of twin mothers' experiences, as some mothers previously had singletons. The researchers highlighted some qualitative differences in aspects of parenting and emotions. In relation to breastfeeding the main issue was that guidance from professionals was not relevant when trying to breastfeed two babies. In addition, it has been suggested that women of singleton babies may feel isolation and guilt in the post-partum period because they feel removed from family, may hide their true feelings (Dubus, 2014), and may feel guilty for not feeling happy enough. In Wenze et al's (2020) research, twin mothers highlighted the physical isolation of having twins relating to logistical challenges, and guilt arising from being unable to meet both babies' physical and emotional needs. Women highlighted a cultural element in the unwelcome attention they experienced in public. They expressed a desire for support from professionals who have experience parenting multiples, and that online support would be most practical given the logistical demands.

2.7 Identifying a gap

Johnson (1991) highlighted that 'analyses of the ways that contextual identities are built through joint action, a descriptive ecology of subjectivities' are needed within research (p. 310) to challenge a culture where people may do things to her (a woman's) body but pay no attention to her*self'.* Over time there has been a shift to focus on the mother's identity in the transition to motherhood, but this has focussed

on mothers of singletons (Miller, 2007; Smith; 1999, Arnold-Baker, 2015; 2019; Urwin et al, 2013). In qualitative studies with twin mothers, researchers have focused on specific aspects of the transition such as psychological problems (Beck, 2002), bonding (Gowling, 2020), or mothers with children of a wide age range (Ellison & Hall, 2003; Heinonen, 2016), but there is an absence of research on identity changes.

A mother's twins are bathed in her physical, emotional, cognitive, spiritual and environmental consciousness (Mellor, 2013) and these babies become a fascination within society. What about her*self*? As counselling psychotherapists and psychotherapists, identity becomes central to our work as we support others to transition through different life stages. I felt strongly that our field would benefit from deepening our understanding of what it means to become a mother to two babies, heard in a reflective piece from twin mothers as they narrate the changes to their sense of self.

An acknowledgement of culture and context in relation to twin mothers' identities has also been lacking in previous research. Twin mothers are labelled 'high risk' in the NHS, and from 16 to 20 weeks mothers are scanned more regularly than mothers of singletons. Women are advised to give birth in hospital, and usually there are two midwives, two paediatricians and an obstetrician present at the birth (NHS, 2019). In addition, a little over half of all twin babies in the UK arrive by Caesarean section (Twins Trust, 2021). Existing research has missed the potential meanings within each woman's story by fracturing narratives for the purpose of identifying themes. This limits our knowledge about how these women's identities changed over time. I aimed to fill this gap by choosing a methodology which would capture a maternal self in relation to

culture and embody an acknowledgement of power dynamics in the research relationship, thus capturing the co-created nature of knowledge.

I arrived at the following research question:

'*What are women's lived experiences of transitioning to twin motherhood and the impact on their sense of self/ narrative identity?'*

In addition, most previous research had been carried out with babies present. I wanted to provide a space that would hold the mother in mind and prioritise her narration of the changes she experienced to her identity. I therefore recommended a conversation without children present.

2.8 Contribution to the field

This research is underpinned by postmodern feminist values, which allow for the exploration of what Etherington (2004) refers to as 'local' stories and sharing of 'lived experiences' (p. 74). The research would provide a rich insight into the experiences of twin mothers, supporting therapists to deepen their understanding of work with this particular client group.

Perinatal mental health is a unique speciality which sits at the intersection of many disciplines: for example, nursing, midwifery, psychiatry, psychology and obstetrics. I believe it is important for the field of counselling psychology to produce research with the aim of engaging and educating practitioners with whom we work. When initially presenting my research for approval, a counselling psychologist challenged the idea of researching with twin mothers, querying the difference between having one and two

babies. Howell (2013) has highlighted that working therapeutically with clients who are twins can be a challenge for *singleton* therapists, and it may also be a challenge for therapists with a mainstream understanding of working with singleton mothers to work with twin mothers. The research may provide a platform for considering the subtle and profound differences in contrast with mothers of singletons.

I will use the findings to advocate for more reflective and physical spaces for twin mothers, so that their unique needs are recognised. I aim to communicate my findings to psychologists, therapists, psychiatrists and support workers in perinatal teams. I will visit teams and present at conferences and training events. I would like to be part of developing literature for workers on the front line in the NHS, such as midwifes, support workers and Psychological Wellbeing Practitioners in primary care services, to encourage reflection on how twin mothers may best be supported. I also aim to disseminate my findings through writing for journals such as the Counselling Psychology Review, Narrative Inquiry Journal, Journal of Reproductive and Infant Psychology and Women's Health.

I have aimed to write this thesis in a way which may give something back to respondents, rather than aiming at exclusively academic audiences (Bochner and Ellis 1996; Finch 1984; Oakley 1981). I will continue writing for magazines such as 'Multiple Matters' (published by the charity Twins Trust), as well as writing articles online. It is important to contribute to the twin mother community so they can hear 'stories that weave together their history, their identity, their politics' (Plummer,1995, p. 669) which have the potential to connect mothers psychically, if not in person.

Most importantly, I hope for a domino effect in the dissemination of my research, opening up dialogue in this under-explored area, stimulating debate and further research in the fields of counselling, psychotherapy and beyond.

Chapter 3: Methodology

In this chapter I outline the ontological and epistemological assumptions on which this research is based. I then explain my understanding of self/identity and what it is to *know* about the self which drives the research process. I convey my consideration of different methodologies and why I chose Narrative Inquiry. I describe the research planning and process, why I chose *The Listening Guide* to analyse stories, and my experience of navigating the inside researcher role.

3.1 My philosophical approach to research

My ontological and epistemological beliefs as a psychotherapist and client of psychotherapy are weaved into this research and fit within a social constructionist framework. I believe that as individuals we construct our own reality, in relation to our social context. Social constructionism views the symbiosis of individual and context as one that cannot be separated- as individuals we cannot construct a reality within our minds which is somehow separate from our context. This is in direct opposition to the belief in a universal truth, which belongs to a positivist notion that there is a reality 'out there' and that everything can be measured and objectively processed (Verhaeghe, 2014).

In line with the above, I rejected the idea of a universal truth, taking an interpretivist stance on knowledge (Gergen, 1985). In the research process this means that both researcher and participant - who are embedded in their context- would create dialogue together which becomes central to the process of knowing about the subject under study. This is radically different from positivist/ postpositivist research where the researcher is considered separate from both participant and topic, and there is a

striving for the researcher to eliminate any ‘bias’ if context is acknowledged as an influence. In this research, women’s lived experiences would be explored within the realm of human interaction as opposed to gathering information from within their minds (Gergen, 1985).

Furthermore, I draw on the idea of a ‘situated self’ (De Beauvoir, 2011). Through my psychotherapy training, I transitioned from a modernist philosophy assuming an ‘autonomous, bounded self’ (Cushman, 1996) to a postmodern philosophy of multiple and contextual selves. I awakened to the concept of self as 'de-centred, and the mind as a configuration of shifting, nonlinear, discontinuous states of consciousness in an ongoing dialectic with the healthy illusion of unitary selfhood' (Bromberg, 1996, p. 511). The self holds multiple identities which emerge between people in the particular context and culture in which they find themselves (Bruner, 1986; Etherington, 2004; Riessman, 2008).

As I told stories to my own therapist, they were validated, challenged and reconstructed *together*. I realised the stories I told myself shaped my social reality (Bruner, 1991) and my social reality shaped the stories I told. This was both deeply confusing and liberating! Telling stories is a universal human activity, and one of the first forms of discourse we learn as children (Nelson, 1989). Autobiographical knowledge of events means we go on to tell stories which give *narrative form* to our experience, locating characters in time and space, creating order, and making sense of what happened or what we imagined having happened (Bamberg, 2012). As human beings we live in a ‘storied world’ and live ‘storied lives’ (Gergen & Gergen, 1986; Howard, 1991).

It has been advocated that individuals in Western culture fashion and internalise *narrative identities* to provide a sense of unity, purpose and meaning to life (McAdams, 2001; Singer, 2004). The scripted aspects of our personality may present in different guises such as memorable events (Pillemer, 1998), self-defining memories (Singer, 1995), nuclear episodes (McAdams, 1995) or autobiographical memory narratives (Bluck & Gluck, 2004). These can be considered the building blocks of our ongoing identity. In moments of reconstruction *with the other*, epiphanies can materialise, altering and shaping meanings in relation to life projects (Denzin, 1994). As human beings, I believe we filter experience through a narrative lens and use our stories to guide our actions or influence others (Singer, 2004). The meanings we give to our experiences can change over time as our stories unfold, and so there is always potential for ongoing 'narrative knowledge' (Bruner, 1986).

Stanley & Wise (1993) propose that research can be an exploration of the everyday and personal, and I wanted to hear twin mothers' stories with an acknowledgement of their context to effect change in the research field. I held no presumption as a researcher that I could remain neutral or remove myself from the research process (Ponterotto, 2005). Rather, I located participants within the historical and geographical context of *our* social relations, acknowledging that I would arrive at meaning through my own perceptions and subjective experiences in the narrating of their stories. A unique story would occur at the point where researcher and participant meet and would be shaped by our own unique personal experiences.

3.2 Methodologies eliminated and reasons why

Initially I considered Interpretive Phenomenological Analysis (IPA) (Smith et al, 2009) to address my research question. IPA provided me with a clear guide of how to *do* research. I had a desire for clear guidelines, mirroring the desire for some order in the daunting new world of twin motherhood. IPA would be suited to exploring the psychological phenomena of becoming a twin mother; however, it is not designed to explore the relationship between an individual and *social* processes (Willig, 2013). I had experienced how social ideals of 'mother' influenced my own integration of 'mother' into my identity. With a growing realisation that an individual cannot be separated from their social context, and that context would include me as part of the narrative co-creation (Stolorow & Attwood, 1992; Stolorow et al, 2002), IPA did not feel congruent with my beliefs about knowledge. For this reason, I also eliminated Grounded Theory (Strauss & Corbin, 1994) which would take me into the realm of analysing 'the data line by line, constantly coding each sentence' with the aim of developing a theory of the phenomenon of becoming a twin mother. The research relationship and the context of individuals' experiences would be lost in this approach.

Alternatively, in Discourse Analysis, the ways in which discursive resources are used to achieve 'social and interpersonal objectives' (Willig, 2013: p. 117) are the focus, however there is limited attention to personal meaning making. As a psychotherapist, I was fascinated by clients' personal stories in which meaning making was explored in relationship to construct new and fulfilling narratives (Shafer, 1992; White et al, 1990), and I wanted this philosophy to embody the research process with twin mothers whose narratives were missing in the research field. Traditional approaches to qualitative data

such as IPA and Grounded Theory would fracture the texts and eliminate the sequential and structural features that characterise narrative accounts (Riessman, 1993). In these approaches, the dialogic interaction between myself and participants - which I believe is central to the process of knowledge creation in social constructionism - would not be captured. These methodologies would not allow for co-created meanings to be conveyed through the story as a whole (McLeod, 2011), as narrative methodology would.

Within the narrative frame I considered Autoethnography, which has been described as a ‘blend of ethnography and autobiographical writing that incorporates elements of one’s own life experience when writing about others' (Scott-Hoy, 2002, p.276). I have contextualised the research with a personal narrative account advocated by many feminist writers (Ellis, 2004), and interweaved some of my experience alongside those of participants in my analysis and discussion. My aim here was to contextualise the research journey and use my stories purposefully to ‘interrogate the institutional and political processes and structures’ (Presser, 2005), adding another level of interpretation. However, I did not want to place myself as the main protagonist, as in Autoethnographic research.

3.3 Narrative methodology and identity

McAdams & Pals (2006) propose an integrative conceptual framework of five interrelated concepts which make up our personality: evolution, traits, adaptations, life narratives and culture. This framework helps us understand that, as well as dispositional traits and adaptations, human lives vary in relation to personal narratives

that individuals construct to make meaning and identity. McAdams (2008) argues that identity is an internalised life story, which helps us with some sense of consistency: ‘we continue to work on our stories, unconsciously editing and tweaking, sometimes radically revising, as we move through the adult life course’ (p.21). Fundamentally, I believe that our identity is constructed and maintained through the stories we create and tell, and therefore narrative methodology was a good fit for my research question which focussed on the impact on a woman’s *self*. Clandinin & Connelley (2000) assert that there is much we can learn from our lives if we turn to stories in research. I wanted to align myself with the ‘narrative turn’ (Bruner, 1990) of the 1980s and 1990s, when women’s narratives were considered primary documents that were essential in feminist research (Schulman, 1990). I would use stories as data because ‘they both communicate and shape the narrator’s life experiences and identity’ (Carless, 2014, p.1441) and directly challenge mainstream patriarchal and positivist beliefs about knowledge in psychology, which often produce disembodied extracts of data represented as some form of *truth.*

When people tell a story, they give autobiographical 'narrative form' to their experience, locating characters in time and space, giving order, and making sense of what happened or what they imagined having happened (Bamberg, 2012). I chose to define narrative as ‘an extended story about a significant aspect of one’s life’ (Chase, 2005) and have focussed on a ‘life story’ linked to the epiphanic event (Denzin, 1989) of becoming a twin mother. I was interested in eliciting life stories and enabling previously silenced stories (Spector-Mersel & Knaifel, 2018) to be heard. I would use these life stories to understand how women’s lives were shaped by, and in turn shaped, their *sense of self* in the transition to twin motherhood (McAdams, 1993;

McAdams, 1996) over time (Bruner, 1990; Ricoeur, 1984) and within the landscape of their lives (Speedy, 2007).

3.4 Narrative Inquiry

The self is not an autonomous identity of which some essence can be found in the process of research or therapy. Nor can it be found *within* a story. Narrative inquiry was aligned with my ontological and epistemological beliefs, which challenged the idea that language is a window into a person's reality, and that we can know about this with little consideration of power dynamics between researcher, participant and wider context.

The self can be seen as encompassing a 'multiplicity of narratives, attached to different situations and relationships, places and people' (McLeod, 1997, p. 46). I would explore women's stories within the 'interactional, cultural and historical conditions' (p. 655) that mediate them (Chase, 1995). In clinical work, although I assume there are 'individual, internal representations of phenomena - events, thoughts and feelings - to which narrative gives external expression' (Squire et al, 2013, p. 5), I agree with Clandinin & Rosiek (2007) that the personal story is political:

'Narrative inquiry is not only on individuals experience but also on the social, cultural, and institutional narratives within which individuals' experiences are constituted, shaped, expressed and enacted' (p. 42-43).

Participants' stories would be told within the immediate context of family and working life, and within broader historical and social contexts (Etherington, 2009, McAdams, 2008; Mishler, 1986). As opposed to a story simply referring to events related to the self, I believe identity is 'something that is constantly being reconstructed and constituted through interpersonal processes and 'performed' through the stories that we tell' (Etherington, 2004, p. 76). For example, the disclosure of my inside researcher status to participants may produce different stories than non-disclosure. Participants' experiences and identity would be constructed and reconstructed through the telling with me (Bruner, 1987, 1990, 1991: MacIntyre, 1981).

Narrative Inquiry is distinct because 'it attends to notions of expertise and knowing in relational and participatory ways' (Clandinin, 2013, p. 13). Clandinin & Connelley (2000) advocate for a three-dimensional narrative inquiry space of 'temporality', the 'personal/ social' and 'place'. 'Temporality' refers to the belief that 'events under study are in temporal transition' (Connelly & Clandinin, 2006, p. 479), 'personal' refers to the 'feelings, hopes, desires, aesthetic reactions and moral dispositions' (p. 480) and the 'social' as the wider context in which the individual's experience unfolds. 'Place' is defined as 'the specific concrete, physical and topological boundaries of place or sequences where the inquiry and events take place' (p. 480). This narrative view of experience and research activity paralleled my experience as a psychotherapist, which holds in mind what client and therapist bring to the *relationship* in the context of these three dimensions. Narrative inquiry becomes a narrated lived experience for both participant and the researcher, who embodies an overarching principle in which the data, analysis and representation are all in narrative form (Conle, 2000).

Many researchers engage in an *analysis of narratives* which aims to analyse *across* individuals' narratives and produce categories (Polkinghorne, 1995) or themes. On the basis of my belief that Narrative Inquiry is a three-dimensional space *embedded in relationship*, I wanted to focus on each individual story to honour depth, complexity and to listen to the voices which may highlight 'subject positions, interpretive practices, ambiguities and complexities within each narrator's story' (Chase, 2005, p. 663). I would take up a position of being interested in not only *what* a story was about but also *how* participants communicated meaning in relationship with me, as well as the wider context. In terms of analysing and interpreting stories, narrative analysis takes many forms including thematic, structural, dialogic, and performative methods (Riessman, 2008). I was predominantly interested in a story's plot, characters and themes, with an awareness that narratives not only describe what happened, but also express emotions, thoughts and interpretations (Chase, 2005). As a way of challenging the voice of society who defines what a mother is, I had questions such as 'In what ways are women's voices muted, multiple, and/ or contradictory?' (Chase, 2005). A critique of Narrative Inquiry is that this form of methodology can celebrate stories at the risk of analytical attention and how they link to interactions between participant and researcher, and social context (Atkinson, 1997). I wanted to explore varying voices/ multiple self-states (Bromberg, 1996) of mothers heard in personal narratives, acknowledging that voices I heard were negotiated by social contexts rather than 'belonging' to participants (Chase, 2005). By focussing on this aspect of stories, I may have paid less attention to the performative nature or structure of stories. Although interested in these aspects, the word count meant choosing particular features to explore at the expense of others was a pragmatic decision.

3.5 The importance of reflexivity in Narrative Inquiry

In acknowledging myself as co-creator and influencer of participants' stories, I align with feminist researchers who have challenged the myth of value-free scientific inquiry (Reinharz, 1992; Cook & Fonow, 1986). These researchers have encouraged others to acknowledge personal, professional and political interests. As a narrator of stories, I did not believe it possible to stand apart from my own conscious and unconscious 'knowings' (Romanyshy, 2013). Trahar (2011) conceptualises Narrative Inquiry as a methodology which becomes the spaces between which researchers move during data collection, analysis and representation. I aimed to make myself part of the writing project (Denzin, 1997) in order to capture these spaces. As well as being important politically for me to include some of my own experience of twin motherhood, it was also important that my reflexive researcher voice be transparent.

Myerhoff & Ruby (1982) state that reflexivity is 'the capacity of any system to turn back upon itself, to make itself its own object by referring to itself: subject and object fuse' (p. 2). In clinical sessions I experience myself as both subject and object throughout the therapeutic hour, reflexive of how I feel whilst observing myself and the relationship. In parallel with clinical work, I take up a social constructionist position that reflexivity 'exposes the constitutive nature of research' (Riessman, 2015). I would influence all decisions concerning data collection, interaction with participants and presentation of narratives. It became clear that reflexivity would form the foundation of the research process, as it did in my clinical practice. I agree with Myerhoff & Ruby (1982) that:

'Being reflexive means the producer deliberately, intentionally reveals to an audience the underlying epistemological assumptions that caused the formulation of a set of questions in a particular way, the seeking of answers to those questions in a particular way, and finally the presentation of the finding in a particular way' (p.5)

As described above, it was important to me to acknowledge the nature of knowledge as partial, provisional and perspectival (Mauthner & Doucet, 2003) and that 'how knowledge is acquired, organised and interpreted is relevant to what the claims are' (Altheide & Johnson, 1994, p. 486). I acknowledge that there are degrees of reflexivity; Grosz (1995) highlights that 'the authors intentions, emotions, psyche, and interiority are not only inaccessible to readers, they are likely to be inaccessible to the author herself' (p. 13). I would however make a commitment to an ongoing awareness of how my own subjectivity entangled with my participants (Denzin, 1997), and be explicit about my possible influence on the process. I practiced reflexivity by keeping a research journal where I wrote about thoughts, feelings and interpretations. I discussed these with critical friends, supervisors and in a research support group. These discussions enabled me to reflect on different forms of reflexivity, for example the nature of my own personal experiences and how they were relevant to the research process, an awareness of myself in relation to participants, of the way I analysed stories, and self-consciousness about the writing-up process (Finlay, 2003).

3.6 Planning the process

3.6.1 Sample

Potential participants would be a) first time mothers; b) whose twins were between the ages of 18-30 months; and c) English-speaking. I considered including mothers who

had children prior to their twins, but quantitative research indicated that first time twin mothers were a particularly vulnerable group (Choi et al, 2009; Colpin et al, 1999; Vilska et al, 2009, Wenze et al, 2015) in terms of anxiety and depression. I chose to homogenise the sample to focus on these women as I felt it was important to fill a gap of understanding in our field. I decided to research with women sometime after the birth, which determined the age range of their twins, as I assumed that a reflective space would be more conducive to making meaning, as Arnold-Baker (2015; 2019) had discovered in her research with first time mothers. Although it might have been useful to recruit participants who had experienced therapy, I wondered how many twin mothers were able to access therapy given logistical demands (Beck, 2002; Heinonen, 2016; Wenze et al 2020). I chose not to impose this condition, as it might eliminate important stories. I relied on women to identify as first-time mothers, as I was aware women may have experienced miscarriages or stillbirths prior to having twins.

I thought carefully about how many participants I would recruit (Crouch & McKenzie, 2006) in a way which could honour the complexity and depth of each individual's experience, as well as my own. I settled on four participants in order to engage in the intricacies of narrative inquiry. Initially I wanted to hold two conversations in order to explore particular aspects of experience over time. However, because I had changed my topic and received ethical approval in July 2020, the design was restricted by a timescale. I therefore settled on having one conversation which I would not time-limit, to enable women to tell their stories in depth, followed by a reflection/ debrief session which I would summarise but not transcribe. I believed this design would still embody the collaborative nature of NI at the required depth, timeframe and available word count.

3.6.2 The choice of remote conversations

Research conversations (my preferred term; explanation to follow) took place in the Summer of 2020 during the Covid-19 pandemic. The UK had been in lockdown, and restrictions were slowly being lifted. The government was still recommending that people work from home and avoid using public transport. All conversations took place via a secure video platform to protect the health of participants and myself. All participants were already using online video platforms for either work or connecting with family during this time.

Bayles (2012) argues that, in working online, 'we lose the full range of postural, gestural, and expressive movement that the body conveys, as well as the intentionality that is carried and expressed in that movement' (p. 578). I agree with this, and it seemed ironic that in researching motherhood, maternal bodies would not be in a room together. Different stories may have emerged had we met in person, with greater physical distance from children. However, organising conversations from the comfort of our own homes was convenient (as several participants commented), with fewer logistical challenges to be overcome. Given the conversations would take place whilst the women were at home, it was important to encourage participants to secure a private space to limit the chances of interruption.

3.6.3 Gathering stories

The method of gathering stories was by online conversation. I used the term *conversation* as a way of acknowledging that I was engaging with women's stories which are reflexive and dyadic (Ellis et al, 2011), and to promote the idea of dialogue as opposed to ‘interrogation’ (Bristow and Esper 1984). To elicit a story, I planned to

pose a broad question which read as an invitation to tell (Chase, 1995b) and supported mothers to focus on the aspects of the transition that *they* felt were significant:

Can you tell me your story of the journey to becoming a twin mother? I am interested in knowing a bit about who you were before you became a mother, how you experienced the transition to becoming a twin mother and how it impacted you. I want you to tell your story however you like. You can start wherever you like, and I am not looking for any specific answers, just your story in your own words.

At this stage, I told my own story to a trusted other because ethically I wanted to do what I was asking potential participants to. Narrating my story helped me integrate meaning and recognise that the initial drive for this research had partly come from a desire to seek someone *like me,* to validate my own experiences. This insight seemed to free that desire and psychically open up the potential for hearing different stories, creating healthy social and emotional distance as an inside researcher (Greene, 2014).

I also developed a set of sub-questions (Appendix 1) which were loosely based on Stern's (1995) conceptualisation of the motherhood constellation, because it provided a logical frame for addressing varying aspects of identity. However, by imposing sub-questions I might have impacted participants' autonomy in telling whatever stories they wished. On reflection, the sub-questions were a way of managing uncertainty about where the conversation might go. I realised that all stories would be relevant to how participants were making meaning of the transition to motherhood in relation to their

identity, and therefore decided not to use sub-questions unless spontaneously relevant.

3.7 The Process

3.7.1 Recruitment of participants

I recruited participants by snowball sampling (Noy, 2008). I sent my poster (Appendix 2) to twin/singleton mothers and asked them to pass it on to potential participants. I took this approach in order not to generate too great a demand, given the required sample size. I had an initial phone call with potential participants to introduce myself, ascertain the age of their twins and ask about any significant mental health difficulties in order to start a dialogue about the potential risks/ benefits of taking part (please see 'Relational ethics' for further discussion). If participants were interested in taking part, I sent them an information sheet (Appendix 3) to read before making a decision.

3.7.2 The conversational interview

I approached the conversation with an acknowledgment of its context, including issues of power, emotionality and interpersonal process experienced in the research relationship (Holstein & Gubrium, 1995). Participants' 'personal' narratives would be the outcome of our shared interaction (Mishler, 1984, 1986).

In our first conversation, participants and I warmed up by talking about how our day had been so far. This was far from meaningless but an important part of building rapport. I went through the consent form, and all participants were satisfied and had no further questions. I was surprised that participants launched into telling their stories

after I read the research question and needed little prompting from me. Conversations lasted from 1.5 hours to just over 2 hours.

3.7.3 Transcribing

I agree with Riessman (1993) that transcribing is an interpretive practice. *How* the researcher transcribes reflects their values about what is important. Transcribing is 'incomplete, impartial and selective' (p. 11). I transcribed the conversations, as it was important to immerse myself back into conversations so that I could note ideas, reflections, intuitions, thoughts and feelings in relation to what I was hearing. This formed part of a reflexive stance, where information would be captured as the initial stages of 'thinking with' (Frank, 2013) stories. I was drawn to noting emotional markers such as crying, laughter, points of emotion, and long pauses in a broad sense. Since I was not focussing on the detailed features of speech, I acknowledge that other dimensions may have been missed (Riessman, 1993).

3.7.4 Relational Ethics

This research abided by the Code of Human Research Ethics for the British Psychological Society (BPS) (2014) and was approved by Metanoia's Research Ethics Committee in 2020 (Appendix 12). I considered ethics as a process linked to responsibility in relationship (Josselson, 2007), paralleling my work as a psychotherapist where I have a *duty of care* to my clients. I was committed to being ethically attuned in relationship with participants throughout the process. This was closely linked to embodying reflexivity; I used supervision, therapy, discussions with critical friends and my research support group to discuss ethical issues as they emerged.

I was deeply aware of the sensitive and profound nature of the subject matter, and how conversing about this this could potentially affect participants. In telling my own story, I was surprised at how upset I had become, crying at many points throughout. Denzin's (1989) words resonated with me, both as storyteller and listener:

'*We must remember that our primary obligation is always to the people we study, not to our project or discipline. The lives and stories that we hear and study are given to us under a promise....that we protect those who have shared with us'* (p. 83).

Participants' psychological well-being was always held in mind; I thought carefully about any possible harm to them in taking part. I was aware that relational research could leave participants feeling exposed and vulnerable when telling their stories. I would use my professional skills as a therapist to facilitate disclosure whilst also protecting participants from too much exposure (Finlay & Evans, 2009).

I arranged a short initial call with potential participants as way of introducing myself, building rapport and setting expectations. I informed participants that they would be invited to tell me about their experiences of transitioning to twin motherhood, and the impact this had on their sense of self (it was for this reason I used this more common phrase as opposed to 'narrative identity' with participants). A study on identity had the potential for significant emotional impact and it was important I highlighted this to participants. I invited them to comment by asking 'I know it may seem an 'out of the blue' question, but have you had any significant mental health difficulties you feel might affect you conversing about your sense of self?'. Where relevant, I disclosed the

experience of telling my own story and how it had brought up unexpected feelings. My intention was to give a clarifying example, to normalise unexpected feelings that can arise from discussing sensitive topics and encourage reflection of what it might mean for them. This question opened up dialogue around the potential impact of taking part, and what support networks participants could draw on if needed.

I estimated that our conversational interview may last 60 to 90 minutes, but we would not be restricted by a rigid time boundary. I informed participants that they would have the opportunity to read the transcript to clarify or eliminate details. I stated that they would be invited to a second meeting, after I had written up my representation of their story, so they could comment further. I emphasised that they could choose the extent to which they were involved, and that they had the right to withdraw from the research at any time up until August 2021. Even though some participants were quick to say they wanted to take part, I suggested that I send them the information sheet (Appendix 3) so they could absorb this before deciding.

Through the process of recruitment, two ethical dilemmas arose. I was contacted by Ellin who asked if both she and her female partner could take part. This brought up many questions. What would happen if one partner told of experiences that may then affect my relationship with the other partner, who was also telling her story? How would this impact on the writing up and representations of their stories, which they may both read? These dynamics would be complex, and I did not have ethical approval for working with a couple. I therefore invited one of them to take part. Ellin asked whether I preferred to speak to the birth mother. As I had not stipulated this in my criteria, I welcomed either of them to take part.

When I spoke to Ruby initially, she was taking anti-depressants but did not consider herself to be currently depressed, nor had she been for several months. Ruby was tapering off medication and in close contact with her GP. We talked about the potential risks of taking part, such as feeling overwhelmed or experiencing uncomfortable feelings. Ruby felt it was important to talk about the difficult parts of her experience, because she felt that people often did not want to hear this. She told me that she had friends and family she could rely on for support should she feel impacted, and a close relationship with her GP. She also informed me she would consider accessing therapy should she need it and had engaged with therapy before. I suggested Ruby take some time to consider the potential risks and benefits, and we could check in a week later to discuss further. After this call, I discussed the circumstances with my research support group. Because Ruby was not currently depressed and had reported not being for several months, I felt it might be empowering for her to tell her story, particularly as she had mentioned not finding space to tell the difficult aspects of her story. We acknowledged that although Ruby may be vulnerable to emerging upsetting feelings in the research process, she was also an autonomous adult in control of what she might share (Josselson, 2007) and that upsetting feelings may be in the service of integration and growth. We agreed it would be important to be extra sensitive to any noticeable changes of affect in conversation with her, and to check in regarding consent more often if needed. It would be useful for me to emphasise that she was in control of what she talked about. When we had a follow-up call, Ruby said she had thought about the potential impact and wanted to take part. We discussed the concept of ongoing consent, and I reminded her of her right to withdraw at any time without any repercussions.

With regards to consent, I gave participants a consent form (Appendix 4) which they completed before our conversation. However, I was aware that gaining full consent would be impossible before the content of the conversation was known. This philosophy meant that I practised *process consent* throughout the project, where at each stage (the initial conversation, sharing the transcripts, sharing the draft stories and the second conversation) I checked if participants still wanted to be part of the project (Ellis, 2007).

I informed participants that our conversation would be audio recorded, transcribed and written up as part of the research, which may be shared in academic journals and presented at conferences. I would keep digital and written material (e.g., transcriptions) confidential by storing hard copies in a locked cabinet and audio recordings in a password protected folder on a laptop to which only I had access. I also informed participants that I would delete their consent forms upon completion of the research.

I informed participants that we would leave time at the end of our conversation to de-brief and ask any further questions. I had prepared an information sheet with sources of further support, such as the national charity Twins Trust and local counselling services, and we decided together if they needed this. I arranged to check in with them a week later (I would have asked to check in sooner if I felt this was beneficial), to see how they were in relation to the conversation. When I did check in, none of the participants reported a detrimental effect.

