

A Thesis Submitted for the Degree of PhD at the University of Warwick

Permanent WRAP URL:

<http://wrap.warwick.ac.uk/111470>

Copyright and reuse:

This thesis is made available online and is protected by original copyright.

Please scroll down to view the document itself.

Please refer to the repository record for this item for information to help you to cite it.

Our policy information is available from the repository home page.

For more information, please contact the WRAP Team at: wrap@warwick.ac.uk

Experiences of Parenting Beyond the Norm

Sarah Gowling

This thesis is submitted in partial fulfilment of the requirements for the degree
of Doctorate in Clinical Psychology

**Coventry University, Faculty of Health and Life Sciences
University of Warwick, Department of Psychology**

May 2018

Contents

List of tables and figures	5
List of abbreviations	6
List of appendices	7
Acknowledgements	8
Declaration	9
Summary	10
Chapter 1: A systematic review of qualitative research exploring children and adult children's experiences of having a parent with an alcohol problem.	11
1.0. Abstract	12
1.1. Introduction	13
1.1.1. Background	13
1.1.2. Impact on parenting and outcomes for children	14
1.1.3. Rationale	16
1.1.4. Aims	17
1.2 Method	17
1.2.1. Literature search	17
1.2.2. Inclusion and exclusion criteria	18
1.2.3. Classification of studies	20
1.2.4. Quality assessment	22
1.2.5. Characteristics of studies	24
1.3. Results	31

1.3.1. Theme 1: Impact on childhood life	31
1.3.2. Theme 2: Psychological impact	35
1.3.3. Theme 3: Impact into adulthood	38
1.3.4. Theme 4: Support received or wished for	41
1.3.5. Critique	43
1.4. Discussion	46
1.4.1. Limitations	49
1.4.2. Clinical implications	49
1.4.3. Future research	51
1.5. Conclusion	51
1.6. References	53
 Chapter 2: “Our relationship is different”: Exploring mothers’ early experiences of bonding to their twins	 58
2.0. Abstract	59
2.1. Introduction	60
2.1.1. Prevalence and impact of twin pregnancies	60
2.1.2. Attachment	61
2.1.3. Bonding with twins	62
2.1.4. Rationale	66
2.2 Method	66
2.2.1. Design	66
2.2.2. Participants	67
2.2.3. Procedure	69

2.2.3.1. Ethical procedures	69
2.2.3.1.1. Informed consent	70
2.2.3.1.2. Harm	70
2.2.3.2. Materials	70
2.2.3.3. Recruitment	71
2.2.3.4 Reflexivity	71
2.2.3.5. Procedure	72
2.2.3.6 Analysis	72
2.3. Results	73
2.3.1. Theme 1: “Twin guilt”	74
2.3.1.1. Theme 1a: “There’s no time for cuddling”	74
2.3.1.2. Theme 1b: “I won’t hold either of them then”	76
2.3.1.3. Theme 1c: “I’ve not even told my husband this”	79
2.3.2. Theme 2: “I missed out...they miss out”	81
2.3.2.1. Theme 2a: “If I’d have had one baby I would have...”	82
2.3.2.2. Theme 2b: “We do have a bond... it’s just a different one”	85
2.4. Discussion	88
2.4.1. Limitations	91
2.4.2. Clinical Implications	92
2.4.3. Future Research	92
2.5. Conclusion	93
2.6. References	95

Chapter 3: Parallel processes: Reflecting on the insider and outsider positions of research	99
3.1. Introduction	100
3.2. My position	101
3.3. 'Intense interest'	103
3.4. Learning to be in the researcher position	107
3.5. Conclusion	110
3.6. References	112

List of tables

Table 1.1 Key search terms used for literature review	18
Table 1.2. Inclusion and exclusion criteria	19
Table 1.3. Checklist for assessing the quality of research	22
Table 1.4. Key characteristics of studies	26
Table 2.1. Participant inclusion and exclusion criteria	68
Table 2.2. Participant characteristics	69
Table 2.3. Superordinate and subordinate themes	73

List of Figures

Figure 1.1. PRISMA flow diagram	21
Figure 2.1. Steps involved in IPA analysis	72

List of Abbreviations

WHO	World Health Organisation
HSCIC	Health and Social Care Information Centre
UK	United Kingdom
DoH	Department of Health
AHRSE	Alcohol Harm Reduction Strategy for England
PwAP	Parent with an Alcohol Problem
PRISMA	Preferred Reporting Items for Systematic Review and Meta-analysis
USA	United States of America
IPA	Interpretative Phenomenological Analysis
GP	General Practitioner Doctor
ONS	Office for National Statistics
IWM	Internal Working Model
BPS	British Psychological Society
TAMBA	Twin and Multiple Birth Association

List of Appendices

A	Journal of Families, Relationships and Societies author guidelines	113
B	Certificate of Ethical Approval from The University of Coventry: Literature review	115
C	Journal of Reproductive and Infant Psychology author guidelines	116
D	Certificate of Ethical Approval from The University of Coventry: Empirical research	118
E	Participant information sheet	119
F	Consent form	122
G	De-brief sheet	124
H	Interview schedule	125
I	Demographic information form	126
J	Transcript example	127
K	Photo of cue cards	128

Acknowledgements

Firstly, I would like to thank all of the twin mothers who took part in this research; their honesty and bravery meant that their experiences could be shared and used to help others. They taught me so much about their experiences and I am so appreciative of this.

I would also like to thank my research team; Dr Carolyn Gordon, Dr Lesley Pearson and Dr Kirstie McKenzie-McHarg for their enthusiasm, interest, honesty and support throughout the whole process.

My wonderful friends and family deserve special thanks for all their love and encouragement; especially my mum, Linda and my dad, Mark who have supported me in everything I have chosen to do. I am very lucky to have such a supportive family 'beyond the norm'. A special thank you must also go to my lovely friend Bryony who has always encouraged me to believe in myself. And for all his love and comfort, my boyfriend Chris. Thank you for keeping me calm, being my problem solver when I needed it and for always being there.

Finally, I want to thank my cohort of fellow trainees. I could not have asked for a more supportive group of people to have trained with. I have learned a lot from each and every one of you and I cannot wait to see where life takes us now.

Declaration

This thesis has not been submitted for any other degree or to any other institution. The thesis was conducted under the academic and clinical supervision of Dr Carolyn Gordon (Clinical Psychologist, Coventry University), Dr Lesley Pearson (Clinical Psychologist, Coventry University), and Dr Kirstie McKenzie-McHarg (Consultant Clinical Psychologist, Warwick Hospital) all of whom were involved from the initial formulation of the research idea and design. All the material presented in this thesis is my own work. The literature review is written for submission to the Journal of Families, Relationships and Societies. The empirical paper is written for submission to the Journal of Reproductive and Infant Psychology.

Summary

This thesis focusses on issues surrounding parenting beyond the norm. This refers to experiences of parenting and being parented in situations which are not the 'typical'.

The first chapter presents a systematic review of qualitative research which has been conducted looking at children and adult children's experience of having a parent with an alcohol problem. Thirteen papers were included in the review. Children described their lives as having been affected by their parent's alcohol problem through to adulthood; impacting on their emotional and psychological development. An adult child's ability to accept and move on from their early experiences are shown to be complex. These families are hard to reach and engage. Therefore, providing children with opportunities to talk to someone outside of the family is important. A critique of the papers included in this review is given and ideas for future research are suggested.

Chapter two presents a qualitative research study into the experience mothers have during the early bonding period with twin infants. Six mothers of twins participated in semi-structured interviews. The study was informed and analysed using principles of Interpretative Phenomenological Analysis. The findings of this study suggest the process of bonding with twins is complex, with mothers' experiences being driven by guilt, loss and a need to adapt. All the mothers felt they had bonded but that the process of bonding was different to what they had expected. Results are discussed in line with clinical and research implications.

The final chapter is a reflective account of the experience the author had of conducting this research. The paper reflects on the experience of holding both 'insider' and 'outsider' positions, and on the discovery of parallel processes occurring for the author alongside the participants experiences. The meaning of, and the value of reflective practice to the author is also discussed.

Overall word count: 19,178

Chapter 1: Systematic Literature Review

A systematic review of qualitative research exploring children and adult children's experiences of having a parent with an alcohol problem.

*Written in preparation for submission to Journal of Families, Relationships
and Societies (See Appendix A for author guidelines)*

Overall chapter word count (excluding tables, figures and references): 8116

Abstract

Aim: This systematic review of qualitative literature aimed to explore the experience of being a child of a parent with an alcohol problem. **Method:** A literature search was conducted within PsychINFO, CINAHL, Academic Search Complete, Scopus and Google Scholar. Thirteen papers were identified which met the inclusion criteria of being focussed on a child or adult child's experience of having a parent with an alcohol problem. **Findings:** A parent with an alcohol problem was shown to affect the lives and emotional and psychological development of their children through to adulthood. The process of accepting and moving on from these histories is complex but is shown to be important for wellbeing. **Conclusion:** Providing opportunities for children to talk to someone outside of the family is shown to be important but may take extra awareness and training for professionals as these children often hide their problems. Adult children should be supported in accessing therapy to help process the impact of their early life experiences.

1.1. Introduction

1.1.1. Background

It was estimated that 5.9% (3.3 million) of all global deaths were attributable to alcohol misuse in 2012 (World Health Organisation (WHO), 2014). Europe had the highest alcohol consumption in the world (Health and Social Care Information Centre (HSCIC), 2015), and within the UK it was estimated that 24.2% of the population had drinking patterns that were either hazardous (risk of physical or psychological harm) or harmful (where damage to health is likely; HSCIS, 2015). However, statistics are unlikely to include alcohol dependant adults who may be homeless, in institutional settings or be less willing to participate in surveys (HSCIC, 2015). As a result, it is possible the extent of alcohol misuse is higher.

The two most concerning patterns of alcohol misuse are binge drinking (drinking above double the daily recommended guidelines) and chronic drinking (drinking large amounts regularly; Department of Health (DoH), 2004). It has been estimated that around 30% of children under the age of 16 (3.3-3.5 million) in the UK live with at least one parent whose behaviour would be classed as binge drinking (Manning, Best, Faulkner & Titherington, 2009). Between 780,000 and 1.3 million children are affected in some way by parental alcohol problems as defined above (DoH, 2004). Alcohol misuse is seen to disrupt the lives of families affecting all areas of society, irrespective of social class (Turning Point, 2006). For example, marriages are twice as likely to end in divorce when one partner misuses alcohol (Alcohol Harm Reduction

Strategy for England (AHRSE), 2004). Furthermore, three hundred and sixty thousand reported incidents of domestic violence are related to alcohol, with a significant proportion of incidents being witnessed by children (DoH, 2004). Alcohol misuse therefore presents a problem to families and in particular, parenting.

1.1.2. Impact on parenting and outcomes for children

Turning Point (2006) emphasised that parents with an alcohol problem (PwAP) are not necessarily 'bad' parents, and they may be concerned with their child's welfare. However, with a significant proportion of families seen in Social Care settings experiencing chronic alcohol misuse (Taylor, Toner & Templeton, 2008), it might suggest that PwAP's struggle to provide adequate levels of care for their children. There are increased physical risks for younger children which include poorer hygiene and lack of safety precaution. Children may also experience unsuitable childcare, being left alone, with older siblings or adults unable to care for children appropriately (Turning Point, 2006).

A scoping review was conducted in 2013 by Rossow, Felix, Keating and McCambridge (2016) looking at adverse outcomes for children linked to parental drinking. In their review of 99 quantitative longitudinal studies they found that parental drinking was significantly associated with a child harm outcome measure (behaviour, wellbeing, mental health and educational) in two of every three published papers. Parental drinking habits are strongly shown to influence children's behaviours as well as attitudes towards alcohol

(HSCIC, 2015), putting them at elevated risk for similar problems and related medical conditions in the future (Broning et al., 2012).

Through experiencing a PwAP, children are more likely to experience traumatic events associated with lasting psychological effects into adulthood (Anda et al., 2002). These include depression, anxiety, low self-esteem, difficulties in family relationships and generalised distress (Harter, 2000). Research has demonstrated that children have considerable knowledge about their parents' alcohol problems from a young age (Velleman, 2009) and have expressed feeling betrayed by professionals and other adults who have not asked about their situation or responded to their needs (Broning et al., 2012). Turning Point (2006) suggest that children's voices go unheard and the effect of parental alcohol misuse is relatively unrecognised by the Government and neglected in terms of specific service delivery.

Park and Schepp (2015) noted that not all children of problem drinkers experienced negative outcomes. In their systemic review of 39 articles looking at risk and protective factors for children with a PwAP they identified four levels of risk and protective factors; individual, parental, familial and social. A number of risk factors across all levels appeared to be associated with children being more vulnerable to the effects of parental drinking. At an individual level, children who were younger, had low self-esteem, low self-regulation abilities, a temperament described as 'difficult' or if they had poorer academic ability were more likely to be negatively affected. Furthermore, having an insecure

attachment to their parent, experiencing inconsistent parenting and/or regular conflicts and having the role of parentified child were identified risk factors. Important family risk factors were both parents having problems with alcohol and/or comorbid psychopathology issues, the presence of family violence and no other trusted family members. Finally, at the social level, children were more vulnerable if they had no social support, extra-curricular activities or positive interpersonal relationships (Park and Schepp, 2015). This review focussed on specific risk and protective factors for children of PwAP. They did not look however at what the experience is like to be a child or adult child of a PwAP and how this experience may influence outcomes for them. Furthermore, their systematic review was completed in 2012, and with this being an area of interest currently it is expected that more research has become available since then.

1.1.3. Rationale

Research has demonstrated a high prevalence of alcohol misuse within families with children and highlights the physical and psychological impact parental alcohol problems can have on children into adulthood. As Rossow et al., (2016) highlight, there has been a lot of research interested in the impact of parental alcohol problems, and their review highlighted the potential harm to children. However, their review of quantitative research mainly looked at how parental drinking impacts on the child's own use of substances and so it was recommended more analytic evaluations were completed. These would

help assess possible effects of parental drinking on the health and welfare of their children, especially for adverse outcomes other than substance use.

There is a need to understand the experiences children have, of growing up with a PwAP and the impact of this into adulthood in order to help services better engage with, and meet, their needs. Several qualitative studies have been conducted in order to explore this. To date however, no systematic literature review of current or retrospective accounts of children has been conducted.

1.1.4. Aims

The aim of the proposed literature review is to systematically review qualitative research exploring children's current, or retrospective accounts, of growing up with, and being parented by a PwAP. The aim of this review will be to answer the question "How do children experience growing up with a parent with an alcohol problem?"

1.2 Method

1.2.1. Literature search

A systematic search of the literature was conducted for research exploring the experience that children, adolescents and adult children have of having a parent who misuses or misused alcohol. Ethical approval was granted for this review from The University of Coventry Ethics Committee (Appendix B). Prior

to the search the researcher met with subject librarians to refine search terms used to ensure relevant synonyms were being used. The search terms used can be found in Table 1.1.

Table 1.1 Key search terms used for literature review

Main Concept	Synonyms	Location
Parent with alcohol problem	Alcohol* OR drink* OR Substance* AND parent* OR 'alcoholic parent' OR 'alcohol dependent parent' OR 'parental drinking' OR father OR mother OR carer OR 'problem drinking'	Title Abstract
Child	child* OR infant* OR adolescent OR 'adult child'	Title Abstract
Qualitative	qualitative OR experience OR exploration OR discourse OR IPA	Title Abstract Main text

Literature searches took place between November 2017 and January 2018 and focussed on the most relevant databases covering literature in Psychology and Nursing and included: PsychINFO, CINAHL, Academic Search Complete and Scopus. A search for online literature was carried out using Google Scholar and a manual search was conducted of the reference list of extracted articles. Unpublished work was searched for using Coventry University's Locate system.

1.2.2. Inclusion and exclusion criteria

During the screening stage, titles and abstracts were reviewed and where necessary the full-texts were reviewed to ensure that they met the current

review's inclusion and exclusion criteria. The parameters for inclusion and exclusion are displayed in Table 1.2. The initial fundamental characteristics assessed were to determine if they were written in the English language, peer reviewed, and accessible.

Table 1.2. Inclusion and exclusion criteria employed when surveying the literature.

Criteria	Include	Exclude
Language written in	English	Non-English
Study type	Qualitative	Quantitative and non-empirical
Location conducted	Western countries / cultures.	Non-western countries and papers focussing on cultures where alcohol use is seen as morally wrong.
Participants	Children, adolescents or adult-children of a parent or carer with an alcohol problem	Other family members or those involved.
Focus	Participants' experience of having a parent with an alcohol problem or carer who they live or have lived with.	Others' experience for example experience of being a parent with an alcohol problem, or services' experience or children's experience of a parent or family member who they have never lived with.

Following initial screening, full-text articles were obtained and assessed for the other eligibility factors. This review was concerned with children's and adult children's accounts of their lived experience; therefore, no exclusion criteria was placed on the type of qualitative method utilised i.e. open-ended surveys, interviews, online forums. Furthermore, this review excluded any other person's experience or account for example parents' experience of having an alcohol problem, or professionals' experience of working with children of

PwAP. This review focussed on studies conducted in Western countries and cultures. This is defined as those who were directly derived from or influenced by European cultures. Cultures or countries where alcohol use was banned or there were moral boundaries placed around its use were excluded as there are likely to be added levels of impact from parental drinking linked to the moral and social relationship with cultural and religious expectations and beliefs.

1.2.3. Classification of studies

The process undertaken in selecting articles for this review followed the steps laid out by the 'Preferred Reporting Items for Systematic Review and Meta-analysis' (PRISMA) diagram (Moher, Liberati, Tetzlaff & Altman, 2009). Figure 1.1. shows the process through PRISMA of selecting papers for this review. In total 485 studies were identified following searches in PsychINFO, Academic Search Complete, CINAHL, Scopus, Google Scholar and manual searches. This total reduced to 442 once duplicates were removed. Following a review of the title and abstracts against the inclusion and exclusion criteria, 404 were excluded as not relevant. The majority of these papers were excluded due to methodological reasons (not being qualitative) and the focus being on the PwAP. The full text for the remaining 38 papers were read and a further 25 were excluded. Reasons for exclusion included papers using quantitative methods (n=7), those looking at comorbid parental factors (n=7), those focussing on the experience of accessing services (n=4), those looking at the parental experience of drinking (n=3), those not available in English (n=2), with the focus being on therapy readiness (n=1) and those not based on experience

within a western culture (n=1). This process resulted in 13 studies which met the inclusion criteria.

