

**The path to healthy aging for
transnational adoptees**

**- A phenomenographic analysis from
a life course perspective**

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SUMMARY

Background: Today there are very few transnationally adoptees who are older (defined according to the WHO as 60+), a natural consequence due to the fact that organized adoption began in the 1960s. But in step with an increasingly aging population, there is a need to increase the understanding of the possible future needs of adoptees. It can be needs that arise later in life or needs due to consequences because of earlier negative experiences. Research has shown that transnational adoptees have a number of challenges, they often have an increased risk of substance abuse, suicide and suicide attempts, are exposed to everyday racism and many are excluded from working life. There is a lack of effective post-adoption support for the many challenges that transnational adoptees may face during their lifetime.

Aim: The aim was to examine beliefs about adoption-specific challenges and needs when transnational adoptees are aging.

Method: A qualitative method was used in this thesis. Ten transnationally adoptees were interviewed with semi-structured interviews. They were representatives of organizations for transnationally adoptees or who meet transnationally adoptees in their professional profession as therapists/psychologists. Collected data was analyzed through phenomenographic method.

Results: The result showed an outcome space with four categories of description:

1) Conceptions through life, 2) Viewed by others, 3) Lack of empowerment, and 4) Transnational movement. In these categories of description, a number of challenges in aging as a transnational adoptee emerged. The outcome space is surrounded by the need for support and resources that may exist to achieve healthy aging as a transnational adoptee.

Conclusions: It emerged that transnational adoptees are at risk of having a number of challenges and special needs for support and resources as they get older. This knowledge can be useful for various stakeholders in order to be able to support aging transnationally adoptees in their everyday life and increase knowledge about what it is like to be transnationally adopted.

Keyword: transnational adoptee, adoption, living as adopted, ageing, older people.

To facilitate access to this master's thesis, the author offers here a translated version. The appendix 1 information letter, 2 interview guide are not translated and not included in this thesis. The original can be found here [diva-portal johanna häggberg](#)

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INTRODUCTION

Today's form of transnational adoption (adoption between two different countries) began during the Korean War, when children in Korea, with an American soldier as a parent, were adopted away to prevent discrimination against the children. Since then, more countries of origin have been added (Hübinette, 2003). In Sweden, today's form of adoption organization began in the early 1960s (Nordin Jareno, 2007). To date, approximately 60,000 transnationally adoptees have come to Sweden (Hjern & Vinnerljung, 2022). The group of transnational adoptees is a heterogeneous group with many different experiences and backgrounds (Socialdepartementet, 2022). There are very few studies on transnational adoptees' own perspectives and their own voices. There are also large gaps in knowledge about the life situation of transnational adoptees.

Within the adoption discussion, two different terminologies have emerged when adoption is being discussed. One assumes that adoption should not be associated with the challenging parts, this terminology is most often used by those who have a positive view about adoptions. The second terminology emphasizes the importance of starting from adoptees' view and adoptees own experiences to understand the impact of adoption (Baden, 2016).

According to World Health Organization (2015)(WHO), soon there will be more people over the age of 60 than under 60 within the general population. These people will also live longer than the generations before them. There is limited research, not least in Sweden, on the phenomenon of aging as transnationally adopted. What will happen when the group of elderly and transnationally adopted grows and what needs will arise. The natural explanation for these gaps in knowledge is that the first transnationally adopted people came to Sweden in the 1960s, which means that at the time of writing this essay there are few transnationally adopted people over 60 in Sweden. But the demographic challenge that society is facing with a growing elderly population (SCB, n.d.) makes it important to investigate what needs may arise for transnational adoptees when they get older, based on the experiences that exist today among those who meet adult adoptees.

BACKGROUND

The background begins by describing several challenges that exist with the group of transnational adoptees, what support is available and some current events that occurred when this study was conducted. Then the aging will be defined and the challenges that can accompany an aging population will be described.

Adoptees health and living situation

A register study on the health of transnationally adoptees, who came to Sweden before the age of eight, showed an increased risk, compared to the majority Swedes, of having the need to contact psychiatric care after the age of 18. If the adoptee was younger when they were transnationally adopted, there were a lower risk of needing psychiatric care, if the adoptee was older when they were adopted, the risk of needing psychiatric care was greater. The register study also showed that transnational adoptees were more often single, had increased substance abuse, higher suicide rates, lower education levels and many more were outside the working life compared to the majority Swedes and immigrants (Hjern & Vinnerljung, 2022). However, studies on the lives of transnationally adoptees from their school years, time spent with the adoptive parents, change of culture and country, and on support that can help transnationally adoptees are missing. Registry studies have shortcomings as the studies only look at those who were in contact with the healthcare and do not show the full extent of the mental illness found in transnational adoptees (Vinnerljung & Sundell, 2007).

Attachment, adoption trauma and ongoing lived experience

Something that recurs in the context of adoption is attachment theory. Attachment theory include how the child attaches to one or more attachment figures. There are currently four categories of connection types. Where three deal with attachment problems and the fourth about secure attachment (Broberg & Risholm Mothander, 2008).

If attachment is disrupted during the critical first two years due to separation, it can lead to various challenges in the future, such as loneliness, depression, low self-esteem, problems at school and in society. In transnationally adoptees who lacked a stable attachment person, problems with cognitive abilities, physical and mental function may arise. In addition to these challenges, the adoptive parents may also have experienced failures in their attempts to become biological parents prior to the adoption. These negative emotional experiences can

affect adoptive parent ability to meet the needs of the adopted child once it arrives in the family (Verbovaya, 2016).

Transnational adoption can cause adoption trauma that lies as latent traumatic memories that are awakened when the transnational adoptee later finds themselves in similar vulnerable situations and thus becomes re-traumatized (Brodzinsky et al., 2022). According to Brodzinsky et al. (2022) and Sánchez-Sandoval et al. (2020), transnational adoption is a constantly lived experience that can change based on the context that the transnational adoptee finds themselves in. This constant lived experience of transnational adoption affects the adoptee's understanding, self-esteem and feelings about their life both now, in the future, before and after the adoption according to (Brodzinsky et al., 2022).

Illegal adoptions

At present, it is uncertain how many illegal adoptions have been carried out. However, illegal adoptions are not unique and in the most recent historical study on illegal adoptions this has happened several times, including in the following countries: Guatemala, Vietnam, China, Ethiopia, Congo, India, Sri Lanka, Mali, Chad, Romania, Madagascar, Russia, Ukraine, Brazil, Mozambique, Nepal, Haiti, Butan, Rwanda, Lesotho, Burkina Faso, Ireland, Korea, Chile and more (Denéchère & Macedo, 2023). Thousands of adoptions to Sweden have also been carried out illegally from several countries of origin (Dagens Nyheter, 2021; Lundberg et al., 2022; MFoF, 2023b; Statskontoret, 2021; Uppdrag granskning, 2021, 2023). Two countries of origin, Chile and South Korea, have begun to investigate their transnational adoptions (Swedes adopted in Chile can receive damages, 2023; South Korea to investigate international adoptions 2022). Illegal transnational adoptions are a form of trafficking where children are taken from a low-income country, without parental consent, and made available for transnational adoption. Trafficking can negatively affect the transnationally adoptee's life and the adoptee's right to human rights is violated (United Nations Human Rights (OHCHR), 2022).

The UN Department of Human Rights (OHCHR) has issued a number of recommendations to countries of origin and adoption. The recommendations include preventing illegal adoptions, having transparent adoptions, banning private adoptions, and allowing the child to express their opinion. For existing adoptees with irregularities, adoptees should have the right to their truth, help to search their origin, get redress, habilitation such as medical and psychological care, and legal and social services. The countries should also maintain DNA databases to

make it easier for adoptees to find their origins (United Nations Human Rights (OHCHR), 2022).

There are laws that adoption operations must follow in Sweden, the Convention on the Rights of the Child, which became law in Sweden in 2020, Lag (2018:1197) Om Förenta Nationernas Konvention Om Barnets Rättigheter samt Svensk Författningssamling 2018:2018:1197. According to the Convention on the Rights of the Child, special attention should be paid to the adoption of the child (Article 4), the child has the right as long as possible to know who the parents are (Article 6), the child may retain identity, name and family relationships (Article 8), the child has the right to freedom of expression (Articles 13 and 14), no other interests than the best interests of the child shall be present in the case of adoption (Article 21), that children who belong to minority groups/original populations have the right to their origin (Article 30). The Hague Convention, which Sweden ratified in 1997, is a voluntary cooperation between the countries of adoption and the countries of origin, which must ensure that the adoptions are carried out correctly (Nordin Jareno, 2007). In addition to this, there are the basic human rights that Sweden has signed up to (Regeringskansliet, 2014).

