

Original Article

The Lifeworld of Multiple-Birth Families

Kristiina Heinonen, PhD, MNSc, RN, PHN

Savo Vocational College, Kuopio, Finland Teacher of Nursing Department of Nursing Science, University of Eastern Finland, Kuopio, Finland

Arja Haggman-Laitila, PhD

Professor, University of Eastern Finland, Department of Nursing Science, Kuopio, Finland City of Helsinki, Department of Social Services and Health Care, chief nursing officer (secondary position)

Irma Moilanen, PhD

Professor, PEDEGO Research Unit, Child Psychiatry, University of Oulu and Clinic of Child Psychiatry, Oulu University Hospital, Oulu, Finland

Anna-Maija Pietila, PhD

University of Eastern Finland, Department of Nursing Science, Kuopio, Finland Kuopio Social and Health Care Services, Kuopio

Correspondence: Heinonen Kristiina, Savo Vocational College, Educational Services, Services and Welfare Viestikatu 1, 70600 Kuopio, FINLAND. Email: tkheinon@uef.fi

Abstract

Background A multiple-birth family is one that is expecting or has same-age children, such as twins, triplets, or more. Being a parent of such families is different than other families.

Methodology The hermeneutic phenomenological research approach and van Manen's method were employed in this research. The data consists of parents' open-form interviews conducted with nineteen parents of twins less than five years old, the documents that they submitted in writing thereafter, and researcher's notes.

Results Three essential core themes characterize a multiple-birth parent lifeworld: "a state of constant vigilance", "ensuring that they can continue to cope", and "opportunities to share with other people".

Conclusion Modalities enable us to view the lifeworld of these families and their need for different kinds of support and information from social and health care professionals. It is important for professionals to broaden their understanding and to have concrete contact with the lived experience to see things just as parents experience them. Family care nursing with multiple-birth families should be strengthened by evidence-based research.

Keywords: multiple-birth offspring, family nursing, lifeworld, qualitative research, van Manen.

Introduction

Nursing science sees pregnancy and birth as a transitional phase in the life of new parents which often involves different kinds of change, requiring the family to find new solutions and affecting parents' health and well-being (Meleis, 1996). A multiple-birth family is one that is expecting or has same-age children, such as twins, triplets, or more. Multiple-birth families are entitled to receive appropriate information related to their situation in life: this may involve, for example, information about improving the well-being and health of the entire family and parenting multiple children with a focus on supporting children's individual growth and development (ICOMBO, 2016 The Finnish Multiple-births Association, 2016). But do we know how is the lifeworld of multiple-birth families?

Background

Parenting multiple-birth children has a special status from the beginning of pregnancy and parents are aware of the added risks for pregnancy and childbirth. Most parents find this situation to be special (Bryan, 2008, Moilanen & Pennanen 1997, Moilanen, Kunelius, Tirkkonen, & McKinsey Grittenden, 2003). Women form a relationship with their unborn twins through fetal activity, ultrasound examinations, dreams, giving them names, and physical gestures (Heinonen, 2004, Van der Zalm, 1995). Having more than one new-born creates practical and psychological problems during the neonatal period, particularly when infants are separated due to differences in their medical statuses (Bolch, Davis, Umstad, & Fisher, 2012). Support is crucial in facilitating a mother's ability to develop a relationship with each twin (Anderson & Anderson, 1990). If a mother consciously tries to find differences between her multiple infants from the moment of their birth, the children feel clear about their own identities (Goshen-Gottstein, 1980). However, Tirkkonen's (2015) results yielded a difference in the maternal attachment between twins and singletons; the twins were more often Type B (secure/balanced) attached than the singletons and, on the basis of parental reports, singletons had significantly more behavioural and emotional symptoms than the twins. Younger women with low incomes, infertility history, high self-esteem, who had experienced quickening, and were at an advanced stage of their pregnancy reported

greater prenatal attachment to their twins (Bryan, 2003).

Goshen-Gottstein (1980) states that mothering twins, triplets and quadruplets is a unique experience. All mothers are ambivalent about their children at some time; ambivalence is sharper and the negative elements are stronger among multiple-birth mothers. Mothers of multiple infants need emotional support—advice on how to take care of more than one same-age child with their simultaneous needs for their mother's attention. In the early weeks after delivery, parents of multiple-birth infants were found to express three general themes about their experiences: the specialness of multiples in both a positive and negative way, the difficulties involved in managing more than one infant, and general attachment concerns (Holditch-Davis, Roberts, & Sandelowski, 1999). If the children are premature, born by caesarean section, or taken into hospital care, the situation is further complicated (Bolch *et al.*, 2012, Moilanen & Pennanen, 1997). McKenzie's (2006) study of feeding baby-twins shows the ways that pregnant women describe the helpfulness and authoritativeness of baby-feeding information. Parents of multiples also have later problems with individualization and equal treatment (Anderson & Anderson, 1990, Harvey, Athi, & Denny, 2014; Heinonen, 2004, Robin, Josse, & Tourette, 1988, Robin, Corroyer & Casati, 1996).

Garel & Blondel (1992) state that a majority of mothers at 1 year reported considerable fatigue and stress, suffered social isolation, had difficulties going out because of a lack of help and inquisitive looks and questions from other people. Many researchers have noted that it is not easy for parents to manage with more than one same-age child in daily life (Anderson & Anderson, 1990, Garel & Blondel, 1992, Goshen-Gottstein, 1980, Harvey *et al.*, 2014, Heinonen, 2004, Heinonen, Moilanen, & Pietila, 2007, Holditch-Davis *et al.*, 1999). Feeding and sleeping arrangements for more than one child is problematic (Ball, 2006, Beck, 2006, Gromada & Spangler, 1998, Harvey *et al.*, 2014, Hattori & Hattori, 1999, Heinonen, 2004, Holditch-Davis *et al.*, 1995, Robin *et al.*, 1988).

Raising more than one infant at a time involves many dilemmas for a mother. It is impossible for her to meet more than one infant's needs at once. To which of the babies should she address herself first (Goshen-Gottstein, 1980)? Finnish multiple-

birth families arrived at a solution of “sharing twins”: the development of a mother’s twin and a father’s twin. This solution has been found to promote the individual development of twins and to relieve mutual rivalry between them as each has his/her own parent as an object of identification and attachment (Moilanen & Pennanen, 1997, Moilanen *et al.*, 2003).