In order to do everything possible to anonymise and safeguard material (Josselson, 2007), I offered participants a copy of their transcript so that they could change or eliminate details. I suggested changing any real names, locations and job titles to protect confidentiality. All participants agreed with this. I discussed with participants the nature of using stories in research - Morse (2002) highlights that 'the narrative is rarely entirely one's own' (p. 1159) - which meant anonymity was not as protected as in other types of research. I checked whether they wanted to change or omit information after sharing the transcript *and* their draft of the story. When I shared the transcripts with participants, I was aware of the emotional impact reading it may have. Carrie contacted me via e-mail to say she did not want to change anything, and that she had cried when reading it. I invited her to talk about the impact if needed, however at this point she did not reply. Ruby and Ellin also did not want to change anything. Although at this stage I felt very much aligned with participants, I wondered if their assertion that they did not want anything changed was linked to my position as a researcher in perceived authority. I made a note to emphasise that I welcomed their opinions on what I had written when I shared my draft of their story with them.

All participants wanted to read the draft of their story and contacted me to set up the following conversation after reading this (I have written about this in participants' stories below). I emphasised that these drafts were my interpretations, that I was not seeking to ascertain a 'truth', but to ask if the story reflected what they had intended to communicate and if they felt anything significant had been left out. I hoped that consulting with them in this way contributed to addressing the power relations between us. I asked participants for consent in using their reflections from this second meeting and they all gave verbal consent. I also informed participants that my representation

of their story may change in both length and form depending on the research process to come.

After submerging myself in the write-up, I realised these drafts were too long in respect of the required the word count. I wondered if I should contact participants to offer the opportunity to see the shorter final drafts. Some time had passed however, and I held in mind Josselson's (1996) questions related to using ex-clients for research, asking if it is necessary to interfere in his or her life, and what the implications of this might be. I thought about the impact on Ruby of reading her story (see Ruby's section below), and the implications of asking her to re-engage with the process. Perhaps I was being too cautious, but it felt important to uphold the initial contract. I therefore decided to edit the drafts slightly and participants did not see the final draft. When editing, I followed Medford's (2006) advice that I should not publish anything that I would not show to participants.

Another important consideration throughout this project was my own well-being and the ethics of sharing my own personal stories. Throughout the research process I have drawn support from close family and friends, supervision, my research support group, and therapy when needed. In relation to my narrative, I could not gain consent from Marnie and Rex but have written my story whilst holding in mind that they may read this thesis when older. In relation to clients, although I rarely self-disclose personal details, I draw on existential aspects of my integrative model which places psychotherapists and clients within the same realm; essentially, we are all human beings trying to navigate this often-difficult process called life. If a client was to mention

having read my thesis, I would welcome exploring the impact of this together if appropriate.

3.7.5 Navigating the inside researcher role

As a researcher who identified with the group of women I was researching (Greene, 2014), perhaps I knew that disclosure of my insider status would bring a degree of rapport immediately, thus creating a collegial feel to the relationship. Soon after I had sent my poster out, I quickly received messages from potential participants. The e-mails I received were warm and friendly, including those from people I could not take on as a participant. No participants dropped out during the process.

Initially I experienced anxiety of how to *be* with participants as researcher, twin mother and psychotherapist. Those three parts of me were all present in the conversations with participants, and I was aware this had implications for dynamics in the relationship. When I did disclose personal experiences, I felt there was connection built between myself and participants, but I was aware of the multiple identifications I brought to my role as researcher, including someone with power representing an academic institution (Maxwell et al, 2016). Ultimately, disclosing myself as a twin mother moved me into greater psychic alignment with participants, so that I came alongside them (Clandinin, 2013). I felt this went some way to closing the hierarchical gap between researcher and researched (Bergen 1993; Hertz 1995).

The cultural bond of being a twin mother was the backdrop for our initial calls, in which we naturally conversed about our twins and exchanged experiences and anecdotes. I was aware, however, that participants might assume I automatically understood

particular aspects of their experience. This could mean that some aspects of their story were missed, or meanings not clarified further (Chavez, 2008). For example, when Ruby spoke about intensive care (see her story), it was not until she clarified in our second meeting that she had not been able to hold or touch her twins at all that I realised I had assumed she *could* (as I had been able to). How many more meanings in the conversations did I or participants assume the other knew because we were twin mothers? I was also aware that some participants may have felt freer to tell their story to someone who was not a twin mother, especially if they feared judgement from peers.

However, I was able to empathise deeply, which created a safe space for sharing (Mallozzi, 2009). When I occasionally shared my own experiences, I received empathic responses from participants. When experiences were shared, spaces for similarity and difference were created. If I had not allowed myself to speak or have space for my experience in this research process, might I have been seeking the similarity and validation that I desired initially, unconsciously trying to speak through others' stories?

At points I became almost too immersed as a twin mother. I felt like I was *giving voice* to participants as I stood alongside them. As I completed a first draft of the thesis, I prioritised participants' stories over other sections of writing. I realised that rather than giving voice, the whole thesis was my own voice and I needed to own this! I did not at this point identify as an academic researcher; I was anxious about how the thesis would be received by 'proper' researchers. The ultimate challenge of being an inside researcher was making space alongside my personal narrative accounts to claim my

power as a reflexive, interpretive researcher. This meant a psychic separation from the community of twin mothers and integrating both aspects of my identity into the writing.

3.7.6 Trustworthiness

The question of truth is one that arises from research underpinned by positivist assumptions and driven by reasoned hypotheses. Research within this domain pursues empirical truths and aims to eliminate uncertainty and ambiguity (Kramp, 2003), striving for *validity* and *generalisability*. However, narrative inquirers strive for knowledge which is based on a worldview of contextualism. I have aimed for *trustworthiness*, *believability* and *verisimilitude* in my work.

As the researcher I had ‘a significant influence on the development of the research and the engagement of the participants’ (Curtin & Fossey, 2007, pp. 92-93). Holding this in mind was central to the research process. I practised reflexivity through discussions with several critical friends, who challenged my assumptions and interpretations at various interludes. I had one critical friend who was also completing research in the field of motherhood, and we met weekly for peer support/ reflection. We shared transcripts and drafts of stories to challenge the other’s interpretive process. I also shared my analysis of stories with this critical friend, who was able to support me to widen my lens of analysis. I then consulted three other critical friends on similarities and differences across the stories, asking what they noticed and using their comments and feedback to widen my thematic lens. These processes supported me to consider perspectives other than my own, as an inside researcher who may miss meanings by comparison to someone who is not a twin mother. As an example,

a critical friend noticed the theme of ‘overwhelm’, which I had overlooked because this often felt like a norm of twin parenting for me.

With a commitment to reflexivity, I have written the whole thesis as a story that develops over time, aiming for transparency in how my personal interest interweaves with a professional one. By writing about these two aspects of my identity, I hoped to increase trustworthiness by revealing ‘personal orientation, context, and internal processes during the investigation’ (Stiles, 1993 p. 602), and disclosing specific research processes (Meyrick, 2006) such as descriptions of recruitment, ethics, and being an inside researcher. Alongside this, I have aimed for a coherent demonstration of my ontological and epistemological beliefs, and how these influenced the research question, design and analysis of stories. I hope that this supports the reader to understand my situated self and strengthens the credibility of how knowledge was constructed (Riessman, 2015). I have aimed to document ‘accountable knowledge,’ (Stanley & Wise, 1990), with a trail of documents in the appendices to show my process of synthesising the stories.

With regard to representing stories, Atkinson (2007) states ‘what matters is if the life story is deemed trustworthy rather than ‘true’ (p.239). Stories are gathered not to determine if events actually happened, but to *show* the narrator’s lived experiences. I have aimed to uphold trustworthiness of ‘life as told and rendered in the text’ (Curtin & Fossey, 2007, p. 64) by collaboration with participants, where I have sought to ‘member check’ (Lincoln & Guba, 1985, p. 357). The aim of this was not to check for ‘truth’, but for faithfulness to their experiences. I hope that this process means the stories achieve verisimilitude; that they evoke in the reader a feeling that the

experiences described are believable, lifelike, and possible. I also aimed to provide thick description of settings, participants, and to own my interpretive voice in the analysis of stories, including the dynamic processes of co-creation within which the narratives emerged (Etherington, 2004). It was important to use extensive quotes from participants as a way of acknowledging power dynamics, increasing trustworthiness and encouraging the reader to feel a connection with participants (Creswell & Miller, 2000).

3.8 Synthesising the stories

3.8.1 Why the Listening Guide, and how did I adapt it?

The Listening Guide (LG) (Gilligan, 1982; Gilligan et al, 2003; Gilligan, 2015; Gilligan & Eddy, 2017, Taylor et al, 1997) encourages a discipline of listening without immediately categorising or coding, so that a space for surprise and discovery is opened up (Gilligan & Eddy, 2017). This appealed to me because most existing research with twin mothers had included categorising or coding, thus considering their subjective experiences as somewhat separate from culture. In contrast, the LG aims to capture 'the layered nature of psychological experience' (Brown & Gilligan, 1992, p. 11). It is a method of analysis attentive to social and cultural frameworks, which influence what can and cannot be said (Gilligan & Eddy, 2017).

Three phases of 'listening' are encouraged, guiding the researcher through different paths of the narrative. The first is to attend to the plot and what stories are being told. What are the major and minor themes? Who is present and who is missing? Are there any emotional hotspots, images or metaphors? What stories are told and are there any gaps or ruptures in the narrative? What is the researcher's response to being on

this landscape with this person? (Brown & Gilligan, 1992). I was particularly interested in the sequencing and progression of themes, their transformation and resolution (Squire, 2013). I went through the transcripts noting repeated words, phrases, metaphors, and thus identified emerging minor or dominant themes. I placed these themes under different headings in a chronological format with titles (e.g., pregnancy/ hospital) to notice where they appeared in the story and how frequently they arose. Through this process of saturation, I was able to identify what I believed were the main stories or turning points in the transition to motherhood (appendix 5 & 6). I used participants' words to create the titles for chapters to represent the stories and themes. By sharing my draft with participants, I was able to check if I had missed any significant stories which participants wanted to convey.

The values of the Listening Guide were aligned with my philosophy of narrative co-creation as a psychotherapist. The Listening Guide is drawn from psychoanalytic theories which emphasise the complex and multi-layered nature of the psyche, expressed through a multiplicity of voices (Fairburn, 1952; Winnicott, 1960; Benjamin, 1992). It provides a way of listening for what is unspoken as well as what is said and looks for the multiplicity of voices which can contradict, silence and interrupt each other when we tell our stories. In addition, the guide is drawn from relational theory (Aron, 1996; Gilligan, 1982, Miller, 1976; Tronick, 1989), which assumes that our sense of self is inseparable from relationships with others and our culture (Spencer, 2000). The guide acknowledges that voices rely on and are affected by being heard and is a 'pathway into relationship rather than a fixed frame for interpretation' (Brown & Gilligan, 1992, p. 22). Through the process of 'thinking with' (Frank, 2013) stories I kept notes and reflections about, for example, voices I heard because of who I am,

and how narrative knowledge was co-created. This is included in my synthesis of the stories.

The Listening Guide suggests that the second phase of listening involves creating 'I-poems'. This listening is about attending to the *first-person* voice of the other, *before* listening for the varying voices. By separating each 'I' phrase (both verb and noun) from a passage in the narrative and listing them in order of appearance, an 'I-poem' is composed with each 'I' starting a new line, and stanza breaks which indicate a shift in direction or pause. I started composing I-poems, but this felt out of line with my ontological beliefs. I had already started to identify shifts in varying voices in conversation with participants. I understand that Gilligan's aim might have been to encourage a submersion into the other's subjectivity, but there were assumptions that: 1) there is an essentialist 'I' that is a *primary* voice; and 2) I could somehow understand 'how she (the participant) speaks of herself before we speak of her' (Brown & Gilligan, 1992, p. 27) *through* this primary voice. This step felt aligned with the idea of 'bracketing', a method of phenomenological inquiry that requires deliberately putting aside one's own belief about the phenomenon under investigation (Carpenter, 2007), which I did not believe was possible. I therefore adapted the Listening Guide analysis to reflect my belief that that the 'self' holds multiple identities and that participants voices reflect different parts of their identity in relation with me, as opposed to an essential self or 'primary voice'. Subsequently, when I speak about participants throughout the thesis, I do so with the assumption that the self has the potential for a 'multiplicity of narratives, attached to different situations and relationships, places and people' (McLeod, 1997, p. 46) and that only parts of self are shown in relation with me, in this process.

I discovered the work of Balan (2005), who had expanded Gilligan's ideas of 'I-poems' and had used other pronouns such as ‘'you', 'we' and 'they'. This facilitated greater depth in exploring a woman's shifting and multi-faceted sense of self. This fitted with my ontological position of the self as non-essentialist and relational. I also believe that stanzas without pronouns can represent a person's sense of self, according to the *way* in which something is said. Stanzas can help to convey pauses through line breaks and silences which represents everyday speech (Richardson, 2002). It was in this form that I hoped to convey the varying voices I heard, without prioritising one voice as the 'first person' voice. Forming stanzas was an interpretive process; I picked out the most powerful or significant words to distil the meaning from a piece of text and create a 'feeling-picture' (Leavy, 2009). I did not use stanzas to represent all of the participants' words, as it was important to give fuller sentences or paragraphs to represent spoken experiences with a fuller context. I also wrote in paragraphs where participants were speaking from a reflective voice that appeared to be related to us co-constructing knowledge.

As I worked through the transcripts, I listened for different voices and their harmonies or dissonance (Gilligan et al, 2003; Woodcock, 2010). I used a different colour marker to underline each voice, focussing on that voice during the reading (Appendix 7). Gilligan et al (2003) states 'the contrapuntal voices within one person's narrative are in some type of relationship with one another, and this relationship becomes the focus of our interest' (p.167). I ended up with a visually coloured transcript which encouraged reflections about where voices overlapped and intertwined and stimulated thinking about possible tensions within the psyche and in relation to society (Gilligan et al, 2003 & Woodcock, 2010). Gilligan & Eddy (2017) highlight that the process not only involves

looking at content but also its quality and the ‘musicality’ of the voice. I have aimed to represent the musicality, rhythm and emotion of voices by presenting the stanzas in different formats, for example using capitals in Ruby’s story to depict the emphasis of her words and using different alignments in Ellin’s stanzas to capture the relationship between I/we/you. I hope the stanzas go some way to concretise emotions and feelings, and to represent epiphanous moments (Richardson, 2002).

In discussing the Listening Guide, Taylor et al (1997) encourages listening for voices which may express psychological development, risk and loss. As an inside researcher, my own experiences of the transition to twin motherhood involved loss/bereavement and growth, therefore I was naturally interested in voices of vulnerability and growth in participants stories. I named the voices and the story title for each participant, which was my interpretation of the overarching ‘big’ story, for example, Maggie’s ‘A Question of Authenticity’. I have included in the appendices a table of voices and examples of speech from the transcripts, so that the reader may assess the viability of my name for each voice (Appendices 8, 9, 10 and 11).

Although set out sequentially above, the process of ‘listenings’ were in no way linear. There was a cyclical relationship between the stories and synthesis over time. I imagine that new insights will continue to be illuminated long after the research is completed. I present my stories in line with my belief that they were told at a point in time with me and are not a finished product.

Chapter 4: Engaging with each woman's story

In this chapter I present a table summarising the demographics of participants, followed by my engagement and representation of each participant's story in depth, and then a summary of our second meeting. I then move on to my interpretive analysis of each story in relation to the Listening Guide, discussing the voices I identified in relation to the stories told and their relationship with each other. This was not shared with participants.

Table 1: Summary of demographics of participants

Name*	**Age**	**Birth/ non-birth mother**	**Ethnicity**	**Sexual orientation**	**Relationship status**	**Identical/ Non**	**Twins age**	**Conception**	**Delivery**
Maggie	37	Birth mother	White British	Heterosexual	Married; lives with husband	Identical girls	2.5 yrs	Natural	C- section
Carrie	39	Birth mother	White British	Bisexual	Married; lives with husband	Non identical boy/ girl	2.5yrs	IVF	C- Section
Ellin	40	Non-birth mother	White/ Asian British	Gay	Married- lives with wife	Non-identical girls	2.5 yrs	IVF	C- Section (partner)
Ruby	37	Birth mother	White British	Heterosexual	Co-habiting with fiancé	Identical twin boys	20 months	Natural	C- Section

4.1 Maggie: A Question of Authenticity

My first interactions with Maggie (37 years old) via text message conjured up images of an upbeat, bubbly person. When I asked Maggie how she felt about telling me her story, she joked, 'I don't think my world is going to fall through'. Maggie lives in a town outside London and is married with twins who are 2 ½ years old. She works as a therapist. She started her story by giving some context about various places she had lived, and how she had transitioned from someone who was 'cutting her teeth' in her twenties to a 'bit of a Stepford Wife'.

4.1.1 Chapter 1: 'It's not OK for me to feel sad'

Maggie spoke of having a 'tricksy' upbringing in which her mum had multiple affairs and the family moved around a lot. She explained how this had shaped her identity:

'I was an overly optimistic person, I still am an overly optimistic person, erm kind of looking at the world through rose tinted glasses and I think a lot of that was probably a defence.'

Maggie described herself as not 'particularly maternal', but she did not want to 'miss out' on having children. She fell pregnant quickly, but the pregnancy didn't 'progress':

'I think it's what they consider a chemical pregnancy, which is a bit erm medicalised, but yeah the whole thing just didn't take. Erm and I was really surprised at how upset I was.…there's all the stories you tell yourself about it not being valid to be upset...but I think I probably was quite upset.'

After the miscarriage she became determined to get pregnant. Around this time, she slipped a disc in her back. Maggie was ‘laid up’ for two months and could not feel her foot. She knew she was fertile:

‘I hurt

I couldn’t, I couldn’t, I couldn’t

....feel.

I said, we should have sex

I just laid

Not moving at all

So it didn’t hurt.’

Maggie quickly became pregnant and found out at the 12-week scan that she was having twins:

‘I was just thinking…this is so wonderful,

Twins - so special,

The most amazing news ever!

A ready-made family

.....the joy of it all.’

Maggie had always thought she would be a mum of boys. At the next scan she found out they were having identical girls:

'Twin girls! Scary

Me and mum's relationship

can be a bit fractious,

Mum's relationship with her mum

...fractious too

Oh my God!

It's gonna be tricky when they're teenagers

Boys are straightforward

You know where you are with them!'

Maggie attended a day seminar for pregnant twin parents and made some friends there:

'I guess from doing that it made the idea of having twins a lot less special, cos I was suddenly surrounded by people having twins. … I was thinking, well I don't want to not feel special. And I feel different. And I feel better than other people maybe (says hesitantly). And erm that's all being taken away but then…and that's just me being really honest, I know it's an awful thing to say.'

Me: I appreciate your honesty

Earlier, when Maggie told me about career choices and how she went to university as a mature student, she spoke about being 'competitive' and wanting a first-class honours degree:

‘There was something about being good and being the best and being kind of special in some way, which probably all comes from childhood stuff, but I mean that’s another story.’

4.1.2 Chapter 2: ‘I was really grateful to that nurse, because I didn’t think I was allowed’

Maggie’s waters broke at 32 weeks, and she remained in hospital for a week with health complications. After day six she was given the option of trying for a natural labour. Maggie described feeling annoyed, as she had been told that a Caesarean was safer. She opted for the latter and had to be transferred to another hospital due to a lack of neonatal cots:

‘I completely lost it - in tears

I’m not even an emotional person

....always optimistic!

I don’t cry

I was just sobbing - a complete mess!

I had to go in an ambulance, backwards

Without any windows

I just didn’t want to vomit

On top of everything else.’

She talks about the moments after the girls are born:

'You know, you're led to believe when you have this Caesarean that they put them on your chest and that they might feed straight away. ...And it's all very nice and relaxed. But no one, maybe I should have known this, but no one told me if you have them early, that's not what it's like because they're very little. They'll need some extra support, so you won't get to hold them….they were just really small.'

Maggie did not see her babies for 24 hours. When she did see them, she remembered looking at them in their 'little incubators' and thinking:

'That doesn't look like how my baby was meant to look.'

(20 second pause, Maggie becomes tearful and cries)

Maggie*: 'I'm sorry'*
Me*: 'It's alright'*
Maggie*: 'I haven't actually spoken about it.'*

Maggie said that being discharged from hospital without her children was the worst day of her life:

'I wasn't there around the clock, but there were other mums there that literally wouldn't leave the bedside... there was a lot of guilt there. I don't know whether part of it was this is really difficult and I, I don't know how to deal with the emotions that I was feeling

and the fact that this wasn't what I expected and this isn't what I had planned for. So I'm just going to avoid because it's easier to avoid than confront it.'

She describes a 'turning point':

'One day I was sat with the girls and they needed to be fed. Erm, and I was really annoyed because the nurse wasn't coming round to pick up the baby for me. And I remember saying to her, can you come and help me pick up my baby and the nurse said, 'you could just pick her up yourself'. And I just, it hadn't even occurred to me that I could just pick her up…I was really grateful to that nurse for saying that to me because I just didn't think I was allowed or didn't know how or something.'

Maggie then made it her 'life mission' to breastfeed, even though 'everything was telling me it would be easier to put them on formula':

'I can make a success
I can be successful
I hadn't been able
to take them to 40 weeks
What we were ***told***
So,
I'll do this ...
I'll make it up to them.'

However, this came with complications, as her girls had allergies, meaning she had to change her diet. She lost a 'huge amount' of weight:

'There were loads of challenges and I was just kind of single minded in my attempt to breastfeed them. ….we just fought through it all.'

4.1.3 Chapter 3: 'It was a real transition from being free to not being free at all'

Maggie's girls were discharged after 28 days, and there was 'definitely an issue with bonding at the start, as they were so tiny':

*'They didn't look like **my** children*
It wasn't the romantic story
....I'd expected
I struggled
Someone's made me feel bad
And so angry.'

Maggie described how coming home and being a mother to twins was 'a real transition from being free and doing whatever you want all the time, to not being free at all':

'I wanted them to be on the same routine….making sure they fed at the same time, napped at the same time …twins operating on different routines you just wouldn't have any time to yourself at all. So it became quite regimented and rigid, which impacted on our ability to do stuff. You know, if you had one newborn that you can just cart around with you, I think life's very different, you can go and see your friends …..we

just went from these sociable people to being tired and trapped in the house because of their routine.'

Although this experience was 'quite isolating', Maggie was 'lucky enough to have a big group of twin mums to share experiences with'. However, she described this as a 'poisoned chalice'. Maggie compares women who have conceived 'naturally' and women who have been through IVF. At this point she checks in with me:

Maggie: *'I'm sorry I don't want to cause any offence if you had your twins through IVF'*

Me*: 'No, my story is quite similar to you in that I got pregnant really quickly, so there's similarity there'*

Maggie*: 'But there's a guilt I think around falling pregnant really easily...'*

As I confirm we are in the same 'camp', Maggie talks of how she feels about sharing a natural conception with women who conceived through IVF, and sharing her children's achievements with other mothers:

'You can't be free

You can't

You have to be mindful

I can't be myself

You're not allowed

You're not

You're not allowed to be proud

You can't celebrate

The opposite of what my life was like before.'

Maggie also spoke about her relationship with her husband. They had been the 'perfect couple', but now there was 'snappiness' and 'arguments'. Maggie had mentioned earlier that sex was a fundamental part of her identity. At this point, her cleaner arrives at her house. She is 'mindful' of talking about sex, but will continue because it is important:

'Sex was always a really important thing to me… it was so much about my identity was around that and it's just not any part of who I am now at all...I've lost that part of me. And I'm hoping it will come back one day but it's nowhere to be seen at the moment, absolutely nowhere to be seen. It's been sort of replaced with the mum side of me…'

She moves on to say:

'*My relationship is the most important thing….and if we haven't nurtured our relationship, what will that mean in 16 years' time? So it's really important that I keep thinking about that but it's very easy to neglect that side of things when you have twins and they take up a huge amount of energy and effort and thought.'*

4.1.4 Chapter 4: 'I can't ever give them enough'

As Maggie comes to the end of her story, I ask her specifically about her experience of 'holding two babies in mind'.

Trying to split yourself in two

Maggie said: 'I think that's the thing I struggled with the most about being a twin mum'.

She talks about a time when the girls were around six months old:

*'I've got this really vivid memory…we went to a twin mum gathering and there was probably about fifteen twin mums- absolute carnage**,** and the girls had a meltdown- they both just completely lost the plot and were screaming….and one of the women there said to me 'you've got to laugh, or you'll cry. And I went (mimics laughing) and started crying…I just felt so overwhelmed that I couldn't give both of them the care and love that they needed in that moment.'*

Although Maggie tandem fed, she says there were times where she would be trying to placate one whilst holding the other:

'When they were babies, I felt like I was abandoning them. I felt like it was neglect at times. But it's a real powerful narrative in new twin mums that it's ok, sometimes they just have to wait, and you're not going to damage them.'

Maggie says that as they have got older, 'it's more about being present with them both':

‘I’m never completely absorbed with one

And I try SO hard....

ALL the time

A constant struggle

Trying to split yourself in two

Two children...

the same needs at the same time

You’re only giving each of them,

half of you.’

….’And so then there’s a lot of guilt that comes with that. And I beat myself up a lot about not being present enough with them…I’m probably a bit over involved because I’m trying to make up for the fact that I’m doing half a job really…at the end of the day I think…did I do enough for them? And if I don’t feel I did, I say, well tomorrow I’ll just work a bit harder on that and make up for it. I’m always, always thinking about that.’

A favourite twin

Maggie tells me that another aspect of being a twin mother is that she has a favourite twin, a situation she describes as ‘really sad’. Maggie took a risk to share this:

‘I sort of put it to my twin mum friends, I was like I’m going to be really honest I’m going to say something that’s probably a real taboo but I have got a favourite twin. Do you

guys have a favourite twin? And no one did. And I was like oh, I feel like a really bad person now.'

Life isn't set up for twins in the same way it is for single babies

Maggie speaks about the village where she lives:

'There's a few mums I want to be friends with…and they go for coffee after one of the baby groups, but I can't go because I can't take two babies upstairs in the café. They don't have the buggies, they've got slings and stuff they just kind of rock up and all go for a coffee and I've never been able to go because I couldn't go with two children and the buggy, and so I feel like I then miss out in making those friendships because life isn't sort of set up for twins in the same way that it is for single babies.'

When Maggie reflects on her transition to becoming a twin mother, she concludes:

'It was a drastic shift of priorities and I think it really pulled the rug from underneath us and we have to create a new normal. And that took a really long time. And I think that me being an optimistic person and me being able to erm kind of take a wider perspective on things has helped me in a lot of ways, but maybe also held me back cos I think there's been a real avoidance of remembering or dealing with any of that tricky stuff, because you know, it's not okay for me to feel sad. And so there's a denial that any of that kind of happened.'

As we come to end our conversation, I ask Maggie how it has been telling her story to me:

'It's been really nice to think about it. I was sort of a bit worried it would open something up and I'd find it quite difficult to process but I think actually what it's made me realise is that anybody in that situation would have felt sad about it, especially around their birth, and I'll probably always feel sad about it, and that's OK.'

It seemed that Maggie was left with the question of 'whether you have to fake your authenticity':

'I do feel really lucky with my life that it's definitely better than I could ever imagined. I didn't think I would be a therapist with twins in a happy marriage in a really beautiful house, so I've done alright. But, you know, based on what?...It isn't really about that stuff either. It's about, there's something about being authentic … and whether you have to fake your authenticity….I don't know whether I am authentically me or whether I'm putting on an act.'

4.1.5 From 'bottled up' to feeling sad

Maggie read the story in two parts and cried both times, saying she found the process 'cathartic' and 'quite therapeutic'. She said it 'all felt congruent, like a fair reflection'. Maggie found the stanzas interesting as a way of presenting her experience. She said the 'themes you picked out seemed like the right themes - not that there is a right or wrong - but I felt they were appropriate'.

Maggie was surprised that she had become upset when talking about seeing her babies for the first time. Subsequently she cries when recounting this to others. Prior to the conversation she was ‘bottled up with it’ and did not want to speak about it for fear of becoming upset. Maggie said ‘it was good to speak of the unspoken things that are part of your story that you might not do with friends’. She said that the research conversation gave her permission to speak about things that she would not necessarily have taken to therapy but feels she can now.

4.1.6 My analysis of Maggie’s story

Maggie was the first woman with whom I conversed. There were multiple ways in which I could connect with her - twin mum, fellow therapist, fellow researcher - and I was not sure how to *be*. This tension was interesting, given Maggie’s reflections on whether she is her ‘authentic self’ with twin mums in her social network; I noticed how she ‘thinks’ and ‘guesses’ a lot through her narration. Our conversation initially felt like an interview, where she was presenting herself with a lot of preparation. I was aware there was likely a co-creation of anxiety about which position we took up with each other.

I heard four strong voices coming through in the telling of Maggie’s story (Appendix 9). The ***voice of rose-tinted glasses*** appears at the beginning of the story; this voice appears to want everything to be ‘OK’. As she experiences the sadness of miscarriage, a ***voice of striving and determination*** appears to work to protect her from feelings of sadness. I hear the presence of these two voices in the first stanza, where she cannot *feel* her body (a metaphor for the sadness in her body?) and just lies there in pain *trying* to get pregnant. I wondered if the ‘stories’ she told herself about it not being

valid to be upset were in part the voice of our culture which says miscarriages are not discussed.

Maggie's rose-tinted glasses appear when she finds out she is having twins. However, she describes anxiety in discovering she is having two girls. Perhaps the fantasy of boys protected her from negative feelings related to inter-generational patterns. I was struck by Maggie's feelings of specialness as a twin mother, and I connected with this. Twins are an attraction in society, which invites added attention from others including comments from strangers and more scans in pregnancy. Maggie said that specialness in childhood was 'another story', but perhaps both of us basked in this, linked not to only culture but our developmental experiences, making these two stories more linked than initially thought. I wondered if her ***voice of striving and determination*** was linked to a story of specialness and likened this to my own process (perhaps, for this reason, I heard this as a loud voice?).

As she speaks to our culture in relation to having a Caesarean - 'nobody told me' - I hear ***a critical voice*** speak up and blame her choice: 'maybe I should have known'. In her descriptions of the stay in hospital, I hear ***a voice of vulnerability***. I thought about the ambulance as a metaphor for entering motherhood. You enter backwards and with no windows, a complete unknown. Did her fear of vomiting represent the loss of control? In this stanza I hear the ***voice of vulnerability*** - 'I was just sobbing' - and struggling to integrate this with the voice of rose-tinted glasses ('I don't cry'). The ***voice of vulnerability*** enters into the conversation when she cries, recounting 'that's not what my baby was meant to look like.' I felt a deep sense of emotion with Maggie at

this point. An image of a hefty singleton baby came to my mind. We had both felt the loss of a ‘fully-sized’ healthy looking new-born baby.

Maggie’s ***critical voice*** compares herself with mothers who ‘wouldn’t leave the bedside’, and she talks about the guilt she felt. I hear her voice of integration which ponders what might have led her to not be with her girls ‘around the clock’. The ‘not yet mother’ voice, who was given permission by the nurse to pick her baby up, means that Maggie can embody the role of mother, and I hear the ***voice of striving and determination*** returning with full force as she breastfeeds her babies. Does this work to protect her from a story of failure as told by ***the critical voice***: ‘I hadn’t been able to take them to 40 weeks’? When Maggie said, ‘we just fought through it all’, as protagonist she places herself in a position of a battle which she is going to win at all costs. It led me back to an earlier story about her determination to get pregnant despite the pain in her body.

As Maggie checks in with me as to whether I am an ‘IVF’ or ‘natural’ twin mum, and I confirm the latter, I wonder if she puts us in a ‘special’ group together. She goes on to talk about how she feels in these relationships, and I hear ***the voice of vulnerability***. The ‘musicality’ of this voice evokes a sense of being small, which seems in stark contrast to the organised way in which Maggie presents her story. She starts with a voice outside of herself - ‘You can’t be free’ - before moving to the ‘I’ position - ‘I can’t be myself’ - which is unsure and incongruent, then back to a voice which says she is ‘not allowed’. This stanza led me to think about the powerful voice of society which does not value mothering as work, as she states this was the opposite to what life was like before children.