Everyday racism and minority stress

Everyday racism is common, informal and small behaviors that happen to an individual who is not considered to fit in and these behaviors can cause mental illness (Essed, 2005). A research report by Hjern and Vinnerljung (2022) showed that the majority of transnational adoptees who do not look like the majority Swedes have been subjected to discrimination and/or racism. This special treatment and bullying take place during the child's school years by teachers, other children and parents. Transnationally adopted adults are also treated differently because of their appearance. Many adopted women from East Asia testify that they have been sexualized and violated by majority Swedish men. Everyday racism, such as being questioned as to why the person is in Sweden and the attitude that adoptees should show gratitude when they have been allowed to come to and grow up in Sweden, also occurs. The effect of discrimination has been shown to be negative with increased mental illness, such as psychotic illnesses, depression, lower self-esteem, sleep difficulties and difficulty coping with school. The stability of couple relationships can also be affected (Hjern & Vinnerljung, 2022). According to Brodzinsky et al. (2022) the reluctance of those around them to see everyday racism, transnational adoptees' ability to be resistant to everyday racism as well as racist and

discriminatory prejudices can be inhibited. Recently, the term minority stress has come to Sweden. Minority stress is when minorities experience stress from being constantly at risk of being treated negatively and/or the environment has negative expectations of the person because of their appearance. This stress is not something that the majority of Swedes experience (Länsstyrelsen Stockholm, 2021).

In order to map, for example, racism, equality data is currently used by most countries in the world, but in Sweden there seems to be a resistance to introducing data that maps people's appearance, such as race. Sweden has received regular criticism from the UN, the EU and the Council of Europe that Sweden has not introduced equality data to be able to map structural racism that exists in Sweden (Hübinette, 2015).

Support for adoptees

In a systematic overview (Sánchez-Sandoval et al., 2020) of the demand for needs and support for adult transnational adoptees, these could be divided into four groups.

- Origin search to find the adoptee background.
- Get in touch with ethnicity of origin. This was especially important for those people who did not look like the majority population.
- Get support to improve mental health.
- Improve the relationship with the adoptive family.

The Family Law and Parenting Support Authority in Sweden (MFoF) received a government brief on transnational adoptions and three interim reports have now been completed (Myndigheten för familjerätt och föräldraskapsstöd, 2023d). MFoF states that there was a need for support for transnational adoptees throughout the adoptee's life and in the various life phases. Adoption-specific knowledge is needed at various agencies to meet the needs that may arise (Myndigheten för familjerätt och föräldraskapsstöd, 2023a). There was also a need for support in origin searches before, during and after any results of finding one's origin parents (Myndigheten för familjerätt och föräldraskapsstöd, 2023c). The MFoF shall be a national contact until end of 2023 for possible irregularities in transnational adoptions. They must keep up-to-date in the field and be able to offer support and direct an adoptee in the right direction in their considerations (Myndigheten för familjerätt och föräldraskapsstöd, 2023b). MFoF also has a government mandate to provide adoption-specific conversation support to transnational adoptees and adoptive parents. Conversation support is a supplement to

healthcare and not a form of treatment or therapy. (Myndigheten för familjerätt och föräldraskapsstöd, 2023a).MFoF also offers guidance when tracing origins (Myndigheten för familjerätt och föräldraskapsstöd, 2023c).

The National Board of Health and Welfare in Sweden (Socialstyrelsen) has carried out a survey on how healthcare and social services meet adoption-specific needs. The mapping showed that the support was incomplete and that there were gaps in the knowledge of personnel in healthcare and social services. These knowledge gaps mainly highlighted concerns on what needs transnational adoptees may have in terms of physical and mental health (Socialstyrelsen, 2022).

In the future about Swedish adoptions

In 2021, a directive from the Swedish government regarding an investigation into transnational adoptions to Sweden. The directive includes, among other things, investigating whether there are irregularities in the largest countries of origin, looking at the regulations, organization and processes as well as what role and responsibilities existed, but also the need for adoption-specific support. This was to be finalized in autumn 2023 (Socialdepartementet, 2021) but was not completed when this study was carried out.

There can be a number of challenges regarding research that includes adoptees. Studies that have been conducted over a specific time period do not apply to all transnational adoptees as several factors may have changed over time, studies that have been conducted in other countries may not be relevant to implement in Sweden as the situation and conditions may look different (Vinnerljung & Sundell, 2007).

During the 1970s and 1980s, transnational adoptions to Sweden were most common. A total of 29,298 children from outside the Nordic countries came to Sweden for adoption. The peak was in 1977, when 1,864 children born outside the Nordic countries came to Sweden for adoption. After 1977, the proportion of transnational adoptions has decreased (Myndigheten för familjerätt och föräldraskapsstöd, n.d.-b). Based on the current statistics showing the percentage of transnational adoptees during the period 1970 and 1980, and the assumption that these adoptees were also born during the same time frame, it can be stated that the transnationally adoptees covered by this study are between 42 and 53 years old when the study was conducted.

A healthy ageing

Aging is multidimensional, complex and individual. Tornstam (2011) writes that there are different perspectives on aging, the biological perspective on the body's function, the psychological perspective on the person's psyche, the functional perspective on how the person's functions work and how the person functions in relation to other people. There is also social aging about the person's roles in the social system, (Ernst Bravell, 2013) such as adopted and older adoptees. The commonality is that the perspectives are in constant change and do not have to correspond to the chronological age.

In the policy document 'World report on aging and health ' published by the WHO in 2015, (WHO, 2015) healthy aging is defined as a lifelong process of developing and maintaining functional ability with the aim of enabling well-being in old age.

This means that healthy aging is based on a functional perspective. These perspectives are a person's physical and mental capacity, the social, physical and political environment, as well as the interaction between the perspectives. Harmony between these perspectives enables well-being and allows the person to do what they enjoy and put value in. It is about how environments, genes, health behavior and social structures interact and affect aging and health.

THEORETICAL REFERENCE FRAME

This study was based on the life course perspective and the different life phases.

Life course perspective

This study analyzed the group of transnational adoptees from a number of perspectives within the life course perspective. These perspectives can interact and affect a person over time, which produces effects later in life, for example the emergence of diseases and increased need for care (Hutchison, 2001; Kuh et al., 2003). Below are some of the perspectives presented that can influence transnational adoptees and have effects on older people.

Birth cohort is about the year of birth and the place a person comes from. Changes in the environment and the standard of living can produce effects such as various diseases later in life. *The chains of risk model* are about an interconnected chain of many different challenges that can lead to increased or decreased risk of various diseases. *Sensitive periods* are when a person experiences an event with rapid changes that can have effects on development and future diseases. *Transition and turning points* are about the person's normal life trajectory

being affected by short single events that can be physiological, social, and psychological (Kuh et al., 2003). An event can be starting school, moving away from home, changing job, or getting divorced. *Life events* are about events that were of great importance and sudden changes that give the person long-term and serious effects. This refers to the event itself and not the transitions that the life event entails. *Linked lives* are about the way people are linked and dependent on each other, such as within a family. These relationships affect the person's behavior and well-being. Among other things, it can be social support and the expectations that exist (Hutchison, 2001).

Although there are few transnational adoptees who were over 60 years of age when this study was conducted, it is important to study the health of current transnational adoptees from a life course perspective to assess how its perspectives may affect transnational adoptees as they grow older, as well as what support they may need in the future.

PROBLEM FORMULATION

Transnational adoptees are an understudied group, which according to Hjern (Myndigheten för familjerätt och föräldraskapsstöd, 2022) is due to the difficulty in obtaining research funding as the group of transnational adoptees is small and the research thus does not contribute to the greater public good. Support for transnational adoptees is also few and the reason is also there, according to Hjern, (Myndigheten för familjerätt och föräldraskapsstöd, 2022) is that adopted people are a small group in society. In line with an aging population, more knowledge is needed to meet the future needs of elderly people who are transnationally adopted. Previous research has shown that transnational adoptees constitute a particularly vulnerable group in society and more knowledge is needed to better understand future adoption-specific needs as this group ages. Although transnational adoptees have not yet reached old age but are estimated to be in middle age (42–53 years), preparations are needed for potentially upcoming challenges.

With this study, the author wanted to contribute by reducing knowledge gaps and increase interest in the challenges that transnationally adoptees may face. This by increasing understanding about future adoption-specific challenges that may arise in aging transnationally adoptees and by seeing the complex lives of adoptees from the adoptee's own perspective, starting from a life course perspective.

AIM

The aim of the study was to examine beliefs about adoption-specific challenges and needs in aging of transnational adoptees.

METHOD

This study is based on a phenomenographic study design with collection of data through interviews. In order to improve the academic writing style in the result, AI tools have been used to correct existing text. This processing of the text has followed the Jönköping University of Health's guidelines for the use of AI tools. In addition to a shorter review of phenomenography, the method part will deal with pre-understanding, selection, carrying out the interviews, data processing and analysis and research ethics.

Phenomenography

Phenomenography is used to study differences in understanding a phenomenon (Dahlgren & Fallsberg, 1991; Larsson & Holmström, 2007, 2021). Phenomenography wants to map different perceptions of the phenomenon, i.e. how we understand or perceive a phenomenon or how it appears to people (here the people being interviewed) and thus not describe how something actually is. A phenomenon is an object or thing as it appears to us, for example something abstract like a feeling or concrete like a chair (Kvale & Brinkman, 2021). The phenomenon in this study is aging as a transnational adoptee. It can be difficult to answer the phenomenon of being older and transnationally adopted as there are still only a few elderly and transnationally adopted. Instead, the focus has been the informants' perception based on what the informants know about the phenomenon today.