Beck’s (2002a) meta-synthesis of six qualitative studies increases our understanding of the experience of mothering multiples during the first year after delivery. It refers to bearing the burden of child care, riding the emotional roller coaster, lifesaving support, striving for maternal justice, and acknowledging individuality. Beck’s (2002b) findings show that putting one’s life on hold was the basic social and psychological problem for mothers of twins during the first year after delivery. Her themes can be described as power drain, pausing one’s own life, striving to relax, and resuming one’s own life. Social and health care professionals in different areas have a vital role in supporting multiple-birth families. While Beck (2002ab) focused on the first year of multiple-birth offspring, the present research examines a larger timeframe: five years. The aim of this study is to achieve a holistic understanding of multiple birth families and their need for support, using phenomenology and the concept of lifeworld. The aim of this research is to describe the lifeworld of multiple-birth families as experienced by parents. (Figure 1.)

Methodology

Hermeneutic phenomenology and the concept of the lifeworld

The hermeneutic phenomenological research approach and van Manen’s method were adopted in this research study. Merleau-Ponty’s four fundamental concepts of the lifeworld—lived space (spatiality), body (corporeality), time (temporality), human relations (relationality or communality)—and van Manen’s lived things and objects (materiality; M.A. van Manen, 2014, M. van Manen, 2014) are important in the research process of phenomenological questioning, reflection, and writing (Adams & van Manen, 2008, Dowling, 2007, van Manen, 2006a, 2006b, 2014). These modalities are common to all human beings, regardless of their historical, cultural, or social situatedness and can be differentiated but not separated (Adams & van Manen, 2008, van Manen & Adams, 2010, van Manen, 2006a). van Manen’s method and

modalities have been used in different areas of nursing science (Haahr, Kirkevold, Hall, & Ostergaard, 2012, Heinonen, 2013, 2015a, 2015b, Evans & Hallet, 2007, Moene, Bergbom, & Skott, 2006).

Lived space is felt space, and it is largely pre-verbal. It affects the way we feel and is more than just spatial dimensions. The home involves a very special spatial experience; it connotes safety, protection, and being just as we are. Lived body refers to the phenomenological fact that we are always bodily in the world. In our physical or bodily presence we both simultaneously reveal and conceal something about ourselves. Lived time is our temporal way of being in the world and our subjective time as opposed to clock time. The temporal dimensions of past, present, and future constitute the horizons of a person’s temporal view. By living with others we maintain a lived relationship in the interpersonal space that we share. Lived things as the existential theme of materiality may guide our reflection to ask how things are experienced with respect to the phenomenon that is being studied (van Manen, 2006, van Manen, 2014).

Participants

Nineteen parents of twins 5 months to 5 years old participated in open-form interviews for the study. The mothers’ ages ranged from 26 to 40; fathers’ ages ranged from 26 to 45. They were married professionals from academic and non-academic backgrounds and lived in cities or the countryside. Seven mothers took care of their own children at home, three worked outside the home, and two were unemployed. Six fathers worked outside home and two on their own farm. The twin pairs were girl-girl (4), boy-boy (2), girl-boy (4), and boy-girl (2). (The position in each pair shows the order of birth; Table 1.) All of the parents self-reported their twins as mono- or di-zygotic. All of the twin pairs were non-identical pairs; only one of the parents was unsure about that. Five of the multiple-birth families also had siblings aged 3 to 17. Only one family had a child younger than their twins.

Data Collection

The data (206 pages) consists of parents’ (n=19, mothers=12 and fathers n=7) open-form interviews, the documents they sent to researcher in writing thereafter, and the researcher’s notes. The families themselves decided on the time of interviews and these were held in the morning, in

the afternoon, or late in the evening. The researcher did all the interviews by herself and was welcomed into multiple-birth family homes. All the open interviews began with the researcher requesting these parents to give one comment on support for multiple-birth families. The support of multiple-birth families is inextricably intertwined with everyday life and the totality of such families. Later the researcher encouraged parents to describe and exemplify. The interviews took one and a half to two hours, were tape-recorded after obtaining parents' permission, and transcribed verbatim.

Ethics

Doing a literature review and knowledge search (Web of Science, Pubmed, Cinahl, PsycINFO, and Academic Search) led the researcher to discover a gap in this area, which ethically justifies this research. The researcher heard the stories of both professionals and parents of twins. First, a positive statement was obtained from the Ethics Committee at the University Hospital and after that from the health care organizations. This was followed by a briefing session with public health nurses wherein they were instructed on how to proceed with this project. They then got in touch with parents of twins and informed them of the project. The researcher requested public health nurses to ask permission from parents of twins to share their contact information with her. The parents were free to opt out; they were given enough time to decide. Parents of twins were interviewed after giving them information on the research and receiving their oral and written informed consent. The interviews were audiotaped with permission. Participants' autonomy was vital and ensured throughout the research process and report. Only the researcher met the participants and knows which data belongs to which participant.

Data analysis

van Manen's analysis was performed on the data. Three approaches were involved: holistic reading, selective, and detailed approaches; these helped to identify thematic aspects of the phenomenon in question. The holistic approach depended on understanding the research material and participants' experiences. The researcher discovered some major participant experiences such as problems related to taking care of and feeding twins and the lack of information from health care professionals. In the selective and detailed phase, the researcher chose some good

examples from this theme and re-wrote this experience. The analysis process then proceeded to identify essential themes, which were then classified. Finally, core essential themes were identified, based on the decision on how to best describe the phenomenon.

The work of phenomenology is not limited to the identification of themes; modalities can guide phenomenological reflection throughout the research process. Writing is not just the final stage of the phenomenological process; writing begins with listening to participants' experiences as lived. The results describe the lifeworld of multiple-birth families, including the four concepts of temporality, corporeality, relationality, and spatiality (van Manen, 2006, 2014, Table 2.)

Results

The phenomena of the lifeworld of multiple-birth families consist of three core essential themes: "A state of constant vigilance", "Ensuring that they can continue to cope", and "Opportunities to share with other people" as described by parents (Table 3).