I wonder if the ‘You have to be mindful’ is the ***critical voice*** speaking, which may hover above interactions. Maybe it is here with us, as at times when we’re talking, I feel a sense of not fully settling into the conversation. Maggie moves on to talk about sex, and I feel a jolt of discomfort as she speaks in hushed tones around the cleaner. Does this reflect a society where mothers cannot be sexual? I hear movement from a position of hope to ownership, as she talks about working on her relationship.

As Maggie came to a natural end in telling her story, I wanted to ask her more about ‘holding two babies’ in mind. She said this was the most difficult thing about being a twin mother, but she had not spoken about it before. I wondered if the structure of her story had been presented largely through the ***voice of the rose-tinted glasses*** (note at the start her comment ‘I don’t think my world is going to fall through’) and whether there was an absence of stories that represented the ‘darker’ sides of motherhood. It seemed that the voices of ***rose-tinted glasses*** and the ***voice of determination*** were at the forefront of how Maggie may want to present herself, and the ***voice of vulnerability*** (note at the end she commented ‘*I was sort of a bit worried that maybe it would open something up and I’d find it quite difficult to process’)* and the ***critical voice*** show up in a more gradual sense as she settles into the storytelling (and as trust between us develops?)

I hear the relationship between ***the critical voice*** and the ***voice of striving/ determination.*** They appear to work together to protect her from a story of not being a good enough mother. I wondered if guilt drove her determination to do more, much like when she had not carried the babies to full term and then made it her ’life mission

to breastfeed'. As her story ends with a voice of integration, I hear how through the telling, something has shifted. The ***rose-tinted glasses voice*** whose story is 'it's not OK to feel sad' has been challenged. She reflects:

'*Anybody in that situation would have felt sad about it…I'll probably always feel sad about it, and that's OK'.*

At the end of our conversation Maggie told me she had started therapy recently, which would help her to explore her feelings about authenticity. I could not help but think how authentic she sounded in that moment. I wondered if her question of 'authenticity' was one that might be linked to the conflict she experiences with the different voices within herself, with an emerging integrative voice that strives to explore this further.

4.2 Ellin: A Story About (Nearly) Growing Up

Ellin is 41 years old. She lives with her wife in London and their non-identical twin girls aged 2.5 years old. As our conversation started, I felt a nebulous anxiety. Ellin did not make much eye contact and appeared shy, despite her outward professionalism, direct manner and brightly coloured shirt. Connection and comfort developed through the conversation, during which she often made me laugh with an endearing sense of humour.

4.2.1 Chapter 1: 'I still am waiting for that moment of adulthood'

'I've always been quite good with children

I guess

I'm not a particularly maternal person

I suppose

I've always been waiting… waiting…

for that moment of adulthood

I think ..I just thought…I would see,

Not to be a passenger but

I suppose,

I didn't have strong enough views.'

Ellin always thought that having children 'would have to be obviously a very, very conscious choice' in a same-sex relationship. Ellin met her wife, Rachel, when she was 26 years old. Neither of them had a 'strong biological drive' to have children:

'I don't think either of us wanted to make a decision either way…I suppose before we were parents it was like a club you were invited into when you had passed level five wisdom or something…and you know we just sort of felt like you know we weren't quite ready.'

At this point she tells me about her career. She is applying for a chief executive role:

'I'm reasonably ambitious I suppose. Well, you know I am ambitious; I don't know why women always seem to slightly apologise for being ambitious…I am ambitious in my career.'

Ellin describes a 'watershed moment' when one of her best friends, also in a same-sex relationship, had her first child:

'I thought WOW
This is really incredible
WOW!
Yeah maybe I do want this…..
Maybe I do
Maybe we could be parents!'

As she and Rachel saw their friend's journey to parenthood, they made the conscious decision to explore IVF, even if they still did not feel 'qualified':

'I think what changed was that we just thought well actually, maybe we will never feel grown up enough. Maybe we will never ever be like proper adults…we'd probably thought about it more than most people, maybe we will never be grown up enough but maybe we should at least find out.'

Ellin explained that she had a number of half and stepsiblings, so looking like her family was not important to her. They decided Rachel would be the biological parent.

4.2.2 Chapter 2: 'Shopping for a donor'

Ellin likened the process of finding a donor to shopping, 'literally swiping through pages and pages of pictures'. It was important they picked someone who fitted in with their view of the world, was intelligent and 'family spirited'. The process of picking a donor was a 'huge responsibility' and a 'great privilege':

'I think

We agreed

You know

I think

We came to

I think we we had two, erm two in mind,

but one of them was OUT of stock

That's literally what they say

We ended up

We did

We were thrilled

We didn't have to

You know, kind of toss a coin.'

Ellin and Rachel saw a psychologist at the IVF centre to talk through their reasons for wanting children and how they would speak to them about the donor process; 'it is so deliberate, so conscious you have to think about all those things'.

Me: *'There's like a lot of negotiation then that you went through didn't you….'*

Ellin: *'Yeah kind of, I mean, I suppose it was, I mean, for me personally, I think it was less about finding out what Rachel thought but like thinking 'Oh, turns out I think this'…so for me it was an incredibly insightful process, and although I still don't feel, two and a half years on that I've reached that sort of wisdom, level five, I felt like, I felt like…Oh I am actually an adult, I can probably do this, you know someone who is actually qualified in these matters doesn't think I am completely insane for entertaining this idea…'*

She goes on to say:

'It turns out we were waiting for all this wisdom to impart, but we have actually got some *good experiences between us that, you know, we could hand on. So, it was*

quite erm, I mean Rachel jokes about my desperate need for approval, I do like kind of a little bit of approval but I suppose it was a little bit like that. You know, someone was actually saying, do you know what, you are a candidate for parenting.'

Ellin and Rachel had two rounds of IVF, and the second round was successful. They spontaneously decided to have two eggs implanted, on the suggestion of their doctor. The test was positive, but at eight weeks Rachel was bleeding and the couple went in to see a specialist. They found out they were having twins:

'*We had the perfect view of these two tiny heartbeats…it was an incredible, incredible moment'.*

4.2.3 Chapter 3: 'Being the support figure'

During the pregnancy, Rachel had numerous complications. Ellin said that the ups and downs during this time became an important part of her identity:

'I discovered....

I can be quite calm

Also a bit of a worrier

And often think I'm not resilient

I'm sensitive

I think, I think

I started…..

I've realised

I am pretty bloody resilient!'

Ellin said that previously in her relationship it would be her wife who would usually reassure her, but she had to become the support figure:

'We went through a lot,

you know

We handled it,

We coped

you know

We looked after each other.'

Having set a Caesarean date, Rachel started showing early signs of labour and the couple went to hospital. Whilst in the waiting room, they joked that it might be the last day they would get to cook and watch Game of Thrones (a TV series). One of the babies was in distress and they were told 'you know, it's a quiet day, we might take those babies out today'. Ellin recalls going to the toilet and having a moment to herself:

'Oh my God,

It's happening!

I'm about to become a parent

My babies are about to arrive

THIS IS IT

This is about to happen…..

My life is about to change forever.'

Ellin and Rachel's girls were delivered safely via Caesarean, but they had difficulties because their daughter Poppy was not feeding. Ellin described being 'not quite satisfied with the breastfeeding support in general', though she did not expand on this. At day five, Poppy was admitted to hospital for treatment. When talking about feeding their babies in the first six weeks, Ellin said:

'Those first six weeks were horrific, and we just looked at each other sometimes and were like 'why did we do this?…..I sort of wish in that first six weeks that someone had reassured me a little bit more that actually this is normal and it is really hard no matter how much you love your children, it is really hard to cope with that level of sleep deprivation and relentlessness. And it does get better, and it actually does become quite fun…I sort of wished we'd known some more twin parents I think you know earlier on…we didn't know any to socialise with.'

Ellin said she adored the babies and there were no struggles with bonding. She stated 'they are genuinely the centre of my universe', and in the next sentence, 'I still don't consider myself to be a hugely maternal person'. Ellin talks about being surprised that she would like to be a full-time mother. At the time her daughters were born she was able to take three months off work. Pre-lockdown, she had considered quitting her role as she resented working so much, but during lockdown Ellin has been able to see her daughters more and feels extremely fortunate.

4.2.4 Chapter 4: 'I think it's such a privilege and such an incredible thing'

As I sense we are nearing the end of Ellin's narration of the transition, I ask her:

Me: '*And how are you when you are with them both on your own, whether that be now or when they were younger with meeting both of their needs and holding them both in your mind?*

Ellin: *Yeah so, I mean, I do find that there's a lot of guilt that comes with being a twin parent:*

'You can't just say….

You and mummy going to curl up

Under a blanket

Read a book, a film, a cuddle….

While the other one is playing over there

I'm not getting a cuddle!

I want a cuddle!

I want 100 per cent of the cuddle!

I don't want to share the cuddle!

I want to sit on your lap!

No, I want to sit on your lap!

You go over there!

No!

You do get a lot of that.'

She goes on to say:

'I always say that I think it's such a privilege and such an incredible thing being a parent of twins, such a real privilege…it's exhausting at times because you know, there is no let-up…one wants something and then the other wants something, but you know there are some real pluses because they are each other's best friend.'

Ellin describes feeling guilty at times, but she has realised that everyone feels like that. On a 'good day' she can rationalise the feeling, because she sees her children are happy, thriving and confident:

Me: So you see yourself as doing a good enough job? When you think about yourself as a parent?

Ellin: Yeah most of the time I do, most of the time I think I do. I mean….I feel guilty about how I have to work late but you know, sometimes I am very much capable of beating myself up, but actually then I look at them and I think objectively… we're doing alright.'

Me: '*It does feel like there is a lot of growth in your story, in the transition…'*

Ellin: '*Yeah I think there has been actually. I'm definitely much more of a grown up, still not fully qualified in grown-up ness but I definitely feel like there's been a lot of growth.'*

Me: '*That's probably better for your kids that you're not fully grown up!'*

Reflecting on telling her story, Ellin says:

'Yeah it was good. I mean, just sort of thinking back over some of the ups and downs there is actually quite a lot there, I guess, and er, you know like when you're living it, you just can't, it's just like life isn't it? I always think it's quite nice sometimes just to reflect back on the journey…thinking about when Poppy was really small and really ill…does make you feel a bit you know kind of emotional almost…but you know we sort of get on with it don't you, I guess?'

Me: *'Yeah'*

Ellin: '*Yeah, you certainly have to as a twin parent…there's no time to reflect.'*

4.2.5 'A rare breed'

On reading her story, Ellin said, 'I thought it was a good summary and captured the essence of my transition from not having children to having children'. She said that, looking back, 'you sometimes doubt your recollections', but that when reading she connected with the same feelings. Ellin said it was good to converse, and she has

noticed that Covid-19 has given people more permission to have conversations about ‘parental despair’ which can alleviate loneliness.

I tell Ellin that I am glad she took part, because it challenged my heteronormative perceptions of ‘mother’ and had a significant impact on me and the direction of the research. Initially I had subconsciously assumed that all mothers would be birth mothers. We discuss the term ‘mother’ further (see my synthesis of her story). Ellin says that she is aware that same sex couples going through IVF are a ‘rare breed’, and it is important for her to contribute to ongoing knowledge.

4.2.6 My analysis of Ellin’s story

I heard three strong voices coming through Ellin’s story (Appendix 9). There was a voice that felt very young - I will call this *the* ***unsure/ young voice,*** heard in the first stanza - and a ***voice of curiosity and growth***. Both voices came through strongly in Ellin’s identification with the other and was often narrated as ‘we’. Ellin’s narrative was presented with lots of detail of what happened and how, and I sometimes lost her in the detail. I wondered if her way of narrating was arising from the ***unsure/ young voice.*** As her narration went on, an ***emerging voice of ‘I’*** stood separately from ‘we’.

I noticed that Ellin often ‘thinks’, ‘guesses’ or ‘supposes’ through her narration, and her language was littered with ‘you know’. It seemed she placed herself in a position of not knowing and me as ‘knowing’; this was interesting given that she said she can often doubt her recollections in our second meeting. In the first stanza, I felt a sense of drifting or being swept along as she described herself ‘not as a passenger’ and not having ‘strong enough views.’ There is a ***voice of confidence*** that comes through

when she talks about her identity in relation to work, and she corrects herself when she says, ‘I don’t know why women seem to slightly apologize for being ambitious…I am ambitious’. This voice sounded distinctly different from *the* ***unsure/ young voice*** that had spoken about a ‘not yet’ parent identity.

As she describes meeting her wife, a ***voice of curiosity and growth*** emerges via identification with her best friend joining the (parent) club, and how *they* might gain entry too. While the young voice says, ‘I still didn’t feel we were grown up enough but…’, the ***voice of curiosity and growth*** emerges from a ‘we’ position:

Maybe we will never feel grown up enough
Maybe we will never ever be like proper adults
We’d probably thought about it more than most people,
Maybe we will never be grown up enough
Maybe we should at least find out

When Ellin talks about picking a donor in the stanza, I heard the ***unsure/ young voice*** spoken in the ‘I’ statements. Ellin presents herself as ‘thinking’ through this process. In the ‘we’ position the statements are more confident and absolute, and she checks in with me about ‘knowing’. I found myself thinking about how difficult it must be to have the power to choose the shaping of another person’s identity. I could sense the relief when they did not have to ‘toss a coin’.

When I comment on their negotiations around a donor, the ***emergent voice of ‘I’*** enters the narrative, e.g., ‘oh, turns out I think this’, and ***‘***I felt like, I felt like, oh, I am

actually an adult'. I heard the intertwinement of this voice with the ***'young/ unsure voice':*** 'I still don't feel like I've reached that sort of wisdom, level five'. An interesting marker of the ***emergent voice of I*** is that it 'feels' for the first time in the narrative, which marked a significant shift or turning point. Ellin appeared to have discovered her potential 'parenthood identity', first through her best friend and then through professionals with whom she spoke at the IVF centre. As she talked about her need for approval, I became aware she might view me similarly to the psychologist at the IVF centre.

The ***emergent 'I' voice*** continues when Ellin speaks about resilience. She says, 'I discovered', 'I started' and ''I am bloody resilient'. The ***unsure/ young voice*** is present – 'often think I'm not that resilient' and 'I'm also a bit of a worrier' – but I sense a harmony rather than a conflict between these two voices as they narrate a story of growth. Rachel is very much present throughout Ellin's story, and I sensed a relationship which allowed growth in the dynamics between them. This is heard in the definitive nature of how they supported each other in the stanza ending with 'we looked after each other'. Rachel brought Ellin a cup of tea during our conversation, which added to my interpretation of them as a strong team.

I hear an ***unsure young voice*** when Ellin speaks about the hospital, and I had an image of an adolescent watching Game of Thrones whenever she liked. In the moments before her daughters arrive, she describes feeling very emotional for the second time in the narrative. This marked another turning point: the birth of a new part of herself, much like when she had gone through the process of searching for a donor and started 'birthing' the adult in her.

I identified strongly with Ellin's account of the first six weeks of motherhood. I too felt like a 'feeding machine'. All I experienced was a cycle of endless feeding and changing nappies. I often found myself thinking 'what the hell have I done?', as I tried to keep two babies alive. I thought about how many women may think this but feel disallowed in our culture from voicing it.

As she talks about her surprise at the desire to embody more of a parental role by being a full-time parent, Ellin interjects, 'I still don't consider myself to be a hugely maternal person'. I notice that throughout Ellin's story she refers to herself as 'parent', which brings up more neutral images and ideas than 'mother'. In our second meeting we discuss this. Ellin says she doesn't like the word 'Mum' because 'it comes down to gender constructs and how we see different roles in the world'. Ellin is aware they are not a 'conventional' family and wanted to make sure parenting is '50-50'. Although she is 'Mummy' to her girls, Ellin and Rachel use the language of 'parenting' as a challenge to gender stereotypes.

As we converse about 'holding two babies' in mind, there is a tension. Ellin starts by talking about guilt, but then quickly moves onto how 'brilliant' it is. The guilt is further described in a scenario about feeling torn between two toddlers. After this, Ellin talks about the privilege she feels in having twins. I wonder why I ask her if she feels she is doing a 'good enough' job, and whether this is an attempt to reassure her. At the end of our conversation, I nearly forget to ask her how she has found the experience of telling me her story, as I perhaps lose her once more in the detail of her account. I

remember to do so, and she ends with the movement of ‘you’, ‘we’ and ‘I’ that is interwoven in her story:

(it) ‘does make you feel

a bit you know

kind of emotional almost but

you know

we sort of get on with it

don’t you

I guess.’

4.3 Ruby: A Story of Survival

Upon starting our conversation online, Ruby seemed down to earth and animated. Ruby is 37 years old and lives in a town outside London with her fiancé and identical twin boys aged 20 months. She is a chiropractor, but after returning to work she made the decision to stop. I tell her that our conversation is an invitation for her to narrate as she wishes, but I will help her if needed, as she comments that it is a 'big' question.

4.3.1 Chapter 1: 'I wasn't ready to be a mum'

Ruby began her story by telling me that she was a 'career, goal-oriented person; very, very controlling' pre-motherhood. She had to be present 'a hundred percent, emotionally, physically and mentally', and her job was very 'bam, bam, bam' (imitates with hands a quick succession of doing). 'There was very little time to think about myself when I was at work', she says, highlighting that she would work several hours without drinking or going to the toilet.

Ruby spent a lot of her teens and twenties experiencing clinical depression. In her thirties, she 'admitted defeat' and saw a psychiatrist. Ruby had eight months of therapy and weaned off anti-depressants. Referring to the period 2016 to 2018, she said, 'I am going to get tearful' and cried as she spoke:

'For the first time in my life

I felt free

Happy

I was free

Strong

Everything I wanted

and NEEDED to be.' *(cries)*

Ruby had her fertility tested when she was 33 years old, worried that she would not be able to get pregnant in the future. She was told that she may need IVF. In 2017 her body started to do 'weird things'. Ruby recalls being told, 'look, you're not perimenopausal, but you're on the brink, so if I were you, I would take the coil out and see'. She 'battled' with this decision:

'I put off put off put off put off

I wasn't ready

to ***be*** *a mum*

I needed a couple of years.

But If I put this off

I'm not going to get pregnant!

Could I live with that?'

Could I?

Ruby laughs in disbelief when she says that she got pregnant on the first try:

'It wasn't the fairy-tale 'Oh I'm pregnant!', I sobbed. I sat on the floor and just went 'oh, my life is over' (laughs). I can't do this. I'm not ready (imitates heavy breathing). So anyway, got over that and went':

'OK, we can do this.'

Ruby experienced complications during pregnancy and found out she was having twins at a five-week scan. After resolving to enjoy the remaining weeks of freedom, she needed emergency surgery at 20 weeks ('my cervix failed'). From this point on she was put on bedrest:

'*My life was GONE*
Beholden to these babies in me
I couldn't enjoy that last bit of freedom
It was literally gone…'

'…Everything about me, the control side of me, the independence, it had all gone…I didn't even have that kind of gentle get my head around it period (cries)…very early on I knew I was getting depressed, and I knew I was anxious and it was horrible (cries). And I stupidly didn't get help…they were saying 'do you need help? We know you're at risk…and I was like no I'm fine.'

Ruby continued crying when she spoke about not having the support of her partner, Max, because he was stressed and panicking. Ruby said, 'we got to the point right at the end where he just couldn't take it anymore'.

4.3.2 Chapter 2: 'Survival at the purest level'

Ruby's waters broke at 33 weeks. When the babies came, she didn't 'feel that joyous moment of 'oh, they're my babies'. Rather, she felt 'absolute relief' as she had been terrified that they may be born not breathing:

'OK, they're alive. Next step.'

Ruby's babies developed bronchiolitis at four days old. The couple was told that 'in no uncertain terms this kills premature babies', and that it was 'touch and go'. They spent seven and a half weeks in ICU. Ruby contracted pneumonia five days post-Caesarean and had to stay at home for two weeks:

'I wasn't ALLOWED to see my boys
BANNED
What's happening?! What's happening?!
I mentally prepared
…to lose them. (cries)

How am I going to cope?
Come on Ruby,

Dig deep,

It's alright.' *(cries)*

Ruby learnt to care for her boys through closed incubators. She could not hold or touch them until the day they were discharged. With Max back at work, Ruby described them as 'ships passing'. They did not get to experience the 'highs and lows' together and it was 'not normal in any way, shape or form' for either of them:

'Our relationship was, it was broken, it was you know, it was survival at the purest level. There was, it was it was literally we survive this, or we don't…and some of the things that were said and some of the experiences that we went through as a couple during that time (5 second pause) wounded me, scarred me actually (cries) and I think I still hold resentment.'

Ruby's life consisted of rushing the boys back and forth to the GP and hospital due to their ongoing ill health, and her world was 'literally these four walls' (indicates the room she sits in):

'I didn't feel like I had babies

They didn't feel like mine for MONTHS

There was no gentle gentle

Just thrown into the stormy seas

to sink or swim (laughs)

GET ON WITH IT…'

'…So I did, to the detriment of me really…I kind of went into this place just kind of compartmentalizing it, just cope, you know, do three washes a day, fold them up…it was just boom boom boom boom boom. There was no time really to think about how I felt and what I needed which in a way was probably a blessing (laughs)…erm but at the same time I think it really delayed or has delayed, because it's still present, my ability to process and come to terms with what's happened.'

Ruby describes that recently she is coming out of this 'phase' and starting to think:

'Oh yeah, I've been doing this, I've survived. I'm OK. A little bit broken but I'm okay and I'm starting to think about me now, but it's taken twenty months to even get to that point.'

4.3.3 Chapter 3: 'I have to learn to be a mother'

Ruby went back to work when her boys were eight months old. However, due to the twins' ongoing health difficulties, she decided to hand in her notice. Ruby's paid work made her feel 'like me again' and took her 'mind out of being a mother':

'I've been waiting waiting waiting waiting
to get back that feeling of
'Oh! it's me again'.
Then I had this 'TAH- DAH' moment

I'm not the me I used to be
I have children

My life is over, AS I KNOW IT

I have to learn to BE (sighs heavily)

A mother.'

As a result of lockdown, Ruby and Max's communication has been better and, even though stressful, she is 'just starting to see the light':

Me: *So you feel hopeful?*

Ruby: *Yeah… I'd lost that hope for so long and suddenly it started coming back a little bit like, it will be all right. And I'll figure it out, I'll find myself again. And it will be different, but it will probably be better. And you know I'll be stronger, I'll be fitter and if I can cope with PND and anxiety through the throes of learning to be a mother of twins, I can do anything.'*

Ruby had been offered Cognitive Behavioural Therapy (CBT), but it took six months for her to get an appointment. As she is currently weaning off anti-depressants, Ruby's GP suggested that she seek counselling again, but she appears to have lost faith and says, 'nah, I won't bother, if they weren't interested in me when I was wanting to kill myself and throw my babies off the balcony, why are they going to be interested in me now?'. Ruby feels she has missed out on what 'should be a really lovely time', and has 'pretended to be a mum up to now':

Ruby: '*I have moments where I'm like huh (feigns amazement), I have two little boys. Wow (laughs). I still have those moments. And yeah it's lovely but terrifying' (laughs)*

Me: '*Like theoretically you might have thought 'I'm a mum', but the real sense of feeling it…'*

Ruby: '*Yeah and I think part of that is I haven't wanted to feel it because if I'm really honest, I really regretted having children'*

Me: '*Mmm'*

Ruby: '*Well of course I did, they broke me, and they took me back to a place I spent all of my life trying to get out of, so of course I resented them…I knew it was going to be a learning process for me, I wasn't going to (sighs) bound into motherhood. I was going to have to learn to accept my new role….I feel like I'm starting to take ownership of that process now, whereas before I was in survival mode and that part of surviving was ignoring.'*

4.3.4 Chapter 4: 'It's not normal to feel like I'm feeling'

Ruby describes being a twin mum as 'a lonely existence'. Loneliness has arisen from not going out, giving up work, and from not having 'actual support and mental support of people that truly understand'. Ruby did not want to talk to people about how she felt, because 'it is miserable (laughs), and I can't change it'.

Ruby said she made an effort to start going out, but describes feeling caught in a constant dilemma of 'who do I deal with first?':

'All the other mothers are sitting there calmly with their calm children. You've got one screaming in the pram and you're dealing with one and you're like 'I don't know which one to deal with first!'

Me: *How did you find that because I really struggled being out with them, I felt really anxious, but I don't know…you might have felt different?*

Ruby: '*Really anxious. I, I felt embarrassed, actually embarrassed that I was so anxious and I would, I still do it now, I come home and I think, why do I find this so hard? Why, why do I hate this so much? Why is it so difficult? What's wrong with me? It's not normal to feel like I'm feeling...'*

Ruby describes a trip to the park where she was 'exhausted' and 'burnt out', as she tried to cope with her boys running in different directions and scaling different climbing frames. Pre-motherhood, she survived by finding times to relax and had learnt to manage severe anxiety in this way. After having twins, her 'management skills were torn away':

'You don't get points to BREATHE
Always going
well that one's doing that
and that one's doing that
I need to do that
In the here and now,
thinking three steps ahead….

…then two steps back.

RELENTLESS

And no one can help you

You're on your own with that.'

Ruby does not feel that there is enough support for twin or multiple parents. However, she 'doesn't know what else there could be':

Me: '*Hmmm. It's a good question…I felt like I needed more support but even leaving them with a family member I felt so anxious because I didn't want them to feel the way I felt…'*

Ruby: '*Exactly! Oh Sophie you said it (laughs). I'm so glad you said that because I do panic about leaving them with people'*

Me: *'I wouldn't mind having some time off....!'*

Ruby: '*Take them! But I, I still worry about leaving them with say my parents because it's really hard…I don't want to traumatize them by leaving them all day with my boys…even the support network you might have you don't really have because you can't lean on them like you normally would if it's one kid…it's not that simple.'*

Ruby feels her boys are missing out:

'Why can't I be a good mother?

Why? Why?

It's not normal to feel like I'm feeling, then

I speak to other twin parents

…and they go,

*Oh yeah, I **feel** you.'*

Me: 'Yeah'

*'And I go, oh it is **normal**.'*

4.3.5 Chapter 5: 'I'm going to look after myself'

Ruby talks about how her body is 'broken', and that she is recovering physically as well as mentally. 'Recovery takes years…and people just don't tell you that':

'I forget to be kind to myself….I want a bit of me back so I'm going to look after myself, but that is hard (laughs). You look after everyone else before yourself, and when you've got twins and a partner, there literally is no time for you even if you wanted there to be, so it's about having to make time and that is something that I'm only just starting to understand...'

Me: '*Well it feels quite, it feels quite healthy in the sense that you are thinking about yourself…'*

Ruby: '*Yes, I hit a brick wall about three four weeks ago when I was just like I'm done, I'm fed up with feeling awful……I just was neglecting myself and that was a pattern I always got into if I was in survival mode with my anxiety or depression but I'm not in that place now. It's the practicality of I'm so busy all the time that I have to look after myself because no one else is going to. I can't rely on someone's coming out with a glass of water and saying, here have a drink. I have to go, I need water, come on drink. I need to eat.'*

She further considers her own needs:

'*How can I have a career **and** be a mum?'*

How do I get that?

What do I want?

What do I need?

Chasms apart up till now

Can I start bringing them a bit closer together?'

Ruby ponders, 'But yeah…. I think the transition into motherhood….'. I sense that we could probably speak for hours but I am aware of the time and highlight this, asking if there is anything important to add to her story. Ruby talks about missing the things she used to be able to do:

‘I haven’t lost who I am

But

I’m kind of reaching…

...for all the things I can’t do now

I can’t go shopping

I can’t go on the bus

I’ve got a double buggy

I can’t

I can’t do it.’

Ruby: ‘*I don’t know how you feel about that like do you, have you really battled with the transition or…?’*

Me: ‘*Our stories are different but I really resonated with the ambivalence about becoming a mother, and I feel like it’s been a couple of years of hyper vigilance inside of me.. even though people would say I always look calm because I think I like to be seen as coping in some way…’*

Ruby: ‘*But underneath you’re drowning and gasping for air…..’*

As we converse about our experiences, I say:

‘I felt like, felt like there was a level of trauma to becoming a mother…’

Ruby: 'Yeah, yeah, yeah. That is exactly the word I've used right up until a few months ago, that it's traumatic.....I feel torn to pieces, I'm scrambling on the floor trying to put some of those pieces together and they're just disintegrating again. It's not necessarily traumatic in a negative way, you know it's a growth. You have to completely be destroyed to be built back up again and I think that's what I said with regards to I'm at the point now where I'm having to own how I feel, no one's going to come and save me… so I've got to take ownership of that and it's baby steps isn't it?'

Ruby says:

'*You're going through the biggest transition you're probably ever going to make and you're doing it in a really difficult way if you've got twins … And I think the support out there is pretty shocking… that's postnatal depression or oh, she's suffering a bit of anxiety because she's got a lot to deal with. But how about the trauma of the birth and all that went on there? And then on top of that I can't cope with what's going on…health professionals need to be far more mindful of the difficulties that come with twin parenting, and not just immediately….years down the line and you're still coping with these things and your body is still recovering.'*

I ask Ruby how it has felt to speak about her story today, and how she is feeling now:

Ruby: *'I suppose a little bit lighter, like, I've not talked through it to this degree since. I've talked in some patches of what happened initially but actually going through that journey, I think it's made me feel a little bit more at peace with it. That I'll be OK*

(laughs), and it's happened, it's not the fairy-tale start (laughs), it was never going to be, and that's just my story.'

I tell her that parts of her story have really moved me:

Ruby: 'Oh really?' (sounds surprised)

Me: 'Yeah, yeah, I mean there's so much resilience, it feels like there's so much resilience in you.'

Ruby: 'Oh I don't feel like there is.'

She then goes on to say:

'I almost step back and go WOW

I feel a bit useless

But

I've coped

I've survived

I haven't just survived

I've done alright

I need to start telling myself that.'

4.3.6 'Brutal and therapeutic'

When Ruby first read the story she said, 'It really shocked me, my reaction. I burst into tears. I don't know where it came from'. What struck her was, 'It was just really sad'.

Ruby read the story a second time with more of an 'objective eye' and found it both 'brutal' and 'therapeutic':

'It was like a mirror holding up to yourself that you don't want, you almost don't want to say some of those things and seeing it all written in one big hit it's a bit brutal.'

'It really made me feel quite, not at peace, but I suppose it brings that acceptance… this is how I felt in that moment and I've got to accept that's my journey.'

Ruby realised how heavily she criticises herself for the feelings she has had in becoming a mother:

'You've been through a really difficult time, and you are beating yourself up about feeling guilty or feeling negative and it doesn't help me in moving forward, that's the biggest thing I've taken from it'.

Ruby wanted to emphasise that she had not sought support for PND, largely because Max was not validating her feelings which led her to doubt herself. She had not realised the impact of this until reading the story. She also wanted to emphasise the impact of not being able to hold or touch her babies, and that the care felt 'mechanical'. She said that she had not spoken about this experience in our initial conversation, as she may have 'blocked it out' to some extent.

Ruby said that it was helpful to read the final chapters:

'I didn't feel like I was managing well at all and I was beating myself up a little bit about not addressing the problems I was having in the transition to motherhood, and speaking about that and on reflection reading about it I realised I had been processing it.'