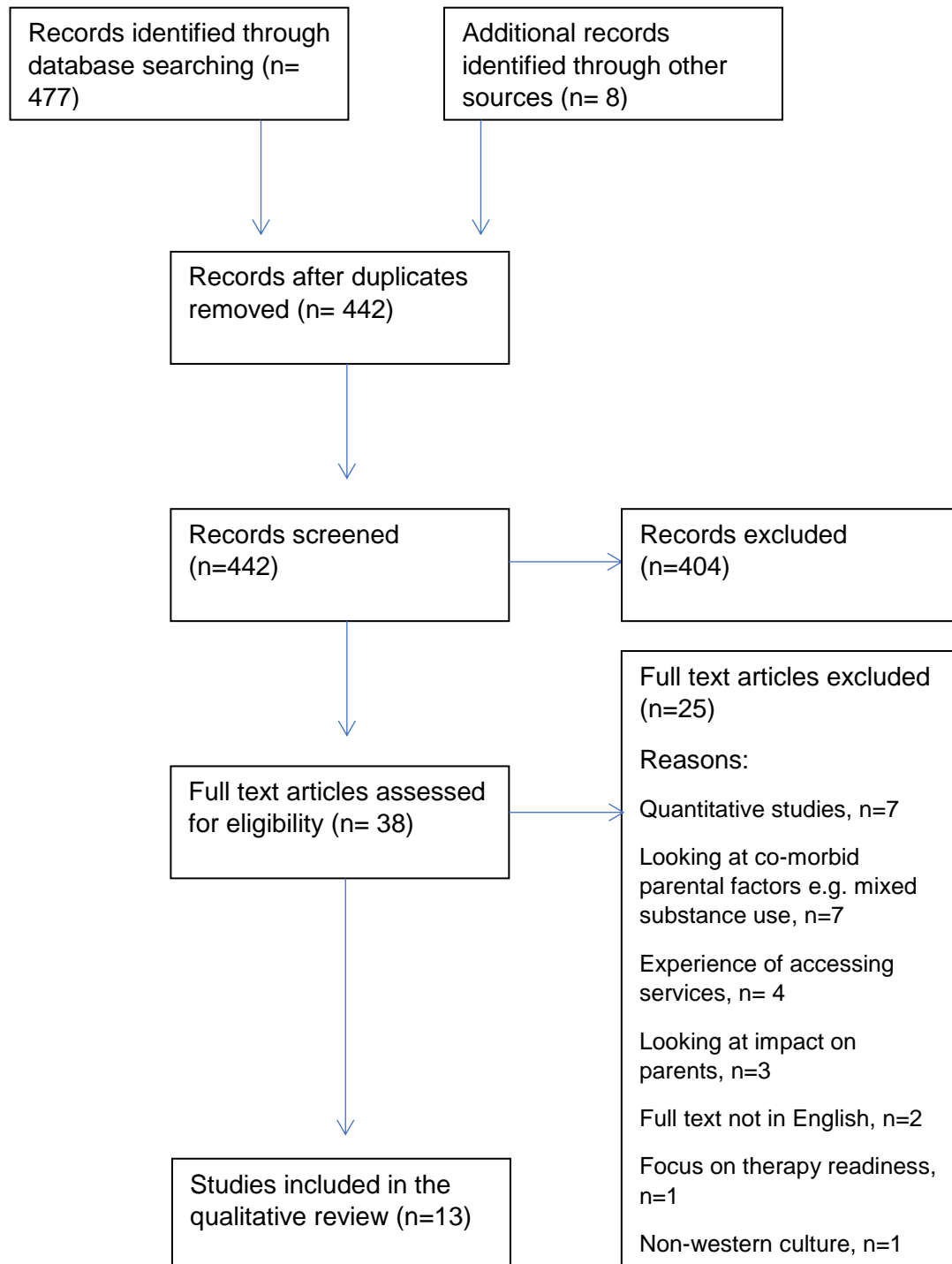


Figure 1.1. PRISMA flow diagram (Moher et al., 2009).

1.2.4. Quality assessment

The use of quality assessments for qualitative research has been under some debate, with questions arising over what constitutes ‘weak’ findings and how this should be treated within a review (Dixon-Woods et al., 2006). Several checklists have been developed, one of which was produced by Kmet, Lee and Cook (2004) and is a systematic review tool called ‘Qualsyst’ (Table 1.3) which offers a “...reproducible and quantitative means of simultaneously assessing the quality of research encompassing a broad range of study designs.” (Kmet et al., 2004 p. 11). This tool was used to identify variations in quality to be commented on, rather than to exclude papers and therefore no minimum score has been given.

Table 1.3. Checklist for assessing the quality of qualitative research as proposed using Qualsyst (Kmet, Lee & Cook, 2004).

Criteria	Yes (2)	Partial (1)	No (0)
1. Question/ objective sufficiently described?			
2. Study design evident and appropriate?			
3. Context for the study clear?			
4. Connection to a theoretical framework/ wider body of knowledge?			
5. Sampling strategy described, relevant and justified?			
6. Data collection methods clearly described and systematic?			
7. Data analysis clearly described and systematic?			
8. Use of verification procedure(s) to establish credibility?			
9. Conclusions supported by the results?			
10. Reflexivity of the account?			

'Qualsyst' proposed a checklist for assessing the quality of qualitative research. Within this checklist, 10-items are rated on a 0 to 2-point system (0 points for criteria not being met, 1 point for partially met and 2 points for fully met). The total for each study was calculated by adding the scores over all 10 items, so therefore the maximum score possible was 20 (with a higher score indicating better quality). To enhance the reliability of this quality assessment another researcher independently rated 50% of these papers (7 out of the 13 papers) and an inter-rater reliability analysis using Kappa coefficients were performed (Cohen, 1960) and presented in Table 1.4. No coefficient was below $k = 0.71$ and the overall coefficient reliability score was $k = 0.82$ which suggests a 'very good' strength of agreement (Altman, 1999).

All of the studies assessed had a higher quality score than the midline cut off (10/20). The lowest quality score was given to two papers receiving 14/20 and the highest score was given to two papers receiving 20/20. Overall the papers were relevant to the review and sufficiently described their aim. All the papers described their method of data collection and they were deemed appropriate given restrictions accessing participants. Areas where the papers were weaker on the quality assessment were due to their description of their sampling strategy or final sample demographics, as well as a lack of information on their epistemological position when it came to data analysis and discussion. The majority of papers also did not discuss any verification procedures to establish credibility such as independent researchers co-coding transcripts and the majority also did not include discussions around reflexivity such as a reflective account or processes such as bracketing interviews.

1.2.5. Characteristics of studies

A summary of the 13 papers included in this review can be found in Table 1.4. The majority of these studies were completed in the United States of America (USA; 5), 2 were completed in Norway, 2 in the United Kingdom, and 1 paper from each of the following; South Africa, Finland, Canada and Denmark. The research aim was very similar across these 13 papers; focussing on the experience the children or now adult children had of living with a PwAP. However, some of the papers looked at more specific experiences within this wider context and explored communication within families with an alcohol problem, the role of forgiveness, the influence of kin relationships and finally their experience on their life choices as adults.

All papers utilised qualitative methods, and sample sizes and ages ranged. The smallest sample was in-depth interviews with 5 participants (Murray, 1998). The largest sample was the analysis of 504 online messages (Haverfield & Theiss, 2014). As this review was interested in children and adult children's experience, the age ranges of the studies varied, from the youngest known participant (some studies were unable to gather demographics due to methodological reasons) being 9 years old (Hill, 2015), and known ages went up to 60 years of age (Hodges & Copello, 2015). Recruitment of the sample varied and information on this was limited for some papers. However, some papers relied on snowball sampling (Breshears, 2015; Haverfield, 2016; Hodges & Copello, 2015; Vaught & Wittman, 2011). Many of the papers reflected on the difficulty of accessing this sample.

Although the majority of the studies used open ended or semi-structured interviews to gather information, the method for data collection varied. Two papers used web-based open-ended surveys (Holmila, Itapuisto & Llva, 2011; Breshears, 2015), one paper looked at over 500 messages left on online forums (Haverfield & Theiss, 2014), one paper used focus groups (Haverfield, 2016) and one paper used a flexible approach to data collection and utilised group work and film-making along with individual and group interviews (Hill, 2015). Finally, data analysis methods also varied, with the majority of the researchers choosing thematic analysis (eight papers), with others using methods such as grounded theory (1), IPA (1), narrative analysis approach (1) and content analysis (1).

Table 1.4: Summary of the included studies key characteristics

Author/ Date	Aim	Sample population	Method of data collection	Analysis	Key findings	Quality ax
1. Breshears (2015)	To explore the motivations for (un) forgiveness, communication of forgiveness and relational consequences of un(forgiveness) of adult children towards their alcoholic parents.	Age: 18-45-year olds N: 20 Gender: 16 women and 4 men Ethnicity: 85% White/ Caucasian Location: South Africa Recruitment: Through professional networks and online support groups then snowball sampling from these.	Open-ended emailed survey's	Thematic analysis	3 themes: Motivation for forgiveness, Motivation for unforgiveness, Communication strategies.	18/20
2. Dundas (2000)	To explore how children experience and cope with interpersonal distance in families with an alcoholic parent.	Age: 10-21-year olds N: 17 Gender: 9 males/ 8 females Ethnicity: Unknown Location: Norway Recruitment: Through an outpatient clinic for alcohol problems	Semi-structured interviews	Thematic analysis	Children employed physical and cognitive/affective distancing techniques.	14/20
3. Hall (2008)	To explore how kin and fictive kin relationships help ameliorate responses to parental alcoholism	Age: 20-41-year olds N: 32 Gender: 18 females/ 14 males Ethnicity: African American Location: USA Recruitment: Through university and researcher contacts	Semi-structured interviews	Grounded theory	4 themes: Contextual conditions, Intervening conditions, Core strategies and Consequences.	16/20 (K=0.75)

4. Haverfield (2016)	To explore perspectives of family communication about topic of alcohol	<i>Age:</i> 18-44-year olds <i>N:</i> 23 <i>Gender:</i> 7 males/ 16 females <i>Ethnicity:</i> 61% White/ Caucasian <i>Location:</i> USA <i>Recruitment:</i> Through online forum, university classes and snowballing.	Focus groups	Constant comparison method	5 themes: Experiences of open communication, Family decision making, Communication about alcohol, Ability to express emotion and Feelings towards the alcoholic	19/20
5. Haverfield & Theiss (2014)	To identify the experiences and outcomes that adult children of an alcoholic face in adulthood.	<i>Age:</i> Unknown <i>N:</i> 504 messages; unknown from how many different people <i>Gender:</i> Unknown <i>Ethnicity:</i> Unknown <i>Location:</i> USA <i>Recruitment:</i> Three online support groups for adult children of alcoholics	Analysis of 504 message board posts over a 60-day period from different support groups.	Thematic analysis	7 themes: empowerment through support, interference of parent, connection to inner child and need to re-parent, low self-esteem, anger and resentment, romantic relationship problems and problems communicating.	18/20 (K=1.0)
6. Hill (2015)	To explore participants' own nuanced ways of choosing to communicate about parental alcohol problems	<i>Age:</i> 9-20-year olds <i>N:</i> 30 <i>Gender:</i> 16 female / 14 male <i>Ethnicity:</i> White Scottish <i>Location:</i> Scotland <i>Recruitment:</i> Through voluntary organisations working with children & their parents	Flexible method involving group work, film-making, individual interviews, paired interviews and group interviews.	Thematic analysis	4 themes: All in the past...perhaps, use of treatment services, Where I live and Choosing to talk indirectly.	17/20 (K=0.76)

7. Hodges & Copello (2015)	To explore the experiences of adults with children who were providing care for problem drinking parent(s).	<i>Age:</i> 40-60-year olds <i>N:</i> 6 <i>Gender:</i> All female <i>Ethnicity:</i> White British/ Irish <i>Location:</i> UK <i>Recruitment:</i> Through various methods including advert through alcohol charity, snowballing and contacts of researcher.	Semi-structured interviews	IPA	3 themes: Normative expectations or notions of family vs experience, Emotional detachment vs strong emotion and Functional/practical vs emotional/relational contact.	20/20
8. Holmila, Itapuisto & Ilva (2011)	To describe the lives of children with problem drinking parents	<i>Age:</i> 12-18-year olds <i>N:</i> 70 <i>Gender:</i> 83% women / 17% boys <i>Ethnicity:</i> Unknown <i>Location:</i> Finland <i>Recruitment:</i> Through two children's online help pages.	Web-based questionnaire with several open-ended questions	Thematic analysis	6 themes: The drinking parent and the harms caused by his/her drinking, Children's strategies for coping with everyday life & their distress, searching for help: Friends, relatives & professionals, Obstacles in seeking help, Experiences of successful search for help and what support they would have wanted.	16/20 (K=0.71)
9. Jarvinen (2015)	To analyse adult children's understanding of alcoholism and their descriptions of parent-child relationships	<i>Age:</i> Average 39-year-old <i>N:</i> 25 <i>Gender:</i> 13 women / 12 men <i>Ethnicity:</i> Not known <i>Location:</i> Denmark <i>Recruitment:</i> Through a larger survey sent to 2000 employees of a medium sized Danish company.	Interviews	Narrative	Different ways of understanding the parental alcoholism (as a disease, as volitional behaviour or a socially conditioned phenomenon) may affect recollection of childhood experiences.	17/20 (K=0.78)

10. Murray (1998).	To explore the experience of parental alcoholism as described and perceived by adolescents who have lived with an alcoholic parent.	<i>Age:</i> 13-19-year olds <i>N:</i> 5 <i>Gender:</i> 2 males/ 3 females <i>Ethnicity:</i> Unknown <i>Location:</i> Canada <i>Recruitment:</i> Through al-anon members, being known to researcher or counselling dept' of high school.	3 unstructured interviews with descriptive and reflective field notes for each participant, one-two weeks between.	Thematic analysis	4 themes: The nightmare, the lost dream, the dichotomies-continuing the nightmare vs pursuing the dream and the awakening.	20/20
11. Scavnicky-Myant (1990)	To describe the developing role patterns and/or coping behaviours of young adult children of alcoholics	<i>Age:</i> 18-28-year olds <i>N:</i> 30 <i>Gender:</i> 24 female/ 6 males <i>Ethnicity:</i> Unknown <i>Location:</i> USA <i>Recruitment:</i> Through alcohol treatment centres	Interviews	Content analysis	Reversed confrontative methods employed	14/20 (K=0.83)
12. Vaught & Wittman (2011).	To explore the meaning to participants of their occupational choices	<i>Age:</i> Over 18-year olds <i>N:</i> 6 <i>Gender:</i> All female <i>Ethnicity:</i> Unknown <i>Location:</i> USA <i>Recruitment:</i> via snowball sampling from a contact of the researcher	Semi-structured interviews	Thematic analysis	4 themes: Limitations in occupational choices, Creating consistency in adulthood, The devil and god and I don't think I'd change it.	18/20 (K=1.0)

13. Werner & Malterud (2016).	To explore childhood experiences in families with problem-drinking parents.	<i>Age:</i> 25-54-year olds <i>N:</i> 9 <i>Gender:</i> 3 men/ 6 women <i>Ethnicity:</i> Not known <i>Location:</i> Norway <i>Recruitment:</i> Through alcohol abuse clinics.	Open-ended, semi-structured interviews	Thematic analysis	4 Themes: tensions and blame, dealing with the havoc, struggling to restore social order and wellbeing for everybody and frontstage appearances as normal as possible.	18/20
-------------------------------	---	---	--	-------------------	--	-------

1.3. Results

The findings of the review are presented across four themes; *Impact on childhood life*, *Psychological impact*, *Impact into adulthood* and *Support received or wished for*. Following a description of the themes there is a critique of the papers. In order to obtain the themes, the method of Thematic Synthesis was followed as discussed by Thomas and Harden (2008). In line with thematic synthesis, the papers were read and re-read in order to become familiar with and their themes were extracted. This was repeated for all 13 papers and then similarities and differences were noted across the papers. All the themes were re-organised to create new, summarising themes.

1.3.1. Theme 1: Impact on childhood life

Nine of the thirteen papers focussed on the impact on childhood of living with a PwAP. Having a PwAP had a significant and far reaching impact on a child's life characterised by secrets, shame, the loss of 'typical' childhood roles and difficulties in communication. The PwAP was described as causing harm to their children in many ways; some direct such as violence, but most common being indirect acts such as poverty, reduced social status, lack of time for schoolwork and disrupted sleep affecting learning (Hill, 2013; Holmila et al., 2011). The demands placed on these children made concentrating on their own everyday life impossible and had an impact on friendships and social ties (Holmila et al., 2011). Many of the children felt silenced by the situation they were in, having to play along in order to avoid conflict (Haverfield, 2016),

bringing shame on the family (Werner & Malterud, 2016), or harm to the PwAP (Haverfield, 2016):

I think in my family it was my mother who did not want to discuss problems ... “don’t talk to your father about it because he is not able to stand it”. I wanted to confront him about his behaviour and she would tell me “No, you can’t do this because he could commit suicide” (P21, female).