A Constant State of Vigilance

The first core essential theme was "A state of constant vigilance," which consisted of three essential themes: "Two babies call, two babies need," "The day and night rhythm is lost," and "The lack of information is trying".

"Two babies call, two babies need."

"...we thought about the future together, and what kinds of arrangements it might bring about. Now the former prams of the firstborn wouldn't be enough, and you have to start to think about everything in duplicate; a bigger car and another crib. That's how it started."

This was part of a description from a mother describing how the parents were getting ready for multiple-birth parenthood. The transition brought about a great transformation in the lives of these multiple-birth families. Temporality and the experience of relationships were involved; the parents found that after the birth of the twins, the babies constantly needed and called for attention.

The bodily experience meant that being a parent of twins was different from that of one child or different-aged children. That is because children of the same age are in the same phase of development and they express needs

simultaneously or they take turns. The parents felt that they had little time to respond in phase to their babies' demands. Most parents wished that they had coped with the situation better than they were capable of. These engendered feelings of bad parenthood and unhappy thoughts regarding coping and the experience of having to keep up with the same rhythm and tiredness.

The bodily experience meant parents—especially the mothers—wanted to be equal and fair when taking care of their children; while taking care of one child, the parent was aware of the other child's need. They also had a feeling that both children should be seated on the lap and receive attention equally.

Mothers, as part of their experience of body and space, at first had feelings of uncertainty about their coping ability when the father left for work. Home was regarded as a safe place; moving outside the home was viewed as problematic. Here is a part of an example where a parent describes the challenges involved and the experience of coping. In the temporality aspect, the day and night rhythm starts to change slowly; the mother describes her non-stop care.

“Every time when you did something for one, then the other would need that assistance or care....The first six months felt as though I didn't keep up with the needs of the children, I was always being one step behind. It was round-the-clock, continuous, non-stop work with the children”

With regard to her bodily and relational experiences, another mother describes the complications involved when the already challenging dyadic relationship becomes a triadic one.

The mother delineates her own feelings of inadequacy as a parent and the challenges linked with equity and fairness. Such emotions hindered her enjoyment of motherhood. What follows is a partial description of a mother's insecurity—and even fear—in a situation where the father had to start working at the end of his paternal leave.

The mother had the strong feeling that she was unable to cope alone. Reflecting on the situation later, she felt her initial response was ridiculous as her parenthood strengthened. The mother had coped well.

“That has stuck in my mind as the hardest part of that time period; the

feeling of inadequacy for both babies. When I was alone I always had the feeling that if I held one in my lap—although the other was sleeping peacefully—I thought that I must hold the other in my lap soon too...so that the other wouldn't get any less. In a way, I wasn't able to cope. I couldn't enjoy that.”

“I didn't know how I was going to cope with each day, even if I didn't have anything as such to worry about and I was totally healthy. I thought, how am I going to make it through those eight hours when one hour felt horrible.”

Many fathers described challenges with two twins outside the home as part of their experience of space. They were more confident with coping at home. Even moving with the children on one's own raised a sense of fear because managing two twins was difficult.

“One had to plan the leaving part very carefully, so that they wouldn't wake up. Both of them refused to be in the prams....It was just screaming at that point when they opened their eyes...and there is nothing one can do on one's own at that point(?)”

The experience of lived time means the transition to multiple parenthood, which begins with pregnancy. The parents hoped to receive more support from professionals in their preparation for being a parent to more than one child of the same age. Because there was not much support in the transition period, in such an experience of parenthood, the bodily experience was viewed as very challenging, even difficult.

Becoming a parent of multiple children and the transition to it involved great happiness and expectations; the birth of twins gave much joy to them. These parents hoped for comprehensive support in their preparation for parenthood; as part of their experience of relationships, they wanted professionals to prepare them for the oncoming change.

“The day and night rhythm is lost.”

In their experience of time, taking care of two babies continued around the clock. The night-time of a multiple-birth family was filled with feeding and caring for the children. The parents had little chance to sleep at night, and so recovery from the night-time strain was

impossible. Also, with regard to the bodily aspect, tiredness started to accumulate, and later many recognized the signs of exhaustion.

Figure 1. Related literature and current research

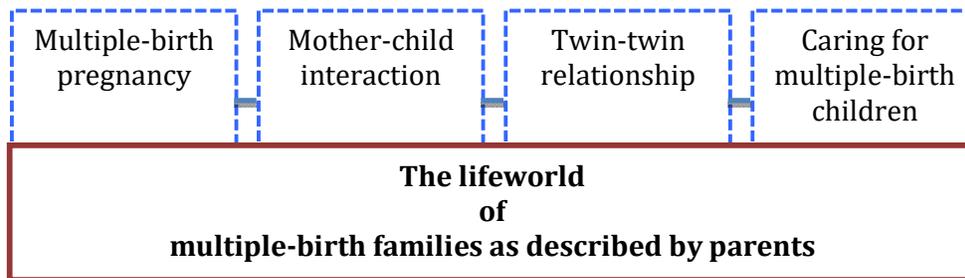


Table 1. Information on the twins

The age of the twins	Sex and order of birth	Identical or non-identical as reported by parents of twins
5 months	girl-girl	non-identical
7 months	girl-girl	non-identical
8 months	girl-girl	non-identical
1 year and 1 month	boy-boy	non-identical
1 year and 6 months	boy-boy	identical or non-identical
2 years and 1 months	girl-boy	non-identical
3 years and 8 months	girl-boy	non-identical
3 years and 10 months	girl-girl	non-identical
3 years and 11 months	girl-boy	non-identical
4 years and 1 months	boy-girl	non-identical
4 years and 10 months	girl-boy	non-identical
5 years	boy-girl	non-identical

Table 2. Brief examples of modalities from the current researcher's reflections and writing process based on parents' experiences.

Modality	Experience of parents
Time	Transition Day and night rhythm Need for help Community situation to organize help
Body	Different kinds of feelings Physical load Health Look/appearance
Relation	Relationship between parents Parents-child/twin relationship Twin-twin relationship Relationship between parents and professionals
Space	Home Hospital Health care centre Nursing, family care nursing Community

Table 3. The lifeworld of multiple birth families as described by parents of twins

Core theme	Essential theme
A state of constant vigilance	Two babies call, two babies need. The day and night rhythm is lost. The lack of information is trying.
Ensuring that they can continue to cope	Need for an extra pair of hands. Longing for a moment of rest. Sufficiency of income.
Opportunities to share with other people	Close relatives as enablers. Meeting professionals. Talking to someone who has been through a similar experience and understands.