The result from a phenomenographic analysis can be seen as a map of how the adoptees can navigate in aging as an adoptee, more than their personal experience of the phenomenon. According to Larsson and Holmström (2007, 2021) and Marton and Booth (2000) is this second-order perspective, i.e. not only examining the phenomenon. The first order perspective is the experience of the phenomenon. Marton and Booth, (2000) writes about there being two ways to take in the phenomenon, surface orientation is what is visible as statistics and the person's exterior. Deep alignment is what is not seen, what is inside such as the person's attitude and nuances that are not visible in surface alignment. In this study, the central thing is to produce an in-depth map of the informants' different perceptions of needs during aging as transnational adoptees.

Pre-understanding

Johansson (2019) emphasizes that the researcher's prior understanding of phenomenography should not be set aside, but instead can be seen as a strength both during an interview situation and when analyzing the material and when the researcher knows the phenomenon well. In this study, there is a preconceived notion from the author who is herself a transnational and transracial adoptee (that the adoptee is non-white and the adoptive parents are white). The author thus has a prior understanding of the nuances that can be found in being transnationally adopted and what it is like to be in the lived experience of adoption. This can be an advantage in the meeting with the informants as the starting point (Ahmed, 2010) can differ between different groups and give different groups different realities, conditions, and limitations in life. In this study, there are many common denominators in the author's starting point with the informants. These denominators can create a trust where the informant becomes more open at the time of the interview and allows to delve deeper, ask more questions and maybe extract areas that might otherwise not have been made visible. To prevent that the author's pre-understanding would be a disadvantage, for example becoming blind to what could appear in the material, a regular dialogue has been held with the supervisor. Partly through the fact that the author shared transcriptions of interviews and that, after completion of each step in the analysis, this was shared with the supervisor. Fellow students have also reviewed the content of the essay.

Selection

A strategic selection of informants was used as it is considered advantageous to be able to get a varied picture of the phenomenon (Larsson & Holmström, 2021). The inclusion criteria were to belong to a non-governmental organization (NGO) for transnational adoptees and had contact with several other adoptees or provided peer support to transnationally adoptees, either within their profession or on a non-profit basis. Exclusion criteria were people representing adoption agencies or people who want to adopt or have adopted. To find NGO's of interest for the group of transnational adoptees, the author started from MFoF:s (n.d.-a) list of interest NGO's for adoptees. Five of these NGO's received written information about the study and from these there were six adoptees who were interested in participating. Through a closed Facebook group for adoptees, there were tips on professional psychologists and peer support leaders who had given support to transnational adoptees. Nine of these people were selected and asked to participate, of which three agreed. A search was also made on an open Facebook and Instagram account owned by the same person. From here another participant

was identified. In addition to this, information about the study was also shared on a closed Facebook account for adoptees, but no informant came from there.

A total of 10 people were interviewed, and the data collection took place over three weeks during the month of February/March 2023, see table 1.

Table 1: The proportion of inquiries and interviewees in the study

Number of NGO's that received the request	5
Number of participants from interest NGO's	6
<hr/>	
Number of professional and peer support leaders that received the request.	9
The number of participants from professional and peer support leaders.	3
<hr/>	
Other participants through Facebook and Instagram	1
Total number of participants	10

Information letters about the purpose of the study, background, that participation was voluntary and could be canceled without giving any reason were sent out to a total of 14 people; 5 to interest associations for transnational adoptees and 9 to people who have given conversational support to adoptees either within their profession or on a non-profit basis. All those invited to participate in the study were themselves transnationally adopted. A reminder of the study was sent to the interest associations that had not responded after one and a half weeks.

Within the phenomenographic method, it is considered that 20 informants can be sufficient and the last eight informants are usually a repetition of what the other informants have said. But studies with a smaller sample of informants can also be of importance (Larsson & Holmström, 2007; 2021). In this study, from the sixth interview, a repetition of what the other informants had said before was experienced, and thus it was estimated that ten informants were sufficient.

Data collection and conducting the interviews

All ten conducted interviews lasted approximately between 40 to 60 minutes. The interviews were conducted by telephone or Zoom. All were recorded in order to be transcribed for further analysis. When transcribing, any laughter and words that the informant emphasized were marked. Repetitions were not printed and personal reflections were not transcribed.

Data collection took place through a semi-structured interview guide. This means that the questions were open, were not needed to be taken in an order and could be adapted (Danielson, 2017a). According to the phenomenographic study, the interview guide should be thematic or semi-structured (Dahlgren & Fallsberg, 1991; Forster, 2019; Larsson & Holmström, 2021). The interview guide was created based on two themes, the first part concerned the group of transnational adoptees and the challenges that they may face today, as well as any strengths and needs for support efforts that exist with this group right now. The second part was forward-looking about challenges and needs that may arise in this group as they get older. According to Bowden (2005), new elements must be planned during the interview, and it is recommended that all interviews begin with the same question and have follow-up questions that can lead to more reflections and deepen the answers. The first question was open-ended to give the informant the opportunity to speak freely and any posts from the interviewer were open-ended questions allowing for more complete explanations (Larsson & Holmström, 2021). Before the data collection was carried out, the question guide was tested on an informant who had knowledge of the situation of transnational adoptees. The purpose was to see if the questions would hold rather than to include the answers from the informant in the study. After the test interview, parts of the questions were clarified but not to the extent that the question guide was noticeably changed.

Data analysis

In the analysis process, it was important to never lose focus on the second-order perspective from which the material is to be analyzed. According to Larsson and Holmström (2021) general opinions expressed by the informants should be removed so that the material only consists of the informant's reflections on the group of transnationally adopted people's experiences of the phenomenon, i.e. challenges, and needs of the future elderly who are transnationally adopted.

Therefore, the analysis process started with sorting out the different ways of understanding the phenomenon in the material. Next, categories of description were created from the

similarities and differences that emerged, and finally an outcome space was created. The outcome space became a description of how the categories of description stood in relation to each other. (Dahlgren & Fallsberg, 1991; Larsson & Holmström, 2021). This depicts a form of map of the phenomenon; that is, how it is to age as a transnational adoptee. The analysis process follows Dahlberg and Fallsberg's analysis steps (1991): The more detailed analysis steps in this study were as follows:

1. "Familiarization" – First step in the analysis process, getting to know the material. Done by carefully reading the transcribed interviews to get to know the material.
2. "Condensation" – Statements of importance to the informant's reflections and experience are picked out and linked to the study's aim. Done by highlighting and cutting out statements of importance that were linked to the purpose of the study.
3. "Comparison" – The statements were compared to find similarities, differences and variations within the aim. Done by comparing the cut-out statements linked to the purpose of the study.
4. "Grouping" – Answers that were similar are put together. Done by grouping the cut-out statements with equivalent statements, called assembled statements.
5. "Articulating" – For the assembled statements, a joint description was made to describe similarities (categories of description). Before a joint description was carried out, steps four and five were worked through several times to obtain satisfactory groups and descriptions.
6. "Labeling" – The common descriptions (categories of description) were given one appropriate name. Five categories of description were created here. Done by looking at the descriptions and creating names that closely matched the content.
7. "Contrasting" – The identified categories of description were compared with each other. The similarities and differences that were found gave an indication on how to place the categories in the outcome space. In this study, this was done by considering how the hierarchical order of the descriptive categories and how the categories "permeate" other categories based on healthy aging. During the analysis, it became clear that one of the description categories did not fit into the hierarchical pattern in the outcome space. Since the other descriptive categories showed challenges and

needs, this category, which dealt with support and resources, instead encompassed the entire outcome space.

Ethical considerations

Transnational adoptees belong to a minority group and asking about their experiences can be perceived as ethically sensitive. However, since the purpose of the study was to investigate a phenomenon from a second-order perspective (phenomenography), the study was considered feasible, according to the guidelines set by the University of Health in Jönköping. In phenomenography, background information about the informant is not interesting, but only their knowledge of the phenomenon is of interest (Larsson & Holmström, 2021). The informants do not speak for themselves but for the group as a whole and no personal views were included in the results.

The study was based on Kjellströms (2017) description that there are different approaches depending on which study method is used. However, there is a common ethical approach for all methods, which is that the study must not harm or offend people and that their differences are respected. This must be taken into account throughout the study (Kvale & Brinkman, 2021). During this study, the author kept ensuring that the informants did not suffer any negative consequences from their participation. This was done by listening to signals during the conversation and following up if parts emerged that could lead to negative consequences for the informants.

The study followed Vetenskapsrådet (2002) guidelines for good research practice with requirements for information, consent, confidentiality, and use. The information requirement means that the intended informant receives information about the purpose, who is behind the study, voluntariness, anonymity and that they can cancel their participation before or during the interview. Before this study, an information letter was sent out with this information. The consent requirement means that the study obtains consent from informants prior to participation and that they can cancel participation whenever they wish. In this study, this was done by making it clear in the information letter that the informants gave consent if they contacted the author. Furthermore, participants were informed both in the information letter and before the interview started that they could cancel their participation whenever they wanted. The confidentiality requirement means that it must not be possible to identify individual persons in the study and all forms of information that can be linked to an individual person must be handled in a way where no other persons can access the material. This

information appeared in the information letter as it was not personal experiences that were requested. The requirement is also met according to Marton och Booth, (2000) and Svensson, (1997) when the phenomenographic method is focused on getting a result on how the group perceives the phenomenon more than the individual experience. Therefore, the individual informants will not be visible in the material and confidentiality can be ensured. The data that could potentially identify the informants were recorded interviews and contact details and the data was locked in a password-protected computer and will be deleted after the thesis is approved. What can be noted was that some interviews were conducted and recorded through the meeting tool Zoom and to meet the confidentiality requirement for visual material, only audio recordings were saved. The utilization requirement means that collected material may not be used for purposes other than scientific. Information about usage requirements appeared in the information letter. The study follows Vetenskapsrådet (2017) good research practice based on the study design and for a master's thesis.