Three papers, with some of the highest quality ratings, discussed children’s experience of communication at home being either non-existent or hostile (Haverfield & Theiss, 2014; Hill, 2015; Haverfield, 2016). This had an impact on the child’s ability to express themselves (Haverfield & Theiss, 2014) as they described feeling expected to follow their parents’ instructions without question or without voicing their own opinions (Haverfield, 2016). There was also a sense of a loss of reality portrayed by two of the papers where the children experienced volatile moods of their parents who would initiate arguments but then later deny that any conversation happened (Werner & Malterud, 2016; Dundas, 2000). Children often felt, in order to cope, they needed to placate the PwAP by agreeing with them (Dundas, 2000) despite this not being genuine for the child. The children described their PwAP as having two personalities, with a harsh contrast between home and outside the family (Werner & Malterud, 2016). Although Dundas (2000) had the lowest quality rating (14) their findings are supported through being similar to Werner and Malterud (2016) who had one of the highest quality ratings (18).

Through the child's experience of having to placate the PwAP and hide secrets from the outside world, there seemed to be a reduction in how alarming the situation felt to the children (Werner & Malterud, 2016). Therefore, like the PwAP, the child also had to limit their open communication about problems (Haverfield & Theiss, 2014), and although this disconnect was a way of coping (Dundas, 2000) it also pushed them further away from their peers or those who could help (Werner & Malterud, 2016). Haverfield (2016) found that adult children felt that they had played a large role in family communication as a listener to their parents' problems. This links with the findings of six other papers who discussed the experience of 'parentification'; an experience where children have to assume parental roles when their parents are unable to (Dundas, 2000; Haverfield, 2016; Haverfield & Theiss 2014; Murray, 1998 Vaught & Wittman, 2011; Werner & Malterud, 2016 &). Children had to sacrifice age-typical behaviours such as play in order to provide care or face punishment (Vaught & Wittman, 2011) Haverfield's (2016) 14-year-old participant reflected on the role of looking after siblings:

...I'd have to take care of my brother...I felt like I was my brother's second mum because my mother just didn't want to have to do everything- it was up to me to teach my brother everything. If he failed a math test, it'd be up to me to make sure he understood the next topic in school. I dropped him off and picked him up at school. I guess I'm the responsible one in the family... (P14, female).

This adult level of responsibility was shown to take its toll on the child throughout their life (Haverfield & Theiss, 2014):

When a child is thrust into adulthood, responsibilities, realities and sacrifice, then the child never learns how to relax and enjoy life. It is really all they know. Sometimes, as an adult, they have to mourn the loss of that childhood, but all too often, they can't. (Adult).

Not only did the child have to take on adult responsibilities, they also had to manage adult emotional states (Dundas, 2000; Haverfield & Theiss, 2014; Werner & Malterud, 2016). As children they felt they had to withhold information about the PwAP's drinking in order to avoid the other parent getting angry (Dundas, 2000) and to try to make everything perfect at home in order to appease the PwAP (Haverfield, 2014). Within this context some children felt betrayed by the adults around them, professionals (Werner & Malterud, 2016) and by the parent without an alcohol problem (Scavnicky-Mylant, 1990). A quote by an adult child summarises several of the aspects given by multiple papers on the experience of living with an PwAP:

That Christmas, like always, mum suddenly had a terrible hangover and would not be able to celebrate. Dad called and suggested that my sister and I should talk with mum to make her pull herself together, which I was not able to do. Mum made herself a victim, pitied herself and said 'I am really suffering'. She vomited, had diarrhoea and it was beyond all measure. Daddy – demonstrating his denial of the problem – asked me to go up and give mum a hug and wish her a happy Christmas, and I am supposed to give her a hug? I denied, dad was cross and blamed me for being difficult (Betsy; Werner & Malterud, 2016).

Betsy's experience highlighted the recurring and regular impact of life with a PwAP; the impact and feelings towards a non-problem drinking parent, the adult roles children are often expected to assume, the blame children assumed and so the disconnect that children faced between their parents reality and that of their own.

1.3.2. Theme 2: Psychological impact

Six papers presented themes relating to the long term psychological impact of having a PwAP, although all thirteen papers have discussed some form of short term emotional impact. Hodges and Copello's (2015) findings, which received the highest quality rating suggested PwAP are often emotionally unavailable to their children and so their relationships often became functional and practical. The child's emotional distancing occurred across several social interactions, not just with the PwAP, leading to children describing themselves as having split personalities (Vaught & Wittman, 2011). A 17-year-old boy described:

I felt like we really didn't want to express our emotions. As sad as it sounds we just pretended as if everything was good (P17, male; Haverfield, 2016).

This emotional distancing could be driven by shame which was discussed in greater length in three papers with high quality ratings (Holmila et al., 2011; Murray, 1998; Vaught & Wittman, 2011 &). The experience of shame carried by these children from a young age had been described as leading to loneliness, distress and apathy towards any social interaction (Vaught &

Wittman, 2011). Adult children with a PwAP have described feeling that they have left childhood with a “lower emotional IQ” than other children (Haverfield & Theiss, 2014). Children felt that it was not safe to express emotion, nor was it encouraged and therefore being inexperienced in expressing emotion, any attempts felt uncomfortable (Haverfield, 2016). The experience of the denial of emotions, and therefore lack of validation as a child, has been linked to children of PwAP struggling to trust whether their feelings were relevant or accurate (Hall, 2008; Haverfield & Theiss, 2014; Murray, 1998). Therefore, understanding life has been described as more uncertain with more insecurity and lower self-esteem; an adult child referred to the impact of this experience on an online forum (Haverfield & Theiss, 2014):

I sooo know what you're going through, it's been such a struggle for me since I've been old enough to work. I 'know' I can do the job, physically, but emotionally it's a completely different story!! I am terribly insecure and I cry at job interviews because I do NOT believe in myself at all. (Adult).

Through reduced opportunities for emotional development and a feeling of needing to act as if there were no problems, the children described an impaired ability to seek help from others (Scavnicky-Mylant, 1990). They would often only give minimal disclosures of life at home and showed hypervigilance in who they could trust (Haverfield & Theiss, 2014). These children had less opportunity for the development of coping behaviours, and so faced life with little support (Scavnivky-Mylant, 1990).

Five papers with high quality ratings discussed the difficulties that children with PwAP shared around the psychological impact of their relationship with their parent(s). Adults in Haverfield (2016)'s focus groups shared emotions of frustration and disappointment because of the PwAP's unwillingness to change their lifestyle, with anger being a commonly expressed emotion (Haverfield & Theiss, 2014; Holmila et al., 2011; Murray, 1998). However, children struggled with feelings of anger due to an experience of mixed feelings (Murray, 1998); underneath the anger towards to PwAP and a non-problem drinking parent was hurt, apathy, sympathy (Haverfield & Theiss, 2014) fear and adoration (Vaught & Wittman, 2011). Understandably then, for those who have been denied opportunities for emotional development, having to deal with, and make sense of, complex mixed emotions was difficult, as this young person discussed:

I don't even know what to say about my dad. I love him but at the same time I hate him for never being there. I don't love him like a parent. It's not even like a friend. On occasion he'd be there for you but most of the time you needed to be there for him. (Murray, 1998).

To make dealing with complex mixed emotions more problematic, children and adult children were found to feel guilty, ashamed or irresponsible if they did not care for their families (Murray, 1998). To face this dilemma children would instead find it much easier to face their own inadequacies rather than face the reality of their parents' faults (Murray, 1998). In response to this, children with PwAP were seen to be more critical of themselves (Haverfield & Theiss, 2014)

with a need to over-achieve and over-compensate for the difficulties at home and with their parent (Vaught & Wittman, 2011).

1.3.3. Theme 3: Impact into adulthood

Twelve papers recruited adults with a PwAP and eight papers discussed directly the impact of having a PwAP on their adult lives. All eight papers had high quality scores (between 16 and 20 out of 20). In three papers (Murray, 1998; Haverfield & Theiss, 2014; Hodges & Copello, 2015) adults reflected on a sense of loss of what their childhoods could have been and a wish to repair or re-do their pasts:

I grew up on my own and I regret it so much now. Why couldn't I have played barbies? I want to be young. I want to be just a little girl again and I can't. I just wish the world had a big fast forward and play and rewind button and I would just jump on the rewind button as fast as I could (Murray, 1998).

There was a sense of sadness facing the inability to ever have a happy, healthy family (Murray, 1998; Hodges & Copello, 2015), and as the children got older their awareness of what they had missed out on had grown:

IMO [in my opinion] it affects me more now at age 49 (she been drinking 40+ years) than it did as a kid because I can see the damage she has left in her wake. (Haverfield & Theiss, 2014).

These adults faced a struggle in emotionally detaching from a person who had aroused such strong emotion in them (Hodges & Copello, 2015). Two papers

reported that those who had a PwAP felt a strong sense of loyalty to them into adulthood and felt tied to the relationship (Hill, 2015; Hodges & Copello, 2015). For some the PwAP still had an influence over them regardless of whether they maintained the relationship, or even if they had died. Some adult children therefore felt unable to get closure from the childhood trauma experienced (Haverfield & Theiss, 2014). For some adult children however, there appeared to be a point where they were able to gain a better understanding of their experiences in order to 'let go' or 'accept' their childhood and separate themselves from this (Murray 1998; Vaught & Wittman, 2011). For these adult children this process helped reduce their levels of internalised shame, overcome over-responsible behaviours and even acknowledge strengths they had gained by surviving their experience:

Since you have to work so hard to get those strengths, there's a certain pride in having lived through it (Olivia; Vaught & Wittman, 2011)

This was not the case for all children of PwAP. Forgiveness was not seen as possible or desirable if the PwAP had ongoing transgressions still affecting the adult child (Breshears, 2015; Hodges & Copello, 2015; Haverfield & Theiss, 2014). Also, Jarvinen (2015) found that the way in which adult children made sense of alcoholism affected their recollections of childhood and their relationship to the PwAP. Those who saw alcoholism as a disease tended to be more likely to stay in contact, seeing it as an illness and attributing less self-blame; those who saw alcoholism as a volitional behaviour spoke more negatively about their parents and those who saw it as a socially conditioned response used more positive terms and were more likely to use alcohol

themselves. Adult children were also more likely to experience an ability to accept their past or to forgive their PwAP if their parent recovered or if they saw this as best for their own wellbeing (Breshears, 2015; Jarvinen, 2015; Murray 1998; Vaught & Wittman, 2011):

I just got tired of hating him. Forgiving him was not for his benefit, it was to save myself. (IV6; Breshears, 2015).

The impact on adult life went beyond the relationship with the PwAP; adult children described feeling unable to discover themselves or be free to be themselves (Werner & Malterud, 2016) and struggled to develop healthy intimate relationships (Haverfield & Theiss, 2014; Hall, 2008). Their interpersonal difficulties were blamed on their desire to fix people, linked to wanting and failing to fix their parent, along with a fear of abandonment (Haverfield & Theiss, 2014). The positive aspect described by adult children, however, is as they got older the ability to reach out for help grew (Holmila et al., 2011). This may link with Hill's (2015) reflections that their participants tended to differentiate from a historical position to a more positive current one. Seeing the problem as in the past, even if their parent still had an alcohol problem, helped participants gain distance. This distance possibly helped adults to share their experiences (Hill, 2015).

Therefore, for some, the impact of having a PwAP permeated into adulthood; adult children had to come to terms with the realisation of what they had lost and could not repair, they had to manage an ongoing relationship with either the PwAP or the legacy left and the impact on new relationships. Adult children

may use distancing as a way of being able to speak about their experiences and how they make sense of their parents' problems can influence this further.

1.3.4. Theme 4: Support received or wished for

Nine papers discussed factors which children or adult children with a PwAP described as being helpful, protective or supportive, or talked about what they had wished for. All papers received a quality assessment score above 16, with the average score being 18 out of 20. Children with PwAP identified several kin and fictive kin relationships which provided support (Hall, 2008). These relationships included those from a parentified sibling (often an older sister), aunts, teachers and friends. These relationships provided the children with emotional support, a problem-solving space and a sense of identity:

My school teacher [fictive kin] was influential in getting me to open up about things happening in my house, she was a compassionate person who cared about me. (Hall, 2008).

Some of the children also spoke of fictive kin relationships providing them with a life upon which to model their own which they felt they didn't have from their own parents:

My school teacher [fictive kin] helped me; she was my inspiration. She had a nice house, a nice job, a nice husband, and I patterned myself, I mean my whole life after her. (Hall, 2008).

Participants described finding someone who they could turn to for support was empowering (Holmila et al., 2011); when searches for help or connection were

successful these children described feeling less lonely, less stigmatised, liberated and not to blame (Haverfield & Theiss, 2014; Holmila et al., 2011). However, not all children with a PwAP had an experience of being able to find support. Holmila et al.,’s (2011) participants discussed the support they wished for. Children wanted their parents to be accessing treatment services, but they didn’t want to be forgotten within this; they wanted to be given the option to be separated from their families and they wanted the opportunity to talk to someone. Holmila et al., (2011) remarked that the children in their study seemed to already know the value in talking, even if they had not found someone they could talk to:

Well, to be able to talk to people who have encountered drinkers...Then the children would learn what others have experienced and would understand that they themselves are not guilty for their family member’s drinking. (Child).

Children felt having information easily accessible would help prevent many children living with PwAP being missed, and hoped that schools would be more proactive in seeking their voice:

That all reports on family violence would be taken seriously. In schools, they could distribute questionnaires and then those persons would be helped. (Child; Holmila et al., 2011).

Therefore, these children seem aware of what support could be helpful for them but feel isolated and not always in contact with a supportive other whom they trust to disclose to. These children identified ways they felt they could have been better helped through their experiences.

1.3.5. Critique

All of the studies included in this review gained a quality assessment score above 14 out of 20. With the average score for quality being 17 out of 20, these papers were of high quality across a number of domains (Kmet et al., 2004). Children of PwAP had been described as a 'hidden population' (Hill, 2015). Therefore, consideration and creativity needed to be applied in order to access these participants. It is important therefore to acknowledge the richness provided from these qualitative studies relating to individuals otherwise hard to access. However, limitations of the papers do need to be taken into account in order to exert some caution when using the findings. The key areas with limitations across the studies were; recruitment methods, definition of 'alcohol problem', sample diversity, issues with consent and researcher reflexivity.

The majority of the papers recruited participants through alcohol treatment services who were working either alone with the PwAP, or with the child as well (Breshears, 2015; Dundas, 2000; Hill, 2015; Hodges & Copello, 2015; Murray, 1998; Scavnicky-Mylant, 1990; Werner & Malterud, 2016). As the PwAP was known to these services it provided an easier way to recruit children but meant they had a PwAP who had been or was currently receiving some form of support. Given that these families rarely share their difficulties or access help (Turning Point, 2006) the children may not be a representative sample of the typical experience of a child with a PwAP. Other recruitment methods included accessing participants through online forums (Haverfield,

2016; Haverfield & Theiss, 2014; Holmila et al., 2011) which resulted in the recruitment of participants who were possibly already reaching out for connection or processing their experience through others' in the forum.

The sample across all papers had a good variation in age, ranging from 9 years-old (Hill, 2015) to 60 years-old (Hodges & Copello, 2015). The samples demographic was primarily female (Breshears, 2015; Holmila et al., 2011; Scavnicky-Mylant, 1990; Vaught & Wittman, 2011; Werner & Malterud, 2016), with three papers having either all or majority white/Caucasian participants (Breshears, 2015; Vaught & Wittman, 2011) one with all African-American participants (Hall, 2008) or the ethnicity was not known or given (Haverfield & Theiss, 2014; Jarvinen, 2015; Murray, 1998; Werner & Malterud, 2016) all of which may impact on how transferable the findings are.

Jarvinen (2015) recruited their sample through the data of a larger study which surveyed 2000 employees. Children with a PwAP were identified by their answer to a question within this larger survey. Participants were asked about their home life at 15 years of age and how much they thought their parents drank. This approach would have excluded children whose parents' alcohol problem had diminished by the time the child was 15, or whose alcohol problem had not yet started. This also relied on accurate recall or awareness of their parent's alcohol problem. Determining whether a parent misused alcohol was an issue across all papers. None of the papers included a definition of 'alcohol problem'. Therefore, all papers relied on either the criteria

used by the alcohol treatment service they recruited from, or participants' self-identified criteria. This meant there could be variation in what some participants regarded as a PwAP. Many of the papers relied on retrospective accounts of growing up with a PwAP. Hill (2015) felt that participants were more likely to report their current situation as more positive than in the past and felt that participants may have been able to recall painful memories more readily.

Generally, consent was considered in all the papers, especially those recruiting children. Haverfield and Theiss (2014) however, analysed messages posted on a support group. Although they anonymised all messages, it was not clear whether forum users were aware their messages were being used in this way presenting an ethical issue with using their findings. Consent was also discussed by Dundas (2000) who made contact with children whose parents were accessing treatment services. In order to participate, the children required parental consent. Therefore, this study would have only included the experiences of children whose parents would consent. It is also unclear, from an ethical point of view, what dynamic this may have caused within the family, knowing that the children were taking part in this study.

Only three of the papers (Hill, 2015; Hodges & Copello, 2015; Murray, 1998) made reference to reflexivity in their approach or analysis. Also, only five papers discussed methods they had taken to improve the credibility of their

analysis through using more than one coder or observer (Breshears, 2015; Haverfield, 2016; Haverfield & Theiss, 2014; Hodges & Copello, 2015; Werner & Malterud, 2016; Vaught & Wittman, 2011). Not knowing whether reflexivity was considered in the other six studies mean these papers could be more open to bias and so be less reliable.

Finally, it cannot be assumed it was the parents' alcohol use which caused all the outcomes discussed in the papers. Perhaps other shared experiences of the participants may have an impact including family dysfunction or inconsistent or unavailable parents.

1.4. Discussion

This review aimed to summarise and critique qualitative research exploring the experience of being a child of a PwAP. Thirteen papers were reviewed and results were presented across four themes; *Impact on childhood life*, *Psychological impact*, *Impact into adulthood* and *Support received or wished for*. The richness of material gathered through these qualitative studies has helped to add depth and meaning to quantitative research and the findings of the papers in this review complement each other well, adding further strength to their findings. Broning et al., (2012) found that children of PwAP were at elevated risks for similar alcohol problems. However, Rossow et al., (2016) argued that research needed to look beyond the impact on the child's own substance use. This review suggests the experience and outcomes for children are far wider than those concerned with alcohol use.