The day and night rhythm was disturbed, and it had to be modified. In each family, when the twins ate at night and woke up between feedings or slept poorly between feedings, the parents woke up several times to take care of the children during the night. Staying up during the nights caused prolonged tiredness that also affected their coping during the daytime. The children had their own individual sleep-wake rhythms. In their experience of relationships, different rhythms meant also that when one child was awake, the other slept and vice versa: at times, one child disrupted the other's falling asleep.

In their experience of space, home became a place where one could not rest and do what one wanted; the children's needs became the priority. The parents tried to provide the best possible care for their children. The same rhythm for both children was implemented as soon as it was possible: that meant longer spells of bodily rest for parents. The time period, especially the burdensome night-time for parents, felt really long when actually living it, almost never-ending. Later, in temporality, the same time period seemed short in the child's overall growth and development. As the children grew, the challenges with sleep decreased, but most multiple-birth families had those challenges for five years. A mother describes a situation where the day and night rhythm started to be disturbed. The situation led to her tiredness and chronic lack of sleep with the children disturbing each other when trying to fall asleep.

“That first year the children woke up countless times, like from four to ten times a night...so that sometimes I didn't have time to fall asleep between the instances of waking, I just couldn't fall asleep. So chronic sleep deprivation marked the first year! ...If one...is almost falling asleep and the other starts to fuss, then the almost-sleeping-one is no longer sleepy as the other disrupts.”

The following is part of a description of a situation with a more settled rhythm, by which time the parenthood had strengthened somewhat and the need for help had decreased. The mother describes her bodily experience including how well she now copes. Another mother described how lived time changed afterwards.

“This has started to go well, so that I no longer feel like I need help like I needed

at the beginning. The weekdays are easy and we cope well already. And the children are the sunshine of our life”

“I did not understand then—because it was demanding and making me tired—that this time is really so short and that I will cope with it. After one year, everything changed, but it is very good to plan and have help in time.”

“The lack of information is trying.”

The parents felt that the information provided by professionals about the caring for and raising of children is very important. However, this information was directed mainly towards families with children of different ages. In their bodily experience, the parents experienced both a lack of information and a feeling of exclusion.

As a part of the temporal aspect, information received in the transition period would have helped the parents to get ready for the challenges of parenthood during pregnancy itself. Parents could have paid more attention to the nursing of children and coping during the weekdays. With the right information, parents could have better gone about purchasing items that the babies needed and ergonomic furniture as part of their spatial experience. Information on feeding more than one child was especially lacking.

As part of their bodily and temporal experience, feeding and identifying the rhythm for feeding was difficult. Most mothers were willing to breastfeed their children: in their experience of relationships regarding breastfeeding, they needed more support from professionals, nurses, and public health nurses than what they received. They required information about how to interact with more than one child of the same age. The parents hoped for more time to get to know and bond with their children.

Some mothers describe a situation in which they needed professional help and support regarding feeding. They felt abandoned while the need for help was great. In their experience of time and body, mothers felt that the need for instructions and advice continued along with the children's growth and development.

Some mothers felt that having more than one child of a problematic age group was more challenging: on the other hand, one highlighted

the great joy of parenthood when she could watch two children of the same age play together.

"I did not receive any help whatsoever regarding the breastfeeding, I lay in one of those very narrow hospital beds and I was totally exhausted. And then they just brought the babies and left them there."

The situation where one baby was crying hungrily as another baby was alongside was for many mothers mentally exhausting. Mothers did their best to make time for the other baby. As a new mother, it was not easy to feed both babies at the same time.

"When you feed one baby and the other is screaming next door, it was so stressful that I had to try to relax, and try to make sure that there was enough breastmilk for both babies... and I tried to organize things by attending to the first baby secretly before the second one woke up and needed me."

Later, parents needed information about the growth and development of twins, speech development, and the challenges of problematic age groups. The last-mentioned item refers to stages in children's development where they test their parents to identify the limits of their own freedom.

The support given to the parents by professionals was mainly about how to support the individuality of a twin. This was found to be inadequate when there was a multiple-birth family in question. In their experience of body and relationship, however, the parents felt that they had a safe and confidential relationship with the professional and the time given to the family was adequate. Parents would like to have help in the form of advice from professionals regarding bringing up their twins.

"The being cranky bit is the same in other families too, but when there are two being cranky...you should think of survival strategies for this,...but how do you start to untangle this knot?...It feels like you have to end battles all the time...and when they do play games, they might play really well for a long time."

What follows is a father's description of his hope that the professionals' concrete help would prepare him for this type of parenthood and tell him what equipment would be needed. The father

is also worried about how the family would cope financially.

"I want to know what is worth getting, because if you start to get everything new, twice, that is a huge amount of money... We didn't know what and how many we really needed."

Having the health of the mother and babies checked was helpful. Meeting with professionals was important to the parents. The parents awaited and appreciated this opportunity. Mothers and fathers stress the need to organize help right from the initial stage. It was important to have help at home both in the form of information from family care workers and concrete help in baby care and household chores. Only some of the parents received help; they very much appreciated this help.

"I can call and ask and they really listen and try to help us, of course. But it is not easy to advise twin families and their situation.... It is so different than in families with different aged children.... I really needed more information."

"You should ask for help in time! Gladly take the help received."

"The family care worker took the children out, so I got some peace, made food without interruption and... together we took care of the children and she gave us advice at the right time."

Ensuring They Can Continue to Cope

The second core essential theme, "Ensuring that they can continue to cope," comprised three essential themes: "Need for an extra pair of hands", "Longing for a moment of rest", and "Sufficiency of income".

"Need for an extra pair of hands"

In parents' experience of relationships, the need to have another adult person at home, like a relative or family care worker, was necessary and important, especially to mothers who were alone during the days while the father worked. Family care workers helped especially with childcare. With regard to body and relationship aspects, mothers concentrated on taking care of and getting to know one baby better while the family care worker took care of the other. Parents would also like to have help with different kinds of household chores.