RESULTS

The result begins with a description of the outcome space and its hierarchical order. Then, each categories of description that exists in the outcome space is described.

The outcome space

The result is a model consisting of an outcome space built up by four categories of description that can be used to understand the challenges that adoptees face towards achieving healthy ageing; 1) Conceptions through life, 2) Viewed by others, 3) Lack of empowerment and 4) Transnational movement. These four categories, surrounded by the support and resources that may be needed to achieve healthy aging as a transnational adoptee. A certain hierarchical order can be seen when placing the different description categories in the outcome space (see Figure 1). The category *Conceptions through life* is placed at the top, as this category can be considered to permeate the other categories and is thus dependent on their existence. *Viewed by others* and *Lack of empowerment* are placed under *Conceptions through life* but on the same level as each other. *Transnational movement* is placed under *Conceptions through life* but on the same level as each other. *Support and Resources* is placed at the bottom of the hierarchy.

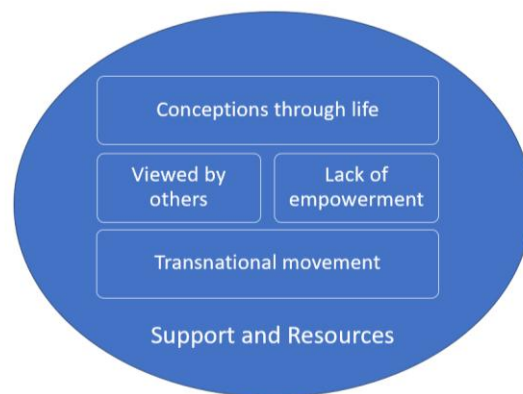


Figure 1 - Outcome space

Transnational movement is placed at the bottom of the hierarchy. Not because it is less important, but because it is a prerequisite for other categories, but at the same time can exist without them. Just as the mid-level categories are dependent on the existence of the adoption, but theoretically need not affect the *Conceptions through life*. These categories of description that focus on challenges are surrounded by the need for support and resources that exist regardless of which of the other categories description are referred to. These supports and resources can be at different levels such as community, group and individual. The support and resources will be requested to varying extents among the transnationally adoptees and the different categories of description.

Conceptions through life

Conceptions through life refers to that many transnationally adoptees are having conceptions about adoption-specific challenges and needs in the aging as adoptees. These beliefs can be viewed through the following five areas: *existential health, constantly lived experience, experience of loneliness and social isolation, origin, and adoptive family.*

Existential health

Existential health means that many transnationally adopted people may have complex existential thoughts about their adoption, including questions about their origins, the reason for why they were adopted and how their lives have developed in receiving country. The informants believed that one possible solution to reduce the existential emptiness later in life for these adoptees is to gain more knowledge about their country of origin. Furthermore, the informants expressed that those existential thoughts could develop over time since many adoptees gain further experiences of being adopted, more knowledge of their origins and approaching old age. The following quote from an informant can illustrate this:

"Adopted people have a relationship with their adoption more 'yes, yes, that's how it was' when they were younger. It becomes more complex the older you get because you get other dimensions to it."

The informants described that existential health is about how adoptees relate to the greatness of life in relation to their own mental health. This is illustrated with the following quote about how the trauma of adoption can prevent adoptees from doing what they want:

"When you are done with all the baggage, you want to have children but then you may not be able to. Just the feeling that you lost your freedom (through the adoption) or didn't get what you wanted, and didn't do what you wanted. It must be a grief to miss things that you wanted."

Lived experience of adoption

The interview material showed that adoption is a constantly lived experience where the effects of the adoption affect many adoptees through different stages of life. The experience begins with separation from the family of origin and continues until death. The informants expressed that the constantly lived experience of being adopted can be invisible to many adoptees and becomes a normal state where they do not understand their own behaviours. Furthermore, the informants described that reflections on the adoption can come late in life. According to the

informants, adoptees do not stop being in a constantly lived experience when they die, but the constantly lived experience can also be inherited by any children and grandchildren. The following quote describes the time frame that the constantly lived experience has:

"It is important to know that it (continuously lived experience of adoption) does not stop because you are 80 years old, but it is something that happens from birth to death."

Based on the interview material, perceptions also emerged that the appearance of the adoptee could also create a feeling of alienation and/or marginalization and/or in-betweenness for many adoptees. In-betweenness, means the adoptee is being a person and relating to two worlds but at the same time not feeling at home in either of these. According to the informants, adoptees in a receiving country may differ in appearance but have the receiving country's culture. In the country of origin, on the other hand, many adoptees recognize themselves in appearance but differ in culture, values and behavior. According to the informants, this can create a feeling of shame, which may affect the mental health of the adoptee.

The interview material also showed that the constantly lived experience of adoption can become stronger in different life phases and situations. It becomes stronger for many a adoptee when they have to find a partner, look for and/or keep a job, and when adoptees have children of their own. In the study results, having one's own children appeared as an important part of the experience of many adoptees and can arouse thoughts about their own adoption, the adoption trauma can be reawakened, and further existential thoughts can arise.

The informants expressed that another challenge for many adoptees can be when they meet other adoptees since the adoptees can reflect each other's constantly lived experience. The following quotes may illustrate the constant lived experience of adoption:

"Adoption is a constantly lived experience where the adopted learns that they must always relate to being adopted at all stages of life."

"The group of adoptees is adopted all their lives. It doesn't stop at different positions in life but raises different questions."

Experience of loneliness and social isolation

The interview material showed that loneliness and social isolation were perceived to be a major challenge for many adoptees. Two aspects were highlighted: as a consequence of not fitting into society and the difficulty in building relationships. The informants expressed that many adoptees can experience loneliness as they do not fit into society. That they feel they are in an intermediate position between majority population and immigrants or have a feeling of being excluded from society. The informants also stated that many adoptees can experience loneliness as a consequence of attachment problems and adoption trauma. That adoptees can have difficulty in establishing relationships, finding a life partner, creating a family of their own but also difficulty with the relationship with the adoptive parents. Although many adoptees create a family of their own, loneliness can arise from feeling alone within one's own family. In the following quotes from the informants, these two aspects of loneliness can be illustrated.

"The loneliness just takes hold of you, and it almost becomes a narrative 'this is it, there's something wrong with me, this is what my life is going to look like."

"Many adoptees feel like isolated islands."

The origin

According to the interview material, the origin involves various forms of challenges, both practical questions and existential thoughts. The informants expressed that for many adoptees the challenges of origin can be mitigated by visiting their country of origin. But it also appears that with increasing age it can become physically difficult to reach one's origin and that ingrained social norms in receiving countries can collide with the culture of the country of origin. The informants also stated that it can become difficult to find people who can provide answers to questions about the family of origin as the adoptees get older. The informants stated that it can be traumatic for many adoptees who get to meet their parents of origin, because they suddenly have a new family to relate to. According to the informants, this is because many adoptees can carry grief and existential questions both for themselves and for their parents of origin. Informants also expressed that if adoptees are prevented from finding their origins or that they do not get the answers they seek, it can increase the grief and existential thoughts that exist. The following quotes illustrates the difficulty of origins:

"It is also more difficult to get in touch with the family of origin when you are older. Learn a new language. Everything gets a little more difficult. Not just traveling there. But also develop contact, learn to adapt to the culture and become adaptable as you get older."

"I think there is a great grief that you carry with you and only gets deeper if you don't find what you are looking for and need."

The family in receiving country (Sweden)

The adoptive family was perceived to be a challenge divided into two parts:

1. The adoptive family and
2. The family that the adoptees can create themselves

The informants expressed that there can be challenges from both sides in the relationship between adoptees and adoptive parents. It can be a challenge to be the longed-for child, and challenges with the adoptive family can lead to disconnection with the adoptive family. Many adoptive parents may not always be able or willing to talk about the background of the adoptee and about illegal adoptions. Thus, the adoptive parents' inability to understand the adoptee's perspective can make it difficult for adopted people to talk to their adoptive parents about how they are feeling. The following quote shows that the adoptee's point of view is important in these challenges:

"But it is important not to see adoption from the adoptive parents' point of view all the time. But see adoption from the adoptee's point of view. "

The informants also expressed that it can be yet another challenge when the adoptive parents die. This could result in new challenges, such as difficulty in obtaining information about the adoptee's background, repairing damaged relationships, new separation traumas can be created, and old traumas can resurface. But the informants also expressed that there can be a feeling of relief for many adoptees when the adoptive parents die, because it gives them the opportunity to become more independent and express their own opinions and experiences as an adoptee. The informants also considered that new challenges may arise in the adoptee's own family, both in the relationship with a partner and with any children due to problematic attachment and adoption trauma.