Ruby said that hearing my experience in the conversation validated some of the challenges of being a twin mother, particularly the feeling of 'hypervigilance'. She explained that she had not even realised there may be additional challenges for twin mothers, often comparing herself to mothers of singletons:

'I realised I'm not alone and it's ok to feel like this' and *'It reassured me because it takes the guilt and embarrassment out of it.'*

4.3.7 My analysis of Ruby's story

Ruby introduces her story with a voice of hope, as we are transported to how she felt pre-motherhood, after eight months of therapy. As she comes into relationship with doctors who tell her she may need IVF, she is faced with a dilemma about when to try to have children. In the second stanza I hear conflict between the part of her that is not ready to give up her newfound freedom - 'I wasn't ready' - and a fearful voice which projects into the future and fears the consequences of her decisions - 'I'm not going to get pregnant!'

Ruby laughs when she describes getting pregnant, stating, ‘Oh, my life is over’. The drama in her speech conveys despair. Here and throughout our conversation, she laughs whenever describing strong emotions. I hear the laughter as a voice of disbelief or shock. This forms part of a strong voice I heard: ***the voice of detachment***. As Ruby imitates heavy breathing, I sense panic. The ***voice of detachment*** emerges again, stating ‘OK, we can do this’. I call this the ***voice of detachment*** because it has a robotic quality in comparison to how she emphasises and dramatises her words when storytelling.

As Ruby finds out she is having twins and is put on bedrest, there is a further drama in her speech when she describes ‘my life is gone’, ‘I was literally beholden’ and ‘that last bit of freedom I had, it was literally gone’. I recognise a ***voice of raw emotion*** and I hear hopelessness and anger in her description of events, which is conveyed largely through facial expressions, body movements and her emphasis on particular words. Ruby says, ‘Everything about me, the control side of me, the independence, it had all gone…I didn’t even have that kind of gentle get my head around it period’. At this point she cries, and I sense a shift into the ***voice of the ‘observing I’*** as she reflects. Hers is a story of loss.

I notice a pattern in how Ruby’s ***voice of raw emotions*** and ***voice of detachment*** work together. In the narrative, she speaks about feeling terrified the twins would be born not breathing (***voice of raw emotions)*** and then narrates:

‘Ok, they’re alive, next step’. ***(voice of detachment)***

And:

‘*There was no gentle gentle about it, I was thrown into the stormy seas and to sink or swim’* ***(voice of raw emotions)***

Laughs and says: *‘Just cope, you know, do three washes a day, fold them up…it was just boom boom boom boom boom’* ***(voice of detachment)***

The ***voice of detachment*** presents as if it were still in the situation, trying to put one foot in front of the other to carry on. The ‘boom boom boom boom’ takes me back to her description of being a chiropractor – described as very ‘bam bam bam’ - where there was little time to think about herself. I thought about the analogy of ‘stormy’ seas, perhaps representing the emotions spoken by the ***voice of raw emotions,*** and how Ruby might have sunk if she had let herself feel these. It may be that the ***voice of detachment*** was a protector in this sense.

At points in the telling when Ruby cries, it is often when I hear the ***voice of raw emotions***. For example, in the fourth stanza I hear panic - ‘What is happening?’ - and I sense that she is connecting to how she felt back then and allowing herself to cry. ‘Oh, come on Ruby, dig deep, it’s alright’: a third-person voice attempts to reassure her, maybe back then, but also in the moment here? I sense at these points Ruby is allowing herself to connect with her emotions, rather than laughing in disbelief or detaching from them. Through her narration of the above, the ***voice of the observing*** ‘I’ appears again. She reflects on how the ***voice of raw emotions*** and the ***voice of detachment*** work together:

‘I kind of went into this place just kind of compartmentalizing it’ (refers to ***the voice of detachment****)*

There was no time really to think about how I felt (explains why she might have been unable to ***feel***)

'I think it really delayed or has delayed, because it's still present, my ability to process and come to terms with what's happened' (reflects on the impact on self of these two 'voices')

And later on, a further reflection from the 'observing I':
'I was going to have to learn to accept my new role….I feel like I'm starting to take ownership of that process now, whereas before I was in survival mode and that part of surviving was ignoring'

I felt very impacted as Ruby spoke. I connected with the impossibility of reflecting on how I felt while trying to look after two babies. Someone had bought a mug for me that said 'Mummy' on it, and I didn't want to use it until the twins were well over a year old. It brought up too many feelings for which I did not have space. Although society may dictate that we are 'mothers', we may not feel like mothers for some time.

As Ruby's narration continues, a new voice emerges: the ***voice of acceptance.*** Just as the ***voice of detachment*** speaks as if it were back in that moment - 'ok, we can do this' and 'just cope' - the ***voice of acceptance*** seems to ground Ruby:

'*I'm not the me I used to be'*
'I have children'

I think back to an earlier point in Ruby's story when she had 'admitted defeat' to anxiety and depression. I wonder if a similar process had happened in motherhood, in which she is beginning to accept her reality:

'My life is over, ***as I know it'***

The voice of acceptance 'updates' a previous statement spoken from the voice of raw emotions:

'My life is over'

The story changes but it is not easy for Ruby to speak of acceptance:

'I have to learn to (sighs heavily- voice of raw emotions) be a mother'

As she speaks about lockdown, I hear a voice of hope coming through and I ask her:

So you feel hopeful?

I wonder if I am moving into therapy territory. Do I need her to feel hopeful in some way? I tend to seek out hope when I experience difficult feelings. Was I appealing to the hopeful voice I detected in Ruby? She responds by agreeing, and then her hopeful voice gives way to a ***voice of raw emotions***. I sense rage at health professionals and then herself and her boys. I felt very aware at this point that Ruby knew I was a psychotherapist. Where did this place me in relation to her?

As Ruby talks about the loneliness of twin motherhood, she is naming what I also felt. As I listen, my experiences are being validated by someone who 'gets it'. This is the first time in our conversation I divulge my own experience to Ruby. Perhaps I want to connect with her as a twin mother, rather than a professional towards whom she could feel angry. Ruby responds with a tone and pitch signifying identification.

I hear a ***critical voice*** emerge in Ruby's narration. She seems to berate herself for feeling anxiety. This stirs up compassion in me, as she appears to be criticising herself for struggling with two babies. In the stanza where she asks, 'Why can't I be a good mother?', I hear the full force of this critical voice, which is then assuaged by a comment about connecting with other twin parents. I wonder if hearing about my anxiety has led Ruby to feel more 'normal' in our conversation.

The ***voice of the observing 'I'*** reflects on how Ruby forgets to be kind to herself: '*You look after everyone else before yourself, and when you've got twins and a partner, there literally is no time for you'.* She externalises this idea, using 'you'. As the voice of acceptance appears again, I sense a significant shift. Ruby talks about recognising that she needs to look after herself, that she cannot rely on others to *feed* her. There is a shift from a story about a disempowered, embattled self to a self that acknowledges agency and ownership.

Ruby describes how she cannot do the things she enjoys anymore. This piqued my curiosity, as it resonated with my own experiences. Having two babies in a double buggy is physically restrictive in an unaccommodating society. Ruby invites me to

comment on my experience, then responds 'Underneath you're drowning and gasping for air'. I feel in this moment we are deeply connected in our experiences.

We go on to make meaning about the transition, in terms of traumatic growth. The ***voice of the observing 'I'*** reflects that she needs to take ownership and ends with a rhetorical 'It's baby steps, isn't it?'. When Ruby mentions resilience, I notice again she says, *'there is an element of resilience it instils in **you**'.* A little later, when I share my experience of her story, the critical voice rejects my comment about how much resilience I hear. I find myself hoping that she finds a place to process what she has gone through, and to continue to 'feed' herself.

4.4 Carrie: Absorbing the Mother Role

Carrie is 40 years old. She lives in the North of England. In our initial phone call, Carrie told me she was not very reflective, but now that her son and daughter were at nursery, she had some time for herself. She mentioned that her mother had been quite anxious in the first year of her twins' lives but did not comment further. Carrie works full-time in a communications role. She and her husband have girl / boy twins who are 2½ years old. When we start our conversation, she is making coffee in the kitchen and has a casual attitude about her. Carrie settles into a chair and our conversation begins.

4.4.1 Chapter 1: 'I'm not terribly kind of reflective at all really'

Carrie appeared a little 'stumped' by the research question itself and was not sure where to start:

'Erm Ok, ok. So where do I start? So I (long hesitation)….I'm not terribly kind of reflective at all really. And so it's quite interesting just, you know, having that kind of vague open question and then thinking about 'Oh God what did I used to do before er I had Lola and Theo? You kind of forget what life was like before, don't you?'

Carrie moved to London 16 years ago and was in a stable relationship with Tom, her husband of ten years. After they married, the couple started to try for a baby and after five years, she suggested they get 'checked out'. Subsequently, they had IVF and Carrie followed the process 'without much of a fuss'. After discovering she was having twins, Carrie was 'never at any point really concerned about them'. She wondered if that might have been because she had a scan every four weeks and knew 'a lot about

how they were growing and their development'. Carrie describes reading a book about potential struggles of twin motherhood:

Carrie: 'You will want to divorce your partner' (recalls what the book said)

Me: (laughs)

Carrie: 'And you will think you are going mad. And you also, you know, will put yourself under such kind of scrutiny as to whether you're doing the right thing. And (laughs) I remember thinking like 'what?! This is bonkers! Why would I ever think like that (laughs),it was hilarious.'

In the pregnancy, Carrie focussed on feeding herself and staying active. Her pregnancy was 'uncomplicated' apart from 'feeling sick as a dog, unless I ate like a horse':

'So which I did, erm I was fine, you know, I was still kind of active….I did a lot of yoga, did a lot of walking you know stayed physically active and didn't have any, you know, any problems physically whatsoever.'

Carrie recalls one experience however which 'freaked her out a bit':

'I was on a busy train

I felt really hot...

Claustrophobic

...about to faint

I kind of stayed on the train

But

I mean

I had such an easy pregnancy.'

I ask Carrie:

'Are you someone that take things in their stride?

Carrie: '*I think so. You know I don't worry about things I can't control because I just think, it's not good for me.…I'm quite logical in that way I just don't see any point or purpose in it at all. I suppose I find it very easy just to kind of go, ok well that's not a thing. I just don't think about it. I suppose if I did kind of spend more time thinking about things, maybe that would kind of lead to more anxiety, I don't know. I'm just very, erm quite pragmatic.'*

Carrie mentions her mum suffering from anxiety and 'unpredictable behaviour' throughout her life, having a prolonged episode towards the end of Carrie's pregnancy and in the first year of the twins' lives. Carrie then spoke about the experience of deciding how to birth her babies and the dilemma she felt. Health professionals recommended that she have a Caesarean at 37 weeks, but the option remained to go longer and have a natural birth. She said, 'I did feel kind of quite not anxious, but I'd really deliberated'.

'It was a bit of a dilemma

I don't think I really did talk to my mum

..... mindful of her anxiety

But I certainly talked to friends

I was kind of mindful of her anxiety

But I certainly talked to friends

About what I should do…..'

'…When I kind of think about it now, it was almost like the first of, I guess many times over the last couple of years where, you know, since having Lola and Theo where I've thought like, is this the right thing? Is that the right thing? You know? Erm, gosh, I don't know why this is affecting me (starts to cry and appears surprised at this). Maybe just because I'm thinking of their well-being, and I don't know. It's interesting.'

Sophie: 'It's like that dilemma, isn't it?'

Carrie: 'Yeah, yeah…I don't think I've ever kind of experienced it before, up until that point…I've I think always had a really clear kind of this is you know clearly the right thing to do. You know, probably heavily logical…but also I think probably quite gut based as well, you know. 'Right that's the thing I'm going to do. A, B right, I'll go for B'….and I did feel myself kind of just going around the decision like well, is this the right thing to do or is that the right thing to do?'

Carrie opted for a Caesarean and spoke about how she felt afterwards:

'I really had not realised

I feel…I felt…amazing

I felt amazing!

I had totally not realized

The impact on your body

I'd felt totally fine.'

4.4.2 Chapter 2: 'I just get focussed on one thing'

Carrie's twins were born at healthy weights and only stayed in hospital for a couple of nights. There were some worries about her son, who was very 'pink'. 'He just looked to me like he was really cross. They both just looked like they were perfectly happy where they were and didn't want to be born quite yet', Carrie laughs. 'Maybe that's just me putting it on them', she reflects. Of the hospital experience, she says:

'You know, you just kind of, everything's new and you're a bit dazed and everyone was kind of, you know drink water, eat some food, feed your baby. You know, you just kind of feel, I felt a bit like 'oh OK, OK'. You know I'm going to just kind of do what people tell me to do really, you know they have my best interests at heart. And my mum was around, so Tom and my mum kind of came in and out…..the second night he (Tom) did stay which was quite nice (cries). Oh deary me I'm a real blub today.'

When they returned home, Carrie did not have any problems with breastfeeding but was aware that the babies' growth was slower than the babies of her singleton friends. She was keen to feed them as much as possible:

'I was just kind of very focussed

Focussed on one thing

All my energy on feeding them

My main purpose

This is my job

This is what I need to do.'

As soon as she got home, Carrie realised that she would need a twin feeding pillow for tandem breastfeeding, which would prove to be a 'complete life saver'. Carrie says that at points she wanted health professionals to 'tone it down a bit' in terms of the praise they gave her: 'I'm just feeding my babies. I'm not a superstar!' (laughs). She says she was 'super lucky', as she found it 'easy as anything really':

Me: 'But it is a big achievement isn't it…?'

Carrie: 'Yeeeeeah' (hesitant voice)

Me: 'I think it is'

Carrie then described breastfeeding as the best practical option, as she found it easier than formula feeding. Of the first six months of motherhood, she said:

' I think you're just so caught up in the, you know, waking up, feeding, you know go to sleep. Erm, I mean luckily, I didn't have another child to look after...I could not imagine having you know like a toddler running around and having twins to look after at the same time…I just don't see how you would manage that really'.

4.4.3 Chapter 3: 'How do I do that thing that I would like to do?'

Carrie said that her twins did not tend to cry unless they were hungry, that they were 'just very very easy'. She says of the first day on her own with them:

'Oh My God

How am I going to do this?

But you figure out ways

I guess

I don't put myself

under too much pressure

The logistics…. sometimes too much

If I'm on my own I'm not going to (bath them)

I was all right about it

I'm just going to stay away from that

I tried to have fun

Embracing it really.'

Carries said that ‘every day we would have something to do, you know, a plan we hatched between ourselves’, then, ‘But you can’t just go, and like take them for a coffee like lots of other mums do. Physically it’s just so much more challenging, isn’t it? You know if there’s just one of you’. She felt lucky because there were ‘definitely loads of places to take them’.

Me: ‘So even though you couldn’t maybe go to the coffee shop, you found other places to go and quite accepting of that it sounds like…?’

Carrie: ‘Yeah, I mean if you think about it for too long it’s like. You know…yeah I suppose the other bit that I’ve kind of, yeah, no, probably not really talked about…so I kind of really got into the habit of during the day like kind of almost forcing Lola and Theo into a bit of a routine by like taking them out in the pram because as soon as they were pushed in the pram, they would kind of fall asleep…I kind of structured my days really around, you know, them napping.’

She states that although there are some places she has not been able to take them, everything else has been manageable:

‘You just find ways
Your own way of navigating challenges
I suppose
My approach was always
How do I do it?
How do I do that thing

I would like to do?'

4.4.4 Chapter 4: 'There is not enough of me to do my job well and be a mum'

When I ask Carrie if there is anything else that stands out about the transition to becoming a twin mum that felt important, she said that an unexpectedly difficult aspect was her return to work. Carrie went back to work a year after having her twins, compressing full-time hours into a four-day week.

'I just remember going back to work, feeling like that used to be the thing I did all the time is now something I would worry about or be concerned about or whatever, and just feeling really overwhelmed. And I think probably for a year I've really felt like there is not enough of me to do my job well and be a mum of twins…like there's not enough space, not enough capacity within me, not enough brain power for me to do both of those things at the same time.'

Me: 'So with your job before you were confident in that but you're saying that actually having the two roles or parts of your identity is a bit more of a struggle to fulfil both…..'

Carrie: 'Yeah, definitely. And I suppose I didn't really expect to feel like that at all because you know, the majority of things, it's kind of it's just about, you know, certainly for me anyway it been about just kind of application…well so that's the thing you need to do so just get on with it and do it…but I think there are definitely times where there's just not enough hours in the day to do everything …you can end up feeling like you're not doing either job particularly well and I think definitely from my perspective kind of affects my view of myself, and you know my self-worth.'

Since the Covid-19 pandemic has kept her home all the time, Carrie has had more time to see her children during the week. She no longer has to leave or return home when the twins are in bed:

'Now I see them every morning and I see them every night really which is lovely. You know, that's been for me a really positive thing actually.'

4.4.5 Chapter 5: 'I'm totally their surrogate mum' (Tom)

Carrie's husband Tom had been looking after the twins full-time until they recently started nursery. They had spoken about the research that morning:

'As I saw them off this morning Tom said, you know 'Oh I'm surprised that no one wants to talk to me about my experience of being a parent because I've been the main parent for the last year' because you know, he's not been working. And I said 'well, it's actually about the experience of being a mum' (laughs), and he said, 'well, I'm totally their surrogate mum!'

In her view, having twins 'kind of forces you into that situation as well':

Carrie: 'I've noticed that Tom is much more hands on and much more able to manage on his own than I think my friends who've got single babies. And I think that's because he has always played such an active parenting role, and I think to some extent you kind of have to do that if you've got twins, or certainly we've found that.'

Carrie says, ‘You know, Tom and I, we have done it together’. She talks about how it was important to them that they were sole carers rather than leaving the twins with other people. She ponders whether this is because it might be a ‘big ask’ for someone to look after two babies.

As we bring our conversation to a close, I ask Carrie:

‘How have you found it? Talking through your story? How’s it been?’

Carrie: ‘Quite interesting really. Yeah, yeah I was a bit…yeah, I’ve been slightly, I mean I’ve had an absolute killer at work where I’ve had like two nights when I’ve been up working very very late, so maybe that’s got something to do with it but I’m actually a little bit surprised about how emotional I got at certain parts, yeah because that’s not really you know, I’m not I’m not terribly emotional usually.’

As we are finishing our conversation, Carrie’s husband and twins come home from a trip. Carrie introduces me to her children. As I tell her about the next steps, she is gone. Watching her interact with her children, I see how she has quickly moved from a space of telling and reflecting to a world of all-encompassing dedication as a mother.

4.4.6 ‘It was useful to step back and think about myself’

Carrie said that she recognised herself in the story and the chapter headings. She said that it was good to take part in the research, because she ‘had never done anything like this before’ and had found it ‘useful to step back and think about myself.’ She said that it was nice to reflect on how much of a team she and Tom were.

Carrie wondered out loud why she had mentioned her mum both on the phone call and briefly in the story but had not elaborated. She emphasised the impact of not having her mum there to talk to about the decision of opting for a natural birth or Caesarean. On reflection, she said that she had not spoken more about her mum because it was 'not her story to tell'.

4.4.7 My analysis of Carrie's story

I immediately felt a sense of connection when I heard Carrie's Northern accent in our initial call. I realised that there was an element of searching for a romanticised research relationship in the form of a 'sister' (Reinharz, 1992) and I was projecting some sort of fantasy onto Carrie. I became aware of this soon after she started telling her story, realising that our actual experiences were very different.

When I asked Carrie the research question, I initially heard a ***voice of pragmatism/ doing*** which seemed a bit stumped. I sensed that she was entering into a space that was not familiar to her, reflecting on her experiences:

'I'm not terribly kind of reflective at all really.'

As she tells me about the book she read, I hear a ***voice of vulnerability is not me*** as she speaks disbelievingly about a description of scrutinising oneself as a mother**:**

'What?! This is bonkers! Why would I ever think like that (laughs), it was hilarious.'

The ***voice of pragmatism/ doing*** is very present in her telling of pregnancy and is grounded in the physical world of application (what can I *do*?). I hear a ***vulnerability is not me*** voice describing that she did not have any anxiety through pregnancy. However, I wonder about my judgement here; am I labelling this voice because I cannot quite believe that a woman has no anxiety in pregnancy?

When Carrie speaks about being on the train in the first stanza, a ***vulnerable voice*** pops up and disappears quickly, piquing my curiosity. Through this poem I can hear the movement of the three voices:

'I was about to faint'	(voice of vulnerability)
'I kind of stayed on the train'	(voice of pragmatism/doing)
'But I mean'	
'I had such an easy pregnancy'	(Voice of vulnerability is not me)

I was expecting Carrie to say that she got off the train. I ask her a question which invites meaning making. The ***voice of pragmatism/ doing*** speaks about the reasoning for its actions: 'I don't worry about things I can't control' and, 'It's not good for anyone'. Carries speaks from the voice of ***vulnerability is not me*** when she says 'ok, well that's not a thing', and 'I just don't think about it'. I hear a reflective voice come through when she wonders what would happen if she spent more time thinking about 'things':

Like the train story, Carrie's references to her mum pop up from seemingly nowhere. There is an absence of the impact on her, but in the second stanza I hear a young,

vulnerable voice that is mindful of her mum's anxiety intertwined with a more confident voice when she narrates speaking to friends. As she links this to the new experience of feeling anxiety in motherhood - 'is this the right thing? Is this the right thing?' - she starts to cry. I hear ***the voice of vulnerability is not me*** when Carrie says, 'I don't know why this is affecting me' (in a surprised voice). She moves her body around as if to shake off the feeling.

Carrie moves into a reflective space when she contrasts the ***voice of pragmatism/ doing*** with a feeling of deliberation on how to give birth. She describes the feelings of euphoria when the babies were out. In stanza three I hear the ***voice of vulnerability is not me,*** not recognising the impact that carrying two babies had on her body. This led me back to the train, as an analogy about managing anxious moments through the pregnancy. Was the ***voice of pragmatism/ doing*** at the forefront of her experience, as she just 'powered through'?

I hear the ***vulnerability is not me voice*** when Carrie projects feelings of anger onto the twins after they are born. She takes a moment to reflect on this: 'maybe that's just me putting it on them'. As Carrie moves on to talking about breastfeeding, I hear the ***voice of pragmatism/ doing*** as she describes this as her job. Again, this voice is grounded in descriptions and produces a 'doing' story. When I comment on her achievement, I detect a ***voice of humility*** or embarrassment. I wonder if my desire to 'stroke' her is linked to my own process of getting on with things and how people have praised me for this. Maybe I am doing what was done to me. That praise sometimes prevented me from sharing more. Was I silencing Carrie in this way too? Did my response reinforce the ***voice of pragmatism/ doing***? Had I not intervened here,

where might we have gone with the story? After I say this, Carrie effectively tells me to tone it down and the ***voice of humility*** positions her as better off in comparison to other mothers. I notice that Carrie often places herself in a position of privilege. I wonder if this leads her to feel more accepting of her situation, bringing a certain ease in the transition to the mother role.

As she speaks about finding ways to do the things she likes, I notice that her sentence structure mirrors a relationship between two voices. I hear the ***voice of pragmatism/ doing*** and the ***voice of vulnerability is not me*** interjecting very quickly when she recalls or starts to describe any anxiety or vulnerability:

'*You can't just go, and like take them for a coffee like lots of other mums do. Physically it's just so much more challenging isn't it'* (***voice of vulnerability***)

Followed by:

Speaks of how lucky she was to have so many places to go to (***voice of vulnerability is not me-*** positions self as 'lucky')

And:

'I mean if you think about it for too long it's like' (does not finish sentence)

Followed by:

*I kind of really got into the habit of during the day like kind of almost forcing Lola and Theo into a bit of a routine (**voice of vulnerability is not me/ voice of pragmatism/ doing**)*

I sense these voices work together to tell a story of a smooth transition into the mother role via 'application' or 'absorption'. This can be heard in the fifth stanza:

'Oh my God how am I going to do this' (***voice of vulnerability)***
You kind of figure out ways (Movement into ***pragmatic/ doing voice….)***
If I'm on my own I'm not going to (and the ***voice of vulnerability is not me..)***
I'm just going to stay away from that
I just tried to have fun with it

In stanza six, I hear the ***voice of pragmatism/ doing***. Although Carrie is speaking about her own resilience, I wonder if the 'you' position indicates a splitting-off. It reminds me of her rejection of praise from health visitors and my comment about how I felt her breastfeeding was a 'big achievement'. I hear this voice when I come to focus on her selfhood.

When Carrie speaks about the transition back to paid work, there is a shift in the story, and I hear again the ***voice of vulnerability***. When the ***voice of pragmatism/ doing*** speaks - 'certainly for me anyway it been about just kind of application…well, so that's the thing you need to do so just get on with it and do' - I think about how she has applied herself so fully to the mother role. It must be difficult to commit herself so wholeheartedly to both mother work and full-time paid work.

When reflecting on what it has been like to tell her story, Carrie attributes her emotions to the physical cause of being tired. She ends her story as she began it: 'I'm not terribly kind of reflective really', and then 'I'm not terribly emotional'. I think back to her theory that reflecting might lead to more anxiety. Her attitude to 'get on with it' may have aided her in her transition to motherhood. Or was this the story she was presenting to me? I wondered if there was a part of her that might fear reflecting more on her thoughts and emotions. However, maybe this tentative interpretation was a way of trying to interrogate a story which seemed to me too good to be true.

Chapter 5: Discussion

5.1 Gazing across women's stories

In seeking to answer the question, 'What are women's lived experiences of transitioning to twin motherhood and the impact on their sense of self/ narrative identity?', the findings in this research show how unique the transition to twin motherhood is for each woman, as she grapples with trying to meet two babies needs in tandem with birthing a new identity. In focussing on women's identities in the transition to motherhood, I was interested in the 'messiness, depth and texture of lived experience' (Etherington, 2004, p. 81) which is why I explored each story in depth. However, with the stories laid out 'metaphorically alongside each other' (Clandinin, 2013), I noticed similarities and differences across the stories. In this discussion I present the themes I noticed across the stories and place them within the context of wider literature, including a section on the implications for Counselling Psychology. Although I believe the implications will be useful for all therapists working with twin mothers, I have abbreviated therapists to 'CP' (Counselling Psychologists). Although I have presented the implications for practice under each theme subheading, I hope it is apparent that all themes and implications interweave rather than follow a neat linear trajectory. I then provide concluding thoughts on the findings.

5.2 Being/feeling maternal

I noticed there were similarities and differences in how participants took up 'mother' as a new aspect of their identity. In Carrie's story we hear the shift from not-mother to mother in pregnancy, in her description of moving into a place of deliberation unfamiliar

to her. When the twins are born, however, there is a sense of her taking on the role of mother as a duck takes to water. She relayed:

'It's been about just kind of application
That's the thing you need to do,
so just get on with it and do it'

There seemed to be little reflection or questioning in her story about what being a mother might mean to her. This was in stark contrast to Ruby, who felt a resistance to embodying a mother role which compromised the 'fairy-tale' life of freedom and happiness which she had built:

'I wasn't ready to be a mum
I didn't really feel like I had babies
They didn't feel like mine for months'

These contrasting positions are heard throughout Carrie and Ruby's story. We hear voices which are grounded in acceptance in Carrie's story (***the voice of pragmatism/ doing)*** and voices of resistance in Ruby's story (***the voice of detachment).*** Carrie and her husband tried for five years to have a baby and then went through the process of IVF. Ruby had not been ready to be a mother but appeared to be influenced by health professionals who believed that, in delaying motherhood, women may be making the 'wrong' reproductive choices (Smajdor, 2009). Ruby was thrown into a dilemma between her desires and a discourse rooted in women being encouraged to reproduce at the peak of their fertility (Gosden & Rutherford, 1995). There is a clear

impression of readiness which comes through in Carrie's story, along with a sacrifice of her needs in favour of her babies. In Ruby's story, we hear a desperate desire to cling onto what she felt she was losing of herself. It seemed for Ruby that there was a 'mistiming' in the transition to motherhood, which disrupted her envisioned life trajectory (Pearlin and Skaff 1996; Shirani and Henwood 2011).

In Ellin's story of growth, I hear her moving from a position of not-mother to mother. I also hear the joy she experiences in mothering, albeit she did not view herself as 'maternal'. Although Ellin is known as 'Mummy' to her girls, she outwardly rejects the term 'mother' in favour of 'parent'. I notice that Ellin is the only woman to challenge the label of 'mother'. Carrie absorbs it, and Ruby clearly rejects it on many levels but has strong ideals like Maggie about what mothers should be like.

In their stories, Ellin and Maggie hold a 'maternal' image which does (or did) not fit with their view of self. In Maggie's story there is guilt and criticism heard through the voices in relation to how she sees herself as a mother, whereas these seem softer or more detached in Ellin's story. Buskens (2001) state that 'infants do require a long period of intensive, embodied nurture. The problem is not the fact of this requirement but rather that meeting this need has come to rest exclusively, and in isolation, on the shoulders of biological mothers. This historically novel situation is precisely what is left unsaid and therefore unproblematized in popular accounts of natural parenting'. (p.81). As a non-birth mother, is Ellin less pressured by a discourse of what 'mother' or 'maternal' should mean for her? Does the flexibility in the use of terms 'Mummy' and 'parent' represent a psychological flexibility in her thinking and feeling as mother? This flexibility may be less psychologically accessible for women who are birth mothers

in heterosexual relationships, where ‘isolated caregiving is a product of the modern gendered split between public and private spheres’ (Buskens, 2001). Carrie, Maggie and Ruby all looked after their babies full-time for a lengthy period before returning to paid work, whereas Ellin was off work for the first three months and then returned to freelance work. O’Reilly (2010) has argued that the word ‘mother’ needs to be changed from a noun to a verb so that ‘the work of mothering is rendered separate from the identity of mother’ (p.27) and can be undertaken by either sex. This piece of research shows how women can take up the role of ‘mother’ unconsciously for social rewards (Johnson, 1991), whereas others may be able to challenge or resist what it means to them, and thus that there can be a varied range in the impact on women of integrating the meaning of mother into their identities.

Miller (2005) highlighted that becoming a mother is a ‘narrative turning point’. Maggie describes not knowing how to deal with her emotions and feeling guilt for not being with her babies all the time like other mothers. Before her interaction with the nurse in the ICU, there is a sense of Maggie being caught between not-mother and mother. Mothers have reported uncertainty about whether the health professional or the parent has authority regarding babies in neonatal intensive care (Bryan & Denton, 2001; Loo et al., 2003), and this can be addressed through a collaborative approach to decision-making that respects parental rights. Lupton & Fenwick (2002) reported that mothers felt a need for permission to touch and care for the baby. In Maggie’s case, her exchange with the nurse appeared to support and empower her to embody the role of mother.

Ruby's experience was in stark contrast. She was on the outside of her babies' care; a 'mechanical' care, delivered through incubators. Ruby felt that her babies belonged to someone else (Watson, 2011). She did not have the opportunity to feel empowered in key moments of 'shift' to motherhood during the babies' seven-week stay in the ICU. In Spinelli et al's (2016) research with women with babies in intensive care, they highlighted the theme of 'temporal suspension' in the transition to motherhood. Women may experience their position as childlike in relation to the medical institution, and this suspends the movement from 'daughter identity' to 'parent identity'. I hear Ruby speaking from a disempowered position when she says she was not 'allowed' to see her boys, or 'banned' (Stanza 3). Although this may have been medically necessary, it highlights the power she felt health professionals held over her during that time. During the course of her story, Ruby moves from a position of being 'done to' to one of empowerment. Spinelli et al's research (2016) highlights that, in having premature babies, a woman's maternal identity is born out of the institutional context where women feel disconnection from the child, a perception of maternal inadequacy and loss of parental role. Ruby and Maggie's stories illuminate how their relationship with the 'other' (e.g., a medical institution) can either help or hinder development of maternal identity. Even though I had felt in control and supported through my own birth, Maggie and Ruby's experiences did bring back a memory of feeling angry at nurses who had given my daughter formula milk while I was birthing my son. Although I might not have been averse to this, neither I nor my partner was consulted in making this decision. This led me to believe momentarily that they knew best.