This review found that children experienced a loss of connection with the problematic nature of the situation they were in by having to placate the PwAP and behave as if life were 'normal' (Dundas, 2000; Haverfield, 2016; Werner & Malterud, 2016), possibly then further distancing these children from help. The current review demonstrates the value of a supportive person, so complimenting Park and Schepp's (2015) review. The participants in the studies reviewed expressed feeling less lonely when they had someone to confide in, less stigmatised, liberated and they felt less blamed (Haverfield & Theiss, 2014; Holmila et al., 2011). However, children were often cut off from others (Werner & Malterud, 2016) even though what they most desired was a relationship away from the PwAP (Hall, 2009; Haverfield & Theiss, 2014; Holmila et al., 2011).

This review gave some more meaning behind the process of parentification of some children, also described in Park and Schepp's (2015) review. These children had to take on not only caring roles of siblings but also of the PwAP. Due to this the children missed out on play, time to relax and enjoying life (Dundas, 2000; Haverfield, 2016; Haverfield & Theiss, 2014; Murray, 1998; Werner & Malterud, 2016). Alongside the loss of a 'typical childhood', research had suggested growing up with a PwAP can be a turbulent experience involving the potential of witnessing domestic violence and marital breakdown (AHRSE, 2004; DoH, 2004;). The current review has suggested that these experiences have considerable impact on a child's emotional development.

Children described having struggled with complex mixed feelings. As discussed in the Turning Point (2016) report, PwAP's are not necessarily 'bad parents' and children connected with this, feeling angry but also sympathy and adoration (Haverfield & Theiss, 2014; Holmila et al., 2011; Murray, 1998). Within this parentified role of having to look after their parent, perhaps their anger felt too difficult to connect with at that time which is why children and adult children seemed to prefer to face their own inadequacies than their parents' failings (Murray, 1998).

Anda et al., (2002) found children with a PwAP are more likely to experience psychological effects into adulthood which the current review would support and extends these findings. Adult children have likened the experience of confronting the loss of what life could have been like, to mourning (Murray, 1998; Haverfield & Theiss, 2014; Hodges and Copello, 2015). Adult children described mixed experiences processing their childhood. Reaching a place of acceptance was shown to be a positive experience for some, feeling it helped reduce their internalised shame, over responsible behaviours and allowed them to acknowledge their strengths and resilience (Murray, 1998; Vaught & Wittman, 2011). Park and Schepp's (2015) review did not account for variations in how different children make sense of similar experiences, differently. The current review suggests the way in which children of PwAP make sense of their experiences can impact on their wellbeing and outcomes such as acceptance (Breshears, 2015; Jarvinen, 2015).

1.4.1. Limitations

This review focussed on parental alcohol problems. Qualitative research exists which has focussed on parental drug and alcohol use but was excluded as data on alcohol and drugs were combined. Therefore, there was lost data which could have been relevant. Furthermore, this review did not look at experiences of other legal substance addictions such as prescription medication; this was decided on the basis of creating a homogenous group and being able to derive issues for parental alcohol use. Two papers were excluded because they were not available in English, and so their data, which may have added to, or challenged, the findings in this review, have been missed. Although a second researcher co-assessed the quality of 50% of the papers in this review, further credibility could have been added by having another researcher also reading and participating in the process of deriving themes.

1.4.2. Clinical implications

This review has suggested that being a child under the care of a PwAP can have an impact on their psychological development. For some of these children, they may become focussed on their own inadequacies and strive to over-achieve. This has been shown to further distance these children from the problematic nature of the situation they are in, and therefore reaching out for support. Children with PwAP therefore may need support in order to access help, to talk about life at home, and have a trusting relationship away from the PwAP, which has shown to be beneficial. Therefore researchers, clinicians

and more widely society need to make steps to reach out to help children express their concerns. A child in Holmila and colleagues (2011) research suggested having a questionnaire in school that they could complete which would allow them to signal their concerns to an adult. At school, issues for children with a PwAP may be easily missed as they have been shown to be more likely to hide problems and strive to over-achieve (Werner & Malterud, 2016; Vaught & Wittman, 2011). Professionals who are most likely to come in contact with these children such as school nurses, paediatricians and teachers need to make every effort to recognise when there may be issues and help children to feel safe to talk. GPs may have contact with PwAP due to physical health concerns and so could identify systems which could offer the family appropriate support.

It is important to provide a service to children of PwAP once identified, (Hodges & Copello, 2015; Taylor et al., 2004) including therapy (Dundas, 2000). Taylor et al., (2004) highlighted the need for training and supervision for staff working with families who are likely to struggle with engagement. Practitioners need to feel confident in using a range of techniques to help children communicate about problems, for example, using vignettes has been shown to be helpful (Hill, 2015). Adults of a PwAP should be encouraged to access support in recognising and addressing their difficulties (Haverfield & Theiss, 2014). One of the main difficulties expressed by adults was managing the complex mixed emotions surrounding their parents. Therapeutic input may provide a space for adults to move towards acceptance, which has been linked to wellbeing.

Professionals such as GPs could play a key role in validating the impact of having a PwAP and provide support to access therapeutic services.

1.4.3. Future research

This review focussed on westernised societies. It would be important to look at what, if any, differences exist for children of PwAP in cultures and societies where alcohol may be seen as morally or legally wrong. Further investigation into the links between how a child with a PwAP makes sense of their early experience and later outcomes, may help identify children more at risk of lifelong difficulties. It is possible if children were identified sooner, support could be provided to help them into their adult lives. Furthermore, it would be useful to explore the process of acceptance for adult children of PwAP in order to understand this process, as well as how professionals could support this. Finally, researching the impact of alcohol problems on the wider family system may also be useful; for example, what is the experience like for a partner of a PwAP, or the impact of any sibling relationships.

1.5. Conclusion

Statistics indicate that a significant proportion of children live with at least one PwAP. The current understanding on the impact on a child or an adult child of having a PwAP was driven largely by quantitative research which did not explore in-depth, what the experience was like for the child themselves. The

aim of the current review was to critically evaluate qualitative research exploring the experiences of children or adult children with a PwAP. Together, these qualitative studies suggest a PwAP can affect the lives and emotional and psychological development of children through to adulthood. Furthermore, the process of accepting, moving on or even forgiving a parent is complex. Families with a member who has an alcohol problem are described as hard to reach and engage. Therefore, professionals with contact with children need to be aware of the impact of parental drinking and help facilitate a safe space for those affected to talk.

1.6. References

- Alcohol Harm Reduction Strategy for England (AHRSE) (2004). *Cabinet office*: England.
- Altman, D.G. (1999). *Practical Statistics for Medical Research*. New York: Chapman & Hall/ CRC Press.
- Anda, R.F., Whitfield, C.L., Felitti, V.J., Chapman, D., Edwards, V.J., Dube, S.R., & Williamson, D.F. (2002). Adverse Childhood Experiences, Alcoholic Parents, and Later Risk of Alcoholism and Depression. *Psychiatric Services*, 53, 8, 1001-1009
- Breshears, D. (2015). Forgiveness of Adult Children Toward Their Alcoholic Parents. *Qualitative Research Reports in Communication*. 16, 1, 38-45.
- Broning, S., Kumpfer, K., Kruse, K, Sack, P-M., Schaunig-Busch, I., Ruths, S., Moesgen, D., Pflug, E., Klein, M., & Thomasius, R. (2012). Selective prevention programs for children from substance-affected families: a comprehensive systematic review. *Substance abuse treatment, prevention and policy*. 7, 1, 23.
- Cohen, J. (1960) A coefficient of agreement for nominal scales. *Educational and Psychological Measurement* 20, 37-46.
- Department of Health (2004). *Statistics on Alcohol*: England.
- Dixon-woods, M., Bonas, S., Booth, A., Jones, D.R., Miller, T., Sutton, A.J., Shaw, R.L., Smith, J.A. & Young, B. (2006). How can systematic

reviews incorporate qualitative research? A critical perspective.
Qualitative Research, 6, 1, 27-44.

Dundas, I.D. (2000). Cognitive/ Affective Distancing as a Coping Strategy of Children of Parents with a Drinking Problem. *Alcoholism Treatment Quarterly*. 18, 4, 85-98.

Hall, J.C. (2008). The Impact of Kin and Fictive Kin Relationships on the Mental Health of Black Adult Children of Alcoholics. *Health and Social Work*. 33, 4, 259-266.

Harter, S.L. (2000). Psychosocial adjustment of adult children of alcoholics: A review of the recent empirical literature. *Clinical Psychology Review*, 20, 3, 311-337.

Haverfield, M.C. (2016). "We just pretended as if everything was good": Communication about alcohol in families of non-alcoholic and alcoholic parents. *Atlantic journal of communication*. 24, 5, 276-288.

Haverfield, M.C., & Theiss, J.A. (2014). A theme analysis of experience reported by adult children of alcoholics in online support groups. *Journal of Family Studies*. 20, 2, 166-184.

Health and Social Care Information Centre (HSCIC). (2015). Statistics on Alcohol: England 2015. V. 1.0.

Hill, L. (2015). 'Don't Make Us Talk!' Listening to and learning from children and young people living with parental alcohol problems. *Children and Society*, 29, 344-354.

- Hodges, M., & Copello, A. (2015). "How do I tell my children about what my mum's like?" Conflict and dilemma in experiences of adult family members caring for a problem-drinking parent. *Families, Relationships and Societies*. 4, 1, 87-101.
- Holmila, M.J., Itapuisto, M., & Ilva, M. (2011). Invisible victims or competent agents: Opinions and ways of coping among children aged 12-18 years with problem drinking parents. *Drugs, education, prevention and policy*, 18, 3, 179-186.
- Jarvinen, M. (2015). Understanding Addiction: Adult Children of Alcoholics Describing Their Parents Drinking Problems. *Journal of Family Issues*, 36, 6, 805-825.
- Kmet, L. M., Lee, R. C., & Cook, L. S. (2004). Standard for quality assessment criteria for evaluating primary research papers from a variety of fields. *HTA Initiative*, 13.
- Manning, V., Best, D.W., Faulkner, N., & Titherington, E. (2009). New estimates of the number of children living with substance misusing parents: results from UK national household surveys. *BMC Public Health*, 8, 9, 377.
- Moher, D., Liberati, A., Tetzlaff, J., & Altman, D.G. (2009). The PRISMA Group Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLoS Med* 6, 7.
- Murray, B.L. (1998). Perceptions of adolescents living with parental alcoholism. *Journal of Psychiatric and Mental Health Nursing*, 5, 525-534.

- Park, S., & Schepp, K.G. (2015) A systematic review of research on children of alcoholics: Their inherent resilience and vulnerability. *Journal of Child and Family Studies*, 24, 1222-1231.
- Rossow, I., Felix, L., Keating, P., McCambride, J. (2016). Parental drinking and adverse outcomes in children: A scoping review of cohort studies. *Drug and Alcohol Review*, 35, 397-405.
- Scavnicky-Mylant, M. (1990). The process of coping among young adult children of alcoholics. *Mental Health Nursing*, 11, 125-139.
- Taylor, A., Toner, P., & Templeton, L. (2008). Parental alcohol misuse in complex families: The implications for engagement. *British Journal of Social Work*, 38, 843-864.
- Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*. 8, 45, 1-10.
- Turning Point (2006). Bottling it up: The effects of alcohol misuse on children, parents and families. Retrieved 22 February 2018 from: <http://www.drugsandalcohol.ie/6276/1/3499-3720.pdf>
- Vaught, E.L., & Wittman, P.P. (2011). A Phenomenological study of the Occupational Choices of Individuals Who Self Identify as Adult Children of Alcoholics. *Journal of Occupational Science*. 18, 4, 356-365.
- Velleman, R. (2009). *Influences on how children and young people learn about and behave towards alcohol: A review of the literature for the Joseph*

Rowntree Foundation (part one). Other: Joseph Rowntree Foundation.

Werner, A., & Malterud, K. (2016). Children or parents with alcohol problems performing normality: A qualitative interview study about unmet needs for professional support. *International Journal of Qualitative Studies on Health and Well-being*, 11, 1-11.

World Health Organisation (WHO). (2014). Global status report on alcohol and health. Luxembourg: WHO press.

Chapter 2: Empirical Paper

“Our relationship is different”: Exploring mothers’ early experiences of bonding to their twins

*Written in preparation for the Journal of Reproductive and Infant Psychology
(see Appendix C for author guidelines)*

Overall chapter word count (excluding tables, figures and references): 7988

Abstract

Aims: Research has suggested that the process of bonding with twins may be a unique experience. However, there is limited research exploring this experience from the mothers' perspective. The aim of this research was to explore mothers lived experience of early bonding with her twins. **Method:** Six participants took part in semi-structured interviews. The research was informed and analysed using Interpretative Phenomenological Analysis. **Results:** Two superordinate themes emerged; 'Twin guilt' and 'I missed out...they miss out'. Results suggested the experience of bonding simultaneously to two infants generated guilt for the mothers, who at points felt that they and their infants had missed out and had to adapt. All mothers felt that they had bonded with their children, but the process was not what they had expected. **Conclusion:** Participants' lived experiences are discussed in relation to the current evidence base. Clinical implications and areas for future research are discussed.

Keywords: Bonding; Attachment; Mothers; Twins; IPA;

2.1. Introduction

2.1.1. Prevalence and impact of twin pregnancies

In England and Wales 10,951 mothers had a multiple birth in 2016 alone, 98% of which were twins. This represents a rise in multiple births in the UK from 9.6 per 1000 births in 1980 to 15.9 in every 1000 births in 2016 (Office for National Statistics (ONS), 2016). This increase has been linked to a growing birth rate, increasing maternal age, assisted reproduction and medical advances (ONS, 2014 p.2). Multiple birth parenting is considered to be more stressful than parenting single birth infants (Feldman, Eidelman & Rotenberg, 2004). The challenges for mother and babies often start with increased risks associated with delivery at early gestation, and include miscarriage, low birth weight, premature labour, and for the mother, often the need to recover from caesarean-section deliveries (Elster, 2000).

Caring for multiples is associated with more physical exhaustion, with caregiving taking at least twice as long (Damato, 2005). Mothers have described their life being on hold for the first year (Beck, 2002), and are more likely to experience depression by the fifth year (Thorpe, Golding, MacGillivray & Greenwood, 1991). There can also be a longer-term strain on families, with twins at first-birth being associated with greater incidents of parental divorce (Jena, Goldman & Joyce, 2011). These increased demands on mothers had an impact on the infant's experience. Mothers have to be more task focussed, meaning the infants may have to wait longer for their needs to be met, have more time alone, and are looked at and held less often (Holditch-Davis, Roberts & Sandelowski, 1999). Finally, the time infants do spend with their

mothers is often shared (Damato, 2005). It has been suggested that the increased parenting challenges associated with having multiples may affect the attachment process (Damato, 2000). This paper will focus on the most common multiple parenting experience; twins.

2.1.2. Attachment

Attachment theory is an established working model in child development and within the context of mental health (Bowlby & King, 2004), and its origins are with Bowlby's (1958) work. Attachment theory proposes that infants become attached to one or more care-givers and approximately 70% of infants form a secure attachment (Holmes, 2001). The development of a secure attachment is based on the quality of an infant's early experiences and is dependent on sensitive and responsive care-giving (Holmes, 2001). Early experiences form internal working models (IWM) both of our attachment figures and of ourselves. Therefore, a child who experiences their caregiver as emotionally available and supportive is more likely to form an IWM of themselves as loveable and competent (Bretherton, Ridgeway and Cassidy, 1990). Therefore, an infant's attachment experiences can have a life-long impact on personal, social and emotional development (Read, 2014). Bowlby's focus on attachment was unidirectional, considering the infant's relationship to his mother. However, focus has recently moved towards including the mother's relationship with her child (Damato, 2000).

The terms attachment and bonding are often used throughout the research on maternal-child relationships. John Bowlby's son reflected on his father's work and spoke about preferring the term bonding over attachment (Bowlby & King, 2004). Bonding has been defined as 'parental investment in an infant' (Corter & Minde, 1987 p. 38) and is not one of either-or but a process which is developmental in course (Corter & Minde, 1987). This paper will focus on bonding.

2.1.3. Bonding with twins

Parents of singletons are potentially able to focus completely on the daily development of their infant, and communication between mother and baby is dyadic (Feldman et al., 2004). However, for mothers of twins, their focus and attention are split in a triadic fashion (Bryan, 2003). Bonding processes between mother and baby are shown to develop antenatally. A moderate relationship was found between antenatal and postnatal attachment in mothers of twins (Damato, 2004). Damato (2000) found that women expecting twins reported lower mean attachment scores (on the Prenatal Attachment Inventory) compared with women with singleton pregnancies. Furthermore, mothers reported a greater attachment to one twin than the other.

Research has suggested therefore, the process of bonding with twins may be different from that of singleton children. Theories of psychic specific competition (Simon, 2016) and monotropy (Klaus and Kennell, 1976) have been proposed to explain complexities within twin bonding. Simon (2016)

discussed the psychic development of twins from a psychoanalytical perspective and reflected that the needs of twin infants were no different from singleton infants, in their inability to be left alone. Therefore, to have another baby, working on the same processes with the same psychological needs from the same mother, at the same time creates complications and competition for both infants and mother, referred to as 'psychic specific competition' (Simon, 2016). This is therefore seen as a unique process when compared to a mother bonding with single children of different ages. Klaus and Kennell (1976) proposed that innately, a mother can only attach to one infant at a time (monotropy), and so suggested that a differential relationship would exist between a mother and her twin infants.

For parents, the complexity of relating simultaneously to twins can cause great stress (Bryan, 2003). Parents of triplets have reported difficulty in the parenting role, with mothers considering the relationship to be developing inadequately (Feldman et al., 2004). This was supported by Holditch-Davis and colleagues (1999) who explored the perceptions and interactions of parents of multiples and found that seven out of eight couples were concerned about bonding. These parents felt their infants were missing out on opportunities for bonding that parents of singletons would have, because they had to be so task focused (Holditch-Davis et al., 1999).

Abbink, Dorsel, Flores, Meyners and Walker (1982) surveyed twin mothers about their experiences of bonding in the first few hours to days following birth.