They also wanted help to be able to move outside the home and go places such as shopping centres or family groups.

A mother described how they needed help even though both parents had previous experiences of childcare. With regard to the bodily aspect, moving on one's own outside the home with two same-age children raised security questions. Fathers also wished for help with attending family groups while the twins were growing up.

"Although we have experience of taking care of children before these twins...at the beginning, the need for an extra pair of hands was crucial...for two babies' needs."

"When the twins were about one and half years old...going shopping with them was not easy and they would run off in different directions in the car park."

"We need family care workers' help with cleaning, making food, and laundry. At first we often went without food. Because of this non-stop caring, we didn't have time to cook. We also need help to attend family group meetings. You can meet other parents there, especially when the father has his paternal leave. There are friends, and you can make new friends there!"

As a part of their bodily experience, parents were worried about siblings after the twin birth. They would like to take care of all their children, but with regard to temporality, they lacked adequate time. In their experience of time in daily situations, both twins and their siblings have to await their turn, but babies' needs were deemed most important. In the relationship aspect, fathers, relatives, and family care workers also gave attention to the siblings. A mother described her bodily experiences by talking about her worries when she could not give enough care to her child, especially when the child was cranky and did not feel very well.

"In particular the eldest child at the beginning had too little attention. We had minimum time to go out with him although he needed more.... He was cranky and wanted attention.... The situation ceased to exist when we developed a rhythm in our family."

"Longing for a moment of rest".

The parents' experience of lived body means having opportunities to rest and time of their own. Parents feel that they are losing their resources and getting tired. In particular, mothers described their bodily demeanour by using phrases such as *"freedom to breathe"*, *"stopping for a while"*, and *"just being"*. Many others described their yearning for a moment of rest, meaning a desire to do things they usually could not do with the twins around; with regard to the spatiality aspect, at times they just wanted to step outside for a moment. Spatiality-wise, fathers also liked to stay at home.

"Sometimes I feel what I miss most are those 45 minutes to go shopping or to the library, just having a moment of my own, an opportunity to stop for a while."

"Time of my own is so important, so at home I can do my own things which I didn't have time to do before."

"Sufficiency of income".

In their bodily experience, some of the parents felt that recycling children's old clothes and other items with other families was important given the family economic situation. Discussions about the money situation were not easy because parents, especially fathers, found that the situation in their country is good compared with many other countries. What follows are some brief examples from the narration of mothers' and father' experiences.

"Although we have two parents' incomes, without recycling, our economic situation would be bad. It is not easy to talk about money, but because we did not have children before, we can't use older brothers' or sisters' prams or beds or clothes."

"The situation in Finland is good if we compare it to many other countries, although costs have risen more than the children's allowance."

"I have to say that my parents have helped us monetarily. Without that, we would have had to tighten the purse strings all the time. I am thankful to my parents."

Opportunities to Share

The third core essential theme, “opportunities to share,” consisted of three essential themes: “Close relatives as enablers”, “Meeting professionals”, and “Talking to someone who has been through a similar experience and understands”.

“Close relatives as enablers”.

In the context of temporality and the experience of relationships, parents have numerous problems finding time for the two of them together after the birth of their twins. This is despite the fact that they realize that time spent together is vital for their marital life. They needed a trustworthy babysitter; they could not leave two little children with someone without experience.

Again, finding someone who could assume the responsibility of looking after two children simultaneously was an arduous task. A mother opined that they had not experienced:

“...evenings spent together by ourselves in the past four years. I’m not sure whether we could have them any more. Can we ever be together—just the two of us?”

A father stressed the need to plan spending time together with the spouse and ensuring that it happens. Many fathers, in their bodily aspect, consider it their duty to take care of this. Taking care of twins is time-consuming; however, parents need to have their time together in order to have a healthy married life. They then need to find resources to achieve this.

“You should organize this time by prior planning together. Our goal is to go out together once a month, thus taking care of our marriage. That is time on our own without twins.”

In a relational and bodily aspect, in families which still had grandparents, they were an important source of help and support. Grandparents helped in different kinds of things; taking care of twins, doing household chores, but also taking care of parents, especially the mother of twins. Grandparents who were still working proceeded to take leave to be able to help when needed.

Extended family members are able to identify the need for help in their close relatives and respond in person. When the two generations—mother and daughter—discussed the situation together,

the latter as a new parent received support in many ways.

These discussions helped her formulate her thoughts and make decisions. Various aspects were touched upon during the discussions, making these sessions very fruitful to the mother of twins. The daughter was then very grateful for such support.

“Our grandparents arrived and began to feed the babies and change their nappies. The twins’ grandfather put the children to sleep in their prams. The babies would refuse to sleep if the pram didn’t keep moving...so he had to move the prams all the time.”

“My mother took care of many practical matters such as doing the laundry and various kitchen tasks. When she had time, she cleaned the house. She urged me, her daughter, to get some rest. She also made sure that we as a couple had regular meals.”

“My mother served as a background support all the time. If I had something in my mind, we thought about this together. She would think about it somewhat differently than I did. This gave me different perspectives to ponder.”

“Meeting professionals”.

From the corporeality angle, it was a great opportunity for parents to share multiple-birth life with professionals during their meetings. Likewise, public health nurses gave their undivided attention to the whole family; listening, asking, and encouraging—the mothers viewed this as important. The meetings were mostly conducted in health care centres; parents appreciated these.

“It simply feels good that when you went there with the children that the time was clearly for us, that they even asked how we were...like how is the father and how is the mother. And it wasn’t just that they only measured and weighed the babies and checked and asked if they ate well.... They really saw our family as a whole.... She is doing her work wholeheartedly and enjoys doing it. It was a very warm and cordial welcome there in the maternal and child clinic in the health care centre.”

At home the parents remembered all the encouraging words given by these public health nurses. These words enabled them to cope with the twins and facilitated management of the situation.

Parents wish to have more information channels such as brochures and telephone support, but the holistic understanding of their life situation and opportunity for discussion were the most meaningful to parents. They also would like to have material specifically for their needs.

“If someone says that you will manage very well and you will cope, everything will go very well. If you say it by yourself, it does not sound as convincing as when someone else says it to you (social and health care professionals).”

“Talking to someone who has been through a similar experience and understands”.