Ellin, Maggie and Ruby's stories capture their process of being and feeling like mothers. Ruby is still very much in the transition to embodying 'mother':

'I have moments where I'm like huh?! I have two little boys. Wow it's lovely but ***terrifying'***

5.2.1 Implications for therapists and practitioners

This research supports Arnold's (2015; 2019) assertion that it takes times for a woman to work out what 'mother' means for her. As therapists we have the power to explore what 'mother' means to women during and after pregnancy. Where are women on a continuum of acceptance-resistance to embodying 'mother'? What are the factors that relate to this? What is their personal meaning of 'mother' and how does this relate to their specific context and culture? Twins are more likely than singletons to be admitted to ICU because they are more likely to be born prematurely than singleton babies (Li et al, 2013). This research adds to Gowlings (2020) study on bonding, and Spier's (2019) research with twin mothers of premature babies, to show the complexity of the relationship with the medical institution and how this impacts on becoming a mother to twins born prematurely. As therapists we need to support twin mothers to be aware of this relationship and how it may affect their maternal identity. Through listening for varying voices which may represent different self-states (Bromberg, 1996) linked to the complexities of being/ feeling maternal, and through challenging our own preconceptions of what 'mother' means, we can support twin mothers to find psychological flexibility, as Ellin demonstrates.

As part of an NHS long term plan, 33 Maternal Mental Health Services are currently being set up across the country to attend to the needs of women with post-natal mental health difficulties (Dunkley-Bent, 2022). Southern Health NHS Foundation Trust has

been the first to implement the Maternity Mental Health Service after a 12-month pilot scheme and they report that midwives 'are already seeing the benefits of the new service that also provides psychological support and supervision to specialist mental health midwifes and midwifery birth reflection teams' (Southern Health, 2021). CPs within the NHS could have a specific role in training and providing reflective groups for midwives who work with twin mothers to promote awareness of the impact they may have on twin mothers developing identity in ICU or elsewhere, and to support midwives to reflect on their own stereotypes of 'mother' and how this may impact on their work with women. There is potential for maternity outreach clinics to integrate maternity, reproductive health and psychological therapy for women (NHS Long term plan, n.d) so that health professionals may experience the 'power of connection' (the 2022 theme for Maternity mental health awareness week) and work in a more integrated way to support twin mothers. CPs in the NHS with a humanistic and relational value system are ideally placed to influence health professionals to promote exploration and understanding of clients' worldviews (BPS, 2022). As a specific example, there could be scope for CPs to provide consultation to midwives about the content for pre- and ante-natal classes for women where the theme of 'Being/ feeling maternal' could be integrated.

5.3 Fairy-tale versus reality

When Maggie finds out that she is having twins, she romanticises the idea. It is part of her being a 'positive person'. The fairy-tale of twins being 'wonderful', 'special', a 'ready-made family' and the 'joy of it all' is shattered when she undergoes a Caesarean section at 32 weeks. I think about the ***voice of rose-tinted glasses*** and how Maggie

was ‘led to believe’ in a romanticised image of birth. Maggie says the transition ‘wasn’t the romantic story I expected’. Is her anger a legitimate response to a culture which does not allow the realities of having a Caesarean section to be seen, particularly in relation to twins, and where the medical discourse tends to focus on optimistic stories of mothering? (Cosslett, 1994).

Ellin appeared to have a romanticised idea of parenthood: ‘Like a club you were invited into when you had passed Level Five Wisdom, or something’. Through her story we hear her growing up and entering the club. Much like the tension she describes around feeling ‘maternal’, she appears to transition to motherhood with an awareness of this ‘club’ and a growing realisation that it may be an illusion: ‘We were waiting for all this wisdom to impart, but we have actually got some good experiences between us that, you know, we could hand on’.

In Ruby’s story, the resolution of fairy-tale to reality appeared more complex, as she presents life before having twins as the fairy-tale. Ruby had finally reached her ‘dream’ – a place of freedom – only to have it snatched away. Although she knew she was not ready to be a mother, she held on to an ideal of what it should be like:

‘It wasn’t the fairy-tale ‘Oh I’m pregnant!’’.

Ruby’s twins were born at 33 weeks, Maggie’s at 32 weeks. Their twins spent seven weeks and four weeks in intensive care respectively. Although only 3% of all live births are twin pregnancies, twin babies account for up to 15% of special care unit admissions (NICE, 2011). Ruby emphasised how she cared for her children through

the incubator. Both women struggled with bonding. It seemed that through the telling of their stories, there was a movement towards accepting their 'reality'; Maggie integrated new meanings and acceptance about feeling sad, and Ruby accepted that her story was 'not the fairy-tale start' but that it was 'just my story'.

Up to one third of women report childbirth as a traumatic experience (Boorman et al, 2014; Creedy et al, 2000; Czarnocka & Slade, 2000; Soet et al, 2003). Post-traumatic stress disorder (PTSD) has been researched extensively (Simpson & Catling, 2016), and while Maggie and Ruby did not experience symptoms of PTSD, it was clear that there were some feelings processed in the research conversation which were integrated into their narrative identity. In PTSD work, this might be called 'updating' (Ehlers & Wild, 2015). It appeared that Maggie continued to do this as she describes telling others her story after our research conversation, whereas previously she had felt 'bottled up'. In our current culture, is there enough space for twin mothers to 'update' their expectations of motherhood with its realities and/or access psychological therapies, outside of a diagnosis of PTSD? Both Ellison & Hall (2003) and Wenze et al (2020) carried out group interviews with twin mothers, but they did not focus on the therapeutic nature of these groups. The findings in this research capture a therapeutic element for both Ruby and Maggie, where their stories were processed in relationship with an inside researcher.

The research brings into view the complexities of sharing expectations versus reality with other women. For Maggie, having a close group of twin mum friends was a 'poisoned chalice', because there was a 'lot of comparing'. She brings up the experience of 'in' and 'out' groups, encompassing mothers who had their twins through

IVF and those who conceived naturally. She often felt ‘inauthentic’ in her interactions. Ruby did not share the ‘realities’ of motherhood for another reason: it was ‘miserable’ and she could not ‘change it’.

5.3.1 Implications for therapists and practitioners

For Maggie and Ruby, there seemed to be benefits to speaking the ‘unspoken’ during the research process. They felt unable to do this with friends and family. In support of Colpin et al’s (1998) research which highlighted a need for specific information about the emotional challenges of twin parenting and counselling, Ruby mentioned that she had not even considered specific difficulties related to mothering twins, often comparing herself to mothers of singletons. Sharing my own experiences of anxiety appeared to validate, normalise and support her to claim her experience. Maggie mentioned the normalising effect of the narrative with new twin mothers: ‘it’s ok, sometimes they just have to wait, and you’re not going to damage them’. This suggests that it may be helpful to run twin-specific pre- and peri- natal groups within the NHS such as the maternal mental health teams which are being developed (Dunkley-Bent, 2002) and through charities in the UK. Within twin specific support groups, themes of ‘fairy-tale versus reality’ and ‘being/ feeling maternal’ could support the structure of such groups, to encourage healthy dialogue between participants about the difficult aspects of transitioning to twin motherhood over time. Paralleling this, it would be useful for therapists to attend CPD which focuses on twin mothers as a specific group in relation to peri-natal mental health difficulties. One of my aims is to deliver a CPD programme to support reflection on the transition to twin motherhood and the implications of working with twin mothers to increase knowledge for peri-natal practitioners.

5.4 Silenced emotions

In Ruby, Maggie and Carrie's stories, I was struck by ***the voice of detachment***, ***the voice of rose-tinted glasses*** and the ***vulnerability is not me voice***. These voices had the function of minimising or silencing particular emotions in the transition to motherhood, and in our conversation. Maggie talked about the miscarriage she experienced, and in her story, there is the recurrent theme of sadness being disallowed. Maggie had a fantasy of life as a mother; when this was taken away her sadness did not fit with her sense of identity, so that she was more comfortable feeling angry. Is the ***rose-tinted glasses voice*** representative of how we think motherhood should be, so that feelings to the contrary are denied? I was aware that Maggie and Ellin only spoke of guilt when I asked specifically about 'holding two babies in mind'. Prior to this, stories were presented in a fairly positive fashion, possibly reflecting the 'Supermum' phenomenon (Choi, 2005).

In Ruby's story, there is drama in her speech and emphasis on particular words. Along with gallows humour, these conveyed the underlying emotions she felt in the transition to motherhood. Many of these emotions had been disallowed from her experience. It seemed like a necessary strategy to disconnect from her feelings in order to survive. Ruby mentioned she had suffered from clinical depression and PND, as diagnosed by health professionals. PND is largely conceptualised within the medical model as a disease or an illness, and subsequently attributed to symptoms arising from within the mother (Mauthner, 1999). In opposition to the medical model, feminist social scientists have argued that post-partum depression neglects to understand the socio-political

nature and contextual factors related to women's distress, and instead pathologises the distress as her own (Oakley, 1980; Lewis & Nicolson, 1998; Romito, 1989).

Ruby appeared to accept the label of PND and, via this diagnosis, was able to access therapy and anti-depressants pre-motherhood. In reflecting on the voices I heard in Ruby's story, I heard the ***voice of detachment*** as a way of Ruby managing the very raw emotion linked to a loss of identity and sense of a separate, autonomous and individuated self (Oakley, 1980, p. 244). Ruby was dealing with bereavement, but these feelings were silenced. In our second meeting, Ruby explained the impact of her partner not validating her feelings in pregnancy, leaving her doubting herself. This led her to stay quiet and not seek help. Without such validation, a woman may struggle alone with her feelings, and this may contribute to self-blame as heard through ***the critical voice.*** This supports research by Mauthner (1999), who interviewed women with PND and found that when they received little emotional or practical support, instances of silencing or rejection of their feelings only reinforced their sense of failure. Mauthner (1999) highlights that to hear women's voices would mean to reveal 'the unrealistic nature and damaging effects of cultural ideals, norms and expectations of motherhood', which may 'unsettle deeply ingrained cultural myths of motherhood' (p. 155). Ruby's partner represented an unconscious collusion with this. In a society where the term 'post-partum depression' dominates, where do the spaces exist to hear the range of feelings that a twin mother may feel?

Mauthner (1999) highlighted two opposing sets of voices she heard when speaking with women with PND. One set of voices represented cultural norms and ideas of motherhood. The other set of voices represented their concrete experiences. She

interpreted that those mothers found it difficult to accept their actual experiences when they were in conflict with the ideal, and that they tried to find ways to live up to the ideal of the 'good mother'. I heard this in Ruby's story, where the voice of raw emotions represented her reality, and the critical voice seems to berate her for not being good enough.

It seems that there are few studies which refer to depressive feelings on a continuum, even within feminist literature. In her study of first-time mothers, Birkstead-Breen (1986) stated 'one needs to make a distinction between postnatal depression as a state in which depression is lasting and involves relentless feelings of guilt and self-admonition and the more fleeting feelings of depression so common after childbirth.' (p.33). Particularly in relation to Ruby's story, this research challenges binary research on depression in twin mothers (Choi et al. 2009; Hay et al, 1990; Sheard et al, 2007; Thorpe et al, 1991; Wenze et al, 2015) which creates an illusionary divide between a state of depression and a state of non-depression, missing the range of feelings experienced by women (Green, 1998). I personally identified with fleeting feelings of hopelessness, but I would not have been diagnosed with PND. I was able to talk about my hopelessness with others, but Stiver and Miller (1988) have argued that depression develops when feelings such as anger and sadness are not experienced, expressed and validated within a relational context, both interpersonally and culturally. Ruby did not have or find the opportunity to do this.

Carrie's story gives little indication that she had time to reflect on how she felt, albeit it seemed there were fewer difficult feelings for her to process in the transition. Another hypothesis might be that she did not feel comfortable to share more with me. It has

been highlighted that couples going through IVF may actively seek a multiple birth to create an instant family (Gleicher et al., 1995; Goldfarb et al., 1996; Leiblum et al., 1990). Although parents may have significant fears about their capacity to adapt to caring for twins, they may feel unable to express ambivalence because they made the choice to transfer multiple embryos (Klock, 2001). In comparison to Maggie and Ruby, whose twins were conceived spontaneously, Carrie presented a more positive story of her transition. I considered that this may be because she had chosen to transfer two embryos. Any indication of anxiety was externalised as 'not me' in respect of Carrie's identity. I did not hear in Ellin's story any voices which tried to silence how she felt, and again I found myself wondering about being the non-birth mother, the psychological flexibility she had around how she labelled this aspect of her identity, and thus less pressure about how she was supposed to feel.

5.4.1 Implications for therapists and practitioners

In highlighting voices which silence particular emotions in the transition to motherhood, a complexity of emotions conveyed through the stories gives a richer picture than the dominant discourse around PND experienced by twin mothers. In her research with mothers diagnosed with PND, Haynes (2019) calls for the term 'perinatal distress' to encapsulate the breadth and depth of aspects that link to depression, such as identity changes, fear, anxiety, stress and trauma. She argues that this may encourage women who are struggling, but are not experiencing depression, to seek support.

Therapists may find it useful to understand the theme of 'silenced emotions' within the theoretical sociological concept of 'feeling rules' (Hochschild, 1979). Hochschild defines feeling rules as 'norms guiding the assessment of fit and misfit between feeling

and situation' (pg. 566). She argues that these rules govern the experience and expression of emotion. Emotions such as sadness (Maggie) or feelings linked to grief/ bereavement of self (Ruby) may be thought of as 'outlaw emotion' (Shields, 2005: 8) and exposing or communicating these may risk condemnation from others where strong cultural myths of motherhood (Mauthner, 1999) prevail, leading women to present themselves as Super-mums (Choi, 2005). The stories and voices in this research highlight varying degrees of peri-natal distress and the many forms in which it can present, unique to each woman. Although for some women a diagnosis of PND may be useful, I agree with Haynes (2019) around broadening the term to encapsulate the breadth and depth of women's experiences. With CPs trained to challenge the medical model where we assess and formulate within a relational frame, we can adopt the Listening Guide philosophy to listen for voices that represent parts of self and recognise the relationship between these parts of self and 'feeling rules' (for ourselves and clients) which relate to the culture and context in which a woman resides. Working within this frame would challenge the pathologising of maternal mental health difficulties and challenge shame around feelings and expression of them. This is particularly important when considering contextual factors which may be unique to twin mothers, as discussed below.

5.5 Overwhelm

An acutely relevant question in relation to silenced emotions is that with two babies to look after, where is the space for a mother to process her feelings in those early months and years? This research builds on Beck's (2002) themes of 'life on hold' and 'self-surrender'. Being in a perpetual cycle of overwhelm often meant there was no

time to step back to reflect and *feel.* ‘Overwhelm’ was echoed in the emotive language used by participants.

Ruby said of the transition to motherhood:

*‘There was **no gentle gentle** about it*
*I was thrown into the **stormy seas** to **sink or swim***
*Underneath you’re **drowning** and **gasping** for air*
*You don’t get the points to **breathe** as a multiple parent’*
(Ruby)

Ellin’s story was generally framed as a positive story. However, when she described the first six weeks of motherhood as ‘horrific’**,** she put her head in her hands as if to signify the gravity of this.

Ruby and I talked about a sense of hypervigilance. This was identified as a theme in Heinonen’s (2016) research, in which mothers talked about vigilance as a constant state. Wolf (2011) uses the term ‘total motherhood’ to label the experience of contemporary motherhood, where mothers are supposed to be experts on all aspects of childcare: from mealtimes, playing, to protecting their children from immediate threats and to ‘predict and prevent any circumstance that might interfere with putatively normal development’ (Wolf, 2011, p. xv). For the twin mother, she has two babies to whom she may feel pressure to apply this process of mothering.

Simon (2016) highlights that simple, everyday tasks become more complicated for the twin mother. For example, when Maggie mentions changing one of her twin's nappies, she is psychically holding the other twin in mind *and* talking to her. Her attention is split. Maggie stated that this felt like 'neglect' in the early days. For every second of every day of the first months, year and beyond, this is the experience of the twin mother. Hoekzema et al (2017) has shown that pregnancy leads to long lasting brain structures in areas linked to social cognition and theory of mind. Kim et al (2010) reported structural changes in the maternal brain during the initial post-partum months, where increases were seen in grey matter volumes of brain areas associated with the expression of maternal behaviours. I am curious about the volume of grey matter changes in twin mothers. Would scans show differences in the brains of mothers who are preoccupied with two babies at the same time, by comparison to mothers of one baby?

I question if there is something about routine which could support a twin mother in managing overwhelm. Beck (2002) identified the importance of routine in her research with twin mothers, so that they could attend to other tasks. In their stories, both Ruby and Carrie mention the importance of routine. Maggie states that, without it, 'You just wouldn't have any time to yourself at all'. When I comment on Carrie's negotiation of logistical challenges, she says, 'I mean if you think about it for too long it's like…'. She does not finish her sentence, moving on to talk about the routine. Maybe this indicated a way of coping with the anxiety of managing two babies when outside the home. Research has indicated that in the early weeks and months, twin mothers may treat their babies as one unit (Robin, Josee & Tourette, 1988). Maggie and Carrie's explanations go some way in challenging Robin, Corroyer & Casati's (1996) simplistic

interpretation that ‘collective mothering’ may be due to mothers being ‘run down’ or attempting to ‘recreate the dyadic mother-child relationship’ (p. 459). Maybe rather than an attempt to create the dyadic relationship, it may be psychically impossible for a twin mother to 'feel herself into the infant’s place' (Winnicott, 1956 p. 304) with two babies. I identified with Maggie and Carrie in their need for a routine; to me it felt like a matter of psychological survival in the chaos, rather than simply getting things done in the house, as suggested by Beck (2002’s) research.

However, a strict routine may leave the twin mother isolated. Maggie described being ‘trapped’ in the house. Ruby and Maggie talked about the challenges of having two babies in tow. Maggie describes a time of ***carnage*** when she was out with around 15 other twin mums and her daughters were having ‘meltdowns’ at the same time:

*‘I just felt so **overwhelmed***
I couldn’t give both of them the care and love that they needed
in that moment
*I felt like I was **abandoning** them*
*I felt like it was **neglect** at times’*
(Maggie)

*‘You’ve got one **screaming** in the pram*
you’re dealing with one
and you’re like
‘I don't know who do I deal with first?’
(Ruby)

When Maggie used the word ‘carnage’**,** it brought back a memory of going to a twin’s club when Marnie and Rex were around 4 months old. Afterwards, there were eight twin mums who decided to go to a local cafe for lunch. It was the only café with space to manoeuvre our buggies and able to seat eight women with their 16 babies. I remember laughing at the absurdity of the situation, reflected in the overwhelmed expression on the manager’s face. How could eight women sit down to eat, talk and tend to the endless needs of their two babies? It seemed as if we were in desperate need of community. I left with a feeling of elation, despite having spent the whole-time sweating, in the anxious state of mind which Ruby had also described.

5.5.1 Implications for therapists and practitioners

This research process had given me a space to process my feelings about becoming a twin mother with a community of other twin mothers. I wondered if this had been the case for some participants too, as we moved away from a dominant experience of overwhelm. After reading the narratives, a critical friend in this research process (a psychotherapist working in specialist trauma) said she had not realised how much trauma could be linked to the experience of becoming a twin mother. Whilst some twin mothers might negotiate this transition smoothly, voices arising from Ruby and Maggie’s stories indicated feelings of powerlessness. In Ruby’s case - ‘I was thrown into the stormy seas and to sink or swim’ - I thought about the definition of psychological trauma being ‘intense fear, helplessness, loss of control and threat of annihilation’ (Andreasen, 1985). Persistent stress (or overwhelm, as described in this research) inhibit the effectiveness of stress hormones which support a person to activate in the face of threat, and this can lead to elements of trauma not integrating

into the sense of self (Van Der Kolk at al, 1996). While research is of course different from therapy, it seems that research process enabled remembrance and mourning (Herman, 1997) where Ruby and Maggie told their story in detail and in depth. Herman (1997) states that 'the work of reconstruction actually transforms the traumatic memory, so that it can be integrated into the survivor's life story' (pg. 175). Maggie was able to reconstruct her story of sadness being disallowed, to a life story where sadness was normalised and integrated into her sense of self. Ruby realised how much she criticised herself ('you are beating yourself up about feeling guilty or feeling negative and it doesn't help me in moving forward'). The reconstruction of her story appeared to move from one of powerlessness to empowerment, which was reflected in our second meeting where it appears she had engaged with Herman's stage of reconnection (Herman, 1997). By recognising her vulnerability, Ruby had expressed her emotions and appeared more willing to use support systems which had previously been ignored (Tedeschi & Calhoun, 1996). She was now engaging with personal therapy and finding it beneficial.

Building on Beck's (2002) identification of 'self-surrender' under the theme of 'pausing own life', this research encourages us to understand the transition to twin motherhood within a trauma framework when conceptualising our therapeutic work with twin mothers. In the first year at least, where 'overwhelm' may prevail, it may be difficult for twin mothers to access a reflective space whilst trying to keep two babies alive and in some cases managing the potential annihilation of her own sense of self. CPs can use their skills to assess the level of trauma in becoming a mother within the context of a woman's developmental history, because we know that attachment history is correlated with capacity to cope with trauma later in life (Schore, 2002; Siegal, 2001),

whilst *also* considering a high level of 'state anxiety' Crugnola et al (2020) which will likely be present for twin mothers. Drawing on Herman's (1997) frame for trauma (although I do not suggest this as a hard and fast rule), it may be unlikely that a twin mother is able to do work on remembrance and mourning or re-connection with a 'new self' in at least the first year of becoming a twin mother, due to overwhelm. Perhaps the most productive work we can do with these clients is to provide spaces which encourage a sense of safety – 'You don't get points to breath' (Ruby) - and to support twin mothers to connect with others in their situation. By providing conditions of safety, CPs can work with twin mothers to support them to manage their current experience without working at depth, but with the acknowledgement that strong feelings may be experienced in the countertransference. Kleinman (2009) stated:

'Not unlike holding the infant with primal needs and impulses, we [therapists] stay attuned to the new mother's most primitive emotions, what is scaring her, what is immobilizing her, and what is so deep that she can't even put it into words. When we hold on to and tolerate these emotions, managing them without judgment, and without feeling as overwhelmed as she does, we can succeed in containing them. In doing so, we effectively care for her, which is a prerequisite for post-partum healing'. (p. 42)

5.6 Isolation

Maggie and Ruby conveyed something of their experience by highlighting fantasies of singleton mothers:

'They don't have the buggies

they've got slings and stuff

*they just kind of **rock up***

I've never been able to go'

(Maggie)

*'All the other mothers are sitting there **calmly***

*with their **calm** children'*

(Ruby)

Logistical challenges and experiences of being an outsider in relation to mothers of singletons may increase feelings of isolation for new twin mothers. As Maggie states:

'Life isn't set up for twins in the same way it is for single babies'.

Boyer & Spinney (2015) propose that the transition to motherhood is an ongoing process of identity-making, which occurs partly through relations with discourses about parenting and the mother's relations with the material world. They argue that mobility is a way in which women come to know themselves as mothers. Based on 37 interviews with 20 families, Boyer & Spinney's (2015) work highlights what prams 'do' to mothers' bodies, extending them in ways that some women may not like. Some participants experienced their 'prammed' bodies as big, unwieldy and cumbersome to the point of being ridiculous. They also highlighted women's experiences of how prams positioned them in relation to others, for example anxiety about being perceived as a 'nuisance,' or only being seen as 'mother' in terms of identity. Prams were described as both enabling and disabling.

A twin mother's experience is grounded in navigating the outside world with two babies in a double buggy.

*'I couldn't go with two children and the **buggy,***

I feel like

*I then **miss out'***

(Maggie)

***'I can't** do that*

*I've got a **double buggy***

I can't

***I can't** do it'*

(Ruby)

Feminist geographers and planners have argued that most cities do not cater for children or their carers (Domosh and Seager, 2001; Gibson and Cavanagh, 1999; Weisman, 1994). Neither babies nor their carers fit within capitalist culture, which shapes buildings based on efficiency and speed of movement. Gibson-Graham (2006) has noted that the needs of babies and their carers are often ignored in the public realm. This can be seen in the limited space for prams on public transport, stations and lifts, where design is prioritised for people engaging in travel related to wage labour. These designs may become obstacles for pram users (Taguchi, 2012, p. 270). Alongside practical implications, sociologists suggest that with the arrival of information technologies, location is no longer of prime importance. Modern

communities involve fluidity and anonymity (Harvey, 1990; Giddens, 1990, 1991). Buskens (2001) highlights that mothering in communities which have lost their centrality and cohesion means increased isolation for women who can no longer rely on support from the local community.

For the twin mother, physical barriers combined with a lack of community in the outside world may lead to a sense of isolation or loneliness, unless one is very determined to overcome these obstacles, for example Carrie who asks, 'How do I do that thing?' (Stanza 3). Carrie talked about the twin feeding pillow, a u-shaped cushion which sits around the woman's body so that each baby can latch on to a breast at the same time. Carrie found the pillow to be 'a complete lifesaver'. Twin mothers may rely heavily on such objects, which may equally be impossible to use in the outside world. This could leave them trapped within the four walls of their home, as Ruby indicated. Participants talked of outside world challenges such as navigating playgrounds (Ruby and Maggie) and being unable to visit cafés (Maggie and Carrie). Like Carrie, I was very determined to go out with my children as I recognised the value of staying active and connected with others. However, this took a great deal of physical and emotional energy to achieve. Looking back, it seems that I had a choice between loneliness and low mood and some form of connection at the cost of hypervigilance. Building on Boyer & Spinney's (2015) research, for twin mothers' isolation or loneliness could be intricately linked to navigating a world which does not accommodate double buggies or other practical needs of twin mothers.

5.6.1 Implications for therapists and practitioners

Three women did not need psychological support. Some women, like Ruby, will. In their review of psychotherapy treatments for women with perinatal anxiety and depression, Wenzel et al (2016) found a striking pattern of women who were referred for treatment and then did not attend a single session, or who dropped out during treatment. In a systematic review of 35 qualitative studies of women receiving support before or after the birth of a child, it was found that women found access to services problematic and that support was not tailored to their needs (Smith et al, 2019). In another study of women accessing therapy through the NHS national Improving Access to Therapy service, Millet et al (2018) found there were difficulties accessing support, and therapy had not been sensitive to their situation. As an example, mothers were not permitted to include their partners in therapy. This highlights that perinatal woman face challenges in attending regular sessions, including childcare, sleep deprivation and managing other appointments. In addition, twin mothers have challenges navigating the physical outside world.

The two themes of overwhelm and isolation imply that twin mothers may be a group that are relatively hard to engage in psychological therapy, because they may be in fight/flight/overwhelm mode for some time as they navigate the early months of parenting. Along with a need for routine and accessibility issues in the outside world, how might twin mothers make it to a fixed therapeutic appointment or group each week if they needed support? If these women are trying to feel themselves ‘into the infant’s place' (Winnicott, 1956 p. 304), where time is measured almost entirely within the rhythm of two new-borns’ psychological and physical rhythms (Ogdon, 2004), how do we, as professionals adjust to their rhythm? Theirs is a world of time which may not fit

with our traditional 50 to 60-minute therapeutic frame, which may be why the Mindful Mums MIND group (2018-2022) had a very low attendance rate. Are we best placed as therapists to work with this client group, or do we need to consider training and providing supervision to professionals on the front line who will enter into the twin mother's world, for example telephone helpline volunteers, nurses, midwives and befrienders/healthcare workers? We also need to consider the accessibility of our premises for twin mothers attending sessions in person. Can the building accommodate a double buggy if she brings her babies? Would we offer to help her bring a baby into the building if she cannot manage this alone, to prevent her having to choose which one she brings in and which one she leaves outside? A large barrier to accessing support may actually be physical barriers, so it is incredibly important that we think creatively about how to engage this client group. Would be useful for therapists and practitioners to advocate for online working which seems more feasible after the Covid pandemic, or do more home visits/ walking therapy, which in many cases may challenge to our traditional ways of working.

5.7 The critical voice

Carrie carried her twins to 37 weeks, a period at which medical professionals often recommend an induction or Caesarean (Cheong-See et al, 2016). She found breastfeeding 'easy'. In contrast, in Maggie and Ruby's stories, I hear voices of guilt and shame when their bodies did not 'achieve' what they were 'supposed' to do:

'I hadn't been able to take them to 40 weeks or 36 weeks
which is what we were ***told***

So you know

I'll ***do this*** for them instead

I'll ***make it up*** to them'

(Maggie)

'My cervix ***failed***'

(Ruby)

These words echo Baum et al's (2012) finding that mothers of premature babies experience themselves as a failure for not being able to carry to full term, nor protecting their babies from harm, pain and discomfort. Twin mothers are classified as high risk and are more likely to deliver babies prematurely, with 10% of twins being delivered before 32 weeks of gestation (Murray et al, 2018). With the risk of prematurity, twin mothers may be at increased risk of viewing themselves through lenses of achievement and failure. When Maggie is given 'permission' by the nurse to mother her babies, we hear her moving into the role of achieving through breastfeeding. How babies are fed has been the subject of debate in the public domain for a long time (Kukla, 2006; Murphy, 2003). Lee et al (2014) highlights that despite a drastic decline in infant mortality over time, breastfeeding has become connected to claims about children's successes and failures, and that mothers often experience not breastfeeding as a failure on their part. It seemed that Maggie may have been working from this assumption. Her striving seemed to be a way of making up for the timing of their delivery.

In Carrie's story there is also the aspect of breastfeeding taking up a central position in her role as a mother. She felt mindful of how her twins were growing at a lesser rate

than singleton babies of her friends. Carrie focussed all her energy on feeding her children; this was her purpose and job. She does not indicate that breastfeeding was a potential achievement or failure, but her voice is pragmatic and determined to get the job done.

In Maggie and Ruby's stories, we hear critical voices woven through their experiences of becoming a mother. In Maggie's early experiences of motherhood, she describes feelings of guilt for not carrying her babies to 36 weeks, not being by their bedside around the clock, and for getting pregnant easily. This guilt prevents her from feeling 'authentic' in her interactions with other twin mothers, reflected in Stanza 3: 'You're not allowed...'. It seems she feels guilty for not achieving and guilty for achieving. I wonder if this links to the internalised culture of 'intense motherhood' ideology which Hays (1996) suggests is 'child-centred, expert-guided, emotionally absorbing, labor-intensive, and financially expensive' (Hays, 1996, p. 8). Yet we live in a society where we also devalue the work of mothering in favour of the world of paid work (Hays, 1996). These contradictions seem to set up a double bind for Maggie.

Maggie describes guilt linked to 'trying to split yourself in two' with twins. I was struck by Maggie's phrases 'giving each of them half of you' and 'I'm doing half a job'. Gowling et al (2020) detected guilt and shame amongst twin mothers about bonding with twins, and a sense of the mother and twins missing out, particularly when compared to their ideas of having one baby. Maggie's phrases portrayed a heavy emotional burden where she appeared to be comparing herself to a dyadic ideal (one baby might get *all* of her). Maggie's voice indicates that guilt and shame are not limited to bonding but can also be experienced at later stages with twins, particularly in the absence of

counter-narratives to reassure mothers and challenge expectations. We hear this happening again when Maggie admits having a favourite twin. When she relayed this to me, I felt a sense of discomfort which may be a conditioned sense of shame that women may feel in admitting they may prefer one twin to another.