In contrast to Klaus and Kennell's (1976) theory of monotropy, they found that only eight out of the eighteen participants identified any initial differences in the bonding experience and suggested there was no indication of an innate tendency to attach to only one twin. However, issues within the bonding experience may not become apparent immediately after the birth as indicated by Abbink et al., (1982). Feldman et al., (2004) found differential mothering was detected in the second 6 months of life, when the children were becoming more active in contributing to the dyad.

Minde, Corter, Goldberg and Jeffers (1990) found that the majority of mothers in their study on premature twins developed a preference for one infant within two weeks of birth and this preference lasted for at least four years. Corter and Minde (1987) found that mothers who did not develop a preference for a twin, were less engaged with *both* babies; talking, smiling and touching their infants less. These findings suggested that differential treatment between twins, based around preference, may actually be important for the children's development. An individualised experience encouraged the development of a sense of self and autonomy (Corter & Minde, 1987). These findings are also supported by research showing that being a twin did not impact on infants' attachment style (Goldberg, Perrotta, Minde & Corter, 1986), even if you were the non-preferred twin (Corter & Minde, 1987) suggesting that having a preference might not produce negative outcomes. However, mothers of twins are reported to be concerned about having a favourite (Holditch-Davis et al., 1999). Therefore, while mothers have reported feeling concerned about experiencing preferences, research has suggested that the experience of

differential bonding might not only be typical but actually preferable. Women's experiences suggest a conflict when managing this situation.

Anderson and Anderson (1990) interviewed ten mothers using a Grounded Theory approach to construct an understanding of how mothers develop a relationship with twins during the first year of their life. Their model suggested that mothers required the development of certain categories in order to build a relationship; initially, individualisation, where the mother could adapt to the differences and needs of each twin. This category was seen as essential to, and influenced by, differentiation (seeing the differences in the children), polarisation (describing characteristics of each twin as opposite) and maternal justice (needing to be fair). The authors felt that mothers differentiating between their twins was important in order to build a relationship.

Anderson and Anderson's research (1990) goes some way in providing an understanding of how mothers develop an early relationship with their twins. However, this research does not tell us about the experiential component for the mothers; how do mothers feel about experiencing a process of individualisation and what it is like to have to adapt to differences in each twin? Moreover, this research is over twenty years old and with twins becoming more common in society, the experience and expectations for mothers may have evolved.

2.1.4. Rationale

Research has suggested that bonding to twins may be a unique experience, with simultaneous bonding seen as either more complex (Simon, 2016), or not possible (Klaus & Kennell, 1976). However, findings are mixed as to whether mothers experience differential bonding with their twins. Much of the research to date has looked at attachment processes from antenatal stages (Damato, 2000) to the first 3 months (Holditch-Davis et al., 1999), bonding with premature twins (Minde et al., 1990) or focussed on the process of *how* bonding develops (Anderson and Anderson, 1990).

There is limited research which has focussed on the lived experience of mothers bonding with their twins. The aim of this research therefore is to explore mothers' lived experience of bonding with twins beyond the early antenatal stage (6 months to 2 years). The research questions are: How do mothers experience bonding with their infant twins? And how do mothers make sense of this experience?

2.2 Method

2.2.1. Design

This research is rooted in an interpretivist epistemological position where knowledge is gained through an exploration of the social world lived by participants and is an interpretation of their experiences (Ormston, Spencer, Barnard & Snape, 2003). This position suggests that the reality explored will

be affected by the research process, and so acknowledges the existence of hermeneutic circles in which the researcher interprets the interpretations of participants (Smith, Flowers & Larkin, 2009). As this position sees the social world as socially constructed, it cannot be portrayed accurately because of multiple competing experiences and perceptions, but instead aims to understand people's perspectives in the context of their daily lives (Ormston, et al., 2003). Within this constructionist epistemology the study will use an interpretivist phenomenological design and analysis (Interpretative Phenomenological Analysis (IPA); Smith et al., 2009). The aim of IPA is to examine how people make sense of major life experiences; it is phenomenological because it is interested in how participants make sense of their world, and it is interpretivist because the researcher needs to interpret their experience (Smith et al., 2009).

2.2.2. Participants

IPA research allows the researcher to be absorbed in the complexity of most human phenomena and so benefits from concentrating on small numbers of participants (Smith et al., 2009). Within IPA a homogeneous sample is usually identified in order that the research questions are meaningful, representing a perspective, rather than a population (Smith et al., 2009). Therefore, a purposive sample was used which is a method of selection based on certain features or characteristics which allow for exploration of the phenomena being studied (Shinebourne, 2011). The inclusion and exclusion criteria employed for recruitment is displayed in Table 2.1.

Table 2.1. Participant inclusion and exclusion criteria

Inclusion	Exclusion
- Mothers of one set of twins with no other children.	- Mothers with other children aside from their twins
- Twins aged between 6 months and 2 years -	- Twins younger than 6 months or older than 2 years
- Mothers over the age of 18.	- Mothers under the age of 18
- Mothers experiencing a typical twin birth without significant period of incubation (longer than 12 hours)	- Mothers who experienced non-typical twin birth including where infants required significant time incubated (over 12 hours).

The decision to include mothers of twins over 6 months of age was based on research which suggested parents may become aware of differing attachments after this time (Feldman et al., 2004; Minde et al., 1990). Only mothers of twins up to 2 years of age are included as this research is focussed on early bonding experiences. Retrospective accounts of the early bonding experience from mothers of twins older than 2 years were not included in order to gain insight into mothers' current experiences. In order to capture the most typical bonding process, this study included mothers where either infant was kept in a Neonatal Intensive Care or Special Care Baby Unit for no longer than 12 hours. Six twin mothers were recruited and their characteristics are displayed in Table 2.2.

Table 2.2. Participant characteristics

Name*	Age	Twins age	Ethnicity & Socio-economic background	Relationship status	Identical/non	Delivery	Conception
Kelly	35	15 months	White British Skilled working class	Married	Non-identical girls	C-Section	Natural
Abbie	40	14 months	White British Middle class	Married	Non-identical g + b**	Natural	Natural
Rachel	37	2 years	White British Middle class	Married	Non-identical g + b**	C-Section	IVF
Faye	29	9 months	White British Middle class	Married	Non-identical boys	C-Section	Natural
Sophie	31	6 months	White British Lower middle class	Married	Identical boys	C-Section	Natural
Claire	39	20 months	White British Lower middle class	Married	Non-identical boys	C-Section	IVF

* Pseudonyms; ** g= girl, b= boy.

2.2.3. Procedure

2.2.3.1. Ethical procedures

This research was conducted in line with the British Psychological Society (BPS) standard which states research should abide by the Code of Ethics and Conduct (BPS, 2009) and the Code of Human Research Ethics (BPS, 2010). Ethical approval for this research was granted from the University of Coventry (Appendix D).

2.2.3.1.1. Informed consent

Before agreeing to participate in the research, participants were given an information sheet (Appendix E). Participants were informed of the research aim and that they could withdraw or amend their responses up to 1 week following. They were assured of anonymity through the use of pseudonyms and removal of identifiable information from their interview transcripts. Consent was recorded by participants signing a consent form prior to the interview starting (Appendix F).

2.2.3.1.2. Harm

It is acknowledged that talking about sensitive issues may constitute harm (Smith et al., 2009) and therefore considerations were given to protect participants. The researcher was available to talk to prior to, during, and following, the interviews about participants' experience of the research. Participants also had contact details of the research team. At the end of the interview participants were given a de-brief sheet (Appendix G) which provided details on appropriate support services they could access should they feel the need.

2.2.3.2. Materials

A semi-structured interview guide was developed and utilised to give a framework to follow (Appendix H). However, the researcher could still be flexible in this approach and responsive to individual experiences. The

questions were developed from the research aim in conjunction with the research team.

2.2.3.3. Recruitment

The researcher approached the Twin and Multiple Birth Association (TAMBA) who placed an online advert on their social media platform. Mothers who were interested contacted the researcher and were sent further information. Mothers who met the criteria and wished to participate were included in the research in an order based on theirs' and the researcher's availability

2.2.3.4 Reflexivity

Although interviews are seen as highly subjective with a risk of bias (Bell, 2010), within IPA, the impact of the researcher on the interviews and analysis is embraced and observed through reflection. Rather than seeing this bias as a disadvantage, it is seen as inevitable in qualitative research. The main researcher took part in a bracketing interview conducted by their research team focussing on identifying preconceptions to bring them more into consciousness. The aim of this is to become more aware of the personal and professional position the researcher is holding, and so become more open to hearing something unexpected and allowing the participant experience to dominate. In addition, in order to improve reliability and reflexivity, another researcher co-coded part of a transcript and met with the primary researcher to discuss similarities and differences across the codes. Reflexivity was also

encouraged through the use of regular supervision from the research team and through completing a research journal.

2.2.3.5. Procedure

All participants requested that the interviews took place in their homes. As requested by the researcher, they had all made plans for the interview to take place when their children were asleep or being cared for. Prior to the interview commencing participants were given another chance to look at the information sheet, sign the consent form and complete demographic information (Appendix I). The interviews ranged from 56 to 94 minutes and were all audio recorded. Following this, a verbal and written de-brief were given (Appendix G).

2.2.3.6 Analysis

Data were analysed according to the guidelines proposed for IPA (Smith et al., 2009) and their six steps to analysis are laid out in Figure 2.1.

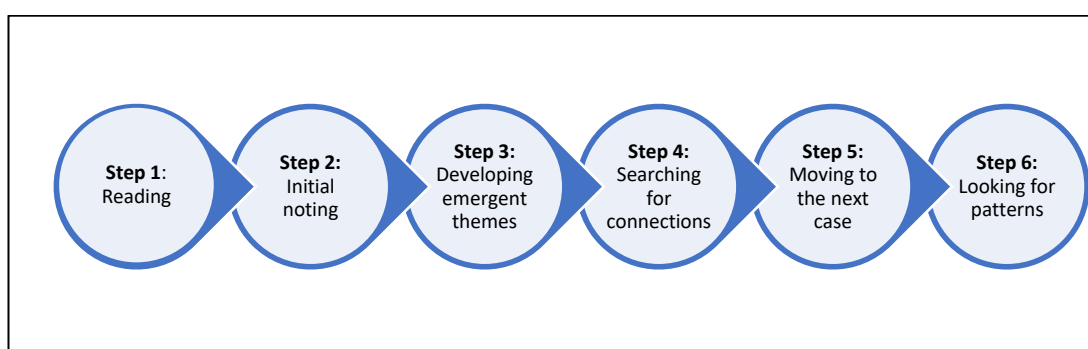


Figure 2.1. Steps involved in IPA analysis (Smith et al., 2009)

An example transcript is shown in Appendix J. Individual transcripts were re-read several times in order to become familiar and note descriptive, linguistic and conceptual codes. Patterns within transcripts were written on cue cards. These cue cards were then used to visualise patterns across all the data (Appendix K). The themes emerged into superordinate and subordinate themes.

2.3. Results

Two superordinate themes emerged from the data; '*Twin guilt*', and '*I missed out...they miss out*'. Each theme has subordinate themes as shown in Table 2.3.

Table 2.3. Superordinate and subordinate themes

Superordinate theme	Subordinate theme
<i>Theme 1: "Twin guilt"</i>	<p>a) "There's no time for cuddling"</p> <p>b) "I won't hold either of them then"</p> <p>c) "I've not even told my husband this"</p>
<i>Theme 2: "I missed out...they miss out"</i>	<p>a) "If I'd have had one baby I would have..."</p> <p>b) "We do have a bond... it's just a different one"</p>

2.3.1. Theme 1: “Twin guilt”

All the mothers’ early bonding experiences were surrounded by elements of guilt. The mothers felt torn between the practical demands of looking after twins and spending individual time with their infants. Even when they did have individual time with their infants, mothers faced the challenge of how to interact individually, whilst also remaining fair. These mothers described often feeling they were not doing the ‘right’ thing, leading to guilt and shame. Mothers described feeling isolated through feeling less able to share their concerns about bonding with others through fear of judgement. Within this theme three subordinate themes emerged and are titled using mothers’ direct quotes; “There’s no time for cuddling”, “I won’t hold either of them then” and “I’ve not even told my husband this”.

2.3.1.1. Theme 1a: “There’s no time for cuddling”

All the mothers expressed a struggle between undertaking the practical demands of parenting versus the emotionally focussed experiences they more closely linked to bonding. All the women spoke of the immense practical demands placed on them, often consuming most of their time such as feeding, changing and bathing two babies. These activities often consumed time which otherwise could have been spent engaging in moments that felt conducive to bonding, for example Sophie said:

I was restricted in what I could do or where I could go and I couldn’t spend any time just playing with them...it was just you’re on a play mat all the time because that time would still

be needed for your brother, or making up a bottle, or sorting myself out, so there was very little just sitting there shaking a rattle... (Sophie: 416-421)

This was especially difficult in the early days for most of the mothers where the initial time with their twins was focussed on managing the shock of the reality of caring for two babies:

It was a real slow burner in terms of bonding with them. I would say about 6 weeks it was just about keeping them alive, got to feed them, water them, change them, make sure they're ok, there was no kind of let's have a cuddle and bond, in my head it wasn't about that then. (Faye: 346-350).

Through life becoming more focussed on coping with practical demands, the functional aspects of parenting took over from the more emotional aspects. For example, Faye reflected on her experience of feeding her twins:

...you're not cuddling them you're just plugging them with milk bottles...and they're looking at you from a chair, there's no loving gaze while you hold them in your arms...that don't happen (Faye: 326-330).

And as Abbie described, although this is what the mothers felt they had to do in order to cope, they felt guilty due to this feeling 'wrong' or not how things 'should' happen:

I think it's because I had to approach it as, right we need to do this, and bottle, and feed her and, so the being practical bit took

away some of the being emotional bit I think that always felt wrong and it still does feel wrong (Abbie: 683-686).

Sophie described the focus on the functional aspects of parenting as creating a “physical gulf” between herself and her infants, thereby impacting on bonding:

...the bottle feeding felt more detached and slight bit of distance makes you feel more emotionally detached really, but that early period there was no time for just giving them a cuddle, I don't think that happened once...I feel horrible thinking about it now. (Sophie: 361-366).

There was a shared experience for these mothers that due to the practical demands of raising twins, moments which felt more linked to bonding were less possible. This produced guilt for the mothers who all reflected that this would have been different if they were bonding with a singleton infant. Although Kelly spoke of not having an option, this felt at times wavering where some of the mothers described a sense of guilt that perhaps they were being selfish in having to *choose* to put practical demands above bonding experiences in order to cope.

2.3.1.2. Theme 1b: “I won't hold either of them then”

Three mothers spoke about difficulties in getting to know both infants at the same time and all the mothers found managing two infants, with the same developmental needs, challenging. All of the mothers described battling between a drive to see each infant as an individual whilst also wanting to treat

them equally, in order to be fair. Four of the mothers felt that, initially, they did not see their twins as individuals due to the competing practical demands on their time as discussed in theme 1a:

They are treated as one entity because you just can't not treat them as one...It's hard because you don't want them to feel like they don't have their own personality (Faye: 242-246).

However, they had a strong desire to ensure equality:

There's just a constant guilt factor there for me, that, am I treating them equally? (Kelly: 433)

When the mothers could not treat them both equally however, such as both children crying at the same time, they described the dilemma of which child they should go to. Faye said she would choose to leave the more relaxed twin who would 'get over it quicker' for the other twin, Rachel would go for the louder cry, Abbie had to respond to the infant suffering with reflux and Kelly would go to the more 'demanding' twin. However, the mothers were concerned their decision of which child to respond to was driven by having a favourite, which generated guilt:

...because then you feel like you've picked a favourite and the other one is still crying and you feel so guilty that you've picked that one (Faye: 366-368)

Four of the mothers expressed that they did have a preference for one twin over the other; and sometimes this preference would change over time. Kelly and Claire described having a preference as both a 'natural reaction' and undesirable:

I don't want to feel I have bonded any differently, but I feel like I understand and I can relate to [Twin1]... more than [Twin2] (Claire: 154-155).

All the mothers expressed feeling concerned whether it was a negative experience for one twin to see the other twin being interacted with:

You don't get to cuddle them on their own, there's no oh let's have a cuddle, you just can't do it... you feel bad for the other one so you don't do it... (Faye: 261-264).

Abbie shared a strategy that three of the mothers used to manage their concerns, which was to interact individually less with their twins:

you can't sit and really enjoy one, because you're conscious of the other one...you're always holding one and thinking about the other one...it becomes easier to say well I won't hold either of them then. (Abbie: 138-139).

And although two of the mothers felt that the child would not remember they still struggled with this situation:

You don't want them to think, oh she's got him again, what about me? And I know they probably aren't thinking that and they're so small they won't even remember it but as a mum you can't get your head around it. (Faye: 287-290).

In order to try to maintain fairness and equality and in response to guilt, these mothers felt it was easier to hold neither of their children, for example, rather than have one infant being left out:

If I'm doing that [playing with one twin] I'm neglecting the other, I often think I don't play with them as much as perhaps others do with their single babies because if you're playing with one you're not playing with the other (Abbie: 291-294).

Claire expressed feeling conscious of the other twin seeing her with their sibling, as Abbie and Faye described above. However, Claire also felt this may be beneficial to the other twin and therefore expressed less guilt than the other mothers:

...at other times you just have to go with it you have to let them see that you can bond with both of them and if they see you having a nice time, sometimes they'll be smiling as well (Claire: 184-187).

Therefore, the experience of building a relationship with one twin was closely linked to the relationship with the other twin. The mothers shared a desire to respond to each twin individually, but for some of the mothers doing this felt like it was displaying a preference for one infant over the other and they felt guilty if this was the case. However, the alternative to this was to treat them the same or withdraw from both, which also made them feel guilty. For most of these mothers, whichever way they responded, they were left feeling guilty.