In their bodily aspect, parents of twins thought that only another family with twins could understand multiple birth family life. Peer support was viewed as vital; mutual understanding did not need the medium of words. A mother described their experience thus:

“Many families feel that it is easy to manage two children at the same time. But it is not like this, not so simple. You have to do everything at least twice, sometimes more. Only another multiple birth family can understand what it is, and they understand without words.”

Discussion

The aim of this article was to describe the lifeworld of multiple-birth families as experienced by parents. This lifeworld was described with van Manen’s phenomenological hermeneutic method through modalities: spatiality, corporeality, temporality, and relationality. These contribute to the new and holistic understanding of the lifeworld of such families from their perspectives.

In the current study the first core essential theme was “A state of constant vigilance,” which consisted of three essential themes. “Two babies call, two babies need,” meant that parents had to be available for their children all the time. Parents had less time to spend in non-caring interactions with their twins. Step by step, parents lost their rhythm; the second essential theme was “the day and night rhythm is lost.”

Parents have to ensure, that they can continue to cope by themselves, to have enough resources to survive this challenging situation. Parents would like to have more information related to their situation and felt that “the lack of information is trying”; this was the third essential theme. The second core essential theme, “Ensuring that they can continue to cope,” comprised three essential themes. “Need for an extra pair of hands” meant that parents would like to have more help in their daily life with more than one same age child. Without help during the first years of their twins’ lives, taking care of them left only a little time for forging relationships involving pleasure and play. “Longing for a moment of rest” meant making sure that they had enough resources of their own to take care of children in daily life but also in the future. “Sufficiency of income” for parents referred to balancing families’ economic situations when having many babies at the same time. Beck’s (2002a) meta-synthesis increases our understanding of the experience of mothering multiples during the first year: it involves bearing the burden of child care day and night, riding the emotional roller coaster, life-saving support, striving for maternal justice, and acknowledging individuality. Cobb (1976) sees social support as exchanging resources, helping, offering protection, and delivering information that prevents the harmful effects caused by crisis and change. Thoits (1986) and House (1981, House, Landis, & Umberson, 1988) define social support as involving emotional support, practical aid, informative support, and peer support. Emotional support involves concrete care and assistance.

The third core essential theme, “opportunities to share,” consisted of three essential themes. To have support and the ability to relax in their unique situation meant they had “close relatives as enablers”. Even parents would like to have more information regarding their own life situation from professionals; they find it very important to have contact with social and health care professionals and discuss with them, as described in “meeting professionals”. “Talking to someone who has been through a similar experience and understands” was essential for getting suitable support and information. Social support acts as a buffer in stressful situations and helps the parents to develop more active ways of coping. Emotional support has been found to predict good parenthood, as persons who have received empathic support will find it easier to care for and support their children. Thoits (1986)

suggests that support is the most effective when the persons giving and receiving support are in a similar situation in life and are emotionally able to understand each other. Beck's (2002b) theory of releasing the pause button, draining power, pausing one's own life, striving to reset, and resuming one's own life, paints a more complete and holistic picture of the first year of mothers' lives with twins. The current study describes the lifeworld of parents with twins under five and points out challenges that persist beyond the first year.

Parents would like to share their situation and their feelings with others so that the latter can gain a holistic understanding of their unique life situation. They really love their twins and their other children and would like to take care of them in the best way possible (Heinonen, 2013).

Parent-child early attachment and interaction is essential. It can be complicated to develop an early relationship concurrently with more than one same-age child (Gotthen-Gottstein, 1980). The parents of twins are faced with the dilemma of how to divide their attention between their twins in order to interact with both of them in ways that are responsive to their moment-to-moment needs and to focus on the interests of each individual child (Rutter & Redshaw, 1991). The term triadic relationship (at least one speaker and two listeners) captures the difficulties in managing time to satisfy two babies with different needs simultaneously (Robin *et al.*, 1996). Anderson & Anderson (1990) state that nurses can provide concrete, relevant information to assist mothers in developing a healthy attachment with twins. Parents of twins need special knowledge about inter-twin relationships, which are different from the sibling relationships of singleton children. Ebeling *et al.* (2003) address dominance-submissiveness between co-twins from three separate perspectives: physical, psychological, and verbal dominance. Tirkkonen *et al.* (2008) note that there were no significant differences between the distributions of attachment to the mother and father when both parents took care of twins. The inter-twin relationship and the company of others may also compensate for the lack of maternal time and attention (Tirkkonen *et al.*, 2008, Tirkkonen, 2015).

In the current study, parents were worried about the lack time with each child. Twins' verbal development is known to be slightly delayed

because of the risk situation in pregnancy; sharing their mother's attention with the other twin reduces dyadic verbal communication with adults. Mothers generally address both twins at once; they may offer their twins a less conversationally responsive linguistic environment (Moilanen *et al.*, 2003). Parents of twins need to support their children's speech development, understand the value of face-to-face contact with each child, use slow speech and reading, and give opportunities for speech to each child in turn. It is also important for them to understand the inter-twin relationship.

Previous research has identified many challenges in managing multiple-birth children (for example see Beck, 2002ab, Garel & Blondel, 1992, Goshen-Gottstein, 1980, Harvey *et al.*, 2014, Heinonen, 2004) such as taking care of twins and feeding them (see for example Harvey *et al.*, 2014, Hattori & Hattori, 1999, McKenzie, 2006). Support was also needed to find a daily rhythm, (Heinonen, 2004, Heinonen *et al.*, 2007) and solve sleeping problems with twins' sleep (Heinonen, 2004) and parents' sleep (Ball, 2006, Damato & Burant, 2008). Parents of twins also require more information from professionals about multiple-birth family life and coping, pregnancy, childbirth, and the formation of intimate relationships (Heinonen, 2004). In particular, preterm infants' parents wanted advice, guidance, support, and to learn ways to minimize negative impacts on other children in the family (Harvey *et al.*, 2014). In the present study, parents were also worried about the lack of time for siblings. Previously, researchers have noticed that professionals need a different kind of information in order to understand this kind of family and such families have needs that are different from families with singletons (Bryan, 2008, Harvey *et al.*, 2014, Heinonen, 2004, McKenzie, 2006).