In Ellin's story we hear feelings of guilt. However, this does not appear as central to her story of becoming a mother. Describing guilt at times, she interjects with more objective or rationalising views which appear to appease the feeling. In relation to having two children with the same developmental needs, Ellin's poem (5) is very different from Maggie's depiction of guilt in relation to 'trying to split yourself in two'. In Maggie's descriptions I hear the internalisation of being a 'bad' mother, because she is only doing 'half a job'. Ellin's feeling of guilt is projected onto a scenario which makes it a less internalised aspect of her experience than Maggie's. The feeling is shared with warmth and humour.

Carrie also seems to be able to rationalise the limitations which come with being a twin mother. As she highlights the logistical difficulties of doing things on her own - for example, giving the twins a bath - she simply reports that she decided not to do it. She describes not putting pressure on herself and trying to 'embrace' and 'have fun' in the transition.

I notice that in Ruby's telling, the critical voice appears at the beginning of the narration in her comment about her cervix. She moves onto talking about the birth and afterwards, I perceive the 'voice of detachment' as most prevalent. It is only later on, when I ask her about how she felt being out with her twins, that the critical voice reappears. This voice appears to beat her up for feeling anxious, as if she should not

feel anxious as a twin mother. By taking part in the research, Ruby was able to identify a critical voice which compares her to mothers of singletons. It is likely that women struggling with PND will be highly critical of themselves (Mauthner, 1999), and opportunities to share with other twin mothers may be crucial for challenging critical voices. Multiple support groups have been mentioned in one study as a lifeline (Holditch-Davis et al, 1999). Twin mothers attending perinatal groups for mothers of singletons (particularly mothers who have a strong 'inner critic') may be at risk of internalising ideals related to the dyad, and therefore it is important to provide spaces to challenge these assumptions in relation to twin mothering.

5.7.1 Implications for therapists and practitioners

Twins are more likely to be born premature, meaning a higher chance of difficulties with breastfeeding (particularly when feeding two babies simultaneously). Twin mothers may therefore be at greater risk of internalising failure if breastfeeding does not go well. For Maggie and Carrie, they were able to breastfeed their twins and stories of success were told to me. Ellin mentioned being 'not quite satisfied with the breastfeeding support in general', but no more was said. Ruby did not communicate any stories about how she fed her twins, but I surmise now that breastfeeding might have been near impossible with the length of time they were in ICU. I wonder if the absence of this story meant that there was shame around this. These stories appear to support Lee's (2014) assertion that mothers often experience not breastfeeding as a failure on their part. Although breastfeeding support is within the domain of midwifes and lactation consultants, I see a role for therapists to educate their fellow professionals about the psychological impact of attempting to breastfeed twins and the specific challenges that twin mothers may face such as isolation and being trapped by

routine (Carrie and Maggie), and the difficulty breastfeeding twins when '*life isn't sort of set up for twins in the same way that it is for single babies'* (Maggie).

The theme of critical voice also highlights the possible tendency for a twin mother to criticise herself in relation to mothers of one baby. Maggie stated 'you're only giving each of them half of you' and Ruby spoke about not even realising some of the specific challenges twin mothers may have in comparison to mothers of singletons. Maggie had found useful a twin narrative which circles the community: '*it's a real powerful narrative in new twin mums that it's ok, sometimes they just have to wait',* which challenged her idea of 'neglect'. Therapists and practitioners in the NHS and charities could promote twin specific groups, where safe spaces are provided to challenge mainstream 'dyad' narratives which rarely apply to the role of the twin mother. Although this recommendation is ambitious on a structural level, I hope it encourages therapists and practitioners to promote discussion in the NHS about how this support may be provided. I also encourage thoughtful assessment and formulation for therapists in private practice, where they may be more actively involved in researching and connecting twin mothers to groups in the community alongside individual work, where this feels appropriate.

5.8 Negotiating mother and career

For three of the four women, there were tensions between motherhood and career. As we hear Ellin's story of 'growing up' in relation to parenthood, she experiences a change in the way she feels about work. Before the Covid-19 pandemic, she found herself resenting work and was considering leaving because it was taking her away

from her children. The pandemic had brought benefits, as she could work from home and was able to see her children more.

Ruby had not found it achievable to be a mother and chiropractor at this point in her life, so she made the decision to quit her job to give herself time to be a mum. It was clear that Ruby's career was of utmost importance to her; she described herself as a 'career, kind of oriented, goal-oriented person, very, very controlling'. I thought about the contrast of her experience of mothering, where there would have been little control over two premature babies, throwing her into chaos. If she was prone to not looking after herself, it is easy to see how she could have struggled under the strain of trying to mother two premature babies.

Carrie appeared to experience a tension after returning to work a year after the twins were born. She was surprised when she felt overwhelmed. I could see how quickly she could be stretched to the limit if she applied the same worth ethic to both motherhood and career. Although Carrie has struggled with the transition back to work, she also mentioned how the pandemic had been helpful, as she was able to now see her children in the mornings and evenings when previously she may not have. Ellin also commented on this. For some women, working from home may give them the opportunity for a more flexible and integrated identity, as they are able to have some freedom in balancing paid work with the work of mothering.

5.8.1 Implications for therapists and practitioners

Although this theme was not directly related to the research question, it feels important to highlight as it appears to reflect another transition which twin mothers will have to

work through when they return to paid work. This research supports Bailey's (2000) work with women returning to employment after motherhood. They highlight that the domain of work and family cannot be conceptualised as two different sites (Adkins, 1995), rather there is an 'inter-special weaving' of discursive threads which allows agency in individuals construction of the self. Ruby's question 'How can I have a career and be a mum?' appeared to link to a question about how she might integrate two very different identities, and that this was a 'work in progress'. It appears that this question may have been at the core of Carrie's experience too. Recently I have written an article on twin motherhood for a publication linked to The Maternity Pledge, which helps women to navigate the emotional transition to motherhood and employers to manage a successful maternity leave and subsequent return to work (Dale, 2022). It is important for therapists in private practice and the NHS to be aware of how difficult the transition to work may be for twin mothers, and we also need to actively use our skills to write for the layperson outside of therapy, to build connections with other professionals and write directly to twin mothers in easily accessible formats. This may normalise their experiences and encourage them to seek further support should they need to.

5.9 The dynamic of four

In the stories, there is variability in support networks. Ellin uses the pronoun 'we' regularly throughout her narrative. There was a theme of her becoming the support figure to her wife, a change in dynamic for them. Previously her wife was often the one to offer reassurance, but this changed during their transition to parenthood. There is a portrayal in Ellin's story of a solid unit of four and a negotiation of new interpersonal

dynamics. In our second meeting, Ellin spoke about aiming for ’50-50’ with her wife in their parenting approach.

I heard Carrie speak from a position of support about Tom, who described himself as a ‘surrogate mum’. Robin et al’s study (1988) highlighted cases of fathers taking up a ‘surrogate mother’ role in relation to twin care, with mothers and fathers taking on childcare in tandem. I felt emotional in moments when Carrie spoke and indicated the extent to which she, Tom and her babies were a unit:

‘Every day we would have…some plan, you know, that we hatched between ourselves’;

‘Tom and I, we have done it together’

Carrie had noticed that Tom was much more hands-on than some of her friends’ partners who had one baby. Simon (2016) highlighted that a twin mother’s partner has the opportunity to provide a dyadic relationship which cannot be provided by the mother, whose attention is always split. The father (or partner) to the mother provides a ‘just me’ (individual baby) and a ‘not me’ (father or partner). ‘The other twin can be temporarily excluded from the world, because that child is being cared for and thought about by the other parent, so there is opportunity for a simpler psychic experience’ (p. 370). Although Simon (2016) speaks about these concepts from the perspective of the twins, it may be that this dynamic supports the mother to enjoy time with one baby and have a psychic break from the preoccupation of two babies. I wondered if this may relate to Carrie’s ‘healthy’ story in the transition to motherhood.

This research highlights that the dynamic of four has to be taken into account when we work with twin mothers who have a partner. This dynamic challenges traditional understandings of attachment theory – in which psychopathology of childhood has been attributed exclusively to mothers (Billings, 1995) - to encompass a culture of attachment which involves complex relationships between mother and babies and partner and babies. In the quad dynamic where a father takes up a 'surrogate mother' role, as Carrie's husband indicated, it is less clear who is the 'mother'. I wondered how the 'strange situation' (Ainsworth, 1978) would be adjusted to study the attachment of twins and their parents in current times? This question generates lots of questions and forces us as therapists to examine with rigour the gendered context of attachment theory.

In the two stories (Ellin and Carrie) where the supportive other was very much present, there was an absence of voices linked to criticism of feelings. In Maggie and Ruby's stories, supportive figures were less present. Ruby and Max were 'ships passing'. Maggie and her partner had been the 'perfect couple' but now there was 'snappiness and arguments'. Fisher (2002) has highlighted those partners who are able to provide encouragement, reassurance, containment and unconditional affection may protect against depression. In their research with mothers of triplets, Robin et al (1991) suggest that fathers' acceptance of a multiple birth and their willingness to help their partners adjust to the transition of parenting three babies greatly influenced whether they were in marital crisis. They suggested that the 'family emotional balance' is at risk when paternal support is lacking (Robin et al, 1991). In Carrie and Elin's case, supportive partners may have protected against the inner critic, which is not only experienced by women suffering from PND. Their stories highlight how 'affective

expression' (Smorti et al, 2021) may improve in the couple relationship with twins, if both partners are supporting one another in the care of the babies.

By coming into the research relationship, had Maggie and Ruby sought out a relational space to validate their feelings in the transition to motherhood which had not previously been available to them? In addition, the Covid-19 lockdown had brought benefits for Ruby and Max in connecting as a family, enabling their communication to improve.

The 'surrogate mother' (Carrie's partner) or the '50-50 approach' (Ellin and Rachel) may be crucial to well-being, particularly where other support is not as available to twin mothers. The absence of a partner may be a risk factor to mental health, especially if other support is lacking. Both Carrie and Ruby discussed the difficulty of drawing support from family to care for twins, where they felt hesitant to ask family members and friends to look after two babies. Like Carrie, my partner and I have taken on the vast majority of childcare, as we have both felt reluctant to leave two babies with parents who are in their seventies. I did not want them to feel the same overwhelming anxiety that I felt a lot of the time. Ruby also described not wanting to 'traumatise' her parents by leaving her boys with them all day. As therapists, we need to think more flexibly about the mother's capacity to attend appointments when childcare may be difficult to access (Kelland & Ricciardelli, 2016).

In addition, Kretchmar & Jacobvitz (2002) found that mothers' current relationships with their own mothers tended to be recreated in their relationships with their infants. Stern (1995) highlighted that a mother's own mother aids in developing and understanding the meaning of motherhood. Although this may ring true for twin

mothers, there is the added dimension that psychically one's own mother typically had a substantively different experience.

5.9.1 Implications for therapists and practitioners

When we begin to explore the transition to twin motherhood, it is clear that the complexities are unique, and we enter into the realm of social dynamics. Simon (2016) highlights that twins will always have a 'fundamental internal sense of self that is communal in a way that single babies do not' (p. 366) and argues that the basic 'unit of their (twins) psychic life' (p. 27) is a primary triangle, which is an 'inclusive rather than exclusive experience for them' (p. 27). She argues that, as therapists, we need to challenge our Western cultural framework which values independence, autonomy and individuality, and on which many developmental theories have been built about the mother-baby dyad (Bowlby,1969/ 1973/ 1980; Winnicott 1957/1958/1975; Mahler, 1972/1973). Although my research is not purposefully a critique of theory, like Simon (2016; 2020) and Bolsh & Fisher (2016), I come alongside these authors. By listening to and engaging with women's subjectivities, I highlight a moral obligation for our field to challenge traditional theories of the dyad when trying to understand the experiences of twin mothers. In parallel with Maggie's comment, '*life isn't sort of set up for twins in the same way that it is for single babies',* is psychotherapy set up for a mother and her two babies? Below I highlight two key examples.

Many psychotherapy and counselling psychology courses draw heavily on psychodynamic theory related to the concept of the dyad. How do we as therapists understand the mother and babies' attachment, which is conceptualised as triadic (Robin et al, 1988)? The therapist may be at risk of viewing attachment through a

monotropic lens, ‘comparing the care given to multiples with that for singletons, using a ‘per child’ calculation rather than summing interactions with all infants’ (Bolch & Fisher, 2016). This applies both when we think theoretically/ conceptually in our work with the mother alone, or if we are working with a mother and two babies in the room. The nuanced ways in which a twin mother may ‘hold’ two infants simultaneously may be missed. In addition, what if two babies are highly dysregulated in the therapy room? With the singleton mother, we may be more inclined to support the mother to provide care, narrating what we see of the mother baby relationship. Might we feel the urge to shift the position we take up in the relationship with mother and two babies? Might we offer to hold a baby? And what implications does this have for our position as a therapist and our therapeutic model?

Another example of where the concept of the dyad is the norm is in the use of Video Interaction Guidance (VIG), an intervention demonstrated to be effective in promoting secure relationships between parents and children (Fukkink, 2008; NICE Guidance, 2012). In using video feedback, the behaviour of parent and child and the interaction between the two becomes the focal point of the intervention (McDonough, 2005). A psychologist asserted that it would be difficult to carry out VIG with a mother of twins because ‘the communication that you are looking for in the video when you film mother and child is so subtle and minute - sometimes just looking at how mother leaves silence to allow the child to initiate interaction - that it would be hard to film all this going on’ (Anon, 2021). This comment highlights the naturally dyadic lens the psychologist is taking in the approach to understanding ‘affect attunement’ (Stern, 1985). Attunement would take on a different qualitative interaction between a mother and two babies. How do we conceptualise this clinically? The concept has been

considered largely in relation to the dyad (Stern, 1985) and little has been written about working with one baby in the room (Anderson, 1995; Stuart, 2012; Ray, 2019), let alone two.

5.10 Voices that speak out to culture

When exploring the stories, I was struck by voices that *spoke out* to health professionals and the wider culture, and how this varied across participants. I have provided a column which captures these voices in each woman's 'table of voices' in Appendices 8, 9, 10 and 11. These voices appear to correlate with the ease with which the transition to motherhood was experienced, and the emotions they described feeling. Carrie presents a fairly smooth transition to becoming a mother, and there is a voice which is compliant in relation to health professionals:

'I took the pills I did the jabs you know, without much of a fuss really' (IVF)

'I'm going to just kind of do what people tell me to do really' (hospital)

As she got on with what she was 'told' and had healthy, full-term twins, she found the transition to breastfeeding smooth and they went home quickly.

In Ellin's story, where she negotiates motherhood by finding her own wisdom, the voice is a playful one that speaks out to culture. It is linked to feelings and imagined ideas of 'maternal', enabling her to take up her position in relation to this. There is a point where she speaks to health professionals about the lack of breastfeeding support, but this is not expanded upon. I wonder if Ellin feels this is a story for her partner to tell.

In contrast, Maggie and Ruby's stories include voices which frequently speak out to others. In Maggie's story, there is a voice of disappointment and anger at the imagined birth she might have had. We hear her say, 'no-one told me.' We hear a voice that appears to link to loneliness and isolation - not being 'allowed' or 'valid' to be upset in relation to the birth - and an experience of silencing in relation to her achievements (Stanza 3). We hear a loneliness which links to the physical isolation of having twins ('Life isn't sort of set up for twins'). There is a clear relationship between how she views herself, and what she feels is expected of her in society as a mother.

In Ruby's story, the strength of her feeling is heard through the voice that speaks out to health professionals. We hear this in her descriptions of advice about taking out the coil, when doctors tell her 'In no uncertain terms this kills premature babies' (she relayed this using a disciplinarian tone), and when she is not allowed to see her boys in the ICU. Through the transition to motherhood, this voice tells us that she felt out of control. It represents feeling disempowered and 'done to.'

When asked if she needed psychological support, Ruby did not want to admit she was struggling. When she did seek support after the twins were born, she waited six months for an appointment. After the therapist cancelled 'a couple of times', it appeared that Ruby had lost her faith in the system. When we spoke about whether she might seek therapy now, Ruby questioned why a therapist would be interested in her now if they had not been before. In our second meeting, Ruby said she had felt let down by the NHS in her time of need, leaving her angry, upset and abandoned. However, her faith appeared to have been partly restored as she was currently having CBT. Ruby had not wanted to opt for it initially, believing it would not make a difference.

Nevertheless, she had realised that although it would not solve everything, it was *something.*

5.10.1 Implications for therapists and practitioners

Using a narrative methodology in partnership with the Listening Guide was an expansive experience for me. It widened the lens of women's stories to set them within the culture in which they reside. Themes in this research clearly highlight how the physical world and cultural ideals affect women's experiences of transitioning to twin motherhood. In our work with twin mothers, we can ask the question 'what voices speak out to culture?' This enables us to bring an awareness of the impact of culture on the self into work with twin mothers and supports therapists with a way to think about the 'atypical symptoms' (Spiers, 2019) with which twin mothers may present in services. As CPs we have a responsibility to challenge the medical model and influence alternative ways of considering clients difficulties with our colleagues through peer supervision, training and CPD events.

5.11 Concluding thoughts on findings

Although not binary, themes of Isolation, Overwhelm and Dynamic of Four relate to the adjustment to caring for two babies, whilst themes of Being/ Feeling Maternal, Fairy-tale versus Reality, Silenced Emotions, Negotiating Mother/Career, Voices That Speak Out to Culture show the more nuanced aspects of identity change. These themes show some of the unique complexities in the transition to twin motherhood and how these women should be a concern for psychological health provision in the UK. This is underlined by Malmstom & Biale (1990):

'When their needs go unmet, multiple-birth families can easily become trapped in insurmountable difficulties which put them at higher risk for neonatal death, disability, premature birth, child abuse, divorce, physical illness, alcoholism, sibling maladjustment, and economic disaster'. (p. 511)

There is clearly a need for more therapeutic provisions for twin mothers in the UK. The question remains as to who may be best placed to provide this support on a structural level. CPs and other therapists who read these findings may find new and creative ways of thinking about engaging twin mothers, or they may be more likely to advocate for specific twin groups within their service. While peri-natal mental health sits at the intersection of other disciplines, I see a valuable role for CPs to educate, train, and support other professionals who are pivotal to twin mothers care on the front line, particularly midwives.

Chapter 6: Reflections

In this final chapter I include my reflective thoughts on the limitations of this research, including the particular sample of participants and how their characteristics limit the stories told to those of the white middle classes. I include ideas for future research, explore changes to my own narrative identity throughout this research process, and share my final thoughts.

6.1 Research limitations

The strength of this study was that it was intended primarily to highlight marginalised voices. However, since I did not enforce a criterion that participants had been in therapy, there is a limit to discussing my findings in relation to the application of therapy with twin mothers.

On reflection, I would have liked to go back to participants a third time after I had edited their stories but did not feel this was appropriate given the initial agreed contract. Although I do not consider this was detrimental to the project, it might have enhanced collaboration and internal trustworthiness. It would have been helpful to state that we would have an initial conversation, with subsequent engagement negotiated on an ongoing basis. Considering this compassionately though, maybe designing the project like this was a safe gateway for me into the world of narrative inquiry.

I also found the task of completing a narrative inquiry within the word count for this project somewhat limiting. As I immersed myself in the depth of participants' stories, I realised there were so many lenses through which to view the stories, and so much to potentially show. A larger word count would have permitted more exploration of how

the voices I heard linked to the stories told, with a focus on how they were 'tied up with the performance and social identities in a common space of meaning' (Squire et al, 2013), an aspect in which I became increasingly interested.

6.2 Reflections on the sample

Using snowballing as a sample meant that I limited the diversity of potential participants. All women in this study held jobs and lived in areas which indicated socio-economic privilege, leading them to be considered 'white middle class'. As a white woman currently residing in a middle-class suburb of London, perhaps I unconsciously sought people similar to myself with whom I could identify, at the risk of eliminating diversity and difference. This means that the stories told in this research were in the context of white privilege and therefore miss out more diverse stories which reflect current society. As an example, Ellin spoke about how important it was for her to contribute to ongoing knowledge of same-sex couples going through IVF as they are a 'rare breed'. Other than discussing the meaning of 'mother', there was an absence of stories related to her experience of queer parenting. Because my question was very broad, more nuanced stories of diversity may have been missed, and in this case, there may have been assumptions on what stories could be told, and in turn what stories I was most interested in given my hetero-normative position.

6.3 Ideas for future research

In reflecting on the sample in this research, and my childhood experience of living on council estate in the North, I started to wonder about the experiences of mothers raising twins in a culture where wider family are part of their daily lives in the way that

they often are not in some areas of Greater London. I also thought about other intersections of experience, such as single mothers raising twins, mothers who have birthed donor-conceived twins, mothers of triplets or more, mothers of twins with older siblings and fathers' experiences. The list is endless, underlining the point that many more twin parents' voices need to be heard. These are fruitful areas for future research.

The women who shared their stories in this research have conveyed different levels of complexity in negotiating their new identity. Further research might focus on women's experiences of accessing therapy for postnatal distress in the transition to twin motherhood in the UK. This would help our field to consider what kinds of support might be most effective, particularly in the NHS. In considering Stern's (1998) motherhood constellation, phases that women go through are nonlinear and may occur simultaneously, so that the focus and context of therapy will change at particular points in time. Sessions with a woman who needs to bring her four-month-old babies would be different to a twin mother who can attend sessions alone. It would also be beneficial to research therapists' experiences of working with twin mothers, and how they work with two babies in the room.

Finally, it is clear to me that there were stories within these women's stories which had not been told. Ruby described how her relationship with her partner was a 'whole other story', which impacted her as a mother. More research into how mothers and their partners negotiate the transition to becoming parents may support clinical thinking around supporting couples in therapy.

6.4 A change in my narrative identity

'No one leaves a narrative inquiry unchanged' (Clandinin, 2013)

In April 2020 I presented my research proposal to a Programme Approval Panel and was given feedback that the topic was not 'viable'. At the time I had not provided a strong enough rationale for the importance of the topic. Initially I wanted to give up, but then I allowed myself to question the feedback. Surely the transition to motherhood is of great significance to the field of counselling and psychotherapy? If there appeared to be little research with twin mothers, there must be potential for a valid contribution. I thought about the word 'viable' and it reminded me of embryos being fostered. My determination grew stronger. I realised that although my personal passion was present, I lacked the criticality in putting together a strong enough case for the topic. I set to work on fostering my research proposal, trying hard to connect back with a working/ academic self which had been absent for a long time.

It has been deeply healing to write about myself and others. Stories exchanged between the participants and me felt like 'tokens of membership' (Frank, 2010) with a group of people who rarely get to narrate their experiences. As I separate out from this process, there is a parallel separation from my children, who are babies no more. One transition ends and another now begins. Moving through this process has cemented my belief that stories are a medium for the construction of identity *in the making* (Ferguson, 2009), as my own narrative identity changed throughout this process. There has been an undeniable movement from a constructivist framework to a social constructionist framework (Burr, 2015: Gergen, 1996) in relation to motherhood. It was not just my personal belief system which led to anxiety and hopelessness as a mother,

it was a belief system shaped by the culture in which I lived. I now challenge myself to speak freely about my feelings, aware of the internalised cultural judgements I may make of myself and other women.

My personal experience of change through this process has affected my work as a psychotherapist. Prior to embarking on the research, I drew heavily on psychodynamic theory when listening to clients' stories, using this theory to understand the therapeutic relationship. Now, I not only try to understand the 'presenting past' (Jacobs, 2012) but also look *outward* to cultural messages and stories in which the client or I are embedded. This feels expansive. This movement is reflected in the thesis, where developmental theories are commented on alongside a feminist methodology. In feeling my way through these healthy conceptual tensions, I am acutely aware of how much power we hold as therapists in relation to the theories on which we draw. Politically it has become central to bring more attention to how a client is embedded in their culture as part of the therapeutic work.

Through this process I have found my researcher identity. I had never thought of myself as a researcher, because the meaning was linked to the idea of a linear/ positivist paradigm. When the research proposal was not initially accepted, this reinforced my belief. However, it is not in my nature to give up. Narrative inquiry sometimes felt overwhelming, like walking through a cave with a very dim light. It also gave me the opportunity to find a research identity which was true to my beliefs, as opposed to trying to fit an external mould.

6.5 Final thoughts

By inquiring narratively and adapting the Listening Guide as a frame for analysis, I listened in depth and heard those who are rarely heard (Gilligan, 2015). This research highlights the many and varied voices of twin mother: the non-birth mother; the mother that does not want to be a mother; the mother who desires sex; the 'non-maternal' mother; the mother who wants to throw her kids off a balcony; the mother who wholeheartedly accepts the role. The voices I heard in women's narratives, and the relationships between those voices, did not represent static parts of the self. They relate to a maternal identity which is forever evolving, created in relationship with the Other (be it researcher, therapist, culture). This, I believe, is the case for all mothers.

As mothers come into relationship with us as clients, we may be perceived as 'experts' who know best. Will we collude with dominant discourses and theories? Or will we work reflexivity to challenge these within ourselves and in our work with twin mothers, in a safe space which encourages storytelling at a time when personal narratives are bring renewed?

My aim of showing the stories in this research was not 'to prompt a single, closed, convergent reading but to persuade readers to contribute answers to the dilemmas they pose' (Barone, 1995; p. 66). I hope the research leaves you, the reader, with important clinical questions or encourages you to dialogue with others about the complex world of mothering twins. I hope it encourages dialogue about how we may adapt and develop our practice with twin mothers, both within the field of counselling psychology and psychotherapy and our partner professions including nursing,

midwifery and other healthcare services. Most importantly, I hope it prompts some form of personal (and therefore political!) action-taking, however small, if you engage in work with twin mothers.

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Appendix 1: Sub-questions

Based loosely upon Stern's (1995) conceptualisation of the Motherhood Constellation:

Can you tell me a bit about yourself before you became a mother?]

Can you recall a high/ low point in your journey of becoming a twin mother?

Can you tell me about your key support figures during this transition and how they impacted your experience?

How did you see yourself doing in the job of mothering twins?

How do you feel mothering twins has impacted on how you see yourself as a person?

People/ society are often fascinated by twins. How did this impact you?

Appendix 2: Recruitment poster

Understanding women's experiences of transitioning to twin motherhood

Invitation to participate in research

Hello!

I am Sophie September - a psychotherapist, counselling psychology candidate and mother to twins who are nearly 2 years old.

As a result of personal and professional interest, I am carrying out research to

understand women's experiences of becoming a twin mother

and the impact it has on their sense of self.

Are you interested in this topic?

Are you a first-time mother whose twins are between 1 ½ and 2 ½ years old?

Would you like to tell me your story about how you experienced

the transition to becoming a mother of twins?

If you would like to take part in my research or find out more,
please contact me at:
E-mail: XXXXXX
Tel/ text: XXXXXX
Thank you for reading and I hope to hear from you soon,

Sophie

Appendix 3: Information sheet

What is the purpose of the study?

This is a research project which will help me complete my Doctorate in Counselling Psychology and Psychotherapy at the Metanoia Institute (accredited by Middlesex University). The main aim of my research is to understand women's experiences as they transition from having no babies, to becoming a twin mother. I want to understand the feelings derived from this experience and the impact on a woman's sense of self. I want to hear women's stories about this transition through listening to them speak in their own words, and therefore I do not have a structured interview. Rather, the 'interview' will hopefully feel more like a conversation, but with the focus on your experiences.

Who can participate?

If you are a first-time mother, whose twins are between the ages of 18 months to 2.5 years old, and you speak English, I invite you to take part in this research.

What will I do if I take part?

If you decide to participate in my research, we can set up a time for a conversation which I will audio record. I have no pre-established questions and I hope you are able to tell me your story of the transition to motherhood. Research so far has looked at general struggles that twin mothers have, or specific aspects of their experience, but I want to understand how this transition affected you and your 'sense of self'.

The conversation is expected to last approximately 90 minutes but of course this depends on the available time you have and the conversation itself- some can be a bit shorter, and some can extend a bit longer. We can agree to meet at a venue of your preference if it is private, and we will not be interrupted. I can also book a room at a location near you – e.g., rooms in

a local children's centre. I can come to your home but would want to interview you with no children present. When we meet, I will ask you to read and sign a consent form and return it to me. In that form I will expand on your rights as a participant and the details of the research.

What are the possible risks of taking part?

Sometimes a research conversation about an intimate subject such as transitioning to motherhood can bring up unexpected feelings or may leave you realising that you need to talk more about something. We will have time at the end of our conversation for a 'check-in' on how you are feeling, and I will also check in with you on the phone a week later. If you feel you need further emotional support, I will share some details of available sources with offer telephone and face to face consultation, and other relevant services.

What are the possible benefits of taking part?

There are no specific benefits for taking part, but sometimes when we tell our stories about significant events and transitions in life, the process can be helpful in making sense of that time in our life. You would also be contributing to knowledge about twin mothers experience in transitioning to motherhood, which ultimately may help to support other twin mothers in the future.

What will happen to the results of the study?

I expect to publish the results of this study as part of my fulfilment for a Doctorate in Counselling Psychology. I also aim to publish articles for academic journals and present at academic conferences. I aim to use the findings to educate therapists who are working with twin mothers, both privately and in the NHS. I also will write up the results in an accessible format for articles which may be printed online or in magazines, i.e., the Twins Trust magazine 'Multiple Matters'.

Will my taking part in the study be kept confidential?

As I will be asking you about an incredibly significant transition in your life, you may be concerned about confidentiality of your personal details. I will keep confidential any identifying information such as who you are, where you live or work etc. I will also anonymise anything else you wish. I will provide you with a transcript of our conversation so you can decide if there is anything you would prefer to be kept confidential.

I will keep all information you provide on a password protected computer and secure cloud storage. I will be the only person accessing the audio recordings. My supervisors will have access to the transcriptions, but I will not disclose any identifying information to them. Within the thesis and the published articles, I will present findings in a way that preserves confidentiality.

Who is organising the research?

I am conducting this research as my Doctoral project through the Metanoia Institute in Ealing. The project has ethical approval through Middlesex University. I am supervised by a Counselling Psychologist & Psychotherapist throughout the process. If you feel you would like to be part of this research after reading this, or you would like to know more, please call or e-mail me and I will get back to you soon (you can contact me with questions without any obligation to take part.)

Thank you!