Viewed by others

The descriptive category "viewed by others" includes adoption-specific challenges and needs of aging adoptees based on stigmatization, racialization and the welfare system. It emerged that adoptees are influenced by the perceptions and views of others, and also how other adoptees view each other.

Stigmatization

The interview material showed that there are several challenges with being stigmatized as an adoptee. Stigmatization was considered structural and could be divided into three levels: societal, group and individual level.

Stigmatization at the societal level meant that because transnational adoptees differ in appearance, they are easy to spot and many adoptees therefore need to relate to their adoption in all contexts. This stigmatization also leads to the rights of adoptees being ignored because society has not fully enforced the *Convention on the Rights of the Child* and human rights in laws and actions. Furthermore, the informants expressed that Sweden continues to ignore adoptees, when investigations rely on so-called experts who lack adequate knowledge of the complex aspects of adoption or have their own financial interests in maintaining adoptions. Stigmatization at the group level, informants believed that stigma is expressed through the neglect of adopted needs. Furthermore, it was perceived that adoptees are seen as an eternal child without a will of their own and the adoptees are thus made invisible in various contexts. A quote that highlights why adoptees are overlooked was:

"The goal of the adoption is to become as Swedish as possible and not make too much of a fuss."

Stigmatization on an individual level, informants expressed that many adoptees do not gain an understanding of the complexity of being adopted in personal meetings. An example that the informants raised was not understanding that illegal adoptions constitute a violation of the rights of the adoptee and the individual. The informants believed that these three levels of stigma can be a major obstacle when it comes to receiving adequate care and support from the healthcare system.

Racialization

The interview material showed that it was common for many adoptees to be exposed to racialization and microaggressions every day. A statement that emerged from the informants was that many adoptees feel minority stress. The informants expressed that racialization

occurs at different levels in society, by different people and how adoptees are racialized depending on their country of origin. The following quotes highlights this racialization:

"...then there is an implied objection of who you are."

"The societal climate that hardens in terms of racial deviance...especially on those who are visibly adopted and non-white."

The informants expressed that the way in which racialization takes place has changed over time and has gone from individual racialization to structural racialization, which is visible and permeates the political climate, institutions and the welfare system's actions and responses. The structural racialization was also considered to exist within care for the elderly and healthcare. The informants expressed concern that this could lead to adoptees not receiving appropriate care and could face lack of knowledge and prejudices when they get older. It also emerged that it is not uncommon for adoptees to request care workers who are non-white. An area that appears in the interview material is that there is also internalized racism, which meant that the adoptees themselves can sometimes practice internalized racism by maintaining whiteness norms and beliefs towards other adoptees and/or non-whites.

The welfare system

The interview material showed that within the welfare system there are two main challenges for adoptees, how the welfare system views adoptees and how adoptees themselves navigate within the welfare system. The informants expressed that the welfare system's consideration of adoptees has resulted in a lack of post-adoption support, a lack of both competent psychologists and conversational support. Furthermore, the informants emphasized that there is a lack of understanding and follow-up of adoptees' genetic and hereditary diseases within the healthcare system. The informants also expressed that when many adoptees navigate the welfare system themselves, they may need to educate the healthcare staff about the consequences of adoption in order to get the support and help they need. The following quotes highlights the knowledge and perception of adoptees:

"...care, primary care, all health agencies need knowledge of how the different needs of adoptees express themselves. Regardless of where they come from..."

"People try to categorize you and you have to explain that you are adopted and don't know your heredity and so on."

The informants believed that there are more challenges for adoptees who are getting older as the welfare system has to deal with the fact that the person is both older and adopted.

Lack of empowerment

Empowerment in this context is about the person's power to take part in decisions and information about themselves. This power can be given or taken from people and exists in both the individual and structural dimensions. Adoption-specific challenges and needs of the group of aging adoptees in a lack of empowerment mean the risk of having a weak financial situation and a lack of knowledge about their genetic heritage.

The economic situation

The interview material showed that many adoptees have a weak financial position. Reasons for this could be difficulties in getting or keeping a job, greater likelihood of disability pension, sickness absence and unemployment and other challenges that adoptees face. Furthermore, the informants expressed that this financial challenge can lead to several limitations such as not being able to afford therapy and the opportunity to visit their country of origin. The informants also expressed a concern that greater financial challenges may arise for many adoptees when they retire. According to the informants, restrictions in the economy can make it difficult to return to their country of origin. The following quotes illustrates this:

"Return trips are a matter of class, but also when you get older. After all, the economy is a lifelong challenge."

"You can also see that many adoptees do not reach the social and economic standard that the adopted's adoptive parents have. "

The genetic hereditary

The interview material showed that many adoptees have very limited or no knowledge of their genetic hereditary and medical history. According to the informants, it can create great anxiety about aging as an adoptee. Diseases linked to genes, long-term effects of the adoption trauma or the influence of the environment during growing up are becoming increasingly apparent. The following quotes from the informants illustrate this concern:

".. all this cardiovascular, it's cancer, that's all, and more and more often the group of adoptees ends up in "is it in the family?" it comes closer, what is in biological relatives, do we get Alzheimer's or Parkinson's. There is no obvious source."

"It has little to do with ailments when adoptees get older and can't possibly know who I am, genetically, which would perhaps be good to know when adoptees got sick or avoid getting sick."

When adoptees meet the healthcare system, there can be obstacles to getting appropriate care. This is due to deficiencies in the knowledge of genetic hereditary and a lack of information about medical history.

A statement that emerged from the informants was that some adoptees may be late in the normal maturation development found in the majority populations children. The consequence of this can lead to difficulties in having children once the adoptee is ready for it. According to the informants, this can lead to increased feelings of loneliness.

Transnational movement

This category of description includes how the transnational movement provides adoption-specific challenges and needs for the aging adoptees. All depending on adoptees development regarding attachment, adoption trauma and debt of gratitude.

Attachment

The interview material showed that the attachment of adoptees has a history of broken attachments to their first attachment persons. These attachment ties may have been broken with or without the consent of the first attachments person. The informants stated that broken attachment in adoptees can give rise to difficult attachment problems, which in turn can lead to difficulties in creating close relationships with adoptive parents, to any own children and/or other people. The following quotes from the informants highlight the connection in the following way:

"... attachment, that it will emerge with the adoptive parents, it's certainly not a given."

"... creating a serious relationship with people is a challenge for many adoptees. Dare to trust someone to connect with."

A concern was expressed about how attachment problems may affect the health of adoptees as they age. Attachment problems may make it difficult for adoptees to cope with future

challenges they may face. A concern about whether the attachment to people in the receiving country disappears was also described, as these risks creating more loneliness for many adoptees.

Adoption trauma

The interview material showed that adoption trauma is about the fact that many adoptees may have a lifelong exposure, vulnerability and fragility as a result of negative experiences related to the adoption. Several informants expressed that adoption trauma affects all aspects of adoptees' lives and has negative effects on their mental and physical health. There was concern that this negative impact could lead to long-term illnesses and unemployment. Also, various forms of addictions can arise as a way to deal with the challenging emotions that come with the adoption trauma. The informants also believed that the adoption trauma affects the opportunity for adoptees to create personal resources, such as social networks and work. The following quotes highlights the perception of adoption trauma:

"The mental illness will accompany you and, in the worst case, kill you. Because you can't handle it"

"...it is to be considered a lifelong trauma, and it is a lifelong grief to be adopted."

Debt of gratitude

The interview material showed that debt of gratitude exists as a notion amongst most people in the receiving country (Sweden) who believed that adoptees should have a debt of gratitude to receiving country. The informants stated that this debt of gratitude is about how others expect adoptees to show gratitude, and where adoptees' own experiences of the debt of gratitude is being imposed. This is illustrated in the following quotes from the informants:

"The debt of gratitude is established. There is some sort of expectation that you should be grateful for being here and not there. That it is always better to be here (receiving country).

"...you have to perform something to belong. You have to prove yourself good or give up your own needs."

The analysis of the interview material showed that debt of gratitude can be expressed by questioning the adoptees' choices and actions in the receiving country. By implying that it is better in the receiving country than in the country of origin and thus implicitly expecting

adoptees to be grateful for the opportunity to come to the receiving country. The informants expressed that this can lead to over-adaptation of the environment and to working life. Furthermore, the informants expressed that the debt of gratitude can hinder the ability of many adoptees to express their own needs and desires. This was illustrated by the fact that the informants expressed that adoptees may not feel worthy of the life they have, which in turn creates feelings of guilt for what they have.

Support and resources

The informants expressed that adoption-specific support and resources are needed for aging adopted people. On a societal level, needs are knowledge and understanding in all societal sectors and organizations, including healthcare. This is to counteract racialisation, stigmatization and debt of gratitude towards adoptees. This deficiency can be illustrated with the following quotes from the informants:

".. difficult to find psychologists, therapists and other healthcare staff, educators who have the knowledge known as professional excellence."

" Professional excellence must have other sources than the usual ones. Otherwise, there will be no nuance."