Parents' needs for an extra pair of hands meant the possibility of having help at home from those who share their lifeworld; however, this much-needed help was hard to come by. Parents were happy to collaborate with family care workers who have a comprehensive understanding of their daily life and need for support. These relationships also ensure various forms of support become simultaneously possible. These include childcare help and informative support on issues related to childcare and understanding twin-twin relationships. For example, same-age children mutually influence the development of aspects

such as speech and individuality. Parents of multiples can also have the opportunity for emotional support and rest.

The current results demonstrate that it is not easy for professionals—those who work in hospital wards and health care centres who meet such families only a few times in their homes—to deeply understand their lifeworld. Professionals need special education, which concentrates on multiple-birth families. This kind of education could help them plan and organize programs for multiple-birth parents; such training is needed at different phases of twin development. Preparation for parenting multiple-birth children should include, for example, education, health promotion and risk modification strategies, infant care and feeding, child development, and advice on securing help and support. Leonard & Denton (2006) recommend four interrelated principles of good practice: the involvement of a range of disciplines, of the family and of the multiple birth community; the provision of specialized care; coordinated services; and the building of family competency, including the capacity to make informed decisions. Health care professionals dealing with multiple-birth mothers need to be educated about different multiple-birth experiences so that they can provide realistic and helpful guidance (Beck, 2002a). Appropriate information supports parenting and helps parents understand the demanding nature of individual development in twins from the point of view of both child and parent. Help from family care workers at home who aided parents' day-to-day management meant not only strengthening their parenthood by supporting and guiding their everyday life but also arranging some time for themselves. Multiple-birth families need social and health care professionals to support them differently (Cobb, 1976, House, 1981, House *et al.*, 1988, Thoits, 1986.) The most pressing need is to form a multi-professional team to develop multiple birth family nursing care in order to support such families. A substantial volume of research can lend itself to measurements, which *inter alia*, can be utilized to develop family care nursing.

Limitations

This study has its own limitations. Because of the qualitative nature of this study and in the context of parents of twins, the findings herein do not easily lend themselves to generalization. The main point is to open up this area for discussion

while respecting the uniqueness of experiences. Again, because others' experiences are unique, it is not easy to study them. Evidence-based knowledge is vital to understand people in all their variety. The lack of research in this area highlights the importance of the current study. With this paucity, it is an arduous task to compare the results of the present study with those of others. There have been some qualitative studies in this area, and most of them have focused on mothering (for example, Beck, 2002ab, Goshen-Gottstein, 1980, Harvey *et al.*, 2014). Fathers' perspectives have rarely been studied (Damato & Burant, 2008, Heinonen, 2004, Holditch-Davis, Roberts, & Sandelowski, 1999); studies of professionals are few and far between (Heinonen, 2013).

Conclusions

The concept of lifeworld helps us to understand different kinds of life situations. Modalities help to describe sensitive areas and understand human lives in depth. It is ethically justified to need to understand and use different kinds of knowledge, including experiences from patients/clients. Social and health professionals need this kind of information, which constitutes one important part of evidence-based nursing and practice. It is important for professionals to broaden their understanding and to have concrete contact with the lived experience in order to see things just as parents experience them. This much-needed training would empower these professionals to function more effectively with multiple birth families. Such training could be partly based on the voices of parents of twins. Social and health care professionals have numerous possibilities for strengthening family care nursing and cooperation between social and health care professionals, researchers, and multiple-birth organizations in order to support these kinds of families. All in all, it can be stated that the voices of parents of twins need to be heard in high-quality family care nursing work. At a deeper level, this concerns the essence of being human in the world and having a lifeworld of our own.

Acknowledgments

The author wishes to thank the parents of twins for sharing their stories and life for participation in this research. For encouraging support the first author thank supervisors Professor Anna-Maija Pietila, Arja Haggman-Laitila, Irma Moilanen and Professor Max van Manen himself.

Thank you also Gerald Netto for assisting with English.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article. The first author discloses the receipt of the following financial support for the research: Ministry of Social Affairs and Health.