Sophie September- Psychotherapist & Doctoral Candidate

Metanoia Institute

e- mail: XXXXXX Phone: XXXXXX

Appendix 4: Consent form

Participant Identification Number:

CONSENT FORM

Title of Project: Holding in mind' two babies: *An inquiry into the lived experiences of women's sense of self in the transition to twin motherhood*

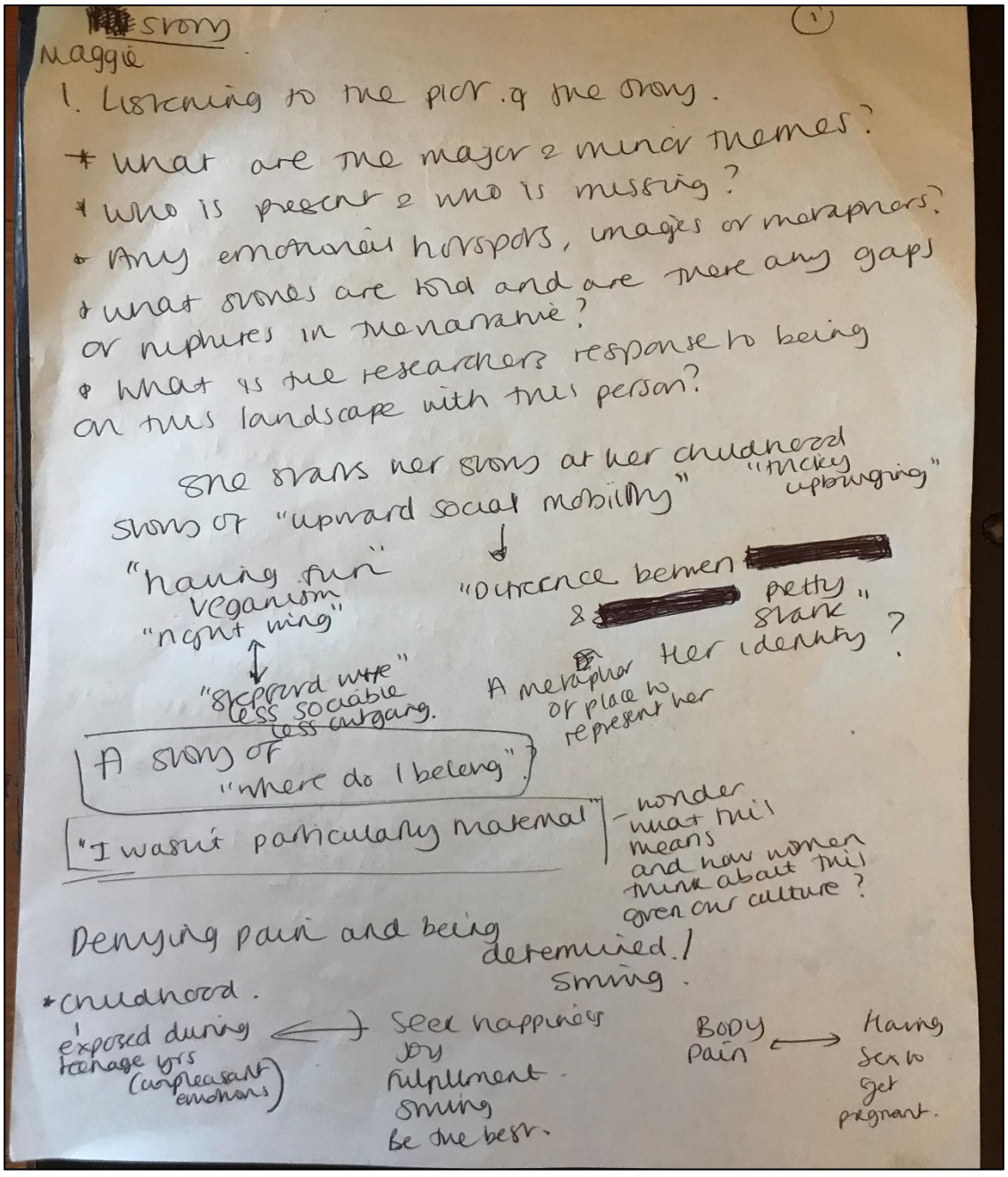
Name of Researcher: Sophie September

Please initial box

1.	I confirm that I have read and understand the information sheet in June 2020 for the above study and have had the opportunity to ask questions.	1
2.	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without penalty.	2
3.	I agree that this form that bears my name and signature may be seen by a designated auditor.	3
4.	I agree that my non-identifiable research data may be used and written up in this research. I am assured that the confidentiality of my data will be upheld through the removal of any personal identifiers, which I have the opportunity to be consulted on.	4
5.	I understand that my conversation will be recorded and subsequently transcribed, and analysed by the researcher	6
7.	I agree to take part in the above study.	7

Name of participant	Date	Signature
Name of person taking consent (if different from researcher)	Date	Signature
Researcher	Date	Signature

Appendix 5: Identifying the plot/ minor/ major themes and stories



ie meeting / backgrounds / mins names.

Husband is positioned as the "other" but he is the only other present who seems close to her.
Relationship"

Sex is mentioned twice but not gone into, so is this a silent theme?

mentions when she brings her body into the narrative "water weight"

The people she speaks about seem "far away" to me.

theme - "thought I would be a mum of boys" & phantasy of boys as straightforward.

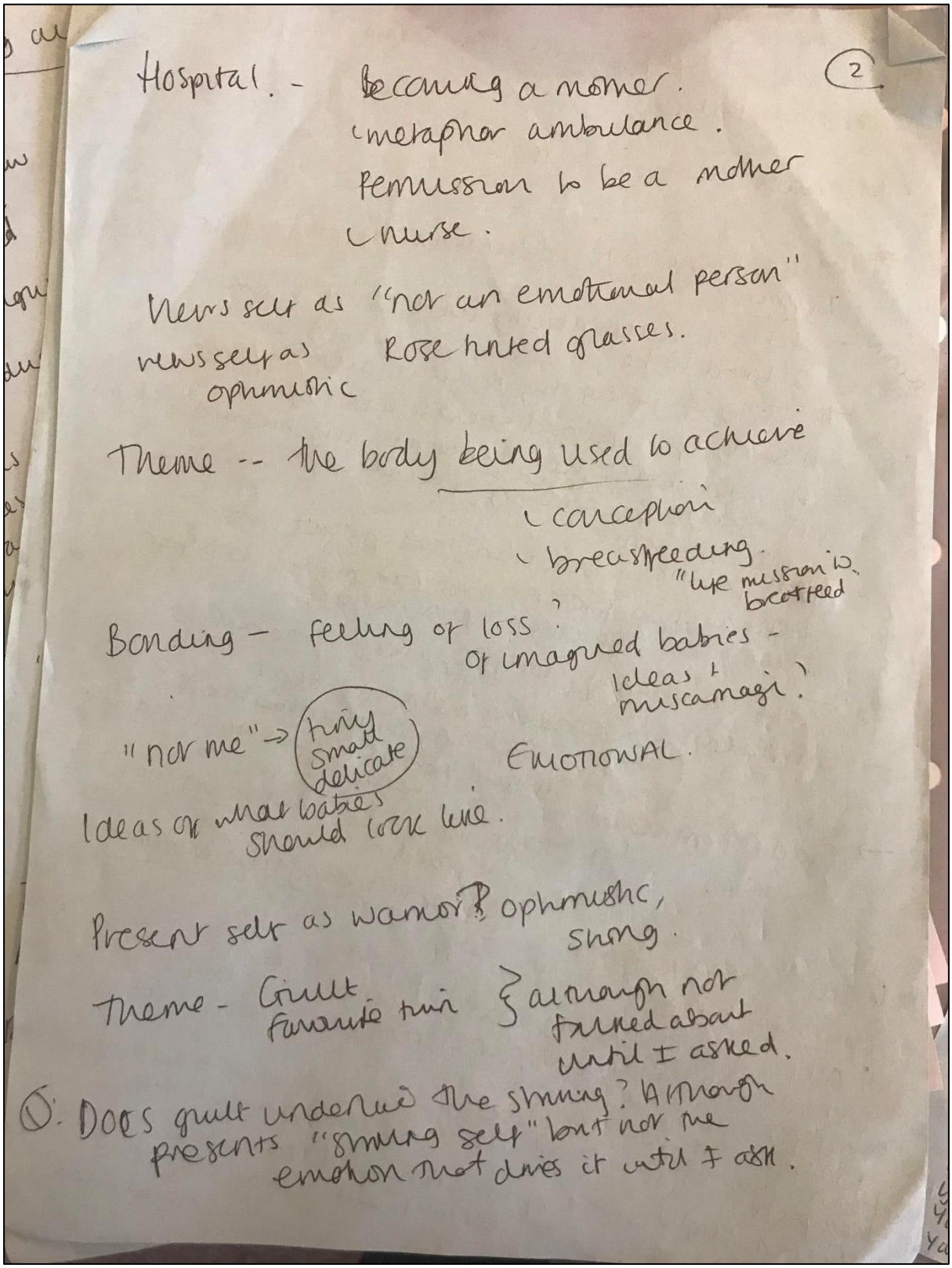
Theme Feeling - "special because I was having twins"

theme - "in / out groups" of mum mums. Support network is categorised or compartmentalised.
loneliness / ~~or~~ authenticity

"your not allowed to be proud of your achievements

I poem as a mum"

You POEM	I just	I POEM
You can't be free	I think.	I just ~~felt~~
You feel	I'm	~~I'm the kind of person~~
You can't be free	I speak.	I speak.
You have to	I speak.	I can.
	I can.	I am
	I think.	I am
Your not allowed	I might	I don't
Your not allowed	I am	I can be
Your not allowed	I don't	
You can't.	I don't	I can
Your not.	I ~~can't~~	I guess.



Hospital. - becoming a mother. (2)
(metaphor ambulance.
Permission to be a mother
(nurse.

News self as "not an emotional person"
news self as optimistic Rose tinted glasses.

Theme -- the body being used to achieve
(conception
(breastfeeding. "the mission is accomplished"

Bonding - feeling of loss of imagined babies - ideas + miscarriage?

"not me" → tiny small delicate EMOTIONAL.

Ideas of what babies should look like.

Present self as warrior? optimistic, strong.

Theme - Guilt favourite twin } although not talked about until I asked.

①. Does guilt underlie the strong? Although presents "strong self" but not me emotion not does it until I ask.

* life isn't set up for twins the same way it is for single babies.

• My twins are good girls.

* What stories are told and any gaps / ruptures in narrative?

MAIN – Story of authenticity and what I am allowed to be

SUB – A story of using my body "at all costs" to achieve / survive
– A story of upward social mobility
– A story about how different my husband and I are
– A story of a desire to feel special

Who is present?

• [redacted] is present. The twins are present. Her husband is present but far away, as is her mum & the other twin mothers.

• Any emotional hotspots, images, metaphors?

→ Ambulance – striking metaphor about entering into motherhood?
"would have to go backwards with no windows"

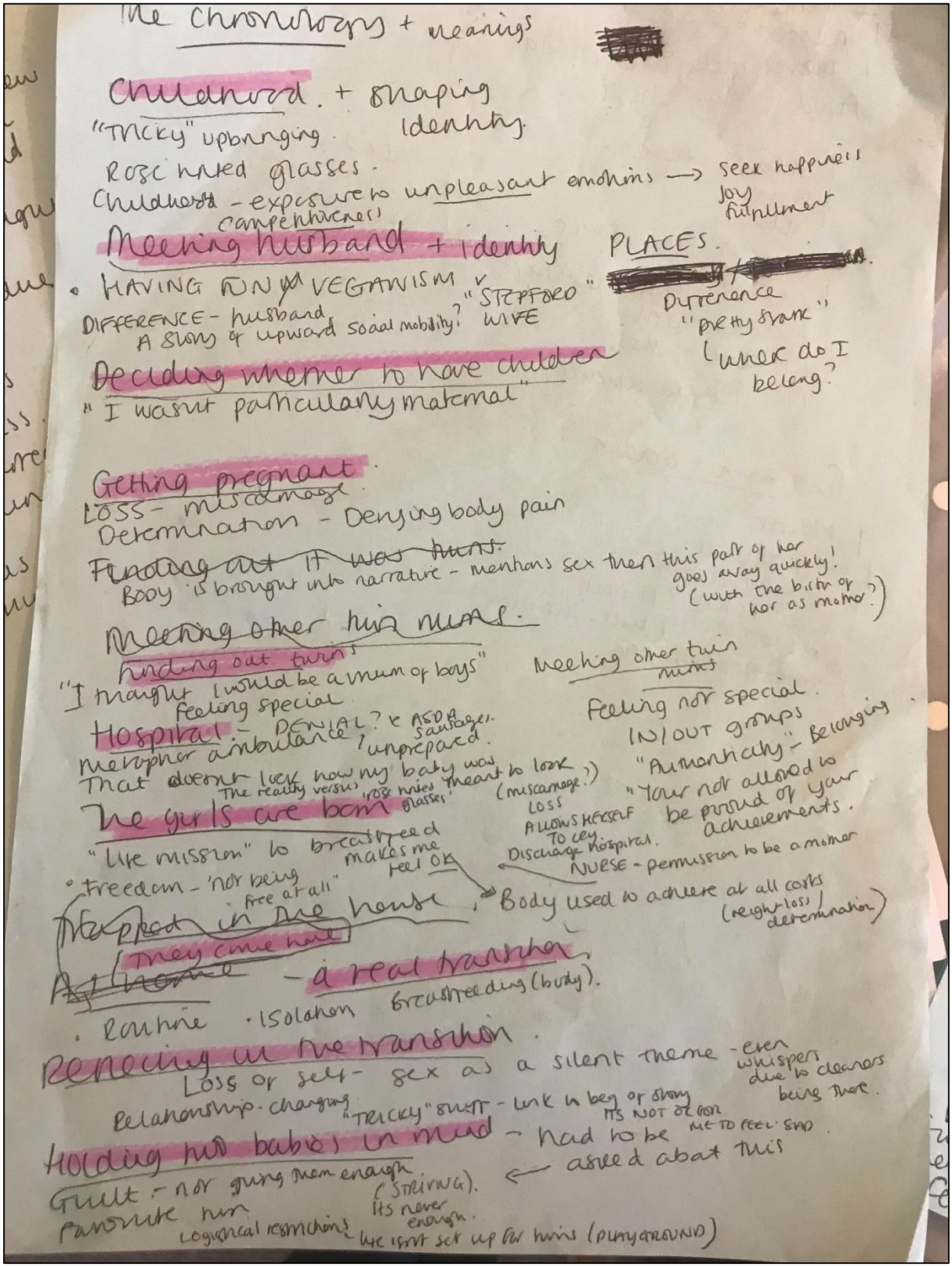
→ Sad ↑↑ emotional
↳ "that wasn't how my baby was supposed to look.
loss of ~~a~~ baby that miscarried?

What is my response on this terrain?

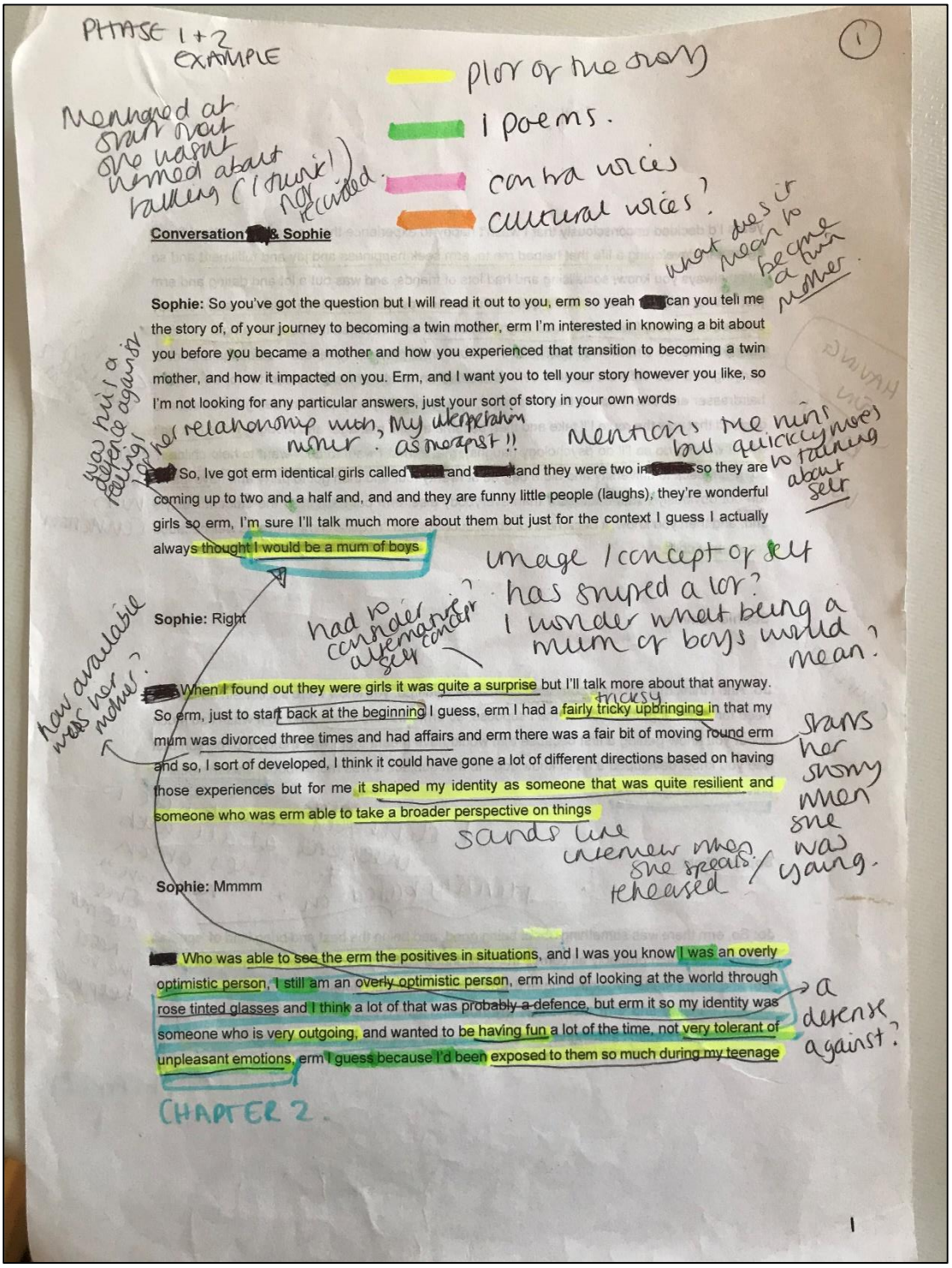
I felt like the story was "reported" + like an interview however at points felt emotional, ie at hotspot.

Wasn't sure how to relate to Jo – Sophie as therapist or twin mum? co-created, as some comprehension seeing therapists?

Felt a slight sense of isolation and loneliness on the terrain, ~~with~~ speaking to a "rational mind".


The chronology + meanings
Childhood. + shaping identity.
"Tricky" upbringing.
Rose tinted glasses.
Childhood - exposure to unpleasant emotions → seek happiness joy fulfilment
Meeting husband + identity
PLACES.
• HAVING FUN
VEGANISM
DIFFERENCE - husband
A story of upward social mobility?
"STEPFORD" WIFE
Difference
"pretty skank"
Where do I belong?
Deciding whether to have children
"I wasn't particularly maternal"
Getting pregnant.
LOSS - miscarriage.
Determination - Denying body pain
Finding out it was twins.
Body is brought into narrative - mentions sex then this part of her goes away quickly! (with the birth of her as mama?)
Meeting other twin mums.
finding out twins
"I thought I would be a mum of boys"
Meeting other twin mums
feeling special
Hospital - DENIAL? + ASDA sausages.
metaphor ambulance
unprepared.
That doesn't look how my baby was meant to look (miscarriage?)
The reality version
rose tinted glasses
The girls are born
LOSS
ALLOWS HERSELF TO cry
Discharge hospital.
NURSE - permission to be a mother
feeling not special.
IN/OUT groups
"Romantically" - Belonging
"Your not allowed to be proud of your achievements.
"the mission" to breastfeed
makes me feel OK
• freedom - 'not being free at all"
Body used to adhere at all costs (weight loss/determination)
Weekend in the house.
(they came home)
At home - a real transition.
• Routine • Isolation
Breastfeeding (body).
Reflecting on the transition.
Loss of self - sex as a silent theme - even whispers due to cleaners being there.
Relationship changing
"TRICKY" SHIT - link to beg or story
ITS NOT OK FOR ME TO FEEL SAD.
Holding her babies in mind - had to be
Guilt - not giving them enough
(STRIVING).
agreed about this
Panacute run
Logistical restrictions
Its never enough.
We aren't set up for twins (PLAYGROUND)

Appendix 6: Transcript example for phases 1 & 2 of listening guide: Identifying the plot/ minor/ major themes and stories & experimenting with 'I- poems)

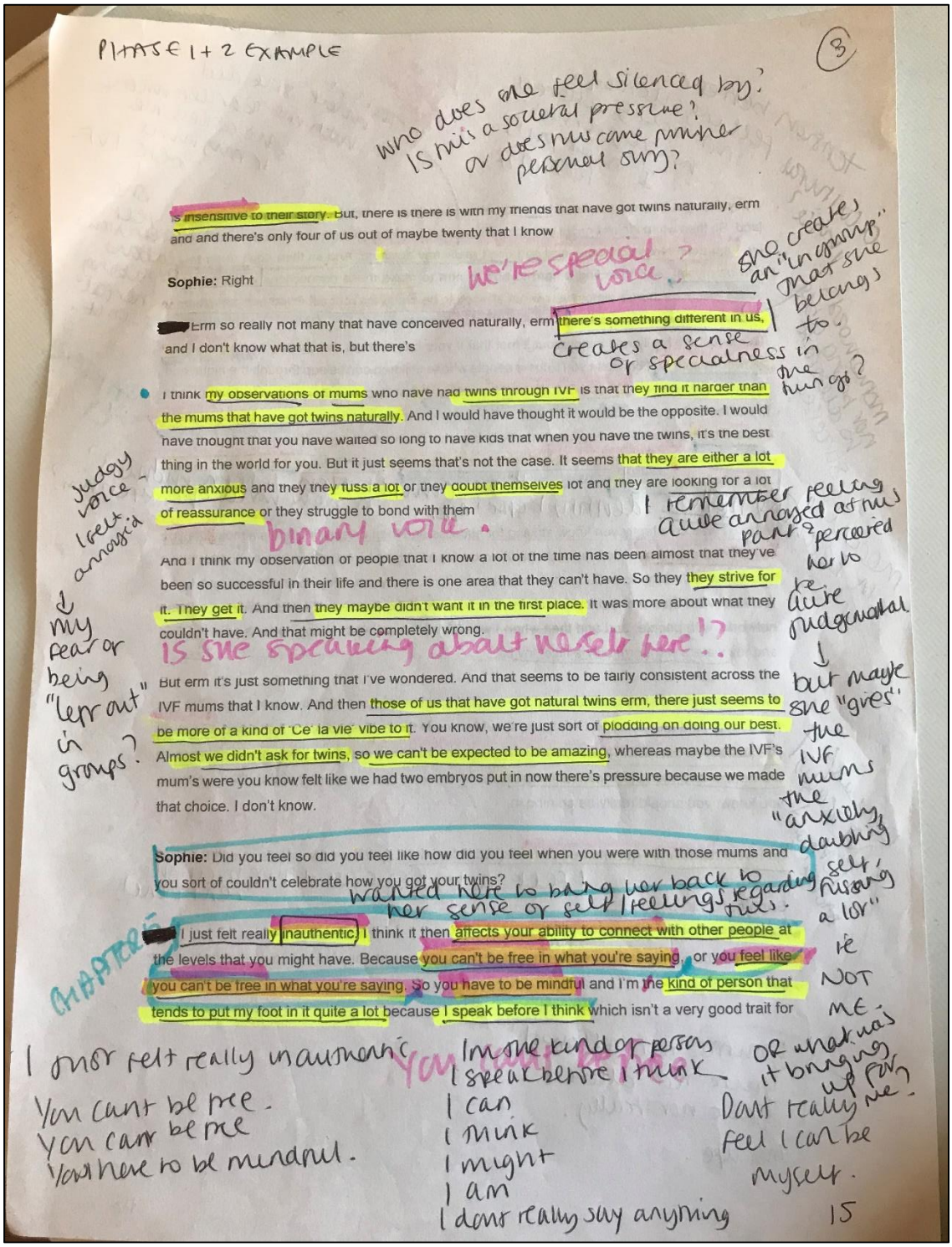


four days although you probably weren't even pregnant, because if I hadn't taken the test, I would have just thought it was a late period but there's all the stories you tell yourself about it not being valid to be upset about that. But I think I probably was quite upset.

And then that kind of made me more determined to fall pregnant. And so then I kind of was tracking when I was fertile erm with a view to make sure that we did get pregnant again. But I didn't tell [redacted] I was doing that. And then I ended up about a couple of weeks later. I can't remember the timing, but I hurt my back quite seriously. I had a slipped disc. And so I was off work for a really long time, I think two months. I was off work and I had sciatica and I couldn't feel my foot. So even though the pain subsided after a while I couldn't drive, I couldn't feel my foot for the accelerator pedal or break. And while I was laid up at home, I was fertile. And so I said to Mark (laughs), we should have sex. And erm but my back was really painful and I just laid there not moving at all and wincing the whole way through so that erm, yeah so it didn't hurt.

And we fell pregnant. Erm so I think it was like the next period after the miscarriage erm. And we did the pregnancy test. And it was a much stronger line, so I think I did the pregnancy test the next day after I was due and it was a really, really strong line on the pregnancy test. And so again, I was really excited erm and didn't sort of focus too much on it erm because I think because of what happened last time, so I think I was quite guarded about it. Erm and then we'd gone to erm [redacted] for our anniversary and the morning sickness started. And so this would have been really, you know, seven weeks or something. And I just felt absolutely awful erm just really, really sick. And that sickness lasted until about 14 weeks. And so obviously, at that point then I couldn't I wasn't drinking and I just didn't want to go out cos I just felt sick and all I ate was jam sandwiches. I think or jam on toast because it was the only thing I could stomach. Erm, and by eight weeks my trousers were getting tight.

And I remember saying to my mother in law, you know, I can't do my trousers up I'm having to wear elastic you know a hairband to tie it up. And she said, oh, it's just water. It's just water weight. And then erm, I have missed a really fundamental part about my identity, which is sex which I will come back onto because I just realised I haven't spoken about that. And then, I had gone back to work at this point, and we were going to go to [redacted] on holiday to visit [redacted] auntie who lives there, just for a week. Erm and just stay with them and then go to their cottage by the lake and things. And the sickness had started to feel a bit better but, in the mornings,, I'd be really really faint erm and would have to sit down on the way to breakfast and things if we were going



PHASE 1+2 EXAMPLE

3

Who does she feel silenced by? Is this a societal pressure? Or does this come from personal shit?

is insensitive to their story. But, there is there is with my friends that have got twins naturally, erm and and there's only four of us out of maybe twenty that I know

Sophie: Right

[redacted] Erm so really not many that have conceived naturally, erm there's something different in us, and I don't know what that is, but there's

We're special voice.

She creates an "in group" that she belongs to.

Creates a sense of specialness in the hurt?

I think my observations of mums who have had twins through IVF is that they find it harder than the mums that have got twins naturally. And I would have thought it would be the opposite. I would have thought that you have waited so long to have kids that when you have the twins, it's the best thing in the world for you. But it just seems that's not the case. It seems that they are either a lot more anxious and they they fuss a lot or they doubt themselves lot and they are looking for a lot of reassurance or they struggle to bond with them

Judgy voice - I felt annoyed

binary voice.

I remember feeling quite annoyed at this part & perceived her to be quite judgmental

↓ but maybe she "gives" the IVF mums the "anxiety, doubting self, fussing a lot" ie NOT ME.

And I think my observation of people that I know a lot of the time has been almost that they've been so successful in their life and there is one area that they can't have. So they they strive for it. They get it. And then they maybe didn't want it in the first place. It was more about what they couldn't have. And that might be completely wrong.

Is she speaking about herself here!?

But erm it's just something that I've wondered. And that seems to be fairly consistent across the IVF mums that I know. And then those of us that have got natural twins erm, there just seems to be more of a kind of 'Ce' la vie' vibe to it. You know, we're just sort of plodding on doing our best. Almost we didn't ask for twins, so we can't be expected to be amazing, whereas maybe the IVF's mum's were you know felt like we had two embryos put in now there's pressure because we made that choice. I don't know.

↓ My fear of being "left out" in groups?

Sophie: Did you feel so did you feel like how did you feel when you were with those mums and you sort of couldn't celebrate how you got your twins?

Wanted here to bring her back to her sense of self/feelings regarding this.

CHAPTER

[redacted] I just felt really inauthentic. I think it then affects your ability to connect with other people at the levels that you might have. Because you can't be free in what you're saying, or you feel like you can't be free in what you're saying. So you have to be mindful and I'm the kind of person that tends to put my foot in it quite a lot because I speak before I think which isn't a very good trait for

I just felt really inauthentic

You can't be free. You can't be free You have to be mindful.

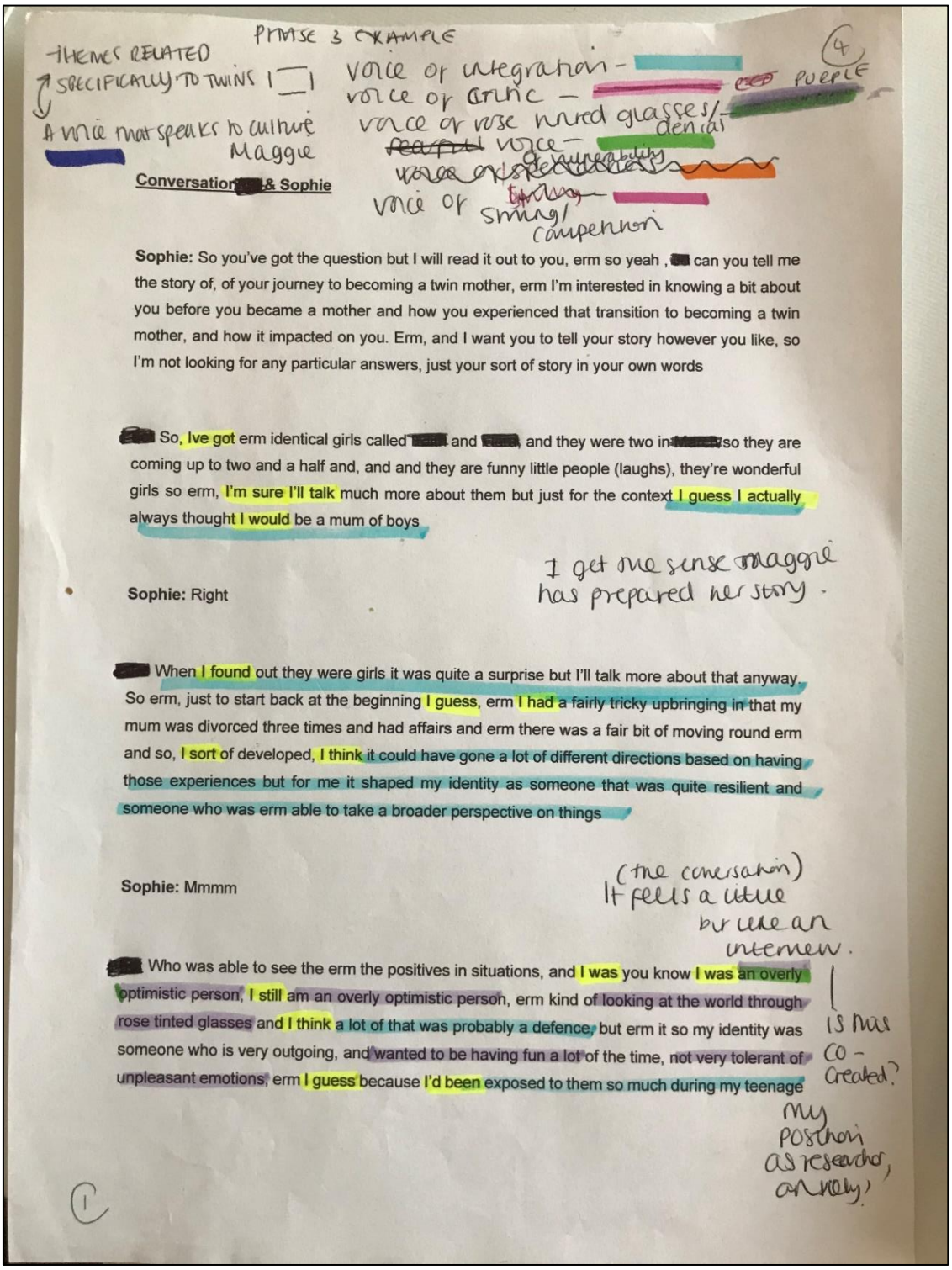
I'm the kind of person I speak before I think

I can I think I might I am I don't really say anything

OR what was it bringing up for me? Don't really feel I can be myself.