Furthermore, the informants expressed that adoptees need to have their voice heard in all contexts concerning adoptees' situations and it is important that society accepts different perspectives on being adopted. This could be done through an independent national center of competence for the group of adoptees, where research, education, origin research, treatment methods and opportunities to meet other adoptees can be collected and disseminated. The following quotes from the informants illustrate how adoptees are talked about and what more knowledge about adoptions will lead to:

"On a global level, the ignorance of dealing with adult adoptees is, you only talk about adopted children, but we are actually fully grown people."

"More talk will hopefully contribute to good, that it will become easier and easier to reach out to each other and find understanding, support, therapists, everything possible. "

At group level, there is a need for adoptees to meet each other so that they can share their thoughts within the descriptive categories, break the loneliness, reflect on their debt of gratitude and gain fellowship with adoptees who may be in the same situation.

"Meeting points are needed for adopted conversation circles, courses, everything possible where adopted people can meet each other and talk about what it means"

The informants expressed here the importance of the interested NGO's receiving support and resources to be able to gather adoptees and raise adoption issues in society.

At the individual level, there is a need for financial support and adequate post-adoption treatment that should be adapted to adoptees' adoption trauma. There is also a need for support both in receiving country to get started with the search and in the country of origin to get guidance and understand how the process works in the country of origin.

"There are adoption-specific psychologists, but they cost and are expensive and not everyone has the opportunity"

"It costs money to search for one's roots, to go to therapy, to be sick, all that kind of thing"

DISCUSSION

The discussion will begin with a method discussion, then a discussion of results, and finally suggestions will be made for further research and implications from the study.

Methodology discussion

The study has been based on the four terms that are considered to strengthen the scientific quality within the qualitative method. These are credibility, dependability, confirmability, and transferability (Danielson, 2017).

Credibility

In this thesis, a qualitative phenomenographic study was chosen to achieve a deeper understanding of the phenomenon than a quantitative study could offer. Older adoptees constitute a group that is not yet that large, which means that some parts of the study are speculative. However, these speculations about aging as adopted are based on the experience the informants had at the time of the study. The background of the informants is not decisive in phenomenographic study design but instead knowledge of the phenomenon is more important (Larsson & Holmström, 2021). However, the informants were selected for their specific knowledge and expertise about adoptees (Kvale & Brinkman, 2021) and this gives the study increased credibility. The phenomenon of aging as a transnational adoptee was captured in this study through semi-structured interviews. The advantage of semi-structured interviews is that it gives room for open-ended questions, which reduces the opportunity for the interviewer to influence the informant's answer.

The majority of the interviews were recorded as audio files with a mobile phone, and some were conducted with video recording on the Zoom platform. The mobile phone recordings were saved on a USB stick that only the author had access to, and the audio files in the mobile phone were deleted immediately after the files were saved to the USB stick. The recordings from Zoom were separated with software so that only the audio files remained. These audio files were also saved on the same USB stick. All video recordings were deleted immediately after the audio part was saved. All audio files will be deleted when the thesis is approved.

Advantages of using audio recording is that the author could focus on the informant, how things were said in order to follow up with open-ended questions. It is also possible to listen to the material several times to find new nuances that may have been missed (Kvale & Brinkman, 2021). The disadvantage of recording may be that the informant may not feel free to speak openly, but in this study the author did not experience this as a problem. Instead, the

informants desire to talk about the phenomena and the authors already existing understanding weighed more heavily. Personal experiences that emerged during the interviews were not transcribed and the quotes included in the study have been chosen to ensure confidentiality.

A risk with interviews is that the author may be influenced by the informants and the objective role disappears. These risks can be countered by being open and reflecting on different social relationships with the informant and the interview material, i.e. a reflexive approach (Priebe & Landström, 2017). The author considered that it was an advantage to have a certain prior understanding in the field, as it enabled in-depth questions on topics that the informants raised. To ensure that the study is reasonable and reduce the influence of the author's pre-understanding, the transcribed anonymous interviews were shared with the supervisor.

Reliability

The reliability of the study depends on the author's pre-understanding of the phenomenon and how the author has handled this pre-understanding during the course of the study (Henricson, 2017). According to Johansson (2019) pre-understanding is a factor that can be beneficial in this method of analysis. The author's pre-understanding both facilitated and complicated the analysis process. The analysis process was facilitated by the fact that denominators and categories of description could be deepened, and complicated by the author's difficulty in limiting the analysis because all information felt important. The author continuously kept the aim of the study in focus to increase the reliability of the study. The supervisor reviewed the analysis process and the produced analysis results to confirm reliability.

Confirmability

In a phenomenographic study, the background of the informants is not decisive, as long as they have knowledge of the studied phenomenon (Larsson & Holmström, 2021). Despite this, the informants were selected to increase the representation from different parts of the world that have had a significant number of transnational adoptions (Africa, Asia, Europe, and South America). In addition, it was considered important that the informants had knowledge of other transnationally adopted. The decision regarding the selection of informants was made against the background of research that shows that the voices of adoptees are not always heard (Molinero & Clemente-Martínez, 2021). Thus, the author believes that the study gained a double-bottomed knowledge based on the selection that was made of adoptee informant,

which gives the study a higher confirmability. By including only adoptees as informants, the phenomenon of aging as an adoptee could be studied on a deeper level and give voice to those who are actually affected by being adopted. Furthermore, the author believes that the descriptive category of the analysis "Viewed by others" would not have become as clear if the study had included adoptive parents and adoption agencies. In phenomenographic studies, the phenomenon is considered to be captured in a good way when 20 informants are included, a saturation is usually achieved at around 12 informants (Larsson & Holmström, 2007; 2021). In the current study, the author began to notice a saturation after the seventh interview, which contributes to increased confirmability in the collected material.

Transferability

Transferability means the possibility of reproducing the study in other contexts and by other researchers (Kvale & Brinkman, 2021). Reproducing the study could be affected if interviews instead were performed on informants adopted after the introduction of the Haag Convention (1997) and the Children's Convention (2020) (which is supposed to prevent illegal adoptions). However, it should be noted that illegal adoptions still occur (Uppdrag granskning, 2023). This could indicate that even after the implementation of the Conventions, the actual changes for adoptees may be minimal, the adoption businesses may still operate almost the same way today as when it started.

The authors analyse is that it will be possible to reproducing the study with other researchers, but with certain limitations. One of the limitations, which was one of the advantages of the interview situation, was the author's pre-understanding, which facilitated the dialogue and opened-up the interviews. Using researchers with similar understanding, the authors asses that there will be no major challenges in reproducing the study.

Results discussion

In this section, there will first be a discussion of the outcome space and then a discussion on the four categories of description. The discussion will be based on previous research, the life course theory, and other related theories as well as community debates.

Outcome space

Within the area, there are many aspects to discuss regarding the challenges that the group of adoptees faces as they age. In this part, the author has chosen to focus on some aspects connected to the results that have not received much attention before. These aspects are how

an aging adoptee can relate to, among other things, gerotranscendence, aging from a life course perspective, the intersectionality perspective, and how stigma is manifested through adoption microaggressions. When this study is compared with other studies presented in the background, there are several similarities with the four categories of description. What is different and new in this study is that the results have had a starting point in gerontology and healthy aging. A map (the outcome space) has been created on how adoptees can navigate "in being adopted".

The author does not claim that the resulting outcome space is comprehensive, nor that it can be applied to all adoptees. But the study shows that already today adoptees are navigating the outcome space in many ways, and as a consequence giving very variable health for adoptees. But studies that show that the illness of adoptees is greater than that of the majority population (Hjern & Vinnerljung, 2022a; Petersen et al., 2010) and this outcome space is a starting point to discuss the challenges that adoptees may have more systematically. Furthermore, the results show that this study can contribute in several ways, such as investigating how adoption-specific needs can manifest in adopted adults as they age, and increasing the understanding of how to meet these. It can also identify areas for future research that may be of importance to adoptees and society in full.

Although there are few studies on how adoptees age and what challenges they face, WHO, (2015) have stated that aging is a lifelong process. By looking at the lives of adoptees in a life course perspective, it could already now, based on their current conditions and before the adoptees have aged, give a certain insight into what the adoptees' future as older people could look like. The results of what support and resources are requested in this study agree well with what is found in the recommendations in the "Joint statement on illegal intercountry adoptions" (OHCHR, 2022).

Conceptions through life

Thoughts about existential health follow adoptees throughout their lives. According to the concept of Gerotranscendence (Tornstam, 2011), thoughts about existential health increase with increasing age. The concept of *gerotranscendence* means a redefinition of oneself, one's relationships with other people and a new understanding of existential questions, which often happens in the later part of life (Tornstam, 2011). This redefinition can be seen in the results of how adoptees view their own adoption and how they integrate the adoption into their lives

over time. In a healthy aging process, the person changes their perspective on life by undergoing gerontranscendence. This means, among other things, an increased sense of belonging to the universe and a reduction in superficial relationships and material desire (Tornstam, 2011). In this study, the results show that many adoptees may experience an interrupted gerontranscendence because the feeling of belonging to the universe does not occur when basic information about their own background is missing, such as origin, heritage, and the loss of their family and culture of origin. This can lead to a lifelong grieving process for many adoptees, and they may struggle to process and understand the emotions that can negatively impact mental health. For some adoptees, the prospect of returning to their country of origin can provide relief from the challenging existential questions. This can help provide a more complete picture of their identity and history and recreate their life story and give them a sense of context. Something that has a significant role for the person's health and well-being is how a person view their life story and the sense of context they have (Hagberg, 2017). This also applies to adoptees and it can be a challenge to look at one's life history since much can be unknown. Even feeling a sense of connection can be a challenge since the adoption can be the result of someone else's longing to have a child and many adoptees can have difficulty finding their meaning beyond being the “adopted child”.