References

- Anderson A. & Anderson B (1990) Toward a substantive theory of mother-twin attachment. *MCN, American Journal of Maternal-Child Nursing* 15: 373-377.
- Adams C. & van Manen M. (2008) Phenomenology. In L. M. Given (Ed.), *The Sage encyclopedia of qualitative research methods*. Thousand Oaks, CA: Sage.
- Ball HL. (2006) Caring for twin infants: Sleeping arrangements and their implications. *Evidence Based Midwifery* 4(1): 10-16.
- Beck CT. (2002a) Mothering multiples. A methasynthesis of qualitative research. *MCN, The American Journal of Maternal and Child Nursing* 27: 214-222.
- Beck CT. (2002b). Releasing the pause button. Mothering twins during the first year of life. *Qualitative Health Research* 12: 593-608
- Beck CT. (2006) Analyzing qualitative data. In D.F. Polit & C.T. Beck (Eds.), *Essentials of nursing research. Methods, appraisal, and utilization* (6th ed., pp. 405-407). Philadelphia, PA: Lippincott Williams & Wilkins.
- Bolch C.E Davis P. Umstad, M.P. & Fisher J.R. (2012) Multiple birth families with children with special needs: A qualitative investigation of mothers' experiences. *Twin Research and Human Genetics* 15(4): 503-515.
- Bryan E. (2003) The impact of multiple preterm births on the family. *An International Journal of Obstetrics and Gynecology*, 110(20), 24-28.
- Bryan E. (2008) Multiple birth children and their families—what nurses need to know. *AWHONN Lifelines* 10(2): 138-144.
- Cobb S. (1976) Social support as a moderator of life stress. *Psychosomatic Medicine* 38(5): 300-314.
- Damato E.G. & Burant C. (2008) Sleep patterns and fatigue in parents of twins. *JOGNN* 37: 738-749.
- Ebeling H. Porkka T. Penninkilampi-Kerola V. Berg E. Jarvi S. & Moilanen I. (2003) Inter-twin relationships and mental health. *Twin Research* 6(4): 334-343.
- Evans M.J. & Hallett C.E. (2007) Living with dying: a hermeneutic phenomenological study of the work of hospice nurses. *Journal of Clinical Nursing* 16: 742-751.
- Garel M. & Blondel B. (1992) Assessment at 1 year of the psychological consequences of having triplets. *Human reproduction* 7(5): 729-732.
- Goshen-Gottstein E.R. (1980) The mothering of twins, triplets and quadruplets. *Psychiatry* 43: 189-204.
- Gromada K.K. & Spangler A. (1998) Breastfeeding twins and higher-order multiples. *Journal of Obstetric, Gynecologic, & Neonatal Nursing* 27: 441-449.
- Haahr A. Kirkevold M. Hall E.O.C. & Ostergaard K. (2012) “Being in it together”: living with a partner receiving deep brain stimulation for advanced Parkinson’s disease – a hermeneutic phenomenological study. *Journal of Advanced Nursing* 69(2): 338-347.
- Harvey M.E. Athi, R. & Denny E. (2014) Exploratory study on meeting the health and social care needs of mothering with twins. *Community Practitioner* 87(2): 28-31.
- Hattori R. & Hattori H. (1999) Breastfeeding twins: guidelines for success. *Birth* 26(1): 37-42.
- Heinonen K. (2004) Dimensions and possibilities in multiple-birth parenthood (Master’s thesis). University of Eastern Finland, Kuopio, Finland. Abstract in English.
- Heinonen K. Pietila, A-M. & Moilanen I. (2007) Experiences of support by parents of multiple birth children—an interview study. *Nursing Science. Hoitotiede* 19(4): 223-35.
- Heinonen K. (2013) The lifeworld of multiple-birth families from being on guard to strengthening parenthood. *Phenomenological-hermeneutic study* (Dissertation in Health Sciences). University of Eastern Finland, Faculty of Health Sciences. Abstract in English.
- Heinonen K. (2015a) Levels of reduction in van Manen’s phenomenological hermeneutic method: an empirical example. *Nurse Researcher* 20(5): 20-24.
- Heinonen K. (2015b) Methodological and hermeneutic reduction and hermeneutic circle—a study on Finnish multiple-birth families. *Nurse Researcher* 22(6): 28-34.
- Holditch-Davis D. Roberts D. & Sandelowski M. (1999) Early parental interactions with and perceptions of multiple-birth infants. *Journal Advanced Nursing* 30(1): 200-210.
- House J.S. (1981) *Work Stress and Social Support*. Reading, MA: Addison-Wesley.
- House J.S. Landis K.R. & Umberson D. (1988) Social relationships and health. *Science* 241: 540-545.
- ICOMBO (2016) International Council of Multiple-birth Organisations. <http://icombo.org/>. 27.8.2016.
- Leonard I. & Denton J. (2006) Preparation for parenting multiple children. *Early Human Development* 82: 371-378.
- McKenzie P.J. (2006) The seeking of baby-feeding information by Canadian women pregnant with twins. *Midwifery* 22(3): 218-27.

- Meleis A.I. (1996) *Theoretical Nursing: development and progress* (3rd ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Moene M. Bergbom I. & Skott C. (2006) Patients' existential situation prior to colorectal surgery. *Journal of Advanced Nursing* 54(2): 199-207.
- Moilanen I. & Pennanen P. (1997) "Mother's child" and "father's child" among twins. A longitudinal twin study from pregnancy to 21 years age, with special reference to development and psychiatric disorders. *Acta Genet Med Gemellol* 49: 219-230.
- Moilanen I. Kunelius A. Tirkkonen T. & McKinsey Grittenden P. (2003) Attachment in Finnish twins. In P. Grittenden P. McKinsey Grittenden & A.H. Claussen (Eds.) *The organization of attachment relationships maturation, culture and context*. pp 125-140. Cambridge: Cambridge University Press.
- Robin M. Josse D & Tourette C. (1988) Mother-twin interaction during early childhood. *Acta Geneticae Medicae et Gemellologiae* 37(2): 151-159.
- Robin M. Corroyer D. & Casati I. (1996) Childcare patterns of mothers of twins during the first year. *J. Child Psychology and Psychiatry* 37(4): 435-460.
- Rutter M. & Redshaw J. (1991) Annotation: growing up as a twin: Twin- singleton differences in psychological development. *The Journal of Child Psychology and Psychiatry and allied disciplines* 32(6): 885- 895.
- Silventoinen K. Volanen, S-M. Vuoksimaa E. Rose, R. J. & Kaprio J. (2014) A supportive family environment in childhood enhances the level and heritability of sense of coherence in early adulthood. *Social Psychiatry and Psychiatric Epidemiology* 49(12): 1951-1960.
- Tirkkonen T. Kunelius A. Ebeling H. Pylkkönen M. Tuomikoski H. & Moilanen I. (2008) Attachment in Finnish singletons and twins to both parents. *Psychiatria Fennica* 39: 89-98.
- Tirkkonen T (2015) *Early attachment, mental well-being and development of Finnish children at preschool age. Twinship– risk or opportunity?* University of Oulu, Graduate school. Oulu: Juvenes print Tampere.
- The Finnish Multiple-births Association. (2016) <http://www.suomenmonikkoperheet.fi/27.8.2016>.
- Thois P.A. (1986) Social support as coping assistance. *Journal on consulting and clinical psychology* 57(4): 416-423.
- Van der Zalm J.E. (1995) Accommodating a twin pregnancy: Maternal processes. *Acta Genet Med Gemellol* 44: 117-133.
- van Manen M. (2006) *Researching lived experience. Human science for an action sensitive pedagogy*. London, ONT: Althouse.
- van Manen M. (2008) *The Epoché and Reduction as Method. The Vocative as a Method. "Doing" Phenomenology and the Demands of Writing: The Haunting of Good Writing by Bad Writing*". Master-class by Max van Manen. University of Bournemouth, England.
- van Manen M. (2014) *Phenomenology of practice. Meaning-giving methods in phenomenological research and writing*. Walnut Creek, CA: Left Coast Press, Inc.
- van Manen M. & Adams C.A. (2010) *Phenomenology*. In P. Peterson, E. Baker, B. McGaw (Eds.) *International Encyclopedia of Education* (6, pp 449-455). Oxford: Elsevier.
- van Manen, M.A. (2014) On ethical (in)decisions experienced by parents of infants in neonatal intensive care. *Qualitative Health Research* 24(2): 279-288 Doi:10.1177, PMID: 24469694