2.3.1.3. Theme 1c: "I've not even told my husband this"

Many of the women described shame in talking about their experience of bonding, both internally (against their own standards) and externally (against the standards they felt others held). This would make sense within the context

of guilt, where if they were unsure that their experiences of bonding were 'normal' or 'good enough' then they were likely to feel shame in sharing them. Four mothers talked explicitly about their feelings around sharing their bonding experiences. Faye described a "catch 22", where she felt both blessed and like she had missed out. She resented singleton mothers but then felt guilty to have these feelings, because she has two healthy babies. Like Faye, most of the women spoke about how things 'should' be, which felt like it added pressure to these mothers that there was a 'correct' experience. Two women experienced shame in their very early experiences; Sophie described wishing she only had one baby antenatally and she described this memory as:

"Something I feel absolutely horrendous about" (Sophie: 18-19)

Abbie felt concerned she had not experienced a wave of love soon after the birth of her twins that other people described. She felt this was because she was overwhelmed by having two babies and had to hide this experience, even now, as it felt wrong:

"...that always felt wrong and it still does feel wrong" (Abbie: 686).

Towards the end of her interview, Abbie expressed a sense of guilt for sharing her bonding experiences and was keen to emphasise that she loved her children. Four mothers spoke about wanting to connect and be open about their experience of bonding but felt concerned about how others' may perceive this. Perhaps there was a concern that by saying they had not bonded with their children or that bonding was different from what they expected they were

doing something wrong. This idea is supported by Kelly's fear of sharing her experiences with her husband:

"If I say I haven't bonded I've let my husband down" (Kelly: 722)

This may play a part in why all of the mothers spoke about feeling lonely and a disconnect from singleton mothers and therefore being excluded from a large social network. However, as time progressed for Sophie she described no longer feeling guilty, although there was still a sense of concern and seeking of approval as to whether this was ok:

"Should I feel guilty about not feeling guilty? (Sophie: 386)

Claire expressed that there was a lot about attachment that she did not understand. Overall these women were concerned about what was 'typical' and what they 'should' experience with an underlying anxiety of being judged if they did not fulfil those expectations. Through these interviews it felt like the mothers were seeking some more understanding and reassurance about a 'typical' bonding experience.

2.3.2. Theme 2: "I missed out...they miss out"

Within bonding, these mothers expressed a sense of loss for themselves and perceived a loss for their twins. Many of these mothers could not parent in the way they had imagined; they had to process this loss and adapt to a new way of coping. Many of the mothers wondered what impact the adaptations they had to make had on their infants; with many feeling their infants had missed out. However, within this experience of loss, positive aspects emerged for

themselves, their infants and so too, their bond. Within this theme, two subordinate themes emerged: “If I’d have had one baby I would have...” and “We do bond...it’s just a different one”.

2.3.2.1. Theme 2a: “If I’d have had one baby I would have...”

All of the mothers talked about their expectations of being a mother of a singleton compared to their reality of mothering twins. The mothers expressed a sense of loss of the parent they hoped to be and subsequently of the bonding experience they were anticipating:

I think life would be a lot easier with just one baby, but we don’t have that, we have two. I think that’s sometimes why maybe I haven’t bonded because I feel a little bit hard done by (Kelly: 702-703)

The sense of feeling ‘hard done by’ was shared by four of the mothers who explained they had not ‘chosen’ this parenting life, it had been imposed on them. Sophie described the loss of what she had expected:

It feels like the singleton mums are having the life you were expecting and as a twin parent it wasn’t what you were imagining (Sophie: 546-547).

These twin mothers had to process and deal with the loss which arose from the comparison to singleton mothers.

...fitness is a big thing for me and there is a buggy club, but I couldn’t do that with a twin buggy so I couldn’t do that, so there

was a lot of things that were me that I thought would be taken away by having a baby, were taken away even more with having two. (Abbie: 539-543).

For Abbie, things that she had anticipated would have been lost through becoming a mother were exacerbated through having twins. For many of the mothers, connecting with this feeling of having missed out and life not being as expected was painful:

I feel a little emotional because I think in talking I feel like I've missed out...I think because I've had two I haven't been able to be that little picture I thought I would be (Abbie 670-673).

All the mothers spoke about the impact the loss of the imagined mothering role had on the relationship with other mothers. Faye described feeling envious of singleton mothers which created a distance:

People don't really want to talk to you and you don't really want to make friends with singleton mums because you're envious of them (Faye: 418-420).

Therefore, not only did mothers potentially have to accept the loss of the mothering role they thought they would assume, but also the loss of connection with other mothers:

It's a very lonely world being a twin mum (Kelly: 133)

Four of the mothers reflected on times when they only had one of their infants to care for; three of which were during medical appointments:

I came away like I had passed the motherhood test, I had been able to comfort him and we had spent this one on one time, and obviously it wasn't nice time because he had a fever, but it was the longest time I've spent with one of them... (Sophie: 606-611).

For some of the mothers, such as Abbie, this time spent alone with one of her twins made her feel concerned that the loss of individual time with each infant affected her bonding:

I think I would have felt closer to them individually, or as an individual if I'd have had one because even the small pockets of time you have with one it just feels very different (Abbie: 444-446).

However, even within individual time with their children, there was a sense of loss. Claire described that although she 'romanticised' about the time alone with one of her children, she said she felt part of her was missing the whole time. Perhaps through adapting to a relationship with two infants, Claire was not able to feel the way she imagined she would have with one infant, due to longing for and missing the other. Therefore, all of these mothers expressed a personal loss in the experience of motherhood that they were expecting and for some, managing this loss whilst parenting two children had an impact on their sense of bonding.

2.3.2.2. Theme 2b: “We do have a bond... it’s just a different one”

Five mothers spoke about an experience of antenatal attachment; both Abbie and Claire felt they started to bond with their babies through their scans and Faye spoke about how, based on movements in the womb she started to get to know her twins. Sophie said initially she felt they were just ‘embryo blobs’ until she heard their heartbeats where she started to feel more attached. Four mothers, however, found the period after their twins were born very difficult in terms of bonding:

I can’t say that I really got to know them that well in the first 6 months (Rachel: 363).

Five mothers expressed concerns that due to the bonding process taking time, and due to the adaptations they needed to make in order to cope (theme 1a), that their twins had missed out. It felt painful for these mothers to connect with feeling that their infants may have at times, missed out:

I’ll look at [Twin2] like today, because [Twin1] was just so clingy and I just looked at her with a bit of sadness because I’m really sorry I’ve not spent any time with you today (Kelly: 441-444)

Sophie felt that rather than her twins having half of her, they actually missed out overall on quality time. She described this as her twins having been ‘robbed’; she therefore felt her twins had something important taken away from them which was upsetting for her. It was often at times the mothers saw their children playing alone or not seeking comfort that triggered a sense of loss and sadness. It seemed these mothers interpreted these situations as their

children having missed out and Abbie spoke about her concerns whether this had an impact on her twins' bond with her:

But I don't know if they feel the love as much as they would have had if I just had one, I think that's the, the bit that, stings (Abbie: 424-426).

However, as with all loss comes a change, and five mothers spoke about how they felt their children had developed in line with their early experiences. For example, some mothers described their infants becoming more able to tolerate not being comforted straight away, learning to wait and share, not becoming jealous over their mothers' time and quickly getting used to new people:

...I can't get to you so you just will have to learn to wait and I think they have and I think that's why they don't cry at the same time because they've figured out she's not coming to me anyway so I'll wait for him to be put down and then I'll cry... (Faye: 390-393).

For three of the mothers, part of this change relied on having different 'rules' as a threesome or a "mutual understanding" of how things needed to be. Two mothers felt they were less likely to slip into parenting styles they felt were undesirable, such as giving too much of themselves or holding them all the time. Five mothers felt what they had lost in individual time with their twins, was made up for in the bond the twins were forming with their sibling:

My thing is always they don't have all of me, but they have half of me plus they have each other. We've just changed our buggy to a side by side buggy....it was the first time they reached for

each other and held each other's hands, which was just amazing to see that, and that's the special bit about twins (Abbie: 233-238).

Although this sense of compensation for the loss of the mother through the twin to twin bonding helped ease the mothers' experience of loss, there was still a sadness that adaptation and compensation were necessary. Abbie articulated this sadness when talking about a time she left a baby club feeling 'awful' after one of her twins was distressed and approached another adult, sat on her knee and sucked her thumb:

...as it happened I was sat next to a twin mum and I was like ohh, and she was like yeah, it's a double-edged sword isn't it, and I was like yeah, because although it's lovely someone has picked her up, and they're holding her, and its lovely for her, but I don't have that (Abbie: 148-152).

Through this process of loss, change and adaptation, all mothers did feel they had bonded with their infants. However, this bonding process was different to what they had imagined and took longer than expected, possibly because of the experience of loss and change needed to cope:

I got there in the end, we do have a strong bond but I think it's just a different one because of how we have had to deal with things (Abbie: 647-649).

For the majority of the mothers, as the children got older and the bond grew, life got easier, bringing a sense of achievement. Faye talked about her sense of triumph after experiencing the challenges of bonding:

The more time goes on, the more you start to enjoy it and feel less you're on your own and you feel quite triumphant because you think, I am a twin mum, I am amazing, and you still feel really special, there is a lot to be said for how it makes you feel, really crap or really good. (Faye: 612-616)

Mothers felt their infants had experienced a loss through having less time with their mother. Although the mothers felt their infants gained in other ways, it is still described as a 'double-edged sword' where the infant developing in line with being a twin, further reminds them of their loss. Through this experience all mothers felt they had bonded and for some, emerged a sense of achievement.

2.4. Discussion

This study suggests that the experience of bonding with twins is an area of concern for mothers. Mothers described having to navigate through the complexity of bonding with multiple infants, trying to balance what they need to do with what they want to do and are often faced with an inevitable sense of guilt or loss and a need to adapt. Within this picture mothers feel that they are bonding; it is just different from what they had expected and takes longer, but for most, the experience of rewards and pleasures emerge.

As previous research found, mothers struggle with the practical demands of raising twins (Holditch-Davis et al., 1999) and how this removes them from spending time with their infants and engaging in moments of bonding. Even

though mothers felt that their infants were missing out, they noticed that their infants were developing traits they felt were positive such as learning to share and wait. This was described as a double-edged sword, however, where they connected with the loss of the single child they imagined and the guilt in the way they had to parent.

The present study supports Simon's (2016) theory of 'psychic specific competition' which found that mothers particularly struggle with the competing nature of their twins' needs. The mothers described their relationship with one twin as being linked to the other; which led the mothers to focus on fairness and equality. This drive towards fairness was complicated with another drive, to treat each infant as an individual. Anderson and Anderson (1990) suggested that mothers bonding with twins went through a period of individualisation, where mothers needed to adapt to differences between their twins and realise maternal justice where they strive towards being fair. The current study suggests that the process of experiencing individualisation and maternal justice may create a struggle for mothers and lead to guilt. In order to adapt to differences between their twins the mothers needed to treat each twin differently and this generated concern about whether they were acting in line with a preference and thereby not achieving maternal justice.

The current study additionally supports Minde et al.,'s (1990) findings with the majority of mothers developing a preference for one twin. Having a preference concerned most of the mothers and they wanted to avoid acting on this. Often

for practical reasons, mothers could not engage with both babies equally at the same time. Through fear of displaying a preference, and with the concern that it would be damaging for one of their infants to see her interacting with their sibling, some of the mothers responded by engaging less with both children. Corter and Minde (1987) suggested that mothers who did not develop a preference engaged less with both of their children. In contrast, the current study suggested that mothers who developed a preference, and felt guilty about this, also engaged less with both twins in order to remain fair.

The theory of monotropy (Klaus and Kennell, 1976) proposed that, innately, mothers are only able to bond with one infant at a time suggesting that they might experience a differential relationship with each twin. The current study found that some mothers did experience differential feelings for each twin. However, all mothers felt they had bonded with each infant, it just took longer. Therefore, perhaps it is possible to bond with two infants at the same time, but the relationships will be unique and might take longer to form. Although antenatal bonding was experienced (supporting Damato, 2004), once the infants were born, a delay in bonding occurred during which mothers described a focus on survival. This would support Abbink et al., (1982) who found no differences in bonding for mothers of infants a few days old and Feldman et al., (2004) who found differential bonding experiences after 6 months.

Mothers of twins have described a range of feelings from concerned to ashamed that their bonding experiences were not typical. This shame may

prevent mothers having conversations about bonding with other twin mothers and those around them. Being able to share their experiences of bonding and that “Our relationship is different” might act as a powerful normalising process.

2.4.1. Limitations

There were limitations to this research study. Firstly, all the mothers in the sample were married, the majority described themselves as within a middle class socio-economic background and all described their ethnicity as white British. Although the purpose of qualitative research is not to generalise, it is especially important to highlight the lack of diversity in these areas. For example, it is possible that single mothers of twins might have a different experience. All but one of the mothers had a caesarean-section delivery which may have impacted on the early days of bonding with their infants due to recovering from surgery and may have exaggerated the findings that survival was the initial focus rather than bonding. Also, the majority of mothers (five) in this study had non-identical twins; it may be bonding with identical twins may be different than that with non-identical twins.

The research advert stated that this research was focussing on the experience of bonding and therefore the mothers who responded to this advert may have had a particular concern about bonding. Also, knowing the research was about bonding with twins may have suggested to participants that this process was unique and consequently they may have held this in mind throughout.

2.4.2. Clinical Implications

The present study gives an insight into the complex experience for mothers bonding to twins. Bonding is important for infants' development hence it is helpful for professionals working in peri-natal settings to be aware of mothers' experiences in order to support them. The impact of guilt on bonding may be important for professionals to notice. Guilt, related to inevitable experiences such as holding one infant and not the other, might elicit a concern within the mothers that they are harming their infants and so affect their bonding experience.

The evidence base has suggested bonding to twins is a unique experience and mothers of multiples may require different information about their parenting experience. One of the main concerns for mothers is whether their experience was 'typical'; so, providing expectant twin mothers with information about twin bonding may support them in preparing their expectations. It would also be important to provide mothers of twins, at an early stage in their pregnancy, details of where they could access further support should they be concerned about bonding or their own wellbeing within this process.

2.4.3. Future Research

Further research looking at the impact of parental preferences on outcomes for twins would be beneficial as this was an area of most concern for the mothers. Some mothers were concerned it was harmful to one of their infants if they saw them playing with the other infant. Exploring further what impact, if

any, an infant seeing a bond form between their mother and their sibling had could better inform mothers of any benefits or risks for this. Although research has looked at outcomes on attachment styles, exploring adult twins' experience of being parented and following mothers experience through to their children's adulthood would add depth to this area. This study neglected the experience of fathers bonding with twins. With research suggesting parents of twins are more likely to divorce (Jena et al., 2011) research into the fathers' experience may help widen the understanding of bonding and help identify ways that families of multiples, could be better supported. Finally, it could be beneficial to look at whether mothers' concerns about bonding and whether their experience was 'typical' had an impact on their ability to seek help. Further research into this area would be beneficial to help services and professionals better reach out and respond.

2.5. Conclusion

The process of bonding is important for an infant's life-long development. Evidence suggested that mothers' experience of bonding with their twins is a unique process when compared to that of singleton infants. Previous research had suggested mothers felt concerned about bonding with twins, however, limited research had explored the lived experience of twin mothers.

The findings of the current study suggested that the process of bonding with twins is complex, where mothers had to balance what they needed to do with what they wanted to do or they felt they 'should do'. The mothers' experience

was driven by guilt with a sense of loss and a need to adapt. All of the mothers felt that they had bonded, but it was different to how they had expected it to be and it took longer. Having a greater understanding and information about the complexities of bonding with twins would be beneficial for both mothers and professionals working with them.

2.6. References

- Abbink, C., Dorsel, S., Flores, J.E., Meyners, J.E. & Walker, C.J. (1982). Bonding as perceived by Mothers of Twins. *Paediatric Nursing*, 411-413.
- Anderson, A. & Anderson, B. (1990). Toward a Substantive Theory of Mother-Twin Attachment. *Maternal and Child Nursing*, 15, 373-377.
- Anderson, K.N., Rueter, M.A., Connor, J.J. & Koh, B.D. (2017). Observed Mother-and Father-Child Interaction Differences in Families with Medically Assisted Reproduction-Conceived Twins and Singletons. *Family Process*, 56, 4, 997-1011.
- Beck, C.T. (2002). Releasing the Pause Button: Mothering Twins During the First Year of Life. *Qualitative Health Research*, 12, 5, 593-608.
- Bell, J. (2010). *Doing your Research Project (5th Ed.)*. Berkshire: Open University Press.
- Bowlby, J. (1958). *A secure base: Clinical application of attachment theory*. London: Routledge.
- Bowlby, R., & King, P. (2004). *Fifty Years of Attachment Theory: The Donald Winnicott Memorial Lecture*. London: Karnac.
- Bretherton, I., Ridgeway, D., & Cassidy, J. (1990). Assessing Internal Working Models of the Attachment Relationship. In Greenberg, M.T., Cicchetti, D., & Cummings, E.M. *Attachment in the Preschool Years: Theory, Research and Intervention* (pp. 273-507). London: Chicago Press Limited.

British Psychological Society (2009). *Code of Ethics and Conduct*. Leicester: British Psychological Society.

British Psychological Society (2010). *Code of Human Ethics*. Leicester: British Psychological Society.

Bryan, E. (2003). The impact of multiple preterm births on the family. *International Journal of Obstetrics and Gynaecology*, 110, 20, 24-28.

Corter, C.M., & Minde, K.K. (1987). Impact of infant prematurity on family systems. *Advances in Developmental and Behavioural Paediatrics*, 8, 1-48.

Damato, E.G. (2000). Maternal-Fetal Attachment in Twin Pregnancies. *Journal of Obstetric, Gynaecologic & Neonatal Nursing*, 29 (6) 598-605.

Damato, E.G. (2003). Predictors of Prenatal Attachment in Mothers of Twins. *Journal of Obstetric, Gynaecologic & Neonatal Nursing*, 33 (4) 436-445.

Damato, E.G. (2004). Prenatal Attachment and Other Correlates of Postnatal Maternal Attachment to Twins. *Advances in Neonatal Care*, v, 5, 274-291.