Adoptees go through life with several *transitions and turning points* (Kuh et al., 2003). The most significant of these is separation, which is described in the results under separation trauma. In addition to this, there are several other transitions that can occur, such as the end of studies, meeting a partner, having a child, and losing a relative. These *transitions and turning points* can affect many adoptees so that they begin to reflect more on existential issues and/or experience re-traumatization of the initial separation. At these transitions and turning points, the results show that many adoptees also need to relate to the fact that adoption is an ever-present experience, which can pose an extra challenge. From an aging perspective, these transitions and turning points can constitute a *risk chain* and affect the development of the adoptee and contribute to diseases (Kuh et al., 2003). This can result in reduced ability in mental, social, physical, and cognitive areas as many adoptees grow older. The results of this study show that the ever-present experience of adoption will follow many adoptees throughout their lives and even into old age, where they will constantly relate to transitions and turning points that are experienced from the perspective of being adopted and as an ever-present experience.

In the study, it emerged that adopted people may have difficulties in establishing relationships and feeling connected with other people. Mentioned in the results as *linked life*. This can have a negative impact because the deep relationship that people may desire cannot be achieved, which can lead to great grief and loss which may negatively affect mental health. A challenge in normal aging is that loneliness can arise when contact surfaces disappear, for example work-related networks, family ties and friends. Having a connection with other people and feeling interconnected with them is important for people, because these relationships can influence and support a person's *linked life* (Hutchison, 2001). The results revealed that loneliness for adoptees can pose an extra challenge and be more noticeable as they get older. Failing to establish meaningful relationships can be a painful process, it can also lead to deep involuntary loneliness and re-living of past traumas for the aging adoptees. By having a social support network, an individual will feel interconnected, and these relationships are mutually significant (Hutchison, 2001).

In addition, loneliness can be reinforced by depression and a negative self-perception of the state of health (Dahlberg et al., 2022) and affect the mental and physical health of the elderly very negatively (WHO, 2015).

The *linked life* can also be the connection between parents and children and, for example, if a parent becomes ill, the child can also be negatively affected. A parent can also contribute in creating a social network (Hutchison, 2001). *Linked life* can also be applied to how adoptees relate to their families. The results show that adoptees have several families to relate to, such as the family of origin, the adoptive family, and their own created family. An adoptee's relationship with their family of origin can be non-existent or exist to varying degrees. Regardless of which, it can give rise to questions about oneself and leaves its mark on many adoptees in various ways from genetics to more social and existential considerations. In the results, it was perceived that this is something that also affects aging.

Another parent-child relationship is with the adoptive parents, which is also a relationship that can look different. The results showed that if the adoptive parents have not processed their own trauma, such as not being able to have their own biological children, this trauma can be transferred to the adopted and affect the *linked life* negatively for the adopted, which is also something that previous research has shown (Verbovaya, 2016).

Viewed by others

'Viewed by others' in this study means racialization, stigmatization, and by the welfare system. 'Viewed by others' should also be evaluated from an intersectionality perspective where adoptees may have a disability, different socio-economic class, origin, sex/gender, gender identity or expression, sexual orientation, or something different. These intersectionality power structures can influence the understanding, design, and acceptance of adoptees. In addition to the above, aging and ageism must also be considered as a power structure. The result shows that these power structures can lead to double or even triple discrimination, depending on which perspectives of intersectionality the observer considers. For example, the results show that many adoptees may experience discrimination based on their appearance being different from the majority population, are female and is getting older. According to WHO, (2015), ageism has proven to be the most common form of discrimination. This discrimination can create challenges in healthcare and whether ageism becomes the strongest and first form of discrimination for the aging adoptee remains to be seen.

An important aspect that emerged clearly in the results is the stigmatization of adoptees and that adoptees must endure this on several levels from society. Stigmatization is a designation of a minority group that is considered less valuable and does not fit into society with the result that they may be discriminated against. This stigmatization can occur at different levels in society such as structural, social, and self-stigmatization (Folkhälsomyndigheten, n.d.). Stigmatization of adoptees is about attitudes towards adopted people. For example, that adoptees are wrongly placed in society, and at the same time if they hadn't been adopted, the adoptees would have much worse social living conditions. The results show that this stigmatization is expressed through adoption microaggressions. Adoption microaggressions are widely accepted insults and violations that happen daily and consist of adoption-related and biological aggressions. According to Baden (2016), there are four groups of microaggressions with a total of 13 themes on how microaggressions are expressed. Microaggressions seem to be more prevalent in transnational adoptees because of the visible difference compared to the adoptive family (Baden, 2016). There are many aspects of stigma that adoptees are implicitly exposed to through microaggressions both from the environment but also from their own adoptive family. These microaggressions form a *risk chain* of recurring challenges (Kuh et al., 2003) which, according to the results, can give many

adoptees a negative image of themselves and self-stigmatization (Folkhälsomyndigheten, n.d.) with consequent negative health effects and mental illness. This can be observed in the way the majority population speaks, and uses different microaggressions, which creates a hierarchical power relationship between adoptive parents and adoptees, adoptees, and majority population, (Branco, 2022). An example of both structural and social stigmatization that is expressed through microaggressions is from a Swedish press conference where the following quote is taken "adoption is a new way to form new loving families" (Aftonbladet TV, 2021). Which means that adoptees are stigmatized and four types of microaggressions are manifested.

- *the altruistic rescuer* (Baden, 2016). Only through the adoptive parents care for the child, can the adoptee get a loving family.
- *the bad seed adoptees* (Baden, 2016). The child that "no one" wants and is a second-class child.
- *Grateful adoptees* (Baden, 2016). The adoptee should be happy because it has gotten a loving family.
- *shameful/inadequate original parents* (Baden, 2016). The parents of origin cannot or did not want to give the adoptee a loving family.

Furthermore, the results show that adoptees are considered children regardless of age. Adoptees, like the child, have long been seen as an object (Olsen, 2008), that children lack experience, knowledge, and the ability to contribute to the shaping of society. There are also studies that show that non-white children are dehumanized and treated differently compared to white children (Epstein et al., 2017; Goff et al., 2014). Being regarded as the constant child and being dehumanized is something that affects how the majority population views adoptees. Adoptees are not seen as victims of crime even though they have been exposed to illegal adoptions. The National Board of Health and Welfare in Sweden writes that crime victims are in a "vulnerable situation and need the right support to be able to recover" (Socialstyrelsen, n.d.) and there is also guidance for the Social Services' responsibility, (Socialstyrelsen, 2012) but this does not apply to adoptees who have been exposed to the crime of illegal adoption. The results of this study show that adoptees are also not allowed to be experts on their own adoption and are not listened to as a credible source. An example is the Swedish Adoption Commission's assembly of experts. The assembly includes few adoptees, and there are clear conflicts of interest among some of the assembled experts.

Furthermore, the result shows that the expression "children should be seen but not heard" is strong when it comes to adoptees. This expectation of invisibility and attempts to silence adoptees shows that the majority population has very little knowledge about the complexities of being an adoptee. All of this in turn leads to stigma, prejudice, racialization, and discrimination against adoptees. If these negative attitudes continue, they will negatively affect adoptees now and in the future when adoptees become older unless the public discussion makes all adoptees visible and takes advantage of all adoptees' stories and experiences.

Lack of empowerment

"Lack of empowerment" in the study means the weak economic situation of adoptees and the genetic hereditary. The analysis confirms that it was possible to link two life course perspectives *accumulation of risk and birth cohort* to *Lack of empowerment*. The results revealed that many adoptees face multiple challenges caused by how they are viewed by others, the adoption itself, separation, and attachment-related factors. All these factors can accumulate with time and gradually lead to unhealthy behaviors and diseases (Kuh et al., 2003). This may be a contributing factor, due to the accumulated risks, which is why many adoptees are often in a weak financial position. The results show that there are significant challenges for many adoptees to establish themselves in the labor market and to achieve a stable financial position. The weak economic position can increase the mental illness of many aging adoptees, mental illness is something that increases with increasing age (WHO, 2015). According to WHO, (2015) every fifth elderly person lived below the poverty line, and those over 80 were particularly vulnerable. There was a gender gap, where women more often lived in poverty among older pensioners, especially among single people. The weak economic position affects older people in terms of their housing situation, the opportunity to participate in society and physical activities, and these factors increase the risk of depression. A Swedish study, the HEART study, shows that most people can manage the transition from working life to retirement, while around a quarter are negatively affected by the transition. Those who are most negatively affected in terms of well-being are those who lack stable financial security when they retired (Pensioneringens Betydelse För Den Psykiska Hälsan – Äldre i Centrum, n.d.). The results clearly show that all these factors also apply to many in the group of adoptees. Several even lack an average financial position in society, which in turn can lead to increased mental illness, involuntary loneliness and social isolation.