15

Appendix 7: Transcript example for phase 3 of listening guide: Identifying various voices and relationship with each other



PHASE 3 EXAMPLE

THEMES RELATED SPECIFICALLY TO TWINS

A VOICE THAT SPEAKS TO CULTURE Maggie

VOICE OF INTEGRATION - PURPLE

VOICE OF CLINIC -

VOICE OF ROSE TINTED GLASSES/ denial

VOICE OF SMING/ COMPENSATION

(4)

Conversation & Sophie

Sophie: So you've got the question but I will read it out to you, erm so yeah , can you tell me the story of, of your journey to becoming a twin mother, erm I'm interested in knowing a bit about you before you became a mother and how you experienced that transition to becoming a twin mother, and how it impacted on you. Erm, and I want you to tell your story however you like, so I'm not looking for any particular answers, just your sort of story in your own words

So, Ive got erm identical girls called and , and they were two in so they are coming up to two and a half and, and and they are funny little people (laughs), they're wonderful girls so erm, I'm sure I'll talk much more about them but just for the context I guess I actually always thought I would be a mum of boys

I get the sense Maggie has prepared her story.

Sophie: Right

When I found out they were girls it was quite a surprise but I'll talk more about that anyway. So erm, just to start back at the beginning I guess, erm I had a fairly tricky upbringing in that my mum was divorced three times and had affairs and erm there was a fair bit of moving round erm and so, I sort of developed, I think it could have gone a lot of different directions based on having those experiences but for me it shaped my identity as someone that was quite resilient and someone who was erm able to take a broader perspective on things

Sophie: Mmmm

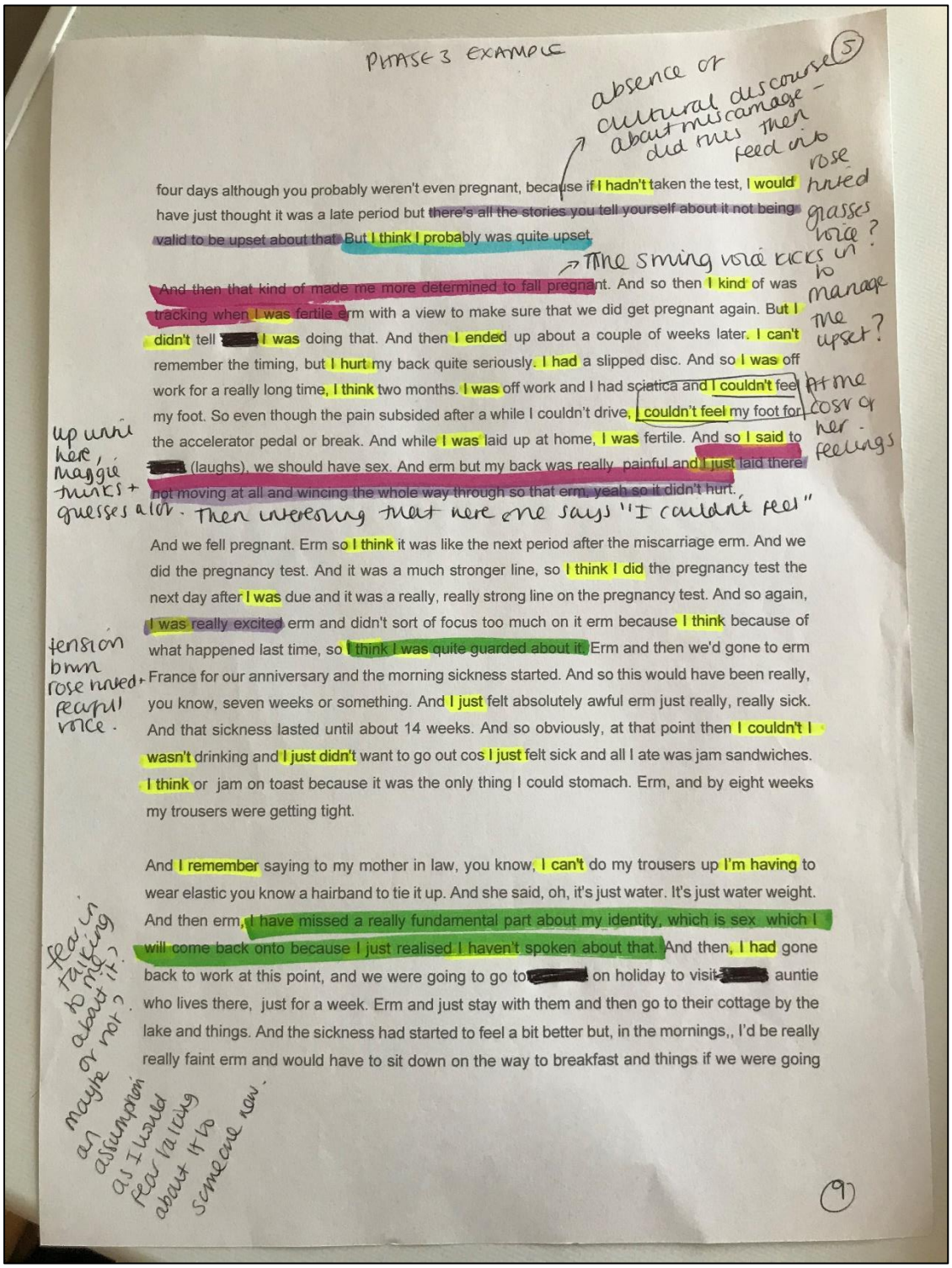
(the conversation) It feels a little bit like an interview.

Who was able to see the erm the positives in situations, and I was you know I was an overly optimistic person, I still am an overly optimistic person, erm kind of looking at the world through rose tinted glasses and I think a lot of that was probably a defence, but erm it so my identity was someone who is very outgoing, and wanted to be having fun a lot of the time, not very tolerant of unpleasant emotions, erm I guess because I'd been exposed to them so much during my teenage

Is this co-created?

My position as researcher, or not?

(1)



PHASE 3 EXAMPLE

four days although you probably weren't even pregnant, because if I hadn't taken the test, I would have just thought it was a late period but there's all the stories you tell yourself about it not being valid to be upset about that. But I think I probably was quite upset.

And then that kind of made me more determined to fall pregnant. And so then I kind of was tracking when I was fertile erm with a view to make sure that we did get pregnant again. But I didn't tell [redacted] I was doing that. And then I ended up about a couple of weeks later. I can't remember the timing, but I hurt my back quite seriously. I had a slipped disc. And so I was off work for a really long time, I think two months. I was off work and I had sciatica and I couldn't feel my foot. So even though the pain subsided after a while I couldn't drive, I couldn't feel my foot for the accelerator pedal or break. And while I was laid up at home, I was fertile. And so I said to [redacted] (laughs), we should have sex. And erm but my back was really painful and I just laid there not moving at all and wincing the whole way through so that erm, yeah so it didn't hurt.

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absence of cultural discourse about miscarriage - did this then feed into

(5)

rose hired glasses voice?

The strong voice kicks in to manage the upset?

At the cost of her feelings

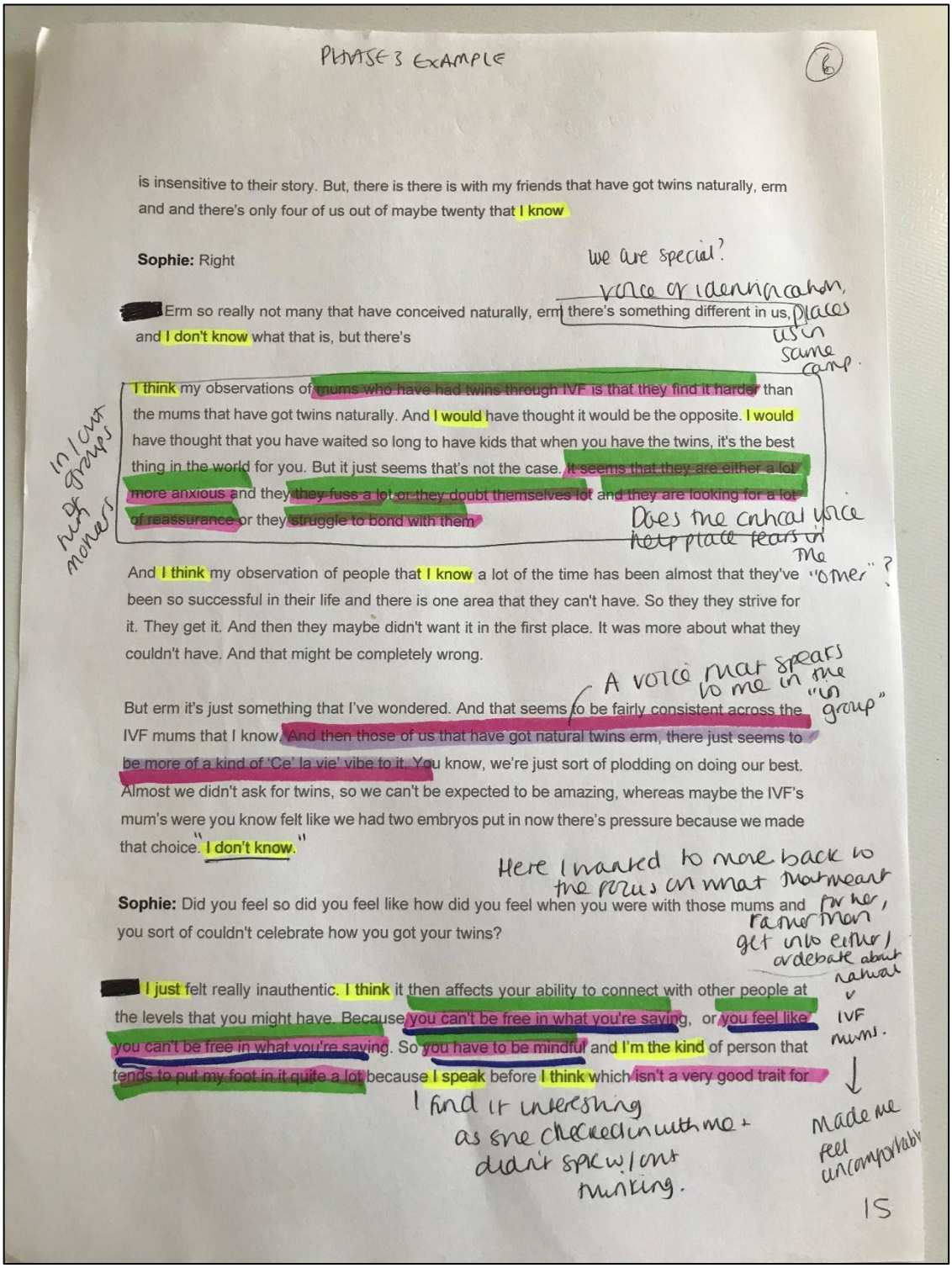
up until here, Maggie thinks + guesses also. Then interesting that here one says "I couldn't feel"

tension btwn rose hired + fearful voice.

fear in talking to me about it? or not?

maybe an assumption as I would fear talking about it to someone now.

(9)



PHASE 3 EXAMPLE

6

is insensitive to their story. But, there is there is with my friends that have got twins naturally, erm and and there's only four of us out of maybe twenty that I know

Sophie: Right

we are special?

voice of identification, places us in same camp.

[redacted] Erm so really not many that have conceived naturally, erm there's something different in us, and I don't know what that is, but there's

in/out groups with mothers

I think my observations of mums who have had twins through IVF is that they find it harder than the mums that have got twins naturally. And I would have thought it would be the opposite. I would have thought that you have waited so long to have kids that when you have the twins, it's the best thing in the world for you. But it just seems that's not the case. It seems that they are either a lot more anxious and they they fuss a lot or they doubt themselves lot and they are looking for a lot of reassurance or they struggle to bond with them

Does the critical voice help place fears in the "other"?

And I think my observation of people that I know a lot of the time has been almost that they've been so successful in their life and there is one area that they can't have. So they they strive for it. They get it. And then they maybe didn't want it in the first place. It was more about what they couldn't have. And that might be completely wrong.

A voice that speaks to me in the "in group"

But erm it's just something that I've wondered. And that seems to be fairly consistent across the IVF mums that I know. And then those of us that have got natural twins erm, there just seems to be more of a kind of 'Ce' la vie' vibe to it. You know, we're just sort of plodding on doing our best. Almost we didn't ask for twins, so we can't be expected to be amazing, whereas maybe the IVF's mum's were you know felt like we had two embryos put in now there's pressure because we made that choice. "I don't know."

Here I wanted to move back to the focus on what that meant for her, rather than get into either/ or debate about natural v IVF mums.

Sophie: Did you feel so did you feel like how did you feel when you were with those mums and you sort of couldn't celebrate how you got your twins?

[redacted] I just felt really inauthentic. I think it then affects your ability to connect with other people at the levels that you might have. Because you can't be free in what you're saying, or you feel like you can't be free in what you're saying. So you have to be mindful and I'm the kind of person that tends to put my foot in it quite a lot because I speak before I think which isn't a very good trait for

I find it interesting as she checked in with me + didn't spew/vent ranting.

Made me feel uncomfortable

15

Appendix 8: Table of voices heard in Maggie's story

The voice of 'rose tinted glasses'	The voice of vulnerability	The voice of determination/ striving	The critical voice	The voice that speaks to culture
'I was an overly optimistic person, I still am an overly optimistic person'	'I hurt'	'I said we should have sex'	'I know that's an awful thing to say'	'I wasn't particularly maternal'
'wanting to be having fun a lot of the time, not very tolerant of unpleasant emotions'	'I think that scared me a bit'	'I just laid, not moving at all so it didn't hurt'	'I wasn't there (at the hospital) around the clock, there was a lot of guilt there'	'like you're not allowed to be upset'
'I was really surprised at how upset I was'	'Oh God that's going to be tricky'	'I don't want to not feel special'	'You feel like you're only giving each of them half of you'	'all the stories you tell yourself about it not being valid to be upset about that'.
'I couldn't feel'	'I completely lost it and was in tears'	'I feel better than other people'	'I beat myself up about not being present enough with them'	'They did something and they made it better'
'I was just really romanticising it all'	'I was a complete mess'	'I was the best at university because I got a first'	'I'm doing half a job'	'No one told me if you have them early that's not what it's like. You won't get to hold them'
'This is wonderful, twins is so special, the most amazing new ever, how wonderful, the joy of it all'	'I just didn't think I was allowed, or didn't know how or something'	'I'll do this for them and I'll make it up for them'	'I was like, oh, I feel like a really bad person now'	'Can you come and help me pick up my baby'
'They're not just boys which are very straightforward, you know where you are with them'	'It wasn't the romantic story I'd expected'	'I just thought it was going to make up for the loss of our start that we should have had in some way'		'I hadn't been able to take them to 40 weeks…which is what we were told'
'I'm not even an emotional person, I'm always really optimistic'	'Someone's made me feel bad'	'We just fought through it all'		'I was angry'
'I'm sorry' (when cries in conversation)	'I'm sorry I don't want to cause any offence if you had your twins through IVF'	'It's really important I keep thinking about that'		'You can't be free'
'I haven't actually spoken about it'	'We've probably only had sex twice in all that time' (scoffs)	'I'm trying to make up for the fact that I'm doing half a job'		'You're not allowed to be proud'
	'I've lost that part of me'			'You can't celebrate'
	'I just felt so overwhelmed that I couldn't give both of them the care and love that they needed in that moment'			'mindful of talking about it (sex), but will anyway

	‘I felt like I was abandoning them’			because it is important’ ‘There was probably about fifteen twin mums- absolute carnage’ ‘It’s a real powerful narrative in new twin mums that it’s ok, sometimes they just have to wait, and you’re not going to damage them’ ‘I can’t take two babies upstairs in the café’ ‘Life isn’t sort of set up for twins in the same way that it is for single babies’

Appendix 9: Table of voices heard in Ellin's story

The 'unsure/ young' voice	Voice of curiosity/ growth (in context of 'we')	The voice of the emerging 'I' (adult)	The voice that speaks to culture
'I guess' 'I suppose' 'I think' 'You know' 'I suppose, I've always been waiting for that moment of adulthood' 'I just thought I would see what happened' 'I didn't have strong enough views' 'before ***we*** were parents it was like a club you were invited into when you had passed level five wisdom or something…and you know ***we*** just sort of felt like you know ***we weren't*** quite ready.' 'I still didn't feel ***we*** were grown up enough' 'Maybe ***we*** will never ever be like proper adults' 'Someone who is actually qualified in these matters doesn't think I am completely insane	'I wonder what it would be like if ***we*** had children?' 'Maybe ***we*** could be parents' 'Maybe ***we*** will never feel grown up enough but maybe we should at least find out' '***We*** were waiting for all this wisdom to impart, but ***we*** have actually got some good experiences that we could hand on' We agreed' 'We came to' 'We ended' 'We did' 'We were thrilled' 'We handled it' 'We coped' 'We got there' 'We looked after each other' 'We've done alright' 'We're doing alright'	'I started to think, oh wow maybe I do want this' 'For me personally I think it was less about finding out what Rachel thought but like thinking 'Oh turns out I think this' 'I still don't feel two and a half years on that I've reached sort of wisdom, level five, I ***felt*** like, ***I felt*** like 'Oh I am actually an adult, I can probably do this' 'I have got some good values and there are things I could bring to the table in terms of becoming a parent' 'I do like, kind of a little bit of approval' 'I think I discovered' 'I started' 'I am pretty bloody resilient' 'Oh my god it's happening, I'm about to become a parent'	'I'm not a particularly maternal person' 'I don't know why women always seem to slightly apologise for being ambitious' 'That's literally what they say' (donor 'out of stock') 'I don't think either of us were quite satisfied with the breastfeeding support in general, the feeding support' 'I still don't consider myself to be a hugely maternal person'

for entertaining this idea' 'Someone was actually saying you are a candidate for parenting'		'I felt really emotional' 'It is a moment I will never forget…my life is about to change forever' 'I've never felt anything other than 100 per cent their parent' 'I never thought I would say this but I would actually quite happily be a full-time parent' 'There's a lot of guilt that comes with being a twin parent' 'I always say that I think it's such a privilege and such an incredible thing being a parent of twins' 'Most of the time I think I do' 'I can feel guilty about that, or I feel guilty…' 'I am very capable of beating myself up' 'I'm definitely much more of a grown up, still not qualified in grown up- need but I definitely feel like there's been a lot of growth'	

Appendix 10: Table of voices heard in Ruby's story

The voice of raw emotions (hopelessness/ fear/ anger)	The voice of detachment	Voice of acceptance/ responsibility	The critical voice	Voice of observing 'I'	Voice that speaks to / of culture
'If I put this off I'm not going to be able to get pregnant' 'I sobbed, I just sat on the floor and just went, my life is over' 'I can't do this, I'm not ready' 'Oh I just found out where I'm happy and now I've got to go back to where I associate with unhappiness' 'My life was gone' 'I was literally beholden to these babies in me' 'I couldn't enjoy that last bit of freedom I had…it was literally gone' 'I was getting depressed' 'I was anxious' 'I don't know what's happening, I don't know	This voice 'laughs' after she speaks of the raw emotions she felt 'So anyway, got over that and went, Ok we can do this' 'Ok. They're alive, next step' 'I mentally prepared to lose them' 'I didn't really feel I had babies, they didn't feel like mine' 'just cope, you know, do three washes a day, fold them up' 'I've been waiting waiting waiting waiting to get back to being	'I've survived, I'm ok' 'I suddenly realised' 'I'm not the me I used to be. I have children' 'I'm starting to accept that I'm a mother' 'Huh?! I have two little boys, WOW' 'I was going to have to learn to accept my new role' 'I can't change it. I just have to learn to live in my new world' 'It's not going to come to me on a silver platter' 'You have to plan those moments' I have to look after myself' 'I can't rely on	'I stupidly didn't get help' 'I felt embarrassed, actually embarrassed that I was so anxious' 'Why do I find this so hard? Why, why do I hate this so much? Why is it so difficult? What's wrong with me?' 'Why can't I be a good mother? Why can't I be? Why can't I feel normal?' 'it's not normal to feel like I'm feeling' 'Oh I don't feel like there is' (when I comment on her resilience)	'Everything about me, the control side of me, the independence, it had all gone…I didn't even have that kind of gentle get my head around it period'(cries) 'I think I still hold resentment' 'I'm trying to think when I actually started to feel like mum' 'I kind of went into this place just kind of compartmentalizing it' 'There was no time really to think about how I felt' 'I think it really delayed or has delayed, because it's still present, my ability to process and come to terms with what's happened' 'I'm starting to think about me now' 'I have to now come to terms	'look you're not perimenopausal but you're on the brink, so if I was you I would take the coil out and see' 'I had to go in for emergency surgery because my cervix failed' 'They were saying, do you need help? We know you are at risk'? We were told 'in no uncertain terms that this kills premature babies' 'I wasn't allowed to see my boys. I was banned. I wasn't allowed' 'the transition to motherhood was literally, there was no gentle gentle about it, I was thrown into the stormy seas and to sink or swim (laughs)…ther

what's happening' 'Wounded me, scarred me actually' 'there was no gentle gentle about it, I was thrown into the stormy seas and to sink or swim' 'Oh my life is over, as I know it' 'I won't bother, if they weren't interested in me when I was wanting to kill myself and throw my babies off the balcony, why are they going to be interested in me now?' 'they broke me, and they took me back to a place I spent all of my life trying to get out of' 'I resented them'	normal again (laughs) and get back into that feeling of 'oh its me again' 'It's not that I beat myself up' 'You look after everyone else before yourself, and when you've got twins and a partner, there literally is no time for you even if you wanted there to be' 'Fine yeah it doesn't' (said in a dismissive tone when asked how she feels about telling story) '	someone's coming out with a glass of water and saying, here have a drink. I have to go, I need water, come on drink. I need to eat' 'How do I get that? What do I want and what I need' 'It just has to be different now' 'No one's going to come and save me… that's not going to happen, so I've got to take ownership of that and it's baby steps isn't it? 'It's made me feel a little bit more at peace with it' 'It's happened' 'That's just my story'	'I feel a bit useless'	with, so grieve the loss of what I had or wanted and realise that life just has to be a bit different' 'Until now I've pushed against it' (being a mother) 'I'll figure it out, I'll find myself again'. 'you beat yourself up' 'I beat myself up all the time' 'I think part of that is I haven't wanted to feel it because if I'm really honest, I really regretted having children' 'I feel like I'm starting to take ownership of that process now, whereas before I was in survival mode and that part of surviving was ignoring' 'I forget to be kind to myself' 'I just was neglecting myself and that was a pattern I always got into if I was in survival mode with my anxiety or depression' 'I almost step back and go WOW' 'I've done alright, I need to start telling myself that'	e was no, there was nothing- get on with it' 'No one can help you with that, you're on your own with that' 'Recovery takes years and people just don't tell you that' 'Expectations are not set very well with health professionals' 'I think the support out there is pretty shocking and we just put it in the same category as, oh, that's that's postnatal depression or oh, she's suffering a bit of anxiety because she's got a lot to deal with. Well, yes but how about the trauma of the birth and all that went on there? And then on top of that I can't cope with what's going on…health professionals need to be far more mindful of the difficulties that come with twin parenting'

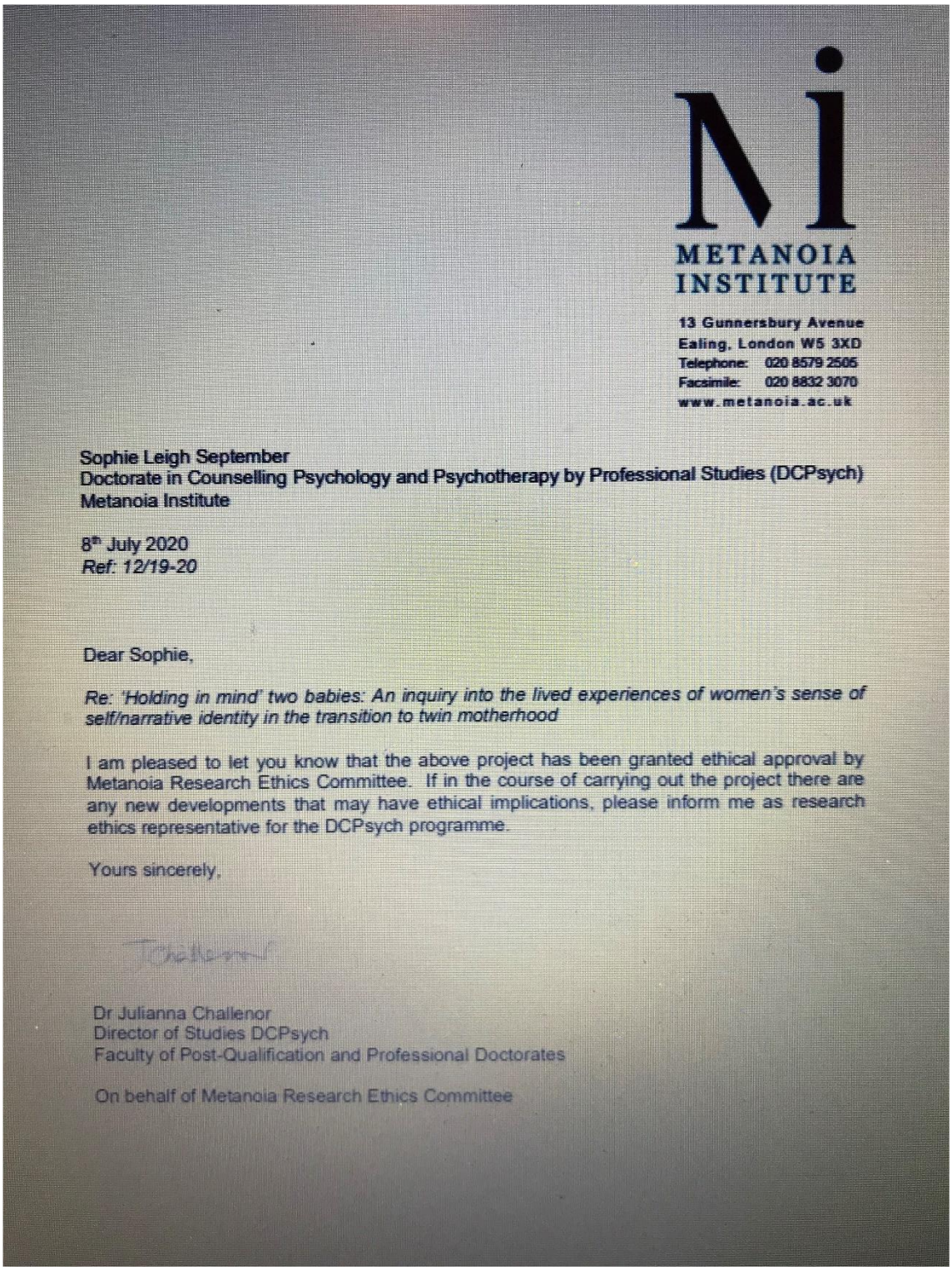
Appendix 11: Table of voices heard in Carrie's story

Voice of pragmatism/ doing	Voice of vulnerability	Voice of vulnerability is 'not me'	Voice of humility' luck	Voice that speaks to culture
'I was still kind of active, I did…I didn't run…I did a lot of yoga, did a lot of walking, you know stayed physically active' 'I kind of stayed on the train' 'You know there are things you can control and things you can't control' 'I don't, I don't worry about things I can't control because I just think, it's not good for me' 'I certainly talked to friends' 'I think always had a really clear kind of this is you know clearly the right thing to do' 'Right that's the thing I'm going to do. A,B right, I'll go for B' 'I'm going to just kind of do what people tell me to do really'	'I just kind of got hot and felt really claustrophobic' 'I was about to faint' 'I was kind of mindful about her (mum's) anxiety' 'About what I should do' 'Is this the right thing? Is this the right thing?' (cries) 'I did **feel** myself kind of just going around the decision like well, is this the right thing to do or is that the right thing to do' 'He just looked to me like he was really cross They both just looked like they were perfectly happy where they were and didn't want to be born quite yet' 'I kind of really got into the habit of during the day like kind of almost forcing Lola and Theo into a bit of a routine by like	'What?! This is bonkers! Why would I ever think like that (laughs), it was hilarious' 'I was never anxious and er I didn't ever really feel concerned about them and I felt totally fine' 'I had such an easy pregnancy' 'I'm quite logical in that way' 'That's not a thing' 'I just don't think about it' 'I don't know why this is affecting me' (when she cries about deliberation she felt about c-section) 'I really had not realised' (impact on body when pregnant) 'I had totally not realised the impact on your body' 'I'd felt totally fine'	Describes self as 'lucky' numerous times Describes self in relation to others that were worse off i.e. breastfeeding/ having more children to look after as well as twins 'yeeeeeh' (responds hesitantly when I comment on achievement at breastfeeding) 'I was super lucky I found it as easy as anything really' 'Luckily I didn't have another child to look after' 'I could not imagine having you know like a toddler running around and having twins to look after at the same time…I just don't see how you would manage that really' 'I guess luckily, you know, I had there were	'I took the pills I did the jabs you know, without much of a fuss really' (IVF) 'I'm going to just kind of do what people tell me to do really' (hospital) 'Tone it down a little bit, Like I'm just feeding my babies, it's like I'm not a superstar!' (to health professionals) 'You can't just go, and like take them for a coffee like lots of other mums do. Physically it's just so much more challenging isn't it? You know if there's just one of you' Husband Tom; 'I'm totally their surrogate mum!'

‘I’m going to do’ ‘I just focussed all my energy on feeding them’ ‘I could’ ‘This is like my job, this is what I need to do’ ‘You kind of figure out ways’ ‘I don’t feel like I put myself under too much pressure’ ‘if I’m on my own I’m not going to (bath them)’ ‘You just find ways’ ‘How do I do it? How do I do that thing I would like to do?’ ‘Certainly for me anyway it been about just kind of application…well so that’s the thing you need to do so just get on with it and do it ‘You know previously if I just put a boob in their mouth they’d stop crying’ ‘I’ve had an absolute killer at work where I’ve had like two nights when I’ve	taking them out in the pram because as soon as they were pushed in the pram, they would kind of fall asleep…I kind of structured my days really around, you know, them napping’ ‘Oh my God how am I going to do this?’ ‘I would worry about, or be concerned about or whatever, and just feel really overwhelmed’ (talks about work) ‘I can’t do this, you know’ ‘Now it’s like an endless list of things they could be crying about and sometimes they can’t communicate what that is…that’s much more challenging in lots of ways I feel’	‘He just looked to me like he was really cross They both just looked like they were perfectly happy where they were and didn’t want to be born quite yet’ ‘Yeah, I mean if you think about it for too long it’s like…’ (doesn’t finish sentence) ‘I’m just going to stay away from that’ I’m actually a little bit surprised about how emotional I got at certain parts’ ‘I’m not I’m not terribly emotional usually’	definitely lots of, you know places to take them’	

been up working very very late, so maybe that's got something to do with it (I'm actually a little bit surprised about how emotional I got at certain parts)'				

Appendix 12: Ethical approval



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Sophie Leigh September
Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych)
Metanoia Institute

8th July 2020
Ref: 12/19-20

Dear Sophie,

Re: 'Holding in mind' two babies: An inquiry into the lived experiences of women's sense of self/narrative identity in the transition to twin motherhood

I am pleased to let you know that the above project has been granted ethical approval by Metanoia Research Ethics Committee. If in the course of carrying out the project there are any new developments that may have ethical implications, please inform me as research ethics representative for the DCPsych programme.

Yours sincerely,

Dr Julianna Challenor
Director of Studies DCPsych
Faculty of Post-Qualification and Professional Doctorates

On behalf of Metanoia Research Ethics Committee

Appendix 13: Research Supervisor Confirmation of Consent

Research Supervisor Confirmation of Consent

Name of student: Sophie September

Name of research project: Holding two babies in mind: a narrative inquiry into the impact on a woman's sense of self in the transition to twin motherhood

This is to verify that as Research Supervisor for the above research project I have seen proof that appropriate consent has been obtained from the participants used in the project.

Supervisor's name: Saira Razzaq

Signature: 

Date: 10/1/2022