Damato, E.G. (2005). Parenting Multiple Infants. *Newborn and Infant Nursing Reviews*, 5 (4) 208-214.

Elster, N. (2000). Less is more: the risks of multiple births. *Fertility and Sterility*, 74, 4, 617-623.

Feldman, R., Eidelman, A.I., & Rotenberg, N. (2004). Parenting Stress, Infant Emotion Regulation, Maternal Sensitivity, and the Cognitive

Development of Triplets: A model for Parent and Child Influences in a Unique Ecology. *Child Development*, 75 (6), 1774-1791.

Gilbert, N. (2001). *Researching Social Life (2nd Ed.)*. London: Sage.

Goldberg, S., Perrotta, M., Minde, K. & Corter, C. (1986). Maternal Behaviour and Attachment in Low-Birth Weight Twins and Singletons. *Child Development*, 57, 34-46.

Holditch-Davis, D., Roberts, D., & Sandelowski, M. (1999). Early parental interactions with and perceptions of multiple birth infants. *Journal of Advanced Nursing*, 30 (1) 200-210.

Holmes, J. (2001). *The Search for the Secure Base: Attachment theory and psychotherapy*. East Sussex: Routledge.

Jena, A.B., Goldman, D.P. & Joyce, G. (2011). Association Between the Birth of Twins and Parental Divorce. *Obstetrics & Gynaecology*, 117, 4, 892-897.

Klaus, M.H., & Kennell, J.H. (1976). *Maternal-infant bonding*. London: Mosby.

Minde, K., Corter, C., Goldberg, S. & Jeffers, D. (1990). Maternal preferences between premature twins up to age four. *Journal of the American Academy of Child and Adolescent Psychiatry*, 29, 367-374.

Office for National Statistics (2014). *Births in England and Wales by Characteristics of Birth 2: 2013*. Retrieved June 24, from: www.ons.gov.uk.

Office for National Statistics (2016). *Birth Characteristics in England and Wales: 2016*. Retrieved March 2018, from: www.ons.gov.uk.

- Ormston, R., Spencer, L., Barnard, M. & Snape, D. (2003). The foundations of qualitative research. In Ritchie, J., Lewis, J., Nicholls, C.M. & Ormston, R. (2003). *Qualitative Research Practice: A guide for social science students and researchers* (p. 1-25). London: Sage.
- Read, V. (2014). *Developing Attachment in Early Years Settings: Nurturing secure relationships from birth to five years (2nd Ed.)*. Oxon: Routledge.
- Shinebourne, P. (2011). The Theoretical Underpinnings of Interpretative Phenomenological Analysis (IPA). *Existential Analysis*, 22 (1) p. 16-31.
- Simon, R. (2016). There is No Such Thing as a Baby: Early Psychic Development in Twins. *Contemporary Psychoanalysis*, 52, 3, 362-374.
- Smith, J.A., Flowers, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage.
- Thorpe, K., Golding, J., MacGillivray, I., & Greenwood, R. (1991). Comparison of prevalence of depression in mothers of twins and mothers of singletons. *British Medical Journal*, 302, 875-8.

Chapter 3: Reflective paper

Parallel processes: Reflecting on the 'insider' and 'outsider' positions of research

Overall chapter word count (excluding references): 3074

3.1. Introduction

This chapter presents a reflective account focussing on completing research on mother's experience of bonding to twins. Throughout this chapter I consider the value of reflective practice to the research process and present challenges I faced along the way which I felt paralleled some of the experiences my participants shared.

Prior to starting the doctorate and throughout, I have always highly regarded the value of reflective practice in clinical settings, seeing it as a critical skill and competency to develop. However, this research process has helped me see the purpose and use of reflective practice in research and more specifically, qualitative research. Reflective practice has been described as crucial to the process of conducting qualitative research as the researcher is not impartial, playing a key role in the process and end product (Horsburgh, 2003). Reflexivity is 'an active acknowledgement by the researcher that his/her own actions and decisions will inevitably impact upon the meaning and context of the experience under investigation' (Horsburgh, 2003 p. 308). I took steps in order to hold onto a position of reflexivity where I could through this research. I took part in a bracketing interview prior to beginning interviewing participants and I also kept a research journal throughout the process. Finally, regular supervision with my research team has also included space for reflection. This reflective paper is based around what emerged through my bracketing interview, entries from my journal and experiences throughout research supervision.

3.2. My position

Initially I was drawn to this research area due to an interest in attachment theory, especially when formulating in clinical settings. However, through meeting my research team and thinking about my interest in this area during my bracketing interview, I also wondered about a narrative I had grown up with; that I might one day have twins. This family narrative of me having twins was talked about in a light-hearted way, but it had stuck with me and I think produced some added interest in what it might be like to be a mother to twins.

In thinking about positioning and my own personal background within this qualitative research, many researchers have discussed a distinction between 'insider' and 'outsider' positions (Berger, 2015; Chavez, 2008; Ross, 2017). An 'insider' position has been described as when a researcher shares very similar experiences to their participants and an 'outsider' position is seen as when a researcher shares very little (Ross, 2017). Post-structuralists and post-modernists have criticised an 'insider-outsider' dichotomy, however, stating that a researcher cannot be fully objective and so even if they are an 'outsider' they still have to consider and reflect upon the impact of their own identities (Chavez, 2008). With researchers seeing the 'insider-outsider' dichotomy over-simplified, the idea of 'total insider' was distinguished from 'partial insider' (Chavez, 2008; Ross, 2017). 'Total insiders' were defined as researchers who share multiple identities and/or experiences with the participants and 'partial insiders' share single identities (Chavez, 2008). I wondered where my position was therefore within the categories of 'total insider', 'partial insider' or

'outsider'. When I initially chose bonding with twins as a research area I would have said I was in an 'outsider' position; I do not have children, so I do not know what bonding to my own child would be like and so therefore I do not know what bonding to twins might be like. However, through my initial bracketing interview and connecting with my family narrative around twins, I felt slightly more attached to my research area than I had first thought.

As I progressed with the research, my views on where I was positioned continually changed. Ross (2017) does suggest that the 'insider-outsider' positions should not be seen as static and they are likely to shift through the process of research and through relationships with the participants and this connects with my experience. I wonder on reflection how my research team saw their positions and whether they felt these changed over time. I was fortunate to have a research team who held different 'insider' and 'outsider' experiences; including a supervisor who had twins, a supervisor who was a twin and a supervisor who had two children of different ages. We were all therefore managing different positions as 'insiders' and 'outsiders' in different ways and at different times. On reflection after my bracketing interview I felt it was impossible to fully be an 'outsider' in any area of research and within this I felt connected with the fundamental principles behind Interpretative Phenomenological Analysis (IPA). IPA research acknowledge the existence of 'double hermeneutics' (Smith, Flowers & Larkin, 2009). This is where a researcher is involved in making sense of a participant, who is making sense of an experience; in this case bonding with twins. Therefore, the researcher is both alike to the participant through being a human-being making sense of the

world, and unlike the participant having not lived their experience (Smith, Flowers & Larkin, 2009).

Even though I am not a mother of twins, I did share some identities and experiences with my participants. According to Chavez (2008) I was in a 'partial insider' position. I am a woman of childbearing age and all of the women I interviewed described themselves as White British which is also something we shared. In terms of experience, I have been parented as a singleton child which I shared with the majority of the women and I have a sibling, albeit not a twin sibling. Throughout this research I felt continually conscious of the double hermeneutics at play whilst also shifting back and forth across the 'insider-outsider' positions. I did not expect however, so many parallel processes to occur. Although I was not living the same experiences as my participants (bonding to twins), the research process was generating similar experiences for me. Throughout the remaining sections of this reflective paper I will discuss how some of my participants experiences seemed to mirror some of my own as a researcher.

3.3. 'Intense interest'

My first experience of engaging with my participant group was when I placed an advert on a multiple birth association social media platform. The narrative from research seminars and from my peers was that recruitment is difficult. I was therefore prepared to have to work hard to find mothers of twins who wanted to talk about their bonding experiences and so I had prepared, through

ethics, a series of approaches. However, within 12 hours I had over 100 emails from mothers of twins who wanted to take part. Whether it was the surprise as I had not expected such a level of response, or the sheer volume of emails entering my inbox, this response was quite overwhelming. I felt a huge sense of relief, that hopefully this meant I would find mothers who met my inclusion criteria and this research idea was possible. However, I also felt quite flustered. All of my ideas of how I would manage replies from possible candidates had to change and at the very beginning I had to employ a spreadsheet.

What also felt quite overwhelming from the initial interest was these mothers levels of eagerness to take part in the research. I felt a sense of excitement that hopefully this was a sign there was something about bonding, for mothers of twins, that was important and needed to be said. However, I also suddenly felt 'under the spot light'. On the social media platform mothers were commenting on my advert asking other mothers when they had heard back from me to try and judge when they would hear from me. Suddenly my spreadsheet became vital to ensure fairness. I wanted to not only get back to all of the emails and phone messages, but also, I then felt I needed to do this in a fair order. I wanted to try and ensure no one felt unheard and unimportant.

Looking back on this experience now this response from the mothers makes sense. The mothers from my research do seem concerned about bonding and felt shame when talking to others about their concerns. I wonder if this

opportunity to talk to someone unknown, with the safety of anonymity which comes from research, made these women want to share their experience in order to get some form of validation of what was typical. However, also looking back I noticed how my response to this experience was also similar to those shared by twin mothers. I had expected a small response, like most of my participants expected one infant, and suddenly I was overwhelmed with responses, just as these mothers were with two infants. In order to deal with so many responses I had to think more practically than I had anticipated. I had imagined only a handful of responses where even if they were from mothers who were not eligible to take part in this research, I might have learnt their names at least or given a more personalised reply. Instead, this plan had to be abandoned and I had to adopt a spreadsheet, something more clinical and practical than I had imagined and the majority of my replies had to be standardised. Looking at this now after the analysis of the data, this experience seems similar to the way these mothers had to parent in order to cope with two infants; they had to abandon their image of the parent they would have been and adopt a more practically focussed approach.

I was also suddenly faced with trying to ensure my response was fair; again, something the mothers I interviewed also battled with. I felt like I was being watched through who I responded to and when, and I wanted to make sure, that as much as I could, the mothers found me to be fair. However, striving for complete fairness felt hard to achieve. From some emails from potential participants, I could see they were not eligible, for example they might have told me their twins were older than 2 years of age, or they had other children

aside from their twins. Equally, some replies I could see looked like they were from mothers who might be suitable, they had given a lot of information and they already met a lot of my inclusion criteria and finally, some replies were very brief and I had little idea of their suitability. I therefore had to decide what felt fair, and what felt practical. The fairest thing to do might be to have replied based on a 'first come first serve basis', however the most practical response was to ask mothers who sounded like they might meet the inclusion criteria, for more information. This paralleled some of the participants experience with their twins; a desire to be fair felt hard to fully achieve, and when you cannot achieve it, whichever option you chose you feel someone may be missing out, generating guilt.

I think my own guilt was contributing to my feelings of being overwhelmed. It felt special that so many people wanted to take part in this research and I wanted to thank them for this. However, I also had to let people know they were not suitable, even after they had acknowledged they were concerned about bonding and whether their experience was typical. I wanted to 'parent' or 'research' in a different way to how the situation meant I had to respond and I had to manage the guilt this generated. This was also my first experience within this research of noticing a difference between being in a researcher position to a Clinical Psychologist position.

3.4. Learning to be in the researcher position

One entry in my research journal read; 'I feel like I am having a go'. Reflecting back on this sense of feeling like I was just having a go at research and learning as I went was all part of me settling into the researcher position. Early on, having to make decisions about the research for ethical approval and proposals left me wondering if I was making the right choices. This stayed with me throughout the research process through analysis and write up; I wanted to make sure I was doing the right thing by the participants and giving them the best opportunity to share their experiences and produce something which portrayed that. Again, on reflection I wonder whether this paralleled a process that the participants were sharing. The twin mothers spoke about how it felt being in the new role of twin mother, concerned they were not doing a good enough job for their children. I am far more used to engaging with people in a clinical setting or purpose and so engaging with people for research was a more unknown role for me. With this in mind, I also felt concerned whether I was doing a good enough job for these participants.

On reflection on my final paper, one of my supervisors likened the twin mothers' experience to how bilingual children learn two languages. She identified that children learn two languages simultaneously and to the same standard, but overall speak at a later age than children learning one language. This supervisor wondered if the bonding process for mothers therefore takes longer because there are two children, but still develops to the same level as if there were one. I wonder if this might be similar for working as a clinician

and a researcher; that learning two approaches to working with, or understanding, human experiences at the same time, requires time to develop. At points I could feel the pressure of learning both clinical and research skills which often required different approaches, and sometimes I doubted my abilities. I wonder if this is like learning two languages also; like the mothers possibly taking longer to bond because of needing to learn about two infants; perhaps learning to be in the researcher role takes longer because I am also learning to be in a clinician role.

Part of learning to be in the researcher role that felt equally different and difficult compared to a clinical role was the difference in power. At various points through the research process I felt in a more or less powerful role to the participants, research team and so the whole project. Through interviewing the participants, I felt like I held positions of power where I knew what other mothers had told me and so what experiences they were sharing. These mothers were often disclosing a lot of experiences which were painful to talk about especially those experiences they felt ashamed of and in those moments, I wondered if they felt judged by me. However, at other points, especially as the interviews progressed and both myself and the mother relaxed, I also felt the participants were in a more powerful role than me. They were helping me learn and understand what their lived experiences had been. With my research team taking up both 'insider' and 'outsider' positions themselves, I also felt power differences between us in our meetings and noticed the difference between being in a clinical and a research position. I felt concerned with how the findings from each interview may impact on my

research team; would they feel concerned about their own experience or dismiss contradictory findings to their own views. Through my concerns initially being raised in my bracketing interview and then discussed together as a research team early on, I was able to sit more comfortably in the researcher position. With my research team assuming a reflective approach, I felt we were all able to talk openly about the participants' experience, along with our own, when needed.

Part of this ability to sit more comfortably in the researcher position was through remembering something an old supervisor had told me; there is a difference between being 'lovely' and 'loving'. During the research process my mind may have wanted to slip more into a clinician role however I held in mind this would not be 'loving'. The participants had not consented to a clinical or therapeutic process, they had consented to one of research. I believe these mothers wanted to talk about their experiences to help understand more about what was typical about twin bonding and to help future twin mothers. In order to help them do this, they did not need a clinician but a researcher and so this is what I held in mind. I felt more pulled into a clinician role when the mothers spoke about their feelings of shame; in a clinical setting at this point I would have liked to have explored this more and considered ways they could be more compassionate to themselves. However, through holding in mind my position and power I have to hope that through talking to me about their concerns the research itself can help normalise their experience and help future twin mothers to be more compassionate to themselves.

Therefore, through learning to hold a new position with its different power dynamics I also had to hold in mind these parallel experiences and exert some effort in holding a more compassionate place for myself. Remembering what I was trying to do was the 'loving' thing, not always the 'lovely' thing was important. Through my hoping these mothers could be more compassionate to themselves, I also had to reflect on the parallel processes I was experiencing and ask the same of myself.

3.5. Conclusion

Reflecting on the whole research process from choosing the topic, developing relationships with a research team, designing and conducting the research, analysing the findings to writing them up, I can see how much of me becomes part of the research. Therefore, I can see how crucial the steps that are taken are, in terms of increasing reflexivity. From initially feeling in an 'outsider' position, through reflecting on the process whilst it was happening (in-action) and now looking back (on-action; Schon 1991) I can see how I was also at times an 'insider'. Acknowledging that these changing positions, both for myself and the research team, can bring both benefits and challenges to the researcher position encouraged a sense of openness and acceptance within myself. Being able to accept that I will have had an impact on the research process involves accepting that I will not know how my participants viewed me, or my position. However, I hope through the parallel of processes, I was

able to convey the empathy I felt for the mothers and a feeling of validation that they were being heard.

3.6. References

- Berger, R. (2015). Now I see it, now I don't: researcher's position and reflexivity in qualitative research. *Qualitative Research*, 15, 2, 219-234.
- Chavez, C. (2008). Conceptualising from the Inside: Advantages, Complications and Demands on Insider Positionality. *The Qualitative Report*, 13, 3, 474-494
- Horsburgh, D. (2003). Evaluation of Qualitative Research. *Journal of Clinical Nursing*, 12, 307-312.
- Ross, L.E. (2017). An Account From the Inside: Examining the Emotional Impact of Qualitative Research Through the Lens of 'Insider' Research. *Qualitative Psychology*, 4, 3, 326-337.
- Schon, D.A. (1991). *The Reflective Practitioner: How Professionals Think In Action*. London: Routledge.
- Smith, J.A., Flowers, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage.

Appendix A: Journal of Families, Relationships and Societies author guidelines.

What we're looking for

Academic articles should not be longer than 8000 words, including abstract (150 words maximum), notes, tables, figures and references. The journal provides a forum for dialogue between research, policy and practice in the field of families and relationships across the life course. It is underpinned by sociological understandings of the fluid, complex and diverse nature of contemporary relationships, seen in varied social, cultural and historical contexts. While rooted in sociological theory and methods, submissions to *Families, Relationships and Societies* come from subject areas across the social sciences and related life course disciplines and from policy and practice communities. Papers are expected to have relevance to academic, policy and practitioner audiences, enabling a wide range of perspectives to be brought together in one place to foster innovation and development within disciplines and advance interdisciplinary research and practice.

How to Submit

All submissions should be made online at the *Families, Relationships and Societies* Editorial Manager website: <http://frs.edmgr.com>, in Word or Rich Text Format (not pdf). New users should first create an account, specify their areas of interest and provide full contact details.

Submissions must be completely anonymised and uploaded without preliminary details, such as title, author, affiliations, abstract or keywords in the text file. All submissions will be subject to anonymous peer-review processes (unless stated otherwise) by referees currently working in the appropriate field.