Physical health is of great importance and the more a person knows about their genetic heredity, the more they can work to promote and prevent various diseases. The results show that for adoptees, it is usually unknown what genetic heredity and medical history they have. These factors can be a barrier when they seek contact with healthcare since many adoptees experience that the healthcare does not consider that the person is adopted. It is also about having representation in society when it comes to the physical changes that take place in the body. It can be during puberty, fertility, menopause, and age-related changes in the body. Lacking representation and information about how a non-white individual develops over time can lead to feelings of exclusion, alienation, marginalisation, and shame for not fitting in physically.

Transnational movement

In this study transnational movement means attachment, adoption trauma and debt of gratitude. The result shows that the debt of gratitude expectation on adoptees is implicitly entrenched in society. An expectation that the adoptees should be grateful that they got a "better life" (Baden 2016) because they came to the receiving country (Sweden). This expectation can create feelings of shame, worthlessness, and powerlessness. The result of a negative self-evaluation that the adoptee is not good enough. With the consequence that the adoptee feels a great desire to escape the pain (Brown, 2004). According to Hjern och Vinnerljung (2022), it is common that adoptees have increased risk of various forms of addiction and increased risk of suicide. Is the increased risk of addiction and suicide a consequence of the *birth cohort* (location of living, standard of living and changes in environment) (Kuh et al., 2003)? Which gives consequences and significant effects on adoptees later in life.

Internationally, adoption trauma is starting to be recognized as a diagnosis for adoptees. However, it has not yet been recognized as such in Sweden. By giving adoptees a diagnosis or if the healthcare has a description of adoptees complex outcome space it would ease adoptees contact with healthcare and thus allow for more suitable treatment options. An available outcome space would give adoptees a higher status for treatment.

Adoption trauma is the negative experience that adoptees have as children in connection with the separation from their parents of origin and because of the adoption itself (Verrier, 2009). Adoption trauma can be experienced by all adoptees regardless of their living conditions with the adoptive parents. This trauma can be embedded in the body and be lifelong and can give

rise to feelings that are not validated by the society. In addition, it can affect the adoptee's physical and mental health, and all of this can occur without the adoptee's themselves understanding how the trauma has affected them. A registry study by Hjern & Vinnerljung (2022) showed that adoptees who had received inpatient psychiatric care or committed suicide were more common amongst adoptees than with immigrants or majority Swedes. These statistics only include inpatient psychiatric care and committed suicides but does not include adoptees who have a mental illness or did not complete a suicide Vinnerljung and Sundell (2007). This means that there may be a large underreporting of how many adoptees are suffer from mental illness, but also how many suffer from adoption trauma.

From the life course perspective, there are several perspectives to consider regarding adoptees' adoption trauma but also their attachment problems. One of the life course perspectives is *the sensitive period*, which shortly can be described as rapid changes during critical periods in life, that may affect adoptees future health and diseases (Kuh et al., 2003). Another perspective is the *life event of great sudden change* which also can have a major impact on adoptees future health and diseases (Kuh et al., 2003). Being adopted takes place during childhood, which can be a *sensitive period* and the adoption in it-self can then be a *life event of great sudden change*, and thus can lead to adoption trauma. The analysis shows that any adoption can have serious and lifelong consequences for the adoptee's life, such as physical, chemical changes in the brain, mental illness and increase diseases (van der Kolk, 2021) as adoptees age.

There may be a common belief that love can resolve all the traumas of the adoptee (Baden, 2016). This belief can be seen through *linked life* (Hutchison, 2001) that a loving relationship between adoptees and their adopted parents solves all challenges and past traumas. However, when it comes to adoption, adoption trauma and attachment issues can a lack of knowledge from the adoptive parents instead create obstacles and more unhealthy challenges for adoptees. The analysis shows that just having love without sufficient knowledge is not enough to heal the trauma of adoption. The results show that without knowledge it can lead to adoptees feeling guilt and shame about not being able to fulfill the adoptive parents' expectations of becoming the long-awaited child. The burden of not living up to the expectations can be heavy and affect the adoptee throughout their life.

In conclusion, an understanding and consideration is needed that challenges follow adoptees. These challenges can accumulate over time and not only produce a simple sum effect (1+1=2)

but instead can produce double or even triple effects on the adoptees. This leads to that adoptee becoming more vulnerable and exposed than originally anticipated.

Studies have shown that factors for achieving healthy aging includes being physically active, having a social context, good health, functioning in everyday life and having a sense of freedom (Almevall et al., 2021). The analysis shows that many adoptees don't have the possibility to achieve enough of these factors to get a healthy ageing. However, with support, therapy, and resources, it would be possible to increase these factors.

To increase healthy ageing, it would be possible to support through two perspectives in the life course perspective. *Human Agency in Making Choices* refers to a person's independence and freedom of action to create their own life, and their own self (Hutchison, 2001). One form of human freedom of action can be the decision of one's name by reclaiming and changing one's name to the original ethnic name. It is one way of creating one's own identity, regaining contact with one's origins as a symbol of who one is (Girma, 2023). *Resilience* refers to how a person recovers from difficult challenges (Kuh et al., 2003) and there are adoptees who outwardly appear to be doing well. The analysis shows that these two perspectives often are lacking for many adoptees. Support that is general and outreaching with relevant resources should be available for all adoptees. A general support can capture adoptees who visibly have major challenges but also those adoptees that seems to be doing well, in-line with the prevention paradox (Prellmer Wramner et al., 2008). Based on the analysis, it shows that there also should be targeted treatments/therapy for adoptees who need it.

Adoptees may have different levels of awareness of the existence of these categories of description and may have reflected and acquired knowledge about them to varying degrees. In addition, there can be an added complexity when adoptees sometimes don't accept their outcome space. In the context of knowledge on adoption, there is the theory "out of the fog". This means that adoptees are not willing to see the "real" side of adoption, but when they begin to develop a critical awareness of what adoption really means and that Western "best interests of children" for adoptees can be harmful to them, they "come out of the fog" (Branco, 2022).

The analysis concludes that adoptees' experiences and feelings about their adoptions can vary from person to person. Some want to explore their origins; others feel a great loss and others may feel content with their lives. This variation in feelings about one's adoption can also vary

during aging. In the natural aging process, individuals experience different stresses and problems related to aging in different ways. In addition to the usual challenges of aging, will many adoptees also face additional challenges because of their position and experience of being transnationally adopted.

Suggestions for further research and implications

The Swedish state should provide both research funds and support to adoptees according to Hjern (Myndigheten för familjerätt och föräldraskapsstöd, 2022), this statement is considering that the Swedish state actively contributed for bringing adoptees to Sweden. Adoptions to Sweden happened through political pressure from Sweden on the countries of Origin. The Swedish state also connected aid funds with adoption for low-income countries (Lundberg et al., 2022).

This study shows that there is a lack of research regarding adoptees' health, experience of past living conditions, current living conditions, and their view of aging. This thesis contributes both to the research area and to a wider debate about adoptions. There is a significant need for research that goes beyond registry studies. Research should instead follow adoptees as they age and consider and incorporate their own stories and challenges. There is also a need to look at adoptees' who have innate or learned *Resilience* and/or has strong *Human agency*.

To increase the conditions for healthy aging for adoptees, the analysis show that the following measures can be taken:

- fulfil the recommendation in "Joint statement on illegal intercountry adoptions" (OHCHR, 2022).
- investigate and review the role of Sweden and the Swedish adoption agencies in all cases of illegal adoptions from all countries of origin.
- establish an independent *national competence center for adoptees* where research, support, methods, and knowledge are gathered.
- recognize adoption trauma as a diagnosis to facilitate so that healthcare can offer adequate support to adoptees, such as therapy.
- include adoptees as experts in all efforts or investigations that affect adoptees.

CONCLUSIONS

This study produced a map of how adoptees can navigate aging as a transnational adoptee.

The map consists of four *Categories of Descriptions* 1) *Conceptions through life*, 2) *Viewed by others*, 3) *Lack of empowerment* and 4) *Transnational movement*, as well as an overall picture around the *Outcome space* of the need for *support and resources* for all the categories of descriptions on different levels.

Transnational adoptees remain adopted throughout their lives. But how adoptees themselves handle their adoption and how other people relate to transnational adoptions and transnational adoptees affects the adopted's living conditions, either to generate good or vulnerable living conditions. Living conditions that will be developed over the course of life and accompany the transnationally adopted through old age. Transnational adoption is an act carried out without the consent of the adopted, which leads them to face many challenging living conditions associated with the transnational movement. If inadequate support measures are offered (to compensate for the forced adoption), the vulnerable living conditions may extend well into old age, or if the adopted chooses to end their life before, because of mental illness related to their adoption. There is a great need for adoptees to have *resources and support*, for example adoption trauma therapy, but also material support as many adoptees has major challenges affecting their participation in the labor market. If the requested resources and support are not offered at an early stage, it can negatively affect the adoptees opportunity for healthy aging and lead to increased future needs for *resources and support* in the group of transnational adoptees.

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