The editors aim to provide quick decisions and to ensure that submission to publication takes the minimum possible time. Please note: submissions that, in the opinion of the editors, have not been anonymised for review will be returned to authors. The final decision on publication rests with the managing editors.

Copyright & Permissions

Articles are considered for publication on the understanding that on acceptance the entire copyright shall pass to Policy Press as publisher of *Families, Relationships and Societies*. Authors will be asked to sign a copyright agreement to this effect. All authors should agree to the copyright assignment. For jointly authored articles the corresponding author may sign on behalf of co-authors provided that s/he has obtained their consent for copyright assignment. When submitting online, the copyright assignment agreement is considered to be signed when the corresponding author checks the relevant box.

Where copyright is not owned by the author(s), the corresponding author is responsible for obtaining the consent of the copyright holder. This includes figures, tables, and excerpts. Evidence of this permission should be provided to Policy Press.

Appendix B: Certificate of Ethical Approval from The University of Coventry.



Certificate of Ethical Approval

Applicant:

Sarah Gowling

Project Title:

A systematic review of qualitative research exploring children and adolescents experiences of having an alcoholic parent.

This is to certify that the above named applicant has completed the Coventry University Ethical Approval process and their project has been confirmed and approved as Medium Risk

Date of approval:

13 December 2017

Project Reference Number:

P62312

Appendix C: Journal of Reproductive and Infant Psychology author guidelines

Submitting Your Paper:

This journal uses ScholarOne Manuscripts to manage the peer-review process. If you haven't submitted a paper to this journal before, you will need to create an account in ScholarOne. Please read the guidelines above and then submit your paper in the relevant Author Centre, where you will find user guides and a helpdesk.

If you are submitting in LaTeX, please convert the files to PDF beforehand (you will also need to upload your LaTeX source files with the PDF).

Please note that *Journal of Reproductive and Infant Psychology* uses Crossref™ to screen papers for unoriginal material. By submitting your paper to *Journal of Reproductive and Infant Psychology* you are agreeing to originality checks during the peer-review and production processes.

On acceptance, we recommend that you keep a copy of your Accepted Manuscript.

Checklist: What to Include

Author details. Please ensure everyone meeting the International Committee of Medical Journal Editors (ICJME) requirements for authorship is included as an author of your paper. Please include all authors' full names, affiliations, postal addresses, telephone numbers and email addresses on the cover page. Where available, please also include ORCiDs and social media handles (Facebook, Twitter or LinkedIn). One author will need to be identified as the corresponding author, with their email address normally displayed in the article PDF (depending on the journal) and the online article. Authors' affiliations are the affiliations where the research was conducted. If any of the named co-authors moves affiliation during the peer-review process, the new affiliation can be given as a footnote. Please note that no changes to affiliation can be made after your paper is accepted. Read more on authorship.

A structured abstract of no more than 250 words.

Graphical abstract (optional). This is an image to give readers a clear idea of the content of your article. It should be a maximum width of 525 pixels. If your image is narrower than 525 pixels, please place it on a white background 525 pixels wide to ensure the dimensions are maintained. Save the graphical abstract as a .jpg, .png, or .gif. Please do not embed it in the manuscript file but save it as a separate file, labelled GraphicalAbstract1.

You can opt to include a **video abstract** with your article. Find out how these can help your work reach a wider audience, and what to think about when filming.

Between 5 and 6 **keywords**. Read making your article more discoverable, including information on choosing a title and search engine optimization.

Funding details. Please supply all details required by your funding and grant-awarding bodies as follows:

For single agency grants

This work was supported by the [Funding Agency] under Grant [number xxxx].

For multiple agency grants

This work was supported by the [Funding Agency #1] under Grant [number xxxx]; [Funding Agency #2] under Grant [number xxxx]; and [Funding Agency #3] under Grant [number xxxx].

Disclosure statement. This is to acknowledge any financial interest or benefit that has arisen from the direct applications of your research. Further guidance on what is a conflict of interest and how to disclose it.

Geolocation information. Submitting a geolocation information section, as a separate paragraph before your acknowledgements, means we can index your paper's study area accurately in JournalMap's geographic literature database and make your article more discoverable to others. More information.

Supplemental online material. Supplemental material can be a video, dataset, fileset, sound file or anything which supports (and is pertinent to) your paper. We publish supplemental material online via Figshare. Find out more about supplemental material and how to submit it with your article.

Figures. Figures should be high quality (1200 dpi for line art, 600 dpi for grayscale and 300 dpi for colour, at the correct size). Figures should be supplied in one of our preferred file formats: EPS, PS, JPEG, GIF, or Microsoft Word (DOC or DOCX). For information relating to other file types, please consult our Submission of electronic artwork document.

Tables. Tables should present new information rather than duplicating what is in the text. Readers should be able to interpret the table without reference to the text. Please supply editable files.

Equations. If you are submitting your manuscript as a Word document, please ensure that equations are editable. More information about mathematical symbols and equations.

Units. Please use SI units (non-italicized).

Queries Should you have any queries, please visit our Author Services website or contact us at authorqueries@tandf.co.uk.

Updated 14-03-2018

Appendix D: Coventry University Certificate of Ethical Approval



Certificate of Ethical Approval

Applicant:

Sarah Gowling

Project Title:

Exploring mothers' early experiences of attaching with their twins.

This is to certify that the above named applicant has completed the Coventry University Ethical Approval process and their project has been confirmed and approved as Medium Risk

Date of approval:

21 February 2017

Project Reference Number:

P50354

Appendix E: Participant information sheet



Participant Information Sheet

Exploring mothers' early experiences of bonding with their twins.

You are being invited to take part in a research project exploring your experience of bonding with your twins.

This research forms part of a thesis for the Clinical Psychology Doctorate course run by the Universities of Warwick and Coventry. The lead researcher is Sarah Gowling, a Trainee Clinical Psychologist. Before you decide whether you would like to take part, please read the following information about this research and what will be involved.

If you have any questions after reading this information sheet, please do not hesitate to get in touch with Sarah via the contact details below to discuss any concerns or questions.

What is the purpose of this research?

The rate of multiple births is increasing in the UK and parents of twins are reporting that parenting multiple children is different from parenting a single child. Currently there is limited research looking at mothers' experiences of having twins. We are particularly interested in the experience of bonding with two babies at the same time. Therefore, we would like to hear from mothers who have had twins and who would like to talk about how they found this experience.

Why have I been invited to take part in the research?

You have been invited to take part in this research because:


- You are a mother to twins aged between 6 months and 2 years
- You do not have other children aside from your twins
- You were not apart from one or both of your babies for longer than 12 hours after they were born (for example, one or both was not in Special Care for more than 12 hours)

Do I have to take part?

It is entirely up to you whether you decide to take part in this research. You are not obliged to, and there will be no consequences for deciding not to participate. If you do wish to participate you will be asked to sign a consent form. However, you can still decide to withdraw up until a week following the interview without giving any reason and again without any consequence. To withdraw you just need to contact Sarah, via the details at the bottom of this information sheet.

What will happen if I take part?

Taking part in this research will involve signing a consent form, and you will have the opportunity to discuss the research with Sarah before this if you have any questions or concerns. After this you will be asked some demographic questions for example your age when you had your twins and your ethnicity. You will then be invited to take part in an interview, which will be a discussion with you about your experiences of having twins. The length of this interview will be determined by how much



you wish to share. However, it should last no longer than 90 minutes. The interview can be held anywhere that is most convenient for you, so this could be in your home, in a meeting room in an NHS setting or at Coventry University.

You and Sarah will focus on your experience of bonding with your twins, so she will ask you to think about your experience of finding out that you were having twins, carrying your twins, the birth and up to the present day. Although Sarah will raise some areas for discussion, she is interested in what you feel has been important or significant in terms of bonding with your children.

In order to capture the entire interview, a digital recorder will be used to record the discussion. Once the interview has been typed up word for word (transcribed) the recordings will be destroyed. Transcripts will be anonymised so that no information such as your name or identifiable information from the interview will be contained within the transcript.

It may be that once Sarah has been through the interview she may wish to speak to you again to clarify things she has noticed. This is simply to ensure that she has a deeper understanding of your experience. Likewise, during the analysis stage of the study, Sarah may wish to spend some time with you to look at the main themes from your discussion. This could be done by phone and would be a much shorter time than the first interview if it is necessary, and you do not need to consent to meet or speak to Sarah again in order to participate.

What are the possible advantages and disadvantages of taking part?

Your participation in this study will help inform professionals' understanding of the bonding process between mothers and their twins. This could then help inform new mothers-to-be about what to expect if they are having twins, as this may be different from information provided to expectant mothers of singletons. You should feel supported in talking about your experiences and find the process enjoyable and interesting.

For some people, however, there may be times when they find recalling experiences of bonding with their children upsetting. At the beginning of the interview you will be told that you can pause or stop the interview at any time if you are finding it too difficult. Sarah will offer you the choice to finish the interview. You will also be provided with information on where you could access further support should you need to.

Will my taking part in this study be kept confidential?

All personal information given will remain confidential. All data will be recorded, stored and maintained in a way that eliminates the possibility of it being traced back to you. A false name (pseudonym) will be used, and the research team will only see anonymised transcripts. Information linking you with your pseudonym will be kept separate from your transcribed, anonymised interview.

The data will be stored securely on an encrypted digital recorder, and password protected computer files, or a locked filing cabinet in a locked office. In accordance with information governance, this information will be destroyed after five years. Breaches in confidentiality will only occur if the researcher is made aware that there is a risk to the safety of yourself or another. This will be discussed with you in advance where possible. This is in line with the British Psychological Society's Code of Ethics and Conduct (2009).

What will happen to the results of the research?

This research study is being completed as part of the researcher's thesis which is required for the completion of the Clinical Psychology Doctorate program at the Universities of Coventry and Warwick. In addition, it is planned that the results of the study will be made available to a wider audience through meetings, workshops, conferences and in publication in relevant academic journals.

**Who has reviewed the study?**

This project has been approved by the University of Coventry's research ethics committee.

What if I am not happy about this research or there is a problem?

If you have any questions or concerns about the research, please speak to the lead researcher Sarah Gowling, or the research supervisors Dr Carolyn Gordon or Dr Lesley Pearson (contact details below).

If you wish to make a complaint please contact the Associate Pro-Vice-Chancellor, Olivier Sparagano on olivier.sparagano@coventry.ac.uk

If I would like to participate in the research, what will happen next?

Your participation would be greatly appreciated. If you would like to participate please contact Sarah Gowling (details below) who will respond promptly.

Contact details

For further information or enquiries about this study, please do not hesitate to contact:

Sarah Gowling, Lead Researcher and Trainee Clinical Psychologist. *E-mail:* gowlings@uni.coventry.ac.uk. Tel. 024 7765 7806.

Dr Carolyn Gordon, *E-mail:* ab0477@coventry.ac.uk

Or

Dr Lesley Pearson *E-mail:* ab3840@coventry.ac.uk.

Research Supervisors, Clinical Psychology Doctorate, Health and Life Sciences, James Starley Building, Coventry University, Priory Street, Coventry, CV1 5FB. Tel. 024 7765 7806.

Appendix F: Consent form



Participant Consent Form

Exploring mothers' early experiences of bonding with their twins.

Name of Participant:

Name of Investigator: Sarah Gowling

	Please Initial:
I confirm that I have read and understood the information sheet for the above study and have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw up to a week following interview, without giving any reason, and without this affecting my support by services.	
I understand that the information that I provide will be processed and analysed as is required by this research study and in accordance with the Data Protection Act. This includes an audio recording of the interview which will be destroyed immediately after it has been typed up. I understand that these transcripts will be anonymised and then destroyed after five years in line with information governance.	
I agree to anonymised quotes from my interview being quoted verbatim in reports and publications related to the study.	
I agree to participate in the above study.	

As stated in the information sheet, it may be that once the lead researcher has been through the interview they wish to interview you again to clarify things noticed in the original interview. This is simply to ensure that they have a deeper understanding of your experience.



If a second interview is required and you wish to take part, please initial the following box:

I DO wish to take part in a second interview if required	
--	--

I wish to see a copy of the results and I would like it emailed/posted to:

.....
.....

Signature

Name

Date: / /

Signature of researcher

Appendix G: De-Brief Sheet



Debrief Sheet

Exploring mothers' early experiences of bonding with their twins.

Thank you for taking the time to participate in this research exploring your experiences of bonding with your twins. The purpose of this research was to hear from you with regards to what your experiences had been. This could also hopefully help inform new mums-to-be about what to expect if they are having twins, as this may be different to the information provided to expectant mothers of singletons.

I hope you found the process interesting and enjoyable. However, if it has brought up some difficult thoughts or emotions for you and you feel you would like to access some support, now, or in the future, we would recommend you contact:

- Twinline, TAMBA's Freephone helpline on 0800 138 0509 (open daily 10am-1pm and 7pm to 10pm) or via email at: asktwinline@tamba.org.uk
- Your GP
- The Samaritans on 116 123
- Sane.org.uk or 0300 304 7000 (daily 6pm- 11pm).
- Association for postnatal illness (apni.org) on 0207 386 0868 (10am – 2pm Monday-Friday).

Many thanks for your participation

If you have any questions or concerns about the research, please contact:

Sarah Gowling: Lead Researcher and Trainee Clinical Psychologist. E-mail:

gowlings@uni.coventry.ac.uk. Tel. 024 7765 7806.

Dr Carolyn Gordon, or Dr Lesley Pearson: Research Supervisors E- mail: ab0477@coventry.ac.uk/

ab3840@coventry.ac.uk. Tel. 024 7765 7806.

If you wish to make a complaint please contact the Associate Pro-Vice-Chancellor, Olivier Sparagano on olivier.sparagano@coventry.ac.uk

Appendix H: Interview Schedule

Interview guide

1. Tell me about yourself and your family
2. What was life like before and around the time you became pregnant?
3. What was it like when you found out you were having twins?
4. Tell me about your experience of the birth of your twins and the first few weeks with them
5. What is the difference between a good day and a bad day being a mother of twins?
6. Tell me about child x and about child y as individuals and your relationships with them?
7. How are your twins different or similar to each other?
8. What has it been like getting to know each baby/child?
9. Is there anything else you feel is important to tell me?

Prompts:

- Can you give me an example?
- How did you feel about that?
- What did it feel like?
- Can you tell me more about that?
- How did that affect you?
- You mentioned X, could you tell me more about that/ tell me what that means?
- What did that mean to you?
- How did you feel when that happened?

Appendix I: Demographic Information



Demographic information

The following questions are for us to gather some information about you. All responses will be kept anonymous and will not be used in a way which is traceable back to you. You do not have to answer any of these questions should you not wish to.

How old were you when you had your twins?

How old are your twins now?

How would you describe your socio-economic background?

Upper middle class

Middle Class

Lower middle class

Skilled working class

Working class

Non working

How would you describe your ethnicity?

.....

How would you describe your current relationship status?

.....

Appendix J: Excerpt from transcript of data analysis

Excerpt from Faye's transcript showing descriptive, linguistic and conceptual coding. Highlighted yellow was indicating potential quotes; blue highlighted interesting language use.

262	you just <u>can't</u> do it, there's no time, <u>you feel bad for the other ones so</u>	Descriptive codes:	Linguistic and conceptual codes:
263	<u>you don't do it, you just don't have that one on one connection like</u>	No time for 1:1 cuddles	
264	<u>singleton mums do.</u>	Feel bad for non-cuddled twin	Don't have same connection as if 1 baby
265	R: And you say you would feel bad on the other?	Different to singleton mums	Other twin aware not being held
266	Yeah, <u>I feel guilty if I have one and the other is awake and staring at</u>	Guilt	
267	<u>me</u> , they'll be happy as Larry but I'll feel guilty, I'll put that one down	Feel guilty if 1 is watching her with other one	
268	and the other one gets a cuddle, so I have to kind of <u>share</u> the cuddles	Feels twin is happy but she feels too guilty	Fairness
269	a little bit. But I know if I'd have had one baby I'd have them all the	Shares cuddles	Not doing what would want/instinct
270	time probably. <u>It's probably</u> done them the world of good because	If had 1 baby would have held them all time	
271	<u>they're not clingy they'll go to anybody</u> , anyone can feed them, they'll		Positive development due to less 1:1 time
272	stop at people's houses while we go out and they're not fussed so it	Good thing they're not clingy but mum missed	With gains come losses- adaptation
273	<u>probably has done them good</u> but you do <u>miss that</u> oh I want to cuddle	out?	probably- any doubt? Re-assurance?
274	my baby because you just feel guilty and you don't have the time,	Miss being able to just cuddle baby	
275	<u>there's no time for cuddling</u> because you might be able to cuddle one	No time for cuddling	
276	but the other might be crying, or you might need to do something with	Practical demands	Practical demands take away time to cuddle/ bond= feel guilty
277	the other one so there's not time to cuddle. Sometimes we do cuddle		
278	them if we're together, me and [husband], we'll have one each and	If husband there can cuddle 1 each	
279	then we might sit on the settee and cuddle them together watching	- only time they can do that	
280	telly, that's probably the only time we'll do it is when we're together		Fairness
281	and we can have 1 each. We don't really swap or keep tabs on who you	Don't keep tabs on who cuddled who	But not concerned on fairness/ equality
282	had last time <u>it's just whoever picks up who, so you certainly don't have</u>		between parents in terms of time.
283	<u>as much time as other singleton mums</u>	Less time than singleton mums	Compare to singleton fantasy
284	R: So something about the practicalities of having 2 means you don't		
285	have that cuddle time but also something about the guilt you feel when		
286	you do have one, which means you do it less		
287	Yeah because you don't want them to think, oh she's got him again,	Don't want twins to feel left out	Feel twins aren't aware but act as if they are
288	what about me? And I know they <u>probably</u> aren't thinking that and	Although probably not able to feel left out and	(doubt? Does this affect them?)
289	they're so small they <u>won't</u> even remember it but <u>as a mum you can't</u>	won't remember	Unnatural? Hard to make sense of- hard to
290	<u>get your head around it.</u>	As a mum- <u>can't</u> process this	reason with when feels wrong.

Appendix K: Photo of data analysis: finding themes across transcripts.

